

## Q&A: Helping doctors strained by COVID-19 find post-traumatic growth

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Since March 2020, physicians and other health professionals all over the country have been put through the wringer—and it's not over yet. But there's a chance to come through the pandemic and so much else stronger on the other end with post-traumatic growth—a positive psychological change after life-altering trauma.

That's a focus of an effort at University of Utah Health called "Recognize, Recover and Rebuild."

The program "started spring of 2020, focusing on the expected emotional rollercoaster of COVID using the SAMHSA model of what to expect in a disaster," said Amy Locke, MD, chief wellness officer at the University of Utah Health. "Through that year we were creating materials and giving presentations that would try to anticipate the needs of the group based on where we were in those spaces.



Amy Locke, MD, chief wellness officer at the University of Utah Health.

“And, of course, we weren't sure—with COVID and 2020 being what it was—if it would follow that curve very tightly since that's really modeled on a single event,” Dr. Locke added. “But it held pretty tight and so as we were coming upon the one-year anniversary, we were thinking about: How do we help foster post-traumatic growth? How do we think about guiding people through the next year?”

“We had a quite a large group of people working on this project from all different walks of life,” she said, adding that Recognize, Recover, Rebuild (PDF) was “the model we came up with based on the literature and what we thought we could expect over the year—it's been tracking pretty well.”

Recognize, Recover, Rebuild is a three phase communication and support initiative to help physicians and other health professionals move forward from the pandemic experience. This comprehensive system wide intervention aims to address the Substance Abuse and Mental Health Services Administration's psychological phases of disaster reconstruction.

In a recent discussion, Dr. Locke took time to share how physicians and health professionals at University of Utah Health have been faring during the pandemic, and how the Recognize, Recover, Rebuild program works.

**AMA:** Since the pandemic began, what has University of Utah Health done to address physician burnout, resilience and well-being?

**Dr. Locke:** We definitely have created a lot of opportunities for communication and work on culture that didn't exist before. And that has been very helpful in maintaining through this year. In the spring of last year, we started doing a clinical and a management-focused livestream for the hospital multiple days a week—at one point it was every day. The day would start with an hour talking about what's going on with COVID: What our PPE situation is, how we're routing traffic, these are the clinics that are working and not working, and this is how we're doing COVID screening.

We also included bits about psychological health, resilience and well-being in those livestreams, right from the beginning. We're now only doing the clinical livestream once a week, but we're weaving the science and the logistics of well-being into the communication, which I think has helped. Also, our dean, who is the senior vice president for health sciences, sends out an email once a week with three things to know.

We're putting emotional health and professional well-being as an important piece of our managing right alongside all the other pieces. It wasn't that these things weren't important before, but I think the pandemic catapulted ideas forward such as thinking about our culture and how we support one another and how we design our system.

**AMA:** What is the timeline for the Recognize, Recover, Rebuild initiative to restore professional well-being and create post-traumatic growth?

**Dr. Locke:** The biggest struggle we've had in our system is that leaders want to get back to business as quickly as possible. We have some people who are like: OK, we just have to start rebuilding right now. And then a lot of people who are just not in a space to do that. What we worry a little bit about is if we rebuild too soon, that people really won't be in the frame of mind to thoughtfully and creatively build out strategy or accomplish other goals.

The other issue we face is that dealing with emotion is painful. Many people would like to just shove the emotion down and then keep pressing forward. And while that works sometimes, the emotional rollercoaster of this year has been so intense that it's rare to find someone who really doesn't have any recognizing to do.

And these dates are somewhat arbitrary. It's not like on July 1 everyone's like: OK, we're done. Let's just start getting to recover. It's an ebb and flow. You do a little recognizing, you do a little recovering, and there are some things that can't wait to be rebuilt—we still have to operate a health system. There are some things that have to happen in the rebuild category earlier than maybe would be ideal and that's OK, but it is important to create space for recognize and recover if we want to be optimally successful.

**AMA:** How does the recognize phase work?

**Dr. Locke:** We have been using the paradigm for recognize for probably about a year and five months at this point. This was our messaging through COVID, which is to have people acknowledge the traumas that people are experiencing and their personal experiences—whether that's managing family and work or worried about PPE shortages—and not to try to fix things, but just to say: Yeah, that's what it is.

For example, right now we have a substantial nursing shortage and COVID cases are going up. In medicine we often want to fix stuff ... but that's not really what acknowledge is about. Acknowledge is about just recognizing where people are at and that each of us might be in a different place. We've all had different experiences over the year. We've had different stressors. We've had different supports. It's just about acknowledging everyone's experience as an individual experience and then really focusing on connection.

What's really been important, as we're slowly coming out of it, is how do we connect with one another— both one on one and in teams—that allows us to build the culture of well-being that will make us successful in other ways. It also allows us to provide support resources and let people who are struggling know what the resources are.

**AMA:** How do you get this across to those people who are struggling?

**Dr. Locke:** We have done this by using the livestreams, so presenting on those to large groups of people—several thousand people usually tune in to those each week. Then we had a town hall this spring that was hosted by our senior vice president and dean. We invited leaders to share and recognize their own struggles over the year—so many of our leaders shared stories.

Then we asked people from the front lines in a variety of locations to share. Our psychologist and director in our resiliency center facilitated a group check-in. We had about 750 people on the call, just sharing stories from the year and using that acknowledged piece as a way to connect. It was about helping people see our leaders as people and not just as suits. We've also been messaging to our leaders how to do this—going to faculty meetings, going to team meetings—and from the hospital side, HR has been messaging this with their groups. They have been given recommendations such as if you're doing the performance review for the year, this is how we want you to incorporate the three Rs into that performance review.

**AMA:** Next up is the recover phase. What is involved in this phase?

**Dr. Locke:** For some people that's like: I'm going to take the summer off because I'm a nine-month faculty. But we have to be really careful about messaging that because our hospital is super full right now—all of our trainees are starting this summer. And so, for a lot of people, this is the busiest time of year. Most people cannot take an extended vacation to recover.

It's really talking about what does recovery look like for each person. That might look like: OK, I'm not going to check any emails over the weekend, and I'm going to go spend time with my family. Or: I'm going to set some boundaries around dinner time. Or: I'm going to really think about the work that I'm doing and what could wait.

We've also had a lot of conversations around the fact that everyone is actually doing more meetings now than they were before, but they're a little bit more disorganized because everyone's a little chaotic and we maybe have less agendas than we had before. So really just trying to dial into what do we need to do right now and what could wait.

The other pieces that we are continuing to work on is building connection and community—really thinking about psychological safety. Utah is known for its culture and its focus on value and quality improvement, and you really can't do that without psychological safety. And then just helping our leaders think about how to be empathetic leaders and to support people's individual paths, knowing that some people will recover quickly and for other people, this is going to be a protracted process.

**AMA:** As you move through the recover phase, how do you transition to rebuild?

**Dr. Locke:** There's a lot of excitement and enthusiasm about things we could do, but how do we actually set ourselves up to be successful in the rebuild phase and how do we reconnect to purpose

We've been working on our strategy refresh—we're on a five-year plan right now—and usually in the fall we're sitting down and thinking about where we're going, so that's a natural time for us to regroup. We're also thinking about how we bring groups together to think critically about these next steps, building on the successes and what we've discovered about ourselves this year.

It's also about how supporting our people helps us be successful with those bigger goals that we want. We want to serve patients as best we can. We want to be well-known in the world for our research and our educational efforts. Supporting our people is what's going to get us to those goals.

**AMA:** Since each person heals and moves on in different ways, is it possible that some people might still be in the recognize phase through the year while others move on to recover or rebuild?

**Dr. Locke:** Yes. It's really important that each individual person or team is on a different timeline—there's going to be some back and forth. On one day you might be fully ready to rebuild and the next day you might just need to sit and recognize where things are at. And that's true, particularly as it pertains to COVID right now in the mountain west.

The Delta variant is racing around, our ICU is full of people and the numbers are ticking up and people are worried that in about four to six weeks we're going to have a big spike again, and that's devastating. Nobody wants to think about how we're going to cover our shifts and if we are going to

open that unit that we opened last year for COVID.

It's kind of like the scary movie where you're not that close to the end of the movie, but that you think the monster is gone, the sun is out, the birds are chirping and everyone's cheering. Then the monster sneaks back out of the woods and it takes you down again. That's kind of what this feels like. But now we have a lot less people this summer than we had last year because of people out on leave or vacation. We also weren't hiring a lot of faculty last summer for obvious reasons and people are totally exhausted. As we talk about another surge after all of this, we are going to be way back in recognize and that's OK.