Cyberseminar Transcript

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Session: Coping through COVID 19: Mentoring Needs of Early Career Clinician Researchers in VA

Presenter: David Atkins, MD, MPH; Julie Weitlauf, PhD

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Rob: And as we are at the top of the hour I’d like to turn things over to our host and presenter, Julie Weitlauf. Julie, can I turn things over to you.

Dr. Julie Weitlauf: Yes, here we go. Thanks, Rob. Well good morning everyone. It’s a pleasure to be able to use this format to share some information that we’ve been gathering about how people are coping with COVID-19, how people in our research community are coping. This seminar series as Rob mentioned is part of an ongoing education-based series that’s sponsored the Career Development Enhancement Initiative which is a working group at the Center for Implementation to Innovation or Ci2i. And it is dedicated to fostering professional development, networking opportunities, and expanding peer-to-peer connections and interactions among early career VA HSR&D researchers, particularly the CDA community. We also sponsor a national network of senior mentors who are available for one-on-one matching and support for these early career researchers within VA. And as part of this effort we wanted to address the concerns that were coming up from this community about how to manage their research careers during COVID-19.

Rob: If you’re having trouble forwarding the slides you need to just click into the slide one time.

Dr. Julie Weitlauf: Got it. Okay. So one of the things that we know is that when COVID-19 hit everything changed for us. Many of us had big changes in the workplace and big changes on the home front. And one of the things we know is that sort of the world at large is experiencing stress, anxiety. That there’s an unprecedented strain on some of our frontline clinicians. There’s new challenges for lots of us with caregiving. And that in the midst of all of this that the need for social distancing has curtailed a lot of our access to both things that we need at work, but also things that we need for social support and coping. And for many of us it has impacted our ability to connect with our professional networks and collaborators.

So what we were going to try to do today is, or the objectives of this talk is to see if we can take a little bit of the stress out of this. We actually did a brief needs assessment to different researchers within HSR&D, did brief needs assessment of the CDA community to see how they are experiencing stresses with COVID-19. We want to share the results of those surveys with you. And as a result of doing those surveys many of you wrote in questions that you have about you know how to best navigate in the research environment with COVID-19. And so we are fortunate that both our leader, Dr. David Atkins, and one of the HSR&D center directors, Dr. Steven Asch, are on the call today and going to provide some high-level guidance to and answers to your questions. And finally as we close the webinar we are going to want to encourage people to reconnect with the CDA Enhancement Initiative because we can offer some more tailored coaching for individualized questions and plans. Okay, so moving right along.

What do we know about how COVID-19 is impacting the CDA community specifically? Well a first year CDA actually conducted a survey in the context of planning for the Career Development Award Conference this summer and found that 60% of CDAs who responded to that survey report that some of their projects or components of their projects were completely stopped due to COVID-19. I guess the good news is that only about 10% of them reported a complete cessation of their research activities. Nevertheless we know that peoples’ efforts to stay connected with their projects are really, really stymied right now. The other thing that she found is that 80% were reporting that these interferences with their projects had a moderate impact on their productivity, right. That there was a very significant, you know trickle-down effect to having their projects interrupted and about 10% of them reported very high impact of that. We also have some good news which is that having pulled several of the center directors from around the country we know that many of the CDAs are actually stepping up and showing tremendous leadership in sort of nimbly responding or pivoting during this time. So we want to share both, some of the concerns but also some of the success stories.

These are the responses to the survey that went out about interest for registering for this webinar. So this was a larger community, over a hundred people responded to this survey. And basically they were asked four questions. What are the biggest concerns please put them in rank order, what are the biggest concerns that you would like some information sharing and some coaching on right now? And low and behold almost 70% of the people who responded to that survey said that their biggest concern was how to manage their research during this time. And that was actually the topic of greatest interest to this community. You can see through looking at the graph that there are considerable concerns about managing stress and anxiety. And managing sleep, both for themselves and for the people on their research teams. But the overwhelming majority of people were interested in knowing specifically how to cope with problems with their research.

So with that, we decided that the best thing to do would be to bring the expert on. So we’re very fortunate to have Dr. Atkins share the 10,000-foot view of this problem. And after he shares his reflections we’re going to share some of the questions that you all asked about what to do with your research and let him respond. Okay, Dr. Atkins I’m handing it over to you.

Dr. David Atkins: Thank you. So I wanted to come on and I hope provide some words of reassurance. I’ve learned over my career to be careful about predictions especially when they involve the future. But I do think you know this is going to be a long slog but I do think we’re in a position to try to help you navigate it successfully. I think the most important message I wanted to convey is that this community, the CDA community represent one of my highest priorities. I mean you are the future of HSR and it’s hard to envision a successful future for Health Services Research if we can’t ensure your success. So this has been a really challenging time for everybody. I know it’s increased my schedule about 50% and I’m sure all of your directors are feeling a similar issue. I mean it’s challenging in terms of the work, it’s challenging in terms of the disruption to our usual routines. And I don’t have any of the challenges that many of you have of being younger and having younger families and navigating those additional challenges. Someone I saw on Twitter said something like stop saying we’re all in the same boat, you know we’re all in the same storm but we’re in very different boats. And that obviously was, in part meant to say there are a lot of people who are really bearing the brunt of this. And we can take some comfort that that’s, that’s usually not us. I know many of you are clinicians and so some of you especially those of you in the Northeast are really in the heart of this battle. I do think it’s actually, has been a great opportunity to showcase the value of research to VA and specifically the value of Health Services Research. We have been, research has been pretty visible in talking about the response of VA to this. I think a lot, this whole crisis has obviously elevated the profile of researchers in public health both in good and bad ways in terms of what we’ve invested in. And I think that a lot of you have pivoted to really try to pitch in not just pivot your research work but just to pivot your knowledge of data, your knowledge of implementation. And so we’ve been trying to do whatever we can to facilitate that. We don’t want either our rules or our funding to get in the way. We’d, I think the other point unfortunately we’re realizing is this, this is not going to be a V-shaped disruption. You know we are not going to suddenly bounce back to usual business in September. And so I do think everyone’s been working you know at 150% and I think we now have to kind of settle down into a sustainable rhythm. Hopefully some of the things that have been most disruptive to you will start to ease up. I think that the, we are, decisions are all going to be local. We are already beginning to move, to lift sort of our national hold on face-to-face research encounters. That will then shift to local decisions which will reflect what’s your medical center doing? Are they resuming non-critical services? What is your local area doing? Have state or community stay-at-home orders been lifted? What is changing or not changing for you in terms of your home situation? So things will, I hope by the end of the summer begin to ease up to allow some of the research activities that have been paused to open with some, you know enhanced level of scrutiny and assurances of safety. I do think, you know one very practical thing is are we going to have enough PPE for researchers, research staff if they’re encountering patients to do it safely. But I do, so I think that’s, I’ll wrap up my sort of general comments. I think the good news is our budget is probably not going to be the rate limiting step. I mean we have had the luxury of having relatively good budgets both for ORD and for HSR&D that have increased. That gives us a little bit of a cushion to project ahead what we anticipate will be you know a kind of tax on our budget. Work has been slowed or stalled for a number of months now and that’s going to continue for some time. And we’re going to have to make that up somewhere along the way either by some combination of project extensions or project modifications. And so we will, to the best of our ability look where we could do that with our budget. I think the one thing I’ll just close with is in my priorities of who I want to make sure we make whole when it comes to the point that projects are wrapping up and people are faced with not being able to accomplish everything they could because of the delay, the CDAs are at the top of my list. If I could see more clearly into the future I would you know want to give you all a blanket, no questions asked extension. I can’t do that but I can promise that we will on a case-by-case basis consider every request we have from CDAs about why they may need some additional accommodation of the, during this time. Thanks.

Dr. Julie Weitlauf: Thank you for sharing that, Dr. Atkins. Would it be okay if we went to\_

Dr. David Atkins: Yep.

Dr. Julie Weitlauf: \_some direct questions? Okay.

Dr. David Atkins: Yep.

Dr. Julie Weitlauf: So Rob take it away.

Rob: Thank you. Dr. Atkins, first question, how will COVID-19 impact the long-term funding climates?

Dr. David Atkins: So it will, to the extent it creates a need for additional resources for projects that will reduce some of our flexibility. I don’t think, you know right now I don’t see it as causing drastic cutbacks in what we’re funding. But I don’t think it’s going to be good news for the funding environment. But I think, I think I can say that we have enough breathing room in our budget that I think we can weather it without taking major hits to our ongoing commitments.

Rob: Thank you. The next question we have is, I’m on a time-limited award but my research has stopped due to the administrative hold in place during COVID-19. How do I cope with losing this time?

Dr. David Atkins: So I think what we’re encouraging everybody is, you know when, we hope that things will start up. We do encourage you to, while your research is paused you know work with your mentor and think of what other use you can make of that time. Now unfortunately some of it is going to be homeschooling your kids who are quarantining with you. But you know are there, is there writing you can do? Is there some other type of analysis? Some of you have asked us well my current work is not COVID-related, it’s paused. Should I do something related to COVID? And I think if you really can’t do anything useful on your project we are certainly willing to support that. We have a mechanism for, by which you can apply for support for a COVID-related project. We are, when you come towards the end of your award and so I would, we will be putting out some, we’ll probably put out some more specific guidance but probably a year from the end of your award we encourage you to, if you feel like because of this impact you need an extension of your award then you should be preparing something for that. And so as I’m talking I realize we probably need to give, put out some more specific guidance for people about exactly what information we would need. And what we would request. So I think, I can’t make any guarantees. I think it is possible that we will offer, we can certainly offer no-cost extensions. Now that’s, for those of you who are clinicians and can switch back to your clinical appointment that’s maybe a solution. But certainly for those of you who are PhDs and we’re covering your cost of your salary, we will consider a cost extension you know of some period. We have sort of run the numbers and figured out what it might cost us if we had to do that for everybody, you know a four-month cost extension. It’s not a trivial amount of money. So we’re hoping we don’t have to do that for everyone. But we will consider that on a case-by-case basis.

Rob: Thank you, sir. I’ve not been able to start my CDA research due to limitations with engaging with frontline staff. I have started some COVID-related work instead. Is it okay to switch my focus, given the circumstances?

Dr. David Atkins: Yeah. I mean I think I would work with your mentor and your center director to think about how to usefully use your time. Obviously there are limits to what you can do to, there may be obstacles to what you could do to pursue the area of focus of your project. But if you could do something useful related to COVID in a way that will help advance your career, may lead to, you know may help the VA build partnerships, lead to publications. Obviously we want to encourage that. For many of you it’s not an issue of funding because, you know the good news is we are not, we are not cutting off your salary. Our goal is to keep everybody employed by research employed. So we are recognizing that some of you are being paid but idled in your regular work. So we want you to find productive outlets for your capacity even if you’re blocked in what you were expecting to do this spring and summer. But if you are doing something more substantial related to COVID we do ask you to contact us so we can track any of the projects we’re going on. There are ways we have rapid response mechanisms that we can turn around in a matter of three weeks or so, that can provide some money which may be helpful to support some folks’ places where you can spend money like IPAs or other research support for that work.

Rob: Thank you, Dr. Atkins. The next question that came up during the survey. COVID-19 is impacting my productivity. I can’t get my work done as quickly when it is so difficult to reach my collaborators and mentors especially those with clinical duties. How can I address this in a way that won’t penalize me on future applications?

Dr. David Atkins: Yeah. I mean I think the only good news is that everybody is in, this is a place where everybody in research is pretty much in the same boat. So I think we all recognize that this is a period where just everything has been kind of disrupted in a huge number of ways. I think the important focus for you is trying to figure out what, how you can best use this time. If there are things that really, if you can make progress it’s just taking longer I encourage you to just keep plugging away at it. And the fact that it takes you maybe six months to do what you hoped in, would happen in three months well we’ll deal with that at the end of your project. But I don’t think anyone’s going to be judging you about why it’s taken you into the, your third year of your CDA to get where you hoped to be you know halfway through your second year. I think as I said we’ll do everything we can to sort of acknowledge the realities and make sure that we’re not pulling the rug out from under you just as your finally getting back up to speed. We don’t know how long it’s really going to take for things to get back to normal. And so we’re trying to sort of prepare for it as we look forward. So, I obviously can’t do, give you any complete absolute reassurance just that I can promise you we will not hold this event which was completely out of your control against you. And I think that that goes also for reviewers. I think it will go for you know academic committees, promotion committees as well. I think everybody is in a similar position. And I must say as someone who is much farther along in my career I am very glad I am not in the situation of getting my career started with young children. And my heart goes out to all of you, children or no children, just to have this additional uncertainty on top of what’s already sometimes a fraught time. I will close with just that you know reassurance that this, if nothing else this has, this whole episode is emphasizing the importance of science and the importance of research. People are counting on research from getting us out of this mess. You’ve never seen so many scientists, modelers, discussions of R – Factors, and a spread epidemiologic principles. I imagine there’ll be like a burst of folks applying for epi programs. Hopefully somewhere down the road funding will match the levels of interest. We’re all in a very challenging time. Obviously it could be a lot more challenging if we were in professions where we suddenly have lost our income and our health insurance. So, I do think the importance of what you do couldn’t be clearer. And the last thing I want to make clear because I’m sure it’s on a lot of your minds. We are not only interested in COVID, okay. So one of my interests is, we are certainly pivoting and trying to get stuff on COVID and ramped up because it’s important and the health system needs it. But I’m also trying to make sure that one, our researchers who are not infectious disease researchers who are not interested in COVID realize there, all these other needs are continuing. Chronic disease doesn’t magically go away. Mental health issues become just as important or more important in these settings, you know. So we’re trying to make sure that we continue all of the non-COVID work we do as well.

Rob: Thank you, Dr. Atkins. At this time, Dr. Weitlauf would like to run the poll. Julie is it okay if I just launch right in?

Dr. Julie Weitlauf: Go for it.

Rob: Okay. Thank you. And that poll is up, the question being should you pivot to take on COVID-19 research opportunities? This is a question for all attendees. How do you feel about pivoting to take on COVID-19 research opportunities? Yes or no. And we have about 50% of your attendees having made their choices Julie. We’ll leave it open a little while longer to let people, give people enough time to make their choices.

Dr. Julie Weitlauf: Okay.

Rob: And it seems to have leveled off so I’m going to go ahead and close the poll and share out the results. And looks like 58% say yes and 42% say no. So I’m going to go ahead and close that now and we’re back on your slides.

Dr. Julie Weitlauf: Awesome. Okay so\_

Dr. David Atkins: Rob, I’m going to have to drop off. And Julie thank you so much for this invitation. I hope I didn’t take up too much time.

Dr. Steven Asch: David.

Dr. Julie Weitlauf: Well thank you for coming on. Very helpful.

Dr. Steven Asch: David, this is Steve Asch. Let me [inaudible 25:59] my thanks for you participating in this important CDA Enhancement Initiative talk.

Dr. David Atkins: Thanks.

Dr. Julie Weitlauf: So with that, with the poll results and with that little introduction I’m going to turn things over to Dr. Asch, who’s the Center Director at the Menlo Park Center in California, Center for Innovation to Implementation. And he’s going to address the answers to your poll, whether you should pivot or not and how should we even be thinking through this question. Okay Steve, take it away.

Dr. Steven Asch: Yeah, thank you very much Julie. And in addition to being the Center Director I’m very pleased to be one of the leaders of the CDA Enhancement Initiative that’s hosting this talk. It’s been really important to me in my own career as I think almost everybody on this call probably already knows. I think of the CDA as the jewel in the crown of VA HSR&D. And I love the opportunity to help link Career Development Awardees and people who are thinking about it and becoming one together through this program. So the last question was so fascinating and it’s one I think absolutely everybody in VA Health Services Research and Development must have at least contemplated over the last couple of months. Is should I just move to do COVID work because that seems to be the thing that everybody wants to talk about today. And I don’t think there is a single answer. I’ve talked to at least a hundred people about it and every time I think the answer is so different depending on who you are. So rather than trying to answer the question, I don’t think I could have answered the question yes or no and I’m not surprised that we were about evenly divided. I think you have to break the question down into several component questions. And that’s really what this slide is meant to do. So first question to ask is, does the pivot make sense given my work, expertise, and resources? Some people are, were already very interested in infectious disease and this is the opportunity of a lifetime or generation. And that makes a whole lot of sense to extend your work in that area. Other people will find that their work’s in very, very important work on intimate partner violence. It’s not infectious disease but it’s clearly going to be affected by the COVID epidemic. We know, for instance, that intimate partner violence is going way up in the developed world starting and trying now even you know in the United States. But other people will find that their work is completely unrelated and that a pivot is likely to be more harmful than it is to be helpful to their career and also to their work satisfaction. So if it is a logical extension or expansion of your work like the first two examples that I was talking about, it makes a lot of sense to kind of layer it on top. If you have been doing things that are completely apart from it, well the bar is a lot higher, right. To move into an area that you’re not familiar with even if it’s really easy to get money for it. So there may be reasons not to pivot, right. There are many things that are going to be important before, during, and after the epidemic. Value of care certainly is going to affected by COVID. But people who are studying how to reduce unnecessary care it maybe is affected but that is, was important before, it’s important during, and it’ll be important afterwards. Similarly it’s possible that the work that you are doing will be more impactful if you can just add a COVID layer to it. I’ll give you an example from our own center. Donna Zulman was already very interested in telemedicine. And of course telemedicine is having its moment today during COVID and adding a layer of COVID-specific work to it has really leveraged it greatly. Similarly it’s, one of the most important questions that you can ask in addition to the four that I’ve already gone over is, do you yourself feel like you can help the world by being a researcher and responding to COVID by investigating something about COVID or by maintaining your work in the area that you’ve already been so, so productive in? Almost all of you. So the purpose of Health Services Research is certainly to advance science but it’s also, it’s also to help change the world. And so you have to ask yourself, where am I going to have the biggest impact on making the world a better place? Next slide, please.

So for the next two slides I’m not going to be using my voice but the voice of some other people who I won’t name, who responded to our survey. So along the lines that I was just mentioning a center director, not me, talked about what this epidemic means. And as David Atkins just reminded us that the solution of this pandemic is going to come from researchers like us. Science and in particular Health Services Research has never been more important to the world as a whole, to the United States, to the VA, to our patients, and to our colleagues. Other words of wisdom from this person, we hold the key to solving the crisis, the world is waiting. What a special privilege and responsibility we have. And both of those statements really speak to me. Strangely I was on sabbatical at the beginning of this crisis and I came back early and what I found was a lot of people really pulling together for the first time in the same direction with this feeling of this is our crisis to solve, this is what we have trained to do. Now I’m sure many of you are thinking the kumbaya period of the epidemic seems to be waning. There’s a lot of, can you go back one slide still.

Dr. Julie Weitlauf: Sorry.

Dr. Steven Asch: There’s a lot of you know more tension than there used to be and that’s inevitable. But don’t forget that this challenge is a challenge that we are built to take up. And then the last quote that I thought was really interesting is everyone has a sphere of influence and connection they can call on you or center directors. You are mentors. Your colleagues are much more open now to using their influence and connection to help you in a way that’s going to help you adapt to the challenges that this crisis is going to pose for all of us. You can go to the next slide now.

Okay, well so that was all about the pivot and here’s another response to the pivot. This is from a QUERI director. Sorry I’m having a little technical problem there, yep. So this QUERI director said, as I see it, there are two important trajectories right now. One is the pivot to address the COVID. The other is staying the course with existing programs of research that facilitate our ability to meet the ongoing medical and mental health care needs of Veterans. COVID is important, staying the course on projects for example address chronic health conditions in a high-risk population is also essential. So you can see that this QUERI director even within her or himself kind of matched the 58, 42% split that the attendees on this call feel about what to do during the pivot. Next slide, please.

So perhaps just as important as this question as to whether to pivot or not your research. Is to figure out how you can support your colleagues, your research assistants, your trainees, and the people around you in this time of strain. I have tried as hard as I can and I think most center directors have tried as hard as they can and most of my colleagues have tried as hard as they can to view this as an opportunity to assess the sense of community in our own center. And I think that that’s really, really important. I forget who said this, dysfunctional families some become more functional under times of stress and I don’t mean to suggest that centers are dysfunctional families but what I do mean to suggest is that whatever weaknesses there are in the way centers and research projects and leaders are interacting with one another will probably actually be highlighted during this time. And what we need to do is express the kindness and compassion that will bind us together as a community. Rather than let those often-preexisting divisions become wider as a result of the strain. So I ask you who are your leaders and how are they supporting others? And how are they acknowledging and rewarding your efforts during this time? Some things, and I hope that you’ll give us some good examples during the discussion period coming right up. Some things that we’ve been doing is we’ve been trying to maintain meeting schedules as much as possible. So even though we’re not together we’re together virtually. We’ve had a lot more active listening sessions and sharing self-care tips as Dr. Atkins mentioned. A lot of the members of your center, your research project, and probably yourselves are balancing incredible strains in both their personal and professional lives. Having young children at home is very hard at this time. Most Career Development Awardees were probably not thinking they were going to be running an elementary school or a preschool while simultaneously doing their work. And also, and this is, so sharing self-care tips is really important with each other. And also, and this is really important is to try and not hold yourself to superhuman standards even though we are in extraordinary times. Try and manage your own expectations as far as productivity. And I think we heard a strong signal from VA National Leadership that they are going to try and do the same to the best of their ability. To understand that there may be delays and there may be missed opportunities during this time. And that we all just need to move forward as best we can. So I guess I’ll just summarize my introductory remarks in saying that this is a time to support each other. This is a time to rise to the challenge. This is the time to pivot if you think it’s wise for you and to try and contribute to the national debate. And that this once in a generation, once in a lifetime opportunity can actually be a time to thrive. But if it turns out that things are more difficult than you expect be kind to yourself, be kind to others. Next slide, please.

Oops, one back yeah. So one way in which you can, oops thank you. So one way is to, some ways in which you can do that is to stay professionally connected to these virtual coffee and lunch breaks. We have a number of those at our center. Social support. As I’ve mentioned research discussions along particular areas of importance so increasing the opportunities to interact with one another even though you’re not with each other in person as much. Even messages of support by email. And please try and figure out what these opportunities for you will be and then share them with others. Okay, next slide.

One way you can do that is through the Career Development Award Enhancement Initiative which of course is sponsoring this and I mentioned I’m one of the leaders. And the CDA is designed to facilitate additional mentorship through the National Mentoring Network. Connect peers, as we’re doing right now virtually. These monthly seminars as well. And there’s an online toolkit that you can use, please feel free to contact us. So Julie, thank you very much for being our emcee and I am open to answering questions as I know you are as well.

Dr. Julie Weitlauf: Yeah. So thank you for that, Steve. And you know we can now open the floor for questions and Steve and I will stay on to answer them.

Dr. Steven Asch: Did you also duality, I’m sorry just got this text, did you want to make a point that I missed, please do.

Dr. Julie Weitlauf: So you know one of the things that I wanted to weigh in on and I’m just actually going to go back to slides with this, with the listening. Is that you know we got a lot of questions back from this tiny little needs assessment survey that went out. And I think that those of you that agreed to answer that survey actually ended up informing the leadership about what the needs were. And that in this time where everybody is in their homes and not together I think it’s not wise for us to assume that everybody knows what all the struggles are. And that it’s important to make sure that your leadership knows what your challenges are. And there are good ways to sort of share that, like Steve was talking about. I think it’s also a time to be careful and to mentor some of our up and coming people who are learning to manage; research assistants and trainees for the first time to be really careful not to be judgmental about the things that people may be struggling with. And you know we did hear comments like, you know some people think this is a great time because they’ve got all this free time and very few caregiving responsibilities and they’re plowing ahead and gathering resources. And this has really been beneficial to them because a lot of the hurdles that might normally be in the way in the workplace are out of the way. Where other people are really, really struggling to sort of keep up with the basics. And I think we have to be very careful about being fair about comparing ourselves to other people. But also when we’re managing other people being very careful about how we address their productivity or their problems with productivity right now. This is not a personal problem, COVID-19 is a worldwide pandemic. And like David said at the beginning, we might all be in the same storm but we’re actually not all in the same boat. So I think it’s a very tricky leadership issue. Maybe you want to follow-up on that Steve.

Dr. Steven Asch: It surely is. I think you said it very, very well. I think we should address the questions that the participants have rather than me just emphasizing that incredibly important point you made.

Rob: Should I launch in Julie.

Dr. Julie Weitlauf: Great. So Rob we’re ready for questions. Yep.

Rob: All right I’ll do my best to curate. If these are repeats I apologize. Are there any impacts of COVID-19 on the review process for upcoming CDA application cycles?

Dr. Steven Asch: I actually don’t know the answer to that question and I think nobody really knows the answer to that question. What I heard from David, not just today but another cons, is that the review committees are going to be asked to be understanding of the limitations that people are facing with regard to the completion of their pilot and other work during this time. Other than that I really haven’t heard anything.

Rob: Thank you. If our research centers around face-to-face intervention/provision of care do you think it would be more prudent to A) wait until things go back to normal, in quotes, or B) find ways to make our intervention more telehealth friendly?

Dr. Steven Asch: No simple answer to that question but I’m going to pretend there is. The pretend simple answer to that question is there will never be another normal like the one we had before. There’s going to be a new normal and you’ve certainly seen that phrase many times I imagine over the last month or two just like I have. The new normal is going to have a lot more telehealth, a lot more social distancing, and it’s also going to have a lot more social dislocation in the United States and perhaps a lot more demand on the VA services and safety net as a result. So my take on your question which I understand to be delivery formulae even though I’m sure the questionnaire understands the nuances is that we must adapt. We must adapt to be useful but in a sense that’s no change from before. It’s always been the case that health services researchers have to be relevant in order to make the changes they want in the world. It’s just a much faster process and much more ethical changes that we’re adapting to now.

Rob: Thank you. If I delay the start of my CDA due to COVID, I should be starting in September, in quotes, I mean in parenthesis, can I still be invited to CDA events that start before that date?

Dr. Steven Asch: That’s an interesting question that I’m not authorized to answer. I think as far as CDA Enhancement events like the one we’re at now, for sure you’re already here. And I’m not exactly sure what other events you might be considering. Maybe you’re wondering if you could begin the mentorship program early and I certainly would be open to that idea and I would have to talk about it with the other leaders, the CDA Enhancement Initiative. So I guess that’s a soft yes.

Rob: Thank you. This one came in while David was answering questions. You’ll probably have to read a little into the question but here it is, how about the time that we spent for clinical duties? I don’t know exactly what they’re referencing.

Dr. Steven Asch: Yeah. So will that time be counterpart in trying to understand whether your CDA has been successful or should be extended? I think the answer David pretty much said is yes he’s going to try to extend people’s CDAs. And you should always be talking to Rob Small about this to make sure that he understands any challenges that you might be facing. Especially it’s better to talk about it, talk to him about it before the price point of a few months at the end of your Career Development Award.

Rob: I think you’ve already answered this. Will funding of new CDA applications be affected?

Dr. Steven Asch: Yeah. I think I have already answered it and so did David. I think the Career Development Award is something that’s very, very important to the leadership both nationally and at your own center. And so I do think that the Career Development Award will continue and there will still be many opportunities to apply. As far as the details of whether you can delay it however that’s the part that I think I answered to the best of my ability already.

Rob: Thank you. What advice do you have for CDAs if we get a second wave this fall? While I don’t envision getting pulled into clinical duties, what would happen if I did and was not able to donate the majority of my time to research?

Dr. Steven Asch: That’s a rough question and a lot of people are thinking about this quote, second wave. Julie I want you to think about, I’m going to ask you to answer this question from the point of view of how to you know prepare yourself emotionally, how to prepare yourself to be resilient during a second wave. That’s probably the most important answer to that question. So I’ll turn it to you in a second for that. But for now the, it’s very clear that the facilities view clinician Career Development Awardees as an emergency clinical resource if they need to tap into it for surge clinician resources. And I myself had to increase, in fact volunteer to increase my clinical time during the period where we thought there would be a lot more cases and it turned out that there were up here in Northern California. I think that is a very legitimate ask on the part of facilities. So then the question becomes what does this mean as far as the extension of your Career Development Award in the long run? And I don’t have any more answers than I’ve already given which is I believe that if you decide or your facility decides for you to increase your clinical time that is a very reasonable explanation as to why your Career Development Award has not made as much progress as it had, as it has been expected. Julie do you want to talk to the kind of preparing for resilience idea for the second wave.

Dr. Julie Weitlauf: Well, sure. You know I think that all of us when this started were kind of in that mindset that like this is going to be really difficult but this is going to be a time-limited thing and that we’re flexing for a moment in time. And I think that that hope is gone, right. And so I think the most important thing that we can do right now is to get out of the mindset that this is a temporary setback and I’m literally just waiting on the leadership to come up with the answer to tell me how to go back to my normal. And really start thinking about what the pivot means for you in terms of what is needed. In terms of reorganizing your expectations, your goals, the work that you’re doing, and your lifestyle to adapt to a very likely scenario that there’s going to be more disruptions in the future. And I think some of that is within your own wheelhouse to do just with yourself and your mentor about what are the right ways to pivot for you. I think to be fair Steve that there’s going to have to be a broader conversation among the leadership where you know people have too many roles right now and we’re going to have to figure out how to lift some of the burden off of people. And that probably can’t be solved at the individual level. But these conversations are already in motion, right. That we can’t have people working on the frontlines who have no place to put their children. Or we can’t have people doing three and four jobs. But I think right now what we can control is how to think through the fact that we do not have a certain future. And we don’t want to miss opportunities that might be right in front of us. And I think for a lot of us who are clinicians really if we look at how we’ve had to pivot clinically there may be a lot to be learned there and we’re already starting to write up some of those lessons learned. So I think you also have to look for the opportunities in the need to pivot.

Dr. Steven Asch: Agree. Let’s do the next question.

Rob: Thank you. I’m not a VA researcher. How can I collaborate with VA researchers to conduct secondary data analysis merging both VA and non-VA data?

Dr. Steven Asch: Well I’m glad to hear that we have some non-VA researchers on the call today. I think VA/non-VA partnerships have always been important but they couldn’t be more important than they are today. At our own center and I think many centers across the country we have been trying to engage for instance with public health schools and medical schools that we’re affiliated with. Through the, usually through the WOC or so-called Without Compensation process to allow for sharing of analytic projects. So I urge you to do the same with whichever center you already have some affiliation with. And a lot would depend on the topic that you’re interested in and you can go to the VA HSR&D national website to see some of the COVID-specific opportunities that are underway. Next question.

Rob: Thank you, sir. Yes. I sent a link to the CDP for this next question. Actually of a follow-up to this next question. So I may have in part addressed some of it. I’d like to examine the impact of social distancing on health care delivery and use in patients in VA and non-VA system. This is from the same questionnaire as before. I’d like to find VA researcher to collaborate, how can I initiate this seeking process? And again I sent the CDP link.

Dr. Steven Asch: All right. Thank you very much. So that’s one way to do this. See if there are other VA researchers or any interested in it. This is certainly something that the medical care system at large is looking at very, very closely. I don’t know people may not really understand this but the decline in the gross domestic product in April, half of it was due to decrease in the utilization of medical care. Which is deeply ironic during an epidemic that we have a health care wide recession. And so how social distancing and medical care relate to one another and how we can make sure that medical care is available to those who need it, that’s a really, really important topic. I personally don’t know of anybody that’s looking at that in the VA, I’ve heard that there was a surgeon that was doing it. But I don’t remember the name. So I urge you to go to that website to look. Anybody does know and can put it in the chat please do. Go ahead with the next question.

Rob: Thanks. Those are all the questions that we have live right now. Julie would you like me to move onto the remaining survey questions.

Dr. Julie Weitlauf: That would be fine.

Rob: Okay. When will it be possible to recruit Veterans or frontline staff into non-COVID-related research?

Dr. Steven Asch: Were you going to project the question, Rob?

Dr. Julie Weitlauf: No.

Rob: I’m sorry, no. These were just verbal. I can ask it again.

Dr. Steven Asch: Please do. I’m sorry you were asking it of us. I was confused, go ahead. Yes, please ask.

Rob: When will it be possible to recruit Veterans or frontline staff into non-COVID-related research?

Dr. Steven Asch: Yeah, I think that’s an area of absolutely active discussion currently. I have no prediction as to when, meaning what time. But I do know that the VA research leaders are trying to move things forward in the timeframe of weeks not months.

Rob: Thank you. This one was addressed in part when David made his presentation, nevertheless, my data analysis and manuscripts are on hold due to COVID time challenges. Will this be taken into consideration for CDA expectations.

Dr. Steven Asch: Yeah, I think we have addressed that multiple times now. The hope is yes.

Rob: Well those are all the questions that we have either through the survey or that came in during the presentation. I have 1:54 p.m. so we have a few more minutes if you’d like to continue your presentation and questions may come in while you’re doing that. I don’t think so at this time.

Dr. Steven Asch: Okay, well Julie do you have any final comments?

Dr. Julie Weitlauf: I have a couple final comments. So a lot of these questions about specific research threads that people are interested in these are great things to engage with the CDAei platform with. And there is Janet’s email on here because she also can coordinate small group virtual chats within this community, connect people who have similar interests that you may not know about. So it’s a good time to reach out and get connected.

I also wanted to point out that though managing research was a big concern among the people who responded to the surveys, stress and coping was also. And so I just wanted to alert everyone for themselves and their patients that actually the National Center for PTSD has created COVID Coach, which is kind of coping, coaching you through coping with COVID-19. It’s appropriate for providers, it’s also appropriate to share with patients. The link is here and it’s free. So we have that.

And also the National Center for Post-traumatic Stress Disorder has a broader self-care toolkit. Many of these instruments were designed with the Veteran patient in mind but they work for everyone. And they have the Path to Better Sleep, which is an app for assessing insomnia, treating insomnia, self-help for insomnia right now which is a big complaint. The Mindfulness Coach, they also have COVID Coach, they have a Mood Coach. And they have Parenting 2 Go Coach. So here’s the link to their suite of tools. Which is something that you might want to look at.

And I wanted to close with one of the center directors when we were talking with them, sent this quote around and she says right now she tries to end every meeting with this quote which was from the Prime Minister of New Zealand which is, please use this time to be strong, be kind, and unite against COVID-19. I think it’s a perfect way to end our seminar.

Dr. Steven Asch: It certainly is. And thank you Julie for all the hard work in putting this together. And thanks everybody for joining.

Rob: Well thank you both. I’ve just shared the link to upcoming Cyberseminars and I’d like to remind everyone if you don’t already know that Dr. Weitlauf will be presenting the June and July CDA Cyberseminars which she will be continuing addressing issues such as this. Do you have anything else you’d like to say about that Julie before we close?

Dr. Julie Weitlauf: No. The June one we’re going to focus on what people told us about stress and coping. And that will be myself and Dan Blonigen. And we will continue to respond to whatever the biggest area of interest is and we’ll define and design the July seminar around the audiences’ interest.

Rob: Thank you. When I close the webinar momentarily audience members you will be presented with a short five-question survey. Please do take a few moments to provide answers to those questions. We count on your answers to continue to bring you high-quality Cyberseminars such as this one to address important issues that come up. With that I’ll just wish everyone a good day. And thank you once again Doctors Weitlauf, Asch, and Atkins. Have a good day everyone.

Dr. Julie Weitlauf: Thank you. [ END OF AUDIO ]