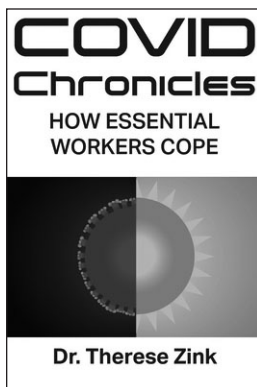


COVID Chronicles: How Essential Workers Cope

Therese Zink, MD, MPH

Las Vegas, NV, self-published, 2021, 135 pp., \$10 paperback or Kindle



In *COVID Chronicles*, Dr Zink interweaves her own story of the COVID-19 pandemic's impact on her family and herself with the personal stories of 11 different physicians, nurses, and medical assistants. She doesn't shy away from the social and political over-

lays as she retells her interviewees' stories and the ways that the pandemic has exposed the deep-rooted racism and classism that permeate the United States. She gives voice to the frustration, helplessness, and fear that health care workers faced in different parts of the country and the way that the 45th president and social media propagated antisience narratives that resulted in individuals embracing mask-free vaccine rejection.

Dr Zink is a family physician who was working in Palestine on a Fulbright scholarship when the COVID-19 pandemic forced her to cut her stay short to return home to Rhode Island. Living in long-term care settings posed unique struggles for residents and their loved ones. Dr Zink describes her own struggle with the physical separation of both her sister and mother living 1,000 miles away in long-term care. Having restricted access to see them or assist in alleviating their isolation contributed to her constant worry about their health, especially when each of them contracted COVID-19. From three floors down and outside the window, she describes feeling helpless in watching their emotional health deteriorate, which puts words to an experience many might relate to, after enduring months of isolation.

At times, Dr Zink's writing feels as if we're reading her journal, a peek into how one physician is making sense of what is happening and attempting to introduce organization into

the chaos. At other times, she speaks from an academic perspective, explaining the science behind how and why health care workers were making decisions. Dr Zink allowed her readers a peek into the frontline experience by portraying the personal stories of 11 other health care workers. Her selection of interviewees represented the diversity of experience, geographically, socioeconomically, racial identity, and positionally within the health care system. Some of these descriptions recounted incredibly difficult circumstances, but the writing feels a bit stilted, perhaps because it uses direct quotes of participants rather than the use of "thick description," a writing tool in qualitative research that uses graphic details to draw the reader into the emotional story. In this way, the nuanced characters of the participants feels one dimensional at times, in part because each chapter was pulled into a neatly-wrapped package with a little bow and a take-home message for the reader, such as to find humor, to give gratitude, to stay connected, or to hold onto faith. That said, this style of writing may meet the need of a readership that is looking for concrete takeaways about coping mechanisms that help in times of tumultuous uncertainty.

This book seems to be written for a largely nonmedical audience—a way to give the layperson a vicarious experience of what it was like as a health care worker in the first year of COVID-19. Simple medical concepts that all health care workers would be familiar with are defined and explained. Any book that attempts to capture the essence of an ongoing pandemic confronts the risk of what was once accepted practice now being outdated, and that is the case here.

The last chapter may be the strongest, as readers are exposed to Dr Zink's public health perspective about how climate change is creating environments where pandemics will flourish and how world politics are influencing who lives and who dies from these pandemics.

Overall, this book is a salute to health care workers, many of whom kept working in the face of danger to themselves, their family members, and their mental health in order to be there for patients, a choice that very few

would likely have predicted when they signed up for the job. Dr Zink’s book offers a mix of personal reflection on lived experience and interview-based stories, and is summarized with a larger public health perspective. When falsehoods and antiscience narratives are proliferating at the macro level, it is refreshing to zoom in on the individual micro level and get to know how these specific humans are living through and with COVID-19.

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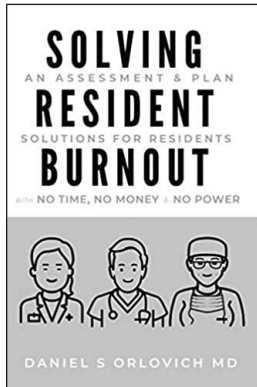
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Solving Resident Burnout

Daniel S. Orlovich,

Sydney, Australia, Horowitz Publishing, 2020, 208 pp., \$15.99, paperback



Daniel S. Orlovich, MD, PharmD, changed professions from pharmacist to anesthesiology resident in 2016, from 2020-2021 he completed a pain management fellowship, and he is now in private practice specializing in pain management. During residency he

developed the Solving Resident Burnout project and published this book in 2020. His insider knowledge of all levels of graduate medical education makes him an experienced advocate for residents in the trenches.

The book explores the factors contributing to burnout and the problems it creates, and provides easy, actionable ways to address them in a relatable, easy-to-read format. The author provides concrete solutions that residents are able to implement in their daily routine without needing any additional resources to do so. The book is split into short chapters that address fundamental issues: what is burnout, what causes burnout, what are solutions for burnout, and how to make program-level changes. It is a relatively short book and a quick read that allows residents to have time to fit reading it into their busy schedules.

The author uses a mix of stories, dialogue, and questions to keep readers interested. The beginning of the book starts with “Sixteen

Questions & Objections You May Have.” This introduction breaks down most preconceived notions of wellness and better prepares the reader to take in the rest of the book and the recommendations within it. Chapter titles such as “Thinking Outside the Box: Sounds Like These Wouldn’t Work,” entice the reader to explore further.

The stories throughout the book will make any medical professional laugh and think of a time they were in a similar situation. He also openly discusses that there are institutional and government-level problems with the current state of residency training, and that while we must actively work toward improving resident education as a whole, that does not help the individual resident. The book encourages residents to take personal responsibility for their own well-being and gives ideas to address it.

Residents in our program who have used the book found it to have helpful and concrete ideas for addressing wellness and burnout. The way that system-level problems are acknowledged allowed for the residents to be more open to hearing what the author had to say. They found the solutions he provided to be practical and actionable. Even simple things like keeping snacks on them and drinking enough water were small steps they could take to regain control and improve their quality of life. At times the residents found the suggestions and format to be elementary, but as they continued to read they appreciated the messages within.

The book has provided solutions and actions for residents to improve their quality of life. It has also started great discussions between faculty and residents. We have all been able to share lived experiences and use the book as a reference for ways we can make improvements. The overall attitude, especially between program director and residents, has significantly improved. Sharing vulnerabilities and using the book as a starting point for difficult conversations allowed for a more open line of communication and has led to significant improvements in the program already.

This book gives the reader the tools and perspectives needed to make life changes to help improve their outlook and wellness. As a medical educator, This book allows medical educators to not only see learners’ points of view but also improve their outlook in order to be a better teacher. I would highly recommend it

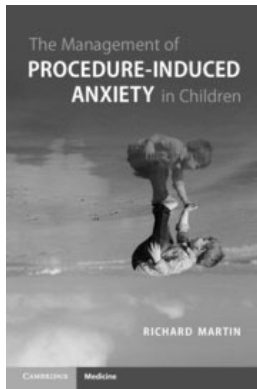
not only for family medicine practitioners, but also for all medical resident specialties.
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The Management of Procedure-Induced Anxiety in Children

Richard Martin

New York, Cambridge University Press, 2021, 89 pp., \$25.99,
paperback



Imagine bringing your child to the hospital. Your child is visibly anxious and behaviorally uncooperative. Physicians in one scenario neither engage, distract, nor calm your child. They use force to make your child comply with procedures. Physicians in another scenario

make every effort to read your child's body language, adjust how they interact with your child, use calming strategies, and succeed in eliciting cooperation without coercion. There is no question which situation is preferable.

While these images might seem exaggerated, the number of children suffering from procedure-induced anxiety is noteworthy. Approximately half of children experience anxiety at the induction of anesthesia; 24%-60% have postoperative dysfunctional behavior 3 weeks to 3 months after surgery, and 4%-12% of children display problem behaviors for more than a year (p. 10). This thin textbook helps clinicians minimize such negative experiences. It describes the theory, research, and application of anxiety-reducing strategies for children undergoing medical procedures.

Dr Martin speaks from experience as a fellow of the Royal Academy of Anaesthetists and trained hypnotherapist. He is passionate about the topic and believes anxiety management skills should be a core competency for physicians. Furthermore, he advocates for a system that uses screening and triage to identify children at risk, has flexibility in the delivery of interventions, and requires follow up after discharge.

The most important thesis of Dr Martin's text is the need to "broadcast an overwhelming

message of non-threat" (p. 3) to pediatric patients. He highlights the importance of rapport, trust, and compassion, as well as the negative impact of coercion and restraint. When children are anxious, they are in a vulnerable state and more sensitive to both positive and negative influences. According to Dr Martin, this state provides opportunities for those with proper training, as well as risks when clinicians are unaware of the negative impact they could have.

In this manual, Dr Martin goes into specifics about nonverbal and verbal communication. He describes 20 strategies categorized into interventions that (1) disrupt an internal focus, (2) enhance rapport building, and/or (3) deliver a coping strategy. While specific tactics overlap in what they accomplish, examples of disrupting an internal focus include the clinician violating expectations (ie, doing something surprising), purposely being confusing, or doing a magic trick. Approaches that help build rapport include conversing about interests, validating the child's thoughts and feelings, and backing off as needed. Strategies that promote coping include using humor and distraction, breaking things down so they are manageable, and using guided imagery, storytelling, or hypnosis.

The book is well organized, with sections numbered for easy reference. The information throughout is detailed and technical. While these aspects are helpful, they contribute to the book reading like an encyclopedia. Dr Martin describes interactions in a mechanistic way, and there are no cases described to pull the reader into the importance of the topic at a more personal level. This is particularly problematic when discussing some of the more covert strategies he promotes. Some approaches seem insensitive to children's need to understand what is happening. Thus, illustrating the strategies used with actual cases would have put some of the covert tactics in perspective and humanized the whole process of working with these youngsters.

Missing from this book is a thorough discussion of the need for a developmental approach. Strategies used with a baby, a toddler, a preschooler, a school-aged child, or a teenager would look very different, but are not fully described. Furthermore, more focus on supporting the role of the parent/caregiver in helping the child manage anxiety is needed. Caregivers' preprocedural anxiety has been linked to children's procedural anxiety and pain.¹ Finally, most people will not be able to use the

hypnotherapeutic techniques without additional training or supervision, while many of the rapport-building techniques should already be in a physician's armamentarium.

This book seems excessive for family physicians who are not typically involved in pre-surgical anesthesia. Family physicians can benefit from learning how to reduce medical-related anxiety in children, and there are other resources that may give family physicians enough of a glimpse into this topic to develop those skills. One such resource is a 10-minute video by the *New England Journal of Medicine*.² Another is an article focusing on the CARE process to manage health care-induced anxiety in children.³ These resources cover relevant information, use real faces and cases, and present information in a straightforward manner. If more detailed and technical

information is desired, this book serves as a good reference volume.

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