



Chair's Corner By Sheldon Benjamin, MD

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It seems impossible that less than ninety days ago the first cases of pneumonia of unknown cause were reported in Wuhan China and that the first case of COVID19 was detected in the state of Washington only about two months ago. In the past three weeks our lives have been turned upside down. A prolonged anxious shudder is rumbling around the world. Together we are facing a challenge the likes of which none of us has confronted before. One day we will tell our grandchildren stories of the pandemic of 2020, like those that were told to me by my own grandparents who remembered the Spanish flu of 1918.

John F. Kennedy once said that the Chinese word for crisis is comprised of two characters signifying **danger** and **opportunity**. Linguists point out that the second character probably would be better translated as **a point where things change** rather than **opportunity**. We are truly in the midst of a crisis. I would be even more of a Pollyanna than some are given to think if I were to call this an “opportunity.” But it is most definitely a point where things are changing in the face of danger.

危机

The Chinese characters for “crisis”

I have been deeply impressed with the rapidity and efficiency with which our medical school and our clinical system have adapted to the vicissitudes of this crisis. Our department is fortunate that our faculty, staff and trainees have been working steadily to respond to the needs of our patients while suppressing their own anxiety. We are equally fortunate to have a senior leadership team who immediately got to work with open and productive discussion of how our department must change to manage in a time of pandemic.

I thought you might want to know about some of the many changes afoot in our department in response to the pandemic:

Outpatient

- Under the leadership of Drs. Smallwood and Carey, the 100 Century Drive outpatient team transitioned to telepsychiatry as of March 23rd. This involved rapid implementation of the American Well telemedicine platform for all outpatient providers, followed by

inservice education. And this entire transition was accomplished in **only one week** thanks to the tireless work of Dave Smith, Associate Vice President for Virtual Medicine.

- Community Healthlink, too, rapidly implemented the AmWell telemedicine platform with Dave Smith's help.
- Our other specialty clinics, including CANDO, MCPAP, Neuropsychiatry and others are all transitioning to telemedicine as well.
- Our student counseling service continues to provide much needed support to trainees in all three schools during this period of heightened anxiety.

Inpatient

- We have been drafting emergency coverage plans should they be needed. These include having received permission to treat inpatients by phone should the need arise and assembling a list of providers willing to participate in this coverage.
- Plans are underway to transition as many inpatient consults to telepsychiatry as possible.
- We are working with DMH to implement preparedness protocols and to provide coverage to our many state hospital units.
- We are working to implement iPads where possible to allow remote visitation, consultation, and communication on clinical services.
- We have obtained permission from the DMH to perform commitment evaluations using telemedicine and are working to increase the number of clinicians with remote access to the DMH medical record system.

Education

- The Psychiatry Educational Coordinating Committee, comprised of the leadership of all of our undergraduate and graduate psychiatry and psychology training programs, has increased its meeting frequency from quarterly to weekly for now, in order to keep up with rapidly changing training needs during the pandemic.
- The third-year medical student psychiatry clerkship has been shortened from five to three weeks beginning with a delayed start due to the governor's order. An online remote learning curriculum has been created for our clerkship students and we are looking into virtual rounding with our inpatient teams as well.
- Residents have been removed from the Clinton geriatric psychiatry unit so as to minimize patient risk.
- Residents have been pulled back from several external services to assure that we have reliable resident coverage for our 8East, Consultation-Liaison and Emergency Mental Health services when needed. At the same time the residents removed from external services are being asked to take roles in online medical student teaching and other departmental functions. All resident curriculum has been moved to online platforms.
- We are proceeding with plans to orient our newly matched residents in late June and will convert it to a virtual platform if necessary.

- The departmental grand rounds program was moved to an entirely online platform. The roster of excellent speakers we had scheduled have agreed to present virtually. The first few remote grand rounds have gone exceedingly well.

Research

- In keeping with guidelines established by the medical school to reduce transmission of the corona virus, we have reduced our research groups to essential personnel only, curtailed all clinical trials that could be safely reduced, and asked researchers to work from home in most cases.
- We are delaying the Bresciani award selection until later in the year to be sure the recipient will be able to begin their project when the funding begins.

Administration

- Our department leadership team, which traditionally meets weekly, has begun meeting daily to keep up to date on local developments and consider policy changes needed to address the pandemic.
- Administration and finance staff are now working remotely from home under supervision of Derrick Tallman.
- We are continuing to interview and hire essential faculty and staff but have obtained the necessary clearance to convert the process to a virtual interview day.

By now, you have most likely participated in videoconferences using Zoom, Webex or other platforms. I would wager some of you had not heard of Zoom until the past three weeks. And suddenly it has become part of our daily lives. Although it's not quite the same as human contact there is something comforting about meeting with colleagues face to face online as opposed to just conference calling. And while the array of faces on the video conference screen may evoke memories of the Hollywood Squares or the Brady Bunch, it is truly heart-warming to know that the faces on our screens are those of people who are working together to continue moving our mission forward despite the crisis and to steadfastly support one another as they do it. Many of the protocols we are now putting in place will help us build paradigms for our post-pandemic future, in which we emerge a more efficient and even more cohesive department. We are at a point of change in the face of danger, just as implied by the Chinese characters for the word, crisis.

APRIL 1st DEPARTMENTAL VIRTUAL TOWN MEETING

In lieu of our regular department meeting, please join me and the Psychiatry leadership team for a virtual town meeting:

Wednesday April 1st

Noon - 1pm

Join from PC, Mac, Linux, iOS or Android: <https://umassmed.zoom.us/j/324683847>

We will update you on our departmental response to the pandemic and be there to answer your questions.