



**National Academy of Medicine**

Action Collaborative on  
Clinician Well-Being and Resilience

# ***Supporting Clinician Well-Being During COVID-19*** **Webinar**

**Thursday, May 7, 2020**

**1:30 – 3:00 PM ET**



**NATIONAL  
ACADEMY  
of MEDICINE**

Founded in 1970 as the Institute of Medicine

# WELCOME TO THE WEBINAR



**Candace Webb, MPH**

Program Officer, Action Collaborative on Clinician Well-Being and Resilience, National Academy of Medicine



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# Agenda



- |                     |   |
|---------------------|---|
| <b>1:30-1:40 PM</b> | Opening Remarks   |
| <b>1:40-2:40 PM</b> | Panel and Moderated Discussion: Supporting Clinicians During COVID-19: Current Efforts, Needs, and Priorities |
| <b>2:40-2:55 PM</b> | Audience Q&A  |
| <b>2:55-3:00 PM</b> | Closing Remarks   |



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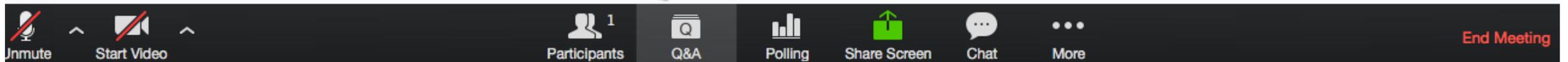
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# Audience Q&A



Please type in your questions into the Q&A box on your Zoom interface.



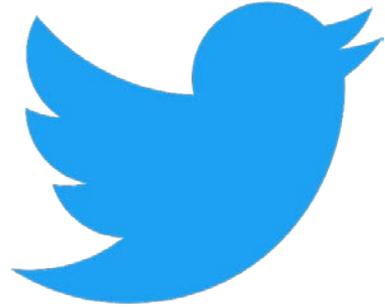
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# Opening Remarks



**Victor J. Dzau**

*Chair, Action Collaborative on Clinician Well-Being  
and Resilience*

President, National Academy of Medicine



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# Supporting Clinician Well-Being During COVID-19 Webinar

May 7, 2020  
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[bit.ly/CWCOVID19Webinar](https://bit.ly/CWCOVID19Webinar)



**National Academy of Medicine**  
Action Collaborative on  
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**American Hospital  
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**AAMC**

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# Action Collaborative on Clinician Well-Being and Resilience



- Raise visibility of clinician burnout, depression, moral injury, and suicide
- Improve understanding of challenges to clinician well-being
- Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver



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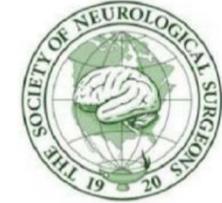
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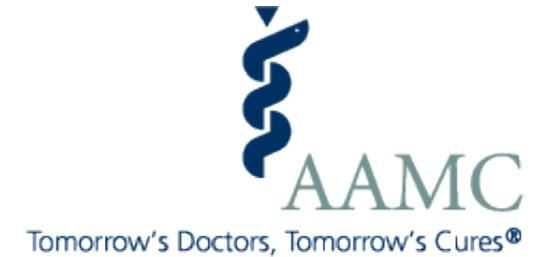


AMERICAN OSTEOPATHIC ASSOCIATION



50th NATIONAL ACADEMY of MEDICINE

# Thank You to Our Webinar Partners



*Additional thanks to the broader interprofessional NAM Clinician Well-Being community for their partnership and ongoing commitment to clinician well-being.*



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**The New York Times**

## ***Top E.R. Doctor Who Treated Virus Patients Dies by Suicide***

“She tried to do her job, and it killed her,” said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak.

By [Ali Watkins](#), [Michael Rothfeld](#), [William K. Rashbaum](#) and [Brian M. Rosenthal](#)

Published April 27, 2020 Updated April 29, 2020



# Introduction to Panel Presentations



## **Darrell G. Kirch, MD**

*Co-Chair, Action Collaborative on Clinician Well-Being  
and Resilience*

President and Chief Executive Officer Emeritus  
Association of American Medical Colleges



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# Frontline Clinician Leadership in Highly Impacted Institutions



**Jonathan Ripp, MD, MPH**

Chief Wellness Officer, Icahn School of Medicine at Mount Sinai

Co-Director, CHARM – the Collaborative for Healing and Renewal in Medicine



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# Addressing Clinician Well-Being in Response to COVID-19 in NYC

**Jonathan Ripp, MD, MPH**

Chief Wellness Officer, Mount Sinai Health System  
Senior Associate Dean for Well-Being+Resilience,  
Icahn School of Medicine at Mount Sinai  
Co-Chair, Collaborative for Healing and  
Renewal in Medicine (CHARM)



**Mount  
Sinai**

# The Pandemic Curve and Associated Stressors

## Greatest Stressors

### 1) Fear for Basic Needs

- When/what will I eat?
- How will I be kept safe?
- Who will care for my children?
- How will I get to and from work?

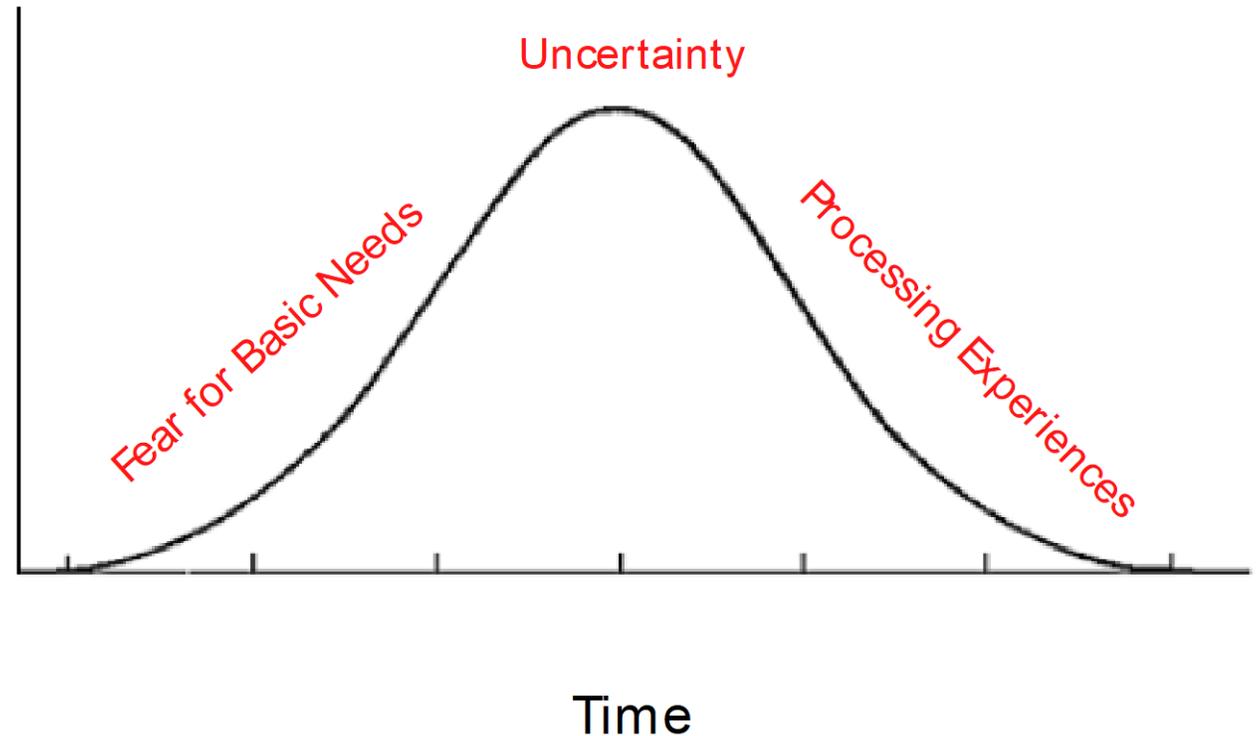
### 2) Uncertainty

- How long will this workload continue?
- Will I be able redeployed?
- Am I doing enough?

### 3) Processing Experiences

- Grief and loss
- PTSD or PT Growth
- Catching my breath and time to reflect

Number of  
Cases



# The Pandemic Curve and Associated Stressors

## Strategies to Address

### 1) Provide Basic Daily Resources

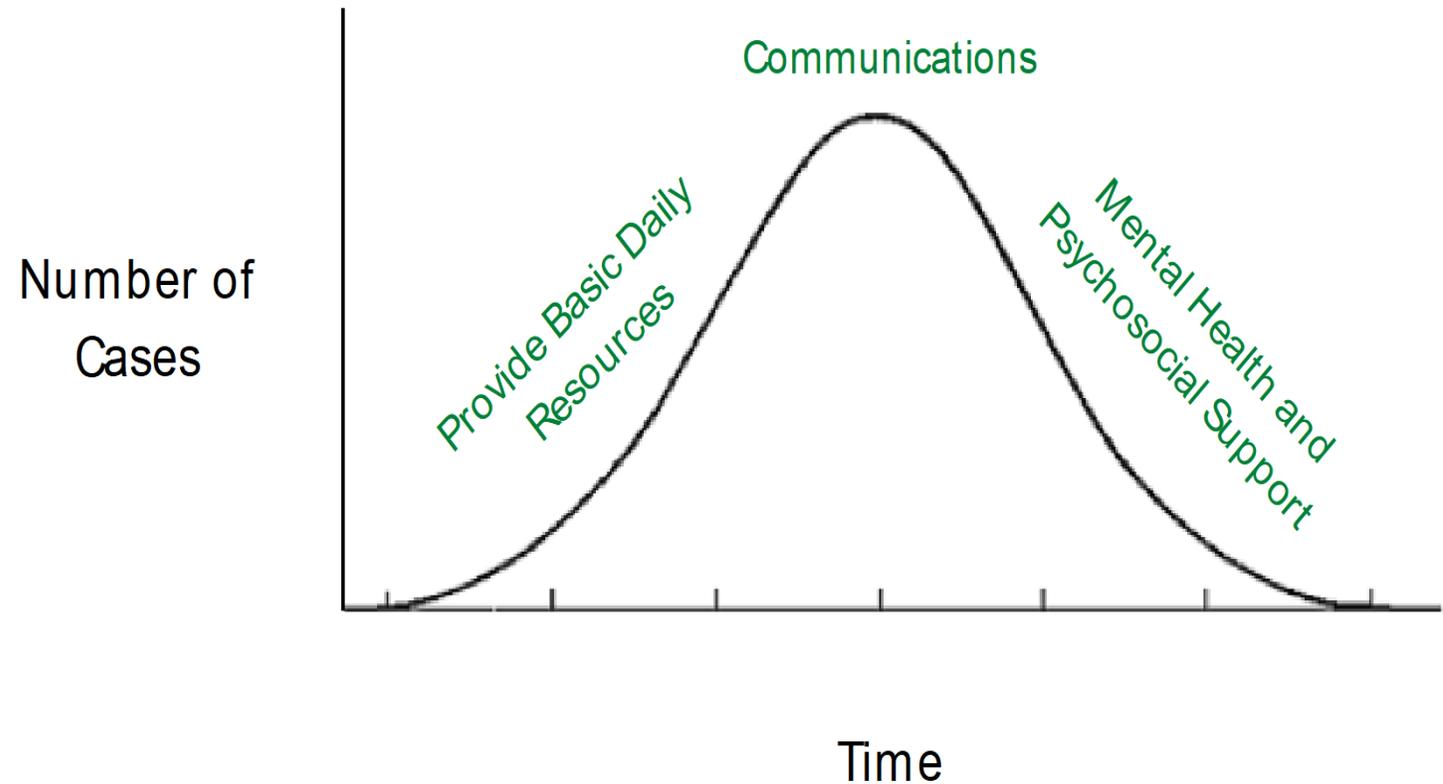
- Food (free and subsidized)
- PPE Clarity
- Childcare resources
- Transportation and Parking

### 2) Communication

- Weekly wellness messages
- Town Halls
- Transparency

### 3) Psychosocial & Mental Health

- Support Groups
- Phone Lines
- Telepsychiatry
- Mental Health “PPE”
- Frontline Relief



# Mount Sinai Frontline Relief Program

## Snack Stations & Well-Being Centers

- ▶ Interactive recharge rooms
  - immersive spaces with music, scent, meditative visual elements, lighting and sound
- ▶ Nourishment and rest areas
- ▶ Facility Dog Visits



# Lessons Learned and Next Steps

- ▶ The approach to clinician well-being almost certainly requires a pivot in light of the pandemic
  - Shifting Needs and Drivers of Well-Being may lead to shifting priorities
  - But, pre-COVID models can still apply in many respects...
- ▶ Uncertainty is a huge source of anxiety and stress during a pandemic
- ▶ Regular, authentic, transparent and supportive communications can't be overemphasized
- ▶ Trauma and Moral Distress will likely lead to significant long-term consequences
  
- ▶ Where to from here?
  - Examining the impacts of the psychological toll of COVID on the workforce
  - Two New Mount Sinai Initiatives
    - The Institute for Health Equity Research
    - The Center for Stress, Resilience and Personal Growth



## Well-Being Staff Resources During COVID-19

The well-being of our faculty and staff is critical to help us meet the challenge of COVID-19. Find the resources you need—from basic needs like childcare and food, to your mental health and spiritual needs.

For help or guidance in navigating any of the Well-Being Resources, including information on basic needs, general psychosocial support for you and your family, referrals to the appropriate mental health treatment services, and more, please call the **Resource Navigation Phone Line** at **(929) 357-7626**. The line is open and staffed 7am-8pm.

- [Basic Needs & Self Care During COVID-19 for Staff](#)
- [Mental Health & Psychosocial Support During COVID-19](#)
- [On the Ground Support for Frontline Workers](#)

### COVID-19 Staff Resources

[Employee Health](#)[Well-Being Staff Resources](#) ^[Basic Needs & Self-Care](#)[Mental Health and Psychosocial Support](#)[On the Ground Support for Frontline Workers](#)[Frequently Asked Questions](#)[Clinical Guidelines and Information for Staff](#)[Personal Protective Equipment \(PPE\) Directory and Guidelines](#)[Faculty and Staff Education During COVID-19](#)[General COVID-19 Non-Clinical Policies](#)[HR Information](#)[Talent Development and Learning](#)[Patient Materials to Use](#) v[Staff Emails & Town Halls](#)[Register to Help](#)[Information on COVID-19 for Researchers](#)

# Frontline Clinician Leadership in Highly Impacted Institutions



**Deborah Dang, PhD, RN, NEA-BC**

Chief Nursing Director for Wellbeing, Johns Hopkins  
Medicine

Senior Director for Nursing Inquiry and Research  
Johns Hopkins Health System



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# Sources of Psychological Stress in Nurses

Anxious and afraid they might contract the virus or spread to loved ones

Apprehension when deployed to units with unfamiliar patient populations or when assigned to work in unfamiliar roles

Disruptions in their daily life: child- and elder-care, schedule changes, transportation challenges, financial insecurity including decreased household income, fear of lost employment or furloughs (self or others), food and housing insecurity

Grief and sadness due to patient deaths and the absence of family presence during hospitalizations and end-of-life care

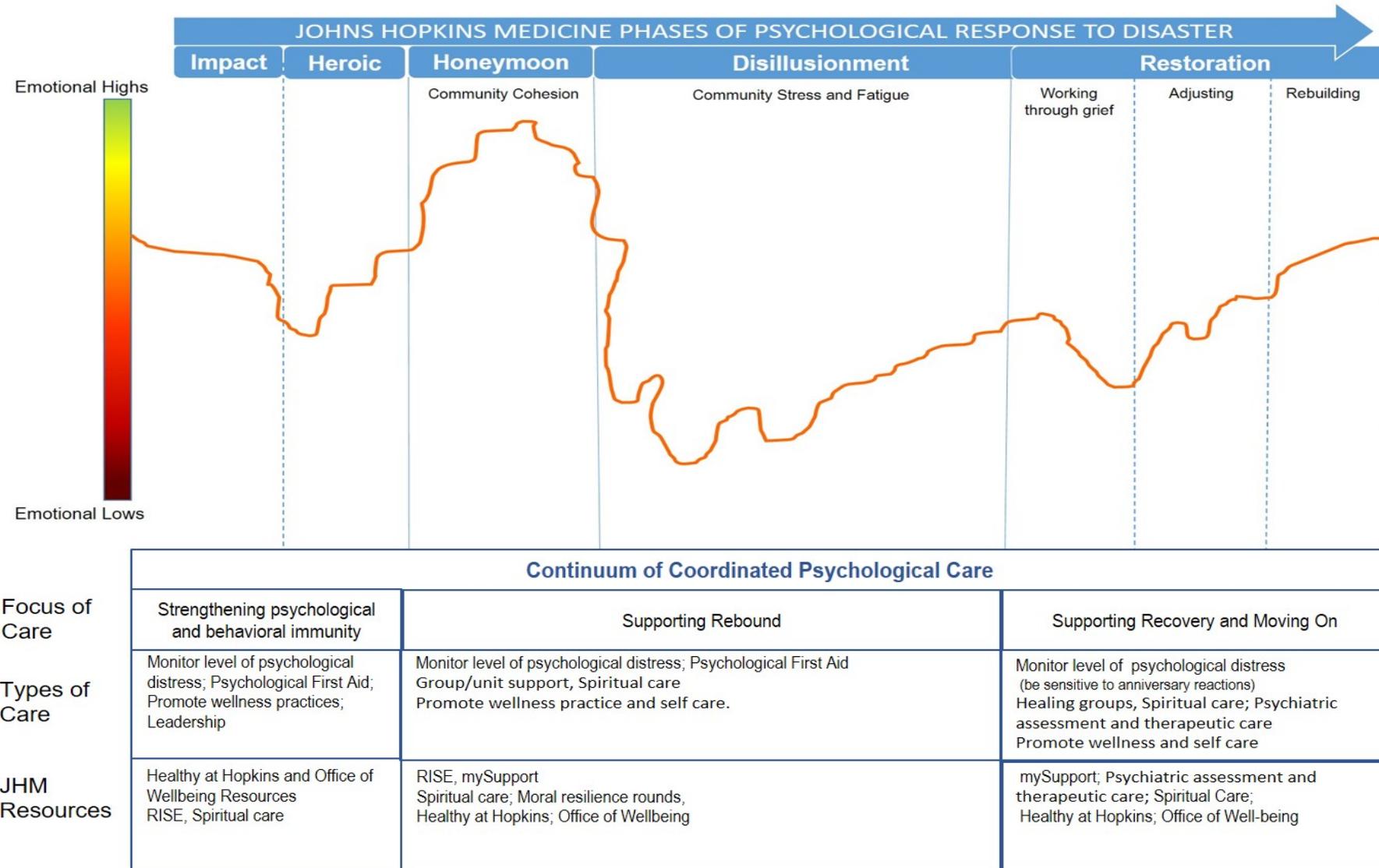
Personal and professional social disconnection: from their unit social support network when re-assigned; from family, friends and usual sources of social interaction.

Fatigue and concern about how long they can sustain this pace and intensity.

Change fatigue: frustration or anger because of frequent information and policy changes (such as PPE guidance)

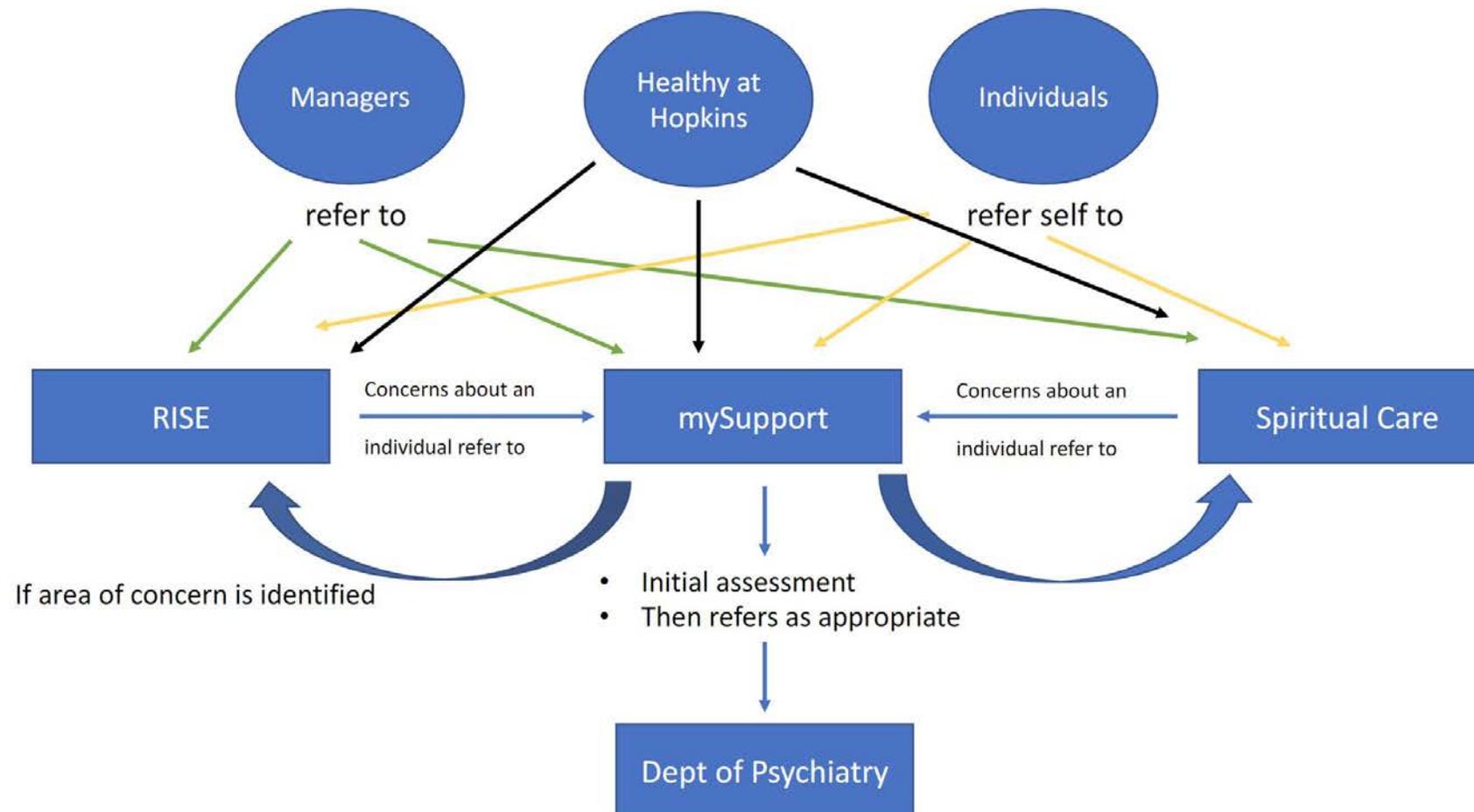
Concerns over adequacy and sustained availability of PPE

# Coordinated JHM resources for psychological support and care



# Integrated employee psychological support workflow

INTERNAL Flowchart for Referrals During COVID-19 Crisis (JHH and Bayview ONLY)



# Office of Well-Being

<https://www.hopkinsmedicine.org/joy-at-jhm/office-of-well-being/index.html>

Email: [owb@jhmi.edu](mailto:owb@jhmi.edu)

FOR ALL JHM FACULTY & STAFF

## COVID-19 Support Resources

Access a comprehensive list of online support resources for all Johns Hopkins faculty and staff.

Basic Needs  
Resources

Mental,  
Emotional,  
Spiritual  
Supports

Arts for  
Healing

Physical  
Activity  
Resources

# The Growing Mental Health Crisis Among Clinicians



## **Joshua Morganstein, MD**

Captain, U.S. Public Health Service

Associate Professor of Psychiatry and Assistant Director,  
Center for the Study of Traumatic Stress

Uniformed Services University of the Health Sciences



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# Clinician Well-Being During COVID-19: Challenges & Opportunities

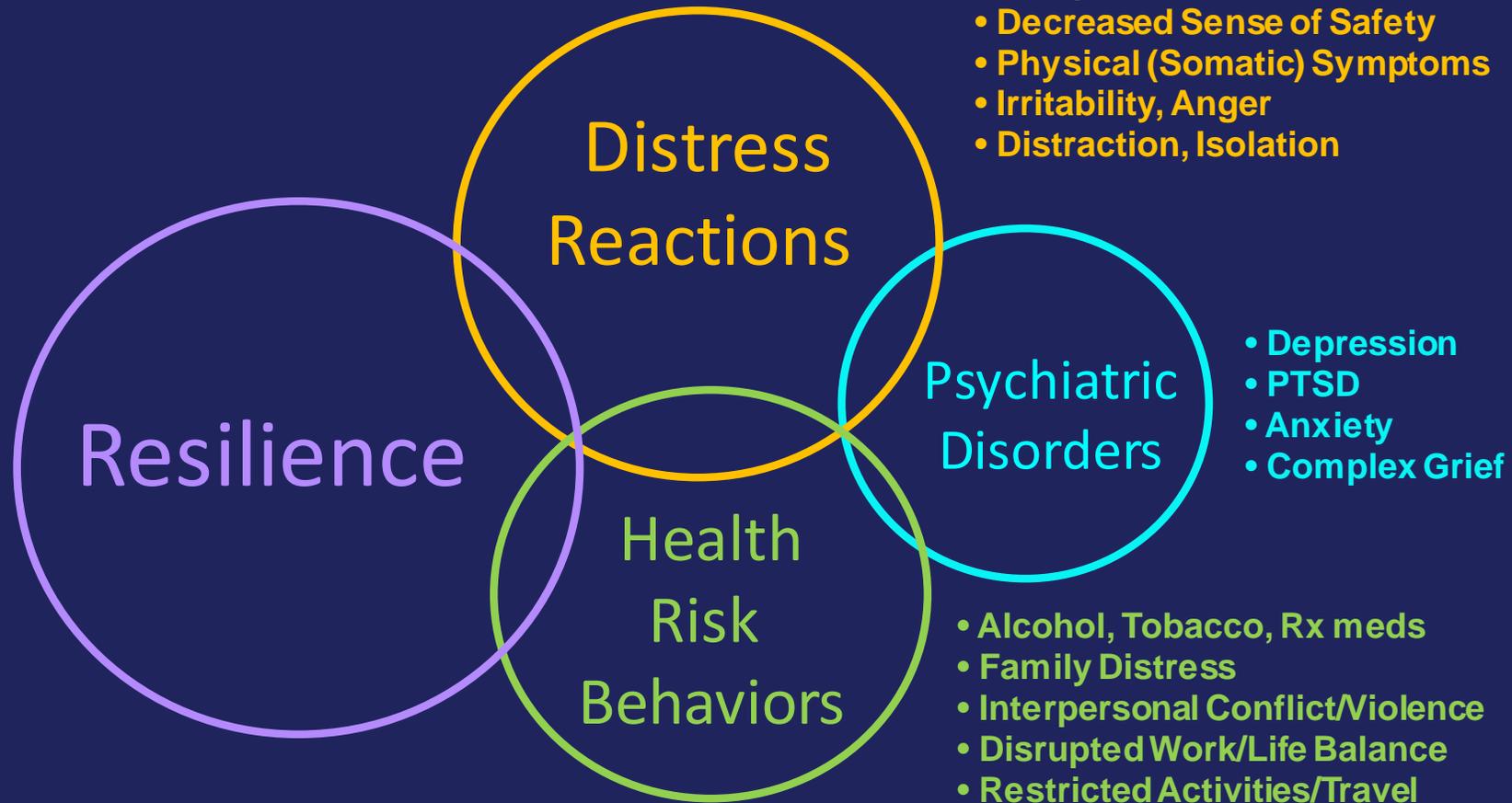
**Joshua Morganstein, M.D., DFAPA**  
**Captain, U.S. Public Health Service**

**Associate Professor / Assistant Chair, Department of Psychiatry**  
**Assistant Director, Center for the Study of Traumatic Stress**  
**School of Medicine, Uniformed Services University**

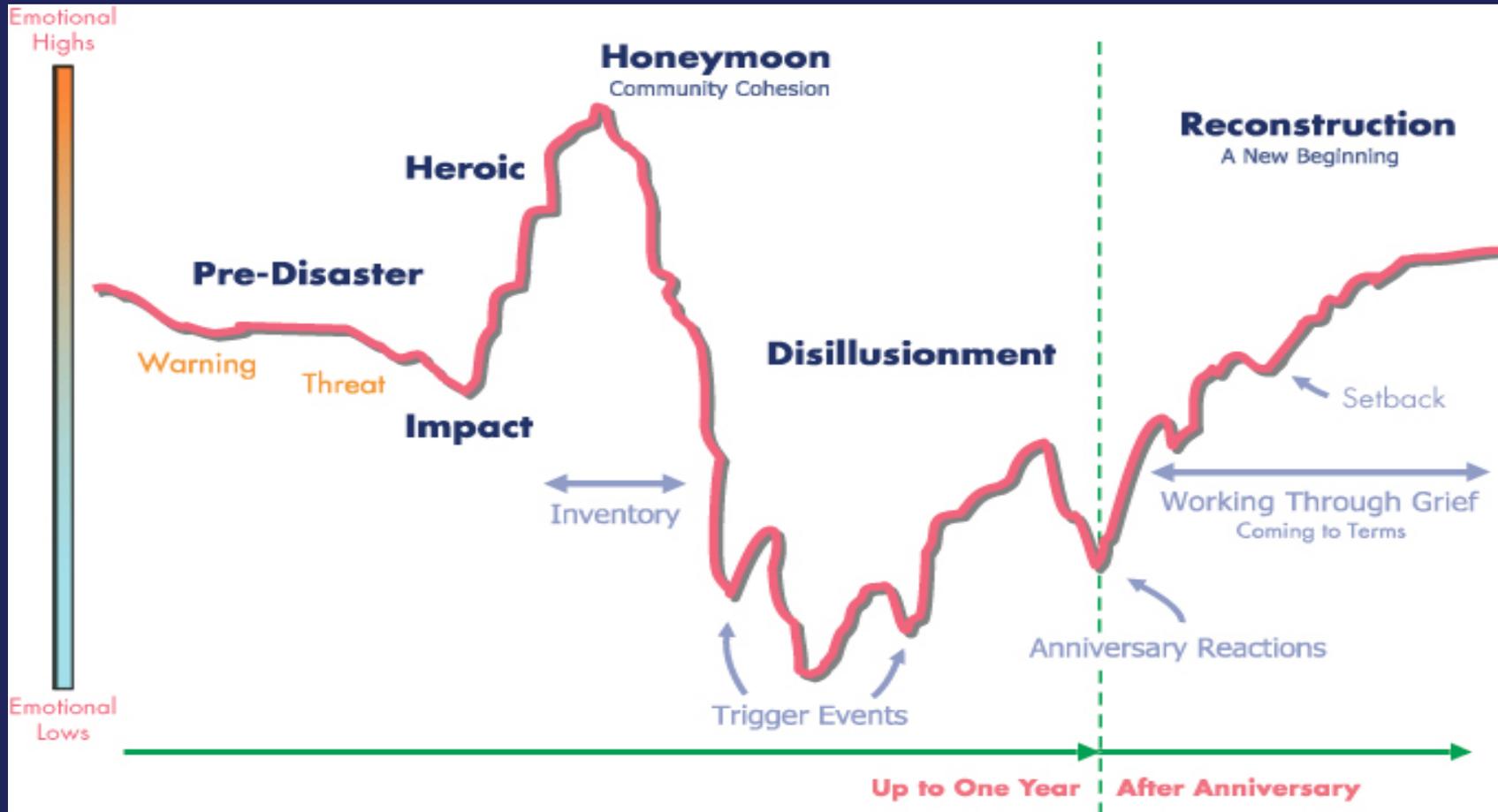
# Disclaimer

The ideas, attitudes, and opinions expressed herein are my own and do not necessarily reflect those of the Uniformed Services University, the U.S. Public Health Service, the Department of Defense, or other branches of the U.S. government. I have no relevant disclosures or conflicts of interest related to this material.

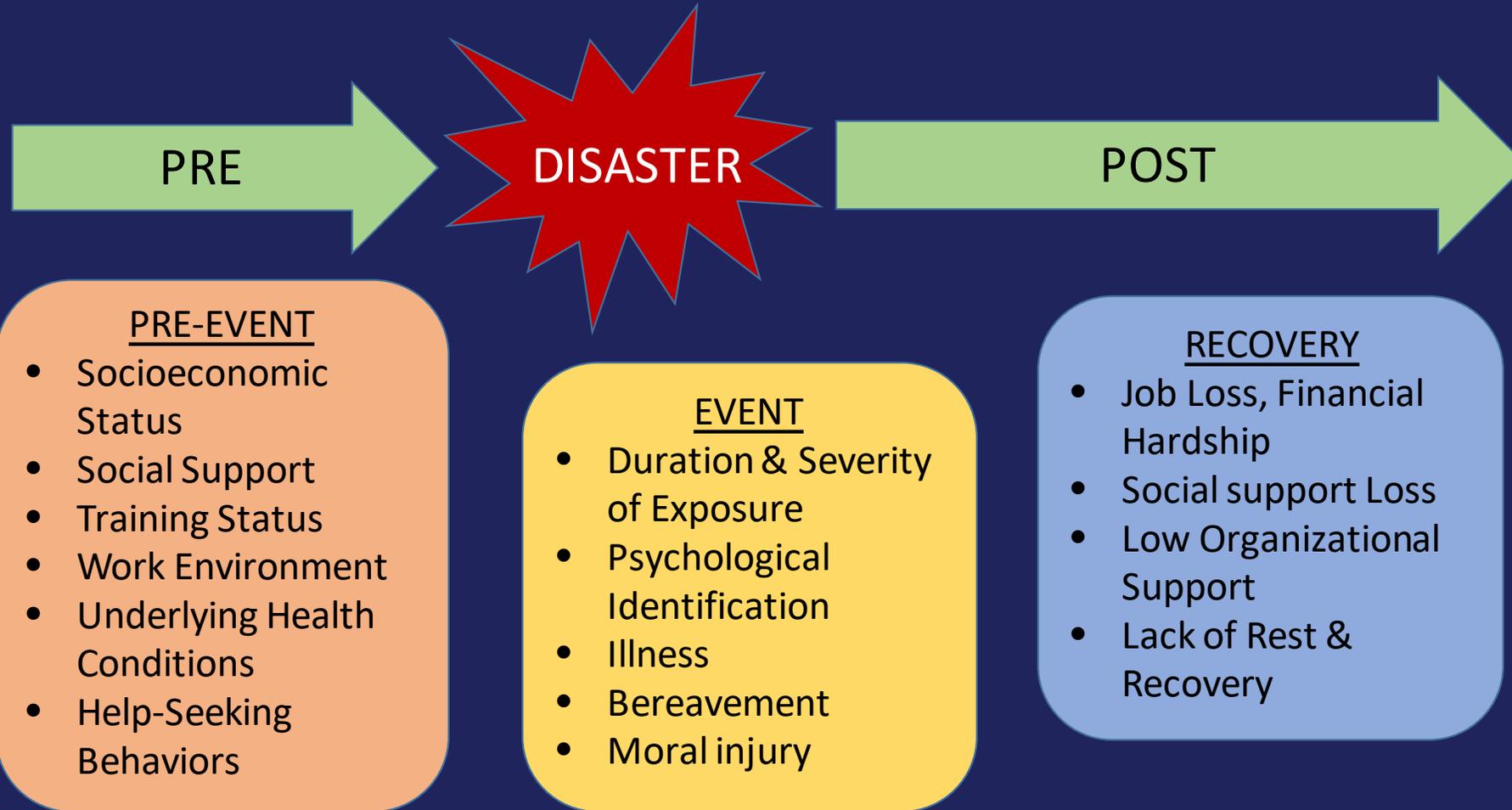
# Psychological & Behavioral Responses to Pandemics/Disaster



# Community Phases of Disasters



# Healthcare Workers Risk Factors





# Grief Leadership

- Communicate effectively and openly
- Being visible and present
- Provide accurate and timely info
- Promote cohesion
- Anticipate and acknowledge grief
- Use rituals to honor losses
- Look to the future
- Encourage growth and a “new normal”

## GRIEF LEADERSHIP DURING COVID-19

The coronavirus (COVID-19) pandemic has put in perspective the need for leaders to prepare for disruption of work routines, anxiety within their communities and organizations, and even death of community members, friends, and team members. Understanding people's reactions to the losses associated with tragic events informs the roles that leaders can play in support of recovery. In the aftermath of traumatic events many people want to hear guidance from their community or organization leaders. During pandemics, leaders must

Understanding people's reactions to the losses associated with tragic events informs the roles that leaders can play in support of recovery.

attend to many responsibilities, including effective communication to those in their communities who have questions, seek reassurance, want to take action, or just want to know they are not alone in their grief.

As distress and anxiety turn to sorrow and mourning, leaders are responsible for identifying when communities are ready for the next step forward. Leaders know how best to speak the language of each community to help individuals, families, and care providers.

### Communicate Effectively and Openly

Communicating effectively in crisis situations requires an understanding of very special concepts, principles, and practices. Leaders are encouraged to learn these approaches or have access to crisis communication specialists. Worry and distress can spread within communities affected by trauma, resulting in rumors and distortion of the event. Human loss can amplify these effects. Formal and informal leaders can be role models in sharing grief, communicating hope, managing rumors, and providing support to others.

### Immediate Responses

**Be visible — Make public announcements and appearances**

Typical methods to promote visibility may not apply during pandemics. Novel and creative ways to use electronic and social media will be required. By providing useful and accurate information, leaders can re-establish a sense of safety and enhance the community's trust in leadership.

**Provide accurate, timely information on what is known, what is not known, and when more information will be communicated**

Press briefings, use of social media, and other vehicles can reassure individuals, families, and communities, and help dispel rumors. Be a credible source of information, direct people to other credible sources, and inform them when new information and resources become available.

**Understand that people process information differently in high stress situations**

When stressed, people have difficulty recalling more than a few main points and tend to focus on negative information. So keep messages simple, repeat frequently, and emphasize positive messaging.

### Use multiple channels of communication

People seek information from multiple sources depending on age, culture, ethnicity, geography, community composition, and history. TV, newspapers, radio, religious leaders, teachers, and firefighters provide diverse channels for communication. Remember that in-person channels will be sharply curtailed during a pandemic so remote communication avenues are critical.

### Speak calmly and encourage working together

Leaders promote calmness, empathy, optimism, a can-do attitude, and mutual support. By modeling the desired behavior and tone, leaders help others learn.

**Communicate the status of existing and available resources**

Monitor emerging needs, support fellow community leaders, and communicate resource availability and requirements. During and following a pandemic, available resources will change frequently and will require frequent updates. Guiding people to resources can instill confidence and credibility.

*Continued*

# QUESTIONS



## COURAGE TO CARE



### Talking with Children about Coronavirus



**BE CALM**



**BE CLEAR**



**BE WITH**

# A Focus on the Burden and Unique Needs of Learners



**Eileen Sullivan-Marx, PhD, RN, FAAN**

Dean and Erline Perkins McGriff Professor of Nursing  
New York University Rory Meyers College of Nursing



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# A Focus on the Burden and Unique Needs of Learners



**Jordyn Feingold, MAPP**

Medical Student

Icahn School of Medicine at Mount Sinai



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# COVID-19 & Learners

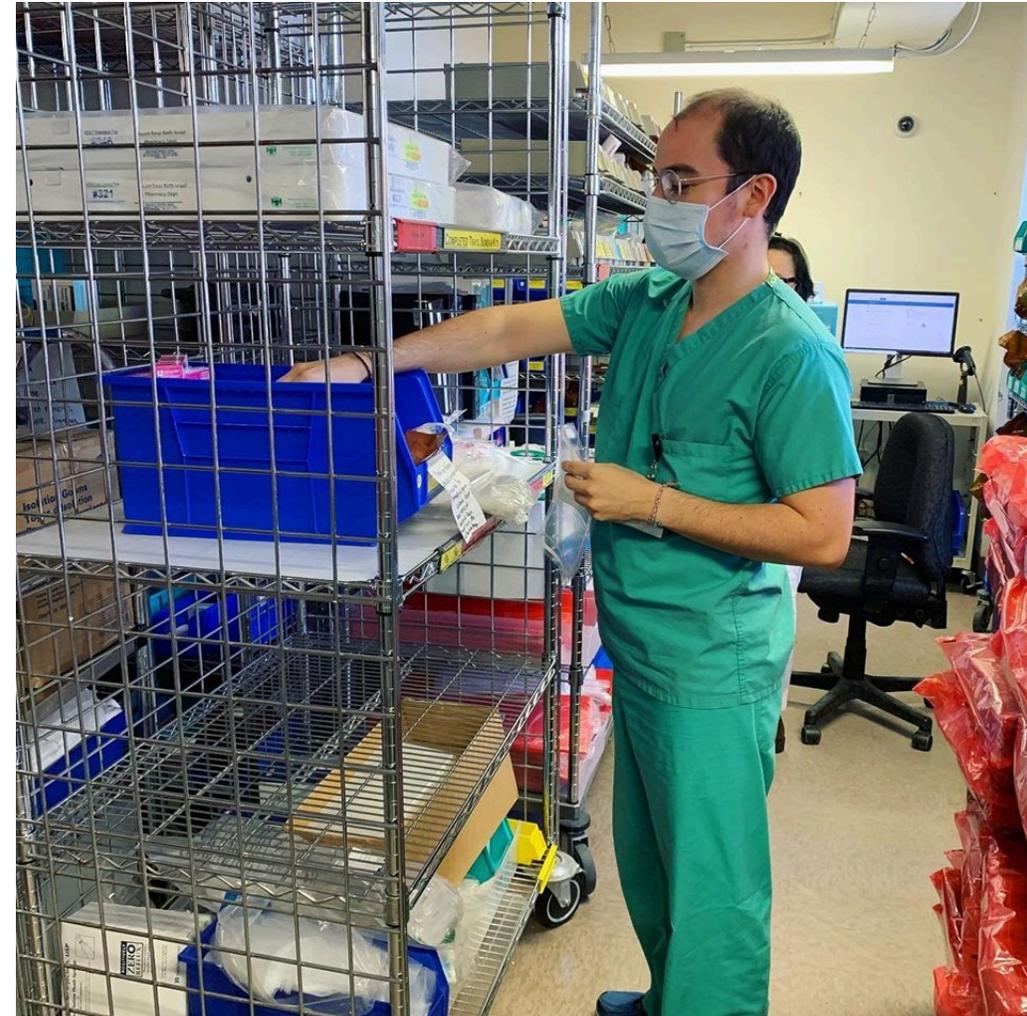
***Burdens, Needs, & Strengths among Students & Trainees***

Jordyn Feingold, MAPP, MD/MSCR Candidate  
Icahn School of Medicine at Mount Sinai

# Overview

- **General challenges of students and trainees**
- **Academic Concerns**
  - E-learning
  - Grading
  - Board exams
- **Early graduates & student workforces**
- **Unique challenges for trainees (residents, fellows)**
  - Inadequate preparation for specialties
- **Capitalizing on strengths & moving forward**

*Data sources include personal experience at Mount Sinai, preliminary research data, published academic articles and op-eds*



# Academic Concerns

- Pre-clinical courses and clinical electives converted to e-learning
  - Feelings of disconnectedness, lack of social connection
  - Students forced to adapt learning styles
- USMLE board examination cancellations fueling huge amount of frustration, anxiety
  - **Step 1 Pass/Fail starting this year?** (rather than waiting until 1/2022)
  - Onsite proctoring of exams at medical schools?
  - An opportunity to “turn this disruption into disruptive innovation” - *Muller & Linkowski, 2020*
- Clinical students abruptly, indefinitely pulled from the wards
  - *Can we learn to be doctors online?*
  - Away rotations, ERAS, residency applications
- **Overall lack of clarity, inability to plan** (& for some, barriers to contributing meaningfully to relief efforts) >> **anxiety for students**

*“What I miss the most and find the most distressing is the lack of physical interaction with other people. It is not the same to interact virtually, and I often find myself really wishing that I could hug my family.”*

# Academic Concerns

“Pretend you have to do math. It is difficult math - lots of prime/odd/large numbers, exponents and parentheses, the works. You do not get a calculator. So that would be hard, but you could do it, no problem.

Now pretend I asked you to do that at the same time *I repeatedly tapped on your face*. That would make the problem much more difficult, and slow to solve. Any type of learning disability saps cognitive function and working memory, much as if I tapped on your face every time you had to do some challenging thinking

**And pretty much everything this year has been like that for students**, even if they do not have a learning disability. My test is cancelled. It is not. Maybe it is. *Tap tap tap*. I have all this freedom to choose my date but when is best? *Tap tap*. How will residencies see me if I do not have time to get a high score or do that research? *Tap tap tap*. My friend is sick; my grandmother died. I do not feel well. *Tap*. I need to get these masks to Elmhurst. *Tap*. You get the picture. How could anyone show their best side on a standardized test, let alone at more meaningful tasks?”

**Lauren Linkowski, Ed.D.**

Director, Programs and Resources for Academic Excellence

Icahn School of Medicine at Mount Sinai  
Department of Medical Education

# Early Grads & Student Workforces

- NYC schools, Massachusetts programs, and others have invited MS4s to graduate early; some programs are paying MS4s to begin intern year early, others are not
  - MS4 spring is typically a time to reflect, rest, recoup, relocate
    - Fears about adequacy of PPE, work hour limits
    - Being judged for not joining efforts
- Student workforces doing **incredible things**, AND operating out of their scope of practice
  - Pharmacy, PPE, Admin, Labs, Operations, Telehealth, Morale
  - Balancing the pressure to contribute with providing opportunities for students to engage in meaningful work, stay busy
  - Taking best practices to move medical education forward (*e.g. integrating telehealth into clerkship duties*)

*"I wish that I could speak with others in my position, i.e. a graduating med student with the skills/knowledge to help with direct patient care but who has decided not to do this out of protection of my physical and mental health. I feel that there is stigma around this decision, so it has been hard for me to identify and find solace in like-minded peers."*



## Students were asked:

# “What was the MOST INTERESTING part of your volunteer task this week?”

*E.g. An interesting task, clinical conversation, or memorable experience; anything you'd be excited to tell your friends and family about*

### Admin

*“I had a couple really lovely phone calls with patients this week! People, experiencing sometimes the worst week of their lives, can still be so patient, kind, and open. With one patient, we had to re-enter her activation code at least 5 times, and she just giggled when I said we'd have to do it again. People can be so wonderful!” - MS1*

### Pharmacy

*“Getting to chat with all the visiting nurses who've come from all over the US to staff units!” - MS3*

*“I learned how to renally dose a variety of meds. Prior to this, I thought little about how to renal dose many common medications, let alone how to do it and now I can dose many meds,...off the top of my head. ...[it's been] important work considering the COVID-related renal failure experienced by many patients. - MS3*

### Labs

*“Being able to deliver good news to people right now- telling people they are positive for COVID antibodies and can donate plasma to help others- feels really important.” -Masters Student*

### PPE

*“We called patients of the EHHOP clinic to ask for addresses to send donated face masks. The patients were so excited to hear they would be getting masks and it was really great being a part of this effort to help patients in need.” - PhD Student*

### Morale

*“I had to bring in a counselor on the line for someone who was acutely distressed and I found that I was really nervous during the call and getting help. I did not expect that I would feel that way and it was a good experience for me to have. It really opened my eyes as to how difficult psych work can be.” - MS2*

### Telehealth

*“It was my first full week volunteering with the palliative care department and it was a very impactful experience. We got many calls about end of life care for patients and it made the current situation so much more real. Now that I completed my first week of volunteer it feels good to have a role in this difficult time.” - MS1*

### Operations

*“The MS1s have just started microbiology, and with the switch to remote classes, I have been struggling to find the clinical relevance/ significance of what we're learning. However, hearing the antibiotics we had just learned about discussed [on our task meetings] brought back a sense of importance to our pre-clinical knowledge... ” - MS1*

### Insights for TaskForce Leaders

#### Any advice you can pass along to other leaders?

*“Things have been going particularly smoothly this week so it might be time to think about how we will ramp things down”*

# House Staff Concerns

## Fears of being inadequately trained in subspecialties, set up for the future

- I often worry **I am not learning my fellowship subspecialty** as well as I should be since my work is diverted from my subspecialty.
- I often worry that I will miss out on months of normal training and be **inadequate and undertrained** in my future years of residency.
- Worried about my **ability to do surgery** after a prolonged hiatus.
- As I'm supposed to be doing research time and am now pulled away to clinical duties, **I worry about my career.**
- Effect on **board exams scheduled for the summer** (preparation in terms of studying, traveling, possibility of rescheduling).
- I have a new job waiting for me after residency ends in 2 months and I worry that **I'll have to accept a pay cut.**

## Family, relationships, and life concerns

- My 22 month old and her mother have gone away to isolate from me. **I fear missing the baby's 2nd birthday.** I fear **getting covid and dying never having seen the baby again** and denying her a father for the rest of her life.
- I am single and I am worried **I will always be alone** and will never be able to find a partner. It seems unreasonable, but **everyone I know in medicine has a partner to turn to** and I have no one to come home to and share my day. Dating isn't an option right now.
- As a physician with **multiple comorbidities** that put me at risk of having severe disease I often worry if I can even be a physician right now. I often worry that **I am going to be forced to choose between my calling and my life** and I don't know how to answer that question. If pandemic C19 is going to be the new normal for the foreseeable future **how can I be a part of the world of Medicine or the world as a whole?**

# Supporting Our Learners

1. Guaranteed protective equipment for all clinicians on the frontlines
2. Clear communication from administrators (& national organizations), even regarding **what they do not [yet] know.**
  - a. Regular town halls & opportunities to ask questions in ongoing bases
  - b. “Dishing with the deans” initiative
3. Leniency with deadlines, grading, including for **board exams**
  - a. Discussion of making Step 1 P/F sooner than 2022
4. Opportunities for early learners to contribute to efforts in meaningful ways & **reflect** on their experiences while **destigmatizing** the notion of opting-out for students to take care of themselves.
  - a. & finding novel ways to ensure that all medical students have direct patient-care experiences
5. Augmentation of tele-**mental health services** (& proactive approaches to reaching trainees)
6. Peer hotlines as trainees **may be less reticent to speak to peers** than higher-ups
7. Facilitated opportunities to vent, spot strengths, learn coping skills, **embrace the positive** that is happening during this time (a la Mount Sinai PEERS: Practice Enhancement, Engagement, Resilience, & Support)

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# A Long-Term View Toward a National Strategy



**Nicole Lurie, MD, MSPH**

Strategic Advisor to the CEO, Coalition for Epidemic Preparedness Innovations  
Senior Lecturer, Harvard Medical School



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# **NEEDED: A NATIONAL PREVENTION STRATEGY FOR BEHAVIORAL HEALTH**

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# EVERY MAJOR DISASTER IS ACCOMPANIED BY A BEHAVIORAL HEALTH CRISIS

- **Epidemics of fear**
- **Population-level impacts**
  - Anxiety and depression
  - Substance use – new and recurrent
  - Domestic violence and child abuse
- **Disproportionate impacts on first responders, HCWs**
  - PTSD in addition to other population-level impacts
  - Spillover issues in families, workplaces
- **Science of prevention, especially at the population level, is incomplete**
  - Disaster-distress lines
  - Lay-administered psychological first aid → stepped care

# WHAT MIGHT ESSENTIAL COMPONENTS OF A NATIONAL PLAN BE?

- **Activate incident command for behavioral health at federal, state, local, & institutional levels**
- **Aggressive surveillance/monitoring at all levels**
- **Early warning → for sub-populations, followed by evidence-based interventions when they are available**
- **Prevention strategies across all of society, scaled and stepped appropriately**
  - Primary goal is to shift curve to the left
  - Minimize need for individual-level interventions
  - Must counter “compassion fatigue”

# A NATIONAL PREVENTION STRATEGY FOR THE CLINICAL WORKFORCE?

- **Shared leadership – professional societies and institutions must step up**
- **All hospitals/health systems need to implement a behavioral health plan as a required component of hospital incident command systems**
  - Multi-modal interventions
  - Recognizes both unique and shared vulnerabilities
  - Adapts hierarchy of interventions
    - Safety and engineering controls, including work hours, PPE adequacy, \$\$, family support
    - Prevention
    - In the moment
    - Treatment
  - Monitors and addresses longer-term sequelae
  - Supports state-wide and federal efforts
- **Federal government must support and fund a national research agenda – it's time to figure out what really works!**

# Moderated Discussion



**Darrell G. Kirch, MD**

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# Audience Q&A



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# Closing Remarks



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> > Resources to Support the Health and Well-Being of Clinicians During COVID-19: [bit.ly/CWCOVID19](https://bit.ly/CWCOVID19)

> > COVID-19 News and Resources from the National Academies:  
[www.nam.edu/coronavirus-resources](https://www.nam.edu/coronavirus-resources)



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# Thank You for Joining!

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and more are available at:

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