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Title:

An Otolaryngologist Redeployed to a COVID-19 ICU, Lessons Learned

Author:

Shumon Ian Dhar, MD

Institution:

Johns Hopkins Medicine

Department of Otolaryngology-Head and Neck Surgery, Division of Laryngology

Corresponding Author Contact Information:

Shumon Ian Dhar, MD

601 N Caroline Street

Baltimore, MD 21287

Phone: 443-997-6467

Fax: 410-955-0035

Email Address: Sdhar4@jhmi.edu

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Abstract:

The COVID-19 pandemic has placed a significant personnel burden on intensive care units (ICUs) across the globe. Physicians from various specialties, including otolaryngology have heeded the call and have been redeployed to provide support, serving in a capacity outside their usual scope of practice. The author shares personal experience from redeployment and provides a framework for otolaryngologists to maximize their impact while providing high quality patient care and preserving their own personal safety.

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Main Text:

Across the globe, healthcare systems are meeting the challenge of COVID-19 head on, with intensivists facing the brunt.[1] While otolaryngologists have trained extensively in a narrow field, this crisis has led some of us to expand our role and volunteer for redeployment to aid our ICU colleagues.[2]

Redeployment can be thought of in two phases, the first involves preparation of physicians for an anticipated surge, the second involves providing support to the frontlines during peak/late phases when resources are most scarce. Redeployment is not appropriate for everyone. Most otolaryngologists will need to remain at their post, managing urgent needs - including head and neck cancer and airway compromise - that if neglected can lead to significant morbidity and mortality.[3]

The risks must also be considered when deciding whether to redeploy. Even if a hospital has adequate PPE, exposure risk in the ICU is substantial. Otolaryngologists must evaluate personal risk-factors, including advanced age and comorbidities such as immunocompromise. The possibility of transmitting illness to at-risk family members must also be weighed. Some intensivists have chosen to self-isolate from their families while on service.[4,5] Although no guidelines exist, redeployed otolaryngologists may consider the feasibility of self-isolation based on their own circumstances.

As a laryngologist, I would have preferred to be redeployed to a dedicated intubation/procedural team, utilizing the airway skills with which I am most comfortable. However, during this crisis, our preferences must come secondary to best maximize our impact. During redeployment, I was fortunate enough to acquire some experience which I hope will be useful to otolaryngologists considering redeployment.

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Personal Protection

ICU clinicians are responsible for their own safety and must advocate and protect themselves at all times. Particularly during the donning and doffing process, where contamination can easily take place. Whether it's disinfecting a PAPR or removing an N95 mask we should display the same diligence we do when scrubbing into the OR. Use this time to not only don the PPE, but to don the mindset required in the ICU. Adherence to the strict habits necessary to maintain safety while in the ICU can be taxing but it's important to remain diligent when coming on and off the unit. Inevitably situations will arise where a patient requires immediate attention however we must remember that personal safety takes precedent and take the time to properly don our equipment before responding. Consider an approach to patient care that limits time in the ICU (utilizing conference rooms for rounds, etc.); the longer we are in the unit the longer we are at risk therefore we should limit our physical presence as much as possible.

Flexibility in Scheduling

When facing redeployment, review your proposed schedule with the lead intensivist to ensure that your efforts are being optimized. The lead intensivist will be aware of changing staff needs that may not be apparent to the person designing the initial redeployment schedule. Being flexible is essential to maximizing your impact.

Teamwork in the ICU

In contrast to our usual role as surgical team leader, when redeployed we find ourselves in a different environment and must fit into the framework of an intensivist-led team. To do this job successfully, one must become familiar with many skills that we take for granted as

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attendings - how to efficiently put in orders, location and status of necessary ICU equipment, and establishing lines of communication with other services.

Getting up to Speed

While brushing up on ICU medicine before redeployment is important, most of the learning will be done on the job, preferably during an early pandemic phase. Be a sponge on rounds and ask questions, regardless of simplicity. As we are working outside our normal scope of practice it's important to relinquish the role of attending and accept the role of a can-do collaborator. From a medicolegal standpoint, this role is also most appropriate. The best way to learn is to do the tasks yourself. Don't be an observer. Take on your own patients but ask for help often when encountering the unfamiliar. Start with low volume and gradually increase the load.

Utilizing Our Skill Set

Although procedures such central lines and a-lines may be best performed by other team-members, certain procedures such as gastrostomy tube or tracheostomy placement may be more suited to our skill set.[6] The presence of an otolaryngologist readily able to consult on problems ranging from epistaxis to evaluation of post-extubation stridor is invaluable.[7]

Education and Quality Improvement

Redeployment can be an opportunity to educate our colleagues. On a formal or informal basis, education on topics including post-intubation laryngeal injury, ICU-related dysphagia, and tracheostomy care have been well received by ICU clinicians and will lead to improved standards of patient care.[8]

Managing Your Otolaryngology Practice

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Redeployment can be full-time, however your otolaryngology patients will continue to require guidance. It is essential to have supportive colleagues assist in the management of your practice to be able to participate in redeployment without neglecting your established patients.[9]

Self-Care

The stress experienced by healthcare providers can be overwhelming and during these times it is more important than ever to acknowledge our own physical and mental health needs.[10] Even in isolation, support from family, friends, and colleagues can be invaluable in preserving our morale.

I have witnessed ICU team-members show tremendous resolve, and we as otolaryngologists must continue to be an example to our students, residents, and colleagues and support those working on the frontlines of this pandemic.

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