

Right Place, Right Time: Serendipitous Opportunities in a Urology Fellowship Disrupted by the COVID-19 Pandemic



To the Editor:

The COVID-19 pandemic has significantly disrupted postgraduate Urology training. In this letter, I share my motivations to pursue fellowship training, and share the serendipitous opportunities I received to contribute to my host country and fellow countrymen during the COVID-19 pandemic.

I am a Urologist from Dhaka, Bangladesh, with aspirations for advanced training in Uro-Oncology and Renal Transplant. I embarked on a year-long fellowship at the National University Hospital, Singapore. I was privileged to learn from eminent leaders at this tertiary center, where a thriving academic culture was evident. This fellowship has been brilliant in the first-hand experience with renal transplants. In particular, deceased-donor transplants have not been well-established in Bangladesh, due to religious and geo-political circumstances, despite enactment of the Transplantation of Human Organs Act in 2018. I was thoroughly enjoying my fellowship training, trusting that it reduces steep learning curves, improves patient outcomes, and lay foundations to start new clinical services.¹⁻³

Alas, the COVID-19 pandemic afflicted Singapore in February 2020, derailing my plans. Surgical workload reduced significantly, with only urgent oncological cases allowed to proceed. Living-related renal transplants reduced by over 90% due to its elective nature, resource consumption, and reported high mortality rates for recipients with COVID-19. This was compounded by the inability to operate with different mentors due to team segregation. Academically, major workshops and conferences were postponed.

With the extensive impact on training, 3 Fellows in other surgical departments left for home early in the pandemic. I was confronted with the major dilemma of quitting versus staying. Personally, distance from family, worry about the situation back home, and escalating travel restrictions exacerbated the stress in decision-making. A major source of comfort was the support from my host department and family. I resolved to stay put, with a strong desire to persevere despite adversity.

A fortnight later, Singapore experienced a surge in COVID-19 infections among migrant workers residing in dormitories, accounting for over 90% of cases. Singapore

hosts 160,000 Bangladeshi migrant workers, forming a large number of the 323,000 at-risk dormitory-based population. Globally, migrant workers are particularly vulnerable during this pandemic, with more barriers in obtaining reliable information in their native language and accessing healthcare services.⁴

Being from Bangladesh, I unexpectedly found myself in a unique position to contribute significantly in my host nation's and hospital's efforts in managing this outbreak. I was given the opportunity to create videos in Bengali to provide timely information to my fellow countrymen, supported by a Singapore Government multi-Ministry task force and our hospital.⁵ With doctors facing a surge in demand for Bengali translation, I volunteered as a 24-7 on-call translator. Administratively, time was dedicated to assist the Bangladeshi High Commission in transcribing COVID-19-related medical reports.

My aspirations of gaining Uro-Oncology and Transplant experience had been significantly hampered by the pandemic. Yet thankfully, I serendipitously found myself at the right place and time in a foreign land, contributing back to my host country and assisting my fellow Bangladeshi countrymen, while gleaned valuable insights into the COVID-19 pandemic response.

Md Ashif Chowdhury,
Yi Quan Tan,
Ziting Wang,
Ho Yee Tiong, and
Edmund Chiong

Department of Urology, Combined Military Hospital,
Dhaka, Bangladesh
Department of Urology, National University Hospital,
National University Health System, Singapore
Department of Surgery, Yong Loo Lin School of Medicine,
National University of Singapore (NUS), Singapore

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