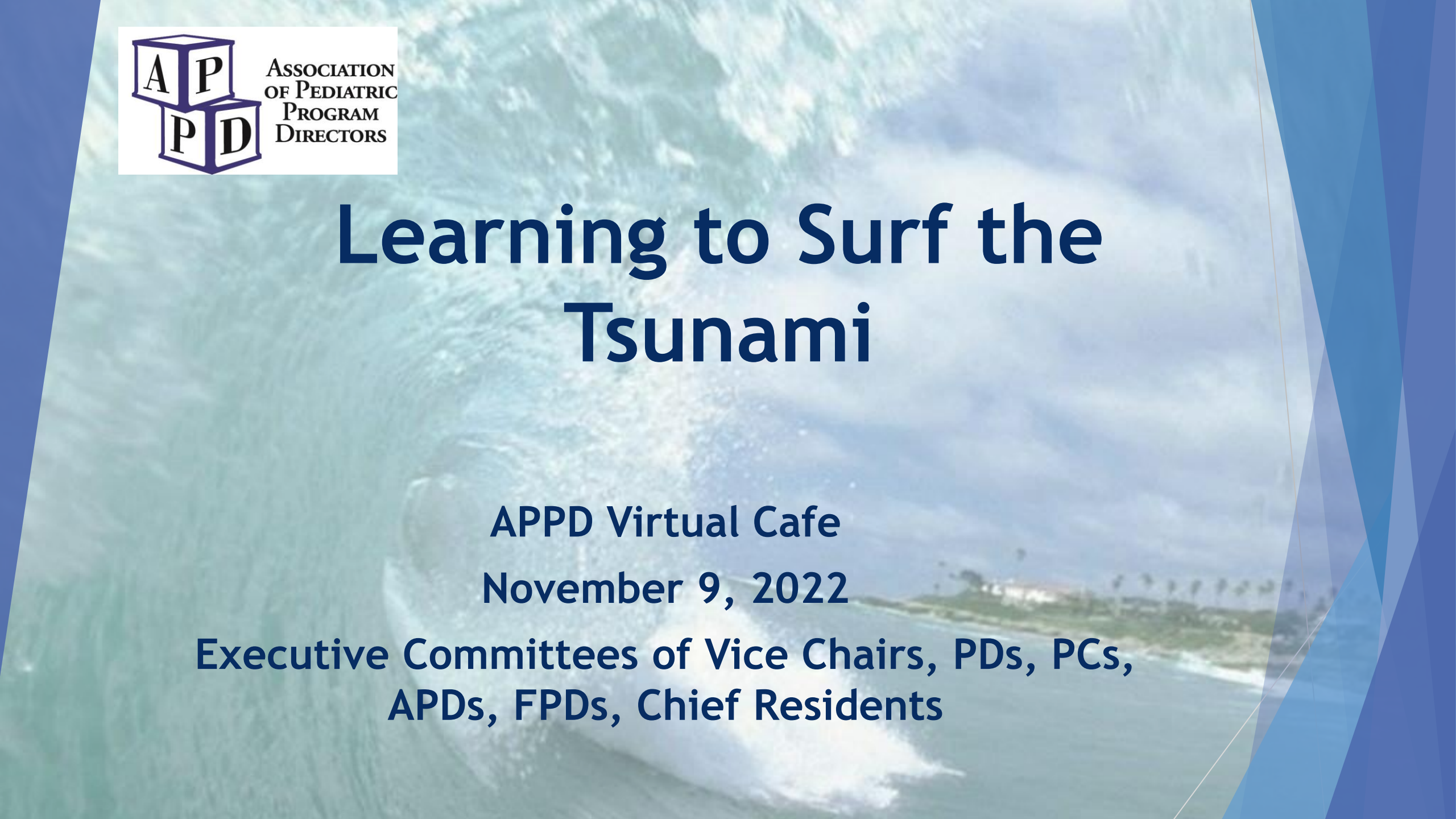


Learning to Surf the Tsunami

APPD Virtual Cafe

November 9, 2022

Executive Committees of Vice Chairs, PDs, PCs, APDs, FPDs, Chief Residents



As Hospitals Close Children's Units, Where Does That Leave Lachlan?

Adult beds are more lucrative than children's beds. So as institutions look to boost profit margins, pediatrics is often among the first services to be cut.



Lachlan Rutledge, 6, has a connective tissue disorder, severe allergies and asthma, which have landed him repeatedly in pediatric intensive care. Melissa Lukenbaugh for The New York Times

THE WALL STREET JOURNAL.

HEALTH

Surge in Pediatric Respiratory Viruses, Including RSV, Strains Children's Hospitals

Respiratory illnesses in children are climbing well before the typical busy winter season



Some 58,000 children younger than five years old are hospitalized each year due to RSV, according to the CDC.
PHOTO: LINDSEY WASSON/REUTERS

By Joseph De Avila, Editor, and Priyanka Abbott, Editor





Association of Pediatric Program Directors

OBJECTIVES

- Develop strategies to maintain well-being and resiliency in crisis
- Describe considerations surrounding trainees working in a crisis
- Incorporate new strategies in your program to increase capacity to address surge



Jenny Duncan, MD
GME Wellness Director
Washington University/St Louis Children's



Elizabeth Nelsen, MD
PD, SUNY Upstate Medical University



Francisco Hernandez, MBA
System Director, GME
Tower Health



Lynn Thoreson, DO
Associate PD
University of Texas at Austin Dell Medical School



Zuri Hudson, DO
Chief Resident
Children's Mercy Hospital



Taylor Olian, DO
Chief Resident
Jersey Shore University Medical Center



Kristin Sundy-Boyles, MD
Chief Resident
Nationwide Children's Hospital



Debra Boyer, MD, MHPE
Chief Medical Education Officer & DIO
Nationwide Children's Hospital

Association of Pediatric Program Directors

- Preserving well-being/resiliency in crisis
- DIO perspective
- Chief resident perspectives
- Strategies to address the surge
  - Breakouts
- Wrap up/discussion

Rename yourself

Residency size (# trainees)
S - Small (<30)
M - Medium (30-60)
L - Large (>60 residents)

F - Fellowship

V- Vice Chair

Well-being During Crisis

Jenny Duncan, M.D.

Director of Wellness for GME

Washington University School of Medicine/St. Louis Children's Hospital

Duncan_j@wustl.edu



Resilience

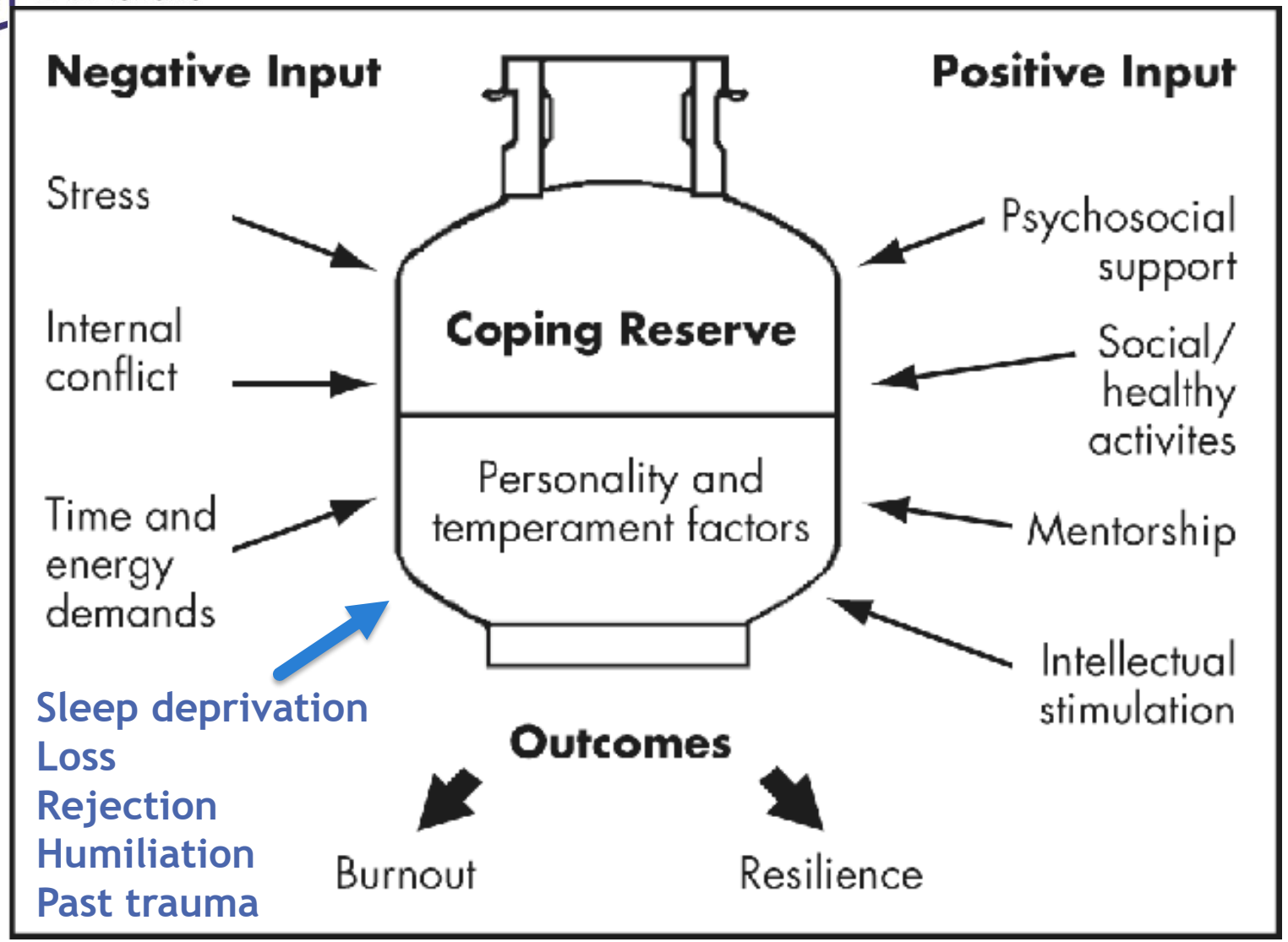


Adapting in the face of adversity, trauma, tragedy, threats, or significant sources of stress





Resilience Reservoir



Sleep deprivation
Loss
Rejection
Humiliation
Past trauma

4 Ps

- Peer Support/ Connection
- Psychological/ Mental Health Access
- Processing and Purpose
- Psychological Safety/ Culture of respect

Dunn, Iglewicz, Moutier, Acad Psych, 2008





Risks

- Isolation
- Exhaustion/Stress
- Uncertainty
- Loss of meaning and purpose

Association of Pediatric Program Directors



I continuously think it's really hard not having that weekly get together and seeing your other co-residents and just feeling that sense of community. And also just touching base with other people, because there'll be six, eight months that you haven't seen someone. And then I think it's easy to get lost …and feel like a cog in the wheel when you don't have those little interactions that remind you that you're special and that other people here remember you and care about you.

Well-being is not just what you do when you are not at work



How can we foster better connection at work?



Well-being is not just what you do when you are not at work



What makes your job rewarding?

How can we foster meaning and purpose in our work?



Association of Pediatric Program Directors

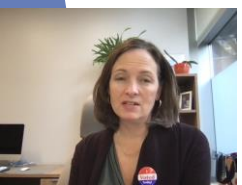
the problem with RULES

"Should..." "Must...." "Always..."
"Never..." "Have to... " "Need to..."





Rules or obligations that I follow that cause stress	I have to make a home cooked meal every night for my family.
Is this a law of the universe or is it actually something you choose to do?	It's a choice. Even though it feels like it's a must or almost a law of nature.
Why do you do it? (To avoid some potential negative outcome? Because you're following a values of yours? Or both?)	**Avoiding Negative Outcomes:** I want to be sure my kids eat healthy food, not junk food. **Following Values:** I value healthy eating
What values of yours could guide you in approaching this situation differently to lower stress?	**Values:** Respecting my needs/wants Connecting/being present for my children
How could you approach this situation in a new way to lower stress?	I can **choose** to make dinner but it's not a must. I can find other health meal options that I could purchase so I have time to spend with my kids.



Exercise: Your Recharging Activities



- Leisure Time
- Relationships
- Health
- Work/Education/ Volunteering



Self-Compassion



Being kind to yourself



Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process **Ensure voices are heard**
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Townhalls
Listening Groups
Leader visibility

Adequate sleep
Access to medical & mental health care

Training guides
Rapid education

Healthy Food/ Hydration
Transportation
Emotional support
Regular check ins
Space to decompress



Shanafelt et al, JAMA 2020.

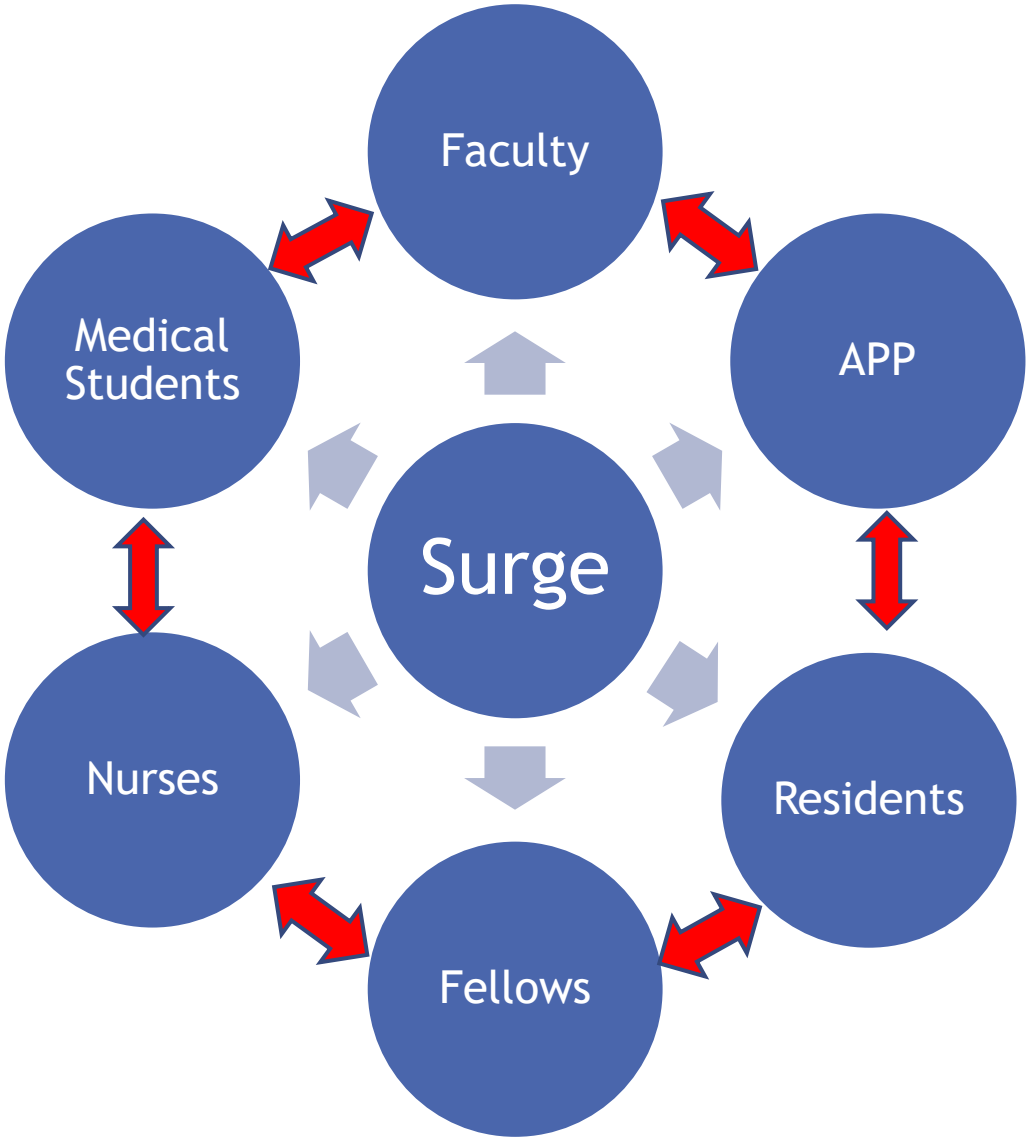
Association of Pediatric Program Directors

DIO Perspective



Association of Pediatric Program Directors

DIO Perspective



ACGME Emergency Categorization

- ACGME may classify Sponsoring Institutions facing substantial and sustained disruption of GME operations resulting from the COVID-19 pandemic in the Emergency Category

- Sponsoring institution must comply with all Institutional Requirements
  - Prioritize (duty hours, adequate resources/training, adequate supervision, fellows functioning in their core specialty)
  - Must assess trainees in six core competencies

ACGME Emergency Categorization

- Can prioritize patient care
- Educational activities can be suspended
- Specialty requirements may be waived

ACGME Emergency Categorization

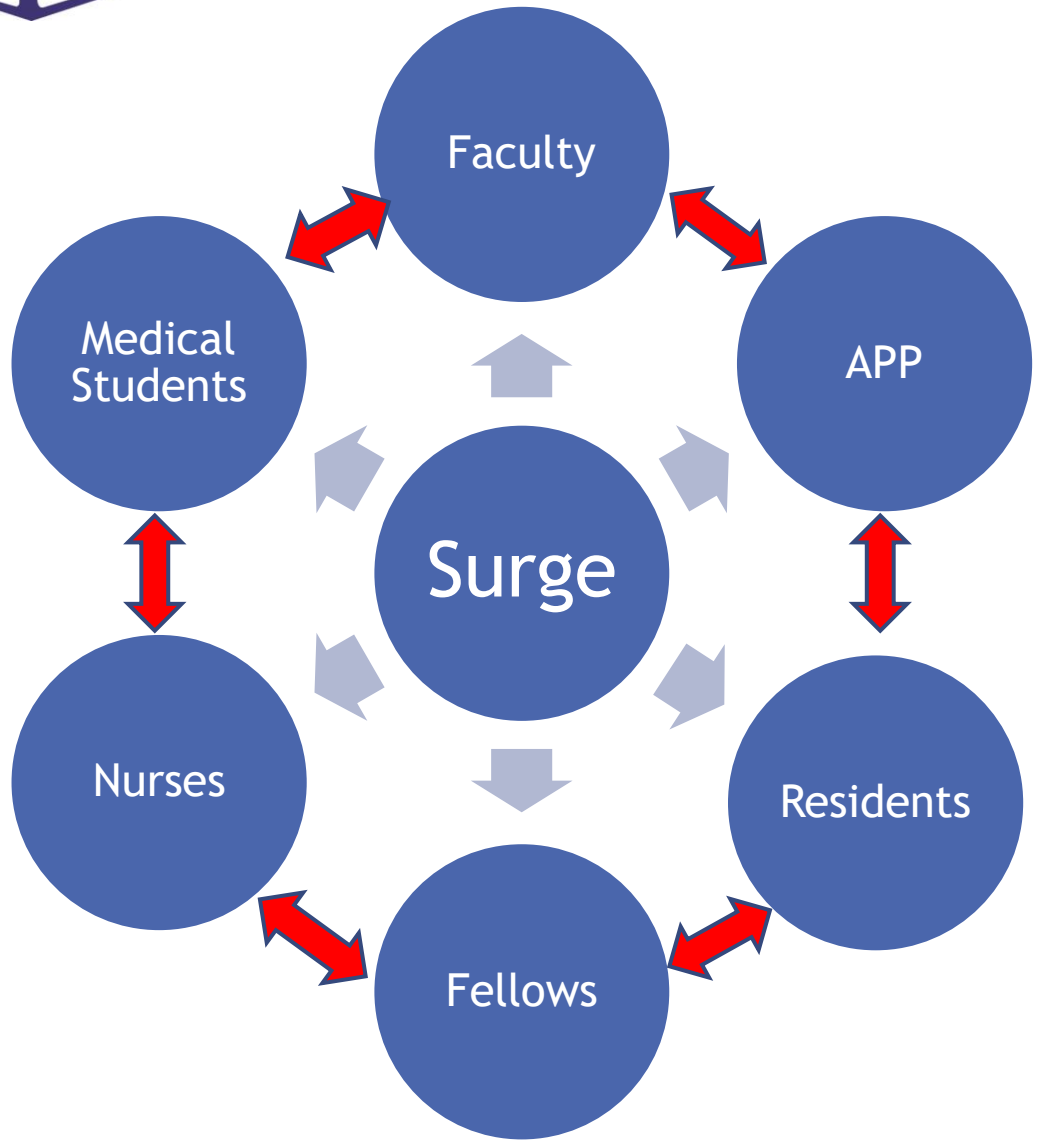
- Ca… t care
- Edu… pended
- Speci… e waived

Currently only exists for COVID-19

ACGME considering other causes

Association of Pediatric Program Directors

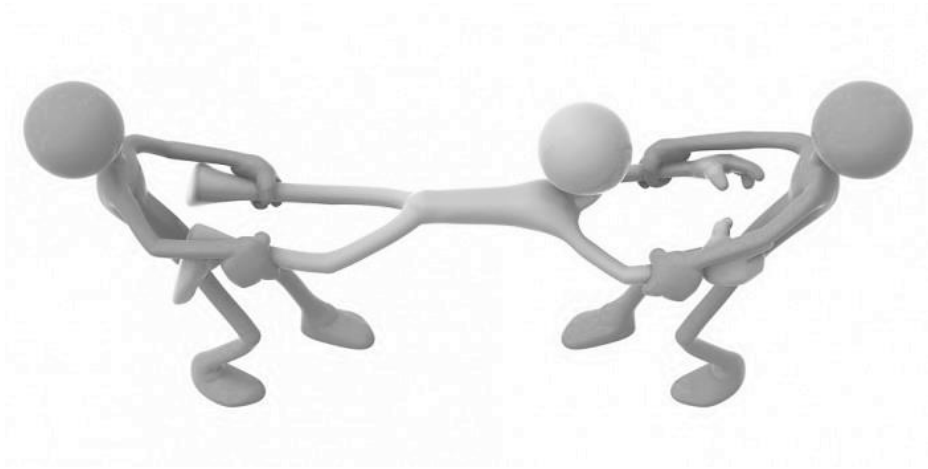
DIO Perspective





Chief Resident Perspective

- Resident burnout
- Long work hours
- Non-clinical responsibilities
- Resident-run hospitals



- Full workforce mobilization
- Resident efficiency
- Resident availability
- Residents as care extenders

STRATEGIES to ADDRESS SURGE

Association of Pediatric Program Directors

INCREASE "SUPPLY"

Increase # of residents
- Pull from other rotations
- Outside regular hours

Increase # of "others"
- Fellows
- Med Peds residents
- APPs
- Attendings

Increase efficiency
- Telehealth (outpatient, inpatient rounding, consults)
- Match staffing/volume
- Clinical practice guidelines
- Cohort patients (respiratory) by team
- Night team focus on discharge readiness / early AM discharges

DECREASE DEMAND

Decrease age limit
Divert to other hospitals
Limit elective procedures / admissions
Utilize short-stay / observation unit

BREAKOUT GROUPS

- Rename yourself
- What strategies have been effectively incorporated into your program to address surge?
- One individual in group to add to google document
  - Distributed afterwards through discussion groups

Residency size (# trainees)
S - Small (<30)
M - Medium (30-60)
L - Large (>60 residents)

F - Fellowship

V - Vice Chair

- As program leadership, your first responsibility is to the trainees
- You should be at the table for discussions about staffing changes/new units

RESOURCES

- Vice Chair of Education
- Director of Fellowships
- Vice Chair for Clinical Affairs
- Department Chair
- DIO
  - ECFMG
  - Legal Counsel
- Moonlighting funds (Vice Chair for Finance, Executive Director of Children's hospital, Department Chair)
- ACGME (Caroline Fischer CFischer@acgme.org)
- American Board of Pediatrics (Program Portal)

Association of Pediatric Program Directors

Discussion

