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## Guest Editorial

# One year of the COVID-19 pandemic: Assessing our priorities

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## 1. Introduction

To say that the practice of medicine has changed dramatically over the past one year would be a gross understatement. The coronavirus pandemic has had far-reaching effects in every aspect of medicine. From caps, gowns and N95 masks in the examination room to social distancing in the waiting room; from spaced out appointments and fewer attendants to longer surgical waitlists; from scoffing at the idea of telemedicine in India to practicing it overnight: the pandemic has changed it all! But the practice of medicine isn't restricted to the doctors' chambers, the operating theatres or the hospital waiting room. Three areas that need to be highlighted are the long-lasting effect of the pandemic on medical education, the mental wellbeing of the healthcare workforce and the future of medical meetings.

## 2. Medical Education

Medical education has been one of the biggest collateral casualties of the pandemic. One survey found that ophthalmology trainees across India felt that the COVID-19 lockdown adversely affected their learning, especially surgical training. While most found online classes and webinars useful, the trainees' perceived stress levels were higher than normal during the lockdown. Training hospitals

need to implement mitigating measures in order to augment training to compensate for the lost time as well as alleviate the stress levels upon resumption of regular hospital services and training.<sup>1</sup> While virtual classrooms and simulation-based training can be good adjunct tools in medical education; they are of limited value in surgically intensive specialties like ophthalmology. Over the past few months, elective surgeries have reduced, trainees have been re-assigned to COVID duties, the surgical training opportunities have reduced. The impact of these deficient experiences will be greatest on residents/fellows in their ultimate or penultimate years of training.<sup>2</sup> Obviously, the degree of impact will be inversely correlated to the length of the training program. A few months of reduced clinical activity for a first-year resident in a 3-year ophthalmology residency program can be compensated later on in the program. But in contrast, a 6-month long loss of surgical training for a fellow in the last 6 months of a 15-month long fellowship program is extremely disadvantageous.<sup>2</sup> It is likely that an entire generation of trainees may suffer and we need to be cognizant of this and prevent this situation from worsening. These are tough times, and we must mindfully respond and not react reflexively by making drastic changes in the educational system that has largely served the medical community well. In due course, when we do come out of this crisis, there are issues that need to be tackled in order to create a more strong, flexible and responsive system with contingency measures in place for emergencies.<sup>1</sup>

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### 3. Mental Health

Multiple factors were found to negatively impact the mental health of the frontline workers: working in a high-risk department, diagnosed family member, inadequate hand hygiene, suboptimal hand hygiene before and after contact with patients, improper PPE use, close contact with patients, long daily contact hours and unprotected exposure.<sup>3</sup> In the early stages of the pandemic, a strikingly high proportion of ophthalmologists reported to be psychologically affected, requiring personalized mental health care.<sup>4</sup> Sadly though, many doctors find it difficult to tell their colleagues or employers about their mental health difficulties. The most commonly cited reasons are perceived stigma and anticipated damage to future career prospects.<sup>5</sup> We need to be mindful that often times our colleagues may be reluctant to reveal their difficulties even when experiencing significant psychological distress. Mental health and the associated stigma have always been an issue in India. Steps can be taken by hospitals to handle doctors' stress at the organizational level: Specifically, designed interventions that reduce mental health stigma and that promote sharing and support for colleagues with psychological difficulties can go a long way in improving help-seeking behaviour and attitudes. Healthcare workers' motivation and morale are often improved when they feel that their efforts are recognized and reciprocated by the employers and the government.<sup>5</sup>

### 4. Conferences and Meetings

Annual society conferences and medical meetings are platforms where specialists learn about the latest in their respective branches. Travelling to distant cities for conferences also provides a much-needed break from the otherwise busy schedules of medical professionals. However, in 2020, most scientific meetings were either cancelled or were conducted virtually. At the peak of the pandemic, over a thousand ophthalmology webinars had been conducted between mid-April to the end of August 2020 – at an average of over 7 webinars a day!<sup>6</sup> This was truly a pandemic of webinars. It is safe to say that after a year of watching our computer screens, most of us are now longing for in-person meetings. After all, physical meetings are beyond the presentations in lecture halls: the networking in the corridors, and the hustle of the trade and exhibition halls; reuniting with old colleagues, warm friendly handshakes and hugs – are all things we are looking forward to.<sup>6</sup> But the pandemic has also given us the opportunity to explore more eco-friendly, financially viable and sustainable models – 'the hybrid conference'. This model promises the best of both: a physical meeting with a virtual component. Key international and national speakers who are unable to travel, can lecture virtually to a

physically gathered audience and take questions live online, thus enriching the learning experience.<sup>7</sup> This promises to be a paradigm shift and can be equally interactive, more inclusive and more carbon-neutral – all of which are needs of the hours. Can we embrace this change and make this the norm?

The COVID-19 pandemic has accelerated the pace of change in health care. With many long-lasting changes that the disease has necessitated, it has left many clinicians searching for new ways to balance efficiency and innovation. The onus is on us now: can we as a community recognize the 'new normal', lift ourselves and act now? Only time will tell.

### 5. Financial Disclosure

Dr. Nair is a consultant for HelpMeSee Inc., USA and has received lecture fees from Carl Zeiss Meditec Inc.

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