



Working in the emergency and inpatient COVID-19 special wards: A different experience for Iranian psychiatric trainees amid the outbreak



On 19 February, first COVID-19 case was reported officially by Iranian government, and Iranian health care system included physicians became one of the most involved healthcare systems all around the globe (Ashrafi-Rizi and Kazempour, 2020; Shalbafan and Khademoreza, 2020; Zandifar and Badrfam, 2020). Aftermath, all of hospitals as well as outpatient clinics and their staffs around Iran involved hastily in this unpredictable outbreak.

Given that almost all of main and referral hospitals in big cities of Iran are academic hospitals which are affiliated to universities of medical sciences, medical education system should be involved necessarily. Therefore, almost all of medical faculty members, post-graduate medical trainees and medical interns have had to deal with this new complicated situation.

In case of Iran University of Medical sciences, one of the biggest medical universities in Tehran, after two weeks authorities decided to invite all of medical faculty members as well as medical trainees, regardless to their specialty to shift-work in the emergency and inpatient COVID-19 special wards. It seemed to be a necessary action considering increasing frustration and sickened number of first-line physician warriors such as emergency, infectious diseases and internal physicians in the outbreak.

Following this decision, 12 psychiatric trainees were scheduled to visit patients with COVID-19, and a shift was placed for each.

Before the starting of the shift, written protocols of COVID-19 management and protection protocols were sent to trainees. After the shift, trainees were asked to fill out an online anonymous form and submit their written comments. The present letter is the result of this brief survey. All of the trainees answered the questions. Less than 42 % answered they volunteered for the shift, as well as, only 16.7 % would be volunteer if be asked again.

Half of the trainees reported their distress increased after the shift. They declared two main sources of concern, the first about the possibility of the disease transmission, such as inadequate protection, the impossibility of long-term quarantine after the shift, the inadequate education about wearing and taking off the personal protective equipment, inadequate sterilization of the diagnostic equipment like pulse-oximeters and worry about future outbreaks. The next distressing mentioned issue was the quality of service which was provided for patients by them, such as sense of inexperience and inadequate presence and guidance of senior specialists. Trainees who experienced less anxiety also emphasized on appropriate protective equipment and exposure as a way to reduce stress.

Despite the perception of inadequate education before the shift in 83.3 % of the trainees, 58.3 % of them stated, their knowledge and experience to treat patients with COVID-19 has increased after the shift, and 43.6 % of them stated that they have gained new experience of the mental state of patients and the medical staff. As a matter of fact, only 16.7 % of them showed their interest to visit the COVID-19 patients again for medical management, whereas more than 83 % of them expressed their readiness to handle psychiatric problems of these patients. In addition, more than 90 % of the trainees expressed that they could play an effective role in raising public awareness to strengthen their coping mechanisms, and 75 % stated they are willing to provide online psychiatric services to patients and staff. Moreover, none of them believed that psychiatrists should provide face-to-face services for the patients and medical staffs.

Finally, they suggested acting more prominent role in supporting the families of deceased patients' medical staff, creating the possibility of online visits and paying special attention to certain groups such as substance users by psychiatric trainees.

Based on this experience, we conclude that although all medical personnel should be sufficiently prepared for critical conditions, it seems better that mental health personnel be involved in more specialized tasks and based on generally accepted guidelines (Li et al., 2020; World Health Organization, 2020).

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Declaration of Competing Interest

The authors don't declare any conflict of interest.

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