

Helpers

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PRiMER. 2020;4:36.

Published: 12/21/2020 | DOI: 10.22454/PRiMER.2020.873264

The COVID-19 pandemic changed everything about 2020. Fear and uncertainty gripped the United States, medicine and medical education found itself in the middle of a situation that most of us had only read about in books. The rapidly changing situation required flexibility, critical thinking, tenacity, fearlessness, and an ability to make decisions when the choices were all bad.

Across the country, we saw health care providers answer the call to care for patients, even when we lacked any certainty about treatments that would work, or enough personal protective equipment to keep us safe. We saw public health scientists and practitioners activate emergency procedures, and work tirelessly to help build models to inform individual patient care and interventions to limit the spread and impact of the virus. And for the first time in the history of medical education in the United States, we saw all of our students pulled from clinical training environments. There were many problems to solve, all at once, and under tremendous pressure. Yet in medical education, over and over again, we heard stories of our colleagues turning a bad situation into something good for their learners, which in turn kept their training on a forward trajectory.

The first wave of the epidemic in the United States began in the Seattle area. The day after news broke that a patient with COVID-19 had died at hospital less than 20 miles from my home institution, I began serving as an inpatient attending physician for our family medicine service.¹ That first week was unlike any other in my clinical career so far. By our second day, we had admitted a possible COVID-19 case overnight, but the diagnostic possibility of the novel coronavirus had not been considered. Things deviated from what anyone would consider normal operation from that point forward.

My team huddled outside the room and paged the infectious disease fellow. For the next hour we muddled through precautions and testing through the state lab, then donned what we thought was the correct equipment and gently shared our concerns with our patient. Two days later, all the hand sanitizer was removed from outside the rooms, because a month's supply had disappeared. Signs reminded us of the old approach of handwashing with soap. Three days later the emergency department was flooded with patients on droplet precautions, as word had gotten out that our academic lab had its own polymerase chain reaction (PCR) test. N95s became hard to find. A construction zone appeared on the floor of our team room, but it wasn't really under construction. Rather, it looked like an airlock that might be used with an alien landing in a science-fiction movie; this became the emergency ward for the COVID patients. Four days later, I told my immunocompromised senior resident she couldn't leave the team room. I saw all potential COVID patients alone. There wasn't enough PPE and it seemed unethical to send the trainees into the unknown.

At the end of this first week, we went to an institutional town hall to learn more about the hospital response. The seating arrangement seems so quaint in retrospect; all of us lined up in rows, unmasked, in a hospital conference room. No one knew the sensitivity and specificity of our PCR test; no one knew anything, really, we just kept getting up each morning and going to work. When I signed out the service a week later, it felt like an

eternity had passed.

Why did we issue this call for reports related to COVID-19? Whenever a crisis strikes in the age of the social media, the meme about Mr Rogers telling children to look for the helpers seems to circulate: “Look for the helpers, you will always find people who are helping.”²

This is what we wanted to highlight in *PRIMER*. Physicians, residents, medical students, educators, and those in public health all dug deep to find ways to help in very sad, scary, and unpredictable times. At a meeting to plan potential responses for our clerkships, I remember a colleague saying, “the crystal ball is broken.” Nobody could see into the future, but people made the path by walking it, waking up each day and continuing to show up and pour themselves and their creativity into the problems that needed to be solved. The *PRIMER* COVID-19 Collection is really one for the helpers, those who did their best under bad circumstances to keep things going, be it in education, public health, or patient care. We looked for the helpers and we found them. This is their work.³⁻¹⁵

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