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<https://doi.org/10.1016/j.gie.2020.06.004>

## Endoscopy training during COVID-19



To the Editor:

Diagnostic and therapeutic procedures are among the core aspects of gastroenterology. We acknowledge that during the COVID-19 pandemic there have been diminished procedural volumes, as highlighted by the American Society for Gastrointestinal Endoscopy.<sup>1</sup> As trainees in gastroenterology we would like to advocate for our training by proposing solutions to this challenge.

First, hands-on procedures can be supplemented by the use of simulation endoscopy-based systems. Simulators are widely available and are often not used to their full potential. Simulation offers multiple advantages during times when traditional training cannot take place in the endoscopy unit. It is a tool for objective evaluation of competency,<sup>2</sup> which is of paramount importance for trainees who will be starting independent practice soon. It also allows for tailoring and continued proficiency for diagnostic and therapeutic purposes.

During the COVID-19 pandemic, telemedicine has been extensively used for ambulatory practice. In light of its potential benefits, incorporation of tele-endoscopy should be considered to account for reduced endoscopy volumes. Tele-endoscopy would involve real-time display of procedures as they are being performed by attendings, during which trainees observe these cases. Examples could include hemostasis for GI bleeding and complex endoscopic resection of lesions. Tele-endoscopy could also allow for real-time–based discussions, so trainees gain continued competence in decision making. From the patients' perspective, tele-endoscopy allows for a “second look” to take place to ensure that no lesions have been missed and hence provides further reassurance that the endoscopic examination has been done optimally.

COVID-19 has posed a significant challenge to endoscopic training. However, where there is a challenge there is also an opportunity. We hope that recognizing the training limitations we currently see will provide an impetus for alternative and improved training solutions.

## DISCLOSURE

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## Patient anxiety and role of patient education during coronavirus disease 2019 epidemic



To the Editor:

We read with great interest the article by Hennessy et al<sup>1</sup> presenting recommendations for endoscopy centers on how to work during the COVID-19 epidemic. However, we suggest that this guideline could add a section about patient education to reduce patients' anxiety about COVID-19. This suggestion is based on a previous investigation by us.

A total of 222 patients who came to the gastroenterology clinic in our hospital were randomly divided into 2 groups and were asked to fill out our questionnaire from April 6, 2020, to April 30, 2020. Eighty-eight patients, who received and read a manual with basic knowledge about COVID-19 and prevention measures of the endoscopy center, were defined as the education group (EG). Another 134 patients without the manual were defined as the control group (CG). Our questionnaire was divided into 3 parts: demographic information, worries and willingness about undergoing endoscopy, and the Impact of Event Scale–Revised.<sup>2</sup> A preliminary survey was conducted; the overall Cronbach's  $\alpha$  of the second part was 0.819, and the construct reliability was 0.919.

We found that 48.51% of CG patients were worried or strongly worried about being infected by endoscopy, whereas the proportion reduced into 34.09% after reading the manual ( $P = .027$ ). Besides, only 38.81% of the CG patients were willing to undergo endoscopy during the epidemic, whereas after patient education, the proportion increased into 56.82% ( $P = .035$ ). The details of the investigation results can be seen in [Table 1](#).