Endurance: Strategies for Survival in Extreme Conditions

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Zunin & Myers Phases of a Disaster / SAMHSA
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 pre-existing 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
Psychological and moral injuries will be the signature injury for health professionals.
Have you tried mindfulness?

Health professional safety, stress, & burnout in 2021

Thank you!

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National Suicide Prevention Lifeline
800-273-8255

Physician Support Line
888-409-0141
Resources


