Playing in the COVID Sandbox: Duty, Fear and Supporting Each Other

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Assistant Dean, Professional Affairs
May 14, 2020
Objectives

By the end of the presentation the participant will be able to:

- Recognize the importance of professional behaviour in the workplace
- Describe professionalism frameworks
- Describe links between pandemic-associated stresses and behaviour
- Describe strategies to mitigate pandemic-associated stresses
Increased Stress

Increased Anxiety

Behavioural Outputs

Pandemic +

Uncertainty +

Wellbeing supports -

-
Declarations

- I receive a stipend from Schulich
- No commercial interests
May 14, 2020

Today’s Agenda

• Scenarios
• Professionalism Frameworks
• Stress Framework
• How does a Pandemic alter stress?
• What is Schulich doing for you?
Case Scenarios
Case Scenario 1

- Consulting service asked to see a possible COVID patient in the ER
- Confusion as to whether the service needed to see the patient in the ER vs on the floor
- Open disagreement between services
Case Scenario 2

- LHSC develops and implements intubation teams
- Some glitches as teams roll out
- Open criticism of approach of various disciplines and individuals by various team members of various roles and services
Case Scenario 3

- Broad concern about shortage of PPE
- Individuals supply and don their own personal PPE, including P100 elastomeric respirators, not approved by the hospital
- Fears and concerns among learners, staff seeing physicians wearing non-hospital PPE
Common themes?

- Alteration in “normal” processes/routine
- Frequently changing processes
- Lack of attempt at collegial (mindful) resolution of differences
- Open displays of criticism/defiance
- Uncertainty
Why does professionalism matter?
Why is disrespectful (unprofessional) behaviour a concern?

- Avoidance of individual by the recipient – nurse, resident, avoids calling
- Atmosphere of intimidation lowers morale, creates self-doubt, is a cause of burnout
- Intimidation of patients leads to patients being less forthcoming, possibly non-adherent to management
- Lawsuits more common against disruptive physicians
- Antagonism with leaders may cause refusal to follow safety protocols – time outs, hand washing, checklists, etc
Disruptive Physician Behavior: The Importance of Recognition and Intervention and Its Impact on Patient Safety

Preeti R. John, MD, MPH, FACS1,*, Michael C. Heitt, PsyD2

✓ Perspective paper

Defines DPB (AMA) as “personal conduct, verbal or physical that has the potential to negatively affect patient care or the ability to work with other members of the healthcare team.”

Disruptive Physician Behavior: The Importance of Recognition and Intervention and Its Impact on Patient Safety

Preeti R. John, MD, MPH, FACS\textsuperscript{1,*}, Michael C. Heitt, PsyD\textsuperscript{2}

- Diminish the quality of care provided
- Increase the risk of medical errors
- Adversely affect patient safety and satisfaction
- Cause erosion of relationships and communication between individuals
- Contribute to a hostile work environment
- \textbf{Trains future disruptiveness}

When physicians-in-training observe how their superiors model disruptive behaviors with impunity, a concerning problem that arises is that DPB becomes normalized in the workplace culture, especially if such behaviors are tolerated and result in a perceived gain.

What is Professionalism?
Professionalism

- CanMEDS Professional Role
- CPSO Practice Guide
- Schulich Code of Conduct
- How is professionalism developed?
CanMEDS 2015 Professional Role

- Demonstrate a commitment to patients by applying **best practices** and adhering to **high ethical standards**

- Demonstrate a **commitment to society** by recognizing and responding to **societal expectations** in health care
CanMEDS 2015 Professional Role

• Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

• Demonstrate a commitment to physician health and well-being to foster optimal patient care
Commitment to Physician Health and Wellbeing

Best Practice

Commitment to Society

High Ethical Standards

Societal Expectations

Participate in Professional Regulation
CanMEDS 2015 – other roles

- Communicator
- Collaborator
CPSO Practice Guide

Published 2007
Intended to:

1. Articulate the Profession’s **values** and **principles** of medical practice
2. Assistance to know **duties** and rationale
3. Provide a framework for policies
Values

• Compassion
• Service
• Altruism
• Trustworthiness
Principles and Duties

- Individually to patients
- Collectively to the public
- To ourselves and colleagues
Duties to Patients

1. Demonstrating Professional Competence
2. Maintaining Confidentiality
3. Collaborating with Patients and Others
4. Communicating with Patients and Others
5. Managing Conflicts of Interest
6. Advocating for Patients
Duties to the Public

1. Participating in Self-Regulation
2. Reporting
3. Educating
4. Learning
5. Advocating for a Safe Health Care System
6. Collaborating with Other Health Care Professionals
Duties to Ourselves and Colleagues

1. Mentorship
2. Wellness
3. Collegiality
CPSO supporting policies

• Physician Behaviour in the professional environment
• Boundary violations
• Consent to treatment
• Disclosure of Harm
• Professional Responsibilities in Postgraduate (Undergraduate) Education
• Public Health Emergencies
CPSO: Public Health Emergencies

- Approved February 2018
- Three Sections:
  - Providing Service
  - Planning, Preparation and Staying Informed
  - Practicing Outside of Scope of Practice
Providing Services

- Physicians MUST be able to provide services
  - Direct medical care – within limits of physician’s own health restrictions
  - Administrative or supportive functions
Planning, Preparing, Stay Informed

- Advised to plan for PHEs
- Advised to prepare for PHEs
- Must stay informed during a PHE
Scope of Practice

- May need to temporarily work outside of scope but only if...
  - Urgency to care; more skilled physician not available, not providing care that would expose patient to more risk
  - Must exercise professional judgement
  - Cease practicing outside scope once PHE over
The Code is meant to provide guidance for *all actions, relationships and communications* for members involved in any activity linked with the School. The Code will *shape and promote professional behaviour* for all members of the School while *offering direction for corrective action* to be taken to address improper conduct or lapses or misjudgments in professional behaviour.
Schulich School of Medicine & Dentistry – Code of Conduct

Approved: November 7, 2014 by: Executive Committee of Schulich Council
Effective: November 2014

• Organized around Principles:

1. Excellence
2. Scholarship
3. Respect
4. Honesty
5. Confidentiality
6. Responsibility
Common Themes

- Trust
- Respect
- Responsibility
- Service/Duty
- Confidentiality
- Commitment
- Honesty
- Social Contract
- Compassion
- Wellness
- Altruism
- Collegiality
What is Professionalism?

The words and actions that promote trust and respect from patients, colleagues and coworkers.
Developing Professionalism
Developing Professionalism

• Individual identity begins at birth.....develops through life

• Professional identity formation superimposed on individual identity
  – Developed through educational process
  – Role models/mentors and clinical experiences are a major factor
Cruess and Cruess
Medical Professionalism
Best Practice: Professionalism In the Modern Era
2017 AOA
What are factors that bring on stress?
Uncertainty

Work

Socio-Cultural

Money

Love

Family

Health

Stress Framework
How does a Pandemic affect physician stress and behaviour?
Our world is upside down

OVID - 19
• New processes  
• Rapidly changing guidelines  
• Cancelling of clinics and elective procedures  
• Frustration with organizations/government

• Contracting the Virus  
• Increased risk due to underlying physical and mental health issues  
• Substance use

• Bringing home the virus  
• Elderly family members – isolation  
• Child’s future – social development, career path
Relationships
- Forced isolation – strained relationships
- Living outside the home
- Protection from truth

Finances
- Lost income
- Plummeting markets
- Big mortgage
- Exclusion from social supports

Sociocultural
- Social persecution - Asian
- Justify choices of faith – moral choices
Imposter Syndrome

Societal Expectations and Celebrations
Media Overload
Professional Behaviour and Pandemics

- PubMed Search
- Few relevant citations
  - Bulk of citations related to duty of care, stress
Severe acute respiratory syndrome and its impact on professionalism: qualitative study of physicians’ behaviour during an emerging healthcare crisis

Sharon E Straus, Kumanan Wilson, Gloria Rambaldini, Darlyne Rath, Yulia Lin, Wayne L Gold, Moira K Kapral

- Qualitative semi-structured interviews
- 14 staff physicians from Toronto teaching hospitals during SARS
- Grounded theory analysis to identify categories and themes

BMJ, doi:10.1136/bmj.38127.444838.63 (published 2 June 2004)
Themes identified

• Balance between care and personal risk
• Confidentiality
• Physician-patient relationships
• Research
• Role Modelling

BMJ, doi:10.1136/bmj.38127.444838.63 (published 2 June 2004)
Conclusions

Educators and professional organisations must advocate principles of professionalism, including the balance between personal safety and the needs of patients, professional respect and collaboration, the conduct of ethical research, and role modelling of professionalism to trainees.

BMJ, doi:10.1136/bmj.38127.444838.63 (published 2 June 2004)
“You take a high functioning, healthy person and put them in an unhealthy environment, they are going to become unhealthy. No one is immune.

Mamta Gautam, MD
How do the organizations in which we work contribute to or alleviate our anxieties in a Pandemic?
<table>
<thead>
<tr>
<th>Request</th>
<th>Principle Desire</th>
<th>Key Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear Me</td>
<td>Listen and act on my expertise and experience</td>
<td>Multiple channels of input and output</td>
</tr>
<tr>
<td>Protect Me</td>
<td>Reduce my risk of harm from the virus</td>
<td>PPE, access to occ. health and testing,</td>
</tr>
<tr>
<td>Prepare Me</td>
<td>Provide training and support and timely communication</td>
<td>Train and unambiguous communication</td>
</tr>
<tr>
<td>Support Me</td>
<td>Provide support that recognizes my human limitations during extreme work hours and stress</td>
<td>Physical (food, drink, lodging) and emotional (EAP, wellness)</td>
</tr>
<tr>
<td>Care for Me</td>
<td>Provide for me and my family if I get sick or need to be quarantined</td>
<td>Lodging if separate from family; child care; sick pay</td>
</tr>
</tbody>
</table>

Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic Published Online: April 7, 2020. doi:10.1001/jama.2020.5893
Coping Strategies
Wellness strategies

- Physiologic – rest, sleep, eat, exercise, avoid substance use
- Cognitive – Mindfulness (everyone is stressed), talk, engage
- Turn off the news/social media
Anesthesia & Analgesia Journal Publish Ahead of Print

DOI: 10.1213/ANE.0000000000004912

Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Healthcare Workers during the COVID-19 Pandemic

Cristina Sophia Albott, M.D. (Department of Psychiatry & Behavioral Sciences, School of Medicine, University of Minnesota)

Accepted for publication

Online access only
1. Peer support
- Battle Buddies (1:1 peer support derived from U.S. Army practice)
- Peers are matched on demographics / professional roles / seniority
- Focus on listening, validating experiences, providing feedback
- Rapidly deployable & scalable, requires few resources, self-sustaining

2. Unit-level support
- Unit/dept. launch meetings with explicit endorsement of leadership
- Internal champion and specific mental health consultant identified
- Battle Buddy system explained; pocket card distributed; pairings set up
- Small-group sessions offered (Anticipate-Plan-Deter model)

3. Individual support
- Free one-on-one support by mental health consultant assigned to unit/dept. (no medical record entry)
- Referrals made for additional formal evaluation and treatment, if needed
Schulich Wellbeing Program
Peers for Peers

What it is

Listen, Support, Refer

Empathetic listening, because as a peer we share common experiences

Peer to Peer – ideally selected vs volunteers
Peers for Peers

What it is not

Provide therapy. Give advice.

Instruct what to do, we don’t diagnose.

Fix challenges faced as a result of the pandemic, but we can provide emotional support during it.
Program: Key Points

Distance from Chairs & evaluators

The outreach is confidential and invitational
Summary
Pandemic Uncertainty

Increased Stress

Increased Anxiety

Wellbeing supports

Behavioural Outputs

Socio-cultural  Work  Finances

Professionalism Lapses

Professional Behaviour

Health  Family  Love
Cases

• Disagreement between services
• Implementation of Intubation Teams
• Use of own PPE
  – How could issues have been avoided?
How could issues have been avoided?

- Underlying self-care
- Mindfulness – “I’m stressed, they must be too”, “this is new to me, it must be new to them”
- Collegial engagement – trust others (individuals and organizations) to be doing their best
- Avoidance of open criticism of others – respect environment
- Awareness that people are watching, learning and developing
Trust

Respect