Michelle Lore Interview

Research Electronic Data Capture (REDCap) Application Specialist, University of Illinois Urbana-Champaign

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SPEAKERS
Jenna Courtade, Michelle Lore

Jenna Courtade 00:10
Today is Monday, June 20, 2022. We're meeting via Zoom, to discuss REDCap, and its role in the SHIELD response for inclusion in the University of Illinois COVID-19 documentation project at the University Archives. My name is Jenna Courtade, and I'm a graduate hourly [employee], representing the University of Illinois Archives. And I'll introduce you, Michelle. I'm here with Michelle Lore, the Research Electronic Data Capture, or here on known as REDCap, application specialist at the University of Illinois at Urbana-Champaign. During this past pandemic, Michelle has also served on the C delta operations committee. Prior to her current role, she has served as a human specialist, research specialist and coordinator for over three years at the university. So, thank you for being here with us, Michelle. And I'm just gonna get straight into our questions. We'll start off with some general reflection, and then get more specific about REDCap. Okay. So first, I want to ask, did the emergence of COVID-19 have any effect on your work or workplace prior to that initial lockdown, period?

Michelle Lore 01:42
Not that I can remember, I think just the kind of sense of not knowing what was gonna happen, and being kind of like on alert for like, what, what, what will happen? What do we need to do? We, like I can't, I can't remember anybody, like, coming to us and asking about it. I know that we were at some sort of technology related meeting earlier the week before lockdown started. And I could look back on my calendar and let you know at that meeting what that group was. And I was just supposed to be presenting on like, what REDCap is, and the whole entire meeting was taken up with, like the tech people talking about, like, how do we make sure? Like the like, Cisco is in place for all of the people who need to? What is it VCL? Is that what it's called? Where you like remote in? VPN? Yeah. Yeah. Like, they were just like, we need to make sure like, we have enough support for VPN we need. And so, it was just like, all this stuff. And my supervisor and I, Joe, are in that meeting, and we were kind of like, oh, like, this is a lot like, and we weren't, we weren't really prepared for that. And then, you know, from just like the work from home side of things, I expressed some concerns to Jill, that Wednesday of the week before lockdown started, like, what's going to happen? What do we need to do? And she was like, well, the directors aren't really worried about it. So, we'll you know, we'll let you know when we know about it. And so that was Wednesday. And then Friday, we were told to bring home everything we needed to work for two weeks. And then I didn't go back into the office per year. And so, it was like it just have it just all happened so quickly. So, any effect on my work or workplace before the lockdown? I feel like it all happened so quickly that it didn't, there wasn't really a chance for it to affect anything. Yeah.

Jenna Courtade 03:50
Yeah. You know, you just hear you hear Inklings about it. And then all of a sudden, everything just went everywhere. So okay, and so when you did end up working remotely for that year, how did that, like change your work responsibilities? And like, did you and like, so not only your work responsibilities, but how you worked? As like, you know, when you're working at home versus working in the office, you as, like a worker have very different like, tendencies or like strategies that you have. So, can you talk about that, please? Yeah.

Michelle Lore 04:32
So, when we first started working from home, my husband and I had our home offices in the same room because neither of us ever worked from home. So, we're just like, oh, both of our computers are in this room. He's a professor, and it became very evident very quickly that this was not a long-term solution. And so, because it would be like if he was teaching, I needed to be in a different room or if I was in a meeting and he needed to be in a different room and so Um, so we, you know, went, he ended up getting his own home office, which really, maybe saved our marriage. I don't know, that's not true. But, um, in terms of responsibilities, like I especially, and we'll get I know, we'll get more into the actual response to COVID. But I am a person who likes very clean work life boundaries, which is why I have chosen to be back in the office when a lot of my colleagues have not chosen that, because I like having sort of a transition period, that's like, okay, and now I'm at work, and now I'm at home again. And so, to have your, like computer, in your space that you're like, I sit there all day. And now I sit in this chair and read in the evening. It really, it kind of messed with, like, my personal archetype for work life boundaries, which got even more messed up once I started working on the COVID pandemic. And so it was trying to be very clear about like, okay, so I will start work at this time, and end at this time, and I'm going to take a walk at lunch, and I'm going to, like, take these breaks, because I feel like it was so it would have been so easy to just be working all the time without that transition period that I kind of naturally have built in. In terms of work responsibilities. There weren't any immediate changes at first, I mean, my workload went down a lot right away, because I wasn't involved with the response yet. And, you know, I support researchers on campus, and everybody is trying to figure out how to adapt their research. And so, they didn't know when they'd be able to bring people back into their labs, they didn't know how to do observations over zoom yet, like there. And so like, there was just like, the sharp decrease. And so, it was kind of like, okay, what do I do? And so, I was like, doing like professional development, development Coursera classes to kind of like, fill my time and things like that. And then that time evaporated very quickly. A little bit later. So,

Jenna Courtade 07:11
yeah. So yeah, let's get into REDCap. You mentioned very briefly that you support researchers, but could you just for, like, future listeners, would you mind explaining what tests REDCap is and how it functions?

Michelle Lore 07:29
REDCap, like you mentioned, at the beginning of the interview stands for Research, electronic data capture, it is a data collection platform that was developed by Vanderbilt University in 2004, specifically for clinical trials. And they needed something, you know, they have a huge Medical Center at Vanderbilt. And they were not happy with any of the solutions for collecting data that might not

necessarily be HIPAA protected. HIPAA is the federal medical privacy law, or regulation. I don't, I'm not sure what just actually. And they weren't happy with any of them. So, they developed their own platform. And then they started, they have a grant from the federal government to like, maintain it, and you know, keep doing software upgrades and things like that. And so, I think two years after they developed it internally, they started licensing it out to other universities, and hospitals, and nonprofits and things like that. So, we've had REDCap on campus since 2019. I was the main person working with it. And now we have a little small team, but a team nonetheless, which is really nice. But it is, you know, a survey platform that also has capabilities for direct data entry. And so, for anybody listening who is familiar with Qualtrics, or Survey Monkey, or even Google Forms, it functions similarly to that, but it is capable of having pH i or other health related data in it. And it is a little more flexible than some of the other options in a lot of ways. And so, yeah, so that's REDCap.

Jenna Courtade 09:20
Okay, so now, can you talk about how that like beginning time when you became involved with like, SHIELD and REDCap together? Um, yeah,

Michelle Lore 09:34
yeah. So, I was actually I don't I don't know if this is strictly relevant, but I'm gonna mention it. So, we, the university was actually initially approached by the Illinois Department of Public Health to help them in some of their responses to the pandemic. And so, my first work related to COVID was actually in support of IDPH where they have their own REDCap installation, I think they had of just a very small REDCap team, I think they might have also been one or two people. And they were stretched very thin. And so, the first thing I did was actually build surveys for them in REDCap and their REDCap installation, too. There was one that was about like reporting, like supply needs from like testing sites or laboratory sites, I think. And then the other was about like test results. And so it was like this daily survey, that that I programmed for them, going to these various testing sites and around the state. And so, through that, I kind of got connected with a lot of the other people who were, you know, tech related programmers who were, I'm guessing Paul's here. Tip people who were involved with IDPH, as well. And then we, we saw I was connected with them. And so, then a few weeks later, you know, Marty Burke had been working on his saliva assay, or whatever it is, this is that science part I know very little about. So, I hope I hope I'm not caught on to answer questions about that. But

Jenna Courtade 11:27
the,

Michelle Lore 11:28
they needed to test that and the way they needed to test that was to compare nasal swabs to saliva samples to see if the saliva sample was equally as effective as testing it as a nasal swab. So, the first thing we did with REDCap. And this was, they really just wanted a data entry form. For people, data entry staff at McKinley to report this is what the saliva sample or the you know, the nasal swab sample results is for this record ID number. And then they would enter that into REDCap. And then the research team would get that and be able to compare it with the saliva results that were being processed at the Veterinary Diagnostic Lab or VDL. So that was the first thing we were given, like a

one-day turnaround time to build that, that survey or project for them, which is fine, because it was it was really simple, a really simple project. And so that was the first thing I did with them. Yeah.

Jenna Courtade 12:37
Okay, thank you. Um, so could you talk about wealth? So, with the archives, you shared, like, these different monthly SHIELD surveys? And would you mind talking about those and how they played like, they played into the university's response? Yeah, your point of view?

Michelle Lore 13:02
Yeah. So, I'm not sure how that got started, like, whose idea it was, I don't have any of that history. I know that. Dr. Becky Smith, and veterinary medicine was kind of the leader of that. And then a group from the Center for social behavioral sciences, they were in charge of developing and piloting that survey with a group, I think they use like a survey research firm to help them get a pilot population for that. So, because it had health related data in it, they wanted it to be in REDCap, rather than Qualtrics, or Survey Monkey. And additionally, because I was an impartial third party, like I wasn't part of the team, then they also felt like that was a good kind of safety mechanism that I wasn't going to go pry into people's data or anything like that, which I would never do for the record. And so, they tapped us as REDCap to, you know, once the survey was ready, based on the piloting and everything for us to build it, and then field the survey via web tools, the big mass mailing is that web tools Yeah. And so, the original idea behind it, because we still knew so little about, you know, the spread and everything like that was that that survey would be used to develop weekly testing schedules for people. And so, if you and then we would refine those testing schedules based on the data to say like, oh, well, these people are actually lower risk so they can test these days or and So there were kind of three risk groups, there was social risk, work risk, and then just like miscellaneous other. And so, if somebody was a social risk, the idea was that they would test essentially before they would go out and party for the weekend. And so, they would need to test on, I think Thursday to try to catch them before they like went out on Friday night to so that they would get their result and then be able to isolate if they were positive. Work risk was, you know, your biggest risk was related to working in person still. And so, then they had a different schedule, predicted, and then the other risk was going to fill in just wherever. And so, we sent out the first survey in August to try to, you know, get this data generate these schedules. response rate is not good. It never was for surveys. And then when people were assigned to their testing schedules, there was a lot of unhappiness. There, people were not happy with being told, you need to test on like Monday and Thursday, or Tuesday and Friday, or whatever. And so, the whoever I don't know who made this decision, but somebody made the decision that like, Okay, we won't do testing schedules, everybody just has to test twice a week. And then the immediate data view that you didn't need a survey for showed that, you know, faculty and staff, and grad students, I believe, were at lower risk than undergrads. So, then faculty, staff and grad students went down to testing once a week, undergrads twice a week. And then some undergrads depending on like, where they lived, if they were in like a hot spot for COVID, then they would test like three times a week. The original idea behind the survey was to help generate these testing schedules. When the testing schedules were no longer going to be pursued, you know, somebody, somebody higher up than me made the decision that they still wanted to collect this data, monthly. And, and so I'm not sure entirely what was done with the data, because we would just send after the survey closed each month, we would send it over to NCSA. And NCSA had a group of analysts who are working on it. And so, I the one thing I know that they did with it is they

looked at behaviors and then likelihood they matched it with data from McKinley of whether or not somebody tested positive and when. And so, they were able to link behaviors and identify the riskiest behaviors based on like, when somebody tested positive. So, I think they did something called survival analysis, which the dependent variable is basically like, how long it takes you to have some, some result, which in this case was positive COVID test. And so yeah.

Jenna Courtade 18:20
Thank you, that's really interesting to hear, like, the initial plan behind these surveys, so thank you. Um, but also, I pardon me if we've kind of touched on this, but when, like, so, we've talked about the importance of using REDCap for protecting medical, like private medical information. How exactly is it like embedded in the like, program? Or could you talk about that briefly?

Michelle Lore 18:56
Yeah, sure. So, um, some of this is like the back-end stuff that I have a counterpart in research it who kind of handles the backend stuff, but and this is, you know, so our REDCap instance is built in a HIPAA compliant Amazon Web Services space. And so, there's a lot of protections built in to just like, and so it's in the cloud, but there's a lot of protections, access is very limited. I don't have access to the back end only my research its counterpart, and then his backup do and then. So there's that and then AWS does a lot of resiliency and protection stuff to ensure that you know that there's not going to be hacking that there's not going to be like if there's a tornado that takes out where are you know, the server that our cloud is on then like there's a another server that that is the backup so there's a lot of disaster recovery, resiliency stuff in there. In terms of the actual data collection for are so in terms of access to REDCap, it's pretty shut down, like you have to request access to the system, you have to do HIPAA training through the UI system. And you have to show us you have to prove to us you did HIPAA training. And then when you, when you get an account created, you only have access to either projects you've created or that somebody else has given you access to. So, it's not like you get access to the system. And then you can see all the data that's ever been collected in any survey in the system. So, for this, and I kind of mentioned before that, you know, as an impartial third party, we didn't really care about this data, we were just being asked to do it. So, for this, you know, myself, I can check. myself and one other person, I think, are the only people who have access to this project. And yeah, so just me, and then somebody who was also involved in the pandemic response, who works in technology services, but he handled the kind of API code data transfer to NCSA every month. And so that's why he needed access to the project, because he has API coding skills that I do not have. API stands for Application Programming Interface, if that was gonna be a question. And so, it's, you know, it's very shut down. And then additionally, REDCap has really good logging. So, if anybody changes the data, or even like, looks at pages and stuff like that, you can see what they have done, and what they have looked at. And so, you know, if there is wish there wouldn't be in this case, because only two people have access to the project. But you know, if, say, we have like, hypothetically had an undergrad student on it, and then we could see that they exported all of the data, then we would, you know, be able to know that and like, address that really quickly. And so. So yeah, there's a lot of protections. I do like to say that REDCap is HIPAA capable, not HIPAA compliant. Because compliancy relies on researchers using the system doing the right thing, which they don't always do. But, with this project, since we were in charge of it, we could be pretty confident that the data was being protected to its fullest.

Jenna Courtade 22:40
Thank you, that that that makes a lot of sense. Um, I understand that REDCap was used to support the application for the SHIELD saliva tests. FDA, can emergency use, use authorization? Um, did you have any, like involvement in that? And can you talk about that and how it all played out?

Michelle Lore 23:07
Yeah. So again, I don't know how these decisions are made at the higher level, I'm just the REDCap. You know, peon down here. And so, my understanding is that something happened with the paperwork, and we needed more data to prove that the saliva test worked in order to get the emergency use authorization or EUA. And so, I believe this happened in November or December of 2020. They had collected some data previously, in support of this, but they had done it paper based where they had like paper consent forms, like they set up shop at Campus Recreation East Searcy, they had paper consent forms. And then they would like, as people were coming in to get tested, they would say, like, Would you like to participate in a study, it'll take like three extra seconds or, you know, however, they recruited people. And when they wanted to collect more data, they wanted to make it an electronic process. And so, Jill Schneider, my boss, I don't know, she's going to talk to you all. I think she plans on it. She was also involved in a lot of various things at a higher level than me. But she came to me, and she said, you know, they want to do this in REDCap. These are the things that it needs to do. Can you do it tonight, like basically was the thing and so this was one of those times when those work life boundaries really, really sucked because I was actually doing like a remote escape room with friends and my boss like called me and I'd like to walk away from my computer from the remote escape room. And then after the escape room I like worked for like four For hours to build this project and right, so I went to bed at like, one or 2am wasn't the only time it happened during the pandemic related to work stuff, but it was Yeah. So. So what that was I built an electronic consent form and HIPAA waiver, which is or HIPAA authorization. So, when they came in and said, Yeah, I'm interested in participating in this study, they there was like five comm centers that had iPads. So, they would read the consent form as a REDCap survey, sign it, it would then take them to a HIPAA authorization that HIPAA authorization approves the research team to get their test results from their medical record at McKinley. Even though McKinley data is not HIPAA protected, the university wanted to treat it as if it was it's FERPA protected not HIPAA protected at Campus Health Center. Then after the HIPAA authorization, it would take them to a survey that was like, Do you have symptoms? When did they start? What's your age, race, sex, and then it would tell them if they needed to. So, some people just provided saliva samples as normal and did not have to do anything extra. And then some people also provided nasal swabs. And it started out with only providing getting nasal swabs from people who were showing symptoms. And then that it's it, they weren't getting enough data. And so, then there were some like tweaks I had to make each night between each day. And so, I built that project for them based on their standards, and then updated it as necessary. The thing I really enjoyed about this project actually was I also went and like trained the concentrators on how to use the like, you know, just like how to talk about REDCap and with the iPads and like how to, you know, start a new consent form after you go after one person goes through it, and stuff like that. And so, I got to actually interact with people, which I have not done much of by that point in the pandemic. And then on the first day of data collection, I was like on site at CRC to help troubleshoot and update things as necessary. The big thing that I needed to update was like people would just click through and not stop to see if they needed to provide a nasal swab or not. So, I just like had to keep finding bigger and bigger pictures of stop signs to like put on the final page of the survey.

To be like, No, you need to stop here. And that helps but not entirely. So. Yeah. So, for that one, I built the project, I trained people on it, and then I did on site troubleshooting. So

Jenna Courtade 27:53
yeah, that's like full involvement. And you talk to the additional aspect of whether or not these human-like subjects will listen. Always, always up in the air. Yeah. You mentioned FERPA and HIPAA. Could Do you think you could explain for the listeners the difference?

Michelle Lore 28:24
Sure, I can try. So FERPA is a federal privacy law related to educational records. And so that is about you know, so when you're under 18, your parents are the, the in control of your medical record, or not medical and control of your educational records, when somebody turns 18, then they're in control of them. And so, it gives you the opportunity to, you know, review them whenever you request. But it also there's a lot of protections related to what they can and cannot be used for. So, for whatever reason, I don't know the logic behind it, even though McKinley is a health center because it's located on a school campus. The data at McKinley is FERPA protected, not healthy, not HIPAA protected. And so, then HIPAA is the medical privacy law. It primarily was designed for, I think, communication around health records between like insurance companies, or if you're switching providers and also at your employer, and how your employer talks to like your insurance provider and things like that. And so then, but then there's a trickledown effect from that to research, and so about appropriate access of medical records for research purposes. And so, like I mentioned, even though Oh, McKinley is FERPA protected. The university has its own classification system like high risk, middle risk, low risk for data protection purposes. And anything, this has kind of always been their stance, but especially with the pandemic, we're trying to be very, very careful about how people's data was used and looked at and by whom they really wanted anything remotely health adjacent to be treated as if it was HIPAA protected, even if it was not just because HIPAA has a little bit of a higher standard in some ways than FERPA for data protection.

Jenna Courtade 30:39
Thank you. Yeah. Okay, now we're going to briefly or that basically ends the REDCap related questions. Um, but I did want to ask about your involvement with the C delta operations committee. And, um, yeah, could you talk about your role with in in that? Yeah.

Michelle Lore 31:05
So, I know that there's the larger C delta group that they're responsible for some choices and decisions that are made, I'm not sure if they're still meeting and how often REDCap is going to keep coming up. So, I'll just warn you about that. Now. We tried to do a lot with REDCap early on for the pandemic that just did not work. We REDCap had only been around for about a year, less than a year when the pandemic started. And then by the time we were being tapped to participate in things it was about a little over a year. And so, we were really finding some upper limits of what REDCap was capable of. And so, we originally tried to have like, a reporting system for excused absences and REDCap and like, that didn't work. And we tried to have something called the QSR database, which is the quarantine isolation, release database in REDCap, and that just like, wasn't working. And so, a lot of that stuff switched from REDCap to a different Amazon Web Services thing called a dynamo database. And so, I

was involved with a lot of tech conversations with a lot of people from all over campus pretty quickly after REDCap got tapped for that very simple data entry to compare saliva samples and nasal swabs. And so once we realized kind of the limits of REDCap and started transitioning those things to other to other like, database systems, basically, we I just was still involved in all of these meetings. And so sometimes it was just to be like, there in case like, somebody had a question about REDCap. Sometimes it would be explicitly to, like, represent the survey we were doing and have people ask questions about that survey. And so yeah, I think it was just the thing where I was, like, already involved in these tech conversations. And so, when the C delta operations committee started, it was like, Oh, well, Michelle should be here for these. We were meeting twice a week, for a little while, for about a half hour, and then it went down to once a week. And then it went down to every other week. And now I don't think we need it all. I don't remember the last time we had a meeting, and so on, so that, and so that would be things where like, people would talk about, you know, issues with the app, where like, you know, the app is not transitioning people off of building access in the appropriate time, like, why and like, so recoating and so a lot of just tech conversations happening in that, that my background is not in technology services in any way. So, I understood, you know, a fraction of them, but it was still interesting and helpful to be part of those.

Jenna Courtade 34:11
Okay, thank you. Um, so now, those are most of the specific questions short, we're kinda gonna end how we began like, a little more like reflective if that sounds good to you. Um, so, oh, to you, you've, you've talked about all your work during this like, time and like the, I totally relate to the challenge of maintaining a good work life balance. Very difficult when you're working, where you live. But would you like to reflect on some of the most challenging Part of your work during this like pandemic, and especially like in that lock down period when you were working from home? Yeah, yeah. So

Michelle Lore 35:09
one of the things that was really hard for a lot of this is, I was like a team of one, essentially. And so, like I was the only the only person doing stuff with REDCap. And supporting REDCap. So, in addition to having to do my usual job of helping researchers use the platform for their own research, I had all of this other stuff piled on. And so, I was essentially working. Like, one 1.5, full time equivalents, or sometimes, you know, to two full time equivalents. And so it was, it was really hard. There was one night, I went to sleep at 4am, and then woke up at 6am, and kept working. And so that was, that was really, really difficult. And thankfully, I got good at asking for what I needed. During this process, I also got much more succinct in my email writing style, because I was like, I don't have time to add exclamation points to this to let you know that I'm not angry, like, I'm just sending this email and calling it, you know, and moving on to the next thing. So, during this process, I, you know, was like, We need another person, like, I can't do this by myself. And so, we hired another specialist who started in December of 2020. And she's actually partially funded by SHIELD, but she doesn't. Her primarily, her primary involvement with SHIELD is kind of helping with the, so all of that survey data that we were collecting monthly is now a data repository of people consented for their data to be included in a repository. And so, she, you know, did wrote the codebook for that, and helped clean up all that data and things like that. And so that helped bring some relief. And then when we had other asks from faculty, about COVID, or just large projects, you know, that there was a bigger because another part of this was like, I was also doing project builds for faculty who were doing COVID related research. So like

Chris Buck brook in MCV. And then we had a vaccine trial on campus that Dr. Joanne schissler was the PI for. And so, there was just like, never a shortage of work after a certain point and, and then I thought longingly about the days when I was like doing Coursera classes to fill my time. So really just the time and then I, I tried to set good boundaries, once the second person started, her name's Heather. Once Heather started to reestablish my good boundaries, which I was able to do kind of but not fully. And I'm back to my better boundaries now. Because my involvement with all the campus stuff has really decreased a lot. So that was hard. And then, you know, both me and my husband working from home just because of like space. And like, you know, he's a professor his voice carries. And so even though we were like, in different offices now, like, I could still hear him when he was on meetings, or like, he would need to do something, and I was in a meeting. And so, he like, couldn't like, you know, do it. And so just like the way space evaporates, when you're working from home with somebody else who is also working from home. So, yeah.

Jenna Courtade 38:46
So, you were you were excited to come back to campus? Or, I mean, maybe, how did you feel because I know that could be on one hand, like exciting to get your space back, but also after being away for a year. And like, Should we be back on? question like, how was that what you might? Not? Yeah, sure.

Michelle Lore 39:11
So, I started, I came back to the office, June 21. And I asked to come back. And there were a few different reasons for that. One thing was, we felt like the pandemic wasn't hard enough. So, we also decided to get part of our house renovated during the pandemic, and so, so space evaporated even more, and it was just that like, literally, I don't think there would have been a space for me to work at home comfortably. And so. So, I asked to come back. There was I have like one coworker who was already kind of back at that point. But most of the people in my office have decided to stay working from home. And so, there's A couple of I'm usually here every day. And then everybody else, in order to maintain office space, needs to be here three, at least three days a week. And so like, that's the policy that my unit has come up with. Yeah, so I wanted to come back. It was for space for that, like, you know, transition period of like my work life boundaries, like I was talking about earlier, I started, when I came back, I was in a cubicle. And the only person here and like, you know, the lights over the cubicle farm would like turn off at, like, if I didn't move enough. And then my boss was able to argue for me to get an office, which is really nice. And so now I'm in an office with the shutting door. And that also helps you feel a little bit safer with COVID related things. You know, I was fully vaccinated by the time I came back into the office, and there was a mask mandate on campus still, and then the mask mandate disappeared for a little bit because of the low numbers, and then it came back. And now there's nothing and so. But you know, there's not that many people on my floor, we share a floor with a bunch of other offices, but I sometimes I'll see somebody walk past my window, but very rarely. So yeah.

Jenna Courtade 41:22
Yeah, so it seems like, it's definitely like, of course, the pandemic is like, change this all in one shape or another. But it sounds like your office definitely has, like, looks very different, even if it can sometimes look. Normal, with people being there. But yeah, so yeah. Um, how do you feel about those type of changes? Like, do you? Do you think we've, like, reached a new era? Or, you know, like, how do you feel about that? Yeah,

Michelle Lore 42:03
you know, I, so my job is a little bit I HSI which is the unit that I'm in interdisciplinary Health Sciences Institute, what I do is very different from what a lot of my colleagues do, like, I'm, I'm Heather and me are essentially a glorified Help Desk, that like, you know, most of our job is helping researchers use this very niche software. And so, we really need to be responsive during the hours of eight to five. And so it is, and then a lot of my other colleagues, they also work with faculty, but in less have an immediate need to respond capacity. And so, they've been able to, I think, find, because, you know, pre pandemic, it was like, everybody's in the office eight to five, this is the dress code on Friday, you can wear jeans. And I, it seems like, in hindsight, you know, that schedule, and approach did not work for a lot of people. And so, a lot of my colleagues have been able to be more flexible in the hours they work, and especially because they don't need to be in immediate response with, with researchers the way Heather and I do, that they can. I know some of them, like, feel like they work better in the evenings. And some of them feel like they work better, you know, in the middle of the night and things like that. And so, it's just I'm not sure if I'm answering your question. But there's just I think there's a better understanding of that, you know, this working structure does not the typical working structure does not work for everybody. That happens to work for me, and I happen to like it. And I happen to have a little bit of a like, sorry, University of Illinois who is going to be saving this recording, I have a little bit of like an antiestablishment Ben, that's like, why should I subsidize the university's cost by like, using my own Wi Fi at home to like, do my job and so like, that's another one of the reasons I wanted to, to come back to be like, you know, there's all these resources on campus, like, why should I use my own resources at home, to do my job. And so that, you know, my office is flexible enough that I can come back here full time. Other people can come back three or four days a week, other people aren't back at all. You know, I think that's nice. I don't know if it will persist, or for how long? But it seems to be working for our unit right now. At least.

Jenna Courtade 44:51
Yeah, no, and I'm totally with you there. You know, it's your home versus Is your work? Yeah, so I totally agree with you on that. Um, okay, and I think we'll just do one final question short, um, it's gonna be very, very broad. So, answer it how you feel. But um, did you? Did you feel like you learned anything from this whole experience about yourself, your work, the university? Answer how you feel? Yeah. Hmm.

Michelle Lore 45:31
I mean, I alluded earlier that I developed a skill to be better at asking for what I needed. And so, in addition to being like, we needed another full-time person I also asked for, like service and excess payment, which I was really proud of myself for doing. That's not something I think I would have ever done. But like, you know, when you're working the equivalent of two full-time jobs, you should be compensated a little bit more, it was not the compensation on two full-time jobs. I do feel like the university overall handled that first year of the pandemic really, really well. You know, there, I don't know if you know this, but there was like, a kind of like a final for style bracket, somewhere of like, which schools would go home first, and like transition to online schooling first. And then like, so I'm from, most recently from North Carolina and UNC Chapel Hill, I think they sent people home within like two weeks. And you know, there were all these like outbreaks and things like that. And because we had

this, like mass surveillance testing, the university was really able to control those outbreaks really well. And I felt like because I was in a lot of these meetings, because one of the things I didn't mention was, this was related to the survey, there was kind of three groups there was target, the target group, the test group, and the tel group. And I went to the target meetings, because that's what the survey was, the survey that I was fielding was part of the target, to target who should be tested. And, and so like hearing the people in those meetings, like, make really informed points, and try to use science and analysis to make decisions was like really reassuring. It was like, Okay, we're not entirely guessing at this stuff, that there is some logic behind it, that we are listening to public health experts and things like that. So that was really reassuring, in a time when you feel like you have so little information. Okay. In terms of work, and just asking for what I needed. In addition to that, my supervisor, Jill Schneider, who I've mentioned 1000s of times, by this point. She it just became clear to me also what a good supervisor and mentor and advocate she was for me and also other people in our office not but she and I ended up working really closely on a variety of things during this. And you don't always get to have a boss that is an advocate for you. And so that was really reassuring as well to be like, okay, she's like she is on my side. She's on the side of, of boundaries of doing what you can. And so, we both worked really, really, really hard during that first time period. And we call it the dark ages now. And but so that was also a like, I knew she was a good boss, but I think it became very clear during that pandemic, that really pandemic work. Yeah.

Jenna Courtade 49:02
Yeah, well, thank you so much for sharing all this like technical and personal information. We really appreciate it. And you were our first interview, I will really yeah, very exciting. So, thank you so much. I'm gonna end the recording now.