Not Wasting a Crisis: How Geriatrics Clinical Research can Remain Engaged during COVID-19

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To the Editor:

We applaud Nicol GE et al for their timely article highlighting the new norm of “action at a distance” for geriatrics clinical research against the backdrop of the COVID-19 pandemic.¹ Like many countries enforcing physical distancing to flatten the coronavirus curve, Singapore has implemented a critical eight-week circuit breaker period. The apt reminder that we must persist and adapt to help our older patients and study participants reinforces our conviction of “not wasting a crisis” to draw meaningful lessons in an unprecedented calamity.² In this letter, we share our 3’R’s perspective of how we remain engaged as a geriatrics clinical research institute during the COVID-19 pandemic.

**Refocus: Embracing Technology as an Enabler**

The COVID-19 pandemic has inspired us to refocus on the continuity of our research efforts by improvising current resources and leveraging on technology as an enabler. The confluence of engaging with our Institutional Review Board (IRB) and its supportive guidance has resulted in provisions for the implementation of electronic informed consent (e-consent). This transition to e-consent allows the flexibility of using various platforms to support the continuation of clinical research during this challenging period. By continuing to engage with IRB and taking into consideration potential confidentiality and personal data protection issues, we can optimize the workflows for e-consent implementation.

In addition, we will be leveraging on digital tools to conduct cognitive assessments and data collection remotely for suitable research studies.³ We are mindful that a significant proportion of
older adults in Singapore may not be tech-savvy and still prefer to use traditional telephone calls for communication. Hence, we provide assurance through exploration of options with our research participants to match the platform for clinical research assessments with their level of comfort with digital tools. We hope that the accrued insights and experience in our learning journey of adopting and appropriating technology for clinical research will put us in good stead in the post-COVID-19 era where we anticipate a greater role for technology in the “new normal” of clinical geriatrics research.

**Relationship: Physical Distancing but Socially Connected**

Physical distancing has resulted in social isolation in some of our older adults. However, conducting research remotely has allowed us to continue caring for and connecting with participants and their families, with whom we have built trusted relationships through the research journey. We become an avenue whereby our participants can obtain accurate and appropriate resources to counter misinformation from unreliable sources and a medium to allay their fears and uncertainty. Harnessing the synergy between clinical research and education in our institute, we are developing evidence-based COVID-19 educational materials which will be presented in a concise and captivating manner, taking into consideration language and cultural appropriateness. Thus, although physical distancing has kept us apart, the greater power of human relationships coupled with digital tools have allowed our participants and the community to stay socially connected and keep abreast with up-to-date and accurate information.

**Relevance: Research as a Catalyst**
Given that COVID-19 disproportionately impacts older people through its direct health impact and the indirect secondary effects of pandemic control measures\textsuperscript{7}, we feel that this crisis presents an opportune moment to conduct use-inspired Pasteur’s quadrant clinical geriatrics research that combines rigor of fundamental understanding with relevance for immediate application.\textsuperscript{8} Pertinent research relating to COVID-19 geriatrics-specific issues such as psychosocial impact, influence of frailty on outcomes, caregiver issues, end-of-life issues and innovations in models of care can lend precious insights to clinicians and policymakers.\textsuperscript{9}

Prior research training also came in handy for the research assistants during command center and visitor screening duties as part of the hospital’s COVID-19 staff augmentation response. We tapped upon our clinical research experience in geriatrics and gerontology to attend to the needs of older adults with greater empathy and patience particularly during volatile circumstances. This experience in turn provided fresh perspectives about ground issues and psychosocial dynamics that can fuel future Pasteur’s quadrant research about the impact of COVID-19 on older adults.

**Conclusion: “Let’s Not Waste a Crisis”**

The 3Rs perspective can serve as a working framework for continuous engagement amidst the challenging pandemic circumstances. Instead of merely being neutral observers as highlighted by Nicol,\textsuperscript{1} clinical geriatrics research can adopt a growth mindset by refocusing efforts with technology as an enabler, maintaining relationships and staying relevant to the needs of our older adults\textsuperscript{10}. This pandemic has disrupted many of our lives but “let’s not waste a crisis” as we leverage on this opportunity for the research community to learn and grow collectively with a common goal to provide better care for our patients of tomorrow.
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Conflict of Interest

No conflict of interest

Authors Contributions

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