Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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recommendations.⁴ Example 2: John, the next day, bathed the dog (3.5 METs) for 15 minutes, then danced (7.8 METs) and sang with his children for 20 minutes the songs they liked most, and after a break decided to paint (4.5 METs) the walls of the room for about 20 minutes.⁵ Thus, we observed that John made a moderate-intensity (>3 METs) to vigorous-intensity (>5.9 METs) effort in just 55 minutes. Thus, it complied with WHO recommendations.⁴

In conclusion, when staying home is a necessity during the coronavirus disease 2019 pandemic, it is still possible to meet the WHO recommendations for physical activity. We should avoid high sedentary behavior and look at domestic activities as an opportunity to stay healthy.

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Reply to "COVID-19 pandemic and home-based physical activity"

To the Editor:

Carvalho and Gois¹ make a salient point about home-based physical activity during the coronavirus disease 2019 pandemic, and we agree that any type of physical activity can help promote wellness and alleviate stress. We appreciate the details the authors provide in their correspondence, and we have added the following sentence to our article, which was in the proof stage when we received the correspondence: "Physical activity intensity is expressed as metabolic equivalent of task. While a person can accumulate metabolic equivalent of task through tasks of daily living and that can help meet the recommended amount of physical

activity per week, the focus of this editorial is on leisure time physical activity. We are offering recommendations on how to broaden the ability to reach physical activity standards and that might offer an antidote to the tedium and help mental health during the COVID-19 pandemic. We also hope, for those who are new to leisure time physical activity, new habits will be formed that can be implemented once shelter in place orders are lifted."

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Challenges to pediatric services during COVID-19 pandemic: A London, UK perspective

To the Editor:

Bansal et al's paper¹ on clinician wellness is a welcome addition to the growing canon highlighting the importance of maintaining a psychologically healthy workforce. We identify with the COVID-19 challenges to wellness, including the new anxiety around staff mortality that the article highlights so well, and wish to provide a pediatric trainee perspective regarding the adjustments that have been made thus far to mitigate some significant changes to service provision and training.

In the north London pediatric network to which we belong, we have witnessed an unprecedented reconfiguration of pediatric services, with the temporary closure of 2 pediatric emergency departments and 5 inpatient pediatric wards. Although this has enabled the crucial redeployment of nursing and medical colleagues to areas of highest need, with up to 10% of the pediatric medical workforce unable to work due to sickness or self-isolation,² there has been a striking diminution of the familiar teams we once worked alongside. Still, adversity often breeds creativity and the challenges faced have proffered new avenues. Our service has rapidly adapted to telemedicine clinics, and clinicians shielding due to heightened vulnerability to COVID-19 have been reassigned to this alternative model. The trainee rota has been rationalized, with strategic adjustments made to reduce the risk of burnout. The rapid creation of new

regional hubs for Paediatric Ambulatory Care and Mental Health Services has been successful in diverting those requiring dedicated but nonacute care away from the increased risk of COVID-19, whilst ensuring that the needs of its stakeholders continue to be met. Alongside this has been a more explicit focus on clinician well-being, with innovative approaches embraced. Who could have envisaged several months ago that newly grounded cabin crew from the aviation industry would customize a “First Class Lounge” area of the hospital coffee shop, bestowing their free time, kindness and to those inclined, valuable crisis resource skills, to hospital staff seeking a short break.

In common with other specialties, there has been widespread disruption to pediatric training in the United Kingdom, with examinations and courses critical for career progression on hold. With the added challenge of reaching those trainees temporarily dispersed elsewhere, a coordinated approach to meet training needs via regional networks has been adopted. Virtual teaching has been wholly embraced, with the incidental benefit of capturing a greater audience due to its ability to be recorded and then watched at a more convenient time.

We are hopeful that the focus on clinician well-being can be maintained, even as the acute stresses of working in a pandemic dissipate. Organizations that have a genuine culture of staff well-being at their core often do better with recruitment, retention, and productivity, all essential qualities for a sustainable, high-quality health service. The gains may indeed have been borne out of hardship, but we should look toward the future, embracing the changes made to improving clinician wellness.

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Reply to “Challenges to pediatric services during COVID-19 pandemic: A London, UK perspective”

To the Editor:

Gritz et al¹ make several significant points regarding wellness during the coronavirus disease 2019 pandemic in pediatrics in London, United Kingdom. We appreciate their contribution to recognizing the critical nature of wellness, and the important issues at hand. The pandemic has caused unprecedented

transformations of health care facilities worldwide, including training programs.^{1,2} A shift to telemedicine and virtual teaching has occurred as part of the initial phase of the pandemic response. However, as the gradual reopening of organizations, including health care facilities, transpires, we face new challenges of how to deliver the safest and most effective care. A number of considerations exist for resuming in-office practice, including physician and staff safety, logistics of the practice space, and resumption of procedures in the office.^{3,4} Alongside of this, physicians in training and new fellowship graduates have their own additional stressors, including future employment and economic uncertainties. Before the pandemic, physician wellness was an escalating issue; unquestionably, in the aftermath of the first wave of the pandemic, there is a paramount need to continue to assess and address physician wellness needs.² To accomplish this, we as a medical community need to collaborate, learn from the supports we are using during this crisis, and take deliberate action to create an enduring culture of wellness as we navigate both daily practice and potential future waves of the pandemic.

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