

Covid, Respiratory Therapists and Our Future

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Abstract

Respiratory Therapists are currently receiving more coverage on the media than ever before. Being experts on how a ventilator functions is not an easy job, but as a second year Student Respiratory Therapist, this reflection explores how this job is becoming more challenging amidst this pandemic. Simulations are now running on the web rather than on a mannequin, therapies taking place over the phone where communication is solely via tone of voice, and respiratory therapists in their final year of school across the nation being pulled onto the frontlines five weeks before schedule. These are unpredictable times and it is likely that things will never return to what we knew as normal just 3 months ago. The world is changing, what and how we learn is changing and we are forced into a new normal that we have yet to find out.

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Reflection

COVID has really changed the world. Everything we took for granted and the changes we didn't think were possible in the span of three months have transformed our lives as we know it. Amidst this pandemic chaos, we need each other more than ever, albeit six ft apart and in masks. We need compassion and smiling faces and an increased sense of humanity by giving more in these unexpected times. As healthcare students, what better way to do that than in the healthcare field by doing what we know best. However, this appears to be a real challenge as clinical sites halt their student placement programs, simulation opportunities have been reduced to virtual platforms and our hands-on learning is very minimally hands-on. Our instructors are as uncertain as we are as to how long it will go on. We can expect a whole new normal in the hospitals post-pandemic. As Jacqueline Wilcox said to Toronto Star, "there will be a second learning curve once things go back to normal because we're not doing a lot of the procedures we would normally be doing" [1]. She is one of the thirty clinical students that were pulled out of her placement five weeks prematurely, graduated from the Respiratory Therapy program at The Michener Institute within a week, and was employed at her placement a few days later as a frontline healthcare worker against COVID-19. Similar

decisions were made across the nation, including the Respiratory Therapy (RT) program at west coast's Thompson Rivers University (TRU), where sixty-five Student Respiratory Therapists (SRTs) graduated to become Registered Respiratory Therapists (RRTs) (Little & Macdonald, 2020).

"Every day is different — some days more challenging than others — but I have an awesome team that I'm working with," says Justine Shaw, one of TRU's new graduate RTs [2]. This shows that new graduates require a supportive and helpful team to assimilate into real environment learning. This is especially true for those for whom graduation was fast-tracked. These SRT's have tons of knowledge under their belt. They had two full years of theoretical learning with lots of hands-on experience in labs and a year of clinical skills training in a hospital setting. Still, no matter how prepared they are, hospital settings are overwhelming when there is no one directly supervising you. Therefore, these competent newly graduated RTs still require the help of the entire team to become their confident selves. This will allow them to fulfil the need to be a life-changing healthcare professional that they aspire to be.

As a second year SRT, with clinical placement still to come, I get excited reading the reflections from upper years and what they have to say about graduation five weeks ahead

of schedule [1]. Apprehension still sits at the bottom of my gut as those grads got the simulation semester experience to the fullest while I see it virtually from the corner of my bedroom. I watch as my professors perform the procedures that I am to perform on real people or reflect on videos that the senior year has graciously allowed us to learn from. I was fortunate enough to be one of two RT Customer Service Representatives (CSRs) for the summer of 2019 and it helped me. I used to set up and tear down the summer environments but it is quite different than being immersed in it. While I had the mannequin under my control during a code blue, I did not get to experience what it is like when my patient is in cardiac failure right in front me. Yet still, I can say I have seen the teamwork, leadership and professionalism required in clinical practice, while my fellow colleagues from the same program cannot say the same.

This is new to all of us, including the faculty, administration staff and technology moguls that run our school. They have gone above and beyond to make things work and give us the best possible clinical skills training in these unexpected times. With extra camera set ups in labs to learning new platforms like GoTo Meetings and Blackboard Collaborate for online simulations, we've been thrown into this new era with uncertainty. There is little chance of going back to how the world bustled just three months ago. It might never be the same as it was. Perhaps the schools will have to alter their curriculums just like the governments are scrambling for stability. Future graduates will have to keep their heads up for what is to become of in-lab, hands-on, applied health sciences. "A real challenge for us is to create a full curriculum for all these health professionals next year, not knowing if the hospitals will allow students back in again or not," said Dr. Brian Hodges, UHN's chief medical officer and executive vice-president of education, addressing the future graduating students [1]. So, things are heading towards change, and from students to specialists like Dr. Hodges, we are all equally restless regarding matters no one can predict.

For now, we can expect that the schools and affiliated colleges of different professions will ensure we receive the best possible clinical skills training to go into our respective fields and excel. Whether as respiratory therapists, radiation technologists or ultrasonographers, or whatever we might be striving to be. In these times, however, we also need to see ourselves outside of our professional jurisdictions. We need to be patient and kind. We need empathy and compassion more than ever. We need humanity. I have some words of advice to the incoming class and future students, we will have many opportunities to practice our skills, but we can't forget to be compassionate human beings. We must be able to listen and show empathy towards those that are struggling and be generous where we can [3]. These are skills that are just as essential as knowing how to read different heart rhythms, especially now as we move to over-the-phone therapies and

virtual care [3]. Sample text inserted for illustration. Replace with article text, including headings where appropriate. Figures and tables can be single- or double-column width as appropriate. During the production process they will be placed at the top or bottom of columns, after they are first cited in the text.

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