

Reflections of an Ophthalmology Trainee in the Time of COVID-19



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WHEN COVID-19 HIT, WE ENCOUNTERED SOMETHING many of us will never experience again. Cities and businesses—with the exception of “life-sustaining” operations—closed within a matter of days to weeks. Nonurgent medical clinics, including many ophthalmic practices, closed as a result. While my colleagues in specialties like internal or emergency medicine were busier than ever, I was sitting at home every other week, relieved of my clinical duties.

I acknowledged the important role of social distancing and our public health during this uncertain time. Still, I couldn't shake feelings that both my role as a physician and the importance of routine ophthalmic visits, ranging from those with more serious ocular morbidities such as end-stage glaucoma to more benign conditions such as refractive error, were being diminished. I, at times, found myself asking, “Is my specialty as undeniably important as I made it out to be?”

The old adage goes, “You never know what you have until you lose it.” In strikingly similar fashion, the risk of not having the same ophthalmology experiences I once took for granted—and sometimes even bemoaned—reinvigorated my passion for the field. Whereas a myriad of clinical responsibilities, presentations, lectures, research, and OKAPs once felt like the perfect storm, I cannot imagine an experience without any of them and sincerely missed them.

Despite our clinics being mostly closed, I engrossed myself in ophthalmology with the extra time I had at home. I am fortunate to train at a premier academic institution at which my learning never stopped. We quickly adapted to virtual learning to host daily morning lectures and grand round presentations online and to virtually partake in those hosted by other academic centers. I took on new research projects through which I really saw the forefront of ophthalmologic care. While studying for the OKAPs, I expanded my knowledge of our field tremendously and came to appreciate how far our field has come. Working with my program director, I took the initiative to get the surgical experiences I would otherwise be missing out on.

When I did see patients on consults, I saw the number of consults on patients without COVID-19 decline. On the

other hand, I saw an increasing number of patients with COVID-19, most of whom had corneal ulcers in the setting of inadequate lid closure, altered mentation, and critical illnesses. I noticed inpatient consults were often placed when the ulcers were much too large and vision-threatening, taking weeks to months for them to heal on aggressive fortified antibiotic regimens. It became increasingly clear to me the delay in recognition of ophthalmic pathologies in critically ill patients who are COVID-19-positive who cannot otherwise voice their symptoms. This delay was perhaps compounded by the long list of severe systemic comorbidities that required the primary team's utmost focus, decreased number of health care professionals examining the patient to minimize viral exposure, or even provider's inability to promptly and correctly recognize exposure keratopathy and other ophthalmic conditions.

Through this, I learned the importance of advocacy of our field and having a voice. In this turbulent time, changes to our specialty may have long-standing effects. As ophthalmology residents, while we are trainees, we have a platform to effect changes and protect the future of our specialty.

I will personally strive to promote improvement in how we triage patients—to promote seeing patients who may be at greater risk of visual impairment or progression of disease and virtually doing so wherever possible—in the interest of public safety.¹ I will be conscious of the valuable experiences that we receive in the ophthalmic care of patients with COVID-19, for which there is increasing evidence of eye involvement.² I will advocate for online learning curricula, including surgical training, that will allow our cohort of trainees to graduate comparative to preparedness of trainees in any other year.³ I will advocate for virtual mentorship of both residents and applicants in this time where our efforts to train a future generation of ophthalmologists are more important than ever.⁴ I will cherish the incredible privilege to care for patients as an ophthalmologist. Finally, I will remind others that can still shape our profession in the image of what we signed up for.

In light of this pandemic, I am reminded not of our specialty's undeniable importance in society, but of my love for the field, an appreciation for what it has accomplished, and anticipation for its future. Perhaps we all need this reminder a bit more frequently: If we love what we do, remind ourselves of the lives we can help, and implement thoughtful changes that make our practices safe, not even a pandemic can stop us from providing ophthalmic care to those who need it.

Accepted for publication Jun 19, 2020.

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