Psychological PPE:

Enhancing Resilience in the Face of Crisis

Carol A. Bernstein, MD

Department of Medicine Grand Rounds

Albert Einstein College of Medicine Montefiore Medical Center

April 14, 2020



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Albert Einstein College of Medicine

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Einstein Center for Continuing Montefiore Professional Development

ACTIVITY INFORMATION SHEET FOR REGULARLY SCHEDULED SERIES (RSS)

ELECTRONIC EDUCATION DOCUMENTATION SYSTEMS (eeds)

Date: April 14, 2020

Presenter: Carol Bernstein, MD

Activity Title: Medicine Grand Rounds: Psychological PPE: Enhancing Resilience in the

Face of Crisis

Location: Zoom Conference

DISCLOSURES

Course Director's/Moderator's

Dr Elizabeth Kitsis has no relevant financial relationships with an ACCME-defined commercial interest within the past 12 months.

Presenter's

Dr Bernstein has no relevant financial relationships with an ACCME-defined commercial interest within the past 12 months.

OBJECTIVES

- Identify key factors contributing to stress, burnout, wellbeing and resilience as they particularly affect physicians during CoVid
- · Identify practical experiential techniques that enhancing wellbeing
- Increase knowledge of different strategies to support themselves, their colleagues and their families in the midst of an infectious disease outbreak

"Now is not the end. It is not even the beginning of the end, But it is perhaps, the end of the beginning."

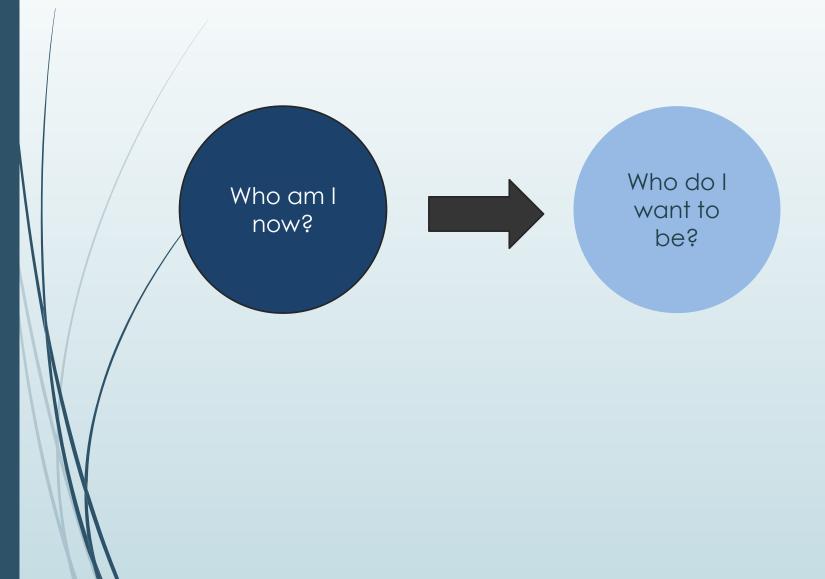
Winston Churchill, 1942

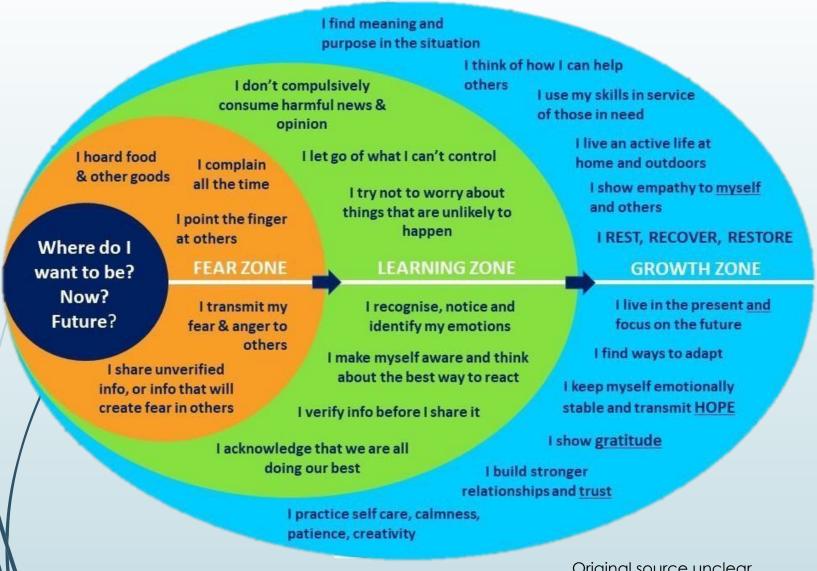


"One of the sayings in our country is *Ubuntu*—the essence of being human. *Ubuntu* speaks particularly about the fact that you can't exist as a human being in isolation. It speaks about our interconnectedness. You can't be human all by yourself, and when you have this quality—*Ubuntu*—you are known for your generosity... you are connected and what you do affects the whole World. When you do well, it spreads out; it is for the whole of humanity."

Archbishop Desmond Tutu

Self Reflection

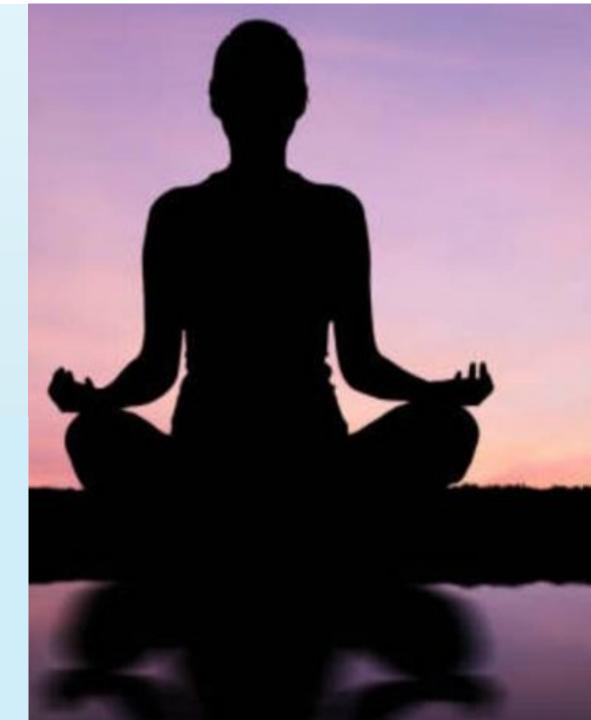




Original source unclear possibly: Adriaan Groenewald Redrawn and updated by @haleylever

Guided Meditation with Dr. Sheira Schlair

Associate Professor of Medicine Co-Director, Introduction to Clinical Medicine Program Albert Einstein College of Medicine Montefiore Health System Bronx, NY



Objectives

Identify

 Identify key factors contributing to stress, burnout, wellbeing and resilience as they particularly affect Medicine staff during COVID

Establish

• Establish practical experiential techniques that enhancing wellbeing.

Increase

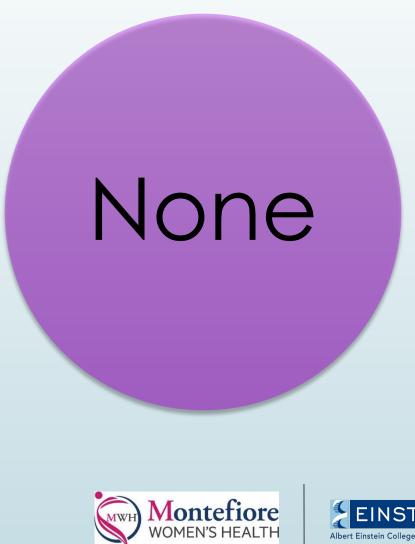
 Increase knowledge of different strategies to support ourselves, our colleagues and our families in the midst of an infectious disease outbreak.







Disclosures







Moral Distress

- This is like WAR
- "Moral injury": soldiers' response to actions in war that pierce identity, morality and relationship to society
- Physicians enter medicine as a calling religious zeal, lost sleep, lost years of young adulthood, financial and family strain, disregard for personal health
- Being unable to provide high-quality care and healing in the context of health care
- And we are always being told what NOT to do.
- Challenges to the Hippocratic Oath



Bodily Signs of Moral Distress



Stomach pain or discomfort



Chest tightness



Back or shoulder tension



Headaches



Trouble Sleeping



Acting in ways that don't feel good to you.

How Can I Cope with Moral Distress?



Acknowledge



Regulate your body



Connect with others – colleagues, friends, etc.

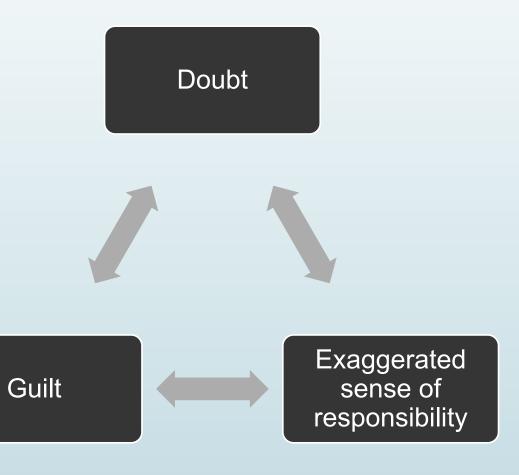


Be Kind to Yourself



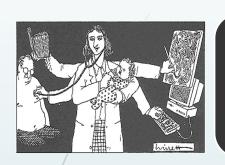
"The Perfect is the Enemy of the Good"

The Doctor's Personality: The Compulsive Triad



Adaptive	Maladaptive
Commitment to patients	Difficulty: -allocating time for family -setting limits -differentiating healthy self-interest from "selfishness"
Diagnostic rigor	Difficulty relaxing
Thoroughness	Sense of "not doing enough"
Desire to stay current	Sense of "not knowing enough"
Acknowledgement of responsibility for the trust of our patients	Sense of responsibility for what cannot be controlled

Physicians Are Vulnerable



Burnout

- Response to chronic job stress
- An occupational hazard

Depression

 A pervasive, miserable and disabling medical disorder

2nd Victim Syndrome

Response to acute job trauma

Suicide

 "Physician factors" influence risk

COVID-19 AND US

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

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REQUEST	Request	Principal desire	Concerns	Key components of response	
Hear me	Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process	
Protect me	Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions	
Prepare me	Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together.	
Support me	Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress	
Care for me	Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary	

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Specific Challenges for Healthcare Personnel

Surge in care demands

Co-morbidity of patients we serve – the poorest, with most co-morbid conditions, highest risk of death

Personal risk of infection and infecting your family

Equipment challenges, rationing and shortages (respirators, meds, PPE)

Providing support as well as medical care

Psychological stress: fear, grief, frustration, guilt, insomnia and exhaustion

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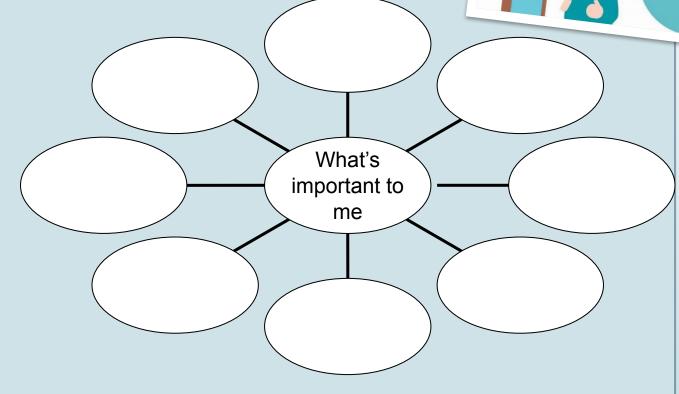
Psychological stress: fear, grief, frustration, guilt, insomnia and exhaustion



Please share your challenges in the chat box

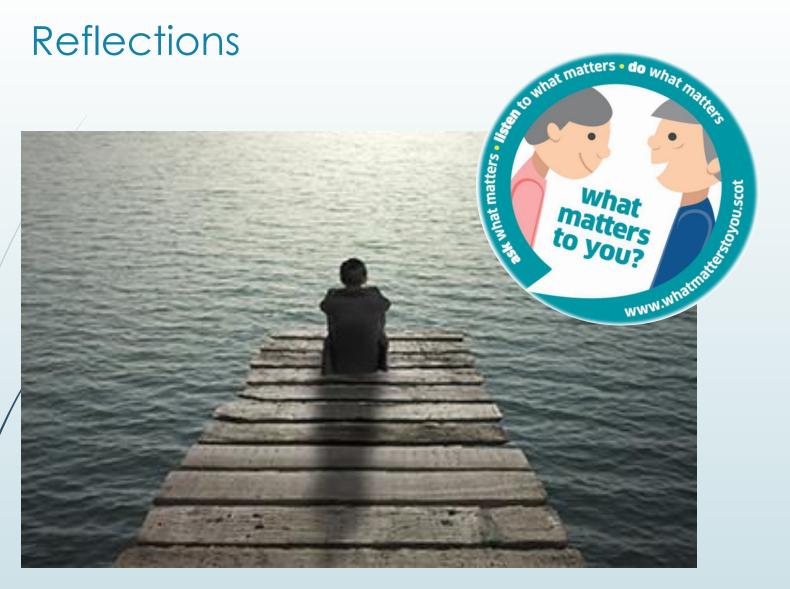
What Matters to You?







Reflections





Background

The stress, fear and uncertainty of Coronavirus (COVID-19) requires special attention to the needs of healthcare personnel.

Taking care of yourself and encouraging others to do the same sustains the ability to care for those in need. This includes both meeting practical needs as well as physical and emotional self-care.

Because everyone is impacted by this event, emotional support must be widely available for all.



BURNOUT: Three Components

1. Overwhelming exhaustion

2. Depersonalization: Feelings of cynicism and detachment

3. Sense of ineffectiveness and lack of accomplishment

The antithesis of burnout: engagement

- High energy
- Strong involvement
- Pride and a sense of efficacy

A psychological syndrome emerging as a prolonged response to chronic stressors on the job

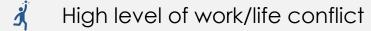
NB: In a review of 182 studies involving 109,628 physicians from 45 countries, 142 unique definitions of "burnout" were used, resulting in overall burnout prevalence ranging from 0 to 81%

-Rotenstein et al JAMA, 2018

General Risk Factors for Burnout and Distress

Sargent MC, Sotile W, Rubash H, Barrack RL. J Bone Joint Surg Am 2009





Work interrupted by personal concerns

High levels of anger, loneliness, or anxiety

Stress of work relationships/work outcomes

Anxiety about competency

Difficulty "unplugging" after work

Regular use of alcohol and other drugs

Signs of Burnout and Secondary Traumatic Stress



Resilience



Resilience

- The capacity to bounce back, to withstand hardship, and to repair yourself
- Positive adaptation in the face of stress or disruptive change

Based on a combination of factors

- Internal attributes (genetics, optimism)
- External (modeling, trauma)
- Skills (problem solving, finding meaning/purpose)

Can We Build Resilience?



Realistic recognition (Overcoming denial/culture)



Exercise, sleep, nutrition



Supportive professional relationships/ talking things out with others



Personal relationships



Boundaries



Humor



Time away from work/Hobbies



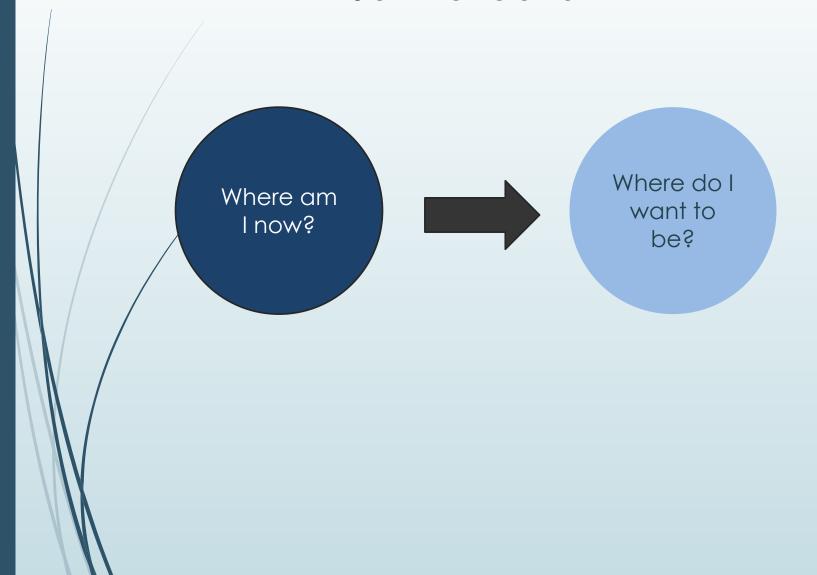
Passion for one's work

Swetz, *J Palliative Med* 2009

Altruism may help protect against the development of post traumatic stress

Wu, et. al., Psychological Impact of the SARS Epidemic on Hospital Employees in China, Canadian Journal of Psychiatry, May 2009

Self Reflection





Normal Responses including Anxiety

Feelings of satisfaction and meaning by helping.

Fear, grief, frustration, guilt, sadness, irritability.

Chest tightness, GI distress, pain, insomnia, and exhaustion.

Difficulty concentrating.

Increased monitoring of physical symptoms.

Thoughts of avoidance or escape, urge to withdraw to safety

Helplessness or feeling no control over what is happening.

There are things we **CAN** do!



Establish safety

dentify safe areas and behaviors

Maximize your ability to care for yourself and your family

Keep in touch with colleagues and people you care about



Take advantage of calming skills and maintenance of natural body rhythms

eg, nutrition,
sleep, rest and
exercise there are many
two minute
"apps" to help
with this



Maximize & facilitate connectednes s to family and other social supports to the extent possible

- "Zoom" is your friend!



Try to be hopeful and optimistic while not denying risk



Self-care is

Not in

Conflict with

Altruism

"Secure your own oxygen mask before assisting others"

Tips for your Families

- Your families are just as concerned about YOU as you are about THEM.
- Remind your family that the situation is temporary
- Titrate information to each family members' readiness

Helping Your Families



Provide accurate ongoing information about what you are doing and how you are – they are worried about you.



Don PPE that fits you and follow guidelines for disinfecting yourself when you go home



Develop your own family rules including living arrangements. (Find the balance between safety and connection)



Use time "off" to take care of yourself



Do things that you can control that make you feel better



Share calming strategies and maintain family rules

This is a "critical" mission, similar to a military deployment

Be proud of your family's role in supporting you so you can help them have a sense of meaning and purpose as well.

Maintain
telephone and
on-line
communication
as you can.

Take advantage of assistance that is offered from all your friends and families – you are strong, but you don't have to go it alone

Tell them sometimes you may be having a difficult day and won't want to talk. . . And that's ok.

What you can tell your families

Bioethics for Disasters

Tia Powell, MD

How can you be a good doctor in a bad situation?

Core Ethical Principles

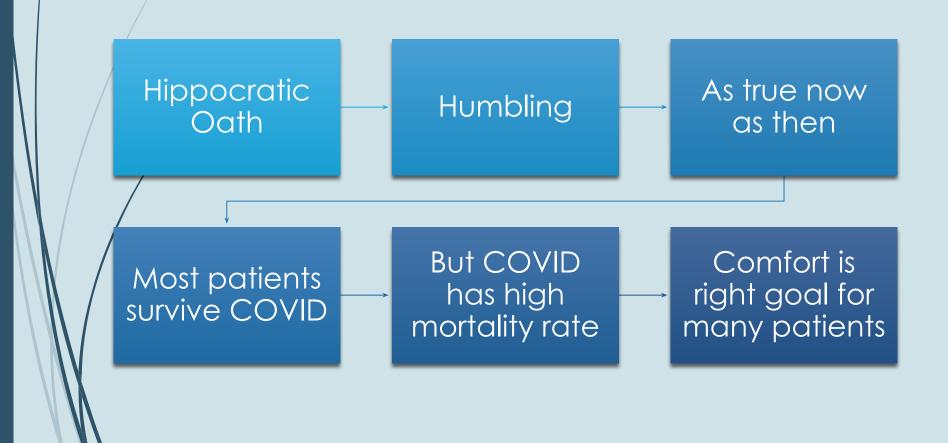
Provide best possible care in circumstances

Crisis standards of care are necessarily different

Not ethically required to offer futile care

Tell the truth

Cure sometimes, treat often, comfort always



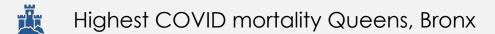
Rationing can be ethical!

- Save the most lives possible
- Provide care that will benefit
- Use objective criteria
- Avoid discrimination
 - No social worth
 - No bias against disability
 - Careful consideration of SDOH
 - Consistent



Health disparities contribute to the ethical challenge.





Lowest Manhattan

Higher mortality for minorities, poor

Care in disaster should not increase inequities

Cannot prevent excess deaths

Political action is part of the "treatment" for Social Determinants of Health disparities

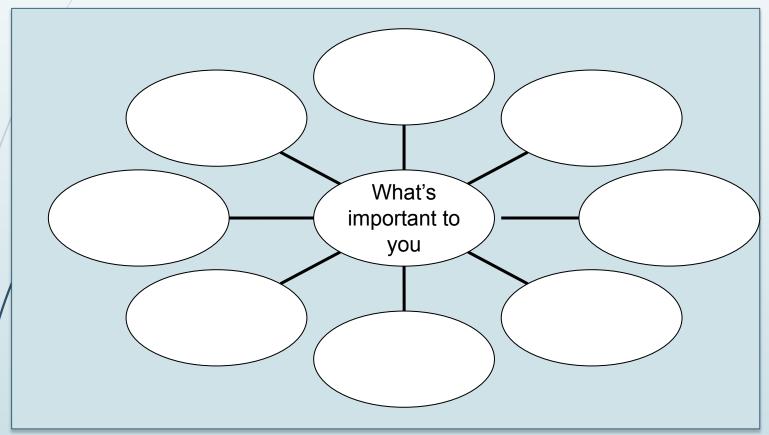
Disparities in NYC During COVID

,	Total Cases	% of Total NYC cases	Total Deaths	% of Total Deaths
Manhattan	9,691	14%	348	15.1%
Queens	23,083	33%	1033	32.2%
Bronx	13,680	19.8%	850	26.5%
All of NYC	68,776		2303	

nyc.gov data 4/7/2020

What Matters to the patients and families you are working with?







What Matters May Include...

What Matters to You?



My husband is dying alone

Who will take care of my children?

I am afraid my son will relapse on drugs

I'll infect my family

I lost my job.

No money for rent and food!





"Maintaining a What Matters to You? mindset during this crisis can help us preserve our humanity and perspective"

Damara Gutnick, MD

What We Think

Should I "follow orders" or listen to my instincts?

Should I take more responsibility or take care of myself/family?

Should I stay at work or go home?

Am I furthering oppression and inequality?

Should I focus on what is better for me, my loved ones, my patients, and/or my community?

Managing Grief



Acknowledge Grief – tears are good



Share your grief



Avoid blame:



It is not a failure of care, it is a failure of cure

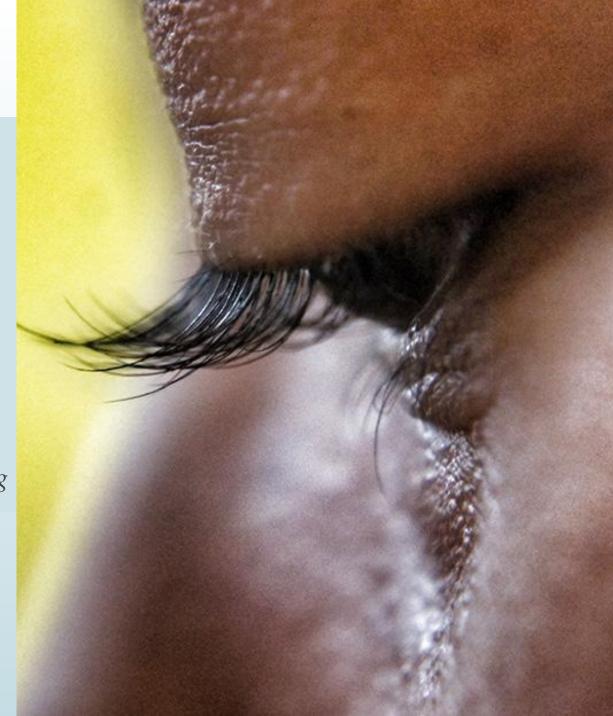


Give your superego a break



Practice self-compassio n "There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love."

- Washington Irving



Strategies for Sustaining Wellbeing

	Meet	Meet Basic Needs (eat, drink, and sleep – being biologically deprived puts you at risk and may compromise your ability to care for patients	
	Take	Take Breaks – talk a walk, listen to music, talk to a friend	
	Connect	Connect with colleagues – complement each other = share your frustrations – problem solve together.	
	Contact	Contact your loved ones (?once during a shift?)	
/	Respect	Respect your differences – some people like to talk, others need to be alone	
\	Monitor	Yourself for signs of depression (sadness, insomnia, hopelessness) and consider talking to a peer, supervisor, professional	

Stay Connected

Limit Exposure

To Friends & Family

To your sources of spirituality

Check CDC and state websites regularly

To the Media

To your devices (screen time)

Guidance for Leadership



Transparent and thoughtful communication

Ensuring that people get adequate rest



Provision of food, rest breaks, decompression time and adequate time off



Allow as much opportunity for "local" control as possible.

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

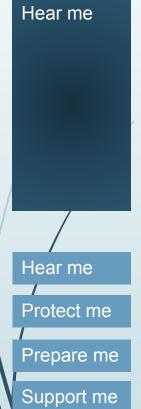
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Hear Me



Care for me

Create an array of input and feedback channels (listening groups, suggestion boxes, email, town halls)

ACTIONS TAKEN

- We want to hear from you and have created multiple bidirectional communication channels
 - Dr. Ozuah answering staff questions and soliciting solutions
 - Department Town Halls
 - Daily Department and Systems Updates

Protect Me/ Prepare Me

Protect me Prepare me

Hear me

Protect me

Prepare me

Support me

Care for me

ACTIONS TAKEN

- PPE availability and fit
- Employee Testing if symptomatic
- Information on best practices to protect you and your families
- Best practice updates
- Training and education
- Grand rounds

Support Me / Care for Me

Support me

Hear me

Protect me

Prepare me

Support me

Care for me

ACTIONS TAKEN

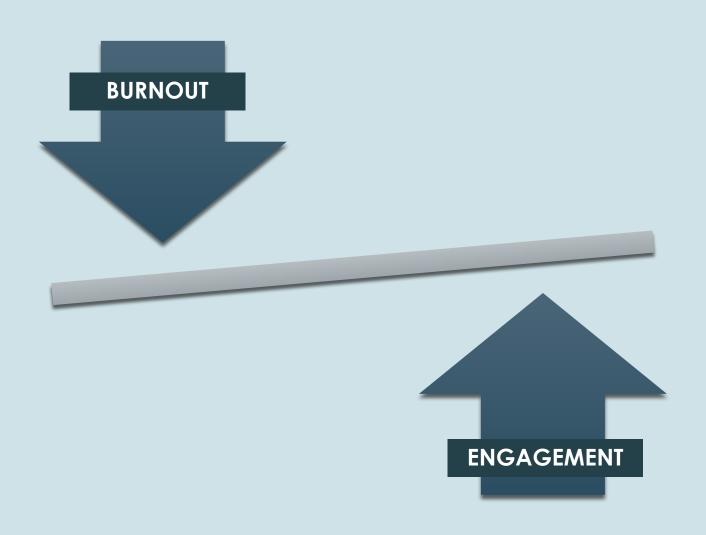
- Food & Parking
- Housing options to keep families safe
- Medical Student Volunteers
- Paid sick time
- Emotional Support Resources
 - Multiple programs (see details)
 - ☐ SMART / MESA Programs
 - Grand Rounds
 - Zoom Groups
- Provide Holistic Support for Staff and Families

National Resources

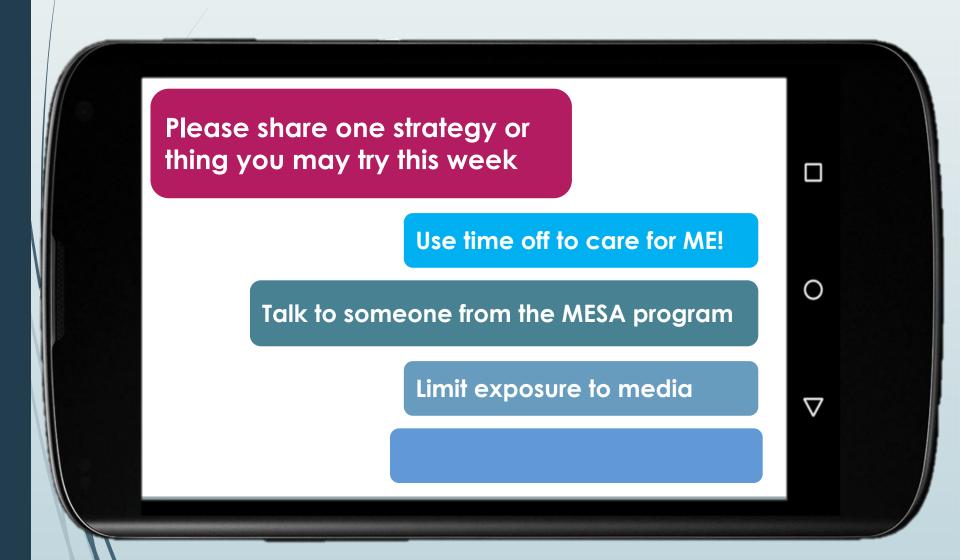
- Center for the Study of Traumatic Stress: www.cstsonline.org
- Center for Disease Control and Prevention www.cdc.gov
- American Academy of Child and Adolescent Psychiatry: www.aacap.org
- American Psychiatric Association: www.psych.org
- American Psychological Association: www.apa.org
- American Academy of Pediatrics: www.aap.org
- American Red Cross: <u>www.redcross.ora</u>
- What Matters to You <u>www.montefiorehvc.org</u>

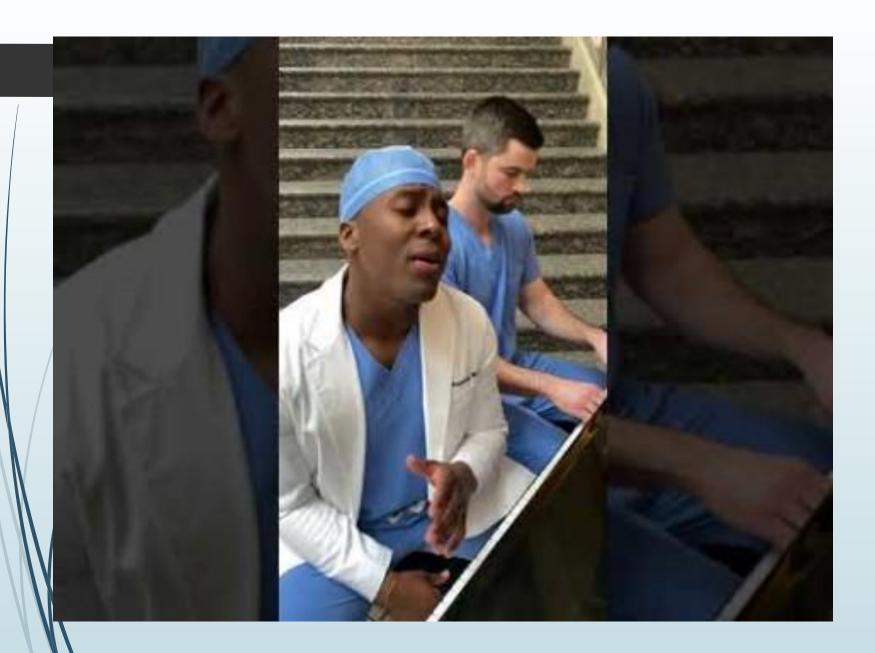


Tipping the Balance from Burnout to Burning Bright



Please share via text...





"Somebody has to do something, and it's just incredibly pathetic that it has to be us."

Jerry Garcia



Montefiore Staff Emotional Support Programs

Montefiore Emotional Support Allies (MESA)

Each health care frontline clinician is being paired with a mental health professional (ally) who will "check in" with them several times /week: text, phone – entirely voluntary

SMART (Swift Montefiore Associate Response Team)

2-12 intensive, brief focused psychotherapy or medication evaluation by telehealth for Covid related stress or anxiety provided by psychiatry faculty: email mepa@Montefiore.org with your name, dob and your chief complaint

Montefiore Emotional Support Resources

- *Montefiore COVID-19 Emotional Support Line:
 718-920-8844 (Daily 8am 10pm)* 7 days per week, 8am -10pm you can be connected by phone to a Montefiore psychiatrist, psychologist, or social worker for peer support.
- Staff Support Centers Monday to Friday: Moses (8 to 8), CHAM (11-5), Weiler (11-5), Wakefield (11-5): quiet space, food and drin, peer to peer support, art-based relaxation materials, massage chairs.
- Program (EAP) provides non-1199 associates and their household members with telephonic and video, counseling and personal care services (such as assistance related to childcare or financial concerns), with the first 5 initial confidential sessions included. Call 844.300.6072 or visit www.myliferesource.com and use access code C4NKN. Available 24/7/365days
- Supportive Wellness: Free, telephonic confidential appointments with Montefiore's Associate Wellness Wellbeing Manager for stress management and emotional wellbeing consultations. Contact Dr. Brenda Boatswain, a licensed psychologist, at bboatswa@montefiore.org.
- "Montefiore Together" Daily Broadcast (in development)

Montefiore Resources continued

- Relaxation Tracks: Montefiore's recorded relaxation tracks that provide gentle music or guided relaxation exercises via the phone or internet. The hotline and website are available 24/7, at 718.920.2256 or online at www.montefiore.org/healingarts-relaxationtracks.
- Creative Wellness: Free individual telephonic creative wellness consultations with Montefiore's Associate Wellness Program Manager, a licensed art therapist for stress management and mindfulness techniques. Contact Stephanie Saklad, M.A., ATR-BC, LCAT at ssaklad@montefiore.org for an appointment.
- NYC Well: can be reached 24 hours, 7 days/week by phone at: 1-888-NYC-WELL (1-888-692-9355), by texting "WELL" to 65173; or Chat at: https://nycwell.cityofnewyork.us/en/get-help-now/chat-with-a-counselor-now/.
- NYS COVID Emotional Support Helpline:
 1-844-863-9314, 8am-10pm, 7 days/week for mental health counseling
- Westchester County Department of Community Mental Health: 7 days per week, 8am-8pm you can be connected to mental health services. Call 914-995-1900.
- Meditation Apps: Headspace is providing free subscriptions to New Yorkers during the pandemic at: www.headspace.com/ny. Other free apps are also available for associates through their phone app stores, such as Insight Timer and Calm.







Helpful Apps

Depression CBT Self-Help Guide helps you understand the causes of depression, explains self-help behaviors you can adopt to reduce symptoms, and provides useful self-management tools.

Headspace / Headspace Plus is a meditation tool with hundreds of sessions on physical health, personal growth, stress management, and anxiety relief.

PTSD Coach provides users with education about PTSD and tools that can help users manage the stresses of daily life with PTSD.

7 Minute Workout is the #1 fitness app in 127 countries with 12 high intensity exercises, 30 seconds per exercise, 10 seconds rest between exercises.



YOU HAVE 48 HOURS TO REGISTER AND COMPLETE EVALUATION FORM FOR THIS ACTIVITY

PASSCODE for this RSS Activity Event is:

98GNAW

Albert Einstein College of Medicine designates this live activity for a maximum of $\frac{1}{2}$ AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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