

COVID-19: A Singapore Orthopedic Resident's Musings in the Emergency Department

Please check your email. You have been rostered to help in the emergency department.

I felt my heart skip a beat as I took off my lead gown, preparing to put in my postoperative orders for a patient with an ankle fracture I had just operated on. A transient wave of apprehension, and I daresay fear swept past me that very moment. It has been a good 8 years since I've graduated medical school, with nary an exposure to emergency medicine since my intern days. I wasn't sure I could remember how to read an EKG accurately, much less manage a patient in respiratory failure.

Now, where is my stethoscope?

Do I have to perform COVID-19 swabs for all my patients with respiratory symptoms?

These were just among the many fleeting questions racing through my head as I commuted home that evening. Sadly, my stethoscope was nowhere to be found despite my best efforts. I ended up borrowing one from a good friend. The first few shifts went by in a blur, largely uneventfully under the guidance of, fortunately, very approachable and forgiving attendings. We trudged through patients presenting with a myriad of complaints, from the worried wells to the traumatic arrests. And with each patient encounter, I was slowly reinitiated back to the heart of clinical medicine. It has been close to a month since I've started—a month of tremendous personal growth and introspection. While equally important, the biggest lessons I took away were interestingly not related to the actual management of the various conditions I encountered. Instead, personally, the richest and most precious

lessons were learned from my daily interactions with each and every individual on the shop floor—patients, porters, administrative personnel, nurses, and fellow doctors. All banded together in our fight against COVID-19, albeit each in our own different way.

NOT EVERY PATIENT IS A FRACTURE TO BE FIXED OR A JOINT TO BE REPLACED.

Despite our attendings' reminders to always be holistic, I had found myself to become almost methodical when managing patients. Define the orthopedic issue, explore treatment options, assess surgical fitness, and lastly plan for surgery. Through various patient encounters, this ED stint has, again, repeatedly reminded me that medicine is beyond that. The patient who overdosed on paracetamol. While I now remember that the toxic acetaminophen dose is 140 mg/kg, what struck me more was the human condition behind the medical diagnosis. She was a single parent and unemployed and had overdosed on pills as a form of escape. Examples like this were aplenty. What they taught me was that to be effective as a doctor, it is imperative that we tease out the root issues underlying our patients' medical complaints. The patient who keeps returning to see us for stable mild arthritis—more than being troubled by pain, may actually just need counsel and a listening ear. These are precious lessons I will bring back to my orthopedic practice, long after the dust settles on this COVID-19 crisis.

IF YOU WANT TO GO FAST, GO ALONE; IF YOU WANT TO GO FAR, GO TOGETHER

It was an extremely busy shift again at the ED. Patients were arriving in throngs, and exhausted as I was, I had found myself assigned to yet another

patient. I took a quick look at the triage note—"26 years old male, abdominal pain, not better despite analgesia. No fever." I did a mental checklist of the important aspects of history and physical examination to look out for and the labs I needed to send off. With that in mind, I trudged toward the patient, determined to see him quickly, so as to have some time for dinner before the next patient came along.

I arrived at the patient's bedside only to find his intravenous cannula nicely inserted. The nurse-in-charge was in the midst of preparing his medications.

"Is that for the right patient? I haven't seen him nor ordered anything yet ..." I asked, bewildered.

"Yes, I know you haven't. Your senior has swung by to see him and has given her instructions already ..." the nurse replied, smiling reassuringly.

As it turned out, my attending, seeing that I was busy, had seen the patient earlier and given her initial orders. This was one of the many examples of camaraderie and teamwork displayed by each and every individual I worked with on the shop floor. From the porters who unfailingly deliver our patients' samples to the laboratory, to the phlebotomists we turn to when we have difficulty with our blood draws. All fulfilling their individual roles to make light work. For the doctors, we were now no longer responsible for just an anatomical body part or body system. We had our sights on a common goal—the faceless enemy that is COVID-19.

THE CAVE YOU FEAR TO ENTER HOLDS THE TREASURE YOU SEEK

I learned to confront my fears on many fronts. Having not done medicine for years, I was fearful of not being adequately equipped to manage patients coming through the ED doors. Add on the COVID-19 crisis and I was fearful of the repercussions of my deployment. COVID-19 was reported to be infectious even when asymptomatic. I was fearful of potentially passing it on to my elderly grandmother at home. And, most unjustifiably, I feared embarrassing myself in

front of my juniors. I'm a PGY-8 but still relatively junior in residency, having taken time off for graduate studies. My medical school classmates and juniors were already full-fledged attendings in the ED department I was rotating to. I did not want to embarrass myself in front of them.

These fears all turned out to be unfounded. And through them, many precious lessons were learned. I learned to discharge my duties because it was the right thing to do, wherever I was deployed. I learned to put my own fears (and pride) to rest, because as doctors, we are all called to a greater cause much bigger than ourselves. I learned to be versatile and adaptable. Crises like these are extremely fluid, and I learned to adapt to ever-changing plans. I learnt to empathize, to allay my patients' fears especially those who were COVID-19 suspects. I learned to trust my colleagues to discharge their duties so that I can better perform mine.

This is the true test that medical school and residency have been preparing us for. Not passing finals nor board exams and certainly not the number of fractures we fixed or joints we replaced. COVID-19 is a test of our resilience, our courage, and our togetherness. We can and we must rise up to the challenge.

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