

Article

What Was It like to Learn or Teach in the Health Professions during the COVID-19 Pandemic? Sombre and Tough: A Duoethnography

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Abstract: The 2020 COVID-19 pandemic proved challenging for people working and teaching in the health professions. What was it like to learn or teach in the health professions during the pandemic? What challenges were experienced, and how were these navigated? We undertook duoethnography to provide answers to these questions. The authors are an endodontist from Chile who undertook her Master of Clinical Education in New Zealand during the COVID-19 pandemic and one of her postgraduate supervisors. A dataset of 40 photo-reflection dyads and duoethnographic text are presented. We experienced this pandemic as isolating, sombre and tough, albeit for different reasons. Managing relationships and family needs from a distance or in the same space in which work was to occur proved difficult. Postgraduate research was slowed. The educator workload was significantly increased, especially for the first six months of the pandemic, whereby she was tasked with rapidly creating a lot of online virtual learning material. We draw on Emotional Labour theory to make sense of these experiences. Support for clinical educators during pandemics should cater to situational contexts. We recommend Communities of Practice, psychological supports, acts of care (including self-care), wellbeing initiatives, and arts-based practice as potential mechanisms to support educators and learners.



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1. Introduction

Many people who lived through the 2020 COVID-19 pandemic (hereafter referred to as the pandemic) shudder at the memories. Italian hospitals humid with fear. The bulging Ganges River. Desperate doctors reusing N45 masks for days on end. Nurses sleeping in their cars for fear of spreading the virus to loved ones. Empty streets. Long queues at supermarkets. And the evening news riddled with horrors too similar to the Hollywood films we now wish we had never watched.

In this dark global context, clinical students and their teachers were busy, working long hours, stressed, and often isolated. Medical and health profession (M&HP) education was significantly affected by the pandemic, presenting numerous challenges and necessitating adaptations. Trainees and educational programs encountered economic strains, restrictions due to social distancing, and potential disruptions to essential training elements. Concurrently, educators grappled with increased workloads and uncertainties about what lay ahead [1,2]. Amidst these difficulties, the pandemic spurred opportunities for innovation and adjustment, marked by a notable shift towards e-learning, virtual courses, webinars, and virtual simulation training [3,4]. Such transformations necessitated adjustments in

curricula and assessment methodologies, as well as a rapid ‘pivot’ to—and integration of—technology [5,6].

Literature about how these challenges have been experienced by health professions educators and students is still emerging [7,8]. This article contributes to the growing body of literature concerning M&HP educator and learner experiences during the pandemic.

The authors are an endodontist (Daniela) from Chile who undertook her Master’s in Clinical Education in New Zealand during the pandemic and one of her postgraduate supervisors (Tanisha). One writes, “experience tells and makes it into something you can use, something yours” [9]. Armed with experience, we deploy multiple strategies (duo-ethnographic inquiry, art/o/graphy, and photo diaries) of our teaching and learning experiences to foster understanding of experience; of the complexities that we—and likely many others—encountered.

Research Questions

What was it like to learn and teach in the health professions during a pandemic? What challenges did we experience, and how did we navigate these?

2. Methodology

The need for a civic, participatory social science, a critical ethnography that moves back and forth between biography, history, and politics has never been greater [10].

In this article, we respond to Denzin’s call for participatory social science by presenting duoethnographic material. We draw on methodologies from art/o/graphy and photo elicitation to support the duoethnographic inquiry (see Supplementary File S1 pp. 11, 13, 20, 33, 34, 38). Some of the data that inform this were created and gathered in the context of the pandemic, whereby we each contributed from our individual lockdown ‘bubbles’. The subject matter is experiences of teaching and learning of M&HP education during the pandemic. Here, we are also responding especially to Farrell et al. [11], who have called for autoethnography in medical education to unveil the complexities of teacher–learner interactions.

2.1. Duoethnography

In their review of the history of autobiography, Ellis et al. explain:

Autoethnography is an approach to research and writing that seeks to describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno) [12,13]. This approach challenges canonical ways of doing research and representing others [14,15].

Strengths of an autoethnographic approach include grounding of social science in personal experience, sensitizing readers to the complexities of identity formation and identity politics, and a means through which experiences that are typically unseen, taboo or “shrouded in silence” can be explored [14]. In medical education, Farrell et al. explain that the value of autoethnography is that it “allows medical educators to increasingly engage in self-reflective narration while analysing their own cultural biographies. It moves beyond simple autobiography through the inclusion of other voices and the analytical examination of the relationships between self and others” [11].

Autoethnography stems from an interpretivist research paradigm and, here, we apply an analytical–interpretive autoethnographic analysis [16,17]. We are thus concerned with making sense of our experiences and relationships—to each other, to medical education, and to the pandemic—through story and with regard to societal issues. Following Gallé and Lingard [18] through individual reflection on the dataset and group discussions, we created layered text of analytical discourse and stories.

An extension of auto-ethnography is duoethnography, which serves as a collaborative research approach whereby researchers themselves become the focal point of investigation, facilitating an exploration of different perspectives on a specific subject [19]. Breault sug-

gests that this methodology is beneficial for exploring matters concerning both personal and professional identities [20]. The process entails juxtaposing the researchers' experiences, explicitly articulating their voices, and collectively unravelling and disrupting interpretations surrounding a social phenomenon; in this case, of learning and teaching during the pandemic [21]. Norris and Sawyer [22] have proposed ways in which dependability on duoethnography can be enhanced through various mechanisms that we use here; namely, sharing our own stories to help readers understand social complexities of our lived experience, making our voices explicit, we grapple with multiple narratives (i.e., we analyze our individual narratives relationally with each other's narratives to "resist singular versions of one person's story" [23], and we prioritized difference in our experiences [22]). These strategies also demonstrate our reflexivity. That is, we reflect on our own assumptions relationally and with attention to power dynamics within both our own emerging relationship and relationships with others.

2.2. *Art/o/graphy*

Springgay et al. describe art/o/graphy as being "concerned with self-study, being in community, relational and ethical inquiry" [24]. It is a fluid methodology whereby people use resources available to them to think through, experience, and create. The process facilitates meaning making and identity construction; as such, it is a useful methodology for teachers in their own identity construction [25]. The creative outputs are art/artefacts symbolic of the meaning making that has occurred. As such, our focus on the output is not so much the fine arts quality of the output but the meaning it imbues or conjures up. The methodology can include bricolage, bringing together multiple elements and resources to create in often patterned and meaningful ways (such as through patchwork quilt making or film making [26]. The materials used to create are as diverse as our imaginations: recycled materials, craft products, leaves, fabric, software, and so forth. Written text—narratives, poetry, and even theses—are material [24]. This manuscript is, accordingly, an art/o/graphic output. As part of our process of 'getting through'/meaning-making of the pandemic and reaching our teaching and learning goals, we co-created art in multiple sessions during a two-year period. We drew pictures, poured acrylic paint, painted stones, built statues from recycled materials and concrete, and planted strawberries in a patchwork pattern. We built digital pin boards and explored interactive online learning technologies to create learning materials. We picked lavender. These explorations were as much about exploring our experiences as they were concerned with supporting our mental health.

2.3. *Photo Elicitation and Visual Diaries*

Visual methodologies offer a unique and widely accepted approach to ethnographic methods traditionally used in anthropological and sociological research since the early 1900s [27,28]. Images are everywhere: in our work, daily lives, conversations [29], dreams, and imagination [30]. Hence, as Pink stated, they "[...] are inextricably interwoven with our personal identities, narratives, lifestyles, cultures and societies, as well as with definitions of history, space and truth" [29].

In visual methodologies, the researcher uses "[...] photography, film, video, painting, drawing, collage, sculpture, artwork, graffiti, advertising and cartoons" [27]. Visual information is processed by an evolutionarily older part of the brain than that used to process verbal information; hence, photo-elicitation can be used by the researcher to generate valuable knowledge and facilitate the expression of a different kind of knowledge and enriched information [31–33]; a deeper dimension of human consciousness [31], the "unspoken or unexpressed" [27]. Photo-elicitation and visual diaries can also be used to address complex themes or otherwise unsuspected matters [28,34].

Photo elicitation may overcome the difficulties posed by in-depth interviewing because it is anchored in an image that is understood, at least in part, by both parties. If the interview has been successful, the understanding has increased through the interview process [31].

Based on this rationale, and in consideration of the complexities of our early and senior medical educator experiences during the COVID-19 pandemic, we used photo-elicitation to evoke our own narratives (visual diaries) as photographic, created and written reflective texts (Supplementary File S1).

2.4. Positionality and Reflexivity

Breault recommends those undertaking duoethnography clearly articulate their different positionalities [20]. Jowsey et al. explain that “positionality is a person’s position in society and/or their stance towards someone or something” [35]. Reflexivity is the act of questioning how one’s own assumptions and biases shape the way they interpret social phenomena. A person’s positionality informs their reflexivity.

Author statements:

Daniela—I am a specialist endodontist from Chile. I came to New Zealand weeks before the pandemic hit in order to undertake a Master of Clinical Education degree. Previous to the Master’s degree, I had taught in the clinical environment for six years. My teaching philosophy is to engage students in their social responsibility to learn and become competent health professionals.

Tanisha—My doctorate is in medical anthropology and public health research. I have taught M&HP education and social science, both undergraduate and postgraduate, for many years in New Zealand and Australia. My teaching philosophy is to engage learners through interactive activity and promote fun.

Our positionalities are additionally outlined in Table 1. They inform reflexive statements and interpretations offered throughout the findings and discussion.

Table 1. Author characteristics.

Author Characteristics	Daniela	Tanisha
Years of experience teaching medical/clinical education	6	8
Years of experience teaching	2010–2011 2012 2016–2017 2022 = 6 years	2001–2021 = 21 years
Educational discipline	Medical education and health sciences education	Medical education and health sciences education
Professional discipline	Dentistry	Anthropology, public health, medicine
Ethnicity	Chilean	Tau iwi, New Zealand
Years undertaking social science research	2	23
Art background	Experienced in fine arts with pencil sketching and photography	Experienced in fine arts with multi-media, sculpture, poetry, animation, and painting

2.5. Evidence of Experience

Each author created their own visual diary comprising 20 photos and 20 reflections, with 1 photo-reflection dyad representing our individual experiences of each month of the height of the pandemic from February 2020 to September 2021 (Supplementary File S1). Both visual diaries combined to create a dataset of 40 photo-reflection dyads. Photos could be included in the visual diary if the author had taken the photo themselves, owned the copyright on the photo, and was willing for the photo to be used as data and in publication

such as an article in a scientific journal or a public exhibition. Additionally, photos that included any other identifiable person or institution needed to be accompanied by written informed consent from those identifiable.

Each written reflection could be as long or as short as the author wished. The provocation for the visual diaries was to reflect on and present aspects of our experiences of teaching and learning in clinical education during the pandemic. We anticipated that our visual diaries would have points of similarity and difference that could help us better understand the breadth of experience of teachers and learners more broadly.

We additionally photographed our art/o/graphical creations to evidence process and to strengthen the signification of both process and creative outputs.

2.6. Ethics

We gained approval from the University of Auckland Human Research Ethics Committee (ID# UAHPEC21879) to undertake photo elicitation research with clinical educators about their experiences of the pandemic. We sought an amendment to the ethics approval to include dual autoethnographic photo elicitation [36] and art/o/graphy. However, the committee felt an amendment was not necessary.

Duoethnography involves human participants; co-researchers, auto-ethnographers, and people with whom they interact including intimate others [37]. Lapadat writes:

Because autoethnographers typically are in ongoing relationships with the mentioned others, they also must wrestle with competing desires to present an authentic interpretative account, protect the well-being of the others, maintain their ongoing relationships, and not stigmatize themselves. It is ironic that the turn to autoethnography was precipitated in part by the crises of representation and legitimation—the recognition that interpretations cannot capture lived experience and that all texts are partial and temporary inscriptions or performances—yet once an autoethnographic story has been written, the written version has the effect of reifying that particular story [36].

It is essential that we acknowledge and actively address these issues to protect the rights of those incidental to our narratives [37]. To manage potential risks of subject identification, Farrell et al. suggested pondering the level of detail with which we describe those involved and/or featured in our stories [11]. And while this is true, Lapadat warns that even when we change details of people to maintain their anonymity, we cannot guarantee anonymity due to the authors' identity being known [36].

Another key ethical consideration for this present paper is we are in a hierarchical education relationship with Tanisha supervising Daniela during her Master of Clinical Education degree. Education contexts—where a dual researcher–educator relationship exists—need to be treated carefully because of the vulnerable nature of the student role. Farrell et al. suggest that in such cases where students are implicated in autoethnographic narratives, the students should be offered an opportunity to review the narratives involving them and to confirm their consent prior to publication [11]. In our case, where the student is the first author, we have formulated an agreed methodology early on to maintain the agency of both authors; and following Chang et al., to regulate future access to and the copyright of the data collected, after the investigation is completed [37].

Tullis suggests that the following methods are critical to ethical conduct in autoethnographic inquiry:

Do no harm to self and others; consult your IRB [ethics committee]; get informed consent; practice process consent and explore the ethics of consequence; do a member check; do not present publicly or publish anything you would not show the persons mentioned in the text; [and] do not underestimate the afterlife of a published narrative [38].

Following both Chang et al. and Tullis, we created the following protocol to regulate data collection, sharing and analysis:

- Submitting data: autoethnographers/authors each decide and are cautious about how and what they share about themselves because this will influence how they view themselves as well as how others will view them both professionally and socially [39].
- Analysing data: all data and authors are treated with respect at all times, even when they are in disagreement about any aspect of the analysis.
- Analysing data: As part of process consent and the ethics of consequence, all analytical discussions are to be structured such that all authors have protected space to speak without interruption.
- A member check of analysis is carried out through iterative processes.
- All authors have the right to withdraw participation from the research without giving a reason at any point until the penultimate draft of the manuscript is prepared. Accordingly, all data they have contributed will be removed from the dataset and not included in any analysis or publication output [37,38].

2.7. *Art/o/graphy*

In New Zealand, the highest level of lockdown is level four, whereby people are only allowed to leave their home for essential reasons; only supermarkets, pharmacies, and medical services have their doors open to the public. When we began writing this article, we were in level four lockdown for seven weeks. From our separate level four 'lockdown bubbles' on different sides of Auckland city, we selected 20 photos from our individual photo collection, each photo signifying our experience of one month of the pandemic, with 20 photos collectively representing 20 months. We individually wrote reflections about the photos and our experiences. When we moved down to less restricted lockdown levels and were allowed to meet in person, we did so. We co-created art through water colour, acrylic paint pouring, and even cement sculpturing. During these co-creation sessions, we talked through learning and teaching content as a process of art/o/graphy [40]. This was an informal exploration process of meaning-making. During our conversations and creation processes, we asked critical reflection questions of each other. We looked for points of commonality and difference in our respective experiences. When we identified potential patterns, we explored those further through conversation and in relation to the photos or creative outputs. We used this process to arrive at experience points that we deemed important to answering our research questions.

2.8. *Catalytic Authenticity*

Catalytic authenticity denotes how the research process informs the behaviour of participants [41] (c.f. the Halo effect [42]). We worked hard to establish a methodologically robust process that could minimize risk while optimising rich exploration. This process did shape our experience. For example, we intentionally discussed art/o/graphical approaches to understand and reflect on our past and present experiences. This involved creating artefacts. Would we have created the artefacts had we not been engaged in this research? Yes, because we are creative people. Did ego inform our creation of artefacts? No more than usual. Did we wonder how readers of this manuscript might 'judge' the 'quality' of our creative outputs (see Figures 1–3 below and Supplementary File S1) even though the focus of art/o/graphy is the reflexive and interpretative journey rather than the artefact itself? Did that give us cause to pause when deciding whether or not to include the images in this manuscript (which is submitted to a biomedical journal)? Yes. We considered Lincoln and Guba in their warning that power imbalances can adversely inform authentic interpretation [41]. Hence, we drew on Chang et al. and Tullis, as discussed above, to minimize risk [37,38]. We therefore suggest that catalytic authenticity was promoted through what Lincoln and Guba call 'collaborative negotiation' and decision-making [41].



Figure 1. Homemade fairy houses.



Figure 2. Stones that ground us. Contributions from both authors.



Figure 3. Woven together: relationship building through weaving.

3. Findings: Experiences and Meaning Making

Author characteristics are included in Table 1.

We experienced this pandemic as isolating, sombre and tough, albeit for different reasons. Daniela found the pandemic difficult because she was in the process of moving to New Zealand for the first time when New Zealand went into its first pandemic lockdown. Her partner and dog were locked out. She had to navigate a foreign space, where she knew nobody, and the space was locked down. Our auto-ethnographic visual diaries are presented in Supplementary File S1 detailing these challenges (Supplementary File S1 pp. 1–21).

Tanisha found the pandemic difficult because she was managing the diverse needs of her young family from home while managing the doubled workload of converting in-person teaching material to online material and supervising multiple postgraduate students, largely online (Supplementary File S1 pp. 22–42). Tanisha had the goal of supporting Daniela during her journey in New Zealand and the successful completion of her Master of Clinical Education degree.

Table 2 demonstrates our different experiences of the pandemic at a singular time point. Here, we are drawing on Geertz's notion of a community of shared time, the growing old and experiencing sociality as relational to one another, and the 'loss of concrete individuals' [43]. We were at times locked down in separate spaces then pulled back in time and space through the easing of lockdown restrictions and art/o/graphy processes. Our experiences and meaning making of the pandemic epoch were informed by time, each another, and technology. Daniela describes her experiences (Supplementary File S1 p. 8; and Table 2) of celebrating her birthday with loved ones virtually, and learning online, as missing something. When she was with other people in person, Daniela found the experiences energizing. However, being with the same people online "sucked" what energy she had. We suggest that this experience can be understood as informed by performativity and emotional labour that is emphasized through the online environment [44].

At the same point in time, Tanisha had very different concerns, borne of practical family needs: obtaining nappies (Supplementary File S1 p. 29; and Table 2). The difficulties associated with each lockdown period of the pandemic were compounded by resource shortages, mandatory closing of shops, and members of the public stockpiling resources; creating severe supply and demand imbalances internationally [45,46].

We built our relationship through photo elicitation, art/o/graphical processes, the supervision and research process, and through acts of kindness towards one another. This relationship was foundational to our reaching learning and teaching goals, including Daniela completing her research and thesis during the pandemic.

3.1. Dialogue 1

Daniela

When our relationship began, I thought I would undertake my postgraduate thesis about clinician experiences of teaching. With a background in dentistry, I initially thought the thesis could focus solely on dentist educator experiences. I had no experience in qualitative research methodologies. English is my second language. This unfamiliarity with the intended research methods and language and place compounded the challenges I suddenly faced of undertaking research during a pandemic and experiencing all initial supervision meetings online or over the phone instead of in-person. During the initial months of the pandemic, I wondered how clinicians were coping with teaching during the pandemic and so I refocused the thesis question. During this time, I took solace in photography and drawing from my isolated lockdown space. I took photos to help make sense of my new surroundings and the socio-political climate, which included the broader societal climate (people wearing masks and social distancing, and a risk-adverse isolated global society) as well as the student context. I also photographed and drew birds. As an international student, I had imagined I would be enjoying a student experience in an exotic location with my partner and our pet dog McFly. Instead, they were stuck in Chile, and I had arrived by myself, knowing nobody, having never been to New Zealand before.

I was a practicing clinician with my own clinic prior to the move. Upon arrival, I had a new—and lower—status of international student. I felt unsupported in my first few months in New Zealand, as it became apparent to me that international students had few liberties or social supports in the pandemic context. I did not have an office space. I worked from my room at the Air BnB. These circumstances created incredible stress, instability, and loneliness.

(Supplementary File S1 pp. 2–21)

Table 2. August 2020. Side-by-side reflection dyad entries of each author to highlight our individual experiences of another lockdown.

Daniela	Tanisha
<p>Photo August 2020/Happy birthday!</p>	<p>Photo</p> 
 <p>It's my birthday in August. My family are happy to 'see' me. I am happy to 'see' them too. I'm so grateful for technology. One day we will be able to touch each other 'virtually'. After all, it's all in the brain, isn't it? I guess the same thing happens with online teaching and learning. Something's still missing. At least for me. I need to be able to interact in a more profound way than just watching projections through a screen. Many times, people decide to leave their cameras off. Most of the time, people are just a black square with a name on it. I need to feel the presence of others. However, despite being thankful for technology, I have discovered that it is draining. It just sucks all my energy, the little energy I have.</p>	<p>August 2020 I found out two hours before lockdown level four began that we were going into lockdown. I had to get some essential items from the office and the supermarket – it was manic. The adrenaline was pumping.</p> <p>I need to provide for my family. The youngest needs nappies. Shops are sold out of nappies everywhere. The supermarket shelves were empty and cues so long. Eventually I paid NZD 18 (a lot!!!) for this small bag of nappies at a petrol service station. These nappies will last a week, I hope. Straight into the office to grab my laptop computer. I cannot carry my computer monitor; it is too heavy for me. So I will have to survive on my laptop's tiny screen. For God knows how long.</p>

Tanisha

During the first months of the pandemic, I was struggling to meet the needs of my family and my work. My children were five and two years old. Both children had severe asthma and were frequently unexpectedly hospitalized during this time, with my youngest child needing life-saving treatment. I accompanied my children to hospital and when they were stable, worked on my laptop creating online learning content for a major interprofessional simulation learning program. We previously ran this program in-person

at the university's simulation centre. Suddenly I was tasked with offering something similar—though solely online—with an unfamiliar software (H5P—HTML5 Package; H5P.org) (Supplementary File S1 pp. 24–42). I invited M&HP educator colleagues to establish an informal online Community of Practice to help each other trouble shoot learning design and technology issues we were each facing. I invited you to the group, hoping to increase your sense of inclusion and connection.

During the pandemic, the authors met online via Zoom software (Zoom Version 5.0. 2) and gradually built our sense of each other. We realized that we each had backgrounds in fine arts and photography (Supplementary File S1). As Daniela's research question took shape, Tanisha suggested that she also incorporate photography into her research methodology. Daniela chose to use photo elicitation for her methodology.

We made fairy houses and, when government lockdown restrictions permitted, we set up fairy villages in public spaces throughout Auckland (Figure 1). We did this as a means of creating a sense of connection among the community in the context of—indeed, in spite of—social isolation borne of the pandemic. Similarly, we painted stones (Figure 2), some of which became elements of the fairy houses, and we wove harakeke flax into small flowers and baskets as a symbol of our interconnected experiences (Figure 3). In New Zealand, woven items such as flowers and baskets are frequently referenced to symbolize people connecting and 'weaving' in and out of each other's lives. Tanisha is trained in Māori weaving and so passed on this knowledge to Daniela with this connection symbolism in mind. These art/o/graphical processes took place in our respective homes and in public parks. They helped us make sense of the pandemic shaping of our lives and supported our wellbeing as we 'bounced forward'—rather than back—from the pandemic [47]. They also fostered our value of connecting with and caring for others. Caring for community was demonstrated through the creation of fairy gardens, which included painted stones (Figures 1 and 2). Caring for clinicians was demonstrated through Daniela's research project. Caring for learners was demonstrated through Tanisha's creation of online learning materials, and so forth.

3.2. Dialogue 2

Tanisha

When you arrived, I was worried about you. I knew it had taken so much effort from many people to get you here. It was suddenly a scary time. The scenes from Italy were all over the media. You were in a house, apparently. Somewhere in Auckland. Government restrictions meant I could not leave the five-kilometre radius of my home. You were beyond the radius. Invisible divisions threatened our relationship building. Immediately, my mind went to Mary Douglas' work on risk and blame [48]. I sat in my garden, where I felt safe, and called you on the phone. Do you remember?

Daniela

I do remember. I was scared too. I was so grateful to have you "close". I remember you offered help moving to a different place if needed. At the time I thought, how would we even do that when social distancing was mandatory, and people couldn't leave their suburbs. Thankfully, I was allowed to stay at the Air BnB where I was. Empathy, that's what I felt from people I'd just met. Thank you for making me feel I was part. . . I don't exactly know of what but still, I was part of something.

Tanisha

One of my jobs prior to the lockdown was to help facilitate an in-person four-day clinical simulation program. As we went into lockdown, I was asked to convert the program into an online asynchronous program. This was a massive amount of work. I did not have a monitor for my laptop and our home was so tiny, there was no place for me to escape from the ever-pressing needs of my young children. Exhausted and distressed, one day I barricaded myself into the children's bedroom, pushing the nappy change table in

front of the door. I set up my laptop computer on the cot and sat down on a hard stool to work. It was not comfortable, my body was sore. I felt I had to find a way to produce the online program. I felt personally responsible to the students. Two hours later, I heard my children crying and I suddenly remembered that my husband's hearing aid broke yesterday. He could not hear them. I had to push the nappy change table back to open the door and tend to their needs again. Exhaustion set in. I felt torn into pieces and no amount of hard work would be enough to let me rest.

And then some months later I came to visit you. We wore masks and walked outdoors, a metre apart. We walked to the school and picked lavender. Such a massive bush of flowers. We discussed its anti-viral properties and your research methodology. You were trying to recruit participants for your study. One of the participants was trying to change the research methodology. Is she allowed to do that? You asked.

Daniela

I was so relieved after our walk. The smell of lavender and the joy after having a great talk with a friend, yes, you were and still are my friend. I remember how worried I was because I hadn't been able to recruit many participants for my study. I remember saying to you 'don't educators need to tell their stories during these (pandemic) times? because I know I do'. You tried to calm me down and explained to me how demanding visual qualitative methodologies can sometimes be on participants, especially in countries where ethical regulations are rigorous and many rules need to be respected. And especially during times where people were presumably burnt out. I knew that conducting visual qualitative research was not going to be easy. About that participant, I remember we discussed asking the ethics committee for an amendment. It was the only way we were going to be able to include this participant's contribution to the study respecting research rigour. And so we did. The process for an ethical amendment was not simple, it required work and time. But it was worth it.

The duoethnographic dialogue illustrates the interwoven sensemaking that we made of our initial meeting and experiences during the pandemic. We were navigating foreign spaces, foreign rhythms and unprecedented social restrictions, each of which informed how we could develop our relationship and undertake research with clinical educators. It also illustrates how seemingly small acts of care—such as a phone call or a walk to pick lavender together—can significantly shape experience. Long before the pandemic hit, social scientists delved into the multi-faceted dimensions of care in society [49,50]. Regardless of whether care is compensated or voluntary, administered by a clinician or not, it is universally essential and appreciated. A significant increase in literature has emerged regarding clinician wellbeing, burnout, and self-care [51]. Our shared experiences underscore the enduring significance of acts of care and the frameworks and policies that bolster them—a concept Glenn refers to as 'caring citizenship' [49]. These elements are crucial for sustaining the welfare of clinicians and clinical educators.

4. Discussion

The pandemic context fundamentally shaped our capacities to learn and teach. Challenges were experienced individually and in relation to others. For example, the author's own difficulties in recruiting participants for her study. And Tanisha's challenges of creating online learning content were shaped by her home and family conditions as well as her professional commitment to students. We navigated experiences by prioritising goals, promoting effective and ongoing communication with important others, fostering connection, establishing a community of practice with one another, and by sharing a community of time and space. Did the pressure of performing in an educator or postgraduate student role during the pandemic place undue emotional burden on us? Undoubtedly. Others have written about gendered emotional labour, which is relevant here [52,53]. As a supervisor of postgraduate students, Tanisha had to display emotional control and emotional surety in unsure circumstances in order to present herself as professional and offer confidence

and direction to others, including Daniela. Such displays were difficult to maintain in the context of teaching via Zoom in the presence of her children. Memorably, at one point, Tanisha was teaching online when her two-year-old son entered the room and, for reasons unknown, poured a milkshake on his head beside Tanisha, with plenty of the drink splashing onto Tanisha and the laptop, for all online students to see. Emotional labour is used to elicit desired responses in others [52]. Mair and Frew explain, “There appears to be a lack of research into whether academics are required to undertake emotional labour as they present their professional image to their peers” [53]. Can an academic female be taken seriously in the context of teaching online from home while her child pours milkshake over them? Recovering from such situations requires yet more emotional labour, and there was no shortage of such situations because of pandemic circumstances. We therefore suggest that the pandemic created an atmosphere in which emotional labour of M&HP educators was intensified.

We used the art/o/graphical methodology as a gentle mechanism through which we could strengthen our relationship, explore research concerns, and co-create both experience and meaning. This mechanism was gentle in that we both experienced psychological safety during the process. This safety was no doubt informed by both authors having experience in fine arts and creation processes. This is not to say, however, that the methodology was without challenge. We took risks in our conversations and meaning making as well as with our artistic endeavours. Neither author had prior experience with acrylic paint pouring, for example. Strategies for navigating experience and sensemaking are evoked through our texts above and Supplementary File S1.

The strength of this duoethnographic text is that it presents the challenges we experienced as educators and learners, which are each inflected by our personal situated circumstances within the pandemic context. The pandemic challenged our capacity to establish a productive academic supervisor–learner relationship. We overcame this challenge through art/o/graphical and visual diary processes. The pandemic context additionally challenged Daniela’s capacity to undertake postgraduate research; her research participants were busy and stressed clinicians and educators who were themselves trying to navigate clinical challenges posed by the pandemic, and participant recruitment to Daniela’s research project was therefore slow. Both authors were challenged by our social situations—with Daniela being isolated and Tanisha working from home with young and sometimes very sick children. Our strategies to overcome these challenges were to strengthen our friendship and connections with others, build a Community of Practice, meet when lockdown rules permitted, and create uplifting art together.

In M&HP education, a Community of Practice refers to a cooperative group of professionals united by shared interests, collaborating to improve their skills, cultivate expertise, and accumulate institutional knowledge [54]. Communities of Practice help foster relationships and learning cultures [55]. They also build connection and feelings in members that peers care about each other. Communities of Practice arose a lot during the pandemic and have been shown to add considerable value to educator experiences [56,57]. Our Community of Practice (which included multiple educators) created value that enabled us to overcome challenges posed by the pandemic, and we would therefore recommend them to other health profession educators.

We additionally recommend psychological support, wellbeing initiatives, and arts-based practice as potential mechanisms to support educators and learners both during and following the pandemic. Mental health support for M&HP educators has been recommended elsewhere [58,59]. Carlson et al. identified “high levels of psychiatric symptoms among educators during COVID-19” [60]. They note that mindfulness and psychological flexibility can help mitigate this. We found that arts-based practice helped us improve our psychological wellbeing too. This may be because we enjoy fine arts and arts-based activities, but we noticed that many people do. Future research regarding arts-based activities for improving the wellbeing of educators is warranted.

5. Conclusions

The aim of this duoethnography was to explore how the COVID-19 pandemic informed our teaching and learning experiences in M&HP education. This article demonstrates that pandemics—particularly ones that involve substantial lockdowns—create significant challenges for educators and learners in M&HP to overcome. We recommend Communities of Practice, psychological supports, acts of care (including self-care), wellbeing initiatives, and arts-based practice as potential mechanisms to support educators and learners.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/covid4030022/s1>, Supplementary File S1. Daniela and Tanisha's Visual Diaries February 2020–September 2021.

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