Physicians and other health professionals have faced unprecedented challenges during the COVID-19 pandemic. Now, more than ever, it is important to identify and address psychological stress that injures the mind and body. But stress injuries—severe and persistent distress or loss of ability to function after exposure to overwhelming stressors of fatigue, trauma, loss or moral injury—go beyond physician burnout. This is where stress first aid can help.

Stress first aid is a peer support and self-care model that health systems can provide to improve self-care. This is practical, flexible and tailored to specific styles and needs of those involved in recuperating from stress injury. Derived from research, stress first aid follows five elements that are related to better recovery from different types of ongoing adverse circumstances such as COVID-19.

“Traditional models around occupational stress really focused on the individual … and that is not particularly effective,” Richard Westphal, PhD, director of Alliance for Compassionate Care at the University of Virginia School of Nursing in Charlottesville, said during an AMA STEPS Forward™ webinar on stress first aid. “We know that occupational stress creates challenges and risks for individuals and teams that can result in stress injuries,” but “occupational stress injury is a manageable risk.”

To improve self-care and support someone who may be experiencing stress injury, follow these three core steps of stress first aid.

**Recognize a stress injury**

It is an ongoing, continuous process to recognize a stress reaction or injury. This begins with checking for signs of injury and coordinating additional support.

“Check is assessing for signs of stress injury. Within the model, we have a helpful aid to do that called
OSCAR communication,” which stands for observe, state observations, clarify role, ask why and respond, Patricia J. Watson, PhD, clinical psychologist at the National Center for Post-Traumatic Stress Disorder (PTSD) said. Then for coordinating, it’s about finding “who—it might not be you—is the proper person to have a conversation with that person.”

**Provide primary aid**

When an individual is experiencing an acute stress reaction or stress injury, ensure physical and psychological safety. This step requires covering or protecting an individual from impending danger as well as calming yourself and others.

“What we see, particularly in the context of COVID, is that protecting people from danger should be something that’s fundamental,” said Watson. “As you can help people feel safer, you’re going to reduce a lot of stress reactions.”

It is about “finding out what it is that’s creating this sense of impending danger for them and try to work towards protecting them,” she added. “It could be as simple as taking something off their plate. It could be having conversations about what's going on inside of them that makes them feel like maybe they're not safe for themselves.”

**Offer secondary aid**

It is vital to go beyond promoting safety to include long-term recovery such as ongoing support through connection as well as restoring competence and confidence in practice.

This is about connecting with “your trusted supports within your organization,” which may include individuals, leaders or processes, said Westphal. “The next element in our core action is competence, and this is improving social and professional skills.”

One way to do this is with a “stop action” That means, Westphal said, that “if you’re doing something and it’s not working well for you or the team, stop it, take a breath, observe what’s going on … and then start to move forward.”

“One of the things that’s really important for all of us in health care right now is beginning the dialogue of: Who are we, now that we’ve had the experience that we’ve had over the past year?” Westphal added.

Learn more from the AMA STEPS Forward™ webinar series, which focuses on physician well-being,
practice redesign and implementing telehealth during COVID-19.