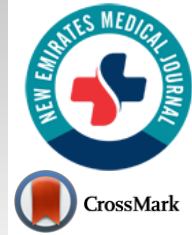





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LETTER

Impact of COVID-19 Pandemic on Cardiology Resident Training and Education

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Abstract:

The novel coronavirus (COVID-19) pandemic has created an unprecedented global health emergency. This crisis has impacted educational activities worldwide, including India. It is imperative to understand the challenges faced by institutions in imparting resident training when dealing with patients during this pandemic. This correspondence briefly discusses the effect on the cardiology residency program and research activities. It also highlights the measures to impart education safely amid a current pandemic.

Keywords: COVID-19, Pandemic, Coronavirus, Cardiology, Acute coronary syndrome, Education.

DEAR EDITOR

Dear Sir,

The World Health Organization (WHO), on March 11, 2020, declared the rapidly spreading Covid-19 (SARS-CoV-2) infections a global pandemic [1]. In response to this crisis, many governments across the world implemented a tough countrywide lockdown to stem the spread of infection. Since then, restrictions are in place for non-essential travel, advocating social distancing and cancellations of large gatherings in the community. To optimise the resources and prevent virus exposure to healthcare workers and the patients, many hospitals have cancelled the elective procedures. They have restructured the system to provide emergency care and telehealth enabled outpatient services. Most institutions are experiencing a significant reduction in acute cardiac patient admissions and procedures, as well as a decrease in research and educational activity, adversely impacting resident training.

Conventional training in cardiology residency program encompasses rotational postings in outpatient clinics, non-invasive and invasive cardiac laboratory, and through elective and emergency in-patient admissions for investigations and interventional procedures. The cardiac catheterisation laboratory activities have transformed to provide predominantly emergency intervention procedures such as primary angioplasty in acute coronary syndrome patients. As the cardiovascular non-emergency surgeries have ceased, most residents are worried they would be deprived of hands-on experience in invasive procedures affecting their skills. Because of the pandemic, the Indian National Board of Examinations (NBE), the apex regulator of the hospital-based

residency training, has extended the tenure of final year students in all specialities by a period of at least six weeks [2]. This has further increased the anxiety of the trainees about the possible delay in the exit examinations.

During this crisis, in many of the cardiac centres across the world, including India, rotating teams with reduced resident staffing have been formed to ensure continuity in essential services. Some of these trainees would be caring for patients with Covid-19 during assigned deployment in areas of need like the intensive care unit (ICU). Like their counterparts in other countries, there are several reports of Indian health care personnel getting exposed to the COVID-19 infection in the hospital, sometimes fatally [3]. Acute shortage of personal protective equipment (PPE) has compounded the difficulties faced by the caregivers [4]. To reduce the risk of exposure to residents, the programs have rapidly transformed into virtual video conference sessions and webinars, compensating for the in-person teaching activities, rounds, and conferences. In most institutions, the research activities have completely ceased, disrupting the timely completion of the dissertation of the students.

CONCLUSION

It is a daunting task to impart the residency program at the time of a crisis. Training programs must adapt quickly to the challenges of a pandemic and continue to impart education safely and at the same time providing patient care. Once this pandemic abates, the educators should carefully analyse this calamity, and devise innovative policies to ensure unhindered training of the fellows.

CONSENT FOR PUBLICATION

All authors have participated in the work and have reviewed and agree with the content of the article.

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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REFERENCES

- [1] World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19-11 March 2020 2020. Available from: <https://www.who.int/dg/speeches/detail/who-coronavirus-impact-nbe-extends-training-of-dnb-fnb-candidates-by-at-least-6-weeks> 2020. Available from: <https://medicaldialogues.in/news/health/nbe/coronavirus-impact->
- [2] India coronavirus doctors. Notes on hope, fear and longing 2020. Available from: <https://www.bbc.com/news/world-asia-india-52377965>
- [3] Bhattacharya S, Hossain M, Singh A. Addressing the shortage of personal protective equipment during the COVID-19 pandemic in India-A public health perspective. *AIMS Public Health* 2020; 7(2): 223-7. [<http://dx.doi.org/10.3934/publichealth.2020019>]

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