Participating in the Webinar

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR

ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2020 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2021 for this activity.

ACG will submit MOC points on the first of each month. Please allow 3-5 business days for your MOC credit to appear on your ABIM account.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 12: Gastroparesis: Then, Now, and The Future
Henry P. Parkman, MD, FACG
June 11, 2020 at Noon EDT

Week 13: Health Maintenance for the Patient with IBD
Francis A. Farraye, MD, MSc, FACG
June 18, 2020 at Noon EDT

Visit gi.org/ACGVGR to Register
Visit gi.org/ACGVGR to Register

ONE WEEK LEFT!!
ACG 2020 ABSTRACT SUBMISSION DEADLINE
JUNE 15, 2020!

NEW!! DEADLINE: JUNE 15, 2020
11:59pm Eastern
According to ACCME guidance, because there are no current preventive or specific treatments for coronavirus infection, there are no relevant conflicts of interest for any speakers or moderators.
Practicing Gastroenterology in a World with COVID-19

Mark B. Pochapin, MD FACG
President ACG

Director, Division of Gastroenterology and Hepatology
Sholtz/Leeds Professor of Gastroenterology
Vice Chair of Clinical Affairs, Dept of Medicine
NYU Langone Health

If Coronavirus was a flower...
Main issues facing our profession

Pre-COVID

• Burnout
• Lack of meaningful engagement
• Lack of worth/value as a physician
• EMR = a billing compliance tool
• Decreasing face-face time with patients
• Declining reimbursements

Now

• Stress, Anxiety, Fear
• Disengagement from practicing gastroenterology
• Valued as a physician: Called heroes
• EMR is a telehealth tool and documentation not as tied to billing
• Markedly reduced or complete lack of revenue for 3 months
• Concern regarding financial viability

What did we learn from COVID-19?

• Gastroenterologists make great internists
• We love doing endoscopy and caring for patients with digestive disorders
• Telehealth works extraordinarily well.
• Professional societies are critically important for real-time education via webinars, virtual grand rounds, and guidelines
• PPE works
  • N95s are difficult to get and uncomfortable to wear for prolonged periods of time.
• The ethos of our profession is caring for others
Going forward, what do we want to keep?

- Telehealth
  - Reimbursed at same level as office visit
  - Mixed as a standing component of an office practice
- Rotation of staff at home to open more space for patient care
- Documentation uncoupled from billing
- Respect for the practice of medicine and being a physician
- Pride of being a doctor

The future ain’t what it used to be

- Yogi Berra
Going forward: What are our greatest sources of stress?

• The ability to cover practice expenses and keep staff employed
• Our own safety and risk of COVID exposure and spread
• Our patient’s safety and risk of COVID exposure and spread
• Convincing our physicians and staff that it is safe to return to work
• Convincing our patients that it is safe to come to the office or endoscopy unit
• Maintaining a practice while:
  • Physically distancing
  • Wearing PPE for every procedure
  • Testing patients prior to procedures
  • Checking our own temperature and assessing for symptoms daily
  • Never going to work sick

Going Forward: What must we address

• Our feelings:
  • Stress, anxiety, worries and concerns
  • It is not a weakness to look for strategies to help address stress.
  • On the contrary: It is a sign of resiliency!
• Processing our feelings now will avoid complications later such as PTSD
Do not be afraid to ask for help!
Managing Stress and Anxiety During COVID

Renee L. Williams, MD, MHPE, FACG
Associate Professor of Medicine
Program Director Gastroenterology Fellowship
NYU Grossman School of Medicine
PTSD

- Marked cognitive, affective and behavioral responses to stimuli
- Flashbacks
- Severe anxiety
- Fleeing or combative behavior
- Avoidance of experiences that elicits symptoms

Primary care PTSD screen for DSM-5 (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event? If No, screen total = 0; if Yes, continue with questions.

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?  
   YES/NO

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?  
   YES/NO

3. Been constantly on guard, watchful, or easily startled?  
   YES/NO

4. Felt numb or detached from people, activities, or your surroundings?  
   YES/NO

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  
   YES/NO

NOTE: Respondents were asked to answer “yes” or “no” to all items.


Psychological Effects of Emerging Virus Outbreaks

- Rapid review and meta-analysis to examine the psychological effects on clinicians of working to manage novel viral outbreaks
  - 25 papers on SARS, COVID, MERS and Ebola
- Greater levels of acute and post-traumatic stress
  - OR 1.17, 95% CI 1.28-2.29
- Risk factors
  - Younger age
  - Junior faculty
  - Parenting dependent children
  - Having an infected family member.


---

Psychological Effects of Emerging Virus Outbreaks

- Contributing factors
  - Longer quarantine
  - Lack of practical support
  - Stigma
- Reduced morbidity
  - Clear communication,
  - Access to adequate personal protection
  - Adequate rest
  - Practical and psychological support

### Mental Health Outcomes in COVID-19 (China)

- Survey distributed to 1257 health care workers
  - 60.8% nurses and 39.2% physicians
- Patient Health Questionnaire scores for physicians vs nurses
  - $4.0 \pm 1.0$ vs $5.0 \pm 2.0$, $p < 0.05$
- Generalized Anxiety Disorder scale score men vs women
  - $2.0 \pm 0.0$ vs $4.0 \pm 1.0$, $p < 0.001$
- Insomnia Severity Index among frontline vs second-line workers
  - $6.0 \pm 2.0$ vs $4.0 \pm 1.0$, $p < 0.001$
- Impact of Event Scale scores in Wuhan vs those in Hubei outside Wuhan and those outside Hubei
  - $21.0 \pm 8.5$ vs $18.0 \pm 6.0$, $p < 0.001$
  - $15.0 \pm 4.0$ vs $26.0 \pm 1.0$, $p < 0.001$
- Higher risk for depression, anxiety, insomnia and distress


### Mental Health Outcomes in COVID-19 (Italy)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>N=1379</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSS</td>
<td>681 (49.4%)</td>
</tr>
<tr>
<td>Depression</td>
<td>341 (24.8%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>273 (19.8%)</td>
</tr>
<tr>
<td>Insomnia</td>
<td>114 (8.27%)</td>
</tr>
<tr>
<td>High perceived stress</td>
<td>302 (21.9%)</td>
</tr>
</tbody>
</table>
Mental Health Outcomes in COVID-19 (Italy)

- 1379 healthcare workers
  - Physicians, nurses, lab technicians, physiotherapists, radiology techs
- Frontline workers had a higher association with PTSS
  - OR, 1.37; 95% CI, 1.05-1.80
- General practitioners were more likely to endorse PTSS than other HCWs
  - OR, 1.75; 95% CI, 1.03-2.08
- Nurses and health care assistants were more likely to endorse severe insomnia
  - Nurses: OR, 2.03; 95% CI, 1.14-3.59
  - Health care assistants: OR, 2.34; 95% CI, 1.06-5.18


Lessons Learned from 9/11

- Prevention
- Short term treatment needs and barriers
- Long-term health monitoring and treatment
- Vulnerable populations
- Contrasts

Psychological Outcomes and Associated Physical Symptoms

- Survey of 906 healthcare workers across 5 hospitals in Singapore and India
  - Physicians, nurses, allied healthcare workers, administrators, clerical staff and maintenance workers
- Survey included
  - Demographics
  - Symptoms in the past month
  - Medical history
  - Depression Anxiety Stress Scales (DASS-21)
  - Impact of Events Scale-Revised (IES-R)


Our study demonstrates a significant association between the prevalence of physical symptoms and psychological outcomes among healthcare workers during the COVID-19 outbreak.

We postulate that this association may be bi-directional, and that timely psychological interventions for healthcare workers with physical symptoms should be considered once an infection has been excluded.

Case Scenario

Five physicians spend 4 consecutive weeks caring for patients in the COVID ICU. The time can only be described as brutal, days are long and during this time they assisted in multiple codes and witnessed many deaths, sometimes within the same day. Additionally they contacted family members on a regular basis to give updates and at times used their personal devices to video call families with their loved ones during their final moments.

Four physicians regularly debrief with each other and form a peer support group throughout the experience.

Case Scenario cont’d and Personal Story

One physician starts to experience insomnia, he develops emotional eating and rapidly gains 15 lbs. He starts experiencing anxiety attacks with feelings of fear and palpitations. He also is constantly reading or viewing new communications and social media discussing the COVID-19 pandemic.

Even on his days off he finds himself coming into work to perform other tasks and reports feelings of demotivation. He feels constantly tired and wants to keep himself distracted to avoid disturbing thoughts. His colleagues notice the change and alert the Division Chief. His Chief refers him to a trauma psychotherapist and starts targeted therapy for PTSD.
Thank you
renee.williams@nyulangone.org

Managing Stress and Anxiety During COVID-19

Cynthia M. Stonnington, M.D.
Associate Professor of Psychiatry
Director of Learner Wellbeing, Arizona Campus
Mayo Clinic College of Medicine and Sciences
Mayo Clinic in Arizona
Where were we before COVID-19

- High levels of burnout and professional loneliness
- Excessive workloads
- Less time with patients
- Less time with colleagues
- More time with screens
- Inadequate support
- After hour work on EHR encroaching on friend and family time

Where are we now?

- Increased threat related to COVID-19 and uncertainty about the future and missing connections with support networks
- Economic hardship
- Strong need to ramp up practices
- Second victim experiences
- Recognizing the positives of decreased work loads and not having to travel, flexible schedules, virtual visits and telehealth, time with family, going for walks and bicycle rides, things we previously took for granted including collegial interactions
Threat Reactivity is Normal

- 2 mistakes
  - Thinking there is a tiger in the bushes when there isn’t one
  - Thinking there is no tiger in the bushes when there is one
- We evolved to make the 1st mistake 100 times to avoid making the 2nd response even once.
- When risks are uncertain normal false alarms abound ("smoke detector principle")
Environment X Behavior Interaction

Adapted from Martha Kent, PhD

Environment | Unpredictable, Threat | Predictable, Safe
--- | --- | ---
Stimulus Driven, Reactive | Acute, rapid, overlearned behaviors, learning is fast, constricted time, Compartmentalization, fight or flight | Pathology (stuck in the stress response) Addiction, Anxiety Disorders, PTSD, Mood Disorders
Goal Directive, Proactive, Prospective | Resilience: relationships, engagement, gratitude, acknowledge reality, optimism, empathy, pause, observe reactions, act intentionally | Learning is slow, models formulated, skills developed, growth, engagement, and relatedness

How to mitigate Stress and Anxiety, and even flourish

- Individual
- Community
- Leadership
**Trusting oneself to cope**

- *View sympathetic response as “preparing for action and rising to the challenge” (vs. “bad” )*
- Seeking comfort with others (vs. isolation)
- Taking action (vs. paralysis)
- Allowing (vs. pushing people or feelings away)
- Focusing on what is right within what is wrong
- Compassion for self and others (vs. blaming)
- Focusing on values (vs. responding out of character)

*Kelly McGonigal TED talk, “How to make stress your friend.”*
Community/Peer counseling

- Colleagues are perceived as the most valuable resource to providers after an adverse event.
- 60% of all second victims will need no more than peer support as an intervention.
- Peer support is critical in determining whether a second victim survives, thrives, or drops out.
- Encourage professional help if symptoms do not lessen within a few weeks.

Bolstering Resiliency & Well-Being: Strategies to Reactivate Your Staff and Your Practice During COVID-19

Critical Messages that Second Victims Want to Hear from their Supervisors & Peers

- Peers still have confidence in the clinical skills of the second victim.
- Peers still trust the clinician.
- Affected colleague is still a valued member of the department or work unit.
- Staff member remains a respected member of the department or work unit.

Community

- Recognition and thank you’s
- Childcare options
- Mentorship
- Supportive networks
- Telling your story, rewarding help seeking
- Warm-line
- Mental health resources

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Leadership

- Transparency, attention to patient and staff safety
- Monitoring risk, adequate supplies
- Inspiring hope for building the practice back safely (and better?)
- Encourage the “pause” and make space for building resilience
- Engaged, active listening
- Chief Wellbeing Officer (institutions)

“Although Covid-19 presents a monumental “excuse,” now is not the time to divert resources from clinician well-being or delay the establishment of new activities.”
Take home point

- Stress responses are normal
- Mitigate future risk by
  - Caring for yourself
  - Caring for each other
  - Retaining the positive lessons that have emerged from the crisis
  - Inspired leadership and attention to safety
- If symptoms persist, seek professional help
  - Evidenced-based and usually effective!

Thank you!

stonnington.cynthia@mayo
Building Resilience

Dona Locke, PhD
Professor and Division Chair of Psychology
Mayo Clinic, Arizona

Patrick E. Young, MD, FACG
Professor of Medicine
Director of the Digestive Diseases Division
Uniformed Services University in Bethesda, Maryland

No one is free who has not obtained the empire of himself.
No man is free who cannot command himself.  –Pythagoras
Bolstering Resiliency & Well-Being: Strategies to Reactivate Your Staff and Your Practice During COVID-19

Stress

Physical

Behavioral

Emotional

Cognitive


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WE LIVE IN TIMES OF GREAT UNCERTAINTY

- Job Insecurity
- Personal Health Risks
- Paycuts
- Personal Health Risks
- New Job Functions
- Homeschooling
- Scientific Unknowns
- Changes in child care
- Resource Scarcity (personal and professional)
- Isolation
- Financial viability
- Constant Empathy
- Telehealth platforms
- Family Health Risks

“Start with Why: How Great Leaders Inspire Everyone to Take Action” – Simon Sinek
Everyone has a plan until they get punched in the mouth.
– Mike Tyson
“The greatest weapon against stress is our ability to choose one thought over another.” – William James
Bolstering Resiliency & Well-Being: Strategies to Reactivate Your Staff and Your Practice During COVID-19
“Every day may not be good, but there is something good in every day.” Alice Morse Earle
How To Lead Through Challenging Times

Jonathan A. Leighton, MD, FACG
Professor of Medicine
Mayo Clinic, Arizona
“Life is what happens to you while you’re busy making other plans....”

John Lennon, “Beautiful Boy”

Roles of an Authentic Leader

• Meaningful engagement
• Connection
• Gratitude
• Recognizing stress and vulnerability
• Remember to stay grounded in the big picture

Mark Pochapin, ACG President
When Faced With A Crisis....

• Leaders are forced to think and behave differently
• Plans may evolve quickly
• And it demands an emergency response plan with the ability to adapt quickly

But Effective Leaders Must Remain Calm and Maintain Perspective

The goal is to reduce loss and keep things operating as normal as possible
What Employees Need From Leadership Right Now

• My leader has a clear plan of action
• I feel well-prepared to do my job
• My supervisor keeps me informed about what is going on
• My practice cares about my well-being
• My workplace is very effective at practicing physical distancing

Gallup Workplace, Jim Harter

Leading Through A Crisis

• Seek the best information
• Use effective communication
• Keep your staff informed
• Be present, visible and available
• Take care of yourself
• Prepare for the future

Center for Creative Leadership
Always Use The Best Information

• It is critical to use up-to-date information
• Consistency of messaging is very important
• Always stick with the facts and consult with state and local health services

“Information is the oil that greases an organization and keeps it running smoothly, and is especially true during a crisis”

Crisis Leadership, Gene Klann
Use Appropriate Communication Strategies

• Be transparent and honest
• Keep your staff informed: Identify essential information and disseminate it
• Review, repeat, reinforce
• In the case of COVID-19, face-to-face communication is difficult
  – Emails
  – Video
  – Live Remote Town Halls

Explain What You Are Doing About The Situation

• During a crisis, everything happens quickly
• If you are in charge, take charge and be proactive
• You may have to act before you have all of the information and take more risk
• Everyone should know that the situation may change quickly but you will keep them updated

And remember....No one will have a complete picture of what is going on – that is your job!
Be Visible, Be Available

• Leaders should be accessible
• Leaders should be calm, concerned and knowledgeable
• Stay in the present
  — Show respect
  — Make connections
  — Be positive

Taking Care of Yourself:
Realize You Are Not Immune

• Stay in touch
• Get accurate information but not too much
• Take a breather
• Walk it off
• Give and get support from colleagues
• Care for yourself as well as you care for others
• Get professional help if you need it
“If you want to change the world, start off by making your bed”

William McRaven, US Navy Admiral

Plan For The Future

• As the crisis transitions, plan for recovery, reactivating the practice and getting things back to normal (or the “new normal”)
• Prepare your team for a future crisis as best you can – set aside resources as needed
• Consider team-building exercises and a training program for similar events
• Take advantage of what you learned....innovate your practice!
In Closing.....

- As leaders, pay attention to your own emotions, needs and behaviors
- Be present for your staff
- Contain the crisis and regain control
- Minimize damage to your staff and your practice
- Plan for the “new normal” as quickly as possible

“Act as if what you do makes a difference. IT DOES.”

William James

Questions?

Caroll D. Koscheski, MD, FACG
Mark B. Pochapin, MD, FACG
Renee L. Williams, MD, MHPE, FACG

Cynthia M. Stonnington, MD
Patrick E. Young, MD, FACG
Dona E. Locke, PhD
Jonathan A. Leighton, MD, FACG
“Injustice anywhere is a threat to justice everywhere.”

The Reverend Dr. Martin Luther King, Jr.
“Letter from a Birmingham Jail” April 16, 1963