

# US nursing students discuss impact of the pandemic on medical education

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12 May 2020

As the coronavirus pandemic continues to rage across the world and governments push for a premature opening of the economy, health care workers are on the front lines of the situation. The dramatic shortages of personal protective equipment (PPE) still prevail and the crisis is having a far-reaching impact on the lives and the mental health of these workers.

With overwhelmed hospitals and the immense pressures now exerted on health care workers, the quality of the education of medical and nursing students has been greatly affected. In many hospitals, especially in the hardest-hit regions in the country, the clinical training for nursing students was cancelled as hospitals lack both the PPE and the personnel to train the students.

The WSWs spoke to two nursing students about the impact of the pandemic on their education as medical professionals.

One of the students, a fourth-year student at New York University's (NYU's) Rory Meyers College of Nursing, reports that the focus of her classes has shifted to COVID-19, and that there would be "no finals, just preparing for the NCLEX [the test for certification to be a registered nurse]." The entire focus of the program has shifted from a quality and broad education in nursing, to a nurse-producing machine. The student also noted that she is fearful of the conditions she will be facing next fall when, as many epidemiologists fear, a second wave of the virus will hit.

"Even before [the pandemic], it was scary that I was going to have to learn stuff on the job in addition to what we learned in classes," she said. "For me, at least, it definitely feels scarier due to the threat of transmission." The anxieties concerning her preparedness have been compounded by the impossibility of in-person training. "Everything has been virtual modules—it's just not the same as being with the patient."

Nursing students are now being trained to adjust to what

have been proven to be unsafe and life-threatening conditions. The same student, speaking of her instructors, notes, "A lot of them have been saying that they had one N-95 mask and that they've been spraying them down. Another professor who works as an ER doctor created a simulation for us to ask how you deal with COVID-19. You don't want to go in the room multiple times, you don't want to waste PPE. We have to think about that stuff now."

One of her instructors, a registered nurse, reported that she knows of three to six "nurses [who] were fired for stealing Purell and gloves. Her hospital told her that they didn't need N-95 masks, and that they can just use surgical masks. ... So that's definitely scary to go into that."

A nursing student at Southern Connecticut State University (SCSU) told the WSWs, "Resources like N-95s, gowns, etc.,...should be stocked in case of an emergency, but that's dead revenue. Hospitals much rather only get what they know they will need" as opposed to properly preparing for emergencies. "At the end of the day," she said, "hospitals exist as a part of capitalism like any other business, not a service for the public."

The lack of PPE has already led to a dramatic death toll among medical workers internationally and the US. On Monday, the *New York Times* reported on the deaths of three nonmedical hospital workers in New York City due to COVID-19. This brings the WSWs's running tally of deaths in the city's health care system to 70, and the national total to 159. However, these numbers are almost certainly low due to under-reporting.

While people above 50 are disproportionately often affected, young people are falling gravely ill, too, and many have died. The *New York Times* reported on a 27-year-old doctor, Andres Maldonado, who got infected in the hospital where he worked in the emergency room

during the first year of his residency. Though he eventually survived COVID-19, he had to fight for his life in the ICU for several days.

The shift to online instruction in nursing schools has also been made difficult by the social challenges of instructors, many of whom are practicing health care professionals themselves. “Some of my professors are unable to hold a live class because they have young children who are now at home and it would be impossible to care for them as well as hold a 1.5- to 2-hour lecture,” reports the same student from SCSU. This has affected the quality of education, as instructors are forced to instead “record a lecture and post it online, taking away the ability to ask questions in class.”

The lack of childcare for many health care workers is a widespread problem as it is very rarely provided for by the employer. Nurses, doctors and nonmedical health care workers, who are now forced to put in extremely long shifts in epicenters of the pandemic, are left to fend for themselves to find alternative solutions for childcare.

When asked about how she feels about the prospects of entering the health care profession amid the pandemic, she said, “It feels terrifying, but mostly because I have another year left and I might not be able to go to clinical. I’m scared I’ll either (a) not be allowed to graduate on time or (b) graduate and miss half my clinicals and be extremely inexperienced in the middle of a pandemic as a result.”

She added, “I’m really hoping this has exposed the flaws in our health care system that will convince people we need to change.”

The health care system has been pillaged by the ruling class for decades in a bipartisan assault on the social and living standards of the working class. The nursing student from NYU noted, “We’re funding Trump’s golf habit, instead of evidence-based medical services which we need. Now they’re putting money into free health care for COVID patients—but they haven’t for anything else and they disagree with universal health care—but that’s just because rich people can catch it [COVID-19] too. There’s no funding when it’s heart disease or cancer or anything like that because you can’t catch that from poor people.”

The world that these recent and soon-to-be nursing school graduates are headed into is one rife with risk to their safety and lives, as the ruling class pushes for a premature reopening of the economy and epidemiologists fear that a second wave might be even worse than the first. Yet even amidst this crisis, hospitals across the country are undertaking mass firings and furloughs of

workers to protect their margins.

These cutbacks come despite the fact that there are significant shortages of doctors and nurses. The Association of American Medical Colleges (AAMC) found in a pre-pandemic study that the American health care system is likely to experience a shortage of up to 122,000 doctors by 2032. This timeline has been significantly accelerated by the coronavirus as under-protected health care workers are falling ill or dying.

To meet the dramatic shortages in personnel, medical schools nationwide and especially in New York, which has been the center of the pandemic in the US, have graduated their students early. The medical schools of Columbia University, Cornell University and NYU graduated their students in April, hoping to help fill the estimated 1,180 gap between the number of doctors available and the number of doctors needed in the state. Across the country, at least 13 schools allowed their medical students to graduate early.

However, *Time* magazine reported that many medical schools that have sent their students off to work have faced challenges actually getting them on-board. The logistical challenge of getting state-licensing boards to allow recent graduates to practice has been protracted, meaning that many recent graduates still cannot work. Moreover, many schools have done nothing to secure housing or employment for their hastily graduated doctors. Those that manage to enter the health care service face shortages in PPE and are at substantial risk of contracting the virus.



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