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“Social Distancing” Causing Social Closeness in a Department of Obstetrics and Gynaecology

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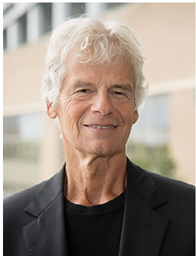
"Social Distancing" Causing Social Closeness in a Department of Obstetrics and Gynaecology



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Social distancing during COVID-19 has caused social closeness in our department of obstetrics and gynaecology. This social closeness has developed, as might be expected, in the spirit of us all being in this together, but it also stems from an unexpected source, at least for this semi-Luddite: "Zooming in" to our weekly grand rounds and other department meetings. The social closeness of Zooming in has been surprising to me because I have always believed in engaging through close physical proximity. Perhaps our department's social closeness in these months of social distancing is due to the intimacy of the faces of the department members or residents facilitating grand rounds occupying the entire Zoom screen.

This social closeness goes beyond seeing much smaller faces in the social proximity of our large amphitheatre, even if one is sitting in the first few rows (which no one does). Zooming in provides "close-up" social closeness beyond the social proximity of the long conference room in which we hold department meetings. The social closeness in our department since COVID-19's contagiousness precipitated the start of Zooming in at the end of March has been positive in many ways, explored in the following. However, COVID-19's contagiousness began for me near the end of February.

My partner and I had fled for a brief "winter escape" in February, but 2 days later I became ill with fever, headache, cough, and difficulty breathing. I must have picked up something on the airplane. I consulted a physician who, after listening to my lungs, said, "pneumonia," and then something in Spanish about my left lower lobe. My partner put me on the next flight home. I employed social distancing on the airplane before I ever heard the term because I of course did not want to infect any of the other passengers. Fortunately, there were many empty seats, so I could easily social distance by 2 metres before I had heard of the 2-metre directive. I also wore one of the surgical masks I keep in my briefcase in winter to wear if a nearby passenger has the flu and I used up my two bottles of hand sanitizer.

In the taxi from the airport, my breathing worsened, so I asked the driver to stop at a pharmacy, where I prescribed myself antipneumonia medication—inappropriate, I know, particularly as I teach ethics and professionalism to medical students and residents. When finally home, I sat down just inside the front door and debated going to the emergency department. . . and debated. . . and debated. After I walked up the six steps to the bedroom, I felt like I was drowning. I actually pressed 911 but not the "call" button because I feared being intubated and ventilated more than I feared the off-chance I would die from pneumonia. Gradually, my breathing eased a bit, and I fell asleep. My partner returned to Canada a few days later, having picked up the bad bug from me. We both self-isolated, not wanting to pass our nasty respiratory virus to our family, friends, and colleagues. We learned a few days later that COVID-19 had come.

The social closeness in our department due to social distancing and Zooming in has many positives, one of which

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is that everyone seems to be on time for the 0800 start of grand rounds. Of course, there are minimal pre–grand rounds in-patient rounds or 0700 meetings, to delay us. A surprising positive is there are fewer tech glitches on Zoom than when grand rounds occur in our amphitheatre, even though the audiovisual technician is a resident or the young faculty member just appointed continuing medical education director. Another positive is that the attendance at our Zoom grand rounds has been consistently at least 30% higher. Part of this attendance boom may have been due to the 4 grand rounds in April being devoted to COVID-19; however, this dramatic increase in attendance has continued into July.

Although the Society of Obstetricians and Gynaecologists of Canada has provided excellent COVID-19 resources[1] and the *Journal of Obstetrics and Gynaecology Canada* has published important articles,[2,3] the particulars of any hospital make individualization an essential requirement for each department of obstetrics and gynaecology. At one of our grand rounds, a department member led us through a simulation[4,5] beginning with a labouring woman entering through our hospital's emergency department doors and eventually entering the cesarean delivery room, where her child is born. This simulation brought to the surface many potential problems in protecting patients, staff, learners, and faculty, as well as problems with equipment locations and ethics issues.

As I write this editorial, I feel useless because I would like to contribute to patient care, but no one in our department needs my assistance because elective surgery and most clinics have been cancelled. I would be more than useless to our obstetrics service—I have not delivered a baby in 25 years. I wanted to volunteer to assist elsewhere in our hospital or in a long-term care facility, but I heard a nurse on CBC insist that specialist volunteers are useless because they take up nursing and PSW time by "asking us for things." I also feel useless because I can do nothing to protect my 95-year-old father in a long-term care facility.

The newly found social closeness in our department of obstetrics and gynaecology due to the social distancing necessitated by COVID-19 will continue through Zooming in to grand rounds and other department meetings until a COVID-19 vaccine allows social proximity once again. I believe this social closeness in our department has always existed but that it took the social distancing of COVID-19 to make our social closeness apparent. I also believe that no "Zoom fatigue"[6,7] will set in to diminish the attendance and enthusiasm at our grand rounds and committee meetings and dissolve our social closeness. In our fundamentally changed post–COVID-19 world, it is likely that use of Zoom will continue postvaccine to imbue social closeness in grand rounds and committee meetings. However, no upside to the COVID-19 pandemic can make up for the many persons in Canada and around the world that COVID-19 will have killed by then.

REFERENCES

1. Society of Obstetricians and Gynaecologists of Canada. SOGC COVID-19 resources. Available at: https://sogc.org/en/-COVID-19/en/content/COVID-19/COVID-19.aspx?hkey=4e808c0d-555f-4714-8a4a-348b547dc268. Accessed on June 11, 2020.

2. Elwood C, Boucoiran I, VanSchalkwyk J, et al. SOGC committee opinion – COVID-19 in pregnancy [e-pub ahead of print]. J Obstet Gynaecol Can doi:10.1016/j.jogc.2020.03.012. Accessed July 13, 2020.

3. Kiely DJ, Posner GD, Sansregret A. Health care team training and simulation-based education in obstetrics during the COVID-19 pandemic. J Obstet Gynaecol Can, in press.

4. Ulrich AP, Cho MY, Lam C, et al. A low-cost platform for laparoscopic simulation training [e-pub ahead of print]. Obstet Gynecol doi:10.1097/AOG.0000000000003920. Accessed June 11, 2020.

5. Kneebone R, Nestel D, Wetzel C, et al. The human face of simulation: patient-focused simulation training. Acad Med 2006;81:919–24.

6. Daigle T. 'Zoom fatigue' is setting in: what it is and how to prevent it. Available at: https://www.cbc.ca/news/technology/zoom-fatigue-is-setting-in-1.5585933. Accessed on May 27, 2020.

7. Leung W. 'Zoom fatigue': here's why videoconferencing leaves you feeling tired. Available at: https://www.theglobeandmail.com/canada/article-zoom-fatigue-heres-why-videoconferencing-leaves-you-feeling-tired/. Accessed on May 21, 2020.