AMERICAN PSYCHIATRIC ASSOCIATION

**COVID-19 Pandemic Guidance Document**

# REDEPLOYMENT OF PSYCHIATRISTS TO MEDICINE DURING A PANDEMIC CRISIS

*Prepared by the APA Committee on the Psychiatric Dimensions of Disaster and COVID-19*

*The findings, opinions, and conclusions of this guidance document do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. This document is intended to provide information that local entities may find helpful in making decisions during a pandemic.*

# REDEPLOYMENT OF PSYCHIATRISTS TO MEDICINE DURING A PANDEMIC CRISIS

During a pandemic it may be necessary to redeploy psychiatrists and psychiatry residents and fellows to medicine. As a consequence of redeployment of psychiatrists and trainees, it will be necessary to backfill roles vacated by those deployed to medicine. This document primarily addresses considerations in redeploying psychiatrists and psychiatry trainees to medicine. In determining which psychiatrists and trainees should be redeployed to medicine the following are factors that need to be considered:

- Level of readiness for redeployment based on current medical proficiencies.
- Complexity of the medical setting.
- Medical supervision, safety, and meeting increasing demands for care.
- Building self-efficacy by increasing competencies for front line medical roles.
- Ability to backfill critical psychiatric services vacated by deployed psychiatrists.
- Medical vulnerabilities of the psychiatrist who is being considered for redeployment.
- Deployment of residents and fellows.
- Cultural, ethnic and language diversity.
- Ethical, legal, and regulatory issues.
- Access to mutual, peer, and professional support services.
- Access to personal protective equipment (PPE) and training in the use of PPE.

## 1. Level of readiness for redeployment based on current medical proficiencies.

In a rapidly unfolding pandemic, it is not practical to comprehensively assess specific competencies for providing front line care to medically ill patients. It is also impractical to provide pre-deployment training for most competencies other than proper use of PPE.

Some psychiatrists are more likely to have a higher level of readiness due to previous training or current work environment. Below we propose a general set of 5 levels of readiness for redeployment which serve as markers for more specific competencies, rank ordered from 1 (highest level of readiness) to 5 (lowest level of readiness).

**Level 1 Readiness for Deployment**

- Psychiatrists who are double boarded in medicine, neurology, or a related medical specialty including pediatric and surgical specialties.
- Currently devoting part of their clinical practice to providing clinical care as internists, neurologists, or other medical specialists, separate or in addition to psychiatric care of these patients.

**Level 2 Readiness for Deployment**

- Psychiatrists within 0 to 5 years of completing residency training.
- Prioritizing psychiatrists in this range who are:
    - Currently working in acute care psychiatric settings including as attendings on psychiatric inpatient units, consultation-liaison psychiatrists, and psychiatrists working in CPEP and other psychiatric emergency care settings.
    - *OR* Currently working in outpatient settings with practices focused on biological therapies including experienced psychopharmacologists and working in neuromodulation treatments.

**Level 3 Readiness for Deployment**

- Psychiatrists 5 years or longer after completing residency training.
- Prioritizing psychiatrists in this range who are:
    - Currently working in acute care psychiatric settings, including as attendings on psychiatric inpatient units, consultation liaison psychiatrists, and psychiatrists working in CPEP and other psychiatric emergency care settings.
    - Currently working in outpatient settings with practices focused on biological therapies including experienced psychopharmacologists and working in neuromodulation treatments.

**Level 4 Readiness for Deployment**

- Psychiatrists 5 years or longer after completing residency training.
- Prioritizing psychiatrists in this range who are:
    - Currently working in outpatient settings with practices which include biological and psychological therapies.
    - Clinical researchers focused on biomarkers and biological treatments.

**Level 5 Readiness for Deployment**

- Clinical researchers focused on epidemiology, psychotherapy, behavior therapy, and other non-biological research studies.
- Psychiatrists completing residency training over 10 years ago who have specialized in psychoanalysis, psychotherapy, and behavior therapy with limited experience in biological treatments.
- Psychiatrists completing residency training more than 20 years ago.

These levels are meant to be guidance for psychiatrists to consider when being redeployed.

## 2. Complexity of the medical setting.

Consideration must be given to the acuity and risks inherent to different deployment settings. The following rank order from highest to lowest levels of medical task complexity and risk for infection to the providers:

**Level 1 Medical Complexity and Provider Risk**

- Intensive care / critical care settings.

**Level 2 Medical Complexity and Provider Risk**

- Medical emergency department.

**Level 3 Medical Complexity and Provider Risk**

- Inpatient medical unit for COVID-positive patients and COVID-negative patients including myocardial infarct, stroke, and other high complexity medical patients.

**Level 4 Medical Complexity and Provider Risk**

- Inpatient medical unit with COVID-negative patients excluding myocardial infarct, stroke, and other high complexity medical patients.

**Level 5 Medical Complexity and Provider Risk**

- Providing telephone triage, supporting families of dying patients, rounding with palliative care team, entering orders at nursing station, supporting front line personnel and other services not involving direct patient contact.

## 3. Medical supervision, safety, and meeting increasing demands for care.

Close medical supervision by hospitalists and other experienced front line personnel is essential for deployment to level 1 ,2, 3, and 4 medical complexity settings. Psychiatrists in these settings serve as supervised supplemental medical attendings. At all levels of medical complexity standard of care, PPE must be available, and instruction on safe use of PPE must be provided.

Decisions about deployment depend on readiness for deployment, complexity of the medical environment, and the local need for physicians at the medical front lines. As a pandemic crisis unfolds there is a progression from standard care to contingency care to meet increasing workload at the medical front line to, in some cases, critical- or disaster-level demands for care. As demand increases with a worsening crisis it may be necessary to deploy psychiatrists with lower levels of readiness to more complex medical settings. In that case additional attention to safety and supervision is required.

## 4. Building self-efficacy by increasing competencies for front line medical roles.

During a pandemic, redeployed psychiatrists face multiple challenges including fears of falling ill, fears of transmitting the illness to family and others, and fears of failing to provide adequate care to critically ill patients. The first two concerns can be mitigated by access to PPE and proper training in the use of PPE. The latter concern is best addressed by rapid training to manage the patients. This may be accomplished by the following:

- Online training modules for assessing medical patients.
- Use of medical simulation labs.
- Dissemination of treatment guidelines.
- Close medical supervision.
- Access to mutual, peer, and professional support services—if such services are not readily available, an attempt to advocate for such access for all providers should be made through the appropriate channels.

## 5. The ability to backfill critical psychiatric services vacated by deployed psychiatrists.

Deployment to medicine must consider the risks to degrading critical psychiatric services. Deploying administrative and other leaders, unit chiefs of acute care services, and other essential psychiatric personnel risks degrading psychiatric care at a time of crisis in which the demand for psychiatric services intensifies. The risks of backfilling these leaders with psychiatrists who are not highly skilled in these roles must be balanced against any benefits of deploying leaders to the medical front lines.

## 6. Medical vulnerabilities of the psychiatrist who is being considered for redeployment.

Deployment to the medical front line requires physical fitness for duty and minimizing risk of life-threatening infections. Limiting factors include the following:

- Immunocompromised, including autoimmune disorders, immunodeficiency diseases, currently being treated for cancer, and others whose medical illnesses and treatments compromise immune functioning.
- Pregnancy with increased risk to fetus throughout pregnancy and increased risk to the mother during the third trimester.
- Cardiorespiratory and metabolic diseases that increase risk with COVID exposure.
- Age 65 and older.
- Other serious underlying medical conditions.
- Consider medical vulnerabilities of those living with the psychiatrist.

## 7. Deployment of residents and fellows.

Residents and fellows are being widely deployed to the medical front lines at this time. Considerations when deploying residents and fellows include the following:

- Medical exclusions.
- Preserving critical psychiatric services.
- Prioritizing PGY1, 2 and 3 residents for deployment to the front line who are closer to their medical training and are not able to function independently in acute care settings.
- Prioritizing PGY4s and fellows for acute care psychiatric services.
- Balancing deployment of faculty and trainees.
- Availability of emotional support services to all trainees.
- Roles of Designated Institutional Official, Vice Chairs for Education, and Program Directors in determining which residents are redeployed to which medical settings.

## 8. Cultural, ethnic, and language diversity.

Ethnocultural and language diversity is an important consideration in communicating with patients facing life threat, end of life care, and in supporting their families during hospitalization and grieving after loss.

## 9. Ethical, legal, and regulatory issues.

In a pandemic crisis, redeployed psychiatrists will need to be familiar with ethical challenges in allocation of scarce resources, including who is placed on a ventilator, dialysis or other life support, and when a patient is taken off of life support. Knowledge of the relaxation of legal liability and regulatory changes in access to care implemented during the crisis reduces fears about malpractice and related concerns about deviations from usual standards of care. Redeployed psychiatrists should determine whether they will be covered for malpractice in their redeployed roles.

## 10. Access to mutual, peer, and professional support services.

A critical requirement for redeploying psychiatrists and psychiatry trainees to medicine is the availability and necessary advocacy for emotional support services. Comprehensive support services include easily accessible online educational, self-evaluation, and self-management materials; mutual, peer, and professional emotional support services; and timely psychiatric assessments and treatments for those with greater distress.

## 11. Access to PPE and training in the use of PPE.

It is essential to have access to PPE for all redeployed activities and training on the use of PPE prior to initiating clinical work in the redeployment settings.

## 12. Limitations of these redeployment guidelines.

These guidelines are intended to provide information that local health care facilities/entities may find helpful in making decisions during a pandemic. They are not absolute requirements. They can be modified depending on characteristics of the health care facilities/entities, stage of the pandemic, and unique capabilities of the those being considered for redeployment. They are not meant to serve as an assessment of overall competency of those being redeployed.