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“Ten Minutes with.... Dr. Jennifer Ramsey, Wellness Officer, Respiratory Institute, Cleveland Clinic”

1. First and foremost, are there any key leadership messages you want to get out to our readership?

The crisis of the COVID-19 pandemic has shattered the “old normal” of medicine, and amid the rubble, we are surprised to see healing and regrowth in physicians’ emotional welfare. The pandemic has shifted the medical profession’s focus away from performance metrics and towards creativity, collaboration, and community building. Physician burnout has dissolved as we have rediscovered meaning in our work, our power to make change, and belonging in our profession. Right now, individual physicians are needed, not for data entry, but for ideas to outwit this chaos, brave hearts to answer the call of the sick, and devotion to fellow healthcare workers. Right now, physicians feel important and heard. Physicians are connected to colleagues and leaders in ways we have not been in recent past.. Amid the destruction of the pandemic, we have been given a “reset” button on the crisis of physician burnout. My message is that as we rebuild after the pandemic, it will be important to rebuild in ways which continue to offer fulfilment, purpose, and camaraderie in the practice of medicine. We should begin planning that rebuild now.

2. Tell us a little bit about your leadership role and how it is changing as a result of the pandemic?

The Cleveland Clinic’s Respiratory Institute houses the departments of Critical Care, Pulmonary, Infectious Diseases, and Allergy/Immunology. Our growth has been exponential in the last 5-10 years. Our vision of creating a “One Respiratory Institute” culture was challenged by this growth and our large size. Before the pandemic, it was common to see isolation and islands in our group. Nationwide, physician burnout has steadily worsened over the past decade. Our most recent Cleveland Clinic engagement surveys revealed we were in line with this national trend. Dr. Raed Dweik, our Respiratory Institute Chair, found this degree of physician unhappiness unacceptable, and appointed me our Institute’s inaugural Wellness Officer.

Before the pandemic, I focused on creating connectedness and enhancing meaning in work among physicians. We were having regular lunches with loosely facilitated discussions around aspects of the physician experience, starting social events, and reformatting department meetings to nurture discussions and interactions between peers.

Within a few weeks of the pandemic reaching the United States, the need to create meaning and connectedness in our Institute became obsolete, as both sprung up fully-formed overnight. As we worked feverishly to “prepare for the storm”, we collaborated with each other across hospitals and across departments frequently, freely, and intimately. We needed each other, and in turn, we felt needed by the group.

What we have needed during the pandemic is structure to our communities in order to facilitate connecting as human beings experiencing a pandemic. We also needed to align the hospital’s needs from our workforce with individuals’ personal situations, and to formalize peer support. We did this in the following ways:

- **Neighbourhood groups:** To connect people who live physically close to each other, each physician was assigned a “neighbourhood group” based on zip code. These neighbourhood groups offer support for whatever needs arise (food if sick, e.g.) and share ideas and information about local resources.
- **Chat rooms:** A chat room was created for each discipline in our institute (physicians, nurses, respiratory therapists, advanced practice practitioners, and administrators) to offer a community place to share cheer, concerns, resources (“my kid in college could babysit your kid”), literature.

- **Special considerations for work schedule:** We gathered information about physicians' personal circumstances and unique needs before creating COVID-19 work schedules, sometimes requiring us to coordinate with other institutes. For example, we staggered the risk of two front-line healthcare worker parents by coordinating their schedules so that only one worked the COVID-19 unit at a time.
- **Peer support task force:** The purpose of the task force is to support others as peers working in the same clinical role. We support colleagues dealing with exposure, infection, family issues, and isolation. The task force is made of 58 volunteer members who are physicians, nurses, respiratory therapists, advanced practice providers, and administrators. The task force members were trained in critical incident response by a Cleveland Clinic psychologist.
- **Virtual social events:** happy hours, wine tasting, cooking classes taught by one of our own

3. What events in your past experience are most informing your leadership in this pandemic?

I was in my second month of Pulmonary/Critical Care fellowship and assigned to work in the ICU when Hurricane Katrina hit New Orleans, Louisiana. Katrina offered the antithesis of today's concepts of "self-care:" sleep, food, and even water were in short supply; I lost 10 pounds in 8 days. Yet the richness of the experience gave me a treasury of resilience, which is helping me right now. In that time of horror, fear and devastation, people rose with honour to care for others and "do the right thing," even when it came at great personal risk and cost. Heroes surfaced everywhere. This formative experience made real for me the idea that a doctor is one who serves others. It also taught me that for every person you see "lose it" in a disaster, there will be 6 people giving blood, sweat, and tears to help pull lives back together.

The experience with Hurricane Katrina also highlighted the profound implications preparation has during and after a crisis. Every bit of preparation done has the potential to create a ripple effect with huge impact. Preparations taken and not taken before Katrina, and the positive and negative effects we consequentially experienced, served as powerful motivation for me to prepare in every way we could in the COVID-19 pandemic.

4. What are you finding the biggest challenges?

Child care is a challenge people have handled with grace so far, but the lack of available childcare, lost educational opportunities for children, and uncertainty of school availability/what school will look like in the fall creates enormous strain on and anxiety among healthcare workers with children. Also, I'm anticipating loneliness will upsurge as a big challenge. It is clear the need for social distancing will be sustained; it is uncertain how virtual social gatherings, however creative in theme, will fulfil the basic human need for camaraderie on a longer-term basis.

5. Any particular surprises?

Maybe because of my experiences during Hurricane Katrina, I understand that human beings will become their best selves in the face of a communally shared threat; so, the heroism I see does not surprise me. I think the dissolution of burnout has surprised me. Within our Institute, what has delighted me is how much we were able to build, how we worked together to build it, how quickly we built it, the quality of what we've built...I knew that we were a talented, passionate group before the pandemic, but wow! I'm just so proud of us.

6. Are you seeing any behaviours from colleagues that encourage or inspire you?

Yes... all the time. I am inspired by our vision, our ability to create and produce. I am inspired by the quality of what we are creating. The biggest source of inspiration I see as a Wellness Officer is when I hear about people's struggles of facing fear, uncertainty, and personal mortality, and how they are responding to these challenges with integrity, grit, creativity, and devotion to the people they love. And then I get to share in the joy when they win, when the clouds part for them and things get easier. I have the best job in the world.

7. How are you maintaining kindness and compassion?

In our Institute, we have people working on the front lines who are facing their own mortality and live in fear of infecting and harming their family members. We also have people working from home, doing virtual visits with patients, who are anxious about the possibility of being deployed into a job they haven't done in years. And everyone is adapting to a world much different than it was a few weeks ago, with an uncertain future. All are experiencing anxiety that is sometimes overwhelming. My compassion partially comes from how much respect I had for these people before this pandemic- these are smart, funny, strong, principled, gentle people. And my compassion partially comes from what we're going through together now: as I listen to them think through something painful, and realize I don't have ideas or resources to help them, I am humbled by their strength and appreciate having them in my life. I greatly appreciate the mentality I hear members of our group express repeatedly, in different ways: "I'm not okay if we're not okay." I hear that over and over again...examples are when I asked people to be captains of the neighbourhood groups, or to be a peer supporter. People ask, "What can I do? I want to help. Yes, of course I'll help! What else can I do?" It is not a challenge to get people to care for each other and to want to help.

8. Are there any readings that you find helpful for inspiration and support that you would recommend to others?

We joke that during this pandemic, a day seems like a week, a week seems like a month, and a month seems like a year. With the situation evolving as quickly as it is, I find #medtwitter to be an invaluable resource in understanding where healthcare workers' minds and hearts are in the moment. Opinion and editorial articles in the major medical journals are helpful in framing this experience and giving it context. And in my personal path in our current life, the work of Brené Brown in her Unlocking Us Podcast and David Kessler's interview in Harvard Business Review (1) have provided me profound and timely "refresh" buttons by helping me put a name on different experiences.

9. What are you looking for from your leaders?

Our leaders have been amazing. Their leadership through this pandemic has created a deep sense of connection and bi-directional devotion. We are proud of them, admire them, are grateful to them, and worry about them (when do they sleep?). And what we feel from them is that they value, respect and care about us.

They have done an excellent job of keeping us up to date by sharing information regularly, frequently, and clearly, which has helped to keep people from panicking. Just as importantly, they have made it a point to listen to people. We created avenues through which any of our 700+ employees could ask questions, express concerns, and offer ideas. We started off with two check-in meetings available to the entire group every day. At those two check-ins, our leaders would read questions that came to them through email and answer them, and then invite participants on the phone to ask questions. After the initial period of uncertainty and transition, we are now meeting once a day.

Our leaders give us room to create, and support us as we work towards solutions. We feel trusted. We feel they believe in us. We feel protected, should things not go perfectly. We feel they are proud of us.

And possibly most importantly, they care about us as people, and our group knows it. Our Chairs alert me to members of our group who are struggling (showing they know their people!). They are on the phone at 10 pm with me as we make sure a colleague sick with COVID-19 gets safely to his hotel room and has food for the night. They check in with us as individuals and really want to know how we are doing, when we know they have so many other pressing things they could be doing. They adjust our schedules when something happens in our personal life- a family member's death, a sick family member.

(1) Berinato, S. (2020). That discomfort you're feeling is grief. Harvard Business Review, <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>

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Biography: Jennifer Ramsey, M.D. M.S., is the inaugural Wellness Officer for the Cleveland Clinic's Respiratory Institute, the institute housing the front-line departments of Critical Care, Infectious Disease, and Pulmonary Medicine. Clinically, she specializes in Critical Care and Palliative Medicine. She is an assistant professor in the Department of Medicine in the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. She served as associate program director of the Cleveland Clinic Internal Medicine residency program for nearly four years, creating and delivering highly interactive, discussion-based curriculum regarding aspects of the physician experience, and won several teaching awards for this innovative work. She serves as a reviewer for the journal *Medical Education*.