ID Fellow COVID Wellness Session #1 – Starting a Conversation

I am reminded of an image that one of my cousins—a woman who lost her husband to a swift and brutal cancer last year—suggested to me recently over email: that living with a terminal illness is like walking on a tightrope over an insanely scary abyss. But that living without disease is also like walking on a tightrope over an insanely scary abyss, only with some fog or cloud cover obscuring the depths a bit more—sometimes the wind blowing it off a little, sometimes a nice dense cover.

Nina Riggs – “The Bright Hour”

We opened the session with this quote from Nina Riggs and how it makes us think about our own risk of illness. We see a lot of pain and suffering as doctors and we learn ways to protect ourselves from identifying too closely with the patient before us. It’s how we save ourselves. If we too deeply jump into their skin, it can become harder to get through each day, to think objectively and scientifically. But COVID has changed all that. Unless your barriers are super human it has become impossible not to identify closely with those suffering and dying patients—we could all be them. And, as we watch healthcare worker colleagues become infected and sick around us, we cannot help but identify, feel exposed, feel vulnerable. And these are difficult feelings to carry while we are also asked to work as hard as we can—to immerse ourselves in the care of these patients—to save as many lives as we can.

Basic structure of the session – We asked fellow participants to:

1) **Contribute one of the most ridiculous or funny things you’ve witnessed or experienced during this pandemic (examples below)**
   - *Complete horror when my nose runs or I feel a scratch in my throat* – horror wrapped up in shame that I might be infected, in the worry I am letting my colleagues down— I will have to take the walk of shame to line up to be tested by EOHS and have a swab jammed into my midbrain
   - *Getting pushed in the supermarket b/c and elderly woman in a mask and gloves apparently thought I was too close to her*
   - *Watching my partner work from home and hold meetings in his bathrobe and slippers*
   - *Trying to help my parents understand they shouldn’t be golfing or getting on a plane to travel right now*

2) **Contribute one of the most affecting, hardest things you’ve witnessed or experienced during this pandemic (examples below)**
   - *Worrying about my loved ones* – those who may be far away in areas with less access to healthcare, loved ones who are also healthcare providers, older at risk relatives
   - *Having to be the person your whole family looks to for information and reassurance about this—feeling like we have to be strong for them even if we feel scared*
   - *Feeling scared that my training is going to be done soon and then I will be the one with the responsibility to care for these patients in a new place*
3) **Contribute one of the silver linings or inspirational moments you’ve witnessed or experienced during this pandemic (examples below)**

   - Feeling strong loyalty to my ID, critical care, medicine and ED colleagues—to not let them down, to work side by side with them and inspire each other, draw courage from each other
   - Feeling lucky to train/work at a medical center where research efforts are so strong and organized that we have access to experimental therapies for our patients
   - Feeling even more collegiality with providers across all specialties—kind, supportive, respectful interactions - we all seem more grateful for each other’s work, we are all in this together
   - Seeing fellows and faculty all leap forward to help each other fill scheduling gaps, jeopardy coverage, work on newly created services to care for the enormous COVID volume

4) **Wrap up**

   - Asked about final thoughts or comments people wanted to share
   - Expressed gratitude to the fellows for all their amazing work and selflessness during this time and reminded them of supports they can and should seek out if they are feeling sad or overwhelmed (program leadership, peer support, counseling opportunities for trainees) and how to access these resources

**Things learned** –

   - Be ready and receptive to emotion. Be supportive and encouraging- give emotion space and identify with it as another human being and provider. Don’t let discomfort with emotion shut down opportunities for people to share how this feels. You will gain insights into who may be struggling more or less at any given time and you can follow up on these trainees.
   - Zoom has some limitations for sessions like these – those online from home were far less participatory than those present in the room (in future sessions we asked all participants outside the room to be on their device videos so we could see them and they could see us.)