

## Transcript of Interview with Armelia Sani by Christina Lefebvre

**Interviewee:** Armelia Sani

**Interviewer:** Christina Lefebvre

**Date:** 06/02/2020

**Location (Interviewee):**

**Location (Interviewer):**

**Transcriber:** This transcript has been provided by Otter.AI with a 2nd pass for accuracy provided by Bryan Paintiff, HST580 intern, at ASU.

**Abstract:** Armelia is a primary care physician with 23 years of experience. She then describes the overnight pivot of traditional walk-in medicine to strictly using telemedicine in her practice and describes the challenges associated with this in both the technological and medical viewpoints. Next Armelia describes how the different workers in the hospital come together and help support each other as a team, as well as the support that the healthcare workers have been receiving from the local community. Armelia also talks about how a unified voice would help bring people together and reduce deaths from the COVID-19 disease.

**Christina Lefebvre 00:00**

Could you start by talking a little bit about your regular job, and any ways in which your routine and responsibilities have changed since the COVID outbreak?

**Armelia Sani 00:12**

Sure. So I have been at UCSD for 23 years, and I am a primary care physician. I, I see patients in my own clinic and I'm also a resident clinic, attending. So I have about 60% of my own clinic and then I do 40% resident teaching where I teach residents in their clinic and then I have 23% administrative roles as well, just in terms of running my pod, which is one of the outlying clinics for UCSD. And so, my job is very, I think, traditional, where, you know, I see patients regularly in a faculty practice that I've had, you know, for 23 years, so, a lot of continuity, a lot of primary care. And just following physician, I mean, so I following patients throughout their, their life. And then with the residence, this is great, because, you know, internal medicine is a three year residency. And so we always get a new crop of residents in, but then I follow them in their own community clinic, which is part of their residency for three years straight. And at UCSD, we have about 26 residents. So it's, it's a great way to always just keep very involved in the teaching aspects of my job. And, you know, I want to say that, in my career, I had never experienced anything like COVID in it, we had to pivot and how we practice medicine almost overnight. And I can I can tell you a vivid story if, if that would be helpful. I think our mandate for sheltering in place came on the 19th, march 19th. But of course, as institution, we were realizing what was coming

down the road. So on March, 15th, which was a Sunday night, we all got a urgent page to attend a zoom call, to be able to provide medical care through telemedicine and UCSD had had this ability capability already. But, you know, not many folks were doing it maybe the folks who are very involved in, you know, telemedicine and innovation were doing it and we had done about 800 tele visits in three years. So then that night 350 UCSD physician Sunday night, got on the call and they taught us how to do it, you know, just because you know, there's just certain way to do it, we you actually have to have an iPhone to do it. So just kind of the routine basics but also how to follow who will visit how to get a patient on and just as an internist, I have patients that are 80 and 90 years old. So the statistic that kind of blows me away, so on Monday, the 16th we all had to you know, basically shut down our clinic from any walk in and do everything telemedicine and we did 1200 telemedicine visits in three days. So, to think that we kind of tell people like in three days, we did more telemedicine visits, and we had done in three years. And then we, we by the first week, we were doing 1000 telemedicine visits a day. So I just when I look at that, yeah, it's pretty kind of I know, not to be dramatic, but it was kind of like, oh my god, like, whatever we needed to do to give patients care. And there was so much background work on this as well. You know, your day to day what's happening but behind the scenes, I can't even imagine the number of hours it took because you know, this meant also for all the residents everything, you know, they had to have an iPhone and you know, many people had Androids, whatever. So then we needed to get people iPhones and then also it took a lot of work from the staff because you had 80 year olds, a 90 year old that had iPhones. But use, used them basically. But then now they had to be able to get they had to get an app they had to download an app. They had to sign up for like my chart, which is the email to the telephone and and the day of the visit they have to go through all these questions and I am so amazed about I feel like seriously 90% of my geriatric patients have made it happen, whether they've done it on their own, or they've had a grandchild help them or a neighbor, but to see it all come together. I mean, it's, I literally have 90 year olds that know how to do this now and I just think it's pretty remarkable. So, and then, and the other part of this is that with the residents. And you probably know, this kind of just being in a position household, you know, for residents, the way we need to teach them as they go and see patients. And then we go in afterwards and talk and we examine, and we also have to figure out a way how do we do this now on a platform of telemedicine. And it's interesting that the app that we're using allows the residents to go in with a patient through telemedicine, and then we can also come in on the call and join. So we can almost do everything similar. And, and I will be, I go into the office, but I have the approval to work from home. So I'll be in one spot. My residents, you know, we've asked the residents to work from home and the patient will be in their home. So it's interesting how we're providing care and we're all in three different spots. That's neat as well. Yeah. And yeah, and so and I feel like kind of each day each week is different as the rules change as we get to learn more in terms of how to practice and I think what we also learned four to six weeks in is that, you know, there are still some visits are very important to see face to face. And we allow those, but that people were delaying their care, because of COVID. And some of the statistics were like, heart attacks were happening. Like, all of San Diego, I'm not saying this super accurately, but I'm getting this from my husband, you know who the ER doc that you're getting, for instance, two heart attack today. But now we're getting sick, because people were delaying their care because they were afraid to go to the ER.

**Christina Lefebvre 07:15**

Right. Do you have a memorable patient experience, either indirectly or directly related to COVID that you could share?

**Armelia Sani 07:30**

Let me think about this one. I think we just generically, I do think that the conversations change. In, in the beginning of the conversations, a lot of them are about, really how are you feeling? With all this? Are you staying safe? Are you getting the support you need? You know, I think early on, there was some scenarios that are so indirectly related. Before we knew much about patients that actually had been COVID, and we had exposure to, but they were just very indirect, but it it it was it was it was before we had everything put into place, about asking the questions and so forth in it. It was it was kind of that early on before we knew really what was going on. Like even in the country, you know how it was like we were hearing about it from Wuhan, but it hadn't come to United States. And there were a couple patients that had come in for upper respiratory tract infections in the resident clinic. So I'm kind of indirectly related. And I just I kind of remember not even thinking twice about their URI symptoms, because again, nothing had really come to San Diego, it may have come to the Bay Area in California, or also in Washington, but nothing had come directly. And I remember it was just like business as usual business as usual. And then we got the call into our clinic five or six days later, that the patient had come to us like with a little sore throat or cough. We were just like business as usual. And then they developed full blown symptoms, like two days after that, and then got tested and was positive. And then I remember kind of getting the call that all of us who were closely part of that appointment, you know, had to like get tested or had to at least call in about any symptoms and I I remember it feeling very real at that point, you know, where it kind of really meant like, oh my god, we actually had someone walk in our clinic was COVID and that was probably honestly like around March 11. Like before we went you know, full COVID closure, so to speak.

**Christina Lefebvre 09:56**

In a lot of my interviews, doctors have talked about the strengthen sense of community among health workers. Could you talk a little bit about your experience with that?

**Christina Lefebvre 10:07**

Yes, I'm going to echo that 100%. There's so many layers within our own medical community at UCSD, you know, the bond has strengthened among all of us, among all of us, really checking in with one another, making sure they're healthy, understanding that we can only give care if we're healthy. So that's a very nice, teamwork approach. You know, and really seeing right away just how people still like our staff, really, it's their job to help. It's their passion, like, I'll give you an example. The way we work it in the mornings, is, we all have like a huddle. So it's kind of our, you know, beginning of the day, we start before any clinic starts. And then we also have to name off the people that are coming in with potential COVID symptoms. And then the peep, the nurses have to volunteer to room them. Because it's not every

day that happens. And so we have a protocol and the amount of hands that get raised to [inaudible] patient and be there and you know, kind of be there for their doctor and make sure their doctor is dawning and ready. It's kind of amazing. Like, it's, there's everyone steps up to the plate, like automatically I got, I've got it, I'm here or I'll come in or, you know, if people are getting sick, you know, we have to have more people come in. So that's really great. And then in the community, it's been, you know, so surreal. Very, the gratitude, the outpouring, has been amazing. Like I I'm a runner, and so I see signs everywhere. I see chalk everywhere. We you know, we're thanking the health care workers. You know, we've had the Thunderbird flyover. We've had free food at work, come to us from donations we've had, like, you know, people in the biotech industry people, there's, I think a volunteer or not volunteer I'm sorry partner of Alibaba, who donated all this, all this protective equipment to UCSD. And then, Tim, you know, he's ER, we had two huge boxes of ski masks dropped off to our door, so he could bring them to his ER, folks, I mean, it's just, it's crazy. And then we also at our own home, we've had people just drop by stuff, because I think we're in a little different scenario where Tim and I both go into work. And so our girls are home alone, they're older, it's fine. But it's not the scenario where all sheltered at home where there's an adult home, cooking the meals, you know, and so people have really reached out and just dropped off food dropped off, you know, dinners and stuff, kind of knowing our situation. And it's, it's so heartfelt. And, and then just people texting me from people, people I hadn't, you know, been in super contact with them, I'm still great friends with I mean, you're, you know, just meeting your mom, like, texting one another reaching out. It's really amazing. And I've always loved what I've done and felt lovely about it. And just, you know, because this is really what I want to do is help but to have this other layer has been really remarkable.

**Christina Lefebvre 13:35**

I actually wrote this next question before all of the recent protests, and I think you've touched a little bit on it. But do you feel like the pandemic has united or divided our overall society? And do you feel like that kind of strengthened sense of community that you've talked about in the hospital, do you feel like that is translated? Or do you think it's different?

**Christina Lefebvre 14:00**

So this is a great and I don't want to get super political, but I have, I have definitely found that like minded folks think very much the same in terms of the science behind COVID, what we need to do in terms of a public health measure, and that we need to all unite, really to for the good of the country, but also to really help individuals that are at risk to older people, but people with underlying conditions, and I, I have to say this very generically, I have felt that all of us who think similarly are same seem to be thinking politically the same. And I feel very united in that aspect. And then I feel some other ways people are thinking that it is conspiracy or that how can we allow our economics to die, you know, to just wither away? I actually found it I feel like it's divided. My joke used to be like, if you wear a mask you're a Democrat, if you don't you're not and I don't mean to, but very simplistically, it is very interesting. So it's super united people that are like minded and, and kind of embrace science and embrace the greater good. I feel like it is a strength in that, but then it also oddly has been divisive.

**Christina Lefebvre 15:27**

Are there any common misconceptions that you hear about COVID? among patients or colleagues?

**Christina Lefebvre 15:54**

No, like, no, no, at that this is what's really interesting, I have really found, and this is kind of getting really deep. But you know, when your primary care doctor, like patients come to you, but like, over the years, you find, somehow if your style doesn't connect with someone, you know, they'll leave your practice and go elsewhere or whatever, that's very, very common. And again, feeling super fortunate that I've been in my practice twice a years, I just, I see such a consistency between, and my colleagues too, I'm in a nice little medical, our little pod, our clinic is probably nine doctors total, like seven that work like full time, and we all are so it's crazy, you would think we were all brought up in the same household was very like minded, which is great. And we're in the south part of the city, and we mainly serve the underserved or that our that's our mission, kind of for our locations. So you probably attract a certain amount, you know, certain type of physicians, and my patients, I can't, I can't tell you how consistent they are about the importance of the public health measure the importance of the, you know Safety for All of course they're worried about their own health, but they really it's important for them to shelter in place for the good of everybody. And they're pretty strict. So I it's an interesting observation, that like, really not one has said, Oh, God, this is so silly. Why are we doing that? It's been like, you know, they're right there in their home. And they're like, I go out once a week to Trader Joe's I go in the morning, and I get I follow the rules. I have on my mask. So not in not in terms of work colleagues, or patients, not not really, everyone's been quite consistent.

**Christina Lefebvre 17:56**

That's awesome. And then obviously, achieving physical health has to be a priority at this point. But can you talk a little bit about the mental health resources that are available to both health professionals and patients?

**Christina Lefebvre 18:11**

Yes. So it's, it's funny, we're right in the middle of this study of integrating behavioral health more intensely with our clinic. So right now we have behavioral health co located with us, meaning they have office space, right on our floor. But, but it's kind of otherwise separate, but we refer patients back and forth and so forth. And they're also on standby for anyone that needs like care right there. So like if we have a suicidal, suicidal patient or a patient that really, you know, we're, we're afraid to go home, they're there for us. So it's been an interesting pivot again, because now we're all kind of separated, right? So we're not co-located anymore, because they're also asked not to come in because they, they really don't need to see face to face. You know, because it's all therapy. So they're always there for us. And they, you know, they call in for the calls in the morning to let us know that they're there and around and so we we have a great setup for that. So our and we've had them collate co located with probably 10 years. So our patients also know that that's an option in terms of mental health. And then we have tons of mental

health for physicians as well available. We've also been given COVID, what do they call it? Like we every every person that uses the physician, every employee has been given three weeks of COVID hours, meaning three weeks to take off, that is paid and not not to take off like at any one moment. I mean if you need to, but you know, we have a lot of young physicians with kids that now are not in school, right? I mean, what how do you go practice medicine when you have an eight year old and a five year old, and your husband also, you know, your husband may be a physician as well. So they have supported us and giving us three weeks basically, of personal time off, that doesn't you get full pay and doesn't count towards your vacation. So that is a nice underlying, you know, sense of support. And, of course, you know, we have full access to any behavioral therapists therapies that we need, either through our insurance or through employee health. And it's very interesting. I have noted a heightened kind of level of anxiety, which makes perfect sense. But I feel when I'm talking to my patients, they have really done everything to control as much as they can. And the mental health part of it comes from our discussions, but I'm not finding it be like the tip of the iceberg or for any of my patients, like in terms of, it's maybe only made them stronger. If that makes any sense.

**Christina Lefebvre** 21:09

That's incredible.

**Armelia Sani** 21:10

controlling what they do control. Yeah, it's, it's, it's, it is, it really is, I've only seen them kind of get stronger. And I have to say, I can't even tell you how much I am so inspired by my like, 80 and 90 year olds that are just

**Christina Lefebvre** 21:27

Are there any things not just politically, but as a society that you feel we could have done differently to prepare for and respond to COVID?

**Christina Lefebvre** 21:38

Yeah, and I'm going to tell you another kind of remarkable story.

**Christina Lefebvre** 21:42

Yes, please.

**Armelia Sani** 21:43

Is that, yeah, I do feel we could have prepared so much better. And it saddens me to no end because this is a public health issue, and we know we had it in our control to do these measures. I think if we had a unified voice, it would be so different. The story is about Sarah Kony. And I don't know if you've read about her. Maybe you can google her later. But I did residency with her. She's a year below me. So she started the public health officer of Santa Clara hospital and she was the first person first public health officer to call a lock down of Santa Clara Valley. Okay, just before Gavin. Governor Newsom, the

governor Newsom did it on March 19. Of all California, she did it before maybe a week or two before or maybe like five days, she herself. So you've gotta read this article. It's amazing. And she is like, the calmest person and and this article is, I think you could just Google it. And it's maybe it's like, meet the first woman to call the first woman in history to call the lockdown or something like that. In cali- in the United States. So she locks down Clara Valley, because they were the first California case of a positive connotation that maybe had not traveled. I'm not getting all my data, correct. But they basically, they were kind of the first like, Oh, my God is COVID here, you know, kind of not from a direct traveler from Wuhan to the States. And she talks about how that evening she got the phone call, like, she knew like her life had changed. And she called up two of her, like, mentors that held her position, like hired her and she had been in she has been in the position for like 10 years, and called on them and said, I need your brainpower. I need your help. And one was on a ski vacation and said, Do you need me now? And she said, Yes, you need to come to me now. Like, oh, right, like, so this is early March or maybe late February like February 28. And then in in this new way the articles written she's like she knew right then, like she had a senior in high school as well. She like knew right then she was gonna shut down her daughter's senior year. Like if she was thinking her senior year, her prom, and that she had to make this massive move. And then so everyone, and you have to remember like so Santa Clara Valley is in the, is where the Silicon Valley is. So you have highly educated people. It's a very affluent neighborhood. And they shut down hard. And they were a hotspot and I will tell you right now, so I'm in contact, so I'm not in contact with Sara as much I mean we're friends. But like one of my really close friends, like who's my maid of honor and a lot is a surgeon at Stanford. And she says, as of now, right now between Stanford Hospital and Santa Clara, which is their affiliate, hospital, county hospital, they had two COVID cases, which is an extreme shutdown. I have in my hospital I have 38. Tim has about between his two hospitals like 100 and in our county we have about this is in house many even positive cases so we probably have in our hospitals together. And I'm gonna say at least 150 or 200 cases of COVID Positive. I'm trying to do my math 100, maybe like under 200. But because of the intense lockdown early from a unified voice, that people trust, this hotspot has two cases right now. I mean, isn't that crazy?

**Christina Lefebvre 25:28**

It is.

**Armelia Sani 25:28**

And we have, you know, 200, and we're flat. And, I mean, we're starting to open up and we're staying flat. So that's good. But we're not at zero. I mean, you know, one life that could have been saved to me, it's just staggering to me, you know?

**Christina Lefebvre 25:47**

Are there any lessons that you feel you'll take away as a doctor from working during the pandemic?

**Armelia Sani 25:57**

You know, that's a great question, I think. Oh, we've listening. I seeing the divisiveness is like heartbreaking. And I think when I see how people react to the support they've been given, I'll give you another interesting thing. And we may have to say this very generically. UCSD in an odd way has been considered, like very supportive of our research efforts. But maybe not the [inaudible], not the best support of our political arena. But I think what I've seen, because UCSD, we are the only Academic Center in UC in San Diego. And so we we are about 15 to 20% of the market share of patients. But of course, our you know, research and so forth is, you know, highly valued, but then the rest of our community is taken care of by outstanding community partners, sharp scripts, Kaiser. But we have really been on the blood edge, so to speak, of testing. And because of that, we've been able to expand that to testing every UCSD student. Our plan is to test every UCSD undergrad every month, so we can open up the campus. I don't know if I'm going off topic, but I think there's been a new sense of pride and unity, coming from the science that we're able to develop. And, you know, being part of that powerful message to about health science and how we can maybe bring kids because this is what's close to my heart right now. I mean, obviously, what's going on, but is you know, I have a senior that I'd love her to get off to college. So I think what I've learned is the importance of unity and feeling supported. And I feel like there's not that much you need to do to make someone feel supported, which is a bigger picture, I feel if we had one unified voice in terms of our leader, we wouldn't have this division, we wouldn't have as many deaths. As look at New Zealand, look at Australia.

**Christina Lefebvre** 28:25

Right.

**Armelia Sani** 28:26

It's just so consistent. So, so I think that's pretty broad answer but that's kind of what I felt is kind of like, gosh, if what I've learned is the importance of support in terms of your patients in terms of your community, and in terms of your workplace, how it can really change how people visualize what they're doing in terms of fulfilling and what we're doing for the community.