



Pandemic Perspective

But Where's the Finish Line? Staying Afloat during the COVID-19 Pandemic

by Wendy Peltier, MD, and Julie Owen, MD

Wendy Peltier, MD (Co-Editor, *Transformational Times*): *It's hard to believe we are over three months in to this surreal reality of a global pandemic! Must say, I feel tired in my bones, particularly when on call. It has been such a challenge to bring my best self to commitments at work and at home, when everything takes longer than it should and nothing feels normal. After a long hard day of hospital work wearing a mask, trying to stay vigilant about who and what I touch, and still fearing for the safety of my family, I also find it very hard not to be angry when driving home? It is infuriating to witness so many folks in my community out and about with no masks or social distancing, when I am caring for COVID patients who are dying alone in the hospital.*

What candid advice can you share about staying afloat when the end of this 'race' is not clearly in sight?

Julie Owen, MD (Assistant Professor of Psychiatry and Emergency Medicine):

Healthcare workers as a group are exceptionally resilient. Beyond our collective awareness of this from our day-to-day experiences, studies examining the resilience of healthcare workers have supported this notion. However, the literature also indicates that healthcare workers are poor at self-care.

Particularly during time periods of prolonged exposure to extraordinary stress, intentional efforts to maintain resilience are critical... but also easier said than

done, right? Especially when it may not be safe or recommended to go to the gym or gather with friends to decompress.

Generally, I would encourage self-awareness and reflection regarding your personal “triggers” (meaning, what adds to or worsens your stress levels) and an inventory of the things that bolster your wellness and resilience. For me, social media can be an extremely stressful space to inhabit these days. Consider the scenario you described—wearing a mask all day, observing diligent hygiene practices, and still worrying about bringing something home from the hospital—only to come home to your social media feed full of unhelpful “opinions” speculating on whether or not the virus is a hoax and declaring foregoing a mask is a protected “right.” Infuriating, yes! I’ve minimized my exposure to those “triggers” on social media as much as possible in order to maintain a sense of peace. Some other ideas to decompress/maximize your wellness could include spending some time enjoying nature every day, writing about some of your experiences (be they stressful, fulfilling, rewarding), actively reflecting on the meaning of your work with and care of patients during these extraordinary times, and leaning on trusted members of your team for support (and offering support) when needed.

I think the most important thing to remember: you are not alone in this. Many or all of your colleagues are struggling during this time. Please do not feel shame in bringing your concerns to department leadership, sharing your struggles with our fabulous peer support team (Support Our Staff, or “SOS”), or reaching out to trusted professionals to seek assistance with processing your difficult experiences.

WP: *Many have described navigating the pandemic in healthcare as a marathon, not a sprint. It seems, with either approach, knowing the finish line exists may help. If the finish line is a vaccine and/or breakthrough treatment, we all know that is pretty far around the bend. I find myself wondering if perhaps just making it to the next mile-marker is enough to sustain us? Perhaps there are smaller ‘victories’ we can make? My understanding is you have partnered with*

Dr. Deepa Pawar on the PsySTART project to provide mental health support to frontline workers at Froedtert.

Can you tell me more about PsySTART and what it entails?

JO: PsySTART is a program developed by Dr. Merritt Schreiber, a psychologist based at UCLA with expertise in disaster mental health. Dr. Pawar and I came upon his program when COVID-19 cases were initially on the rise in Wisconsin while we were reviewing literature on infectious disease outbreaks and psychological effects on healthcare workers. The use of this program during the Ebola outbreak was published, and we were intrigued. Dr. Pawar reached out to him to learn more, and as conversations between them continued, he generously agreed to share his program with F&MCW under a compassionate use agreement. It was quickly launched on the COVID-19 units, including 9NT, 8NT, and the MICU, in early April.

PsySTART-R® is a web-based resilience-building system that confidentially tracks exposure to stressors encountered by healthcare workers during a disaster (or, in our case, a pandemic). A secure individual report is generated as well as an organization-wide, deidentified, aggregate data report. This allows an individual to self-monitor his/her own exposure to stressors and follow trends over time. It also provides situational awareness to guide organizational support and response. We've paired the use of this program with regular unit rounding by Froedtert's peer support program (*Support Our Staff*, developed by Drs. Pilarski and Klatt). This multi-faceted approach has generated both quantitative and qualitative feedback from our healthcare workers on the front lines of COVID-19 patient care, and we hope that it has helped our colleagues feel heard and supported.

Admittedly, PsySTART has not been used routinely in settings of chronic exposure to stress, and as this pandemic drags on, we are working to discover the utility of this type of program versus other approaches. If there's one thing that Dr. Pawar and I have definitively learned (and the literature supports): there is a notable gap in structured resilience-building interventions offered by

healthcare organizations in spite of strong evidence that proactively cultivating resilience among healthcare workers can combat job-related stress and burnout, as well as promote an institutional culture of openness, understanding, and support.

WP: *One thing I have missed the most during the pandemic is the ability to connect with colleagues at work. Although we have virtual meetings and emails, there is no genuine replacement for the hum of chatter prior to a group meeting, or ability to check-in and provide support to co-workers running the same race. For me, a 'finish line' of sorts will be the time when in-person meetings and teaching sessions can be held safely.*

What is one thing you have missed the most at work?

JO: Like you, I've also missed the ways in which we connected as human beings pre-COVID. I particularly miss patient interactions that were unencumbered by masks and eye protection! As a psychiatrist working in the Emergency Department, building rapport—and quickly—is the foundation upon which the rest of my work with the patient depends. There are substantial barriers to rapport-building inherent in the ED environment—time pressures, environmental stimuli, etc. PPE now creates another barrier to overcome. I suppose it's getting easier with time as we all adjust to patient care with these constraints!

WP: *Thank you so much for your time and candor participating in my first 'virtual' interview for the Transformational Times. We are so grateful for your creativity and keen commitment to keeping our frontline workers strong and in the race during such challenging times.*

Dr. Julie Owen is an Assistant Professor in the Departments of Psychiatry and Emergency Medicine who completed medical school, residency and fellowship at MCW. She has interests in Suicide Prevention, Emergency Psychiatry, Women's Health, and psychiatric care for the medically underserved.