

25 Days on the COVID-19 Hotline: Reflections on Competency Development From a Health System Impact Fellow

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<https://doi.org/10.15273/hpj.v1i1.10590>

Abstract

When COVID-19 began to spread across Canada in 2020, local public health units and authorities began to implement emergency response teams. The purpose of this commentary is to describe my embedded learning experience at a public health unit during the first wave of COVID-19 in Canada. Using the enriched core competencies for health services and policy research doctoral graduates developed by the Canadian Health Services and Policy Research Alliance's Report from the Working Group on Training, this article describes the development of core competencies of an embedded fellowship before and during the COVID-19 response. I describe the learning and shift in core competency development that resulted as I was deployed to the COVID-19 Hotline in Spring 2020.

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From September 2019–August 2020, I participated in the Canadian Institutes of Health Research Health System Impact Fellowship program at the City of Hamilton Public Health Services (PHS). My fellowship was intended to broadly focus on the implementation and evaluation of public health projects related to physical activity and active transportation. My academic training was in kinesiology and this was my first experience outside of academia, health research, or recreation. At the beginning of March 2020, I went to a conference for a few days, and when I returned I found that most of my PHS colleagues had been deployed to COVID-19 roles. That same week, my university moved to online learning and sent everyone to work from home. On Sunday, March 15, my manager at PHS emailed me, asking me to call her immediately. I think I knew what was coming (she had never emailed me on the weekend before). She asked if I would help with the COVID-19 Hotline. After all, I was at PHS to be embedded and learn about the health system. In public health, there is no better learning opportunity than a quickly evolving pandemic. I told her I would help, thinking I would report sometime that week, but she asked if I could come to the office immediately for training. I was there until 9 p.m. The training was brief, and I was quickly live on the COVID-19 Hotline.

My first shifts were exhausting. There were very few provincial regulations in place, and it seemed like everyone was calling us for guidance. I talked to restaurant owners, barbers, and dentists who wanted advice on how to operate safely. Some of the calls were sad or challenging, but nothing was as hard as telling people—repeatedly—that they were not eligible for testing. Before testing capacity expanded, we only referred those who had symptoms and either a travel history outside of Canada or close contact with a confirmed case. The calls looking for test results were equally challenging. For a short period of time, testing capacity at labs was limited and it was taking more than a week to

phone people back with test results. One of the Public Health nurses told me the stack of callbacks just kept getting bigger and bigger (thankfully these long delays have since been resolved). We had callers who needed test results in order to get back to work, and all I could do was apologize and ask them to wait a few more days. In addition to these calls, I was going home and reading everything I could about COVID-19, in order to relay quality information to callers the next day. At this point, I was six months into my fellowship and deeply embedded in my learning within the health system.

In addition to embedded learning, professional development was a core component of the Fellowship program. Using the enriched core competencies for health services and policy research doctoral graduates developed in the Canadian Health Services and Policy Research Alliance's Report from the Working Group on Training (Bornstein et al., 2018; Canadian Health Services and Policy Research Alliance, 2015), I completed a plan and self-evaluation of these competencies early in my fellowship (see Table 1). Looking back to my first self-evaluation, I identified the following top three competencies that I planned to target over the course of my fellowship:

1. Analysis and Evaluation of Health and Health-Related Policies and Programs
2. Understanding Health Systems and the Policy-Making Process
3. Analysis of Data, Evidence and Critical Thinking

These three core competencies are considered Research and Analytic Skills (see Table 1). In the first six months of my fellowship, pre-COVID-19, I was developing these skills as I learned about different aspects of PHS and carried out evaluation projects. My experience on the COVID-19 Hotline highlighted the importance of developing the Professional Skills included in the core competencies.

The first lesson I learned on the Hotline was to listen, a key component of Dialogue and Negotiation. I needed to be empathetic to callers, effectively communicate public health messaging, and resolve conflicts when callers

were disappointed with the public health response. These skills will go a long way in my career, reminding me to listen more than I think I need to. The hotline team was diverse, and included staff from several PHS divisions and departments, including public health inspectors, registered dietitians, and health promotion specialists. This was truly Interdisciplinary Work as we collaborated to provide the best responses to callers. If I didn't know an answer, I could put the caller on hold and discuss the answer with my colleagues, drawing on everyone's unique skills and experience. This was also an excellent Networking opportunity to build relationships through engaged communications with colleagues from other teams at PHS. I was so impressed by my colleagues' knowledge, skills, and passion for public health. In this public health emergency, everyone was part of the response.

My public health COVID-19 experience was also a front-row seat to Change Management and Implementation. I was not leading the change, but I adapted to it every day. Each shift on the Hotline brought changes in processes and messaging to callers. Without organizational awareness, adaptive thinking, and resilience, my role would have been impossible. I observed leaders across PHS change processes quickly to adapt to new announcements from the various levels of government. Table 1 outlines the skills I identified that I expected to develop in my fellowship, and interestingly, the three skills not selected were the three that I learned the most about (Interdisciplinary Work, Dialogue and Negotiation, and Networking).

COVID-19 absolutely changed my fellowship experience as I developed unanticipated professional skills that will be essential to my career development. I am thankful that I witnessed and experienced how PHS approached the COVID-19 response professionally, swiftly, and effectively. After 25 days on the COVID-19 Hotline, I was deployed to a data management role. I know some colleagues are still deployed to the Hotline, helping Hamiltonians every day as they navigate this new normal. COVID-19 is proving to be a

marathon public health response, and I am so appreciative of and impressed by those workers still in the race.

[Please see Table 1 on the following page.]

Author Note

Dr. Hilary Caldwell was supported by a Health System Impact Fellowship, jointly funded by the Canadian Institutes of Health Research and City of Hamilton Public Health Services. I am grateful to my academic and health system mentors who supported this work, particularly Dr. Brian Timmons, Dr. Bart Harvey, Kevin McDonald, Ann Stanziani, and Claire Lechner.

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Table 1
Expected and Developed Enriched Core Competencies for Health Services and Policy Research During an Embedded Public Health Learning Experience

Skills	Attributes/competencies	Description	Expected Core Competencies	Developed Core Competencies
Research and Analytic Skills	Analysis and Evaluation of Health and Health-Related Policies and Programs	The ability to effectively carry out formative and summative evaluation with strong links to organizational improvement and planning. Includes technical skills, contextual awareness, communication skills, analysis skills, and research skills	X	
	Analysis of Data, Evidence and Critical Thinking	The ability to collect, analyze, and use a wide range of data, and to reflect critically on and incorporate theory and research evidence iteratively to clarify problems, frame options, and identify implementation considerations in both academic and non-academic settings. Includes big data, administrative data, and economic data	X	
	Understanding Health Systems and the Policy-Making Process	Excellent knowledge of the Canadian and international health policy system from both academic and real-world perspectives	X	
	Knowledge Translation, Communication, and Brokerage	The ability to use multiple methods of communication and to communicate appropriately with different audiences	X	X
Professional Skills	Leadership, Mentorship, and Collaboration	The ability to lead, organize, and support teams from various backgrounds to work together to achieve a specific outcome	X	
	Project Management	The ability to coordinate and organize all stages through to KTE of a project in an academic or non-academic environment	X	
	Interdisciplinary Work	The ability to use effectively, and combine when appropriate, methods and insight from multiple academic disciplines (e.g., humanities, social sciences, management, epidemiology, medicine, etc.)		X
	Networking	The ability to develop and maintain productive relationships inside and outside of academia across the health system		X
	Dialogue and Negotiation	The ability to work toward win-win outcomes and value-added results, including understanding other perspectives and how to respond		X
	Change Management and Implementation	The ability to plan, manage, and implement change, including the following: to communicate a clear vision for change; to lead people and organizations through change; to manage and implement successful transitions; and to evaluate and report on change	X	X

Note. Adapted from *Report from the Working Group on Training* by Canadian Health Services and Policy Research Alliance (2015), p. 13.