

Covid -19 Pandemic and Surgery – A “New Normal”

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The advent of the year 2020 startled the world with fatal Covid-19. The Corona virus seeped into the lives of human kind and shifted the world's paradigm in personal, social, ethical and emotional milieu. There was difficulty in understanding the implications of the virus on the health care workers (HCWs), until the time the disease has started treating them fatally too. Initially the virus struck patients were seen in emergency room and outpatient clinics and elective surgeries were being performed as routine. With the surge of the viral load, outpatient clinics as well as routine surgeries began to shut down due to the ratio of health care workers contracting the disease started escalating.

The unprecedented nature of this global crisis demanded new guidelines and the need of new Standard Operating Procedures (SOPs) to be implemented. It is the time when many unknowns of the unknown came up front. A new search was brought under consideration, in terms of teaching and training of surgical residents, surgical practices, hospital policies and institution of response measures. The magnitude of the problem was multiplying on a fast pace and unchecked, so an emergency situation developed globally of not only how to cope up with this pandemic but also how to take the educational/training responsibilities simultaneously. A chaos and fear factor also emerged among the HCWs as the fellow colleagues contracted the disease and already meagre manpower shrunk further.

A number of questions arose on the HCWs essential duties. The concept of “Health for all” became more fluid than ever. The social, ethical and the moral

ground in general thrown on the back front, the duty and altruism and the essence of ethics declined. The “survival of the fittest” reiterate as the new slogan. The HCWs started blaming the law makers and common people for the uncontrolled number of new cases they were receiving every day in hospitals. There is a mistrust of people on HCWs due to a global propaganda of “conspiracy theory” along with unchecked and unresearched sharing of data/facts on social media.

In the midst of this disarray and uncertainty, the basic requirement of teaching and training of surgical residents cannot be ignored. The SOPs of closure of outpatient and elective surgeries, social distancing and personal protective equipment (PPE) were emphasized. The reports of this Pandemic were alarming globally with uncertainty to its end, so the issue of surgical training was sought. The aim of surgical training is not only about surgical knowledge, clinical judgment and technical competency but the dynamic nature of newer technologies, to become technical savvy needs the due training which is technically not fulfilled in the present scenario. The increasing public demands put greater accountability on the governing bodies of physician's competency frameworks globally. Constant process of re-examining the residency programs and innovation in teaching modalities in the past kept the trainers more engaged. The “new normal” during this pandemic made it more challenging when the surgical residents are shifted more towards managing critically ill medical patients.¹

The need assessment of how to adapt to the challenging scenario became a real challenge. This once-in-a-lifetime event not only compromised areas of clinical teaching and technical skills but a sudden decline in educational conferences also put a great impact in decreasing the number of learning opportunities for surgical trainees. Besides these shortcomings there are certain goods attached with this pandemic in training doctors with leadership, team-working, patient safety, and inter-professional working,² and that is well explained by the catch phrase “the learning from opportunities”.

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Many changes have been made in the duty rosters of residents during this pandemic so as to avoid their exposure to virus.² In addition the method of training of residents also changed. The distance learning methods are replacing outpatient teaching on patients, in-class teaching has been replaced by the on-line zoom meetings and live webinars from home and expert's discussions, hands-on surgical procedures are replaced by pre-recorded procedural videos (smart learning technologies) along with expert tips, live webinars with commentary, journal clubs on social media (zoom) and case discussions are replaced by virtual rounds.³ But this educational upheaval needs to be tackled wisely and a balance must be maintained between restructuring surgical learning vs how to adapt educational milestones? This is need of the hour; however, this should be kept in mind that it is the first hand experience for all the trainers too and it is thus easy said than done.

The major impact of COVID 19 has been observed in surgical practices right from the outset of the pandemic. From outpatient clinics to telemedicine to initial postponement of all the elective procedures to gradual resumption of emergency cases and a few emergent cases. The procedures prioritized everywhere in the world and certain guidelines were set forth.⁴ These guidelines can be tailored according to local settings, based on magnitude of the disease burden and institutional logistics. From perioperative care, keeping personal care measures to avoidance of intraoperative risk (aerosolization and droplets control) and post-surgical standard of care. Safety of HCWs must take the precedence. (PPE to be available at all times with no compromise).

Assessment exams at the end of surgical trainees is the most important part in the evolution of this “new normal” era. Governing surgical bodies of UK have assured the trainees for leniency while making annual review of competency reports and extension in revalidation of residency period, of those who are finishing the program and funding for long distance learning program and smooth restoration of training slots once the pandemic ends. American college of Surgeons modified the certification process by reducing the case logs by 10% and the lost time of training while treating Covid-19 patients.

The World has changed and with many threats number of opportunities also emerged. Most important of it is the incorporation of virtual technologies for teaching and training purposes.⁵ It is hoped that this pandemic will end soon and medical professionals will learn from this experience and make appropriate changes in

provision of health related services as well as teaching and training of residents. This may help in dealing with any future threats of similar nature.

REFERENCES:

1. Brindle ME, Gawande A. Managing COVID-19 in surgical systems. *Ann Surg.* 2020: doi: 10.1097/SLA.0000000000003923
2. Nassar AH, Zern NK, McIntyre LK, Lyng D, Smith CA, Petersen RP, et al. Emergency restructuring of a general surgery residency program during the coronavirus disease 2019 pandemic: The University of Washington experience. *JAMA Surg.* 2020. doi: 10.1001/jamasurg.2020.1219.
3. Randelli PS, Compagnoni R. Management of orthopaedic and traumatology patients during the coronavirus disease (covid-19) pandemic in northern Italy. *Knee Surg Sports Traumatol Arthrosc.* 2020;28:1683-89. DOI:10.1007/s00167-020-06023-3.
4. American College of Surgeons. COVID-19: Elective Case triage guidelines for surgical care. 2020 [Internet]. Available from URL https://www.facs.org/-/media/files/covid19/guidance_for_triage_of_nonemergent_surgical_procedures.ashx accessed on April 20, 2020.
5. Singh RP, Javid M, Kataria R, Tyagi M, Haleem A, Suman R. Significant applications of virtual reality for COVID-19 pandemic. *Diabetes Metab Syndr.* 2020;14:661-4. E doi: 10.1016/j.dsx.2020.05.011.

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