

Access

Oral History Interview with Megan Osborn
Conducted by Whitney Li on August 16, 2023

Whitney Li [00:00:01] Okay, So today's date is August 16th, 2023. My name is Whitney Li, and I'm interviewing Dr. Megan Osborn remotely via video conference. This interview is being conducted as part of a project organized by the National Humanities Center in conjunction with UC Irvine School of Medicine. Our goal is to collect, preserve and share the stories and experiences of healthcare workers who experience the COVID-19 pandemic. So, just to start off, Dr. Osborn, please introduce yourself. What you do, your specialty.

Megan Osborn [00:00:33] Sure, Whitney. So my name is Megan Boysen Osborn. I am an emergency physician. I've been an attending emergency physician at UCI Health for the last 12 years. I did my residency there as well. I'm also the acting Senior Associate Dean for Students at University of California Irvine School of Medicine. So, I oversee student affairs and admissions, and that is about 80% of my job, whereas the other 20% is being an emergency physician.

Whitney Li [00:01:02] Awesome. Well, first of all, what brings you here? Why did you volunteer to be interviewed?

Megan Osborn [00:01:08] I think that it's a very interesting project and that I love the idea of recording people's stories from times. I always like to hear stories myself, and when I'm speaking or when I'm teaching, I always like to tell stories. And so I think that this is a great opportunity for you all to collect stories of health care workers. And I'm happy to be a part of that as a health care worker.

Whitney Li [00:01:34] Awesome. Thank you so much. So, just starting off with the questions. Has COVID-19 caused any lasting changes to your daily routines at work?

Megan Osborn [00:01:44] Absolutely. COVID-19 has caused so many changes. I think the most notable change that has been for me has been in my work as the Senior Associate Dean for Students in that a lot of business, quote unquote, now is conducted virtually, which was very different from before. So, before I would be in the office every day, and that's when we would conduct our meetings. And virtual meetings were very, very rare. And now I think that it's the assumption that meetings are going to be held virtually rather than the opposite. And so now a lot of my day is spent on Zoom or spent on the computer or spent on the phone being with people rather than meeting face to face. And so that has pluses and minuses, obviously, and the pluses, it improves my lifestyle in terms of my commute and the availability of being able to book with students who might be at the hospital or might be elsewhere. And so I'm able to reach people more easily. But at the same time, I think that it has reduced some of that human interaction that I really enjoy through my job. And so being able to see someone in person and being able to sit down with them, have lunch with them and have a meal with them, I think is such an important thing also that I think we don't quite have as often now as we did.

Whitney Li [00:03:09] Yeah, absolutely. Thank you for sharing. Can you tell us about a couple of major events that stand out to you during this pandemic?

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Megan Osborn [00:03:17] Absolutely. So I think that for me, I experienced it as an emergency physician, but I also really experienced it from being a medical student. So for me, I think that the biggest thing was how we acted and responded from our leadership with the medical students. And so, there was a lot of uncertainty and it was communicating that uncertainty with the students on a regular basis. So one thing was the match week. So one thing for us was that the COVID pandemic started a week before match week for the 2020 class. And so it was so disappointing to have to tell the students in the class of 2020 that they weren't going to be able to have a match day. And in my opinion, I think match day is the most exciting day as a medical student or physician. I think that obviously the white coat ceremony is fun and graduation is fun, but match day is a day that has this energy that's unlike any other day. And so, I think that it was really hard to tell the students that you're not going to have a match day in its usual form and then trying to scramble and convert to something that was meaningful. So, a virtual matchday is what we ended up having and it actually ended up being, I think, successful from a virtual match day standpoint. Obviously, I believe it would have been more fun in person, but it was the best we could do with the circumstances. And so that was an area that we really had to pivot quickly with student events. And so we held a virtual matchday and then we held a drive-through graduation ceremony where people were in their cars and just got out briefly to graduate, quote unquote. So those were things from an event standpoint, but then also from a supervising standpoint, the medical students, there was a lot of uncertainty with how they were going to have a role in the hospital. So we pulled them out of the hospital for a few weeks until we could figure out what was the best plan for them. There was a limitation on the number of masks that medical students could get. They could only get like one mask a week or something like that. I can't remember what the exact distribution was, but it was much lower than what it is now or what it had been in the past. Certainly, now I just throw out a mask if I am done using it and I get a new mask if I need one, same with gloves. But those supplies were limited. And so it was tough to negotiate that with the hospital and trying to get the supplies to the people who need it. Then also making sure that our learners are staying safe and making sure that they have appropriate personal protective equipment to be safe and to be able to treat patients.

Megan Osborn [00:06:10] And then there was also a lot of ethical concerns of, Should the students even be in the hospital right now? Are they essential health care workers? And so should we be exposing them to this experience that they don't absolutely have to be there? And I think ultimately we decided, obviously, among a cohort of medical students across the nation and medical schools across the nation, that it was a necessary experience because these are the future workforce of the health care industry. And COVID obviously is lasting a lot longer than we expected it to. And so I think that if we would have taken that experience away from students, that would have been really hard for them to adjust as residents. And how do they respond to a situation like that? This may not be the last pandemic in our lifetime, and I think knowing how to respond to a pandemic and what the precautions are that we need to take and how do we take care of patients and how do we deal with the uncertainty that was present at the beginning of the pandemic is a really important skill for our medical students to know. And so I'm glad that we ultimately were able to get them back in the hospital as soon as we did. But there was certainly a lot of fear that arose. I remember getting an email from one of my students, a very frantic

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email, just saying, Dr. Osborne, I'm so scared right now. I'm right next to the room of a patient who has COVID and I'm just really terrified. And students had the fears for a lot of different reasons. It wasn't just because they themselves were afraid of getting sick. It was that they didn't want to take it home to their family or their loved one or their mother who had cancer, or their uncle who is immunocompromised, or their roommate who, you know, fill in the blank. And so I think that that was the hard part was that there's a lot of other things going on in people's lives that you can't necessarily predict how they're going to respond to this uncertainty and to this fear of the pandemic.

Whitney Li [00:08:15] Yeah, absolutely. Thank you for sharing. And you sort of touched a little bit about this in the previous question, but I was curious about how you felt about the facilities putting in place the safety measures and whether you feel like you've met the challenge that COVID posed. And do you think these same measures would be effective if we were to face another similar national health crisis?

Megan Osborn [00:08:45] I think what was hard was we didn't know how COVID was spread initially, right? So we didn't know if it was contact, we don't know if it was droplet. We didn't know what level of PPE [Personal Protective Equipment] we needed. And so, at first, there was just a lot of fear based on that. And at first we, I don't know if you remember, at first we were saying that you don't need to wear masks, that masks are going to make things worse because you're going to be touching your face more often, pulling down your mask. I remember that in the first couple of weeks of the pandemic that there was some rhetoric around that. So, that obviously was false. And so, moving through each iteration of what the contact precautions were. So, I think that in the future, we, who knows, right? Because I think that COVID ended up being very transmissible. But what if it were something where we did have to have full protective PPE with a PAPR [Powered Air Purifying Respirator] and everybody has to be wearing a PAPR in the in the health care setting? We're certainly not going to have those supplies to be able to do that. And so do I think that we are prepared for another pandemic? Maybe, I think we learned a lot from COVID, but it would depend on how whatever virus or bacteria, whatever it ends up being, is spread, because at that point in time, we need to make sure that we have enough equipment for our health care workforce to deal with that. And so, if it were something that was much more contagious than COVID, obviously, I think it would be a very big blow to the health care system.

Whitney Li [00:10:24] Absolutely. And you also sort of touched upon this, but I love that story about the student who was really, you know, afraid of being exposed to a COVID patient and bringing it home to her family. I was wondering if you have any other stories of moments you've shared with patients or students that have been meaningful during the pandemic for you personally?

Megan Osborn [00:10:51] I think that it was nice to see our students and how they responded each in their own different way. I think everybody, or I should say that most people who go to medical school go to medical school because they have a helping heart, so to speak, because they want to have that part of helping someone in their career. And so, I think that it was very unique the way that our students responded. So some people wanted to walk people's dogs for the health care

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workers who were stuck in the hospital. And so that was something that even though they weren't in the hospital working they could help a health care worker by walking their dogs or getting their dry cleaning for them or bringing a meal for them. Or, some of our students created mask so they did community cloth masks. And so, one of our students and their mother were busy sewing masks for several hours a day. So, I think it was neat to see all of those ways that people responded and tried to help. Even if it wasn't being in the health care system. So I think that that was really meaningful for me to see. Was there something else that you were asking? Was there something that in terms of patient lives or in terms of health care worker wise?

Whitney Li [00:12:15] Yeah, it was more specifically for patients, but I think with your involvement as the Dean of Student Affairs, it would have been really, it's very interesting to hear what you have in terms of your experience with your students. I am curious if you've had any, I guess, more negative experiences as Dean of Student Affairs or even like as an ER [Emergency Room] doctor, since you said 20% of your work is as a doctor. Did you have any personal negative experiences with people who did not want to be compliant to either, you know, the mask or the vaccine? And if you did, How do you feel about that or how did that event take place?

Megan Osborn [00:13:03] Yeah, I think that there is definitely a lot of hard thing to get through, and I think that there were a lot of challenges to get through, I think especially in my role as Dean of Student Affairs because the students were anxious and they were nervous and they didn't know what to do and their lives were being affected daily. And we were putting out new recommendations on a daily basis. And I think it was hard to under-communicate during that time period. I think everybody wanted more communication. And so, I felt like I was just constantly on and we were getting, you know, a lot of negative feedback from the students, like, why are we doing this, like, these other hospitals aren't back in the, or excuse me, these other medical schools aren't back in the hospital yet, Why are you putting us back in the hospital and putting us at risk? And then the opposite was true, too. Some people were like, Well, this other health care system or this other hospital already has their medical students back in and why aren't we back yet? So, it was coming on both ends. It was really hard to please the masses in that time period because, I think, there were different ideas of what, there were different desires from the medical students. I think some medical students were like, Put me in coach. Like, This is my time, I signed up to be a health care worker, like, Let's go. And I think there were some medical students who were like, This isn't, I'm just a student, this isn't worth risking my life, risking the life of my family just so that I can participate on a team that I'm not necessarily going to be the primary provider for. So, that was really hard, was balancing all of that anxiety and all of those competing interests among the medical students. And we certainly did get a lot of negative feedback on a regular basis. And so it was handling that, responding to it, making sure that people felt heard and at the same time making some quick decisions that I think ultimately we made good choices. But it's possible that we could have looked back and been like, Oh my gosh, like what if one of our students would have died of COVID, right? Like, would we have looked back on that and said, Oh my gosh, why did we put the students back in so soon? And I think that that would be a much different outcome than looking back on it now and saying, I'm glad we did what we did because that was the right choice

and we put them back at the right time and they're going to be better doctors because of it. And there weren't any bad outcomes as a result.

Whitney Li [00:15:40] Right. That's definitely very tough sort of balancing those two differing sides of feedback. So, my next question is, What do you think the biggest impact of the pandemic will be for you personally in a long term sense? So, I know it's been a couple of years since the height of the pandemic. It might be interesting to sort of reflect back and see how these long term effects have persisted. And what do you think will keep going?

Megan Osborn [00:16:10] Yeah, that's a great question, Whitney. I think that there have been so many long term effects of the pandemic. I think long term effects on my lifestyle, long term effect on the hospital setting in general, long term effect on people's trust of the health care system and things like that. And so, for me personally and selfishly, there were a lot of positive things that came out of the pandemic. So, I felt like I was working really hard before the pandemic. Away from the house. And so I was in the office a lot of days and in the emergency department a lot of days. And with the COVID pandemic, a lot of things, like I said, have been moved virtually. And so I do feel like I'm home more, and my schedule is a little bit more flexible and I can make sure that I'm there for those touch points with my kids. And even though I probably work the same amount of hours, so to speak, they are probably more productive hours because I'm able to balance Zoom meetings with emails and stuff like that. So, I think from that sense, very selfishly, the COVID pandemic has had a very positive effect on my lifestyle. I know from a health and wellness perspective, I was fortunate enough to play a sport that doesn't spread COVID very easily. So that's kind of nice. And so I was still able to play tennis during the pandemic. All the courts were closed, but we found like community courts that we could sneak into. And so there were several days out of the week that I was still able to play tennis. So for me, it was the time that my life didn't change that significantly. But I know that's not the case for the majority of Americans, and I know that's not the case for many of our patients who had to worry about where their meal was coming from or losing a job or staying home with their kids while their kids were learning virtually was really tough on a lot of families in the United States. Fortunately, for me, it wasn't tough. But, you know, as tough on us because I was fortunate to be employed as a health care worker. And so I didn't lose my job during the pandemic. And so, I think that while it had a really tough effect on a lot of people's lives, I was very fortunate in that it did not have a negative effect on my life. Does that answer your question?

Whitney Li [00:18:35] Yeah. Yeah, definitely. I'm also curious, just like sort of taking the same question and like, warping it to your involvement, what do you think the biggest impact of the pandemic will be for, you know, medical school admissions and, you know, how the admissions committees will have to adjust in terms of and even like student affairs and sort of that realm? How do you think the pandemic has changed how this entire system will work for us students?

Megan Osborn [00:19:12] Yeah. So one thing that has changed is the interview process. So the interview process for medical school used to be in-person interviews. And, if you're fortunate to go on more than one or two, that would be

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expensive. And flying all over. I remember when I was applying to medical school, I racked up credit card debt. And, you know, thankfully I was able to pay that off later. But as a 22 year-old who doesn't have a big source of income, who has to travel to eight different cities to go on medical school interviews and pay for a hotel and pay for a flight like that gets really expensive. And so that's one thing that's changed. And so now our interviews are held virtually. And I think that that's so much more equitable because, What if you are someone who doesn't have the resources to support that much travel? You're going to have to limit the number of interviews that you go on. And so now we don't have that barrier and so I think that it makes the medical school admissions process a little bit more equitable for all of our students, especially our students who come from disadvantaged backgrounds financially. That's one area that I think is really affected. The other area that has been affected in the last couple of years is, What do we do with the MCAT [Medical College Admission Test]? So some students weren't able to take the MCAT, which is the medical college admissions test, which is the entrance exam for medical school, as you know, Whitney. So, some people weren't able to take the MCAT because of all these testing closures, like our students weren't able to take the USMLE [United States Medical Licensing Examination] for a while, the board exam, because of testing site closures. And so some schools were accepting applications without MCAT, and we were not one of those schools. But, it definitely brought into question the validity of the MCAT. And, Does the bias against students from disadvantaged backgrounds? And things like that. So that's some questions that were refreshed and brought to discussion in light of this interruption that we had. And it caused us to examine some things that we took for granted and look at them and see if they're absolutely necessary. So we as a school still continued to accept the MCAT, but other schools have gone away from requiring the MCAT. And I know that some undergrad institutions as well, the same with the SAT [Scholastic Aptitude Test] and the ACT [American College Test], those tests that you take to get into college. I know that some schools aren't requiring those anymore. So it's definitely interrupted the way that we do admissions in a lot of different ways, pass/fail grades and things like that that had to be adjusted with students taking courses and not necessarily getting letter grades. So yeah, it's interrupted a lot of things.

Whitney Li [00:22:09] Yeah. Have you seen, and this is partially from my personal curiosity, have you seen an increase in the gap years that students will take after the pandemic?

Megan Osborn [00:22:21] I have not. We actually saw a really big jump in applications. So, not, okay so not the current students who are enrolled, but the year before that. So, your class. So, Whitney, so the students who entered last year, so the MS2s [Medical School Second Years]. So you all entered in 2022 so you were applying in 2021. So in 2021, so obviously, the pandemic for us in the United States started in 2020, and 2021 was one year later, and that was the highest application year that we've ever seen. So very interestingly, I don't know why, maybe everybody wanted to be a healthcare worker because we're heroes and stuff like that, and there were banners and stuff saying that we are. So, I don't know why, or maybe people were home and they just had time to put together their medical school application. I'm not sure, but your class was the highest class in terms of application numbers and it's dropped back down some. So this last year, or actually it might have been

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two years ago. I'm trying to think. It was, so this last year, the entering MS1s [Medical School First Years] was a little bit higher. No, your class was actually lower, it was the year before you, I think, Whitney, actually that had the highest number. I'd have to look at my numbers, but I think it was the year before so the current MS3s [Medical School Third Years] and so that would have been them applying in 2020 during the pandemic we saw the highest number actually. Yeah. So I was mistaken on that. I'll have to look to be sure. But one of those two years was really high.

Whitney Li [00:23:55] Yeah. And, actually in a previous interview, a nursing instructor had noticed that the pandemic had maybe caused future nurses to take more gap years and then further down the line that would, you know, lead to a nursing shortage. Do you think maybe something similar is happening for med school or not really?

Megan Osborn [00:24:21] I don't think so. I mean, I think, you know, that gap years are a whole other discussion. Like I'm a huge fan of gap years. I think that students need to take gap years so that they can focus on their academics during undergrad and then they can do the clinically based things and make sure that they're making the right decision. So I think people really do need to take gap years. So I would say that I have a bias toward students who have taken gap years when I'm selecting someone for as an admissions committee member. So I would say that, no, I haven't seen any difference, but I don't have the data to back that.

Whitney Li [00:24:53] Yeah, totally. And this sort of goes back to a previous conversation. What are your thoughts or opinions about people sort of labeling health care workers as heroes during the pandemic? And do you personally feel like you're a health care hero?

Megan Osborn [00:25:12] Yeah, there were a lot of jokes that we had amongst ourselves and memes and stuff like that with the health care hero thing. And so, I think it was funny because, and funny you know in the in the very dark sense of it, like, obviously the pandemic wasn't funny. But, in April and May when they're calling us heroes and there are signs out that they were like the health care worker heroes in 2020. I mean, we were literally sitting in the back of the emergency department with our feet up, like eating bonbons. I mean, you know, not actually eating bonbons, but like, there were no patients like, no one wanted to come to the ER [Emergency Room] because they didn't want to get exposed to COVID. And so people were not coming to the emergency department. We were seeing like less than one patient an hour personally. So now I see 2 to 3 patients an hour. And I was seeing the lowest numbers I've ever seen. It was the greatest time ever to be an emergency physician in California. Obviously, New York was having a terrible time and they were stretched beyond their means and they were developing PTSD [Post Traumatic Stress Disorder] from all the people they were intubating. And there was a ventilator shortage, and it was awful for them. And so we're getting grouped into the same category of heroes as these people who are literally risking their lives in New York and working 24 hour days and putting two patients on a single ventilator and figuring out how to do that and figuring out fixes and how to do the math over and over again until you flip. Whereas we were experiencing this very, very low volume in the

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emergency department, and obviously that didn't last forever. Our volumes eventually went up.

Megan Osborn [00:27:04] But when the hero thing first started, I did not feel like a hero. I felt like someone who was going to work and having actually a much lighter day than I normally did. That being said, it was scary to come home to right, like, so I didn't know if COVID would be carried on my clothes and so I stayed at, my parents have a condo that they don't always use near our house, and so I stayed at my parents' condo for the weeks that I worked. And so I didn't see my kids except for FaceTime. And so that was a total bummer. And so that was definitely a sacrifice. And, I guess if you can call that heroic, I don't think it's heroic, but it was something that was a sacrifice of me not being able to see my kids for several days at a time when I was worried about potentially exposing them and exposing my son who has asthma and not wanting him to get that. So, that was tough. But was it heroic? I don't know. But, you know, it's also nice to be recognized as a health care worker because I think that there are some sacrifices that come from being a healthcare worker. And I think that it's a tough field for a lot of reasons, not just COVID. I think it's tough because you're literally responsible for someone's life. And we're human and we can make mistakes, right? So even without COVID, like if I made a mistake that I gave the wrong dose of the medication that killed someone or something like that, like that, that's going to be pretty heavy on the rest of your life. And that's going to be something, that's a guilt that you have to live with. And that's a mistake that you made because it was the course of your job. Whereas someone in another field might make a mistake and it leads to a company losing mone, right? But when you're a physician or when you're a nurse or when you're an EMT [Emergency Medical Technician] or respiratory therapist, you have the potential to make a mistake that could really cost someone their life. And I think that being a health care worker and having that burden on a daily basis is something that's hard and it's something that is why it's tough to be a health care worker and why it's not for everybody. And I think in the height of COVID, that was especially true, too, because we weren't sure like, well, should we be intubating these people or should we be putting them in a high flow oxygen? Should we be prone positioning them? We didn't know. Should we be giving them steroids? Should we not be giving them steroids? And so there were a lot of questions, and we really wanted to do the right thing for patients or I hope we really wanted to do the right thing for patients. I know I really wanted to do the right thing for patients. And so, having that burden is tough. I don't know if it makes us a hero, but I think tha it's a tough burden to bear. And I think that it's something that all health care workers face. And so that's something that makes this field hard. And so, yeah, maybe that is something that's heroic and self-sacrificing. So I don't know.

Whitney Li [00:30:03] Yeah. And sort of going along similar lines, would you like to share any particular hopes, fears or recommendations concerning the future of health care in the United States?

Megan Osborn [00:30:17] Sure. Man, hope. Wait, Let's go.

Whitney Li [00:30:20] Hopes, fears, or recommendations. You can just choose one.

Megan Osborn [00:30:25] Yeah.

Whitney Li [00:30:26] Tackle them one at a time, what have you.

Megan Osborn [00:30:30] I think that one hope that I have is for health care workers to have self-compassion. And I think everybody responded to the pandemic in a different way. And I think there was an expectation and there was some rhetoric of like, well, you signed up for it. Like, why are you scared kind of thing, right? But like, you can't judge people's responses to a big crisis, right? Like, you can't judge the way someone responds to trauma. You can't judge the way someone responds to tragedy. Right? Like, if someone's loved one dies and I judge the way they respond, whether it's stoicism versus screaming. Like, I can't judge them for that. Right. Like, that's their response in a time where they're really fearful about something or they're very sad about something or something very tragic has happened. And so, I think everybody's response to the pandemic was different. And some of that was a lot of fear. And I think some people questioned, you know, am I in the right field of healthcare? And, you know, I don't feel like I want to be here because I'm nervous about this. And so I think that just knowing that that's possible, that there may be some things that happen to you in your career health care provider that you start questioning yourself and you wonder if this is the right field for you and you're worried about next steps. I think that that's a natural part of this job. And so having some self-compassion and knowing that you're going to go through times like that is important.

Megan Osborn [00:32:08] And so people who are entering the health care workforce, I would hope that they know the reasons why it's tough so that they can arm themselves to respond to those things being tough. Because I think that we see that a lot of health care workers are perfectionists. They've been overachievers their whole life. And so we do see a high rate of depression and suicide, anxiety among health care workers. And I think some of that has to do from that perfectionism. And then also not meeting that perfectionism because I think it's impossible to meet that perfectionism because we're not perfect and there are going to be mistakes that we make along the way. And so my hope would be that this COVID pandemic showed us a lot of areas that are tough in the health care field, and we need not be so hard on ourselves when things aren't going perfectly. Just knowing that it's tough, that it's a tough job. And that our response to that tough job may be different under different circumstances, but that doesn't mean that we're good or bad. That doesn't mean that we're a better health care worker or not as good of a health care worker. It just means that that's our response to tragedy or to anxiety or to fear or to the COVID pandemic. And so what steps can we take to utilize skills that we have and to get help from others so that we can function really well? Or, I shouldn't say really well. So we can function the best we can when we're facing something like that.

Whitney Li [00:33:57] Absolutely. On that note, I think that's a great place to wrap up.

Megan Osborn [00:34:02] Awesome.

Whitney Li [00:34:02] Thank you so much for interviewing with me, Dr. Osborn. I'm going to stop there.

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Megan Osborn [00:34:07] You're welcome.