

COVID-19 physician well-being initiatives embrace family needs

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Washington saw its first case of COVID-19 in January and its first death from the virus in February. Three months later, the state continues to battle this crisis that has placed added stress and anxiety on physicians and other health professionals. To address stress during COVID-19, the University of Washington (UW) School of Medicine in Seattle provides enhanced services to improve physician well-being while also helping their families.

“We've broadened our scope from focusing on the faculty to really focusing on the whole health care team as part of this,” said Patricia Kritek, MD, a pulmonologist and critical care physician at the UW Medical Center in Seattle. She is also a professor of medicine in the division of pulmonary, critical care and sleep medicine, and the associate dean for faculty affairs for the UW School of Medicine.

Looking at the entire health system, Dr. Kritek and Anne Browning, PhD, assistant dean for well-being at the UW School of Medicine, identified initiatives aimed at reducing stress experienced by physicians and other health professionals.

Weekly online town hall meetings

To meet the needs of those on the front lines of this crisis, UW provides a weekly town hall meeting. This allows for the entire school's community to solicit questions for leadership online. Each week the team receives up to 400 questions.

Every week, the chief medical officer of the entire health system, chief medical officers and chief nursing officers from each hospital, the medical leader from incident command and an infection preventionist join the meeting. To answer specific questions, guest voices often include palliative care, ethics, and diversity, equity and inclusion.

These meetings often begin with a well-being check-in followed by positive stories about how patients

are getting better.

The town halls have “kept the same cohort of people” because “people have gotten familiar and comfortable with the people there,” she said. “They feel like they’re hearing it from the top and that’s intentional.”

“There was a good two-week chunk where PPE was probably one of the more dominant themes and one of the things that the town hall has done is it allows the leaders to speak through their decision-making in their rationale,” said Browning who is also founding director of the UW Resilience Lab. “Without that, occasionally we get the sense of ‘I feel like they’re not telling us something.’”

“Being able to say, ‘You know, we’re actually following what we think is the best for this situation,’ drops that anxiety and just allows for this real sense of transparency,” she said.

Support for partners and spouses

Just as physicians and other health professionals need peer support, so do their partners, spouses and family members. Learn more about how doctors can keep their families safe after providing COVID-19 care.

“From listening to various folks in our teams, we heard that it was almost easier to be at work than it was to then go home and, with a lot less control, deal with a lot of anxiety that their families were carrying around and that concern about, ‘I’ve been at work and I’m going home. Am I bringing something with me?’” said Browning.

A team of doctors lead hour-long sessions to answer questions spouses and partners might have about COVID-19 and the safety of their families. For example, a major concern has been trying to find out what to do when the person who’s taking care of COVID-19 patients comes home.

The doctors share what they do while caring for patients, such as washing their hands and then taking off their scrubs before coming home. Then when at home, taking a shower before greeting their families.

“It’s helpful to know how you deal with this and how every family does it differently,” said Browning. “We also were trying to create it more as a space where people could talk about the emotionality of it just being a really hard thing to have your spouse or partner walk out the door and give folks a space to say, ‘This is hard because I’m trying to take care of my caregiver and my family and myself and that is just a strain.’”

“The more we realize that all of our team members are connected to their families, the more we can

care for the entire community,” she said.

After the crisis

The psychiatry department at the UW School of Medicine is also invested in what occurs after a crisis. With data from SARS pointing to “PTSD afterwards,” Dr. Kritek said there is a “need to get ready now for what we know will be.”

“Our chair of psychiatry has said that a little bit of exposure has actually helped,” said Browning. “As people are working in units and living through this, we’re learning that our PPE for the most part works and people are staying healthy and that our physical distancing seems to work.”

However, the challenge for the next several months will be figuring out how to support people through the trauma of having experienced COVID-19.

“For instance, we have two different Psychological First Aid trainings in partnership with folks from our department of Psychiatry’s Trauma Recovery Innovations project aimed at, one, leaders and managers developing awareness, and, two, for our peer supporters and volunteer psychiatrists supporting our health care team members,” said Browning.

“We also have a session on coping with uncertainty and anxiety that’ll be for anyone in need,” she said, adding that “This has definitely been a response in real time to every emerging need we can identify.”

“There’s been a ton of creativity that’s generated an incredible amount of work that’s been done, but I would say we will continue to have to shift gears and make sure that the interventions and the supports are matching with the emergent needs,” said Browning.

The AMA offers resources to help physicians manage their own mental health and well-being during the COVID-19 pandemic and provides practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.

Additionally, the AMA is offering two free surveys to help health care organizations monitor the impact COVID-19 has on their workforce during this pandemic. The surveys can be used to track trends in stress levels, identify specific drivers of stress, and develop supportive infrastructures based on these drivers. Organizations that use the surveys will receive free-of-charge support from the AMA in launching the surveys and access to data through an easy-to-use reporting dashboard.