Perspective
COVID-19 Offers Rare Interdisciplinary and Interprofessional Opportunities to Residents

by Kathlyn Fletcher, MD MA – Residency Program Director, Internal Medicine

The COVID-19 pandemic has caused many disruptions to the normal functioning of our hospitals. Some services have become busier; some have gone nearly idle. In the first few weeks of the pandemic, leaders scrambled to figure out how to plan for a potential surge of unknown proportions. As hospital and educational leaders prepared for a surge at the VA, some clinical services were re-imagined. Residents and advanced practice providers from dormant services were assigned to busier services, and in some cases, services were combined. This shuffling of workers led to **new interdisciplinary and interprofessional teams**, offering fresh opportunities for interpersonal networks and experiences.

Here are two examples of new teams and how they worked.

VA General Medicine Service – Interprofessional Teamwork

On the general medicine wards, advanced practice providers (APPs) from outpatient services were called to work alongside the internal medicine residents on the inpatient teams. The chief residents provided an orientation so the APPs were able to arrive on the wards ready to work and learn. In addition to being grateful to the APPs for help with the workload, the residents appreciated their subspecialty knowledge and skills. For example, the APPs managed everything from venous access in patients with end stage renal disease to communications with teams with whom one of the APPs had worked. One team even got cookies from an APP's daughter!

The residents and APPs developed a shared model of care unlike the practice in the Froedtert Hospital MICU where residents and APPs work near each other but on different patients. The VA General Medicine ward experience offered everyone a different model of interprofessional teamwork. As Brianne Eichhorn, NP said, *"I was able to provide input when making consults and was able to get answers quickly for patients that were pending discharge from the network of interprofessional team members that I have close work relationships with simply by working at the VA since 2014. I also was able to make some recommendations regarding outpatient resources available to the veterans after they discharged from the inpatient setting, such as Home Based Primary Care, that will hopefully assist the veteran while they are at home and prevent a premature hospital readmission – especially during the vulnerable COVID19 pandemic."*

VA Intensive Care Unit Service – Interdisciplinary Teaching and Care

The VA ICU has traditionally been comprised of separate surgical (SICU) and medical (MICU) teams. In preparation for the ICU census to rise as a result of COVID-19-positive patients, the SICU and MICU teams were combined and the teams now included surgery, anesthesiology, and internal medicine residents. The attendings were sometimes SICU (anesthesiology) and sometimes MICU (internal medicine). Anesthesiology residents spend a few months during their internship in the medical ICU, so the interdisciplinary model of these new teams was not novel for them. On the other hand, the internal medicine residents do not spend time with anesthesiology faculty or in the SICU during the normal course of their residency.

The residents on the combined ICU service learned about different topics such as extracorporeal membrane oxygenation (ECMO) from the anesthesiology attendings. They also learned about anticipating and avoiding postoperative complications. Dr. Mrigank Gupta (internal medicine resident) said "*It was interesting to hear the perspective of colleagues from a different specialty because they provided knowledge they have gained within their specialty that I may have never been exposed to."* Dr. Meghan Nothem (internal medicine resident) felt that, to some extent, they were treated as guests on the ICU

service, but in a positive way: Having "guest" status made it okay for them to ask questions that in ordinary circumstances they might have felt uncomfortable asking. Another internal medicine resident realized that she had gone to high school (and been in the marching band) with one of the anesthesiology residents.

Dr. Tracy Zundel (anesthesiology attending) said that having multidisciplinary ICU teams resulted in richer discussions and better care. He said having internal medicine residents in the ICU was like having a *"mini-consult on my shoulder."* He went on to say that having input from another discipline avoided the echo chamber of decision-making that can occur when everyone looks at a problem from the same vantage point.

The COVID-19 pandemic has brought people together in unexpected ways. New models of interdisciplinary and interprofessional teams have led to expanded interpersonal networks and new knowledge for everyone involved. Perhaps our residents will come out of this experience with a better appreciation of what others bring to patient care and, hopefully, more people to say "hello" to in the halls of our hospitals.

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