

# Finding Resiliency During COVID-19

I am the Pediatric Pulmonology Fellowship Program Director at a large and busy program in New York City. I still vividly remember the day and time I was wrapping up my resident noon conference lecture and we learned of the first COVID-19 positive patient in NYC being admitted to our hospital. The alarm triggers were pulled and the next few weeks were an intense period of planning, strategizing and executing to meet the unprecedented rising challenges of the NYC COVID-19 surge. On the home front, I had two little kids, ages 5 and 10, whose education had been abruptly stalled, and my husband, who is in Adult Hospitalist Medicine at a Community hospital. Within days the intensive care units and inpatient floors were swamped both at my hospital as well as my husband's. My physical work hours were relatively spared being in pediatrics, but my husband was quickly sucked into long hours of intense patient care, challenges of securing adequate personal protective equipment (PPE) and ethical dilemmas faced in an overwhelmed healthcare system. He was mentally far and remote from anything to do with our family life and our children's education. The challenges I faced with my children are probably on par with many other families in the same situation, except that both parents were unavailable to help our children adapt to this new world of virtual education. We were fortunate that we had a live-in childcare provider who was available to supervise our children during the day allowing us to spend time at work. At the end of the day, with my mind mostly occupied by the news and work related issues, I tried as much as possible to savor the few precious moments with my children.

At my own work, my administrative responsibilities of being Fellowship Program Director was put to the test. I had been in this leadership position for a little over a year at the time, let alone that this situation was an unprecedented challenge for those far more experienced than I was. I was involved in constant decision making, addressing and adapting to several institutional and programmatic changes that were rapidly evolving in patient care services, research and education, including transformation to telemedicine, suspension of elective procedures (bronchoscopies), rationing of PPE, inpatient teams restructuring, didactic conference changes, research laboratory closures, etc. Then, we were summoned by the GME office to make redeployment plans for our trainees.

I was under constant reflection trying to strategically plan for my trainees' redeployment to support our adult colleagues in the ICUs. I myself felt the strong urge to volunteer and offer my help to the medical services in need and served on a short redeployment initiative by our Pediatric Department as director of a pediatric COVID-19 surveillance program. Two of my 3 trainees had toddlers, and one of them had a spouse who was a critical care fellow in a NYC program and also under immense stress in his position. We had to make every effort to protect this trainee from redeployment. I decided on who would be the first person to be redeployed to help our adult colleagues in the ICUs - the one fellow who was single without children, and altruistic and passionate about serving on the adult side. While I did not doubt my trainee's capabilities, I was nevertheless, concerned about the trainee's emotional security when faced with the harsh realities of COVID-19 care in the intensive care environment. Even though the basic principles of pulmonary physiology are similar between adult medicine and pediatrics, the scopes of clinical practice are widely variant. I felt like I was sending my trainee on a mission. The hardest moment for me was taking down contact information of the trainee's family members to be prepared to contact them in the event that they needed to be informed of any undesirable news related regarding my trainee's health.

Whereas adult pulmonologists have extensive experience in modalities of acute ventilator management due to their comprehensive training in the ICU, pediatric pulmonology trainees focus on chronic ventilator dependent patients with acute management limited to inpatient consults. We prepared for this

deployment by putting together training materials from various online resources that had surfaced to expand provider training in meeting the demands of the surge. For the trainee who was redeployed, the four weeks that were spent in the adult ICU were a period of intense learning and service in a high acuity intensive care setting. I was myself, barely able to focus on anything on the first few days of the redeployment, and was constantly checking in with my trainee. My trainee blended into the role over the next few days, which included working 12 straight hours daily in the ICU, isolation and separation from family, and coming home only to shower and sleep. I continued to check in every night, ensure that transportation, housing and food needs were being met, and tried my best to boost my trainee's morale. The ICU deployment experience included my trainee spending several hours at the bedside, adjusting ventilator settings. On a positive note, from a pulmonary medicine training perspective, this deployment offered a hands-on experience in ventilator management, development of trouble shooting skills, increasing knowledge on different modes and types of ventilators, and understanding of the principles and technology behind the workings of the machine. A pediatric pulmonology background integrated with the knowledge of pulmonary physiology allowed easy acquisition of these skills.

While telemedicine was being adopted throughout the medical world as an alternative form of providing service to patients, its relevance in the ICU setting was manifold in the context of restrictions imposed by the pandemic. While it was heartbreaking to hear stories of families making their final goodbyes and farewells through a virtual platform, it starkly demonstrated the transforming and new world of practicing medicine that we had inadvertently stepped into. An additional insight of the deployment experience was the unfolding of our inherently humane and emotional natures when dealing with end of life conversations with families. My trainee successfully completed the redeployment and is back now with us in good health and spirit. One of the biggest lessons learned from our experience is resiliency. Resiliency is an asset in medicine and as pulmonologists who are often dealing with chronic, neurologically morbid and debilitated patients, we have an edge with our endurance and tenacity. We need to continue to empower and enhance our learning environments in professionalism and interpersonal communication skills training for such difficult situations.

On the personal front, after living through this pandemic for several months now, I have learned to cope with unpredictable circumstances, my husband and I have learned that our own children are more resilient and adaptable than we had known, and that as a medical community we are privileged to rise to the cause and mission when called upon. I have myself lost family members to COVID-19 and can empathize with the agony and pain of families affected by the disease. The positive implications for me have been learning to be appreciative of my family, for my job, to count my blessings more often, being innovative and creative in my day to day life to minimize lockdown monotony by exploring newer worlds and paths of online learning and training, as well as outdoor adventures. During the last six months, I have used several opportunities and options to enroll my children in virtual classrooms across the continent and the globe that were perhaps not options in a pre-COVID-19 era. I have adapted our fellowship training curriculum to the present day environment, as well as created an extensive online virtual curriculum for residents and students taking our elective rotation to be able to supplement their missed opportunities of in-person learning. I am hopeful for a brighter, perhaps slightly modified future, and believe we should embrace our challenges with versatility and creativity.