

# COVID-19 Pandemic and Head and Neck Surgery Residency Program: Proposals for the “Phase 2”

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The COVID-19 pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is putting to test all health workers in the world and is stretching the capacity of health care systems of most countries, even the best organized ones.<sup>1</sup>

Since the spread of the SARS-CoV-2, Italy has been one of the most affected countries in the world and one with the highest rate of COVID-19-related deaths. From March 10, the beginning of the lockdown in Italy, surgical and clinical activities have undergone profound changes to guarantee patients' and health workers' safety, while national and international statements about personal protective equipment (PPE) were changing almost daily.<sup>2</sup>

Available data<sup>3</sup> suggested that ENT specialists 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. In our Otolaryngology Department, diagnostic and therapeutic procedures were limited to emergencies and oncology patients, while other procedures were suspended to facing virus diffusion<sup>4</sup>; we have seen a substantial decrease in surgery and routine clinical practice. Therefore, there has been a huge reallocation of our personnel (clinicians and nurses) into departments dedicated to COVID-19.

As reported by many papers, the recent recommendations to limit surgical procedures and the suspension of all deferrable surgeries lead to a remarkable decrease in residents' involvement in the surgical theater.<sup>5</sup> We deeply believe that it should be necessary to implement strategies to “restart” the otolaryngology training during COVID-19 pandemic “phase 2.”

To guarantee the best training of physicians involved, we would like to recommend some ideas:

- The need for more training about PPE. All international societies recommended the use of PPE during the diagnostic procedures such as disposable gowns, gloves, FFP2

or N95 respirators and surgical masks, and eye protection (goggles or face shield), based on the experience of health care systems in Asia and Europe.

- Otolaryngology residents should receive more updates on the latest international statements about ENT practice during COVID-19 time (laryngeal endoscopy, epistaxis management, pediatric otolaryngology practice, endoscopic surgery).
- Due to the impossibility to participate in lectures, we strongly believe that departments should organize online lessons and virtual academic conferences. In this view, a simple idea could be to develop teaching contexts in telemedicine, dealing contracts with companies that provide online courses and distance learning. We also recommend viewing high-quality surgical videos to help make up for the significant loss of time in the operating room.
- To ensure a better knowledge of the head and neck surgical anatomy and to safely deepen different surgical techniques, residents should be encouraged to participate in human cadaver dissection courses under the supervision of their tutors.
- To bridge the surgical gap caused by the COVID-19 pandemic, we suggest a greater involvement of residents in the operating room. From the beginning of June 2020, the Italian Healthcare System has provided guidelines to restart the management of elective surgical activity; before June, ENT residents were involved in surgical activity limited to oncological patients and surgical emergencies.

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Although no one can now quantify how much our surgical education will be compromised by the COVID-19 pandemic, we believe that this unprecedented circumstance will change the way we will be educated. Innovations and cooperation on the part of the surgical residency program are strongly required in the “phase 2” to fully restart our training.

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