

WELCOME

Preparing PHPs to Support Physicians Facing Moral Injury and Trauma of COVID-19

June 26, 2020

This education session is an exclusive, complimentary benefit for FSPHP Members hosted by the *Task Force to Support PHPs During COVID-19*.



Federation of State Physician
Health Programs

TECHNICAL INSTRUCTIONS

- **Mute and camera:** You will enter the call on “mute” and with your camera “off”. You control these features so please feel free to turn your camera on and unmute when you would like to speak. Remaining on mute during the call will help avoid background noise.
- **This session is being recorded.**
- **Screen Share:** Slides will be shared during the meeting for viewing; therefore we encourage you to join on your computer.
- **Speaker View:** Select the Speaker View icon in order to see the person speaking during the session. The speaker’s video box will also become hi-lighted so that you can easily identify who is speaking.
- **Chat Feature for Q&A and technical issues:** The Chat feature will be available during the session. The Q&A session will take place at the end of the session.
 - If you experience technical difficulties, please direct that inquiry to the meeting host, Sandra Savage by making that selection in the “To” drop down menu in the Chat box.



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FSPHP Task Force to Support PHPs During COVID-19

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SESSION OUTLINE & PRESENTERS

- **Staying Well Amidst the Crisis**
Doris C. Gundersen, MD
- **Pacing Yourself in a Pandemic: Knowing When to Slow Down**
Joy Albuquerque, MA, MD, FRCPC
- **The COVID-19 Pandemic and the Impact on Health Systems and Clinicians**
Arthur S. Hengerer, MD, FACS
- **Questions and Discussion**



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DISCLOSURES

None of the panelists of the FSPHP Education Session,
Preparing PHPs to Support Physicians

Facing Moral Injury and Trauma of COVID-19, have
anything to disclose or have any relationships, interests
or situations that might result in a conflict of interest
related to this session.



Staying Well Amidst the Crisis

Doris C. Gundersen MD
Medical Director Emeritus
Colorado Physician Health Program
Past President,
Federation of State Physician Health
Programs



Presentation Goals

Describe the challenges COVID19 presents

What are the risk factors for developing mental illness secondary to the pandemic?

What mental illnesses will we potentially see develop among physicians in the short-term vs. long-term

Describe CPHP's COVID-19 Care Line for Physicians

COVID-19 Challenges

- First pandemic in over 100 years
- New virus, according to genetic sequencing
- No clear treatment protocols
- No vaccine
- “Operating Blind”



COVID-19 Challenges

- Delayed response
- Inadequate testing
- Politics
 - CDC pandemic team defunded
 - Election Year
 - Civil unrest



COVID-19 Challenges

- Economy versus saving lives
- Uncoordinated efforts: global, federal, state levels
- Misinformation: Noncompliance with stay at home orders, conspiracy theories and risk for panic/hysteria

 the
quint

PLANDEMIC







**CDC Wants Ability to
DETAIN YOU
Tell Them NO!!!**

[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

COVID-19 Challenges

Evolving picture:

- Elderly at highest risk → Young are too
- Droplets versus aerosolized?
- Do masks work?
- Asymptomatic/presymptomatic carriers
- Pulmonary disease → cardiac, brain, gi involvement
- Hydroxychloroquine: Yes → No?
- How long does immunity last?
- When will we have a vaccine?
- Resurgence of disease after quiescence
- Mutations?

Risk Factors for Developing Mental Illness Secondary to COVID19 Pandemic

Genetic Vulnerability

Past history of mental illness (depression, anxiety, addiction, etc.)

Past Trauma: unrelated vs. related to medical practice

Current mental health issue: Burnout!

Risk Factors for Developing Mental Illness Secondary to COVID19 Pandemic

Comorbid illnesses that increase risk of COVID19

HTN, Obesity, DM, Immune Suppression

Heightened anxiety related to heightened risk

Risk Factors for Developing Mental Illness Secondary to COVID19 Pandemic

Serious psychosocial stressors:

Fear of exposure/illness (self, colleagues, family, friends)

Isolation

Disruption of normal routine

Financial hardships

Risk Factors for Developing Mental Illness Secondary to COVID19 Pandemic

Serious psychosocial stressors (continued)

Working long hours

Contending with high number of patient deaths

Inadequate PPE

Inadequate number of beds, ventilators

Risk Factors for Developing Mental Illness Secondary to COVID19 Pandemic

For physicians not on the frontline:

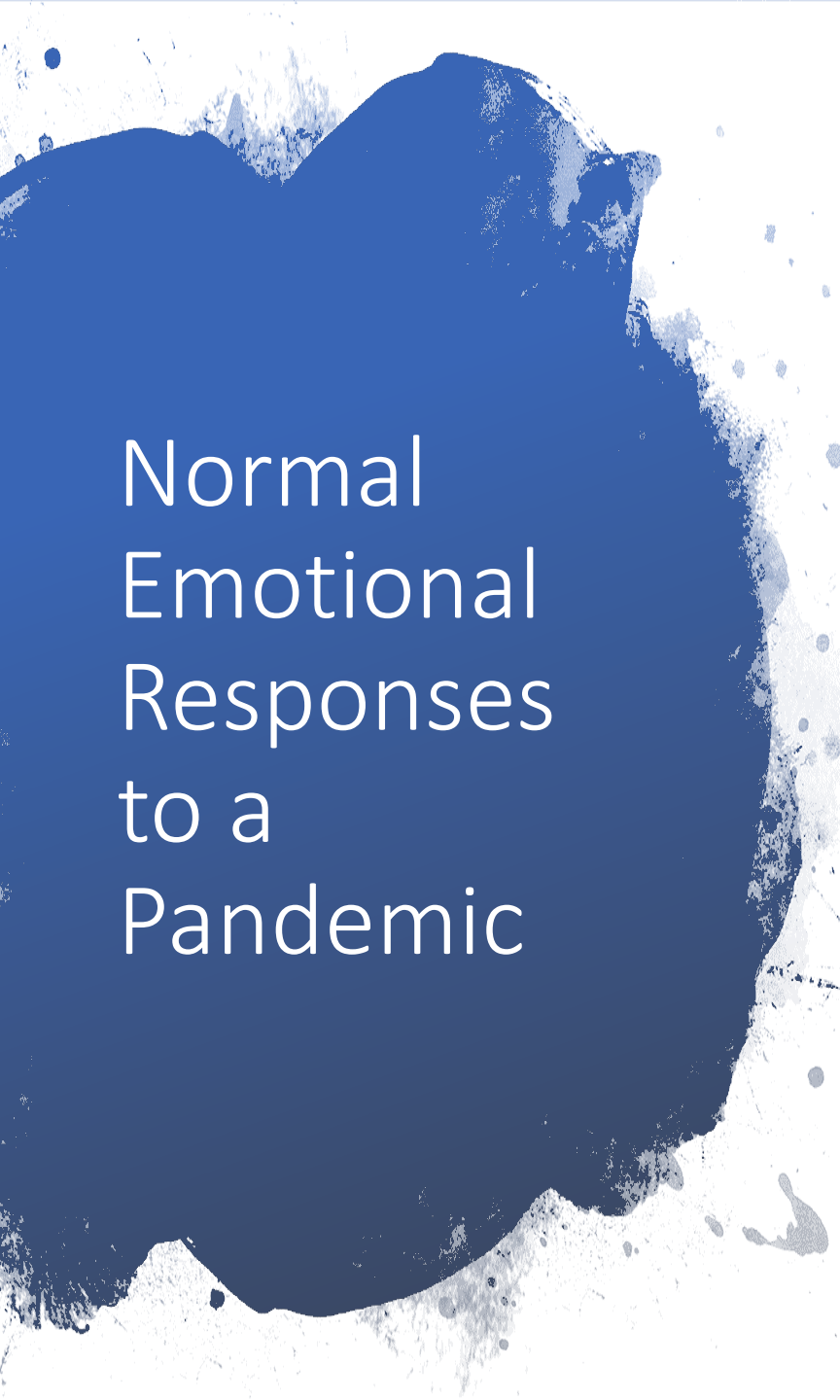
Financial consequences

Laying off employees

Survivor Guilt

Rapid adaptation to telemedicine

Similar fears of infection, death, risk to family, friends and
colleagues



Normal Emotional Responses to a Pandemic

- Fear
- Anxiety
- Anger
- Helplessness
- Change in locus of control
- Distraction
- Insomnia
- Fatigue (high mental workload)
- Emotionally driven decision making (reactionary)
- Grief

Early in the pandemic response:

Mobilized
Energized
Laser focused with “detached concern”
Efficient
Solution focused
Creative
Collaborative, strong teamwork
High sense of purpose, commitment and
dedication



Physicians on
the Front Line

With protracted and unmitigated stress:

Elevated cortisol levels

Elevated adrenaline

Sustained “fight or flight” sympathetic nervous system stress

Insomnia

Exhaustion

Irritability

Cognitive deficits

Burnout



Physicians on
the Front Line

The Aftermath:

Delayed psychiatric morbidity is common:

More Burnout

Depression and suicides

Anxiety disorders including PTSD

Substance Use Disorders

Demoralization:

Risk for leaving medicine



Physicians on
the Front Line

POLL #1

Are there barriers within your state, that impacted you in program development or in helping clinicians during COVID-19?

- State has no “safe haven” provision to protect confidentiality for clinicians when seeking help.
- PHP has not had adequate staff or funding to initiate any program.
- Too busy dealing with monitoring program and its issues under present conditions
- Leadership not interested in taking on new programs at this time
- Intensity of problem is either too great or minimal in our state to address
- None



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The term “moral injury” [was first used](#) to describe soldiers’ responses to their actions in war. It represents “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”

Journalist Diane Silver [describes it](#) as “a deep soul wound that pierces a person’s identity, sense of morality, and relationship to society.”

Moral Injury

The moral injury of health care is being unable to provide high-quality care and healing.

Moral injury identifies the problem as not physician weakness, but as a pernicious assault on the moral values of the medical profession.



Moral Injury

We started with a dispirited healthcare workforce

Inexplicable delay in response to COVID19, despite having knowledge of the virus in December 2019

Sense of betrayal related to lack of protection, lack of resources while battling an invisible enemy.



Moral Injury

Patient deaths related to lack of timely resources

Muzzling of physician whistleblowers; some were fired

The unconscionable lack of COVID19 testing did not allow epidemiologists to do their jobs

Physician and other healthcare professional deaths >600



Moral Injury

Young physicians creating
their wills while combating
the virus



Moral Injury





Most medical
experts believe
this was a
preventable public
health disaster



Moral Injury

“Action is the Antidote to Despair”

---Joan Baez

Crisis Counseling:

- Strength-based
- Anonymity
- Outreach-oriented
- Culturally attuned
- Support not psychotherapy



Overwhelmed caring for COVID-19 patients?

Access the
COVID-19 Care Line
for Physicians

Call
(720) 810-9131
for peer support today.

Colorado
Physician Health Program

The advertisement features a close-up profile of a healthcare worker wearing a blue surgical cap and a white face mask. The background is light with several orange, spiky virus-like particles. The text is overlaid on the right side of the image.

Pace yourself in this pandemic: knowing when to slow down

Joy Albuquerque MD
Medical Director
Physician Health Program
Ontario Medical Association, ON, Canada



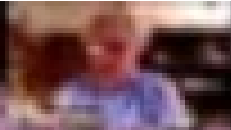


Kintsugi - "golden repair"

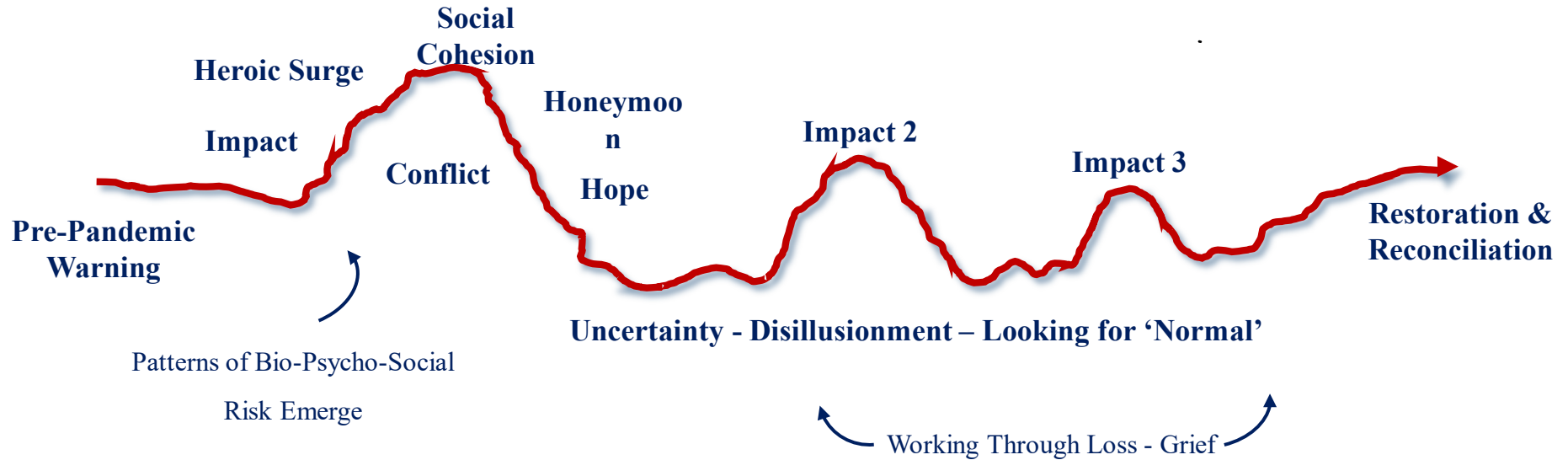
David Pike Kintsugi Bowl, Photo David Pike



Frontliners and Sideliners



Example of a Pandemic Road to Recovery

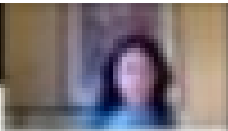


Physician Health Program, OMA

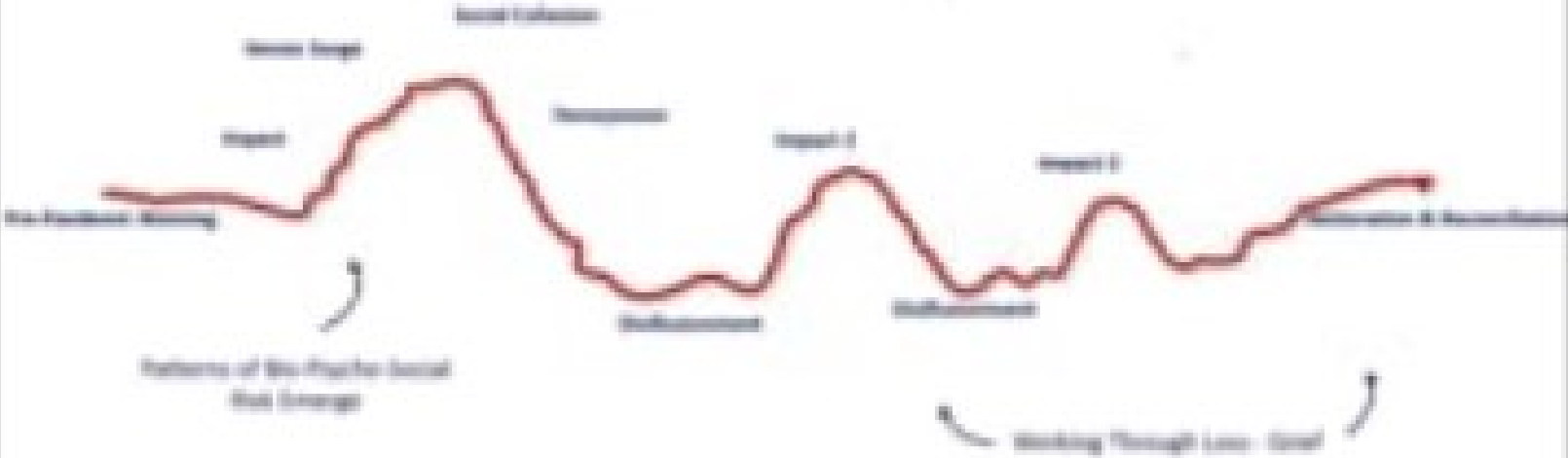
Adapted from Zunin and Meyers and Raphael

Metaphors...Military





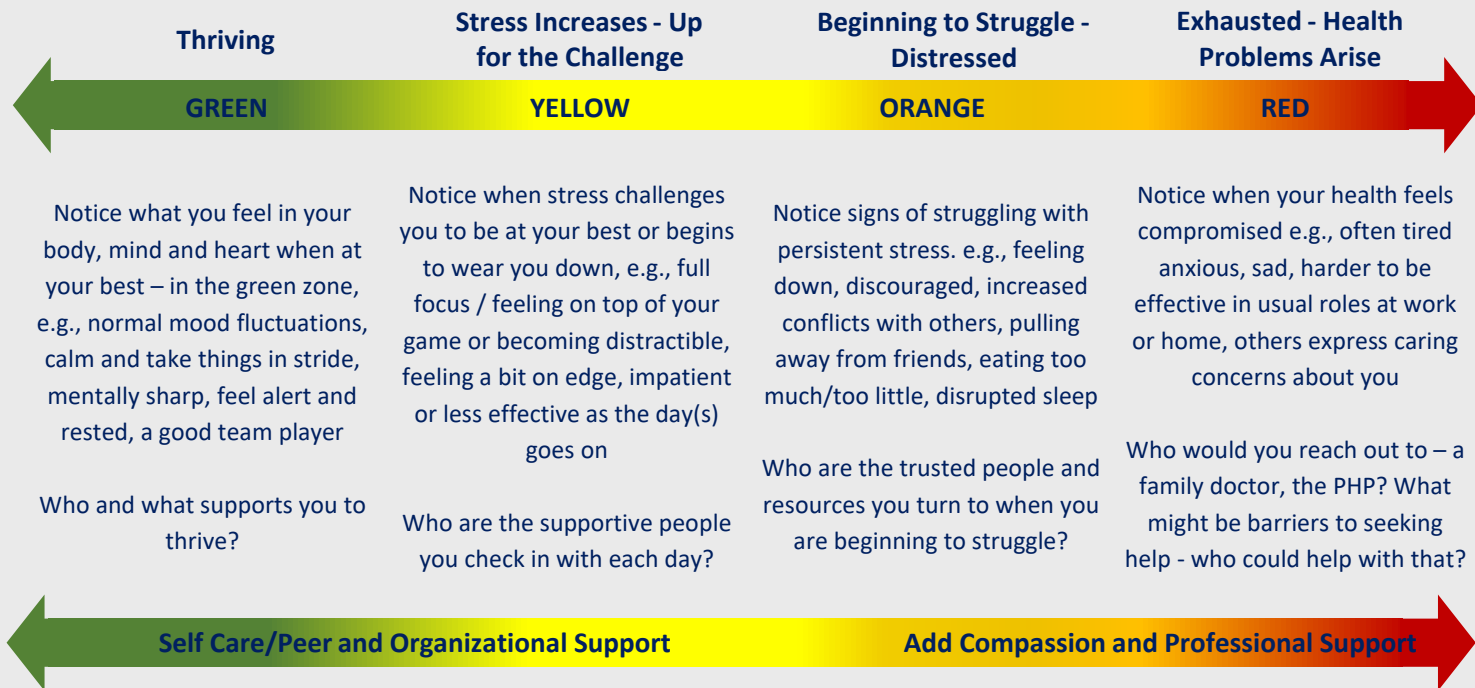
Example of a Pandemic Road to Recovery



Source: [Illegible text]

Pacing Yourself in a Pandemic: Knowing When to Slow Down

Awareness of your day-to-day stress and well-being is the first step towards healthy action.
Ask yourself, where am I on *the continuum of stress and well-being – what is my colour?*



Next Steps: Create A Buddy System

References: Bober, T. Physician Health Program 2020, D'Gata et.al. 2019;

Maunder et al, 2010, Moulton et. al 2007, Nash et. al. 2011

What Colour are you?

1 for GREEN

2 for CHARTRUESE

3 for YELLOW

4 for AMBER

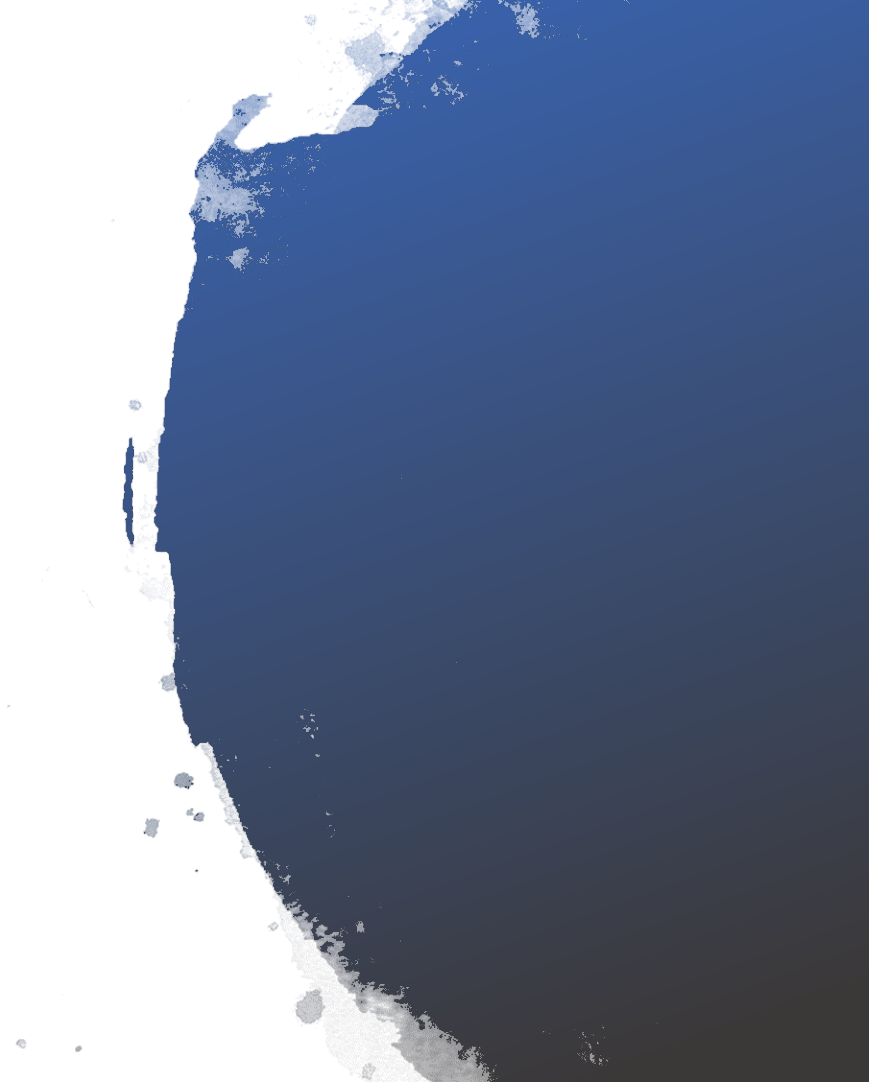
5 for ORANGE

6 for RED



Peer support

Townhall clip







Buddy System

1. Pairs or trios formally identify themselves as a “buddy system.”
2. Establish the platform you are going to use to connect with each other (e.g. text, WhatsApp, email, phone, zoom etc.).
3. Set up a regular time to check in with each other, e.g. make it a habit, to check in
4. Check in by asking each other questions followed by empathically listen to their story:
 - How you are managing the basics e.g. sleeping, eating? Are you taking time to relax, recharge and exercise? How is your family? Highlights at home or work – any low spots or concerns?
5. Support each other by sharing coping tips and resources

Adapted from Dr Mary Elliot, UHN, Toronto



Initiatives in Ontario: - to increase connection

Groups...by zoom/free/not therapy/facilitated

- Daily drop-ins
- Coaching
- For women physicians
- For physician leaders
- Meditation sessions nightly
- Compassion rounds

Basecamp – virtual spaces to share information, have meetings

Intake resources

Handouts and Resources

Edwin Kim, MD

Medical Director, Pennsylvania Physician's Health Program



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The COVID-19 Pandemic and the Impact on Health Systems and Clinicians

What are options for a PHP response?



Arthur S. Hengerer, MD, FACS

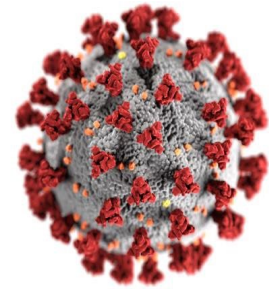
Past Chair of FSMB Board

Former Chair of the Board of Professional
Medical Conduct New York

Former Chair the Dept of Otolaryngology at
University of Rochester

Some Systems Can Look a lot like the COVID-19 Virus

**The Present
Medical Industrial
Complex**



Maybe that is why system communication was difficult and at times nonproductive in the past

To interact it could be painful without some protection or support

What can we create in the new normal?

Dale Chihuly Glass Sculpture

Topics for Discussion

- **Where were we in December of 2019?**
- **Where are we in Summer of 2020?**
- **How is moral distress and injury impacted clinicians?**
- **The role of FSPHP and state programs in the recovery**
- **PHP monitoring changed so what else are we finding for the new normal?**

Burnout Characteristics

“Fluctuates based on time in your career in 2019”

Emotional Exhaustion

Dysfunction in behaviors with loss of Empathy
and level of caring

Feeling of work and involvement doesn't matter

The erosion of the soul, a lack of direction, and
inability to take charge of one's work or life.

Entangled Pandemics of 2020

- 1. Novel COVID-19 viral illness**
- 2. Financial crisis with psychological and physiologic effects**
- 3. Management of acute and chronic stress**
- 4. Burnout and depression that was already present in >45% of physicians**

These cannot be separated because they are all entangled!

When facing an unprecedented threat, it is natural to believe our response must be unprecedented.

BUT one thing we can do is work on managing the resulting personal anxiety and stress.

Burnout is the Dilemma in 2019

- **Not a problem as they have a solution!**
- **Dilemma is a perpetual balancing act that needs a strategy.**
- **Requires finding 3-5 actions to implement and make habits.**
- **Two Strategies in systems which are not aligned:**
 - **Personal – Resilience (some of the issues)**
 - **Training and careers are geared toward resilience**
 - **Decreases the cognitive performance of the clinician**
 - **Work Place – System Design (most of the issues)**
 - **“Triple Aim” : Cost, Service, Patient Satisfaction**
 - **“Quadruple Aim” : Care of the MD provider**

Characteristics for Resilience

The innate trait of the ability to bounce back from Adversity

Optimism

Resilient role model or mentor

Cognitive Flexibility

Adapt at facing fear

Personal moral compass

Set of beliefs or core values →

Understand the issues

Active coping skills

Supportive social network

Exercising

Sense of humor

Moral

Injury or

Distress

Transition to COVID-19 Impact on Clinicians

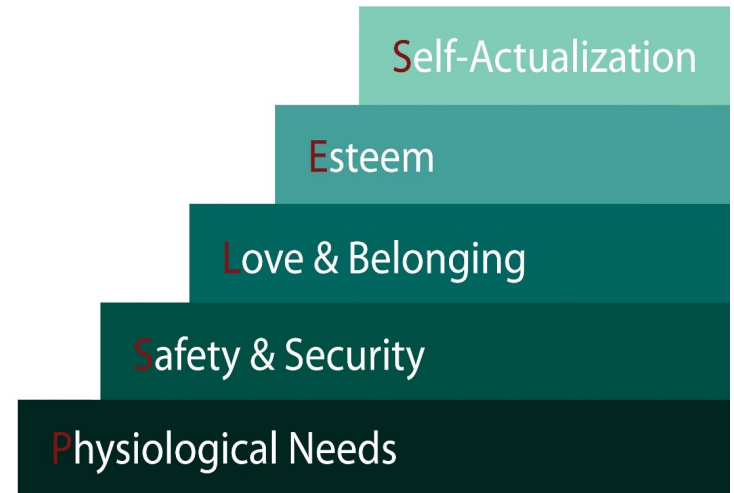
- **Where and what is the type of practice?**
- **In what part of country are they living?**
- **What is the age, gender and level of financial security?**
- **Their relationships and family dynamics**
- **Contracted the Covid-19 infection**
- **Are they seeking mental health support and from what resource?**
- **How do PHPs fit into this journey to recovery?**

Maintaining a Healthy Balance for Yourself

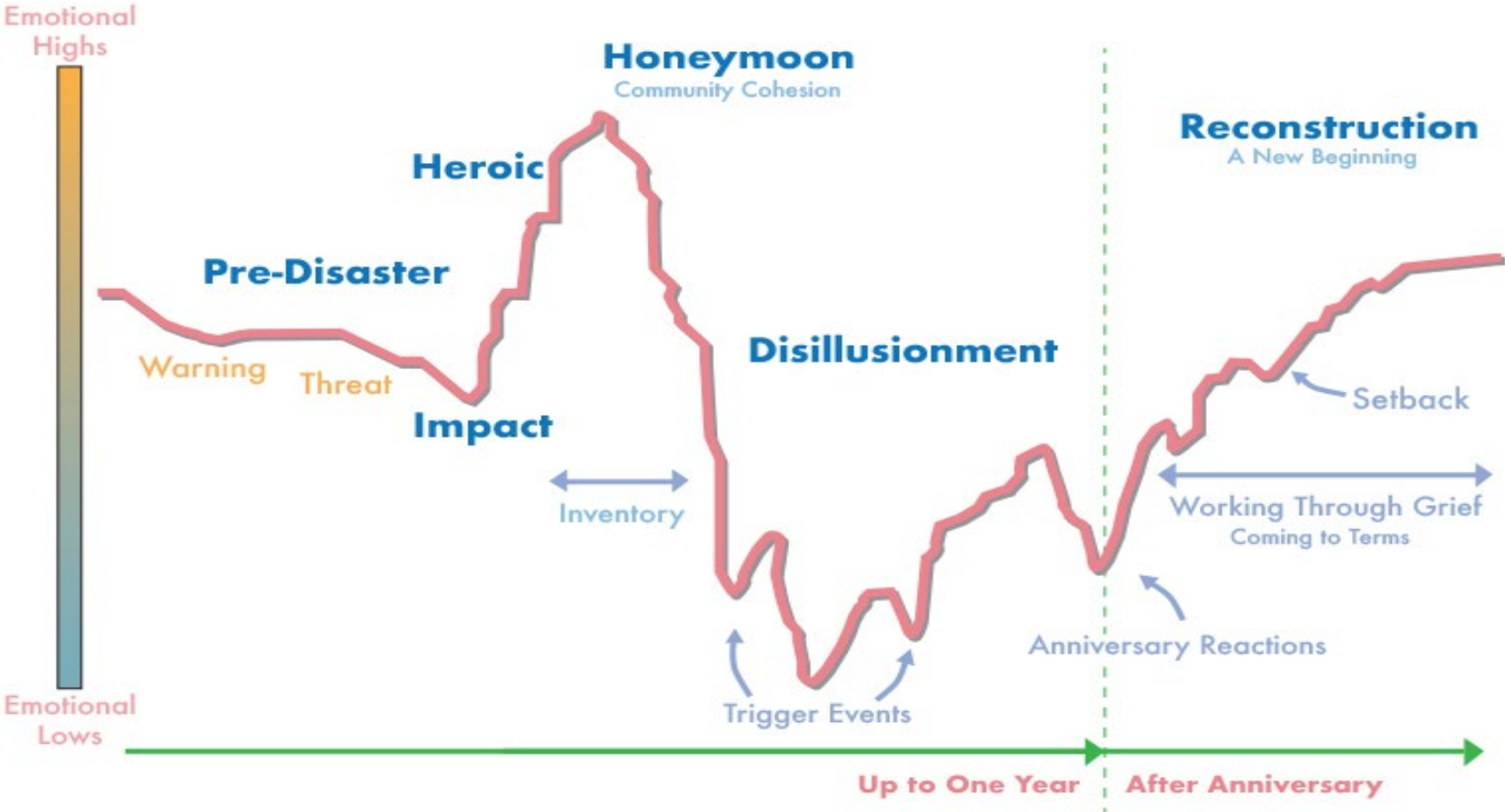
FIVE FUNDAMENTAL HUMAN NEEDS THAT MUST BE MET:

- Fairness and Equity
- Physical and Psychological Safety
- Meaning and Purpose
- Choice and Autonomy
- Camaraderie and Teamwork

Maslow's Hierarchy of Needs



Phases of psychological response to a disaster



Post Trauma Psychopathology

Psychopathology = Pre-trauma Vulnerability X Trauma Exposure

Resilience

RESULT:

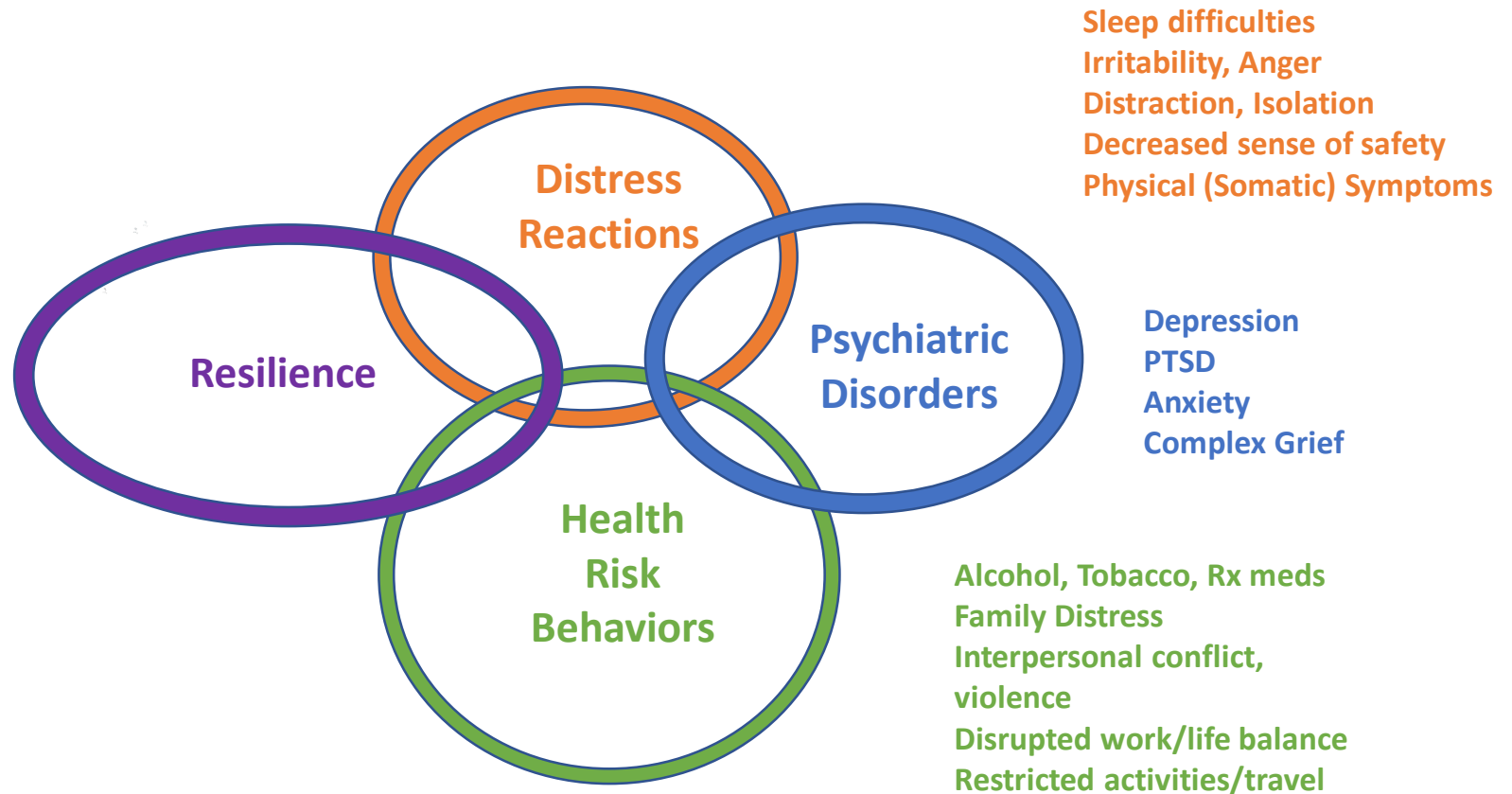
Tip back into prior behavior

Major depression

PTSD

Alcohol and Drug Abuse Disorder

Psychological & Behavioral Responses to Pandemic



LEWIN'S LAW - 1936

$$B=f (P+C)$$

Behavior = Function (Person + Environment)

System (Clinician + Health System)

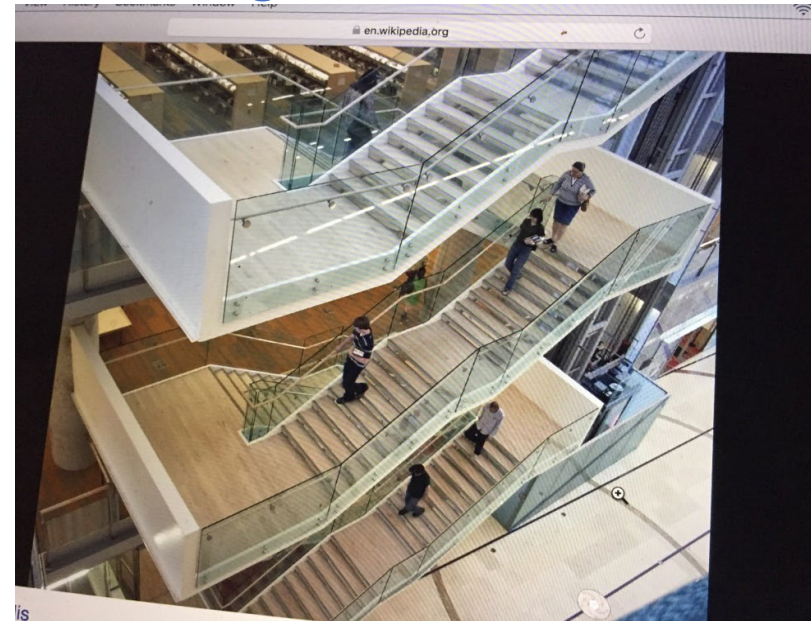
Wellness

SYSTEM AND CULTURE CHANGE

System and Culture Change:

What steps need to happen in a system to change the direction?

- **System Structure**
- **Leadership**
- **Finances**
- **Communication**
- **Autonomy**
- **Teamwork**
- **Research and Data**



Steps now to wellness

Leadership Responsibility



- Leadership is not just a position, but capacity and willingness to serve
- Be present, set an example and offer encouragement
- Effective communication being transparent and honest
- Normalize the situation as much as possible for those affected
- Offer hope and optimize the potential
- Commitment that seeing situations and perspectives outside own interests
- Acknowledge the grief that is felt by everyone and is appropriate

National Prevention Strategy for Clinical Workforce

- **Shared Leadership – Government, Institutions, Professional societies**
- **All hospitals/health systems implement a behavioral health plan**
- **Multi-modal interventions**
- **Recognizes both unique and shared vulnerabilities**
- **Adapts hierarchy of interventions for mental health**
 - **Prevention and treatment**
 - **Psychological tool kits -> stepped care**
 - **Monitor and addresses longer-term sequelae**
- **Supports state-wide and federal efforts, includes research to see what works!**

POLL #3

If grant funding was available what research project might you be interested in participating in (i.e. providing and/or collecting data)?

- Increased incidence of substance use problems and mental health issues stemming from the COVID-19 pandemic (referred for treatment).
- Study looking at the outcome of a peer program.
- Study examining the sources of stress for clinicians, taking into consideration personal and system issues (including moral distress).
- Review and outcomes of programs and interventions developed during COVID-19 to gain insight into what was experienced as most beneficial and effective to physician health and wellbeing.
- Impact of the 'new' normal on the branding and confidence of the role of PHPs.



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COVID-19 Impact on Clinician and FSPHP Responses

ANXIETY:

Apprehension, uncertainty, fear

From: real, imagined, and situations that threatening or harming

STRESS:

Feelings of emotional or physical tension

Resulting in physiologic responses

Response proportional to degree of anxiety

FROM:

The front line hero in the ICU to

The sidelined clinician with financial stress from no active practice

AWARENESS of NEEDS:

Personal CONTROL

COMPETENCE in self

CONNECTION with courage and patience

COPING SKILLS:

View problem directly

Accept emotional support

Recognize meaning of what happening – know where to turn

FSPHP OPERATIONAL RESPONSES:

Be available to other organizations to promote positive support image of PHPs

Ensure "safe haven" for coping skill support

Hot line for psychiatric and peer support

Create program for buddy support groups with medical societies

Distribute all national ideas between PHPs

Remind physicians without seeking support these stresses can lead to misconduct

Develop research protocols and collect data for future analysis and publication

FSPHP Involvement in COVID-19 Support

- **This is a marathon of support of unknown duration:**
 - Is it a 5K, 13.1K, 26.2K or Ironman?
 - Since don't know makes it very hard to tolerate and make plans
- **Will see an increase in alcohol and drug abuse, mental health issues**
- **Mental health support maybe cut with state and fed gov't financial distress**
- **This will make need for support from volunteer programs**
- **Will need institutional, private, NGOs, society and agencies support**
- **Look at our systems and make design change at national and local levels**
- **Work on social contract with society of what they will want for the future**
- **Address communication internally, with state boards and recipients in the new normal that will evolve**

POLL #4

What adjustments or new interventions to your PHP Program have been positive and you would like to see continue?

- Virtual Support Groups for Participants
- Virtual Support Groups or Support Lines for non-Participant Physicians for Stress, Burnout, and Moral Injury subsequent to Covid-19
- Telehealth therapy for participants
- Remote Work Arrangements for Staff
- Virtual Intake and Monitoring Meetings with Participants or Referrals
- Remote and Secure Document Sharing with Participants w/ tools such as DocuSign
- More Involvement of Workplace Monitors for Support and Monitoring
- Adjustments to toxicology testing – frequency; kind of tests; location of tests. Examples: use of Remote Breath Alcohol Devices, Remote Oral Fluid Tests, Retrospective Comprehensive Testing
- Increased Communication with Other Agencies or Individuals, such as State Licensing Board; Behavioral Health and Coaching Providers; Medical Society



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“The Bad News is our Flight was delayed.
The Good News is You’re the PILOT”

Michael Altshuler



Questions and Closing Comments

- Please send your question by using the Chat feature
- Visit FSPHP COVID-19 Resource Pages
 - [Support of Clinicians During COVID-19](#) – Public facing page
 - [PHP Responses to COVID-19](#) – PHP members only page
- Watch for an email with a survey collecting feedback on this session and asking you what else FSPHP can do to be helpful to our PHPs.
- This session slides will be available to members on the membership portal.



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