The strain of the pandemic pushes wellness programs to evolve

Watch the AMA’s daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with AMA President Patrice A. Harris, MD, MA, director of physician wellness at Henry Ford Health System Lisa MacLean, MD, and chief wellness officer of ChristianaCare Heather Farley, MD, on updates regarding COVID-19 including how to address physician wellness during the COVID-19 pandemic as physicians face long hours and an unrelenting patient load.

Learn more at the AMA COVID-19 resource center.

Transcript

**Todd Unger:** Hello. This is the American Medical Associations, COVID-19 update. Today we're discussing how to address physician wellness during the pandemic. I'm joined today by Dr. Patrice Harris, AMA's president and a psychiatrist and former county health director in Atlanta, Dr. Heather Farley, chief wellness officer at ChristianaCare in Newark, Delaware and Dr. Lisa MacLean, director of physician wellness for Henry Ford Health System in Detroit. I'm Todd Unger, AMA's chief experience officer in Chicago.

COVID-19 is taking a tremendous toll on our nation's physicians and those around the world. We've heard the tragic story of an emergency physician in New York who took her own life just weeks ago. Dr. Harris, I'm sure this story hits home for physicians. What can we tell them in light of this?

**Dr. Harris:** Well, certainly suicide is a complicated and complex act, and certainly we can't speak to the specifics of the suicide of our colleague in New York, but clearly physicians are facing an emotional and physical toll. Long hours, unrelenting patient load, sometimes working in isolation. They may have to isolate from family and friends. And so it's so important that we have conversations...
like these and call particular attention to the mental health needs of both physicians and, really, health care systems.

**Todd Unger:** Dr. Farley, Dr. MacLean, why don't you just speak to what you've seen in your own health systems in terms of physician mental health challenges and how it's changed throughout the pandemic?

**Dr. Farley:** Thanks, Todd. It's actually been pretty variable depending on the individual circumstance. I think of the physicians in different specialties in particular. In the areas where physicians and our other caregivers are taking care of the onslaught of very ill patients, they are absolutely experiencing that predictable overwhelm and stress and moral distress. But then there's other areas of our practices where physicians are used to being quite busy and now are finding themselves sitting on their hands. And that entails a very different but very real stress just as equally.

**Dr. MacLean:** And as you know, Detroit was hit particularly hard, and in Detroit, I think in general a group of really strong and gritty people. So initially I think we approached the pandemic with really a can-do sort of attitude, and I think we really saw a lot of our physicians ignoring how they were feeling as the surge hit, and there was a mixture of distress and, I think, resolve. I think, collectively, we said we can do it but only if we do it together, and there was absolutely an acknowledgement that this is a marathon and definitely not a sprint. People reported things like poor sleep and anxiety and fear initially, but now that we've really gone past the peak in Detroit and we're entering into kind of this post, if you will, post-COVID period. We're seeing more anger, guilt, suffering and exhaustion surfacing in our frontline people.

**Todd Unger:** Dr. Farley, Dr.—

**Dr. Farley:** I think that's a great point. We're seeing, I think, that collective experience has shifted over time. Initially before the volumes hit, we were seeing what we were calling PTSD but not pre-traumatic stress or not post-traumatic stress but rather pre-traumatic stress. The anxiety of what's coming, how bad it's going to be, how long it's going to last. And then, as you said, shifting into, once we saw significant volumes, people kind of settled down a little bit, but now it's that weariness. And interestingly enough mixed in all of that are actually some positive responses where we’re seeing increased appreciation from the community and a restored sense of esteem for physicians as well as pride in some feeling like they're serving during a crisis and that comradery that comes from rallying around a common purpose. And interestingly, people are even then feeling guilt about having those positive responses. So really, really complex set of experiences.

**Todd Unger:** Dr. Farley, Dr. MacLean, I know both of your health systems had a very robust programs in place on wellness before the pandemic. Can you share what was working and what you've changed or modified since the onset of the COVID-19 pandemic?
Dr. Farley: Interestingly, we certainly did not start our work around wellbeing in response to COVID-19, but the infrastructure that we built previously with our center for work-life wellbeing, became even more crucial as we’re facing this pandemic alongside our caregivers. And we felt very prepared for the moment and well positioned to respond and pivot. One of the things that has been the cornerstone of our approach specifically to COVID-19 has been intensive in-person rounding on our frontline health care providers, and we’re pairing that with virtual rounding on the leaders in those areas, consistent with the disaster mental health practices. We’re not waiting for people to access resources but proactively reaching out to them to supply those basic wellbeing needs. In the moment support, eliciting what unmet needs they have and increasing awareness of available support resources.

Dr. MacLean: At Henry Ford, very similar approach to this. To meet basic needs, things like food stations and care packages. We actually had one doctor volunteer. He had some barber’s skills, so he’s been setting up, giving haircuts to his colleagues, which I thought was pretty creative. We’re affiliated with Wayne State School of Medicine or Wayne State University School of Medicine, and our medical students actually got involved and volunteered time, babysitting, running errands, creating this Google Docs to really step up and help our physicians and our residents.

We’ve also had a lot of donations from our community free lodging, food being brought in to really help those frontline providers meet those basic needs. In terms of mental health, there was a shifting, as Dr. Farley said, of some of the resources that we had. And so in behavioral health, specifically, there was a redeployment of some of the services that we had been delivering previously. And so we were able to actually like create a 24-hour hotline and actually have it manned by mental health professionals. We’ve been doing three times a day, seven days a week support groups.

Kind of an innovative thing is we’ve also done leadership groups and we’ve really found that our leaders are struggling, I think, to maintain confidence and calm throughout this, but really trying to give them resources and tools that they need.

And also things like mindful moments, peer recovery coaching. We’ve developed a narrative medicine platform called Frontline Diaries, and that’s been really interesting to see frontline workers really writing in and pouring out their souls as a way to kind of cope and tell the story. And then actually in the midst of all of this, shout out to my colleague Dr. Rana Awdish, they created the triage communication and experience officer position. So she’s been actually going in and doing wellness rounds on the front and really I think helping our colleagues. She’s a pulmonary critical care doctor, so she’s been able to really do that real time.

Todd Unger: Dr. Harris as a psychiatrist, can you provide your perspective on what we’re seeing and, even more at a national level, what advocacy efforts were making at the AMA on the wellness front?

Dr. Harris: First, I want to comment about the fact that it is so important that we are even talking
about this, right? Because physicians are sort of used to putting ourselves last and not asking for help. I distinctly remember as a resident the decision not to eat lunch because I wanted to make sure that I was taking care of my patients and I had all my rounds completed and all my notes completed.

So it is so important first of all that the AMA along with our colleagues are elevating this concept and talking about it. I also think it’s important, as our colleagues have talked about, we are proactive again. Physicians aren’t very good—I think we’re getting better, but we aren’t very good at asking for help. And so it’s important to sort of to normalize that and routinize the concept. I love the concept of wellness rounds, right? That’s just routine, incorporated into the daily work. And so on behalf of physicians, certainly the AMA has been listening, working with partners—actually pre-COVID-19 because the AMA has been very active in the issue of burnout. So we come to this pandemic on that foundation and we’ve been advocating for physician wellbeing for a long time and continue to do so.

**Todd Unger:** Do you all expect to see any long-term effects with physician wellness coming out of what we’ve just gone through?

**Dr. Harris:** I think all of us have something to add on that, but certainly we worry, and I love the term, we have a pre-stress disorder, we have acute stress disorder, and we are likely to see post-traumatic stress disorder. So I’m quite worried about that. I do think that we can be as proactive as we can, but there will be some long-term consequences, and that’s why we’ll all, I know, commit to making sure that after we get through the acute phase of COVID-19. We develop longer term plans and make sure that physicians are caring for themselves and systems are caring for physicians.

**Dr. Farley:** That’s spot on. And I think that as we start to move into that recovery phase, we have to think very carefully about how the needs of our clinicians will shift. And I suspect that we will have unfortunately a potentially large contingency of traumatized health care workers that are going to require that ongoing support. And I think that part of the response that we'll need to operationalize is giving our health care providers an opportunity to create their narrative around this.

I think we have a tendency to want to move on and put that in the past, but definitely puts us at increased risk for developing post-traumatic stress if we're not processing what we’re dealing with right now. And we’re so consumed by the pressing needs in the acute phase that many of our physicians and other caregivers don't have the time, the space or the opportunity to really reflect, to grieve and to heal until later. And so while we all want to jump on and provide that support right now, it's just as important if not more important, for us to remain visible and present and proactive throughout that recovery period.

**Dr. MacLean:** Yeah. In adding, I couldn't agree more, but adding to that, I think we are in our kind of recover and heal. Part of this pandemic, for us in Detroit, part of that, in that phase, I think we're really beginning to ask a lot. We are planning on actually partnering with the AMA to do your COVID-19 survey to get that temperature of where people are at. We also are going to be doing some targeted
debriefing and processing groups to really hear from people about their experiences but also to ask, in a more targeted way, what do they feel that they need right now and what do they feel like they might need in the future? Because we don't anticipate that this is going to end any time soon.

When we’re putting together our strategy, our long-term strategy, we know that this is probably going to be actually years and the other part of that post or that recover and heal strategy I think too is the continued investment in our leaders. And really trying to teach them psychological first aid and give them all the tools that they need to continue to provide support to their colleagues as well as to the people that report to them.

**Todd Unger:** Dr. Harris, can you talk a little bit about the AMA resources developed for physician wellness.

**Dr. Harris:** Absolutely. We have a wonderful COVID-19 resource page that is constantly updated and has several resources for physicians that we've authored, Caring for Caregivers, right. We've completed a couple of surveys to make sure we have our fingers on the pulse of what physicians need. And we also have a page that talks about managing your mental health needs during a COVID-19 pandemic. And we've also authored a couple of op-eds and several articles. So we have been active and engaged on this front.

And I'll make one more point because I have to in every venue. And it did bring a tear to my eyes the first time we saw folks coming out on their balconies at seven o'clock at night, cheering for physicians. Much appreciated and, again, very touching and heartwarming. But I also want to urge everyone that there's another way that they can help physicians and other frontline health care workers stay safe. And that is by practicing physical distancing, staying at home, sheltering in place as much as possible, wearing face coverings and washing hands. By keeping yourself and others safe, you help not overwhelm the health system. And that actually protects physicians as well.

**Todd Unger:** You're absolutely right. Well, Dr. Harris, Dr. Farley and Dr. MacLean, thank you so much for being with us today and sharing your perspectives. That's it for today's COVID-19 update. We'll be back on Monday with another segment of COVID-19 update.

If you'd like to find resources that Dr. Harris mentioned, go to our COVID-19 update, our resource page at ama-assn.org/covid-19.

Thanks very much for being with us here today.

---

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.