

Redeployment in COVID-19: old dogs and new tricks

KT Matthew Seah 

And there are no more surgeons, urologists, orthopedists, we are only doctors who suddenly become part of a single team...

Dr Daniele Macchini, Bergamo, Italy (March 2020)

As a surgeon of the orthopaedic variety, I can safely say that I have not had the need to use a stethoscope much in my usual clinical practice (apart from occasionally using it as a tendon hammer when I cannot find one: unlicensed use). Due to the COVID-19 crisis, a lot of us have been deployed to different areas in the hospital (such as the emergency department), so I have had to reacquaint myself with the proper use of a stethoscope again. Thankfully, I am not alone because in the emergency department, I find myself working next to doctors and surgeons of various grades and specialties, and we are all trying to renew our skill sets to deal with the onslaught of patients needing medical care.

There is a slightly collegiate feel to the emergency department these days. I have swapped casual conversations with my friends for conversations of a different

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kind as physicians and surgeons and the not-very-medical share anecdotes and engage each other with our work and our lives. We exist in somewhat of a bubble in these strange times: around us, people deal with their loss of health, loss of income, isolation and worry. The august halls of the Palace of Westminster lie empty, as do universities, churches and pubs.

Keeping up with the latest in COVID-19 research while refreshing our core medical skills, we find that it is helpful to revisit the things we learn early on with the benefit of experience. It is also important to find the silver lining amidst the chaos: now working on a common rota, I have learnt the finer points of performing a tracheostomy from an ear, nose and throat surgeon; the different types of uveitis from an ophthalmologist; and Castleman disease from a haematologist; and maybe cardiology seems less of a mystery these days. The challenging cases we see are of course punctuated with the more esoteric ones, such as the patients who present with Objects Ingested and Inserted in Places They Should Not Be.

At some point in the day, the ages of the patients in our department ranged from 2 weeks to 103 years old. The chaos and uncertainty demand an unyielding focus on core medical principles and consistent modelling of professionalism, altruism and quality. Once our egos and personality differences were put aside, there was a real

camaraderie when we worked through the same difficult situations together. As the next patient is about to be wheeled into the resuscitation room, I am aware that there are high-stakes decisions to be made. I look around and for a moment, I wonder if we are all trying to remember our treatment algorithms and summoning the sage advice from our mentors.

And the glint in our eyes shows that we are all ready for the challenge.

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