

Anonymous 0:00

I consent to this interview being used by North Eastern and uploaded to a public archive.

Christina Lefebvre 0:07

Could you talk a little bit about what your regular job is? And how your daily routine has changed since the COVID? outbreak?

Anonymous 0:16

Sure. So I'm the nurse manager in essentially a primary care office. So mostly I'm managing the nav and just the clinical aspects of the practice workflow, and, you know, patient issues that come up, it's really hard to remember a time before which is kind of crazy, like life. Seems like it was so simple before this all happened. We do see international patients. So, you know, January was kind of when this started taking off. And, you know, we started with the screening and at that time, it was just a certain, you know, specific countries or, or location, and then every couple of days, every couple of weeks that look kept growing, growing, growing, and it just became more and more real that, you know, this isn't so far away from us and this will come here eventually. And it came a little bit quicker and a lot harder than we anticipated. So just keeping up with that every day changes, I mean, it still continues to be so fluid and making sure that we're doing you know, everything right infection control wise and protecting patients and staff. So it's, you know, our focus has shifted just - not that we weren't safe before, but patient safety is just patient and staff safety, like everything revolves around the screening process and can we do telemedicine, where telemedicine wasn't really used in our practice before we just kind of changed our way of practicing. So it's been quite a roller coaster.

Christina Lefebvre 2:01

Could you talk a little bit more about the structural changes and precautions that have been implemented?

Anonymous 2:08

Sure. So that as well has changed very frequently. So, initially when this started as patient patients, well, let's go way back even going too far back, but there was a time at the beginning of COVID, that it was thought that only patients who were symptomatic could transmit the virus and we've learned that that hasn't been the case, or isn't the case anymore. So, you know, we would ask our screening questions and only if they were symptomatic, then would we put them in another room and then go through a whole 'nother triage and involve bio threats if needed, but then as time went on, it became then if they were symptomatic, or if they travel to any of these places, then they would be masked. And now fast forward a couple months, everyone is masked, including All staff, all patients no matter what, and all employees have to do a self monitoring every day and attest that they don't have any symptoms. So

we're doing as much as we can, but everyone has to have a mask on at all times. We're disinfecting areas. Very frequently, we've changed our whole waiting room now we've closed down our patient lounge. So basically, we're doing anything we can now to prevent transmission since it can be transmitted, asymptomatic or symptomatic patients.

Christina Lefebvre 3:36

Right. Do you feel like your training prior to the outbreak prepared you for everything that's happening now? And were you provided with any additional training for all of these added protocols?

Anonymous 3:48

Yeah, so I don't think anything could have prepared anyone for what we know. You know, it's, it's new to everyone. I mean, you the highest person in the hospital has never dealt with us. It's new to everyone. I will say, you know, I'm on call multiple times a day, multiple times a week. And our leadership has done a great job of keeping us updated on all these changes and you know, explaining why things are the way they are. And we have had training on personal protective equipment. Everyone had to get fit tested for masks, and then we had to go do some online training for donning and doffing and just mostly infection control focus. I worked in patients on two on the covid unit. So I had to do like a refresher for a Gen bed floor just to familiarize myself with IV pumps, for their type of IV pumps on that unit. So those types of things. But they did a good job of, you know, making sure that we were protected and the right training.

Christina Lefebvre 5:08

That's awesome. Are there any memorable patient experiences either directly or indirectly related to COVID? But from the pandemic that you can share?

Anonymous 5:19

Yeah. So, you know, it's something with COVID is that it affects patients. So differently, you know, I, I would have one patient who didn't seem terribly affected, you know, they're more great, but they were fine. And they, you know, we're going to be going home soon, and others that you just knew weren't going to make it. So I think just the uncertainty was, was eye opening. One example that sticks out is, it was my first day, first day of orientation. And I only did orientation on the unit and we had this patient who was in his 80s, and it was quite evident that you know that he wasn't going to come out from this. And the hardest thing was facetimeing with his family because at that time, family wasn't allowed - even at end of life, which now they do allow end of life, visitors for end of life, but at that time they did not. So just being there during that phase time encounter, having his kids talk with him and doctor was actually in the room too, and basically telling the family that he wasn't going to make it. It was really hard and just knowing that they couldn't be there like I just couldn't imagine feeling far away from a loved one with that going on. And it was, it was heartbreaking. I mean, I still got choked up thinking about it. It was really hard. I just seeing that and thinking what the family was going through.

Christina Lefebvre 7:09

I can't even imagine.

Anonymous 7:11

You're out there for families as as a nurse, but I think during this time it was, you know, you really wanted to make sure that those patients had that time with their loved ones that you were going out of your way to make sure that they had that contact because they want to be able to get it any other way. So, definitely different circumstances then, you know, you typically see in patients.

Christina Lefebvre 7:36

Would you say that those kind of experiences are the hardest part of working during the pandemic? Are there other things that you feel make it difficult as well?

Anonymous 7:48

I think that was the hardest part. I also feel, you know, you have a mask on, you know, it's harder to talk patients can't hear you as clearly. You have goggles on. Have a count on it, it's, it seems less personal. And you're not supposed to spend a lot of time in their rooms, which is hard because again, they're lonely, they want that that contact, but you also have to be safe at the same time. So just I think that that personal disconnect is a challenge. They can't see you smiling. They don't know, you know that you're, you have to show them that you're there for them in other ways on your facial expressions. And I think that is challenging when your faces covered.

Christina Lefebvre 8:36

Right. A lot of the doctors that I've talked to have said that the sense of community among health workers has definitely been strengthened. Could you talk a little bit about that? And also, whether you think that the sense of community in our overall society has been impacted by the pandemic as well?

Anonymous 8:57

Yeah, so I think definitely in among healthcare workers, absolutely it's been strengthen. I mean, these calls that I'm on are really motivating with people stepping up from all over the hospital, all different positions - that everyone just wants to help and and, you know, that's why we go into medicine. And I, I think sometimes people forget that. And I think this brought a lot of people back to like, yes, I'm doing this to help people. So it's been really neat being a part of that - there was, we had a patient who was being discharged from - I'm not sure how long he was hospitalized for but he had COVID and was being

discharged. So his wife asked, you know, that we have video of him, him leaving, so all the doctors and nurses lined up and had this big, you know, cheering for him. And it was, it was great. It was just the sense of like, "Hey, we did this! We got him healthy. We're getting him out of here back to his family." So just everyone working together and just being happy for those positive patient outcomes is really cool.

Anonymous 10:02

And then as a community I think yes and no. I think everyone wants - is working - wants us to be over in his overall trying to do the best thing. I think some people are struggling. You know, with social distancing, it feels like we've been doing this forever now and people just want to get back to normalcy. So... That's a tough one to answer. And to with being masked all the time it is hard to, you know, rally together. I think there's times where people are definitely the communities working together, but I think there's times that they're, they're not and I know that's not really clear answer for you.

Christina Lefebvre 10:53

I've been getting a lot of those kinds of answers actually.

Anonymous 10:57

Yeah, it's it's hard. Cause, I mean, we're sick of wearing masks are sick of being far apart from each other. And I think that wanting to return to normalcy is almost preventing us from rallying together because we just want this to be over.

Christina Lefebvre 11:16

Right. Have you had to take any precautions at home when you come back from work?

Anonymous 11:24

So when I work inpatient, I would actually come back to my office and shower there and change my clothes there. And I had a bag of dirty clothes and my dirty scrubs in another bag, but always go home clean and I would leave my shoes behind. But other than that, no, just making sure that I was showered and changed before going home.

Christina Lefebvre 11:51

Got it. And then you talked about the difficulties of treating some of the patients that are really suffering from COVID. And, understandably, achieving physical health has to be a priority. But could you talk about some of the mental health resources that are available to both health professionals and patients?

Anonymous 12:13

Sure. at our hospital, our employee assistance program has a lot of resources available and I have some staff members that have used them, specifically a counselor that will reach out to talk with them. That's been the main source. We've also had a psychologist, offer to give free services to nurses and medical assistants in a couple of practices. So that's been helpful too, I think. Other than in places and program what I do is I check in with my medical assistants who I work with and just make sure everyone's doing okay, make sure their family's healthy, and I've noticed - just having all of my medical assistants on the phone together really boosts their morale. And then we have centralized meetings with all the staff and, you know, that's Zoom so they can see each other's faces and, and you really see people light up after that after those meetings. So I think having that physical contact just to prevent people from feeling so isolated is really beneficial.

Christina Lefebvre 13:25

Okay, and then kind of shifting gears a little bit. Are there any common misconceptions that you hear among patients or co workers or even in the media about COVID?

Anonymous 13:38

I feel like there's so many I don't even know. (thinking) Tough to answer. You know, I hear people really playing off that COVID is just the flu and people are overreacting. And then, you know, there's the opposite end of the spectrum to that, like, we're never going to return to normal. We can't ever return to, you know, having contact with people. And also just the populations that it affects, which, you know, there are certain populations that are people with certain comorbidities that it does impact more. But they're like, I've had patients that were totally healthy and they got hit hard. So there's just so much uncertainty. I don't want to get too political with the news and all that, but I think there is, is a lot of misinformation in the news and creating more anxiety among people. I'll leave it at that.

Christina Lefebvre 14:56

It's actually interesting. I've heard kind of two different answers to this question in terms of like the risk categories. Because on one hand, there's the kind of misconception that my generation had, where of the college kids were kind of like, we'll just go on spring break, and we'll be fine. And then there was also - I was talking to a doctor who works at a community health center that treats a large population of homeless patients. And she was saying that there's was also this kind of misconception that everybody needed to completely social distance. And the issue was that a lot of the people like serving food and helping the homeless and like volunteering with the homeless population were elderly. So when all of

the college students also started, social distancing, and completely isolating themselves, there was nobody to kind of do that volunteer work. So I've kind of heard it from both ends of the spectrum, which has been interesting.

Anonymous 15:58

Yeah, that's interesting.

Christina Lefebvre 16:01

Okay, and then what are some of the things that you feel could have been done differently in preparation for in response to the COVID outbreak, either in hospitals or in society overall?

Anonymous 16:16

So I think it's easy to look back and be like, you know, we should have done this, this, this and this. But realistically, I don't know that there really could have been much else that we could have done. I thought our screening process was interesting, because we always knew a country was going to be added to the list based off, you know, what numbers were looking like, but they would hold off a few days until it hit you know, the CDC has their guidelines, and they're, like yellow and red categories. So it always be waiting and it was kind of like, "Well, why are we waiting? Like, I know I have a patient coming from Italy tomorrow, but what - I can't mask him and I mean, I would err on the side of caution and kind of go with my gut with some of these. But I think maybe our screening process should have been a little, a little harder.

Anonymous 17:15

But at the same time, you have to balance you don't want to make people feel really anxious. And you know, you kind of have to weigh that out. And it's so hard because looking back, it's like, yeah, we should have had more supplies, but like, how could you know how much supplies you need and how many ventilators you need? You know, we haven't run out. So I can't say that we did anything wrong, because we've actually been in relatively good shape overall.

Christina Lefebvre 17:51

Are there any important lessons that you feel like you'll take away from working during the pandemic?

Anonymous 18:01

I think it just shows how important it is to be there for one another and just really be there for patients. And again, remember why, why you go into this field and why you're doing it and you know, the gratification you get from helping people. It's just really nice to know that when these patients were isolated, like I was there for them, and I helped them through this and I guess, focus on the positive and not all the things we could have done or should have done, that everyone came together and you know, did the best we could and help save a lot of people that otherwise wouldn't have made it.

Transcribed by <https://otter.ai>