

Impact of the COVID-19 Pandemic on Otolaryngology Residency: A Real-Life Experience



Pietro De Luca, MD¹, **Vito Colacurcio, MD¹**, **Egidio De Bonis, MD¹**, **Michele Petrosino, MD¹**, **Antonella Bisogno, MD¹**, **Donato Troisi, MD¹**, **Matteo Calvanese, MD¹**, and **Pasquale Marra, MD¹**

Abstract

The coronavirus disease (COVID-19) pandemic has been rapidly spreading worldwide. In our country, the entire Italian Healthcare System has been forced to adapt to this unprecedented condition in this century. The Head and Neck Department clinical and surgical activity was substantially reduced. In this situation, the Ear, Nose and Throat (ENT) residents in University Hospitals find themselves in an uncertain position; we are physicians, facing a deadly disease about which much remains unknown, but we are also trainees, and there is a high risk for our residency training to be affected. With this Letter, we would like to give a testimony of our experience and give some advices to bridge the training gap.

Keywords

COVID-19, pandemic, residency, otolaryngology residents, experience

The coronavirus disease (COVID-19) pandemic is engaging clinicians around the world in an unprecedented effort in this century; the rapid spread of the pandemic represents a risk for health care providers who have a close contact with the upper aerodigestive tract during diagnostic and surgical procedures.¹

In this regard, the ENT specialists are facing a double challenge: on one hand, as evidence from China, Iran, Italy, and United States^{2,3} suggests they have a considerably high risk of contracting COVID-19 infection due to diagnostic or surgical aerosol-generating procedures (eg, laryngeal endoscopy), as well as during head and neck emergency and surgical procedures. On the other hand, they had seen a drastic reorganization in their workflow, which led to a substantial decrease in elective surgery and routine clinical practice.

Given the situation, the ENT residents in University Hospitals find themselves in an uncertain position; we are physicians, facing a deadly disease about which much remains unknown, but we are also trainees, and there is a high risk for our residency training to be affected. The recent recommendations to limit surgical procedures and the suspension of all deferrable surgeries, with a substantial reduction of daily surgical activity, led to a notable decrease in residents' involvement in the surgical theater; most of all, this could be a significant trouble for last-year residents. In addition, in the uncertainty of the

duration of COVID-19 pandemic, none of us can now quantify how much our surgical education will be compromised.

We understand the efforts of the Chief of Head and Neck Department to reallocate his clinicians and to keep us as far as possible from any infective risk. But we are also conscious that being in frontline could increase our awareness and forge our souls.

We're adjusting our daily routine to face this pandemic. At our University Hospital, ENT residents were recruited to collect nasopharyngeal and oropharyngeal swabs from COVID-19 patients and from health care workers. We strongly consider this operative role as an added teaching value.

But despite the valuable information acquired regarding the management of an epidemic breakout, we deeply believe that it should be necessary to implement strategies to continue the Otolaryngology training in COVID-19 pandemic time.

¹ Otolaryngology Residency Program, Department of Medicine, Surgery and Dentistry, University of Salerno, Italy

Received: April 17, 2020; revised: April 21, 2020; accepted: April 23, 2020

Corresponding Author:

Pietro De Luca, MD, Otolaryngology Residency Program, University of Salerno, Salerno, Italy.


Email: dr.dlp@hotmail.it



Daily virtual learning has become the primary form of collaboration between residents and tutors; an increased use of telematic educational programs (as telemedicine and telementoring of surgical procedures) could be the opportunity to bridge the training gap.

In addition, foreseeing the end of the pandemic, efforts could be made in reorganizing our residency training schedule, in order to grant an adequate acquisition of surgical skills. Despite the current difficulties and changing, we must resist.

ORCID iD

Pietro De Luca  <https://orcid.org/0000-0002-6505-1680>

References

1. Ng K, Poon BH, Kiat Puar TH, et al. COVID-19 and the risk to health care workers: a case report. *Ann Inter Med.* 2020. doi:10.7326/L20-0175
2. Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. *JAMA.* 2020. doi:10.1001/jama.2020.1585
3. US Centers for Disease Control and Prevention. *Interim Infection and Control Recommendations for Patients With Suspected or Confirmed Coronavirus Disease (COVID-19) in Healthcare Settings.*