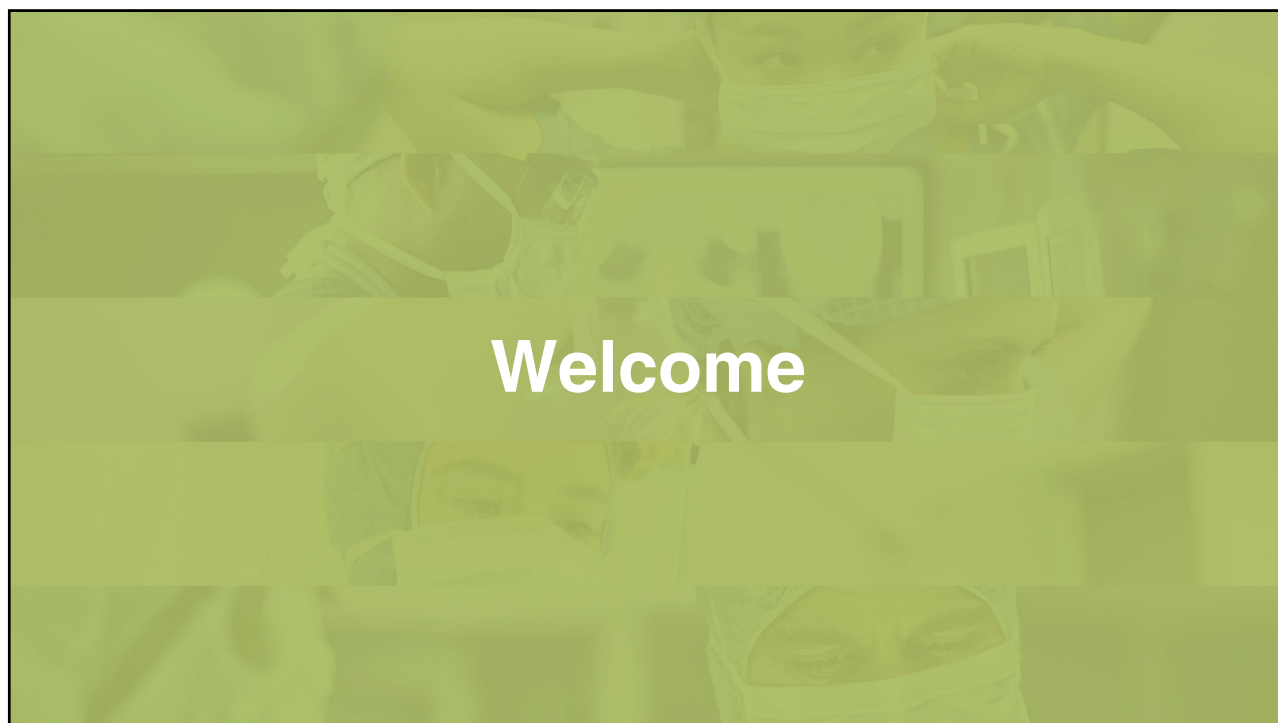


Care for the Caregiver

Program funded by the California Hospital Association, Hospital Council – Northern & Central California, Hospital Association of Southern California and Hospital Association of San Diego & Imperial Counties.

1



2

Program Overview



Robert Imhoff
President
Hospital Quality Institute

3



Care for the Caregiver

- Timothy B. McDonald
- Bruce Lambert
- Jean-Marie Kane
- Deanna Tarnow

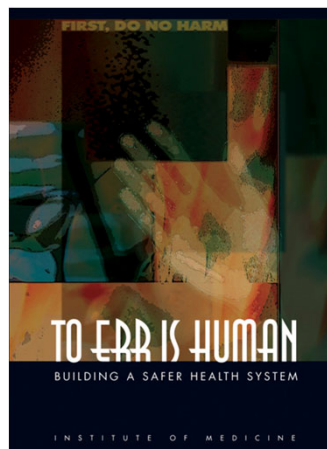
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Agenda

- Introductions
- Origin of Care for the Caregiver programs as part of a comprehensive, principled, and systematic approach to responding to harm
- Evolution of BETA-HEART® Care for the Caregiver
- What is Emotional First Aid?
- What is Empathic Communication?
- Break
- Caring For Those Who Care For Others
- Experiential Learning In The Context Of Covid-19
- More Than Empathy
- Care for the Caregiver Tools and Other Considerations
- Closing Remarks

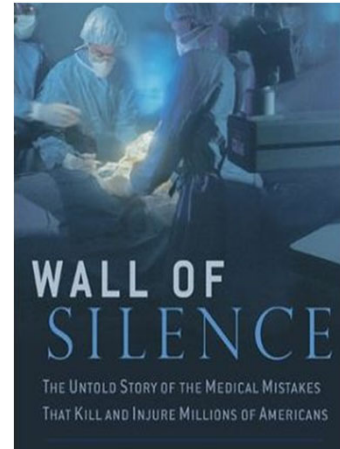
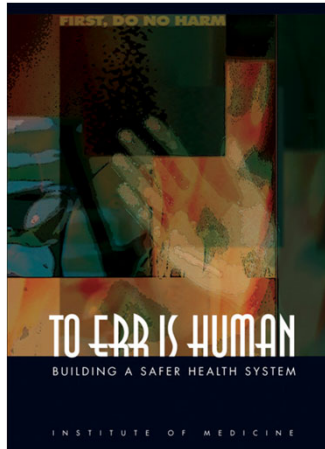
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Origin of the comprehensive, principled, and systematic approach to harm



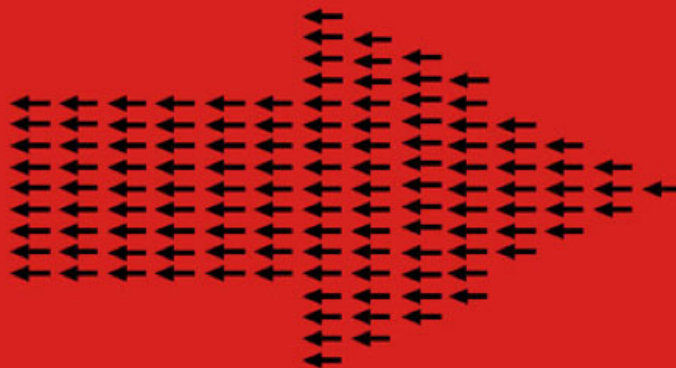
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Origin of the comprehensive, principled, and systematic approach to harm




7

Culture eats strategy for breakfast



8

The Paradigm Shift: Principled Response Triggered By Harm



Reporting	<ul style="list-style-type: none">• from delayed• to immediate
Communication	<ul style="list-style-type: none">• from delay, deny and defend• to immediate and ongoing
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Care for the Caregiver	<ul style="list-style-type: none">• from suffering in isolation• to immediate and ongoing support
Resolution	<ul style="list-style-type: none">• from having to “fight for it”• to early offer

9



10


BETA COMMUNICATION AND DISCLOSURE WORKSHOP

When Words and Actions Matter Most

BETA is offering an exclusive workshop to member organizations, insured executives and physician leaders. The workshop includes a two-day session with Tim McDonald, M.D., J.D., pre- and post-workshop webinars and individual assessments.

Northern California: The Claremont Hotel, September 21-22, 2015
Southern California: Fairmont Newport Beach, September 24-25, 2015

[REGISTER TODAY](#)




National expert Tim McDonald, M.D., J.D. will lead a two-day train-the-trainer communication and disclosure educational session.

Where it all began...

Our A-ha Moment...

"You mean you really want us to tell them the truth of what we learn?"

Best Laid Plans Start on a Napkin



11



Survey of Clinicians

What two values are critical to an organization's success?

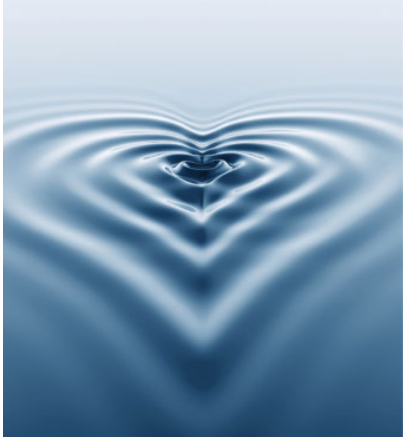


patient
vulture
perseverance
willingness
centered
support
communication
125
ethical
open
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teamwork
empathy
pride
collaboration
transparency
service
relationships
ceo
generosity
engagement
honesty
reliability
appreciation
commitment
fairness
objective
trust
cqi
accountability
partnership
leadership
competency
culture
quality
thinking
excellence
respect

12



Healing • Empathy • Accountability • Resolution • Trust



Purpose

Promote organization-wide culture change and instill trust, that results in improved partnerships with patients, patients' families and caregivers

Goal

Introduce a holistic approach to reducing harm in healthcare

13

Emotional Trauma



Also known as psychological trauma is damage or injury to one's psyche after living through an extremely frightening or distressing event. The event may overwhelm the ability to cope.

14

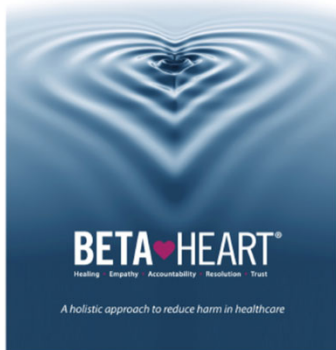
Care for the Caregiver

- Recognizes the impact of patient harm and emotionally challenging situations on those closest to the event
- Provides training of peer supporters
- Includes a process to:
 - Identify healthcare team members in need of emotional support
 - Activate peer supporters
 - Process for referral



15

Comprehensive Approach to Fully Functional Care for Caregiver Program



Care for the Caregiver

BETA HEART
Healing • Empathy • Accountability • Resolution • Trust

Building Your Peer Support Program Checklist

Section 1: Internal Patient Safety Culture Preparedness	Completed
1. Evaluate your culture survey results to determine staff perceptions regarding identification and reporting of adverse events	<input type="checkbox"/>
2. Assess organizational leadership recognition of the need for a peer support program	<input type="checkbox"/>
3. Identify what department will be responsible to receive deployment requests	<input type="checkbox"/>
Section 2a: Care for the Caregiver Steering Committee	Completed
1. Identify key individuals who routinely assist others during crises	<input type="checkbox"/>
2. Identify Executive Champions for the program	<input type="checkbox"/>
3. Select a Lead and formulate that role	<input type="checkbox"/>
4. Form a multi-disciplinary steering committee to assist with team design and deployment	<input type="checkbox"/>
5. Name the team	<input type="checkbox"/>
Section 2b: Establish the Program Infrastructure	Completed
1. Prepare a formal business plan	<input type="checkbox"/>
2. Outline the team's structure	<input type="checkbox"/>
3. Determine methodology to provide peer support to individuals and teams	<input type="checkbox"/>
4. Develop activation guidelines	<input type="checkbox"/>
5. Create policies and procedures for peer support function	<input type="checkbox"/>
6. Create timeline for program deployment	<input type="checkbox"/>
7. Formalize process for immediate/specialized access to external higher levels of emotional support	<input type="checkbox"/>
8. Create a proposed budget	<input type="checkbox"/>
9. Develop the approach for recruiting peer supporters	<input type="checkbox"/>
10. Determine process for initial and ongoing education of peer supporters	<input type="checkbox"/>
Section 3: Peer Supporter Recruitment and Training	Completed
1. Determine criteria for applicant selection	<input type="checkbox"/>
2. Develop high-level program introduction to spark interest of potential peer supporters	<input type="checkbox"/>
3. Determine approach for obtaining unit specific nominations	<input type="checkbox"/>
4. Meet with unit supervisors to obtain list of prospects with high degree of emotional intelligence	<input type="checkbox"/>
5. Contact interested individuals and request completion of application	<input type="checkbox"/>
6. Provide pre-educational materials to applicants for review	<input type="checkbox"/>
7. Consider registering applicants to complete a voluntary communication assessment through BETA & determine how results will be used (if released)	<input type="checkbox"/>
8. Identify internal resources to assist with development of training materials and conducting training	<input type="checkbox"/>
9. Complete individuals to attend a Train-the-Trainer session or utilize BETA HEART's training materials	<input type="checkbox"/>
10. Develop supplemental reference tools for peer supporters	<input type="checkbox"/>

BETA HEART TOOLKIT (02/2019) Domain IV: Care for the Caregiver Page 29 of 108

BETA HEART
Healing • Empathy • Accountability • Resolution • Trust

Section 4: Organizational Rollout	Completed
1. Develop a Care for the Caregiver awareness strategy for organization-wide dissemination	<input type="checkbox"/>
2. Identify higher-risk clinical areas for evoking a peer support response	<input type="checkbox"/>
3. Establish real-time methods for assessing clinicians for signs of emotional trauma following a harm event	<input type="checkbox"/>
4. Develop informational brochures on phenomenon of emotional trauma and availability of peer support team	<input type="checkbox"/>
5. Develop just-in-time tools to remind supervisors and clinicians of availability and contact information for Peer Support Activation	<input type="checkbox"/>
Section 5: Program Evaluation	Completed
1. Develop an Encounter form to capture team activation information	<input type="checkbox"/>
2. Establish a dashboard overview of general team performance for administrative review and surveillance	<input type="checkbox"/>
3. Develop evaluation tool for caregivers receiving assistance	<input type="checkbox"/>
4. Develop a team member satisfaction tool	<input type="checkbox"/>

BETA HEART TOOLKIT (02/2019) Domain IV: Care for the Caregiver Page 30 of 108

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Care for Caregiver Tools

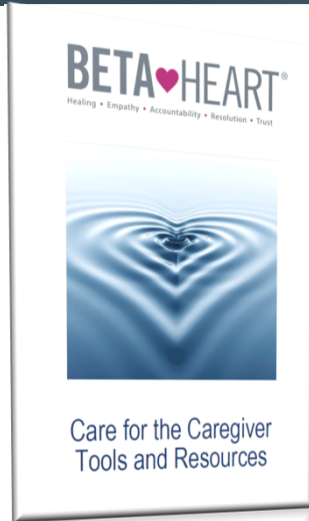


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HEART Huddle.....	13
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Recommended Reading and Viewing.....	25

Look
for the banner!!

17

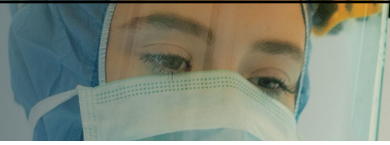
Emotional First Aid

Providing comfort and emotional support during particularly challenging times when normal coping mechanisms may be overwhelmed

- Comforting a peer
- Listening, but not pressuring to talk
- Showing practical concern and support
- Assessing a teammates emotional needs
- Helping to connect a person to information, services and social supports

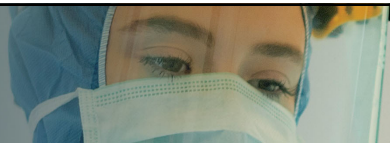
18

Empathic Communication



19

What is Empathy?



“Empathy is a social and emotional skill that helps us feel and understand the emotions, circumstances, intentions, thoughts, and needs of others, such that we can offer sensitive, perceptive, and appropriate communication and support”

-Karla McLaren, *The Art of Empathy*

20

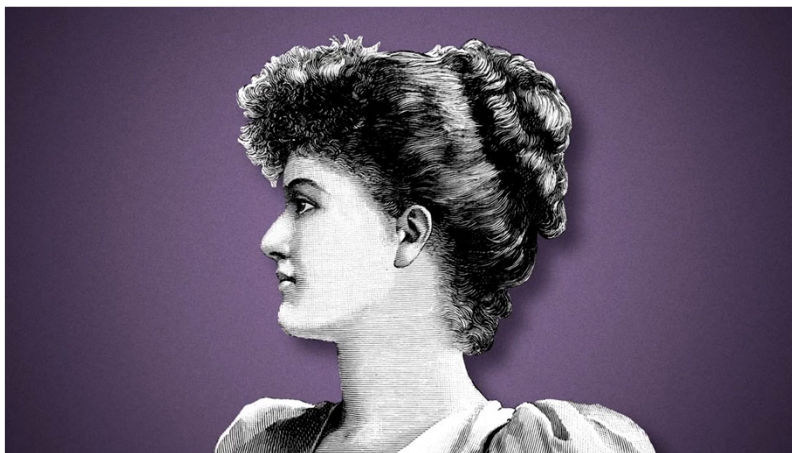
McLaren's Six Essential Aspects of Empathy

Emotional Contagion
Empathic Accuracy
Emotional Regulation
Perspective Taking
Concern for Others
Perceptive Engagement

(from Karla McLaren's *The Art of Empathy*)

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Empathic Responding



22

22

A Non-Empathic Response

I am completely drained, it is chaos, we don't know when this is gonna end

Sorry to hear about all of the horrible chaos in the ED!! At least you've survived to see another day. Remember your team needs you to be upbeat with a positive face... okay?



23

An Empathic Response

November 21, 1864. MRS. BIXBY, Boston, Massachusetts.

“DEAR MADAM:—I have been shown in the files of the War Department a statement of the Adjutant-General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle. I feel how weak and fruitless must be any words of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering to you the consolation that may be found in the thanks of the Republic they died to save. I pray that our Heavenly Father may assuage the anguish of your bereavement and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom. Yours very sincerely and respectfully, A. LINCOLN.”

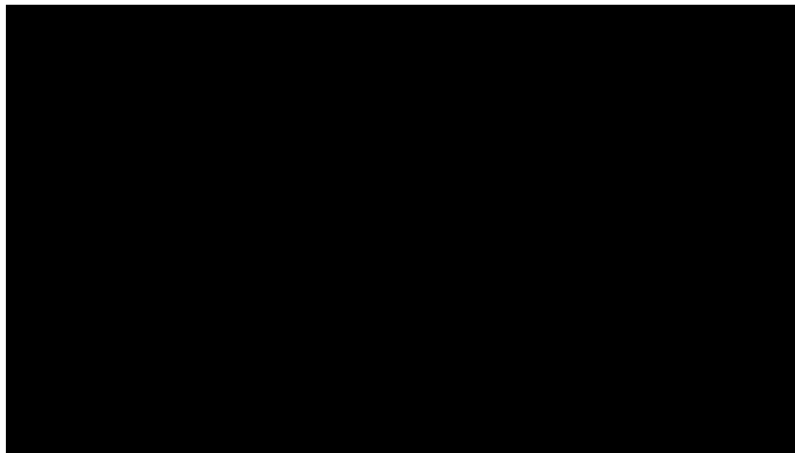
24

How To Ease Suffering?

- Connect, be present and vulnerable
- Bear witness
- Invite exploration, expression and elaboration of feelings
- Acknowledge, without judgment, the full depth, complexity, and intensity of another person's inner experience
- Praise that which has been lost
- Say "yes" to their experience
- Invite re-appraisal of experience
- Don't try to "fix it"

25

It's Not About the Nail



26

26

How To Provide Emotional Support and Reassurance


- Deal with emotions first
- Adopt stance of curiosity, solidarity, and support
- Acknowledge & name emotional states
- Express empathy and regret about bad outcome
- Paraphrase to check understanding
- Acknowledge limits of language/empathy

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Break

28

The Paradigm Shift: Principled Response Triggered By Harm



Reporting	<ul style="list-style-type: none">• from delayed• to immediate
Communication	<ul style="list-style-type: none">• from delay, deny and defend• to immediate and ongoing
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Care for the Caregiver	<ul style="list-style-type: none">• from suffering in isolation• to immediate and ongoing support
Resolution	<ul style="list-style-type: none">• from having to “fight for it”• to early offer

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History of the Problem

Unexpected harm events – individuals at the “sharp end” noted to be experiencing predictable behaviors post event



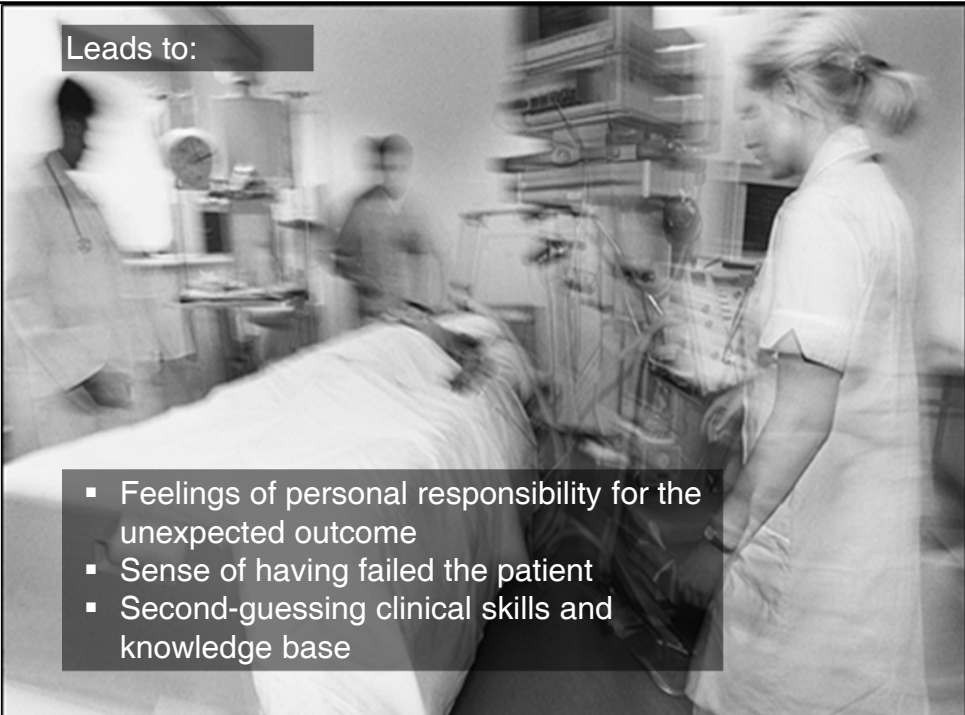
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Definition:
A member of the care team involved in a serious harm event, medical error and/or a patient-related injury who becomes victimized in the sense that the team member is traumatized by the event.

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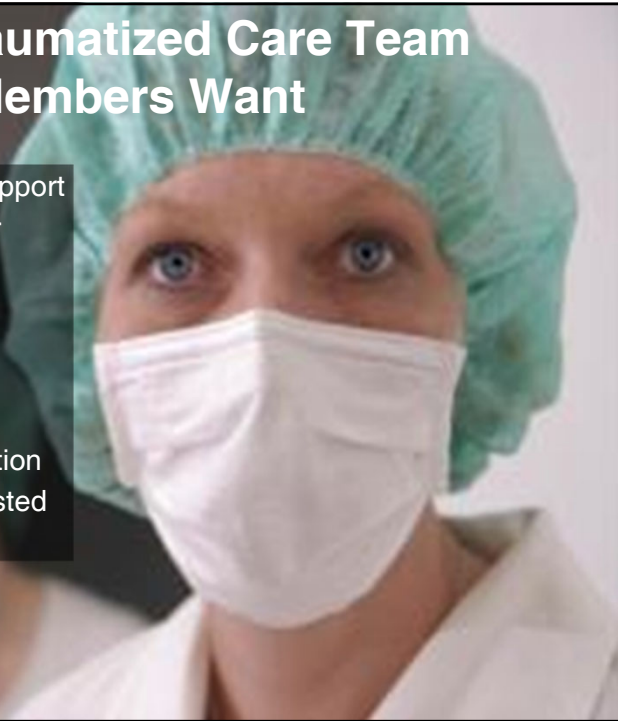
Leads to:

- Feelings of personal responsibility for the unexpected outcome
- Sense of having failed the patient
- Second-guessing clinical skills and knowledge base

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What Traumatized Care Team Members Want

- Formal and informal emotional support
- Prompt debriefing for individual or team
- Opportunity to take time out from clinical duties
- Help communicating with patient and/or family
- Clear, timely, and truthful information
- Last but not least....Remain a trusted member of the team!



33

A Nurse Shared A Harrowing Photo Of COVID-19 Victims To Show How Horrifying The Outbreak Is
buzzfeednews.com

<https://www.buzzfeednews.com/article/miriamelder/coronavirus-hospital-nurse-covid-19>

Intermountain cutting doc pay as COVID-19 impacts service lines
modernhealthcare.com

Richard Corder liked David A. Marcus, MD @... · 14h · Never have I ever...
...taken care of so many -very-sick colleagues and friends. I can only hope I won't end up like them. But I know there's a good chance I will.
#COVID19 is gutting the front line.
424 6,232 9,947

Italian nurse who fell ill commits suicide over fears of spreading coronavirus, nursing group says
CORONAVIRUS · Published 3 hours ago

Anna Podolanczuk @AnnaPodolanczuk · Mar 28 Today.

I told a 28 year old that he needs intubation. He was scared. Couldn't breathe.

I told the wife of a 47 year old that he is dying over FaceTime.

I bronched a #COVID19 patient who mucous plugged. It saved his life. Risked mine.

7.7K 56.5K 288.5K Tip

[Show this thread](#)

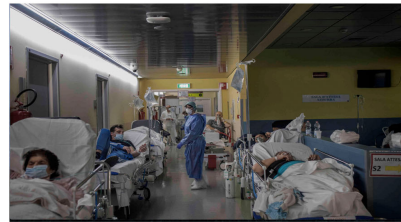
That Discomfort You're Feeling Is Grief
google.com

34

Impact of COVID-19

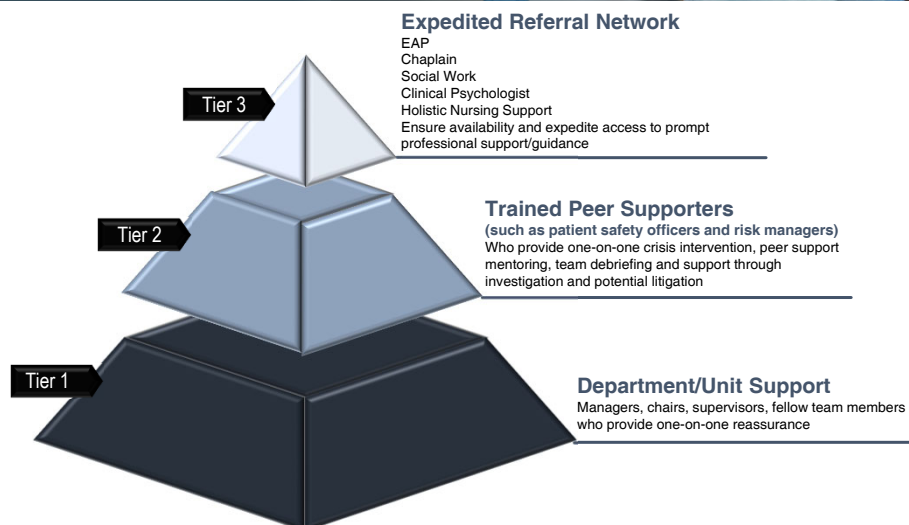
Nurses Die, Doctors Fall Sick and Panic Rises on Virus Front Lines

The pandemic has begun to sweep through New York City's medical ranks, and anxiety is growing among normally dispassionate medical professionals.



35

Support Strategies Interventions



Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-

36



Do's for Caregiver Support Conversations

- Provide emotional support and reassurance
 - Have a stance of curiosity, solidarity, and support
 - Acknowledge and name emotional states
 - Express empathy and regret about bad outcome
 - Acknowledge that strong emotional reaction is normal
 - Give opportunity to elaborate on thoughts, emotions, and understanding about what happened
 - Paraphrase to check understanding
- Offer assurances of follow-up and reassure they will not be abandoned
 - Provide contact information
 - Explain next steps
- Ask them questions about their current understanding
- Provide opportunity for them to ask questions

See Care for Caregiver
Tools p. 10

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Don'ts

- Say you know how they feel
- Dwell on your own experience or emotions
- Make promises you can't keep
- Finger-point, blame, criticize, judge
- Do all the talking
- Minimize severity of the situation or intensity of feelings
- Try to make them feel any way other than how they are feeling

See Care for Caregiver
Tools p. 10

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The Ten Commandments of Providing Emotional First Aid

- Be nonjudgmental
- Be empathic (not a brick wall)
- Don't give personal advice—do not opine on legal or regulatory matters, etc.
- Don't take responsibility for other people's problems
- Don't interpret (when a paraphrase will do)
- Don't try to "fix" it
- Stick with the here and now
- Deal with feelings first
- Be present, vulnerable, and courageous
- Silence is golden

See Care for Caregiver
Tools p.9

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Experiential Learning

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Experiential Learning

- Process for discussion
- Facts of a serious COVID-19 case presented
 - Communication with loved one
 - Provision of one-on-one peer support – Tier 2
 - Provision of co-worker reassurance and support – Tier 1
- Opportunity to ponder approach
- Questions to consider
- Video of enactment of response
- Debrief

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Communication With Family Scenario

- Emergency Department [ED] physician is diagnosed with COVID-19. His spouse is an Administrative Manager in the ED. The physician-patient has a 30-year history of childhood onset insulin dependent diabetes.
- The couple has been asked to quarantine themselves at home after the diagnosis is made and told to refrain from returning to the hospital unless symptoms become overwhelming.
- The physician-patient's condition deteriorates. Together, the couple returns to the ED for evaluation and treatment of the worsening respiratory symptoms.

42

Communication With Family Scenario

[continued]

- Upon arrival at the ED, the couple is greeted by triage personnel who have worked with both of them and become visibly distraught at seeing the severity of the respiratory symptoms of their colleague and friend.
- Clinical and non-clinical staff resist the temptation to provide physical comfort while assisting him into the ED and to one of the ED bed spaces. The spouse is asked to stay behind. Sadly, the spouse says “goodbye” as her spouse is assisted in the ED.

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Communication With Family Scenario

[continued]

- Once the physician-patient is brought into the bed space, others in the ED try to rapidly put on the Personal Protective Equipment but struggle to do it properly yet quickly at the same time.
- Environmental services personnel in the ED recognize the patient and they become visibly shaken.
- The ED nurse and physician note the patient is in need of intubation. Oxygen saturation is in the mid 80s and the respiratory rate is rapid and shallow. Skin and lips are visibly blue.
- Just prior to intubation, the patient calmly whispers to the nurse and physician that he has decided he does not want to be on a ventilator more than 2 days and he does not to consume valuable resources.
- The sedation and subsequent intubation proceed without complication.

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Communication With Family Scenario

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Communication With Family Scenario

Setting: A quiet room next to the ED triage area

Scenario: There is a need to meet with the spouse:

- Explain to the spouse of the need to intubate their loved one
- Share the final words before the patient was intubated
- Communicate the need for the spouse to leave the hospital and that visiting her loved one is not an option at this time

The nurse and physician who have been treating the patient have come out to speak to the spouse of the patient. All three of them are in the quiet room. All three know each other well and are friends.

46

Questions to Consider in Preparation For The Conversation

- Are there any special personal or family dynamics, disabilities, language, ethnic, racial, or cultural sensitivities to consider?
- What are the goals of this conversation?
- Who should be present for this conversation with the family?
- What are you going to say to the family? See goals above.
- Would a prop, diagram or x-ray be helpful?
- Do you need to provide shot[s] across the bow or some warning statement?
 - Example: What I have to tell you may be very unsettling...
- After brief explanation, deal with feelings first
- What emotions do you anticipate, how will you name and validate them?
- What questions do you anticipate getting from family?
 - Questions will include "should I have brought him/her earlier?"
 - How likely am I to get this sick soon?
- Who continues to respond to the patient/family as more information is learned?
- Who will support the clinicians?

See Care for Caregiver
Tools p. 9

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Video of Conversation

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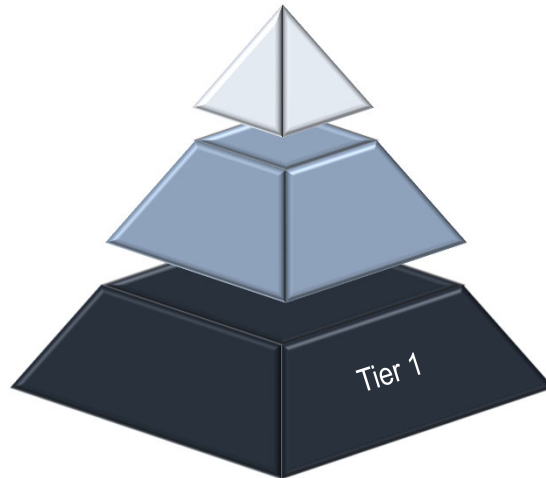
Debrief

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Tier One Peer Support

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Support Strategies Interventions



**Department/Unit Support
Manager, chair, supervisor,
or fellow team member who**

- Provide one-on-one support
- May be organic or organized
- No formal training needed

Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf.* 2010 May;36(5):233-40.

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Tier One Peer Support

Setting:

- This scenario involves Tier 1 support that is NOT the formal Tier 2 peer support but the kind of reassurance that colleagues who work side by side need to provide.
- This setting is in the break room in the ED the day after the physician-patient needed intubation. The nurse has finally gotten an opportunity to take a break and is sipping a cup of coffee reflecting silently on all of the chaos.
- The chaplain works in the ED and knows the nurse extremely well. He sees the nurse sitting there, clearly sad about the events.

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Tier One Peer Support

Scenario:

- The chaplain sits down and “checks in” on the nurse and asks how the nurse is feeling. The power of this encounter is to demonstrate the need for active listening, emotion naming, support, and love in the workplace amongst close colleagues.

53

The Ten Commandments of Providing Emotional First Aid

- Be nonjudgmental
- Be empathic (not a brick wall)
- Don't give personal advice—do not opine on legal and regulatory matters
- Don't take responsibility for other people's problems
- Don't interpret (when a paraphrase will do)
- Don't try to “fix” it
- Stick with the here and now
- Deal with feelings first
- Be present, vulnerable, and courageous
- Silence is golden

See Care for Caregiver
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Video of Conversation

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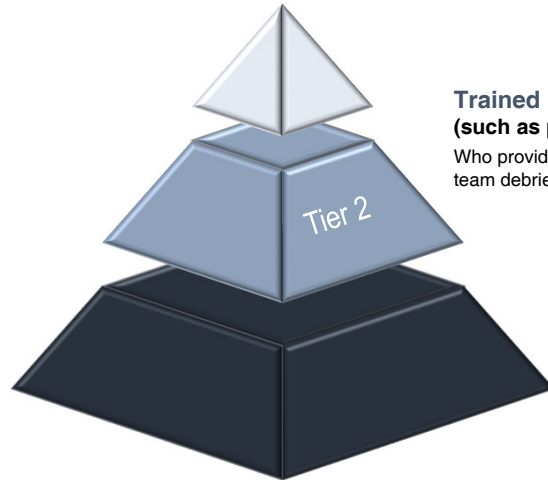
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Debrief

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Trained Peer Supporter Key Actions



Trained Peer Supporters and Support Individuals (such as patient safety officers and risk managers)

Who provide one-on-one crisis intervention, peer support mentoring, team debriefing and support through investigation and litigation

Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, et al. Caring for our own: deploying a system-wide second victim rapid response team. *Jt Comm J Qual Patient Saf.* 2010 May;36(5):233-40.

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Tier Two Peer Support Training

- ❑ Communication Assessment
 - ❑ Individualized feedback
- ❑ Identification and selection of peer supporters
- ❑ Skill development
 - ❑ Large group exercises
 - ❑ Tabletop exercises with role play and debrief
 - ❑ Recognizing need for escalation to higher level
 - ❑ Taking care of yourself



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Tier Two Peer Support

Background – based upon the scenario, there is the need for Tier 2 peer-to-peer support for the physician who intubated their colleague and was part of the team who communicated to the spouse.

The physician is distraught on many levels and feels intensely grief-stricken, vulnerable, afraid, frustrated, powerless, exhausted, lacking in trust, and angry.

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Tier Two Peer Support

Setting:

- Because of the need for as much social distancing as possible, Tier 2 Peer-to-Peer support is being offered via Zoom with the Peer Supporter and the recipient of the emotional first aid connected via their personal laptops through Zoom technology.

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Tier Two Peer Support

Scenario:

- One day has passed since the need for the ED physician-patient to be intubated.
- The peer supporter sent the offer to meet via Zoom through an email and the recipient accepted and then received the Zoom link. The recipient knows the peer supporter but not extremely well and is very appreciate of the offer of support.

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Questions to Ponder Prior to Care for Caregiver Conversation

- What are the goals of the interaction?
- When should you respond to the affected care giver?
- Who should respond to the care giver?
- What questions do you anticipate?
- What emotions do you anticipate, how will you name and validate them?
- What are you going to say?
- What will you recommend for follow-up or what resources will you provide?

Care for Caregiver
Tools p. 9

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Video of Conversation

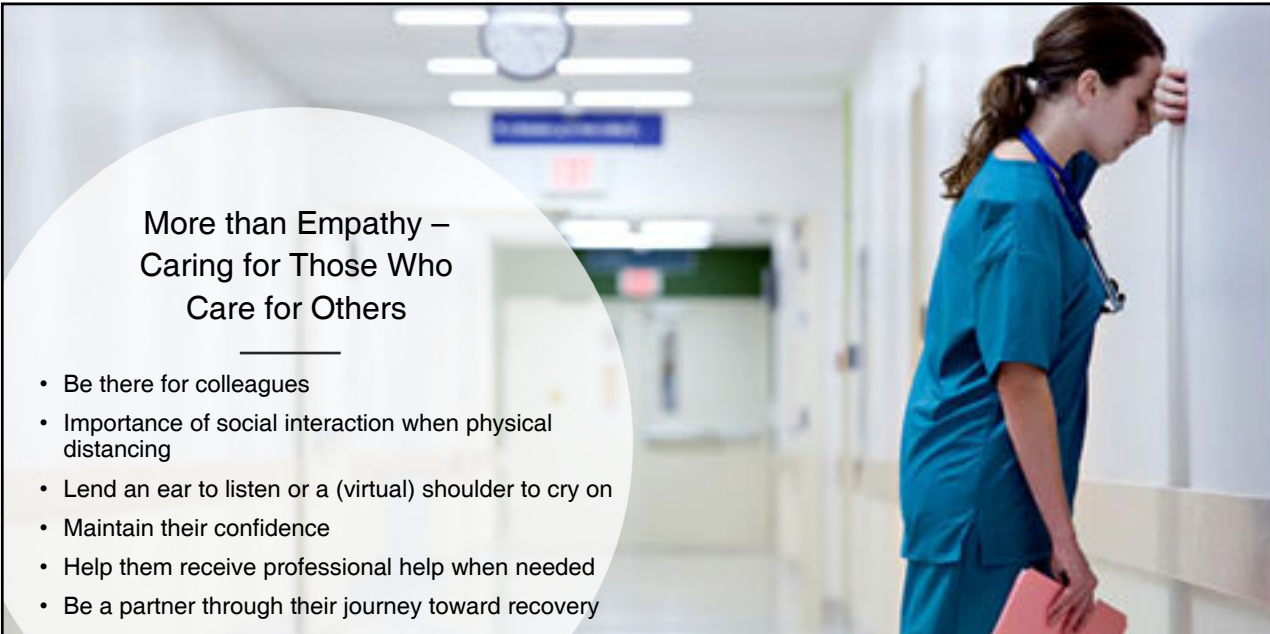


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Debrief


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**More than Empathy –
Caring for Those Who
Care for Others**

- Be there for colleagues
- Importance of social interaction when physical distancing
- Lend an ear to listen or a (virtual) shoulder to cry on
- Maintain their confidence
- Help them receive professional help when needed
- Be a partner through their journey toward recovery

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**Just-In-Time
Peer Support Program**

- Identify organizational lead
- What resources do you need to provide support
- Who will coordinate resources
- Communicate availability of care for the caregiver resources to the organization
- Reach out to potential peer supporters; provide just-in-time tools and training

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Preparing for the Encounter

Refer to Care for Caregiver Tools

- Questions to ponder
- Ten Commandments of Peer Support
- Availability

Refer to BETA HEART
Care for Caregiver
Tools – p. 9



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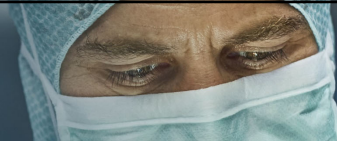
What Can You Do Now?

Pages 14-15 of
handouts



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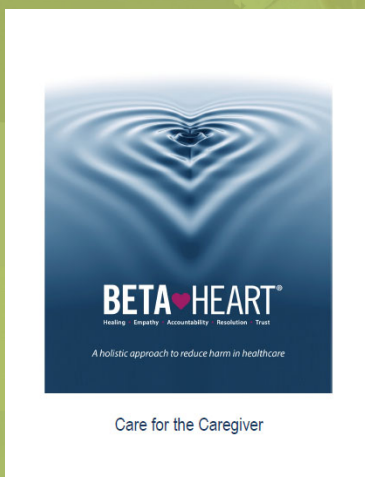
Most Importantly



Remember, each of you are
just as important as your patients

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Comprehensive Approach to Fully Functional Care for Caregiver Program



BETA HEART
Healing • Empathy • Accountability • Resilience • Trust

Building Your Peer Support Program Checklist

Section 1: Internal Patient Safety Culture Preparation

1. Evaluate your culture survey results to determine staff perceptions regarding identification and reporting of adverse events.
2. Assess organizational leadership recognition of the need for a peer support program.
3. Identify what department will be responsible to receive deployment requests.

Section 2a: Care for the Caregiver Steering Committee

1. Identify key individual who routinely assist others during crises.
2. Identify Executive Champion(s) for the program.
3. Select a Lead and formulates that role.
4. Form a multi-disciplinary steering committee to assist with team design and deployment.
5. Name the team.

Section 2b: Establish the Program Infrastructure

1. Prepare a formal business plan.
2. Define the team's structure.
3. Determine methodology to provide peer support to individuals and teams.
4. Develop activation guidelines.
5. Create policies and procedures for peer support function.
6. Create timeline for program deployment.
7. Formally process for immediate/rapid access to external higher levels of emotional support.
8. Create a program budget.
9. Develop the approach for recruiting peer supporters.
10. Determine process for initial and ongoing education of peer supporters.

Section 3: Peer Supporter Recruitment and Training

1. Determine criteria for applicant selection.
2. Develop high level program introduction to spark interest of potential peer supporters.
3. Determine approach for obtaining unit specific recommendations.
4. Meet with unit supervisors to share list of prospects with high degree of emotional intelligence.
5. Contact interested individuals and request completion of application.
6. Provide pre-educational materials to applicants for review.
7. Consider requesting applicants to complete a voluntary communication assessment through BETA & determine how results will be used (if released).
8. Identify internal resources to assist with development of training materials and conducting training.
9. Designate individuals to attend a Train the Trainer session or utilize BETA HEART's training materials.
10. Develop supplemental reference tools for peer supporters.

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Section 4: Organizational Rollout

1. Develop a Care for the Caregiver awareness strategy for organization-wide dissemination.
2. Identify higher risk clinical areas for seeking a peer support response.
3. Establish real time methods for assessing clinicians for signs of emotional trauma following a harm event.
4. Develop informational brochures on phenomenon of emotional trauma and availability of peer support team.
5. Develop just in time tools to remind supervisors and clinicians of availability and contact information for Peer Support Activation.

Section 5: Program Evaluation

1. Develop an Encounter form to capture team activation information.
2. Establish a dashboard overview of general team performance for administrative review and transparency.
3. Develop evaluation tool for caregivers receiving assistance.
4. Develop a team member satisfaction tool.

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Caregiver COVID Resources

Handouts - p. 24
Additional reading and
videos pp. 25-27

Topic	Link
Tips for emergency responders on taking care of yourself during disasters, Centers for Disease Control and Prevention	https://emergency.cdc.gov/coping/responders.asp
Mental health and psychosocial considerations during COVID-19 outbreak, World Health Organization	https://www.google.com/search?q=WHO+Mental+Health+Considerations&rlz=1C1GCEU_enUS821US821&og=WHO+Mental+Health+Considerations&ags=chrome..69i57j35i39j69i60.1589j0j7&sourceid=chrome&ie=UTF-8
Holistic stress management tips, American Holistic Nurses Association Managing health care workers' stress due to COVID-19 virus outbreak, National Center for PTS	https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp
AMA: Caring for our Caregivers During COVID	https://www.ama-assn.org/delivering-care/public-health/caring-our-caregivers-during-covid-19
Managing Mental Health During COVID; AMA	https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19
National Academy of Medicine: Resources to support the health and well-being of clinicians during COVID-19 outbreak	https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/

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Special Thanks

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Closing Remarks



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Education

Caring for the Caregiver Final Program

April 21 – 9 a.m. – noon

Available on-demand – email to follow

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Thank You & Evaluation

Thank you for participating in today's webinar.

An online evaluation will be sent to you shortly.

Program funded by:



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