

Confronting the COVID-19 Pandemic: Training for Healthcare Professionals is Necessary

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Dear Editor,

We have read with great interest the article entitled “Professional Quality of Life and Occupational Stress in Healthcare Professionals During the COVID-19 Pandemic in Greece” by Latsou et al.¹ We applaud the authors for their contribution to improving the mental health of healthcare professionals during the COVID-19 pandemic. We noted that in the discussion section, the authors briefly mentioned the value of providing training to healthcare professionals. We believe that the value of training should be paid more attention. Previous study has shown that lack of knowledge of COVID-19 can cause anxiety in healthcare professionals.² Our purpose in writing this letter is to make some supplements to the results of Latsou et al based on the training practice of Peking University First Hospital, so as to provide more valuable information for readers around the world.

A previous study showed that during the outbreaks of SARS, Ebola, MERS, and other infectious diseases similar to COVID-19 in Asia and West Africa, the knowledge, professional skills, and attitudes of hospital staff are important to prevent the spread of the disease in the hospital.³ Therefore, we have established a joint training team composed of hospital experts to provide training to our hospital staff (including COVID-19 diagnosis and treatments, Hand hygiene, Use of protective equipment, Medical wastes disposal, Work norms, Throat swab specimen collection, Transfer of suspected patients). Such training has significantly boosted the confidence of the hospital staff in dealing with COVID-19 and helped them perform better in diagnosis and treatments.

However, based on our experience, the effects of training will be reduced (especially for various training that requires practical operations) if without assessments. Therefore, we suggest that post-training assessments should be conducted, since they are equally important as training. For knowledge training, the assessment can be done by answering questions on paper. For training that requires practical operations, the hospital staff need to be assessed under the supervision of the examiners.

Furthermore, we also suggest that training on the diagnosis, treatments, and protection should be dynamic but also normalized. Given the current global trend of COVID-19 and the progress of vaccine development, it seems that the

SARS-CoV-2 may not surrender in the near future, meaning that we need to be prepared for the long-term coexistence with the SARS-CoV-2. Obviously, this is a huge challenge for medical institutes around the world. Meanwhile, we recommend the normalization of the public health knowledge training on the hospital staff, not only for COVID-19, but also for the uncertain future.

Finally, regarding the form of training, our experience is that multi-channel training is better than traditional face-to-face training. In our training practice, in addition to the traditional face-to-face training, we also tried a variety of digital training methods such as online live broadcast, video recording, and audio. Compared to the traditional face-to-face training, the multi-channel training has advantages in a wider coverage of participants, more flexible and controllable learning time, and lower training costs. Especially considering the risk of infection caused by large-scale crowds during COVID-19, digital training has become more valuable. However, we must also be aware that traditional face-to-face training is irreplaceable for many professional medical operations that have high requirements for hands-on techniques.

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Author Contributions

HX wrote the first draft of the article. All authors reviewed and edited the manuscript and approved the final version of the article.

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