

Access

Oral History Interview with Michaela Childress
Conducted by Spencer Raub on August 2, 2021

Spencer Raub [00:00:06] So, today's date is August 2nd, 2021. My name is Spencer Raub and I am interviewing the Michaela Childress remotely via video conference. This interview is being conducted as part of a project organized by the National Humanities Center in conjunction with the University of Washington. Our goal is to collect, preserve and share the stories and experiences of healthcare workers during the COVID-19 pandemic. So, Michaela, thank you for joining me. If you could kind of start about a little bit about telling us about yourself and kind of what you do professionally.

Michaela Childress [00:00:47] Okay. Well, like you said, my name is Michaela. I am a new nurse. I have been an LPN [Licensed Practical Nurse] for a year. I actually just graduated from an RN [Registered Nurses] program in June, and I started working as a nurse-intern at the local hospital in June as well. Right now, I'm in an intern position so, they'll trained me on three different acute care floors. And then at the end of that, hopefully, I'll pick one of those floors and end up on the one that I want to be on and be a full-time nurse.

Spencer Raub [00:01:30] Awesome. Well, I am very excited to continue this interview, especially because I think yours's is going to be kind of a unique perspective, kind of being a new nurse and kind of never having necessarily trained outside of the COVID environment. And so, I think that that's going to be a unique perspective. So, can you kind of walk me through a typical - I know that you said you're doing your residency right now for nursing- can you walk through what a typical day on that work is like for you in the last few weeks?

Michaela Childress [00:02:16] Being a resident nurse, I'm always paired with another nurse and usually they'll just kind of like oversee my work. Half of the job right now is kind of learning the ins and outs of the facility as well as patient care. So, I'll take a patient load, get report and then throughout the day just med passes and really anything that my patient needs; every patient is a little bit different as far as the care that they get. So, learning how to do that, learning how to document to the best of my ability and use the equipment that specific to the facility. And in addition to working shifts with patients, I also go to classes to help me learn some of that stuff with other resident nurses. And that's what I'm doing right now.

Spencer Raub [00:03:07] Awesome. Well, can you kind of talk a little bit about - I know that you said that previously when we were talking you said you were in nursing school when the pandemic started- can you tell me about, like, kind of the first activity or event you remember participating in that changed as a result of the pandemic?

Michaela Childress [00:03:31] Yeah. So, I was two quarters into a six-quarter nursing program when COVID kind of shut everything down. So, my first two quarters was completely normal. We all went to class and theory together in person, and then we all did clinicals together in person. And then at the end of my second quarter was that March of 2020 when everything really got bad and stuff started to actually shut down. And the first thing that happened was we were like the only people left on campus at this point. They were like, Okay, we just need to get the nursing students through their final. And then the last day before the final, they were

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like, we can't have any more students on campus. So, our final got postponed two weeks and then we ended up taking it at the beginning of the next quarter, but that whole two weeks was like figuring out how are we going to do school online? This program was never set up to do entirely online. And so, we worked our way through that using Zoom and Canvas and all those and then probably the first thing that was really set in was that first quarter when we were online, we didn't get to go into clinical at all. And that was really different because usually you spend several, like almost 120 hours per quarter, at the clinical site. So, we ended up doing all of our simulation learning online, which is where you go into this website and take care of a virtual patient, which was very weird and hard to understand and do it first and then you kind of get good at it. But it was not fun because we are nurses, because we want to interact with people and patients. So, online patients are not the fun ones, but that was kind of the first thing that happened in COVID. And then we had a summer break and came back and we were more used to being online after that.

Spencer Raub [00:05:33] Yeah. Well, I mean, I guess you weren't super mad at having your final postponed. I can imagine.

Michaela Childress [00:05:41] Oh, I was mad. I was ready for it. I wanted to get it over with. And then I had to worry about it my whole spring break.

Spencer Raub [00:05:47] Oh, okay. Yeah, I can see why that would be not ideal. And I know that you talked about kind of your whole school that, you know, it's not a program that's kind of meant to be online, and you're going to have to work with patient simulations rather than direct patient care and stuff like that. Do you think that now that you've been working for a little bit as a nurse; you feel like it kind of set you back almost in a way? Or do you feel like, how do I want to phrase this, do you feel like you have to work a little harder now to kind of make up for that lost interaction? Or do you feel like your school was able to adapt enough in an appropriate way to kind of cover that lost ground?

Michaela Childress [00:06:44] I would say they were able to adapt enough. If anything, I would say we lost out on the connection with our classmates because we were no longer able to have class together in person and interact as much. And when we were interacting after a while it was with six-feet of distance and full PPE [Personal Protective Equipment] in the lab. So, I would say, if anything, that's what suffered because of COVID but I don't think that my abilities as a nurse were affected because of COVID, because that whole second year of school after they were able to adapt it. When we went back in September of 2020, we were able to go into the clinical site even though we had to do class online. So, my whole second year was spent at the clinical site which helped develop me into the nurse. I mean, theory is something that you can do it online and it doesn't necessarily impact you as much as the patient care hours.

Spencer Raub [00:07:44] Right. Okay. That makes sense. Now that you're in your nursing residency and you've never really experienced kind of those responsibilities outside of COVID- have you noticed or have the other nurses talked about, the ones who are training you at least, - the interactions with patients and the protocols that are in place? Are they a lot different than how that residency would usually run or?

Michaela Childress [00:08:20] They are. I would say it's pretty much the same for our residency. We're trained on the three different floors medical, surgical and progressive care. Progressive care is where our patients with COVID end up staying if they need to stay in the hospital. So, during my rotation on the progressive care floor, I actually had one day in the cohort back before Delta was starting to get really bad and there was only a handful of patients and it was kind of eye opening because you're kind of gated off in this area. But as far as like my program, it hasn't really changed because of COVID.

Spencer Raub [00:09:05] Okay, well, that's good. I did want to kind of circle back a little bit too. You talked about how your relationships kind of with your classmates and things like that changed as a result of COVID and moving online and not being able to see each other and such. Are there other ways in which, you know, - I realize that COVID has become a very political thing and a lot of relationships have been hurt because of this pandemic and because of the politics involved- do you feel like you've experienced some changes like that with your classmates or people that you've worked with as a result of COVID?

Michaela Childress [00:09:53] I would say not really, because, I mean, everyone has their political differences and I do notice it in a lot of nurses over here that maybe weren't willing to get vaccinated because they have different beliefs about the vaccine. Nursing as a community, I believe, I would say the vast majority of us respect that COVID is a real thing and we need to be careful; we need to wear PPE; we need to wash our hands. That's just something that's kind of ingrained in your mind with any sort of virus in nursing. So, it's not necessarily that, and I don't think that it's really a hard point with nurses in general to not get vaccinated. Most of the nurses I know are vaccinated. So, I haven't noticed a lot of difficulty there as much as I have in my personal relationships. Does that answer your question?

Spencer Raub [00:10:54] Yeah. I mean, I think it answers my question just fine. It's good that you haven't necessarily experienced that kind of hurt in relationships because of the political mess that the pandemic has become, which is good. And I think that kind of working in an area like - well actually that's not always the case. A lot of the people that I've talked to have specifically talked about how their relationships with, with coworkers and things like that have been affected because of the political nature of it and even within the healthcare system specifically there and internationally as well- I mean, I think it was Dr. Graham who talked about less than 60% of the nurses in Wenatchee are vaccinated and they're actually thinking about requiring and mandating the vaccine for the Confluence Health system because of that and the upsurge of the new Delta variant. Kind of bringing us back towards the beginning of the pandemic and I kind of wanted to hear your perspective. I know that you're vaccinated and have already talked about that. And I kind of wanted to get your kind of opinion and experience and understanding of why you chose to get vaccinated and what your thoughts are on that.

Michaela Childress [00:12:21] Yeah. It's kind of a hard. It's a hard feeling because I always try to take kindness into my career and believe that people will make the choices that they make. The best you can do is prepare them with the information to

be able to make that choice. And this whole idea of a vaccination and COVID has been brought into the political scene, which I don't think it should be. Public health is not a political thing. It's not something to be argued. We want everyone to be healthy. And so, it's hard because I want people to be able to make their own choice, but at the same time, that choice to not be vaccinated is hurting other people. It makes me scared. I got my vaccine as soon as I could. I think I got my first one on December 22nd and I kept thinking myself, this is my Christmas present. Like, this is the best thing that I could have got this year because I want to keep myself safe. I want to keep my family safe, I want to keep my patients safe. And I do think it's the responsibility of all nurses to be vaccinated, just like we're vaccinated against hepatitis, the flu and MMR [Measles, Mumps, and Rubella]. Like these are things that have been around for a while. Yeah? So, it feels more safe in your mind, but I think that it's right there with that responsibility and that nurses should be vaccinated. It's hard though, because it has become such a political thing that it can potentially ruin relationships and no one wants to have bad relationships with your coworkers. I think it would be a great thing if the Confluence mandated it though. It would only help our community.

Spencer Raub [00:13:58] Well, thank you for sharing that opinion. I share kind of those same beliefs as well and I think that we're kind of in a tough community being in Wenatchee. I think it's kind of an amalgam of many different political views. And so, it's hard. You know Confluence Health is not only the healthcare system that serves all of Wenatchee and greater Wenatchee. Also, the largest employer so, everyone who lives in Wenatchee tends to work there. So, you really do get a very large political spectrum at Confluence and so I think it's a very interesting case. So, thank you for sharing your opinions. One of the next questions I wanted to ask was- I know you kind of talked about working with the PCU [Progressive Care Unit] and kind of doing your training- do you have any stories or moments that kind of frightened or unsettled you during your training or during your schooling training during the pandemic.

Michaela Childress [00:15:13] I had a experience during school where it was in the fall of 2020 and I was at a small rural hospital in Chelan. It's probably like a 25-bed hospital, super small and I was in a patient's room for- It wasn't even my patient. I was just helping another nurse get the patient up- and it turned out later my instructor called me the next day and said the COVID results came back positive on this patient. And I remember being out with my friends and I was just like, hit with all these emotions at once. Like I was wearing a mask. Yes, of course I did my hand hygiene and everything that I would normally do for a patient. But I was helping this person up and this person was kind of in my face, you know, when you're trying to help someone stand up. And I was scared. I was scared. I had COVID and I live with my parents, who are a part of a generation that is hit by this virus and they could potentially die from it. And it was before there was a vaccine at all. And so, I was really scared. And so I kind of barricaded myself in my basement for a week away from my parents because I do live at home and did everything that I could to keep from spreading it if I had it. I talk to my instructors like, Do I need to get tested? What do I need to do? And, I mean, as far as I know, I never ended up getting it unless I was asymptomatic. But they were like - we talked through the exposure and everything that the CDC [Center for Disease Control] knew at the time and my

exposure was like very minimal. But it was still really scary. And that happens a lot of times in the hospital when your patient has some sort of virus, or bacteria, or something that they test positive for after you've been caring for them. And it's frustrating because you're like, Okay, I've been in this room all day and I should have been wearing PPE, but I was not given the opportunity to know that I should wear that. So, this is where we are now. I've been taking this big risk. But I mean, I guess that's kind of what we sign up for as healthcare workers, even though it's frustrating sometimes.

Spencer Raub [00:17:35] Right and that definitely seems like a very unsettling experience. I'm glad that everything's okay now. Do you feel like during that whole experience that the - I guess it would be your school, right? - You feel like your school and the city you're working in the rural hospital- do you feel like the combination of your school and the hospital, kind of, supported you in the necessary ways? Or is it the type of thing where you're kind of on your own?

Michaela Childress [00:18:12] I would say, I had to kind of support myself in the beginning, but when I found the right channel, they supported me. It was like, my instructor was like, Hey, I just want to let you know that this is what happened; you don't need to worry about it unless you get symptoms. I was very surprised by that because I was like, I have parents that I live with; I have other friends that I don't want to give this to if I were to get it. And it was more like, I'm not worried about myself as much as I'm worried about spreading it to the people that I love. And so, that was kind of hard. But then what I did is I took it up the chain of command because I knew that I had other instructors in my corner that I could talk to. And I ended up talking to our director of the nursing program. And she actually has like a doctorate in nursing practice and has done a lot of stuff around public health. So, she's really educated in that area and she was the one that really supported me and said, Hey, I understand you're scared; I don't think it's a bad thing for you to just kind of stay away from sharing the space with your parents for now, if you can and then we'll we'll talk through it if you get symptoms and if you want to go get tested, that's not a bad idea, but it's up to you. And let's talk about your actual exposure risk that happened based on her knowledge because she's very knowledgeable on it. And so that was kind of that was a lot more reassuring for me to know that someone was actually listening and thinking like, Hey, what could happen Michaela? What's Michaela's situation in this case? Versus like, Hey, you've been exposed just so you know.

Spencer Raub [00:19:50] Right. Well, I'm glad that you kind of felt supported in that way. Do you feel like kind of having gone through that experience, that the safety measures should be amped up more on the front end of the prophylactic measure? Or do you think that they kind of did all that they could do on that end?

Michaela Childress [00:20:17] I mean, I think that they did all that they could do within the resources of a community hospital. They sent the COVID test out when she got when that patient had gotten to the facility. So, then the results came back, what, two days later at that point? And so it's frustrating, but I think that they were doing what they could in that case.

Spencer Raub [00:20:41] Right. And I guess to kind of add on to that, do you think that - you know, obviously, understandably, they did everything that they are supposed to do, sending the tests out and all that and notifying - do you think that each patient, when they come in, should be treated as a COVID patient and as a COVID contact prior to getting the test results back? Which would obviously mean more spent resources for those contacts in between the testing. And I know that the real hospital might not have those resources available, like getting an N95 for every encounter and things like that, but do you think that would be something that - I guess, how do I want to phrase it?- would that be something that would be worthwhile in your opinion?

Michaela Childress [00:21:43] I would say yes. I mean, being in healthcare with every patient interaction, regardless right now, we're wearing a surgical mask. I always wear goggles that have a shield to protect my eyes as well and that's just kind of a comfort for me. But I would say in places like an ED [Emergency Department] or an outpatient setting, that would not be a bad idea if they had the resources, but really, right now it all comes down to resources and we are in a rural area. So, it's harder. And so, I mean, it would make me more comfortable until I knew my patients test results. But I think right now we're just doing what we can with what we have. And resources are really- there not as hard to come by as there were beginning of the pandemic, but they're still not the best.

Spencer Raub [00:22:34] Right. Yeah, I agree. And then I kind of want to switch gears here a little bit and kind of talk about kind of go back to what we were talking about before, kind of that transition from not being in COVID to COVID. Are there like new routines and behaviors that you wouldn't have done before the pandemic that have now become kind of normal or automatic to you that you don't really even think about?

Michaela Childress [00:23:05] I mean, wearing a mask at work if I don't have a mask on it's weird and feels unnatural now. Taking your temperature when you get to the facility. Talking to my patients, every time I do an admin, I have to talk to them about whether they've been vaccinated or whether they tied to COVID contact. That's just kind of normal now. Offering patients a COVID vaccine, which is new but I always talk to them about it. And then talk to them about the benefits of having the vaccine and we have them at the hospital. So, if they're willing to get one while they're at the hospital and they're a good candidate, then they will do that. Just stuff like that. I feel like COVID is part of everyday conversations, which just feels so weird, but it's something that we need to do. We need to educate these people so that we can get back to a somewhat normal life eventually.

Spencer Raub [00:23:56] Right. Yeah. So, you don't even think about it anymore? It's like -

Michaela Childress [00:24:01] Yeah

Spencer Raub [00:24:01] - It's just a normal.

Michaela Childress [00:24:04] Like talking about the weather.

Spencer Raub [00:24:09] Exactly. Exactly. Do you think that those kinds of things are going to kind of remain a normal part of patient care now, even as we continue to move forward in the coming year?

Michaela Childress [00:24:23] I think yes. This has impacted our world and our communities so much. I mean, we will always remember this pandemic and we'll do-it's kind of like I mean, like the flu. Like every time a pitcher comes in, you do you ask them about a flu vaccine who's been around for so long that it's just kind of in the back of our minds now. Covid's obviously in the forefront, but it's I think it's going to be a part of healthcare forever for lack of a better timeline. It's just the way that it's impacted our world. It will never go away, I don't think.

Spencer Raub [00:25:01] I agree. I think that's definitely one of the biggest things that will stem from the pandemic. And kind of along those lines, what do you think the biggest impact of the pandemic for you personally will be in a long-term sense five, ten-years down the road?

Michaela Childress [00:25:22] The biggest impact of the pandemic. I guess learning what personal relationships have been impacted based on people's ideas of what should be done to protect public health. As far as I have not lost any loved ones that are to COVID-19 as many people have. But just like seeing what people's beliefs are about it, it's kind of eye opening. And they want to keep those relationships, but you also want to keep yourself safe. So, I don't know. I think that would probably be the biggest thing. I mean, I'll always remember that I had to go to nursing school online, which was kind of crazy because nursing school in itself is crazy. But yeah, I think that's the biggest thing that impacted since COVID.

Spencer Raub [00:26:23] Okay. Well, thank you for showing that. And then kind of along the same lines and I think you kind of answered this a little bit, but what do you think the biggest impact of the pandemic will be in a more global sense rather than just kind of your personal.

Michaela Childress [00:26:40] Oh, in a global sense? I think that there will be a lot more travel screening. I think you will just see masks from now on and maybe not in the amount that we've been seeing them in the last year but I think that kind of like when you travel to a foreign country like China where there's a lot of smog; you'll see people with masks all the time. I feel like that'll be kind of like here. Yeah, I think the vaccine is going to end up being kind of an annual thing, if I could guess. And people, I mean, people will always remember what happened in 2020 and 2021, because Lord knows it's on its way back and hopefully they'll change their behavior and wash their hands more and not cough on people in public but we'll see.

Spencer Raub [00:27:39] So, I think this all very good goals to have. I think I would have liked to have seen all of that done before the pandemic so hopefully -

Michaela Childress [00:27:48] Seriously.

Spencer Raub [00:27:50] - Hopefully people will start to wake up a little bit now that we're going through this. Let's see, I'd like to ask one more question before we end our time here. Is there a particular image that comes to mind when you think about how COVID-19 has affected you over the past well, I guess two years really now?

Michaela Childress [00:28:18] An image.

Spencer Raub [00:28:19] Yeah if you had to kind of boil it down to how COVID-19, has kind of, let's say, changed you. What do you think would kind of summarize that?

Michaela Childress [00:28:34] I would say I mean, if I had to boil it down to like a word; cautious. I'm always thinking ahead of like, does it make sense to go out to this place or should we go out to concerts again or stuff like that? Like, I don't want to be a shut-in, but at the same time, I want to stay safe. I'm one of those people that even though I am vaccinated, I'll wear my mask a lot in places like the grocery store just because it's almost a comfort at this point knowing that I'm just a little bit safer wearing that. Yeah. I don't know about an image.

Spencer Raub [00:29:16] Yeah, I think that an image is hard. I think boiling it down to a word kind of makes more sense and I think that you did a good job answering that question. Well, perfect. Well, kind of before we end it off, Is there anything that you kind of want to add at all to the end of this interview to kind of sum things up or any questions that I didn't ask that you think I should have?

Michaela Childress [00:29:42] No. I can't think of anything.

Spencer Raub [00:29:46] Okay. Well, is there anything else you want to reflect on at all before we end?

Michaela Childress [00:29:51] I think I'm good.

Spencer Raub [00:29:53] Okay. Well, I appreciate you taking the time to do the interview with me today and I wish you all the best. And I hope that you don't have any more exposures to COVID that you don't have to have.

Michaela Childress [00:30:08] Me, too. Thank you.

Spencer Raub [00:30:09] All right. Thank you.