

## ASPR TRACIE Webinar Transcript

### COVID-19 and Healthcare Professional Stress and Resilience Speaker Series- Dr. Eileen Barrett, University of New Mexico

October 2020

**PowerPoint Presentation:** <https://files.asprtracie.hhs.gov/documents/aspr-tracie-covid-19-and-healthcare-professional-stress-and-resilience-speaker-series-barrett.pdf>

**Recording:** <https://attendee.gotowebinar.com/recording/6470789067427571983>

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Welcome to the ASPR TRACIE speaker series, COVID-19 and Healthcare Professional Stress and Resilience.

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This collection of brief presentations highlights emerging behavioral health and resilience practices among healthcare facilities across the country during COVID-19.

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Please watch the introduction to this series by Rachel Kaul, linked, along with the other speaker's presentations on the first slide of this presentation.

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In this video, Dr. Eileen Barrett, Director of Continuous Medical Education and Graduate Medical Education Wellness Initiatives from the University of New Mexico, will discuss proactive programs available to support staff during stressful times.

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Dr. Barrett.

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Thank you for that introduction. And I know that the reason why you're here is the same reason that I'm here, which is that we're all concerned about the mental health outcomes and the mental health experiences of our clinicians who are involved in the COVID response. If that's something that you are concerned about, you are not alone, This particular paper that was published in the Journal of the American Medical Association, Network Open Journal did show that there was an increased risk for adverse mental health outcomes, including anxiety, depression, and insomnia for people who were frontline healthcare workers, particularly in Wuhan, women, and also people who were directly engaged in the care of people with COVID. So that's why this work is so important today.

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And it also reinforces why we should all be engaged in helping support each other during this time.

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It is well known that there are cultural and there also are logistical, and really actual reasons why a lot of healthcare workers are reluctant to seek care for their mental health diagnoses and for their mental health conditions. This was a paper that was published in 2017 that came out of the proceeding of the Mayo Clinic that did show that in states where the medical license applications asked about mental health diagnoses or mental health conditions, that physicians in those states were less likely to seek mental health care Specifically, because they were afraid of the effect on being able to get a medical license. Although this study has not been repeated or has not been

done in nurses and in other healthcare workers and clinicians, it is reasonable to believe that the same concerns exist there. And that's the reason why we should all be talking about what we can do to destigmatize help-seeking. One of the things that I would ask everyone here to be involved in and to be engaged with, is to work with their employers to remove these intrusive questions

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from their job applications and the credentialing applications. And then if possible, also to work with your state medical board to remove the license questions that are also being asked in your states.

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In fact, there have been multiple successes where clinicians have engaged with their state licensing bodies on these efforts and this is part of a national change that is occurring right now, so I hope that you can be a part of that. Next slide, please.

3:21  
And one of the reasons why that's so important is because having mental health resources available is so important in that if they are provided, than they are generally used. This was a paper that was published in the Journal of Graduate Medical Education, which is a journal of the ACGME who accredits residency programs for physicians.

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And within this particular program, what they found was that when they scheduled every single one of their new physicians or new resident physicians for a mental health wellness check in with a mental health provider, they found that over 90% kept the appointments. That speaks to the fact that there's an untapped resource, and there's an untapped need here. I will say that we specifically did this where I worked, and we did this with the incoming physicians. When we scheduled 106 physicians, 78 kept the appointments and then 10 decided to continue to get mental health care. So again, it was something that when it was offered and when it was prospectively provided, that people took advantage of. So, I hope that you explore doing the same. Next slide, please.

4:31  
This is a paper that was published in the Annals of Internal Medicine with a QR code that you can point your phone toward. It does provide a blueprint for if you want to make those changes in your state because you're thinking about how to provide more mental health care for clinicians. Here's a blueprint for how you can make these changes. And I think that the way it is presented here is one that applies to our non-physician clinicians as well. I hope that it's of help to you.

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5:02  
And even if you work in an organization that doesn't have the ability to schedule everybody for mental health check ins, every single one of us can support others getting mental health care by providing them with resources that exist outside of the workplace. I'm not involved in this organization, but I appreciate what they're doing,

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What this is, is an organization that connects frontline healthcare workers to therapists who offer to speak with them and their licensed therapists who offer to speak with them for free. So, point your QR code and you'll have that information. Please share it with your peers.

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And now, next slide, please.

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This is another project that does a very similar thing, and it's called "Emotional PPE." Again, everything is free and they will connect any healthcare worker with a therapist for free. Next slide, please.

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But of course, our lives aren't just the lives that we have in our clinical environment, it isn't just the work that we do at the hospital, in the clinic, or at the lab. It's also what we do at home, and the people who we love deserve to be supported. This is a resource that's provided by the American Foundation for Suicide Prevention and I hope that you consider sharing this resource with any friends and colleagues because there are things that all of us can do to support our mental health.

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One thing that's really just foundational and very easy that we're able to do to support mental health and to support just having a positive working environment, is expressing gratitude to people on our medical teams and on our nursing teams. In this paper that was published in Pediatrics, what they did find was actually that when gratitude was expressed to the teams, and in this case by the patient's parents, that the teams actually worked better. And that makes sense. So, I'm going to ask everybody right now, maybe to continue to listen, but certainly send a text to someone right now, to thank them for something that they've done for you. It really makes a difference. Next slide, please.

7:08

Another thing that we may wish to consider to support our mental health is to do some work on meditation. It has been said that if you do a two-minute meditation, you'll often find that what you really need is five, and if you do five, what you'll find is that you really want 10. But the place to start really is just even doing it just for one minute.

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The reason why people talk about this is because it does work for healthcare workers, but really for everybody. I don't have any connection to Headspace, but Headspace right now is available for free for frontline healthcare workers. It's an app that can be on your phone. Next slide, please.

7:41

But some things that we shouldn't neglect include really foundational things like getting outdoors. So, do know that when you are outside. It does have positive mental health effects, and that can be also while we do our work, but also while we are away from work and at home. Next slide, please.

8:02

Let's do our best to try to implement a little bit of nature, to adapt a little bit of nature into all of our days. Next slide, please.

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In addition to the things that all of us can do that are kind of foundational things, we should also look to get rid of the stupid stuff. The stuff that affects our ability to provide good care to the patients, and that also can be very frustrating. This is a QR Code that is to a free toolkit that is provided through the American Medical Association that provides some guidance for how you can get rid of the aggravating stuff that is involved in your clinical workspace that doesn't advance the care of the patients, but that does in fact get in the way sometimes from taking care of the patients, and does get in the way of you being able to do what connects you to your values. Next slide, please.

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One thing that everyone deserves is having a more efficient and more effective, and less frustrating electronic environment. This was a paper in the Journal of Hospital Medicine where what they found was that when they provided direct, very targeted training on how to use the electronic health record, in this case, to internal medicine residents. They also made revisions to the templates that are available so that they were user-friendly. They found that not only were the notes that were written of higher quality, they were also shorter, which was easier than for the reader to engage with and to understand what's going on for the patient. But they also finished an average of 1.3 hours a day earlier.

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And so, I think that the lesson here is that all of us can, and we deserve additional training on our electronic environment, so that it can help us do the job in an easier way, that it can be better for the patients, and that can help us finish our job in a more efficient manner, without having to work harder, per se.

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The reason why that is so important is because the work is hard. It is beautiful, but it also can be very difficult, and we all know that. One way that we can acknowledge how difficult it is, is to always be connected to the humanity of and the experience of the patients. Taking a pause is something that we can do after a code or after a patient dies so that we can acknowledge their humanity. And it is just literally that, is that right after the patient passes at a time that is appropriate, to just say with the team or even if you're by yourself to say so privately. Let's have a pause to acknowledge the patient, their loved ones, and everyone who is involved in their care.

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Then you just wait for 30 seconds, and if you're with other people and say also, thank you for your care of the patient and there's a beautiful moving video about how to do this that's available if the QR Code. Next slide please.

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I would be remiss if we didn't acknowledge that in addition to the things that are intrinsic to the work that is very difficult. Having to deal with loss and grief but there also are difficult things that are really coming to the fore, particularly this year, which is that a lot of healthcare workers are on the receiving end of bias, discrimination, and harassment.

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And there really is a duty of every organization to address this front and center. And what that would be, would be to have a robust anti-bias discrimination and harassment policies and procedures, in addition to training so all of us can do the right thing if we witness bias, discrimination or harassment. So with that, I'll ask you if you get tired, learn to rest and not to quit, and the way we do that is we do that with others. Thank you for your care of the patients. Thank you for the care of your colleagues and I hope that you take some time to take care of yourself.

11:48

Dr. Barrett, thank you so much for that presentation. You gave us a ton of strategies. These are all excellent strategies, a lot of which are in the individual hands. People can do these on their own without them having to be offered. But as you discussed and as we all know, to be more effective, these need to be implemented at an institutional level. So can you discuss a little bit about what the role could be for the employer, the organization, the institution, and clinician well-being, and in implementing any of these strategies?

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Thank you so much. You know, I think that the obvious thing that comes to mind of course is how people do set up wellness drop in groups, and they do set up resilience groups and support groups and also do provide, well prior to COVID, did provide things like yoga that hopefully empower the healthcare worker to take advantage of them and have ownership over their own health.

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But what it can also do, of course, is, it can put the onus on them that the issue for them is when what we know for people who study and do this work is that really most of the effective interventions that are done to increase professional fulfillment, to decrease burnout, to really create a mentally healthy workforce, and a mentally healthy workplace, are actually things that the institution can do. So, one thing that's really obvious, I think, from here, would be to look to provide some opt out mental health check ins. But, of course, one would always want to prepare people that that is going to be happening. That it's an acknowledgement that the work is hard, and that we are here to support you. If it's a work climate that doesn't really support that. That, at a minimum, would be to explore, what are the reasons why, that wouldn't be supported. And also, what can leaders at every level do to model vulnerability and to be transparent about what they are doing, and what they want to do to support their own mental health, and to support other people's. I really do believe that every institution, every leader does have a duty also to look to destigmatize help-seeking by evaluating, credentialing, and job applications to remove those questions about mental health care.

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And also when removing them, to look to see if there are legal reasons why they can't. Usually there aren't. But look to see where those questions are situated. On a lot of job applications, those are usually on questions about really horrible things like pedophilia. And so we are explicitly stigmatizing mental health care when we do that, but the good news is that means that we can make a change by making changes to these applications. Other things that I think that every leader should do is that they should be engaged and looking to make it easier, to do the right thing for the patient, and our processes. And our systems should keep us from doing the wrong thing, not to keep us from doing the right thing.

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And we should look that, every avoidable click, every avoidable step, is a success. And we should look to minimize that extra work that doesn't advance the care of the patients. Such as, for example, where I had shown the link to the getting rid of stupid stuff, than every leader can look today to start a committee or to start a taskforce on how to get rid of this stupid stuff.

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Thank you so much for that. That's a lot of really tangible, helpful steps that leadership and individual frontline workers can take to get ahold and own their mental health. So thank you so much, Dr. Barrett, for speaking with us today. That concludes this presentation. Please feel free to reach out to ASPR TRACIE with any questions for any of our speakers in the theory.