



Managing Anxiety and Stress Virtually During Covid-19: Rural Patients and Practitioners

Rural Videoconference 2019-2020

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Presenter: Dr. Janet de Groot MD FRCPC

Moderator: Dr. David Topps ChB MRCGP

Faculty/Presenter Disclosure

Faculty

Janet de Groot

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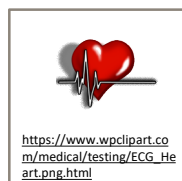
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Order an ankle x-ray if:

- Bone tenderness at A
- Bone tenderness at B
- Inability to weight bear both immediately and in the ED

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Learning Objectives

- Address virtual support and consultation for patients with anxiety and stress during isolation in COVID 19
- Apply strategies for managing healthcare providers mental wellness issues in the time of a pandemic
- Identify resources available for rural healthcare practitioners for both patients and themselves

Land Acknowledgement



- In the spirit of reconciliation, I would like to take the opportunity to acknowledge the traditional territories of the people of the Treaty 7 region in Southern Alberta which includes the Blackfoot Confederacy (Siksika, Piikani, Kainai), the Tsuut'ina, and the Stoney Nakoda Nations. The City of Calgary is also home to the Métis Nation (Region 3).



Psychological Health during Pandemics

- Psychological responses influence reactions to public health measures
- Distress before and after pandemic
 - *Cullen, Gulati, Kelly. QJM 2020*
- China(194 cities):
 - 54% moderate to severe psychological impact
 - 29% moderate to severe anxiety
 - 17% moderate to severe depression
 - *Wang, Pan, Wan, Tan, Xu, Ho, et al. Int J Environ Res Public Health 2020*
- NB: Severe Mental illness --> reduced life expectancy

General population and psychological symptoms

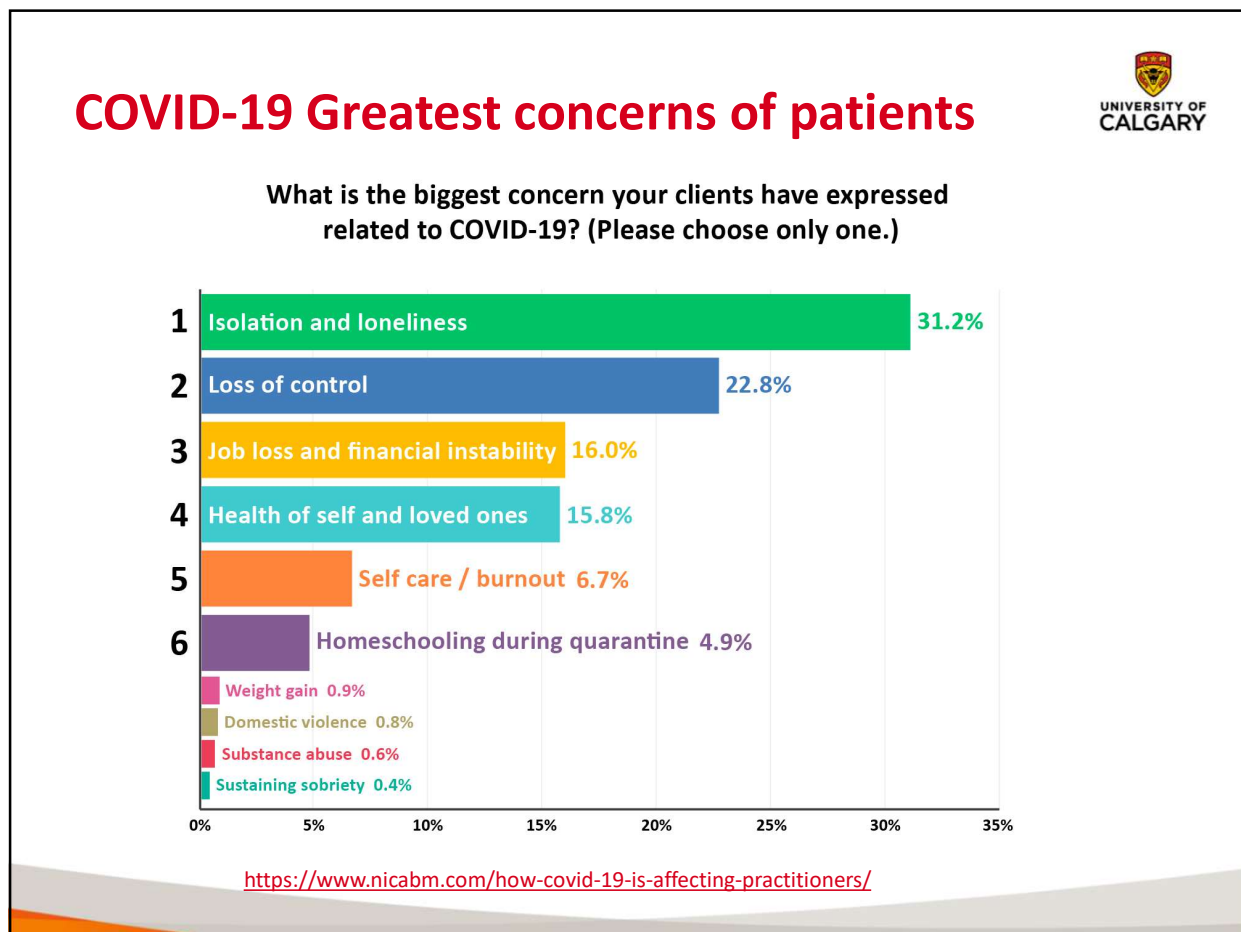


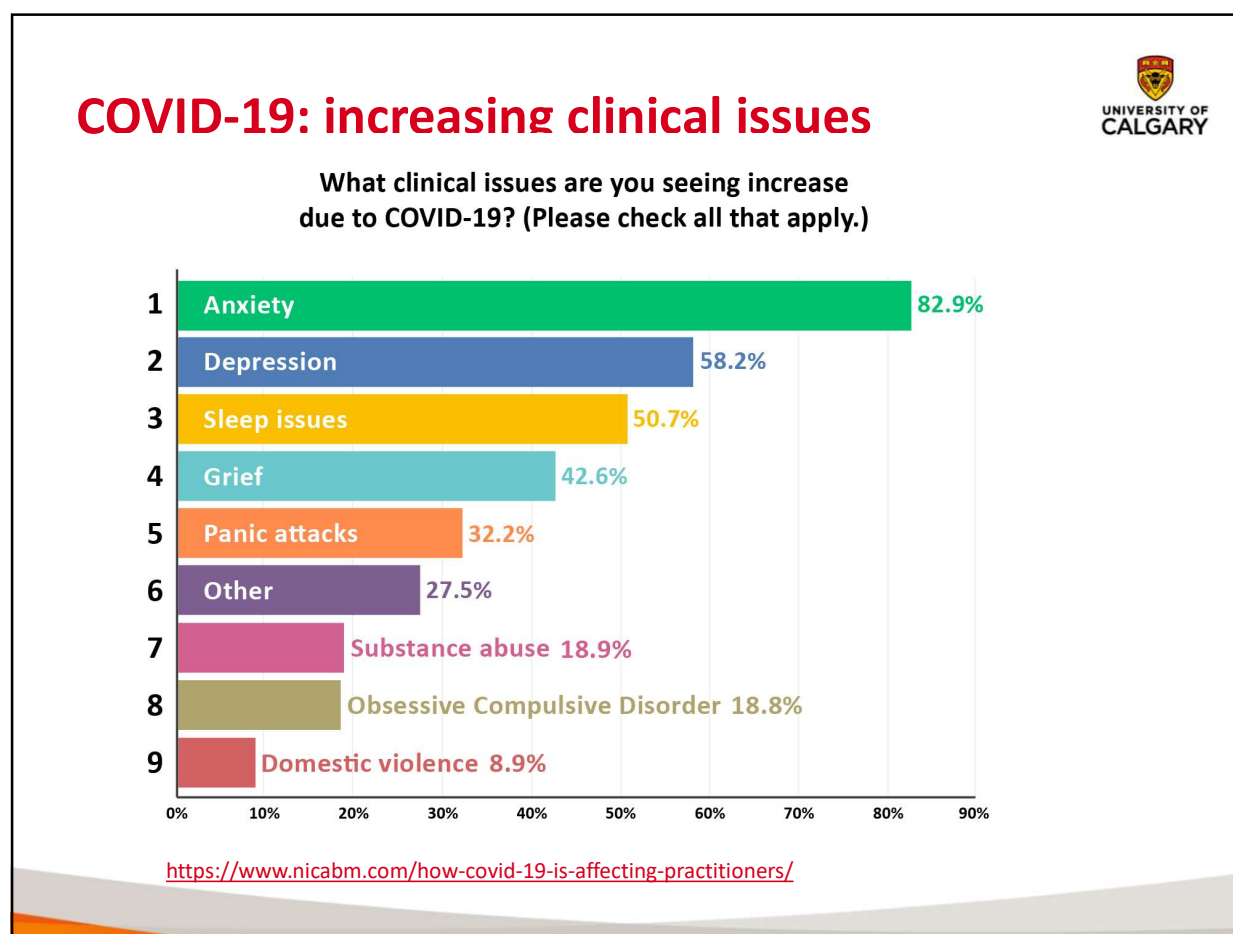
- China Gen Public: WeChat internet survey: (n ~7250)
 - 30.5% generalized anxiety disorder
 - 20% depressive symptoms
 - Greater risk if: < 35 years, \geq 3 hrs/day focusing on COVID-19
 - No difference between men and women
 - 18% insomnia: Healthcare workers (HCWs) most at risk
 - *Huang & Zhao, Psychiatry Res, 2020*
- Social isolation for 14 days
 - Higher social capital → higher sleep quality
 - Social capital mediates stress and anxiety
 - *Xiao et al, Med Sci Monitor, 2020*

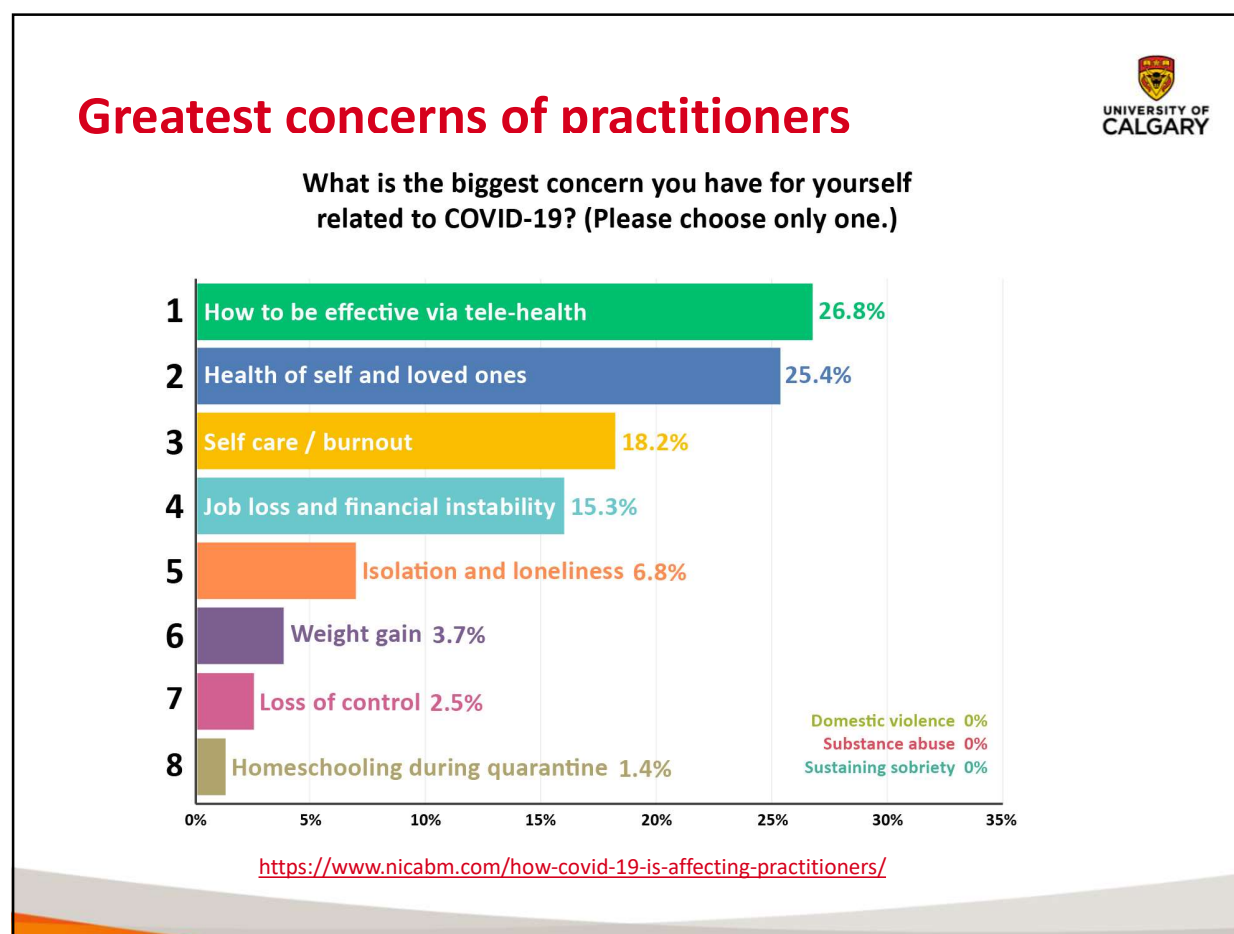
General Population and Psychological Symptoms



- Italy, mid March (n=2766)
 - 32.4% high to extremely high depression
 - Risk factors: lower education, female, unemployment, childless, know someone with COVID-19, history of trauma, medical issues
 - 18.7% high to extremely anxiety
 - Risk factors: younger, female, family member with COVID-19, history of stressful situations, medical conditions
 - 29.2% high to extremely high stress
 - Risk factors: younger, female, acquaintance with COVID-19, leaving home to work









- **Virtual healthcare definition**

- *Remote interaction between patients and/or health providers using any form of information technology to enhance healthcare.*
 - Naylor D, Fraser N, Girard F, Jenkins T, Mintz J, Power C. Unleashing Innovation: Excellent healthcare for Canadians. 2015

Virtual healthcare Evidence and Effectiveness



Evidence of effectiveness

- Therapeutic alliance – also important to medication adherence
 - Susan Simpson. Austr J Rural Health
- Online Groups
- Telehealth in Northern Saskatchewan, Nunavut, New Brunswick,

Unexpected benefits

- Enhanced show rates medically ill with psychological concerns
- Patient centred: no travel time, No parking fees, reduced wait times,
- Opportunities to see patients in their own environment
- Reduced environmental impact – no transit required



Assessing anxiety and stress

- Stressors: isolation, economic, fear of infection, home-schooling, relationships, knowing someone with COVID-19, leaving home to work
 - How is this person uniquely stressed?
 - What are their symptoms?
 - How severe are their symptoms?
 - What is their history with anxiety and stress?
 - Medical conditions
 - What type of care does this person hope for?
 - What is within your scope?



Approach to symptoms of anxiety


- Normalizing
- Consider unique factors for this individual
- Attention to safety
- Limiting digital information seeking
- Exercise/activity
- Maintaining schedules
- Sleep hygiene
- Limit substances




Resources for Patients

- Social connections – family, friends, colleagues, religious, community
- Text for Hope www.ahs.ca/text4hope To subscribe: text COVID19HOPE to 393939.
- Coronavirus Anxiety Workbook
- A COVID19 Toolkit: Taking Charge of What you can

A COVID-19 toolkit



UNIVERSITY OF
CALGARY



TAKING CHARGE OF WHAT YOU CAN:
A COVID-19 TOOLKIT

ADDICTIONS & MENTAL HEALTH

Developed by Community Addiction and Mental Health
Clinic- Sunridge, Calgary Zone

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Worksheet for routine building



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Social	ROUTINE BUILDER Brainstorm ideas for activities that will be part of your new daily routine. You might need to think outside the box. Use your creativity!	Productive
Physical	Self-Care	Pleasurable



AHS resources

- AHS Help in Tough Times webpage
www.ahs.ca/helpintoughtimes
- AHS HeartMath Transform your stress in challenging times, Public Zoom sessions, Registration:
ahs.heartmath@ahs.ca (100 persons/ session)
- AHS Taking Charge of What you can workbook
- AMH community clinics www.ahs.ca/amh
- RAAM (Rapid Action Addiction Medicine) clinic Phone:
403-367-5000



HeartMath Virtual Public Workshops: "Transform Your Stress: the Resilience Advantage - Strategies for Managing Stress in Challenging Times"

- **This interactive workshop will:**
 1. Discuss the stress response;
 2. Identify warning signs of stress;
 3. Help participants make an action plan to address their own stress;
 4. Review how emotions impact the body, brain, and overall health;
 5. Demonstrate 2 practical stress-relieving breathing techniques;
 6. Discuss how resilience can be enhanced through regular use of the breathing tools;

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Indigenous People



- Dr. Lana Potts – Medical Director, Elbow River Healing Lodge
- Isolation – meaning
- infection





Anxiety and Stress

Rural Healthcare providers

Healthcare providers: Factors affecting psychological impact related to COVID-19



- Psychological impact influenced by:
 - Uncertainty about pandemic duration
 - Providing direct care to those with COVID-19
 - vulnerability
 - Stigma or isolation due to caring for those with COVID-19
 - Vicarious trauma
 - PPE availability
 - Balancing care for others with protecting loved ones
 - Home schooling, child care
 - Racism
 - Huge influx of information and misinformation
 - Economic uncertainty
 - Virtual healthcare: Zoom fatigue

What is known about psychological impact of COVID-19



- Collective grief
 - Denial, anger, bargaining, depression, acceptance, meaning
 - Wallace E, Polichek A. Education Bulletin # Well Doc AB, 2020
- Anticipation
 - China: many research reports
 - Italy: *Season of death*: 'white coats'
 - New York City: media reports

Psychological impact of COVID-19 among health care workers (HCWs) I



- SARS
 - 89% in high risk situations had psychological symptoms
- Hospitals with fever and/or COVID-19 units
 - Distress (71.5%)
 - Depression (50.4%)
 - Anxiety (44.6%)
 - Insomnia (34%)
 - Greater risk of symptoms: front-line workers, women, secondary > tertiary hospitals; nurses > physicians
 - *Lai, Ma, Wang et al, JAMA Network Open March 23, 2020*

Psychological impact of COVID-19 among health care workers (HCWs) II



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March 24: Narrative from a NYC hospitalist resident physician



- *I've spent a lot of time washing my hands and wondering how we ended up here. Two weeks ago, I cared for my first covid patient; he had no idea how he picked it up, a hint at the magnitude of the community spread already underway. I walked home along crowded streets, wondering how many of the people I passed were incubating the virus. Tonight, I'm part of a critical care team caring for about 30 patients whose lungs and kidneys are failing, nearly all of them younger than 60. Since they're all intubated they can't tell me their stories, which is probably for the best. I can't carry 30 tragedies right now.*
- *It takes 20 seconds to wash your hands properly, which is a lot of time to think.*
 - *M Hedlin, 2020*

May 17: Narrative from a NYC hospitalist resident physician



- *Lately I've felt like we're walking in circles. Everyone is sick of the quarantine. The clinicians are sick of covid. The patients are sick, and they're not getting better, and each death feels like an echo of the one before.*
- *I wanted to talk about this because I've spent 2 months caring for a hundred voiceless patients, and the only way to convey their stories is to describe the slow burn of time.*
 - *M Hedlin, 2020*



What we need collectively

- Leadership
 - Transparent, clear communication
- Safe workplaces
- Social connections
 - In person, in clinics
 - Virtual meetings

Rural and regional Long-term care facilities with outbreaks



- JB Wood Continuing Care Centre, High Prairie
- High River Long Term Care (in High River Hospital), High River
- Agecare Sunrise Gardens, Brooks
- Outbreak declared over
 - Manior du Lac, McLellan

Zoom Drop-in Support for Workers at Supported Care Facilities



- Drop-in 4 U 2020
- Weekly Zoom Drop-In Support Tuesdays 4 pm – 5 pm beginning June 2nd
- Email: dropin4u2020@gmail.com to receive the zoom link
 - Linda Goddard MA, CNS (Alberta Mental Health Calgary zone)
 - Kathleen Ryan BSc OT (Rehab Clinical Leader AHS)
 - Ellie Stein MD FRCP(C) (Psychiatrist in community practice)
 - Karen Tanguay MD FRCP(C) (Psychiatrist in community practice)

Making mental health a priority during COVID-19

May 6, 2020 | Sinai Health System



In Mount Sinai Hospital's Emergency Department, Dr. Benjamin Rosen, Staff Psychiatrist, is answering to a new title, resiliency coach.

<https://www.sinaihealth.ca/news/making-mental-health-a-priority-during-covid-19/>

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Stress and breathing

If you feel stressed, pause and take a breath.

Breathing can help you cope with everyday stress by helping you slow down physically and mentally, bringing you back into the present moment.

Pause and take a breath using the following technique:

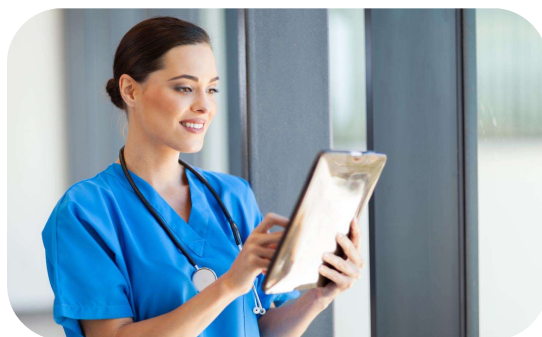
1. Take five deep breaths. Inhale through your nose and exhale out your mouth.
2. If more time allows, find a quiet space and start the below breathing exercise.
 - Inhale for a count of three. Focus on filling your lungs and belly.
 - Exhale for a count of three. Focus on exhaling the air out of your lungs.
3. Repeat this exercise by lengthening your inhale and exhale to a count of four and five until you feel calm, and then back down. Cycle through until you notice a change.

See more resources

- AHS workers: [Employee and Family Assistance Program \(EFAP\)](#) 1-877-273-3134
- Physicians: [Alberta Medical Association](#), [Canadian Medical Protective Association](#) & [Well Doc Alberta](#)
- Midwives: [Alberta Association of Midwives](#)



AHS resources




Going Home Checklist

Before your shift ends, take a moment to reflect.

- ☒ Acknowledge one thing that was difficult and let it go
- ☒ Acknowledge one thing that went well
- ☒ Be proud of the care or attention you gave today
- ☒ Ask a colleague how their shift went
- ☒ Switch your attention to going home to rest and recharge

➤ Visit [Health & Wellness](#) on Insite for more self-care resources






PHYSICIAN WELLNESS


COVID-19
LIKE TO CHAT

TOPIC #5: TIPS TO REDUCE STRESSORS ASSOCIATED WITH VIRTUAL ENCOUNTERS



COVID-19 has thrust physicians into a new model of care delivery: virtual health. While there are many advantages to providing care virtually, it is important bring awareness to the new stressors it introduces, and tips to mitigate them.

VIRTUAL OR 'ZOOM' FATIGUE



1 WHY ARE ONLINE MEETINGS MORE TIRING?


Our brains can only do so many things consciously at once. In contrast, we can process much more information unconsciously, as we do with body language. These features of virtual meetings increase our cognitive load:

- **Looking at your own face is stressful.** It is difficult not to look at your own face if you can see it on screen, and not to be conscious of how you behave in front of the camera ('performance pressure').
- **We miss out on a lot of non-verbal communication.** Seeing someone from the shoulders up, the brain is missing dozens of non-verbal cues used to paint a holistic picture of what is being conveyed and what is expected of the listener. With this impairment, an intense and sustained attention to words is required.
- **Unnatural eye contact.** Eye contact is the strongest facial cue, but 2-way eye contact is impossible. If you are looking at the person's eyes on the screen, in their view, you are looking downward. Staring into the camera risks prolonged eye contact, which can feel threatening or overly intimate.
- **Silence can be misperceived.** During in person conversations, silence creates a natural rhythm. When silence occurs in a video call, you become anxious about the technology. One study found delays of 1.2 seconds or more make people perceive the responder as less friendly/focused.
- **Multi-person view magnifies fatigue.** We would typically have the person speaking in our central vision and others in our peripheral view. 'Gallery view' forces the brain's central vision to decode many people at once.

2 ADDITIONAL STRESSORS UNIQUE TO CLINICIANS


- **Lack of non-verbal cues** may hinder patient assessment and amplify language barriers.
- **New challenges maintaining patient/provider boundaries** (meeting set up may reveal email/phone number, view reveals your home environment, children may come into view).

TIPS




3 HOW TO REDUCE VIRTUAL FATIGUE

- Use the phone when possible, and try to stagger phone/video appointments.
- Use a view so that you do not see yourself or participants other than the speaker.
- Consider using a headset and walking around while talking.
- Create a buffer/transition as you move between work and private personas (such as dressing in work clothes).
- Establish patient/provider boundaries that you are comfortable with in this new setting of care delivery (you may wish to block your personal number, set up a generic email for your clinic, use a folding screen).
- Building in breaks for washroom, nutrition/hydration and stretching or doing a bit of exercise.
- Take a moment before each new appointment to bring your focus to your surroundings (practice mindfulness).
- If there are language barriers, use an external phone line on speaker to call Language Line at 1-866-874-3972.



CONTACT: MDwellness@ahs.ca





About

Team

Resources

Podcast

Shaping the future of physician wellness, together

What is Well Doc Alberta?

Physician wellness is an important responsibility shared by individual physicians, the medical systems. Well Doc Alberta is an initiative aimed at advancing a collaborative, co-operative, par physician wellness. Our work, focused on education and prevention, is supported by the science driven by need. We work with physicians at the grassroots level and with leadership to grow culture, and achieve our vision of "Shaping the future of physician wellness, together."

Our team supports participating Physician and Non-Physician Collaborators to develop and deliver works with our Stakeholder Panel to advance physician wellness across the province.

<https://www.welldocalberta.org/about>

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Alberta Resources for Physicians (CMO updates)



- Mental Wellness Moment with Dr. Nicholas Mitchell
- Physician Wellness Zoom Rooms:
 - Mon 7-8 pm; Wed 4-5 pm
 - *June 1: Well Doc Alberta – a resource for physician wellness*
 - *June 3: “Covid-19 and the health of Alberta physicians”*
- Weekly Drop-In Mindfulness Practice and Discussion for Physicians
 - Thursdays, 7 – 8 pm

International resources for healthcare workers



Music

- Dr. Hope
- Physicians
- Narrative Medicine
- Listening Poets

20 seconds --> 20 minutes for mental health



- Grounding/Breathing exercises
- Hydrate
- Step outside
- Sing
- Music – make or listen
- Write
- Read
- Text a friend
- Your ideas!!

Thank yous



Family Medicine: David Topps, Serena Siow, Jim Dickinson

Community Mental Health: Spencer Schneider (Canmore)

Psychosocial Oncology: Natasha Price (Lethbridge)

- Calgary: Guy Pelletier, Celestina Martupollo, Dana Male, Lisa Lamont, Laura Labelle, Debra Carnat, Arrow Bigsmoke, Michael Specca, Sara Beattie
- Edmonton: Jill Turner, Jesse McFarlane

Psychiatry: Elizabeth Wallace, Eleanor Stein, Brie McLane, Rachel Grimminck, Leanne Owens,

Well Doc Alberta: Jane Lemaire, Alicia Polichuk

Zoom Room: Debrah Wirtzfeld; Jodi Ploquin; Janine Wissmer