**Transcript of Interview with Anonymous by Theodora Christopher**

**Interviewee:** Anonymous

**Interviewer:** Theodora Christopher

**Date:** 05/08/2020

**Location (Interviewee):** Astoria

**Location (Interviewer):** unknown

**Transcriber:** Chris Twing

**Abstract:** [written by transcriber] The anonymous interviewee discusses her time as a PA [physician’s assistant] working at a hospital that had a high number of Covid patients. She explains they did a lot of learning day to day and relied on each other heavily, both other PAs and other healthcare professionals. She also talks about their inability to save patients because they lacked the supplies or resources to do so. She believes patients died unnecessarily.

**AN:** I agree to Theodora releasing this interview anonymously. Thanks for having me.

**TC:** I have our first question, which is just how has your daily routine changed since this Covid outbreak? Like how is your job changed, your responsibilities, stuff like that?

**AN:** So, first of all, I feel like there's a lot more anxiety going to work than normally. It's my first job out of PA [physician’s assistant] school. So being thrown into this was kind of shocking and difficult. But overall, I've just really-what's changed the most is my daily routine, after work-which includes kind of like basically disinfecting everything I touch, washing my clothes straight from work, right away, and I've been isolating myself in my basement, to stay away from my family in case I were to ever get sick-I didn't want anyone in my family to get sick from this. So, I haven't really seen or been around my family and in the way we normally wouldn't be hanging out. So, it's been weird and kind of tough in that way.

**TC:** Crazy. . .What like structural or institutional changes have you seen at the hospital-like since the start of all this COVID stuff?

**AN:** In the beginning, when we were at our peak, the emergency room was very crazy. And it's been kind of hard to watch certain decisions have been-have to be made with patients being-just due to lack of resources. Like I know what was hard on me in the beginning was having to talk to doctors in ICU regarding patient’s code statuses and you know, end of life care-all because of how low in resources we were. It was basically a matter of-you know-how many vents and how much supplies we had-to kind of determine what we would do for certain patients. So it was kind of hard to have that be a factor and seeing people go just because of lack of resources when I feel like there was much more that could have been done, but that was a sad reality of all this, I think throughout the city and state.

**TC:** So, you think like-there should have been more done by the hospital or do you think like-it was enough that was done in-considering the circumstances?

**AN:** I think as the hospital they did what they can. I think we're just- just sad to see these decisions have to be made. Based on what we had, whereas like everyone knew there could have been more done for patients but this-at one point, the sad reality was lack of resources because of how many sick patients there were. And this was-you know-this was-no-this was discussed in like the press conference-is how there were so many sick people that it was kind of hard for us to expand all our resources at once when everyone was so sick.

**TC:** Yeah. Is there any like-support system or protocol for how to like deal emotionally with all of this because, as you said, like obviously this has a lot of deaths and a lot for you as like health care professionals to deal with?

**AN:** Yeah, I know our hospital is providing resources for that-like faculty and staff for mental health. But I know that's an available resource.

**TC:** And do you think-like there was any training that you got prior to this outbreak to help prepare you? Or was it kind of just training on the fly-with all of this happening?

**AN:** Yeah, it was mostly basically learning on the job. None of us you know-this is a new thing for everyone. So there was a lot of the everyday coming into work-there was new things coming out and new things that we found help patients-so every day was a new learning experience and, you know, new medications that were being used at trial and trying different things. So, everything was-everyone was kind of just learning on the spot and learning something every day about this.

**TC:** Was there any training that was like, particularly effective-like any way that they did the training and stuff or were-not really?

**AN:** In to-like me specifically?

**TC:** Either-either like you specifically or that you saw in the hospital, that you thought was like a good thing that they did or . . .

**AN:** They would send out, one of the physicians would send out booklets and kind of written things in regards to treatment and ways, certain techniques we would use to help patients with oxygenation. So, we weren't getting educated on regards to this by other physicians during this. But um, yes, we would just do a lot of our learning based on speaking to other physicians and getting sent our resources

**TC:** Cool. Is like-what is the thing that you're most concerned about with all of this right now-being whether it be health wise or like-family wise or just like-resources wise, that kind of thing?

**AN:** The thing I was most scared about going into work was if I were to get it, passing it-you know-giving it to my older family members. That was the thing that gave me most anxiety, I think. But so far, I've been really careful and everyone’s been safe. Until now. So that's- I'm happy about that.

**TC:** Yes, that's very much a good thing at least. How has the sense of community changed if at all within like the health care workers or your hospital?

**AN:** I think you know-I-I always had a good support system, especially in my-in my specialty. We're very close and I had a lot of older colleagues that have a lot more experience. So, It's always easy to lean-rely on them for help. But I think overall as a community in the hospital, we've been really supportive among each other, like the nurses, the doctors and PAs have all seen that everyone contributes a great deal. And I think everyone's been very appreciative of the others during this time.

**TC:** And then one of the other questions we had was just, what would you like to see going forward from all of this? Because obviously, this isn't something that like happened-unless it is over. So, what do you think like changes should look like going forward?

**AN:** Um, I think hopefully, this kind of opens people's eyes in terms of discussing-you know, what's them or their family members would want when it comes to end of life or just overall deciding how they really want to go. And I think the earlier we've discussed with our families and sit down and talk about you know-if we want to be resuscitated, if we want people to do compressions, and be intubated, especially later in life, I think earlier is a better time to discuss it rather than when you're filled with emotion and stress-when you know you or your family member is in a very bad situation and sick already. I think it all kind of eases the pain and ease or give more comfort to someone knowing-and knowing that you knew your loved ones wishes when it comes to end of life. And also, just being in the hospital system I think we have a little more education-knowledge about this and-you know, we'll use what we learned this time in the future and not make simila- not make dumb mistakes but kind of be more prepared about what to do with certain patients.

**TC:** That makes sense. Is there anything else that you think you would want people to know in the future? Do you think these questions kind of summed it all up?

**AN:** I just I hope if you know when this does come around, because it's likely will-you'll notice that younger people especially, still take it seriously. Just because it came around once and you were okay this time, doesn't mean it won't come again and affect people and affect your loved ones. So, I think it's important to stay smart and you know, continue health-good hygiene habits and you know, follow instructions and stay safe. And take this seriously.

**TC:** Cool. Thank you so much.

**AN:** Thank you.

[seems like the following part was added on]

**TC:** Go for it.

**AN:** Another thing that I noticed during this time was that the PA profession-I felt really kind of shined -more than before. We had dermatology PAs come help out in the medical field-like orthopedic PAs, people that haven't practiced full medicine in a while because of their specialties. You know, the PA profession allows for flexibility in medicine overall. So, I want to shout out-like the PA profession, people from specific specialties helping out in the medical field and leaving their specialties and helping out with the crisis.

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