Supporting Self-Care and Mental Health in Healthcare Providers and Residents During the COVID-19 Pandemic: Project ECHO Ontario Coping with COVID

What is ECHO Ontario Coping with COVID

In March 2020, the Centre for Addiction and Mental Health (CAMH) developed and implemented Project ECHO Ontario Coping with COVID (ECHO-CWC) in response to the COVID-19 pandemic.

Website: https://camh.echoontario.ca/echo-coping-with-covid/

Project ECHO® (Extension for Community Healthcare Outcomes) is a telementoring and educational model originally developed to support healthcare care providers (HCPs) and build capacity in the community management of complex patient needs. Originating from the University of New Mexico, Project ECHO® utilizes videoconferencing technology to create virtual communities of practice by connecting remote primary care sites (“spokes”) to specialist teams at academic health centers (“hubs”).

Using the Project ECHO® model, ECHO-CWC aims to promote resilience and mental well-being amongst Ontario HCPs and medical residents responding to the COVID pandemic. On a bi-weekly basis, the virtual community participates in evidence-based didactics and case-based learning discussions with their peers, as well as an interprofessional specialist team (psychiatrists, internists, infectious disease specialist, primary care physician, nurse, and librarian). The aim of ECHO-CWC is to reduce feelings of isolation, anxiety, and burnout through new connections, skills, knowledge, and sharing of best practices.

Target Audience

The target audience for ECHO-CWC includes any Ontario-based HCP or medical resident involved in providing front line services during the COVID-19 pandemic.

Format

In order to make sessions accessible to a range of HCPs and residents, ECHO-CWC provides one topic, twice per week, on alternative days and times. Participants are invited to attend one or both sessions, based on need and availability. Each 1-hour session starts with introductions and a mindfulness exercise, before moving to an evidence-based didactic lecture and case-based discussion in which providers share personal COVID-based experiences and ask pertinent questions to the community. Sessions end with the ‘art of coping’, during which an arts-based piece (e.g. poem, image) is shared as a medium for coping.

Content/Curriculum

A preliminary set of curricula was developed in four phases, using a modified Delphi approach. First, the ECHO-CWC Hub was identified based on the expected areas of focus, their own experiences in practice during the pandemic, and the need to provide reliable medical information and updates as part of managing distress during the COVID-19 pandemic. Second, the Hub conducted a review of the literature on evidence-based practices to support HCPs managing stress and anxiety to assess objective needs. Resources developed by CAMH for coping with distress during COVID-19 were used as guiding documents in this phase of review. Third, a virtual assessment of end-user needs was conducted using an electronic real-time polling during the first ECHO sessions with HCPs and residents. During this process, HCPs and residents ranked and provided feedback on preliminary topics drawn from the literature and generated additional topics of interest through free-text responses. Lastly, a consensus meeting was held following the analysis of in-session polling to review the needs as ranked and identified by end-users. During this
meeting, the Hub team discussed the findings and identified pragmatic grouping and sequencing of topics within the curriculum. Needs were continuously assessed as the program continued.

Curriculum topics delivered in the initial weeks of ECHO-CWC included: Self Care and Wellness during COVID-19, Managing Information Overload, Sleep and Nutrition, Anxiety around Personal Protective Equipment and Personal Safety, Managing Anxiety related to COVID-19, Communicating COVID-19 Information to Patients and Families, and Burnout and Compassion Fatigue. Future topics may include: Hope, Vulnerability and Courage, Communicating with Children, Adapting to Virtual Care, Ethical Issues Arising in COVID-19 Care, Managing Personal Grief and Loss, and Resilience.

Evaluation

To evaluate the ECHO-CWC program impact, data on participation (i.e., attendance), satisfaction, and change in participant’s self-efficacy and perceptions of COVID-19 risk are collected. To measure satisfaction, participants complete online satisfaction surveys after each session using a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree). To measure self-efficacy, participants rate their confidence on five mental health competencies related to COVID-19 care using a previously published 100-point confidence scale (higher number = higher self-efficacy). Competencies were developed by the ECHO-CWC Hub team through discussions and review of literature of provider mental health needs during pandemics. To assess perceptions of COVID-19-related risks, a 10-item questionnaire adapted from a previous SARS study questionnaire is being used, with responses collected using a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree).

Preliminary results:

Participation: 426 interdisciplinary HCPs from 149 Ontario-based organizations have registered for ECHO-CWC. The mean number of participants per session (across the first 5 sessions) was 30.

Satisfaction: Mean participant satisfaction ratings collected for the first five sessions (n=38) demonstrated participants were highly satisfied with sessions (mean score = 4.26 ± 0.42). Similarly, qualitative feedback from participants suggest high satisfaction with the program:

“The global COVID-19 situation has been an unprecedented challenge for me, both personally and professionally. The ECHO-CWC has proven invaluable for not only building my resiliency, but fostering a sense of communion in knowing that so many other disciplines are going through the same things I am.”

“ECHO-CWC is giving me the opportunity to connect with other healthcare professionals that have similar thoughts and fears about the environment we are a part of physically, virtually and emotionally. The information portrayed is inclusive for all disciplines and sponsors feelings that we can work together as a team across healthcare networks to support one another through our daily challenges.”

Participant’s self-efficacy and perceptions of COVID-19 related risks

Pre-ECHO participation scores for self-efficacy show participants have moderate confidence in mental health competencies related to COVID-19 care. Participants’ pre-ECHO participation ratings on perceived risk related to COVID-19 were high, particularly in areas of feeling more stress at work; feeling their job put them at risk with COVID-19; feeling afraid of falling ill with COVID-19; and feeling afraid they will pass COVID-19 to others. High ratings were also observed for the statement “my friends and family are worried they could become infected through me”.