

Endurance: Strategies for Survival in Extreme Conditions

Jack Rozel, MD, MSL

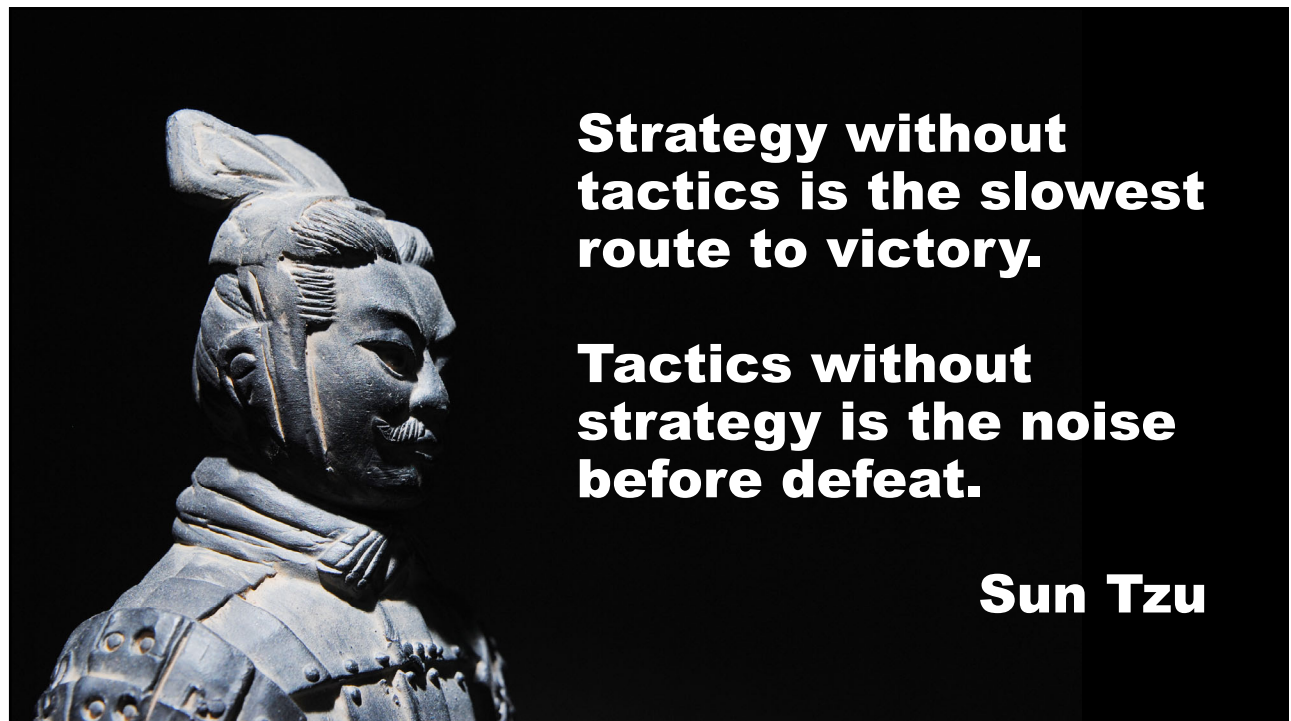
Medical Director, resolve Crisis Services of UPMC
Western Psychiatric Hospital

Associate Professor of Psychiatry & Adjunct Professor
of Law, University of Pittsburgh

Past President,
American Association for Emergency Psychiatry
rozeljs@upmc.edu / 412-864-5013 / @ViolenceWonks



1

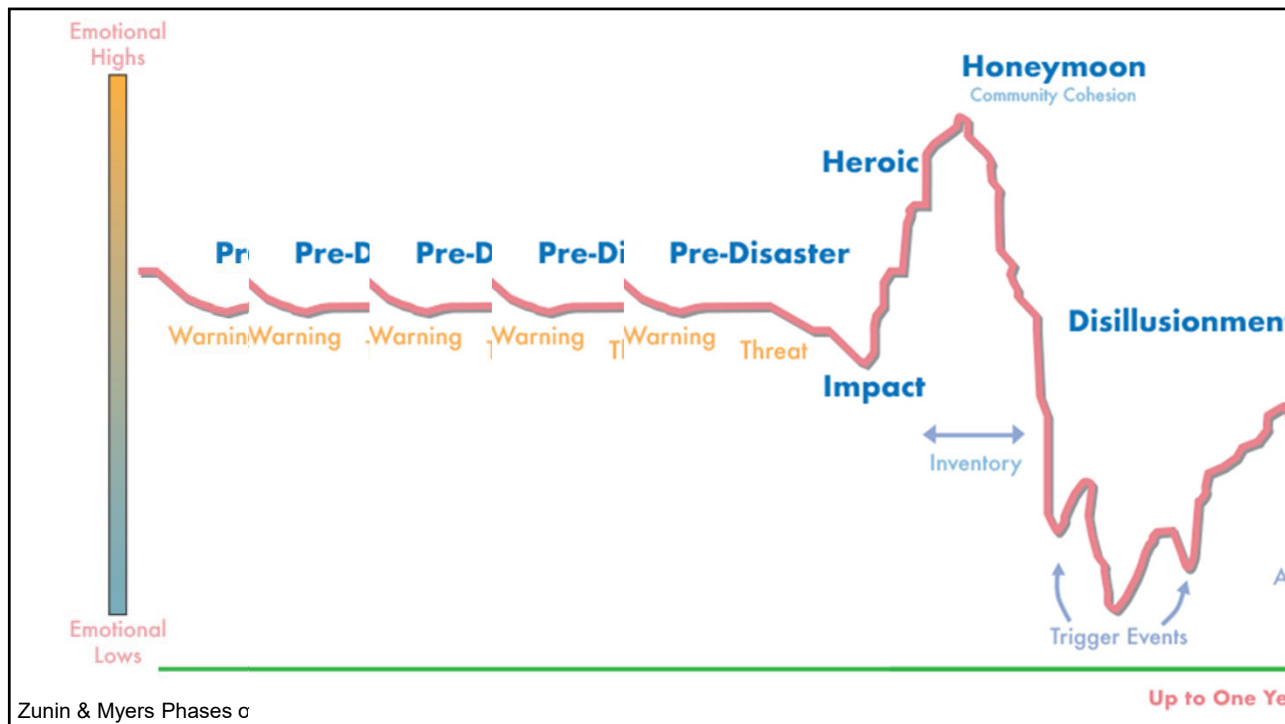


**Strategy without
tactics is the slowest
route to victory.**


**Tactics without
strategy is the noise
before defeat.**

Sun Tzu

2



3

 **Lawren "I'm Speaking" W**
@pedsm2b

In medicine, we compartmentalize.

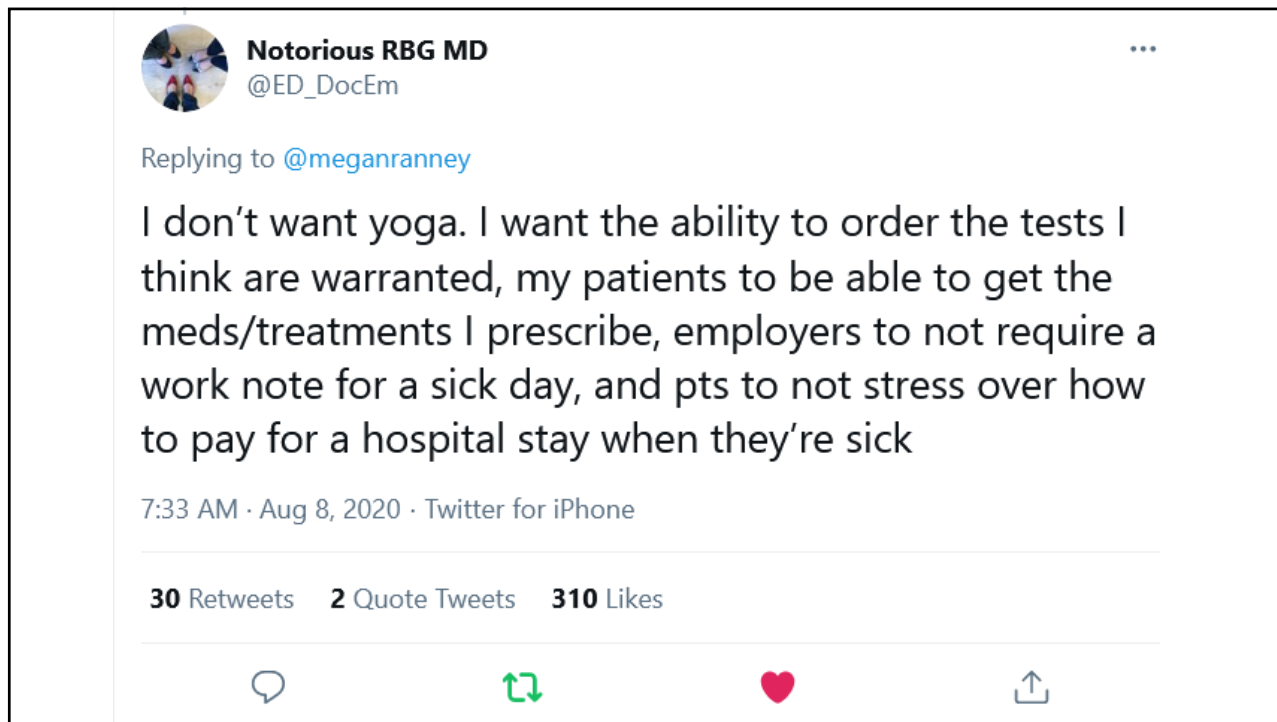
Yesterday, I was notified that a COVID+ family member was unresponsive & taken to the hospital.

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.

9:05 AM · Jan 8, 2021 · Twitter Web App

4



5

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

6

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



BeThe1To
If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.

Find out why this can save a life at www.BeThe1To.com
If you're struggling, call the Lifeline at **1-800-273-TALK (8255)**

7



Jack Rozel, MD, MSL
rozeljs@upmc.edu
412-864-5013
@ViolenceWonks

Thank you!

8

Resources

- Albott CS, Wozniak JR, McGlinch BP, Wall MH, Gold BS, Vinogradov S. Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic. *Anesth Analg*. 2020 May 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199769/>
- Medscape National Physician Burnout & Suicide Report. 01/22/2021. <https://www.medscape.com/slideshow/2021-lifestyle-burnout-6013456>
- Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*. 2020. doi:[10.1001/jama.2020.5893](https://doi.org/10.1001/jama.2020.5893)
- Stehman CR, Clark RL, Purpura A, Kellogg A. Wellness: Combating Burnout and Its Consequences in Emergency Medicine. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*. 2020;21(3). <https://escholarship.org/uc/item/7db1d0qn>
- Wuthnow J, Elwell S, Quillen JM, Ciancaglione N. Implementing an ED Critical Incident Stress Management Team. *Journal of Emergency Nursing*. 2016;42(6):474-480. doi:[10.1016/j.jen.2016.04.008](https://doi.org/10.1016/j.jen.2016.04.008)