

Podcast Contributor Show Notes

BEING A CLINICIAN AND PARENT IN THE TIME OF COVID-19

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Objectives: To explore unique challenges of and potential solutions for balancing responsibilities as a clinician and as a parent during the Covid-19 pandemic

Summary: Raising kids while working as front-line clinicians in the Covid-19 pandemic has introduced unprecedented challenges to our lives. Dr. Jason Liebrecht and Primary Care RAP host Dr. Neda Frayha sit down for some real talk on being caregivers as well as clinicians in the time of Covid-19, including some concrete action items and solutions.

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Start with one of Jason's craziest stories about balancing parenting with doctoring in the pandemic

Jason's self intro:

Neda's example:

We have covered the covid19 pandemic from many different angles , but one aspect we haven't talked about yet is how the pandemic can affect our lives as front-line clinicians and parents - or caregivers in general - to elderly family members or those with special needs.

- So many new challenges
- Not yet a ton published on this issue - have to depend on lots of prior data
- So we read what has been published and will bring you those findings plus our own attempts at solutions
- We acknowledge that as clinicians, we come from a place of financial privilege that many of our community members don't benefit from in the same way
- We are going to focus on the juggling act and some solutions that can be within our control

First let's share our respective situations, so our listeners know where we're coming from.

Can we frame the broader situation of covid + parenting + doctoring? <3 :) [Something that just occurred to me - parenting impact probably mirrors older/other dependents too, minus school] YES! We can say that! Caregiving can apply to so many situations. And broadens your audience. :) :)

1. COVID is crazy, and has impacted everyone - but TBH I think the impact of healthcare workers has been worse
2. It's pretty clear that HCW (including physicians) are at high risk for psychological issues during a pandemic
 - a. 11-73% (varies) experience post traumatic stress symptoms - (sx last up to 3y in 40%)
 - i. Depressive sx 28-51%
 - ii. Insomnia 34-36%
 - iii. Severe anxiety 45%
 - b. Being female, being nurse each conveys higher risk specifically for COVID
 - c. We fear infection, stigma
3. The psychological impact has to affect parenting/kids too...
 - a. Quarantine/isolation is traumatic.
 - i. PTSD in up to 25% parents (self report), up to 30% kids (parental sx report)
 - b. PTSD impacts parenting, most studies from veterans or refugees
 - i. Some on illness, but mostly around meningococcal dz
 - ii. Harsher parenting, kids pick up on anxiety and mirror it
 - iii. NF to add her thoughts

4. Then add 2 physician/2 HCW household - insanity!
 - a. Can't escape, each person is scared, each has demands (ie nobody had "months off" like consultants, etc)
5. Seems like every answer is "be mindful, exercise, eat right, spend time with family, zoom calls" and all that other bullshit that isn't remotely helpful

We started to touch on this already, but the pandemic has taken what was already a precarious work/family life balance for so many of us and just totally upended it. What are some new, unique challenges that are different from normal everyday life?

WORKPLACES:

- Necessity of going to work even during lockdown - no "time off"
- Trauma of what we see at work, not having adequate resources or support or PPE - [this is a big one](#)
- I was traumatized by being able to do nothing for people
- [That really difficult realization of "this isn't what I signed up for"](#)
- Paradoxically, many front-line HCW faced pay cuts, furloughs, layoffs after having worked around the clock during the first peak of the pandemic back in March/April - adding financial insecurity to physical and emotional harm
- Apart from the pandemic - it's also politically fraught, important and overdue reckonings around race, other issues about diversity/equity/inclusion in our workplaces

CHILD CARE:

- Finding adequate child care
 - not all daycare centers have reopened
 - nanny gets a cold? Or is it?
 - nannies express fear at working in clinician households
 - hard to find a new nanny in current climate
 - [risk of relying on grandparents](#)
 - inability for clinicians to be flexible if childcare suddenly changes (ie nanny is sick)

SENSE OF ISOLATION:

- The "support people" (behavioural health, faculty/staff assistance programs, etc) often just do not get it - they aren't in the trenches and their suggestions may feel patronizing
- Quarantining from family; staying in hotels or the garage or elsewhere that's away from home
- [Sense of profound guilt that you could be the one to infect your entire family and the people you love most](#)
- Cognitive dissonance - extreme PPE at work vs seeing neighbors/friends (in person, on social media) getting together, kids playing - [and how hard it is to see this, how much it can impact friendships](#)

And then, one of my Hippo colleagues brought up something I hadn't even considered - how do you find time for yourself to recharge your batteries (HA!), or to prioritize your relationship with your spouse in the midst of all this?

Doubly difficult with a 2 physician/HCW household

Concrete solutions, short of leaving the profession altogether:

At home:

- For those of us with partners, really clear communication and cooperation
- The division of labor and who does which tasks can change day by day
- Shared family calendar with everything on it
- Create space and time when no news is allowed -- for our mental health and our kids'
- Establish small communities of support; NF's neighbors have been invaluable during this time
 - Reconnect with residency colleagues - hx of supporting one another during stress -- YES!
- Outsource things you might not have needed to outsource before -- grocery delivery, lawn care, etc.
- Try to release yourself of guilt - we won't be able to do all the parenting and all the doctoring expertly at the same time, so we can acknowledge that and remove the added burden of guilt
- Allow yourself to mourn losses - vacations, flexibility, school, conferences
 - Yes - many of us have significant economic privilege, but this still sucks - YES! And pretending otherwise, or diminishing our own sense of grief, doesn't make it go away or help us feel any better.

At work:

- Have a candid conversation with your employer about what kind of flexibility may be possible. "Everything is negotiable." -- David Alfandre MD, MSPH, Assoc Prof of Medicine at NYU
 - Also recognize that these are not normal times - those of us in public-facing frontline acute care really appreciate (and need everyone else to embrace) stepping up
- Recognize, though, that \$\$\$ impacts limit ability to be flexible if you work for a healthcare system
- Have a candid conversation with your colleagues about your needs and how you can help each other.... Trade shifts? Take turns with doing telemedicine from home vs going into the office?
- Advocate for safety measures you need in order to feel protected
 - Purchase your own PPE - I did the same thing!

Systemic solutions:

- Health care system has been broken for a while. How can we use this moment to our advantage and advocate for meaningful change?

- Unionize? Refuse to go into work unless we have adequate protection? Feels antithetical to medicine but per Dr. Danielle Ofri, “...one resource that seems endless — and free — is the professional ethic of medical staff members.”
- Neda says : Our friend Dr. Rana Awdish just co-authored an Annals of Internal Medicine essay called “Health Care Organizations Should Be As Generous As Their Workers.” Focuses on two crucial requirements: community and protection.
- Advocate for things like on-site high-quality childcare, emergency time off

Finally, reframing & making the best of a bad situation:

- Help build empathy in our kids by sharing the suffering of our patients and the help we can offer as clinicians
- Opportunities for increased bonding with patients - NF has never had as many heart to heart conversations with patients as I have during this pandemic, many of them about our families
- Surprising joy from being home with kids during virtual school
- Release ourselves from tangential obligations that never created value or meaning or joy; adopt a minimalist approach to which commitments we take on/continue

Closing thoughts?

Side notes from Neda's colleagues at Hippo Ed:

"I remember early on during covid, my older daughter was scared and cried every time she knew we were scheduled to go into the hospital because she was scared for us. She's no longer crying but still expresses her concern for our safety. Her teachers last year mentioned how other kids couldn't relate (and certainly other parents didn't relate). Now that school started virtually, my kids' teachers have been emailing us bc they've noticed we're not as available to help, because they assume both of us are home, when in fact Kat is physically at work and I'm doing the remote thing."

"Another aspect that we have run into and I believe is relevant to MDL, MW, Paul, Miz, Neda, basically all of the ME's is when you live in a 2 physician household or single parent/physician household and you can't physically be present for homeschooling etc because you have to work clinically/not from home. How do you balance your responsibility to public health vs your responsibility to make sure your kids get an education (aka balancing your desire to get your kids back to school vs your desire to not increase the rate of disease spread by reopening schools too soon or unsafely). I've specifically run into this with raising a kindergartner where social interaction is important and you second-guess play dates, in person learning, screen time, etc.... This is not specific to physicians but all double working households/single parents who can't be home with their children as they sit through virtual learning."

"We entered a whole new phase of 🤡 when wildfires hit. So daughter at home on zoom f'ing kindergarten, we don't know day to day whether preschool will be open or closed because of air quality, and mommy and daddy need to go to work without being able to rely on any social supports to help with these last minute changes thanks to pandemic. Just 🤡🤡🤡🤡. And we have well-benefitted jobs where my husband just burns through vacation days. What do those without do?"

"Cool idea. I am sure you will ask about the balance of responsibility to your patients and your family. Would be interested to see you go even further as to how you account for responsibility to yourself (exercise, time alone, reading, hobbies) as well as time for marriage/relationship. Sort of funny when they say on the airline to put the mask on yourself first, then your child... seems if we don't care for ourselves (at least a little bit), then it will be hard to care for others (family, patients, etc). Not a huge focus but may be an interesting branch point..."

SD: room tone at beginning

Imagine you get home from a busy day of work and find your nanny looking ill. She's diaphoretic, a little short of breath, coughing. She feels miserable. She has a low-grade fever. You know that covid cases are increasing in your community. You send her home, pull some strings to make sure she has medical follow-up, help her get tested for covid. It comes back positive. You and your spouse are both front-line health care workers, and there is no back-up child care for your toddler. What do you do?

(pause)

Here at Hippo Education, we have covered covid19 from many different angles, but we have not yet explored the profound impact of the pandemic on our lives as front-line clinicians and parents - or caregivers in general - whether to children, elderly family members or any loved ones with special needs.

I'm Neda Frayha, the host of Hippo Education's Primary Care Reviews and Perspectives podcast, and the scenario you just heard? This exact dilemma happened to today's guest.

(self intro)

- The covid19 pandemic has introduced so many new challenges to this already very precarious balance of being a caregiver AND a clinician
- So we have scoured the literature to define the problem and bring you solutions
- Of course, as clinicians, we likely come from a place of privilege - financial and otherwise - that many of our patients and community members do not get to enjoy; that is incredibly important to acknowledge.
- Nevertheless, the struggle is real. And so, here is some real talk on our lives as clinicians and caregivers in covid.

(Music)

Musical Transition x 2

Outro for Part 1

We are digging into some deep and sometimes dark topics when it comes to managing responsibilities as a front line HCW AND as a caregiver at home; when we come back, Dr. Jason Liebrecht and I will explore some solutions. Stay with us.

Intro for Part 2

In Part 1 of our conversation on ____, Dr. Jason Liebrecht and I framed the problem, established the parameters of the issue, and delved deeply into some of the specific, unique challenges we face

when we manage our clinical work on top of parenting or other caregiving in the middle of the pandemic. And now... what to do about it?

Musical Transition x 3