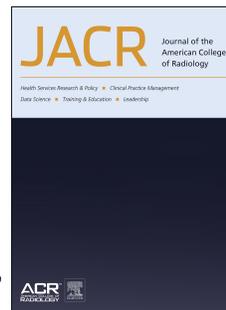


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Together/Apart during COVID-19: Inclusion in the Time of Social Distancing

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Title: Together/Apart during COVID-19: Inclusion in the Time of Social Distancing

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Inclusion:

“Anyone can be made to feel like an outsider.” – Melinda Gates

Inclusion, the practice of including people who might otherwise be excluded or marginalized, is especially critical during a pandemic. Applying inclusion strategies within a radiology department can promote solidarity and well-being. Making inclusion intentional can ensure that the voices of all team members are considered in a time of fear, uncertainty, and rapidly changing information.

Particular attention should be given to vulnerable groups with fewer opportunities, those who may be stigmatized by society, and those whose needs differ from the majority (1). Inclusive leaders intentionally engage these groups by using communication to overcome differences in power or status. Inclusive practices invite open communication with sharing of ideas or questions without risk of criticism. The ensuing psychological safety for members of healthcare teams improves their performance (2).

Our department has recognized how COVID-19 might increase the risk for team members to be marginalized during the pandemic. In response, we have paused to ask ourselves whose voices might be vulnerable to exclusion and then taken concrete actions to foster inclusion.

Groups At-Risk for Marginalization and Actions for Inclusion:

Group: All department members

Concerns: Necessary physical and temporal distancing strategies have been rapidly implemented in response to COVID-19. This includes major changes to reading room layouts, administrative operations, and educational activities. Isolated reading rooms have been created at our main hospitals and many of our radiologists have relocated to practice at outpatient imaging centers during weekdays and weekends. In anticipation of many requiring home confinement for family care or quarantined due to viral exposure, at-home

PACS access options have been made available, including portable workstation packages that can be delivered to one's home. While necessary, we have acknowledged that these physical and temporal distancing measures could lead to feelings of isolation and loneliness, increasing the risk of burn-out and strain on mental health.

Actions: To combat feelings of isolation and burnout, we have focused on delivering consistent and accessible virtual communication, social support, and resources for well-being. Our weekly videoconferences provide a bi-directional forum for open communication between leadership and all department members (3). Information about COVID-19 and departmental updates are disseminated and supplemented with open question and answer sessions. Content experts from within and outside our institution are invited to speak on various topics related to the COVID-19 pandemic, such as epidemiology and predictive modeling, ongoing institutional research for diagnosis and potential therapies, efforts to keep the workforce safe, and strategies for ramping up departmental operations once restrictions are relaxed.

Online and virtual well-being resources are offered through the departments of behavioral health and integrative medicine. Self-care breaks with mindfulness sessions and mini-yoga exercises are virtually broadcasted twice daily. Weekly support groups foster resilience by supporting self-care and stress management. Wellness "micropractices," or short mindfulness tools incorporated into daily activities, such as focused breathing during hand washing, have helped mitigate feelings of burnout (4).

Group: Department Members at High-Risk for COVID-19 Complications

Concerns: While current knowledge and understanding of COVID-19 is continuously evolving, older adults and those with serious underlying medical conditions were identified early in the pandemic as having a higher risk of severe illness if infected (5). Members of our department in this category, as well as those with family members with high risk conditions, are likely to have greater fears of contracting the virus and feelings of anxiety.

Actions: In addition to strict departmental distancing measures, a confidential COVID-19 medical exemption process has been put into action. An online request process for medical exemption from direct patient care through the human resources department has been streamlined and simplified, allowing for evaluation of high-risk team members by an independent third party outside of the radiology department. Those requesting and meeting requirements for medical exemption are reassigned to duties that do not require direct patient care (at no salary change). By increasing the number of isolated reading rooms, reading stations at outpatient facilities, and at-home reading stations, our department offers an opportunity for those high-risk members to remain engaged in the interpretation of diagnostic imaging. Widespread modification of the physical workspace throughout the department allows us to create a safe environment for those at medical risk while maintaining confidentiality and necessary physical distancing.

Group: Department Members at risk for anti-Asian hate, bias, and discrimination:

Concerns: Following the first reported outbreak of COVID-19 in Wuhan, China, increasing expressions of xenophobia and anti-Asian violence, harassment, and discrimination have been observed. Despite the World Health Organization's clear recommendations to avoid naming diseases that result in a stigmatized people, culture, or location (6), government officials have gone so far as to use the term "the Chinese virus." The Stop AAPI (Asian American Pacific Islander) Hate reporting center was launched in late March 2020 by several advocacy agencies. Within 4 weeks of launch, nearly 1500 incidents of discrimination were reported, with an assumption that many additional incidents were likely unreported (7). Asian healthcare workers face very real bias and discrimination.

Actions: Our department has issued an official statement reinforcing a commitment to a safe, inclusive, and welcoming environment for all and condemning acts of hate, bias, and discrimination. An online incident reporting system is available for members to submit incidents or concerns anonymously to our department's vice chair of diversity and inclusion without fear of retaliation.

Group: Department Members with Family Care Needs

Concerns: Widespread closure of schools and daycares has generated an unexpected and abrupt need for childcare for many department members. Several logistical challenges have arisen, influenced by the availability of backup childcare providers and the existence of at-home work options. Practicing radiology from at-home workstations coupled with the demanding tasks of simultaneously supervising, feeding, and home-schooling children has often been unfeasible for those with spouses, partners, and significant others who are also still working.

Actions: Developing new work schedule templates that include staggered time shifts and work from home options has provided flexibility to many with family care needs. The division of child and family services at our medical center offers employees back-up childcare from 6 a.m. to 6 p.m. Monday through Friday with availability determined on a weekly basis. Our medical center also provides 20 days of subsidized back up childcare at home or in daycare per fiscal year.

Group: Trainees (medical students, residents, and fellows)

Concerns: Necessary distancing practices have significantly impacted the radiology educational experience by eliminating side by side viewbox teaching and in-person didactic conferences. While necessary, the postponement of ongoing research projects, cancellation of national meetings, and rescheduling of the ABR Core Exam have disrupted trainees' scholarly work, networking opportunities, and milestone components of the educational curriculum. The cancellation of medical student in-person rotations has also presented barriers, particularly to those still considering radiology as a possible specialty for the upcoming match.

Actions: Conversion to virtual read-outs and didactic lectures has been an effective means of maintaining a quality educational experience. With the use of direct messaging systems in PACS and a smooth transition to videoconferencing for didactic lectures, our trainees remain engaged in active radiology learning while on rotation and remotely from home (8).

In anticipation of a potential surge in hospitalized COVID-19 patients, our residents rotate an alternating schedule of 1 week on-campus and 1 week off-campus to sustain an adequate staffing reserve. During off-campus weeks, they learn from online educational resources, participate in COVID-19 research, and create 3D models of respirators and masks. They also partake in institutional volunteer efforts, such as staffing our medical center's COVID-19 hotline.

Medical student engagement has been maintained virtually by direct collaboration between faculty and students in the creation of online educational radiology resources and replacing in-person didactic conferences with videoconferences. Our residency program leadership also participated in a virtual recruitment fair with AMSA (American Medical Student Association).

Conclusion:

During the COVID-19 pandemic, a reflective pause can be embedded within departmental practices to ask whose voices might be excluded. Actions can then be taken to promote inclusion and psychological safety for radiology department members as they face stress and separation. As our country and healthcare system move forward with reopening, feelings of anxiety and uncertainty may become more prevalent during acclimation to this "new normal." Inclusion will become of increasing importance as we strive to create an environment where all voices are heard. In doing so, everyone can be made to feel that they belong.

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