GI Training in the COVID-19 Era: A Problem of Global Concern

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To the Editor

We read with great interest the paper by Prof. Ming-Liang Ong[1] on the outrunning burnout in Singapore GI fellowship program during the COVID-19 pandemic. We agree with you that the COVID-19 pandemic highly impacted on Endoscopy Units activities, GI fellow's endoscopy training and their psychological status [2–4]. We recently reported in an European survey[3] that among the reasons for the GI fellow's burnout there was the fear to be infected or to infect relatives and patients, a low trust in the institutions of practice and satisfaction on the COVID-specific training received. Proposed solutions to address this distress may be increasing the knowledge on disease management and, as you proposed, providing psychological support [5].

On the other hand, we believe that an important factor associated to GI fellow's distress is the training gap due to the pandemic. As example, in Europe, an alarming 90–96% reduction [2, 3] in all the endoscopic procedures performed by trainees have been reported, due to changes to institutional policies, unavailability of mentors, reduction in the volume of activities due to the lack of cases, and redeployment towards COVID-19 areas. Moreover, most of the trainees did not access any other educational resources, such as online courses and e-learning [2], leading to a considerable educational gap. Considerable differences in several GI training activities had already been reported both among and within European countries before the pandemic[6] and changes due to the COVID-19 emergency have further impacted the education of young trainees. It is not yet clear whether this reduction in training will be recovered in Europe, or if it will represent a permanent gap in

the curriculum of gastroenterologists. Nevertheless, urgent measures should be taken to ensure a restoration of full GI training in all the countries. First, a reintroduction of trainees among supervised procedures must be guaranteed, while maintaining full adherence to international recommendations on personal protection. Second, the reduction in the procedures' volume must be balanced by the implementation of endoscopic training through alternative methods, such as e-learning, the attendance of online courses, web lessons. Finally, an extension of the training period, at the end of the emergency, should be considered to fill the educational gaps [3].

We believe that the training of young gastroenterologists should be preserved in all circumstances, to avoid irreversible consequences in the near future. In this regard, academies and scientific societies will be responsible for filling in this gap addressing the educational needs of Gastroenterology trainees providing adequate solutions.

Reply

Dear Editor,

We are grateful for the interest of Dr. Marasco and their colleagues in our article [1]. It is heart-warming to find like-minded colleagues like them, who, amidst the chaos inflicted upon our countries, have continued to fight to preserve the quality of education for our trainees. No doubt this is a season full of challenges for medical education and even more so for programs involved in procedural training. As countries like ours start to restore normalcy, our patients are returning to the hospitals, and patient care must continue.

The results of the survey [3] by Dr. Marasco and colleagues are intriguing to us as well, in that the issues their trainees faced are similar to those of our trainees, albeit in different environments. It is not surprising as well that many countries around the world will be struggling with these same issues. Therefore, we hope that some of the educational interventions we are sharing might be generalizable to other fellowship programs.

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First, we have implemented Individualised Learning Plans (ILP) with the template shared as supplementary material in our original article [1]. The basis of using this document is to encourage self-assessment on knowledge gaps regularly and then for the trainee and their mentor to co-create learning plans to fill those gaps. We meet our trainees regularly to promote the use of this document, and we have found that this helps to overcome the variability of clinical exposure the trainees get during the COVID-19 era by helping them be more intentional in using whatever limited cases they may encounter for learning.

We have also recently successfully collaborated with Dr. Roy Soetikno, MD, San Francisco Veteran Affairs, together with programs from other countries to conduct a Simulation Based Mastery Learning endoscopy workshop with virtual coaching [7]. Twenty-six fellows from five different countries trained synchronously with several endoscopy coaches who provided guidance remotely using tactical placement of cameras and video conferencing methods. We also focused time on the importance of infection control and donning of appropriate personal protective equipment. Innovative instructional strategies such as these will be needed to overcome the logistical challenges of learning procedures while maintaining safety for healthcare professionals and patients. We hope to publish the results of this collaboration in the near future.

It is truly easy to forget our trainees in difficult situations such as these. However, if programs continue to be proactive to “outrun” burnout by tackling issues before they appear and constantly share with one another their best practices, we will put ourselves in a good position to succeed.

Dr. Andrew Ming-Liang Ong (Corresponding author).

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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