Orthopedic Surgery Training During the COVID-19 Pandemic: Dusting Off My Stethoscope

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Availability, affability, ability. On the first day of residency, our chairman told us these are the three qualities that make an outstanding orthopedic surgeon. Through residency, we will acquire the knowledge and skills necessary to hone our surgical ability. It takes education and skills to treat a patient, but affability and compassion to heal one. Most importantly, an orthopedic surgeon must be available. Available to come in early on a Sunday to round on patients. Available to stay late and scrub the add-on hip hemiarthroplasty starting at 8PM. And beyond any of our expectations, available to assist during a pandemic.

At the onset of the COVID-19 outbreak in New York City, our leadership asked us for our help. “We are looking for volunteers from our department to help care for COVID-19 patients as the impact of the pandemic is dramatically increasing... We all need to do our part in this time of significant need,” the email read. A handful of us volunteered our services without knowing what we were signing up for. Would we be sent to the Emergency Department (ED) or the Medicine floors or the Intensive Care Unit? Would we have personal protective equipment? How do we protect our spouses and children at home? What if we get sick? At this time, there were more questions than answers. The patients of our city were falling ill and our institution was overwhelmed, so we made ourselves unconditionally available.

I was redeployed to the ED. I decided not to tell my mother; she was already anxious with the whole situation given that three of her children are physicians. I dusted off my stethoscope, walked out of my building past the makeshift morgue of refrigerated trailers, and made my way to the ED. The same emergency room in which I was seeing orthopedic consults one week ago was completely changed, nearly unrecognizable. The normal chaos of the city’s busiest public hospital was replaced with an eerie calmness from beeping monitors, as nearly every patient was intubated. A single sheet of paper was attached to each bed, with the patient’s name written in large letters and their code status in even larger font.

In my first shift, we had nearly fifty patients transferred from other hospitals. I grew accustomed to the routine pretty quickly- start oxygen, draw labs, swab for COVID-19, admit. During codes, I would start on chest compressions. A lot of the medicine was beyond my scope of practice, but I tried to assist in any little way I could. I drew blood, placed peripheral intravenous lines, and transported patients back and forth. The Emergency Medicine (EM) residents even taught me how to place central venous catheters and arterial lines. They were

already overwhelmed; any small assistance I provided was one less thing they had to do. Despite the playful jeering that I still remembered how to use my stethoscope, my EM colleagues were very thankful for the help my co-residents and I provided. At the end of each shift they would say, “This why we love orthopods. You’re always willing to help out- wherever, whenever- and still have a smile on your face.” Even during these trying times, we were affable.

The situation quickly evolved from a handful of volunteers to an “all hands on deck” approach, as our chairman called it. He asked us to “respond with urgency and commitment.” Our residents and fellows were acting as Medicine interns, managing patients on the floors, updating family members, and responding to codes. Approximately ninety patients were transferred to our orthopedic hospital to help offload the volume at our main hospital campus. Our orthopedic attending faculty were medically managing these patients. Proning teams, composed of orthopedic residents and attendings, were developed to improve the respiration of our COVID patients. As orthopedic surgeons, we leaped out of our comfort zones and took on new, unexpected, and uncharted roles. Together, we were able.

As a third year resident, half way through my orthopedic surgery residency training, I was just beginning to feel comfortable in the operating room. But now elective surgeries- arthroplasty, sports, spine, pediatrics, foot & ankle- are postponed indefinitely. Although my surgical technical training is temporarily on pause, my education is not. Our program has ramped up our academic conferences, held via video modalities. Each day, we have case presentations encompassing different orthopedic specialties. Our attendings lead joint academic conferences with our orthopedic colleagues from different hospitals across the country. Our faculty has committed themselves to resident education, despite the plethora of other current stresses.

The COVID-19 pandemic is one of the most unexpected, monumental, and impactful events of our lives. Even New York City, the “city that never sleeps,” went into hibernation. As majority of the public was instructed to stay home, physicians were asked to come out and join the frontlines. Our entire institution, from medical providers to maintenance workers, came together in an effort to push past this pandemic. Although we are far from returning to normalcy, we are starting to see a flicker of light at the end of the tunnel. I am especially proud of my orthopedic surgery colleagues for being one of the first to rush- nearly blindly- into this dark

tunnel. Our greatest accomplishments and biggest spurts of growth happen during times of catastrophe. As orthopedic surgeons, we are available; we are affable; we are able.

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