



When the call for help rings



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As the COVID-19 pandemic continued to spread around the world and across the United States, most medical students were sidelined by the Association of American Medical College's recommendation to halt all clinical participation for two, and then three weeks.¹ Between social-distancing and abundant free time, a lot of medical students wondered what they could do to help fill the health care gaps that were developing.

As medical students, we were acutely aware of the challenges to actively participating during this pandemic. We have garnered some experience with direct patient contact throughout our clinical years, but we are also just beginning to hone our skills as clinicians. Therefore, we are still too inexperienced to be entrusted with independent or semi-independent clinical care, especially when it comes to critically ill patients. Additionally, as personal protective equipment (PPE) shortages appeared across the U.S., some health care systems were hesitant to "waste" PPE on anyone other than those involved in direct patient care.²

Our opportunity to contribute was literally ringing in front of us. The Ochsner Healthcare System has a nurse call-in triage system that allows patients to receive information and guidance over the phone. This system decreases emergency room visits, directs people to the proper venues for care, and serves as a pillar of evidence-based medical information. However, as COVID-19 infections continued to spread, so did the number of calls. The influx of calls meant increased waiting times which resulted in frustrated patients. In a time where "all hands

on deck" had turned into "we need more hands," 105 third- and fourth-year medical students were ready and available to take these calls.

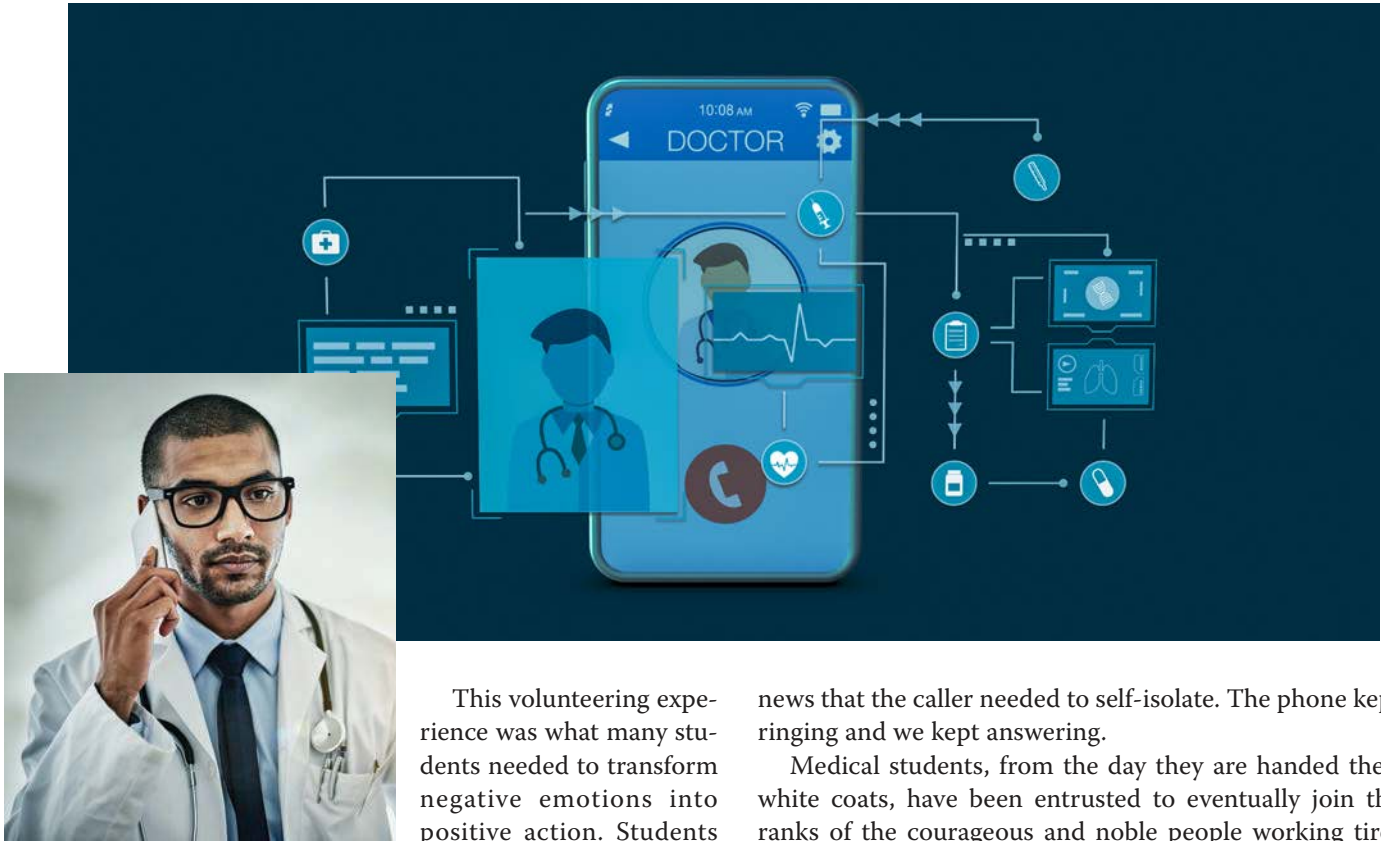
With assistance from the school's faculty, the Ochsner Healthcare System, within a single day, developed an orientation, electronic medical record (EPIC) training protocol, and orientation for the students. Thirty phone lines were installed in the computer testing center, also in just one day. Student volunteers started fielding calls two days after the idea originated.

The average queue for the patient line prior to students joining the call was up to 20 people and was expected to increase.

There were at least four students manning four-hour shifts, with the capacity for more. Through the effort of the student volunteers, call wait times decreased with the queue empty at times.

The COVID-19 pandemic has taken a lot from everyone: people have lost their jobs, doctors have been separated from their families to prevent infecting loved ones, and health care workers and patients have lost their lives battling the virus. In the grand scheme of things, the losses experienced by medical students have been minimal. However, the reality is that we have suffered our own, unique losses. We have lost clinical rotations, and some of the ones we are left with are only a fragment of what they could have been. It is hard to experience the full scope of a surgery rotation when surgeries have been cancelled.

We have had to cancel electives, which can be incredibly enriching experiences in a medical student's educational journey. And, we, like others, have been concerned with the health and well-being of our colleagues, mentors, and families.



improvement in their mood, and the sense of pride they garnered from being able to contribute in a meaningful and tangible way during a time when our help has been invaluable.

An unexpected benefit was learning first-hand about the health literacy of our community. Some callers were worried—well based on the symptoms they were describing, while others downplayed their symptoms because they didn't want to test positive. Others were following recommendations, but were seeking validation of their actions by some sort of "medical authority."

Additionally, turning a queue of 20 scared, anxious, and, at times, angry people into a queue of zero was emotionally enriching. This was an invaluable opportunity to practice triaging patients; provide evidence-based answers to questions about COVID-19 when a lot of myths were floating around; and to provide much needed emotional support to callers.

One of the more striking calls was a woman crying on the phone because she found out that she needed to self-isolate from her elderly mother because of her spouse's symptoms. Suggestions of ways to stay in touch, and how to provide groceries for her mother without exposing her to the virus, only go so far to alleviate the symptoms of sadness and isolation. Many students had to break the bad

news that the caller needed to self-isolate. The phone kept ringing and we kept answering.

Medical students, from the day they are handed their white coats, have been entrusted to eventually join the ranks of the courageous and noble people working tirelessly during these trying times. This pandemic has afforded us the perfect opportunity to demonstrate that we are willing and able to help, if given the opportunity. There is a passion that awakens in us during times of need that makes us want to answer the call.

References:

1. Association of American Medical Colleges. Important Guidance for Medical Students in Clinical Rotations During the Coronavirus (COVID-19) Outbreak. March 17, 2020. Aamc.org. <<https://www.aamc.org/system/files/2020-03/Guidance%20on%20Student%20Clinical%20Participation%203.17.20%20Final.pdf>>.
2. Safdar M, Evans M. Hospitals Facing Coronavirus Are Running Out Of Masks, Other Key Equipment. WSJ. March 18, 2020. <<https://www.wsj.com/articles/hospitals-facing-coronavirus-are-running-out-of-masks-other-key-equipment-11584525604>>.

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