

## Navigating Through the Uncharted Waters of the COVID-19 Pandemic with Agility: Comments and Solutions

### TO THE EDITOR:

We read an interesting article by Shah S et al (1) enunciating the challenges faced by pain physicians in concurrent education and practice due to COVID-19. We intend to provide some suggestions to navigate through uncharted waters in the pandemic era.

Firstly, pain fellows are shouldering the demand for increased healthcare staff in COVID-19 intensive care units (ICU), affecting theoretical or practical training. There is a need for relaxation in their time-bound curriculum to make up for the lost time, possibly by division into 2 parts: Part 1 involving theoretical training by audio-video based case presentations and seminars, simulation/live video-based skill training, while Part 2 involves patient interaction and hands-on experience initiated with the resurgence of patient load. This segregation can boost their morale and prevent anxiety about the loss of patient interaction and incomplete cultivation of procedural skills. A proctor can help to nourish and protect fellows both academically (by video/simulation-based training with remote guidance) and psychologically (prompt recognition and addressal of psychologically vulnerable individuals by one-to-one personalized talks). The need for social distancing has forced the physicians to shirk from the quintessential practice of thorough clinical examination leading to delay and/or inaccuracy in diagnosis (2). High-risk individuals can remotely teach, guide, and monitor young fellows to perform a physical examination and basic procedures with universal precautions for COVID-19, ensuring their involvement in clinical practice. The online discussions can be made interesting, engaging, and streamlined by brief, focussed lectures, small group discussions, and leveraging expertise of tele-education providers. Also, parent institutions can offer attractive post-fellowship packages allaying uncertainty over post-fellowship career prospects.

The COVID-19 pandemic has led to the inception of another pandemic of publications, some retracted for not adhering to standard reporting and methodology guidelines (3). One of the contributing factors is the fast-tracking of the peer-review process that can be dealt with strict scrutiny and background check of the reviewer, recording the number of hours devoted and reference

articles consulted. Every researcher/reviewer should partake "ethical oath" to be responsible, trustworthy, and accountable in the ongoing fiery race to publication.

The practice of telemedicine has gained popularity in this era of social distancing. The national and international government medical bodies must create awareness to gain the patient's trust for the newer modality of out-patient medicine. Lack of face to face communication leads to loss of human touch, emotional disconnect, and no shoulder to cry on, which is of prime importance for chronic pain and palliative care patients (4). We need to explore the psychosocial and emotional aspects of the patient by devoting enough time via virtual network and motivating them to look beyond their painful phase. Regular virtual follow-ups further strengthen the bond with the treating medical team. Opioid overuse and withdrawal are both emerging vehemently and we must be vigilant in treating such patients via telemedicine.

In our institution, the faculty is dedicated to helping trainees tide over this period with a commitment to self-learning and working as a close-knit family. We have invested in "Microsoft teams" and "Zoom" software for delivering didactic lectures and clinical tutorials with satisfactory student feedback. The University has allowed several relaxations in the time-bound curriculum to de-stress the candidates. We have experimented with various techniques like assigning a chat moderator to filter questions and important contributions from students; providing extra credits for participation and contribution; allowing peer to peer discussion with defined deliverable; use of interactive tools such as quiz, polls; seminar presentation by a fellow on a thoroughly researched topic where he/she can act as discussion leader; timed search contest to find answers online as quick as possible; video-based clinical scenario enactment; allowing queries and revising mid-lecture to make the discussion more inclusive and replicate face-to-face learning via online teaching methods.

The patient scheduled for an elective pain procedure gets his/her COVID-19RT-PCR done one day before the procedure (5). The COVID-19 negative individual undergoes procedures as routine (thermal screening, use of hand sanitizer, N95 mask, and shield are routinely used), while COVID-19 positive patient's need

for procedure is reassessed, based on the risk-benefit ratio, then an informed mutual decision is taken. High-risk individuals are being treated with a multi-pronged approach including physiotherapy, pharmacotherapy, psychotherapy, and avoidance/reduction of steroid dosage in an intervention. Opioid regulation has been prioritized with separate electronic medical records, naloxone procurement, and ensuring patient awareness.

These are testing times for healthcare staff and the public at large. Although the challenges ahead of us are unforgiving; resilience, agility, and communication can help us beat all odds in pain medicine practices.

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