

Post-graduate exams amidst COVID-19 pandemic: Our experience

Dear Editor,

Coronavirus disease 2019 (COVID-19) is forcing the world to face one of its biggest public health risks since the Spanish flu in 1918. By the end of March, the pandemic had spread to almost 185 countries wherein it led to the closure of 90% of educational institutions, fiercely affecting the education system and impacting more than a billion students.^[1] All branches of medicine including ophthalmology have been impacted by the COVID-19 pandemic in some way or another. Practices have been impacted in numerous ways, with clinics having to balance concerns about the health of their staff and patients with the economic challenges that the pandemic has brought with itself.

Being far more infectious than influenza virus, COVID-19 has led to an unprecedented response from the Indian government, which implemented social distancing at an individual and population level. The measures included temporary closure of medical colleges and conversion of general hospitals to dedicated COVID-19 centers. As a result, the number of elective procedures, which constitutes the majority of ophthalmic surgeries, has significantly decreased, and this has greatly affected the postgraduate teaching. Universities have restricted campus-based teaching and are continuing their academics through online-based teaching programs. Not only the training, but since the timing of the pandemic has coincided with the usual timing of postgraduate examinations, COVID 19 has profoundly affected the conduct of exams throughout the country. There have been various requests by the Government, to incorporate the final year postgraduate students as a part of the COVID-19 task force. As a result, many of the exams have been canceled, postponed, or modified in some way.

A major concern for conducting postgraduate medical examinations was the safety of the examiners, as belonging to older age groups they are at higher risk from the disease. Other concerns included difficulty in finding and admitting patients with classical clinical findings for the purpose of the exam as the overall patient footfall has fallen drastically since the start of the pandemic. Postgraduate medical examinations are held after the entire course of study, where aspirants have a single chance to prove themselves. Hence, despite working sincerely, most students are stressed about successfully clearing the exam especially in clinical departments like ophthalmology.^[2]

This year, for the first time in the history of medical education in India, an online practical examination was held for postgraduate students. The candidates were supposed to be present at their exam center that was assigned to them by the university. They were maintaining social distancing and wore necessary personal protective equipment. There were no patients involved directly in the process. Candidates were presented with case scenarios, case photographs, visual fields charts, macular OCT, fundus fluorescein angiography via electronic media [Fig. 1]. They were supposed to study the case given to them in the format of a PowerPoint presentation and then answer the questions of the external examiner via video conferencing. The external examiner asked questions related to the provisional diagnosis of the case and related topics. For the table viva, the external examiner showed images of fundus, macular OCT, etc., or asked the candidate to pick up a certain

instrument and asked questions related to it [Figs. 2 and 3]. This was an unusual experience for all.

The online practical examination had various advantages and disadvantages. The essential advantage was the safety of the examiners and candidates in such unusual circumstances, where social distancing is obligatory. The disadvantages were multifold. For the candidate, making a diagnosis without

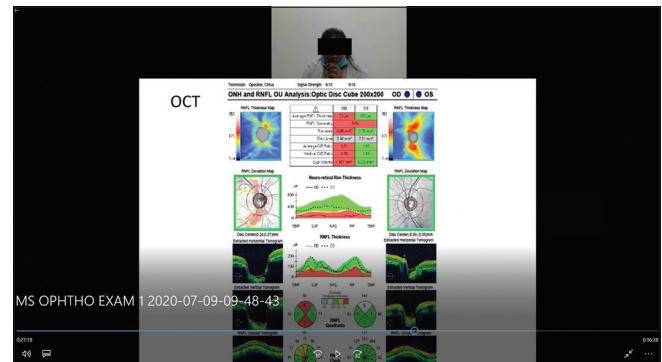


Figure 1: Screenshot of video proceedings of an online exam showing the candidate trying to read OCT RNFL

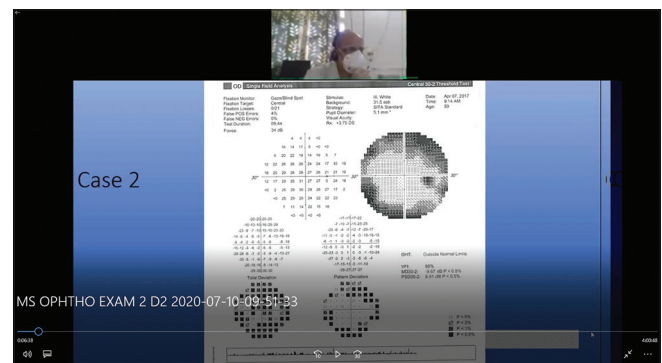


Figure 2: Screenshot of video proceedings of an online exam showing the examiner questioning the candidate about the visual field chart shown

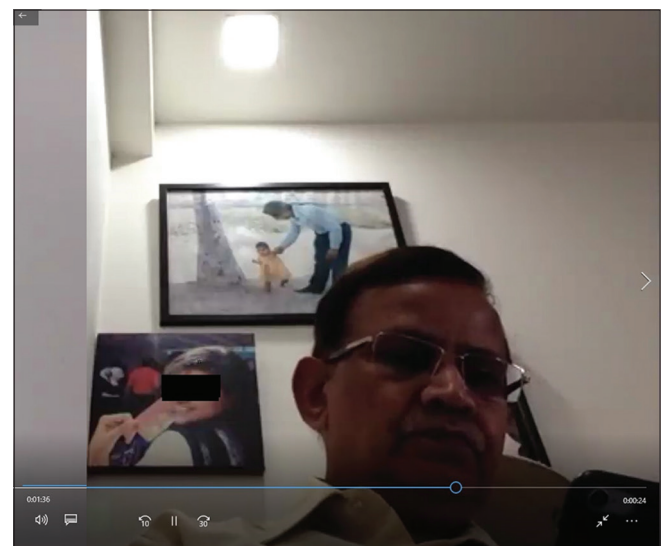


Figure 3: Screenshot of video proceedings of an online exam showing the external examiner intently listening to the candidate

physically examining a patient was challenging and an unsatisfying experience. With regards to the examiner's role, the assessment of a candidate's clinical skills in performing routine tests like digital tonometry, applanation tonometry, gonioscopy, indirect ophthalmoscopy, retinoscopy was far from satisfactory. These are usually performed while examining a patient and help the examiner in judging a candidate's practical knowledge, which is the most important facet of clinical ophthalmology. Thus, the process forced the examiners to ask leading questions. Also, not all examiners are tech-savvy and so they faced problem in setting up a workstation at their homes with uninterrupted wifi connection for interacting with the candidates. Another shortcoming concerning the conduct of the exam was poor coordination between the internal and external examiners as they interacted and coordinated solely through video conferencing. Last but not the least, network issues hampered smooth communication between the candidates and examiners, which led to confusion, delay, and frustration. A lack of proper functioning Information Technology (IT) departments in medical institutions is to be blamed for these issues.

During the COVID-19 pandemic, most institutions have adapted by shifting to online education platforms and out of necessity to maintain social distancing; online clinical examination has evolved as a novel approach. No one knows how long the "Social Distancing Norms" will be followed across the country but as long as they are in force, internet-based online exams are likely to become the standard for postgraduate practical examination. This year, the postgraduate candidates and the external examiners held different opinions on their experience of online examination. It was less stressful for the candidates who did not need to confront the external examiner directly and to their comfort; the negative vibe of an examination was lacking. From the examiners point of view, without patients, their testing armamentarium was limited. All in all, the online practical examination was an unusually rare experience for the candidates as well as the examiners. In the future, if the need to conduct an online practical examination for postgraduate students of ophthalmology still persists, we can learn from the present experience and be more prepared. Patients with clinical findings can be admitted beforehand following strict precautions and coordination between the internal and external examiner can be improved. It is the need of the hour that all medical institutions should have a well-equipped IT department. Our aim as practicing ophthalmologists and teachers should be to make our postgraduate students emerge as better doctors and much better clinicians despite the restricted environment. This experience would enable us to be better prepared for similar unforeseen circumstances in the future.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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