

# UTILIZING YOUR ACADEMIC VETERINARY WELLBEING PROFESSIONALS IN YOUR COVID-19 RE-OPENING PLANS

July 2020

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## INTRODUCTION

In an ever-shifting landscape, institutions of higher education are in the thick of determining how to provide a supportive learning environment for the upcoming academic year, navigate its difficult constraints, while also achieving or maintaining economic viability. With increasing mental and physical health concerns and social unrest, involving your institution's wellbeing professional(s) in these decision-making discussions can prove to be even more critical for sustaining the wellbeing of our academic communities during this challenging time. How can member institutions better utilize their [Academic Veterinary Wellbeing Professional \(AVWP\)](#) during the COVID-19 pandemic and their re-opening plans?

## PROACTIVE RATHER THAN REACTIVE INCLUSION

They say that "an ounce of prevention is worth a pound of cure." AVWPs view the micro and macro needs of the academic community through a different lens — one that in tandem with the other academic professionals engaged in discussions, can have a potent, holistic impact on your academic community's wellbeing. Proactively engaging an AVWP's subject matter expertise helps college leadership anticipate potentially preventable issues, and better help mitigate concerns as they arise.

For example, you may find that engaging your AVWP in larger discussions around student disability accommodations related to COVID-19, testing decisions/schedules, and public health promotion communications may also help them integrate wellbeing more seamlessly into the upcoming academic year structure, ensure adherence to ADA law, and strengthen leadership messaging around prioritizing wellbeing in veterinary medical education.

## EXPAND AVWP SCOPE WHERE APPROPRIATE

College resources are currently very strained, and this may require institutions to think creatively on how to utilize their supports. In addition to students, AVWPs may be able to provide short-term coaching or consultation services to interns, residents, staff, and faculty. Member institutions could determine this to be a temporary expansion of the AVWP scope while the pandemic continues or take this on a case-by-case basis. Residents and interns may especially need more accessible supports during this time. Group support sessions or individual consultations (rather than formal counseling) could be offered to faculty and staff when Employee Assistance Programs are not able to meet the demand.

Thinking beyond mental health, your AVWP could help your institution determine an overall public health promotion strategic plan. Colleges need to invest in counseling services and also provide outreach and prevention education for multiple dimensions of wellbeing, targeting some of the root causes of distress. Your AVWP can provide expertise when discussing systems-based changes to improving the academic community's wellbeing. Many AVWPs already provide wellbeing education throughout the medical curriculum and/or may be able to provide supplemental programming for the veterinary college as a whole. Further tapping into this expertise may also be a way to showcase that an institution prioritizes wellbeing and its vital context within veterinary medical education and career longevity.

## NAVIGATING CONFLICT AND JUDGEMENT

Mitigating the negative impacts of necessary decisions that leadership need to make, but may not be well-received, is crucial. Effective, empathetic communication and conflict mediation are vital in all eras of leadership from the highest levels of college leadership to the staff members who serve your most vulnerable roles. If your institution is able to expand the scope of your AVWP to also provide some support for staff, faculty, and residents/interns, utilizing them for conflict mediation may be extremely helpful. Some AVWPs already have specialized training in mediation and conflict resolution and there may be an increased need for those skills beyond the resources currently available within your college or campus.

Your Human Resources Office certainly also has expertise in this arena, and leadership will need “all hands on deck” to address conflict or tension as it arises throughout the COVID-19 pandemic. In some instances, people or teams may not be able to wait a few days or a week to have a mediated conversation, or may not want to escalate the conflict to the level of Human Resources, and the more trained confidential staff available to assist quickly will ensure that the institution is being diligent and responsive to addressing issues. For more information, please refer to AAVMC’s document [Navigating Conflict & Judgement During COVID-19](#) and [Navigating Crucial Conversations](#).

## ONLINE VS IN-PERSON COUNSELING FLEXIBILITY

Allow your AVWPs to create flexible treatment models and set the counseling expectations for the individuals and groups they provide wellbeing supports to. In regard to mental health, few counseling appointments require being held in-person and reducing the number of in-person sessions contributes to reducing possible transmission rates of COVID-19 on your campus. The American Psychological Association has [provided direction](#) for mental health providers regarding this topic below in italics:

*Some patients may request, or even insist, on seeing mental health providers in-person, but that does not professionally or ethically obligate mental health providers to offer services face-to-face. To determine whether telehealth is a good option for the patient, consider these factors:*

- 1. Does the patient have access to a telehealth platform, and able to use it?*
- 2. If this is ongoing treatment, is the patient making progress? Is there decline?*
- 3. Is the next phase in treatment feasible for continuing remotely, or does it require face-to-face contact?*

*Keep in mind that mental health providers can refuse to see patients face-to-face, especially if they are older or have health conditions, or live with family members who have heightened risk factors. Do not unnecessarily jeopardize your health, or the health of your family, your colleagues, or your patients.*

If a community member is at acute mental health risk and needs in-person counseling, then an informed consent form may need to be signed upon their arrival. Your institution’s main counseling center may already have this type of document prepared, but if not AAVMC can provide your AVWP or appropriate institution representative with a framework to create one.

## PLANNING AHEAD

Knowing that telehealth is helpful in expanding access to mental and physical health care and diminishing transportation barriers, it is clear that telehealth is here to stay in a variety of capacities on college campuses. Work with your AVWP to determine a sustainable telehealth hybrid model for your institution that can be continued after the global pandemic subsides. The 2019 Higher Education Mental Health Alliance (HEMHA) [College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services](#) is also an outstanding resource on continuing telehealth counseling in the higher education setting. For member institutions wanting to develop and/or assess their organizational wellbeing efforts, please refer to AAVMC’s [Organizational Wellbeing Assessment Tool](#).

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