



# Undergraduate Journal

## of Service Learning & Community-Based Research

### What It Takes to Lead During COVID ...at Least from My Experience

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Founding a program is never easy, especially during a global pandemic. This was the predicament I found myself in as the President of the student organization, Stepping Out in the spring of 2020. However, this predicament allowed me to help pioneer a program that helped lay the groundwork for other virtual volunteering programs at the Johns Hopkins Hospital (JHH). This reflective piece will share my observations from the process of creating this program. Additionally, after almost two years as President of Stepping Out and three years as part of the elected board (E-board), this piece will also highlight what I have learned about leadership and providing clinical community service. This reflection will present the considerations that have to be made when creating and leading a virtual volunteering program and insights into mistakes made and how to avoid them. Finally, it is my hope that this piece will prove to be insightful for future student organization leaders.

It is quite an understatement to say COVID complicated the prospect of in-person volunteering. In the spring of 2020, hospitals were placed on high alert, University courses suddenly moved online, people were scrambling for toilet paper, and everyone was trying to figure out how to mute or unmute on ZOOM. Amidst this chaos, student organizations were put in jeopardy. I had just taken over the position of President of Stepping Out. The transition process was relatively seamless, and the former President and treasurer graduated and were off to do more incredible things. The major challenge lay when Stepping Out could not offer any form of in-person community service. This was especially problematic since community service is central to Stepping Out's mission and what we primarily offer.

Stepping Out typically visit all the patient rooms at the Comprehensive Transplant Center at the Johns Hopkins Hospital (JHH). During these visits, we offer patients cathartic relief by providing them with someone to talk to, laugh with, or complain to. If patients are up to it, volunteers walk with them around the floor to help with physical therapy. It is a great experience, which I have learned a lot, and I take great pride in assisting patients to have a window to escape the confines of their hospital beds. However, with the rise of COVID, the JHH and the center had closed their doors to visitors. This put Stepping Out, an organization that primarily volunteers with patients, in a bind. It was a completely understandable and reasonable decision given the deadly nature of the virus pre-vaccine and the vulnerable state of our patients in the department to get transplants and often have existing comorbidities. We expected to be back volunteering in-person once the numbers died down by the summer or once the vaccines came out. However, over the following months, as the numbers kept increasing and through weekly phone calls with the volunteering office at the JHH, the hopes of getting back in person looked bleaker and bleaker. Hence the E-board and I were faced with the dilemma of how we can continue offering cathartic relief for patients when we cannot visit the patient's in-person.

To start, I knew my volunteers were ready to do something. For many of them, clinical volunteering was why they joined the program and the main incentive that drew them into the student organization. As their President, I felt personally responsible for providing them with opportunities to serve patients. That is not even considering my responsibility to the patients themselves, who were stuck in an incredibly isolating environment which was made worse by their isolation from visitors. Hospital rooms in the transplant center are dark singular rooms for most of the day. You would have a TV, bathroom, chair, and hospital bed. The volunteers at Stepping Out provide the necessary service of offering to be that individual a patient can feel comfortable venting with, crying with, or simply relaxing with. This is a crucial supportive role for patients who have family members who live far away and cannot visit or do not have family members at all. In addition, these patients are often in a foreign environment for days on end in that dark room. When one puts themselves in the patient's role, one can envision how more than ever, having someone to talk to is invaluable to patients during this challenging time of COVID. Hence, as an organization, we felt the need to create a virtual program that allowed us to once again connect with patients. Additionally, with the thought that the pandemic might last longer than expected, it was essential not only for patients but for the successful continuation of the student organization that we were able to offer some type of virtual volunteering.

These are just some of the considerations I had to make when leading a volunteering organization. These considerations and understanding of who exactly you will be serving are vital in guiding an organization in the correct direction that would allow them to enact the most meaningful impact. As a leader, one will be under more pressure than most, whether that be personal or from outside forces. During such a time, it is easy to wilt and say there is nothing you can do, especially in the face of a global pandemic. Many a time, I did feel this way. Still, I also thought of it like this outside of serving my members and the club; I wanted to become a leader of this student organization because I wanted to make it something greater. I wanted to make it into something I am proud to leave my impact on, and this pandemic could be that opportunity for me to make the organization better. There is a silver lining to this predicament, and it is up to the leadership team of the organization to take advantage of it.

When I reflect on how the program first got off the ground, I have to say that I was fortunate that the volunteering office was on board and was already interested in a virtual volunteering program. But it still required a lot of back and forth communication to get the virtual volunteering program off the ground. Therefore, I would recommend for anyone planning on such an initiative in the future, communication is critical. It will take more communication than expected. Ensure both sides, the E-board, and the volunteering location supervisors, are on the same page and up to date on progress. This makes both parties accountable, builds trust, and reduces miscommunication and hiccups. That being said, the process can take longer than expected. This may leave your team and yourself impatient and frustrated. However, it is important to remember, this drive you and your team possess and the timeline you are holding yourself accountable to may not always be matched by the respective parties, so it is essential to keep the communication going to keep pushing forward the idea but also tone down things a bit. The goal is to make a good program, not to make it quickly; after all, it is better to have a program that takes a while to complete than one that starts quickly and burns out just as quickly. The team just has to work with the process; things will undoubtedly get held up, liability issues may pop up, and items might get permitted one second and then canceled the next; that is just the

way things are done, and it can be frustrating at times. For example, we could not have anticipated that playing music or playing video games with the patients would not be allowed due to copyright and liability issues or that our previously approved plans for a travel talk show were canceled due to fears of homesickness by patients after we had already spent weeks planning it out. In fact, it is very easy in the face of all this to have that sentiment to want to excuse yourself due to the pandemic and give up on getting the program off the ground. But do not give up; remember why you want this program to succeed in the first place, be patient with the other party, and communicate with them. Offer ways you can help or take the initiative and make the calendar for them or draft up a plan for them. This harkens back to an engineering class I took. If you want customers to buy your product, make it as easy and accessible as possible. In the same vein, if you want your project to move forward, make the process of approving it or creating it as easy and straightforward for the other party as possible. This is where leaning on your team is so important and an area I could have improved upon.

Speaking for myself, it was easy as a leader to fall into the trap of focusing too much on the idea that I should lead by example, especially as the most veteran member, I wanted to show the rest of the E-board that I can lead and that they should trust my decision making. Hence, I took on the majority of the work which would be a mistake and at times was overwhelming. I would definitely address this if I were to repeat this process and something I revised in my leadership style moving forward. The purpose of the E-board is to support you, the leader of the student organization, and the direction together the E-board wants to take the club. Trust your E-board and give them opportunities to input their opinions, give them opportunities to see and build on the big picture. The point is to rely on your team, trust in your team, be willing to delegate some of the responsibility to them, and with more voices and, quite frankly, more people with skin the game, the more likely the project will succeed. Having all the responsibility and the success of the program rely on one fulcrum is extremely risky. Sometimes a good leader has to relinquish some control and let the other leaders of your team have an opportunity to step up.

For the sake of patient care and the continuation of Stepping Out, two months into the pandemic, I had to conceptualize the logistics of a program from the ground up that ensured continued care for the patient community. This required a lot of brainstorming and back and forth with the volunteer office. During this time, it was vital, and something I think as a team, we did well, to put ourselves in the patient's shoes and imagine what they are looking for from a virtual program. It helps to have volunteered with this community before. In reality, what the patients wanted in a virtual world, was what Stepping Out has always offered them - companionship. One cannot and should not provide any medical advice; that is not a volunteer's role. A volunteer's role should be to help patients during that thirty-minute to an hour session escape from the confines COVID has placed upon them. This is the goal we set out to accomplish.

I had to also re-consider how patients would feel in a virtual environment. It is vital to remember most people who are receiving transplants are older, hence technology is not necessarily their strength. There is a wealth of resources available via ZOOM and other virtual platforms. Still, these tools are useless if the community one is working with does not feel comfortable using the tools. For example, during one of our sessions, a patient took around five

minutes to understand the mute and unmute functionality of ZOOM. So, from the patient's point of view, it is essential to consider what will make their life easier in accessing this resource offered. Secondly it is vital to assess what the organization being offering. Is it trying to replicate the in-person experience? How can volunteers effectively uplift patients while virtually replicating the intimate in-person visits? Is it possible to replicate the in-person experience? Is the organization trying something new that is exclusive to a virtual platform? Can the community easily interact with these new tools, and importantly is this something they want? For my case, we sought to initially replicate the in-person experience with time slots where patients could come into a ZOOM room and talk. We also experimented with different activities, such as playing video games, chess, or checkers (games that we felt were age-appropriate to the community we were servicing) via a virtual platform. What we quickly found out was it was unwieldy for the patient who oftentimes had audio issues or background hospital noises, which was further complicated by the fact that to offer this experience, the volunteer office employees had to don full PPE gear, in order to deliver the iPad to the patient so that they could talk to us. It was simply unfeasible, so we had to adapt to these unforeseen challenges to continue offering the type of care we wanted to provide to patients.

This brings me to my next point, adaptability. Adaptability is vital to the success of any program; regardless of how well you "put yourself" in others' shoes, unforeseen things will pop up. For example, we ran into issues of verifying everything we were doing by the hospital legal team, which led to the approval process being prolonged, which led to volunteers having to change their scheduling due to the summer ending and the fall semester beginning. Remaining flexible and communicating these changes as they happen both with the volunteering office and other volunteers was how we could accommodate these changes without having the entire program having to be halted. However, over-communication can be an issue as well. For example, we ran into another problem. With the rising and falling of COVID numbers, the hospitals' policy of opening in-person volunteering shifted almost on a bi-weekly basis. This led to me sending update emails about the hospital opening up and then apologizing for postponing the reopening on a bi-weekly basis. At some point, with all the apologizing, like the boy who cried wolf, your word counts for very little and losing that trust with essentially your constituency hurts. This is an example of how over-communication may have led to what I observed as a decline in interest. The volunteers no longer trusted that opportunity to remain open because of the past behavior of these opportunities closing within two weeks. If I were to redo my steps, I would have maintained the weekly communication with the volunteering office; however, despite knowing it is essential to keep the volunteers informed and transparent, it is even more important to give them reliable, accurate information. Make sure an opportunity is confirmed before lifting the volunteers' hopes.

When we finally held our first session of virtual volunteering after adapting to these unforeseen challenges, it was initially well-received. We held live cooking shows and live pet shows, anything we felt would be entertaining for the community. It allowed both patients and volunteers to finally have someone to talk to. During this time, I helped facilitate and provide plans to address complications that arose as the program grew. However, the attendance numbers quickly fell, and we eventually stopped the program due to [ZOOM fatigue](#) among the patients. Once again, one has to put themselves in the patient's shoes in order to understand and adequately address this unexpected event. When in-person, most of the time, patients are already

too tired to have the energy to talk and those who did sometimes required some coaxing to open up to a volunteer. So, upon reflection, it is no surprise that this behavior would continue especially in a foreign virtual environment, despite the contrary belief that with COVID, patients would be yearning for more people to talk to. In this case, it was easy to think one knows what patients want, but without actually being in the patient's position it's incredibly difficult to truly know. Furthermore, even when patients' inputs was incorporated into the initial founding of the program, the needs of the patient change as they begin experiencing the program hence why it's important to continually elicit feedback and incorporate them. As a volunteer organization, we once again had to be adaptable and shift focus, but also, more importantly, as an organization focused on offering that cathartic care for patients, we need to always focus on what the patients want, not what the leader thinks is most beneficial, or what the volunteers want. The goal of helping patients and the community at large and how to help said patients and community with what they actually want and need should always be prioritized.

As a leader, ambition can run afoul of this ideology. I was very proud of the program. But if the patients do not see it as beneficial to them, that takes precedence. Your ambition may tell you: I will make the program even better, I can make it work so we can offer more aid and adapt to satisfy the patient's need, but if conceptually this program is not something the patients want or need right now, the efforts may, in the end, be futile. It is easy as a volunteer to want to help a patient in any way you can; despite the good intentions of the volunteer, this can be overwhelming for patients, or it might not even be needed at all. That is why restraint is so important. As a volunteer, restraint reminds oneself that patients come into the hospital because they are ill, and a volunteer's role should be to help the healthcare team most effectively stabilize and heal the patient. Do not let personal ambitions or desires cloud your judgment. The goal of community service or clinical community service, in this case, is helping that individual, focusing on the patients and how you can, within your abilities, help them. If that means cutting a program and putting your efforts elsewhere, so be it. However, you can also learn from this experience, understand ZOOM fatigue, and learn how to offer virtual programming effectively. You can reshape the programming with a renewed focus on what patients are requesting, such as helping patients virtually connect with family members and perhaps write a reflection essay out of it.

Despite its shortcomings, our virtual volunteering program continues to offer great insight to the JHH. It sheds light on the difficulties of virtual volunteering and best-serving patients via a virtual modality. To conclude some final tips, when running a volunteering organization, make sure to diversify the offerings, in a way like stocks, by diversifying your portfolio of what the student organization offers (For example: offering in-person volunteering as well as a lecture series); it helps minimize the risk of the student organization struggling and maintaining adaptability when unexpected events occur. However, even if the organization finds itself in the unenviable situation of having to find last minute opportunities, stay positive. It may be hard because of the pandemic, the anxiety, the sense of responsibility, and opportunities being slim, but keep trying, remember why you wanted to take leadership or even volunteer in the first place. Lastly, it is vital and, once again, something difficult to do when you cannot offer in-person community service (hence another motivating factor to diversify your offerings) to keep volunteers and even your own E-board motivated and invested in the student organization. People lose hope if they do not feel like there is any hope of volunteering. There is no way

realistically to replicate meeting or volunteering in-person identically, but whether through colorful emails, gifs, memes, etc., at the very least, make the volunteers aware of your presence and efforts by being transparent with them. They, too, understand the situation and are accommodating if you remain transparent and keep them posted. Through that, hopefully, together as an organization, we would be able to get through this pandemic together.

Despite all these seeming setbacks to the virtual volunteering program and its eventual closure, the lessons gained from this leadership experience gave me the insight to expand Stepping Out into virtual panel and the confidence to pursue additional funding opportunities for the club. As ironic as it is to say looking back, I would gladly take those failures again. As much as they hurt in the moment, they are learning opportunities because they were what made my organization and I flourish, and off the back of those setbacks, even better opportunities for patients and volunteers were born. As the old adage goes “you live and learn.” These experiences of overcoming challenges will serve me well as I embark on future projects, and hopefully, they will prove to be helpful to you in your journey leading a clinical community service organization.