Strides Dev Med Educ. 2021 December; 18(1):e1067 doi 10.22062/sdme.2021.196293.1067

Letter to editor

Whistle-Blower: Shadowing of the Pandemic on Indian Medical Residency

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Received: 2021 June 21; **Revised:** 2021 July 21; **Accepted:** 2021 July 22; **Published online:** 2021 July 31

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Citation: Gondode PG, Garg AM, Gaur DM, Vittobaraju M. Whistle-Blower: Shadowing of the Pandemic on Indian Medical Residency. Strides Dev Med Educ. 2021 December; 18(1):e1067.doi:10.22062/sdme.2021.196293.1067.

Keywords: COVID-19, Impact, Residency Programs, Medical, India

Dear Editor,

India has accomplished an astonishing rate of Corona Virus Disease (COVID-19) vaccination. Clever application of the prevailing immunisation infrastructure and logistics has facilitated in augmenting the reach of the vaccination program. Regardless, India is beholding an austere wave of the pandemic with a precipitous rise in number of cases. India ranks second in global covid tally with more than 31 million COVID-19 cases, ensuing a massive pressure on its existing healthcare infrastructure and medical workforce (1).

Before the covid era, the Indian medical residency was already besmirched. Stringent informal hierarchical organisational structure and consequential hounding of the resident doctors by their seniors, often go under reported due to the trepidation of failure in examinations (2). Lengthened working hours, derisory and irregular pay, skewed doctor to patient ratios, acute disparity of undergraduate to post graduate medical seats, ignorance in abiding international and national laws concerning working hours give rise to 'Resident Burnout' culture. Mental burnout sporadically results in suicide attempts (3). Poignantly, the unwarranted appalling working hours have been hailed as a convention of good training process (4).

COVID impact on Indian medical residency

The Indian medical residency program is traditionally of three years duration (MD – Doctor of Medicine/ MS- Master of Surgery/ DNB- Diplomate of National Board). The definitive outcome is to fashion resident accomplish pre-set competencies, skills and excellence in the particular field of speciality the resident opts in. It also includes Exposure to latest equipment, technologies, ever-evolving world of bio-medical research, challenging clinical scenarios and opportunities to diagnose and treat the commonest and rarest of diseases, hands-on skill development in surgical and technical branches. All of it has taken a blow as Covid has wrecked Indian medical training in a way no one could have envisaged. COVID has surely cast its shadows on teaching activities like clinical rounds, ward and bedside teaching; even academics and seminars, conferences, and workshops have come to a standstill.

Since early 2020, residents have been jostled to COVID duties heedlessly of their subject of specialization. They are dynamically occupied in wide spectrum of covid patient care, from collecting samples at ground zero to managing the clinical cases in wards and Intensive Care Units (5). This one year of covid obligations have left just two years remaining to complete a three-year curriculum. The recent grim wave of the pandemic trouncing the country puts them at risk for even lesser time to groom and upgrade themselves in their respective specialities and to attain basic competency, leave alone the anticipated echelon of excellence.

Residency mandates obligatory thesis/ dissertation submission with objectives of familiarizing residents to the basic methodology of biomedical research, ethical

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considerations, good clinical practice and inculcating inquisitiveness. While Operating Rooms, Out-Patient Departments and Wards are on a hold and residents busy in covid duties, it is unmanageable for the resident to meet the standards they documented in the research project protocols- again perplexing their apprehension of residency completion.

Shall there be an extension of residency period for an offset year of covid onus? Will the government endure the monetary patronage and remuneration for the extended year? Will there be any amendment in the conduct of examinations? Will the thesis submissions be waived off? Will they be able to complete their thesis, academics and update their clinical skills? The above and other such analogous unanswered questions are creating a sense of exasperation and resentment in the minds of young residents, a result of this is already witnessed, where residents of recognised institutes threatened mass leaves against covid-only work, in the fear of their academic compromise (6-8). The dearth of communication between authorities and the residents doctors and the resultant failure in assuring the residents regarding their future will only act to add more fuel to the fire. An excuse by the authorities that covid itself is a teaching exercise is an example of shying away from answerability and accountability. The residents have a moral responsibility of helping the nation fight the pandemic and work for the patients, but that does not absolve the authorities from working in the interest of residents, and address their fervent concerns.

Conflict of Interests: Authors mention that there is no conflict of interests in this study.

Ethical Approvals: Not applicable.

Funding/Support: None.

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