

DEALING WITH THE NEW NORMAL: THREE PERSPECTIVES ON THE GLOBAL PANDEMIC

2020 is a year no one will forget, least of all medical laboratory professionals, as many microbiology labs and medical laboratory assistants shifted their efforts to deal directly with the impact of COVID-19. From resource planning to the emotional toll of facing uncertainty every day, it's clear the pandemic had many different consequences. Here's a look at three CSMLS members who were all touched by the pandemic in different ways.

Faculty adapts Ontario program

The onset of the global pandemic created a “dramatic change” in the work life of clinical genetics technologist Jennifer O’Leary, who teaches in the Genetics Technology Program at the Michener Institute of Education at UHN in Toronto. That’s when O’Leary and her colleagues learned they had five days to adapt their program – which is approximately 75 per cent lab-based – to an online format.

“It has been a continuous process of working about one week ahead of the students, converting lectures, labs, assignments, tests, workshops and exams into a format that could not only be delivered virtually, but in a meaningful way,” says O’Leary. “It’s not just a matter of saying, ‘Here’s the PowerPoint. I’m just going to throw it online – you figure it out. [We had to ask ourselves], so, how do we do this? Do we provide some with a voiceover? Do we provide material ahead of time and have virtual office hours?’”

Successfully simulating labs

The faculty converted labs into a virtual environment by photographing pieces of lab equipment and providing descriptions and results for students to interpret. By April, O’Leary wondered whether they’d be tasked with creating the simulated clinical semester that typically starts in May. “If so, what is going to be doable... [and] how is that going to impact student clinical placements?” asks O’Leary, who “fervently hopes” placements will proceed as expected in September.

“We were lucky that the pandemic happened at the end of our second semester as students had already completed the vast majority of their didactic education. If this had happened in October, that would have been challenging,” says O’Leary.

Focusing on the student experience

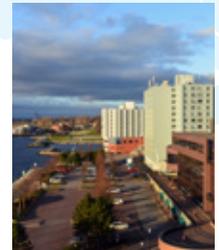
Ensuring a high-quality learning experience has been top of mind for O’Leary. To that end, she held open office hours during the first week of virtual learning so students could check in. “I wanted to make sure students were okay before we addressed the educational component,” says O’Leary. “We [had] closely interacted with one another and that



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was abruptly cut off.” Still, she was left wondering whether the forced change to an online learning environment would impact students’ overall confidence and competence.

O’Leary, who worked at Trillium Health’s Credit Valley Hospital during the SARS crisis, initially thought COVID-19 would be confined to the health care environment. On a personal level, O’Leary was worried about her husband, who was living at their cottage in Bobcaygeon, Ontario, a community that experienced a deadly COVID-19 outbreak in a local nursing home. O’Leary had to set up a delivery system so that her husband, who has cardiac problems, would not be at risk. Looking back on the experience, O’Leary states, “I don’t think I ever imagined that it would be as global or have as wide an impact on Canadian health care.”

Ultimately, O’Leary hopes this pandemic will shine a light on some of the human resources issues that labs have been plagued with, she says, adding that many labs are underfunded and understaffed.

Nova Scotia lab adjusts to shortages

Around the second week of March, the COVID-19 crisis began to hit home for Jessica Langille, a medical laboratory technologist who works in microbiology at the Cape Breton Regional Hospital (CBRH) in Sydney, Nova Scotia. “I remember being really nervous... because we were running out of nasal pharyngeal viral culture swabs,” says Langille. “We had placed an order in the midst of the pandemic [to our supplier in Italy], but we had no clue if it was going to make it to us.”

The lab eventually received the shipment of swabs. In the meantime, though, the provincial lab in Halifax validated the use of swabs normally used for chlamydia and gonorrhoea testing, a move Langille calls “brilliant.” Although you can’t reach the back of the throat with these swabs, you can get about the same amount of viral

load, she says. In future, she adds, “I think there will be more pressure to develop out-of-the-box thinking to deal with challenges like this.”

More “gowning up”

In March, the lab was also running low in reagents for influenza and COVID-19 testing as well as personal protective equipment (PPE). Although the lab stocked up on PPE, technologists have also had to wear more gear since March. For example, in the past, technologists only wore a lab coat and gloves when they set up a respiratory sample to agar plates. Now, they must wear two sets of gloves plus a disposable gown, a mask and a face shield or goggles. “That’s a lot of gowning up for these samples – we’re trying to batch them so we don’t have to produce as much waste,” she says. These days, “It’s all about conserving and optimizing.”

The lab now uses an analyzer formerly dedicated to testing for *Clostridium difficile*, influenza and respiratory syncytial virus to run COVID-19 tests. “I’m really excited to see different analyzers being validated for testing and reagents being developed for our analyzers,” says Langille. The lab also substantially cut the turnaround time for swab testing by increasing the number of order services to the provincial lab and by doing on-site COVID-19 testing of critical cases.

Although Langille’s work life has not changed drastically, her team was split up into two groups of six, so that fewer staff would be affected in case of infection. Langille and her colleagues must also wear masks when they are in close contact with one another, like during training. “We weren’t ready for this, so there’s a lot of new staff, including myself, who aren’t trained on all the areas in the lab, and we had to quickly get trained,” she notes.

A humbling experience

After work, Langille showers immediately and throws her clothes in the wash. “I’m worried about bringing this home to my family,” she says, adding that her father is immunocompromised. At one point, both Langille and her mother thought they had COVID-19. “It was a little nerve wracking,” she says. “Every little cough that you get, [I ask myself] is this it?”

Still, Langille, who graduated two years ago, has felt safe overall and is happy about her choice of career. “It’s humbling to see us pulling together to put health care and public safety first and to try to combat this pandemic,” she says. “Working behind the scenes, getting to see this all unfold...it’s really a great feeling. I want to help the public – I want to get their results in as fast as possible and provide quality work for them.”

Facing a personal challenge in Calgary

Across the country in Calgary, the global pandemic has also impacted Catherine Ymbong-Ancheta, a medical laboratory assistant at Alberta Precision Laboratories.

Her main concern was how to go to work and care for patients while keeping herself and others safe. “I think the major professional challenge was when I had to ask myself if I should continue to go to

work if I am expected not to wear a mask, which I felt not only put me in danger but might also put the patients I work with in danger,” she says. The uncertainty took an emotional toll. “I was in tears every time I had to think about it then, as the current guidelines were not in place at that time and knowledge about this virus was still evolving.”

She had to balance her own immediate concerns with her worries for the future. “There was emphasis on judicious use of surgical masks. I am in support of that, as this may be for a long haul and we might need those masks in more serious circumstances. But at the same time, I worried about my safety and the safety of the people around me,” Ymbong-Ancheta says.

Reminding herself that everyone was in the same situation helped Ymbong-Ancheta cope with her stress. “It helped me to reflect that a pandemic of this magnitude and virulence has never happened in our lifetime,” she says. “So, everybody was still navigating, and people were just trying to make the best decisions they could.”

Even so, Ymbong-Ancheta felt relief when measures for everyone’s safety were put in place. By mid-April, everyone working in the lab was required to wear a mask at all times. This was especially reassuring in light of asymptomatic spread. She and her coworkers also made changes to help keep patients safe. “We at the patient laboratory spaced out chairs in the waiting room two meters apart and brought each patient right away to individual rooms so they would not have to be near another patient,” she says.

How COVID-19 may affect the future

Thinking to the future, Ymbong-Ancheta sees the pandemic affecting the steps medical laboratories might take to be prepared for the worst. “I think there will be more planning around procurement, so that we do not run out of supplies such as masks, gloves, disposable gowns and eye protection, especially when we are in a pandemic.” She also believes the pandemic might change how we use the physical spaces of laboratories. “I think that in the future, laboratories will be designed so that they can accommodate social distancing; for instance, they may look at having individual rooms for patients or having waiting room chairs spaced more widely apart.”

Despite the challenges, Ymbong-Ancheta is proud of the response from laboratories in her province. “As for the COVID-19 testing in Alberta, I am proud to say that Alberta leads not only nationally, but also globally, in terms of number of COVID-19 testing per capita. Our province was also able to donate millions of PPEs to Ontario, Quebec and British Columbia because of the good foresight of our procurement,” she says. As an MLA, her focus remains on PPE. “I am really all for PPE supports first and foremost, being a laboratory professional who was there taking blood from patients, working within the intimate space of the patient.” ■



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