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Abstract

A regional campus graduate communicates in this piece her experience during the initial period of the COVID-19 pandemic. Her words highlight the importance of the "sense of place" that is the unifying theme of this rural regional campus.[1] She worked 3 years in our college rural scholar program and ultimately wrote the best summary of the community aspect of this experience.[2] She then completed our prematriculation and preclinical programs, and graduated from our clinical campus in 2015. After that she completed an OB/Gyn residency at Geisenger and returned home to practice, where she serves as a key faculty for our clerkship

As a newly graduated OB/Gyn resident, I was fortunate to be able to come back to the hospital in my hometown as my first attending job. This is the same hospital where I spent the last two years of medical school and hosts all of the memories that made me fall in love with obstetrics and gynecology as a student. This is the hospital where I say hello to the nurses who I've known my whole life as I pass by while seeing patients. This is the hospital where I remember making "rounds" with my dad at age 5. Returning to practice in Madisonville has been a pleasure, but it has not always been sunshine.

Aside from all the pleasures, working in my hometown rural hospital has had its own difficulties. I love having known my general surgeons since they were my attendings in medical school, but every time I operate, I wonder if I'm good enough to be in the operating room next to them. I enjoy seeing smiling faces walking in to work and saying hello to the nurses who taught me to put in a Foley catheter, but I hope they don't think I'm too young to take care of their patients. I am proud to be a female physician, but I fear that when administrators look at me, they see an outspoken "dumb blonde" female physician. Being a new attending just out of residency is challenging as we overcome imposter syndrome, eventually realizing that all of those years in residency did in fact teach us a thing or two.

Now throw in COVID-19. In my first year out from residency, I had no idea that a worldwide pandemic would turn my own world upside down. In February, my biggest concerns were upcoming oral boards, teaching medical students, and making sure that I didn't kill a patient. Then came March 2020. Suddenly, I worried if I was safe around my patients – or if they were safe around me. Did I carry the virus? Would I infect my patients? My surgery patients didn't understand cancelling their hysterectomies, sobbing on the phone; I can see how their "elective" surgery doesn't seem elective to them. I was not trained how to handle this and "Pandemic 101" was certainly not part of the residency curriculum. The most dramatic change that I experienced was my role as a physician. Not only was I voyaging into the world of telemedicine, but I was also making big decisions about our Labor and Delivery unit. With my 2 partners, we decided how we would handle a COVID-19 patient in labor and during delivery, advocated for fit testing for all of our staff, and urged all to wear N95 masks during the second stage of labor and during delivery to protect ourselves. We reviewed guidelines as they came from the CDC and sought the expert opinions of our Maternal-Fetal Medicine colleagues. I streamlined a policy for mother and baby bonding after delivery for COVID-19 patients following updated guidelines set forward by the CDC. However, this was not a one-woman show; I collaborated with my OB partners, Labor and Delivery nursing staff, neonatology specialists, NICU nursing staff, and Infection Control. During these round table discussions where all voices were encouraged to express concerns, more than once our Labor and Delivery nurse manager asked, "Dr. Fisher, what do you think?" I realized that as a rural physician, I was being turned to for advice and guidance on how to handle this unprecedented pandemic. It didn't matter that I was green and had virtually no experience under my belt. I was still viewed as a leader.

While I felt the weight of this pandemic, I have been reminded of the vital role of the rural physician. This is not just from a patient care perspective but also from a process and policy standpoint. We are viewed as the leaders of healthcare in our communities and that responsibility should not be taken lightly. In times when our staff and patients need an advocate, we are responsible for stepping up to the plate and answering the call. Not only do we comb through every CDC guideline and expert opinion to provide the very best care for our patients, we also are involved with developing and modifying policies to keep our staff and

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patients safe. Being a leader is not about the loudest voice but rather encouraging every voice to be heard. The notion of mutual respect for each person's role in the solution led to exemplary teamwork which resulted in the best possible patient care and experience for our obstetrical patients and their newborns. I initially thought I needed experience to make a difference; really all I needed was a heart. While my rural hospital may not have initially sought a green female doctor to answer their call for a leader, I feel lucky to serve my community in a unique way.

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