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COVID's impact on surgical training

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ABSTRACT

With the COVID pandemic sweeping across the globe ^[1], over 1240,000 people have been infected in India (as of July 23,2020) in India. With approximately 30,000 deaths, the nation has been reeling under the ravages of COVID 19, and the economic fallout that followed in its wake. Tamil Nadu has over 1,80,000 cases with approximately 3144 deaths (23/07/2020). In this unfavourable milieu, surgical postgraduates joined the course through the process of NEET selection and counselling. Given that social distancing was essential, meet and greet, introduction and case based discussions are held on online platforms such as Google Meet and ZOOM.

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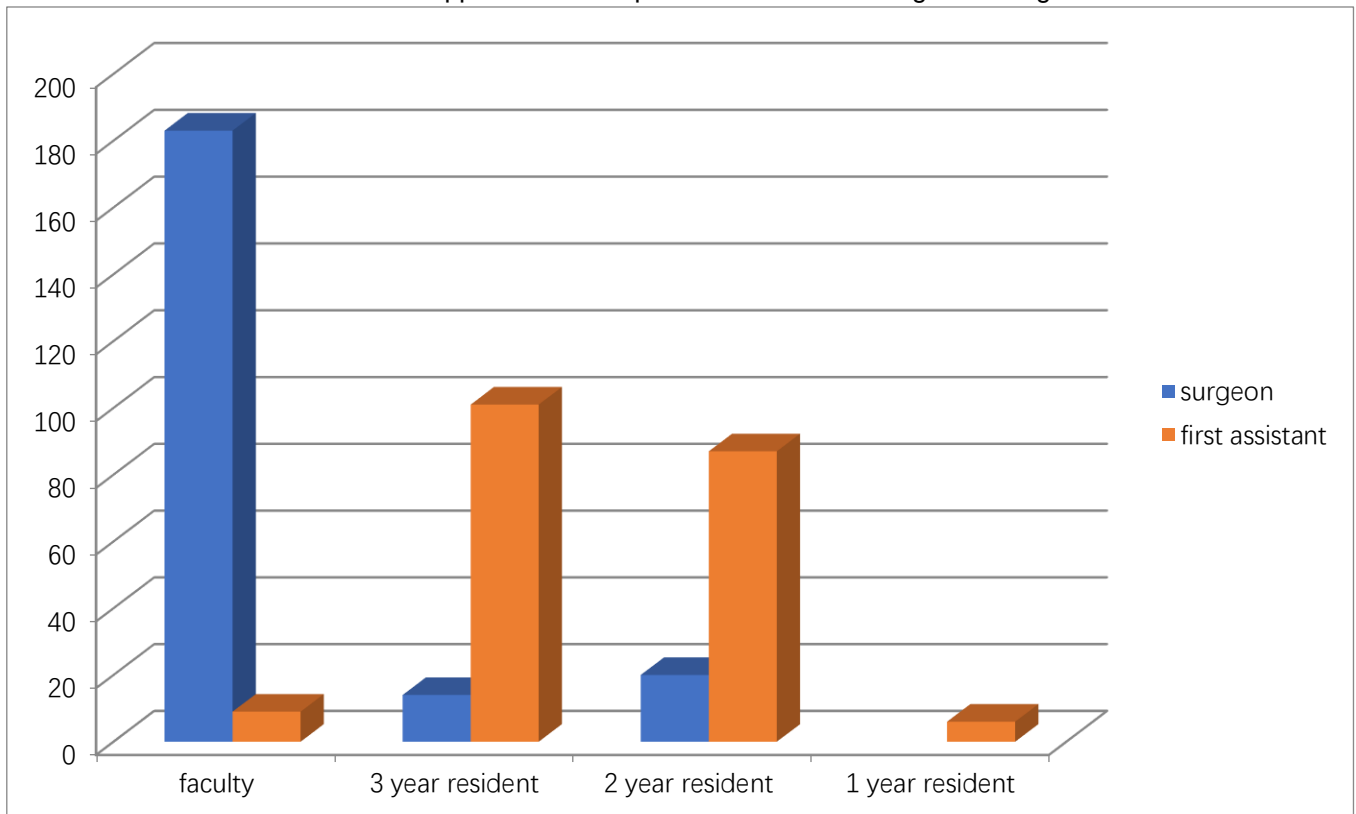
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During the period from March 15 to July 1, we operated on a total of 219 patients in the department of general surgery. The numbers had dropped drastically compared to the previous months. The reasons included the enforced lockdown, inability to seek medical aid, economic limitations and fear of coming to the hospital. A survey of the surgical practice during this period

shows that most of the emergencies were done by the faculty, accounting for 84% of all procedures done. The third year resident got to be the first assistant in 46.5% of the time and the second year resident 40% of the time as shown in Table 1. We have followed international guidelines for surgical procedures [2].

Table 1 shows the opportunities to operate and assist amongst the surgical staff.



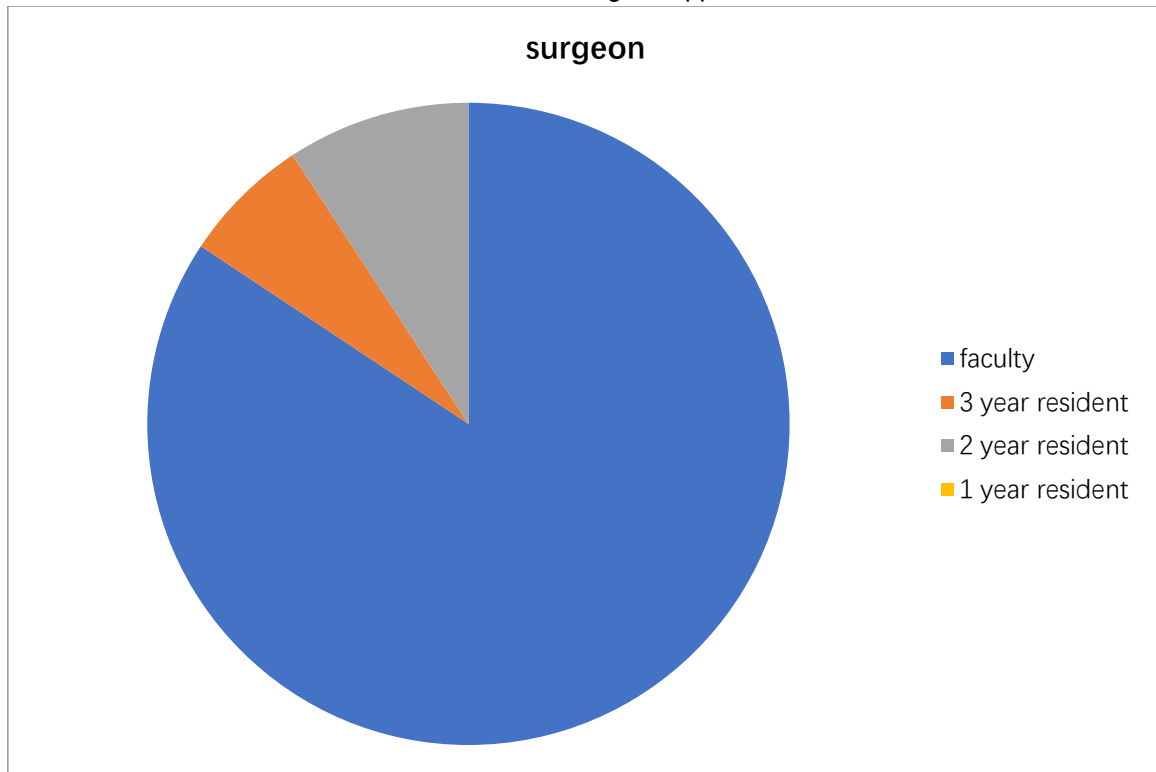
Since elective procedures have been deferred as per regulatory authorities, the surgical trainees have a woefully shortage of cases as evinced in Table 2. The faculty operate to minimise operative time and to reduce the burden on the support staff in OT. We send COVID RT PCR for emergency patients, but operate with PPE (before the results are available), assuming that they are positive.

Factors that are responsible for this include decreased number of patients having access to the hospital (due to lockdown, travel restrictions, poverty, and fear to come to the hospital). A second reason is that most resources have been mobilised for COVID, in terms of duty in fever clinic and COVID wards [3]. With the economic slowdown several patients are also not able to

pay for their surgical procedures. Insurance companies are often preoccupied in processing COVID claims.

The solutions that can be offered for the interim period to surgical training would be to offer access to surgical online video resources like Web Surg (online university of IRCAD), MED tube, C Surgeries, Open MD, GIBLIB and SAGES TV. We have encouraged our trainees to watch webinars and you tube videos of common procedures to compensate for the lack of hands on during this period and spend time in the surgical skills lab. Surgical faculty have interacted with the new trainees to ensure their mental well-being (several expressed a sense of disappointment at not being able to operate).

Table 2 shows the decrease in surgical opportunities for trainees.



References

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