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5TH ANNUAL PHYSICAL THERAPY ESSAY  
CONTEST WINNER  
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In the fall of 2021, I started as an 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 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.

Starting our discussion virtually gave me a protective buffer as a marginalized voice in the class and surprisingly made me keenly aware of everyone sharing space and being heard. Having to unmute to talk, I needed to be certain that my comment was worth unmuting; the comment needed to be truly thoughtful and relevant and related to the previous speaker's discourse. Was I speaking just to be heard? Was I invalidating the experience of someone who was less privileged than I am along a certain axis? I consider myself a good listener, but remote learning made me more conscious of my habits. 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.

The conversations we had were uncomfortable, but I felt that we were part of a team. My classmates and I engaged in vulnerable and honest conversations with each other; I even had classmates say that they'd changed their minds about their own privileges over the course of the conversations we had on Zoom. I certainly changed my opinion about the value of such exercises. I do not think these conversations would have worked as well in person, without the added urgency of making a connection with each other.

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 that 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 to connecting with my patients, hearing their stories, and meeting their needs that I brought to meeting the challenge of remote interactions with my classmates. It does not matter if 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 this 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 by covering the asynchronous material first. 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 that 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 capitalize on the in-person sessions that we have.

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 I do not think that I will be alone in doing so.

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