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### Taking Care of Yourself While Taking Care of Others During COVID-19

Announcer:

Welcome to CME on ReachMD. This special activity focusing on COVID-19 is part of a special series titled *COVID-19: Clinical Considerations* provided by Prova Education.

Prior to beginning the activity, please be sure to review the faculty information as well as the Learning Objectives.

Dr. Caudle:

The burdens created by the COVID-19 pandemic are taking their toll on both the physical and mental wellbeing of our fellow healthcare providers and first responders. During extreme times of stress, sometimes we ignore our basic needs, such as nutrition, hydration, and sleep, as well as mindfulness and supporting our own mental health. This is CME on ReachMD, and I'm Dr. Jennifer Caudle.

Dr. Washington:

And I'm Dr. Nicole Washington.

Dr. Caudle:

And, together, we'll be discussing some steps that all providers and first responders can be taking today to address the stressors that are severely impacting their wellbeing. So, Dr. Washington, I'm really excited that we're having this conversation. Let's start out by bringing out that one big emotion that we all share, but may be hurrying: fear. There are many fears that providers are facing right now. Is this fear healthy? Or is it actually hurting us?

Dr. Washington:

You know, fear, to a degree, can be healthy in some ways. It reminds you that this is different and we need to be careful and that we need to take a step of care and caution above what we usually do when we practice. But a lot of our physicians and nurses and first responders, this fear is becoming to be problematic. You know, these first responders are dealing with the concerns of, 'I'm going into work every day and I am possibly going to get this illness, and then I don't know what's going to happen to me.' They're concerned about getting a loved one sick. Maybe they have elderly parents who live with them or they have a loved one who has a weakened immune system for some reason, or one of these conditions that we know sets a person up to have a rougher course with this illness. That's a really tough thing to have to deal with. They're having to make decisions about which patients get which care, and these are decisions that these physicians are not used to making and have not had to make in the past. And then, let's face it, doctors are perfectionists; we want control and we want to control the situation, and the ability just to know that we may not get it right and that if we make a decision that isn't right, there may be really negative consequences for someone. One of the things I'm hearing in groups that I'm in, and there's a million groups and everybody's talking about it, but I'm seeing doctors working on their wills right now, and talking about working on their wills because they are afraid that they may not make it out of this pandemic alive. And I think it's just important for those doctors and nurses and the first responders to remember that it's okay if you're afraid, because everybody's afraid right now. Everybody might not be showing it, but everybody's afraid. You know, and not being fearful to just say, 'Hey, I'm not okay right now.'

Dr. Caudle:

I think those are really good points. And I think that's a really important point that you make about it's okay to not be okay, and it's okay to

be fearful.

For those of you who are just tuning in, you're listening to CME on ReachMD. I'm Dr. Jennifer Caudle, and I'm joined by Dr. Nicole Washington, and together we're discussing ways that healthcare providers and first responders can take care of their own physical and mental wellbeing while taking care of patients during this COVID-19 pandemic. So Dr. Washington, these stressors are powerful and they're severely impacting our wellbeing. You know, what do you recommend and how can we help ourselves while we are overwhelmed taking care of others?

Dr. Washington:

I definitely do believe that the things that we typically use when we are stressed are things that we can continue to use, and are things that a lot of people feel that they just can't; 'I don't have time to exercise, I don't have time to check in with family, I don't have time.' And I think that in times of stress, that's when those people need that the most, and it's just very difficult for them to see. So, I definitely recommend people draw into whatever your normal coping strategies are, and that those things can continue to be helpful for you, and you have to find time to incorporate them in. Now, you may not be able to incorporate them in as long as you typically do, but there's no reason that we can't find about 10, 15 minutes at night to check in with, you know, your mom who's in another state or, you know, a friend just to ground yourself; just to do something non-COVID related, just to catch up. There's no reason you can't do a 15-minute exercise because those things can be extremely helpful. And the great thing about exercise, and I think the great thing that we're learning now, you can do these things anywhere. Everybody's exercising everywhere; home, out in their front yard, in the parking lot at the hospital. There are 50,000 workouts it seems online, and most of the gyms and fitness organizations are putting content out almost daily it seems just to try to get people to move and be active while they're at home practicing their own version of physical distancing. Other things that can be done are relaxation exercises. Deep breathing, mindfulness is huge right now. And it's not difficult to do a mindfulness meditation, even in the midst of a loud hospital, even in the midst of you're at home and your kids are yelling in another room and it's not quiet. Those are things that can be done, and there's a million resources out there to help you figure out how to do that. One of the things that I have found helpful because I'm typically in loud surroundings, I travel, and so being in a hotel or, you know, at home with the kids, is just going to wherever your space is, even in a busy, loud hospital, and setting a timer for five minutes if you have it, three if you don't, and just listening, and just being mindful of all the sounds around you. And I find that to be extremely helpful because it reminds me that I am just a piece of this thing – that even when I'm not actively involved in all the things going on around me, they're still going on. I'm just a piece of it. I can't make anything happen. I'm a piece of this puzzle, and that I have to know that I'm just a piece in it, in a way, takes some of the pressure off of feeling like you have to be the one to fix everything and you have to be the one in control. So that's just a very helpful thing. Some of the physicians that I am speaking to who are having, I guess kind of the best attitude about all this, are the ones who've continued to do those things that make them happy and give them relief, even through this. So, the ones who are still working out and still trying to follow a healthy diet and still trying their best to sleep, you know, eight hours a night, and be involved and active with their families, even if they have to be physically separate from them, are the ones that seem to be having a better go at everything that's going on.

Dr. Caudle:

That's so interesting. I often find it difficult to meditate or to find a space of mindfulness, but I liked your suggestion of kind of setting a timer and just sort of sitting and being and listening to the sounds around. You know, that feels like a very nonintimidating way to approach this, so I appreciate that. You know, between the stress, the lack of taking care of yourself physically and mentally, what signs should we be looking for to know when the stress has really crossed over into something that needs to be addressed further?

Dr. Washington:

If you are someone who finds that you are different. And I say different a lot of times if someone around you may be the ones to say, 'You know, you're different.' If that different looks like you're more irritable, if it looks like you're not sleeping very well, if you are more emotional, tearful, and you feel like it's interfering with your functioning, I definitely would consider talking to a therapist, talking to a peer even, because a lot of times in medicine we have just been taught that we don't talk about when the times are hard and we don't share our fears and concerns that we're dealing with in medicine. And now is just not that time. I think it's important that we talk to each other about, 'Hey, how are you doing? You know, yesterday I had to not put somebody on a vent because I needed to put somebody else on a vent, and that was really hard for me.' And I think a lot of our peers are dealing with that right now, but we have been taught for so many years that you just kind of suck it up and deal with it, and now is just not that time. And if that isn't enough, then you consider a counselor. There are crisis hotlines out there for physicians who are dealing with stress and anxiety and mood fluctuations and everything because of everything they're dealing with, and those are available almost 24 hours, not quite, but for a majority of the day. And then there's also psychiatrists that, you know, if you feel like where you're to the point of medication. And, you know, if you're not sleeping at all and you've tried all of the more natural behavioral things, I would recommend you see someone, because all of the stress that you're dealing with and then not sleeping on top of that is just going to make everything worse. So I think if you are dealing with, you

know, some symptoms that are concerning and then they start to interfere with your functioning when you're on the job, then it's definitely time to think about talking to somebody.

Dr. Caudle:

You know, Dr. Washington, you've given us a lot of help and ideas about where we can go to seek help as healthcare providers. What are some of the resources we might be able to use outside of counseling that could be helpful for us?

Dr. Washington:

Well, for starters, there is a physician support line that was started by a group of volunteer psychiatrists who felt like, you know, we wanted to help our peers, but we're not the ones in the ERs and the ICUs and in the hospitals. And this is a 100% volunteer effort of psychiatrists all across the country. And this support line is accessible by your phone or computer, and it's available from 8 AM to 12 AM Eastern, seven days a week. And it's on a video platform, docsee.me, and you can go and there is someone there. And if you just need to drop in and chat, that person is there for support. And it's not treatment, it's not therapy; it's just literally dropping in, checking in, let me know you're okay, hear a voice – a kind voice. And there is also a group of psychiatrists across the country who have offered their services if someone feels like they need to see a psychiatrist and they feel like this is taking a step further. The physician is not dedicating themselves to long-term psychiatric treatment. This may be something that they just need for a brief period of time to help them get through this particular phase. And that website for that information is [physicianmentalhealth.com](http://physicianmentalhealth.com). And like I said, that's a list of psychiatrists who, in multiple states, most all that we have listed that can do telepsychiatry right now for their peers. And many of those physicians have said, you know, they're willing to work these doctors in quickly and try to get them the help that they need to be able to get better and to be able to handle this unprecedented stressor that everybody's dealing with.

Dr. Caudle:

Absolutely. That's right. Dr. Washington, you are a psychiatrist who specializes in seeing physicians. Am I correct in that?

Dr. Washington:

Yes. Yes.

Dr. Caudle:

Are you finding an uptick in patients in your own practice because of COVID-19 and what's happening around us?

Dr. Washington:

Yes. Absolutely. People are contacting me, asking if I know someone they can see. I'm seeing new patients this week and last week and the week before. People are really struggling with how to handle all of this. And the overarching thing for a lot of them is, 'I kind of needed to see you before, but now I know I really need to see you.' And so what I think is happening is a lot of times we, as physicians, put our own health to the back burner because we're so busy taking care of everybody else. And when something like this comes up, it just makes it so where we can't do that anymore.

Dr. Caudle:

Hmm, yeah. It's a very helpful point. And thank you for sharing your experiences. And also I think that, you know, by your presence, as a psychiatrist who specializes in healthcare workers, you know, that alone almost maybe gives us permission to seek out care. So, you know, unfortunately, Dr. Washington, this is all the time that we have for today. I want to thank our audience for their participation, but I'd really like to thank you, Dr. Nicole Washington, for joining me and for sharing all of your valuable insights. It was really great speaking with you today. Thank you so much.

Dr. Washington:

And thank you for having me.

Announcer:

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