Learning Amidst a Crisis—a Student Perspective on COVID-19

Seth McKenzie Alexander¹

Published online: 27 July 2020

© International Association of Medical Science Educators 2020

There is a level of whiplash that all medical students feel when entering their clerkships. For me, I was two weeks into my first clerkship when we began to hear about the USA's response to the SARS-CoV-2 outbreak. More than a month after the first laboratory-confirmed case in the USA on January 21, 2020 [1], we still had few answers. What began as daily email updates from our University quickly turned into discussions surrounding the use and rationing of personal protective equipment [2]. We became a system in crisis; questions shifted to how learners would be able to continue to participate. Guidance from various organizations recommended the suspension of learners from the clinical environment urging instead to allow us to focus on innovation and the basic science of this pandemic [3, 4]. Ultimately, we paused our clinical education, leaving behind the exciting environment many of us had just entered. I know this decision was not made lightly and was made with our safety in mind. We must balance the needs of patients with the mission of training the next generation of clinicians and all the stresses to the system that mission imposes. I do not disagree or question the decisions of my program's leadership. It truly was, as one of our Deans put it to me, the "professionally appropriate" decision, but it has left me feeling empty.

We hear all too often about the word "abandonment." It is a word embedded into the culture of medicine like any other, but its meaning varies widely with context. While medical students are not by any stretch of the imagination independent practitioners, it is constantly reinforced that we are essential parts of the team. We advocate, plan, and participate in all aspects of patient care. A good student tries to take ownership of their patient census and what tasks they can accomplish as a responsible physician in training. To be asked to leave is to be asked to abandon these tasks, these responsibilities, and these people. While I know it is necessary, I cannot shake these feelings.

Our situation becomes further complicated by the fact that our teachers have had to become naïve learners in the face of a new threat, left without time or energy to teach. I cannot imagine the stresses that my teachers are under. To dedicate your career to training others only to have an event so immensely out of your control take your learners from you must spark anxieties, tension, and disappointment. We know you will work longer hours, juggle more tasks, and face hardships with fewer means of support. The only thing that your students can offer you at this moment is the support and knowledge that you are our heroes; you are who we want to become.

In addition to anxieties in the clinical realm, teachers and learners alike are saddled with concerns surrounding the uncertainty of our academic futures. Normally joyous Match Day celebrations have been canceled. Students feel left in a version of purgatory without an understanding of how their graduation requirements will be fulfilled or what this means for our academic milestones. Important conferences we have all prepared for months to present at have been canceled, leaving us wondering how or when our work can be recognized. We look to our teachers for answers, saddling them with an immense burden to come back to us and say, "I don't know." This answer is no fault of their own but the result of being handed a situation for which there is no precedent and which no one could have adequately predicted. It requires all of us to exercise flexibility and to find new ways in which we can be useful and learn; it is not what we envisioned for this time, but it is what we have to face.

We can only look back to our fundamental responsibilities. Our professional obligations, both as physicians and those in training, center around service. So sacred is this servitude that we begin our oath with, "I solemnly pledge to dedicate my life to the service of humanity..." [5]. As physicians in training, we work, we study, and we prove ourselves time and again. All this for the privilege of sharing lives with patients at their most vulnerable times. To step away from that space feels like a betrayal of that oath. It feels like we are forfeiting that sacred privilege. We signed up for a fight won alongside our colleagues, teachers, and patients, but instead, it feels like we are being asked to run from it. How might this alter behavior

✉ Seth McKenzie Alexander
seth_alexander@med.unc.edu

¹ School of Medicine, University of North Carolina at Chapel Hill, CB 3280, Chapel Hill, NC 27599-3280, USA

in students in the future? What does it say to our patients and their families when we do not show up for rounds one day? All we want to do is help, and we feel helpless to do so.

None of these decisions is without consequences, and there are no good options. To reintegrate learners now risks further increasing the shortage of PPE and further stressing the time and energy of our supervisors. In all of this, I know that should we return to the clinic, we will not learn the same things we would otherwise. Questions about biochemical pathways and arcane, albeit pivotal, pieces of the literature will fall to the side. The learning we would receive, however, would be so much more vibrant. What we as a profession have before us is the opportunity to explore the art of medicine. We can learn how to take charge and manage a crisis, about how to tackle the fundamental questions of care when practicing in uncharted waters, about how to put our best foot forward as leaders when our systems fail around us, and most of all, we can experience a hidden curriculum on never giving up.

What I hope, more than anything, is that our focus as a profession remains on the care of the patient. I hope that, as students, we can enter the sphere of patient care again soon. Patient care will likely be changed forever by this crisis, but I hope that these changes can inspire as much innovation as they do anxiety and dread. In the coming weeks and months, we will all face stressors that uproot our sense of routine and tax us in ways we have not yet experienced. Often our work will be met with difficulties, but we must also find joys in the smallest of victories even though they may be thankless.

Celebrating with our patients and our colleagues will serve to remind us of the beauty of our work in these trying times.

Code Availability Not applicable.

Data Availability Not applicable.

Compliance with Ethical Standards

Conflict of Interest The author declares that there is no conflict of interest.

References

1. Paules CI, Marston HD, Fauci AS. Coronavirus infections—more than just the common cold. *JAMA*. 2020;323(8):707. <https://doi.org/10.1001/jama.2020.0757>.
2. Ranney ML, Griffeth V, Jha AK. Critical supply shortages — the need for ventilators and personal protective equipment during the Covid-19 pandemic. *N Engl J Med*. 2020;382(18):e41. <https://doi.org/10.1056/NEJMp2006141>.
3. Important Guidance for Medical Students on Clinical Rotations During the Coronavirus (COVID-19) Outbreak | AAMC. <https://www.aamc.org/news-insights/press-releases/important-guidance-medical-students-clinical-rotations-during-coronavirus-covid-19-outbreak>. Published 2020. Accessed May 22, 2020.
4. Rose S. Medical student education in the time of COVID-19. *JAMA*. 2020;323:2131. <https://doi.org/10.1001/jama.2020.5227>.
5. WMA Declaration of Geneva – WMA – The World Medical Association. <https://www.wma.net/policies-post/wma-declaration-of-geneva/>. Published 2017. Accessed May 22, 2020.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.