

EDITORIAL**2019 (COVID-19) and 2021**

When this editorial is in press electronically, we should be venturing into 2021. Readers may wonder why 2020 is not there in the title because for many, 2020 is a year filled with unprecedented challenges and difficulties. Or it seems everything does not go according to plans.

But if one seriously looks back at what we have done in 2020, we might still be amazed that a lot has been done and achieved, although many of those achievements may be more reactive than proactive.¹ Let me quote you an example. The College of Surgeons of Hong Kong had successfully conducted a very different format of membership OSCE examination (the HKICBSC Part 3 Examination). The College rent a whole floor in a hotel in Tsim Sha Shui area so that three parallel circuits could be run at the same time. The quality of the examination was of no difference from previous diets with similar robustness and fairness. All candidates and examiners would have to be tested negative for COVID-19 72 hours before the examination. Individual examiners would just go to their respective station or room only to minimize the social contacts among the examiners while the candidates would maintain a decent social distancing. The examiners' briefing session by our Censor-in-chief was conducted online through Zoom with the presence of our colleagues from the Royal College of Surgeons of Edinburgh (Figures 1 and 2).

Another possible reason that we are trying to forget 2020 is because of the traumatic experiences we all have. *Hong Kong We Care*, a local NGO has researched into the happiness index of people in Hong Kong and found another year of record low of 6.16 (out of 10).² When respondents self-reported their depressive symptoms (PHQ-9), 46.5% of them had probable depression (including moderate,

moderately severe and severe depression). It is even more alarming that a survey among healthcare workers reported a prevalence of depression of 50.4% in Hong Kong, compared to 15.1% in Hubei and 12.9% in Guangdong.³ The results may also surprise many, considering the number of confirmed COVID-19 cases and the social impact in Mainland China as compared to Hong Kong.

So what can we do?

First is situational awareness that we have learnt from our non-technical skills for surgeons (NOTSS). The external environment could be changing at a very fast pace and we also have to equip ourselves in the recognition of our emotional responses. Psychologists and psychiatrists have taught us to pay attention to how physiological, behavioural and cognitive components of emotions are affecting us. Monitor your own negative emotions and seek help if needed. Do not try to look outward too much in hoping that external forces will come to the rescue. We all have to remain calm and courageous amid this chaos.

Second is to build up our resilience.⁴ Areas such as emotional regulation, stress management and mindfulness are all trainable. Although it may be difficult (or in some cases impossible) to change the external realities such as inadequate work conditions, building up positive values and fostering stronger relationships with families and colleagues could boost emotional well-being. Surgical leaders would be instrumental in fostering a supportive nature of the workplace through enhanced communication and care. At the workplace, we can form even closer teams and partner with each other so that we can be more adaptable and creative in decision making and problem solving.



FIGURE 1 The setting of the central command station where Prof. KM CHU (Censor-in-chief) and other quality assurance examiners watching over the conduct of examination

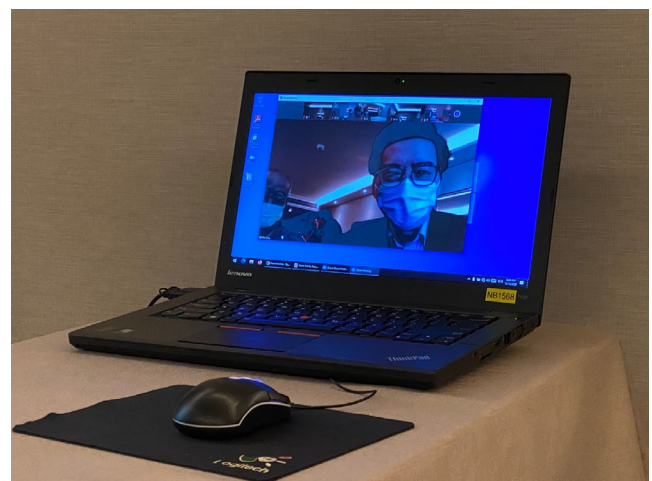


FIGURE 2 Prof. KM CHU (Censor-in-chief) and Dr. HT LEONG (President) conducted the examiners' briefing on Zoom

And finally, do not give up learning. From a recent study by the World Bank on the impact of COVID-19 on education, school closures and the lack of economic means to support remote and remedial learning had projected very significant problems for low- and middle-income countries.⁵ There is little room for surgeons to slack in anyway and we should resist this kind of “learning poverty” from affecting our profession. Continuous learning and continuous improvement should be our prime objectives in this era of “New Normal”.

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