

PERSONAL EXPERIENCE

Lessons from long-term care

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We saw the call for help in the news. There was a COVID-19 outbreak in a long-term care (LTC) home. As the outbreak flared, half of the staff stayed home. The LTC home needed assistance with the daily care of residents, and we were living right around the corner. A few weeks prior, we had finished our exams at the end of the first (EP) and second year (HPN) of medical school. For years, we had been telling ourselves that we wanted to become physicians to help others. This was our chance.

We contacted the LTC home and were hired as patient care attendants. Alongside others who responded to the call, we moved into a nearby hotel to protect our families and began work. Because of our lack of experience in caring for residents, we were assigned to a section of the LTC home with only one COVID-19 case. Our orientation session turned into a 12-hour night shift. It was the first night shift of our careers.

By the time we started work, the outbreak had been ongoing for a week and the LTC home was locked down. In the other section of the building, nearly all of the residents were infected and several had already died.

Visitors were not permitted to enter the LTC home, and residents were required to stay in their rooms. Cleaning staff clad in hazardous materials suits sanitized every room three times a day. Meals were no longer taken in the dining room, and opportunities for exercise were strictly limited. Even mail delivery was disrupted.

Two residents were separated from their spouses, who had been sent to hospital and recovered, but were not permitted to return to the LTC home. The condition of a few residents had declined such that they required a higher level of care than available, but transfer to another facility was barred. Many residents had trouble managing email; some had hearing impairments that made video calls or using the telephone difficult. They were afraid and alone at a time when human connection is vital.

Despite these hardships, the humanity and resilience of the residents shone through. As we built

relationships with them, they welcomed us and taught us how to help them and their neighbours. They shared stories about their lives. Tales of building warships, long-haul truck driving, living in West Germany during the Cold War, underground cigarette cartels, and impromptu trips to Las Vegas continued to surprise and delight us. Humour came in all varieties (sometimes wholesome, other times lewd). And each evening, a collective joy spread through the home as the tune signaling Final Jeopardy echoed through the halls.

Our experience working in the LTC home was transformative. At first, the gap between online learning and hands-on resident care was overwhelming. Knowing the mechanism of action of atypical anti-psychotics is not helpful when a resident is hallucinating and wandering without his walker at 3 a.m. The pre-clerkship curriculum does not cover how frightening thunderstorms are for some, or how to help a resident worried about her grandson get back to sleep.

But, guided by the residents and staff, each day the gap lessened and it was ultimately bridged. We learned the residents' habits and preferences. We became acquainted with the names of their stuffed animals, so that we could bid them a proper "good night" too. We were instructed in transferring residents safely. For those who needed it, we assisted with bathing and toileting. Caring for someone who is vulnerable is an act of intimacy. The opportunity to help these people in such personal ways was, for us, a privilege.

We were inspired by our colleagues who also answered the call for help. Some were local, others travelled from another province to help. We were united by the common goal to provide care for those in need.

The nurses and other experienced employees in the LTC home led from the front, demonstrating courage and compassion through every resident interaction. And they were mentors to us, patiently teaching us the subtleties of resident care. These lessons will stay with us throughout our careers.

As the outbreak in the LTC home ended and our time drew to a close, it was difficult to say "goodbye" to residents and staff alike. After negative tests and a

precautionary isolation period, we emerged from the hotel to find many public health restrictions lifted. Bars and restaurants were open, restrictions on gatherings had eased, and people were eager to return to something resembling normalcy. With time, we too have felt the pull to return to normal life.

But now a second wave of COVID-19 is upon us. Residents and staff in LTC homes are yet again becoming infected. As we reflect on the costs of easing restrictions, our thoughts are of all affected residents—with their stories, humour and humanity—and the privations they will have to endure.



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