Supporting Clinician Well-Being During COVID-19 Webinar

Thursday, May 7, 2020
1:30 – 3:00 PM ET
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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Audience Q&A

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

Tweet with us

@theNAMedicine @ACGME, @AHAhospitals @AmerMedicalAssn & @AAMCtoday

#ClinicianWellBeing
Opening Remarks

Victor J. Dzau
Chair, Action Collaborative on Clinician Well-Being and Resilience
President, National Academy of Medicine
Supporting Clinician Well-Being During COVID-19 Webinar

May 7, 2020
1:30-3:00 pm ET

bit.ly/CWCOVID19Webinar
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
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.

@theNAMedicine #clinicianwellbeing
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

@theNAMedicine  #clinicianwellbeing
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

@theNAMedicine  #clinicianwellbeing
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)
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

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 (212) 357-7626. The line is open and staffed 7am-9pm.

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

https://www.mountsinai.org/about/covid19/staff-resources/well-being
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
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

JOHNS HOPKINS MEDICINE PHASES OF PSYCHOLOGICAL RESPONSE TO DISASTER

- **Impact**
  - Emotional Highs
  - Community Cohesion

- **Heroic**
  - Emotional Lows

- **Honeymoon**
  - Community Stress and Fatigue

- **Disillusionment**
  - Working through grief

- **Restoration**
  - Adjusting
  - Rebuilding

**Continuum of Coordinated Psychological Care**

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- **Strengthening psychological and behavioral immunity**
  - Monitor level of psychological distress, Psychological First Aid, Group/unit support, Spiritual care
  - Promote wellness practice and self care.

- **Continuum**
  - Monitor level of psychological distress
  - Be sensitive to anniversary reactions
  - Healing groups, Spiritual care
  - Psychiatric assessment and therapeutic care
  - Promote wellness and self care

- **Healthy at Hopkins and Office of Wellbeing Resources**
  - RISE, Spiritual care

- **RISE, mySupport**
  - Spiritual care, Moral resilience rounds, Healthy at Hopkins, Office of Wellbeing

- **mySupport, Psychiatric assessment and therapeutic care, Spiritual Care**
  - Healthy at Hopkins, Office of Wellbeing

Developed on behalf of the Office of Well-Being by George S. Everly, Jr., PhD; Carolyn J. Fowler, PhD, MPH; Albert W. Wu, MD, MPH and Deborah Dang, PhD, RN
Integrated employee psychological support workflow

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

- Managers refer to Healthy at Hopkins
- Healthy at Hopkins refer self to Individuals
- Individuals refer to mySupport
- mySupport concerns about an individual refer to RISE
- RISE concerns about an individual refer to mySupport
- If area of concern is identified
  - Initial assessment
  - Then refers as appropriate
  - Dept of Psychiatry

JOHNS HOPKINS MEDICINE
Office of Well-Being

Email: 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
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.
Psychiatric Disorders
• Depression
• PTSD
• Anxiety
• Complex Grief

Health Risk Behaviors
• Sleep difficulties
• Decreased Sense of Safety
• Physical (Somatic) Symptoms
• Irritability, Anger
• Distraction, Isolation

Distress Reactions
• Depression
• PTSD
• Anxiety
• Complex Grief

Resilience

Community Phases of Disasters

DeWolfe, D. J. (2000). SAMHSA.
Healthcare Workers Risk Factors

**PRE-EVENT**
- Socioeconomic Status
- Social Support
- Training Status
- Work Environment
- Underlying Health Conditions
- Help-Seeking Behaviors

**EVENT**
- Duration & Severity of Exposure
- Psychological Identification
- Illness
- Bereavement
- Moral injury

**RECOVERY**
- Job Loss, Financial Hardship
- Social support Loss
- Low Organizational Support
- Lack of Rest & Recovery

Norris, et al. (2002). *Psychiatry.*
Sustainment of Healthcare Workers

**ORGANIZATIONS**

**INDIVIDUALS**
- Self-care
- Take Breaks
- Peer (Battle) Buddy
- Stay Connected
- Do Self Check-ins
- Honor Service
- Speak Up

**Training**
**Equipment**
**Education**
**Policies**
**Procedures**
**Resources**

**LEADERS**
- Presence
- Communication
- Encouragement
- Be an example
- Normalizing
- Hope/optimism
- Grief

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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”

QUESTIONS

COURAGE TO CARE

Talking with Children about Coronavirus

BE CALM  BE CLEAR  BE WITH

Access the full fact sheet, "Discussing Coronavirus with Your Children". Center for the Study of Traumatic Stress | www.cstsonline.org
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
A Focus on the Burden and Unique Needs of Learners

Jordyn Feingold, MAPP
Medical Student
Icahn School of Medicine at Mount Sinai
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
“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

- **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

- **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

- **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

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

- **PPE**
  “I learned how to renally dose a variety of meds. Prior to this, I thought little about how to renally 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

- **Telehealth**
  “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

- **Insights for TaskForce Leaders**
  “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

**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?
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)

I’m a fourth year medical student. I don’t want to graduate early. Aldag, Erin. AAMC Insights. April 14, 2020: https://www.aamc.org/news-insights/i-m-fourth-year-medical-student-i-don-t-want-graduate-early#


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
NEEDED: A NATIONAL PREVENTION STRATEGY FOR BEHAVIORAL HEALTH

NICOLE LURIE, MD, MSPH
HARVARD MEDICAL SCHOOL
STRATEGIC ADVISOR, COALITION FOR EPIDEMIC PREPAREDNESS INNOVATIONS
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
Co-Chair, Action Collaborative on Clinician Well-Being and Resilience
President and Chief Executive Officer Emeritus
Association of American Medical Colleges
Audience Q&A

Thomas J. Nasca, MD, MACP
Co-Chair, Action Collaborative on Clinician Well-Being and Resilience
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
Closing Remarks

Thomas J. Nasca, MD, MACP
Co-Chair, Action Collaborative on Clinician Well-Being and Resilience
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
Check Out Our Resources


>>COVID-19 News and Resources from the National Academies: www.nam.edu/coronavirus-resources
Thank You for Joining!

A recording of the webinar, slides, and more are available at:

bit.ly/CWCOVID19Webinar