

Editorial

We've Had Our Challenges, and Creative Solutions, During the Pandemic

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While I was visiting my 5-year-old granddaughter recently, she proclaimed “I am mad at the coronavirus!” I couldn’t help but feel the same. Our lives had changed on a dime in response to the virus. Our visit was in her backyard. We were six feet away, and I was unable to hug her or play. If she or my grandson came closer, immediately a mask went on. I had not held their new baby sister for months. Much had changed professionally as well. I was teaching my course remotely and attending at least two to three Zoom-In meetings per day.

Coronaviruses are a group of RNA viruses that can cause a range of respiratory illness in humans, from colds to potentially lethal illnesses such as severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome (MERS) and the novel coronavirus disease 2019 (COVID-19).¹ Coronaviruses are encased in a lipid “envelope” and have halo-like protrusions of protein. The word corona is Latin for halo, hence the name.²

In December 2019, a pneumonia of unknown cause presented in Wuhan, China. In January 2020, the previously unknown COVID-19 was identified as the cause.³ The World Health Organization (WHO) classified the pneumonia outbreak as a pandemic on March 11.⁴ As of mid-June, 8,400,320 cases had been confirmed worldwide and 2,173,804 cases had been confirmed in the United States.⁵

Perspective-changing Experiences

Although I had heard about the coronavirus in January, February and early March, I was not overly concerned nor could I have anticipated how everyday life would change. My institution, the New England College of Optometry (NECO), provided faculty with regular updates on potential plans for dealing with the outbreak.

My perspective changed drastically after two experiences. The first involved my youngest daughter, who works for a disaster relief organization, [All Hands and Hearts](#). This organization rebuilds communities impacted by natural disasters. This is a hardy group of people, who go into the most challenging circumstances. My daughter was working on a project building schools in Sofala Province, Mozambique, which had been devastated by a cyclone in March 2019. Within 48 hours of the WHO announcement, All Hands and Hearts ceased all projects and made arrangements for employees to return to their home countries. My daughter’s expedited return to the United States occurred despite the facts that she did not have her passport on base (it was at a government office) and two people on base came down with a pneumonia-like illness (later determined not to be COVID-related). The second experience arose when I decided to stock her refrigerator and cupboards in preparation for her arrival at home after five months away. I went to the local supermarket only to find completely empty shelves. Of course, there was no toilet paper, hand sanitizer or cleaning supplies, but pasta, flour and rice were also sold out, and the

supplies of meats and produce were low. Seeing a large grocery store with so many empty shelves was chilling.

I now realized the enormity of the circumstances. Going forward, we would have new norms: social distancing, PPE, frequent hand-washing, etc. The news would be filled with new cases, death toll, lack of PPE, and the sacrifices of first-line workers. Optometric education, along with all education, would also be greatly altered.

Let's Share What We are Learning

NECO responded by moving all didactic classes online, cancelling or postponing labs, and altering clinical assignments. The college building was closed, and the clinics were open only for emergencies. All employees whose workloads were transferable to home began working remotely. I had never worked from home previously. Despite a long commute, I enjoyed coming into Boston daily and interacting with my colleagues. To my surprise, the transition to online teaching went smoothly. Technical support was readily available and course material was altered for online presentation. Initially, I was concerned about student engagement in my small group discussion courses. I was pleased to discover that students appeared even more engaged than they are in person. This may be at least partly attributed to my aggressively calling on all students to contribute. I try to engage all students in person, but in every class there are shyer students who yield to more assertive and vocal peers. Lesson learned for me: aggressively utilize the roster for active participation by everyone. To facilitate clinical education, the college rolled out Electronic Learning Alternatives for Time not in Clinic (ELASTC).

All optometric institutions implemented similar alternative programs for teaching. The response of educators demonstrates flexibility, dedication and creativity. As much as I am still “mad at the coronavirus,” it has provided freedom to try new teaching methods that otherwise may not have been utilized. In my opinion, student learning continued to be productive and sound. Going forward if possible, it may be sensible to evaluate qualitative and quantitative data on learning during the COVID-19 crisis. For now, it would be great if all faculty share how they responded to the COVID-19 crisis, lessons learned, challenges and creative solutions, new programs, etc. We will consider publishing creative and unique approaches, in articles of 500-800 words, in the Fall (November) edition of the journal.

References

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