

CFAS Connects: Back to School: Has Pandemic Fatigue Set In?

Thursday, September 23, 3 – 4 pm EST

Moderator: CFAS Chair-elect Adi Haramati, PhD

Panelists:

- Neil Osheroff, PhD, Professor of Medicine and John G. Coniglio Chair in Biochemistry at Vanderbilt School of Medicine
- Shirely “Lee” Eisner, PhD, Associate Professor of Cell Biology and Anatomy at SUNY Downstate Health Sciences University
- Charles Day, MD, Professor and Executive Vice Chair of Orthopedic Surgery at Wayne State University School of Medicine
- Monica Baskin, PhD, Professor of Medicine in the Division of Preventive Medicine and Vice Chair for Culture and Diversity in the Department of Medicine at the University of Alabama at Birmingham School of Medicine and Immediate Past President for the Society of Behavioral Medicine

Presentations:

- At one institution, which opened back up a year ago in May, everyone is vaccinated now which caused things to go well at first, but now with the Delta surge, weariness is setting back in again because of how things seem to be escalating by the day. Everyone was thrilled to be back in person but the delta surge is now causing a lot of stress among our students and faculty.
- Working as an internationally engaged faculty member over Zoom has resulted in Zoom meetings with people in different time zones filling up all hours of the day. The weariness is setting back in.
- Another institution went into complete lockdown in March of 2020 and has been completely changing the way its educators teach from month to month and week to week, adjusting to each new development of the pandemic. Anatomic science disciplines were among the groups that lost the largest part of space in the curriculum because of the lockdowns.
- On the bright side, there’s been a lot of productive energy that has gone into changing how we teach and coming up with new pedagogic approaches. At one institution, faculty taught in completely virtual settings and gradually transitioned to partial in person teaching, but they had to teach triple and quadruple the number of hours just to get through a class of 215 students and this was in addition to doing mentorship of students and conducting research. By July, people were completely exhausted.

- One of the speakers expressed disappointment that, in the midst of all the transitions, there hasn't been sufficient time to look at the positives and the new innovations that should be implemented back into the in person curriculum.
- One of the speakers asked participants two questions: Has the pandemic exposed and worsened an already deteriorating dialogue and collaboration between senior leadership administrators and faculty? It seems the education mission has been undervalued for some time and that the pandemic has worsened this trend. The other question was, has the pandemic exposed the increasing disparities between resource-rich and resource-poorer academic medical centers?
- One speaker's health care system had a complete shutdown aside from emergency services. Knowing that revenue, patient care, and patient volume would take a hit, the speaker began a post-COVID recovery task force.
- Patients had a much higher preference for virtual care during the pandemic, especially older patients. The health system was able to manage patient care safely by shifting some clinical sites outside of the hospital.
- One institution found that women patients were more likely to pursue virtual care post-pandemic than other patient populations. The institution also studied the outcomes of patients who had elective surgeries scheduled and cancelled because of the pandemic and whether providers were willing to take pay cuts and work overtime. The institution had to keep communicating to patients waiting for elective surgeries that they still knew about them and their needs and planned to address them. The institution was able to get the majority of its surgeons to work overtime for the rest of the year. And because of the data that they had going into the post-cancellation recovery period, the speaker's department was one of the highest OR block time distributors in its system. We have continued to have virtual patient care built into our care and we haven't shut down.
- One of the speakers was a community-engaged researcher who was trying to better understand and address health disparities, particularly as they relate to chronic conditions that the Deep South is known for. The speaker works in communities that have many of these conditions and is trying to apply behavioral intervention. She and her colleagues are experiencing serious pandemic fatigue.
- One institution is officially celebrating being "back to normal" but at the same time the delta variant is devastating its patient population and its faculty members are absolutely exhausted.
- Many employees have to play a guessing game of whether they should come to work that day or not because some daycare facilities are refusing mask mandates, and this especially burdens female faculty members.
- There's a lot of new funding available for COVID and health disparities research but a lot of programs and IRBs are short-staffed, so it's very difficult to actually get the research going. Researchers such as the speaker who do their research in the communities they live in have been particularly exhausted knowing that the disparities in COVID deaths and low vaccination rates are really reflections of systemic racism.
- Last year there was a lot of movement to become anti-racist, but those kinds of activities have not yet translated into significant advancement of diverse faculty members into leadership

positions. A silver lining is that there has been an increase in diversity in medical school and residency interviews and students and faculty members have been engaging in conversations around racism that one speaker has never heard before.

Discussion:

- It seems that students would rather stay home now that they've been given that option, so in person activities are suffering and people are trying to figure out how to boost engagement in that format without making in person attendance mandatory.
- One participant commented that it seems that student participating in in person learning formats where everyone is wearing masks are less engaged than when they're participating online, so we need to be thoughtful about what we're bringing students in for.
- Students asking questions over chat is a great new innovation and should be preserved in learning environments going forward.
- One participant queried the group, asking what kinds of wellness techniques and practices people are incorporating into their programs. One answer was not to make wellness offerings mandatory.
- In primary care, burnout has been high and persistent. Virtual primary care has exploded and caseloads have doubled because patients are asking doctors to look into so many different kinds of things over the patient portals. A large chunk of this patient care being done over the patient portals consumes doctors' evenings and weekends.
- There was discussion around how to structure virtual visits in ways that they get scheduled at times that don't interfere with personal lives.
- Staffing problems will likely persist for years, so faculty need to think about how they can refresh their own wells because of how tiring this is getting. Pandemic fatigue now looks a lot like burnout. As a community we need to say, "these are some best practices to implement wellness interventions that keep people from burning out."
- Some institutions in certain states are dealing with incredibly difficult political situations that have affected how staff members at institutions interact with each other.
- One institution had physicians who are trained in mind-body medicine lead groups where students were taught how to take care of themselves.
- It's important for students' wellness to also take care of faculty members' wellness, because unwell faculty members negatively influence students.
- Getting the message across to students that they can't isolate themselves in this environment of burnout is crucial. Sometimes it helps to just be able to talk with others about the various struggles people are facing.
- There was the comment that many faculty members perceive that wellness initiatives designed to help them are paltry and seem to solely for optical purposes.
- One of the most effective ways to help faculty feel more empowered and satisfied is involving them in improving their students' wellness.
- When faculty get burned out, it's hard to hide that from the students, and that can deter students from entering certain specialties.

- Faculty burnout from EHRs has been exacerbated by the pandemic. We need to bring faculty satisfaction back into the conversation.

Chat:

I would love to gather input on disengaged students following implementation of in-person classes

I would like to hear discussion on steps that institutions/programs are taking to promote and encourage wellness practices among their students.

In family medicine, we are seeing a TON of routine HME/WCE. It's a little frustrating because some of these folks do need to be seen in person (need a pap, imms, etc) but many do not and could be a virtual visit. We are struggling with in-person access but patients don't want virtual visits.

Would be great to hear from folks ideas on how they are working with their teams to combat the pandemic fatigue that is setting in.

Pandemic fatigue to me is a loss of patience and tolerance, kindness and encouragement within the team.

One of the problems is that no hospital or university has the stomach to shut down again. So we are all having to soldier through the issues.

Pandemic fatigue looks a lot like burnout...

I agree ... and hospitals have learned "how" to navigate around pandemic issues

Our portal messages from patients have literally doubled in the past year so our workload has gone up substantially. It can be a great way to avoid having to come in for a visit but physicians have no extra time to manage this. Patients have high expectations around rapid response.

Similar to what Monica said, we found that in our patients who had their surgeries cancelled, our Black patients were more likely to delay rescheduling of their surgeries'

For clinical trainees (i.e. residents and fellows), that completed their training in June 2021, many in the procedure specialties did not reach all of their defined (by ACGME) minimum number of procedures. Although ACGME was tolerant of lower numbers, the decreased experiences do have an effect on the competency/experience that they bring to their patients following the end of their training program.

Great point. We also found that. Focus has been COVID everywhere.

I absolutely agree. I don't think the residency competency issue has really been addressed through this pandemic ...

I agree!!! Let's do the stuff that we have to in person, but if can be done virtually, then let's do that.

We looked at this and the impact was not only on the graduating chiefs but all of the trainees. Impact is still unclear and unfortunately still evolving

I think that we need the experience of being back in person following the remote year that we have in order to step back and evaluate how create a new solution.

In many places, the current M2 students have just completely dropped out. It's somewhat concerning. How do you maintain the synchronous virtual presence when sessions are all recorded?

We see the same thing. Much of our M2 class is not attending b/c they can see the lecture later. Our lectures are recorded, not streamed, not mandatory.

If anyone needs contact information to a speaker, send me a note and I'll connect you - eweissman@aamc.org

Even before the pandemic, we had made remote learning resources (live stream and recorded video recording of lectures to students) available to students. As a result, we already had attendance issues at our lectures that have continued.

We have a mandatory wellness day for our first year class tomorrow. But it is outside and they get to do some fun stuff along with the discussions.

We are very lucky. We have a small class (96 students) and an intimate lecture setting. So if you provide high quality interactive lectures, the students show up.

We are seeing the same thing in our primary care clinics; patients prefer not to come in; they prefer not to have a virtual visit

One of the challenges we see here in Alabama is that we have a large rural population with poor broadband coverage, so many do not have full access to virtual visits or consistent use of the portal.

I think there was a lot of cheerfulness about "stepping up" at first but as we are approaching a year and a half of COVID, enthusiasm is waning.

I agree. I find that fewer ortho providers are willing to work overtime this time around ...

We also have some of that, both among our rural populations but also some of our more poor, urban populations. We are very worried what will happen when there is no more reimbursement for phone calls but patients don't have video access.

Great point - I think that concept is pervasive even beyond medicine.

Thanks for sharing that. You are not alone, even though you may feel that way sometimes.

Florida is not alone... We implemented a mandatory vaccination policy but had to rescind it recently as it was threatened to be fought in court given the states ban on vaccination passports. The decision to put the mandate into place was also prolonged due to concerns that employees would quit rather than be vaccinated. 😞

Yikes. We need universal health care vaccination so that you don't have hospitals competing for employees by advertising "no mandatory vaccination."

I saw a Washington Post article about the hospitalization and vaccination and the northeast is nice and green and the south east is purple. Very sad.

What I would like to hear from the leadership is "What can I do to help you?"

I would like to suggest that some of the burnout and pandemic fatigue that faculty are not feeling that they are not genuinely valued and appreciated.

@CFAS community has a track record of figuring out best practices in the past. Hope we can continue to identify ways to optimize faculty satisfaction!