



Trial and Tribulations of Anaesthesia Residency Programme during the COVID–19 Pandemic: A Resident Perspective

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Dear Editor,

The novel coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2, has become a nightmare for the masses, especially the healthcare personnel worldwide. Despite all the necessary measures, including social distancing, hand hygiene, and face masks, the number of people infected by this virus is still increasing, especially after lifting of lockdown in several countries. As of August 09, 2020, there were over 19 million confirmed cases and over 731,000 deaths worldwide (1). In such times, the specialty of anaesthesia is at the forefront, dealing with patients, both in the operating room (OR) and the intensive care units. The anaesthesia residents are the primary workforce being the corona warriors (2). The residents are required to manage critically ill patients using their still-growing knowledge and skills in such unprecedented times. They have many valid trepidations, including, but not limited to, the fate of their training owing to decreased OR exposure, no live teaching classes, and the health of their family members at home, especially the kids and the elderly. We write this letter to share the challenges being faced by the residents during this period, especially in resource-constrained countries.

This pandemic has resulted in several changes in the practice of anaesthesia. For a trainee who is already under significant stress while learning the nuances of this challenging field of medicine, rapid and evolving developments in the work environment because of COVID-19 pose a substantial challenge.

During this pandemic, the numbers of elective surgeries have been reduced to utilise the limited resources better for COVID-19 patients (3). Although it decreases our exposure to different elective cases, dealing with emergency surgeries of patients with COVID-19 provides us a unique learning experience. Intubation using N95 masks & face shields and dealing with the fogging of the face shield are a new experience for us. Preparation and segregation of drugs & equipment, checking of the anaesthesia machine, preparing the difficult airway carts, and dealing with the various issues of COVID-19 patients have improved our clinical and examination skills for dealing with such emergencies (4), especially with a limited number of helping hands because the number of healthcare personnel per duty shift has been reduced to 30% in our hospital to limit the exposure.

As the coronavirus leads to a high incidence of acute respiratory distress syndrome and critical illness, especially in elderly and immunocompromised patients, these patients often require ventilatory support (5). Hence, a separate critical care unit dedicated to only patients with COVID-19 infection has been established in our hospital (6). We, residents, supervised by our attending, are posted there in the duty shifts of 8 hours. This is the most breath-holding zone where we care for the critically ill patients with deadly COVID-19 infection while wearing personal protective equipment (PPE) for hours. Working continuously for hours while wearing the PPE without food and water leads to

physical and mental exhaustion. However, it provides us the opportunity to gather more information regarding the different and unique presentation of these patients.

There has been a tremendous change in the way academics are being conducted in these times (7, 8). Academic teaching is now taking place via online lectures, video-conferencing, and WhatsApp group discussions (9). However, these methods have their limitations and cannot replace the traditional teaching practice, which is far superior and exciting. The procedural skills, including intubation, spinal, and peripheral nerve block, and training on mannequins cannot be replaced with online lectures and video-conferencing.

Finally, an important sphere affected by the pandemic is our social and family life. The lack of social gathering has the danger of making us lonely and subsequently depressed (10, 11). We have to keep in mind the safety of our family members while returning from duties. Living away from our family and friends, in a quarantined area after exposure with confirmed or suspected COVID cases, is the most stressful part. However, as it is rightly said, these days too shall pass, and saving lives in such times gives us a ray of hope.

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