



International Journal of Practice-based Learning in Health and Social Care Vol. 10 No 1 June 2022, pages 71-76

Challenges and Opportunities of COVID-19 Confinement: Integrating Families and Students' Emotions into our Virtual Classes

*Lidia Rodriguez^a a: University of Castilla-La Mancha, Spain.

Introduction

"The butterfly's burden cannot be seen; the butterfly's burden cannot be erased"

Mahmoud Darwish

There was a time when we could meet students, colleagues, and staff. We talked, laughed and even hugged. There was a time when we were happy, but we hardly knew. On 11 March 2020, the World Health Organization (WHO) elevated the public health emergency caused by COVID-19 to an international pandemic and the world changed. This new reality not only brought uncertainty and fear, but also triggered creativity and allowed us to reflect, prioritise and rethink ways of approaching learning practices at the university. As <u>Harwood & Koyama (2020)</u> note, this rapid shift to online teaching and learning has shone a light on the need for institutions to support students in working out how to maintain autonomy through meaningful interaction in the online world.

In this paper we reflect on the transition from a face-to-face university semester course to a synchronous online experience hosted in the videoconferencing application Zoom. This, unlike the corporate tool offered by the university (recommending that we mute and hide images of the students while teaching), made it possible to connect video cameras simultaneously throughout the sessions. Unfortunately, organisational structures are often substantial impediments to meaningful educational change.

A constant theme in the online learning literature is how to provide, nourish, and sustain *social presence* in online educational contexts (Kelly et al., 2020). Some benefits of synchronous remote learning include opportunities for higher interactivity and engagement among students, timely and constructive feedback, and real-time collaborative learning (Racheva, 2018). Additionally, synchronous learning helps to build a stronger sense of community (Wenger, 2011) that fosters interactions, discussions, and the sharing of ideas (Mudenda et al., 2020). That was what we aimed to foster.

**Corresponding Author:* Lidia Rodriguez, Faculty of Health Sciences. Speech and Language Therapy. University of Castilla-La Mancha, Avda. Real Fabrica de Sedas s/n 45600 Talavera, Toledo, Spain.

Email: Lidia.Rodriguez@uclm.es

Journal URL: https://publications.coventry.ac.uk/index.php/pblh

Rodriguez, L. (2022). Challenges and Opportunities of COVID-19 Confinement: Integrating Families and Students' Emotions into our Virtual Classes. *International Journal of Practice-based Learning in Health and Social Care, Care, 10*(1), 71-76. DOI 10.18552/ijpblhsc.v10i1.739

 \bigcirc

BY NC ND © 2022 Lidia Rodriguez. This Open Access article is distributed under the terms of the Creative Commons Attribution Attribution-Non-Commercial No Derivatives 4.0 International License (<u>https://creativecommons.org/licenses/by-nc-nd/4.0/</u>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited and is unaltered.

Teacher's pedagogical response to the change

The university classroom is a microcosm; an alive, changing, moving world that interacts continuously. Accordingly, three questions initiated a reflective process in/from/for the practice (<u>Schön</u>, <u>1983</u>) in our particular microcosm. Firstly how is the confinement affecting student's realities? Secondly, what do students need to feel better as they seem to be suffering? And thirdly, a question which emerged by chance, how could families integrate into our virtual classes so that the whole community could take advantage of the interaction and learning process?

Students' emotional needs

The COVID-19 pandemic has increased college student anxiety and depression (<u>Huckins et al., 2020</u>), and a virtual mode may add to that anguish or trauma (Baltà-Salvador et al., 2021). Although this was not the case in our experience students of some populations may be disproportionately affected by stress from the pandemic (<u>Castelli & Sarvary, 2021</u>) and this was something we observed.

Evidence from the literature suggests that unless student's affective needs are attended to, learning may be impeded (McAllister & Lincoln, 2004). Consequently, we developed an innovative practice integrating Speech & Language Therapy students and some of their families (participating in a voluntary way) in our virtual classes (as all of them were at home and some of them shared spaces). We worked from an emotional and wellness perspective (Holland, 2018; Stokes, 2015), a narrative approach (Bruner, 2004) and an ecological view (Rodríguez, 2015), adapting and transforming online classes to balance the effects of the stressful isolation challenges that were identified in these new virtual classes. We also decided to contribute to the improvement of SLT-related difficulties that some of the students' family members manifested.

When the reality needs to be heard

Following the State of Alarm Decree in Spain and the confinement required for the benefit of individual and collective health, some students could travel to their family homes. Others remained in their rooms in residences or in their shared students' flats, in fear of infecting others or of being infected. In all cases, life was no longer the same. Everyone was facing a difficult situation, including the teacher herself. However, the experience of enforced confinement was different for everyone. Confinement did not mean the same for students who had good family health, economic, work, emotional, technological, or logistical -among other- conditions. Nor did it mean the same for students who lost their jobs and were distressed at the thought of having to leave their careers for economic reasons. Unfortunately, we witnessed real adversities, including the loss of family members and friends. Nothing would be the same again, neither for each student individually, nor for the whole group (microcosm), including the teacher.

With this reality in mind, emotional competence could be explicitly described and trained in our curricula. And, from some perspectives, it should be (<u>Rodríguez et al., 2016</u>). Consequently, this was the way we adapted our curricula, offering an extra time to share, in an explicit and voluntarily way, our emotional situation and our needs for support as students, teacher and families.

A simple question: how are you?

Reflective listening is the primary job of the clinician (<u>DiLollo, 2004</u>) and we would suggest this is also true of teachers. When designing the virtual classes, it was necessary to start with obvious questions: Dear students, how are you? Where are you? How are your families? How is your environment? What do you need? How can I help you as a teacher and How can your friends and colleagues help you?

We cannot move forward on the road if we do not know in what conditions each one of us is in at the start of a journey. Sometimes students are, in words of <u>Stokes</u> (2015), "in a new country without a map".

The syllabus of the subject, as a part of the Speech & Therapy Degree included elaborating materials for the different areas of intervention in Communication, Language, Speech, Voice, Hearing and Oral non-verbal functions, as described by NetQues (2013) and <u>Patterson et al.</u> (2015). My new teaching

role offered me the opportunity to design an innovative, more inclusive classroom, integrating the needs of each person coexisting in the microcosm.

Welcome students' families in times of COVID-19

"Collaboration occurs when two or more people from different backgrounds with complementary skills interact to create a shared understanding that none previously had or which none of them could have reached on their own". (WHO, 2010, p.36).

Just as students suffered from stress, anxiety, uncertainty and emotional blockages in this time, their/our families were no strangers to these responses. As soon as the virtual classes advanced, some new unfortunate circumstances appeared in our environment (isolation, job loss, infections around, hospitalisations and death). We realized that paying attention to families was crucial for the whole group's well-being and decided to extend our care program and invited families to join our virtual classes. Little did we know that for a number of weeks, some of the students' mothers or brothers/sisters were already attending classes but had been careful to stay out of the video shot frame, as they had found some of the content we had focused on interesting.. From this moment we decided to integrate families' needs as our own, creating a virtual caring session every week. We paid attention to our emotions and sufferings in a different way, and we built a virtual community of practice and a new community of support. It is not about me surviving, it is about being together. We do not stand alone in bad times, we stand together, and we survive -emotionally- thanks to the mutual support in families, in classrooms, in every environment, feeling the presence of care.

The real demands of the families (situations of stress, muscular tension, how to cope with emotions, the use of voice with a mask, dysphonia due to the abuse of video conferencing, improving breathing techniques, elder people with dysphagia after a COVID-19 diagnosis or strategies to stimulate language in children, among others) gave rise to real, concrete proposals for support from the students or the teacher. Responding to the needs of students and families became part of the curriculum, building a more functional objective than any designed prior to the COVID-19 pandemic in order to initiate practices of mutual support and generate a sense of community in the virtual classroom. This had an impact on students' learning in a number of different ways: increasing awareness of social presence, increasing a sense of community, and developing the way reflective learning made them prioritize active listening to classmates' needs. They also developed communication competences, such as interpersonal and intrapersonal skills (crucial as SLT future professionals), as well as gaining a thorough understanding of the connection between the declarative, procedural, and attitudinal learning contents.

The engagement of the students was 100%, despite the difficulties they faced. Every week we shared an extra space, outside the official class hours, to review and give consideration to their concerns. The possible effects of this experience on the students and their learning could be summarized as follows:

- 1) Increased awareness of their emotional situation and how this is affected the ability to concentrate, focus, study and learn.
- Acknowledgement of the basic, positive or negative emotions, giving an explicit space to them, identifying the effects on their environments and integrating emotions in a mindful way.
- 3) Increased understanding learning as an active process where they all learn, within a framework in which group wellness and support is more important than individual learning itself.
- 4) Heightened awareness of vulnerability and understanding of when a person may be susceptible to receiving SLT intervention.
- 5) Expansion of the wider conception of SLT evaluation and intervention.

Families' SLT-related-difficulties were addressed by the students participating in the course as part of their own learning practice. This enabled the teacher to acknowledge the extraordinary competences which the students had been able to develop through the sharing of experiences which had helped them to look at the reality of the pandemic with different eyes.

Conclusions

"We present this work... not [as] a record of what happened...but rather as a continuous interpretation and re-interpretation of [our] experience". (Bruner, 1988, pg. 575, cited by <u>Stokes</u>, <u>2015</u>).

We have been facing a unique historical moment with an exceptional opportunity to reflect on and evaluate our SLT teaching and learning practices. According to students' narratives, which included the emotions of the students and their families, the experience allowed each person to communicate and connect with other diverse realities and, therefore, expand the avenues of collaboration and the opportunities to generate new or more robust support networks. This practice suggests how meaningful this learning experience has been for the group: "being far away but still being a group".

Without doubt, this pandemic had evidenced the need for redefining curriculum. Let us see if we can take advantage of this opportunity. Let us connect our students, lets us connect to our students and let us connect with our students families. Feeling part of a group, the sense of belonging, creating a place to listen to and to be heard, build up a team with the person and his/her environment, will make us develop professional skills to accompany and contribute to the quality of life of individuals and collectives, even in times of pandemic.

Future practices implications

This emotional approach reinforces the belief that individual learning is intimately connected to group learning. Consequently, the students developed, to use the students' words, "the beauty of shared understanding and shared responsibility of learning and make others learn." It is also crucial to acknowledge the generosity of the families who shared their worries, putting them at the service of students' learning. This experience was valuable in the context of online learning during the pandemic and it is difficult to replicate this in other temporary or contextual scenarios once the course was over.

Nevertheless, this experience allowed SLT students to develop a role of researchers as they wanted and needed to research and read the updates of the COVID-19 situation and how this was affecting their/our mental, physical, or emotional health in a situated learning experience. This could be transferred to other Allied Health Professions in the sense of creating communities of practice. This is an invitation to design more inclusive lectures where students of different academic degrees could coexist. This work could facilitate the reflection to incorporate the idea of creating transdisciplinary teams at the early stage of academic life, that is to travel from the student role to an actual cooperative Allied Health Professional identity. This could be crucial to the development of communities of practice and communities of support, the development of which provide both challenges and terrific opportunities for current students and future professionals.

This experience, and the growth possibilities it has provided us with, have been made possible, curiously, by a global pandemic. Feeling part of a collective solution has been the key to prioritizing what is truly important in any teaching-learning process: understanding the classroom as a living organism that requires collaboration, self-care and collective care. The classroom is one more ecosystem. It is especially interesting, true, but it is just one more. Let's take care of it. Let's take care of us.

Acknowledgements

We express our deep gratitude to the wonderful students and families who have generously participated in this experience. Thanks to their involvement, their vision, and their narratives, it has been possible to explore new perspectives that could contribute to the quality of life of individuals and collectives in the future. My sincere acknowledgement to my father for his lesson of love, plenitude, and life even during illness. In memory of Mr. Herrezuelo.

Declaration of formal acknowledgment

The author wants to express and explicit acknowledge and reference the copyright of *Zoom Video Communication* software VoIP licenced by Freeium, and *Sonix.ai* online transcription platform.

Sources of funding

This study has not received external funding. The authors declare no conflict of interest.

ORCID

Lidia Rodriguez https://orcid.org/0000-0001-6191-4664

Key messages

The tide, when it retreats, leaves what was underneath in evidence. Let us ensure that when this pandemic is over, the waves leave behind the evidence that we have strengthened quality interactions in our classrooms.

References

- Baltà-Salvador, R., Olmedo-Torre, N., Peña, M., & Renta-Davids, A. I. (2021). Academic and emotional effects of online learning during the COVID-19 pandemic on engineering students. *Education* and information technologies, 26(6), 7407-7434. <u>https://doi.org/10.1007/s10639-021-10593-1</u>
- Bruner, J. (2004). Life as Narrative. *Social Research*, 71(3), 691-710. https://doi.org/10.1353/sor.2004.0045
- Castelli, F. R., & Sarvary, M. A. (2021). Why students do not turn on their video cameras during online classes and an equitable and inclusive plan to encourage them to do so. *Ecology and Evolution*, 11(8), 3565-3576. <u>https://doi.org/10.1002/ece3.7123</u>
- Darwish, M. (2007). The butterfly's burden. Newcastle: Bloodaxe.
- Dilollo, A., & Wolter, J. (2004). *Qualitative research in communication disorders*. The ASHA Leader, 9(11), 4-17. <u>https://doi.org/10.1044/leader.FTR2.09112004.4</u>
- Harwood, C., & Koyama, D. (2020). Creating a Virtual Writing Center to Support Self-Regulated Learning. *Studies in Self-Access Learning Journal*, 11(3), 164-186. https://doi.org/10.37237/110306
- Holland, A. L., & Nelson, R. L. (2018). *Counselling in communication disorders: A wellness perspective*. Plural Publishing.
- Huckins, J. F., DaSilva, A. W., Wang, W., Hedlund, E., Rogers, C., Nepal, S. K., Wu, J., Obuchi, M., Murphy, E. I., Meyer, M. L., Wagner, D. D., Holtzheimer, P. E., & Campbell, A. T. (2020).
 Mental health and behavior of college students during the early phases of the COVID-19 pandemic: Longitudinal smartphone and ecological momentary assessment study. *Journal of Medical Internet Research*, 22(6), e20185. <u>https://doi.org/10.2196/20185</u>
- Kelly, A., Johnston, N., & Matthews, S. (2020). Online self-access learning support during the COVID-19 pandemic: An Australian university case study. *Studies in Self-Access Learning Journal*, 11(3), 187–198. <u>https://doi.org/10.37237/110307</u>
- McAllister, L., & Lincoln, M. (2004). *Clinical education in speech-language pathology*. London and Philadelphia: Whurr Publishers.
- Mudenda, S., Zulu, A., Phiri, M. N., Ngazimbi, M., Mufwambi, W., Kasanga, M., & Banda, M. (2020). Impact of coronavirus disease 2019 (COVID-19) on college and university students: A global health and education problem. *Aquademia*, 4(2), ep20026. <u>https://doi.org/10.29333/aquademia/8494</u>
- NetQues (2013) NetQues Project report: *Speech and Language Therapy Education in Europe*: United in Diversity.

- Patterson, A., Hansson, K., Lowit, A., Stansfield, J., & Trinite, B. (2015). EU collaboration in speech and language therapy education: The NetQues project. Perspectives on Global Issues in *Communication Sciences and Related Disorders*, 5(1), 21-32. <u>https://doi.org/10.1044/gics5.1.21</u>
- Racheva, V. (2018). Social aspects of synchronous virtual learning environments. In AIP Conference Proceedings, 2048(1), 020032. AIP Publishing LLC. <u>https://doi.org/10.1063/1.5082050</u>
- Rodríguez, L. (2015). El enfoque Ecológico en la Intervención Logopédica. En L. Mora, y J. Escribano. La ecología del trabajo: El trabajo que sostiene la vida. Madrid: Bomarzo. ISBN-978-84-15923-77-0.
- Rodríguez, L., Isaksen, J. & Hansen, D. (2016). Speech-Language Therapy students 'fears facing clinical placements: An emotional approach in initial educational training. *Proceedings of XXX Congress International Association of Logopedics and Phoniatrics*, 1. Dublin, Ireland.

Schön, D. A. (1983). The reflective practitioner: How professionals think in action. Basic books.

Stokes, J. (2015). Speech and Language Therapy and Professional Identity; challenging received wisdom. J & R Press Ltd. In Stokes & McCormick: Speech and Language Therapy and Professional Identity; challenging received wisdom. J & R Press Ltd.

Wenger, E. (2011). Communities of practice: A brief introduction. <u>https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/11736/A%20brief%20introductio</u> <u>n%20to%20CoP.pdf</u>

WHO (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva: Department of Human Resources for Health. Retrieved from:

http://apps.who.int/iris/bitstream/handle/10665/70185/WHO HRH HPN 10.3 eng.pdf;jsessioni d=526ED46E4EEEDBE70D71996DB5544023?sequence=1