Dear Editor,

The COVID-19 outbreak is a challenge for health care workers (HCW). Young surgeons have switched immediately their daily practice into eclectic tasks (e.g., nursing patients in ICU, examining COVID patients…). These individuals represent one of the most at-risk population to become infected and potentially COVID-19 spillers.

Only 2 weeks after the beginning of COVID-19 lockdown, a self-administered questionnaire was e-mailed to the members of the French Association of Urologists in Training (AFUF), who have been routinely evaluated concerning their stress [1, 2].

In less than 72 h, 275 (59.6%) members replied to the questionnaire (see Table 1). Overall 76.7% had COVID-19 patients in their department, 61.5% judged themselves unable to treat their symptoms and 75.3% did not receive any updated guidelines on respiratory tract infection treatment. Despite all the widespread recommendations given by the national authorities, only 43.3% felt to have sufficient personal protective equipment (PPE). According to this condition, 92% of the participants reported to be stressed, with a medium-to-high level of stress in 56.5% of the cases. Moreover, more than 60% of responders noted that this health crisis was impacting the quality of their work.

Importantly, the increase of stress was significantly more frequent for those who were in a high epidemic region, when COVID-19 patients were in their department and when they already had a personal past medical history of respiratory disease. The pandemic was more likely to have a negative impact on the quality of work for the most experienced urologists in training and when COVID-19 patients were hospitalized in their own urology department.

Moreover, 83.3% of the responders judged that the COVID crisis had a negative impact on their urological training, knowing that overall satisfaction with urology
training in Europe is low [3], this finding has an additional psychological burden, since “being well trained” was a strong protective factor against burnout [2].

Several options could help mitigating the negative effects of the current situation: webinar as well as e-learnings including practical surgical videos [4, 5], could have the potential to create a supportive educational environment [6]. Updates on COVID-19 and guidelines on upper respiratory tract infections (URTI) should also be promoted by our institutions through webinar sessions, or even on social media [7].

Young urologists expressed that the crisis had an important impact on their work quality. This might be explained by the fear driven by unusual medical responsibilities far from surgical considerations, and far from their general medicine training. Hence, it is important to implement medical and psychological reinforcement in every urological team who is involved in the management of COVID-19 patients.

During the crisis, it is important to keep in mind that young urologists in high epidemic regions require a particular attention. COVID-19 crisis seems to be a major stressor for urologists in training and could lead to poorer caregiver mental health.

Managing the psychosocial well-being during this time appears to be of utmost importance not only for coronavirus but also in the perspective of future similar pandemic crisis.

**Author contributions**

MA: protocol/project development, data analysis, manuscript writing/editing. MR: protocol/project development, manuscript writing/editing. VM: protocol/project development, manuscript writing/editing. UP: protocol/project development, data analysis, manuscript writing/editing. XM: data collection. LF: data collection. BG: data collection. M.1: data collection. ZEK: data collection. EF: data collection. FL: data collection. CM: data collection. TG: data collection. NS: data collection. FB: data collection. KK: data collection. ESM: data collection. GP: protocol/project development; manuscript writing/editing. BP: protocol/project development; data management and collection; data analysis, manuscript writing/editing.

**Compliance with ethical standards**

**Conflict of interest**

The authors declare that they have no conflict of interest.

**References**

1. Roumigué M, Gamé X, Bernhard J-C et al (2011) Does the urologist in formation have a burnout syndrome? Evaluation by Maslach Burnout Inventory (MBI). Prog Urol 21:636–641
2. Gas J, Bart S, Michel P et al (2019) Prevalence of and predictive factors for burnout among French urologists in training. Eur Urol 75:702–703. https://doi.org/10.1016/j.eururo.2018.12.037
3. Carrion DM, Rodriguez-Socarrás ME, Mantica G et al (2020) Current status of urology surgical training in Europe: an ESRU–ESU–ESUT collaborative study. World J Urol 38:239–246. https://doi.org/10.1007/s00345-019-02763-1
4. Griffin C, Aydin A, Brunckhorst O et al (2019) Non-technical skills: a review of training and evaluation in urology. World J Urol. https://doi.org/10.1007/s00345-019-02920-6
5. Veneziano D, Morgia G, Castelli T et al (2020) Evaluation of the “Teaching Guide for Basic Laparoscopic Skills” as a stand-alone educational tool for hands-on training sessions: a pilot study. World J Urol. https://doi.org/10.1007/s00345-020-03161-8
6. Meher SK, Kurwal NS, Suri A (2017) E-learning through telemedicine in neurosurgical teaching and patient care. Int J Telemed Clin Pract 2(1):2–11. https://doi.org/10.1504/IJTMCPract.2017.082099
7. Arslan B, Gönültaş S, Gökmen E et al (2019) Does YouTube include high-quality resources for training on laparoscopic and robotic radical prostatectomy? World J Urol. https://doi.org/10.1007/s00345-019-02904-6

**Publisher’s Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.