

Pediatric Surgery Occupancy Programmes and the COVID-19 Outbreak

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Abstract

Background: The occupancy program as a part of the clinical services itself has been told by the COVID- 19 outbreak. Several reports have been published regarding the impact of COVID- 19 on the occupancy programs; still, all studies were performed in developed countries or didn't exhaustively assay what residers suppose about the COVID- 19 impact on their occupancy program. We delved the impact of the COVID- 19 epidemic on the pediatric surgery occupancy program in our institution as an important part of sanitarium medical services.

Methods: We developed and distributed a questionnaire to pediatric surgery resides in our institution who were registered from January 2015 – July 2020. The questionnaire was conforming of 24 questions a) the perspectives of resides about COVID- 19 infection during their occupancy program; b) the literacy process; c) academic evaluations; and d) resides' suggestions to ameliorate the quality of their occupancy program during the outbreak.

Results: Utmost (82.6) pediatric surgery resides agreed that optional surgeries should be laid over during the epidemic. Before the outbreak, nearly all(82.6) resides used handbooks and journals as their primary sources of literacy, while during the outbreak,69.5 of resides shifted to use online lectures either from the academy or Association of Pediatric Surgeons. Interestingly, 91.3 of actors agreed that they had further time to complete their academic assignments during the epidemic.

Conclusions: The epidemic has had a significant impact on the development of pediatric surgery occupancy programs. Also, the responses to the questionnaire are affected by the senility and coitus of the resides. A comprehensive approach is demanded to maintain the high standard of capability of pediatric surgery without compromising our safety from the COVID- 19 infection threat.

Keywords: COVID- 19 epidemics; Pediatric surgery; occupancy program

Introduction

Since the World Health Organization (WHO) declared COVID- 19 as a worldwide epidemic on March 11, 2020 clinical practices have been oppressively affected worldwide. The occupancy program as a part of the clinical services itself has also been told by the outbreak [1].

Our institution was officially established in 1949 as a public university. Considered as one of the oldest universities in our country, our institution serves as a pillar of educational training and academic awakening in our country. Now, our institution has 18 Faculties, one Postgraduate School (master's and doctoral program), one Vocational School and 20 Residency Programs, including pediatric surgery training. The pediatric surgery occupancy program has been established in our institution since 2006 with a length of training of 5 times.

Several reports have been published regarding the impact of COVID- 19 on the occupancy programs; still, all studies were performed in developed countries or didn't exhaustively assay what resides suppose about the COVID- 19 impact on their occupancy program. Also, there's a query when the COVID- 19 epidemic will end, and the number of cases is adding, particularly in our fiefdom of, 746 cases and, 183 deaths per June 1, 2021. Thus, we aimed to probe the impact of the COVID- 19 epidemic on the occupancy program in our institution, particularly pediatric surgery training, from the perspectives of resides [2, 3].

Materials and Method

Questionnaire

We developed and distributed a questionnaire to 23 pediatric surgery resides in our institution during December 2020. Twenty-

three resides were registered from January 2015 – July 2020. The questionnaire was developed by preceptors attending pediatric surgeons. The preceptors attending pediatric surgeons convened to designing the questions. The questionnaire comported of 24 questions concerning a) the perspectives of resides about COVID- 19 infection during their occupancy program (n = 5); b) the literacy process during the outbreak(n = 12); c) academic evaluations(n = 6); and d) the resides' suggestions to ameliorate the quality of their occupancy program during the outbreak(n = 1, open question) [4].

Literacy process during the outbreak

Before the outbreak, utmost (82.6) resides used handbooks and journals as their primary sources of literacy, while during the COVID- 19 epidemic, interestingly, 69.5 of resides used online lectures either from the academy or Association of Pediatric Surgeons in addition to handbooks and journals. Only26.1 of actors still used handbooks and journals as the primary sources of literacy. During the epidemic, we changed the morning reporting of resides from out- line to online meeting. Utmost resides (82.6) considered the online morning reports to be good; still, 65.2 of resides allowed that off- line morning

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reports were better than online meeting. About 91.3% of actors agreed that live view surgery was veritably important to gain the necessary chops' capability of pediatric surgery during the outbreak. While 82.6% of subjects assumed that live view surgery was important for all cases of optional and exigency surgeries, 78.3% of residents felt that live view surgery was necessary only for intriguing cases [5].

Roughly 73.9% of residents expressed that the restriction of resident number in the inpatient conventions during the outbreak didn't hinder them from gaining the necessary chops; still, 39.1% of actors said that the restriction of resident number during the ward rounds inhibited them from carrying the demanded chops. Consequently, utmost residents (82.6%) allowed that their capability was declining during the epidemic. Some residents (43.5%) assumed that virtual inpatient and ward round styles are necessary to gain the necessary chops, particularly for residents who weren't on duty in the sanitarium.

Academic evaluation

During the epidemic, 91.3% of actors agreed that they had further time to complete their academic assignments, including thesis completion (43.5%), length of study (43.5%), and position up examination (69.6%). Also, 34.8% of actors allowed that the epidemic would delay their taking the public board examination [6].

Residents' suggestions to ameliorate the quality of their occupancy program during the outbreak

There were several suggestions from residents to gain the demanded chops and knowledge during the outbreak as follows: virtual moralistic styles maintain and ameliorate the quality of the online literacy process; comprehensive scheduling for optional surgeries; and) gradationally increase the number of optional surgeries.

The impact of the senility and coitus of the actors on the responses to the questionnaire

Interestingly, some responses to the questionnaire were affected by the senility and coitus of the actors, including the compliance position of occupant in following the guidelines of particular defensive outfit use in the sanitarium during the epidemic is low ($p = 0.01$), COVID-19 epidemic prolongs the study ages ($p = 0.024$), and COVID-19 epidemic hampers the completion of the thesis ($p = 0.037$); and the frequency of morning report should be increased during the epidemic ($p = 0.011$), the restriction of resident number during the ward rounds inhibits them from carrying the necessary chops and knowledge ($p = 0.013$), virtual rehabilitants and ward round system are necessary to gain the demanded chops, particularly for residents who weren't on duty in the sanitarium ($p = 0.002$), COVID-19 epidemic prolongs the study ages ($p = 0.000$), and public board examination is delayed by the outbreak ($p = 0.012$), independently [7].

Discussion

Then, we show that the pediatric surgery occupancy program at our institution has been significantly affected by the COVID-19 epidemic. Our findings further verified former reports. Still, there are several sundries of our study. Pediatric surgery occupancy program (vs. plastic surgery training developing country (vs. developed countries. prospective design using questionnaire (vs. retrospective design and exhaustively developed the questionnaire into four aspects that might affect the occupancy program a) the perspectives of residents about COVID-19 infection; b) literacy process; c) academic evaluations; and d) residents' suggestions for occupancy program enhancement (vs.

general questionnaire or authors' perspective [8].

Also, since the COVID-19 epidemic, we've shifted our morning report from out-line to online meetings. Utmost residents are satisfied with the changes, although some residents allowed that offline morning report was better to gain chops and knowledge than online meetings. Some residents agreed that the chops and knowledge can be achieved by both offline and online morning report. It doesn't mean that they don't have a preference in the reporting style. Still, they believed that the changes in the morning report system is to acclimatize to the epidemic and the results are good, while the offline morning report is still considered good too.

While there are limited conditioning to gain the chops of pediatric surgery during the epidemic, intriguingly, utmost residents claimed that this outbreak gave them further time to finish their academic assignments, including extended study time for position up examinations and completion of their thesis. These advantages might be related to the policy that confined the number of residents during the inpatient services, ward rounds and surgical procedures. As a result, utmost of them stayed at home, and only a limited number of rotating residents (i.e., three per round) were allowed to perform occupancy tasks each day in the sanitarium [9].

One of the residents' suggestions was to gradationally increase the number of optional surgeries. This response reflects that it isn't clear whether the COVID-19 epidemic will end in a many months or indeed in the coming many times, and as a proper response, our government declared a "new normal" policy on June 1, 2020 to begin the acclimations of the diurnal conditioning to the COVID-19 epidemic, involving clinical and surgical services. Our pediatric surgery services have acclimated our scheduling practices as well starting on June 8, 2020, when we began to perform a) only one major surgery every week on Tuesdays; and b) two or three minor procedures on another working day each week [10].

Conflict of interest Statement

The authors declare no conflict of interest.

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