Narrative Medicine

Starting Residency with COVID-19

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Abstract

Introduction

By Dr. Ashish Sinha, MD, PhD, DABA, MBA, FASA

As a Program Director of a just established anesthesia program, one faces enough challenges. A curve ball that I was not expecting was one of my residents to inform me on July 3rd that he was feeling feverish with chills, had myalgia and a headache. First response in my mind, that I didn't verbalize was, "Anosmia too?" I arranged COVID testing ASAP in a drive-by setting, which we could avail immediately. My resident had driven from New Orleans, LA to Riverside, CA, making a few stops along the way, (food, gas, rest) utilizing the best safety he could practice.

To no one's surprise the test came back positive. My resident needed to not feel abandoned by program, co-residents or institution. To keep him involved, while quarantined, I asked him to join us in all academic activities by Zoom and further gave him this introspective assignment. He took on this task with enthusiasm and provided a great piece, or at least I think so!

Keywords

COVID-19; SARS-CoV-2; coronavirus infections; internships and residency; graduate medical education; medical students; pandemics

This past March, I was beginning another student rotation on internal medicine wards. Coming to the end of medical school, I hoped to round out the knowledge and skills I had gained over the last few years. It was a foolish hope, as I was still reminiscing the recent Mardi Gras and waiting in excited trepidation for the "Match." Only two weeks away, it would soon dictate my entire future when an envelope revealed where I would spend the next stage of my medical training. In those times, COVID-19 was still a distant issue, and we in Louisiana, like much of the country, were still confidently hoping for the best.

Then, on Monday, March 9th, all hopes we would elude the pandemic were dashed when our state's first confirmed case of the novel coronavirus was admitted to the nearby VA hospital. By Thursday, our list of COVID-19 patients had ballooned with suspected cases, few of which we could confirm due to limited testing resources. Universal N95 use was implemented and then quickly abandoned as supplies dwindled. By Friday of that week, patients who appeared stable rapidly deteriorated and were on life support in the ICU. Over the weekend, our team reported the virus had taken its first victim in Louisiana. We knew many more were to come.

Gears quickly shifted in the hospital. Many examples of heroism and ingenious thinking were evident in those early weeks. From physicians, to nurses, to facility maintenance and custodial workers—no one was free of significant risk, and no one shied away from the challenge. The examples are too many to describe here, but for a student observer, it was breathtaking. However, it soon became clear that as a simple observer, we students were more likely to be a contagion for the community than a benefit. We were sent home nationally and told to stay alert in case the situation became dire enough that we would need to return.

The Match came, with all associated festivities cancelled and warnings that graduation itself was at risk. Our whole class was disappointed at the loss of what should have been the culmination of our efforts. Then, on the heels of a national crisis, came a personal one. I had not matched. I was neither an excellent candidate, nor an abysmal one. I had dreamed of a competitive specialty in a time when growing numbers of increasingly gifted applicants from all over the world continue to go unmatched. No surprise when limited and stagnant numbers of residency positions are also faced with increasing records of American medical graduates. The nation was buckling under the surge of disease and officials warned of a severe shortage of health care professionals. Despite this, over 4,000 fully qualified young doctors and I faced the prospect of unemployment.

Like other unmatched students, I frantically scoured every possible avenue for an unfilled position, a process called the "Scramble." The Scramble is difficult in any year, but this year I was contacting the same individuals who were also battling a pandemic. Few calls were returned. It was just when I had all but given up hope that I received a call late in the night. It was the program director of an HCA Healthcare Anesthesiology program in Southern California—the sort of dream opportunity one fears to hope for amidst so much bad news. It took me a few seconds to recover from the shock, but before I knew it I was done with the phone interview. Had it gone well?

I would soon find that beyond all probability, it had gone well. The largest provider of graduate medical education in the US was continuing to expand and meet the medical needs of the country, teaming with true academics to accomplish this. Because of that, I not only had a residency spot, but a spot that would allow me to gain all the skills necessary to care for the hospital's sickest patients. Despite lockdowns, travel restrictions and over 100,000 deaths, I somehow managed to enjoy the summer. The curve flattened, reopening was phased and, like the nation, I felt I had just pulled out of disaster. All would be well, or would it?

To get to California with my car, my partner and I had to drive through Texas and Arizona on our way to residency. There I was joined by 90 new residents from all over the world. We all wore masks, and orientation was live-streamed to several rooms, but we were all here! Lessons had been learned, and the US healthcare system was now better equipped to deal with the ongoing but controlled pandemic. As I sat through the introductory lectures for my field, I made a silent promise not to let my patients, the program or myself down.

But only a week into residency, I began to feel aches in my legs and back. I dismissed them since I had begun bike-riding again after a long gap. Then, the next day, sitting in lecture, I began to feel cold. Although unusual for me, I still didn't pay it any mind. It wasn't until I walked outside into the July California sunshine and still felt cold that I knew something was wrong. That evening I broke into chills and sweats. I took my temperature and it was 100 degrees. Not a fever by technical standards, but given my other symptoms I suspected what it likely meant.

I contacted my program director and program coordinator. I was only 7 days into this relationship and I was already obligated to inform them that I was letting them down. I was asked to stay home, and take care of myself. I felt ashamed, still unsure if it was really COVID-19. Would they even believe me? My symptoms were so subtle, perhaps it was just the new climate? My symptoms marginally worsened, confirming my clinical judgement, but doing nothing to allay my guilt for being out of the hospital. Nonetheless, thanks to the unquestioning support of my program, I was able to rest easy that my caution was well-warranted for patient and peer safety. Testing was coordinated for me, and I began my isolation. Unsurprisingly, it was positive.

Fortunately, my disease course was incredibly mild. By the time I had received my test results, I was practically recovered, and only days from completing CDC isolation guidelines. However, my diagnosis was not in isolation, as one of the largest states in our country, hereto relatively unscathed, now grappled with the worst deluge of confirmed cases since this all began. I am also very much aware that what I experienced is nothing when it comes to other health care workers who have contracted the disease. Over 1396 brave individuals have already given

their lives on the COVID-19 frontline in this country.[1] Most were nurses, techs and facility workers. Amnesty International had already estimated over 7000 health care professional deaths worldwide as of September. My bout was exceedingly trivial in comparison to these great heroes.

I was also not alone in my isolation, as my partner, who lived with me, was obligated to undergo a full duration of quarantine herself. Although it seems almost impossible that she had not contracted the virus, she showed absolutely no symptoms. Another colleague who had previously had the virus this spring also described her own partner showing few symptoms despite them isolating together. As studies are still ongoing, and statements continue to be released by professional bodies, I do not wish to look too deeply into anecdotal evidence. Nonetheless, as young physicians and nurses continue to be exposed to the virus, we must be cognizant that asymptomatic spread is a distinctly plausible and frightening possibility. Every precaution must be taken and every sign heeded in the effort to protect our patients, colleagues and families.

As I return to work, a brand new doctor, in a new residency program being faced with a still all too new public health disaster, the experiences of the last few weeks and months have made clear to me a few things: that great dangers can be very subtle, our expectations easily upended, and that despite best efforts, we may still pay prices that are all too dear. I know elements of my story have been appreciated in some way (and likely worse) by us all. Yet, in my case, with the support of my program, my institution and the overarching umbrella to which it belongs, I was able to easily overcome the challenges. That is why I continue to believe that with perseverance, faith in our colleagues and continued devotion to the work at hand, this too shall pass.

Conflicts of Interest

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