

Therese Kent
Behind the Mask
January 8, 2021

GB: Good morning. Today is January 8, 2021. My name is Gabrielle Barr. I am the archivist at the Office of NIH History and Stetten Museum, and I have the honor of speaking to Ms. Therese Kent. Ms. Kent is an acute care nurse practitioner at the Clinical Center, and she's been taking care of COVID-19 patients for the past almost, I guess, year or 10 months. It's been a while. So, thank you very much.

My first question is as somebody who has worked on campus throughout the pandemic, can you talk a little bit about what that atmosphere was like, and if it has changed, can you relay in what ways?

TK: So, the atmosphere was very different. I mean obviously as it was everywhere. There's just a lot less people. Parking was easier. Usually it's very hard to get a spot, and all of a sudden it was no problem at all. So how has it changed the atmosphere? Well, it was just...it's just a very different feeling around. You don't see people; the patients actually went away too, like we had a much lower census because elective things were cancelled, and nobody wants to travel, and so it was a very... is a big change. Just a very empty feeling. Very eerie sometimes.

GB: Can you describe what your role has been in caring for patients with COVID-19 at the Clinical Center?

TK: So, I'm the senior nurse practitioner with the Clinical Critical Care Medicine Department so we help take care of all the ICU patients in the hospital. When we first started accepting COVID-19 patients, they were admitted to SCSU (Special Clinical Studies Unit), and so that unit was set up years ago with negative pressure already in the whole unit so they were in that way ready for the COVID-19 patients. The environment was ready. So initially when we got COVID-19 patients, they went to that unit on the fifth floor. The ICU's on the third floor, and initially only physicians were in that unit. We didn't have any nurse practitioners, so I actually didn't start taking care of patients until May. So, the first month or two was just physicians, and they were trying to kind of get routines set up and protocol set up to take care of the patients. They did learn. You learn with experience. During that time, it was very difficult, so the ICU nurses had to be up there on the fifth floor and IC nurses had to be on the third floor with the regular ICU.

Basically, with some time and experience, they realized that wasn't very efficient to have two places for ICU-type care. So, in May, or maybe a little bit before May, they started coming... bringing... transferring the patients to the IMC, which is basically another ICU right next to the ICU we have. So, we're all in the same place; we have all the equipment together, and the ICU nurses can just go across the hall instead of to another floor pharmacy. It just made a lot more

sense to have everything in the same place so they had to get the IMC ready for COVID-19 patients, which means making it all negative pressure, doing a lot of construction type things to make it ready.

GB: What did that take revamping things to make it ready?

TK: I mean it kind of has been going on for months and months, but they were able to get some beds ready and some parts of the unit ready so certainly in the last week or so, I mean last month or so, it's even better than it was a month before that. So, it's been ongoing construction, but to get those first six beds ready, it's hard for me to guess, but at least a month to get everything ready. My role was once they came down here the third floor, we started to take care of them. And as a nurse practitioner I work with the critical care fellows and we assign the patients in the morning, and I go see the patients and review the care, and I examine the patient, and then we present the patient on rounds and take care of them during the day.

GB: Yeah, what was it like for you initially when your nursing staff was divided between the floors and what did you do in the meantime? I mean it seems like that would be kind of challenging for you.

TK: So, I'm not in charge of the nursing. We have a nurse manager, Tammy Williams, who had to deal with all that. I'm in charge of the nurse practitioners, and we're in the medicine side, but it was very difficult that they had to have their staff split. They're still somewhat split because once you take care of a COVID-19 patient, you're over there all day. You don't go back and forth. But I think they really struggled with sending people to another floor, and it was an equipment thing too. We had to have medications and code carts, and it was a lot of work which they made work, made it work for a while, but it just seemed more efficient to bring it down to us on the third floor.

GB: Was there an instance when you felt like you had really achieved success with working with some of your COVID-19 patients and/or were really proud of an outcome of an action that you and your team did?

TK: I mean it was... certainly, we're excited and proud whenever anybody gets better, and we were able to discharge them, and we've had a bunch of those so that's been really nice and a big... very uplifting. It's the thing that I think they're seeing, I've seen across the world with the COVID-19 patients is they can't have visitors, and that's just a huge, a huge hardship on the families and on the patients, and something we've never had before. So that has been a big challenge, and I was very proud of our team when we did have a patient who died, but he was—we knew he was...you know he was made a “Do Not Resuscitate” because we knew there wasn't any options left for him, but I was very proud of our team in this very sad situation that they were able to pull together a lot of resources for the family. We were

able to be in the room with like a Zoom type call, and because we have resources here, I was able to be in the room; the nurse was able to be in the room; I felt good about even the sad situation, the patient dying, that we could support the family as best we could in that situation.

GB: Yeah. Have you, how have you dealt with some of the emotional stress that you and your team have endured these past few months?

TK: Well, some of it is perspective. I mean I think NIH hasn't had the overwhelming amount of patients that other places have so we know that as hard as it is sometimes, we're lucky and that we're...we have resources; we have PPE, we have good staff, that it hasn't been as horrible as other places, but we have a great team. I'm very grateful for our wonderful team of the nurses, the physicians, fellows, respiratory therapists, and of course my NP [nurse practitioner] team, and really feels like we really just support each other and get through it.

GB: One of my questions is how did, how are you prepared or trained to take care of COVID-19 patients?

TK: So, like I said it first started on the fifth floor, and those nurses and staff have been trained for a while to take care of this type of isolation, and they took care of the Ebola patients, okay, and so they're used to it. So, they are familiar with the isolation protocols. So, from there, it just went from them training our staff and then when the patients came down [to] the third floor when I took care of them, we just all trained each other; we have lots of reminders and lots of signs of stuff to help remind everybody to keep everybody safe.

GB: Yeah, that's very good. Well, you are also one of the first NIH employees to be vaccinated, which is very exciting. So how were you selected to be one of these first NIH employees, and how did it feel when you heard that news?

TK: It was, it was exciting. I was surprised. I didn't know. I mean I knew the vaccine was coming, and I think I didn't want to get my hopes up, and then all of a sudden, I was actually here so that was very exciting, and I was very happy about that. So how was I selected? Basically, our CEO Dr. [James] Gilman went to the Critical Care Medicine Department and said at least for that initial representation on the recording with Dr. Fauci and Dr Collins and Secretary Azar, they wanted a representative for all the different disciplines that had been taking care of COVID-19 patients. So Dr. Gilman asked Dr. [Henry] Masur who's my boss, the director, he's the chief of Critical Care Medicine, to then ask me if any of the NPS are interested in being one of the first ones and being in that forum, so it ended up being me. It was exciting; it was, I felt very honored and grateful. At first, I was a little mixed. I'm like "Do I deserve this?" because some people, like I said, have been struggling for so long, but, yes, it was very exciting. I was

very thankful and grateful, and it has been really nice to get the response from people as friends and family have seen it on the website or on TV even. You know everybody's just very excited, very hopeful.

GB: That's wonderful.

TK: So, it's been really a big upper I think you know for me and my family.

GB: So, what was it like for you that day when you were being vaccinated? It ended up being kind of like a whole event that was on TV. Were you nervous at all?

TK: Oh sure. Yeah that's not my, that's not really my thing, so, of course, yes, I was definitely nervous, but I was excited. I was with my colleagues so that helped, so it's kind of in my element a little bit, but certainly then the bright lights when I got up there, I was like "Whoa, this is not my thing," so, yes, I was certainly a little nervous, but I was more excited, and just the whole thing about giving people hope is really exciting.

GB: Yes, definitely so. So interestingly nationwide, there are some healthcare workers who are hesitant to receive the vaccine for a variety of reasons. What are your thoughts on this matter, and what would you say to your colleagues who are more hesitant?

TK: Yeah, I mean that's a really good question. Certainly, it's super important that people get vaccinated, but I also... it is a personal decision, so I'd hate to ever pressure anyone to get vaccinated and so I'm very careful the way I talk to my staff about it. That I don't want them to feel pressure, but I do encourage them and anyone to really give it due diligence, like look at the data, look at the FDA fact sheets, see how many people are in these trials [and] where it was tested, and really give the research and time into it that you know what you're saying no to because I certainly feel that the risks of the vaccine are completely minimal compared to the risk of COVID-19. And so everything in life is risks, and risk and benefit like a balance, and so you have to weigh the risk and benefit, and certainly I think the risk of COVID-19 is so much worse, and we don't even know most of the risks. There's so much long-term stuff we don't know, and there's people [who] think "Oh well, I'm pretty healthy. I'm not going to die from it", but there's a big difference between death and your regular health. I mean there's a continuum there, and even though you thankfully might not die of it, you might be ill for a long time or not recover so I just encourage people to really look into it and give it a lot of thought and not just [have] a knee-jerk like reaction.

GB: So personally, have there been challenges and opportunities that have emerged because of COVID-19?

TK: So at work certainly there's been lots of challenges and opportunities, and I think you know I've been very, like I said, very proud of our staff and our team, and personally I think the biggest challenge has been being a parent and a healthcare worker. I have four children, and my youngest is special needs, and so it's been a true challenge to take care of my family and leave and go to work.

GB: You're probably nervous being around your family.

TK: Initially, there was a lot of, I had a lot of concerns about that too. I've gotten a little bit more comfortable, but certainly we take a lot of precautions to make sure that I don't bring something home, but nothing's a hundred percent. But yeah, I'm very grateful my husband is super supportive, and he has helped manage working from home full-time and taking care of our children. My older kids have been amazing helping with my youngest, so I think the opportunity within those challenges is that the family has been there for each other.

GB: That's nice. Work-wise, has there been, you know you mentioned some of the challenges and opportunities, but have you observed anything clinically these past few months that you feel like you're really interested in researching? I know that sometimes that's a terrible thing to say about illness and distress, but it can also be very intellectually interesting.

TK: Yeah. I definitely know what you mean. I think kind of going back to the we don't... we... there's so much we don't know about this virus, and one of our senior staff Dr. Anthony Suffredini is doing a natural history protocol about studying patients over time, during their acute illness and then when they're recovering and in doing studies that are different organs and trying to figure out how it's affected them. So that is incredibly interesting to me because we just don't understand why some people do well. I mean sometimes there's a lot of other health issues, but sometimes there's not and why is that the case, and so I think the whys are just very, very interesting.

GB: Yeah. Are there any hobbies or other things that you've pursued to help you cope with COVID-19?

TK: I haven't really had a lot of time do other hobbies, so not specifically. I mean certainly, I leaned on my friends and family, and I've become more of a texter because that supports me throughout the day, and in prayer too of course, I've probably become much more prayerful throughout all this.

GB: Is there anything else that you would want to share as an NIH clinician but also as a person who's living through the pandemic?

TK: I can't think of anything real specific. It's just...it's been a very enlightening time for all of us to show more compassion and kindness, I think.

GB: Well, thank you very much, and I wish you all the best [to] you and your staff, and I hope the best for your family as well.

TK: Thank you so much.