



COVID 19 and Surgical Education: Time for Innovations

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Dear Editor in Chief,

India is under lockdown since 25 March 2020 due to COVID-19 pandemic. It is a very frustrating scenario for surgery residents as well as surgical educators as we are supposed to rest our scalpels and to sit on the sidelines for the time being. It is the time for surgical educators to think about innovations to prevent degradation of surgical skills [1].

Problems:

1. All medical institutes across the country have stopped all types of classes. Academic interaction with supervisor/mentor has almost become minimal.
2. All elective OTs have been closed to make best use of all available manpower, ward, and ICU beds for treating COVID patients.
3. All medical conferences and seminars have been cancelled.
4. In many institutes, surgery residents are also posted in COVID ward and ICU due to shortage of manpower.

Solutions:

1. Use of surgical simulators in skill lab: Residents can make best use of surgical simulators in skill lab these days, and their performance can be supervised and assessed by faculty members [2].
2. Reading: Books are our best friends; surgeons are not exception. For those residents, who are not in the front line of this pandemic, this is the golden opportunity to give time to our best friends. For those posted in COVID wards and ICU, learning about critical care and ventilator management is not a bad option.

3. Surgical videos: Video-based education has already established itself as an important tool for surgical education. It stimulates dual use of learners visual processing and auditory pathways [3]. This platform has gained importance in this pandemic time when real operative experience has diminished due to stoppage of elective OT.
4. Webinars: In this pandemic time, conferences/seminars have been replaced by webinars [4]. Senior experienced surgeons/academicians/researchers share their experience and give answers to queries raised by audience that too free of cost.
5. E classes: Many teaching institutions are using online classes for residents. Various apps like zoom, google classroom, and go to meeting are available for this purpose.
6. Audit and designing your own educational content: This is the time when residents and faculty can audit their unit's work, can watch recording of their surgical procedures, and can edit and upload them on social media. Thus, they can make their own educational content for department library. This is the time to learn from your own mistakes.
7. "Me time": Surgical residency is a hectic period. Resident dreams of "Me time" while doing duty in wards, OT, and emergency. This is the time to recharge, reconnect, and rejuvenate; time to connect with old friends; quality time to spend with your family; and time to exercise/meditate. Ultimately, all this will help you in rejuvenating and to bounce back as an accomplished surgeon post COVID-19 lockdown.

Only a multi-faceted approach can meet the educational needs of surgery residents during the current restraints. We should hold our breath and think it is the time we will never have again to improve our personal and professional lives.

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Compliance with Ethical Standards

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

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