

# Finding Voice and Vulnerability Through Virtual Learning

By Joseph Rivera, SPT

## Heading

In Fall 2021, I started as a Student of Physical Therapy (SPT) with a hybrid remote/in-person course schedule. In our Professional Leadership and Practice course, we began the semester with discussions about safe spaces, identity, power, and privilege. These conversations can be challenging under the best of circumstances, but this challenge was compounded since we were holding our discussions remotely and with people whom we barely knew. One of our earliest classes focused on identity and our personal experiences with our various identities. As a Puerto Rican man who has spent a lot of time in predominantly white, elite educational spaces, I have given a lot of thought to identity presentation and how I am perceived by others. It was clear to me that many of my classmates never truly had to examine their identities in this way due to the various positions of privilege that they occupied. I was nervous about sharing my own experiences with relative strangers, and, based on previous experiences, I was convinced that nothing productive would come out of our conversations.

Nonetheless, holding our initial discussions virtually gave me a protective buffer as a marginalized voice. As our discussions progressed, I became more engaged and aware of everyone sharing space and being heard. Having to unmute to talk, I needed to be certain that my comment was worthwhile. Was I being truly thoughtful? Was my observation relevant and related to the previous speaker's discourse? Was I speaking just to be heard? Was I invalidating the experiences of others? I consider myself a good listener, but remote learning made me more conscious of my habits, my intentions, my insecurities—but also, my need to connect and make myself heard, make myself visible. I found myself tuning in more keenly and really weighing the value of contributing in addition to making sure that I was as focused as possible with my contributions. I noticed my classmates doing the same.

Thinking back, the conversations we had were uncomfortable, but they brought us together as a new team of classmates and physical therapists. These discussions were always going to be challenging, particularly at the start of the semester. However, holding them remotely increased the urgency in

connecting with each other and helped us surmount the daunting challenge of being completely open with a group of strangers. We engaged in vulnerable and honest conversations with each other; I even had classmates say that they examined their own race, gender, or educational privileges in ways they never had before. I spoke with a few people who changed their minds about the nature of privilege, how it affected their lives, and how it will affect their patients in the future. I certainly changed my opinion about the value of such group exercises, and I thought more about how to best treat my future patients. I do not think these conversations would have worked as well in person.

My experiences with remote learning also improved my in-person focus on conversations and connections with others. Having remote classes reminded me of the intention and gravity that I should be bringing to my in-person interactions. Before the pandemic, I did not give as much conscious thought to my interactions with others. After remote learning, I realized this was a mistake. If, as professionals, we are truly going to use a biopsychosocial model, we need to make sure that each portion of the model is given appropriate attention. I want to bring the same focus that I brought to meeting the challenge of remote interactions with my classmates to connecting with my patients, hearing their stories, and meeting their needs. It does not matter whether my patient interactions are remote or not: building a rapport with urgency, focus, and intention is what matters.

As our semester continued, I thought about what remote learning would mean for me as a practicing clinician in the future. Many of my classes included asynchronous material that I was free to complete on my own before class. In the past, this information would have been covered in a class session, but we were able to save time and focus on more complicated concepts during our synchronous sessions.

The first connection I made was to telehealth; as with our classes, there are certainly some visits and treatments that necessitate an in-person meeting. However, I also realized that not every interaction has to be in person. I began to consider situations in which it might be possible to give follow-up with patients or give them the care they require and deserve without an in-person meeting. Are there simple drills or exercises a patient can complete without in-person supervision? Can any assessments of pain or progress be made remotely? This would allow us to truly make the most of the in-person sessions that we conduct.

Without a doubt, the pandemic has been a terrible experience for the world, but the experience has also taught me valuable lessons about making and maintaining connections with others, the importance of knowledge and learning in the face of adversity, and how important it is for me to support others as best I can. My goal is to carry these lessons forward with me in my practice as a clinician, and, because of our shared experience through this pandemic, I do not think I will be alone in doing so.

## *About the Author/s*



Joseph C. Rivera, SPT, Certified Strength and Conditioning Specialist, is a first year Doctor of Physical Therapy candidate at Columbia University. He graduated from Brown University in 2005 with a Bachelor of Arts in sociology. He has carried his interest in how individuals and communities are connected into his work as a strength coach and SPT, with particular interest in the biopsychosocial model. He looks forward to working with athletes of all skill levels, as well as with traditionally underserved communities. He lives in the Bronx with his wife and two children.