

COVER-HCW: Frequently Asked Questions*

Project Overview

Q: What is the goal of the study?

A: The goal of the study is to establish the effectiveness of a tailored Stress First Aid (SFA) intervention compared to usual care in supporting the mental and physical well-being of U.S. health care workers during the COVID-19 pandemic to ensure high-quality care for patients. The end result will be an SFA toolkit, tailored for health care workers, that can be implemented and scalable across multiple settings.

Q: Who is conducting the study?

A: The RAND Corporation, a nonprofit, nonpartisan research organization, is partnering with Clinical Directors Network (CDN), Vizient Inc., and Stanford Health Care.

Q: Who is funding this study?

A: The Patient-Centered Research Outcomes Institute (PCORI) is funding the study.

Q: What is the Stress First Aid intervention?

A: Stress First Aid is an evidence-informed intervention designed to help health care workers take care of their own emotional well-being, as well as that of their team members and peers. It is specifically designed to support workers in high-risk occupations who face ongoing workplace stress. Through peer-led trainings, health care workers will learn how to use simple first aid-type tools such as the “Seven C’s of Stress First Aid” (Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence).

Study Design

Q: How will the study be conducted?

A: Participating health care organizations (hospitals, clinics, centers) will be randomized to either the intervention group receiving the Stress First Aid intervention, or to the usual care group. Health care organizations in the intervention group will identify a site champion(s) to receive master training in the SFA intervention approach. The site champion(s) will then deliver the SFA training to health care

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workers at their site(s). Health care workers will complete brief surveys before and after the intervention period.

Q: What can my organization expect if we are randomized to “usual care”?

A: Sites will be paired together based on size, academic status, and geographic location: one site will be randomized to receive Stress First Aid (intervention group) and the other to usual care (usual care group). If your site is randomized to usual care, you will continue to support your health care workers as before. You will be asked to support the fielding of a short survey before and after the intervention period, in the same teams/unit as the intervention site in your pair. So, for example, if the intervention site implements Stress First Aid in their ICUs, we will ask you to support fielding the survey in your ICUs as well.

Q: If my organization is randomized to “usual care,” will we be eligible to receive SFA intervention materials once the study is completed?

A: Yes, usual care sites will be provided with all SFA intervention and training materials (e.g., training videos, workbook and instructor manuals, and pocket guides). The project team can provide support to usual care sites as requested to help determine how best to deploy the SFA intervention after the study is completed.

Q: What kind of data collection will happen at my organization?

A: RAND will oversee and conduct all data collection at your organization for this study. In both the intervention group and the usual care group, we will conduct:

- interviews with organization leaders before and after the intervention
- surveys of health care workers before and after the intervention
- interviews with health care workers after the intervention

To better understand implementation of the SFA training, we will also conduct interviews with the site champions in the intervention group.

Q: Will my organization need to help with any data collection?

A: RAND will conduct all data collection at sites in both the intervention and usual care groups. We will ask for some support around the survey of health care workers before and after the intervention. This will include providing RAND with names and email addresses of eligible health care workers through a secure portal (Kiteworks). We will also ask you to “boost” the survey through an email of support from site leadership. RAND will field the survey, offer your health care workers \$25 to thank them for completing the survey, and collect all the data securely and independently. Where allowable, we will

share back aggregated, deidentified data in case it helps you understand how your health care workforce is doing.

Site Champions

Q: What is required of site champions if my organization is randomized to the group receiving the Stress First Aid intervention?

A: After first being trained in the SFA approach, and in how to deliver SFA training to health care workers (i.e., the master training), site champions will prepare an implementation plan for the local SFA training they will deliver at their site. The local SFA training that site champions provide to health care workers includes a didactic training component, as well as an ongoing (1-2 months) support/coaching component.

Q: How much time will site champions need to commit to this project?

A: We estimate that site champions will devote around 18-24 hours of their time, over the course of 3 months, to this project. This includes 2-4 hours for pre-training activities, a 2-hour web-based live training, time to prepare and deliver training to HCW peers, and any additional follow-up support/booster sessions/coachings after the initial training. The time commitment will depend on how the site champions implement the training at your organization.

Q: How will site champions decide how to deliver their local SFA training?

A: Part of the site champion training includes preparing a plan for how to train their peers at your organization, with help and support from the master trainer(s). This plan will include information on specific methods to deliver the training to peers (e.g., virtual meetings) and the format and frequency of ongoing support activities after the training session (e.g., email reminders, booster sessions).

Q: Will site champions be provided tools to use when delivering the SFA trainings to their peers?

A: Site champions will have access to a library of training videos (about 10 different video clips), which introduce SFA and show examples of SFA in action. Altogether, these videos are about 3 hours long, but they are designed to be delivered in smaller, digestible chunks. The site champions can use these videos as resources for their own training, but they can also use/share the videos with health care workers when they are delivering their local training. As described below, site champions will also be provided with an implementation guide and other helpful materials.

Q: Will site champions be given any additional support during the implementation period, as they prepare and deliver training at their own site?

A: Site champions will have access to SFA manuals, slide sets, notes to use when delivering their local SFA trainings, implementation support worksheets and guides, and training videos. There will be a voluntary weekly consultation call, an email group, and an online learning collaborative to discuss questions and share experiences with other site champions, master trainers, and study team members. Site champions will also be eligible to receive continuing education credit for completing the master training.

Q: How will the training materials be shared with site champions? Will site champions have access to the material whenever they need them?

A: All materials will be available to site champions via Kiteworks, an easy and secure way to share files. Site champions can create their own account and password, and can access all the files and videos at any time.

Q: Will there be flexibility in the way that site champions deliver their training?

A: Yes, site champions will work with the master trainer(s) to prepare a specific plan to deliver the training to their peers, taking into account their individual context and resources. The implementation plan will include the training format, number of units/teams, the composition of units/teams, the number of sessions, as well as supporting activities for their training. While the content and amount of total training time will be fixed, champions have lots of flexibility for how they roll it out.

Time, Effort, and Resources

Q: How many health care workers will site champions be asked to train?

A: At each hospital, site champions will be asked to train at least 170 health care workers. This will include entire units or team (e.g., ED, ICU). At each clinic, the site champion will be asked to train at least 50 health care workers. All patient-facing staff are eligible for training (including, but not limited to, physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, and front-desk staff).

Q: How many site champions will be recruited per site?

A: The number of site champions per site will depend on each organization's level of available resources. For larger organizations like hospitals or those expecting to train multiple teams or units (e.g., ED, ICU), 2-4 site champions would be ideal. For smaller sites like clinics, or organizations planning to train only one team or unit, one site champion may be sufficient. Ultimately, site leaders and champions will select together the number and types of teams/units that will implement SFA at their organization.

Q: How often will site champions conduct local SFA training?

A: There is flexibility in terms of how often each champion will conduct local SFA trainings, as this will depend on the specific context of each organization, including the number of teams or units to be trained. During the site champion training, each champion will create a specific plan that outlines the training format, the number of teams, the composition of teams, the number of sessions, and supporting activities.

Q: Will health care workers at my organization receive any additional benefits from participating?

A: Yes, all champions and health care workers (who are eligible depending on their profession\`s) who receive SFA training can receive continuing education credit upon passing the post-training test. Health care workers who complete surveys will receive a payment of \$25 per survey. A selected group of health care workers who participate in interviews will receive \$50 per interview.

Q: How long will sites be expected to participate in the study?

A: Sites will be actively involved in the study during the intervention period, which we anticipate to be about 6 months.