

WELL-BEING & SUPPORT

UW SCHOOL OF MEDICINE

AAMC

Group on Information Resources

May 24, 2021

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Weather report

If you had to describe your current emotional state in terms of the weather, what are you experiencing right now?

Storms? Sun? Fog? Wind? Crazy hail?

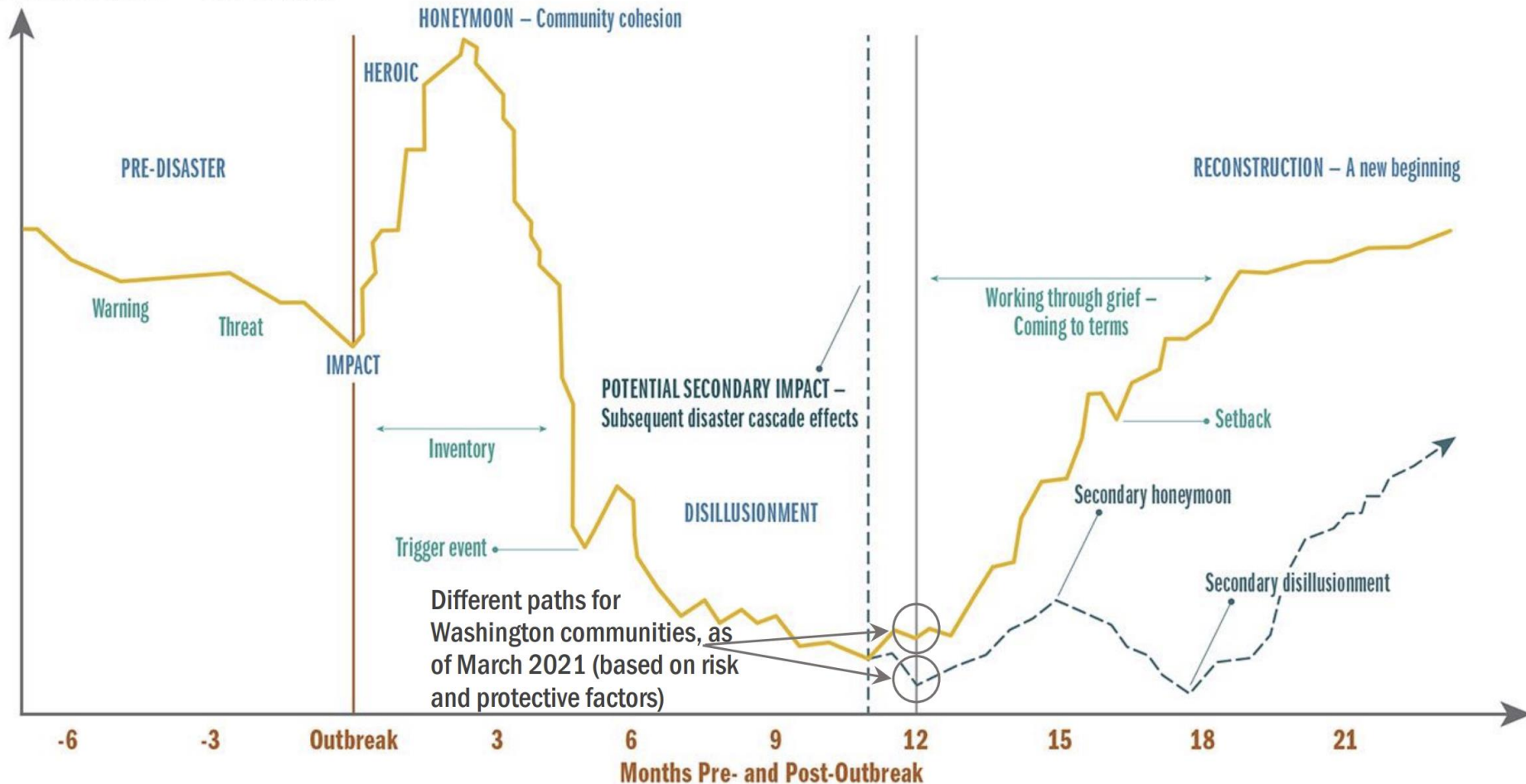
Type your internal weather report into the chat...

W

Reactions and Behavioral Symptoms in a Disaster

Reactions and Behavioral Health Symptoms in Disasters

Emotional Response – Lows to Highs



Behavioral Practices for Resilience

R – Relationships

E – Exercise

F – Fun; Recreation & Enjoyable Activities

R – Relaxation & Stress Management

E – Eat Well – Nutrition & Diet

S – Sufficient Sleep

H – Helping others

E – Earth – Time in Nature

R – Reason – Sense of Purpose (Religiosity & Spirituality)



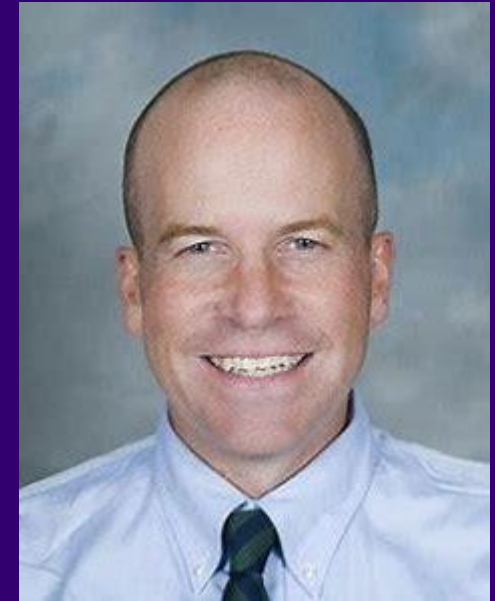
A call to reflection



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Reflections on the year

- **Cast the net of support wide**
- **Town Halls**
- **Well-Being Messaging**
- **Peer support**
- **Schwartz Rounds**
- **Formal and informal programs**
- **Gratitude Campaign**
- **Path towards Thriving**

Three perspectives

- **A perspective of how the pandemic affected you both personally and professionally**
- **The impact on your colleagues and physician wellness**
- **How leadership, formal or informal, made a difference**
- **How the transition of support staff to offsite locations impacted your ability to perform as a clinician**
- **Your approach to what we all hope is a return to a new normal.**

How the pandemic affected you both personally and professionally



THE PANDEMIC ASKED US TO USE EVERYTHING WE HAD EVER LEARNED. AS AN ID DOCTOR WITH PUBLIC HEALTH TRAINING IT FELT LIKE I HAD TRAINED FOR THIS. PROFESSIONALLY IS WAS OFTEN EXHILARATING TO GO ALL IN, 24/7. THE PROBLEM IS THAT RESPONSES LIKE THAT ARE SUSTAINABLE IN THE SHORT TERM BUT ENORMOUSLY COSTLY AS TIME GOES ON. OUR SYSTEMS ARE NOT BUILT FOR REDUNDANCY, EXPANSION, OR RAPID SHIFTS.



The pandemic has been incredibly challenging on many fronts. I have worked in our ICUs taking care of patients with COVID which at first was scary as there was so much unknown. I still remember how quiet it was when I was alone in an isolation room with my first critically ill patient with COVID. Now...it feels pretty normal and I feel quite safe as we have great PPE and attention to detail in infection prevention. The hardest part has been not having patients' families present at end of life. Heartbreaking at times.

The impact on your colleagues and physician wellness



OVERALL NOT GOOD. I CAN SPEAK FOR MANY PHYSICIANS COLLEAGUES AND FOR MYSELF THAT ANY CONCERN FOR WELLNESS DISAPPEARED. FOR MANY HEALTHCARE WORKERS THE AMOUNT OF WORK WAS COMPOUNDED BY SADNESS, STRESS AT HOME, CHILDCARE (ESPECIALLY FOR MY FEMALE COLLEAGUES), AND UNDERSTANDABLE FEAR.



The pandemic impacted all of life. This is particularly true for those with small to school age kids and older parents for whom they care. I think a few have flourished (with their science and leadership) but it has been challenging for everyone. I think people are drained of most reserves at this time.

How leadership, formal or informal, made a difference



ABSOLUTELY CRITICAL. AT UW MEDICINE OUR LEADERSHIP WAS FOCUSED ON DOING THE RIGHT THING FROM THE START. **THEY ALLOWED THE RIGHT PEOPLE TO MAKE DECISIONS AND SUPPORTED TRANSPARENT COMMUNICATION FROM THE BEGINNING. IN LEADERSHIP MEETINGS, MULTIPLE VOICES WERE HEARD AND LISTENED TO.** SUCCESSFUL LEADERSHIP OVER THE LAST YEAR IS THE RESULT OF, IN PART, LEADERS STAYING AT OR NEAR THEIR "LEVELS", I.E. THE HIGHEST LEADERS GUIDING THE VISION AND ARC, NEXT LEVEL WITH MORE DIRECT ACTION, ETC. WITH COMMS TRAVELING IN BOTH DIRECTIONS.



I think transparency and regular communication has been key. We have felt more like a system than ever before. I think our **town halls were key to folks seeing leaders as people and our approach to answering questions, instead of “pushing messages”** helped too. I think the emphasis on clinicians leading was key. I worry a little that some want to return to “business as usual” a little too much.

How the transition of support staff to offsite locations impacted your ability to perform as a clinician



MY CLINICAL WORK IS ALL INPT SO NO EXPERIENCE TO ANSWER THIS QUESTION. AS AN OPERATIONAL TEAM LEAD, MANY TEAM MEMBERS OFF-SITE...OF COURSE BETTER IN-PERSON, BUT TELE MEETINGS WORKED. THE BIGGER CHALLENGE WAS THE VOLUME OF MEETINGS WITH NO BREAKS.



I am an inpatient clinician so was not an issue for my clinical work. For my administrative role, we have gotten great at using Zoom, texting, having check-ins and some degree of banter to try to capture some of the spirit of being together. I do think a blend of telework and in person makes sense for the future. And much of it could be telework with strategic in person times.

Your approach to what we all hope is a return to a new normal



CAUTIOUS, SLOW, OPTIMISTIC, BIASED TOWARDS THE HEALTH OF THE PUBLIC/POPULATION.



Strategizing together on what we want the new normal to look like. I want to hold onto flexibility and creativity. I also want to allow folks to work in the place/space that makes the most sense for them. And to also start seeing each other again. Gradual, stepwise evolution!

A call to Action

With your teams, have a discussion using these three questions as your prompts.

- 1) KEEP: What changed this year that we want to hold onto?**
- 2) LET GO: Take a strategic approach to asking what old patterns and habits you want to retire**
- 3) SHIFTS: What are we looking forward to now?**

Micro Practice

Integration of well-being into your life

When you head home / transition from zoom to home today, take a minute to arrive before you walk through the door. Set an intention for how you are showing up.

Thank you

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