**How to Maintain Moral and Cohesion for Your CL Team During the COVID-19 Pandemic**

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*Problem:*

With many inpatient CL psychiatry services resorting to staggered staffing and the use of virtual technology for rounds, supervision and clinical evaluations, it can be difficult to maintain morale and a sense of camaraderie for the team. This can feel isolating, particularly for trainees, who are used to working in a team setting and value mentorship and collegiality of other trainees and faculty. This isolation is compounded by losing the face-face contact with patients and non-psychiatric colleagues, experiences that typically draw trainees to this social-by-nature subspecialty. As attendings by necessity take on more of the responsibility of negotiating consults vs curbsides and, if necessary, seeing the COVID-19 positive cases, trainees may feel left out, without a clear sense of their role or purpose, especially if working remotely. Trainees also may struggle with the change in routine, lack of structure and disrupted continuity in supervision, during a time when additional supervision and structure may be needed. Trainees may experience anxiety about potential redeployment to frontline services outside of psychiatry and missing out on important and, in some cases, required clinical and educational experiences. As information and the clinical situation changes rapidly, this may feel unsettling and unpredictable for trainees.

There are a number of steps that CL psychiatry faculty can take to address some of these challenges.

*Rounds:*

When rounding virtually (i.e., with Zoom or another platform), the team leader should encourage participants to use video so that all can see each other. It can be helpful to start rounds with an open-ended check-in. Giving one of the senior trainees the opportunity to run the rounds, may provide a much desired sense of ownership and vote of confidence to that trainee. So as to continue to maintain an environment of inquiry, it would be beneficial to have at least 1 trainee share brief new information with team at the end of rounds. This information can be relevant and current and there are a myriad of COVID-19 related topics that could be included. Examples might be: lessons learned from navigating new telepsychiatry technology, treatment of psychiatric symptoms that are being observed in COVID-19 patients, and side effects of the experimental medications being used to treat COVID-19. Adding a brief virtual afternoon daily huddle to discuss any significant issues or concerns that have come up during the day as well as to share any new information or policy changes can go a long way to keeping trainees connected and informed.

*Supervision & Teaching*

The decision about continuing formal didactics (e.g., weekly lectures, journal clubs, and case conferences) during this crisis period is a complicated one and should be made in the context of the institution's needs and with feedback from the trainees as to their preferences. While important to acknowledge that this is a difficult time and that trainees and teaching faculty may have other more important priorities than attending class, there are still many benefits to continuing formal didactics remotely (with Zoom or another platform). The reserved, regular didactic space can be reassuring, supportive and organizing for the trainees, especially when they are faced with uncertainty and stressful clinical roles. Didactics also provide the trainees and faculty an opportunity to come together,

experience a familiar routine and continue their education. If the decision is made to continue formal didactics, it can be helpful to designate time at the start of each class as an open space to be used by the trainees as they see fit and would ideally be moderated by the service director or key teaching faculty. Trainees can use this space to check in, process emotional reactions, and share cases. Educators may consider asking the trainees for feedback about desired didactics topics which they feel are current and pertinent and modifying the didactics accordingly. Making didactics optional is also a consideration- a supportive and learning space for those who want it, but no obligation for those who want or need to use that time in other ways. In addition to the supervision that happens around specific cases, faculty should try to make space for ongoing 1:1 supervision and check-ins with trainees on the service, optimally at least 1 faculty member setting aside a regular 1-2 times weekly time slot to meet (virtually) with each trainee. These individual meetings should start with the supervisor asking the trainee how the trainee is feeling (physically, emotionally) and what immediate needs and concerns the trainee has for themselves, their peers, or others in their lives. Trainees working remotely due to a staggered schedule will benefit from getting a clear sense of their role and responsibilities while at home. This may involve providing remote learning resources and assignments or assisting the in-house team with note writing, collateral gathering, and chart review. Supervisors should also be sure with supervision to include clinical wisdom for navigating some of the unchartered territories: how to get information and develop rapport from a telepsychiatry (vs in an person) consult, how to manage the liaison work with front-line medical providers (especially if the CL team is working remotely), and how to manage one's own anxiety and self-care while at the same time working to help others.

*Morale-Boosting & Support*

Team leaders should also consider creating opportunities for members to connect in a less formal way outside of rounds, such as a virtual CL psychiatry social, a group chat, or a team project. This can be especially helpful in maintaining connectedness and CL identity for trainees or faculty who are deployed to other services. Team projects can be scholarly in nature, for example, a review paper, a case report, or a quality improvement project. Junior residents may benefit from being paired up with senior residents or fellows who can check in with them frequently by phone/text and provide both support and mentorship. An on-site or virtual message/discussion board may be helpful, where trainees can post questions, jot down quick reflections or concerns, or write messages of support to each other. CL faculty should be in frequent contact with the residency training director to ensure the most up to date information about status of the resident staffing of the service and any plans to send the residents or fellows to other clinical services.