



COVID-19 Pandemic Guidance Document

ACTIONS AND ACTIVITIES THAT A HEALTHCARE ORGANIZATION CAN TAKE TO SUPPORT ITS PHYSICIAN WORKFORCE WELL-BEING DURING COVID-19 AND BEYOND

Prepared by the APA Committee on the Psychiatric Dimensions of Disaster

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ACTIONS AND ACTIVITIES THAT A HEALTHCARE ORGANIZATION CAN TAKE TO SUPPORT ITS PHYSICIAN WORKFORCE WELL-BEING DURING COVID-19

What practical measures can healthcare leaders and organizations implement to support physician well-being during COVID-19 and beyond?

There are numerous, specific actions. It is crucially important that stigma about mental health be confronted; that a focus on diversity, equity, and inclusion be a central component; and that an organization's culture encourages physicians ability to seek ongoing care for themselves and their colleagues, rather than fearing retribution from health organizations or regulatory agencies. Educating colleagues about the continuum and types of symptoms of stress—from time-limited distress to burnout and potential psychiatric disorders—is essential and should be put in the context of the various predictable phases of a disaster like COVID-19¹ while at the same time acknowledging that some physicians who have had COVID-19 themselves, or whose family members have died or been unwell, will have extra psychological burdens. While this document focuses primarily on physicians, programs for other professional groups of clinicians should also be implemented.²

1. Create an organizational leadership structure to lead efforts to address wellness in the physician healthcare workforce.

- Develop, fund, and support a Chief Wellness Officer team with physician wellness champions in all departments and major divisions.³
- Ensure that physicians are trained in leadership and entrusted to leadership positions throughout the organization so that physicians' voice is heard and influential and that clinical team functioning is improved generally, thereby diminishing the psychological distress of all team members.
- Develop a "critical mass" of internal physicians who are interested in and committed to clinician well-being and who may have sought additional training through a number of programs.⁴

2. Create a culture of wellness and mutual support throughout the organization.

- Foster and advocate for policies and actions that create a trustworthy medical culture and appropriate organizational change, given that 80% of the causes of burnout are organizational. Many examples of such changes are available.⁵
- Formally acknowledge and promote "clinician wellbeing" as the fourth leg of a quadruple aim⁶ integrated into organizational strategic plans, and make leadership accountable for achieving related strategic goals.⁷
- Develop an active mentoring culture both within and across disciplines for all physicians, and especially for more junior physicians, at times of career transition.
- Measure relevant data about physician engagement and burnout at least annually, and then take actions in response to the findings.
- Continuously educate and message about the importance of self and community care in response to burnout and other disorders.⁸

- Require a strong focus on diversity, equity, and inclusion throughout the organization to ensure that all individuals feel safe in seeking support and care.
- Work in close collaboration with other health systems and local medical societies to synergize offerings, including coaching and cross-institutional support meetings.

3. Improve the clinical efficiency and leadership of physicians and encourage team-based practice to reduce stress and burnout.

- Seek and encourage innovative ideas from all physicians with a focus on engagement and creating meaning beyond the immediate clinical transactions. Physicians are uniquely mission driven, and being a part of something larger can override the inconveniences of poor physical plant and other administrative burdens.
- Involve physicians in efforts to examine and reduce electronic medical record (EMR) and documentation requirements to limit after-hours work. Improve use of technology and simplify workflows, especially video visits and technology used for patient care, such as online patient-completed, pre-visit documentation.
- Support coaching in physician communication skills and relationships as part of onboarding and work transitional processes.
- Ensure that all clinicians work at the top of their licenses and that physicians can lead clinical teams, including a focus on staff wellness and emotional health—an additional tool to improve and sustain effective team functioning as well as individual wellness.
- Develop childcare and homeschooling support options.

4. Promote and educate about individual self-care and resilience approaches.

- Implement effective, evidence-based supportive approaches, such as peer support, post-shift huddles, psychological first aid, and buddy systems.
- Educate about self-care and mental health care access for all clinicians (ACGME requirements, informational website/online program, CME accredited wellbeing education programs).⁹
- Build online support tools, handouts, or listings for all physicians that identify local well-being resources.¹⁰
- Encourage resilience workshops (e.g., mindfulness, yoga, physical fitness, healthy nutrition), groups, and meet-ups at work as well as social engagements to support families dealing with the shared life experience of supporting health care workers that routinely have to put needs of strangers ahead of their own (including family).

5. Provide timely easy non-stigmatized access to emotional support and mental health care for all physicians.

- Develop, support, and strengthen a physician-friendly (often multi-disciplinary, or cross-departmental) peer support network and “buddy systems” within and across departments and sections of the health system.¹¹
- Work with medical schools and residency programs to implement “emotional health check-ins” early in medical practice training to manage future expectations of “good housekeeping” and best practice expectations.

- Incorporate system-wide, routine “emotional health check-ins” that may be scaled and widened during times of specific crises (e.g., pandemic response) or more localized emergencies (e.g., physician suicides) and other highly traumatic events. This system should be stood up with full cooperation and participation of employee assistance programs (EAP) to drive current and future utilization.
- Consider the creation of organizational healthcare worker apps that enable “check-ins”¹² and other well-being tools.
- If possible, implement post-shift huddles and after-action reviews^{13,14} as part of a systemic workflow quality improvement process.
- Introduce a self-assessment tool for physicians to use if they believe they might be psychiatrically impaired. A good example is the Interactive Screening Program.¹⁵
- Ensure availability of an easily accessible emergency and general referral process for distressed, acutely unwell, or suicidal physicians (and their families) to local and outside mental health professionals, including local, confidential EAP.

The role of psychiatrists

By the nature of their professional roles, expertise, and training, psychiatrists are perfectly positioned to be key contributors to these solutions.¹⁶ They should work with all levels of organizational leadership and could embrace the following activities:

- Taking leadership roles within the organization, such as Chief Wellness Officer, Chair or member of the Well-being Committee, or departmental well-being champion.
- Taking a specific clinical interest in assessing and treating physicians and their families.
- Educating colleagues about mental disorders, the continuum of symptoms of stress and distress, the principles of psychological first aid, and how to cope with patients who, through behaviors related to their denial of the pandemic, may be putting healthcare workers and others at risk.
- Leading resilience and self-care activities.

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