Title: A Surgical Resident’s Perspective about COVID-19 Pandemic: Unique Experience and Lessons Learnt

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Acknowledgement: None

Financing: None

Conflict of interest statement by authors: No conflicts of interest

Authors Contribution Statement: Writing – Original Draft: MC. Writing – Review & Editing: PKS.

Manuscript word count: 995

Abstract word count: Not applicable

Number of Figures: Nil

Number of Tables: Nil

Discussion points:

1. Being a second-year surgical trainee, a few months back, I never thought that the COVID-19 virus could hit India and change our lives so much.
2. During this pandemic, I get tensed before scrubbing in a surgical procedure, and a sense of apprehension always dominates in my mind when we take up emergency surgeries as we have a risk of exposure.
3. I have never seen humans suffering so much because of a viral disease, from loss of economies to precious lives; still, I feel humans need to learn many aspects of humanity to come together to fight this and help others.
4. Along with this constant threat from the contagious disease, being a medical student, we are battling with social stigmas here among the public as they look at us as the potential risk of infections.
5. But it never stopped me from doing my duty as I have taken Hippocratic Oath to serve the sick and needy.

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THE EXPERIENCE.

History has been repeating itself in the form of pandemics like cholera, swine flu, smallpox, etc., which affected humanity, killing a substantial number, every time it occurred. After nearly a decade of the swine flu pandemic which caused massive loss of human lives all over the world, the presently ongoing COVID-19 caused by coronavirus has wholly paralyzed the globe with a rising death trail. COVID-19 or SARS-CoV-2 illness is declared to be a public health emergency of international significance on 30th January 2020. The outbreak, as first reported in December 2019 in Wuhan province of China, has now spread in almost the entire world, affecting 215 countries and taking away the lives of more than two lakh people worldwide. In India, though cases started to appear towards the end of January 2020, now cases are skyrocketing despite stringent measures to contain the disease. Every pandemic teaches people new ways of lifestyle, like Black Death, in the year 1346 left us ending system of serfdom in Europe and introduced ourselves to the concept of quarantine.

As a surgical postgraduate trainee, I had never thought in my life to be experiencing such a phase in the early part of my career. In this short article, I will be sharing my experience during this challenging time, regarding the management of the health crisis in a tertiary care center of a lower-middle-income country.

What I Experienced:

Patient Care: Ever since the outbreak of the COVID-19 in India, the Government has implemented a standard operating procedure (SOPs) to manage the diagnosed or suspected cases in the hospital. There is frequent training of the residents irrespective of the specialty, regarding donning and doffing of personal protective equipment (PPE) and handling the ventilators to manage the critically ill patients. The infectiousness and fatality of the COVID-19 virus have not only spread apprehension amongst the people but created chaos amongst the health care providers.

As a surgical trainee, I am used to handling high-risk surgical patients taking universal precaution. But managing a highly infectious medical condition is the need of the hour. As a surgical resident, I never thought of managing cases with a medical illness, including collecting swabs for RT-PCR and running the screening outpatient departments.

During this critical time, still more difficult is managing a patient with a genuine surgical emergency. Due to the apprehension in my mind about unknowingly encountering a COVID-19 patient and getting exposed, a surgical disease is often clinically missed. At present, there is postponing of all elective surgeries excepting emergencies. As a front-line worker, the trainee is supposed to prepare and post an emergency case for operation. It was the time when I used to enter the operating room with so much enthusiasm and zeal to learn and treat patients. These surgeries which I used to assist with passion three months ago, has become stressful now. The operating room which once used to be a place of learning often being demonstrated continuously by the faculty is now entirely a silent and stressful zone. Thinking back, I remember assisting high-risk seropositive cases with apprehension but not to this extent. But despite all these, I am bound to treat...
and take care of patients whatever the conditions or diseases might be as I had taken the Hippocratic Oath on
the start of this journey.

_Academics during the COVID-19 times:_ Due to the strict imposition of the rules of social distancing by the
administration, which is the key to break the chain of transmission of this highly infectious virus, there is a
withholding of regular classroom academic seminars and classes. Also, the bedside teaching in clinical grand
rounds is temporarily not done to avoid crowding near the patients. It comes with the drawback that medical
students in their clinical year will suffer from a lack of clinical experience as well as skills to make on-point
clinical decisions, which is of utmost importance. More amount of e-learning is promoted presently with online
seminars and webinars on managing COVID-19 and other non-COVID-19 diseases, which is overall a new
experience during this critical time. Few students find it very comfortable to take online theory classes at
home, still, at the cost of missing the clinical courses. There is a risk of depression among students and
having online courses is not always very pleasant due to frequent voice disturbances with connection
problems and online examinations.

_Mental health among medical students:_ We, medical students, are used of group studies and hangouts. Due
to strictly abiding social distancing, the present situation has a significant impact on mental health and
personality. In general, medical students are more prone to psychological distress and mental illness, leading
to suicidal ideation.

_Strategy to overcome the COVID-19 crises:_ All elective surgical procedures are on hold, and the semi-elective
cases are deferred if possible, by conservative treatment or radiological interventions. By this, a lot of
resources, including indoor beds and PPEs, are preserved, to be used by health care workers dealing directly
with the COVID-19 patients. Also, training all health care workers irrespective of specialties, in critical care
management for future preparedness, updating ourselves regarding recent happenings of the disease and
helping in the active screening of all suspected patients is going to help fight against the dreadful disease till
an effective medicine or vaccine is available.

_Lessons Learnt:_
I just thought where we stand despite all the advancement in technology, improved health care and better
diagnostic facilities possible today. Globally, a virus has disrupted the entire health system, economy and
significant toll of precious human life. Seeing the present scenario, every nation and medical university needs
to adequately increase the infrastructure to tackle the similar situation and also train their future generation of
health care providers more broadly at least to manage critically ill patients during epidemics. It is high time; the
global community should unite to fight against this invisible enemy of humanity strategically, or else it will
cause colossal devastation more than the world war.
REFERENCES.


