

Interview Transcription: Vickie Southall

Assistant Professor of Nursing

ANDREW KAUFMAN: Tell me a little bit about your class. What is the subject? What do you do? How do you engage the community? What are some of your learning goals?

VICKIE SOUTHALL: Yes, I teach public health nursing and we have both a classroom component and a clinical component. I teach the classroom part and I teach one of the clinical parts. There are five different clinical components because the class is divided up and they work in different areas. In the classroom part, we cover epidemiology, communicable disease, vulnerable populations, social determinants of health, implicit bias, emergency preparedness.

And we started talking about COVID-19—of course, it wasn't called that back then—we started talking about this virus that was in China back the very first day of class. I mentioned it the very first day and we had a slide covering COVID-19 every single class at the beginning of the class. And we would talk about what's changed since the last class, how it is spread. In fact, it's going to be interesting to go back and see the dates on those classes and be able to see what changed because I had a running update and I would update it every morning before class because there was so much that was changing.

ANDREW KAUFMAN: What do you do in the class? What are your learning goals? How do you engage the community?

VICKIE SOUTHALL: It really was a great semester to be teaching public health because finally I didn't even have to stress the importance of it. I didn't have to convince anyone of the importance of it. I mean it was just there because they could see it every day. That was really good. Even last semester, the big issue had been the opioid epidemic and we had talked about that; that's one of our discussion topics. But it really was the best semester to be teaching public health from that point of view.

Now our students, they come to class and then they also work out in the community for a full day each week and so they're placed in settings like some of them were in the homeless shelter at the Haven, others were in public housing like West Haven or Friendship Court. I had students at the Food Bank out in Louisa. I have students in the public school. I have students in the prenatal clinic. Some students made home visits through a home nursing program that works with at-risk families who have young children.

ANDREW KAUFMAN: What are your goals for the students? What do you hope they'll learn?

VICKIE SOUTHALL: My goals for the students are always to learn the public health principles, but also to become a part of the community and to feel a part of the community because then they start to understand why people do things in the community that they do, why they make certain decisions, they start to take pride in the community.

It's interesting because I have students out in Louisa. Then if they get a patient in the hospital who's from Louisa, they'll come tell me and they'll be all excited about it because they were able to make a connection with them.

ANDREW KAUFMAN: What are students learning in the class?

VICKIE SOUTHALL: Some of the topics that we cover in community health are epidemiology and communicable disease, which of course we did a lot of this semester, and we talked about global health. We talk about vulnerable populations, about social determinants of health, implicit bias, emergency preparedness, community assessment. Those are some of the main things that we talk about every semester and we actually gear it towards what is happening in the community each semester.

ANDREW KAUFMAN: You had already been studying COVID early in the semester. March rolls around. You get the news that you have a week to transition your course entirely online. How did you as the instructor react to that news? How did your students react and how did the community partners react?

VICKIE SOUTHALL: When I first found out that we were going to have to go online, as the course professor, I said oh my goodness. I had worked very hard to make my class interactive. That's what we try to do is rather than just lecturing at the front of the class, we try to make it interactive. So I'd worked very hard to make it interactive and my first thought was, well, there goes those efforts, because we were asked to make our class asynchronous because some of our students don't have internet access or don't have good internet access and would not be able to view a streaming video. We had to make it asynchronous so they could go wherever they needed to go to get access to the class. So, most of my classes were asynchronous.

However, I did have two synchronous classes because I had invited Dr. Chris Holstege to come speak about the opioid epidemic and I had invited Dr. Rebecca Sutter to talk about nurse-managed clinics because she's opened about a dozen of them up in Northern Virginia. So, those two classes we did synchronously and actually those were the best classes, the ones that were done synchronously and we could do some interaction with the students. We still couldn't do some of the activities that we do during our class and some of the problem-solving that the students do with each other. I think there are ways to do that and I think given more time I might have been able to figure those out, but I went with what I could do.

It was a lot of learning. There was a steep learning curve because I had never done an online class before, so I needed to learn how to do Zoom videos and voiceover PowerPoints and lots of other technologies, but I like technology. Fortunately, that didn't bother me. I'm kind of one of those people who could have been a computer person at some point in time, so that didn't bother me, but it was a lot of work in. And living out in Louisa I don't have very good internet access, so that also was another problem. I would have to go down to the Food Bank sometimes because they had a cable connection or I'd have to drive into Charlottesville, to the University, to be able to do my classes. So, that was a big thing.

The students, their reaction, they did pretty well with the class being switched to online. The biggest thing was the missing the clinical and that was interesting. The hardest thing was missing the clinical and missing the interaction with the communities. They really worried about their communities and what was happening to the people in their communities. They work with folks who don't have lots of

resources, so they worried what would happen when they lost their jobs, how would they feed their children. They worried about, we work at an elder housing complex, and they worried that the seniors who were already socially isolated wouldn't have visitors and that would make it even worse for them. We worried about the food bank and whether there would be food for them. They really worried about their communities and so that was the hardest thing for them and the hardest thing for me to be honest, although putting the lectures online were pretty difficult.

We started to make plans for the communities. We thought that, well, okay, we can't be there, so we will make some educational aids. We can shoot some video, do some videos, or make handouts that we could give to our communities or help the people in charge to make some of the plans, but we weren't really allowed to do. That was very disappointing that we weren't. Most of the communities really were trying to figure out what was going on and they really didn't want to deal with one other thing at that point in time. So, that was difficult, but in the long run that may have been the best thing because you have to remember this was back mid-March when it first happened. It was mid- to late March and a lot of the educational materials that we would have developed then would have changed over time, would not have been applicable because we learned so much about the transmission of the disease back when we were first looking at making educational materials. Masks weren't recommended. Well, of course now they are. Of course, handwashing wouldn't have changed. We have that down, but some of the procedures and some of the recommendations that we would have made would have needed to evolve and so in the long run, it was probably just as well that we didn't do those, but it was a little bit of a disappointment at first because the students did come up with some great ideas and some things that they thought would help their community that way. They were thinking of them and saying, well, what could I do for the people at the food bank? What can we hand out to them or what could we recommend? And those things would have changed over time.

ANDREW KAUFMAN: Because of the subject that you're teaching, you were experiencing history as it was happening and the very understanding of the topic itself was shifting before your eyes. Can you talk a little bit more about how it changed the class and just what other changes happened to the class?

VICKIE SOUTHALL: As far as changes for the class, I think that some of the students who may have wondered why does she always put a slide at the beginning of each class? Why do we keep talking about this virus in China? I know there were a few people who, I would do it at the beginning of every class and they probably rolled their eyes a little bit, but they actually later thanked me because they were able to answer so many questions that their family had, their friends had, that other people who were nursing students had, even other nursing students who weren't enrolled in public health at the time. They were able to answer some of those questions because they had talked about the case fatality rate. They had talked about how communicable this disease was and they at least knew what the best practices were at the time, but those best practices kept evolving.

So, that was part of the difficulty of teaching the class because I had to watch the news and read all the reports and read the CDC reports and read the World Health Organization reports all the time, and just keep up with as many reputable sources as I could because it was changing so quickly. I didn't want to give them incorrect information, but it kept evolving and we were always doing the best that we could.

One of the assignments for the class every semester is that they do a community project. They assess the community. They see what the community needs. They ask the people in the community what they

could do to help with a particular problem. They always do projects. Well, some of them had completed their projects and so that was good. Others were in the middle of a project and they never got to complete it and part of this assignment is they present what they did in the project, what assessment they did to determine it was a problem. They present those to the class and that's our last few classes of just classroom presentations of what they've done. So, we wanted to keep that because that's a really important thing. They don't get to do lots of presenting within the School of Nursing, so we wanted to keep those projects. They had to they had to talk about what they'd already done, maybe surmise what might have happened if they hadn't been able to complete the project, and some of them talked about actually developing materials for their communities to deal with COVID, but one of the biggest obstacles was them being able to present in groups to the rest of the class. They're very tech savvy students, but they had to figure out how to get together. Usually, there were four people in the group. They had to figure out how to get together with the other four people in the group virtually and then record virtually a presentation that they could turn into a video that I could put on Collab, that I could put on the media gallery of Collab. They had to figure out how to develop a presentation that could be presented to the rest of the class and they tried various different methods, but that was a technological challenge for a lot of them.

But one of the very good things to come out of it was, while I was thinking about how we could modify some of our assignments, they always do reflections. So, I asked them to do a reflection about being the only public health nursing students at the University at this time in history and how that affected how they reacted to the pandemic, how they were a resource for their family, for their friends, and for other students. Many of them talked about how other people came to them with questions because they had been talking about it and they knew the epidemiology and they knew some of the facts about the virus. That was a very positive thing; they felt very good about that.

It also gave them an opportunity to talk about how worried they were about the people in their communities and that's how I found out that they were very genuinely concerned about the people that they had worked with in the community and how they were going to be able to adapt to all the changes that were happening.

ANDREW KAUFMAN: How did this crisis affect your students' understanding of the subject that they were studying and the subject of public health nursing? What new insights do you think they gained?

VICKIE SOUTHALL: Like I said, it was the best time to be teaching public health nursing because so often public health has been taken for granted. It's not considered as important as other types of nursing. It may not be as glamorous as say ICU nursing sometimes, that being in the ICU and working with all the machines and knowing how to do all, that sometimes when you're a nursing student, that tends to be very attractive. Well, this allowed people to see how public health is a very important part of our health system and a lot of them talked about how maybe in the future public health or community health, working in communities and working with communities, was starting to be more attractive to them. I mean, some of them, that's what they always wanted to do. They wanted to work in communities and wanted to work with vulnerable populations, but this I think solidified it for some and they saw it as being more worthwhile and they thought that other people would see it as more worthwhile. Just like nursing as a whole gained a lot of respect during the pandemic. So, that is probably one of the good things about the pandemic is the respect that nursing gained, and people started to realize what we do.

Every time that we teach the course, I think the most important thing about our course is that people go out into the community. They go into people's homes. You can talk all you want in a classroom about what it's like to have few resources or that people have a lot of obstacles that you might not have or that my students might not have, but you can't understand it until you go into their homes, till you go into their communities, and you actually work with them. Then you realize that sometimes the decisions that we might make, they can't make because of certain obstacles.

All of our students got to make home visits or almost all of them, but over the years we can't make as many home visits as we used to be able to because of just the opportunities that we have, but you really understand, you become a better hospital nurse by going into people's homes because what people are going back to and, like I said, we can talk till we're blue in the face in the classroom about how families are different and how every family is unique and how every circumstance is unique, but until you go into the home and you have to deal with some of the issues that people deal with, you can't truly understand it until you do that. It's almost kind like the walk a mile in my shoes type deal, but you really don't understand sometimes why people make the decisions they make until you're able to sit down with them and help them make decisions and realize the obstacles that they have. So that's one of the important things about the class.

ANDREW KAUFMAN: In the midst of the COVID crisis, how did that change or how did that insight become enhanced? Because I assume, they stopped going in people's homes, right?

VICKIE SOUTHALL: Yeah, it changed with the COVID crisis because they could no longer go into people's homes, but fortunately most of our clinical experiences, we only had two or three more left after spring break, I guess, the clinical part. So, we had already been going into homes and they already had a good sense of what it was like in the homes and what the difficulties would be in the homes because that's what they wrote in their reflections, that they were worried about their families and worried about the people in the community and how they would adapt and what resources would be there for them. And I think that had they not spent so much time already in the community that they would never have been able to do that. We like for them to become a part of the community and to feel a part of the community and to be invested in the community, and I think hopefully that's what we do, and it seemed to be so by the reflections that they wrote.

By going into their homes, I think they did have a better idea of how this would affect the families, but once again, it's still not the same as actually experiencing it. So, I'm sure that that part of their learning did take a hit because they didn't get all of the experiences in the homes or in the communities, and also they didn't get to finish some of their projects and to see whether or not they made a difference. We did the best that we could, but there was only so much that they could do in that respect.

ANDREW KAUFMAN: How about you, as a practitioner and as an expert, how did going through this crisis in the middle of the semester influence your understanding of your discipline?

VICKIE SOUTHALL: One of the things that did happen was I know that the last class in the classroom that we had before spring break, one of the students brought up, do you think we'll be coming back after spring break? And I have to say, at that point in time, I thought, yes, we would be coming back. I thought there was a chance we might not be, but it was still early, and I don't know if you remember, but things changed so rapidly in that one week during spring break that I actually was a little surprised that it came to the point that we did not come back.

I think I understand epidemiology, but the speed with which everything changed did surprise me. That I did learn from this epidemic. I think a lot of people did. I think even a lot of the health experts did learn from that. I think part of that had to do with the fact that we've had a few false scares in the past. There's been a number of times when there's been a virus that's been found in China or in Southeast Asia, it usually tends to be there, and we think that it could develop into another SARS or another epidemic and it doesn't. It fizzles out and then everybody gets all excited about it and then it fizzles out. I guess maybe part of our denial is thinking, well, that's what's going to happen this time. SARS was very serious, but it wasn't as communicable a disease, so we were kind of comparing it to that and thinking, okay, it's going to act like SARS did. And so, I think part of that has to do with we did not realize how contagious it was at the time. That taught all of us something.

Then obviously our whole world, our economics, our family life, everything changed because of the impact of the epidemic and I think we knew that could happen, but I just think we didn't think that was going to happen. Honestly, I told my students, I said, we're kind of lucky because this disease seems to be fairly contagious, but it's not nearly as deadly as say SARS or MERS. It's not as deadly or Ebola. I said, maybe this is practice for the big one. This kind of gets us prepared, so that when the big one comes, one that's both very deadly and very contagious, we'll be a little bit more prepared for it. Because we're not prepared for one that's both deadly and contagious now. This one is very contagious and there's varying beliefs or knowledge at this point in time about how deadly it is, but it's not as deadly as say the SARS epidemic was or say Ebola, where depending on the statistics that 70 to 90 percent of people die.

Fortunately, that doesn't happen, so maybe this could be a helpful practice for that kind of a scary thought because we certainly had to deal with enough with this epidemic, but that's the reality. We could get a very deadly virus that is also very contagious, but hopefully if that were the case, we would get a better jump on it in the beginning and prevent the spread. That was what we didn't do in the beginning of this one.

ANDREW KAUFMAN: How about you as a teacher, how did this experience affect your thinking about teaching itself? Were there any paradigm shifts or any new insights or new challenges that came up for you as you think about your role as a teacher, as a community-engaged teacher as a result?

VICKIE SOUTHALL: One of the most difficult aspects to this pandemic and its effect on my teaching is that we couldn't be out in the community. Or students couldn't go out into the community. I was afraid that they wouldn't learn all how important it is to be involved in the community. I was worried about that, but I think from looking at their reflections, I think fortunately they had spent enough time there that they had become involved in the community and they understood that.

I think having to teach this class if the students didn't get to go out in the community and work with them, that would be so difficult. I mean, we can do simulations. We have some wonderful simulations, or some people have made up wonderful simulations where you can practice what you would do in a disaster, like say a train wreck, and how you would triage the patients. That's one of the things that we could do.

There are even simulations about a communicable disease and how you treat that, but the problem is the students, when they're doing one of those simulations, they're dealing with fake people and they're not dealing with real people. They don't develop a one-to-one connection with people in a simulation. While it's valuable, the simulations are really valuable and they can help teach some of the principles,

they can't teach the essence of nursing, which is developing relationships with your patients and relationships with the communities and families.

I don't yet know how I would do that if my students weren't able to work one-on-one with the families. I would probably have to try to figure out some way to connect them. I mean, I don't think you can do it without actual connections. The relationships that we build are so important.

One thing that I always like to teach my students is they are so lucky because being in nursing, they get to realize what the important things in life are and to take some things in stride. Having to put a course online is one of those, I mean it was difficult, but it's not one of the important things in life. It was a problem. You get over it, you deal with it, you move on. But our students are fortunate because they get to learn what's really important in life and unfortunately in this pandemic, they do get to see a lot more suffering and things that really are important in life. I think we've all gotten to learn a little bit more about what's important in life and learn how important our families are and how important our connections are. That's one of the good things about the pandemic.

ANDREW KAUFMAN: Can you just share some of the things that you personally have learned either as a mother or a daughter or a friend, as a human being even outside of your role as a teacher? What are some of the important life lessons that you've taken away from this experience?

VICKIE SOUTHALL: What I've learned from this pandemic is that family is really important. I mean, we always say that, and it is important, but I have gotten to spend some time with my two adult sons that I probably wouldn't have had the opportunity to. They've come over and we've stayed outside, the social distancing has been there, but they've come over for dinner a lot more often. They've done it about once a week because there wasn't anywhere else, they could go and so that's been a really important time that we've had together, to be able to talk about things. I mean, my husband and I are both close to our sons, but maybe we don't always get together with them. We kind of take it for granted or we're very busy and they're busy. We don't always get together. Well, this allowed us more time to get together. I think that a lot of families have found that. I think a lot of families have been able to get together more often.

ANDREW KAUFMAN: Did that insight influence your teaching in any way this semester? Those evolving personal insights, did they have any impact in any way on the things you emphasize with your students or any other aspect of your course?

VICKIE SOUTHALL: Yes. As far as my teaching goes, I think realizing that we weren't able to make all the connections that we make in class, I thought that was more important to try to do. I would send them emails or try to make personal connections maybe even just in office hours, have Zoom office hours. In helping them to make connections, I tried to talk to them about their own families and their friends and the people that they were close to and the importance of keeping those connections.

There were students with all types of situations in our classroom. There were some who had to stay in Charlottesville because where they lived there was no internet connection. There were several students who were alone in their apartments because their apartment mates that gone home, but they couldn't because there was no or very little internet connection where they were. Those students had it rougher than some of the rest of them because they had no one to talk to. I mean, they could call people, but having someone right there. The people who went home, they did talk about being able to

spend more time with their family. A lot of them talked about how that was really special and important to them. Then some of them weren't able to get involved in some community activities or some community things like working at a food bank, but there was less community involvement just because in a lot of places you couldn't go outside or you couldn't go visit anyone or couldn't interact with others.

I think I'm very lucky to be able to do this because I think it might be difficult with some disciplines, but in nursing and especially in community nursing and public health nursing, we get to make a difference. We're not just learning things in a classroom; they're going out in the community and they're making a difference. I think that is just one of the best ways to learn. I mean you know we call it service-learning, but that's one of the best ways to learn and you really get to feel it when you make a difference, and my students can see that they make a difference.

So, that's just a really rewarding part of teaching. It's not only being able to teach and impart knowledge and content of nursing to students but having them be able to actually help people and make a difference and make a long-lasting difference. That's why I'm still doing it. If I didn't feel like I could make a difference and what goes on in my community and help the students to see that they're going to be the health professionals in the community, there's so many things that we can do by being the health professionals in the community. You can always do things in your community as a nurse, but it's a gift that we have that's really powerful.

ANDREW KAUFMAN: Do you have any ideas about students can in your classes can make a difference right now or maybe next semester or are there any thoughts about that?

VICKIE SOUTHALL: Yeah. Well, going forth, looking at future semesters or at the fall semester, I think the COVID-19 pandemic will bring opportunities. I remember when I was teaching during the H1N1 epidemic, the elementary school principal asked if we could teach hand washing to all the students in the school. Now we've always done it to the hand washing teaching for the kindergarten students. I figured if we do it each year for kindergarten, then that way we catch every class. We'd always send it for the kindergarten students, but she wanted us to do it for every kid in the school. So, I'm sure that there may be some requests like that to teach all the children again hand washing, and I think this time maybe people will take it even more seriously. Over the years, we've developed some particularly effective means of showing children why it's important to wash your hands, so we'll be able to use those.

I think that working with some of the other vulnerable communities, we'll be able to identify maybe some ways that they could do things that would decrease the spread of COVID-19.

ANDREW KAUFMAN: What advice do you have for other community-engaged teachers and not necessarily in nursing, but anyone who's going to be teaching a community-engaged course? What advice do you have for them for teaching these courses in this particular moment?

VICKIE SOUTHALL: When we first had to go online, I was looking at all the different technologies. I had never taught a course online. So, I was looking at all the different technologies and I like technology, so it didn't scare me, but there was so much to learn. There were so many technical things to learn about all the different programs and all the different ways that we could do it. I was getting emails about how other universities were doing things. I was going to classes; fortunately, the nursing school gave us lots of classes about how to do these technologies online and I was going to all of them. Then I found, well, I

don't have time to really develop my lectures like I wanted. I wanted to talk about COVID-19 and to make sure students had all the content about that that I wanted them to know.

I started realizing that I was spending too much time on just the technology. I said, stop, I can't do that anymore. I found a few technologies that work. I need to spend more time on the content. I need to spend more time on the learning objectives. I need to spend more time on making sure that my students can think like a nurse and do all the things that we consider important. So, I had to just stop reading all those emails about all the wonderful ways I could convert my class and all the wonderful simulations that we could do and figure out what was best for my students to be able to really feel what was happening with their families and really understand all of the things that were going on with COVID-19 and how to apply that to their daily to the community's daily lives and how that manifests itself and how as a nurse we could help them to prevent the further spread at COVID-19. That'll be true in the fall. How can we help them to understand why it's important to do certain things? I mean, you can teach somebody how to do something. We can tell people they need to wear a mask, or they need to wash their hands, but if we explain why they have to do that, they're much more likely to do it. Like with washing your hands, if we explain how the soap messes up the membranes of the virus and why that's so important and how that's better than washing with just plain water, if we can do that, then people are more likely to do that. If we can explain how wearing a mask underneath your nose is really not very helpful at all, then hopefully they'll understand, and they'll pick out the important things that they're already doing.

ANDREW KAUFMAN: Reflecting on what you've been through in recent months, what does it mean to you to be a community-engaged teacher in a time of trauma?

VICKIE SOUTHALL: What it means to me to be a community-engaged teacher in a time of trauma or in the time of anything, my philosophy of nursing or of community nursing is to respond to both the needs of the community and the student. That's particularly important at a time of trauma. We respond the needs of the community, what do they need right now. Not necessarily what my students need right at the moment, but if I respond to what the needs of the community are, then the learning needs of my students will follow. They will learn from that and they'll learn the most important lessons of caring for other people. I'll make sure that they get all the principles of public health and that kind of thing, but if they respond to the needs of the community, it's like a self-teaching lesson because when you do that, you see how you make a difference and you see how important that is to the community and that makes the students feel good. That makes them feel needed. Then they're more engaged and then the more engaged you can get them, the more they learn. The more that they feel that what they're doing is important.