

My COVID-19 reflections

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Spring 2020 has brought us many unexpected challenges in the respiratory community. Never before have we been so focused to work so urgently across organisations to bring about the best response to Coronavirus for a whole population. Clinicians and support staff across health, social care and the charity sector have been working to deliver a collective response to this challenge. COVID-19 reaches a population far greater and far quicker than we usually experience. Yet as the prevalence unfolds we are likely to learn that like most respiratory disease the outcomes from the virus are an indicator of health inequalities. With the magnifying glass on population-based health outcomes. Will it show that as well as clinical risk factors that the people with the security net of savings in the bank, a private back garden and emotional support are the ones more likely to better weather the storm?

A month into the decision to cease routine care, after that initial flurry of planning and communication we now sit in a temporary space where we have re-framed what day-to-day care looks like. For most of us, clinical assessments have moved from mostly face-to-face, to being predominantly virtual or telephone based. We have moved from following guidelines, using our solid clinical experience of familiar scenarios, to using clinical judgement to find a best fit rather than follow best evidence.

In response to the questions raised by many primary care colleagues who are concerned about best care for respiratory patients with COVID-19. PCRS has produced a pragmatic guide for crisis management of asthma and COPD during the covid-19 epidemic. I have found this Q&A style document very reassuring while I gauge the new questions that are posed to our

team. The rapidly changing advice and limited research base has made this novel disease hard to navigate.

In the thirst for knowledge I have tried to make sure I follow the informed and balanced perspectives of societies and professionals I trust. The COVID-19 section of the PCRS-UK website has been a great platform to bring all these resources into one place and has sign-posted me to other helpful articles and communities.

COVID-19 had caused many of us to expedite conversations to explore a patient's wishes and expectations. Listening to primary care colleagues throughout the UK I have heard how many have prioritised the time to hold and document conversations reflecting individuals' fears and wishes about pre-existing health conditions and COVID-19. Despite the challenges of having these conversations from a physical distance, I have mostly heard the relief from the positive impact an open conversation has had. The RCGP has provided open access e-learning and a guide to community palliative, end-of-life and bereavement care in COVID-19 which I have found especially helpful. <https://elearning.rcgp.org.uk/mod/page/view.php?id=10537>

Chronic disease standards are underpinned by regular and detailed assessments and we are now being asked to pause investigations, treatments and withhold clinical examination. For many of us we worry about the impact this hiatus will have on long term health outcomes. While we understand the immediate risk COVID-19 places on our patient population we are witnessing a compromise in the care we would usually deliver and understandably this is causing clinicians upset and anxiety.



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Compassionate and supportive leadership can help us to see these compromises in care as a collective decision. Not a wrong or bad decision, but the best decision with the information we have available at this time.

It is important to acknowledge that in primary and community care many of these decisions to withhold care are subtle but it is the accumulative effect of compromises in care that place clinical outcomes at risk and can drive staff concerns.

These are some of the things that have helped my team and I to feel more clinically secure:

1. To share the complex and compromised decisions - so that the risk is shared with peers.
2. To regularly schedule time to reflect as clinicians on the decisions we have made, and think about what the patient can do to mitigate these compromises.
3. Being honest about my confidence in my decision making and to promote a culture where colleagues seek help.
4. Explaining the decision process to pause clinical services has been made in conjunction with the respiratory board at the local CCG and is in line with national directives.

While we work to deliver best care, we also acknowledge the impact the lockdown has had on our homes, families and communities. Our ambition to deliver our 'best response' has not only meant a compromise for the usual clinical care we provide, but also our personal work-life balance.

It can feel a bit naive to ask the question, "Are you Okay?" Okay - in the context of a global pandemic, when I have had to redesign the service I have delivered for the past 7 years in only 7 days and I am supporting people to make clinical decisions with minimal guideline and evidence! Okay ?? doesn't seem to cover it.

But the check-in' chat, "are you Okay?" – I have really appreciated. If we feel connected we feel more confident.

The acknowledgement that this is new and scary can often be all the security we need to be our best. I have long followed the Joyful Doctor on Twitter and I find her advice especially grounding. <https://www.joyfuldoctor.com/>

Some top tips I have read to help self-mange anxiety at this time:

1. Normalise general anxiety- this is a highly unusual and uncertain time, it's okay to feel anxious about the medium term work and home landscape.
2. Connect with people whose opinion you trust. Go where you would usually go for support and information.
3. Be kind to yourself, set realistic expectations. Ensure you take time to create space between the clinical and operational decisions you make. Enabling time for reflection will ensure you can keep going over long shifts, over several months.
4. Celebrate and share success stories.
5. Take rest days, to relax not just the body but the mind too.

Maintain usual habits that support your mental well-being. I feel like my learning and networking has grown exponentially since this outbreak. My clinical reasoning and decision-making skills have been tested like never before. Trying to support a team remotely, especially when written communication is not my strength has been really hard. Yet I feel so proud to be a clinician in the respiratory community at this time and so grateful to be connected to PCRS. The overwhelming feeling that I am supported by the people I have met along the way in my career both locally and nationally has a huge impact on me and makes me feel a little less scared.

Take time to protect yourself, while you protect others. Connect with who and what you need.

You got this.
See you soon,
Clare

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