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"The Value and Purpose of
Risk Management"

"Someone filed a complaint
against me - Now what?
A Peek Behind the Curtain"

"Washington's New
Physician Assistant Practice
Laws to Take Effect in July"

"Tapering Long-Term
Opioids"





Local Researchers ATTEND to Physicians Suffering on the Front Lines of COVID-19

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In a recent article in the [New York Times](#), deeply personal stories and emerging data illustrate the accumulating emotional and moral burden of COVID-19 on our health care workforce. These stories underscore concerns about the sustainability of our workforce in the face of COVID-19 as well as opportunities to reform the practice environment within this crucible of disruptive change. Unfortunately, aside from anecdotal data and common sense, there is little longitudinal data available to guide interventions to support the workforce both immediately and in the longer term. Experience with combat Veterans tells us that health care workers not only have immediate battlefield needs for protection, rest, and recuperation but are also at risk for delayed, stress- and trauma-related illnesses. Sometimes it is only in the aftermath of battle that the hidden wounds are revealed.

Rebecca Hendrickson, MD, PhD and colleagues at the VA Puget Sound Health Care System and Northwest Mental Illness Research Education and Clinical Center ([MIRECC](#)) are using their expertise on the psychological impact of trauma in Veterans, to study the impact of the pandemic on front-line health care workers (HCW) and first responders (FR). To do this, Hendrickson and her team launched the [ATTEND Study for Health Care Workers and First Responders](#), a nationwide observational study back in April of 2020. So far, they have enrolled over 400 participants who receive baseline assessments and follow-up surveys at three, six and nine months. [Initial results](#) of the study, available in preprint, confirm a dose-response relationship between COVID-19-related workplace stressors and the development of psychiatric symptoms. The study also points to targets for intervention to reduce the psychological impact of the pandemic on the health care workforce.¹ Key insights emerging from their data include:

Systemic demoralization appears to correlate most strongly with the development of depression and post-traumatic stress disorder (PTSD) symptoms. In fact, demoralization was a more potent driver of adverse mental health outcomes than care volume/overwhelm, fears about getting or transmitting COVID-19, or having experienced personal losses from COVID-19, though all had a negative impact on well-being. Inability to provide quality health care for all of one's patients, being asked or expected to take unnecessary personal risks to care for

patients, lack of workplace support, providing futile care, and lack of personal protective equipment (PPE) were also listed as demoralizers identified in factor analysis. Demoralization as a key risk factor for the COVID-19 workforce is an important finding because it is also a risk for professional burnout. Strategies that promote autonomy, competence, and interconnectedness (the three pillars of intrinsic motivation) may, therefore, play a dual role in protecting against burnout and pandemic-related psychiatric illness.²

Thoughts of suicide or self-harm are prominent among front line HCWs and FRs with a staggering 19% of FRs and 12% of HCWs reporting thoughts of suicide or self-harm (compared to 3-4% prevalence of such thoughts in the general population). These findings confirm and validate the need for continued momentum in physician suicide prevention efforts and expansion to include other health and human service professionals such as nurses, respiratory therapists, firefighters, paramedics, and police officers. The [Dr. Lorna Breen Heroes Foundation](#), [Dr. Lorna Breen Health Care Provider Protection Act](#), [Physician Support Line](#), [Therapy Aid Coalition](#), [Emotional PPE Project](#), [AMA Steps Forward](#), [American Foundation for Suicide Prevention](#), and [National Academy of Medicine](#) are just a few of the initiatives and organizations committed to reducing barriers to help-seeking and mitigating risk of suicide for health care workers. You can find these and other supports on [WPHP's Crisis Resource webpage](#).

PTSD symptoms, especially intrusive and hyperarousal symptoms, may suggest a more sustained or chronic course of psychological dysfunction. Physicians and other HCWs should be alert to these symptoms in themselves, their colleagues, or those they treat. In general, studies suggest that HCWs are most likely to manage COVID-19-related stressors through informal strategies such as peer-support, family and friends, or healthy coping such as exercise, humor, and leisure activities.³ However, recurrent nightmares, intrusive recollections of care-related trauma, insomnia, anger/irritability, feeling keyed-up or on edge with an exaggerated startle response may be clues that more formal treatment is needed.

Psychological distress, especially PTSD symptoms, makes it harder to work and may increase egress from the profession. About one in five HCWs reported difficulty completing usual work tasks or work that was important to them. The same proportion said that COVID-19 work experiences significantly decreased the likelihood that they would continue working in their field.

Dr. Hendrickson's research portrays a sobering picture of the state of the health care workforce one year into the COVID-19 pandemic and points to realistic and attainable goals to help sustain it going forward. And, while the incidence of new COVID-19 infections seems to be attenuated for the moment, we are now faced with the daunting task of rapidly vaccinating an entire nation. The toll COVID-19 has taken on the U.S. health care system will not evaporate with a turn of the calendar page, a new political administration, or the hope of mass vaccinations. It is sadly ironic that the real danger to our health care infrastructure may be in front of us, not behind. I am confident that we cannot tackle tomorrow's problems with yesterday's solutions. However, I am inspired by the work of Dr. Hendrickson, her research team, and others like her, who are doing what they can to build tomorrow's solutions, make a difference, and bring some good to the world.

The ATTEND study continues to enroll study participants. Perhaps we can support this work and each other by helping get the word out.

For more information about the ATTEND study:

- [Link to survey](#)
- [Link to study Facebook page](#)
- Email: Rebecca.Hendrickson@va.gov

References:

1. Hendrickson RC, Slevin RA, Chang BP, Sano E, McCall C, Raskind MA. The impact of working during the COVID-19 pandemic on health care workers and first responders: mental health, function, and professional retention. *medRxiv*. 2020:2020.12.16.20248325. doi:10.1101/2020.12.16.20248325
2. Hartzband P, Groopman J. Physician Burnout, Interrupted. *New England Journal of Medicine*. 2020;doi:10.1056/NEJMp2003149
3. Muller AE, Hafstad EV, Himmels JPW, et al. The mental health impact of the COVID-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review. *Psychiatry Res*. Nov 2020;293:113441. doi:10.1016/j.psychres.2020.113441

Licensing Updates

We have recently provided webinars and information sessions regarding our licensing process and updates. You can view the '5 ways to save time when applying for your WA state MD/PA license' and 'You've graduated medical school! Now what?' recordings on our website. On our April 14th Coffee with the Commission, we will be discussing common mistakes when applying for an MD and PA license.

Here is some important information to keep in mind as you navigate your way through the licensing process.

- We are entering our busy season, please have a bit more patience with us as we process our influx of applications.
- We do not require transcripts at the time of application. Please wait for a licensing specialist to contact you before sending us transcripts.
- We have removed many personal data questions from the initial application. We hope this makes your application experience easier to navigate.
- We will no longer be sending paper verifications to domestic programs and entities. Learn how to use the self-serve portal here.
- We send your renewal notice to the contact information we have on file 90 days before expiration. If you have not updated your contact information since your last renewal, now might be a good time to do so. That can be completed on the self-service portal.