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Experience

A First Year Medical Student's Perspective on Working in ICU during the COVID-19 Pandemic

Erin McCabe.[1]

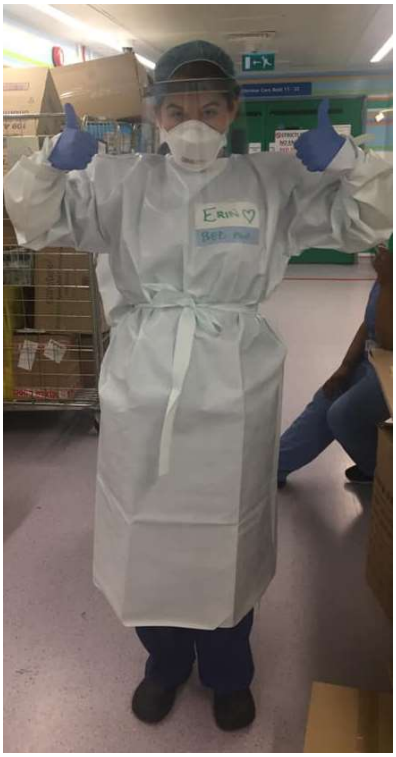
The Experience

The COVID-19 pandemic has brought forth unprecedented lockdown policies, affecting every individual within the United Kingdom (UK), and millions of people in other affected countries. On the 23rd March 2020, the UK Prime Minister announced a nationwide lockdown – for those in the UK this meant all non-essential businesses were closed, and individuals were only allowed to leave the house for essential shopping and one form of exercise per day.1 Medical students from across the world have had to make the transition to online teaching – this reduction in clinical contact leading individuals to question the value of this teaching.2 Like most medical students, I knew that this had to be done to protect those most vulnerable to the disease. Despite this, the transition process and significant changes of the support system felt incredibly difficult, particularly for those with existing mental health problems.3 I wanted to help, yet in a way I felt helpless.

I am a first-year medical student. At most medical schools, I would be in 'pre-clinical' years, meaning there would be limited opportunities to encounter patients until later in the course. The medical school I attend, thankfully, has frequent clinical exposure from the third course week, so I had met patients in both primary and secondary care. Although this was a helpful experience, it did not prepare me for my new role in a COVID-19 Intensive Care Unit (ICU). I managed to successfully get a job in one of the largest healthcare trusts in England and made the difficult decision to move and live in a hotel for two months, far from my home in the north. I expected a sharp learning curve and had heard of the difficulties faced by healthcare professionals. My family did not quite understand why I was going and they were worried for my safety. I was quite nervous, but I had decided that it was the right thing for me to do. My job was 'Bedside Buddy', a new role created to help support the ICU staff during the pandemic. It involved working one to one with patients, helping with both personal and medical care. This included tasks such as washing and helping to roll patients, stocking the bed spaces, and running arterial blood gases.

My first shift inside the COVID-19 ICU was a twelve-hour night, in full level 3 personal protective equipment (PPE) shown in **Figure 1**. I was assigned to a side room with a level three patient (meaning they had the highest level of dependency). But this was not just another patient, she worked in the NHS at the start of the pandemic and listened to Robbie Williams. It was a shocking experience as I had never seen someone so sick – she was sedated, on hemofiltration and had a tracheostomy connected to a ventilator. On the nurse's break, I had over an hour with the patient. I did what felt right – I chatted with her as I got her ready for bed, just how I would if I were at home. I brushed her teeth, washed and brushed her hair, and put her moisturizer on. These small aspects of care are relatively tiny compared to the massive care requirements of a critically ill COVID-19 patient, but they maintained normality for the patient. Before this experience, like most medical students, I did not consider the importance of a simple task like brushing hair in the long-term treatment of a patient. Numerous studies have shown the importance of communicating with unconscious patients, indicating that speaking with the patient helps to meet their psychological needs and prevents unnecessary stress.4 The small aspects of care also prevent matting of hair, oral infections and drying of the skin. A study has shown that practicing oral care and hygiene can reduce the incidence of pneumonia in ICU patients, with 3.9 cases when oral care is practiced as opposed to 10.4 cases in the control group (per 1000 ventilator days).5 These are the aspects of care which are neglected during the care for the critically ill patients.

Figure 1. Myself in Level 3 PPE at the Start of a Night Shift



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By nature, I feel both medicine and being a doctor leads to an overarching view of the clinical care of a patient. From this experience, I have seen that every part of a patient must be considered, in the example of this patient: being a fan of Robbie Williams. As she began to recover, we played his music for her, helping her through the delirium she was experiencing. Playing familiar music has been shown to aid delirium, and it was here used alongside constant communication and reorientation, as recommended by NICE.6,7 The importance of holding a hand and playing a favorite song is underestimated by so many as our education focusses on the administration of specific medications.

One of the most poignant lessons I have taken and want to share about this is the importance of every member of the healthcare team. We always discuss this in medical school, but it is a very different experience being part of the team as a Healthcare Assistant/Bedside Buddy. Some healthcare professionals who are not regularly on the ward are confused as to why I was there. It is hard to demonstrate and explain how a first-year medical student has a role in complex management. However, every time I brush patients' teeth, disinfect a surface, or take on other responsibilities, I know that we are needed.

Everyone is vital in a healthcare, pandemic or not.

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