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Cover Page Footnote

We acknowledge Ashley Bragg and Claire Bleymaier, RN, MPH from the Patient Experience Department for their assistance in recruitment and evaluation. We thank Danielle Chammas, MD and Mariana Schmajuk, MD for serving as panelists on the webinar. This article is associated with the Patient, Family & Community Engagement lens of The Beryl Institute Experience Framework. (http://bit.ly/ExperienceFramework). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_PtFamComm

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Case Study

Flattening the curve of distress: A public-facing webinar for psychoeducation during COVID-19

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Abstract
This case report describes the development, implementation and evaluation of a public-facing webinar that provided psychoeducation addressing the emotional distress that has accompanied the coronavirus pandemic. Using a webinar was an effective strategy for reaching a large, public audience and making content from expert clinicians accessible. Participants were likely to recommend the webinar to friends or family. Participants appreciated that the webinar acknowledged the presence of distressing emotions and provided practical advice for reducing the negative psychological sequelae of the coronavirus pandemic. Areas for improvement included addressing technical issues and incorporating additional information into the webinar.

Keywords
COVID-19, patient education, patient engagement, emotional distress, webinar, telehealth, patient experience

Introduction

COVID-19, the clinical illness caused by SARS-CoV-2, has created a global infectious disease pandemic as well as a pandemic of distressing emotions. As of June 2020, COVID-19 has a case-fatality rate of approximately 6.2% worldwide and 5.9% in the U.S.[1] There are few effective treatments and the timeline for an effective vaccine is uncertain.[2,3] The threat of inadequate health care resources such as testing supplies, ventilators, ICU beds, and personal protective equipment (PPE) has raised concerns about the ability to provide the standard of care.[4,5]

In addition to the threats to people's lives, there are new burdens on people's quality of life and livelihoods. To prevent spread, state leaders have implemented shelter-in-place orders throughout the country. Business closings have led to more than 21 million Americans being unemployed and an unemployment rate of 13.3% as of May 2020.[6] The combined effects of these shelter-in-place orders, widespread business closings, social distancing, and quarantine for exposed individuals can increase the risk of negative psychological effects such as low mood, irritability, boredom, and anxiety.[7,8]

A recent survey found that 72% of Americans reported that their lives have been disrupted "some" or "a lot" by the coronavirus outbreak, and roughly 40% of individuals in a public survey screened positive for generalized anxiety.[9,10] Health care providers can help address the mental health crisis caused by COVID-19.[11-15] While special attention is needed for those at high risk including those with underlying psychiatric illness, patients and families infected with COVID-19, and frontline health care workers,[13,15] nearly every person's way of life has been altered by COVID-19.

Psychoeducation interventions that are provided online are essential with shelter-in-place orders and social distancing. In response to public mental health concerns from COVID-19, China implemented a widely adopted online public education module, psychological counseling through telemedicine, and a telephone hotline for those in need.[14] While robust data about this intervention is lacking at this time, initial surveys suggest these interventions have had positive mental health outcomes.[14]

Here, we describe the development, implementation, and evaluation of a public-facing psychoeducation webinar to help address the psychological sequela from COVID-19 experienced by the public in our local community.

Intervention

Development

This webinar was developed at Stanford Health Care, a suburban, academic health system in northern California affiliated with Stanford University. The webinar was supported through a partnership between the clinical Department of Palliative Care and the Department of Patient Experience.

Webinar content was developed and delivered by a physician board-certified in psychiatry and hospice and palliative medicine (K.O.B.). The webinar content was divided into two sections. The first section focused on general psychoeducation on coping with negative emotional experiences.[16,17] Content included normalizing emotional responses, naming emotions, and setting the expectation for emotions to fluctuate over time. The webinar also instructed participants to practice non-judgmentally noticing their strong emotions as a means of reducing the distress these emotions may cause. The webinar advised maintaining nurturing relationships as a protective factor against distress.[18] Participants were taught various coping skills including a mindful breathing exercise.

The second section provided practical tips for mental wellbeing and reducing distress during the coronavirus pandemic. These included 1) finding solutions that fit individuals' unique situation, 2) drawing on natural strengths, 3) staying connected to support, 4) maintaining a "balanced diet" of activities that bring "consolation" and "desolation" (i.e., limiting exposure to negative media and counterbalancing stressful experiences with rejuvenating activities) and 5) focusing attention on immediate spheres of influence.

Participants for this webinar were provided an opportunity to ask questions to a panel of three board-certified psychiatrists. Following the webinar, participants were emailed a list of additional web-based resources for promoting wellbeing and mental health. A recording of the webinar can be found at http://med.stanford.edu/palliative-care/news.html

Implementation

To invite members of the public, we tweeted about the event from the Twitter accounts of the Palliative Care Department and the hospital's health library. We used e-mail for recruitment by featuring the event in a university-wide daily email and our hospital's daily COVID-19 update email. The event was also posted on electronic calendars for the university, hospital and employee wellness program. The webinar was delivered online using ZOOM Cloud Meetings (Version 5.0.2).

Evaluation

Participation in the workshop was tracked by monitoring the number of individual accounts logged in to the workshop. Data were collected after a single webinar session through a post-session survey administered via email. Surveys asked participants basic demographic information including age, race, ethnicity, gender and location. Participants could provide qualitative feedback by responding to fill in the blank questions of "the best part of this event was" and "this event could be improved in the future by." We also collected data on how likely participants were to recommend the session to a friend or family member, ranging from 1 (very unlikely) to 5 (very likely).

Outcomes

There were 460 accounts that registered for the webinar, and 332 (72.2%) accounts logged in to the webinar. Of those that logged in for the hour-long webinar, 285 (85.8%) stayed for 20 minutes or longer and 229 (69.0%) stayed for 45 minutes or longer. The post-session survey was completed by 82 individuals (Table 1). The mean age of survey respondents was 58.2 years (SD 13.3, median 63, range 22-88). Most survey respondents were female (N=65, 79.3%). Of the 69 respondents who reported their race, 60 (87.0%) were white, 8 (11.6%) were Asian or Asian American and 1 (1.4%) was Black or African American. Of the 42 respondents who reported their ethnicity, 4 (9.6%) reported being of Mexican, Latino or Spanish origin. Participants came from 4 countries and 12 states in the U.S. (Table 1).

The mean score on the likely to recommend measure was 4.0 (SD 1.3, median 4). There were 70 comments about the "best part" of the webinar. The five most frequently mentioned components were the presentation style and calming presence of the speakers (n=22, 31.4%), the practical tips provided in the second section of the webinar (n=19, 27.1%), validation of experiencing strong emotions during the pandemic (n=12, 17.4%), the mindful breathing exercise (n=10, 14.3%) and a metaphor that was used to describe how to non-judgmentally acknowledge emotions (n=9, 12.9%).

There were 39 comments about "ways to improve" the webinar after excluding complimentary comments from this section. The three most frequently mentioned suggestions included working on technical issues (e.g., one of the speakers was unable to be heard during a portion of the question and answer component of the webinar) (n=19, 48.7%), requesting additional content (n=6, 15.4%) and having a more diverse panel of speakers (n=2, 5.1%). Figure 1 (Appendix) provides examples for the "best part" and "ways to improve" comments.

Implications

As evidenced by the large number of participants, high likelihood to recommend score and the large number of positive comments, there is a significant need and desire for communities to hear from experts about coping with the emotional distress of the coronavirus pandemic. Based on survey comments, this lay audience found a calming, reassuring voice, practical tips and normalizing emotional responses as most helpful.

Table 1. Demographics

Characteristics	
	Mean (SD)
	N=64
Age	58.2 (13.3)
	% (n)
Gender	*N=82*
Female	79.3 (65)
Race	*N=69*
White	87.0 (60)
Asian or Asian American	11.6 (8)
Black or African American	1.4 (1)
Ethnicity	*N=42*
Not Spanish/Hispanic/Latino	90.4 (38)
Spanish/Hispanic/Latino	9.6 (4)
Location	
Country	*N=78*
United States	93.5 (73)
South Africa	2.6 (2)
India	2.6 (2)
Iran	1.3 (1)
State	*N=73*
California	72.6 (53)
Colorado	1.4 (1)
Connecticut	1.4 (1)
Florida	1.4 (1)
Idaho	1.4 (1)
Massachusetts	1.4 (1)
Michigan	1.4 (1)
Nevada	1.4 (1)
New York	1.4 (1)
Ohio	12.3 (9)
Texas	2.8 (2)
Utah	1.4 (1)

Utilizing a webinar is an effective way to deliver psychoeducation to the public during the coronavirus pandemic. The webinar format offered a novel way for the public to access expert-level content from clinical faculty. The virtual space provided several advantages including reaching a national and international audience, opportunities to ask questions anonymously and the ability for participants to vote for questions that were of most interest.

In implementing the webinar, we recognized the importance of leveraging the partnership between the clinical Palliative Care Department and the Patient Experience Department. The clinical faculty were able to provide the expert content, while the Patient Experience Department provided the practical knowledge of scheduling considerations, recruiting participants, using webinar technology for a community event, and administering an evaluation.

Based on the evaluation data, a large portion of our participants were white and female. The reason for this is likely multifactorial, including the demographics of the local community. It raises an imperative to broaden and diversify the audience for participant recruitment and utilize wider distribution networks in the future. Due to its virtual interactive format, the experience of the technical interface holds significant value for participants and requires heightened attention. This necessitates preparatory work in rehearsing with the technology. Moreover, survey results indicate that increasing diversity in the expert panel would enhance multidisciplinary content. Finally, future participant evaluations could inquire whether the content of the webinar provided helpful insights for reducing emotional distress.

Conclusions

Utilizing a webinar for psychoeducation on distressing emotions during the coronavirus pandemic was successful in reaching many individuals. The webinar reached a wide geographic distribution and was positively received by participants. This intervention offered responsivity to current challenges and accessibility to expert clinicians. Further studies should investigate the impact of online educational interventions and attempt to reach more diverse populations. Future potential directions include using webinars to support the public during transitions throughout the pandemic (e.g., returning to work or a second surge).

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Appendix

Figure 1. Examples of Comments About Webinar

"The best part of this webinar was…"	
Presentation style and calming presence of speakers	*"The calmness and reassurance of the panel. Helpful hints on coping with the present situation in the world."* *"Calm, reassuring tone of presenters."* *"Timely subject matter presented genuinely by knowledgeable professionals who were relatable and imparted calm and acceptance."*
Practical tips provided in the second section of the webinar	*"Practical tips plus using humor to de-escalate our fears and uncertainties"* *"The simple tools they suggested and demonstrated to help calm and strengthen our anxiety."* *"Any and all practical strategies/techniques for self-management/self-control."*
Validation of experiencing strong emotions during the pandemic	*"Realizing that everyone is dealing with difficult emotions at this time!"* *"Reaffirmed that none of us is alone."* *"The validation was super and I liked hearing reinforcement of things I already know (like deep breathing) and learning a few new things also."*
The mindful breathing exercise	*"Being reminded that I cannot help others unless I am in a good spot myself. I also appreciated the square meditation."* *"The guided meditation was excellent"*
A metaphor used to describe how to non-judgmentally acknowledge your emotions	*"I was listening and taking care of my toddlers, and the bus example, for instance, stuck out to me, and I changed my attitude immediately."* *"The bus theory - the rider on the bus is not a permanent thing but just passing through. Excellent visualization!"* *"Driving a bus analogy was memorable!"*
Technical issues	*"Reducing the technical difficulties!"* *"Testing the audio before the conference."*
Requesting additional content	*"Even more functional, doable concepts/ideas."* *"More detailed information. More "new information" or content that might be new to more attending."*
Having a more diverse panel of speakers	*"Interviewing with other professors at Stanford University and hearing about how they are dealing with this critical situation (not only psychology department)."* *"Add a male perspective."*