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Correspondence

Inimical effects of COVID-19 on surgical residency: Correspondence



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Dear Editor,

The magnitude of the pandemic of Corona Virus Disease of 2019 (COVID-19) is well known and it doesn't require any special introduction. In these difficult times surgical residents have become a vulnerable group having a devastating impact on their career. Residents pursue surgical courses out of passion and acquire the skills and knowledge through interest and zeal. Surgical training is different from other specialties with respect to learning curve which mainly depends on hands on training. Residents dream to learn and perform maximum number of surgical procedures during their residency. Their notions are shattered as most of the elective surgical procedures have been cancelled for about three months till now and are not expected to start very soon. Even if they are started, they will be conducted at a slower pace due to special requirements of wearing Personal Protective Equipment (PPE), increased time required for the airway intubation by anesthesiologist following special safety precautions and need for frequent fumigation of operation theaters(OT) in between surgeries [1].

Routine training in the OT is questionable as only operating surgeons will be allowed in the OT to prevent exposure to the virus causing a loss of opportunity for the residents to watch and learn the procedures being performed in live. Due to discomfort while wearing PPE for long hours and vision problems, surgical residents assisting in the procedures cannot concentrate on assisting as well as learning from their senior colleagues. As it is required to cut short the operating time, senior faculty may not prefer junior residents performing procedures during this period of pandemic. Therefore, the residents are left with only option of learning from simulators and animal models for hands on experience which are costly and far from reality. Also, skill labs are present in only a handful of institutions in developing countries. Dissections on fresh cadavers may not be preferred during the peak of this pandemic.

Due to decreased case load, most of the residents will have problems in completing the sample size of their research protocols to be submitted in near future. Patients may not consent for newer interventions during this pandemic adding to the difficulties. This may seriously cause many residents to reconsider their research topics or shift to retrospective studies. Teaching is being limited only to seminars, discussing case reports and research articles on web platforms. Learning from online case discussions is not complete and full-fledged as clinical

signs and examination techniques are not demonstrated on patients. To comply with the preparedness for the pandemic, surgical units in most of the hospitals have been fragmented to look after selected wards without rotation to decrease exposure to COVID-19. As a result, residents are losing a chance to diagnose and manage all varieties of cases and the grand discussions during ward rounds have become memories of the past.

Surgical residents have been posted for COVID care, out of their department to meet the healthcare personnel shortage. This is taking a toll on their surgical training even though it is the duty of every doctor to serve the nation during these difficult times. Residents are also worried about their risk of contracting the corona virus apart from the already existing risk of hepatitis and human immunodeficiency viruses [2,3]. This is adding to the stress level of residents leading to an increased risk of major depressive disorders [4]. Many residents who have completed their tenure are unable to give exams as they have been indefinitely postponed in the wake of the pandemic. The admission process for the new academic session is halted in most of the countries and residents who have already been selected could not report to their institutions due to transportation issues.

The best way to learn is to teach. Teaching experience is an integral part of residency program and it is halted as undergraduate medical students are temporarily away from medical schools in countries where the pandemic is at its peak. On a positive note managing a pandemic is once in a lifetime experience and residents should learn from it. It is high time that the governing bodies come up with solutions and protect and nurture these young surgical saplings to help them grow into tall trees for whom the sky is the limit.

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