
CONFERENCE PROCEEDINGS

Philippine Physical Therapy Association Convention 2021 Keynote Address 1

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Keynote Address 1

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Physical Therapist Experience on Long COVID

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On behalf of the PGH DRM Section of Physical Therapy, let me share with you how we stepped into the GAP, a gap in theory and practice as we all faced the biggest healthcare threat in our lifetime, perhaps, focusing on what and how we went through this pandemic. It all started last March 2020, when the World Health Organization declared the coronavirus a pandemic. And everything went into stand still at that time. We still tried to continue limited clinic operations, until ten days later, our institution, PGH, was declared to be a COVID-19 referral center. We were perplexed with the situation. What do we know about COVID-19? With no one and nothing to turn to at that time of crisis, we just had to trust our leaders

According to an article by Kerisi and Edmonson (2020), during crisis management, leaders are expected to act with urgency. Human nature typically dictates us to wait for more information and clarity in a threatening situation. However, in a crisis, especially in a pandemic, it could be perilous to waste vital time where each day results to an exponential increase in danger of the unknown effects and impact of the virus. Next leader should create an honest and accurate descriptions of reality by communicating with transparency. Be as clear as humanly possible about what you know, what you anticipate, and what it means for people. It is recommended to convey the message in a way that people can understand, and that communication should not be devoid of hope or people will simply give in to despair. Communication must be a hopeful vision of the

future toward which people can direct their energy, because without hope, resolve is impossible. Further, leaders must constantly update their understanding of prior probabilities, even daily, deliberately using strategies to elicit new information and learn rapidly as events unfold and new information comes to light.

Remember the times when we all stayed up at night waiting for crucial communications and announcements from world to national to political and health leaders. Our director communicated to us through a letter about his thoughts at that time we were designated to be a COVID referral center, with urgency and transparency. The message was filled with concern and hope, and ended with a call to action, and I quote, “Let us do this because deep in our hearts - devoid of fear and anger, it is the right thing to do.” We also got constant updates afterwards, and by the different responsible units such as the Hospital Infection Control Unit and the UP Health Service as well.

We were keen to see the how the pandemic and our hospital operations were to unfold looking at how our leaders are deciding, and how we have been operating. It was apparent that our institution, even pre-pandemic, subscribes to the systems approach. Ramosaj and Berisha (2014) defined the systems approach as the leader’s determination to factor in their leadership, the external environment and relationships with and among elements. Everything is a part of the whole. Leadership as the system has to do with the team, with elements related and interrelated, whose work is oriented towards the goal. No person nor position too small not to be considered an important contributor. Most importantly, the components are seen as people and a vital component of a system that enables transformation of inputs to outputs and may provide feedback to improve the system. You have to listen to the people, especially those who are in the frontlines where the real work happens, as they say, get to the gemba. Gemba, a Japanese term that means the real or actual place. The systems perspective tells us that we must look beyond individual mistakes, personalities, and events, to understand the problem. We must cultivate a culture that learns from feedback, and that there will be no blaming for individual errors, rather, modifying the system to achieve consistently good results. This is very much applicable and necessary at a time when there is so little known, and you need to get information from all directions, and even from your own experience. As it happens in the gemba, you would want to learn from feedback and create a system that will make the work easier and produce consistently good results, with reduced error, with less stress on the worker.

As cited in Kaplan and colleagues’ discussion paper (2013), apart from the human components of the system, a critical

part of is developing technology platforms that coordinate and integrate various technologies and clinical processes. Learning culture, technology, and teamwork may lead to sustainable change and new capabilities to emerge.

The systems approach application of the pandemic response in our institution was initially visible with the Hospital Infection and Control Unit (HICU), as one key component of the system to ensure healthcare workers safety. Safety of all stakeholders was the priority, and HICU early on released these guiding principles: (1) Limit unrecognized entry of COVID-19 to PGH; (2) isolate all symptomatic patients ASAP; (3) protect all PGH healthcare personnel. We were provided instructions on appropriate personal protective equipment to don in specific areas. We were further informed and guided on COVID-19 area red zones and were given recommendations on stopping the spread of the virus, preventing infection outside the hospital, and avoiding transmission of the virus home to our loved ones.

Concurrently, our electronic medical record was also catching up with technology, where we can use it to check patients’ charts online, even offsite. It also has its own reporting mechanism of patient safety events where healthcare workers are encouraged to report with a non-blaming culture. Remember that what is not reported may not be addressed. Concerned parties are immediately informed, a root cause analysis is performed, and changes are applied in all necessary components of the system to prevent recurrence of the same patient safety event.

Perhaps you can see the headliners such as the Director’s Office and HICU, but there were old and new components of the system which were functioning simultaneously tackling the pandemic.

- Crisis Management Team – leading the overall institution operations and making sure that the healthcare workers (HCWs) can get to work and rest safely, in charge of the transportation and accommodation.
- Office of Engineering and Technical Services – retrofitting our COVID wards to facilitate appropriate ventilation and reduce spread of infection.
- Dietary – keeping us satiated at a time where there were no convenient food options during the lockdown.
- Property and Supply Division – ensuring sufficient Personal Protective Equipment (PPE) and disinfection materials.

- Occupational Health & Safety – reducing risk for infection and burnout and improving wellbeing of the healthcare workers.
- Psychiatry and other departments – initiating mental health promotion to HCWs
- Communications (HRDD and Derma) – keeping the HCWs informed and keep the anxiety at bay, and the Dermatology department has taken on that responsibility. Creating timely and effective infographics that are communicated to a language that we understand. Like our dermatologists, there were employees who did not function as their professional duties for a time, like us physical, occupational, and speech therapists, psychologists, and orthotists and prosthetists, who have been safety officers. We were in charge of ensuring: (1) proper donning of PPEs so that the HCW will be adequately protected getting into the COVID wards; (2) safe doffing of PPEs so that the HCW will not contract the virus while taking off the PPEs.

At the first week of our operations, we have seen our leaders getting down to the Gemba, into the COVID ward, while being assisted in donning by a physical therapist assigned as a safety officer. When we were designated as safety officers, we know that this will not be for long and we will eventually go back to providing physical therapy services. Our response to this pandemic as physical therapists, and as a designated COVID-19 referral hospital, was both an instinct and a responsibility. It was instinctive in a sense that we must do what we can. And a responsibility to our healthcare workers, the institution, the profession, and the country.

We remember our purpose: To empower people to be autonomous and leaders in improving health and wellbeing of the Filipinos, our institutional mandate, to provide quality service, training, and research, and our professional mandate to improve human function and movement and maximize physical potential.

We have to take care of our staff, provide service to our patients, train our students, and share our best practices to our fellow physical therapists. We organized according to how we saw our leaders did it and how these decisions and actions made us feel.

For a team like ours, we were thinking about our controllables. Ourselves, expertise, weaknesses, well-being, our reactions to any external stimulus. Then we think about, the unknowns. What is the concept and entirety of

COVID-19? The condition, the precautions, its effects. Since we are in lockdown and we cannot do face to face trainings and sessions, how are we going to proceed with tele-education (remote learning) effectively, and tele-physical therapy safely?

How were we able to do it? It is the time that we can apply all our knowledge and practice in evidence-informed physical therapy. We have our collective theoretical background and experience to turn to when there is dearth of high-quality research on this novel condition. Further, we capacitated ourselves on the best physical therapy care for patients with COVID-19 and redesigned service delivery.

The Italian, American, and Australian societies of physical therapy were the first ones to release COVID related intervention studies. We accessed and appraised them and utilized the results of those applicable to our context such as general condition, functional mobility training, and non-instrumented pulmo-rehabilitation. And together with our rehabilitation specialists, we created our Rehabilitation for COVID-19 Early Functional Return (RECOVER) program. This is one of our tangible outputs during this pandemic.

Consistent with the systems approach, the following is our system in place in charge of generating and monitoring these projects. Apart from our clinical tasks, our PTs are in charge of their own committee, that they were able to assimilate into especially during this pandemic. We have key persons for policy and workflow development, infection control that creates and oversees our disinfection guidelines, staff wellness, information technology, training officer for undergraduate and continuing education both for the staff and other physical therapists, library resource, research, and the pandemic has resulted into our RECOVER (COVID) and tele point persons.

At present, our RECOVER inpatient program workflow is as follows:

- Change to work-specific clothing at the start of duty
- Use Level 4 PPE
- Monitor vital signs
- Optimize direct patient contact and provide adjunct printed home exercise program
- Minimize aerosol producing procedures
- Don, doff, and disinfect, in a separate working area
- Do online documentation

Our level four PPE consists of N95 mask, coveralls, eye protection, gloves, and headcap. We typically provide pulmo rehab to our COVID inpatients, but we also see patients with stroke, burn, and post-operative conditions for functional training.

With all of these responsibilities and tasks expected of us, we recognize that our own wellbeing needs to be prioritized. We know that we cannot pour from an empty cup. Be it for our patients, co-workers, our loved ones. Mental health of the healthcare workers is of utmost priority.

Majority of recommendations for mental health is to boost: (1) basic self-care such as having adequate sleep, taking breaks from work, and doing exercise; (2) stress management such as practicing mindfulness; (3) emotional support; (4) supportive environments such as allowing workers to voice concerns about virus exposure or working conditions, and not stigmatizing workers who express mental health needs; and (5) systems that allow for more consistent monitoring of mental health concerns. Mental health is especially challenging at the time of the pandemic. For one, COVID-19 is widespread, has an undefined ending, and severely disruptive of daily routines. The pose challenges to meet both the immediate needs such as food and shelter, and future term needs due to the threat of joblessness. Secondly, COVID-19 pandemic is a multidimensional stressor, affecting individual, family, educational, occupational, and medical systems. It triggers worries on self and family's health and safety and the limited ability to respond to it due to the pandemic restrictions. It also pushes most of us to assume multiple and new roles, the most common perhaps would be working parents who are also trying their best to be teachers to their kids due to remote learning set up. Lastly, we have reduced access to our sources of positive emotions such as social relationships that disables us to counter the negative effects of stress, secondary to adherence to protocols to safeguard us from infection (Gruber, et al., 2021).

Locally, we have commenced mental health in our team, and given that we are hooked to evidence, I decided to look for basis for and evidence on these initiatives. I came across a technique called Cognitive Behavioral Therapy. This has been present since the 1960s by Aaron Beck and is now currently worked on by Dr. Marques and her team.

Cognitive Behavioral Therapy (CBT) is a present focused treatment that involves teaching the individual to identify their thoughts, emotions, and behaviors in daily life, to understand how those components interact, and then to learn specific skills to change negative patterns that are leading to prolonged negative emotions or unhelpful

behaviors. Research has shown that CBT is very effective for some of the problems that we are worried about due to COVID-19, including anxiety disorders, major depression, post-traumatic stress disorder, general stress, stress due to medical problems, and insomnia.

It has the core principles of emotion regulation, cognitive change, and behavior change. There is a set of five CBT skills called TEB that stands for thoughts, emotions, and behaviors. According to the authors, TEB skills are unique and special as they are: (1) modular, may be used in any order not following a definite treatment sequence; (2) transdiagnostic, may be applied to a range of different kinds of problems and emotions and symptoms; and (3) portable, may be used in any context.

The first TEB skill is called Observe the TEB Cycle. Further, there are two skills focused on cognitive change, and these are Explore Thoughts and Solve Problems. And two skills focused on behavior change, which are Charge Up and Face Fears. First, Observe the TEB Cycle, in which individuals are taught to identify their thoughts, emotions, and behaviors in daily life. This process of labeling, of identifying thoughts, emotions, and behaviors has been shown to help begin the process of regulating their emotions. To observe means to anchor on a specific situation, identify thoughts, emotions, and behaviors, and observe the spinning cycle. To observe is to understand the connection between those components.

In our clinic, we have initiated the Staff Mentoring Program is anchored on research, evidence-based practice, and leadership. Early in the program, the staff are facilitated on self-awareness activities to effectively know about self, to lead self as a precursor to leading others. Being more self-aware is aligned with observing the TEB cycle.

The second TEB Skill is called Charge Up which involves choosing and practicing specific activities that build energy and increase resilience to stress. This skill is based on behavioral activation that may increase neural responses to reward in daily life. For this skill, you are to choose an activity that helps build energy, to schedule that activity and track your progress, and to connect that activity to a long-term goal in order to maintain your motivation to practice the activity.

In our clinic, we do have non-PT related wellness activities that are based on the staff's desires, where we share with

each other our hobbies and interests, work on a wellness goal, and incentivize good habits.

The third TEB Skill is called Explore Thoughts. This skill is based on cognitive restructuring and research has shown that restructuring negative thoughts reduce neural responses to threatening situations. First, identify the thought that is linked to a negative emotion, to explore whether the thought is accurate and/or helpful using a series of questions, and then to generate an alternative thought that is more helpful and accurate interpretations of daily life.

In our clinic, since the pandemic started, the thought of getting into the COVID wards and providing direct patient contact has been looming on us, and this is a thought that is linked to a negative emotion. You may facilitate by processing the thoughts through questioning or providing a basis to generate an alternative thought that is based on facts such as proper health and safety practices significantly reduce the risk of contracting the virus.

The fourth TEB Skill is called Face Fears, and this skill involves teaching to approach uncomfortable situations to overcome their fears and engage more in life. This is based on exposure therapy that can also reduce neural responses to threatening situations. First step, anchor on an avoidance behavior, this is something that a person is avoiding that they really need to be able to do in order to meet their goals. We are then going to help build an approach ladder which involves coming up with a series of behaviors that would move them closer and closer to that thing that they are avoiding, not too easy nor too difficult, just with enough challenge to motivate them forward.

For the majority of us in the clinic, this could be public speaking such as doing a lecture or disseminating research results. In the clinic, we start small, public speaking could start from reacting to a journal report then to presenting a journal appraisal at the section level, to proceeding with lectures at the department or institution level, and eventually go to national conventions and international conferences.

The last TEB skill I will share with you, is Solve Problems. This involves teaching a series of steps to proactively cope with problems in their lives. What do we do? We identify the problem, then brainstorm solutions, evaluate those solutions by considering the pros and cons of each solution, and then choose one of those solutions to try. Create an action plan, so a step-by-step plan for how to implement the

solution. And then finally, evaluate the outcome. Was the problem solved? If not, you may go back to step four and choose a different solution to try.

We have created our clinic's COVID-19 workflow that is the fruit of almost fourteen months of developing and continuous monitoring, attempting to solve the need for service delivery to our patients in the COVID wards. It is a still a work in progress that we continually monitor and improve with feedback from the Gemba to create a reliable system.

The changes brought about by the pandemic were inevitable. In retrospect, we have always been responsive to change, and to some extent, has already initiated some changes in practice. This means that with continuous response to change, we have built resilience making adaptable to change. Now, we are more comfortable with change, and in certain cases, confident to initiate change and create sustainable and flexible systems.

This pandemic has triggered creativity and prompted reflection to all of us. This has taught us to be more self-reliant, knowing ourselves a little better and investing on ourselves each day. It has given us an opportunity to redesign service delivery models, maximize training opportunities, and explore collaboration for research. Our profession is also at the height of intra- and interprofessional collaboration, through the multiple platforms at the local and international levels, generating information that is necessary for data-driven and shared decision making.

No pandemic can hamper physical therapists in making lives better.

I would like to thank my team foremost, for their commitment to service, training, and research, and for the PPTA for giving us a platform to share what we do.

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