

Experience from COVID – How to Prepare Non ICU Fellows for the ICU and Other Boot Camp Strategies

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All moderators have no financial disclosures relevant to this discussion



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Learning Objectives for this Session

At the end of the session, learners will be able to:

1. Discuss methods to prepare non-critical care anesthesia fellows for the ICU service
2. Explain alternative teaching ideas for each anesthesia sub-specialty fellowship program
3. Discuss methods to support mental and physical health and mitigate fatigue

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Session Structure and Expectations

- Introduction of Moderators
- Structure of the Session
 - Breakout 1
 - Breakout 2
 - Breakout 3
 - Wrap Up
- We will use Padlet for the collection of ideas/responses from your individual groups
- We encourage active participation in the small breakout groups

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Preparation for the ICU

Erin Hennessey, MD



- What strategies worked well to prepare fellows for a new-ICU environment?
- What educational tools did your program implement to educate fellows on ICU policies and protocols?
- Did your fellowship assign specific roles to non-ICU fellows (airway teams, lines, etc) and how did you prepare fellows for these teams?

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ICU Preparation Discussion Ideas

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ICU Preparation: Panel Experience

- Evenly distribute ICU skill base amongst units
- Supervision tiers that maximize intensivist oversight and critical care fellow deployment, which supports non-ICU trainees and faculty.
- Review processes with each team given different experience level
- Role of "resident fellow" for senior residents in novel ICUs (OR-ICUs, PACU-ICUs) where anesthesia machines may be utilized as ventilators.
- Provide support for health care providers practicing outside their normal care- address the fear of of being able to provide good quality of care. Leadership (PD) touch base frequently.
- Brief daily virtual ICU educational group sessions for all levels of ICU team, Transition of other education efforts to electronic platforms to reach all trainees regardless of location/schedule.
- Remote tele-health attending to answer questions regarding COVID-ICU policies/protocols
- Have current CCM fellows create a "How-To" Manual for your institution that is readily accessible (wiki page, QR codes in units to scan to the document)

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Education Innovations

Jennie Ngai, MD



- What are some ideas to have active and engaged participants during your virtual didactic sessions?
- What are some ideas to incorporate teaching of physical skills to fellows?

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Education Innovation Discussion Ideas

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Education Innovations: Panel Experience

- Questions: during the lecture, ask questions, starting from general knowledge in the beginning, to more complex questions in the middle, then specific questions at the end of the lecture.
- Pro/con: for a particular topic, ask the learners to list pro and con of management.
- Guided analysis: analyzing a document or problem in real time with the fellows so they can observe attending's analytical skill, making clear the procedures used to reach assertions, using visual aids and supplemental material as necessary.
- Case study: picking a clinical scenario and going through assessment and treatment options
- Role play: each fellow actively plays a role. Can be used to teach patient interviews, to deliver bad news / patient death to family, to teach professional behavior, to handle conflict resolution.
- Simulator Sessions: in small groups for teaching of physical skills, using demonstration videos as supplemental material
- Resident led, faculty moderated didactic sessions presenting relevant ICU topics and emerging COVID literature, ensuring immediately useful topics discussed in a timely manner.
- Virtual didactic sessions can be recorded to maximize outreach to all trainees, regardless of location or shift schedule. Utilizing electronic platforms like slack to push out educational information.
- Utilization of "side-lined" staff as content creators and content "grabbers" so as not to duplicate effort or reinvent the wheel
- Reaching out to commercial entities for help
- Use of poll-everywhere or polling feature on zoom to keep fellows engaged in the online-lecture
- Faculty presence at online learning synchronous sessions to encourage engagement and facilitate discussion

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Fatigue Management and Wellness

Shanna Hill, MD



- What can you do to help mitigate physical fatigue and promote wellbeing while caring for pandemic patients?
- What can you do to mitigate emotional fatigue and provide emotional and mental health support?

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Wellbeing Discussion Ideas

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Wellbeing: Panel Experience

- Scheduling for recovery: How many days in a row are sustainable? How many days off? What about when the pandemic is over-plan for a phased transition to "normal". Making time to transition from days-to-night work
- Flexible scheduling and shift work (different shifts to accommodate stressors and change in childcare)
- Teams (airway, lines) and avoiding work compression
- Minimize exogenous stressors (ACLS Cards, PPD, etc)
- Adequate PPE, access to testing, showers/decontamination spaces
- "Just-in-time" training, simulation training to decrease stress of the unfamiliar, and buddying up for selected tasks
- Department/Program leadership: touch base regularly (daily?). Monitor your team (assess needs, mental health) and adapt support plan continuously. Transparency and regular updates from hospital and department leadership (townhalls, video updates). Acknowledge stressors, show appreciation for HCW efforts
- Schwartz rounds, Balint groups to discuss (shared) experiences and address emotional and ethical related issues
- Building and supporting community: digital community events include social events and guided wellbeing sessions (yoga, meditation)
- Mental health support: group sessions with debriefing and talk therapy. Offer individual counseling and recognize, respond, and refer as necessary. Publicize MH info regularly, make access to information easy.
- Resources for self-care: Review resiliency strategies, recognize signs of distress, provide information on good self-care practices: sleep, diet, exercise, support networks. Coaching sessions for fellows with life coach or well-being coach done virtually
- Relaxation spaces in hospital, hospital provided food, transportation, lodging. Caring for families: child care, etc.
- Wellness pods or teams of fellows across specialties as peer-support groups. Support for trainees who are required to work remotely due to being a high-risk patient population
- Create data systems to monitor health and well-being and create reminders

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Session Wrap Up



- Themes
- ACGME

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Overarching Themes

- Proper preparation
- Allow for innovation
- Remove un-needed stressors
- Marathon mentality

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The Pandemic and the ACGME

- Active Task Force: <https://acgme.org/covid-19>
- Three stages to two: Emergency (3)/Non-Emergency (1 & 2)
- Non-Emergency: Resume suspended activities (milestones/site visits/self-study)
- Emergency: DIO must request
 - Must still maintain duty hours, oversight, fellows in primary specialty
 - 1-30 days, 31-60 days, 60-90 days, >90 days
- Eligibility to graduate?
 - Program director and CCC
 - Before December 2020 review
 - Before January 1st
 - Individualized learning plans
 - Up to 20% of patient care can be as an attending

<https://acgme.org/COVID-19/-Archived-Three-Stages-of-GME-during-the-COVID-19-Pandemic>

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