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COVID-19 Superheroes

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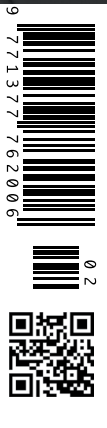
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Superheroes: Behind the Scenes of COVID-19

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Are the real heroes only those in the hospital actively caring for COVID-19 patients or are those behind the scenes also playing an important role?



Key Points

- During the pandemic, care is not only necessary for COVID-19 patients but also for those with other illnesses and diseases.
- Those in primary care have had to switch to providing virtual care and the transition is not easy.
- Those who do not have the clinical expertise to fight the pandemic still care for patients, provide comfort to colleagues and run their households.
- Many have played an important role in improving communication, providing online care, preparing online medical curriculum and finding alternative ways to deal with many other challenges during the pandemic.

When Dr. Cindy Brown, a pulmonary physician and researcher, studying cystic fibrosis, became aware of the impact COVID-19 was having on her colleagues in New York, she immediately thought of jumping on a plane and heading to New York City to help. After all, she is a pulmonary physician and though most of her work is now in research, she still has usable skills. She has two young kids, a strong research programme in Indiana, and a spouse. Not knowing what would happen in the upcoming weeks in Indiana, she discussed with her family and chose to stay put.

Many of us made similar decisions. We were not sure how our own cities and health systems would be impacted and we wanted to be ready. So we signed up on volunteer sites and waited. Meanwhile, hoping and praying we would not be needed, because if we did, that would mean our colleagues were sick, dying, and the enormity of the situation was dire.

Others, knowing they no longer had the type of physician expertise needed to fight this epidemic, continued with their work. They cared for patients, comforted colleagues, and ran the households.

As the stories kept coming and the accolades for our healthcare heroes piled up, those of us behind the scenes initially felt like imposters. The real "heroes" were those in

the hospital actively caring for COVID-19 patients, right?

As time went on, we realised that caring for our patients, whether they were COVID+ or not, was incredibly important. Illness continued, accidents happened, preventive care was needed and our role was to provide the care that was needed every day.

For Radiologist, Colleen Madden, it meant performing diagnostic mammograms and breast biopsies. Breast cancer does not take a break. While other centres were closed, she thought to herself, "If not me then who?" She put off her vacation and covered for the older physicians in the group who were more at risk. She diagnosed breast cancers and reassured others that they did not have cancer.

For many of us in primary care, we went from seeing our patients in the office to moving almost overnight to virtual/phone visits. Many of us had never done this before and the learning curve was a rapid upward projectile for both physicians and patients.

The change from having a patient in the room, and being able to physically examine them to seeing them on a video screen or just listening to them on the phone was strange. While we realised the necessity for this new type of medical visit, we worried about missing things. Missing that hard



mass in the abdomen or that skin lesion on the upper back. Missing the physical contact and the calmness that comes from the laying on of hands and the use of the stethoscope. We understood however, that many of our patients were scared to come into our office. The patients worried they would get infected from us and we from them.

Internist Dr. Jean Mensz notes “We not only have managed, we have succeeded. We have become familiar with the virtual visit and have helped patients feel more comfortable with this new technology. We have laughed at the kids, animals, and roommates that come into the visit at times. We have made our patients stand up and show us their skin lesions, how to move their joints or point out the parts of their bodies that hurt.”

Dermatologist Dr. Kate Oberlin noted “The first few weeks of the pandemic were frightening as our knowledge of the disease was still primitive. I knew I was at less risk being in an outpatient clinic but I still worried about bringing illness home to my family. I also didn’t want to leave my patients behind. I just felt guilty all the time and I’m glad we’re in a much better place now.”

For Dr. Susan Weigers, “Waiting for COVID was worse than actually dealing with it.” As the CEO, of the Temple Faculty Practice Plan, she experienced the anxiety of the unknown and watched the health care disaster unwind in NYC. “But” she says, “it gave us time to prepare. Everyone worked together and we turned three floors of patient office space into hospital rooms and made a large open ward in one of our lobbies in four days!” She noted that even the Chair of

Surgery, Assistant CMO and she herself, moved beds around to help the overwhelmed transport workers. Not surprisingly, the leaders who jumped into move beds...were all women.

In the early days of the pandemic, two things quickly became clear to Dr. Sylk Sotto. Communication was imperative and the information had to be concise, efficient, and transparent. Painstakingly done via numerous meetings, huddles, and emails, with 12-hr consecutive work-days during those initial months. As work changed to primarily working from home, often in isolation from others, wellness virtual check-ins became necessary. Virtual meetings could be as quick as asking “How are you doing? How are you feeling?” or required more in-depth support with psychologists stepping in for support.

For some, having clear missions and goals helped direct their efforts during COVID-19. Dr. Christen Dilly knew that an online gastrointestinal (GI) curriculum would be valuable for those educators and learners who had been removed from the healthcare or school setting during the pandemic and were now in need of teaching and learning from home. Mobilising a curriculum into an online module-based curriculum, one that could be used across the country was tackled with a purpose. Not even having a retinal detachment during the pandemic, which prevented her from doing any work for a few weeks, deterred her from her mission of creating this online curriculum.

While battling the pandemic in the frontlines was the reality for some, other medical professionals found alternative impactful ways to help those around them. For Dr. Diane Donegan, navigating the transition to telemedicine was difficult and required a constant supply of backups in case things failed. However, this paled in comparison to some of the challenges faced by those who had little interaction with technology, especially many of her patients. Determining what method worked best and, more importantly, was actually feasible for the patient to use required trial and error. Many virtual visits became phone calls. Some of her endocrine colleagues were in their 60s-70s and at risk for infection, so she volunteered to cover the inpatient service for them. She tried to help in other ways too - even something seemingly small such as volunteering to be a hospitalist backup, supporting local restaurants, or even paying her dog-sitter for services even when they were not using her.

We have a new normal with COVID 19. While our lives and the practice of medicine will never be the same, we appreciate even more, the important work done by so many.

A SUPERHERO can be many things. Most likely, YOU are one too. ■

The opinions of the authors are their own and do not represent IUSM.