Endurance: Strategies for Survival in Extreme Conditions

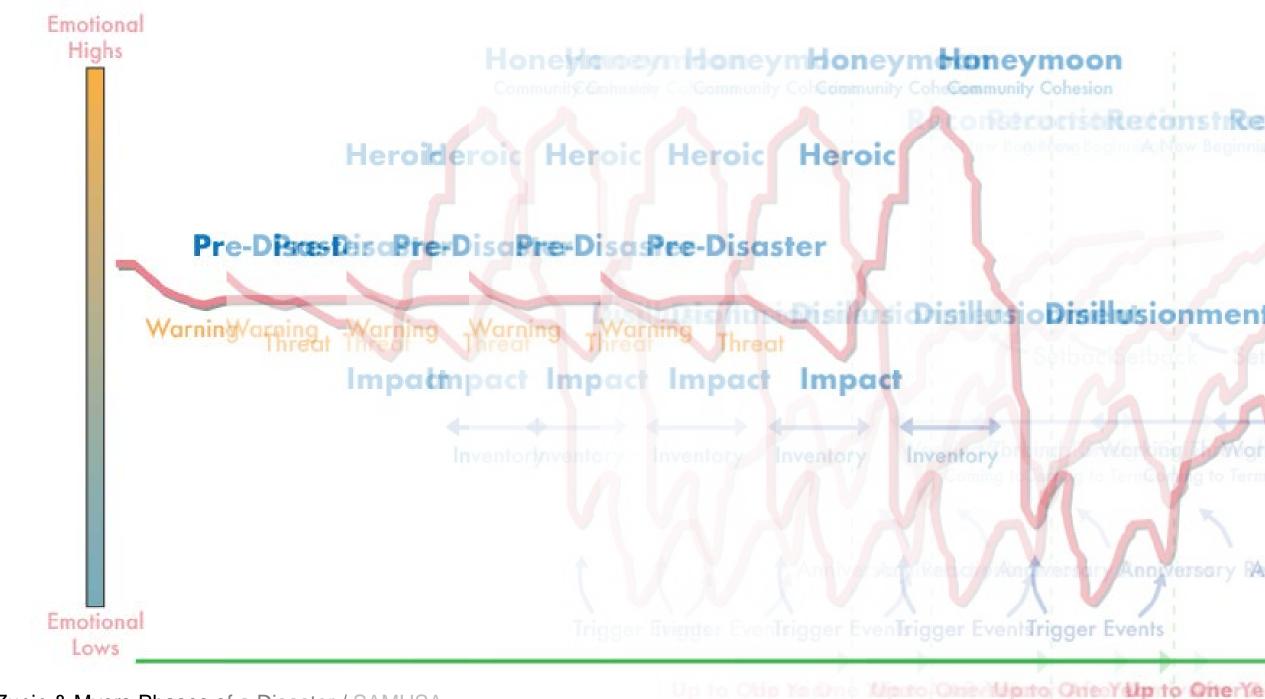
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In medicine, we compartmentalize.

Yesterday, I was notified that a COVID+ family member was unresponsive & taken to the hospital.

I broke down in front of my team. I ran out of compartments. Full from inpatient work & trauma from Wednesday's violence.

This is not sustainable.

Everybody's got a plan until they get punched in the face

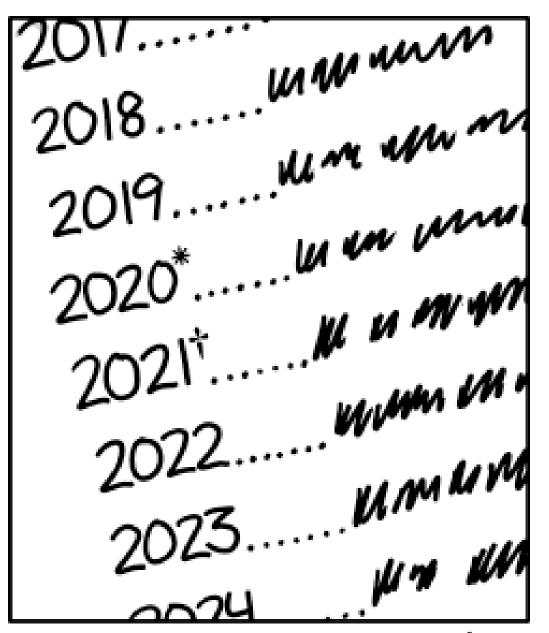
- Disasters and crises amplify underlying faults and exploit preexisting vulnerabilities
- Most of our best models and interventions are based on punctuated events
- We knew from the beginning, that COVID was going to be a novel biopsychosocial disaster
 - Psychologically, morally traumatic → coping and crisis support
 - Extended and exhausting → staff preservation
 - Geographically distributed and staggered → Shared staffing, tele
 - Prolonged, intermittent -> timed wellness interventions
 - Politicized → Transparent, evidence-based leadership at any level

What has been learned (or reinforced)

- Diverse teams need diverse tools (and diverse messages)
- Repetition is helpful (nudge, don't nag)
- Trust cannot be rushed; safety cannot be faked (don't "well-wash")
- Relationships matter from personal to national
- Our work, even in the best of times, has a personal cost







Discarding some models

Finding unexpected, novel applications for other models

EVERY DATA TABLE FROM NOW ON





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National Suicide Prevention Lifeline 800-273-8255

Physician Support Line 888-409-0141

Thank you!

Resources

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