Maintaining surgical training during COVID-19 and redeployment: experiences from a group of core surgical trainees

There is no doubt that the COVID-19 pandemic has impacted surgical training, with the cancellation of elective operating lists, exams, courses and conferences and redeployment of staff to front-line services. Like many others, as a group of core surgical trainees in plastic surgery we were redeployed, in our case to our local accident and emergency department (ED) for 3½ months. While we recognised the need for this, we were also concerned about the implications that this would have on our surgical training. To maximise our learning opportunities and maintain a degree of surgical training while in redeployment, we formulated a number of strategies. With the threat of a further wave of COVID-19 still looming and the possible need for further redeployment periods, we would like to share our experiences with other trainee surgeons, including the approaches we found effective in providing safe care to our patients while maximising our own learning.

Working in ED gave us front-line experience of assessing patients. With lockdown do it yourself projects and avocado salads gone awry in addition to numerous sourdough bakery-related burns, there were plenty of patients who presented with common plastic surgery injuries, giving regular practice in assessing wounds and burns and opportunities to keep our suturing skills proficient. Furthermore, our ED consultants took the time to discuss and understand our learning needs and would earmark patients presenting with plastic surgery-related issues to be seen by us. On a number of occasions this meant that the patient was managed in the ED and avoided a referral to plastics, thereby reducing patient waiting time for specialty care. In this way, we were also able to share our techniques with ED colleagues, thereby developing their clinical skills and our teaching skills in the process. There were also occasions when patients presented with emergencies relevant to plastic surgery (for instance, necrotising fasciitis or major burns) and not only were we actively involved in their care in the ED, but if staffing allowed, we were also given permission to join our plastic surgery colleagues temporarily to follow through the next immediate stages of their management.

A significant proportion of our patients in surgery will have other medical comorbidities that need to be considered while they are under our care; no matter how far along our surgical career we may be, being able to assess and manage common medical problems (for instance, chest pain or shortness of breath) is an important part of ensuring our patients receive high-quality care. Gaining more experience by managing these presentations in a supervised manner within ED has allowed us to feel more confident should we be required to draw on this knowledge on the surgical wards.

Looking back towards our home surgical specialty, prior to COVID-19 we had a surgical skills club and a micro suite. Once the rules regarding in-person teaching were relaxed, we organised a number of surgical consultant-led teaching sessions. We used these to improve our surgical skills and preserve contact with each other. Furthermore, our surgical consultants encouraged us to take advantage of the expanding online learning resources including webinar series and Microsoft Teams-based teaching sessions.

As a group, we also maintained a presence in our original department and relationships with our colleagues through WhatsApp groups and attendance at departmental teaching sessions. One benefit was that it allowed us to discuss more complex cases which fell out with the remit of the ED consultants’ knowledge directly with the plastic surgery consultants and registrars, thereby reaching a quick answer regarding patient care and avoiding delays. In this way, we were also able to gain feedback about patients we referred onto them and create personal learning points for the future. In addition to this, we also kept our original educational supervisors in the plastic surgery department which allowed us to discuss issues relating to our training and redeployment, our general well-being during the pandemic and provided some reassurance that our development as surgeons was still a priority. A recent survey of over 7000 doctors conducted by the British Medical Association found that 41% of respondents were experiencing issues associated with stress or mental health conditions related to work, with 29% saying that the pandemic has specifically been a contributing factor. Issues such as increased working hours and intensity, concerns around personal protective equipment and fear of contracting COVID-19 were all cited as playing a potential role. In our personal experience, we found that regular contact with peers and our educational supervisor was an invaluable tool in protecting our own well-being, as we were encouraged to engage in honest and open conversation about any issues we were having.

Managerial and leadership skills are part of the repertoire that all surgeons must possess. Our redeployment gave us insight into management systems within the hospital. We were encouraged to get involved with discussions at a higher level with senior clinical managers and participated in regular online meetings to understand workforce requirements in different areas of the hospital. As these requirements changed, we were able to negotiate time back with our parent specialty and subsequently returned back to surgery for full time.

Learning opportunities are precious to trainees, some may be handed out, but others will need to be proactively sought out. In this paper, we have outlined some suggestions of how to maintain surgical training during redeployment (table 1). These are not just exclusive to plastic surgery, but can be applied to other surgical specialties. Although it can be frustrating as it may seem that trainees were being taken further away from career goals, ultimately we believe that broader experience leads to better surgeons, and redeployment has allowed better care not only for the patients of the pandemic, but also for surgical patients in the future.

Table 1  Summary of available opportunities while redeployed

<table>
<thead>
<tr>
<th>Clinical opportunities</th>
<th>Other opportunities</th>
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<tr>
<td>Assessing surgical patients in ED</td>
<td>Teaching ED colleagues</td>
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<td>Suturing skills in ED</td>
<td>Skills clubs within parent surgical specialty</td>
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<td>Revision of medical knowledge</td>
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<td>Involvement in management discussions</td>
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ED, emergency department.

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Letter

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