



How COVID-19 Is Affecting Medical Education In The United States



What is Global Health?

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In this episode, originally featured in *The Lonely Campus*, Columbia University's *The Journal of Global Health* podcaster Areej Qadeer interviews current medical students at the Yale School of Medicine and University of Texas Southwestern Medical Center to explore how medical education and training is evolving in the face of COVID-19. Sofia, a third-year medical student at Yale widely known as @thisgirlnamedsofia on Instagram, reflects on her experience completing clinical

rotations during the pandemic while Sidrah Shah (third-year medical student at UT Southwestern) and Hanya Qureshi (first-year medical student at Yale) share how they are adjusting to remote medical education.

How COVID-19 Is Affecting Medical Education in The United States | @thisgirlnamedsofia, Sidrah Shah, Hanya Qureshi | Transcript (via Sonix)

[00:00:01] Hi, everyone, my name is Areej Qadeer, and on today's episode of The Lonely Campus, I'll be sitting down with three different medical students who are all at different stages of their medical training in order to get some insight on how the coronavirus pandemic has impacted their medical education. To start off, I'll be talking to Sophia from Yale University, also known as @thisgirlnamedsophia on Instagram, a page where she shares her journey to becoming a physician in order to learn more about how her in-person hospital experiences are currently being affected by the pandemic.

[00:00:35] So just as background, I am in my third year and it's currently the beginning of May right now.

[00:00:44] So I'm going into my fourth year and our school does things a little bit differently than a lot of other schools. So Yale does the clinical year starting halfway through the second year. So January of your second year. You start in the hospital and it's one year for clinical rotations, and so halfway through your third year, you're done with all the rotations, but you have not yet taken a single board exam. Most schools do it the other way where they do two years in the classroom and you take your board exams, at least step one, you take step one and then you start in the hospital and you do your clinical year.

[00:01:33] And then by the time that year is done, you're actually finished with your third year. So it's comes out to be about the same. But for us, it's just like a different order of things. So what that means is that I have finished all of my clinical rotations, but I have not yet taken a single board exam.

[00:01:54] And for me, the reason that I haven't taken a board exam is because metrics testing centers have just like shut down and have cancelled my exam.

[00:02:03] My step one has literally been canceled and rescheduled like four times now, or I just trying to get a test date and have that work out. And then currently I am on a sub internship, which is something that students do after their clinical year, but before applying to residency. So once you decide what you want to apply into for residency, you do at least one sub internship, which is you're basically pretending to be a first year resident and trying to get the hang of things. And so I'm actually doing that right now in pediatrics.

[00:02:43] So sorry, that was a lot. If you need any clarification, go ahead.

[00:02:49] that's definitely all really useful information. I think you have a very unique experience across the board. I'm not sure how many medical students can say the same. So since you are in and out of the hospital in this time, whenever you come home, do you usually self isolate or are you only allowed to interact with like a certain group of people? Do they have a lot of restrictions on you?

[00:03:13] That's a great question. So in terms of being in the hospital, most sub internships have actually been canceled just for this very reason of safety of the students and then a desire to conserve the PPE and all of that. But because pediatric patients haven't been hit quite as hard with COVID, that's actually the reason that I'm still able to be in the hospital. And when there are patients who are likely to have COVID or have tested positive, the students don't really like we don't interact with those patients. It's usually just the attending who will go in and see that patient a lot like the other residents. I want to say don't even go in just because we want to conserve PPE every time you have to go into COVID room and you're going to use up some like ninety five and like gowns and things like that. So because of that and because of just like safety reasons, they try not to have the students interact with any COVID positive patients.

[00:04:25] That said, like we do test a lot of people for COVID just because like even if we don't think that they are going to be positive, sometimes, if you want to send them for an MRI, you have to test them for it because they want to know if this person is going to contaminate the entire room sort of thing. So we test a lot of people and we are able to, as students, interact with patients who are being tested if they're not likely to be positive and then coming home. Yeah, I mean, we wear scrubs now in the hospital, whereas before this is not like a surgical floor or anything. So people used to dress business casual or business wear like white coat, stuff like that. And now

everyone is just wearing scrubs. You come home or you change in the hospital, unlike those scrubs go in the wash. Ideally take a shower.

[00:05:20] Like really everyone has their own decontamination strategy.

[00:05:24] But it is there have been changes and they're trying to make it easier for us to just decontaminate and then, yeah, definitely planning to isolate for two weeks after the rotation is done just because I mean, you don't know what you pick up in the hospital and stuff. So ideally, I'll just. Not see anyone for two weeks.

[00:05:51] It definitely gets a little isolating, but I guess that's just what we have to do. And speaking of isolation, do you think that the morale in the hospital is a lot different than what it was before, like just going in, feel a lot more? Kind of. Do you feel like devastated whenever you walk in and see how everyone's so under so much pressure?

[00:06:15] Well, it's hard to say as someone who's in pediatrics only because I think.

[00:06:22] Things are so different for us and they are for like the adult floors, so some of the pediatric floors have been converted to adult floors just because they needed more beds and more rooms.

[00:06:35] And I feel like the fact that that was able to happen kind of shows that pediatrics is not being hit as hard as adult, like inpatient internal medicine.

[00:06:47] And so a lot of the people that I am working with, there are changes that are happening. But certainly the brunt of taking care of covered patients is not falling on pediatricians. Then there are COVID positive patients here and there. For sure.

[00:07:05] For sure. But. I guess what I'm trying to say is that I have been shielded from a little bit of that because the people I'm working with are not under as much pressure as I would say, like internal med. Also, I feel like.

[00:07:24] There's a lot of pediatricians who have volunteered to work in adult COVID units, and I feel like those people, from what I'm seeing, are a lot more like I don't want to say burned out, but

they are a lot more stressed. And I think the change from like seeing in kids to seeing adults like that, that's difficult.

[00:07:47] Same thing for a lot of people who are in subspecialties like there, dermatologists who are now going back and taking care of people in ICUs. And that's not something they've done for many years. It's it's tough. You know, it's stressful.

[00:08:03] But overall, I think morale in pediatrics is OK.

[00:08:07] It's I would say the schedules have totally changed for people. They are trying to keep a very deep pool of healthy residents. So people are working like seven days on, seven days off sort of thing, which to be honest, it's kind of a better schedule than what they had before. So I feel like Yale has done a good job of like just really trying to keep people healthy and safe, so.

[00:08:35] How did the Yale administration initially react to the spread of the virus, where changes brought in immediately, or how long did it take before they implemented these things?

[00:08:46] That it is a good question. So I feel like the response was fairly quick from Yale as an institution, just because when the undergrads were on their spring break, which I think is like March six to twenty second, they were pretty much told, like, don't come back, just stay at home. So that's like that's like mid-March. So that's I would say, you know, it's been what it's been like six weeks since that happened.

[00:09:15] So that was a pretty rapid, I would say, like response to things. Same for the med students. Things went remote pretty quickly. I want to say it was around the same time, honestly, as the undergrads were told not to return. I know that there were students who are in the hospital completing their sub internships and rotations and all of that just stopped pretty quickly. I want to say it's around the same exact time, like mid-March. And people they were just told, like, no, things are going to go virtual. You can't be in the hospital right now.

[00:09:52] My rotation that I'm currently on started on April 20th and.

[00:09:58] Everyone else who is supposed to start with me in the hospital for that rotation walk, it was canceled. Only pediatrics continued because of what I said, where the pediatric population

isn't as affected. So people's clinical activities have been canceled and things went virtual very quickly. And I, I feel like it's been about, I want to say six weeks or so since clinical activities have just been completely halted.

[00:10:28] Do you think that Yale did a good job of listening to student responses in the decision making process because especially online, a lot of students are saying that they feel like administration just kind of made decisions and told everyone that their schedule is going to be this way.

[00:10:43] But they didn't actually hear everyone out and, like, make accommodations.

[00:10:48] Yeah, I feel like yes and no, you know, I think, like when the decision was made to sort of get students out of the hospital, I feel like that was a pretty unilateral decision. Like, I don't think that they necessarily asked people about it. Would you rather continue to be in the hospital or not? And that's because my understanding is it was more of an issue of conserving PPE more than anything else. You know, at that point, like patient safety is going to come first and the people who are really essential personnel are kind of going to be prioritized, which I think makes complete sense. And I think the other part of that is just when you're in the hospital as a student, you're there to learn. But under the new circumstances, I don't think that the quality of learning is going to be the same when attendings are just so worried about managing so many patients and people are coding left and right. Like, I don't think that's like a good environment to learn in. And I think that's what the administration felt as well. And that's why they made the decision to get people out of the hospital. And then once that decision was made, I think there was a little bit more time to have virtual town halls and kind of hear out people's concerns and complaints and things like that. And so we have had different virtual meetings and students from all class have shared their concerns. And some of that, I think a lot of that has been taken into account.

[00:12:28] So, for example, I'll tell you, for those of us who are in our third year going into fourth year, we have a set of requirements. Right? So there's a thesis requirement. There's like 40 weeks of like these clinical activities and research and things that you have to you sort of have to show that you're doing in order to graduate on time. And those some of those requirements were decreased a little bit. So instead of I want to say thirty seven weeks of activities, they reduced it to like thirty three weeks. Meaning you don't have to be doing as many sub internships and electives and things like that because they understand that it's going to be really hard to schedule it under

these circumstances. So I do feel like they gave us the opportunity to sort of share our concerns and also to propose changes that we think would be helpful. With that said, I think there are constraints like they're not going to get rid of the thesis requirement entirely. That would be a really big change. And, you know, most people, even if you're not able to be in the hospital, like you can still work on research remotely and try to get something done. So I feel like they've been understanding within sort of. I think the bounds of reasonability, but I think they've done a good job and I feel like for the undergrads.

[00:13:58] I almost feel like I don't want to say it's worse, but like they were just they left for spring break, they couldn't come back.

[00:14:06] And and I'm sure, like, that's how it was for you guys to just all of a sudden, like, things are kind of up in the air, at least for, I think, a lot of graduate programs. A lot of the stuff is remote anyways. A lot of the research that you're doing, there's like more time built in for remote things. I feel like studying for board exams, like, you know, we get time off for that. The class beneath me, actually, they should have they should have been doing their rotations right now. And then at the end of their rotations, they would study for their board exams. And the school kind of told them, you should probably use this time to study for board exams because you can't be in the hospital. So, you know, don't waste this time. Like you said, take your step one. And that would be a very productive use of this time. So it's nice that we have that. But it's also challenging, I think, to be told all of a sudden you have eight weeks like study and take this exam. It's much less flexible than for us, where you can take eight weeks, you can take ten weeks, you can kind of do it when you want to. So that's that's tough as well. But but again, like, if you want to graduate in time, then you kind of have to like use this time off to do something productive and check off one of the boxes that you have to you have to do in order to graduate.

[00:15:33] So in order to graduate on time, since your pediatrics rotation is wrapping up, what's kind of like your next step?

[00:15:40] Yeah, for me, you know, this is all happening in the totally wrong order. But my next step is taking step one, taking my first board exam, which I should have taken before this sub internship, before this rotation. So if I can get that exam done, then I will be able to apply in time. But if I'm not able to like if pro matrix cancels it again and, you know, if I'm not able to get it done before August, which is not that far, then I don't see how I would be able to apply this year.

Because, you know, I think residency programs, their understanding of some things, like they will understand that all schools have canceled rotations. I don't think that they will be willing to accommodate students who have not taken like at least one board exam. So we'll see. We'll see what happens.

[00:16:36] Yeah, hopefully by August they have your exams up, because if they cancel that, then I think we won't even be able to go back to our campuses.

[00:16:45] Completely agree with that. Yeah, that's so true. If testing centers aren't open by then, yeah. There's no way universities will be open. My goodness.

[00:16:54] And then I just had one last question before we wrap up. So I'm just in terms of your, like, long term goals, how do you think that adapting to covid has affected your perception of becoming a physician or has it not?

[00:17:09] You know, I feel like this is such a loaded question.

[00:17:12] My goodness. I feel like in a way, it hasn't affected my perception of being a physician only because I kind of knew, you know, this is a selfless group. People are spending years and years and tons of money trying to learn all all of the path things and learn about these different disease processes and how to treat them. But I feel like now. More than ever, it's like practicing in situations which can be unsafe or they're they're not exactly what we anticipated, you know. There's nowhere in the Hippocratic Oath where it implies a willingness to sacrifice yourself, right?

[00:18:01] That's not necessarily something that people have signed up for in the same way that those who work in the military, the police force or I don't know, like it's people who work in those fields have kind of maybe like accepted a certain level of like unsafe working conditions or bodily harm.

[00:18:29] And that's not necessarily something I feel like physicians really have explicitly signed on to. But like people are continuing to go to work day after day. Right. So, like. That kind of speaks to the selflessness that does exist, I think, in the field and not people are not getting hazard pay across the board. People are not getting, you know, the ideal amount of protective equipment that we would want to have. But people are still going into work. And so I feel like, if anything, it's really

just that speaks to the self and the selflessness that a lot of physicians have. And I think that's it's really heartening to see. It does make me think about like unionization and what physicians can do to kind of have a louder voice and.

[00:19:30] You know, kind of be able to advocate for themselves and for their patients on a little bit a little bit louder just because I think physicians like. Their primary goal is always going to be to deliver excellent patient care and sometimes when. When the situation is one where you don't have enough protective equipment like things like that really get in the way of patient care just because if one physician gets sick, that's like 20 lost patients, they can treat it.

[00:20:06] So it really is. I think.

[00:20:12] I think things are going to change after this and physicians will have to find a way to maybe unionize is not the right word, but like really push their interests forward. Because I feel like if there's one thing that is really clear from all of this is just that. Sometimes what's best for a hospital system isn't necessarily what's best for physicians or for individual patients, and that really sucks, but. We're going to have to we're going to have to make some changes as a country, I mean, I think there have been projections of like this will be the end of employer based health care. There have been a lot of projections about how things will change. I think they will. But I feel like if this has shown anything, it's that physicians are just so selfless and. You know, just I really admire the work that my seniors are doing.

[00:21:16] To learn more about the experiences of medical students who have had their clinical rotations put on pause due to coronavirus, I next sat down with Sidrah Shah, who is a medical student at the University of Texas Southwestern Medical School, to learn more about how her remote experiences are affecting her overall medical education.

[00:21:36] You said, I'm in my third year and in like in most medical schools in your third year, you're doing mostly clinical rotations. So that means that you're going to the hospital and you're working almost you're working alongside the doctors and learning through direct patient care.

[00:21:55] So I have completed most of my rotations and every few weeks or so you kind of switch specialties. So I've done most of them except for pediatrics. And I had just I was actually just finishing up my OBGYN rotation when we got told that we were no longer allowed to come to the

hospital because coronavirus concern that we as students were having was that there seemed initially to be a bit of inconsistency in what we could and couldn't do, because at the end of every rotation, we have what's called a shelf exam, which is the national exam that all medical students in the US take at the end of a given rotation. So, for example, I was on my OBGYN rotation and at the end of that, everyone in the US takes the same exam and usually we go to a testing room and it's a test on the computer. But there's doctors there and they make sure that it's secure testing environment and all that. And they had told us before rotations were even canceled, they said we wouldn't be allowed to take our self exam because there was no way at that time to do it remotely. And they were limiting gatherings of people to it was less than five or less than 10 people at the time. So on one hand, you're sending us to the hospital and we're around a lot of people and we're in a clinic and we're interacting with patients.

[00:23:14] But then on the other hand, we're not allowed to take an exam that we've spent several weeks studying for and we don't have a specific scheduled test date in mind. So that was like initially a little bit frustrating. And we did express that to the administration. And in their defense, it was obviously like this whole thing is very unprecedented and the like. Having a secure testing environment is really important, especially later on in education. As a medical student, as someone who's going to be a physician in the future, you want to make sure you're getting the right education, that your test scores are reflecting your actual full knowledge and not compromised in some way. So I understand why they were most strict about testing. And then after that they were thinking about, OK, how can we maximize our students education and make sure we're not taking away their access to the hospital without any concrete reason to do so. So there was like a little bit of a lag, but it was like only a couple of days. And then after that, the whole medical community, especially in terms of medical education, kind of came on to the same page. And we're like, OK, nationally, we're going to suggest that students no longer attend clinical rotations.

[00:24:34] So for the students in your medical school who aren't currently doing rotations that are mostly just taking classes and stuff of that nature, were they allowed to go home before the students who are doing rotations, like, did they hold you extra?

[00:24:49] Yes, yeah.

[00:24:50] They did just switch to remote learning for students who were doing preclinical work. And that was just because they you know, it was easier to do that. They wouldn't be compromising

their education because most lecturers are already recorded. So it usually was already just up to the student whether or not they wanted to stream remotely or come to class. So taking away something that was already optional was a lot easier to do versus canceling clinical rotations that are required to graduate.

[00:25:21] So now that you are at home taking classes, kind of translating that experience onto an online platform.

[00:25:31] Yeah, so they've honestly that they've done the best that they can and they've done a pretty good job the way that they initially. So when I when rotations were cancelled, the following week was the beginning of our two week spring break. So they had about two and a half weeks to kind of figure out what the next steps would be. And then after that spring break, they came up with a few online electives that we could take and that would fulfill some of the requirements that we would have in our fourth year. So typically we finish our rotations by the end of our third year. And then in our fourth year, we're applying to residency. We're doing what's called a sub internship or a couple of sub internships. And that basically means you, as a fourth year medical student, are going to the hospital and functioning at the level of an intern to, first of all, improve your skills and then also to work with faculty, get letters of recommendation so that you can perform at that level before you actually graduate medical school. And then after that, there's time that you want to take it easy so that you can focus on residency interviews and also just kind of expand your knowledge in a non stressful environment before you pick your specialty and you go all in with that in your residency.

[00:26:50] So those kinds of chiller, things like electives are things that they moved, moved up so that we can complete those requirements now. So that frees up time to finish our rotations later. So they turn some of those electives into online forms. And then also we have an option to do what's called frontiers of medicine, which is I'm not sure if that's a Southwestern thing or all medical schools do that. But it's really cool. It's a way to learn about kind of like the cutting edge stuff in a certain field and where that field is going in the future. So they require that at the end of every fourth year before you graduate. And so they give us the option of completing that online as well, and not just consist of lectures and discussions and a few projects that we can do remotely. So, yeah, so right now we're completing a few of those fourth year requirements to free up some time later to hopefully finish up our rotations.

[00:27:53] So they basically designed it so that you all can still graduate on time.

[00:27:58] Yes, yeah. That's currently the track that we're on unless things and actually I did recently find out that. So our board exams like step one, step two, those had also been postponed indefinitely. And I just found out that by the end of May is when I think the testing centers are opening back up again. So that makes me hopeful that maybe we'll be able to start going back to the hospital either in June or July or so. And that should theoretically keep us on track to graduate based on the elective options that they're offering now.

[00:28:37] So after experiencing all of these drastic changes in your medical education, do you feel like it has affected your perception of becoming a physician? Has it altered any of your professional goals?

[00:28:51] It's definitely been it's it's you know, at the same time, it's really exciting and also really frustrating to be a medical student at this time because on one hand, know, like other medical professionals are being called on to, you know, sacrifice there a lot of their their safety and the safety of their families to go in and take care of patients. And that is at the heart of things is why most people go into medicine, is taking care of other people and trying to be as selfless as you can. So that's like that's really respectable. It's really, you know, it's an honor to be part of that field. But as students, we're not necessarily in a place where we would be doing the most benefit to the patient if we were in the room, because we're still learning. And part of that learning process is having mentors to guide us and people to teach us while we're in the hospital and taking away those mentors and those physicians attention from patients right now is probably not the best move. And on top of that, obviously minimizing the amount of people who are exposed to patients, the coronavirus also means that it's not necessarily a good idea for us to be in the hospital. And that's the frustrating part, is we're learning to be part of this field. We want to help out, but we're not there yet. So it does make me more excited to finally reach that point and finally be able to take care of patients in that way. And my school has, like we have had volunteer opportunities for medical students to come help out where there is need, for example, monitoring, doing temperature checks for patients who are coming into the hospital, answering phone calls, those kinds of things. Those opportunities were offered to us. I didn't personally participate in those because I was out of town. My family was in Austin. So I've been here since rotations were canceled. But there is a role for medical students. It's just not necessarily the ultimate goal that

we're trying to achieve. But, yeah, overall, it really has just solidified my desire to become a physician.

[00:31:06] While Sophia and Sidrah had their medical school experience interrupted in the middle of their clinical rotations there are plenty of other medical students around the country who are experiencing these changes right in the beginning of either their first or second years. So to kind of get to know a little bit more about that experience. I next sat down with Hanya Qureshi, who is a first year medical student at Yale University, to learn more about how her first year experience was shifted due to the coronavirus.

[00:31:36] So I am currently a first year medical student at the Yale School of Medicine in New Haven, Connecticut. Coronavirus kind of like all medical schools, definitely impacted our in-person classes and exams and all of those things. So kind of like I had mentioned before, during first year, we're supposed to have mostly classroom based learning. And then we also have a couple of anatomy dissections, as well as some longitudinal experiences in the hospital. So temporarily, all of those things have been put on hold. We kind of left for spring break on March seven. So about two months ago now and then midway through spring break, we were kind of told not to return. So all of the classroom activities and things have shifted online. And to Zoom or we've been watching podcasts from previous years, lectures, which has been interesting, and then our exams have kind of continued accordingly. We've actually been really lucky in the sense that a lot of our exams were not. We got to take our exams on our own time. So they open up on one day on like a Thursday, for example, and we have until Sunday night to take it any time on our own. So that has been really nice because that hasn't really been affected, I think, as much as it probably is at other places, which is great. But I think the biggest thing that we are kind of missing out on right now is anatomy and clinical skills, where we're supposed to learn things like physical examinations and be able to practice those on each other. We also have a good chunk of our curriculum that's based off of in-person workshops with faculty members. And so while those have turned into live Zoome sessions, I think that that's kind of been a big shift in terms of figuring out the new learning curve, just not being with classmates for all of those things.

[00:33:18] As a first year student, how did these changes that coronavirus has brought affect your long term medical education? Will you be able to graduate on time?

[00:33:29] Yeah, so as of right now, we are still scheduled to graduate on time in terms of what the school is doing to ensure that that happens, that means a couple of things. So, number one, depending on whether or not all of us are able to go back to campus in the fall, we may or may not continue to be remote and online during the fall semester, which would not be too different, I anticipate, from kind of what we're doing right now, given that we still have that fall semester of didactic, primarily classroom material based learning prior to jumping into hospital rotations full time, which will be a shift. But then what I do anticipate and what they have told us to expect is kind of this is operating under the model that we return, let's say, in January of next year. The idea is that we would spend the first two months of January and February kind of doing catch up on all of the anatomy dissections that we currently aren't able to do, along with a lot of the clinical skills practice and physical exam maneuvers that we were supposed to learn for the remainder of this year and the fall that obviously aren't happening at the moment either.

[00:34:40] And then the idea is, is that typically the way the clerkship model works, the rotation part of medical school at Yale involves a certain amount of didactic and a certain amount of in-person in clinic work. And so I think what they are planning on doing with us is very similar to what they're having the second year medical students doing right now, which is they've kind of created this new online module equivalent of the didactic portions of the curriculum. And so that lasts approximately however many weeks that it does, I think, six or something. And then the idea is that we would then be able to start our clinical rotations instead of in January. We would start in March. And that would be when the second the current second year finished third rotations. And then from March to December, they would shorten our clinical rotations to, I think, 10 week periods instead of I believe it's usually 12, but I'm not entirely sure. Bottom line is, is that short in each clinical rotation by a couple of weeks. So we still are on target to finish the rotation part of our curriculum and kind of be back on track with a normal schedule is starting in December of next year.

[00:35:47] How did you listen to student responses and here to student needs in the decision making process to go promote?

[00:35:57] That's a good question. You know, I think the administration from an education perspective, has done a pretty good job given circumstances.

[00:36:06] So we were actually in the middle of what is known to be the quote unquote, hardest block of clinical medicine whenever we got sent home. And so within that block basically contains all of cardiology, all of pulmonology and all of renal.

[00:36:26] So it's a lot of material and even under ideal conditions, I think last year, like 30 percent of the class failed that exam or something. And so they were really, really nice with us in terms of they did end up giving us they actually ended up postponing the exam by a week.

[00:36:41] And by postponing I mean, they postponed the entire school year for a week so that we we had just kind of a week of dead time at the end of our classes to kind of try to get things together and review and study. And then I guess the teachers for that particular block decided to be really generous. And the day the exam opened actually ended up making it an open book exam, which was unusual and very, very helpful. So I think all of those things have kind of been really good overall. They've been very communicative with us.

[00:37:12] I think the one thing that, you know, of course we all wish, but I don't really know how feasible it would be.

[00:37:18] It's just more so we wish a lot of us wish that there was a little bit more coordination in terms of figuring out what the plan looks like for the future. And, of course, that's something that's not really very readily available right now. But for us, the things that kind of got disrupted as we were supposed to have big research summer this summer, I saw a lot of people were planning on wet lab research or clinical research, and a lot of those things have been canceled. A lot of us, myself included, have already signed leases for the upcoming year. And so people are trying to figure out if they need to sublet their apartments, if they need to try to rent their apartments, because for those of us who aren't using that space right now, that ends up being kind of thousands of dollars going down the drain for space that's not being used.

[00:38:08] So with these new changes to your summer, what are your new plans, what do you see yourself doing in the future?

[00:38:16] Yeah, so they actually sent out a list of projects, I believe, a lot of which I think some of which actually do have to do with covid-19 things that can be done remote, long distance.

[00:38:27] I know, for example, me personally, I was planning on staying the summer and working at a lab in neurosurgery, and I actually spoke directly with the lab. And so a lot of my work, what we've decided to do is kind of shift the project. And I think this has happened for quite a few students. We in talking to your lab mentors, you're able to shift your projects a bit. So that way, instead of working on the project that I was originally going to work on, they say, OK, instead of that, how about we do this project?

[00:38:55] Because this is one that you could do entirely remotely. So I think it's a lot of stuff that people are planning on using databases and previous literature and things that can involve a lot more zoom calling as opposed to actual in-person pipetting. And for that matter, I think most of those labs are closed anyways for the time being.

[00:39:17] Has Gill made any opportunities for current medical students to get involved in helping with treating coronavirus patients in the hospital or virtually any capacity?

[00:39:27] Yeah, so within the hospital at this point, they've kind of suspended everything. So clerkships students.

[00:39:34] So the students who are on rotations, electives, all of those things have temporarily been suspended. They are set to resume, though, I think, after the Fourth of July. And so those students will be able to go back then. In the meantime, I think most of us are still kind of doing online learning type things. But in terms of things that we can do to actively get involved with and kind of help out in the best ways that we can help out without kind of putting a strain on the personal protective equipment resources that the hospital is under.

[00:40:07] There have been a few things I know a lot of students have been putting together a PPE drive to get more and ninety fives and can ninety fives into the Yale New Haven Hospital and New Haven health system, which has been really cool. And then there have been a lot of Google Docs and things that have been circulating around from both administration and from students. And those have a variety of volunteer opportunities. Some include working with nursing home students and nursing home members and residents and being able to talk with them over Zoome. Others have been there's been a big push to kind of help out with babysitting residents, children, faculty members, children where needed and if possible, because a lot of their schools have, of course, been shut down. A lot of daycare facilities have also been shut down, leaving a lot of health

care workers without childcare. So there's been a big push for that and then a lot of push for all sorts of other things that have been people who've been working on calling refugees locally to get the word out about resources available to them during this time. So a lot of grassroots programs that are still going on.

[00:41:16] How has this experience changed your perspective on becoming a physician, or do you think that you have different feelings towards what you want to do with your degree?

[00:41:27] That's a great question. So I think a few things I can say about that, I think any med student will tell you that one of the reasons why it's definitely a very exciting time to be in medical training. Right. You come home and suddenly it's like all of the things that you've spent so much time learning about becomes so, so relevant. And I think with coronavirus specifically, none of us really quite anticipated how relevant it would become. So we actually just before this virus kind of went on a big global scale, we'd finished our big unit on attacks and defenses. And there is our online resource that a lot of us use to help us memorize drugs and viruses and microbiome. And so we had actually just finished that unit. And it's really funny that the coronavirus video in that external resource that a lot of us use only ended up being two minutes and forty five seconds long. I think it was the shortest of all of the millions of videos we had to watch for that segment. And it said something to the fact, it said something to the effect of essentially this is. Relatively common, but less common than rhinovirus, and it gave us two other facts about it and said, yep, that's probably all about you'll ever need to know about coronavirus for your us or its. And so it's funny because looking back on that, I think that video will definitely see some retooling in the next couple of years, but I think yeah. So I think it's things like that that, that it's very humbling, I think at this point to be in the medical field and kind of pursuing this route.

[00:43:08] It also reminds you it's humbling, I think, for everybody, because these are things that always happen and we never really quite know when they're coming. And so it's a very exciting time to be a medical student. It's a very different time to be a medical student. I can't say that learning anatomy over Zom is particularly easy from a textbook as opposed to in person, but I look forward to hopefully getting there one day and being able to hopefully help impact this situation. And it definitely made me realize is the importance of to become a doctor. You're trying to pursue a field that is so based on in-person interaction, meeting people in person, assessing how are you feeling, what are you looking like, being able to decipher information based off of not only what people are saying, but how they're physically looking. What are they what's their body language?

What are the non-verbal cues that you're getting? And so I think that the big thing is I have no doubt that we will learn all of the didactic material that we need to learn to be effective physicians. But I think right now, the biggest part that we're missing out on is that in-person interaction, which is kind of what medical school is all about and ultimately what being a doctor is all about. And so I think that that is it's a it's a very humbling time, like I said, to be in medical school or in the medical profession in general, where kind of all of these assumptions and based values that the profession relies on quite a bit have been upturned in a lot of different ways.

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