



Letter to the Editor

Pediatric specialty and superspecialty training amid coronavirus disease 2019 pandemic: A thought to ponder

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Dear Editor,

Coronavirus disease 2019 (COVID-19) has disrupted the public health and the whole world is grappling with the new realities of life. Despite the acute dissident on patient care, the long-lasting bearings are not yet discernible. One of the consequences is the ongoing hindrance in the training of pediatric specialty and superspecialties in teaching hospitals. The academic curriculum of the pediatric superspecialties such as hemato-oncology, neurology, nephrology, endocrinology, and clinical immunology has been gravely impacted. This pandemic has led to an indelible modification in the learning and perception of future pediatricians and pediatric superspecialists. The conventional bedside teaching has been completely stopped as the focus of teaching hospitals has been shifted from teaching to the provision of care to the children struck by the pandemic. Clinical examinations are minimally used and the diagnosis and management primarily rely on a good history and investigations. The process of reaching a diagnosis has been completely disjointed.^[1]

Academics have suffered the most. All the morning academics have been switched to online teaching in an attempt to continue medical teaching. However, a lot of residents and faculties are not interested in attending the same with most residents being tired of this format. Hence, this mode of learning is far from satisfactory as compared to physical academics.^[2,3] Many of the superspecialties also acquire knowledge through specialized procedures in their specialized laboratories such as electrophysiology laboratories, endoscopy services, molecular techniques, and bronchoscopy. All these specialized procedures have greatly reduced due to the closure of outpatient services and a drastic reduction in patients visiting hospitals because of the pandemic. Even the parents avoid bringing children to tertiary care referral hospitals for tedious diagnostic exercises and non-life-threatening concerns. The evolution of telemedicine has also changed the clinical landscape minimizing the outpatient encounters.^[4] However, the importance of bedside history and examination cannot be overlooked.^[4] COVID-19 has altered the conduct of exit examinations for residents with clinical examination assessment being largely replaced by virtual objective structured clinical examination platforms. Besides, the COVID-19 pandemic has also adversely affected the physical and emotional well-being of the pediatric residents. A recent study revealed that nearly half of the residents suffered from symptoms of anxiety, depression, and distress.^[4] Considering the endless struggles of the resident community to learn and attend to patient needs during the pandemic, the culture of professionalism and altruism needs to be redefined.^[2-4]

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Declaration of patient consent

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Conflicts of interest

There are no conflicts of interest.

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