



Project: Documenting COVID-19: Stony Brook University Experiences

Title: Oral History Interview with Xianghui Zou - Transcript

Narrator: Xianghui Zou (XZ)

Interviewer: Jamie Saragossi (JS)

Date of Interview: 04/15/2021

Location: Zencastr (remote)

Transcriber: Jamie Saragossi, Chris Kretz

Interview Length: 00:22:00

Summary: Xianghui Zou was a fourth-year medical student at the time of this interview. He describes the impact that COVID, and the School of Medicine's reaction to it, had on his studies, including the residency interview process. A native of China, he also describes what he was learning of the virus from back home and how it was affecting his relatives and friends.

00:00:024

JS: Good morning. Today is April 15th, 2021. This is Jamie Saragossi of the Stony Brook University Libraries interviewing Xianghui Zou for the COVID-19: Documenting Stony Brook University Experiences project. Xianghui, thank you very much for sharing your experiences with us and contributing to this project.

00:00:21

XZ: My pleasure.

00:00:26

JS: So we'll get started. Can you tell us what your relationship is to Stony Brook University and how long you've been here?

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XZ: Currently, I'm a fourth-year medical student at Stony Brook and in less than two months, I will be joining Northwell [ed. note: North Shore University Hospital - Northwell Health ] for my internal medicine residency.

00:00:47

JS: That's great. Thank you. So last spring, what were you working on, or what was your class-load like before COVID?

00:01:00

XZ: Before COVID, we had our dedicated study for Step 1 [ed. note: United States Medical Licensing Exam - Step 1]. Actually, during this dedicated study, China— where I originally come from and where all my family are at—is having an outbreak in, like, February, March-ish.

So I would say I became affected by COVID earlier than the majority of people in the United States. But when, actually, Stony Brook started to be affected by COVID, I would say that my Step 1 dedicated study was already done, and I was ready to continue with my Phase 3 duties, including emergency medicine electives and other similar electives like GI [Gastroenterology]— you know, medicine electives.

00:01:57

JS: Okay. And were you able to take your Step 1 exam the way that you had been preparing for it?

00:02:04

XZ: Yes. Actually, my Step 1 was not interrupted by the pandemic in the United States. No.

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JS: Okay. And do you remember—you mentioned that your family had been affected by this before it really impacted Stony Brook community. Do you remember your first time hearing about COVID and what you felt about it?

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XZ: Luckily, I would say nobody I know from China got COVID at all, so I got lucky on that. But the way they affect me and my family is that I think all my relatives who don't work in the hospital have to work from home.

And for people who work in the hospital, they have to be deployed to COVID services. So that's how they are affected. But luckily, nobody was really getting COVID back then.

00:03:02

JS: And were you concerned about the implications for the United States and for Stony Brook when you first heard of what was happening with your family in China?

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XZ: Actually, no. Actually, I didn't think that the United States would be affected by the pandemic. I saw this was like SARS [Severe Acute Respiratory Syndrome] eighteen years ago when it just affected Beijing and Hong Kong. It was some—I would say it wasn't—SARS was an endemic back in 2003. And it was the same approach by the Chinese government: that we basically stayed at home for, like, three weeks, and we did nothing. And then eventually SARS went away.

So I thought because the Chinese government was doing the same job, eventually this is going to go away. That's what I thought. I didn't realize that, you know, Europe and the United States eventually had this huge outbreak at all.

00:03:59

JS: Right. Okay. And how did you learn about the plans to change the medical school curriculum, or the delivery of the curriculum, in response to COVID?

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XZ: I was a little bit disappointed, to be honest, when I hear about everything. The reason behind it is Stony Brook Medicine took so long to, you know, to make a decision about moving everything online. As a matter of fact, we all know that the undergrad campus already decided to move everything back to—sorry, move everything online—once the pandemic started in the United States. And I was actually asking the administrative office about the decision for medical school to—whether move everything online or still go everything in person. And the reason why I asked them is that back then, I was thinking about going back to China because by the time that United States started to have an outbreak, the Chinese government controlled the pandemic really, really well.

And that's why I think that back then, China might be a safer place for me to stay. And also the plane tickets are getting canceled and canceled. So that's why you need to act really quickly during the time when there's a transition between—China's virus load is getting really low, whereas the United States are starting to—you see a rise in the curve.

However, the medical school took a full two weeks before deciding, moving everything back online compared to the undergrad campus. So that's why I was being disappointed by the speed that the School of Medicine made this decision. But once everything was moved online, it was done pretty well.

Everyone started using Zoom for everything, and we got more flexibility scheduling our Step 2 exams [ed. Note: United States Medical Licensing Exam - Step 2], and all the clerkships were postponed. So I would say initially I was very disappointed, but later I felt that our school did, I would say, an adequate job for dealing with COVID

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JS: Great. So what was your living situation like, being that you didn't have the opportunity at the very beginning to return to China? What was your living situation like during the pandemic while you were doing your online classes?

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XZ: It was the same. I'm still living with the same bunch of people that I lived with for three years. I didn't move during medical school.

I lived in the same house with—the majority of my roommates are the same roommates since I started medical school or in the beginning stage of medical school. So we know each other well enough that we know we're not going to, you know, party around and just do irresponsible stuff. Everyone, when they actually have to go out, all wear masks, and we do all the sanitation jobs pretty well.

I have roommates who mailed masks for them from China. And luckily, I think my roommate did well enough to not make things worse, let's put it this way. And some of them actually went back to China during the middle of the pandemic because they either finished their studies or they think that, oh they're only master students who have no intention to continue their study in the United States. And they just think that taking online classes and then finishing their degree in China will be enough for them as well.

Me, on the other hand, I mentioned previously that I hoped that I was able to go back to China because the virus is better controlled, but it seems that the school's delaying decision, which prevented me from going back to China, is a better idea for me because eventually School of Medicine made the switch of every elective being held in person.

And that's when I was able to continue with my electives, starting from July.

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JS: And the electives are clinical trainings? Do those take place outside of the classroom?

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XZ: Yes. They are all clinical trainings. So my schedule is more like this: I started my sub-I [sub-internship] in July, and then I started every clinical elective in August 'till November when I started my residency application—sorry, interview season. But, yeah, to answer your question, all the clinical electives I took are non-classroom electives were I actually had to go to a clinic with—wearing my N-95 and then see patients. Without knowing their COVID status.

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JS: Wow. Was that something that you had ever anticipated having to deal with in your clinical trainings?

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XZ: No. I think the most similar experience we had was TB [tuberculosis]. To see TB patients, you need to really gown up yourself, wear N-95, go to a negative pressure room, and then come out. But you see a TB patient once in a blue moon. That's, you know, I think I've seen like two or three TB patients during my entire clinical rotation. But during—when we are in the clinic, seeing outpatient patients, I said that we don't know the status of their COVID, but I assume most people are negative. I know there are many asymptomatic carriers, but we just assume that most of them should be negative. But to be safe, we still wear our N-95, and we wear our goggles as, also, this is a requirement by the School of Medicine to protect all the physicians and to protect the patients.

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JS: Okay. Now you mentioned your interview season. What was it like doing your residency interviews virtually as opposed to traveling to the sites that you'll be training at?

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XZ: I actually think that doing this virtually has a major advantage of saving money for us. I do see the downside, that you cannot go to the sites to visit the campus, to visit the house staff, to visit the faculty members there. But I'm being practical that even being there for a day would not tell you a lot more. It will tell you a little more, I agree on that, but I don't think it will tell you a lot more. And the reason behind that is, I think everyone can act for, like, a day. Act as if they're interested. Act as if they—you know, they can set things up that they want to present you the best face.

Like, when you go to an interview, you want to present the best face of yourself as well. So I see the value of going there, but I don't see the value of going to all the places that interviews you. So actually, I think that in the future, a mixture of online interview versus in-person is the trend that I think.

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JS: Interesting. Okay. So do you anticipate long-term implications for medical students and for residents that were training during COVID? Do you see long-term impacts on their career?

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XZ: Oh, uhh—how do I answer this? Well—

00:12:23

JS: Or on your career?

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XZ: Yeah, I know. I understand. But I just don't have a perfect way to phrase the question in my own language. I would say the short answer to your question would be yes. That we will be affected by COVID. I think the better way to understand this is, all the students and residents who are trained during the COVID pandemic will be more careful in their future training. I think wearing masks might be something that we almost all do in the future—that we just wear a mask when we see patients, even if the pandemic eventually goes away, which I'm hopeful for. The reason why I say wearing masks is something normal in the future is that, you know, wearing masks decreases the spread of not only virus but also your saliva and also other bacteria. I think it protects everyone, too.

And I think in China, many physicians wear a mask as well even when there's no COVID. So I do see wearing masks, just regular surgical masks, when you're seeing patients is a good practice. At least this is what I believe by seeing all the doctors in China.

The other thing, I think, that trains us well is that, let's say there's another pandemic in however many years later. Because of this experience, I think we are better prepared to fight against something imaginary.

But would this affect how we practice medicine? I would say maybe evidence-based medicine is being more useful than before. It is always useful but because of, like, if you see how the vaccines are being rolled out, how the resources are being allocated during this pandemic, I do believe that evidence-based medicine will have even a larger impact in future practice than it is today. Not to say that it's not important today, but I'm saying that people will spend even more resources, more emphasis on allocating the resource, allocating the finances to evidence-based medicine.

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JS: Great. No argument here on that.

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XZ: Yeah. I hope so, too. Considering that I also have a PhD degree in cancer biology, I do hope that, you know, medicine can be not only medicine but also bench-side science. It doesn't have to be direct research, but it has to be some sort of research implementation into medicine.

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JS: Do you feel that your PhD background gave you a bit of a different insight into some of the research that was coming out early on in the pandemic?

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XZ: I think I trust whatever comes out of a lab more than the majority of people because I think I am able to understand the basic mechanism—sorry, the basic mechanism behind the vaccine rollout. And I think I briefly learned what an mRNA vaccine is during my PhD training and I don't doubt it in the beginning.

Unlike most people who are like, Oh, we only use inactivated virus for the vaccines. This will be the first time that an mRNA vaccine is being injected in my body. Am I going to trust it or not?

But because of my previous training, I'm able to learn what that is and, you know, trust that vaccine. So I was really hopeful that I'm able to receive it in the early stage of this rollout. And luckily, I did.

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JS: So in terms of your personal experience, what would you want people to know about this time in your life or how you handled the personal aspects of COVID?

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XZ: (laughs) That's a pretty good perspective. I hope that people who didn't experience this COVID era—like, our, I would say offspring, twenty years later—would not take things for granted.

I mean, I'm sure twenty years later, international travel and everything will be back to normal, for sure. But I hope that they realize that, Oh, there was a time during this history that, oh, international travel is almost impossible, and you have to quarantine for X amount of time in a certain place. And you have to wear your mask during the entire flight. I hope they—they see that as funny, of course. But I hope that they realize that, you know, we fight really hard to, hopefully, eradicate the virus, and I hope they don't take things for granted.

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JS: That's great. And what are you most looking forward to in the near future or as the pandemic starts to—the numbers start to subside a bit?

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XZ: I'm looking forward to being able to travel freely. It's been two years since I saw my family last time. And friends. And relatives. And acquaintances. So basically, everyone in China, it's been two years since I saw them last time. So I hope that I can go back to China freely; there is no quarantine process; there's no this testing, that testing, getting blood here and there.

I hope all the requirements will just eventually drop off. I hope I can travel freely in the United States to places that I want to go to. I just hope that I can travel freely by air. That's the first

thing. And the second thing is that I hope there's no more requirement for, you know, specific hours for visiting supermarket.

I also hope that the hospital regulations of not allowing visitors or only allowing visitors for, like, X amount of hours during the day—I hope this requirement can drop off too. I mean, personally, I haven't seen families who had to say goodbye to their family. I've heard so many stories about that, but I never witnessed them firsthand. But I do see family members who are really sick, but they have to only speak with their relatives on iPad.

And I think that's very sad. I hope that this requirement actually drops off more than that I want to travel. You know, I think the humanity aspect—I understand that hospitals have regulations so that they can control the virus situation, but I hope that we all realize that for patients that are physically sick, they are the most vulnerable emotionally and psychologically as well.

And the more people are around them, it will be better for them. Sadly, COVID took this part away from the medical practice, the humanity part of the medical practice away from it. I hope that this part comes back first, even before the international travel.

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JS: That's a very good perspective. Is there anything that you would want to have documented that we didn't cover today?

00:20:05

XZ: I wish that our medical school can really act quicker in this situation, as I mentioned previously. I know that people are telling me, Oh, we didn't act as quickly because we are waiting for the AAMC [Association of American Medical Colleges] guidelines. But I just hope that, you know, not only our medical school but also all medical schools can be not as—let's put a quote mark on this—"diplomatic" as they are of today. Like, you don't need to really wait for some official entity to tell you, Oh, this is serious.

If you look at the numbers, if you look at how the pandemic was in China, you should realize that this is something very serious. I think I should probably stop here because I don't want this to get, you know, more accusing our medical school. But I do hope that things can be taken in a more quicker fashion so that students can know, can respond well enough, to what they can do during pandemic. Because people are like, you know, don't have a clear mind about what they should do, but if our school acts quicker, then students have more time to respond to the situation.

So I'm sure, for me, it's going back to China. But for many of our classmates it's going out of state. It's going back to California. Going back to Washington. I have friends who are stuck here because our school responded slower. And traveling domestically is totally different from traveling internationally. I hope our school understand this.

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JS: Understood. Well, thank you very much for your time today. We really appreciate your perspective and wish you all the best in the future.

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XZ: Oh, thank you for this opportunity. Take care.

[end of interview]