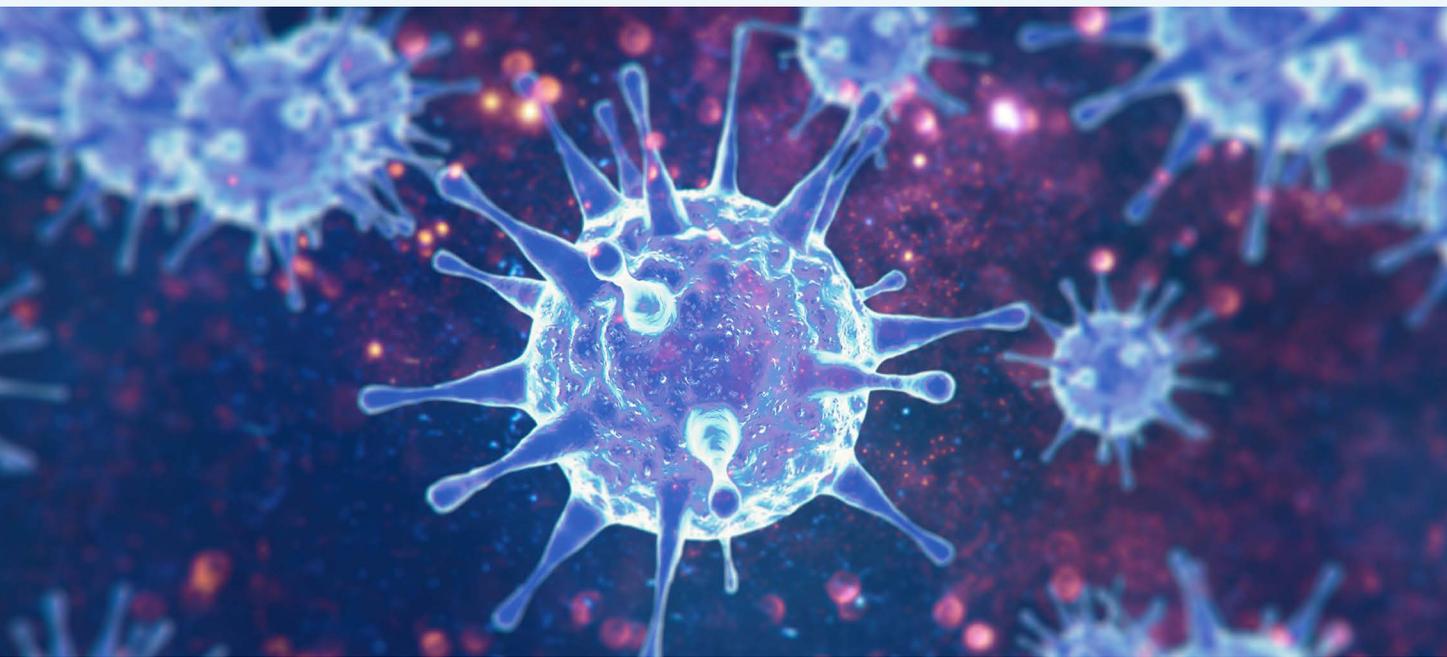


# Surgical Solutions

## Adapting a Teaching Hospital to a COVID Environment



*The last ten days have been unlike any other we have known. People throughout the world are acting to slow the spread of a dangerous virus that threatens to strain the capacity of our hospitals and our caregivers; and its effects have already deeply impacted normal day to day life. I ask for your support and forbearance during this difficult time.*

Charles J. Yeo, MD, FACS, Enterprise Chair of Surgery, shared those words in a letter to the Department of Surgery on March 19, 2020. In the days and weeks following, the Department came together to meet the unprecedented challenges – adapting clinical and educational operations to support the mission without compromising safety.

Patients scheduled for elective surgery in March and April and all new elective cases were rescheduled for June. Ernest L. Rosato, MD, FACS, led the committee that reviewed requests to proceed with surgery during the shutdown.

"We approved only medically necessary, time-sensitive cases, and at the lowest point, we were operating at 35 percent of our usual capacity," Dr. Rosato says. "Since mid-May, we have been able to resume elective procedures, and we have now returned to our full capacity."

The Department consolidated most outpatient offices to operate from one location at 1100 Walnut Street and established two rotating teams of patient registrars, appointment schedulers, medical assistants and clinical coordinators to support in-person visits. Other personnel – from nurses and dieticians to billers and finance professionals – worked remotely, and most in-person visits were converted to telemedicine appointments (see page 2 for more about telemedicine).

As Administrator Florence Williams explains, "In addition to disinfecting the waiting area at the Medical Office Building every two hours, we implemented direct rooming to minimize or eliminate time spent sitting in a waiting area." She adds that all patients and staff are required to wear masks and all patient-facing employees must wear face shields.

At any teaching hospital, clinical operations and education go hand in hand. From an educational perspective, cancelling and postponing almost all surgery created significant disruption, says Karen A. Chojnacki, MD, Program Director, General Surgery Residency and Vice Chair for Education.

"Our surgical residents were still involved in the care of COVID-19 patients because they have technical skills for placing IV lines. While they gained some additional education in critical care, infectious disease, pulmonary disease and epidemiology, they lost weeks of operative education and experience evaluating and caring for surgical patients,"

Dr. Chojnacki explains. She adds that residents continued the didactic portion of their education through structured lectures, mock oral exams and virtual office hours using Zoom.

The impact of the pandemic was also great for Sidney Kimmel Medical College students, who were not permitted to enter the hospital. That left third-year students unable to complete the customary six weeks in General Surgery and fourth-year students interested in pursuing surgery missing several months of their rotation. To help offset those lost opportunities, the College offered creative alternatives, such as requiring students to tie three feet of knots and practicing sutures on chicken wings and orange peels.

"For our fourth-year students, we ran a month-long elective, and each student prepared and delivered a presentation on a surgical case," says Renee Tholey, MD, Director of Surgical Undergraduate Education. "They researched the literature and explained how to do the procedure to the faculty who's precepting." She says the medical students adapted remarkably well, aided in part by one-to-one mentoring sessions with faculty. Fourth-year students returned to clinical duties on June 8, with third-year students coming back one week later.

Amid so much upheaval, Dr. Chojnacki says she has been overwhelmed by residents' responses: "More than anything, they've been frustrated that COVID-19 is a medical disease that doesn't require surgical intervention. They wish they could contribute even more."

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