

# Working at the coalface of a global pandemic

During stage four lockdown in Victoria, we speak to four surgeons and Trainees about their experiences during the COVID-19 pandemic.

## Dr Sarah Cain

As a Neurosurgery registrar at the Royal Melbourne Hospital (RMH), Dr Sarah Cain has been at the coalface in the fight against COVID-19.

The second wave of COVID-19 across metropolitan Melbourne brought high numbers and substantial changes to Dr Cain's work routine.

"The main impact as a Neurosurgery Trainee was performing urgent operations in COVID-19 theatres. All trauma patients were classified as suspected COVID-19 (SCOVID) and, therefore, required a negative pressure theatre with full precautions," Dr Cain explained.

"I performed a number of urgent craniotomies under these conditions and, although it was challenging at first, our anaesthetics team and entire theatre staff refined the process to ensure our safety without delaying urgent surgeries for our patients."

The onset of COVID-19 also brought updates to the way shift changes are conducted. "We do a handover via Zoom and we have reduced our numbers on ward rounds to abide by social distancing rules," Dr Cain said. "The Zoom platform has also been adapted by The Neurosurgical Society of Australia to ensure our formal teaching continues and that we meet our mandatory training requirements."

Dr Cain said she takes measures not to let COVID-19 restrictions hamper her interactions with patients. "I don't think that's changed for me. I am as close to my patients now as I normally am because I think that's an important part of looking after the patient. As registrars, we examine all our patients every day, twice a day. We're still doing that with appropriate personal protective equipment (PPE)." It also helps that patients are masked where medically appropriate, she added.



Both the emergency department and the level nine infectious disease ward at the RMH are classified as 'hot,' Dr Cain said. This classification also applies to screening wards where patients go when their COVID tests are pending. "The staff who man these wards need to be commended for their ongoing commitment to patient care," she said.

In terms of PPE, "The RMH has been excellent," Dr Cain said. "We've had everything that's required, from face shields to N95 masks to gowns. The Neurosurgery ward (4 south) was a hot ward for just over a month, which means we had to be in full PPE every day, and we had an adequate supply. Our 4 south nursing staff and junior doctors showed tremendous teamwork throughout this time and I feel proud to be part of such a collegiate team headed by Professor Kate Drummond."

Those staff who are not in COVID hot wards must still wear face shields and masks throughout the day. "It's annoying, but we are accustomed to it," Dr Cain said. "We do neurosurgical operations that go on for hours wearing masks and our operating loupes, so we're used to being in these things for long periods of time."

The peak of the second wave was particularly challenging for Dr Cain because she was going home at the end of her shift to her young child. However, her family put strict protocols in place to protect them from infection. Changing clothes at the door, which went straight into the washing machine, and then showering before greeting any family members became part of her daily regimen. "My downtime at home playing with my daughter was my time out and precious to me," she said.

Dr Cain said she had confidence in the RMH's COVID-19 protocols and ample supply of PPE. "For me, personally, ►

and my colleagues, our main focus and concern was our patients and ensuring we were able to make sure they're looked after like we normally do," she said.

**“Despite all the protocols and PPE supplied to us, I know a number of colleagues who have sadly contracted COVID-19. Thankfully, they all have recovered.”**

Dr Cain believes that “the new COVID-19 normal will have us facing this virus long term, and I have confidence we can adapt and rise to the challenge”.

#### Dr Benjamin Hunn

For Dr Benjamin Hunn, an unregistered Neurosurgery registrar, the impact of COVID-19 created a significant change in his workload at the Royal Melbourne Hospital (RMH), and the two hospitals that RMH covers – Sunshine Hospital and Western Hospital in Footscray.

“Initially we reduced our cases to emergency cases only. As part of this, half our registrars were kept home and we worked two weeks on and two weeks off,” he explained.

While he found it rewarding to be doing more registrar-level emergency operating, it presented a more complex work environment.

“We had some cases of COVID-19 on the neurosurgical ward, and so there was a period of a few weeks in which we had to wear full PPE and take these on and off in specified areas.”

All patients in the ward were isolated from each other and the nursing staff did “an exceptional job”, Dr Hunn said. Eventually, the COVID-19 patients were discharged and the neurological ward returned to a new normal.

There is a designated COVID-19 emergency theatre at RMH where COVID-19 patients are taken to be operated on, and these theatres were also used for urgent cases where there is no time to wait for a COVID-19 test result. “This poses difficulties in communication from a locked theatre to the outside when we need instruments or need to organise

scans,” Dr Hunn said. “On the weekend, or at night, it is also difficult to be on call when you're operating from a COVID-19 theatre.”

Regarding the establishment of a new normal in hospitals, Dr Hunn said he believed it would become an everyday reality. “It will also be interesting to see if all the COVID-19 measures have a run-on effect in reducing other hospital-acquired infections like *c. diff* [*clostridioides difficile*],” he said.

Dr Hunn, who has an MBBS and BMedSc from the University of Tasmania, and a Doctor of Philosophy from the University of Oxford in the UK, has been studying for exams throughout the strict lockdown in Melbourne. Despite the disruption and challenges of the pandemic, he managed to find time to study, and added that the lockdown had minimised everyday distractions and allowed him to focus on work and study.

Regarding Trainee exams, Dr Hunn said the Royal Australasian College of Surgeons has done a “great job in balancing the needs for Trainees to complete exams and progress, with the need to prevent further spread of COVID-19”.

The experience of working in hot wards and operating theatres gave Dr Hunn the opportunity to witness the dedication of nursing staff firsthand. As a result, he would like to see a fund established to support the nurses who have contracted COVID-19 in the course of their daily work. Something along the lines of the Victorian Government's Traffic Accident Commission or the National Disability Insurance Scheme, he said.

**“Some of the nursing staff on our ward who contracted COVID have ongoing complications associated with their infection, including cardiac and pulmonary issues.”**

#### Dr Carolyn Vasey

Colorectal surgeon Dr Carolyn Vasey operates at Ballarat Health Services and St John of God Hospital in Ballarat, in regional Victoria. She consults across the road at The Specialist Centre Ballarat.

The impact of COVID-19 on Dr Vasey's surgical work has been “relatively spared”, she said. She does a lot of cancer work, and the cancer throughput hasn't been hit as hard as a lot of other surgery, she explained.

**“During the first wave, there was an arrangement between the private sector and the public sector so that, in Ballarat, we were able to do Category 1 urgent surgery on public patients in the private hospital.”**

“It was convenient for patients because our public and private hospitals are co-located and patients could be wheeled across a footbridge between the two hospitals,” Dr Vasey continued, adding that it was nice to see the private and public sector working together to get the job done.

But as time went on, a backlog developed in non-emergency elective surgery due to several reasons including “all of the isolation and screening that had to go on with the usual respiratory presentations”, Dr Vasey said. “This delayed a lot of medical care, which meant that surgical beds were very difficult to come by.”



Dr Carolyn Vasey

As a result, they ended up doing a lot of work in the private sector in the first wave and, thankfully, the second wave has been much better because people have had more time to work out their systems.

The pressure on beds remains high Dr Vasey said, “in part because people are

using one room and waiting a number of days to get their swabs back before they can go into shared care wards – and that slows everything down”.

Ballarat Health Services also transformed the surgical ward into the COVID-19 ward because it had the most single rooms. Surgical nurses were the first to be trained in personal protective equipment and everything COVID-19-related, Dr Vasey said, so general surgical patients ended up being ‘boarders’ on other wards.

The inability of patients to receive postoperative support from friends and family has also been a challenge. “It’s very hard to get into hospitals at the moment. Even staff have to answer questions, register and get their temperature checked,” Dr Vasey explained. This means patients don’t have access to the normal supports in terms of family and friends.

COVID-19 protocols can also create a challenge in interactions with patients, Dr Vasey said. “It’s very difficult, as a caregiver, not to be able to show compassion in your care because of restrictions that are beyond your control,” she explained. “If you’re dealing with someone who’s got metastatic cancer and has just been given that information, then not being able to have the people they love support them is hard.”

Dr Vasey explained that she’d “had a few family meetings on Skype but, certainly, there’s a human factor that can’t be conveyed over the internet – and I think that’s what people are craving”.

COVID-19 has had a significant impact on Dr Vasey’s life out of work as well. Her husband is an infectious diseases physician in Ballarat. With two small children at home and the sharp increase in her husband’s clinical workload it means “a whole team of people” have been required to support them at home while they go to work.

### Dr Jessie Cole

A registrar in General Surgery at Ballarat Health Services since August, it’s the second time Dr Jessie Cole has worked at Ballarat Health.

“I find it a very friendly environment,”

she said, of the public hospital in the provincial city 100 kilometres from Melbourne.

One of the COVID-19 challenges facing Dr Cole are the visitor restrictions for patients. “Our patients might have cancer or some other condition that makes it one of the worst times in their lives, and they find it very difficult when they can’t have their partner, or their children, come to visit them because of COVID-19,” she explained.

COVID-19 has generated a reduction in the number of elective surgeries at Ballarat Health, “but we have continued to do our most urgent cases, including our bowel cancer cases. Those in need of cancer surgery have been treated in the normal time frame,” she said. “But there are people with less urgent conditions, such as a hernia, who will have waited longer than usual for their surgery.”



Dr Jessie Cole

The biggest change to Dr Cole’s practice has been in her outpatient clinics. “We still had to speak to the same number of patients in the clinic,” she said. “But the way we organised it had to change very quickly.” Now the majority of consultations are done via telephone. Surprisingly, she explained, “while we thought it might be easier to talk with a patient over the phone, it actually entailed the same amount of work, if not more, because we had to get accustomed to the new system.”

There was also “a bit of anxiety associated with not being able to see patients face-to-face, making sure you’re giving the right advice and doing the right

follow-up for those patients just through a phone call”, Dr Cole said.

Interacting with patients and other staff through a mask and face visor “can also take away some of your ability to communicate”, she added. “This has been an adjustment because it’s actually a physical barrier over your face. I think this can sometimes impair your ability to project empathy to patients and communicate with those who are hearing impaired.”

Safety procedures implemented at Ballarat Health Services include a temperature check on entry and the requirement to sign in every time staff enter for work. “Tea rooms and physical spaces where people can talk and socialise have been highly regulated as well,” she said, “and we have to log in when we sit in the tearoom and interact with people”.

“I feel physically safe at work,” Dr Cole said. “We take precautions and I’m also very fortunate in that I’ve spent the year working in regional hospitals, where the COVID-19 counts are lower. I think we have good safe systems in place, so I feel safer here than perhaps some of my colleagues in the city.”

Regarding a new normal, Dr Cole said she thought face-to-face interaction would be an important part of surgical practice in the future because online services can’t be fully replicated. Smaller meeting sizes and not focusing meetings around shared food were also important considerations.

“Hospitals need to develop a culture of being very safe, and making sure protective equipment is freely available is a part of that,” Dr Cole said. “A new normal is developing and it is being driven by staff looking after themselves. I hope it will include a lot greater awareness about not coming to work if you’re unwell.” ■