

1 **Title:** Balancing Our Identities as Medical Students and Global Citizens in the Wake of COVID-19.

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- 22 1. The impact of COVID-19 on medical opportunities and applications.
- 23 2. The transition from a medical student to a global citizen.
- 24 3. COVID-19's burden on health and well-being

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1 THE EXPERIENCE.

2
3 Our role as students never ceases. Medical training spans a lifetime, seamlessly transitioning from medical
4 school, to postgraduate training, and to our practices. This lifelong commitment to learn and be a student
5 holds a few accelerations, periods that have great determining potential. The transition from medical school to
6 post-graduate training is largely influenced by six critical months at the cusp of third and fourth year. These
7 months encompass the follow up to our university finals, twelve weeks of electives that are carefully planned
8 to hopefully yield the strongest letters of reference, and multiple licensing exams. As a Canadian student
9 studying Medicine in Ireland, these months are the fruit of meticulous planning, balancing time zones to catch
10 emails at the right time, scheduling international exams between electives that are yet to be confirmed, and
11 the pressure to not let a single day fall short of its potential. These six months culminate with the start of
12 residency applications and fall between March and September of 2020.

13
14 In Ireland, at the start of March, our University Hospital had one COVID-19 case - the only one in our city and
15 one of forty national cases.¹ Similar to the experience of medical students in Europe, North America and Asia,
16 we were pulled from clerkships and our learning quickly transitioned to virtual lectures and clinics.²⁻⁶ As we
17 made this transition, upcoming electives, internships, and exams also began getting cancelled, one by one
18 over an agonizing number of days, leaving unplaceable anxiety and uncertainty in their wake.⁷ We struggled
19 to search out any remaining opportunity, only to have it snatched away a few days later. At this time, the
20 pandemic was rising, but the looming, national sense of emergency was distant. In a matter of days, global
21 circumstances shifted. We were suddenly flying back home to our families in Canada, months before we had
22 intended and without having written any exams. As we approached our homes, feelings of diminished hope
23 heightened, and the idea of facing a residency director in autumn, with no account of shining clinical moments,
24 burdened us.

25
26 Thoughts of the pandemic inevitably circled back to how we were going to fill the days ahead. It was a state of
27 unawareness that perhaps represented how naïve and optimistic we were about the global trajectory COVID-
28 19 would take. When we came home and as the COVID-19 cases reached millions, the thoughts that filled our
29 minds were far more unsettling and humbling. Cases rose disproportionately in my home province compared
30 to the rest of Canada, and like many other students arriving home, I worried about the well-being of my loved
31 ones and my own health.⁸ Many of us were self-isolating and upholding our own mental well-being became a
32 very conscious process.⁹ These were feelings that were understandable, even predictable, but had
33 deliberately been left by the wayside.¹⁰ Back in Ireland, it had been easy to focus on our responsibilities as
34 students, but now that we were back home in Canada, and surrounded by our loved ones, it was hard not to
35 worry at a very intimate and personal level. We had been putting our identity as medical students above our
36 identity as global citizens living in distressing times. COVID-19 had challenged both of these identities, and
37 we had been doing a disservice to ourselves by not accepting that we were also vulnerable to ill-health and
38 the loss of loved ones. We were working to dedicate ourselves to a lifetime of service, to uphold the care of
39 others regardless of the threat against it. Along the way, however, we stripped ourselves of the same
40 privilege. We neglected our own well-being in a constant struggle to come out on top of the pandemic, to
41 negotiate the opportunities that were no more.

1
2 It was easy to feel hopeless at the loss of structure, loss of opportunity, and loss of certainty. It was even
3 harder to accept that we were feeling this way when the loss was so much greater than that. Suddenly, we
4 were facing a significant loss of life, loss of health, and loss of security. Just in North America, cases reached
5 and surpassed one million before our self-isolation period had even ended.¹¹ Moments of sadness at our
6 personal losses were followed by self-identification as an insensitive and apathetic individual, or worse yet, a
7 future healthcare provider. The contrast between these was complex and resulted in confusion, in terms of
8 what mattered most to us. After all, we chose medical school to care for patients. And now that patient care
9 was in a delicate position, globally, our individual challenges seemed insignificant.¹² How could one feel
10 disappointment at a cancelled elective or postponed exam when the health and well-being of millions were
11 suddenly threatened in a manner that we could not even have fathomed?

Accepted, in-press

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