NETEC COVID-19 Webinar Series:
Resiliency: Riding the Wave of COVID-19
Welcome

Shelly Schwedhelm, MSN, RN, NEA-BC
Welcome: Shelly Schwedhelm, MSN, RN, NEA-BC

Workforce Resilience Update: David Cates, PhD

Through the Mask: Resilient Connections in Our New Normal: Tim Cunningham, RN, DrPH, FAAN

NETEC Resources: Shelly Schwedhelm, MSN, RN, NEA-BC

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens Training and Education Center

Mission Statement

To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

Assessment

Empower hospitals to gauge their readiness using Self-Assessment

Measure facility and healthcare worker readiness using Metrics

Provide direct feedback to hospitals via On-Site Assessment

Education

Provide self-paced education through Online Trainings

Deliver didactic and hands-on simulation training via In-Person Courses

COVID-19 focused Webinars

Technical Assistance

Onsite & Remote Guidance

Compile Online Repository of tools and resources

Develop customizable Exercise Templates based on the HSEEP model

Provide Emergency On-Call Mobilization

Research Network

Online Repository Built for rapid implementation of clinical research protocols

Develop Policies, Procedures and Data Capture Tools to facilitate research

Create infrastructure for a Specimen Biorepository

Cross-Cutting, Supportive Activities

COVID-19 focused Webinars
Workforce Resilience Update

David Cates, PhD
Briefly review challenges for healthcare workers in a pandemic

Review risk factors for psychological distress

Nebraska Medicine/UNMC Update and Lessons Learned
Challenges for Healthcare Workers in a Pandemic

What Types of Challenges?

- Proper use of PPE / infection control protocols
- Lack of organization and role clarity
- Changes in workflow and responsibility
- Limited resources/supplies
- Altered standards of care and ethical challenges ("moral injury")
- Separation from usual colleagues
- Witnessing the death of patients
- Illness and death in colleagues
- Challenging team dynamics
- Fear of contracting the illness
- Concerns for safety of family and friends
- Feeling misunderstood; pressure to justify work
- Stress with re-entry to regular unit
- Stigmatization, lack of appreciation
- Fatigue and limited rest time
- Personal and team pressure to succeed in care of patients
- Self-doubt
## Challenges for Healthcare Workers in a Pandemic

### Psychological Distress

#### Increased challenges
- Most healthcare workers are resilient and will not experience lasting distress.
- However, depending on stress during the response, 10-20% of healthcare workers are at risk for a new disorder they didn’t have before the event (based on research with disaster responders).

#### Increased distress
- Post-traumatic stress
- Insomnia
- Alcohol/drug misuse
- Depression
- Anxiety

#### Symptoms
- Symptoms may appear after the outbreak is under control.
- Symptoms usually decrease over time.
- Relapses may occur, especially if:
  - Pre-existing mental health conditions.
  - Re-exposure to additional infectious disease outbreaks.
Challenges for Healthcare Workers in a Pandemic

Psychological Distress

JAMA Network Open article, March 23, 2020*:

- Data on 1,257 HCWs from 34 hospitals in China
- Data collected January 29 – February 3, 2020
- PHQ9 (depression), GAD-7 (anxiety), Insomnia Severity Index, Impact of Events Scale-Revised (acute stress)

<table>
<thead>
<tr>
<th></th>
<th>Any Symptoms</th>
<th>Moderate or Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>50.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>44.6%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Insomnia</td>
<td>34.0%</td>
<td>7.8%</td>
</tr>
<tr>
<td>“Distress” (acute stress)</td>
<td>71.5%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

- Highest levels of symptoms reported by nurses, women, those working in Wuhan, and frontline providers

Challenges for Healthcare Workers in a Pandemic

Selected Risk Factors for Psychological Distress

- Perception of heightened risk of infection
- Longer duration of high-risk exposure
- Previous history of psychiatric illness
- Lack of social support
<table>
<thead>
<tr>
<th>Nebraska Medicine/UNMC Behavioral Health Response Plan for Workforce Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience Workshops</td>
</tr>
<tr>
<td>1:1 Peer Support</td>
</tr>
<tr>
<td>Referral Line</td>
</tr>
<tr>
<td>Intranet Resources</td>
</tr>
<tr>
<td>Prioritized Referrals</td>
</tr>
<tr>
<td>Preventing Moral Injury</td>
</tr>
<tr>
<td>Leadership</td>
</tr>
</tbody>
</table>
## NETEC COVID-19 WEBINAR SERIES (4/6/20): RESILIENCE AND CARE OF THE CAREGIVER WEBINAR

**Item Type:**
Webinar

**Title:**
NETEC COVID-19 Webinar Series (4/6/20): Resilience and Care of the Caregiver Webinar

**Subject:**
Infection Control

**Description:**
Monday, April 6th NETEC webinar “Resilience and Care of the Caregiver.” This webinar will provide tips on teaching resiliency among healthcare workers, risk factors, how to overcome and develop a peer support plan, resiliency road map and overall strategies.

Download the associated documents below. Download by right-clicking and choosing Save as, or click to view.

- Download the [slides from the webinar](https://example.com/slides).
- PINS Just-in-time training
  - Download the [PINS Just-in-time training Video](https://example.com/video).
  - Download the [associated PINS slides](https://example.com/slides).
- Pandemic Response Resilience Workshop downloadable
  - Download the [Pandemic Response Resilience Workshop video](https://example.com/video).
  - Download the [Pandemic Response Resilience slides](https://example.com/slides).
  - Download the [Pandemic Response Resilience Roadmap](https://example.com/roadmap).
- Proactive Peer Support Training
  - Download the [Proactive Peer Support Training: COVID-19 Pandemic Behavioral Health Response](https://example.com/training).
  - View the [Proactive Peer Support Video](https://example.com/video) or right click to download.
Nebraska Medicine/UNMC Update and Lessons Learned

Resilience Workshops
- Popular - completed 50 so far; 5 pending
- Word spread among leaders and managers
  - A bit of FOMO
  - Offer in pre-existing meeting time

PiNS (1:1 Peer Support)
- 30 self-referrals in 3 months
- Far fewer referrals compared to estimated need
- Identified need to be more proactive in reaching out to employees
  - Lessons from Union Pacific Railroad
  - PiNS proactive outreach to primary nurse after patient death
  - PiNS proactive outreach to employees in quarantine and isolation
  - Developed additional program: Proactive Peer Support
Proactive Peer Support (new)

- Trained 50+ non-behavioral health providers
  - Informal leaders identified by managers
- Training:
  - Recognize signs of stress
  - Reach out to peers
  - Listen, then make a plan together

Support peers in natural work groups

Managers introduce Peer Supporter – serves as “license” to reach out
Behavioral health provider rounding in COVID unit break rooms (new)

• Several times per week
• Build rapport
• Casual discussion
• Check on well-being
• Provide support and wellness related information
• Direct toward resources
• Weekly Wellness Tips sent to managers for distribution
Support groups for identified high risk groups (new)

- COVID unit staff – now open to all inpatient staff
- Critical care physicians/APPs and hospitalists
- Facilitated by behavioral health providers (MD/APP group co-facilitated by hospitalist)
Workforce Resilience Update

Take Home Message

BE PROACTIVE

Don’t wait for employees to self-identify
Reach out to them

dcates@nebraskamed.com
Through the Mask: Resilient Connections in Our New Normal

Tim Cunningham, RN, DrPH, FAAN
Through the Mask:
Reconnections in Our New Normal
“A loveless world is a dead world”

-Albert Camus, *The Plague*
Through the Mask: Reconnections in Our New Normal
“I think you travel to search and you come back home to find yourself there.”

-Chimamanda Ngozi Adichie

What brought you to our profession?

What brings you strength in the work that you do?
What do you see?
“Lack of Empathy”
Lee Ellis, 2016

Erosion of Empathy

(Hojat et al., 2009)
Through the Mask: Reconnections in Our New Normal

[Links]

Medical Students’ Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey

[Links]

The Empathy Enigma: An Empirical Study of Decline in Empathy Among Undergraduate Nursing Students

[Links]

Formal Art Observation Training Improves Medical Students’ Visual Diagnostic Skills

[Links]
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2517949/

Photo – Dr. Nazneen Uddin (2017)
In
Out
Pause
Repeat
In
Out
Pause
Repeat

Pause = Tendernessness

# Post-Traumatic Growth (PTG)

- Personal Strength
- Closer Relationships
- Greater Appreciation for Life
- New Possibilities
- Spiritual Development
Brutally Honest Optimism

Optimism reduces our sense of helplessness when things feel out of control. It also allows us to take constructive action. However, this is not the Pollyanna, unicorn and rainbow “everything’s going to be okay” brand of optimism. It is tempered by the discipline to confront the most brutal facts of our current reality.

Perception of Control Over Events

What makes an experience traumatic is that we were not able to control the circumstances that led to us being harmed in some way. Recovery is about regaining control through primary control (taking action to change a situation) or secondary control (changing our orientation to a situation).

4 Factors Leading to Post-Traumatic Growth

Coping Style

What is your coping style? Do you immediately start problem-solving (active coping) or do you escape into a fantasy world (avoidance coping)? Both approaches can be helpful, but in the long term, avoidance turns into denial, which prevents you from ever truly living in the present because you are busy stuffing down your past. The two predictors of post-traumatic growth are “acceptance and positive reappraisal” – a coping style characterized by optimism and humor.

Strong Sense of Self

Having a strong sense of self depends on having a purpose in life, high self-esteem, and being able to create a coherent narrative. Without being able to make sense of our story, we cannot integrate it, learn from it, or get a distance from it. A strong narrative gives us a frame, understanding, expressing the best of connection we experienced with our parents in our relationship with our own children.

5 Domains of Post-Traumatic Growth

Personal Strength

- Strengths for the experience
- Better able to handle blows
- More wisdom and maturity

Closer Relationships

- Strengthened social ties – can rely on people
- Help craft trauma narratives that contribute to resilience
- Sense of belonging
- Unity

Greater Appreciation for Life

- Greater gratitude, hope, kindness, leadership, love, spirituality, and teamwork

New Possibilities

- Reprioritize values and time commitments
- Accomplish goals that would have been delayed
- More understanding of friends and family

Spiritual Development

- Reappraise spiritual beliefs to encompass trauma or
- Embrace spiritual beliefs altogether

4 Factors Leading to Post-Traumatic Growth

Perception of Control Over Events

What makes an experience traumatic is that we were not able to control the circumstances that led to us being harmed in some way. Recovery is about regaining control through primary control (taking action to change a situation) or secondary control (changing our orientation to a situation).

5 Domains of Post-Traumatic Growth

Personal Strength

- Strengths for the experience
- Better able to handle blows
- More wisdom and maturity

Closer Relationships

- Strengthened social ties – can rely on people
- Help craft trauma narratives that contribute to resilience
- Sense of belonging
- Unity

Greater Appreciation for Life

- Greater gratitude, hope, kindness, leadership, love, spirituality, and teamwork

New Possibilities

- Reprioritize values and time commitments
- Accomplish goals that would have been delayed
- More understanding of friends and family

Spiritual Development

- Reappraise spiritual beliefs to encompass trauma or
- Embrace spiritual beliefs altogether
“There is a Tibetan saying that wisdom is like rainwater – Both gather in the low places.”

*The Book of Joy* p. 212
Through the Mask: Reconnections in Our New Normal

Figure 1: Intervention pyramid for mental health and psychosocial support

Examples:
- Mental health care by mental health specialists (psychiatric nurses, psychologists, psychiatrists, etc.)
- Basic mental health care by Primary Health Care doctors. Basic emotional and practical support by community workers.
- Advocacy for basic services that are safe, socially appropriate and protect dignity.

Specialised services

Focused (person-to-person) non-specialised supports

Strengthening community and family supports

Social considerations in basic services and security

Interim Briefing Note

ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL ASPECTS OF COVID-19 OUTBREAK

Version 1.5

February 2020
IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings

“Not everything that is faced can be changed. But nothing will change if it is not faced.”

-James Baldwin
Through the Mask: Reconnections in Our New Normal

Empathetic Resonance/Compassionate Resonance
Through the Mask: Reconnections in Our New Normal

https://www.signupgenius.com/org/nursestogether#/
https://www.emorycovid19support.com/

NURSES together
Connecting through Conversations

Wellness Links for Members of the Emory Enterprise Community and Emory Affiliated Hospitals

Free Wellness Videos and Resources
Available to the general public

Links for Live Wellness Programs
Available to the general public

Improving Lives, Providing Hope
Click here for stories from the Frontlines

If you are in crisis, please call the Georgia Crisis and Access Line (GCAL) 1-800-715-4225
Or the National Suicide Prevention Lifeline: 1-800-273-8255
If you are experiencing abuse call the National Domestic Violence Hotline - 1-800-799-7233 or Text LOVES to 22522
Before you know what kindness really is, you must lose things, feel the future dissolve in a moment like salt in a weakened broth.

What you held in your hand, what you counted and carefully saved, all this must go so you know how desolate the landscape can be between the regions of kindness.

How you ride and ride thinking the bus will never stop, the passengers eating maize and chicken will stare out the window forever.

Before you learn the tender gravity of kindness, you must know sorrow as the other deepest thing.

You must wake up with sorrow.

You must speak it till your voice catches the thread of all sorrows and you see the size of the cloth.

Then it is only kindness that makes sense anymore, only kindness that ties your shoes and sends you out into the day to mail letters and purchase bread, only kindness that raises its head from the crowd of the world to say it is you I have been looking for, and then goes with your every where like a shadow or a friend.
Thank you

tim.cunningham@emoryhealthcare.org
NETEC Resources

Shelly Schwedhelm, MSN, RN, NEA-BC
NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

**NETEC is Here to Help**

**Ask for help!**

- Send questions to info@netec.org - they will be answered by NETEC SMEs
- Submit a Technical Assistance request at NETEC.org
Questions and Answers