INNOVATIONS REPORT

A novel wellness intervention: A virtual hangout from coast to coast using video conferencing platforms to increase physician wellness during the COVID-19 pandemic

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Abstract
Within the context of the evolving SARS-CoV-2 pandemic, we sought to design a project to increase social connectivity among emergency medicine physicians with ties to Vanderbilt University Medical Center. Our project aimed to promote physician wellness through fostering and maintaining community at one large academic institution.

NEED FOR INNOVATION

The COVID-19 pandemic rapidly changed the way we interact and network, both on a personal and on a professional level. Plans, vacations, and elective surgeries were quickly canceled in the wake of this global pandemic and the term lockdown joined the American lexicon. As frontline health care workers in a pandemic, we are facing unprecedented times of uncertainty and distress. This article will discuss one way in which we adapted to meet the needs of our academic emergency department (ED) to face the new hazards and challenges brought to frontline workers everywhere.

BACKGROUND

In the setting of the COVID-19 pandemic, emergency physicians are taking great personal risk, in some cases to the extreme of hazard and self-sacrifice. There are many EDs with shortages of personal protective equipment and daily updates of ED protocols. When health care workers are quarantined, there are added stressors of staff shortages within the hospital. This potential leads to what some have called pathological altruism, in which a physician working long hours with good intention may cause negative consequences to herself and her patients. In the available research on past quarantine events, there was demonstration of long-term negative psychological effects for health care workers. For instance, health care workers’ experience separation from loved ones, concern for contamination and infection of family members, anxiety-induced insomnia, reluctance to return to work, and continued avoidance behaviors after quarantine periods have ended. These are just a few of the many stressors that emergency physicians are encountering, and new challenges continue to evolve as the pandemic progresses. Early research from the current COVID-19 pandemic reflects these previous findings, demonstrating high levels of psychological burden among health...
care providers. As the number of COVID-19-infected patients increases and institutions reach maximum capacity, physician welfare may be further compromised.

OBJECTIVE OF INNOVATION

Therefore, our objective was to quickly implement interventions that may increase physician well-being. We identified the biggest need in the face of this uncertainty to be peer support. Our peers in emergency medicine understand the hectic workload and the rewards and burdens of our profession we experience as well as the social isolation created by the wake of this pandemic.

DEVELOPMENT PROCESS

Within the context of the evolving COVID-19 pandemic, we sought to design a project to increase social connectivity among emergency medicine physicians with ties to Vanderbilt University Medical Center. Our project aimed to promote physician wellness through fostering and maintaining community at one large academic institution. As we transitioned to video conferencing software for resident didactics, we recognized its utility as a social meeting space. Weekly, we sent out an invitation to faculty, residents, and alumni to join a virtual video conference room in the evening. We used Zoom Video Communications software because this was the platform that our institution chose for virtual education and was easily accessible by our residents, faculty, and alumni. A physician leader of the Faculty Wellness Committee would select appropriate times and dates and email these out to resident physicians, advanced practice providers, faculty, and alumni. Those who wanted to participate were able to do so from home or while on shift during spare moments between patients.

Implementation Phase

Given the desire to implement the project to quickly meet the needs of our physicians, we tracked participation as a measurement of its success. We had a total of seven sessions that ranged from 52 minutes to 173 minutes based on the natural flow of the meetings because there were no prescribed end times. We hosted these meetings early in the pandemic, from March to the end of May.

Outcomes

This simple intervention proved to be a powerful way to bring residents and faculty together, in addition to looping in alumni from all over the country. A physician from the Faculty Wellness Committee served as the host for the event to guide discussion and provide conversation prompts when needed. Participation ranged from 11 to 40 medical providers during these sessions, with an average session length of 84 minutes. We had participants from locations across the country including Alaska, Utah, Tennessee, Pennsylvania, North Carolina, and Massachusetts. We had conversations ranging from those that are light-hearted and comedic to those that have brought tears. By engaging with alumni, we learned more about how COVID-19 is affecting different areas of the country, gleaning information from physicians in hot spots who have learned from experience. In addition to medical information, we also bonded over tips on other topics ranging from homeschooling challenges to caring for our canine companions.

REFLECTIVE DISCUSSION

Interventions to improve the psychological well-being of our health care workforce are essential, though often difficult to conceive and implement in a meaningful way. The simplicity of this project grants its power. Given that there is little cost to participate, no need for advanced planning, and no travel time needed, this intervention could be easily reproduced over many institutions. Quick implementation at the beginning of the pandemic proved to be a very welcome venue for people to connect with others when social isolation was a new reality for many health care providers.

LIMITATIONS

Limitations for this intervention include institutional access to and the cost of a virtual platform to host large meetings as well as time zone limitations. Given that this was quickly created and implemented, we did not collect specific data regarding its effectiveness beyond participation numbers and qualitative statements from participants, which limits our ability to state whether well-being was improved in a quantitative manner.

CONCLUSIONS

We learned many valuable lessons from implementation of this intervention, including the value of peer support to combat physician isolation and distress as well as the value of utilization of online platforms to allow for greater alumni inclusion. By creating virtual spaces for physicians to meet while facing this pandemic, we hope that we will continue to foster the feeling of solidarity among physicians within our institution’s walls and throughout the country. No health care worker should feel like they are facing this alone.

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REFERENCES

1. Wong AM. Beyond burnout: looking deeply into physician distress. *Can J Ophthalmol.* 2020;55(3):7-16.

2. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. SSRN 2020.

3. Azoulay E, Cariou A, Bruneel F, et al. Symptoms of anxiety, depression, and peritraumatic dissociation in critical care clinicians managing patients with COVID-19. A cross-sectional study. *Am J Respir Crit Care Med.* 2020;202(10):1388-1398.

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