

Pandemic (COVID- 19) and Orthopedic Postgraduate Trainees- Testing of Resilience



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Opinion

The World Health Organization (WHO) announced the Corona virus disease 2019 (COVID-19) as a pandemic by March 2020. The COVID-19 has had a major effect on the worldwide healthcare sector. The causative virus was highly contagious and rapidly spreading and its pace of infectivity compelled the governments to execute the socioeconomic measures such as isolation, suspension of economic functioning, lockdown, and redirection of resources. Subsequently, this rapidly spreading pandemic overwhelmed the actual healthcare system which was restructured to wrestle with this unforeseen pandemic.

Different specialties of our healthcare system have been affected differently. Where the anesthesia, internal medicine, infectious disease, critical care, and respiratory medicine expert are first-line Corona warrior and even doing extra duties to corroborate to increased demand, the surgical branches had limited themselves from elective surgery to high essential surgery and additionally, they are posted outside to their specialty to combat the pandemics. The orthopedic branch (obviously the orthopedic trainees/fellows) has also been affected by this pandemic. Like others, the orthopedic department is also practicing the "residency surge" regime, in which part of the trainees are doing departmental works, and the rest are either quarantined or doing COVID duty.

Enrollment of new orthopedic cold patients (arthroscopy, arthroplasty) has been voluntarily cut short at every center to minimizing the virus propagation. Additionally, the lockdown and 'stay home stay safe' policy has reduced trauma cases in multifold also. Furthermore, the redistribution of healthcare professionals and resources (nurses, beds, ventilators, anesthetists, and technicians) has been pumped for COVID care for a long time. As we find the current overwhelming nature COVID-19 worldwide these unexpected changes are not going to reshape in a few months, and it will take probably years. The first-year orthopedic residents as well as final year residents are being deployed for COVID care in every institute. A first-year postgraduate who was supposed to learn the basics in orthopedics and invaluable insight into patient

care is unable to pursue that experience properly. In the same way, the last year trainees are losing the opportunity of surgical exposure of their final year trauma and orthopedic posting due to their redirected medical posting for COVID emergency. So, it is a considerable matter that the impact of a pandemic will have the repercussion over surgical training in post-graduate trainees.

The decline in O.P.D attendance and longer follow-up of patients has caused a significant number of no shows for trainees. Up till the pandemic persists, there will be unavoidable lacunae in medical exposure towards trauma, arthroplasty, and arthroscopy surgery. The orthopedic residency training program includes cadaveric arthroscopy and arthroplasty courses and requires physical participation, but due to the physical distancing policy, it had ceased. Every conference has been postponed, so the opportunity for the presentation is almost nil. Genetics and cadaveric based thesis/dissertation are being given to trainees, in which less patient contact, clinical work and follow up is required. Didactic lectures, trauma round, eliciting of signs, and learning of surgical skills needs robust two-way communication between teacher and resident, which has been ceased due to need of physical distancing. The teleconferencing method is in trends to circumvent the social distancing to enable the interaction sessions. Various third party software like meet, zoom, Microsoft team are in trends for broadcasting the lectures and case-based discussion, but the teething, loss of communication, and issue of security are the concerning problems.

This unprecedented pandemic has impacted orthopedic trainees, personally as well professionally too. The hectic duty schedule and fear of professional loss has increased the level of stress and burnout in trainees. Initially, the freezing of entitled leaves, nostalgia, and frequent night shift had worsened the physical and mental health of trainees. Since the rest and recreation are crucial factors for sustaining the work-life balance, so the trainees are now overcoming this situation by the team based (resident living in closed premises) organizational activity and weekly sports events between hostel inmates as well by a

solo-based exercise program. The COVID-19 pandemic is still expanding, and no one is in a situation to predict its course. It is impacting every aspect of human life, health care system and surely it will have a robust impact as well as far-reaching reverberation on current orthopedic trainees. In near future, it will be an area of research to conduct a study over the cohort made by COVID generation trainees. It will be pertinent to take a notion on professional development, safety, and individual health of existing postgraduates. In this initial part of the pandemic, we envisage that the existing trainees have quick adaptability to use an innovative method of delivering orthopedic services.

If we learn from the past, we realize that the challenging situation (world war, HIV, epidemics) has provided an opportunity for the transformation of science and the health care system. In the isolation period of the Plague epidemic, Newton proposed his revolutionary theory and turned the astonished the science world. Napoleon Hill once said, "In every adversity lies the seed of an equal or greater opportunity". If we look forward, faculties have

changed their conventional way of surgical training. In the same way, all orthopedic trainees and fellows have gotten the golden opportunity and contributing to seminal changes in the healthcare system in this pandemic. Faculties have modulated themselves and adapted the innovative method of teaching, which shows their reflection of passion for education. In the same way, trainees have adapted the various platforms (webinar, teleconferencing, surgical simulators, and e-learning) of learning. The deployment for non-orthopedic duty (CORONA) and reduction in surgical volume for orthopedic trainees are two major setbacks for trainees that are disrupting the training. But due to their resilience and adaptability, trainees will circumvent this void. This unforeseen pandemic is calibrating the endurance and modularity of the orthopedic fraternity, who will keep on rising with this pandemic challenges. At the end of the pandemic, when the Orthopaedician will look back, he would be able to say proudly that he has served humanity regardless of medical pathology.



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