



February 1, 2021

NOTE FROM THE CHAIR

There is a lot of talk about vaccines for COVID-19 and many people for many reasons are hesitant to take it. Some argue about relative effectiveness or fear of side effects. Aside from the general logic of the benefits to individuals and society for effective vaccines (think polio, smallpox, measles, and tetanus among many others), it is also important to look at what the term “effectiveness” means and what matters to us all. Ultimately, becoming infected with COVID-19 is not what matters. What matters is dying from COVID-19; over 441,000 Americans have died from it as of today. What about the data from the 75,000 people who were in one the vaccine trials? Not one died and not one was hospitalized 28 days after being vaccinated. By comparison, in a matched group of 75,000 Americans who were not vaccinated, 150 died and several hundred were hospitalized. Please look at the facts and encourage everyone who is eligible to be vaccinated to get vaccinated. That is the quickest and safest way for us to get through this extraordinary time.

Bob

February 8, 2021

NOTE FROM THE CHAIR

It should come as no surprise that psychiatric emergency room visits have increased during the pandemic compared to pre-pandemic levels. A recent [study](#) in JAMA Psychiatry has documented those increases across the US for suicidality, drug overdoses in general and opioid overdoses in particular, and for all psychiatric illnesses. We fully expect that pattern to continue and likely increase as the full impact of the pandemic drags on. And among us all, one group may be at the greatest risk for anxiety, depression, and despair: the country’s mothers. While situations had incrementally improved for most mothers caring for families, the pandemic has worsened job inequality (with Hispanic, Black, and single mothers hit the hardest) and food insecurity. What can we do? We can work as hard as possible to increase our capacity and improve access to care. We can continue to look for ways to improve efficiency. We can continue to partner with our community agencies to leverage our limited resources. There is no easy solution, but as usual, when we work together, we will keep getting better at providing the care our patients, their families, and our communities need.

Bob

February 15, 2021

NOTE FROM THE CHAIR

Just last week, our med school released the VTCSOM Task Force Report on diversity and inclusiveness, reflecting months of work of over 100 faculty, students, and staff. While the [report](#) addresses many domains, I would like to focus on one domain that affects many of us in our clinical work: the learning and working environment. The task group that worked on this area was led by Dr. Michael Nussbaum, Chair of Surgery, and included members of our faculty (Dr. Felicity Adams) and residency (Drs. Aisha Aydogan and Felicia Gallucci). The findings and recommendations of that group are detailed on pages 26-28 of the linked [report](#) and cover 4 themes: Website content related to the learning and working environment is insufficient; Diversity education and training opportunities should be available to all VTCSOM and Carilion Clinic faculty and staff; VTCSOM learners at all levels deserve safe and retaliation-free learning, clinical, and working environments; and Structured, ongoing assessment will contribute to continuous improvements within the learning and working environments. I want to thank Drs. Adams, Aydogan, and Gallucci for their work and believe that this report, and the implementation that will follow, helps us all affirm the very first Value of the VTCSOM: “Virginia Tech Carilion School of Medicine values human diversity because it enriches our lives and the School. We acknowledge and respect our differences while affirming our common humanity. As caregivers and educators, we value the inherent dignity and value of every person and strive to maintain a climate for work and learning, based on mutual respect and understanding.”

Bob

February 22, 2021

NOTE FROM THE CHAIR

Integrated psychiatric care (often called integrated behavioral health care) has long been known to be a valuable component of healthcare. It is finally becoming [recognized](#) more broadly for its critical role in improving overall health and healthcare. A recent [publication](#) of the American Hospital Association (AHA) addresses this role specifically and concludes that “Hospitals and health systems are integrating behavioral health to reduce barriers to accessing behavioral health services, enabling them to more effectively treat the whole person, thereby improving outcomes, enhancing the patient experience and reducing the total cost of care. Integrating behavioral health is an opportunity for hospitals to comprehensively address the physical and mental health needs of their patients while improving value and affordability.” While it may seem obvious to us in Psychiatry, to have the AHA advocate for this approach marks an important milestone in the need for recognition and treatment of mental illness in all healthcare.

Bob