

# Growing Through Adversity: Transforming Medicine in the Wake of the Pandemic

ACP's Mini But Mighty Series  
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# Meet Our Lead Faculty



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# Learning Objectives

By the end of this presentations, participants will be able to:

1. Define the terms resilience and posttraumatic growth as they apply to healthcare systems
2. Discuss the domains of posttraumatic growth
3. Identify actionable skills and resources to affect systems changes in the wake of the pandemic

## Definitions: Posttraumatic Growth and Resilience

- Posttraumatic growth refers to the positive changes that occurs as a result struggling with a highly challenging life crisis.
- Resilience is the process of adapting in the face of a highly challenging life crisis.
- Each can occur at individual, group, institutional, or systems level.

# Five Domains of Individual Posttraumatic Growth

- Greater awareness and use of personal strengths
- Identification of new possibilities
- Strengthening of close relationships
- Greater appreciation of life
- Spiritual growth

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“Posttraumatic Growth: Conceptual Foundations and Empirical Evidence.”  
*Psychological Inquiry*, vol. 15, no. 1, Taylor & Francis, Ltd., 2004, pp. 1–18,

# Can Individual Posttraumatic Growth → Systems Growth?

- Greater awareness and use of personal strengths
  - Change in team roles, team dynamics
  - Better understanding of collective knowledge, skills, values, potential
- Identification of new possibilities
  - Work from home, flexible work schedules, need for childcare
- Strengthening of close relationships
  - Collaborations for DEI and well-being work
- Greater appreciation of life
  - Finding meaning in work
  - Gratitude
- Spiritual growth
  - Values alignment with institution, with colleagues
  - Focus on vision

# Strategies to Support Institutional Posttraumatic Growth

- Debrief unit by unit as well as by profession
- Catalogue what was learned and update the crisis plan for next
- Deploy an organization-wide approach for supporting the workforce after the crisis;
- Identify new needs to facilitate recovery and restoration.
- Honor the dedication, commitment and sacrifice of healthcare professionals
- Memorialize health care professionals that have been lost
- Resume efforts to attend to organizational and system factors that promote well- being and create a resilient organization

# Debrief

- By unit, by profession
  - as an integrated part of the workday
  - “strongly encouraged” as opposed to “mandated”
- Include education:
  - Reenforce that the crisis has negative and positive impacts
  - Recognize the challenge as disruption of core beliefs
  - Acknowledge some emotional distress or upset is needed to set growth in motion – and some enduring upset may be needed to enhance and maintain growth
- Use appreciative inquiry



## What is appreciative inquiry?

An approach for growing personally and professionally by focusing on:

- Strengths
- Collaboration
- Future possibilities
- Relationships

# Mini But Mighty: Appreciative Inquiry

## Mini But Mighty Skills for Well-being: Appreciate Inquiry

### Agenda

- What is Appreciative Inquiry (AI)?
- Links with coaching skills and positive psychology
- How AI is used- individuals and groups
- Step by Step process of 5-Ds.
- Using AI in your Day-to-Day



## Catalogue What Was Learned And Update The Crisis Plan For Next Crisis

- List of what changes were required
- List of what changes were implemented
- List of what worked and did not work
- List of support resources needed:
  - Orientation to area of deployment
  - Understanding of roles of different team members
  - Behavioral health resources, including peer support
- [G.R.O.S.S.](#)

# Deploy An Organization-wide Approach For Supporting The Workforce After The Crisis

- Encourage colleagues to seek help
  - Leaders share personal stories and their own vulnerabilities
  - Work on licensing laws around best-practice wording: use the [ACP toolkit](#) to help
  - Continue to provide It is important to continue to provide confidential and readily accessible emotional, psychological, mental health support for 6-12 months after the crisis has passed.
- Build a peer support program
  - AMA Steps Forward [module on peer support](#)
  - Check out PeerRx for building a buddy program – or just signing up with a partner - <https://www.peerrxmed.com/>

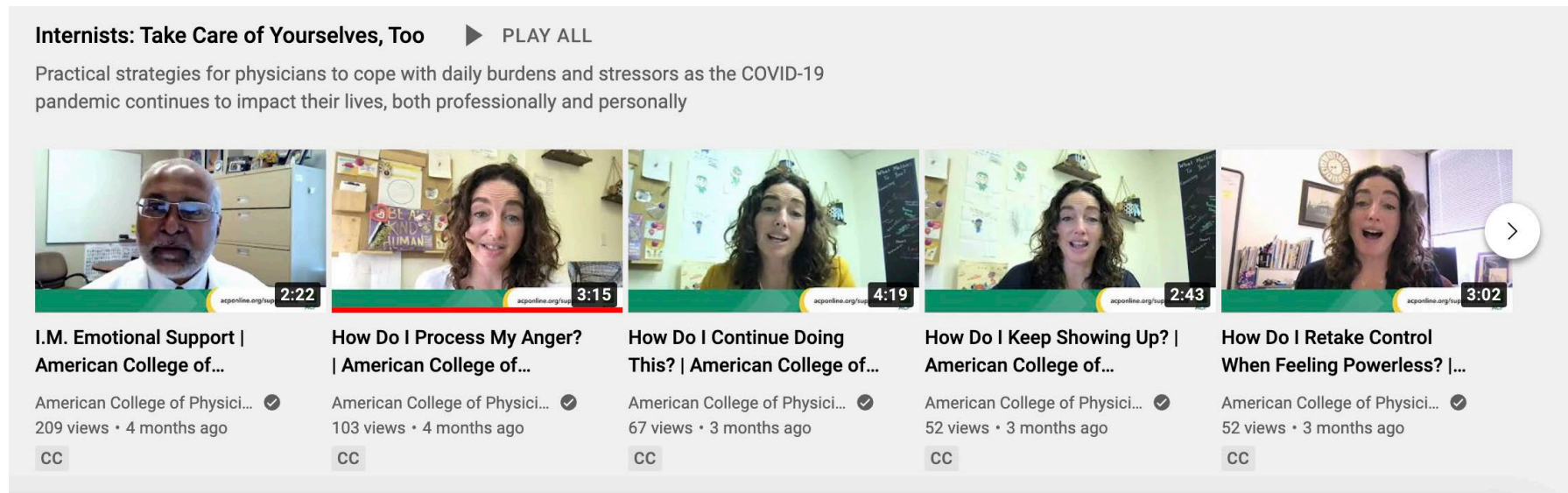
# Deploy An Organization-wide Approach For Supporting The Workforce After The Crisis

We have been in survival mode and need to transition back to “ordinary time”:

- Take breaks during work
- Take their vacation time
- Reduce frequency of meetings, e-mails, townhalls

# Identify New Needs To Facilitate Recovery And Restoration

- Emotional regulation: anger, guilt, exhaustion, fear
- Use [ACP resources](#) to help identify these needs, support colleagues, and process emotions



# Honor The Dedication, Commitment And Sacrifice Of Healthcare Professionals

- Humans learn from stories we tell ourselves and tell others
- Memorialize health care professionals that have been lost
- What is the story of the adversity and your life after
  - What has happened
  - What do you imagine will happen next
- Narrative arc: adversity → growth, a better future
- How can you find meaning in the events that have occurred?

# Honor The Dedication, Commitment And Sacrifice Of Healthcare Professionals

- Work that benefits others – often those with similar experiences, those in your community
- Includes advocacy work - [ACP Advocacy](#)
- Includes mentoring and teaching



# Resume Efforts To Attend To Organizational And System Factors That Promote Well- Being And Create A Resilient Organization



## Physician Well-being and Professional Fulfillment

Providing guidance and resources that foster communities of well-being for internists to best serve patients and optimize professional fulfillment.



### Improving the Practice and Organizational Environment

Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.



### Fostering Local Communities of Well-being

Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.



### Promoting Individual Well-being

Offering online resources and educational courses at ACP's Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.

### Trending Topics

- ★ [ACP's I.M. Emotional Support Hub](#)
- ★ [I.M. Emotional Support Video Series](#)
- NEW [Advocacy Toolkit: Revising License and Credentialing Applications to Not Ask About Mental Health](#)
- NEW [Design Your Own Well-being Program](#)
- NEW [Financial Well-being](#)
- [Resident Well-being Learning Hub](#)
- Check out [IMpower](#) for Resident Well-being Resources

<https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment>

# Resume Efforts To Attend To Organizational And System Factors That Promote Well- Being And Create A Resilient Organization

Annals of Internal Medicine

IDEAS AND OPINIONS

## Getting Through COVID-19: Keeping Clinicians in the Workforce

Eileen Barrett, MD, MPH; Susan Thompson Hingle, MD; Cynthia D. Smith, MD, and Darlyn V. Moyer, MD

**W**hile the world recognizes that the COVID-19 pandemic is not yet over, physicians and other clinicians continue to wrestle with how to provide safe, high-quality, compassionate care despite ever-changing and potentially dangerous work conditions. The risk for contracting COVID-19, the challenges of caring for medically complex patients, and a polarized political environment compound the workplace hazards and stress that threatened clinicians before the pandemic (1). As physicians, educators, peers, and friends of COVID-19 responders, we are gravely concerned about our colleagues' exhaustion, burnout, and disillusionment. In addition, as physicians experienced in advocacy for clinician well-being, we urge employers and organized medicine to take tangible steps to preserve the clinical workforce.

To keep physicians and other clinicians in the workforce, the entities that employ us must move beyond suggesting stress-reduction activities, such as yoga and meditation, to provide the tactical support clinicians need to safely care for patients and support one another. We call upon every health system, hospital, and clinical practice to adopt the following actions.

First, ensure physical safety by reducing clinicians' risk for contracting COVID-19 through vaccination mandates, policies and practices that guarantee universal masking and adequate ventilation in work areas, and access to personal protective equipment (PPE). Transparency about PPE supplies and contingency plans when there are shortages are particularly important to restore and maintain trust among clinicians who spent earlier COVID-19 waves without adequate PPE.

Second, provide practical support in the areas that clinicians identify as causing emotional stress or moral injury. Professional development should prioritize activities that help increase clinicians' confidence in managing anger, frustration, and grief when caring for patients who have chosen not to be vaccinated. Additional training should focus on addressing vaccine misinformation, holding rapid "goals-of-care" conversations, and providing care that may be outside clinicians' usual scope of practice. Training can be offered during existing team meetings and educational times, such as grand rounds. Transparency about staffing levels, medication availability, and hospital bed capacity with contingency plans during surges is a foundation of pandemic management that can decrease clinicians' moral injury.

Third, provide sufficient time during clinical encounters for members of the care team to address COVID-19 and vaccine misinformation. Taking the long view instead of focusing narrowly on productivity metrics includes recognizing that when clinicians have time to address these issues, it can help prevent additional COVID-19 infections and hasten returning to usual operations. Training and empowering all members of the care team on these topics can relieve physicians of the need to respond on their own.

Fourth, extend support to clinicians who are parents by offering flexible work schedules and support groups and advocating for policies to reduce SARS-CoV-2 transmission in school settings. Work schedules should be revised using a lens of equity, recognizing that women and those who are primary caregivers for dependents may be penalized by schedule changes that do not account for the "second shift" at home.

Fifth, reduce administrative tasks that are not mission-critical, such as lengthy online mandatory trainings that have not been shown to improve patient outcomes, burdensome promotion and tenure reporting requirements that do not allow creativity and innovation during the pandemic to count, and unnecessary meetings.

Sixth, health care institutions should adopt robust anti-discrimination and antiharassment policies to acknowledge and mitigate harm, particularly against minoritized persons (2). There should be zero tolerance for discrimination, harassment, or retaliation against those who voice concerns about patient or clinician safety.

Seventh, offer free and confidential resources to support clinicians' mental health. Easy access to crisis hotlines, counseling, and peer support groups should supplement readily available medical care appointments (3). Many of these resources already exist; it is important to make clinicians aware of them.

Eighth, update credentialing and employment applications to remove unnecessary questions about mental and physical health diagnoses that may deter care-seeking, violate the Americans With Disabilities Act, and stigmatize clinicians (4).

Ninth, actively encourage clinicians to use available vacation and professional development days to nurture a mentally healthy workplace. Leaders should role-model taking time off and setting and defending work boundaries during that time, as well as advocate that others do the same.

Finally, implement suicide prevention strategies. This includes instituting "wellness check-ins" for clinicians in hard-hit areas so that they can express concerns and receive coaching on coping skills (5). In addition, offer explicit suicide prevention programming on reducing access to lethal means (6).

Adopting these actionable steps heeds calls by the media, academia, the Joint Commission, the National Academy of Medicine, and medical professional societies to reduce barriers to clinicians' accessing care (7, 8).

### See also:

Related article

This article was published at [Annals.org](https://annals.org) on 28 September 2021.

[Annals.org](https://annals.org)

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# ACP Mini But Mighty Series: Growing Through Adversity

Thank you



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