

DOCTORS AS PARENTS AND TEACHERS: EXPERIENCES IN THE COVID-19 ERA

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Balancing work and family poses a myriad of challenges—never made more apparent than by the COVID-19 pandemic. New professional duties for physicians include learning and implementing skills in telemedicine, video conferencing, PPE safety and ever-changing COVID-19 playbooks. Family life now entails social distancing necessitating education in the home (“crisis schooling”). How do we find enough hours in the day to manage an endless list of responsibilities while living, working, and teaching in quarantine under one roof? The answer lies in translating our physician skills as leaders, teammates, educators, and innovators to our youngest generation of learners—our children.

Our process began with the feedback of our children regarding the impact of social distancing on their learning. Perceived benefits included one-on-one attention and frequent breaks. Pitfalls included limited social interaction, frequent distractions, motivation and structure. Utilizing this information, combined with our personal parenting experiences, we sought to build and present a framework of tools to optimize success in managing the home classroom during the COVID-19 pandemic—and possibly beyond.¹

“Where do I even start?” Dedicating time for education is challenging while attending to work expectations. As a result, our process implementation focused first on how best to accomplish tasks. Adhering to the core leadership principle “preparation is the key to success” is crucial to facilitating the home learning experience. Through trial and error, we found that reviewing the lesson plan the week or night prior can help prioritize children’s activities in a way that accommodates parental work schedules. For those whose lesson contents are made available in the morning, a free-play strategy for the children was employed while the day’s outline could be mapped by the parent(s). Strategic planning may be needed to account for differences in sibling ages and complexity of tasks, such as teaching older children while younger ones nap/play. Creating relative predictability within the daily schedule including frequency and duration of breaks proved essential.

“What happens if I get sick or exposed?” “What about if both parents need to work?” The COVID-19 pandemic requires preparation planning around such realities. Quarantine and dual-physician families pose a unique challenge to lesson preparation and execution. Shared family calendars for meetings and activities help ensure that all family members are aware of the schedule. Distance education provides a unique opportunity to employ parent and student networks with technology. Social media and conferencing platforms exist to engage students in group learning. We can enlist other parents, students, or extended family members to take turns delivering or hosting virtual lessons. For those with older children, asking for assistance in educational tasks may ease parental burden while cultivating a new skill set in the child. Medical students and other organizations around the country have offered to assist families in need, creating another avenue for assistance. Lastly, online resources may help in developing a self-guided curriculum at home—including podcasts, audio books, online curricula, reading with family via video, etc. Regardless of what resources may be available, the framing structure depends upon the individual family. The lesson for us came in assuring there were multiple contingency plans and a team-based approach to account for a variety of pandemic-related scenarios.

“I don’t remember 7th grade math!” “What do I do with my toddler?” Becoming a teacher overnight certainly isn’t easy. Yet, for a large part of our lives, we were learners and, at some point, teachers (read: medical school, residency). Recalling those skills and applying them to our current situations has never been more relevant. Learning styles amongst children may differ, and planning should account for strategies to target those particular needs. Early school-aged and preschool children, for example, learn particularly well experientially.² Sensory bins, puzzles and other active learning may work best to reinforce learning. We must also be cognizant of teaching to different levels of learners and needs. Older children can be used to employ a “buddy

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Summary of Domains and Skills to Increase Efficacy of Home-Based Learning

Domain	Skills	Examples
Leadership	<ul style="list-style-type: none"> • Know your team (family) • Prepare schedule • Set expectations and goals • Contingency planning 	<ul style="list-style-type: none"> • Lesson planning the day/week before • Plan around clinical activities, isolation • Create leaders in your children, have them teach younger siblings
Teamwork	<ul style="list-style-type: none"> • Utilize network of friends/family • Be flexible • Emotional intelligence 	<ul style="list-style-type: none"> • Use school-parent and friends network for lessons & questions • Prepare for “bad days” with strategies to shift the narrative (i.e., activities in the morning- share day, go outside, read to the kids)
Education	<ul style="list-style-type: none"> • Know your children • Experiential learning • Feedback • Foster resiliency • Make learning enjoyable 	<ul style="list-style-type: none"> • Utilize micro-techniques to get the most out of your learners • Ensure they receive feedback • Use experiences to make learning fun (i.e., scavenger hunts, strewing)
Innovation	<ul style="list-style-type: none"> • Utilize new ideas & resources • Harness techniques to increase engagement 	<ul style="list-style-type: none"> • Think “outside the box” • Parallel learning to parent work (i.e., global health experience to learn about travel/culture)
Wellness	<ul style="list-style-type: none"> • Ensure adequate physical and mental well-being 	<ul style="list-style-type: none"> • Account for “bad days” • Find activities to do together • Physical activity

up” or “train the trainer” system to help educate younger siblings. For closer-aged siblings, consider synchronous subject education with targeted learner-level questions—not unlike medicine rounds. Where appropriate, micro-techniques, such as the “one-minute preceptor” and Socratic questioning, can be used to assess understanding and allow for feedback.^{3,4} The teaching strategies we employ in child pedagogy certainly can draw from our experiences in adult andragogy.

“My kid just isn’t motivated.” “This is boring.” Motivation is hard enough as an adult, imagine what our children are thinking when they are suddenly tasked to do schoolwork in their playrooms, wearing pajamas with a bevy of snacks at their fingertips! Planning and educational strategies are doomed without appropriate engagement. Learning at home is novel for our children and should push us to innovate accordingly. “Picking up” the students from their room in a cardboard school bus every morning may help maintain some semblance of a daily routine. “Strewing” is an example of subliminal self-motivation—items are left strategically out as invitations

for children to discover previously forgotten toys, books, and concepts. Routine activities like cooking can be pivoted to help with math, reading, teamwork, and comprehension skills. Despite travel restrictions, online resources can be utilized to put together virtual trips to the zoo, amusement parks, internationally and even space. Knowing how your children learn will guide what experiences will mesh best with their strengths and interests. The same knowledge aids us as parents to be advocates for our children when they do return to schools.

“How do other parents do this?” “I need a break.” “Juggling work, school and family is exhausting.” Many of us are accustomed to discussions around wellness within the realm of our careers. During the COVID-19 pandemic our children are also facing new stressors and their mental and physical well-being is paramount. Modeling emotional intelligence, resilience, and flexibility are key. Our children are not exempt to having bad days like anyone else. The onus falls on us as parents and teachers to recognize these challenges and make adjustments. Celebrate the small wins in our days. If need

be, allow schooling times to vary on a day-to-day basis to allow for adequate sleep and physical activity. Don’t allow small setbacks to derail the work you have done. Find things that your children and you can enjoy together. Integrate your work into their day by making cards for patients and frontline workers. Read, take walks, cook, craft, watch television, ride a bike. *Take a break. Decompress. Breathe.* Home education and family success is dependent upon your collective happiness.

Adding crisis schooling to the delicate balance of career and family doesn’t have to be the “straw that breaks the camel’s back”. We are physicians with a multitude of tools at our disposal to ensure success and happiness for our families (see above table for an overview). Through this experience, some of our most salient takeaways parallel those we see daily in medical education:

1. Preparation truly is the key to success
2. Allow for flexibility
3. Know your learners (children)
4. Utilize resources and techniques for learner (child) engagement

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This struck me personally on June 4 as our leadership team was deciding how to support students, trainees, faculty, and staff who wanted to participate in the June 5 “White Coats for Black Lives” demonstration. As a clinician, I found myself at a loss for words as I saw patients in my general internal medicine practice that afternoon, with half of my patients that afternoon happening to be black. Not wanting to make any presumptions and attempting to be sensitive to current events, I found myself asking “how are you doing?” while simultaneously sensing the inadequacy of this question. As a leader and as a clinician, I realize that I must identify what I can do from where I sit both professionally and personally to address these issues. Dan Heath, in his book *Upstream*, identifies three barriers to action:

- 1) problem blindness (I don't see the problem or it seems inevitable);
- 2) lack of ownership (It isn't my problem to solve); and
- 3) tunneling (I can't deal with that right now).⁶

This problem should not be inevitable. It is the responsibility of each of us to solve. To quote Hillel, “if not now, when?”

The SGIM statements could not be timelier. Our members regularly witness the direct effects that systematic racism has on our country's healthcare systems and populations. The SGIM statements not only name the problems but also, more importantly, serve as calls to action. We can no longer be blind to the existence and impact of these issues in every patient we see, in our institutions and organizations, and in the communities in which we live and provide care. While it may not be entirely up to physicians and the medical community to solve these complex problems, we cannot ignore the important role that we as a society and as individual physicians have in addressing these issues, as clinicians, as leaders, as educators, and as investigators. We must take ownership. Being intentional within our scope of influence begins with self-awareness. We must make sure that we, and our institutions and organizations, aren't inadvertently perpetuating the very things that we are railing against. SGIM is taking this challenge seriously.

In addition to heeding and creating action plans related to the recommendations endorsed in the three statements earlier referenced, SGIM is taking a purposeful approach to diversity and inclusion in all that it does. It is our responsibility to each

other, to the field, and to the people and communities that we serve to act.

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5. Ensure the health and well-being of your team (family)

Being a parent, let alone a physician-parent, can be overwhelming. The COVID-19 pandemic has thrust upon us personal challenges for which we have never prepared. As general internists, our unique skill set can adapt to meet those challenges. Most importantly, we appreciate that all family dynamics differ, but take solace in knowing that we are not alone—we are all #InThisTogether.

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