

U.S.

## Young Doctors Struggle to Treat Coronavirus Patients: ‘We Are Horrified and Scared’

Residents in training for other specialties must learn fast how to do procedures they were never trained for

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As young doctors training to be psychiatrists, Rita Morales and her co-residents at NewYork-Presbyterian/Columbia hospital filled many days counseling patients and managing their medications.

When coronavirus patients flooded in, the hospital said it needed a group of psychiatry residents to help care for the sickest of patients in the intensive-care unit.

“My initial reaction was shock and kind of thinking I can’t do this,” Dr. Morales said. She volunteered to go to the ICU anyway, and was quickly in over her head. “I was immediately put to go manage a ventilator,” she said. Another resident showed her how.

In hospitals overwhelmed by Covid-19, medical residents—young doctors in training for a specialty—are being thrust into roles they aren’t prepared for. Residents who typically wouldn’t work in an intensive-care unit, such as those training to be dentists, ophthalmologists, podiatrists and psychiatrists, have been tapped to treat critically ill patients.

Working long shifts in overflowing ICUs where supervising doctors are stretched thin, young trainees sometimes watch YouTube videos at home late at night to learn procedures they were never taught. Residents are finding themselves navigating critical decisions alone, in a role they say has left them unable to give patients the level of care and attention they need.

At one hospital, residents said they were told to learn respiratory therapy, a licensed job that requires at least two years of training, from a Zoom session and a Google document.

At another hospital, a patient died on a ventilator with a setting turned too high by residents who didn’t know how to operate the device, according to residents there.

A resident at a third institution, just learning to manage a ventilator, described being afraid that patients were being treated as guinea pigs.

Officials of many hospitals say the coronavirus pandemic has created extraordinary conditions for staff at all levels, forcing an all-hands-on-deck response. Like residents, experienced doctors and nurses have faced heavy workloads, as well as sometimes inadequate protective gear and resources.

“You are learning stuff about what care looks like under battle conditions,” NYC Health + Hospitals CEO Mitchell Katz wrote to a group of residents in Elmhurst Hospital in Queens, one of the worst hit by the pandemic. “It’s not a lesson I ever wanted you to learn, but what you take from this experience will forever more influence the kind of doctor you are.”



Medical personnel wheel a patient over a passageway in New York's Mount Sinai Hospital.  
PHOTO: STEPHEN FERRY FOR THE WALL STREET JOURNAL

Dr. Katz was responding to a letter signed by 44 residents who said some of them had fallen into despair over crushing work loads and the level of care they were able to give, to the point of having thoughts of suicide.

“As trainees,” the group wrote, “we are horrified and scared, paralyzed with feelings of helplessness and guilt.”

Long the backbone of many U.S. hospitals, residents are the first to be drawn in when a hospital needs to plug gaps in staffing, and they sometimes far outnumber the veteran doctors called attending physicians. Many residents previously spent little time treating the seriously ill. Under normal conditions, some of them would receive that training under the guidance of experienced physicians, a system meant to deliver quality care to patients while a new generation of doctors gains experience.

Dr. Morales at NewYork-Presbyterian/Columbia said the psychiatry residents' program initially assured them during the Covid-19 outbreak that they wouldn't be deployed to the ICUs. Within days, however, an email from the hospital administration said a group of them would be needed to care for the critically ill.

“Our mission is to save lives, and our heroic health care workers are on the front lines...navigating unprecedented challenges under enormous pressure,” said a spokesperson for the institution formally known as NewYork-Presbyterian/Columbia University Irving Medical Center. “We are constantly working to give them the support and resources they need.” The hospital didn't comment on what assurances psychiatry residents had been given.

Dr. Morales said despite how jarring it was, she is proud to be helping out. “New York City needs us, even as unqualified or unprepared as we feel.”

Like Dr. Morales, many residents volunteered for Covid-19 care, and even those pulled into it emphasized they felt privileged to be helping their hospitals in a crisis. Some likened their work to medicine in the early years of the AIDS epidemic, a crisis that was formative for a generation of doctors. “This is a once-in-a-lifetime opportunity to be working in a situation like this,” said Edward Rippe, a first-year resident at NYC Health + Hospitals/Woodhull in Brooklyn.

That doesn't mean they know how to proceed. Mike Pappas, a resident working at Mount Sinai Hospital in New York, said he was asked to give a coronavirus patient chest physiotherapy, an airway-clearing procedure generally performed by a respiratory therapist.

“I have never done that in my life,” said Dr. Pappas, a second-year resident in family medicine. “I don't think I've ever even seen that. Maybe once in medical school.”

He looked up how to do it online, watched a video, and then performed the therapy, which involves positioning the patient in a certain way and patting the back to help drain mucus from the lungs. Dr. Pappas said he tried his best but doesn't know whether the procedure worked or whether he performed it correctly.

Jason Kaplan, a spokesman for Mount Sinai, said that “it is completely appropriate and within a resident's scope-of-care, particularly in a crisis situation, to provide lifesaving interventions, for example, a medical massage to release mucus.”

At Yale New Haven Hospital in Connecticut, anesthesiology residents were sent to work in the intensive-care unit as respiratory therapists, learning how from a Zoom session and two-page Google document that instructed them to call an attending physician if they got stuck, according to residents. After complaints from residents, the hospital stopped having them fill the role, an April email shows.

“When dealing with an unprecedented international pandemic, we have cross-trained a number of caregivers to provide appropriate care to patients, including our residents,” said Vin Petrini, Yale New Haven senior vice president of public affairs. “This is an environment that requires an ‘all-hands’ approach to patient care.”

He said intensive-care training and serving as consultants for ventilatory management were core components of the anesthesiology resident curriculum.

Michelle Romeo, an emergency-medicine resident in New York, described in an interview being haunted by the case of a Covid-19 patient in his 40s who had to be resuscitated.

He had a gastrointestinal bleed and a low blood count, so Dr. Romeo ordered a regular blood transfusion. About an hour after she started it, the physician in charge came over and said they needed to switch to a more aggressive emergency procedure that pumps in blood faster. The patient later died. Dr. Romeo said she felt she hadn’t resuscitated him as quickly as she could have.



Dr. Michelle Romeo at her apartment in New York.

PHOTO: STEPHEN FERRY FOR THE WALL STREET JOURNAL

“The weight of the death is piling on us all,” Dr. Romeo said. “There is no training to prepare you for that.”

Earlier this month, critical-care physicians at NewYork-Presbyterian/Columbia sought feedback from residents caring for patients in an 80-bed intensive-care unit after hearing of complaints from residents there.

In an April email to the unit’s two attending physicians, a first-year resident described having to work “as an MD, a nurse, a respiratory therapist, and a janitor all at once.” The email, which was reviewed by The Wall Street Journal, said the resident felt terrible about trying to manage ventilator settings without training, as if the patients were “guinea pigs.”

New York-Presbyterian/Columbia said residents in the intensive-care unit were supervised at all times by more senior residents, who in turn were overseen by attending physicians physically present in the unit. In recent days, the unit has been assigned more nurses with critical-care experience, the hospital said.

On an overnight shift at Montefiore hospital in New York’s Bronx borough in March, doctors rushed to the room of a patient in her 60s whose heart had stopped. One noticed a problem: The ventilator keeping her alive had been turned up too high.

A critical-care physician asked two of the family-medicine residents in charge of the 36-bed unit if they knew how to work the settings on a ventilator.

The answer was no, according to residents, including one who was present. In the rush to treat a flood of Covid-19 patients, residents said they were just learning how to operate the respiratory support devices. Pulmonary doctors have since presented the woman’s death as a

cautionary tale in training sessions at the hospital, residents said.

A Montefiore spokeswoman referred questions about the incident to an outside public-relations consultant, who didn't respond to requests for comment.

Doctors at the hospital said most of the patients cared for by residents in the family-medicine unit are 65 or older and many have underlying health conditions. They said the hospital has been routing younger patients with a better chance of survival to the intensive-care unit, staffed by doctors, nurses and others who specialize in treating critically ill patients.

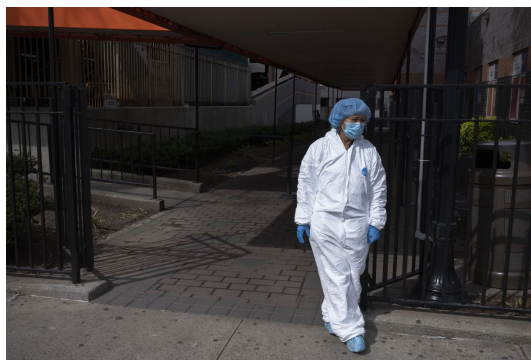
Residents are in no position to decline an assignment, unlike some nurses who have a strong union, or to limit the length of their workdays, as attending physicians sometimes can.

And if they quit they most likely surrender their hope of becoming medical specialists. Failure in a residency all but forecloses a second chance at another residency and greatly limits a doctor's options for practicing.

At most hospitals, residents earn only slightly above minimum wage. They often aren't paid overtime for the many hours they typically put in beyond a normal workweek.

Some residents at NYU Langone Health in New York requested extra pay a few weeks ago because of risk during the pandemic. NYU Langone replied in an email that this wasn't feasible, given increasing financial uncertainty.

In a separate email, Herbert Lepor, chairman of NYU Langone's urology department, told the residents: "I am not indifferent to your anxieties but personally feel demanding hazard pay is not becoming of a compassionate and caring physician."



A doctor in protective gear emerging from Elmhurst Hospital in New York's Queens borough for a break.

PHOTO: STEPHEN FERRY FOR THE WALL STREET JOURNAL

The hospital reversed course after holding a virtual town hall with residents, saying it would bump up their pay to another level. Steven Abramson, vice dean at NYU Grossman School of Medicine, said it granted raises even though the hospital system is losing \$450 million a month during the pandemic. Including this move, at least four New York hospitals have raised pay for residents' work in the pandemic.

Although the surge of Covid-19 patients in New York has ebbed, city data show the number of patients in critical care in public hospitals—768 as of April 24—has barely decreased. Confirmed coronavirus-related deaths in the city have topped 11,400.

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## Email Exchange

A WSJ reproduction of an email signed by 44 residents of Elmhurst Hospital in Queens, NY, and the response from Dr. Mitchell Katz, CEO of NYC Health + Hospitals, which runs Elmhurst.

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Dear Dr. Katz,

My name is [redacted], and I write to you along with the Internal Medicine Housestaff of Elmhurst Hospital. These have been truly challenging times for us all. As Medicine Residents, we are used to grueling hours and a demanding schedule. We love Elmhurst, and we love the community that we support. But working conditions at Elmhurst over the last few months have deteriorated, placing us trainees in an untenable and dangerous position.

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Source: The email contents are reproduced and published as they were written.

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Elmhurst Hospital has been forced to add makeshift ICUs.

A few days ago, a resident sent an email signed by 44 internal-medicine residents at Elmhurst to the CEO of NYC Health + Hospitals, which operates this and 10 other public hospitals, stating that residents were working 90 hours a week, were carrying up to 90 patients at a time, and also were expected to train nurse-practitioners and physicians assistants the hospital had added.

The residents said that patients had at times died when blood oxygen levels weren't being monitored regularly, and that some patients had died after floundering for days apparently without being seen by a doctor—they had no “progress notes or team assignment.”

As part of his email reply to the residents, CEO Dr. Katz said he didn't expect people to be doing thorough medical histories or charting that they would do in normal circumstances. He said the focus was to give patients oxygen until they develop an immune response, but “those who don't develop their own immune response will not survive no matter what.”

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The hospital system said Elmhurst has been providing high-quality care “even under the most stressful of circumstances.” It said it transferred patients to other hospitals within its systems and added more physicians, nurses and respiratory therapists, and it would continue to do so as long as the crisis lasts.

A spokesman added that patients' oxygenation level was monitored continually, and any drastic change quickly flagged. “Residents do not make decisions on their own without an attending [physician] concurring and signing off,” said the spokesman, Christopher Miller.



Nealansh Gupta riding to his hospital shift. The bag on the scooter contains Dr. Gupta's hazmat protective clothing.

PHOTO: STEPHEN FERRY FOR THE WALL STREET JOURNAL

Nealansh Gupta, a first-year internal-medicine resident at a Brooklyn hospital who treats Covid-19 patients, said thoughts of the disease constantly occupy him. He said he has nightmares about treating patients inadequately, about the side effects of unproven medications and about patients "bleeding out" from a wrong dosage of blood thinners.

"I definitely feel like I've had to mature five or six years in the past three or four weeks," said the 26-year-old.

When a patient in his 50s died one night, Dr. Gupta was left with the task of calling the patient's wife. It was the first time he'd had to deliver such news.

After dialing the number, he at first momentarily blanked. He struggled to tell her that she wasn't allowed in the hospital, and that the body of her husband would be delivered. She sobbed uncontrollably.

At night, Dr. Gupta replayed the conversation over and over in his head. He reviewed the care that residents had given, wondering whether they had done everything they could, until he finally fell asleep.

"I think I will hold on to this for the rest of my life," he said.



Dr. Gupta at home in Brooklyn

PHOTO: STEPHEN FERRY FOR THE WALL STREET JOURNAL

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