



University of Texas Health San Antonio
RAISE ECHO for Early Career Women Faculty

INTENTIONAL LEADERSHIP DURING UNCERTAIN TIMES

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March 17, 2021



Happy St. Patrick's Day

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Fort Lauderdale, FL



Rochester, NY

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University of Rochester Medical Center

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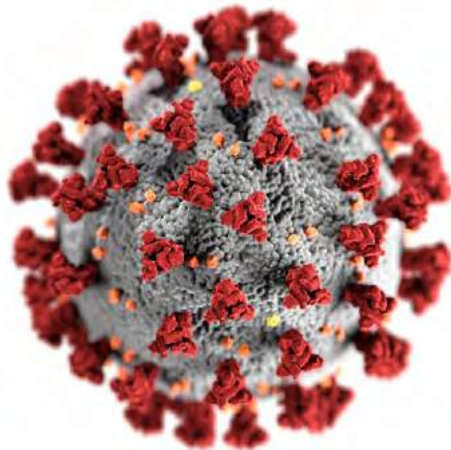


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LEADERSHIP DEVELOPMENT

During

A TIME OF UNCERTAINTY



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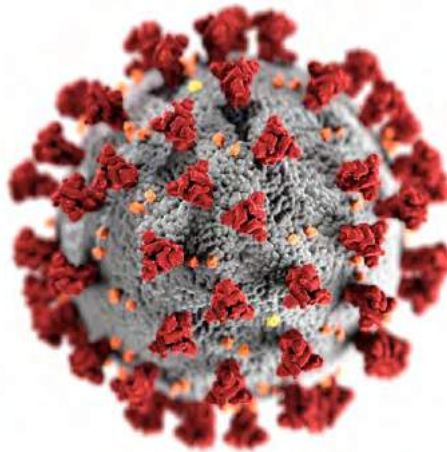
WE'RE ALL IN THIS
WHATEVER-IT-IS
TOGETHER!



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COVID-19 CALLS FOR US to:

STEP-UP-TO-THE-PLATE



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*I've come to realize through my life there aren't really coincidences.
There are opportunities, which you take or not.*

Jane Goodall, 2020

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We ALL have important ideas and skills to contribute

*No one is an expert at dealing with all COVID's
biopsychosocial features!

It's all hands on deck!

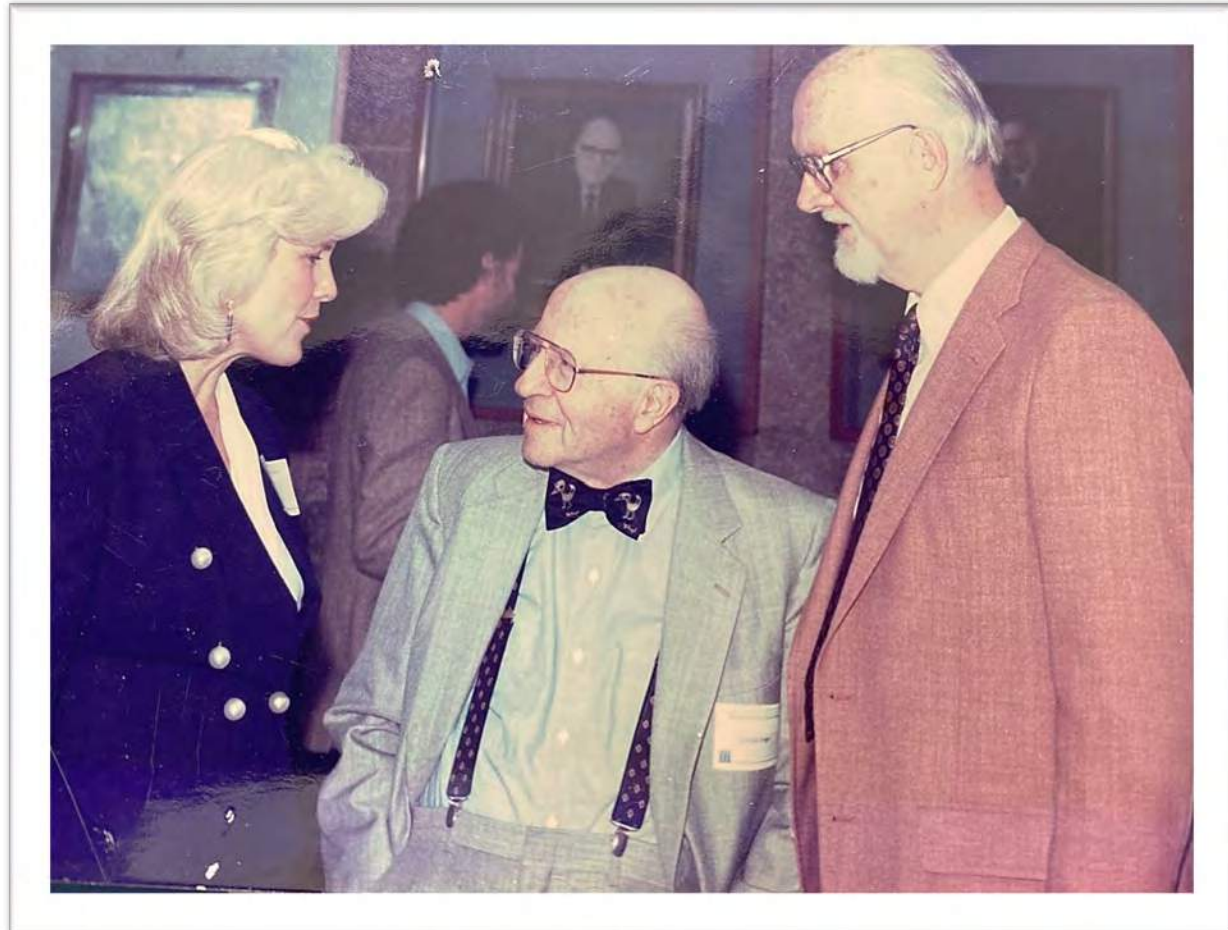


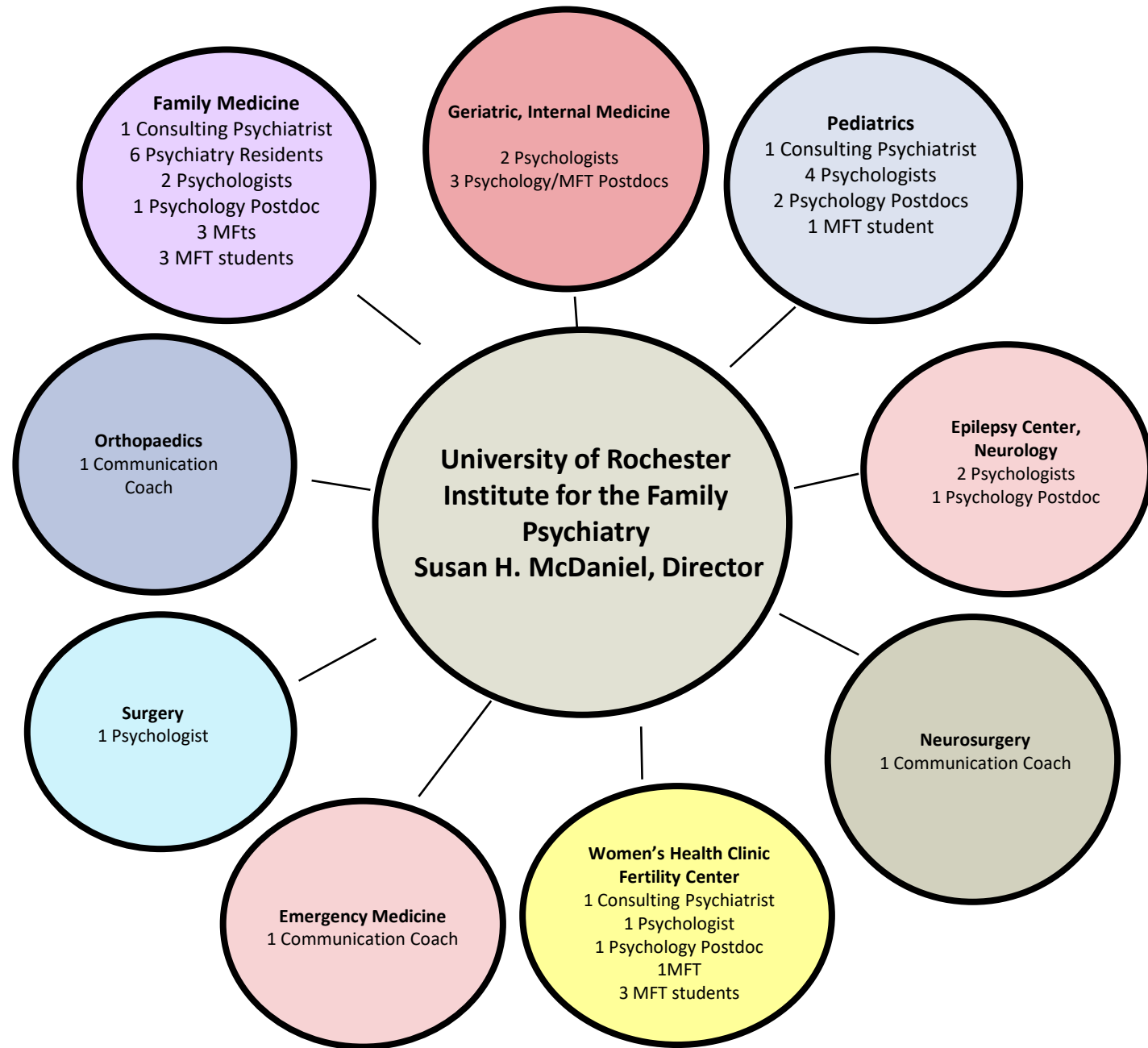


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*Academic Chief, Division of Collaborative Care and Wellness, and
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PHASES OF THE PANDEMIC LEADERSHIP

- *Pre-Pandemic Principles
- *The Terror of the Spring Crisis
- *Summer Let-Down, along with the Twin Evils of Racism and Inequity
- *Winter Return of COVID
- *New Year's Vaccine Excitement
- *The Pandemic of Loneliness and need for Psychological Hibernation
- *Our cautious belief the The End is In Sight,
a Time to Maintain Reasonable Hope and Promote Resilience.

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MY PRE-PANDEMIC LEADERSHIP PRINCIPLES

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WRITE A PERSONAL MISSION STATEMENT



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INTENTIONAL LEADERSHIP

*deliberate

*conscious

*purposeful



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INTENTIONAL LEADERSHIP

- *clear, positive communication about mission and vision
 - *mindfulness and self-awareness
- *the ability to recognize when anxiety is driving interactions or decisions
 - *self-regulation

INTENTIONAL LEADERSHIP (cont)

- *listening carefully to all perspectives
- *being willing to be influenced and changed
 - *publicly rewarding others' work
- *standing behind what you believe to be true and best



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INTENTIONAL CRISIS LEADERSHIP

- *align/articulate our values/vision with our actions

 - *measure outcomes

- *reshape our approach when outcome is misaligned with our intent

 - *be accountable

LADDER OF SELF-RESPONSIBILITY AND ACCOUNTABILITY



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INTENTIONAL LEADERSHIP

*attends carefully to organizational culture, diversity, and inclusion



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The difference between good-enough and great leadership is
having the courage and commitment to stay the course

*staying true to your mission, and

*persisting



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INTENTIONAL LEADERSHIP PRINCIPLES

- ✓ Before the Pandemic
- ✓ During the Pandemic



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EVOLVING PRINCIPLES FOR LEADERSHIP IN A PANDEMIC

*CRISIS PHASE: Activation and Adrenaline

*Adapting to unforeseen challenges *Quickly*

The Early PANDEMIC PACE resulted in

+Astonishing Accomplishments:

Telehealth, Vaccine Development

-Decisions made and... Reversed the next day



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The **BALANCE** between **HIERARCHY AND COLLABORATION**
Was sometimes lost

- *Too much command and control
- *Not enough collaboration



EVOLVING PRINCIPLES FOR LEADERSHIP IN A PANDEMIC

*mistakes are understandable but confusing/frustrating to others:

Take a breath!

*collaborative decisions can ultimately save time

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*Do you have the patience to wait until your mud settles
and the water is clear?*

- Lao Tzu -

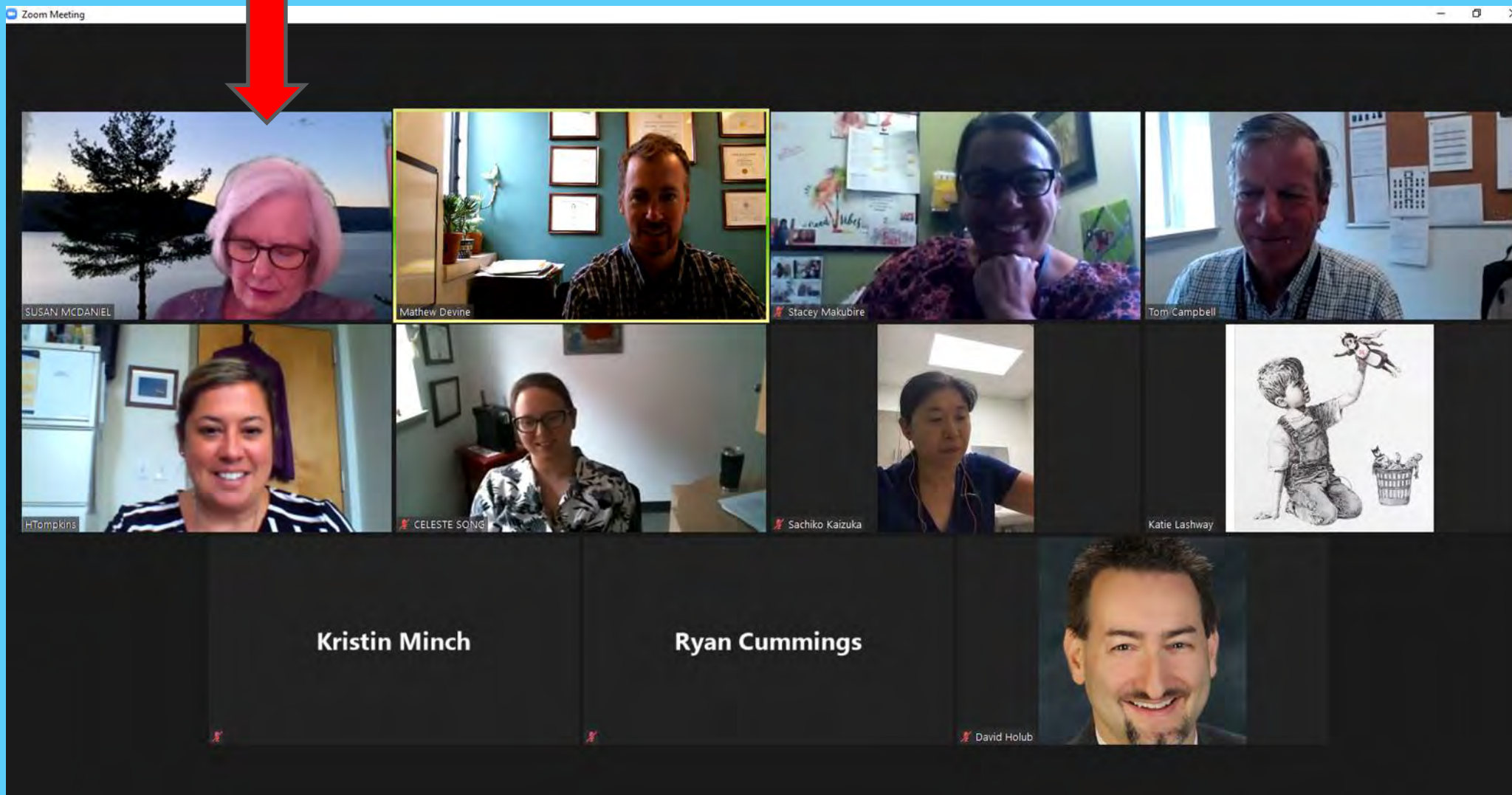


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Early in the Pandemic
The PACE OF CHANGE was
EXHAUSTING!



Zoom is EXHAUSTING!





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HEALTH PROFESSIONALS KNOW HOW TO MANAGE STRESS

- *healthy eating
- *exercise
- *social support
- *enough sleep (at night)



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HEALTH PROFESSIONALS KNOW HOW TO MANAGE STRESS

*Start with OURSELVES!

*Then apply the same principles to our Patients, Colleagues and Trainees

URMC Psychologists Respond to Health Professionals managing COVID-19

- *weekly Zoom check-ins for physicians, leadership, and staff
 - *buddy system for daily check-ins
- *weekly self-awareness/support groups for residents
 - *a Helpline for all employees
- *departmental Wellness surveys of employees



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QUICK COVID-19 PRIMARY CARE SURVEY
SERIES 17 FIELDDED JULY 24 – 27, 2020

Primary Care Clinician Survey Comments:

**The walls are closing in, we are surrounded by COVID.*

**Help us—we are exhausted and stressed taking care of patients first and then worrying about our own families.*

**We have lost 1/3 of our primary care workforce*

**One of our receptionists in her late 40s, married, four children, died of COVID...in the line of fire*

Primary Care Survey Comments:

**I have suspended personal income to preserve the practice.*

**We are in a mental health disaster.*

**I have had more patients die of suicide and overdose than COVID...it is beyond heartbreaking, and some of these are kids.*

**This has been the worst year of my professional career. I will likely quit medicine as a result of this experience.*

Many primary care clinicians report they are feeling alone in dealing with COVID. Many express feeling left "hung out to dry." They feel a sense of responsibility to fulfill the needs of a community - to continue the mission that motivated them to choose primary care in the first place. At the same time, the size of that task - and the lack of emotional and financial support, coupled with fears of becoming infected, are taking a huge toll. Many feel torn between a desire to "get out" of medicine altogether, and a sense of duty to serve.

How can a primary care clinician choose a path forward in the context of intense uncertainty and competing demands?

- **Focus on the small wins**- the encounters where you have been able to help someone. Sometimes that help is medical intervention, but other times it's healing by bearing witness, offering support and simply "being there" for another person.

- **Accept your limitations-** it is simply not possible to meet the community need right now. Pay attention to your own level of well being, and when your emotional pain and exhaustion impacts your daily functioning, realize it is ok to step back and seek support for yourself.
- **Prioritize the "way station"** - we all realize COVID-19 is a marathon, not a sprint. But, even in a marathon you know where the finish line lies, and where you are relative to that finish line. Right now, no one knows where the COVID 19 finish line is, so it is difficult to know how to pace yourself. In this context, the best you can do is check in with yourself and the people you care about on a regular basis. Be honest with yourself and others about how you're doing. *Give* support on your "good days." *Take* support on your "bad days."
- **Take time to do things that in the past brought you joy and relaxation.** It's easy for those to drop off when you're burnt out and depleted. These are the times you need it the most. Perhaps it's exercise, especially outdoors (hiking, biking, swimming, etc). Stream a movie or a series, preferably a comedy. Have a very safe, socially distanced picnic with friends. Garden. Sculpt. Write. Be with people who bring you joy.



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If you realize that the emotional toll is too much - your functioning is impaired, you feel unable to continue - seek help from a skilled psychotherapist who has experience and understands the life of a clinician. Then tell us how it goes in a future survey.

National Suicide Hotline 1-800-273-8255

SAMHSA Treatment Referral Helpline: 1-977-SAMHSA7 (1-877-726-4727)

American Psychological Association Therapist Locator: <https://locator.apa.org/>

Psychology Today Therapist Locator: <https://www.psychologytoday.com/us/therapists>

Many health care systems now have a wellness team for clinical providers; others offer Employee Assistance Programs. It may be helpful to consult with your Human Resources Department or look on your employer's website to learn more about these resources.

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Debriefing and supporting traumatized researchers
who are studying
the effects of the pandemic on primary care clinicians



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UNIVERSITY OF ROCHESTER
PHYSICIAN COMMUNICATION COACHING PROGRAM

*people aren't their best selves when under stress!



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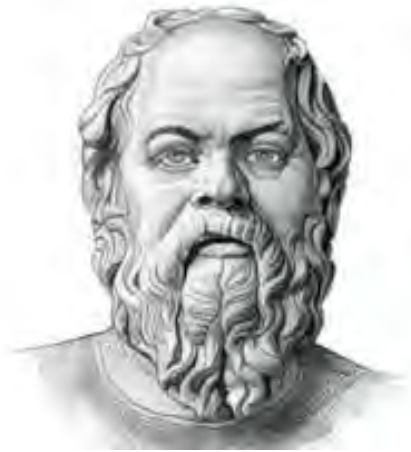
UNIVERSITY OF ROCHESTER
PHYSICIAN COMMUNICATION COACHING PROGRAM
develops a culture of feedback to:

- *enhance self-awareness
- *boost self-regulation

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Is it honest? Is it kind? Is it necessary?

--Socrates



Communication Coaching

- *Help with difficult conversations about ethics, teamwork, speaking with families about difficult issues
- *Referrals for physicians' own mental health

OTHER COMMUNICATION PRINCIPLE

- *Don't take disagreements personally
- *Be accountable rather than blaming



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"Entertaining, illuminating, and — when you recognize yourself
in the stories it tells — mortifying." — *Wall Street Journal*

MISTAKES WERE MADE

(but not by *me*)

WHY WE JUSTIFY FOOLISH BELIEFS,
BAD DECISIONS, AND HURTFUL ACTS

UPDATED, WITH A NEW CHAPTER:
"DISSONANCE, DEMOCRACY, AND THE DEMAGOGUE"

Carol Tavris *and* Elliot Aronson



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Individual, Family, and Organizational
CRISIS RESPONSES

- *blurry boundaries
- *unclear responsibilities
- *confusing roles

BOUNDARY TURBULENCE

LEADERSHIP AFTER EACH PANDEMIC PHASE

- *reexamine roles and responsibilities
- *return to what should continue from before
- *redefine what needs to change



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COVID-19 Communications

*monitor writing for simple, clear, and short, declarative sentences

*zoom into meetings to provide feedback later on meeting hygiene and faculty discussions



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COVID-19 Communications

- *speak to a future of hope
- *take the long view
- *promote resilience
- *listen more than talk, esp to ECPs

OVERCOMMUNICATE!

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A BREATH OF FRESH AIR

From Turning Point Park, Rochester NY

Aug 2, 2020



Photograph by Deborah Pierce MD

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WORK-LIFE BALANCE





As a Leader, what to do about the lack of separation between Work and Family Responsibilities?

*without national policy that boosts
family leave, job security and child care, we can only—

*be understanding, flexible, expect fatigue, extend promotion dates

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**EVER-PRESENT
COVID-19 RISK ASSESSMENT**



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SUMMER LET-DOWN

- *Should we go to a restaurant with socially-distanced dining, or stay home?
- *How large should our bubble be?

Risk Assessment at Work

- *clinical work/teams in person or zoom
- *cut salaries or retirement funds



THE PANDEMIC OF RACISM IN THE USA

- *Intense protests
- *Urgency by AHCs to address inequities



WHITE COATS FOR BLACK LIVES



THE PANDEMIC OF RACISM IN THE USA

- *Intense protests
- *Urgency by AHCs to address inequities
- *Each department has anti-racism plan
- *We have a long way to go....



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SECOND SURGE

- *We knew what to do.... but the second surge was brutal!
- *More stress, more loss, more uncertainty.
- *Another intense lockdown.

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VACCINE EXCITEMENT!

And vaccine hesitancy by some people of color
due to historical racism in science & medicine





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USA Awakens to the Social Determinants of Health

- *Gender
- *Race
- *Culture
- *Class

The need for equity in healthcare and other aspects of life

SEXUAL HARRASSMENT AND GENDER BIAS IN UR DEPARTMENT OF FAMILY MEDICINE

Russell H, Fogarty C, McDaniel SH, Naumburg E, Nofziger A, Rosenberg T, Sanders M, & Fiscella K.
(In Press) Am I making more of it than I should? Reporting and responding to sexual harassment and
gender discrimination, *Family Medicine*.

Saunders M, Fogarty C, Russell A, Fiscella K, Nofziger A, Naumburg E, Rosenberg T, & McDaniel SH.
(Under Review) Is sexual harassment a problem in Family Medicine? A qualitative study.

Scenario training:

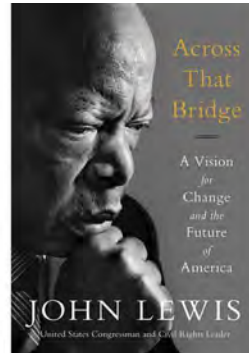
Bring our Science and Values to inform and promote Race and Health Equity!

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John Lewis 1940-2020

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Across that Bridge: Life Lessons & a Vision for Change

Choose confrontation wisely, but when it is your time don't be afraid to stand up, speak up, and speak out against injustice.

*And if you follow your truth down the road to peace and the affirmation of love...
then [we will find] a nation, a world community, and a Beloved Community
that is finally at peace with itself.*

John Lewis, 2012



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A PANDEMIC OF LONELINESS
and
SENSE OF LOSS

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PSYCHOLOGICAL HIBERATION AND RESILIENCE: There's a Season for Everything

A blog essay by Eileen Russell PhD

(Russell, 2021)

PSYCHOLOGICAL HIBERATION AND RESILIENCE

For a few weeks I have been noticing that many of my patients seem to have entered a new state. It isn't quite depression, though it sometimes seems like that... A number of people have shared feeling "bored and restless" at the same time...

(Russell, 2021)

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Did I tell you about the really big pigeon I saw? I did? Sorry. I ran out of new things to talk about months ago.

PSYCHOLOGICAL HIBERATION AND RESILIENCE

It is as if the color has been drained from everything, but all remains recognizable, making the experience somewhat confusing and disorienting. [It is an..] amorphous, eerie, threatening and isolating time...

(Russell, 2021)

PSYCHOLOGICAL HIBERATION AND RESILIENCE (cont)

The [current] “light at the end of the tunnel” phenomenon may not initially inject us with hope and relief, but rather, or perhaps also, wake us up to the reality of what a slog this has been...we are not looking too far into the future; we are just dealing... To my mind, resilience is not about being “strong” in the sense of being unaffected... Increasingly I think it is truly about flexibility... If we let go of the unrealistic expectation that we could be feeling so much better if only we (fill in the blank), might we experience this mid-winter period of our lives as slightly more bearable and circumscribed...

PSYCHOLOGICAL HIBERNATION AND RESILIENCE (cont)

If there is a season for everything, perhaps this time invites us to rest and let go of our need to turn reality into what it is not. If we allow for a certain psychological hibernation now, we might trust ourselves to welcome “spring” when it comes. Because it will come.

IS SPRING AT OUR DOORSTEP?

- *Most of us are vaccinated
- *But we have a few months to go before that is universal
- *The Mental Health Surge has begun to roar
- *Still, we're cautiously optimistic that *the end in sight*.
- *The Importance of population health, prevention, and intentional leadership remains.



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REASONABLE HOPE

*suggests something both sensible and moderate, directing our attention to what is within reach...
It refers to actions one takes rather than feelings of hope one may or may not be able to summon.*

THE 5 CHARACTERISTICS OF *REASONABLE HOPE*

- ***Relational**--*It can be likened to the African concept of “Ubuntu,” which Desmond Tutu described as “being enveloped in the community of other human beings...caught up in the bundle of life.”*
- ***Something to be practiced**--*a verb more than a noun..something we practice in the here and now, not something we passively wish for in the future.*
- ***Sees the future as uncertain, influenceable.** *An uncertain future creates space for change, growth, and transformation, opening the door to possibilities beyond our current expectations.*
- ***Seeks goals and pathways.** *Reasonable hope looks for what goals can be accomplished now...and adjusts as new possibilities and pathways become available.*
- ***Accommodates doubt, contradictions, and despair.** *Reasonable hope can hold the whole of our lives with all of its losses, joys, setbacks, and surprises. Instead of closing our eyes and making a wish, we can open our eyes wider and turn toward a light that may not yet be born.*



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PANDEMIC TASKS FOR FACULTY LEADERS IN ACADEMIC HEALTH CENTERS

- *Set realistic expectations
- *Promote resilience
- *Maintain reasonable hope

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TRUST Ourselves to Welcome Spring!
Reasonable Hope says:
It is Almost Here!





Thank You!