

**ASMEBITESIZE: Well-being and tolerance of ambiguity in times of Covid19**  
**Wednesday 2<sup>nd</sup> September, 4pm**  
**Responses to unanswered questions and comments**

**Q: Schwartz rounds used lots with medical students at Cambridge - lots of positive feedback**

**Response from Jason Hancock:** Yes, we have also had a positive experience in Exeter with inviting third year medical students to attend and engage with a balint group that contains core psychiatry trainees and is facilitated by a group psychotherapist.

**Q: Daniele did you look at the impact of coaching and mentoring?**

**Response from Daniele Carrieri** - Some (around ten) of the records included in the Care Under Pressure realist review did look at the impact of coaching and mentoring. If you are interested, you can find them in the '**Appendix 2 Characteristics of all included studies**' of our NIHR report (by searching for the word 'coaching' and 'mentoring')

<https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr08190#/app2> . I am also pasting below an overview of the records included, taken from the report's Abstract – just to provide a bit more context.

“A total of 179 out of 3069 records were included. Most were from the USA (45%) and had been published since 2009 (74%). More included articles focused on structural-level interventions (33%) than individual-level interventions (21%), but most articles (46%) considered both levels. Most interventions focused on prevention, rather than treatment/screening, and most studies referred to doctors/physicians in general, rather than to specific specialties or career stages”

If you are interested in coaching and mentoring, I'd recommend "Also Human" by Caroline Elton (in case you do not know this book already) <https://www.penguin.co.uk/books/111/1112126/also-human/9780099510796.html>

**Q: I am fascinated by the ambiguity in IDENTITY of Drs in non-acute specialties being "called up" to do acute work at the initial height of the crisis-witnessing it second hand as an ex Dr, now educator, via speaking to friends still in clinical world and via social media. Jason alluded to this at the start of his talk the identity ambiguity – do the panel have any thoughts on this?**

**Response from Jason Hancock:** Yes this is an intriguing area.

In some ways what you are describing would fit into existing conceptual models as one of the practical (systems- centred) components of uncertainty, i.e. the 'identity or competence of the healthcare provider'. (Han P, Klein W, Arora N. Varieties of uncertainty in health care: a conceptual taxonomy. Med Decision Making. 2011; 31(6): 828–838. DOI:10.1177/0272989X11393976).

In some ways this is also similar to the position that final year medical students found themselves in when they were being 'called up' to FiY1 posts which were new posts, perhaps with less clear roles and responsibilities than traditional F1 roles. The impact of taking on these roles on a clinician's tolerance of ambiguity and psychological well-being is currently being investigated (<https://blogs.ncl.ac.uk/2020medicalgraduates/>).

**Q: Excellent presentations, and really interesting point Daniele about the use of 'heroic' rhetoric in relation to medical staff.**

**Jason, this is possibly a little off-topic, but do you think that a low tolerance for ambiguity is also a factor in sections of the public either denying the existence/seriousness of Covid or turning to**

**conspiracy as a way to simplify an incredibly ambiguous situation? And do you know whether medical staff are facing these attitudes from patients in clinical practice?**

**Response from Jason Hancock:** A great question that is difficult to answer.

It is hard to know if this psychological protective cognitive process (denying the existence of Covid or minimising its seriousness) is driven primarily by a reduced tolerance of ambiguity, however it may be a factor.

I can only talk from my personal experience in response to your second question. Personally I have not seen many patients who deny the existence or seriousness of Covid. However for many of the people that I see, particularly as a liaison psychiatrist, their concern of contracting or becoming unwell with Covid is often outweighed by the level of their psychiatric illness or distress.

**Q: But what do you do if a strong professional identity brings with it unhealthy norms?**

**Response from Daniele Carrieri:** Very interesting question, and difficult to answer (particularly in a few words). Perhaps it may be useful to point you to the 'social cure' framework, which proposes that there is a positive impact on health when individuals identify themselves as members of groups that provide them with a positive sense of identity. If the norms of a strong professional identity are unhealthy for the workers themselves, I'd imagine they would not identify themselves with such norms (and potentially with the related professional identity). So, it is very important to emphasise relationships and belonging to teams, to their profession, and create people-focussed working cultures. We provide a brief overview of the social cure framework and discuss its relevance to our Care Under Pressure review in this in a section of the NIHR report <https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr08190#/s3-13>