COVID-19: A Mini-Series Part 2: Working as a PT during the Pandemic

SUMMARY KEYWORDS
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SPEAKERS
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00:00
Mikaela: Physical therapy. Physiotherapy, PT. Physio. No matter what you call it, this allied health profession is an essential part of the Canadian healthcare landscape. In 2019, the Canadian Institute for Health Information reported that there are over 25,000 registered physiotherapists across the country. PTs work in a variety of settings, including hospitals, rehabilitation facilities, sports medicine clinics and even long-term care homes.

Kyla: Throughout the pandemic, healthcare providers have been working in new and different environments to support the healthcare system as needed, and physical therapists have been no exception. In part two of The rehabINK Podcast miniseries on COVID-19, we're getting the inside scoop on the experience of working as a physical therapist during the pandemic. My name is Kyla Alsbury...

Mikaela: ...and I'm Mikaela Stiver. We are PhD students at the Rehabilitation Sciences Institute at the University of Toronto. Today, we are thrilled to have the opportunity to interview one of our fellow students, Michelle Legasto. Michelle is a physiotherapist at St. John's Rehab and a PhD student in the Rehabilitation Sciences Institute as well. She's been practicing in stroke, neurology, and oncology rehabilitation for the last five years. Under the supervision of Dr. Nancy Salbach, her research aims to improve aerobic exercise testing practices in inpatient stroke rehabilitation. Thanks for joining us, Michelle. We're really excited to speak with you.

Michelle: Thank you so much for having me! I'm very excited for this opportunity to share some of my experiences during the pandemic.

[chime]

01:42
Kyla: So, Michelle, can you describe your typical pre pandemic day-to-day as a physical therapist for listeners who are not familiar with physiotherapy?

Michelle: Yes, of course. So, pre-pandemic, working on an inpatient stroke, neurology, oncology rehabilitation unit, I would typically have about six patients that I would see. I would be bringing them into the gym for an hour of therapy, doing different strengthening, balance, and functional activities with them to really work on their goals for going home. And then repeat that same process with my other patients, really trying to make sure it's tailored to their needs, focusing on their goals as well as their needs for discharge.

Kyla: And so, in terms of the type of treatments that you're providing, is it quite hands on in nature—in combination with exercise—or what does that look like?

Michelle: So, definitely with our stroke patients, because of the level of support that they need, there is a lot of close physical contact. Especially with our cueing and facilitation, a lot of our patients require a lot of hands on support to maintain their sitting and their standing balance. So being up close to patients was part and parcel of our job pre-pandemic, and even post-pandemic.

Kyla: And so how has that changed now, with COVID-19? Has that affected how you deliver your treatments?

Michelle: In terms of the actual treatments, it hasn't actually changed that much. What has changed is the PPE that we wear: we now wear a mask and a face shield. Our patients also wear masks while we provide treatment. And in terms of spacing, where we used to have maybe six therapists and six or seven patients in our treatment gym, we are now down to three or four patients and three or four therapists. So, spacing has become the biggest difference in terms of how we provide treatment. So, hallways have become another way of providing additional therapy, and really trying to be creative as to how we manage different tasks and different areas that we don't normally do therapy in.

Mikaela: It sounds like quite an adventure. Just sort of leading off of that, I understand that during the peak of the pandemic you were redeployed. Would you mind sort of explaining what redeployment means for our listeners who may not quite be familiar with this term?

Michelle: Most definitely, Mikaela. And so, about maybe end of April we got an email from Sunnybrook about volunteers for redeployment to long-term care homes. As most people know, our long-term care homes here in Ontario were quite devastated during the pandemic, and they were needing additional staff to kind of help support the existing long-term care home staff. Knowing that I was at a low risk and that I didn't have much contact with anyone who would be at risk, I volunteered to go into one of the long-term care homes here in Toronto to support their staff there. So, we kind of went in with not really knowing what to expect, knowing that they had had a lot of COVID and that their staff was pretty low, and that they just needed as much support as we could provide.

04:41

Mikaela: Makes sense. So, knowing that this was quite a change then from your regular day-to-day, did they provide you with any kind of preparation or training before you were actually redeployed?

Michelle: Sunnybrook was really great at kind of making sure we felt really comfortable with the potential change in roles that we were expecting. They gave us almost like a pre-deployment assessment just to see what skills we had, what we were comfortable with, what we would need a bit more assistance with getting comfortable. And then when we were actually redeployed, we spent half a day just going through the basics of infection control and PPE, again, to really really hone in the importance because we were going into a site where almost all the patients had COVID. So, it was really important to stress to all of us how to do all those things properly. Make sure everyone was safe.

Mikaela: Sounds like sounds like quite the experience for sure. In terms of your actual sort of activities in the long-term care home, what were you responsible for in a typical day?

Michelle: The day would start off, we'd get a list from the physiotherapist of all the different residents who might benefit from therapy—which typically would be all of them. And there were several of us, so we would split up per floor. And really my day started with making sure patients were up and then actually feeding patients. That was my primary role in the morning was to make sure everyone got their breakfast. And then it was only after that then that could start maybe doing some physiotherapy, whether that was in their bed, in a chair. We had variable success in getting patients outside of their rooms. The infection control processes were changing every day, and so some days we were allowed to take patients out and other days we had to keep them in their room, which you can imagine was probably driving them a little bit stir crazy in there. But, where we could, we would try to adapt in the room. And then after that, it would be going back in to help with lunches and any other sort of personal care or activities of daily living we could assist the personal support workers with.

Mikaela: Absolutely. Quite a change from what you were used to, but a necessity during a situation like this. And thank you for volunteering to put yourself in that kind of situation and provide that essential care.

Kyla: It reminds me what you were saying, Michelle, from our previous interview with Jennifer and Siobhan. They were talking about how if they were providing therapy to a patient in the room and they needed to use the washroom, then they would just assist them with that. And that's typically something as a physio we don't usually do, right? So, what you're describing in terms of assisting with feeding and other ADLs. I mean, those are roles that we don't always take on as physical therapists. So, it's kind of neat to see that the expansion of the rolls that just kind of had to happen, right?

Michelle: Mm hmm. I mean, I always put my functional hat on whenever I can and going to the washroom is a very functional activity. So, to me, it was still a success even if that was what I was doing was getting them dressed that would be range of motion. It was really just trying to see these little nuggets of therapy we could fit into daily activities. So, I think it was a great kind of eye-opener for me as well. Just trying to think outside of the box and really try to see what I could do with what I had.

07:44

Kyla: Mm hmm, it sounds like you had to be quite flexible too with the changing infection control procedures as well. And just making sure that you were up-to-date with that and knew what the rules

were that day. I imagine that might have been a bit overwhelming, making sure you're up-to-date on everything.

Michelle: Yeah, at the beginning we didn't really have a good process of getting everyone informed, but as we were there for several weeks, Sunnybrook was able to put in a lot more processes in terms of infection controls. And we would have huddles at least twice a day just to kind of keep everyone abreast of what the new changes are, and especially when our equipment was changing every day because of maybe dwindling supplies. So, we would have changing face masks and changing gowns. And so just knowing that these were still all approved and that they are still going to protect us was really important. Also, just reiterating the importance of donning and doffing our equipment properly, because you forget. You kind of get used to it. It was very scary at the beginning, but you kind of get used to having to wear all of this PPE. You become a little bit less vigilant when you're taking things off. And so, it was good to have that reminder.

Kyla: For sure. So how was working in long term care different from the setting where you typically work? What were some of the major differences?

Michelle: I think the biggest difference for me was the lack of potentially support I would get. I would have a team environment when I'm in the hospital. And because they were so short-staffed, it was me and a hallway of residents. And if something happened to my resident at that time, I would have to have to shout out loud because no one was there in that room with me. And so that was really a little bit more scary than what I'm used to. And, also, just because of the lack of familiarity with the space, I wasn't really too sure what I was able to do or who would be able to come and help me. Especially with the face shield and the gowns, everyone kind of looks like minions and you don't really know whose role is what. Is this a PSW? Is this a nurse? Is this just another volunteer? It was very hard, and that was the biggest struggle was feeling like I didn't know who I could kind of grab for help.

Kyla: Mm hmm. Plus, a new team that you don't know either, right?

Michelle: Exactly.

Kyla: And what were some of the unique challenges that you experienced when you were working in long-term care?

Michelle: I think, not so much I guess to do with long term care but perhaps with just the situation that we were in, we didn't really know these residents and it was hard to a lot of the first few weeks was building rapport to get them to trust us to do things with them. And in terms of the support and equipment, I would say. At the gym, I would have lots of equipment for strengthening or balance and all these things. And here at the long-term care home, I'd have to make use of what was in the room or maybe what was in the hallway in terms of getting them that challenge.

Kyla: I wonder too, Michelle, there's a lot of folks in long-term care who have cognitive impairment and dementia, and so I wondered what that was like. Because I know working with people with stroke you

might have some folks that also have some cognitive impairment, but I was wondering if there was any differences that you noticed in terms of the people who were working with.

10:37

Michelle: Definitely. The cognitive issues were a lot more apparent. We did have two dementia units on there, and I think that was another really big problem for infection control because these residents really could not understand what the importance of staying in their rooms were. And so, we would have patients with COVID just wandering down hallways, grabbing our PPE, and it was very tough to find the balance between keeping them in their room but also being mindful that, you know, this is a very tough and stressful situation for them. And they're used to being able to wander around and people normally let them do that. So, trying to find that balance that would still kind of let them have a little bit of freedom and not get them to the point where they're so agitated that it's really not a productive environment.

Kyla: Mm hmm. I imagine too, I mean, wearing the full PPE I think it's hard to make a connection with the person that you're talking to as well. So, if somebody has dementia, it might be more difficult to understand, 'who am I talking to'? And, you know, I think that could be that could be challenging too.

Michelle: For sure. Towards the end we would write our names in big letters in front of our masks, because people are hard of hearing, they can't hear what we're saying. So, writing our names, big letters in front of our mask, is one of the only ways we could really show patients who we are.

Kyla: That's a great idea. Very creative, actually. Did you develop any new skills from working in long-term care that you think will translate to your typical setting?

Michelle: I think I really learned to really use what was around me in terms of engaging my residents, whether that was equipment or even just thinking about connecting to them in terms of what the goal was for kind of regaining strength and balance. When you're in long term care, you're surrounded by their things, their memories. And so, it was really pulling on really trying to engage them by bringing up, 'what was that photo about'? Or 'what was this thing about'? to really try and see if we could get them to engage in exercise based on these things.

Kyla: Yeah, that's a really good point because in inpatient, I mean, patients don't usually bring things for their room, right?

Michelle: For sure. Patients are just bringing in maybe their clothes. And especially now with the pandemic, you're not really allowed to bring much into the hospital, so it was a very big change for me. Really seeing the people which I think when you work in hospital, it becomes kind of this cycle of new patients. And so I got to really spend time to get to know some of these residents, which I think I took with me because I think you get so in the rut of just being like, these are my patients, but they are people first, and they have all these experiences and families before you even got there. So, acknowledging that and using that to help motivate them to keep going.

Kyla: Yeah, that's a really nice reminder, I think. Yeah, I like that.

Mikaela: Absolutely. It sounds like sounds like an enriching experience, but also perhaps quite a challenging experience. And I know from chatting with our guests in the first part of our COVID Mini-Series, we talked a lot about patients with COVID and the mental health challenges that they're experiencing due to all of the infection control procedures. But based on sort of what you've said about your experience being redeployed, it seems like healthcare providers as well, being thrust into new environments with all these new stressors, are also having to deal with a lot of mental health challenges. And I know that mental health is an interest of yours with your involvement in the Mental Health Committee with the Rehabilitation Sciences Graduate Student Union. I wondered if you could just tell us a little bit about your experience and in terms of your mental health and your colleagues' mental health.

14:15

Michelle: I think there was definitely a lot of anxiety around COVID and that was even before I was redeployed. Once it started to spread around March, being a therapist for such a vulnerable population there was always this fear. I was never afraid of getting COVID. I was afraid of getting COVID and passing it on to my patients. And it was always this constant fear—any small cough or scratch in my throat. I would lay awake at night being like, 'what if this is COVID'? And I got tested several times because I was just so anxious and paranoid that I would bring something in. But that's the reality that we face, you know. We are treating such vulnerable populations, and this is something that I think all of us worry about. And, you know, if there's another outbreak in the hospital, what if that's traced back to me. And it does kind of make you feel very guilty. And especially now that things are opening up again, is going out to the patio okay? Because what if I'm out in the patio and someone's there. So, there's a lot of these mental games that go on in your head about it, but I think Sunnybrook has been supporting us quite well with the different programs that they have online and me being part of the Mental Health Committee has been a really big help as well. We have all these different programs. And just to speak about when I was actually redeployed in the long-term care home itself, my partner and I decided we would just be really isolating at that point. We didn't want to go out. So, I was really worried that at least I was having some kind of personal contact with others, but he was going to be stuck at home for several weeks. And we really tried to make the use of virtual either Zoom calls or Facebook. And we weren't sick of virtual gaming at that point, so a lot of virtual games back then just to keep us sane. And when we could, we would go out for walks when it was quieter, and we could really socially distance just to really try and keep us mentally fit because we knew how challenging it would be going forward.

Mikaela: Absolutely. And I think that paranoia and guilt that you described is maybe not something that we typically associate with healthcare workers. You know, we think that these are superheroes, they are invincible in some way. But I think it's important for people to realize that you are humans too, and that this was an incredibly stressful time for everyone involved. I know you touched on it a little bit, but was there anything in particular that you really sort of leaned on to maintain your own mental health during this time?

Michelle: I really made use of kind of the physical activity as a way to kind of get a handle on my mental health. Really having those walks and being outside was really what helped me kind of refocus. And obviously, having a good support system, talking to my partner and my family whenever I could, was really helpful in getting me through that anxiety. They were very good keeping us up-to-date about

the stats in terms of employees that were getting COVID and things like that. Again, it was never a worry that it was never a worry that I would get it, but it was so just good to know that the PPE was also helping in case like we would go see other friends that would be protected as well.

17:20

Mikaela: Mm hmm. Absolutely. And you alluded to it a little bit as well in that Sunnybrook was very supportive of their staff. Would you mind describing a little bit some of the supports that were available to you and other healthcare providers?

Michelle: Yeah, so especially for us who were redeployed, they would do check ins with us while we were there, so that was we had a manager on site but we also had some virtual sessions to really just kind of talk about the experience, just have a time to actually decompress and voice some of the things that we've been seeing, because you kind of push it aside, you know, there were a lot of deaths when we were there, and you have to kind of just brush it off. Because if you really sat and thought about it, it would kind of consume you. So, giving us the space to actually express the sadness as well was really, really important. And I was glad that they were able to give us an opportunity to actually share how we've been feeling not just about the therapy, but actually like how we were feeling responding to the situation. So that was really helpful.

Mikaela: That's really, really good to hear. And I'm glad that there were those supports in place. I guess just one other question sort of in this in this vein of thinking not to put you on the spot by any means. But looking back now that we're sort of through the major peak of the pandemic, are there any supports that you wish had been in place? Or if we were to experience something like this again in the future? What do you think would be most valuable for healthcare providers in helping to support their mental wellbeing?

Michelle: I think really having more supports towards that feeling of guilt and in paranoia. Having more education around the potential for bringing in something like COVID. And even just having maybe available counseling services, if we were, in fact, really worried and very anxious would be very helpful. I think also just promoting peer support, I think it was having that platform with all the other individuals who are redeployed with me to really talk about our experiences was really helpful. So, really encouraging the staff to talk about what we had done and seen, and maybe even just highlighting some of the good things that happened could kind of help us really see the light at the end of the tunnel.

Mikaela: Absolutely. And I hope that coming out of this, at least there's a little bit of positivity in that you're all stronger and hopefully a little bit more resilient for it. This is not something that any of us could have ever anticipated having to experience in our lifetime. So, yeah, I imagine that was quite interesting to be a part of.

19:43

Kyla: So, Michelle, have your experiences during the pandemic influenced your future research projects or your career path at all?

Michelle: I think it's definitely made me more mindful about how we can maybe change the way we provide therapy in the future. Definitely, there's a big piece around going more virtual with therapy. And unfortunately, with stroke there's not much we can do virtually. I have a lot of friends who do stroke rehab virtually, and there's a lot of fears of patients falling while they're doing that. But I think it's something to explore what can be done because there's a lot of education, there's a lot of treatments that we can provide virtually. And so, it'll be interesting to see how that will evolve in the next few years. And with regards to the work that I'm doing around aerobic exercise testing and training, perhaps instead of having patients coming in to do these group sessions, maybe this is a way to open it up to other patients who wouldn't normally be able to come in by actually getting them to do it at home—purchasing their own bike or even just doing other exercises, but doing it in a virtual group situation might be the way to go forward.

Kyla: Yeah, I think cardiac rehab—there's been some studies on doing that virtually. So again, the potential for aerobic exercise with the stroke population could be interesting.

20:59

Mikaela: Absolutely. Do you have any advice for either aspiring PTs who are going to be entering the field kind of amid the ongoing pandemic or looking forward to our sort of post-COVID era? What would you say to those students who are perhaps feeling tentative or anxious about the future of this profession?

Michelle : I think this pandemic has actually really highlighted the importance of rehabilitation for a lot of individuals. I think beforehand, if I said I worked in a rehab hospital, I would probably get blank looks and not really understanding what that means. And now as our COVID patients are going through rehab, it's really highlighting that there are various aspects of this profession beyond what we typically think of in physio, which is like your typical, maybe sports physiotherapist. So, I would really encourage individuals who are interested to really think, to maybe look at the scope of physiotherapy practice and see where we can go and, and, and whether that's hospital, private clinic or beyond. I think there's really a lot of potential and rehabilitation is such a really exciting profession because we really get to see individuals going from needing all this assistance to being independent. Really getting them back to their lives. So, I'm really so passionate about it, and I hope there are others out there that are too.

Kyla: Well, thank you, Michelle. I think this was wonderful. I think we learned a lot from you sharing your experience with us. So, I really appreciate you spending the time with us today. Is there anything else that you wanted to leave our listeners with or anything that we didn't ask about today?

Michelle: As much as my experience going into a long-term care home is being heralded as this amazing thing, I think it's also important to really recognize the staff that were there before we were even redeployed, because they really try to keep that place going. And so I know there's a lot of negativity around long term care homes. And I think that it shouldn't necessarily be put on the staff that are working there. Because they are really trying to make the best out of a pretty horrible situation. So, I think there's definitely going to be changes that need to be made going forward.

Mikaela: That's a very, very good point. Thank you so much, Michelle. We really, really appreciate it.

Michelle: Thank you so much for this opportunity.

23:03
[chime]

Kyla: We hope you enjoyed learning about Michelle's experience as a physical therapist working during COVID-19. Catch us on the next episode of our COVID-19 mini-series, an initiative that has been generously supported by the University of Toronto COVID-19 Student Engagement Award.

Mikaela: In the meanwhile, check out more episodes of the rehabINK podcast on PodBean, Spotify, Apple Podcasts, and Google Podcasts. If you'd like to read more about rehabilitation sciences, research at the Rehabilitation Sciences Institute, or our digital publication, rehabINK, you can visit our website at www.rehabinkmag.com. That's R-E-H-A-B-I-N-K-A-G .com.

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