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Right Place, Right Time: Serendipitous Opportunities in a Urology Fellowship Disrupted by the COVID-19 Pandemic



To the Editor:

The COVID-19 pandemic has significantly disrupted postgraduate Urology training. In this letter, I share my motivations to pursue fellowship training, and share the serendipitous opportunities I received to contribute to my host country and fellow countrymen during the COVID-19 pandemic.

I am a Urologist from Dhaka, Bangladesh, with aspirations for advanced training in Uro-Oncology and Renal Transplant. I embarked on a year-long fellowship at the National University Hospital, Singapore. I was privileged to learn from eminent leaders at this tertiary center, where a thriving academic culture was evident. This fellowship has been brilliant in the first-hand experience with renal transplants. In particular, deceased-donor transplants have not been well-established in Bangladesh, due to religious and geo-political circumstances, despite enactment of the Transplantation of Human Organs Act in 2018. I was thoroughly enjoying my fellowship training, trusting that it reduces steep learning curves, improves patient outcomes, and lay foundations to start new clinical services.¹⁻³

Alas, the COVID-19 pandemic afflicted Singapore in February 2020, derailing my plans. Surgical workload reduced significantly, with only urgent oncological cases allowed to proceed. Living-related renal transplants reduced by over 90% due to its elective nature, resource consumption, and reported high mortality rates for recipients with COVID-19. This was compounded by the inability to operate with different mentors due to team segregation. Academically, major workshops and conferences were postponed.

With the extensive impact on training, 3 Fellows in other surgical departments left for home early in the pandemic. I was confronted with the major dilemma of quitting versus staying. Personally, distance from family, worry about the situation back home, and escalating travel restrictions exacerbated the stress in decision-making. A major source of comfort was the support from my host department and family. I resolved to stay put, with a strong desire to persevere despite adversity.

A fortnight later, Singapore experienced a surge in COVID-19 infections among migrant workers residing in dormitories, accounting for over 90% of cases. Singapore

hosts 160,000 Bangladeshi migrant workers, forming a large number of the 323,000 at-risk dormitory-based population. Globally, migrant workers are particularly vulnerable during this pandemic, with more barriers in obtaining reliable information in their native language and accessing healthcare services.⁴

Being from Bangladesh, I unexpectedly found myself in a unique position to contribute significantly in my host nation's and hospital's efforts in managing this outbreak. I was given the opportunity to create videos in Bengali to provide timely information to my fellow countrymen, supported by a Singapore Government multi-Ministry task force and our hospital.⁵ With doctors facing a surge in demand for Bengali translation, I volunteered as a 24-7 on-call translator. Administratively, time was dedicated to assist the Bangladeshi High Commission in transcribing COVID-19-related medical reports.

My aspirations of gaining Uro-Oncology and Transplant experience had been significantly hampered by the pandemic. Yet thankfully, I serendipitously found myself at the right place and time in a foreign land, contributing back to my host country and assisting my fellow Bangladeshi countrymen, while gleaning valuable insights into the COVID-19 pandemic response.

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