

Neurology Exams during the COVID-19 Pandemic

Sir,

The COVID-19 pandemic has revealed the relative insufficiencies of medical supplies, beds, and staff.^[1] It is also a new occupational hazard for health care workers.^[1] This has led to wide-ranging changes in workflows across the world for providing care to individuals with neurological illness. There is an increased reliance on teleneurology and other mobile technologies to reduce the spread of infection.^[2,3]

Medical education on the whole, and neurology training in particular, is also facing many challenges including restricted rotations, canceled electives, reduced patient interactions, changed workflows, and canceled examinations.^[4-6] It is in this context that we read the article^[7] “Conduct of Virtual Neurology DM Final Examination during COVID-19 Pandemic.” Their efficient and successful use of technology for the conduct of their DM final examinations is to be appreciated.

We also conducted our first virtual DM Final examinations in July 2020. Since our exam patterns are similar, we faced many similar challenges. However, we found certain alternative ways to circumvent these issues and we would like to share our experience here.

Like AIIMS, we used an online platform installed in one computer in the seminar room, with access provided only to the examiners by the host (Head of Department of Neurology). However, unlike their exams which were entirely virtual, we chose a hybrid format. We retained direct bedside evaluation. We were able to do this by identifying patients from the neurology intensive care unit (ICU) and exam day out-patient department (OPD) appointments.

The patients in the ICU were screened for the risk of COVID-19 and tested if required. Limited OPD appointments were given only after the assessment of the patients by the neurology teleconsultation team through a telephonic or online video interview. After taking into account the acuity of the illness, the need for interventions, risks, and benefits to the patient, an appointment was fixed. These patients were screened again before their entry to the hospital. The patients thus identified from ICU and OPD were discussed by the examiners (2 internal and 2 external) on the day of the exam. Both external examiners attended virtually. Two cases each were identified for the candidates, one from the ICU and one from the OPD. Consent was obtained from the patient for participation in the exam and also for being recorded.

The candidates were provided personal protective equipment (PPE) as per the recommendations of the Ministry of Health and Family Welfare and JIPMER hospital infections control committee guidelines. To further reduce infection risk, candidates were instructed not to examine fundus and naso-oro-pharynx and were provided with these findings. The candidate-patient interaction was live fed from the ICU or OPD using tablets by junior faculty and residents-in-training. The externals could use this platform to interact with the patients, cross-check findings, or observe the examination skills of the candidate similar to the usual exams. All patient interactions were time-restricted and completed by the morning session to limit the duration of exposure. The additional use of tablets enabled bedside assessment of clinical skills and also provided semblance to the usual exam format.

Further discussion of the case, the viva, and case scenarios were conducted in our seminar room. The candidate, both internal examiners, and one junior faculty were in the room with external examiners projected on a large screen liquid crystal display television. The entire proceedings were recorded and stored on a secure password-protected system.

The candidates were understandably anxious given the situation and the unfamiliar pattern of exam. They were briefed before the exam through an interactive virtual meeting detailing the pattern to be followed. We believe this briefing and the ability to showcase their skills through direct interaction with patients served to allay their anxiety.

A good degree of familiarity with the online platform is also essential for the smooth conduct of the exam. We used the same platform to conduct many of our existing academic sessions before employing it for the examinations. Of course, good internet connectivity through the national knowledge network also aided in the smooth conduct of our exams.

There are some advantages of using this new format. Virtual examinations offer the opportunity to introduce innovations in a context-specific manner to ensure a good assessment of the candidate. The examiners do not have to travel long distances to reach the examination center. This reduces many logistic issues and saves time. So such exams may be less expensive and more convenient compared to conventional examinations.

The COVID-19 pandemic has changed the way we deliver health care, train our residents, and conduct exams.^[1,6,7] The present scenario raises the question of whether this system of virtual examinations will continue even after the pandemic is over. In our opinion, this new format of exams is here to stay.

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Conflicts of interest

There are no conflicts of interest.

Rajeswari Aghoram, Vaibhav Wadwekar, Sunil K. Narayan, Pradeep P. Nair, Ramkumar S, Sourabh Jain

Department of Neurology, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, India

Address for correspondence: Dr. Rajeswari Aghoram,
Department of Neurology, Jawaharlal Institute of Postgraduate Medical
Education and Research, Puducherry - 605 006, India.
E-mail: rajeswari.a@gmail.com

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