

Mihir Joshi:

Welcome to The Spark: Medical education for curious minds. We present the people and stories behind medical advances at UCSF, from medical students to physicians and faculty in the school of medicine. Through The Spark, we share the innovations that we hope will bring more equitable and better care to our communities. As you can hear, there's some new voices hosting this podcast. I'm Mihir Joshi, and my cohost is Daniel Cummins. We're both medical students here at UCSF, taking over for Tessnim Ahmad, our incredible last host, who has moved on to residency. We're both incredibly thankful for all the work Tess and others have done, and are excited to take this podcast forward. We're truly excited to enter a new chapter where we get to explore the cotemporary issues facing medicine and our UCSF community, while bringing in the voices and minds of some awesome people who make UCSF so special. Today we're starting off with a tale of two re-openings, an exploration of the challenges of re-opening medical school here at UCSF, and re-opening schools across the country.

Daniel Cummins:

In our first interview, I speak with Abe Cortez, a third-year medical student at UCSF.

Abe Cortez:

So my name is Xavier Cortez. My real name's Xavier, but people typically call me Abe. I grew up in San Bruno, California, so local Bay kid, and went to high school in the city. I went to UC Davis for undergrad, go Aggies, and then I took two gap years before starting at UCSF.

Daniel Cummins:

And how has your time as a med student at UCSF been so far?

Abe Cortez:

Oh, it's been great, man. Truly I feel like I can't imagine myself going to any other medical school, I think. With the faculty connections I've made so far, and all of the amazing classmates that I've met, it's been truly a fruitful two years so far. I see myself having these really long, valuable relationships and friendships that I'll take with me for the rest of my life. So it's been great overall.

Daniel Cummins:

And I imagine things are different now that you're on the wards, working in the hospital, and in the clinics. Can you tell us a little bit about how that transition has been, from preclinicals to your clinical rotations?

Abe Cortez:

Yeah, so we have a year and a half of preclinicals at UCSF before starting our rotations. So we started in January of 2020. And I was able to do my neurology and psychiatry rotations, both four weeks long. The transition was great. I think, with our curriculum, our brain and behavior block was our last one of F1, and then once we started with neurology and psychiatry, actually worked out pretty perfectly for me. So the transition wasn't that bad. I felt like the class above me gave me a lot of advice, gave us a lot of advice on how to deal with the adjustment of going in five or six times a week, and then studying after your days. Because I was just in the thick of things, seeing patients, being part of a team, I really enjoyed the transition. I felt like I was practicing becoming a neurologist, becoming a psychiatrist, seeing what it was like. So the transition was pretty great. Obviously there are some challenges. Some days I'm tired

more than others. But the transition was fine. Yeah. And then after my neurology and psychiatry rotations, I started on medicine for two weeks, before the pandemic kind of took its toll, and then pulled us from our rotations.

Daniel Cummins:

Yeah. Of course, COVID was a shock to everyone, but in particular, being on the wards and then dragged back to online classes must have been pretty frustrating.

Abe Cortez:

Yeah. No, it was definitely a tough time for me, to be honest. I'm going to try to, as best I can, just speaking for myself here, but like I said, yeah, we had already gone through two months of rotations, I just started my medicine rotation, which, at UCSF the medicine program is truly phenomenal. It's something that they pride themselves on. And I was learning a lot, so much more than I was in my year and a half of preclinicals. I felt like I had finally started to hit a rhythm in this particular rotation. I had a great team, great [inaudible 00:04:36] great interns, an awesome senior resident, an amazing first attending. And then, with all of that, and then hearing from the deans that we'd have to be pulled for a period of time, it was tough. It was kind of like a gut punch for me. And I was disappointed, because I was having such a great time, and learning so much being a part of that team. It's kind of like everything I loved about medicine I was getting, and then I was having it taken away. So for us, the med students [inaudible 00:05:07] my side, on my rotation, we try to fight our way back onto it, trying to argue that this is a great opportunity for us to continue to learn.

But just like with everyone, the school decided there's not enough PPE, patients, providers, to kind of just teach us and have us stay on, so the interruption in our curriculum was definitely frustrating for me. And I know that that sounds really selfish. People are dying from this virus, and they wanted to protect us as students, but as someone who wanted to go into medicine, I felt like I was missing out on two things, the education I'd been craving for years, and the opportunity to kind of participate in the care of patients in this unique and crazy time in the world. But it was really tough and frustrating. But again, that's kind of just my experience with that interruption.

Daniel Cummins:

Yeah. I think it's totally legitimate to be having your own frustrations with COVID, and of course being aware of the serious and broad effects that it's having on families and people's lives. You mentioned that the concerns initially were mostly for lack of PPE and a lack of providers that would normally teach medical students that would have to care for patients with COVID. But what are some differences now that you're seeing between before COVID and post-COVID on the wards?

Abe Cortez:

They only brought us back when they said that they were ready to go, so having those three Ps, the PPE, the patients to educate us, and the providers to also educate us. But things have changed in kind of subtle ways. We're obviously prohibited from seeing COVID patients. Ever since coming back in mid-July I was able to do an ortho rotation, a pediatrics rotation, and then also I'm on medicine now, and I've been on it for two weeks. So for my ortho rotation, things were, I would say, back to some version of normal, according to the residents I was talking to. Everything was in-person, clinic and OR schedules were full, and the patients needed to be tested for COVID before coming in. So when I did go in, I was having the full experience, I'd say. My peds rotation I'd say was a little bit different. My inpatient, and my week on inpatient, seemed pretty normal. I was able to see a patient every day. But my outpatient

experience felt very different. Compared to my friends, who had their first rotation being peds, and had the full six week rotation ... Usually at Kaiser outpatient pediatricians had half of their day dedicated to well visits, and then half of their day dedicated to those acute visits like fevers, abdominal pain, ear pain, things like that.

But to limit exposure, Kaiser as a system just transitioned all their acute visits to video, for seeing them in-person. And my schedule was just all in-person. So whenever I went to clinic, I would just be seeing well visits all day. So I got pretty good at those. But I wish I got those acute visits, those patients who would teach me more about differentials, which I feel like are the highest yield for my own learning, like talking through fever, abdominal pain, ear pain. I wish I had more of that, but there's not much that the attendings could do about it. My schedule was just a part of the system, so my peds rotation was just a little bit different since COVID.

And then for my medicine rotation now, obviously I'm still not able to see patients until their COVID tests come back negative, but there are some subtle, very subtle changes with that. So typically on my call days, I would ... my senior resident, my intern, and I would receive sign out from a resident, from the ED resident, on a patient that we'd be admitting to the hospital, and then after that, after receiving sign out, we would see the patient after, and so that we could conduct our own full H&P, but by the time we receive sign out, and by the time that we're going to go see them, the COVID tests haven't really come back yet. And so my intern and resident usually see the patient without me first, which is kind of a bummer. I'm not able to get that practice of ... the stories that I hear. Traveling downstairs with my senior to the ED, and then running through a differential, and talking about how to approach the interview with them, and then seeing my patient. I'm missing out on that kind of in the moment dynamic critical thinking that's good practice to be a [inaudible 00:09:46] and an intern.

I still get to see the patient once they're negative, but usually I had already received spoilers by then from my intern or from my resident, or I had a longer time to kind of think about my differential. So it's like that kind of subtle change that COVID has kind of caused, and it's tough to miss out on those short-term critical thinking exercises. I feel like that's good practice as a medical student. And I know I'll have plenty of opportunities to do that in the future, but I feel like the grass is always greener, right, when you're looking at your own education. So those are just kind of the subtle ways that COVID has kind of affected my experience on my rotation so far.

Daniel Cummins:

It sounds like you're seeing a different patient population because of COVID than maybe you would if we weren't dealing with COVID, or than you were before. You mentioned the increase in more well child visits, over ill child visits, on your peds rotation, and on medicine, not seeing patients until they're confirmed COVID-negative. Has that been a source of frustration for you, not being able to see patients until later on in their care, and potentially not seeing patients that are COVID-positive, that could be beneficial to your education?

Abe Cortez:

I thought about this a lot. And I would say overall I really wish I would. I feel like it's such a unique time right now, as a medical student. I feel like ... I know that there are a lot of questions unanswered with the virus, and I know people obviously want to keep us safe and protected, but I feel like I would just love to be flung in there, and just learn on the fly. I feel like a pandemic isn't an uncommon thing. We've had several over the years in human history, and I feel like I would have loved to participate in the active learning, just understanding what it's like to take a history of a COVID-positive patient, understanding the risk associated with COVID-positive patients, understanding how treatment plans will change with

COVID as studies are ongoing. I feel like to be a part of that process seems like a privilege, and as a medical student who kind of went into it wanting to take the lead on inpatients' care, and learn how to make people feel better, I wish that I had been able to. And the reason I'd been thinking about it a lot is because, selfishly, it kind of sounds really exciting to learn about that stuff.

But also, do I want to see COVID-positive patients, too? I have a lot of ... I have family in the area. If I wanted to see them for my own emotional support, and see them in-person, and have dinner with them, or even take it home to my roommates who happen to be medical students too, and that's a huge burden to take on. And I have that balance of just trying to understand my own desire as a physician to learn as much as possible about diseases, and then also on the other side, just remaining concerned about the safety of those around me, and also obviously myself. So overall, I would love to see COVID-positive patients, but that's just me, but also I'm concerned about the wellbeing of those around me, and the people I see, and obviously myself. So it's a difficult question to answer. But as a medical student, a young person who's really excited about clinical content, yeah. I would probably want to see COVID-positive patients. And it is a little bit frustrating, but I also understand.

Daniel Cummins:

Yeah. I think that the balance between continuing our education and maintaining safety is one that has been of the utmost concern to the med school, and probably an ever-present concern for the rest of our careers, the balance between providing care and your personal safety and the safety of your family. Have you had any patients that have been concerned about a med student or an extra person being in the room while they're receiving their care, for concerns over COVID?

Abe Cortez:

Because the guidelines at the hospitals that I've been at have been pretty rock-solid, in terms of screening patients every day, and then testing, I've had few interactions like that. I believe in a couple days at my orthopedics clinic, I think that some patients didn't want to have an extra medical student in the room. There's that double factor of, obviously we want to continue to social distance from people, but also maybe they're just uncomfortable having a medical student in there when they're receiving care. So it's only happened in a couple of occurrences. I'd say that overall, not as many as I expected.

Daniel Cummins:

Just from talking to patients on the wards, what are you hearing from patients as their main concerns regarding COVID? We are on clerkships right now about once a week, and what I've been hearing are people that mostly are concerned over wanting to go back to their normal lives, more than they're concerned about COVID itself, really. But what are you hearing from patients in the hospital and in the clinic?

Abe Cortez:

Dan, actually I would agree with you. I feel that patients at a baseline are obviously concerned about the virus, being in the hospital, being in the clinic, and being exposed. I'd say at a baseline that has always been there, but in terms of the concerns that I hear, it's not mostly about the virus itself, maybe it's because I'm not seeing COVID-positive patients, or patients exposed to COVID, but they are more concerned about the ways that COVID might affect their daily lives. For example, when I was on peds, and conducting all these well visits, I would obviously be speaking with the patients, whether they're babies or adolescents or teenagers, but I would also speak mostly with families. And the families had a lot of questions about how the pandemic is affecting them. Mostly about school, about how Zoom

school might be affecting their kid's development. And that's just one of the ways that COVID's kind of affected them. It is kind of just their, "When are we going back to our normal lives?"

And I'll also mention that, and this happened on medicine, I feel like there are ways where COVID is also affecting patients' health. So for example, the other day I saw a patient who's normally a very active man. He's on the older side, in his 60s, but he was coming in because of worsening DVTs. And we're asking about his activity level, and he was just like, "With the pandemic, and obviously now with the smoke outside, I just haven't been able to exercise as regularly as I have been." And that's just another way that COVID has kind of affected the normalcy. And a fair thing that I think about a lot, and I've talked to some of my classmates about this, is like, will we ever go back to that normal? I firmly believe that there will just be a new normal, from here on out. Given the pandemic and the question's been answered, and just the concerns of being in close proximity with people, I think things are, from here on out, things are just going to change.

Daniel Cummins:

Yeah. I think this goes to something that is true in medicine in general, which is that patients often want to go back to their normal. Whatever their life looked like before a diagnosis, or before they had some condition, and they look to medicine to bring them back to that normal. And it's likewise with COVID now. Society as a whole is looking at the medical and scientific community, and wanting a solution to return to normal. I know that departure from "normal" has been tough for me and frustrating, but what has that been like for you, that departure from the pre-COVID normal?

Abe Cortez:

It's been really difficult, for sure. In the early months of the pandemic, especially during the time when we were pulled from our rotations, I was doing a lot of Zoom hangouts where ... this was actually kind of a benefit of COVID. I was able to get in touch and have long conversations with people that I haven't talked to in a long time. Because otherwise, I would either be doing local hangouts with a lot of the friends I usually see, or trying to get to know my classmates, who I haven't known as well as the people that I met in college.

So, but also, I also love to exercise, and I love to play sports. And given the San Francisco Department of Public Health guidelines, they tried to discourage any type of contact sports, where you're sharing a basketball or sharing a football. They discourage running outside without a mask, certain things like this. And so I've been always just trying to find ways where I could continue to do things I was passionate about, social activities, hanging out with my roommates more, hanging out with people over Zoom. I've been trying to compensate in those ways, but it's obviously not the same. But given the situation, outside of my own life, outside of my household, I understand that adjustments need to be made. And I'm just trying my best. It's been very difficult, been very frustrating, not to be able to do the usual things that I love, but I've been trying my best to find ways to just tackle that, while still maintaining my own mental sanity.

Daniel Cummins:

There's obviously a lot to be frustrated by, and maybe things to be even pessimistic of. But what's something that has you feeling hopeful from this period?

Abe Cortez:

When the NBA came back, they decided to create this bubble, where they were advised by medical professionals to have one campus where all the teams go, they quarantine for a couple weeks, a couple

months together, and then they get tested pretty frequently to make sure that nobody contracts the virus. And now we've been a couple months now, or several weeks, and nobody has contracted the virus, which I think is a huge victory in how we're going to approach this moving forward, especially in this period of time where we don't have a clear vaccine or clear research being doing that mitigates this virus. I feel like that was a huge return to normalcy, and something like that, mainstream sports, something that I care about, and a lot of other people care about, too, that gives me a lot of hope. That believing in science kind of triggered this initiative, and now these basketball players could return to work, and then they're able to do things every day that they care about. And certain things like that are small victories in the midst of this really confusing time, and emotionally trying time. And so small things like that, where people are trusting medical professionals, that's giving me a lot of hope for the future.

Daniel Cummins:

Well, with some science and some hope, hopefully we can get things back to where they were before, maybe even improve things.

Mihir Joshi:

In March, medical students in their preclinical year shifted to a complete remote learning curriculum. This fall, they have returned in a limited capacity. For countless parents who are faculty, students, and staff at UCSF, there's been an additional dimension of contemplating the return to school for their children.

Fiona Miller:

My name is Fiona Miller. I'm a second year medical student at UCSF. And I'm also the mom of three kids, who are nine, seven, and five. And it's great to be here. Thanks for having me.

Mihir Joshi:

Yeah, of course. Prior to this pandemic, what was your experience like as a parent and a student?

Fiona Miller:

Yeah, it was definitely busy before the pandemic. I feel like we had to really orchestrate all of our schedules very carefully between me and my spouse, who works full-time, and our three kids. But we were able to do that pretty well. All three of our kids are in school. I have two who were in elementary school and one who was in preschool last year, and we were able to kind of set ourselves up so that between my medical school schedule and my spouse's working schedule, and school for our kids, and after school programs, we kind of were able to keep all the balls in the air, and for me that meant really utilizing the time that we didn't have class, especially our two free afternoons a week, I would come home early and pick my kids up from school. My spouse often had to do the school drop-offs because our classes start early at UCSF. But we had ... we kind of made the dance work, and it was all right.

Mihir Joshi:

Going into March, when the pandemic really kind of hit hard, things changed for everybody in a pretty big way. But I'm curious, how did things change for you, your spouse, and your kids, when that pandemic hit?

Fiona Miller:

Yeah. That was definitely a very strange transition. I think the part that was most difficult was just the changing nature of our expectations around what was going on and how long it would last. I remember actually being on campus. We had had an exam the last day that we had in-person classes. And I think we had found out just a day or two before that, that our classes at UCSF would be moving online, or moving remote. At least, I think they said maybe for a couple of weeks at that point. And then we had that exam on Friday, and I remember I came out of that exam and found email from my kids' school that was saying they were also going to move to remote learning, starting the following week also. So actually for me and for my two elementary-age kids, we all moved remote on the same ... starting the same week, that shelter in place week. But I remember at the time they had said we're going to close school for two weeks, and just to let everything kind of settle down, which of course now just seems like totally absurd, that that was the timeline that was offered at the beginning. But two weeks stretched to a month. Then it stretched to, they'll be closed through spring break. And the deadline kept getting pushed back.

And actually have this very visceral memory of standing in my kitchen I think ... I forget how many weeks in it was, but maybe about a month, watching the press conference that Governor Newsom gave, where he talked about telling his daughter that he was really sorry, but he didn't think she was going to go back to school that academic year. And that was still in April I think, when he said that. And at that time I think that was pretty shocking to me, and to a lot of people who ... The idea that the schools wouldn't reopen at all for the rest of the year was just completely out of left field. And I remember hearing him say that, and just, I feel like my stomach just dropped out of my body. Because at that point we were several weeks or a month or so into remote learning for us at UCSF, home schooling my kids, which was very challenging at times. And I just couldn't believe that it might last that long.

And at that point I think we still thought schools would open this fall. And so I think it just ... It's, as we've gone on, I think we've all gotten a little wiser to the understanding that this is a long-term situation. And when they announced recently that my kids would begin school this year remote as well, I feel like I really tried to resign myself mentally to an indefinite remote schooling, because I feel like I can't. I just can't get my hopes up until literally the day they walk back into their school building.

Mihir Joshi:

That's a lot to deal with. I wonder, you talked about kind of the moment that it set in for you, that this was going to be a marathon, and not a matter of weeks. Was there a moment like that for your kids, where it set in?

Fiona Miller:

That's a good question. I think they were initially pretty excited about shelter in place. It seemed like a fun, neat little treat to not have to go to school, and to get to stay at home all day with their parents. And because, again, we didn't know how long it would last, we had nothing to tell them, so we kept ... we just said what we hoped, which is like, you'll go back to school soon, next month or the month after. So I think that they didn't ... It took much longer, I think, for it to really sink in for them, that this was sort of the new reality. But school ended in June. At that time, actually things were looking a little bit better, in terms of flattening the curve, and especially here in the Bay Area, and so at that time I think everybody assumed we would start school in-person in the fall, but when they found out pretty recently that school would start remotely again, I think that kind of sunk in in a different way.

They're starting new grades. My daughters are going into fourth and second grade, and actually my son is going to be a new kindergartner this year, and that's super weird to start real school, not at

school, with teachers he's never met, in a place he's never been to. So I do remember in the last week or two, my almost seven-year-old, who's going into second grade saying, basically, "I really wish we could go back to school." And I think we all feel that in some way.

Mihir Joshi:

What were some of the challenges for your kids, in terms of trying to be at home but stay as engaged with the learning as possible?

Fiona Miller:

I think the challenges were different for each of them. It also has do a lot with kind of who they are as individuals. But for my oldest daughter, she is someone who's very curious, very quick thinking, and very engaged in learning things she's interested in, but not very interested in learning about things she's not interested in. She was pretty independent with her home school work. She had a schedule that she followed that had some synchronous Zooms, but was mostly independent. And she could follow that pretty easily by herself, but she would really just blow through that really quickly, and she would finish her school work, like if we started in the morning at 8:30 or 9:00, she would be done with her work for the day by 11:00 AM. So I think for her the biggest challenge was just stimulation, feeling like the work she was doing was boring and easy. I mean, obviously the teachers were doing everything they could, and that was a challenging time for teachers to pivot. But I think she just wasn't getting the social stimulation that kids normally get at school, and the academic work was just not what she was used to, and so, think she was dealing with just not having enough to think about, enough to interest her.

I think on the other hand, for my middle daughter, who was finishing up first grade, she's someone who ... she's pretty shy. You have to get to know her, she has to get to know you, before she comes out of her shell. And so the Zooms are really hard for her. She kind of, in the whole class where they're on gallery view, she really found it to be overwhelming, and basically wouldn't say anything. And actually at a certain point, maybe in April or May, we started doing weekly Zooms with her first grade teacher individually, which was amazing, something that teacher offered to us, because it was really a much better way for her to engage one on one with her teacher. And that was ... that ended up being better for her, but she still had several kind of large group Zoom sessions. I'm not sure how much she got out of that.

So, and then for my youngest child, my son who was just finishing up "pre-K," he didn't have a ... he was in a private preschool program. He didn't have a curriculum, and so we were trying to get our girls to follow their schoolwork in the mornings, but nothing for him to follow, no curriculum for him to follow. And so for them it was frustrating to see their brother just basically doing whatever, getting time to play, while they were supposed to be doing schoolwork, but he was in the same room, and it was also, I think, boring and annoying for him. And we were ... After some time we got a little bit more creative about giving him work to do, and actually my spouse is a former teacher and did some amazing work with him later on. But at the beginning we were just trying to make everything work. So I think for each of them it was challenging in different ways.

Mihir Joshi:

Over the course of this summer, there's been a national dialogue about re-opening schools. And I'm curious, what was your experience with that, how much did you engage with it, what did it feel like to key into this entire conversation?

Fiona Miller:



I did follow the national debate, not extremely closely, but it's something that's very relevant to my life. And I did feel that the debate was framing this question in very stark terms, where I feel that these questions are actually very nuanced. And I didn't see a lot of the gray area being addressed. And what I mean by that is just, I saw people really coming down on one of two sides. Either we have to reopen schools. It's what kids need. Parents need to go back to work. We need to reopen the economy. Either that very stark perspective, or on the other hand, the far other end of the spectrum, we can't open schools. It's not safe. We'll spread, the pandemic will get out of control. Teachers will be in danger. And so I really approached this set of questions as truly seeing both sides, and feeling both sides.

I mean I think I am somebody who ... I'm a full-time medical student. I have a spouse who works full-time, and we have three school-age children. It's going to be a real challenge for us to keep our kids again this school year, and try to keep them moving forward academically, keep them engaged socially, and fulfill our own professional commitments. And I also can see the real, valid arguments for why this is necessary, and I just feel like both can be true, and I can understand and agree with the rationale for keeping kids home from school, while also feeling deeply disappointed and anxious about the future.

Mihir Joshi:

It's interesting to me that you mention both the learning side of school attendance, and then also the social side of this. What do you think are some of the consequences of students not being able to return to in-person learning in terms of their social development?

Fiona Miller:

I think that that is a really big concern, especially for me as the parent of young children. I think it's maybe less immediate for children who are older, and who have established friendships, and who also have other means of staying in touch and communicating with their friend groups. But for parents of children my kids' age, kindergarten, early elementary school, it's very difficult, because they are just beginning to see themselves as social beings and establish relationships with people outside the home, and kind of understand what does it mean to operate in a social milieu, and form those connections. And socializing is a big part of learning. Kind of I feel like the joke, at least in some of my parent circles, the joke about kindergarten is that the main thing you learn in kindergarten is just how to be a human. How to take care of your stuff, and yourself, and zip up your jacket, and pack up your lunch, and follow directions, and not be a jerk, basically.

And those are really important things to learn, and you can't really learn those things sitting at home alone in front of a computer screen. That's just not really how it works. And so I think I feel the loss for my kids, of them not being able to be with their friends, play with their friends, talk to their friends, and have that social reward, that social engagement, but as a parent I also feel the loss just in terms of their social development, and really not wanting them to become isolated. And I think that's true for all the kids who are having to stay home from school this fall, but really especially so for younger kids.

Mihir Joshi:

I know you said your kids are definitely starting school this fall through remote learning. When the time does come for their schools to open back up, and there is somewhat of a decision at that point, for you and your spouse to make, how are you going to kind of approach that situation?

Fiona Miller:

I think it's hard to say right now. Think it will depend on what is the state of our country, what is the state of our local community, what is the state of our logistical reality that we're facing here at home, and all of those things will be considerations. But I do think that, at least right now, if/when schools do reopen, I believe that they will have plans in place to mitigate risk. I don't believe that we'll ever [inaudible 00:37:32] completely eliminate those risks, at least until we have a professionally-available vaccine. I can only hope that schools will still open before that time, and if they do, we will seriously consider sending our kids back to school in-person, some capacity. And I also think, just realistically, when schools do open, I don't expect that it will be a completely back to normal, full-time, five day school week. I expect it will probably be some sort of hybrid model, similar to the ones that have been proposed around the country, including in New York, of one or two days a week, or one week on, one week off. Something like that. And so I think that it will be an easing back in, and I do expect that we will take that opportunity.

Mihir Joshi:

And for both you and I, as second year medical students, we're talking now in the first week of being back in school remotely, but in the matter of a couple of weeks we're going to be reentering the clinical environment for learning. How have you been grappling with coming back to in-person learning as a student yourself?

Fiona Miller:

Yeah. To be honest, I feel like I haven't really had a chance to think very much about what that means for me. I mean I've thought about what it means for exposure for my family, and in terms of logistics, and just what that will mean for my spouse if I have one day a week where I have to be in-person. My spouse is still working remotely, full-time, so she's home still, exclusively, and so that will place an added burden on her, at least for that, whatever period of time that we're on campus at in-person activities. She's going to be kind of holding the bag here at home. And so at least for this fall, it seems like our in-person requirements will be pretty limited, and so I think that I'll be able to kind of work that in around the other obligations that I have.

I think for me, the big scary bridge that I'm not willing to cross yet mentally, is what may happen starting next year. For us, our clinical clerkships are expected to start in January 2021. Most recently the school of medicine told us that that is still the plan. And I have no idea, if we get to that point, if we are invited back into the clinical space for to start our clerkship year, and my kids are still not back in school, I don't know what we'll do. That is really going to be a ... That's going to be an inflection point for us, I mean, where the way we've been managing so far will not continue to be possible [inaudible 00:40:42] and so I hope I don't have to cross that bridge. We may, and if we do, we'll do whatever it takes to make it work, but I'm hoping that we don't have to get there.

Mihir Joshi:

Are there any kind of messages that you have for your fellow students, for all of the other people in the UCSF school of medicine community, about your experience, misconceptions, or just support for somebody who's in your position?

Fiona Miller:

I mean I think shelter in place, and this whole quarantine life, has been really challenging for all of us in different ways. And I think what it just underscores is how deeply ... It's really integrated sort of the personal and the professional, and blurred those lines in ways that they weren't blurred before. And so I

think one thing I just have really appreciated over these last several months, and know I will continue to appreciate, is my colleagues and my faculty's understanding about what it means to balance schoolwork and being a student, and being a parent, and home schooling children. My kids frequently come in and out of my Zoom calls, I'm frequently pulled in multiple directions, and that's not ideal, but it's happening to all of us in different ways. And I just think that an understanding of that, and grace with each other around those other obligations and distractions, is really appreciated by everyone right now, especially by me.

Mihir Joshi:

Well, thank you so much for taking the time to share your experience. I definitely commend you, your spouse, as well as your kids for, I think, being so incredible, and then pushing through an incredibly challenging time, while also just keeping grace, perspective, and a whole lot of smiles, because I know how you all are.