



A medical student perspective of two public health crises

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As members of the Alpha Omega Alpha, Iota Chapter at New York Medical College, we documented this time in history from the medical student perspective. We reached out to our peers, asking them to share and reflect on the COVID-19 pandemic and the Black Lives Matter Movement as they have affected their lives in recent months

Students described early ambivalence as they learned about COVID-19. As the situation evolved and the virus spread to the United States, one student recalled an interaction in which a patient was told the infection caused by the virus would be no worse than the common cold. Another student recounted seeing patients who had been reassured that the situation would resolve quickly before understanding the significance of asymptomatic carriers.

As the extent of the situation continued to grow, students recognized the importance of taking the pandemic day by day. Second-year student Bessie Roca articulated this sentiment stating, “If I focused too much on the past, I felt guilty for not taking the coronavirus as seriously as it was. If I focused too much on the future, I felt trapped because of the uncertainty ahead.”

There has been internal conflict with how to proceed while being medical students in the health care system during a pandemic.

Leaving the classroom

As the pandemic progressed into March, students were removed from classroom and clinical learning environments in an effort to prevent the spread of infection and streamline the use of personal protective equipment. Many in the clinical setting felt dichotomized between previously playing active roles in the care of patients and the recognition of their primary role as learners whose position in the hospital was logistically non-essential. Kristina Bortfeld, a fourth-year, stated “I think many of us felt like we had our hands tied behind our back as we watched a health crisis unfold. There was this huge crisis impacting the medical world but we weren’t considered full members of that world yet.”

Students in pre-clinical and clinical training recounted the initial transition to virtual learning. Many did not fathom that this would extend throughout the school year, and even trickle into upcoming residency interviews. For some, it was a difficult shift in conventional study routines away from the typical on-campus atmosphere of libraries, coffee shops, and study partners. For others who did not go home for fear of exposing loved ones to the virus, this became a long stretch of months of isolation with an indeterminable end.



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A medical student perspective

Third-year student, Natalia Czerwonka, described the difficult decision to avoid seeing her family for months due to concern for her mother, who is immunocompromised with breast cancer, knowing she had been interacting with countless contacts in the health care setting as a student on campus. She explained, “I was determined not to go home but to ride out the virus on campus. But making that decision brought so many levels of anxiety. Would they kick us out of our campus dorms if the pandemic got worse than it was? Where would I then go? I couldn’t go to the library to study or the gym to unwind, and all my roommates left so I was quite alone. I felt like I was stuck between choosing what would be best for my education and mental health—leaving campus to go home to be with family—and what would be best for my mom’s health—staying put. I ended up choosing my mom’s health.”

Students in their clinical rotations experienced different methods of supplementing procedural and patient care experiences with Zoom training sessions. A virtual hysterectomy and telehealth psychiatry follow-ups suffice, but can’t take the place of real hands-on experiences.

For those in the pre-clinical years, many felt an indistinguishable transition from daily studying for exams into daily life in isolation. Many had their exams cancelled and juggled different permutations of schedules in order to complete their third year of medical school.

There have been impactful experiences that have shaped students in this harrowing time. Second-year student Brinda Raval reflected on the significant influence COVID-19 has had on her family. She moved home and was thrown into a virtual study setting. With immediate and extended family, including her father and uncle who are physicians, impacted by the virus, living under the same roof, her entire family became sick within a few weeks. Raval described the difficult decision to get tested for the virus, and the tension that ensued as they tried to regulate isolating from elderly members of her family. She explained a general mentality of, “well, whatever is going to happen has already happened,” amidst the lack of information about transmissibility during early stages of the pandemic.

Raval noted a perturbed air of overall distress, stating, “the major concern on everyone’s minds, especially once we knew we had COVID-19, was to keep my grandfather, the most elderly member of our family, from getting it.” Despite their efforts, Raval’s grandfather passed away from a heart attack days after her family members recovered from the virus. Beyond the physiologic toll it took on her family and her own health when she was infected, she described the pervasive manner in which the virus impacted

her experience of the loss of her grandfather. As he passed away in the hospital, he was unable to be accompanied by family. There were complications in recovering his body for a funeral in the manner he requested. Beyond the grief surrounding his death, she felt responsibility for his death. She felt guilty for intentionally isolating away from him in his final weeks. “He had never got tested, so we didn’t know if he had COVID, he had no obvious symptoms, but the guilt of that possibility was ever-present,” she shared.

Raval suffered the death of another family member to COVID, just one week after the loss of her grandfather. Despite the unimaginable hardship she has faced throughout the pandemic, Raval relies on her spirituality and faith, and a greater sense of empathy for families who must make extremely difficult decisions when faced with myriad unknowns.

The COVID-19 pandemic has given students the time to listen to one another and to learn kindness and empathy during this fragile period. Raval shared students need “to be gentle with themselves and others as this is an emotionally charged situation wherein no clear answers exist. It has been a time to learn how to be more humble and to be able to move with ‘grace under fire.’”

Medical treatment in a pandemic

Natalia Czerwonka was removed from the medical setting while being viewed by her family as “this smart med student” who supposedly has answers to diseases which she has been studying throughout medical school. She described the difficulty of not having the answers for her family, concerned about how the virus might impact her mother who was undergoing treatment for breast cancer. Czerwonka recounted the pervasive fear she felt as “a killer virus just so happened to take over the U.S. the week after my mother started chemo. It was extremely difficult not to be very angry about the situation and timing.”

These feelings intensified as Czerwonka discovered her father tested positive for COVID-19. She echoed sentiments expressed by many students regarding a struggle for agency amidst the virus. “As a person, it was impactful because it was horrible. As a med student, it was impactful because I’ve never felt more helpless and useless.”

“I suspect the feelings of uncertainty that I’ve been feeling will happen to me again when I’m a resident or attending; I feel like everyone has at least one patient that they aren’t able to help, no matter how hard they try. I don’t know what I could have done better in my family’s situation, but if something similar happens in the future, with a patient in my care, I’ll remember that I can look to others

for support. I'll remember that if I do panic, it's okay, I will still find a way to pull myself together."

A new sense of resiliency

Despite having been removed from traditional roles in medical school, many students have gained a new sense of resiliency that has allowed them to unify and work together as a stronger unit. With newly increased flexibility in their Zoom-centered schedules, many students have embraced the opportunity to volunteer using their clinical skills to address COVID-19 outside of the traditional medical student role. Students in the New York City and Westchester County areas felt presented with the unique opportunity to offer support in the epicenter of the pandemic. They quickly became involved at local hospital affiliates helping to screen patients; calling patients with results; providing childcare and groceries for health care workers; coordinating PPE donation drives; and participating in research efforts aimed at better understanding the underlying pathology of the disease and the comorbidities (or lack thereof) experienced by patients.

In addition to the pandemic, the Black Lives Matter movement also had students feeling overwhelming pain at the injustices committed against the Black community. However, many students are feeling hopeful by the societal response and actions being taken. They feel vindicated as this movement has been a long time coming.

As medical students, it is easy to shelter away from the world, especially when studying for tests. One student recently commented, "I am upset with myself. I was in the Step 1 dedicated study period from the beginning of May to the middle of June, right when George Floyd was killed. I didn't know about his death until six days later because I was so focused on studying and so self-absorbed with Step 1." No matter our focus, it is important to take a step back and reflect on the events taking place within our communities. Students need to explore the role they anticipate having within the Black Lives Matter movement as future physicians.

Students must recognize their role as future physicians in addressing racial disparities in health care, policy, and education. This includes maintaining an open-mind toward introspective learning about the role of implicit bias in perpetuating systemic racism in the health care setting. There is a compelling need for more explicit and actionable advocacy by health care professionals.

Raval acknowledges, "racism was legitimized in large part by medical science. Thus, it is our duty and special power to help unravel it in this same sphere." Many students emphasize the need for change starting at the

earliest stages of training in medicine, beginning with activism at the undergraduate level, which must be carried on into medical school. This enthusiasm and motivation for change must continue to permeate through residency and into a physician's career as they begin to fill leadership roles. Students underscore the need for tangible support of underrepresented minorities entering the health care field. Raval explains "we can teach cultural competency all day, but the experience of having access to a clinician who understands a person's unique culture and background is extremely valuable."

As medical students begin to fill active roles within the health care system, many have signed up for volunteer opportunities and activism. Students describe the multitude of opportunities to participate in the New York City area, including protesting. Even students lacking the ability to directly participate stress the importance of "open ears" and spreading awareness, virtually and in person. However, the most important action for students is taking the time to learn from others. Simply listening to the stories of members in their community, including neighbors, co-workers, colleagues, peers, friends, and other students has allowed them to have greater context and understanding surrounding the history of racism in America and the necessity of the current movement.

Overall, students urge the health care community at-large to maintain a steadfast commitment to continually addressing the issues of racism. Student Kristina Bortfeld states, "We can address it from the top-down, from the bottom-up, and punch holes in the middle. We have to continue to work on it every day and every year without end. We need to educate all medical personnel about systemic racism in health care."

As our world finally begins to shift toward addressing some of the inequities faced by people in and out of the health care system, we are the next generation of providers who will embody these changes. We take this responsibility seriously.

We look forward to re-entering the physical settings on our campuses and in our hospitals where we can actively participate in addressing both the COVID-19 pandemic and the Black Lives Matter movement.

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