

AUA Inside Tract Podcast Transcript
Episode 102

Urology Trainees on the Front Lines of COVID-19 in New York City

Host: Welcome back to the "AUA Inside Tract" podcast. Today, we're talking to two urology trainees about their experience battling the COVID-19 pandemic in New York City. I'll have them both introduce themselves right now.

Dr. Small: Hey, guys. My name is Alex Small. Thanks so much for having me on the podcast. I am currently a fellow in Minimally Invasive Urology at Mount Sinai in New York City. I did my residency at Columbia University here in New York as well and medical school at Mount Sinai. So, I've been here for 12 years now, and this is a whole new experience for me.

Dr. Sebesta: Hey, I'm Elisabeth Sebesta. I'm a PGY-6 resident at Columbia. Alex was my co-resident before he graduated. I also went to medical school at Columbia, so I've been in New York City for a while. Thanks for having us.

Host: So, Dr. Small, I'll start with you first. Just tell me about what's taking place at your institution right now.

Dr. Small: As you know, New York is being hit by this coronavirus super hard. In New York State alone, there's been over 200,000 confirmed cases and 10,000 deaths, which actually represents about a third of the total U.S. cases and half of almost all the deaths. So, it has been very crazy here, to say the least. Fortunately, overall, I was just looking at the numbers yesterday, the latest numbers say that about 80% of patients only have mild cases and don't require any hospitalization at all and that among those hospitalized, 10% to 20% require ICU and 5% to 10% require intubation. I think you're gonna get a little bit of a distorted perspective from me and from Elizabeth today because we've been both working on the front lines in the ER and in the ICU, so we've definitely seen some of the sickest patients.

But at Mount Sinai, we've seen massive reallocation effort toward the fight against COVID. It's mostly focused on the expansion of beds across all of our hospitals. Mount Sinai has eight hospitals across the city and the region. So, they've been massively expanding the beds, massively expanding the ICU capacity, they've built out new wards of beds in our lobbies, they've converted our ORs to beds, all of the PACUs and recovery rooms are converted to ICU beds now. One of the hospitals where I work and where I'm actually talking to you from right now, Mount Sinai Beth Israel, was sort of a lower-volume

hospital that went from 400 beds and it's been expanded up to 850 beds. So, you could see, you know, this hospital alone is almost doubling its capacity.

The other thing that's been really interesting to see is some of the partners who have come out from around the country and around the world to help with this response. One disaster relief organization, Samaritan's Purse, came to town and opened up an 86-bed unit consisting of 14 tents, including an ICU in a tent, in the middle of Central Park, across Fifth Avenue, across the street from Mount Sinai. So, that went up in about a week, and they're taking care of patients now.

The other thing we've seen is the arrival of the U.S. naval comfort hospital ship, the conversion of the Javits Center to hospital beds, and even the conversion...I think they're starting to work on converting one of our tennis stadiums into a massive battlefield-style hospital. So, fortunately, knock on wood, we haven't seen as quite of an enormous surge in the requirements for beds as they anticipate in some of the worst-case scenarios. So, you know, I like to think and hope that things are somewhat stabilizing here, but what's taking place out of institution, there is a lot going on right now.

Dr. Sebesta: Yeah. I mean, you basically summarized what's happening in all New York City hospitals right now. It's just reshifting focus to care for this huge influx of patients, a lot of whom are critically ill. And the same is happening at Columbia. In terms of, like, things that directly affect urology or surgical subspecialties, you know, we've canceled, obviously, all elective surgeries, that happened a while ago, and, you know, limiting patients that are coming to the hospital for non-emergent or urgent reasons. That means limiting outpatient visits, converting a lot of urology visits to telehealth, and that kinda stuff.

Host: So, do you wanna tell me about the experience taking care of a COVID-positive patient and what kind of precautions you've been taking with that?

Dr. Sebesta: With the shift of, you know, the need to take care of this influx of patients, like in many other hospitals, all of the urology department has been...well, most of the urology department has been redeployed and reallocated. Mostly, what we've been doing is working in emergency rooms and in sort of makeshift ICUs that have popped up, you know, in various places in the hospital. Like, currently, I'm working at an ICU that's in a PACU at one of our smaller hospitals.

My experience has been, basically, since the time that I've been redeployed, you know, the majority of my time has been spent taking care of patients who are either COVID-positive or assumed COVID-positive. It takes a while for the test

to come back. So, when you're doing shifts in the emergency room, you just assume that everyone has it if they have the appropriate symptoms. And in terms of precautions, I mean, we have all of the appropriate equipment and precautions available to us during all of these shifts. I haven't felt like, you know, it's been unsafe at any time. We have the appropriate, like, N95 masks and that kinda stuff, you know, using everything wisely, not trying to be wasteful. But we've had all of the necessary personal protective equipment that we need to take care of these patients.

Dr. Small: While we're on the subject of the PPE, you know, that was something I think early on...you know, two weeks ago, it seems like an eternity ago, but that was one of the big issues that people were worrying about. You know, fortunately, being at major academic centers in Manhattan, there has been an outpouring of support and our institutions have the resources available to acquire enough PPE for its staff. I mean, all of our institutions recognize, I think, that the staff are their most important resource and protecting the staff at every level of the hospital, everyone who keeps the place going from, you know, the janitors, to the food service people, doctors, nurses, techs, the radiology tech who's running around shooting chest x-rays, etc. Keeping those people safe is really what's most important. So, they've really put a ton of resources into acquiring PPE.

One thing that I have started kind of worrying about, I mean, New York is a little bit ahead of other places around the country. Obviously, things hit harder here because the population is so dense that it spread like wildfire, I think, once the virus arrived in New York. But as the virus kind of, you know, stabilizes and trickles out to other lower-volume places, I am a little bit concerned about allocation of PPE at smaller hospitals that don't really have the same level of resources. Have they been good about keeping PPE stocked up for you, Elisabeth?

Dr. Sebesta: Yeah, they've been good about keeping it stocked up. I think that they've been pretty smart about it. You know, we have good stores, like I said, but the encouragement is to use it, obviously, wisely and judiciously. But I have not experienced any issues with that. But like you said, I mean, it's the benefit of being at a hospital that is lucky enough to have good resources.

Dr. Small: I've been working in the ICU as well. My reassignment was actually to the ICU line placement team here at Mount Sinai Beth Israel. So, I'm basically running around putting in arterial lines, central lines, dialysis catheters. And I hadn't placed a central line since I was an intern. So, I did one with a general surgeon. He supervised me for a few, and then it was kind of off to the races. And I think at my last tally, I did like 50 central lines or something

in the last two weeks and, you know, dozens of A-lines. You know, unfortunately, these patients all need a lot of medications and monitoring so they all need this kinda stuff. But, yeah, I mean, placing a central line is basically like placing a Foley over a wire anyway except into the heart instead of the bladder.

Dr. Sebesta: Yeah, exactly.

Host: Is there anything else you wanna tell us about how your colleagues have been coming together to support each other during this unprecedented time?

Dr. Sebesta: One of the things that I'm very fortunate for, being a resident at Columbia...Alex can also speak to this from his experience. But we're a pretty tight-knit group, the residents all genuinely tend to like each other inside and outside of the hospital, and I think that's really become evident as we're all, like, put into these new situations. And as we've all been asked to be redeployed, we've been very supportive of one another, our department has been very supportive of the residents. Initially, when the hospital, you know, started calling for different departments to be redeployed, our department decided that we were going to send resident and attending pairs into the emergency room so that we would be, you know, constantly supported by our department, which was, you know, really nice.

We've been having, like, frequent group texts with our program director and all the residents, frequent, you know, calls to talk about the new situations. Like, my schedule has basically changed constantly since we've started, you know, being redeployed, and I think there's just been a lot of transparency with what's going on and frequent communication, which is really important. You know, we've also had some, like, house staff mental health services reach out to all of the residency programs at Columbia, and we've had some peer support sessions. I think we've had two or three in the urology department, which has been nice with just, you know, our residents. There's been a lot of sharing of resources and that kinda stuff. Having each other's back is important, and I think that we've done a good job of it.

Dr. Small: Yeah, I'll just echo that. I think the wellness aspect of this in terms of, you know, house staff, people that are really on the front lines, I mean, the residents...and it's not just urology residents, I mean, we're working side by side with orthopedic residents who hilariously are doing the proning team here in the ICU. But, yeah, my wife is an ophthalmologist and she is working on a peritoneal dialysis team, I'm working with...well, I just talked to one of the oral surgery residents who's in the ICU. So, everyone is really coming together. But, you know, everyone is just checking in with each other constantly, "How are

you holding up? You're doing okay?" You know, even these little acts of humanity really do go a long way. And when you're physically here in the ICUs, you realize how important that is.

I mean, I'm not sure, we haven't really talked about it yet, but, like, it is really insane in these ICUs, these patients are incredibly sick. I've never seen anything like it before. Like, every single patient, ARDS, renal failure, DIC, heart failure, code, death. No matter what the teams are doing, no matter how hard everyone's working, it feels like every 20 minutes, the code alarm is going off on the overhead speaker. And it can feel futile sometimes, it can feel frustrating, it's emotionally exhausting, but, you know, like, leaning on your colleagues, and your co-workers, and friends has been super important, at least for me and I think a lot of the residents that I've been working with the same way.

And I've been super impressed, Mount Sinai residents have, you know, stepped up like crazy not just during their call coverage but, you know, stepping outside the box. People are volunteering to come help me with the line placement service, people are volunteering to be PPE champions and help people Don and Doff their protective equipment properly, and they're finding all kinds of jobs across the hospital. So, it's complicated because, in a way, you deal with 1,000 heartbreaks a day, but in another way, you're uplifted by all of these, you know, kind of like acts of valor throughout the day. And then, at the end of every day, it's really, really cool. At 7:00, the city has been erupting in applause, 7:00 sharp, every night, you hear, like, the first, you know, cheer or clap, and then within seconds, this eruption. What is it like in your neighborhood, Liz, is it loud?

Dr. Sebesta: Yeah, yeah. So, I live in Brooklyn and I live on, like, a small street that has just a bunch of brownstones. All my neighbors come out and stand on their stoop and clap. I'm sure it's not as loud as, like, in the middle of the city, but it's still, you know...

Dr. Small: Yeah. I live a block off Central Park, and I stick my head out the window and hear the cheering, and, like, the clapping, the honking, people are banging pots and pans, the ambulances ring their sirens. Like, you hear this echoing through kinda like the cavernous streets of the city, which are by and large empty also. So, it's kind of like eerie, but it's cool. And it's to thank the front-line workers, it's to thank the healthcare workers, but also the police and the firefighter, delivery people who are out there keeping things running, the people working in the grocery stores, food service.

Like, there's a lot of appreciation going on here and the community aspect of it has been amazing, especially in a city that...we're in New York where, you

know, the norm is to avoid eye contact and not say hi to anyone on the street. Yeah. Like, my wife was walking down the street in scrubs the other day. And we walked probably 10 blocks, and maybe 10 people stopped her and said, "Thank you," and, "How you holding up?" and, you know, that kinda stuff. It was really cool.

The other thing that I've been tapping into a lot that I've found helpful is these virtual communities, whether it's going on Twitter and talking to other urologists, or other residents, people who are going through the same thing, but also, like, connecting with people abroad. I've followed along, you know, with some people, like, in Italy who were dealing with this weeks ago and have learned a lot of valuable lessons and different types of doctors. I started reading all these critical care medicine blogs and learning a lot because it's stuff that's actually practical now and it's stuff that really is important. The teleconferencing has also been super cool, whether it's with friends. Like, Elisabeth and I have a virtual happy hour at least once a week together to kinda decompress.

But there's also a ton of learning opportunities that are popping up through Zoom right now. Here in New York, this week, we just started this thing called the Empire Lecture Series, which I need to get the acronym right, but it's the Educational Multi-Institutional Initiative for Resident Education. And it's a urology lecture series that we've put together with all the different hospitals in New York, in the New York section of the AUA involved. And it's a daily two-hour lecture series from 7:00 a.m. to 9:00 a.m. Eastern time where people can, you know, tune in on their way to work or while they're getting situated at home.

It's just a nice way to kinda keep the connection between New York programs going, and keep the connection between the residents going, and keep some urology education in the mix. I mean, right now, I feel like all day, every day is just conversation after conversation about COVID, and the virus, and what's going on. It's nice to take a step back and, you know, realize that people are still getting, whatever, prostate cancer, and prostatism, and remember how to deal with that kinda stuff.

Dr. Sebesta: Yeah. No, I mean, I think that the lecture series has been really helpful. Like, before this started in the AUA section at Columbia, our faculty were giving lectures every day from like 8:00 a.m. to 9:00 a.m. One faculty member was just lecturing for the residents. And I thought that was really nice. I mean, this is basically...like, for the last several weeks, I've done almost zero urology. In theory, I'm supposed to take my boards, although those have been postponed. But, like, you know, in theory, you're supposed to be studying still,

and it's hard when you're in this situation. I find it hard to focus, our schedules are changing, this is, like, a new stressful, you know, time.

And so, I personally have found the lecture series really helpful. It's also just nice to, like you said, connect with your department once a day, no matter what you're doing. Like, I almost never see anyone from my department because I'm on shifts with, like, a cardiology fellow and then I sign out to a dermatology resident. So, it's been really nice and really helpful, and I think it's really important to at least, like you said, remember that our focus might not be on urology right now, but, you know, all that stuff still exists. Like, I did gross hematuria consult the other day. Everything, you know, still exists even though...

Dr. Small: They asked me to help place a Foley here in the ICU two days ago, and I was, like, so excited and so happy. Just a little bit of urology, wiring and a Foley catheter was, like, so exciting for me.

Dr. Sebesta: I know, I know. I was thrilled to do a gross hematuria consult, which has never happened.

Dr. Small: When you eventually take your boards, you're just gonna put COVID-19 as the answer to every single question.

Dr. Sebesta: Yeah, exactly.

Dr. Small: Yeah. But it's been crazy, but, you know, we're trying to kinda keep our head down and get through it. I mean, it's weird because this is just such uncharted territory and we're all living with, like, all this anxiety, and uncertainty, and we don't really know what's gonna happen next, and we don't know how long it's gonna last for. And, you know, everyone's frustrated too. Like, you know, we wanna be learning our field. My fellowship is a one-year fellowship, and this has basically locked off the last four months of it, you know?

Dr. Sebesta: Exactly.

Dr. Small: So, I could have the attitude, sure, get frustrated that I'm not doing, whatever, my robotic kidneys, and ureteroscopies, and PCNLs, but what's the point of that? Like, everyone is making sacrifices right now, and people are making way worse sacrifices than that, you know? I've had probably four people who've had to cancel their weddings at this point. Basically, anything you had planned for 2020 is now disrupted. So, the only thing to do is kinda like go with the flow and try to resist the hysteria.

The one caveat about the social media stuff...like I said, I've been able to connect with a lot of interesting people. There's a lot of crazy stuff on there too, so you really have to be judicious about what you read and also what you share yourself. So, you know, don't get too bogged down in the politicization, and polarization, and all this craziness that's going on. You know, we're trying to just, like, embrace the small victories, trying to take care of ourselves when we can, stay in touch with loved ones. You know, just kinda try to focus on positives and just ride this thing out.

Host: What advice would you have for other urology trainees around the country and world who may be about to experience the same thing?

Dr. Sebesta: No matter what, it's definitely a trying time no matter what type or level of house staff you are, or faculty member, or what type of healthcare worker you are. Like we said, it's important to work together, look out for each other, support one another. I think it's difficult, like I said, being a surgical subspecialist in a pandemic like this. At first, it's like, "What do we have to offer as urologists?"

But the truth is, like, there's still a lot that you can offer. In New York, the hospitals just need positive, hardworking people, you know, physicians, NPs, you know, any level of healthcare worker with a willingness to contribute where you can. Like, I'm never gonna be an intensivist or an emergency room physician, but I can absolutely support those people who have higher-level skills and do whatever I can to help. And I just think it's important to remember that, you know, you still have a lot to contribute and there's still a lot to learn as a urology resident or as any type of resident, you know, there's valuable lessons to be learned from the people that you work with and your leaders and role models, how they have been dealing with the crisis is also a valuable lesson to take forward. And I know I've definitely learned a lot from the people around me.

Dr. Small: Yeah, I totally agree. I mean, you know, we'll get through this thing together and, hopefully, we're just gonna come out the other side, you know, better doctors, stronger people, have a focus on what is important to us. And, you know, I think, for a lot of people, this is giving a little bit of perspective in maybe reprioritizing some things even in your own lives about what really matters, you know, just family, friends, keeping those connections alive, taking advantage of new learning opportunities, and trying to see the good in things.

I mean, we're coming up with all these new ways to connect, people are doing all kinds of research, multidisciplinary research, bridging divides between

institutions and countries that, even though we're socially distancing and have to be physically apart, we're connecting with each other in all kinds of new ways, and people are so creative that it's really inspirational to kinda see what people are making out of this situation. I mean, there's been some real good that's come out of it.

One interesting thing that I participated in, and I'll give this program a little plug, is the "Convalescent Plasma Program," which is this big study that is being put together by Mayo Clinic, and Mount Sinai is one of the sites, where they're recruiting people who had the virus and have antibodies for the virus. So, three weeks ago, I was actually sick. I got taken out in the first wave of people when this hit New York. So, I was quarantined in my house for seven days, which, honestly, the stir craziness of being home for seven days was worse than my very mild case of the virus, which I feel very lucky about.

But about two weeks later, I got tested for the antibodies and it came back positive, so I was able to go and donate plasma, which it took 800 ccs and they apparently are gonna use it in 200 cc doses in patients. And they did the same thing in SARS in 2003. And, apparently, some of the studies showed a 75% reduction in mortality in severe cases, and two big papers just...or I should say two papers published, two big journals, but small case series of, I think, 10 and 15 patients just came out of China that did show improvement in inflammatory markers, and viral loads, and things like that. Obviously, they were not randomized, so you can't draw big conclusions.

But there's been a big push to recruit people into this program to donate and potentially help people. So, there is a website, it's ccpp19.org. There's all kinds of information about how to get tested and how to donate on there. You know, I think a lot of people are asymptomatic with the disease and, like I said, a lot of people are mildly symptomatic, so, I think way more people have already had it than the numbers say. So, check it out, see if you're eligible to donate because it really could help some of these really sick patients that we're taking care of here on the front line.

Dr. Sebesta: That's really cool.

Host: Do you both have anything else you wanna add before we wrap it up here?

Dr. Small: If you wanna connect with us on Twitter, you can message us. We're happy to share any tips or collaborate with anyone who's out there, anyone who's made it this far into the podcast. I'm alexsmall on Twitter. What are you, Elisabeth, emsebesta?

Dr. Sebesta: Emsebesta. I will say, though, if you're gonna visit either of our Twitters, you should probably visit Alex's. He's much more active on social media than I am.

Dr. Small: We share a lot of great cat memes.

Dr. Sebesta: Yeah, yeah. If you want some real urology or real important tweets, you should probably follow Alex. But I'm on there too.

Dr. Small: Anyone can join in on Zoom happy hours too, we'll crack a beer with you.

Dr. Sebesta: Yeah, absolutely.

Host: All right. You've been listening to Dr. Alex Small and Dr. Elisabeth Sebesta. Dr. Sebesta is a chief resident at Columbia, and Dr. Alex Small is a fellow at Mount Sinai Beth Israel, both urology trainees in New York City. Thank you for taking the time for us today.

Dr. Sebesta: Yeah. Thank you.

Dr. Small: Thank you.