



WELCOME

Role of Grief and Bereavement in the Care of Health Care Providers and their Families during COVID-19

Host: Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP

Presenters:

Prof. Carlos Centeno, MD, PhD
Dr. Mary Elliott, MD, FRCP(C)

Dr. Gary Rodin, MD
Rev. Peter Barnes, D.Min.

**The webinar will begin soon (please note your microphone is muted).
Please use the Q&A function to submit questions.**



Housekeeping

- Your microphones are muted.
- Use the Q&A function at the bottom of your screen to submit questions. Please do not use the chat function for questions.
- This session is being recorded and will be emailed to webinar registrants tomorrow.

Presenters

Host

Dr. José Pereira MBChB, CFPC(PC), MSc, FCFP
Professor and Director, Division of Palliative Care,
Department of Family Medicine, McMaster University,
Hamilton, Canada
Scientific Officer, Pallium Canada

Presenters

Panelists

Dr. Mary Elliott, MD, FRCP(C)

Staff Psychiatrist, Princess Margaret Cancer Centre, Toronto Canada, Assistant Professor, Department of Psychiatry, University of Toronto.

Prof. Carlos Centeno, MD, PhD

Director, Palliative Care Department, University of Navarra Hospital
Main Researcher, Atlantes Research Program, Institute for Culture and Society, University of Navarra
Titular Professor, Faculty of Medicine, University of Navarra

Dr. Gary Rodin, MD

Director, Global Institute of Psychosocial, Palliative and End-of-Life Care
Professor of Psychiatry, University of Toronto
University of Toronto/University Health Network
Chair, Psychosocial Oncology and Palliative Care

Rev. Peter Barnes, D.Min.

Regional Coordinator of Bereavement Services, Eastern Health
Pastoral Care, Ethics and Bereavement Services, Eastern Health

Declaration of conflicts

Pallium Canada

- Non-profit
- Funded mainly by Health Canada over the years in the form of a contribution program
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Palliative Pocketbook
- Unconditional education support from Boehringer-Ingelheim (Canada) Ltd.

Presenters

- Dr. José Pereira – Paid by Pallium Canada as Scientific Officer
- Dr. Mary Elliott
- Dr. Carlos Centeno
- Dr. Gary Rodin
- Rev. Dr. Peter Barnes

Learning objectives

Upon completing this webinar, you should be able to:

- Reflect on our own and others' experiences of providing care in a pandemic and how it affects us personally and collectively;
- Adapt the Bereavement Care Approach to the grief we experience in COVID-19 pandemic;
- Explore personal change as a healing presence to self and others; and,
- Identify tools that best help us to cope with traumatic loss.

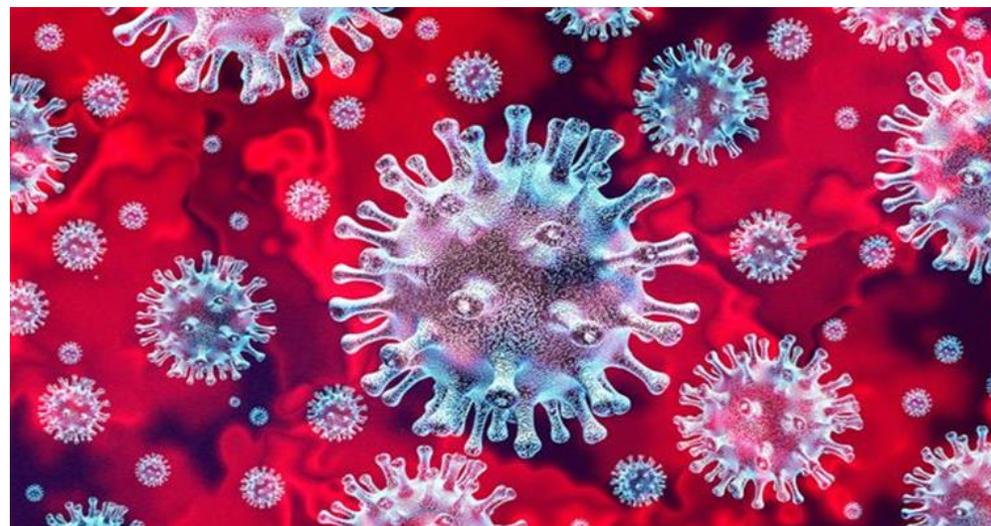
From the front lines of care in Spain

Dr. Carlos Centeno

My personal journey from providing usual palliative care to being in the middle of COVID ground zero in Spain.

Protecting the mental health of HCWs in the context of COVID

Dr. Gary Rodin



Palliative care has been uniquely integrated with the rest of medicine in the often short trajectory between diagnosis and the end of life.

What are the threats?

Unmanageable Trauma

- Enormity of the losses
 - >250,000 deaths world-wide
 - >21,000 deaths in Spain
 - >10,000 deaths in NYC
- Social isolation
- Ambiguity of roles and guidelines
- Physical exhaustion
- Fear of infection
- Moral injury

Overwhelming Affect



Common psychological/psychiatric disorders in pandemic health care workers

- Anxiety disorders
- Depressive disorders
- Burn-out
- Acute stress disorder
- Posttraumatic stress disorder



The three pillars of terror management

- Self-Worth
- Sense of Meaning
- Sense of Connection



Protecting the mental health of health care workers in a pandemic

- Early support
 - Peers
 - Supervisors
- Team cohesion
- Preparation for moral injury
- Clear communication without false reassurance
- Self-care
- Self-monitoring of distress
- Referral for specialized mental health care
- Adequate personal protection
- Aftercare

CREATE: Compassion, REsilience and TEam-Building Supporting Teams @PMCancerCentre

Mary Elliott and Madeline Li, CREATE Co-Leads with Department of Supportive Care Professionals

Aim: to maintain and foster a healthy workforce throughout & beyond the pandemic
Goal: to prevent stress from becoming distress

Supportive Care or Psychosocial Professional for Embedded Coaching Model

- Recognize novel stressors particular to pandemic
- Promote sense of feeling safe psychologically and of enhancing psychological safety
- Group based: triage individuals and resources
- Consultants often have some familiarity with team
- Build previous work, including work done at Princess Margaret Cancer Centre
 - CPRt: Compassion, Presence and Resilience Training for Healthcare Providers
 - BRITE: Building Resilience with Institutions Together with Employee

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During COVID 2019 Pandemic

Shanafelt T, Ripp J, Trockel M. JAMA. April 7, 2020.

CREATE

Compassion, Resilience and Team-Building
Supporting Teams @ Princess Margaret
Elliott & Li, March 2020

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

- ← Leadership, Organizational Justice, Moral Distress, Advocacy
- ← Welfare and Safety, Family
- ← Training & Efficacy
- ← Connection
- ← Fundamentals
- ← Relax and Restore Coping, Loss, Hope, Mental Health
- ← Connection & Support

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CREATE: Compassion, REsilience and TEam-Building Supporting Teams @PMCCancerCentre

- **Proactive & Preventive Model:** move away from reactive model
- **Pairs:** manager with supportive care or psychosocial professional; coaching/psyched
- **Program personalized:** tailored to needs of team, context, and stressors
- **Pragmatic:**
 - **Psychological First Aid**
 - **Promote:** safety, calm, efficacy (individual & team), connectedness and hope
 - **Polyvagal theory:** social engagement system, optimally functioning from the ventral parasympathetic with balance between calm, flow and activation, excitement, exploration; fear, lack of safety we shift into survival mechanisms which can be adaptive in the short term but depleting and exhausting if prolonged or multiple episodes
 - Sympathetic nervous system and stress hormones: mobilization-flight fight freeze-or dorsal vagal parasympathetic – fold shutting down and can even lead to dissociation.
 - Optimal, homeostatic functioning of ventral parasympathetic system-co-regulation of social connection (words, tone, gestures, body language) ALSO means we bring the prefrontal cortex back online-executive functioning: problem solve, plan, organize, self-monitor, reflect, insight, empathy, working memory, mentalize, reason, logic, time sequence.
 - **Pre-existing:** participate in already existing team huddles, meetings; informal touch-base, formal groups*
 - **Practices:** integrate micro moments-pause-breathe, movement, regulation, self-compassion, connection, awe, joy, gratitude (CPRt, BRITE).
- **Protective:** advocate for welfare of individual and team; psychological safety
- **Plan:** interventions sequenced & responsive according to evolving needs, pandemic phase

What's needed to best support health care providers with a collaborative, interprofessional approach

Rev. Dr. Peter Barnes

Remember

Grief is a Process	Be Gentle, Compassionate
Do Healing Presence	Be Healing Presence
Transform Grief Pain	Connections , Reflections
Dual Process Grief	Pendulation (Trauma)
Wounded Healer	Vulnerability , Patience

Compassionate Communities

Compassion to Self and to Others

“As we learn to have compassion for ourselves, the circle of compassion for others – what and whom we can work with, and how – becomes wider.”

- Pema Chodron, *When Things Fall Apart*, p.105

Dual process grief and pendulation

Dual Process Model of Coping with Bereavement

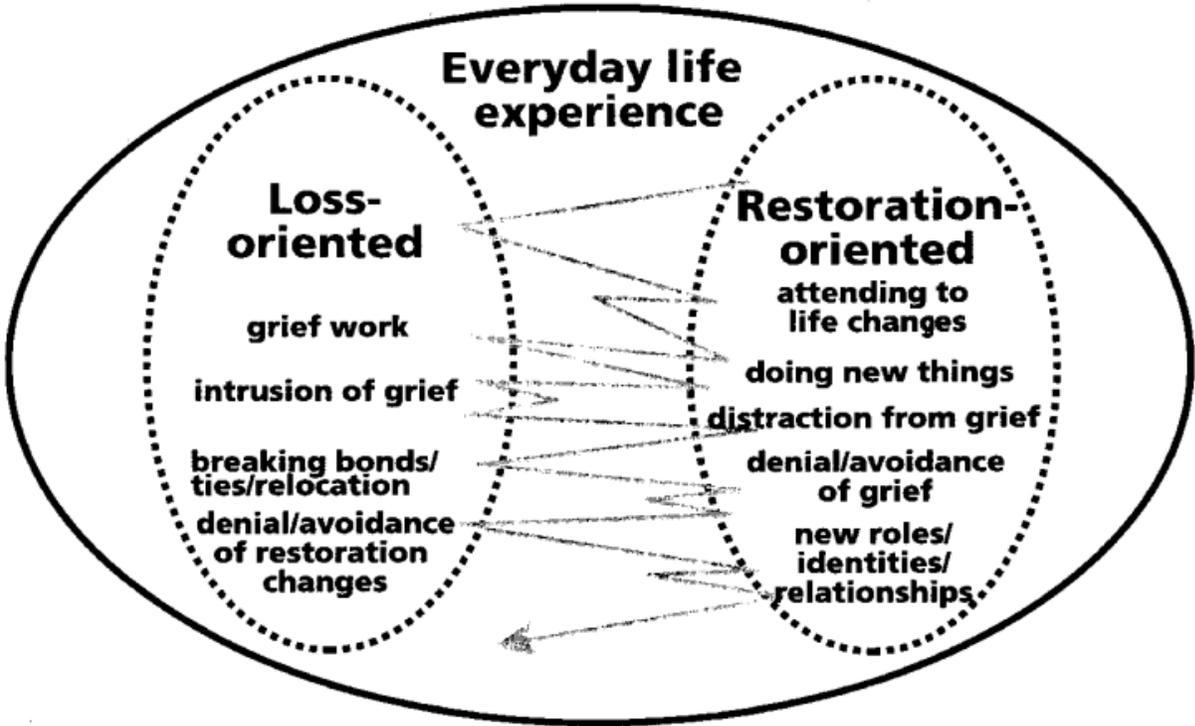


FIGURE 1 A dual process model of coping with bereavement.

Suffering

- Don't turn away. Keep your gaze on the bandaged place. That's where the light enters you. —*Rumi, from The Essential Rumi by Coleman Barks (1995).*
- When we look directly at the bandaged place without denying or avoiding it, we become tender toward our human vulnerability. Our attention allows the light of wisdom and compassion to enter. —*Brach (2003),37.*

Compassionate Communities

- A *Compassionate Community* is a *community* of people who feel empowered to engage with and increase their understanding about the experiences of those living with a serious illness, caregiving, dying and grieving and those who are isolated, marginalized or vulnerable.
- Compassionate Communities widen the circle of caring and provide much-needed support to patients and caregivers facing serious illness and death. www.pallium.ca/compassionate-communities
- Toolkits: Startup Toolkit, Workplace Toolkit, Faith Community Toolkit www.pallium.ca/toolkits

Wrap up

- We would appreciate your feedback. You will receive a link to evaluate the webinar.
- This session is being recorded and will be emailed to webinar registrants tomorrow or available here: www.pallium.ca/pallium-canadas-covid-19-response-resources

THANK YOU



Pallium Canada