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Educational obstetrics-gynecology department policy due to adaptation during Covid-19 pandemic

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The emergence of severe acute respiratory syndrome coronavirus (COVID-19) has disrupted medical education worldwide and in Iran. In such a situation, adaptation in medical education system is necessary to avoid disadvantages and shortcomings in training future physicians. Thus, both medical education and medical students at all levels need prompt attention from medical educators (1). Since the onset of the COVID-19 pandemic in Iran, we made rapid changes in educational programs to meet minimized interpersonal contact and to comply with the Center for Disease Control (CDC) recommendations such as practicing 6 feet social distancing and shelter in place (2). In addition, any gathering more than 5 people was forbidden (3). According to these rules, all our educational programs were stopped which could be harmful for the health system in the future as future physicians could not receive proper in person education.

At this time, all hospitals and treatment centers across the country encountered enormous number of COVID-19 suspicious or definitive patients. As a result, unidisciplinary hospitals such as our obstetrics and gynecology specialized hospital admitted COVID-19 patients, and OB-GYN residents had to provide care for them, despite their irrelevant specialty. The followings are some approaches we used as OB-GYN educators to improve treatment and training in this situation in addition to the protection protocols against COVID-19:

1. Patients were triaged before entering emergency rooms by a questionnaire, temperature-taking, and saturation measurements for COVID-19 disease.
2. OB-GYN emergency room was moved to a separate floor of the hospital to be far from corona emergency room.
3. Pregnant patients with observance of protection principles were admitted to OB-GYN emergency room or labor room considering their complaints after COVID-19 screening.
4. Suspicious patients based on triage assessments or screening tests, such as ESR, CRP and CBC, were admitted in isolated rooms with proper protections for patients and personnel until distinction of definitive diagnosis.
5. Due to probability of admitting COVID-19 pregnant women, all OB-GYN residents in all classes were taught the latest corona virus management protocols for pregnant and nonpregnant women in the first days of the outbreak in Iran and were provided with updated data every week via WhatsApp groups and in small in person classes.
6. All elective gynecologic surgeries were canceled or postponed to a safer time. Thus, educational surgeries in this field were stopped. Therefore, as educators, we organized some conferences and online classes to teach part of

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↑What is "already known" in this topic:
The emergence of severe acute respiratory syndrome coronavirus has disorganized medical education like other fields all over the world as in our country, Iran.

→What this article adds:
This brief article showed that during a medical crisis, academic hospitals would need more time to adapt to different means of education to properly provide a new style of medical training.

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these skills through PowerPoint slides and educational videos. While virtual and online programs continued, it came with limitations (4). Indeed, virtual training cannot be a replacement for in person training, especially for surgical techniques.

7. On the other hand, elective cesarean section surgeries due to their nature were continued. We scheduled repeat cesarean surgeries for patients in 39 weeks of gestation for pregnancy termination after COVID-19 screening tests. In addition, other obstetrical surgeries, such as cerclage, curettage of pregnant uterus, and uterine suction for molar pregnancies, were performed by adhering to the principles. In conclusion, obstetrician residents learned well in surgery sessions during the pandemic.

8. Finally, the labor unit continued its activities with maximum protection equipment for the patients and personnel. Thus, our medical students and first-year and second-year residents could learn important and practical points about vaginal delivery.

9. During the outbreak peak, all in person educational programs, such as morning reports, residency conferences and lectures, workshops and theory classes for medical students and senior residents who were preparing for national OB-GYN board exam, were canceled. These programs were held virtually as much as possible. When the disease prevalence was reduced, all educational activities mentioned above were restated with limited participants by practicing social distancing and promoting e-learning.

10. Webinars and question-answer sessions were held by professors in the field of COVID-19 and concomitant OB-GYN issues, such as infertility, laparoscopy-hysteroscopy, preoperation and post operation managements, and onco-surgery.

11. A WhatsApp group was formed with the presence of residences and professors to update COVID-19-related protocols. Another WhatsApp group was formed with the presence of interns and professors to practice important issues of obstetrics and gynecology using the question-answer method.

12. According to the opinion of our Medical Education Ministry, some exams were canceled entirely and the students were promoted to the next levels based on their professors' opinion, while other exams were postponed to an appropriate time. Other countries have done the same; for example, in UK a heterogeneous approach has been adopted by medical schools. Some delayed or expedited examinations, while some opted to cancel them entirely and used previous summative and formative performance to grant the students with medical degree (5).

In conclusion, virtual and e-learning-based medical education, including multimedia study materials, webinars, and educational videos, are extremely important to provide an acceptable education for the undergraduate medical students during an outbreak. However, during a medical crisis, academic hospitals that are in the first line of treating the disease cannot properly provide this new style of medical education. Therefore, they need more time to adapt to different means of education when practicing social distancing is necessary (6, 7).

Conflict of Interests

The authors declare that they have no conflict of interests.

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