

Transcript of Oral History Interview with Alberto Puig

Interviewee: Alberto Puig

Interviewer: Christina (Hope) Lefebvre

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Location (Interviewer):

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

Abstract: Dr. Alberto Puig directs a teaching service at Mass General and is also the Associate Dean for undergraduate medical education for Harvard Medical School. Alberto begins by describing how his duties became hectic when the pandemic started as he had to help create virtual curriculum for the medical students as well as maintain his clinical duties. Alberto then talks about comradery between healthcare workers and how they know through nods and eye smiles that they were all there for each other and that they would make it through. Next Alberto discusses how he doesn't know, and may be a little worried, at how the young children will be affected long term from aspects of the pandemic and lockdown. Lastly, Alberto talks about how he is taking away from working during the pandemic how people came together and did amazing things to help others and also that it is okay to be afraid.

Christina Lefebvre 00:00

Could you start by talking a little bit about your regular job and how your routine has changed since the COVID outbreak?

Alberto Puig 00:10

Yes, so I am, I have a sort of a dual job, at Mass General and at Harvard Medical School. At Mass General, I direct, a clinical teaching service for the Department of Medicine, where a group of physicians work closely with medical students and residents during their clinical inpatient education in the inpatient medicine services in the hospital at the Department of Medicine and Mass General. So essentially, we are the attendings of record of the teaching services of many of the teaching services at the you know, in the program, in the department of medicine, and, you know, our team has medical students and residents. And basically, we take care of patients in the context of being clinical teachers. And in addition, I am the Associate Dean for undergraduate medical education for Harvard Medical School at Mass General. And in that capacity, I spend, you know, the other half of my life, so to speak, you know, being responsible for the education courses and clerkships and electives and any clinical activities that take place inside of the hospital for medical students, for undergraduate medical students. So, you know, the pandemic disrupted both sides of my life tremendously in one way, you know, all

medical students on March 16, a communication from the AAMC for the, from the American Association of Medical Colleges, was released, you know, sort of recommending that students be removed from the clinical environment. And so we had to, you know, sort of follow the guidance and overnight create an enormous amount of virtual curricula for medical students whose life all of a sudden became, as you can imagine, completely disrupted by the inability to continue medical school at all years, and at all levels. So that part of our job got really crazy really quick. In addition to that, I was also, you know, carrying on my clinical duties. And through the pandemic, the Department of Medicine, and the hospital, put forward an effort to try to, you know, prepare for what was likely to be an incredible amount of work and surge of patients with COVID disease. And so in that capacity, I, you know, served as the attending of recur in several teams that, throughout the pandemic, or throughout the crisis took care of patients in the hospital in the Department of Medicine, as the need arose. So that's sort of, you know, as you can imagine, you know, both sides of again, both sides of my professional life, I guess, all professional duties became overnight, quite hectic.

Christina Lefebvre 03:26

Definitely. Could you talk a little bit more about the virtual opportunities that you develop for the medical students?

Alberto Puig 03:35

Yeah, so as I said, at all levels of medical school, from first year to senior year to fourth year, we had to sort of turn around almost overnight and develop virtual curricula. As you can imagine, a lot of the clinical courses, turning them virtually is very challenging. It's very difficult to continue to learn how to do a physical exam or to do an operation virtually. But with the help of all of our course directors and the amazing ability and great expertise of Harvard Medical School and all the clinical faculty that we have, you know, we were able to turn around pretty quickly and create sort of parallel roles to what they would have been doing in the hospital in some ways, through simulation and through virtual, you know, platforms. A lot of it also through Zoom meetings, lectures were given in that format, by the faculty who were supposed to lead them anyway. And, you know, we, I would say, made it made it a pretty, you know, a pretty fruitful engagement and a pretty fruitful experience for the students. But But again, as you can imagine, nothing is quite the same as being there in person seeing patients, ect.

Christina Lefebvre 04:59

Right. On the other side of things, could you talk about some of the structural changes and precautions that have been implemented in the hospital?

Alberto Puig 05:10

Yeah, so the majority of what we had to prepare for with COVID was the need for personal protection of all healthcare workers. And in addition, you know, to sort of stop the spread, there was an effort from the very beginning to try to protect everyone who was to enter the hospital. So a universal mask wearing, policy was instituted, and everybody who walks into the hospital must wear a mask 24/7 when

they're in the presence of anybody else. As much as possible, social distancing was obviously kept. In addition, we were required to wear the appropriate personal protection equipment that you hear so much in the news from n95, maskeen, to, to gowning, to face shields, whenever we believe to be in the presence of a person who was potentially infected with COVID. A number of protocols were developed, and, you know, the hospital was continuously developing, changing environment protocols that were needed to try to contain the infection spread, you know, again, from, you know, sort of policies around how to eat and where to eat, and policies on, you know, how long someone could wear specific mask and the reuse of PPE or personal protection equipment, you know, there was just an enormous amount of work that every day, one had to sort of just, you know, keep abreast of, from our infectious control experts, as well as from the CDC guidance and, and our occupational health department in the hospital. So I think that, I think that in some ways, you know, we were very lucky that we worked for places like Mass General and Harvard, etc, where, you know, oral expertise around infectious disease and, and COVID became sort of most an overnight sensation or overnight reality, you know, we, we had some of the world leaders on on, on the matter. So, we were well guided and well directed. Imagine that one of the big challenges, again, was sort of all the policies that kept changing, so.

Christina Lefebvre 07:40

A lot of the doctors have talked about kind of this gradual income of information and how the list of symptoms for COVID keeps changing, and how difficult that is to treat patients, while getting all of this new information all the time. Is that one of the challenges that you found?

Alberto Puig 07:56

I think bigger than that, to me, the challenge was not the clinical, I mean, the clinical challenge, which continues to evolve and continues to be just overwhelming on how different patients with COVID present. But I think even more unsettling or more difficult is the ever changing nature of how little we know about the disease, and not just how people present but you know, how it spreads and, you know, like I say, every day, there would be, you know, something that you have to read about policy. And, and so that was a little bit of the unsettling nature and what made everybody somewhat anxious, you know, we've never had anything near nothing even close to this or near this. I mean, I just remember that one good day, on March 13, you basically went to bed and you woke up the next day, and, and the sort of the country was shutting down.

Christina Lefebvre 08:48

Right.

Alberto Puig 08:49

And, you know, we've never, we've never dealt with anything like this. So I think the challenge is, you know, clinical, yeah, there's no question that the gravity and the illness and how sick these people are, is no question unsettling, but even more is the fact that there is so much that we don't know about this virus

and, and, and its properties and etc, etc. So yeah, I think that it makes everybody very, you know, very uneasy.

Christina Lefebvre 09:23

Definitely.

Alberto Puig 09:24

Being is the challenge of not knowing, you know, we're all scientists. So the first thing that everybody wants to do in our profession is figure out why. And it is very, again, makes one very uneasy when you can't figure out why and and these things advancing quickly.

Christina Lefebvre 09:41

Mm hmm. Are there any memorable patient experiences either directly or indirectly related to COVID that you could share?

Alberto Puig 09:52

Yes, I think that it's a little hard because they're easy to to violate some of the HIPAA laws, but he's sharing but I think some of the most touching memories of the last two and a half months for me have been the patients who arrived so late, meaning they waited so long to come to the hospital, because they were so scared to be in the hospital, because of what they were hearing in the news about the spread of COVID. I've never seen so much illness, and, and quite, you know, such a short period of time, and such advanced stages of some of the illness because people just waited too long. Because, again, the fear of, quote unquote, coming to the hospital, particularly a place like Mass General, that had so much COVID activity. So more than, you know, I think that I could tell you a number of patient examples, but more than that is the memory that I have of again, you know, seeing such degree of illness, and, and perhaps, I think everybody sort of shares with you that their experience of seeing patients with COVID not being able to have family members, visit them, you know, I was, I was fortunate to be the majority of the time in non COVID floor, in some ways, and in some other ways unfortunate because, you know, people do turn out to be to rule into, into the disease, while they were in what the you know, what we would call clean floors, and, you know, it was very scary for them and scary for all. At the same time, I think one of the biggest, saddest things that I remember from from these past weeks is when things weren't going well, and somebody was either dying or, or died or, or didn't, you know, things didn't turn out well, it was very sad and very difficult to not be able to have the family come in, to help. And to touch, you know, to touch base with or to be there, you know, to touch to grab their hand or to help them through the disease, you know, it was just incredibly difficult to talk to families on the phone and, and to give them updates without being able to to be there, you know, we were lucky to have a lot of iPads that gave us a little bit of that sort of virtual visit from family. But again, not the same as being there and touching your your family member, particularly when people don't do well. And you know, you want to be there. So that's sort of my memory. Again, you know, one of one of conquest in terms of, you know, I think things could have gone a lot worse. I think that is incredibly, I'm incredibly proud of the work that was

done, how the Mass General and others organized around and rallied around to prepare for these incredible surge. And we were so ready for absolutely, whatever came our way that that it was an unbelievable effort and how well organized the hospital in the healthcare system was. So in that on one hand, it was that pride and on the other hand is the sadness that you see from from what you hear in the news to so many people not doing well.

Christina Lefebvre 13:12

Right. A lot of in a lot of my other interviews, people have talked about the strength and sense of community among health workers. Could you talk a little bit about your experience with that?

Alberto Puig 13:26

Yes, I think that if there's one thing that I always tell the dean and the medical students when I'm on Zoom with them. That is that is perhaps the biggest myth of the entire crisis for me was the fact that the medical students weren't my medical students my my my my dear, you know, medical students weren't there to see these amazing display of camaraderie, these these unprecedented collaboration across the spectrum of healthcare workers, from physical therapists, to doctors, to nurses, to the person that brings you dinner, brings the patient their lunch to the to the person that cleans the room after a patient is done. You know, it was an unbelievable feeling because all of us were, you know, not only you know, again, an easy unsettle, scared, and it was just unbelievable to be able to sort of look at each other in the eye to the mask and to our shields and, and to just look at each other and say, you know, you know, we're all in this together, you're okay, I'm okay. And we're gonna get through this together. And you know, just by glancing that across the floor at each other or by sharing a little, you know, sort of smile with your eyes because nobody could see your mouth and maybe even a gesture because nobody could shake hands. Because to each other, right. So Any, any sign that you could make, it was clear that we were all there for each other and that we were these, we were these these troops on the floor at this crisis moment, realizing that, that it was amazing to have each other. And you know how odd that when one needs the most, to be able to have a hug by somebody or shake your hand or give a five, give high five. You know, that's precisely what COVID deprived us off. So we needed we needed each other more than ever just through like eyes through a glance or on a look or, you know, sort of, I don't know, just whatever signal we could send each other that we were okay, and then we weren't going to be all okay, and that we were in this together. So it was an incredible manifestation, just an incredible display of of friendship and collegiality and equality. And you know, there were no ranks and there was no, I'm above you, or you're below me, or it was just unreal.

Christina Lefebvre 16:09

That's really incredible.

Alberto Puig 16:11

Yeah.

Christina Lefebvre 16:12

Do you feel like that strengthened sense of community has translated to society? Or do you feel like the pandemic has divided us more?

Alberto Puig 16:21

I don't know. I think that I think that we live in a moment where for whatever reason, it just seems like people have a tendency to politicize and polarized anything they can get their hands on. I find it in very variable, it just boring and fastidious that people have to turn to that. I think a moment like this has all the makings of a potential, you know, silver lining, or civilization in some way, that we should come out of this more resilient, stronger, more resourceful but, but it is true that the isolation of being confined, you know, families that have had to spend so much time together in, in, in four walls, without the touch and the and the, you know, sort of sharing and, and joy of having friends and, and family over, etc. I think have made us in some ways much stronger as a family unit. I think that I've never seen so many families who spend so much time together and, you know, learn so much about each other but but certainly it has been a struggle societally for for people to connect. So I'm still kind of waiting for that silver lining moment over the next few months. When the country, the society comes together, and rallies behind what's left, what's left after a crisis like this, which is incredible need for rebuilding. But I don't know why I'm sort of a crazy optimist and I have no doubt that like any other catastrophe in history from, from the 1918 flu pandemic, to, you know, to a horrible event, like, you know, Katrina's New Orleans, you know, horrific death toll. I think that you see people rallying behind each other, and sort of pulling up their boots and saying, you know, we're gonna rebuild, and we're gonna do better than ever, and I don't know, this is sort of the amazing thing about living in this country and being part of the society that, that, you know, sort of no matter whether you are a healthcare worker, or a, you know, restaurant worker, you looked at tomorrow to say, you know, how do we rebuild? How do we get back? Not to where we were, but better, and I just have no doubt, I have zero doubt, and all the faith that that we will conquer it again, and we'll get there and beyond so.

Christina Lefebvre 19:12

I definitely hope so.

Alberto Puig 19:14

Yeah, we will. I have no doubt. We'll get to it.

Christina Lefebvre 19:19

Are there any common misconceptions that you hear among patients or even in the media about COVID?

Alberto Puig 19:28

Ah, I think that you hear all the time it doesn't affect the young and I saw plenty of young people with it. It doesn't affect the blankety blank and it does. It affects everyone it affects every kind, every, every you

know, age group. It's, it was eye opening, you know, compared to past sort of epidemics, you know, to a much, much, much smaller scale that we've seen, like the flu of 2005 and 2009 or in [inaudible]. That, you know, there was no particular, you know, group that it left behind. But I think that, I think that yeah, I think that perhaps what has been not most telling to me is that you cannot turn the news on, even tonight was with this interview, you will learn about some other new study or myth or, or, you know, scientific concept or thought about COVID, that will have everybody, you know, sort of scared to death that, you know, this thing is coming back, or that is, is that is passed on through these droplets or to this, you know, surfaces, et cetera. So, I think that, more than misconceptions, I'm pretty, I'm pretty amazed by how much you know, sort of information that it's, you know, not very well studied or proven. We're being bombarded by and, you know, people are sort of scared and freaking out in some ways. And, you know, here we are, almost the beginning of June, and, you know, hopefully, in what will be a long tail, and after that, you know, sort of curve, as you know, reaches peak, and it's coming down. And I think we still have a lot of misinformation. And I feel like, that's sort of, perhaps the worst part about, you know, moving forward is not knowing and, you know, hopefully will be guided and, and little by little will, will do the right thing. I think that every day, I learned something new from either someone or one of my friends, or, again, or a media or, you know, some, you know, paper or some, you know, article, it's, you know, we have a lot, a lot coming our way, we just have to be incredibly patient.

Christina Lefebvre 22:15

You talked about the emotional strain of working in a hospital during this time, could you talk a little bit about the mental health resources that are available to both health professionals and patients?

Alberto Puig 22:29

Yeah, I think that, you know, we've gotten so much better over the past five years, recognizing that, the toll that, you know, Ailment and tragedy and in our daily lives, as healthcare providers, and as doctors or nurses take on our life, that we now have a very good arsenal of resources at our disposition, to be able to face, you know, whatever challenges may come your way I am, I am not more than, you know, a day without receiving an email from, you know, the Center for physician wellbeing, or the Center for Wellness or our, you know, our helps, or our friends from this, from the, again, from a psychiatric or psychological you know, support group community to say, you know, hey, if you need to talk, here's, you know, 17 different resources, if you need to have a group chat, here's another, you know, things you could do, or, if you need to just break out and go and do some yoga, here's a place that you know, will fund and I think that the healthcare force has been very well, you know, sort of, covered or resourced, to be able to face the both of alienation and sort of sadness and tragedy and, and toll that it takes to work through this pandemic and this crisis. Same thing applies to patients. I think that in fact, a little bit even quicker, we've been now for the better part of 15-20 years, really paying attention to the toll that it takes on a patient and their family to be, you know, again, affected by such a thing as a pandemic like this. That, that said, I think that remains to be proven whether you know, moving forward, we'll be able to do a good job and I think history will tell how we will be able to really sort of mend our you know, fill the gaps that this crisis is likely to leave and all families and all relationships and I don't know I think that I

think that is going to be a tough a tough next, you know, year or so. Trying to climb these up hill road and, and well we will call the recovery mode right now. Just not not just not just professionally, but I think financially a lot of people are hurting tremendously and emotionally and again, as the country starts to open and people, you know, sort of start to feel a little bit better. You know, time will tell, again, I get sick almost every day to hear the word, what will the new normal be? And I have no idea. I think that my biggest, my biggest worry, I think is my kids, sort of the generation of young one young ones who are being raised amidst this, this these unbelievable events, like, the pandemic that we just live, we're living through or, or, you know, all the other, just any of the other horrific events that they've been living through that I didn't, you know, I did not live through when I was their age, you know, 40-50 years ago. So I don't know. But, but I do worry a little bit about the about the young ones, but the little kids, and how they'll face this, and you know, what effect we'll see in everybody wear a mask around them will have, you know, imagine if you're two years old, and your first, you know, social memories, is everybody wearing some weird bandana or a mask? I don't know. It's something certainly something that neither you nor I actually ever experienced. So it'll be interesting to see how you know, that affects them 5-10 years later? I don't know.

Christina Lefebvre 26:26

Definitely. Are there any important lessons that you feel you'll take away from working during the pandemic?

Alberto Puig 26:35

Ah, yeah, I think that I'll take away a lot of positives, that, you know, what amazing what an amazing workforce we have and what people can do when they get together and they pulled together and the sincere, you know, appreciation that I have for those around me and how lucky we are, that we are, where we are, and not elsewhere. And I think I'll also just, you know, sort of come out of the pandemic, with the takeaway of you know, that is okay to be afraid. I think that he taught us all that it was okay to be afraid, I think that there was a lot of skepticism about being scared. And, you know, should we show fear? And do we show apprehension? And I think at the end, it became quite okay to say, yeah, I'm a little worried about this that and the other and it became okay to not, you know, be all, you know, sort of cavalier about anything. So I think that I'll take away that there's okay to be vulnerable as well, you know. So those will stay with me for a while and, and then I think that goes, there'll be so many more silver linings that I can't even begin to tell you, but for me, it's also been a moment of time to reflect on my profession and what I do and, you know, the reality is that when everybody's supposed to go home and and, you know, lock themselves up, you know, we are supposed to go to work.

Christina Lefebvre 28:16

Right.

Alberto Puig 28:16

And that's our and, you know, the opportunity that I've had to spend time with my family and my wife and my kids. That's something I'll take away.