

Everything but the Doctor



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SOCIAL DISTANCING. CONFERENCES on electronic platforms. A lecture through a video conference met with silence, static, and a bunch of names in black. So much personal protective equipment that I look alien to my patients. The halting of didactics, research, time with residents and medical students. No more hugs, handshakes, or touch. I have been struggling with what society has transformed into at present. Most challenging for me has been redefining the patient doctor relationship in this era of minimal contact, limited hospital visits, using cell phones to obtain a history, and being unrecognizable in personal protective equipment.

In pediatric emergency medicine, the human interaction is the most invigorating. With every clinical shift I have the privilege of taking care of patients and their families, putting them at ease during a trying time, bringing clarity to unknowns, and providing empathy—all while having a little fun along the way. I find myself longing for the patient interactions of the pre-COVID era. I want to go back to focusing on being a therapist, salesperson, magician, comedian, entertainer. . . *everything but the doctor* to my little patients.

I remember taking care of Batman in my emergency department. He was a little boy presenting with a chin laceration during an overnight shift many months ago. To many of my patients even the white coat — forget the hazmat suit — is a symbol of fear and trauma. I haven't worn one since my medical school graduation. Instead, I've spent years perfecting my costume for work. Nail polish, glitter, colorful sneakers, fun prints, stickers, headbands, lights, and toys have all become part of my work wardrobe. I do everything in my power to hide the fact that I am indeed a *real* doctor to my little patients, while maintaining the balance of professionalism and trust with their parents. When Batman came into the department, I looked at him in his superhero outfit and knew what costume I needed to put on for work that day.

You wouldn't be surprised to hear how the laceration happened. This 5-year-old is getting ready for bed, wearing his Batman print onesie and Bat mask, and overestimates his ability to jump. His parents run into the room to find their child crying with blood splattered everywhere like a crime scene. Somehow he manages to cut his chin on his bed frame after the aerodynamics of his superhero

cape fail him. And I swoop in, the superhero to the superhero, in scrubs, ready to repair a broken Batman.

I walk into the room and find both mom and Batman have eyes welled with tears. Mom is sitting on the stretcher trying to maintain a sense of calm while overwhelmed with guilt that this happened under her watch, and Batman fearing the tall stranger who walks into the room historically known to have needles. I hold my hands up in the air and take a seat on the bed, showing I have no weapons and I'm just here to talk it out. I reassure mom that this type of injury is not uncommon, that these types of injuries are seldom predictable, and that he will recover uneventfully and soon forget this ever happened. This is the therapy stage. Everything is going to be okay.

I look at the gash, noting that it'll need stitches. I think about saying the "s" word, but decide I'm not ready for the show to be over before it even begins. I explain that the cut will require cleaning with a "squirt gun" and some "string Band-Aids." I negotiate the application of a topical anesthetic by the other superhero at my side, the nurse, in exchange for some Paw Patrol stickers (the currency of business transactions of my clients), and let him know that the fun will begin in about 20 minutes.

I still have not entirely gained his trust, so before walking out, I demonstrate that I know how to floss (dance move, not teeth cleaning) while asking him for song requests. I plan to DJ his laceration repair. He shows me his own endearing version of the dance, which involves swinging his arms in isolation, or swaying his hips — but not both at the same time. He looks at me shyly and then at his mom with a smile as they exchange a quick conversation with their eyes. His mom responds by saying, "you have to tell her what you want to listen to yourself." I tell him I'll give him some time to think about it as I step out for a few minutes.

With his mom's permission, I give Batman some midazolam intranasally to help him relax. Though he initially complains about the taste, he transitions into giggle mode and it's time for the show to start. I turn on the Justin Bieber he requests (couldn't have chosen better myself) and begin.

We wrap him up into a burrito with a blanket to help keep his hands away from his face. I let him know that if he stays in his burrito, he will be rewarded with a popsicle

for dessert. I take one of the blue sterile drapes and wrap it around my own neck as a cape, and take the second one to create a sterile field for the repair. I squirt the nurse, nurse assistant, and mom with normal saline from my 60cc syringe to show him that I'm not afraid of making a mess. Then I work toward irrigating his wound. As I dab the wound with betadine I ask Batman why the soap is this ugly brown color and encourage him to invent soap that is more fun, like rainbow soap. He starts to nod yes, and I have to remind him to try to stay still. Mom says that I can be an investor, as the lines of tension from her guilt slowly fade from her face.

Like any magician wondering if their trick has worked, I hold my breath as I place my first suture. Batman continues to tap his feet to the musical stylings of Bieber and is unfazed by the needle I just inserted into his skin. The topical anesthetic worked and mom's sigh of relief is palpable. I swiftly cut's cradle my way into placing the remainder of his simple interrupted sutures, making sure that the string Band-Aids are in his field of vision but the needle and needle driver are not. A magician never reveals their secrets, and I figure it's best if I do the same. I top it off with some ointment and for my last trick, unravel Batman from his burrito.

We high five to honor his courage and bravery. I take a (mental) bow that no tears were shed during the entire process. Batman's mom thanks me for taking care of her son and I step out of the room to complete their discharge paperwork. I come back with one more encore joke, "5-year old Batman cannot drive tonight because of

that nose medicine." Mom laughs, she thanks me for their care, and the 2 of them exit the emergency department. And just like that, the once fearful Batman and his mom leave with the sense of trust, safeguard, and satisfaction from their doctor *and* also their therapist, salesperson, magician, entertainer, and superhero.

This experience is not unique to me. I am confident that several pediatric providers take on the role of *everything but the doctor* to some capacity within their practice and have found that the pandemic has altered their priorities significantly. Providing therapeutics transcends diagnosing disease, performing a procedure, or prescribing medication. Batman came into the ED with his costume, reminding me of the way taking on the role of *everything but the doctor* strengthens our interpersonal relationships with families and enhances the quality of medical care that we provide as physicians to our patients. Perhaps one day, our costumes will no longer be hazmat suits and we can revert back to the playful attire we once wore in the pre-COVID era. I hope the physical and figurative barriers that the pandemic has introduced will only minimally impact our relationships with patients. I know that as we move towards a new normal in the way medicine is practiced, I will work towards brainstorming new ways to continue to be *everything but the doctor* for my own patients.

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