

Silent casualty of COVID-19: Training and education

We read with great interest various articles on coronavirus disease (COVID-19) published in the previous edition of the Indian Journal of Ophthalmology, including the editorial by Honavar^[1] and guest editorial by Sachdev *et al.*^[2] We would like to thank the editorial team for dedicating most of June 2020 issue to this current crisis challenging the entire humanity and bringing us up to date with ophthalmology related COVID-19 scientific discussion.

Both the American Academy of Ophthalmology and All India Ophthalmological Society (AIOS) were quick to issue recommendations regarding cessation of routine clinical and surgical duties.^[3,4] This call was responded-to overwhelmingly by our colleagues, and a recent survey showed around 72% of ophthalmologists had completely stopped all clinical work and only 5.7% were performing cataract surgeries.^[4] Most of the eminent ophthalmologists and premier eye institutes throughout our country are using this time to understand the situation and formulate new guidelines and protocols for safe practice. Safe COVID-19-lockdown-exit strategies are being discussed including the importance of long-term use of personal protective equipment (PPE), educating hospital staff, and changing mindsets.^[5] Also, economic advisers are giving advice and suggesting plans to incur a minimal financial loss by redefining growth strategies and reforming practice.^[2] Alongside this; rejuvenating activities are being conducted in the form of innovative online singing competitions to bring together the entire ophthalmic community.

But in the midst of all this, one important component of eye care is being neglected- training and education. As one of the biggest training tertiary eye care facility in north India with fellowship courses in all subspecialties, we feel that the next several months are not very promising. Our center has three separate verticals offering training courses for doctors (postgraduate courses, fellowships- long term and short term), allied ophthalmic paramedics, and eye care managers/administrators. This unprecedented crisis has affected all three training modules.

Subspecialty fellows and postgraduate students are unsure about the next few months, having lost a precious couple of months already. Those finishing the fellowships and wanting to maximize the last few months of training are frustrated and eagerly waiting for the lockdown to end so that they can resume their learning. However, what is unique in medicine, especially a surgical field like ophthalmology, is the fact that patients are needed in clinics to learn from and also in operating rooms to operate upon. With no clarity on when the surgeries can resume, specifically volume cataract surgeries, it is taking a mental toll on fellows and residents. Also, since corneal button procurement has halted currently, and penetrating keratoplasties have reduced to negligible numbers; cornea fellows have taken a massive hit. Postgraduate exams for the Diplomate of National Board have been postponed indefinitely and residency programs extended for another 6 weeks. Also, young ophthalmologists who have secured international training spots either as an observer or a fellow find themselves at crossroads of their career development; where on one hand international travel is unpredictable and on the other hand finding jobs in India under current circumstances would be challenging. Even from an institute's perspective, overall training costs are expected to increase owing to the addition of PPE to the overall training cost. Payouts in the form of stipends for trainees would also pose additional challenges for nongovernment and private eye care institutions. Any new purchase of equipment that would have otherwise been used as a tool for training would have to be put on hold for now, leading to further training woes. Although few institutes have conducted online recruitment for the next training session, it would be difficult to offer a conducive training environment and opportunity for the selected trainees. Also, one-time domestic movement of trainees from their native place to the institute depends on when the state borders reopen.

We have encountered similar problems in our institute's other two training modules of allied ophthalmic paramedics and eye care managers. The pace of both these courses has been significantly reduced because of the pandemic and lockdown restrictions since these have limited the movement of candidates to the hospital for practical sessions and hands-on training. Training on theoretical aspects of the courses

continues to take place online through lectures, discussions, and presentations.

The World Health Organization,^[6] in addition to several global psychological studies,^[7] have highlighted the effects of COVID-19 on people's mental health and well-being. Training institutions should take a cue from this and offer psychological help to trainees feeling the indirect mental impact of this pandemic. AIOS should conduct surveys to understand the effects of COVID-19 on the mental health of trainees and residents.

This is the time for all the training institutes to come together and formulate new strategies of training for the coming 6–12 months. The pandemic situation has brought forward various national and international collaborations, in the form of webinars and online lecture series. These initiatives of training via digital online platforms are well structured and give trainees the advantage of listening to ophthalmologists from all over the world in the convenience of their living rooms. Recent articles^[8] have reported a surge in the use of popular online digital communication applications like Zoom, which saw more than 200 million users worldwide in March 2020, as compared to the previous 10 million usages. Our institute, too, saw an increase in the number of online academic classes and grand rounds, conducted through Zoom. Online classes grew by 145% in April compared to its preceding month. Not surprisingly, an increase was also noted in the attendance, as participants were not busy with clinics or surgeries and had more time to devote to classes. Even though a great alternative, online lectures should not be looked at as a replacement to blended/physical learning. Ways to integrate both platforms with greater emphasis on online teaching for better time management should be considered even after things "normalize."

All is not surely lost. While fellows traditionally expect high hands-on during the fellowship, this downtime can be taken as a long yearned for a break. It is time to sit back, think, introspect, and brush up on academic reading. With no shortage of time, this period could be utilized doing research related work. Our institute has already taken steps in this direction, whereby online classes on research methodology and biostatistics are being conducted. We encourage other institutes to also arrange similar classes and welcome interested students to attend our online lecture series.

To conclude, we sincerely feel in this time of saving lives, livelihoods, and the economy, we should spend some time formulating futuristic strategies to ensure continued high quality and effective eye care training. We are optimistic that this crisis will only make us stronger, and we hope that everyone comes out of this pandemic safe and better educated.

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Conflicts of interest

There are no conflicts of interest.

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