

UIC College of Nursing Interview

Eileen Collins -- Dean at UIC College of Nursing

Terri Weaver -- Emerita Dean and Emerita Professor of Bio-Behavioral Nursing Science

Liz Miller -- Director of Marketing and Public Affairs for UIC College of Nursing

Stacy Arriola -- Visiting Clinical Instructor at UIC College of Nursing

Shirley Stephenson -- Previous Clinical Site Director at Mile Square Humboldt Park Health Center ; Current Medical Clinician and Sub-Investigator

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SPEAKERS

Stacy Arriola, Shirley Stephenson, Jessie Knoles, Terri Weaver, Eileen Collins, Liz Miller

Jessie Knoles 00:01

All right, and we're recording. Hello, my name is Jessie Knoles and I'm a Project Research Associate representing the University of Illinois Archives. Today's date is Wednesday, December 7, 2022. I am meeting via Zoom with folks from the University of Illinois Chicago, College of Nursing to discuss policies and procedures put in place by the College of Nursing in response to the COVID 19 pandemic, for inclusion in the University of Illinois COVID-19 Documentation Project. I'll let everyone go around and introduce themselves stating their name and title please.

Eileen Collins 00:40

I can start. I'm Eileen Collins and I'm the Dean at the UIC College of Nursing.

Terri Weaver 00:47

I'm Terri Weaver and I'm the Emerita Dean and Emerita Professor of Bio-Behavioral Nursing Science.

Liz Miller 00:56

I'm Liz Miller. I'm the Director of Marketing and Public Affairs for the College. Can you hear me?

Terri Weaver 01:02

Well [inaudible] Liz.

Liz Miller 01:04

Does everybody feel that way?

Terri Weaver 01:06

It's better. Now it's better.

Liz Miller 01:10

Anyway, I am the Director of Marketing and Public Affairs. I was not on the front lines of our response to COVID, but I did witness and document a lot of it. That's why I'm here today. I'm mostly auditing but I may surprisingly have something to say.

Stacy Arriola 01:27

Hello, I'm Stacy Arriola. I'm currently a visiting clinical instructor at UIC College of Nursing.

Jessie Knoles 01:35

Great. And thank you all for joining us today. I'm going to start off with some warm-up questions. First question, when did the COVID-19 pandemic come on the radar of the faculty and staff of UIC College of Nursing?

Terri Weaver 01:53

Well, I would say it was January when the rest of the nation knew about it. And we were watching it very carefully. The one thing that I think will be a recurrent theme here that I'll just put out right away is that we had a business model that we developed -- the business continuity and business model -- business continuity plan that we developed in 2014. The leadership met to decide what, how to start to implement that, if necessary, to make sure that we could provide the continuing education of our students and keep our faculty, staff and students safe.

Jessie Knoles 02:42

Great. Just curious, what prompted the creation of that business model in 2014?

Terri Weaver 02:50

We -- and I'm sorry, I'm jumping in here so much -- but this sort of was on my watch. So, we realized that it was essential, it was an essential component of our work, to make sure that if there was something that happened -- and we certainly didn't expect a pandemic -- we were thinking fire, a major water break -- which happened regularly in the college -- Eileen can attest to that -- or something like that. There had been a fire some years ago in pharmacy, and we thought we really need to be prepared. And so, we developed the plan. Essentially, with a few minor approaches, we followed the plan. So, we knew how to implement it immediately. And we talked about if we had to how, would we do this?

Stacy Arriola 03:53

I'm a community health nurse by expertise. When you think about public health, the purpose of public health is to protect and improve the health of people and communities. Doing things like disaster preparedness, and things like that will hopefully help prevent things or at least, if these disasters happen, how can it be dealt with in a way to help the communities recover faster and better?

Terri Weaver 04:31

Yes, I think as nurses, we have that orientation. And that's why not only developed the plan, but we're prepared to look at that wider picture of the community as a whole, broadly defined.

Jessie Knoles 04:50

So, when COVID came on your radar, what were the initial thoughts or the first objectives of the College of Nursing faculty as well as clinical workers as well?

Terri Weaver 05:11

Well, and I'm sure that Eileen and Liz can help me with this; certainly, Stacy as well. Our primary concern was the continuation of our mission. That involved three entities. One was a continuation of the education of our students. The second was a continuation of our practice, because we had our own practice. And the third was a continuation of research. And each presented with a different set of challenges. And then underlying all of that is the safety of our students, faculty, staff, and community.

Eileen Collins 05:56

I think initially too, that none of us ever expected that it would go on this long. I remember, Terri, we had a faculty meeting in early March, it was the Friday before we went out. And we all gathered together. I just remember thinking that we'd be back before the end of the academic year. There was just the fact that it went on so long, was beyond any of our expectations. Although, as the coming weeks evolved, it became clear that we weren't coming back before the end of the academic year.

Terri Weaver 06:39

I applaud the leadership, the faculty, the staff, even the students, because as this unfolded, and Eileen is right we thought this would be a month or so. By the end of the spring semester, it'd have gone away, just like the flu, and it didn't. We had to continually evolve and adjust throughout the time. And I'm sure the time that Eileen is Dean, that was the case. That as things got worse, and things got better, as opportunities presented themselves, as obstacles were acknowledged, then we continue to evolve our approach. And I give a lot of credit especially to the faculty, because they all worked together. And they all offered very unique and very plausible solutions to the challenges that we had.

Eileen Collins 07:42

I think a key to that too, was communication because Terri was communicating on a daily basis with the university leadership. And I remember, Terri, you said to us as a leadership team -- so I was the Associate Dean for Research at the time, when this all started. Terri said, "Well, should we have weekly meetings? Or do you want to do it more frequently?" No, we want to do it daily. And Terri facilitated that and made sure that we all met on a regular basis. Then probably -- it was probably two or three weeks after it started -- that those daily meetings became a little bit less frequent. But communication was key, and our leadership, meaning Terri, communicated on a regular basis with all of us as to what was happening on the university level. I clearly remember we never wanted to meet at two o'clock, because that was when the governor came on TV and would give the update on the numbers.

Terri Weaver 08:49

And I know that -- and Liz can comment on this -- that the University created a specific website for COVID and communication. So, thank you for mentioning that because it went all the way up to the

University and also the Vice Chancellor for Health Affairs. And the continual updates -- also not only the written updates -- and Liz, we created a COVID site on our website where we posted -- I did updates. Liz was instrumental in making sure the information there was all updated for faculty and staff to know what was happening, because it was a very much a moving target. The Vice Chancellor for Health Affairs, Bob Barish -- we held weekly meetings -- and then the University had -- there was a whole series of meetings. There was those meetings and then the University held meetings, mostly because the West Side deans, the Health Science deans were meeting regularly. The East side's deans decided they should. But because our students, there was a lot of crossover. I met on both sides. I attended -- they call it the campus dean meeting. I went to the East Side campus; I attended the West Side campus. It was great a lot of time. But it was great that there was information coming, that what may have been slightly different, but very useful to the college. So, I would get the information right away because of course, these were chaired by the Provost, the two Vice Chancellors for Academic Affairs -- the Provost and Bob Barish -- and then I'd get the information and I could share it with Liz for posting or I'd post it myself, or I'd give updates. Certainly, faculty meetings and other kinds of gatherings, I would keep the faculty updated. And of course, the leaders group, which we call the leadership executive team at the time, would meet and we would -- I'd keep them updated on the latest and we all had sources of information. So, it was a great way -- what have you heard, what have you heard. Not by way of rumor but by way up, because we had the tripartite mission, Eileen would talk about what she's heard about what we're doing with research and then the Associate Dean for Practice would talk about what they knew about what was going on. That's how we just kept the information flowing, and as much as we could push that out to the faculty. As I said, Liz was instrumental and making sure that that happened.

Liz Miller 11:45

Yeah, and I would just add that Terri gives credit to the faculty, but she deserved a lot of credit for her leadership too because even before we shut down, she recorded a video message to the students. And I think that might have been one of your first video messages.

Terri Weaver 11:58

Yeah, forgot about that.

Liz Miller 12:01

Just to reassure them that she was giving them -- telling us everything she knew, that she was keeping -- we were using science and data, we were not -- nothing was on a whim. We weren't doing anything reactionary. I might have just made that word up. But anyway, it was a very reassuring message. And that happened before the shutdown, because I recall we went home for spring break, and then never came back. It was March 16 and that video was dated March 13.

Terri Weaver 12:34

And, of course, our other challenge was that we had six campuses. So, what was happening Chicago may or may not have been happening at the other five campuses. Trying to keep everyone on the same page -- plus we were dealing with different healthcare entities for our students, and some were -- they all had their own different approaches and trying to coordinate that so that everyone moved forward and progressed and got what they needed. They have to get so many clinical hours in and that

was a challenge. So, it was always trying to stay in contact also with our directors of our other campuses -- of all the campuses -- and we had meetings where they participated in it, along with the leadership group, which enabled us to keep that communication going, as well as just my own personal outreach to all of them. Also instrumental, Susan Corbridge was Executive Associate Dean -- I'm trying to think back, help me -- and Lorna. I can't remember when Susan took charge.

Eileen Collins 13:52

Susan [inaudible] through the entire thing.

Terri Weaver 13:55

Susan was phenomenal and because she had an -- she used to direct graduate education. She's a nurse practitioner. She had to change her practice in pulmonary, so she could tie all those pieces together along with Eileen with the research. And I certainly know that Stacy can weigh in on that. But one person doesn't do this. It's a team and we had a phenomenal team in place, thank heavens, because both the department heads and everyone was pulling together trying to make sure that we could keep on top of the information flow because it just kept changing what we're going to do, and we didn't want the students to be nervous or get stalled in their progression.

Stacy Arriola 14:50

Yeah, I'd like to speak on the faculty perspective on -- and like Liz mentioned, at the time that the shelter in place occurred that happened to coincide with at least Chicago spring break. Then there was an extension of a second week to give faculty time to pivot their courses because we had to transition to fully remote online courses. And again, like what Terri and Eileen were saying with the leadership and communication, then faculty worked during those two weeks to transition their courses and determining what can we do for the students. I think faculty -- we wanted to not have the students feel burden. So, we tried to make the transition seamless enough and to be very flexible and adaptable, because everyone's personal situation was going to be different. What this became and how students were affected was something that we wouldn't have expected from that planning those first two weeks.

Jessie Knoles 16:21

Stacy or Terri or anyone, I'm wondering in terms of how students continued learning during the pandemic, I assume a lot of nursing courses do have to be clinicals, actually working with patients, really hands on learning. How was that facilitated during the pandemic?

Terri Weaver 16:50

Well again, I give the credit to the faculty. It was a two-prong approach. We have a requirement -- for example, undergraduates -- for so many hours that they have to complete well -- actually graduate students as well. And we were lucky that this occurred late in the semester, so they had completed a lot of those. So initially, we didn't have to worry about clinical hours per se. But then we did have to worry about experience and making sure that they had clinical cases. We turned to software that the faculty identified, that present clinical problems and students had to solve [inaudible] presented cases, physical exam, everything online. And that was very helpful. We were very lucky that we had just, the previous fall, opened our new simulation, the Schwartz simulation laboratory. We had 15,000 square feet, and we repurposed it to enable individuals to spread out. So, for example, there's a little area touchdown

space where students could hang out that's down there. That was used for skill development. So, the tables were changed and we used that. We used the little apartment we had in there, we spread out so that masks on, students could distance themselves to six feet. And of course, they there's some things they could not do. But as much as we can, they pretended or they approached it, and the things that they could implement, they did so that between the simulation and the use of software, they were able to get the experiences they needed and everyone graduated on time.

Stacy Arriola 18:58

Yeah, I believe to that, with the pandemic -- so the national regulating body, the American Association of Colleges of Nursing, recognized there's a shelter in place in different states. We had the ability to create and implement more online clinical scenarios and virtual simulations. We -- faculty just found innovative and creative approaches to implement things online when for students couldn't even be on campus to help reach those clinical and course objectives.

Terri Weaver 19:42

And that's a good point Stacy and the State Board of Nursing also was liberalized -- they became more liberal in terms of their expectations. You have to declare your percentage and the fact that our students had their clinical, we were well within that percentage. But they realized that we would have to use that more and more. And I think what that did to move the profession forward, is it provided great documentation and evidence for the value of simulation, as well as the software. As time went on more software was developed and enabled us to utilize that more in the future. Eileen can certainly speak to that, but we had some that we used, but boy, we ramped up and used a whole cadre of approaches to make sure the students met the requirements to have the experience that they needed and the knowledge that they needed to be able to graduate and become licensed.

Jessie Knoles 21:03

Great, thank you. I might shift gears here a bit. Shirley, thank you for joining us. If you want to go ahead and just state your name and your title for the record.

Shirley Stephenson 21:15

Sure. Hi, I'm Shirley {Stephenson}. I am a nurse practitioner. During the time in which we're talking about, I was the {clinical site director at the College of Nursing's faculty practice, Mile Square Humboldt Park Health Center, which is an FQHC, o} federally qualified health center. I currently have transitioned to an NIH study, so I'm not at that clinic but still with the College of Nursing.}

Jessie Knoles 21:47

Thank you, Shirley. We covered education, which we can always talk about a bit more later, but I am wanting to maybe pivot into more like, clinical practice questions. So Shirley, I would love to know if you could please talk about the sort of policies or procedures that were put in place by Mile Square Humboldt Park in response to the COVID 19 pandemic?

Shirley Stephenson 22:12

We are a smaller Mile Square site. There are several Mile Square sites. Our clinic, one of its assets and one of its challenges is that it had just five exam rooms. It's a storefront clinic. So, it felt very grassroots,

very accessible by the neighborhood, but also presented us with some space challenges. So, we made the first -- the frontmost room of the clinic into an isolation room right away. And at the time, Charlie Yingling was Associate Dean of Faculty Practice and Partnerships. Michelle Martinez was a wonderful nurse manager at that time. We created an isolation room, we staggered our providers and staff so that we were one week in one week out, because we were concerned about the team getting sick all at the same time. We created very quickly telehealth opportunities where I think we were really ahead of the curve and that was in large part thanks to Dr. Yingling. So, we adopted several platforms that we could use, in addition to EPIC's video health platform. We also started counting PPE, and we just communicated. We called all of the patients, and we would have a slot open for a patient, then we would have a blocked slot. And a day in advance as much as possible, {we would call and ask people to signal us through the window, or call when they arrived.} And we didn't want to have people in the waiting room at the same time. We blocked seats, as all public spaces did. Sometimes patients waited in their cars until we called them and told them to come in to reduce crowding in the clinic. And then clinically, as I think Dean Weaver said, it was just a matter of trying to figure out what can we do for people who are sick? What's the protocol? How can we do a test? {In the early days there wasn't really anything that we could do and that was immensely frustrating.} And then we had a lot of huddles, and that was hugely important, both with the other Mile Square sites, but also internally, just to bolster people's spirits and remind ourselves of safety precautions, but also remind ourselves that we know how to do {this. We're nurses,} this is what we do, we can handle this.

Terri Weaver 24:41

The other thing that I'm proud of is that our simulation area and where -- in other practice related areas -- we could afford to, we sent a tremendous amount of PPE to the medical center. So, to help -- because they were running short -- we did send us everything that we had, because it was more needed there than for us. That I thought was a great contribution that we made.

Eileen Collins 25:18

We also did that with our research labs. I remember coming in just one afternoon and scrounging through everybody's lab, trying to find their PPE, and then they had a drop site over at the dental school, that we could just drop whatever we had over there, and they would make use of it in the medical center.

Jessie Knoles 25:42

Great. Eileen, I was going to ask you if you could talk about the research -- the impact that COVID-19 might have had on research being done in the College of Nursing.

Eileen Collins 25:55

So, it had a big impact. Immediately, it all shut down. And then there was recognition that people who did not have face to face contact, that they could continue. Precautions were taken for people who had animals, for example, so that they could take care of the animals. It was a while before they continued the animal research, again, because we wanted to keep people apart. There was -- in the summer -- there was a big effort to transition the in-person research to be remote. So, people used video conferencing, for example, to interview patients, where you might give somebody a paper and 10 pencil survey. Those were done through REDCap. And they could complete an online survey. And absolutely,

some people said they will never go back to in person research because recruitment was just easier. And they were able to get more people to participate when they did it virtually. That obviously, that can't be the case for all research. There was the OVCR's office had committees that were pulled together to review patients -- to review research protocols, and then there were precautions taken. But that didn't happen until well into the summer and into -- actually, it might have been -- actually I don't think we transitioned to in person research until after the vaccines came out. So, it was after that. This research that was not patient facing or people facing, I should say, that did move forward in the summer, but then the patient facing waited. And it was even if you had to go into the hospital setting, you might not have started for quite some time, because they wanted to increase or decrease density within the hospital within the clinics. And patient care was put first.

Terri Weaver 28:10

And I give Eileen a lot of credit because she worked with each investigator not only to prepare their application for the University, but also tried to troubleshoot how to move their research forward. Eileen can correct me if I'm wrong, but by the end of the summer or into the beginning of the fall, everyone was research was up running and moving forward. Even though those that had -- was a person interacting and interventional studies. They were very creative in how they got that -- protected the participant yet still was able to maintain the integrity of the study.

Eileen Collins 28:53

Right. A number a couple of our faculty actually presented at NIH on what they did, because it was innovative what they were doing, people getting blood drawn in places where they wouldn't ordinarily get blood drawn and then a faculty member running it back and forth. But it was also quite emotional for people. Because especially in academia where number of the faculty were tenured, their futures depended on getting their research completed. So that was also part of it, just trying to figure out ways to move it forward, but to assure people that they weren't going to be penalized because of the pandemic and indeed, the University has been quite good about that. They've had several COVID extensions for promotion and tenure.

Terri Weaver 29:46

And of course, Eileen can comment on this, I may not be accurate on this, but I don't think NIH gave anyone a lot of breaks on the time of their award. So, they still had to conduct the study to meet the requirements set forth in the study. They could appeal with some of the changes. But I think the timeline remained the same. They give you the money and they said, "Well in this period of time, you have to complete the study." There was a lot of anxiety that contributed to the anxiety that Eileen mentioned about being able to do that. But as she also commented, lo and behold, when they did some online work, that the number of participants bumped up, so everyone was able to get their studies done pretty much within the timeframe expected.

Eileen Collins 30:41

Yeah, there were also research opportunities as a result of COVID. Because this is what became -- the NIH in particular -- it became their number one priority. So, a number of our faculty got what's called COVID supplements, where they could study the effect of COVID, while completing their research as well.

Terri Weaver 31:04

And that became very exciting. Yeah.

Jessie Knoles 31:12

Great. I would say, the two big events of the pandemic were getting testing, either nasal swab or saliva-based testing up and running, and then also implementing vaccine sites and getting shots into arms. Could you guys talk about how the College of Nursing educationally, research or clinical practicing, how the College of Nursing responded to those two events, testing and vaccinations?

Terri Weaver 31:53

Well certainly, I think we promoted both. And of course, helpful to that goal was the hospitals required it. So, we -- I wanted to mention that we were able to maintain our clinical work, because several of the hospitals understood the importance of it. We are their future workforce, supplier. Although that clinical groups had to be modified -- fewer students -- most of them accommodated us. And that was very helpful. But we did require -- Eileen can help me with this and Liz -- we did require masking, testing, of course. Everyone had to get tested and vaccination, and we actually were actively involved in providing those vaccinations to the rest of the campus. And that was beyond Chicago. That was, I know in Urbana, they did a great effort as well. But we had some students who -- how can I say -- they did not want to get a vaccine. We said, "well, then you can't practice clinically." I think we lost one student who didn't want to get a vaccination. We said, "well, this is part of being a professional, as part of being a nurse, is you set the example." As Stacy said, we have to think about the public health. But other than that, it rolled out. The effort to provide vaccinations to the university communities was incredible. It just, absolutely stellar. Again, I give Susan Corbridge a lot of credit for coordinating all of that, and working with her partner in -- at the hospital. One creative approach was that we used it as part of the community requirement, community health requirement. So not only was that they provided the vaccinations because we could, but that they got credit for it. And I -- they found it to be terrific because the people would come for their vaccination and they would sit and talk to the student and talk about their challenges. It was a great experience in the end, because the patients, those coming, the community coming to get their vaccinations, had concerns and other health issues and the students really were able to do great health assessments, as well as social assessments. And it was terrific. Of course, we did it with pharmacy and we had partners in pharmacy and also medicine and -- but we were the bulk of the people providing those vaccinations and coordinating it all. We had Stacy and others -- we had a spreadsheets. They -- it was phenomenal where you could sign up and volunteer as faculty because you had to oversee the students. I know I did it a couple of times. I have a great shot that was taken to me getting by vaccination by the student. But we started in the basement of pharmacy. It was a limited operation, but it worked well. It was really a great interprofessional operation. Then of course spread to the what's now the Credit One arena, and it was -- the faculty leadership of that was just outstanding. They were -- they would send out a notice that they need faculty at a certain time, faculty signed up. They had their students there; the pharmacy provided the vaccine. It was an incredible operation that ran exceedingly smooth given the situation. And I couldn't have been prouder. I don't know Liz, how many vaccines, vaccinations did we get?

Liz Miller 36:12

Oh, I have it that we -- in the story we wrote at the time -- it said that we had 165 students and 43 faculty just from our college, pharmacy and medicine that did 2000 hours -- volunteer hours, and that we vaccinated almost 12,000 People in amongst between December 18 and roughly January 18.

Terri Weaver 36:36

And that was just Chicago. They did they had a similar operation, not as expansive, but they did it in Urbana as well. And our college -- I'm sorry, what? And Springfield. Thank you. Yeah. And they set up clinics to -- or operations to provide that to the university community as well as to the community. And I couldn't have been more proud of our faculty, staff and students who worked on that project was great service to the community. Again, as Stacy said, we're about public health. And that's what happened. Stacy can certainly comment on that.

Stacy Arriola 37:22

Thank you, Terri. Yes, I could definitely speak more about our efforts with the vaccine distribution. So, it's really interesting, because it -- so I was the lead volunteer coordinator of the Credit Union One arena COVID-19 vaccination clinic. But this initiative was put together by leadership team including Susan Corbridge from the College of Nursing, Dr. Barish from the office of the Vice Chancellor for Health Affairs, and UI Health Administration and leadership team as well. So many, many people put together to do the -- implement this efforts, which we all needed. I also had a team of co-volunteer coordinators, Dr. Virginia Reising, and Dr. Robin Johnson, who also helped me in terms of the Credit Union One arena. But it's interesting, because when you think about -- so the COVID-19 vaccine became available in mid-December. And that was Tier 1A in Chicago, which was specifically for healthcare workers. That's why it began in the College of Pharmacy in one of their rooms, and that [inaudible] specifically for health care workers, etc. We then started vaccinating the public in February, at the Credit Union One arena. We were at the Credit Union One arena from February through July 2021. After that, the vaccine distribution remained and continued, it just moved to a different site. But again, so basically, and maybe you'll talk about, you'll ask about the operations later on perhaps, but basically, we had to coincide with the Chicago COVID-19 vaccine phases. So, there are multiple phases from Tier 1B, which included 60 -- people ages 65 and older, people living in non-healthcare, residential settings, and frontline and social workers. Then later on, there was the Tier 1C, which were, included people ages 16 to 64 years old with underlying medical conditions and all other essential workers, including clergy, higher education staff, transportation, retail. Then by mid-April, that's when Tier 2 started. And that was the last phase. Basically, it opened up the vaccines to people ages 16 and older. And its ages 16 at the time, because that was what the Pfizer vaccine was authorized for that age group.

Terri Weaver 40:22

I wanted to add to what Stacy said, if I may interject. The one thing that was very, very helpful was Dr. Barish -- Vice Chancellor Barish and the University's definition of health care worker extended to students and faculty and staff, because we all were serving that mission of delivering care. That enabled all of us to get vaccinated. Because we interact with our students, and because we had a practice. So, we all got vaccinated, and then in turn then, they could continue that go into the hospitals because you had to be vaccinated. And we could provide that for free for students. As well as then provide vaccinations because they were protected.

Eileen Collins 41:19

You also asked, excuse me, you also asked about testing. I think early on, the College of Nursing actually provided a really great service to the hospital, but as well as to the community. So, the hospital was overwhelmed -- employee health in particular -- was overwhelmed by their employees getting sick. And at the time there was -- they were doing contact tracing amongst the employees; they were trying to figure out where it came from. Eventually, that was pushed to the side because it didn't really matter, it was everywhere. But early on, the College of Nursing helped with an employee help -- I forget what it was called -- but we were on Zoom, we would do a helpline. Faculty and students signed up for that. And a number of our faculty actually volunteered in person with employee health with testing. Stacy and Terri and Liz and Shirley you probably know more than I do about going out into the community. I know Rebecca Singer organized a group to go out to test the homeless because it was, COVID was rampant in homeless shelters. And amongst the homeless people, people living in nursing homes and that stuff. So, they assisted a lot with the testing. I also think it's important to emphasize that this was all volunteer, this was over and above what faculty were doing in terms of their normal workload, whether it was educating students, teaching their classes, or in my case, it was research. But it was over and above what people's ordinary workload was, which I thought was just amazing, the number of people.

Terri Weaver 43:16

I think Stacy's comment about volunteer should be underscored, because I was gonna make that comment. I'm glad Eileen you did, that it was on top of everything else that they did. And as I said, I couldn't be more proud of this faculty. They just -- there wasn't any concern at all about rolling up their sleeves and getting in. Rosie the Riveter, except it was the faculty. Rebecca Singer worked with a group that was a rapid response group that was interprofessional -- with physicians -- and every morning, they would get notification of where they needed to be in the whole entire city. And they would go with testing, and they would go and test to everybody that was at that high-risk area, and they covered the entire city. It was phenomenal what they did. Of course, they're working with the Chicago Department of Public Health, but they really extended the work of the Chicago Department of Public Health and their ability to get to these vulnerable individuals and provide testing for them. They just -- every morning they met and then off they went bag in hand, wherever they were needed. I don't know, Stacy if you have more information about that.

Stacy Arriola 44:38

I actually volunteered a few times in that initiative. And yeah, it was a really truly amazing and when I volunteered, I was part of the testing team. But then we also had non-medical volunteers to help with the data entry. But it took working together with everyone. And it would be hundreds of people depending on a site, whether it was a nursing home, or one of the most interesting places was a high rise, but through one of the FQHCs [Federally Qualified Health Center] they put in, they have high risk people, such as if they're unhoused, staying in these high rises and things like that. So really interesting to be part of and rewarding, of course. Because at that time, there were no vaccinations. We had to just test; that was all we could do.

Terri Weaver 45:38

Shirley, if I had a vague recollection, I know, Charlie or Yingling, or certainly Susan Corbridge can validate that when you talk to Susan, but didn't we set up some either testing or vaccination at Humboldt Park?

Shirley Stephenson 45:55

{We sure did, yes.} Well, {first we got testing on site. When we were} able to test that was just extraordinary, because we weren't just telling people to go elsewhere. We {had ENT} physicians come out and train us on the most painless and accurate way to test. So, we got good at swabbing. And then that sort of, of course, changed protocols again. I was a clinical liaison to a family homeless shelter in Austin, and part of Mile Squ{are's} efforts to test there. I just wanted to say we were all tired. We as humans, and was just extraordinary, because wherever you {looked} you saw College of Nursing faculty. I remember Maureen Smith and Karen {Cotler} were some of the first friends and colleagues that I knew who said, "Sign me up, I'll go to Pilsen and work in the COVID Center." And it was still -- there were a lot of unknowns at that time. {And} Rebecca Singer -- just everywhere you looked people were doing amazing things. {Yes,} we absolutely did Terri and we were testing and then it was maybe March of 2021, when the city came to us and said, "We want you to participate in Protect Chicago Plus." And we said, "Great, we'd love to." We were doing vaccines and that was in large part Marion Durham working with Michelle Martinez. We were doing very slowly paced vaccination at Mile Square Humboldt Park. And they said, "No, we need you to vaccinate 5000 people for the city for these qualifying zip codes." We at first said, "Well -- where? We can't because we still have clinic operations. We did about 4400 vaccines out of our lunch room. We set up five stations in our lunch room, kept the clinic running on one side of the building. And then had this -- we had a tent in the alley, where people were recovering. Again, volunteers from Puerto Rican Cultural Center, nursing students, Robyn {Nissi} from College of Nursing. Susan Corbridge was on site, unfortunately, on a day when someone did not respond too well to their vaccine, just in the sense of having a syncopal episode. But it was amazing. It was stressful too, because you didn't know what was going on one side of the clinic and there were people lined up down the street at times. We didn't want to waste a single vaccine. You felt that you were -- it's a cliché now -- but you really did feel like you were sort of participating in something momentous, part of history. The vaccines were delivered in bulk with a police escort at that time. At the end of the day, we would sometimes have six vaccines left. We would walk around the neighborhood yelling often in Spanish, to construction workers, or essential workers or people who {were} just sitting on their porch and saying, "Tenemos {vacunas}, does anyone need a vaccine?" We would bring them to the clinic and get them registered. And these were often people who didn't have access to a computer and couldn't sign up online. It was rewarding to vaccinate everyone, of course, but it felt like we were really fulfilling the mission of community-based care. As somebody mentioned, I think it would be you Terri, that the vaccination process itself, we heard so many stories from the community. People would be rolling up their sleeve and waiting for you to vaccinate and they casually say, "I lost my dad to COVID." I remember one couple came from the ER -- they'd been in the ER all night and had a really profound loss. And the woman said, "We thought that if we could get COVID vaccines today, it would make the day worthwhile for us." you just. Then you also had people who were really nervous and just don't like shots. But it was like snapshot of the world to be part of the vaccine effort.

Stacy Arriola 50:22

I'd like to add something too, related to the Credit Union One, and that is -- so basically during the height of the pandemic, the Credit Union One -- we had the capacity to distribute 1000 vaccines daily. So, in total, with all of my numbers, from February through July, we oversaw 677 Clinical volunteers, which the majority of them came from College of Nursing. 266, non-clinical volunteers, with over 16,500 volunteer hours that were contributed as a result, and just from the Credit Union One arena, over 84,000 COVID-19 vaccines in distribution. But in total with the health care vaccine distribution from earlier that year, then it became over 100,000. To discuss more about the experience of having this vaccine distribution, it was really rewarding, because people would come in, so thankful, so grateful for being able to get an appointment. There were so many people that would literally offer us candy, and words of affirmation, but it was it was really rewarding for the students' perspective. I did this post survey afterwards, and many of them felt like, this gave me something fulfilling to do during this time. Otherwise, they felt like, how can we help. We did open up -- in terms of volunteering from nursing students, so it wasn't just community health students, we had students from all specialties. Whether they were undergraduate students taking their med search courses, and graduate students getting higher degrees, like their doctorate. So, we opened up because we needed the volunteer staff in order to provide 1000 vaccines per day. Yeah, very rewarding.

Shirley Stephenson 52:39

I just want to add to that. In addition to that, which was an incredible undertaking, Stacy and Virginia, were also helping advise us. When we had people with vaccine concerns, we're texting them to see -- can we send them over to the arena, so that they have the emergency response team on site. And that was reassuring, thank you.

Eileen Collins 53:03

I think, too, I found one of the most rewarding experiences was giving the vaccines to the healthcare workers who had been at the frontlines. So, we weren't frontline, at least I wasn't like they were, dealing with the patients who were ventilated, dealing with all the patients who had died. Many of them when they got the vaccine, they were just sobbing. And some of them -- I took more pictures than -- they all wanted pictures, and they all wanted to post on social media so that they could encourage people to get vaccinated. It was just super, just a really rewarding experience to be there with them, the ones that really had suffered through a lot of this based on just having to go to work every day putting their own lives in danger, and just seeing how happy they were to get the vaccine. Like Shirley and Stacy said some of them talking about family members they had lost, some of them talking about their own experience with COVID, or patients that they had lost. It was really I thought quite emotional. And it was it was great, because with one faculty member, they got I think it was eight students. I believe that was the {clinic's mission}. {But} It was something -- it was probably one of the most rewarding experiences that I've had was just being part of that effort.

Terri Weaver 54:48

There's a couple of comments I wanted to make. There's one thing that you -- Eileen mentioned the pictures. There was such a request for picture taking that Dr. Barish and UI Health put up a backdrop that said UI Health, an actual place for a photo op and we were taking pictures. It was really quite fun. But as a leader, I couldn't have been more proud of the faculty as this was purely a faculty-driven -- I didn't say to Stacy and I didn't say to Shirley, "I need you to do this. We need to do this." It came, it

bubbled up from the faculty saying we can mount all these initiatives we talked about. Whether it was the rapid response, whether it was a vaccination, whether it was the testing. This all came from the faculty said, "We can do this," and they organized it. Of course, I was kept informed. But they ran with that ball. I think that just shows the quality and strength and caliber of the faculty that we have.

Jessie Knoles 55:54

Great, thank you. Alright, I'm hoping that you will have a few more minutes to talk to me. I can't recall when I said this interview would be over. But I would like to keep going for a little bit longer if that's okay. Okay. Alright. So, I wanted to ask about some of the most glaring challenges that you experienced during the pandemic, whether that was implementing a policy or procedure or triaging needs. Just briefly going over what sort of challenges you encountered. Maybe even challenges of getting a mass vaccination clinic up and running or developing, how you were going to continue providing care at Mile Square, anything like that would be great.

Terri Weaver 56:49

There was no shortage of challenges. Again, I would divide it into our tripartite mission, because there were challenges whether you're talking about practice or education. The one thing I want to make sure that I mention was that I was also very proud of the faculty because they pivoted so quickly to online education. As you remember, was sometime in the spring, we moved to online after the spring break online education. We had been doing some because these six campuses and we already had courses that were online, I knew very well how to do that. The East side of the campus, much less so. First of all, we're able to pivot very quickly. The second was that we provided a resource to the East Campus. And I know several of our faculty actually worked with members of the East campus about how to set up their courses online. But we wanted to make sure the quality was there. The challenge, which I mentioned before was in clinical placements, because was like a moving target. They would take students and they'd say -- then the next week was no, we can't take them or we can take two or three or four instead of eight. They constantly had to revise the clinical placement, and make sure. But they were able to do it and we utilized a variety of places to expand our ability to give our students the experience. That I know was for Associate Dean for Academic Affairs was a continual challenge to keep on top of that, as well as just the day online because -- And it was tough for the faculty. They had they were all working at home. So, for us, it was also as Eileen pointed out, communication coordination of faculty you didn't see. So, a lot of Zoom meetings and they had family at home because everyone was home now and quarantined in effect. They're trying to manage little kids who aren't in daycare, who aren't in school, as well as try to do an online course, that they hadn't planned for, but they met the course objectives. And they did that really well. Eileen can talk about research and certainly Stacy and Shirley can talk about practice, but again, because the landscape was ever changing, that was the biggest challenge. As I said before, having the business plan helped a lot because we already had a plan and we could just build on it and the communication kept flowing. So, we were able to manage that. In the clinics we just made sure they just had strong leadership there and were able to pivot when they needed to, to provide care. And the same as Eileen said, for research. So, the challenge was just trying to keep all those balls in the air at the same time when in fact, unlike a fire or flood or something that's -- it has an impact, but it's more static and that is one thing. This just kept changing. The faculty also volunteered in the hospital, I should say, in addition to their work, because of the shortage of nurses being out, or just the intensity in the intensive care unit or the ER, they

volunteered to relieve other nurses who could then go to those units that were under such staffing shortages. For me as a leader, it was just keeping on top of all the information, deciding what to pay attention to and whatnot, because it was -- there was so much hitting you at the same time. As well as making sure that we maintain the coordination and the communication was very helpful in that regard. It was hard to come up with the time to communicate, more verbal than writing. I did some of it, I did probably more videos that I have ever done. I think I did something like 30 videos, I was looking at that about 30 videos from commencement to meeting with students. We did actually also set up times that I met with faculty. I met with Associate Professors and met with Assistant Professors, I met with full Professors, I met with staff, we had a lunchtime meeting with staff. I'd bring my lunch -- this was all online -- I'd bring my lunch and we would talk, try to make sure that more to know that we were on top of things, to address any other problems, to reduce the stress to any extent that we could. I had forgotten about those. That was very helpful in making sure that they knew what was happening. But it was hard to get to take the time to write these things and get them out. But we did as much as we can. And when I'd get information from the University, even before the University got it out, we got it out to our college community.

Eileen Collins 1:02:49

I guess I would say probably that research was hard. But once we figured it out, it went along. In taking over after Terri retired, trying to get people back. And not only back in the building, but just back. It has been difficult. The online education being able to pivot so quickly, was great, but it wasn't ideal. And we have found that some students, because everybody was online, they're not coming as well prepared as they had in years past. So, our faculty, who have done so much volunteering, who have given so freely up their time, are once again being asked to give up their time to help remediate students. And it's just -- the road back has not been easy, I'll say. It's faculty, and staff are just, they're just tired of everything that's gone on. And then last year, we thought we were back and then the Omicron variant hit. All of a sudden, that was another push to, at that time, it was more how can you help in the hospital? Do you have students that you could give us not for education, but just to help, an extra pair of hands. And many of the faculty did volunteer at that time as extra pairs of hands to help them through that search. So, we're still feeling the effects of that. The people get used then to -- accustomed I should say -- to not engaging as much. So, to try and get some of that engagement back has been something that we've had to put a lot of effort into. Again, it's -- people are just -- we're in a profession where people gave a tremendous amount over the last couple of years, and it's just fatiguing. It's trying to support that, and then working with mental health issues that our students have, and some of our faculty and staff have had. None of us truly appreciate what other people have gone through during this pandemic. And you hear stories and you think, oh my gosh, I just can't imagine having to live through that. I think that, to me, has been probably the biggest challenge is the road back.

Stacy Arriola 1:05:42

I can speak from the mass vaccine distribution perspective. It was really important to be flexible and adaptable. The main challenge for me, if I would have to only pick one, was the constant efforts it took to improve the workflow processes in the mass vaccine distribution. So, just to briefly talk about it: there were so many layers to it, from first determining who was qualified to vaccinate, and it ended up being that we could incorporate students from the College of Nursing, the College of Pharmacy, the College of Medicine, and even College of Dentistry. So that was a great help to us. Then thinking about

logistics: creating and maintaining the signup sheets, which had to be continually monitored. I sent out reminder emails to all volunteers, prior to their shifts with reminders, such as: did you complete the pre-required training modules, etc. I also just sent it out to all volunteer, so even if they were repeat volunteer, just because there are, again, updates that I always was making during this time. And then the training modules is one aspect as to how I assured that our clinical volunteers were competent and safe in the vaccine distribution. And another thing in terms of the processes done at the mass vaccination clinic, we incorporated daily orientations for volunteers. That was where prior to each shift, if it was a new volunteer, we hadn't seen them before, let's do some competency testing. I have a little, I don't know what to call it, but a little fake gel, and then I had students practicing their vaccination technique to make sure okay, and then give them feedback, improvement and things like that, even though they had done the online training, this was for me to see it in person. And then we also incorporated daily huddles prior to each shift. Again, with this constant flow and change of information, this was a way for us to ensure that volunteers were up to speed with any and all changes. We had two shifts per day, Monday through Friday. And there's so many other things I could talk about, but lots of different processes in which we were able to continually improve, to ensure the safety for everyone.

Liz Miller 1:08:22

Stacy, wasn't it you who also went and taught the medical students how to do vaccines?

Stacy Arriola 1:08:28

Oh yes, thank you Liz. Yes, I also provided vaccination training specific to the medical students in the College of Medicine. So, with the College of Medicine curriculum, typically the students are in their fourth year of their medical program, is when they're out in their clinics. And when they do get trained on skills, it's usually on the site. For me to ensure there are medical students that want to volunteer and it could be first year medical students, second year, third year, fourth year. So, I worked with leadership from the College of Medicine to provide trainings on for the medical students prior to even being able to be qualified to be at the vaccination center.

Terri Weaver 1:09:24

I'm tired just listening to all this. I was tired at the end. But I guess that's another challenge is just keeping up your energy. Again, the leadership did a great job of being positive and even though I know they were exhausted, and as Eileen said, everyone was exhausted. But trying to keep up the energy to deal with it because it was wave after wave that was hitting you. And of course, as I said, six campuses trying to coordinate. We're all doing the same thing and tripartite mission was pretty daunting. We got through it. I think that's what nurses do.

Eileen Collins 1:10:11

We had a lot of fun doing this. There was also, there was a lot of laughs. Terri and I got paired together, and we were looking at each other, like when's the last time you gave a vaccine like, I don't remember. I remember when the Chancellor came, Chancellor Emeritus came to get his vaccine. And there was a medical student who had never given a vaccine, I had just taught him how to give a vaccine. And I forget her name, the employee health person. She came up behind me and she says, this is the Chancellor, do you know that's the Chancellor. I said, "Yeah, I know who he is." And she said, "But he's never given a vaccine before." And I said, "Well, he's gonna learn how and he's gonna learn how on the

Chancellor's arm, he's got a nice big arm." There was a lot of -- it was a lot of fun. It was nice for us to be able to see each other in person, when you'd show up at the vaccination site that you could chat and just see people that you hadn't seen in a long time. So yeah, it was hard. It was exhausting. It was all of those things. But again, like I said, before, it was -- there were many fun aspects about it. And it was probably one of the most rewarding experiences that I was ever part of.

Liz Miller 1:11:36

A lot of stories we heard repeatedly -- had never been more proud to be a nurse. That camaraderie and that society recognizing nurses as heroes, that all had to have been a boost to a lot of -- to keep you a little buoyant. Again, I'm not a nurse, I was not on the frontlines, but to keep people a little bit fun, maybe the darkest days -- but the camaraderie probably, I have to imagine from what we were hearing was really something that a lot of people have not experienced. And students too were, we expected them to be mad, I'm missing my graduation, I'm missing -- for nurses -- my [inaudible] jump, I'm missing these things. There was a little, we had a little -- we had students create a little video. They did it themselves called "In These Scrubs." And they reflected on all the things they had done wearing their scrubs over the two years, even though they were not going to have a formal graduation. So, they were mourning, but they were mostly saying, "I can't wait to get out there." This is something I would never have encountered in my education, if it weren't real. It would have been like a week or some small amount of their education to even talk about pandemic. People were able to see the bright side, at least in the experience. We also have a lot of stories that are really heart wrenching. Shirley, you wrote one that was published, not by our college somewhere else -- an essay that you wrote, that was really beautiful and hard to read because it was so personal. And we have some of those on our website, too. So, there's a few pieces of documentation that I'd like to share with Jesse, if that would be helpful, some physical or digital.

Shirley Stephenson 1:13:31

Yeah, I just want to acknowledge the students again. We have -- we precept DNP students, so Doctorate of Nurse Practitioners, and they were fulfilling so many roles at the same time, when they came back in the clinic. The two students that I was precepting, one was working in the ICU, and had been throughout COVID, and the other was working on a med-surg floor, which was, of course, a COVID floor at St. Mary's down the street. And they were doing their clinical rotations as NP students finishing their DNP programs. They were extraordinary. And like many people, you'd ask them how they were and they'd say, "Fine." And then if you just wait a couple seconds, they'd start to share maybe a story about the ratios where they were working and their fatigue. But also, just to dovetail a bit with what Dean Collins said, I think that the post crisis -- I don't know if we're post COVID -- but the post crisis effects are always greater than maybe when you're in it and {rallying. And} for me seeing behavioral health challenges that people faced, because we -- I shouldn't say we -- Miles Square Humboldt Park has a large percentage of patients with serious mental illness. So, we were giving their long-acting injectable anti-psychotics. But these are folks who their case managers {could no longer} transport them and their visits were a little irregular and seeing them struggle -- the West side of Chicago has just an enormously high rate of opioid use disorders and overdose deaths. We had a robust treatment program there. Seeing our patients facing that challenge in addition to COVID, and how that affected them long term and just seeing the team start to really fade a little bit {with Omicron}. During Omicron, I think at one point, every single provider got sick, so coverage issues, but also, I think

people were for a while having that feeling of, "I don't know how much more I can take." And you could see that on the faces of patients and students and colleagues. So, for me, I think that {was hardest part -- how do we all} stay inspired?

Terri Weaver 1:16:10

Yeah, just keeping the morale high, was challenging. As I said, faculty were doing double work, they were working at home, and they still had their kids and they just -- I remember one faculty had newborn and a toddler and was trying -- she was just very stressed trying to teach. We've had faculty who lost loved ones, who themselves were very sick. And yet, we just kept moving along and just trying to keep morale high. But as Eileen said, once the -- and certainly as Shirley pointed out -- once a major crisis went, everyone was -- just that letdown of the adrenaline and just being so very fatigued from having put out so much effort.

Jessie Knoles 1:17:12

Great. I want to really quickly ask about the administrative side of the College of Nursing. During the pandemic, there was a transfer of Dean Weaver, you left in August 2021. And then Dean Collins took over. I wanted to know how either you feel about how the how the pandemic affected the objectives or mission of the College of Nursing, and then also how the administration approached its responsibilities to staff, students and community, if the pandemic affected how those responsibilities are approached?

Terri Weaver 1:17:51

Well, I was gonna say, as we said, I think our mission was, at least a domestic aspect of our mission was executed in such a palpable way. More so than maybe in the past. We were faced with this crisis, this challenge. And we had to carefully think how to be able to maintain mission. That was our focus was mission. We talked about it. We had it up on our agenda, every meeting. We kept focused on it. As I said, I was so proud of the faculty that they were able to execute it. I was very glad that we had such strong leaders and commitment from staff and faculty that enabled us to do that. Everyone did the heavy lift.

Eileen Collins 1:19:04

Yeah, I would agree with Terri. I think that the commitment to the mission of the College was actually strengthened by COVID. And we also have to remember that during all of this, the big racial reckoning occurred. So, this was not something that happened in isolation. And our college, our university has always been very committed to social justice. I think that that commitment has been greatly strengthened by this experience, but also the experience of racial reckoning and the health disparities that just were so exposed during COVID. We talked about them, we talked about them in class or we talked about them amongst ourselves, but COVID just exposed all of it and laid it all bare. I think faculty, students, staff, everybody is more committed now than even several years ago to rectifying some of this. You see that thinking, every single individual that's a part of this college.

Terri Weaver 1:20:19

I think that everyone, staff, faculty dug down deep. And they saw what we could do. As I said, we developed resources, utilized resources that we hadn't previously. That moved us forward. I think that that was a real plus, for us. Now, as far as the handoff, I was lucky that Eileen had been the Associate

Dean. We knew each other, we'd both been through it together. We had, after she was appointed, we had a great afternoon at my house where we went through everything -- that was a big hand off. And I'm certainly available for her for anything that comes up. But that wasn't a real advantage. If it had been someone new, it would have been much harder. Because you wouldn't have had the perspective of what the faculty has gone through what, what some of the issues that remain in getting everyone back to where we were before. And of course, doing the search during that year. Gosh, that was a -- Eileen could certainly talk about it as a candidate. But, oh my gosh I wasn't part of it, luckily. But, on top of everything else, I actually originally was going to be Dean for 10 years. I happened to be elected to the American Association of Colleges of Nursing Board of Directors. It's a two-year term, and I got elected for a second term. And that second year would have pushed me beyond my 10 years, and my husband was fine with me doing an extra year. Well, little did I know what that year was gonna be like, so I was definitely ready to retire at the end. I was totally spent. And it has taken me a year to just come down and then be a retired person. Because it was a lot.

Jessie Knoles 1:22:34

Thank you. Sort of winding down the interview, I have a few more questions. I'm wondering how has the pandemic permanently affected the way we think about care and healthcare delivery? And in what way? What about the ways in which health care professionals work together, perhaps across disciplines or practices?

Terri Weaver 1:23:05

Well, as I said -- Stacy and Shirley can certainly comment and Eileen. I'll just make just one comment. Most of our efforts, in terms of practice, were interprofessional. And I think there was gained respect, as mentioned before, both for the College but nursing as a whole for what we do, and people have a better understanding of what we do. The whole bedpan thing hopefully, has gone out the window or the nurse with a cat that really just takes doctor's orders. Hopefully, we've altered that image. I don't know. Eileen, you were going to comment.

Eileen Collins 1:23:50

I think one of the things in healthcare and particularly in inpatient care, one of the first things that was done was to limit family involvement. And this was limited -- patients weren't allowed any visitors to the point, even with people giving birth, they weren't allowed to have their partners with them. I think that within the profession, and I use that word, broadly, there's recognition that in terms of mistakes, I think maybe that might have been one. That we limited family involvement so much, and that there was some probably harmful effects. It was all done with good intentions to stop the spread of the infection. But I think that recognizing the importance of one's family when they're ill, and also the importance of family for caregivers. People would talk about going home after being on call or working in the hospital about going home to their families and how they felt guilty and some of them lived in the basement. To me, that's probably one of the most important lessons learned for health care is the importance of family and friends when people are sick.

Liz Miller 1:25:26

I would say just as a patient that telehealth is here to stay in some version and not for everything. But boy, you can sure get a lot done in a telehealth visit.

Terri Weaver 1:25:38

I know that Susan Corbridge had a practice and she moved it all to telehealth. I have a great picture and I think you probably have too Liz, of Susan at her home at a desk with her iPhone and her iPad to do the teleconference with her dog at her side, seeing patient after patient and she actually picked up the load of some of the physicians because they could be freed up to deliver care. So, she did that on top of being Executive Associate Dean. I don't know how she kept all those pieces going, but she did -- tremendous amount of energy. We would often be talking very late -- well late for me -- after the work day. That's what we did, to make sure that we met the mission and make sure we delivered care to the community. I'm glad Liz, that you brought up telehealth because we were able to use that very successfully. I think that's important in the conversation that we're having now in healthcare about reimbursement for telehealth and the role of telehealth in healthcare. Before the pandemic, it was just starting to emerge. Now when I personally see a practitioner where I get my care, I have a choice: do I want to see them in person or have a telehealth call. That, as well as some online activity that we do from an education perspective, and research as Eileen put out is because of the pandemic. So, there was definitely some positive outcomes that have moved us forward.

Stacy Arriola 1:27:42

What I can contribute is, so while we are still in the pandemic, there are many repercussions as a result of the COVID 19 pandemic, from issues like shortage of health care workers, shortage of supplies, etc. And till this day, we are still seeing hospital units having issues like staff shortages, and perhaps it's even expanded to outpatient and community settings. Coinciding with that we also have an ageing nursing workforce. So that workforce is retiring. Or maybe they're staying on a little bit longer until they can retire. It is important for us as a College of Nursing to encourage students to not only enter the nursing field, but stay in the field. I teach undergraduate students and I always incorporate concepts such as self-care for students, so that they know the importance of implementing these techniques when they start practicing as a nurse to prevent burnout and risk of leaving the nursing profession permanently.

Terri Weaver 1:28:51

I think it's so important because one of the things to take away from this is self-care. I don't think we had paid enough attention to that in our education process, because we always know there's burnout and stress and it's like, alright, that's part of it. But this really showed, it's really pushed us. And us as the profession to the max and I know at national entities, conversations happening on the Board of the American Association College Nurses, that was a big discussion. I think that there was recognition, both also from ANA [American Nurses Association] of the importance of self-care and implemented interventions. As Stacy said, we include it in the curricula across the board, not only undergrad but graduates because it's not a thing we talk about a lot of, but we realized that there's a big psychological toll when you deliver care.

Eileen Collins 1:30:03

I think one other thing that's a benefit of what happened is that nurses are beginning to get compensated for what they do. A lot of hospitals are having trouble, they're in the red. They say it's because we have to pay the traveling nurses. A couple of them have said, what are we going to do

about these traveling nurses and I just keep telling them compensate the nurses that you have better. Because they know the value of nurses is really being felt. My only concern is that in the future, people will try and use lower-level staff to try and replace some of the functions. But finally, nurses are being recognized for what they do, and being compensated appropriately for that.

Terri Weaver 1:30:55

And that's not just -- that compensation is not just the amount being paid; it's pulling it out of the room rate. Physicians can bill, I'm sure pharmacy bills, nursing is just rolled into the roommate rate, there's not a separate line for nursing care. That really diminishes the professional stature and quality of care that we [inaudible] no lack of recognition of what we do, and there is more of a movement. I know there are some institutions that have started to do this. In their billing, they create a separate line then for nursing care, rather than just rolling it in with housekeeping in the bill -- in the room, right. I was gonna say people do not understand how much time and effort and scope of what we do as nurses, and pulling it out and making a separate line item helps with that.

Shirley Stephenson 1:32:05

I think there's maybe more appreciation for how agile we can be too in {healthcare. In translational medicine they} talk about how many years it takes before evidence translates to practice. And it's a surprising number. It's too many years that it takes. And I think COVID showed us that we can do things differently. We can adopt those changes a little more quickly than perhaps we think -- telehealth being one of those examples. I think that's a great outcome. But I also think with regard to what Dean Collins mentioned, it's the political -- the polarization that we saw, nationally, or maybe globally. Issues of inequity, racism, I think that my experience in the exam room was that patients wanted to talk more about those issues as well. I hope that a change will be that we will all talk about those things more openly, even if they're not comfortable conversations.

Jessie Knoles 1:33:16

Thank you. All right, my final question. How do you think that the University System including UI Health, how do you feel about their response? In terms of guidelines or requirements, policies, procedures, research and innovation? Those responses to the evolution of the pandemic? How do you feel about the way that the UI Health and UI system responded to COVID?

Eileen Collins 1:33:46

I think we were extraordinarily fortunate that we have the leadership in place that we did. I thought their response was outstanding. I would continually point to people that I would talk to just about the wonderful job that they did. If there's lessons to be learned and leadership, I think that the -- UIC in particular, and UI Health -- they were a prime example of what leadership during a crisis looks like.

Terri Weaver 1:34:17

I would agree with Eileen. The only comment that I would have in addition is that sometimes there was a little frustration because the College of Nursing was able to move so fast. We got several steps ahead, and we could see where things were going and trying to get the administration to move. We wanted answers because we had a good perspective on the situation. And they hadn't quite gotten there. So sometimes for me as leader it got a little frustrating, but once we got rolling I just couldn't

agree more. And the Chancellor, the Vice Chancellors, all of them, everyone just was a great partner and phenomenal leadership that got us through and had things working so smoothly. We are very fortunate. As I said, I sit on boards and listening to other Deans -- oh my gosh, nightmare just a nightmare. Not only administratively, but financially, everything remained stay. I know, we've probably spent a fortune on PPE. But just the fact that mission was executed. We were able to keep doing it. When I look around it my peer Deans, they had a terrible time. Hospital shut them out. They couldn't graduate students, they had -- and we did not have that. So, it's not only our administration, but kudos to our academic partners in the community, for taking our students, working with us and trying to maintain their education and our practice.

Jessie Knoles 1:36:09

Great, before I wrap up, is there anything anyone else would like to add to this interview? Okay. Well, I thank you all for meeting with me today. It has been wonderful to hear about the College of Nursing during the COVID 19 pandemic. So, thank you very much. Yeah, and if Liz or anyone else, if you have any documents that you would like to include in this project, we would be more than welcome to include that. Please go ahead and email our COVID project and I'll also send out an email following up on this interview. Thank you very much.

Terri Weaver 1:36:42

Liz, is there anything you think I have, because I'm not sure what --