Aftermath of COVID-19: Wither postgraduate teaching and research?

Sir,

Postgraduate research has been the Achilles’ heel of our teaching programme for a long time. Lack of proper facilities and training in research methodology has often been attributed as a major reason for this. However, the recent mandate of regulatory bodies like the Medical Council of India to include training in research methodology, presentation and publication of research papers as a prerequisite for appearing at the final university examination has gone a long way in improving the scenario.

It seems that the brunt of the coronavirus disease (COVID)-19 pandemic will be borne by the post-graduate students of our country. Not only it has affected the teaching schedule but also it has impacted their ongoing thesis research work. Online teaching classes cannot replace the actual clinical teaching in a specialty like anaesthesiology. The university examinations, academic sessions, starting of new post-graduate courses and the assessment work of courses already running, all are already getting delayed. Also, the schedule of the basic courses in biomedical research offered by the ICMR-National Institute of Epidemiology has got delayed.

Anaesthesia as a speciality straddles several diverse disciplines that include various branches of surgery and medicine. The reduced footfall of patients in our teaching hospitals due to the pandemic has also hampered the ongoing postgraduate research projects. Due to various regulatory mechanisms in place, a postgraduate student has practically only two years at his or her disposal to conduct the study, write the thesis and get it approved.

The pandemic has virtually brought this to a halt and the students are losing precious time. The possibility of a patient being recruited for these studies and later on turning out to be COVID-positive cannot be ruled out also. In the unfortunate situation of an adverse event arising during the study, free medical management shall have to be provided to the subject as long as required or till it is established that the injury is not related to the clinical trial, whichever is earlier. So, it will give rise to unique ethical and financial complications in the form of compensation for the researcher and the institution.

Because these courses are time-bound, the decrease in the available number of patients to be recruited will create other issues related to statistics also. Recalculation of the sample size of the projects will have to get approval from the institutional ethics committee and the Clinical Trials Registry-India, which will consume more time.

The pandemic does not appear to show signs of slowing down. Due to the uncertainties ahead, we have to rethink the ways we teach anaesthesiology. We have to incorporate novel techniques in teaching and training. Future training will have to be more on simulators and future examinations might be conducted only with case scenarios rather than actual patients.

Based on a recent review, it appears that our postgraduates have also become vulnerable to various mental issues like fear, anxiety, depression and insomnia due to this pandemic. The pandemic has resulted in increased workload along with a threat of infection to self and also to our family members. Working in isolation, loss of social support and changes in the ways of working have added to the woes of our postgraduates who are already concerned about the state of their curriculum. Although the nature of our job makes us quite resilient, still these are younger minds, prone to getting affected. The least we can do is to provide them mental health support in the form of quantifying their needs and interaction that enhances their abilities to face the pandemic and its after-effects.

The novel Coronavirus outbreak has exacerbated their professional stress that may outlast the pandemic itself. The strategies to counter them should be incorporated in our postgraduate curriculum also to prepare the speciality for future pandemics.

It is high time the regulatory bodies look into these issues and formulate a damage control policy for our postgraduate students.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.
Prakash K Dubey, Alok Ranjan
Department of Anaesthesiology, Indira Gandhi Institute of Medical Sciences, *Department of Community and Family Medicine, All India Institute of Medical Sciences, Patna, Bihar, India

Address for correspondence:
Dr. Prakash K Dubey
E —, IGiMS Campus, Patna, Bihar - 800 014, India.
E-mail: pkdubey@hotmail.com

Submitted: 12-May-2020
Revised: 02-Jun-2020
Accepted: 14-Jun-2020
Published: 01-Oct-2020

REFERENCES

1. Gogtay NJ, Ravi R, Thatte UM. Regulatory requirements for clinical trials in India: What academicians need to know. Indian J Anaesth 2017;61:192-9.
2. Pappa S, Ntella V, Gianakkas T, Giannakoulis VG, Papoutsi E, Katsaounou P. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. Brain Behav Immun 2020;87:11-7.
3. Kang L, Ma S, Chen M, Yang J, Wang Y, Li R, et al. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study. Brain Behav Immun 2020;87:11-7.

How to cite this article: Dubey PK, Ranjan A. Aftermath of COVID-19: wither postgraduate teaching and research? Indian J Anaesth 2020;64:921-2.

© 2020 Indian Journal of Anaesthesia | Published by Wolters Kluwer - Medknow