

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

2
3 **Author names:** Madhuri Chaudary¹, Prakash Kumar Sasmal²

4 **Degrees:** 1- MBBS, DCH. 2- MBBS, MS, FNB (MAS), FALS (Metabolic Surgery), FAIS

5 **Affiliations:** 1- Surgical Resident, AIIMS, Bhubaneswar. 2- Additional Professor of Surgery, AIIMS,
6 Bhubaneswar, INDIA

7 **About the author:** Madhuri is pursuing her academic surgical training in the second year of a three years
8 degree program. She has completed her two years of training in child health after her graduation.

9
10 **Acknowledgement:** None

11 **Financing:** None

12 **Conflict of interest statement by authors:** No conflicts of interest

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

14
15 **Manuscript word count:** 995

16 **Abstract word count:** Not applicable

17 **Number of Figures:** Nil

18 **Number of Tables:** Nil

19
20 **Discussion points:**

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

31
32 **Publisher's Disclosure:** *This is a PDF file of an unedited manuscript that has been accepted for publication.*
33 *As a service to our readers and authors we are providing this early version of the manuscript. The manuscript*
34 *will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable*
35 *form. Please note that during the production process errors may be discovered which could affect the content,*
36 *and all legal disclaimers that apply to the journal pertain.*

1 THE EXPERIENCE.

2
3 History has been repeating itself in the form of pandemics like cholera, swine flu, smallpox, etc., which
4 affected humanity, killing a substantial number, every time it occurred. After nearly a decade of the swine flu
5 pandemic which caused massive loss of human lives all over the world, the presently ongoing COVID-19
6 caused by coronavirus has wholly paralyzed the globe with a rising death trail. COVID-19 or SARS-CoV-2
7 illness is declared to be a public health emergency of international significance on 30th January 2020. The
8 outbreak, as first reported in December 2019 in Wuhan province of China, has now spread in almost the entire
9 world, affecting 215 countries and taking away the lives of more than two lakh people worldwide.¹ In India,
10 though cases started to appear towards the end of January 2020, now cases are skyrocketing despite
11 stringent measures to contain the disease.² Every pandemic teaches people new ways of lifestyle, like Black
12 Death, in the year 1346 left us ending system of serfdom in Europe and introduced ourselves to the concept of
13 quarantine.³

14
15 As a surgical postgraduate trainee, I had never thought in my life to be experiencing such a phase in the early
16 part of my career. In this short article, I will be sharing my experience during this challenging time, regarding
17 the management of the health crisis in a tertiary care center of a lower-middle-income country.

18
19 What I Experienced:

20
21 *Patient Care:* Ever since the outbreak of the COVID-19 in India, the Government has implemented a standard
22 operating procedure (SOPs) to manage the diagnosed or suspected cases in the hospital. There is frequent
23 training of the residents irrespective of the specialty, regarding donning and doffing of personal protective
24 equipment (PPE) and handling the ventilators to manage the critically ill patients. The infectiousness and
25 fatality of the COVID-19 virus have not only spread apprehension amongst the people but created chaos
26 amongst the health care providers.

27
28 As a surgical trainee, I am used to handling high-risk surgical patients taking universal precaution. But
29 managing a highly infectious medical condition is the need of the hour. As a surgical resident, I never thought
30 of managing cases with a medical illness, including collecting swabs for RT-PCR and running the screening
31 outpatient departments.

32
33 During this critical time, still more difficult is managing a patient with a genuine surgical emergency. Due to the
34 apprehension in my mind about unknowingly encountering a COVID-19 patient and getting exposed, a
35 surgical disease is often clinically missed. At present, there is postponing of all elective surgeries excepting
36 emergencies. As a front-line worker, the trainee is supposed to prepare and post an emergency case for
37 operation. It was the time when I used to enter the operating room with so much enthusiasm and zeal to learn
38 and treat patients. These surgeries which I used to assist with passion three months ago, has become
39 stressful now. The operating room which once used to be a place of learning often being demonstrated
40 continuously by the faculty is now entirely a silent and stressful zone. Thinking back, I remember assisting
41 high-risk seropositive cases with apprehension but not to this extent. But despite all these, I am bound to treat

1 and take care of patients whatever the conditions or diseases might be as I had taken the Hippocratic Oath on
2 the start of this journey.

3
4 *Academics during the COVID-19 times:* Due to the strict imposition of the rules of social distancing by the
5 administration, which is the key to break the chain of transmission of this highly infectious virus, there is a
6 withholding of regular classroom academic seminars and classes. Also, the bedside teaching in clinical grand
7 rounds is temporarily not done to avoid crowding near the patients. It comes with the drawback that medical
8 students in their clinical year will suffer from a lack of clinical experience as well as skills to make on-point
9 clinical decisions, which is of utmost importance.⁴ More amount of e-learning is promoted presently with online
10 seminars and webinars on managing COVID-19 and other non-COVID-19 diseases, which is overall a new
11 experience during this critical time. Few students find it very comfortable to take online theory classes at
12 home, still, at the cost of missing the clinical courses.⁵ There is a risk of depression among students and
13 having online courses is not always very pleasant due to frequent voice disturbances with connection
14 problems and online examinations.⁶

15
16 *Mental health among medical students:* We, medical students, are used of group studies and hangouts. Due
17 to strictly abiding social distancing, the present situation has a significant impact on mental health and
18 personality. In general, medical students are more prone to psychological distress and mental illness, leading
19 to suicidal ideation.⁷

20
21 *Strategy to overcome the COVID-19 crises:* All elective surgical procedures are on hold, and the semi-elective
22 cases are deferred if possible, by conservative treatment or radiological interventions. By this, a lot of
23 resources, including indoor beds and PPEs, are preserved, to be used by health care workers dealing directly
24 with the COVID-19 patients. Also, training all health care workers irrespective of specialties, in critical care
25 management for future preparedness, updating ourselves regarding recent happenings of the disease and
26 helping in the active screening of all suspected patients is going to help fight against the dreadful disease till
27 an effective medicine or vaccine is available.

28
29 **Lessons Learnt:**

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

1 **REFERENCES.**

- 2
- 3 1. World Health Organization, WHO. Coronavirus disease outbreak situation. Available from:
- 4 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. WHO; Geneva, 2020. Accessed
- 5 on 7th May 2020.
- 6 2. Government of India. India Fights Corona COVID-19. Available from: [https://www.mygov.in/COVID-](https://www.mygov.in/COVID-19)
- 7 [19](https://www.mygov.in/COVID-19). Accessed 7th May 2020.
- 8 3. Austin Alchon, Suzanne (2003). A pest in the land: new world epidemics in a global perspective.
- 9 University of New Mexico Press. p. 21. [ISBN 978-0-8263-2871-7](#). [Archived](#) from the original on 2019-
- 10 04-01. Retrieved 2016-04-22.
- 11 4. Nguyen Tran Minh D, Pham Huy T, Nguyen Hoang D, Quach Thieu M. COVID-19: Experience from
- 12 Vietnam Medical Students. Int J Med Students. 2020 Jan-Apr;8(1):62-63.
- 13 5. Pacheco Carrillo AM. The Utility of Online Resources in Times of COVID-19: A Mexican Medical
- 14 Student Point of View. Int J Med Students. 2020 Jan-Apr;8(1):58-59
- 15 6. Biavardi NG. Being an Italian Medical Student During the COVID-19 Outbreak. Int J Med Students.
- 16 2020 Jan-Apr;8(1):49-50.
- 17 7. Komer L. COVID-19 amongst the Pandemic of Medical Student Mental Health. Int J Med Students.
- 18 2020 Jan-Apr;8(1):56-57.
-

Accepted,