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COVID Memories interview with Tomi Jun, MD

Interviewed by Kelly Zerella

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COVID Memories:So, before we get into it, just so we have it on the record, state your name, department, and institution.

TOMI JUN: My name is Tomi Jun. I am a hematology/oncology fellow at the main [Mount Sinai] hospital.

CM: Great. So, um, if you want to just kind of get into what your job is here at Mount Sinai a little bit and then you can get into, is there a particular story or an event you want to talk about, or do you kind of just want to kind of go over a couple different questions?

TJ: We can go over the questions.

CM: OK. So first, you can just tell me what your job is here at Mount Sinai and then get into how COVID changed your day to day life here at work.

TJ: So I'm a Hem/Onc fellow. I think most of the work, I mean, half the fellowship is clinical, half the fellowship is research. The pandemic sort of happened in the latter half of my second year. So I was done with most of the clinical work at that point but there was some outpatient rotations. And I think it definitely, you know, threw everyone for a loop; all the regular procedures were kind of out the window.

They were really trying to minimize the number of people interacting with patients in the clinic. So a lot of the Attendings [physicians] changed their clinics from in-person visits to video visits. And so, you know, typically fellows would go see patients with the Attending, but now they're all virtual. And in the beginning, people didn't really know how to incorporate the trainees or the fellows into that. Later on I think they realized they can add people to the video visits, but it was still not quite the same as seeing patients in person and being there with the Attending, being able to talk over the case and kind of learn from them in the clinic. So I think that was one of the initial changes, was just that everybody was kind of staying home and not really knowing what to do with themselves.

And then they ultimately had to redeploy some of the Hem/Onc fellows as well, so I was also redeployed on the floor taking care of the COVID patients.

CM: That must have been interesting. So what was the most challenging part of this entire experience for you? It seems like you touched on it a little bit but...

TJ: Yeah, I think initially it was just kind of the, there's a sense of, there's a lot of uncertainty, a lot of sort of fear. I think, I mean, I think early on a lot of health care workers were afraid of being exposed and, you know, nobody really knew how contagious it was, whether PPE was going to be adequate. Yeah, I think there was a lot of concern early on when there was a shortage of PPE in the U.S. and guidelines were being handed down that we're supposed to reuse masks. And I think it just, you know, everybody felt kind of scared that we're suddenly being asked to reuse these supplies that we thought, we had used as disposable in the past with this new pathogen, which nobody really knew how deadly it was, how infectious it was.

So on the one hand, I think a lot of uncertainty, a lot of sort of dread, in terms of going in, but also I think there was a sense of like helplessness if you're staying home. And if you weren't one of the specialties that would sort of immediately be involved, like the emergency department or internal medicine or critical care, you also didn't really know what to do. And so, in a way I think, when they deployed some of us, it was a bit of a relief just to be able to help out somehow.

And you know, I think there was some trepidation about working directly with the patients and then we're using PPE, but you know, you kind of, you kind of go in there and then within a couple days, you kind of get used to it, carrying your brown paper bag of PPE around and just trying to wash your hands as much as possible. And you kind of follow the lead of the nurses who had been doing it, you know, for a while before us, and then gradually kind of get used to it. I'll say that at the end of it, I got my antibodies tested and I was negative. So I guess, you know, despite all the concerns - the way that we used PPE, and the hand washing, and reusing - it was still okay. I didn't get exposed as far as I can tell.

CM: It's very interesting to hear about. So I mean, with all of this, it's, it's so fresh in everyone's mind now, but down the line what do you think is one of the strongest memories that will stay with you over time?

TJ: I think the first couple of deployments on the floor, it was pretty remarkable to see some of the patients that were very sick. I think, you know, the ICUs must have been so overwhelmed, but we had these patients that had oxygen saturations in the 80s, like low 80s, like nowhere that you'd ever let them sit on the [regular patient] floor in normal times.

And when we called in the Rapid Response Team, you know, they just didn't have the capacity to do anything for those patients. They were basically saying if the patient can, if the patient is breathing, doesn't look like they're in distress, or if they don't need to be intubated like right this second, then just do what you can on the floor. And keep them on the floor as long as possible because they were that, you know, they were just so crunched for beds.

TJ: I remember one of our key Rapid Response Attendings, who I had worked with many times before, was always extremely calm and competent. And I think, you know, when we called her for some of our patients this time around, she was still very competent, but you could just see that, there was just, I think it's fair to say she was overwhelmed. I mean, I think she was doing everything she could, but just calls from all over the hospital, patients needing oxygen support and just, you know, them being one of the few teams to run around in triage, must have been a very hard job for them.

And yeah, and I mean there were patients on the floor that I just had to, I had to tell a patient who had metastatic cancer and, you know, all these other comorbidities, that made it such that it wouldn't be a good idea to intubate them and that it wouldn't be a good idea to pursue sort of aggressive care, his oxygen saturation just going down and down. And yet, you know, I think that was one of the remarkable things was that, a lot of times, they didn't seem, patients didn't seem that much in distress, even though the oxygen saturation was low, they didn't feel that short of breath. They could still talk to you, but just as the oxygen went down, they, they became more confused, more agitated, and I think I just, you know, had to go in and talk to this patient and kind of hold his hand and tell him that. I think I thought he was he was going to die from this and that he should call his partner while he could still talk to him. And then that patient passed away, I think like a few hours later.

That, you know, I think that was happening and we had a few patients that just, you know, basically passed away on the floor and that was tough too, early on, when they really couldn't have visitors. So I think, you know, it's just a tough way for anybody to go.

CM: Yeah, that's so true. But at least you were able to be there a little bit and have someone be with them.

So, I think it sounds like you may have answered this one too, but how has this experience changed you, or has it changed you at all?

TJ: Um, I mean, I think it is definitely something that will be, it'll be a lifelong memory and I think it's a historical event. This is just it was, yeah, an incredible time. I guess we're still going through it and in many parts of the country, they're, they're sort of facing what New York faced in March and April. And there may be, you know, more rounds of it, so maybe the memory making isn't done yet.

And so, I don't know if it's, you know, changed me as a person as much as just, I think, the event itself will certainly leave an imprint just on how severe things can get and also how rapidly life can change both, you know, in the hospital, as well as just normal social life. But also that, you know, I think we're able to adjust to make things, do many things that we may not have thought were possible and get through a lot of things. I don't, I don't know if we could have done and there's probably a lot of things that could have

been done better, but, you know, we can still get through it. So maybe it's just a lesson in adaptation and perseverance.

CM: But that's a very good point. And I think, I think you're pretty accurate in that thinking.

I don't have any other questions for you, unless there's anything else specific you'd like to mention and make sure is maintained in the archives of Mount Sinai for this interesting time in our history.

TJ: You know, um, I just think this is a good project. I think everybody has seen like a different part of this event. And I think it's really important that it be recorded and commemorated and so people can look back and see how it was like. I don't think this, you know, this is what it's not been the first time, it's not going to be the last time. But your human memory is short. And so, so hopefully this type of memory-making and archival efforts will pay off. So, I mean, it's everybody at the hospital is really putting so much effort and done everything that they could to take care of New Yorkers and to take care of each other. So let's hope we learn the lessons that we can and make the most for the future.

CM: Very true. Well, thank you very much. I really appreciate you taking the time and have a great day.

TJ: All right. Thanks.

CM: Thank you.

TJ: Take care.