

## FRONT LINE CLINICIANS' TOP 10 TIPS:

Two podcasts-three from Clinical Human Factors Group,  
the other from the Association of anaesthetists:

*“Recognise that this is a bad time...but  
be the best we can be” - Being in the  
zone and deliberate action under stress*

### 1. Working under pressure – Tips from frontline staff working with Covid patients

<https://chfg.org/podcast-interview-martin-bromiley-obe-and-prof-chris-frerk/>

<https://chfg.org/podcast-2-working-under-pressure-tips-from-frontline-staff-in-covid-era/>

<https://chfg.org/podcast-3-working-under-pressure-tips-from-frontline-staff-interview-with-stephen-hearns/>

### 2. Mitigating the effects of stress from working day to day with COVID-19

<https://rcoa.ac.uk/mitigating-effects-stress-working-day-day-covid-19>

#### An article from the London hospitals

modified from :

<https://uclpartners.com/news-item/london-clinicians-share-top-10-tips-from-covid-19-frontline/>

#### 1. Be psychologically prepared to make difficult adjustments

Clinicians working on the COVID-19 response in London-based trusts have described the process of grief they go through as they come to terms with the situation. NHS colleagues in other parts of the country can expect to pass through all the stages of shock and denial as they realise that hospital services are being redirected to focus on one issue, potentially at the expense of other critical conditions.

Part of the challenge will be around upheaval and the rapidity of change—the approach in the morning might be different by the afternoon. Without the assurance of their normal routines, people may be unsure about what they need to do. As the situation changes the initial high acuity stress response becomes a chronic potential health damaging one.

Staff will need to be ready to make difficult adjustments to their personal lives. For example, consultants don't normally work night shifts, but may now need to do so on a regular basis.

## 2. Repurpose your workforce

Trusts will need to think about retraining staff to work with COVID-19. London trusts are training consultants, research nurses and final year medical students to work in the ICU. Completing skills spreadsheets for every department can help with this. Alongside the COVID-19 training, departments will want to think of a plan to maintain staff CPD in their chosen specialties.

Consider the needs of domestic support staff. They may not have the same level of knowledge as the rest of the team, so make sure that they understand the do's and don'ts of the situation and feel fully supported. Scheduling their shift patterns to align with nursing staff rotas can help with this.

## 3. Take care of staff health and wellbeing

Trusts may want to consider setting up a wellbeing group for staff as a space to talk about concerns and issues. Clinical health teams may want to prepare a package of resources for staff. Occupational health teams can set up a phone line and email address for staff who are stressed. A focus on staff health and wellbeing makes staff feel valued and cared for. A package of resources is available at: <https://keepwellnhs.com/>

Individuals should think about establishing boundaries with family and friends outside of work. They may want to hear your tales from the frontline – but you might want to switch off, so make sure they understand this. Talking about what you are going through at work may not be the right way for you to process your experience. Mindless distraction might work better for you.

Staff should look out for each other. For example, if people can go home a bit early, encourage this and let them rest when they can. Active rest is very important—if you can when getting breaks link with your colleagues, put your phone away, maximise your lunch/coffee/dinner.

## 4. Prioritise effective staff communication

You will need to prepare a robust way to communicate with staff—this could be a daily staff email, or a WhatsApp group, which some organisations and teams are finding very effective, or other channel. Think about how you will manage and share documents and constantly changing guidelines, and bear in mind the likely challenges around access and IT. It can feel overwhelming and chaotic, but colleagues on the frontline report that communication systems are working well. Full PPE makes clarity of communication with patients and colleagues very challenging.

## 5. Keep remote consultations simple where you can

It's obviously vital to move rapidly to remote consultations and some specialties clearly need to see the patient and will require video. But for many patients the reassurance of a telephone call is priceless, and clinicians in certain specialties may find a telephone call works well for their purposes. Keep it simple if you can — use what works well already, and learn from other areas that have already rolled out virtual consultations.

## 6. Work smarter to minimise exposure

You'll need to think to about how to minimise staff exposure at all times, so for example if a consultant has to see a COVID-19 positive patient, they can also do some of the other tasks normally done by nurses for instance to minimise exposure. If possible minimise the number of individuals in theatre.

## 7. Understand oxygen delivery capacity issues

Think about how you manage oxygen—it is not just about how much oxygen you have but how much oxygen can go through the pipes, which can limit the amount you can supply at any one time. Have an informatics or data team to work out how to efficiently provide supply and how patients can be spread throughout wards. Make sure you have enough machines /ventilators but also allow time for staff training to use the machines.

It's important to understand the oxygen delivery capacity of each ward in your hospital. For example, on a 30-bed ward you may only have 10 devices that support oxygen delivery.

## 8. Consider the unique challenges of maternity care

All specialties will of course be fundamentally affected by this crisis, but trusts are advised to give thought to the special case of maternity care. Hospitals regularly provide urgent care for women around emergency caesareans or other procedures. If a woman is positive for COVID-19, staff will need full PPE, which can cause delays in providing emergency care. Maternity units need to be prepared with drills, simulation, skills etc. to deal with an emergency situation for a woman with COVID-19. This will have significant implications and will require rapid new learning. The preparation, practice and implementation of standard operating procedures can ensure that the whole team caring for the patient is in the same movie.

## 9. Rethink your approach to palliative care

The thinking about how you work as a team around palliative care will need to change. The types of patients you deal with will be deteriorating rapidly—and symptom control needs to happen quickly. Make sure your teams are prepared.

## 10. Take a whole-team approach to family and carer updates

It can be very helpful for senior clinicians in other specialties to support ICU staff and free them up for clinical work by taking on the job of providing telephone updates to relatives. Their presence and leadership are appreciated.