

HELPING RESIDENTS AND FACULTY DURING THE COVID19 PANDEMIC: A MODEL FOR LLUH PROVIDERS AND STAFF



LOMA LINDA UNIVERSITY
HEALTH

School of Medicine
Office of Physician Vitality

We are justifiably concerned and anxious during times of war, pandemics, or in the aftermath of natural disasters. The more resources, support, and early intervention healthcare providers have, the better their outcomes in terms of stress and burnout.

Common responses during extreme stress include:

- Anxiety about oneself, loved ones, and the community wellbeing
- Helplessness and lack of control to change outcomes
- Exhaustion from stress and grueling work responsibilities
- Guilt about limitations, self-protection from emotions of others manifested in lack of empathy
- Recognition of one's own difficulty coping
- Ambiguous loss for those who are unable to learn more about patient or family health status post-treatment
- Anger about finding oneself unavoidably in harm's way
- Loss of life plans, relationships, income, health, ideals, beliefs
- Loss of confidence in medicine, the institution, or the healthcare system

A BEST PRACTICE FOR COLLEAGUE SUPPORT

Peer support is often the most immediate and best received intervention for individuals in high stress circumstances. The Stress First Aid (SFA) Model used in the Navy and Marine Corps is a useful approach for LLUH faculty, residents, and staff to utilize during the uncertainty and stress of a potential COVID-19 surge in our facilities. This model highlights the reality of providers' experience, reduces stigma, builds solidarity, and helps people access the help they need.

Therefore, providers who typically enjoy their healing role, usually experience increased stress and moral injury, and move from left to the right on the Stress Continuum Model (to the right).

The goal of Stress First Aid is to help providers and staff move toward the left on this model, when they are in the *Injured* or *Ill* categories. *Those injured by stress may be the last to recognize it.*

Stress may change over time however, risks from stress injuries may last from days to years unless addressed.

SELF-CARE IS CRITICAL TO POSITIVE OUTCOMES

Most providers care for patients because of the high ideals that included service to others. The downside of these high ideals is that the welfare of others is often prioritized more highly than one's own. Front line service workers feel guilty, underestimate the stress they experience and make little time to rejuvenate. The result can be irritability, intolerance, denial of their own needs and a sense of shame that they have personal and emotional needs. These all reduce the likelihood of asking for support.

Most people who experience extreme stress or chronic moral injury or fatigue mental health injuries cope fairly well over time. However, some individuals are unlikely to acknowledge their stress or the severity of their symptoms and will usually become ill from their distress.

During a pandemic, providers will typically feel a sense of moral injury for the following reasons:

- Life and death triage or resource decisions
- Knowing that under different circumstances, a person's life could/may have been saved
- Not wanting to show up for work or volunteer for dangerous rotations/assignments
- Work duties affect one's family
- Witnessing perceived unjustifiable acts that one feels powerless to confront
- NOT feeling as much empathy or compassion as one usually feels
- Surviving when others are dying
- Not being able to save a *particular* patient

The Stress Continuum Model

	READY (green)	REACTING (yellow)	INJURED (orange)	ILL (red)
<p>DEFINITION</p> <ul style="list-style-type: none"> • Optimal functioning • Adaptive growth • Wellness <p>FEATURES</p> <ul style="list-style-type: none"> • At one's best • Well-trained and prepared • In control • Physically, mentally, and spiritually fit • Mission-focused • Motivated • Calm and steady • Having fun • Behaving ethically <p>GOAL: BE MISSION-READY</p>	<p>DEFINITION</p> <ul style="list-style-type: none"> • Mild and transient distress or impairment • Always goes away • Low risk <p>FEATURES</p> <ul style="list-style-type: none"> • Feeling irritable, anxious or down • Loss of motivation • Loss of focus • Difficulty sleeping • Muscle tension or other physical changes • Not having fun <p>CAUSES</p> <ul style="list-style-type: none"> • Any stressor <p>BUILD RESILIENCE</p>	<p>DEFINITION</p> <ul style="list-style-type: none"> • More severe + persistent distress or impairment • Leaves a scar • Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> • Loss of control • Panic, rage, or depression • No longer feeling like normal self • Excessive guilt, shame or blame <p>CAUSES</p> <ul style="list-style-type: none"> • Life threat • Loss • Moral injury • Wear and tear <p>BEGIN HEALING</p>	<p>DEFINITION</p> <ul style="list-style-type: none"> • Clinical mental disorder • Unhealed stress injury causing life impairment <p>FEATURES</p> <ul style="list-style-type: none"> • Symptoms persist + worsen over time • Severe distress or social or occupational impairment <p>TYPES</p> <ul style="list-style-type: none"> • PTSD • Depression • Anxiety • Substance abuse <p>GET PROFESSIONAL HELP</p>	

Stress First Aid Model

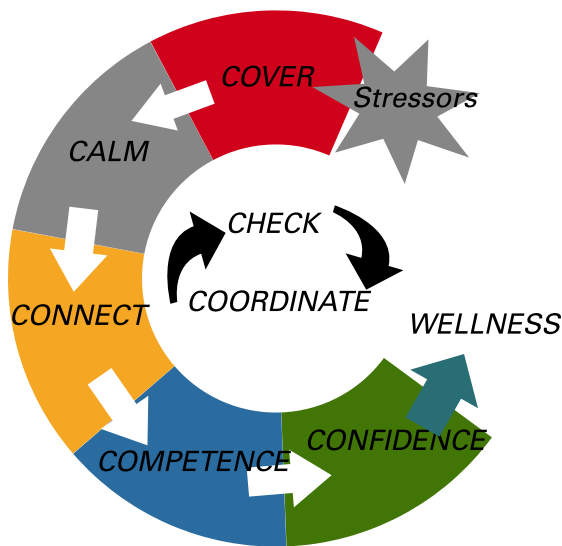
The characteristics of the Stress First Aid approach emphasizes tiny steps toward moving people in a healthy direction. Timing of interventions and the context in which they are offered (and by whom) are important. Mentorship and problem-solving are highlighted.

There is not an attempt to address all ranges of issues, and referrals to higher levels of care are recommended when indicated.

Essential Stress First Aid Skills



COVER	A sense of safety and protection. This reduces decision-making based on description or high anxiety, thus improving patient and provider safety.	<ul style="list-style-type: none"> • "How has this affected your sense of feeling safe?" • "What are your greatest challenges, hassles, or frustrations?"
CALM	Skills to reduce anxiety and promote relaxation. These have biological outcomes that improve sleep and allow people to feel capable of connecting with others.	<ul style="list-style-type: none"> • "What changes have occurred regarding your ability to sleep or stay calm?" • "What do you do to calm yourself and reduce the anxiety we all can feel?" • "Let me help you connect with someone who can help you cope better."
CONNECT	Relationships and social integration promote solidarity, reduces stigma, and are associated with better life satisfaction and mental health outcomes over time.	<ul style="list-style-type: none"> • "Has there been an impact on how you connect with others here at work?" • "How are you managing your relationships outside of work?" • "Can you tell me about it?"
COMPETENCE	Sense of personal resilience. The internal and institutional resources to manage during a crisis.	<ul style="list-style-type: none"> • "Do you have any concerns about being able to handle anything that may arise?" • "What's on your plate today? How can I help?" • "Why don't we brainstorm together about this."
CONFIDENCE	Optimism, hope, and a sense of meaning that helps providers bear their responsibilities in stressful circumstances. Organizational support and sense of a Higher Power lead to better recovery from high stress situations.	<ul style="list-style-type: none"> • "Have you noticed any change in your confidence in yourself or the workplace?" • "What gives you a sense of purpose and meaning during these challenges?"



The Seven Cs of Stress First Aid

- CHECK**
Assess: observe and listen
- COORDINATE**
Get help, refer as needed
- COVER**
Address sense of personal safety
- CALM**
Relax, slow down, refocus
- CONNECT**
Get support from others
- COMPETENCE**
Restore effectiveness
- CONFIDENCE**
Restore self-esteem and hope

Departments available to provide support



LOMA LINDA UNIVERSITY
HEALTH

School of Medicine
Office of Physician Vitality

Office of Physician Vitality
(physicians only) Barbara Hernandez
Jessica ChenFeng
909-558-5257

Employee Assistance Program
(counseling) 909-558-6050

Chaplains Services Carl Ricketts
909-558-4367

Employee Spiritual Care Kathy McMillan
909-260-9941

University Spiritual Care Terry Swenson
Dily Brooks
909-558-8348

Spiritual Life and Mission Randy Roberts
909-558-5815

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