



Letter to the Editor

Challenges and opportunities for medical biochemistry assistants during COVID-19 pandemic

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At the end of 2019, a novel coronavirus was identified that caused an acute outbreak of the respiratory disease in Wuhan, China, and later, which was called SARS-CoV-2. The World Health Organization (WHO) called coronavirus disease 2019 (COVID-19) in February 2020. The disease started to be dangerous to the whole world by March and became a pandemic. It was declared a pandemic on March 11, 2020, in Turkey, too, and to slow down the epidemic. It was beginning to be applied to a variety of restrictions and sanctions. Turkey, like many countries, is still working to control the outbreak [1-3].

After the first occurrence of the COVID-19 pandemic in Turkey, Izmir Kâtip Celebi University Ataturk Training and Research Hospital was identified as the pandemic hospital, and the working order of all units was changed. Because quickly contamination of COVID-19 from person to person through droplets, some measures were taken, such as social distance, individual isolation, avoiding crowd, curfew restrictions, and flexible working and task sharing. These measures also changed the routine tasks of health workers. An epidemic-specific work was initiated in especially anesthesia, chest diseases, infectious diseases, and other clinics, which were converted into COVID-19 service with all intensive care units. Decisions for assigning physicians in different branches were taken in COVID-19 services for the following reasons: 1) to reduce the workload of physicians working in the relevant clinics, 2) to apply flexible working hours to reduce the risk of transmission of the disease and 3) to replace the physicians who had the disease. In-hospital assignments also affected

medical biochemistry assistants, and monthly assignments took place within the hospital, such as COVID-19-related anesthesia intensive care, chest disease service, and home care services. In this process, all kinds of in-hospital training activities (except online) were suspended. This period, which includes temporary difficulties for medical biochemistry assistant training, has brought different advantages. The work of the assistants in the units they were assigned led to positive relationships and new collaborations. Close contact with different disciplines has influenced the perspective on their profession and made a positive contribution to their self-discipline. In addition to swab sampling for COVID-19 testing, arterial blood sampling, and similar invasive attempts, different requirements of medicine, such as prescriptions, writing epicrisis, and requesting tests, were fulfilled. Despite the acceptance of COVID-19 patients in our hospital, as in other health institutions, the number of patients has recently decreased due to reasons, such as curfews and intercity travel restrictions, postponing the controls of patients who can wait, and concern for transmission and isolation. Along with the decreasing number of the patients, the number of laboratory tests has also decreased. Specialist physicians and laboratory technicians in the laboratory switched to a flexible working model, and out-of-laboratory assignments of residents did not cause any loss of workforce due to the decreasing workload.

Although the COVID-19 pandemic has negatively affected the usual way of life worldwide, it has brought different experiences

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Submitted Date: August 05, 2020 **Accepted Date:** August 16, 2020 **Available Online Date:** October 05, 2020

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to healthcare professionals. The educational staff of institutions that carry out health services on a scientific basis, such as medical faculties, also has provided the experience gained in their branches to scientific literature. In the medical field, unlike other scientific disciplines, being exempted from the restrictions that arise from the epidemic, flexible working model that does not interfere with the work and being able to continue daily work in the scientific environment are advantages. On the other hand, high transmission risk is the disadvantage of the epidemic.

Reference

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