

# Adapting to COVID-19: New Orleans Medical Students Respond

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## The Experience

During March 2020, what was initially viewed as an invisible disease in distant China became an ever-present reality to hundreds of millions of Americans, as fears of the novel coronavirus disease (COVID-19) began to cause mass cancellations of sporting events and gatherings, a nation-wide physical distancing policy, and shortages of surgical masks and cleaning supplies.<sup>1,2</sup> These new practices saw the nationwide closing of schools and increased feelings of isolation as sheltering in place, and frequent handwashing were the only known preventative measures in reducing viral spread. For medical students, this pandemic brought many changes to their traditional third and fourth year of medical education, where students complete rotations in surgery, medicine, obstetrics, and psychiatry and posed challenges to adapting medical rotations to online and virtual learning. Despite these challenges, medical students throughout the New Orleans area, a region particularly impacted during the early pandemic, responded to these challenges in innovative ways. The city's first diagnosed case of COVID-19 was on March 9th, and the medical student response began shortly after.<sup>3</sup>

There are three medical schools located in New Orleans: Louisiana State University School of Medicine, Tulane University School of Medicine, and University of Queensland/Ochsner Clinical School. Each school responded to the coronavirus by shifting the majority of instruction to online learning modules and video conferenced lectures, while students were removed from the clinical environment due to PPE shortages and the risk of exposure. Unable to assist in delivering patient care during the pandemic in a hospital setting, dozens of medical students found a way to contribute to their communities through answering COVID-19 phone lines, organizing blood drives and PPE donations, assisting with free food delivery services, or setting up virtual visits for those with symptoms to see a physician.

Students at Louisiana State University volunteered outside the clinical setting and organized a community drive entitled "Spirit of Charity" for PPE donation from local clinics, veterinary hospitals, and local businesses that yielded thousands of masks for the frontline health care workers. As the disease spreads via respiratory droplets, these supplies were critical to preventing viral spread among health care workers. Students additionally encouraged blood donations throughout the community. Because of fears of contracting the novel coronavirus, many blood banks throughout the region experienced increased need as their reserves ran low. Local medical students increased public awareness of the need to donate blood and that it can be done safely with low risk. Additionally, during physical distancing measures, students participated in food delivery programs created around the city for vulnerable residents who were unable to leave their homes during this time of social isolation.

At Tulane School of Medicine, students operated one of the city's largest PPE donation sites, where members of the public donated spare masks and gloves to be used by frontline staff. Phone lines were also established where students volunteered to call elderly community members to check in on how they were doing during physical distancing, providing mental health support for those most at-risk for contracting the virus. To support those in health care who might have young children, Tulane students additionally organized a free childcare system for frontline workers who were called to work longer hours in the hospitals.

Third- and fourth-year students from University of Queensland/Ochsner Clinical School operated a specific telephone hotline where they triaged patients for potential COVID-19, recommended testing sites with up-to-date testing guidelines and answered general questions and concerns about the signs and symptoms of infection to those willing to learn to recognize the virus and avoid its spread. When students staffed the triage line, the average wait time decreased from nearly 2½ hours to only a few minutes. This was a great opportunity to practice telephone communication, history taking, and triage skills while performing a needed service during a challenging time. UQ/Ochsner students also staffed a dedicated obstetric COVID-19 hotline where concerns specific to pregnancy and coronavirus were answered. Additionally, some students who had a background in clinical research helped to develop and implement a rapid testing program at the hospital.

More broadly, these reactions were not limited to medical students in Louisiana. Across the United States, similar community-based volunteer programs began to be drafted, implemented, and led by medical students who were uniquely positioned "to help answer many questions of [their] friends, loved ones, and neighbors" and to utilize their "work ethic, leadership skills, and social skills to meet the wide range of needs of [their] community."<sup>4</sup> No matter the location, medical students demonstrated a deep understanding of their local communities' needs and the role that they could play in addressing them, whether it be hosting PPE or blood donation drives, childcare services, or educational outreach. This ability to understand the needs of their patient populations and how to best affect change in the community, will be an advantageous skill for future full and empathetic practice.

As a medical student, during the beginning of the pandemic, I found it challenging to adjust to the deluge of information, health recommendations, and mounting infection count, which seemed to increase at an alarming rate, but it was alongside my fellow medical students that we were able to form a united response to the pandemic. Every medical student was impacted by the novel coronavirus, and all the students demonstrated ways in which their skills could benefit their community. This pandemic upended the usual progression of medical studies, but students throughout Louisiana—and across the United

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States—rose to the occasion and found unique opportunities where their training, dedication, and knowledge could be put to good use. Now more than six months into the pandemic, most medical students have returned to the wards under new COVID-19 guidelines, limiting their potential exposure to the virus. Despite their return to rotations under this new normal, medical students are continuing to serve their communities through ongoing educational outreach, demonstrating the

value of mask-wearing, and speaking about the importance of following physical distancing guidelines with friends, family, and the public. Through the trials of these last several months, the medical student response to the novel coronavirus has displayed one of the most important skills required for the clinical practice: adaptation.

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