

SUMMER TRAINING REPORT

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PART-0 I

REPORT ON WORK FROM
HOME

TOPIC : LIVING WITH OCD DURING THE PANDEMIC

RESEARCH QUESTION :

**WHAT ARE THE TRIGGER FACTORS OF OCD DURING PANDEMIC?
AND
HOW CAN IT BE CONTROLLED?**

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INTRODUCTION

COVID-19 pandemic is causing serious mental health problems.

Vital measures such as, quarantine, social distancing, and self-isolation, imposed globally to reduce the risk of infection, but causes serious mental health outcomes due to the separation from the loved ones, the loss feelings of uncertainty Such measures, can increase loneliness and reduce social interactions, which are risk factors for several mental disorders, mostly in people who are already suffering from mental health disorders.

The major symptoms include depression, insomnia, emotional distress, fear, and panic, because of financial concerns, frustration, and boredom, lack of supplies, and poor communication. Moreover, if these concerns lasts, they may increase the risk of serious and disabling mental health conditions, including mood disorders, trauma-related disorders, and obsessive-compulsive disorder (OCD).

AIM

The subsequent increase in mental health issues is discerning due to world-wide lockdown in response to the pandemic.

It might not be evident in the early phase of the outbreak due to ignorance, under-detection, disruption of medical services, and alternative health priorities. Especially during the active phase of a pandemic, mental health needs might not be at the forefront leading to worsening of symptoms and late diagnoses.

Many patients of OCD might be aware but are hesitant to seek help either due to stigma or lack of understanding related to what is 'excess' behaviour in terms of washing and bathing. However, with the increasing number of countries affected with passing days of isolation, managing mental disorders has been emerging as a necessity to stabilize the quality of lives.

The aim of this research paper is to report the impact of COVID-19 on patients with OCD and an increase in the number of new cases of OCD due to social-distancing and self-isolation.

OBJECTIVE



The main objective of this paper is to answer the research question i.e, How to manage obsessive-compulsive disorder in a pandemic?



Also, to conclude by reviewing the literature in the chosen area of study, by synthesizing the information in that literature into a summary, by analyzing the information gathered by identifying gaps in current knowledge, by formulating areas for further research and finally presenting the literature in an organized way.

METHODOLOGY

This is a secondary research publication. The field of observations that have been published by different authors are re-interpreted and re-written as a secondary research paper. It provides a different perspective and the additional analysis of the current reviews and future directions. The research methodology for the paper is review of the Secondary Data Analysis/ Archival study. The step by step research methodology is followed in this paper.

Step-1: Identification of relevant research papers, articles and journals

The relevant research paper were identified and search using basic keywords search and this step was done in five iteration to cancel out irrelevant papers in this process.

Step-2: The initial review

The initial review was carried out in order to understand the perspective of the author and finding of the research.



Step-3 Screening

The initial screening of almost 7 articles, 5 systematic review-based papers, objective, inference, challenges and concerns. Further few more articles and papers were studied to build the idea of each category.

Step-4 Inference

The inference was drawn by collecting, reading, analysing and summarizing various research papers. This in turn helped to form a conclusion and add my own perspective and ideas for the future study.



DISCUSSION

This paper explored the changes on OCD symptoms during the pandemic in a group of patients with OCD, and investigated the effects of contamination symptoms and suspension state before the lockdown on OCD symptom change during the quarantine, controlling for variables related to the life in quarantine (i.e., using social networking sites as a way to maintain social relations, living with a relative in the same house, work from home).

Overall, an increase in obsession and compulsion severity after the beginning of the pandemic is seen. Contamination symptoms are worsened.

Perhaps, the continuous news on TV, radio, and social media combined with hygiene tips could have been a stressful situation for this vulnerable group, particularly for those with pre-existing contamination symptoms.

I found that revocation status on OCD symptoms before the quarantine was associated with more elevated OCD symptoms worsening during the quarantine.

According to me, mental health professionals should provide the required support not just treating patients who still report symptoms, but even improving relapse prevention during the period of social distancing that is supposed to last long after the end of complete lockdown.

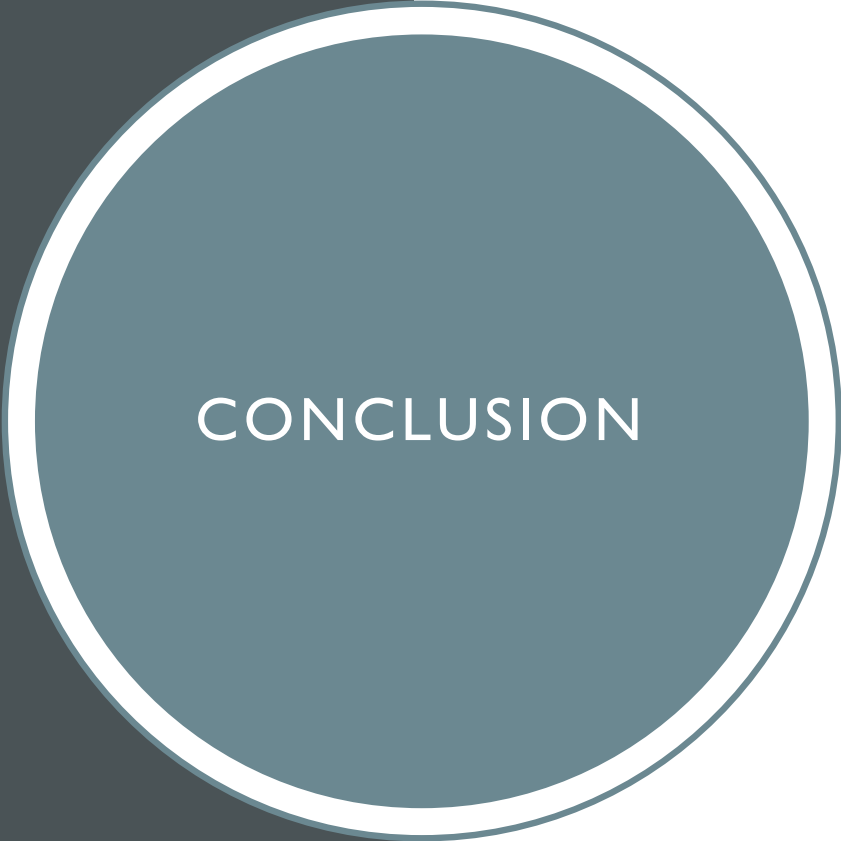
Health professionals should recommend, for example, to limit the access to news, or to read them only through reliable sources, to spent time daily on pleasant or physical activities that can help to distract from intrusive thoughts and decrease the level of anxiety.

So, creating awareness and educating all patients to ask help from mental health professionals is very important.

We should also focus on improving alternative strategies such as online consultations and digital psychiatry.

In conclusion, this paper assessed symptom worsening in OCD patients during the quarantine.

My review suggests that this stressful period is associated with a significant symptom worsening, particularly amongst the patients with contamination symptoms and a remission state before the quarantine.



CONCLUSION

To help manage these growing concerns during the COVID-19 pandemic, this review paper recommends the following:

- **Set a Safety Plan**
- **Allow Room for Change**
- **Telehealth**
- **Therapy Goals**

SET A SAFETY PLAN

1) Wash your hands for 20 seconds with soap and water after being in a public place, before eating, or after blowing your nose, coughing or sneezing. Use hand sanitizer with 60% alcohol when soap and water are not available. Avoid excessive hand washing which may injure your skin and strip the barrier that protects against infection.

2) Disinfect frequently touched surfaces daily including doorknobs, light switches, phones, and countertops. Do this once or twice a day and always think about whether you truly need to clean this surface.

3) Cover coughs and sneezes with a tissue or use the inside of your elbow.

4) Avoid close contact with others (keep about 6 feet) and stay home as much as possible

If you struggle with contamination fears, this safety plan may help relieve some anxiety over how extensive your routine for protecting against COVID-19 truly needs to be. If you would like to do more than this or you find yourself repeatedly adding more to this list, pick a person who can help you decide what are rational safety measures for you to follow.

If you struggle with perfectionism or fears of harming others, remember that no one expects you to be able to protect yourself or others “perfectly” and that there is no way you can. Lean on your support system to help navigate the uncertainty and sometimes lack of specific guidelines that could create room for your OCD behaviors and worries to take over.



ALLOW ROOM FOR CHANGE

The protective measures we are taking against COVID-19 are our new normal but they are only temporary, and at some point, we will return to our normal lives.

Until then, we have to be open to change. For those undergoing or seeking in-person services, including exposure and response prevention (ERP) therapy, talk to your health provider about how your treatment plan might change.

TELEHEALTH

Given the need for social isolation to limit the transmission of COVID-19, talk to your health provider about temporarily transitioning your therapy to a video teleconferencing service.

Research has found that ERP therapy can be effectively provided via video teleconferencing for children and adults with OCD.

THERAPY GOALS

Look to your therapist for guiding in creating a new baseline.

It may feel like a setback, but remember, this change is temporary.

If you are not currently seeking treatment, consider reaching out to a provider that can help prepare you in case worsening.

PRACTICE SELF CARE

1) Limit your Social Media Intake

2) Stay Physically Active

Try a new fitness workout

Master new yoga moves

Dance to your favourite music

Schedule walks at home or outside

Relaxation (e.g., meditation, mindfulness, hobbies, board/card games)

- Reading, writing, or painting
- Watching movies or TV with family and friends
- Stay Connected
- Reach out to loved ones via FaceTime, Skype, Google Hangouts, phone
- Join an online support group to see how others are managing their OCD symptoms
- Reach out to spiritual groups and co-workers.

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**REPORT ON ONLINE
COURSE**

PART - 02

NAME OF THE COURSE

“HEALTHCARE MARKETPLACE”

TABLE OF CONTENT

COURSE DESCRIPTION

OBJECTIVE OF THE COURSE

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COURSE DESCRIPTION

This course identifies and defines Healthcare Marketplace specialization and describes the potential business and public policy solutions to the challenges facing society's growing demand for health services.

OBJECTIVE OF THE COURSE:

The course instructs excellent methods to market any healthcare organization by using consistent healthcare branding, evaluating the online patient experience, build a responsive healthcare website, track the marketing strategy, make the medical facility accessible to everyone and focus on medical device and pharmaceutical market.



COURSE CONTENT

**1) EVOLUTION OF THE HEALTHCARE
MARKETPLACE**

2) INSURANCE MARKET

**3) PHARMA AND DEVICE
CONVERGANCE**

**4) HEALTH INFORMATION
TECHNOLOGY**

**5) GLOBAL MEDICAL INNOVATION
VALUATION**

LEARNING METHODOLOGY

Methods used to deliver the concepts: PowerPoint presentations, online lectures, videos with a description, and reading material. For a better understanding of this course, they have conducted a quiz at the end of every week.

KEY LEARNINGS

Health care quality trends;

There are two terms : (i) Clinical quality (ii) Consumer satisfaction
Clinical quality is something one can see that help outcome would truly improve by looking at a clinical test.
Consumer satisfaction asks “ Do you feel better about this or not? ”. There are many factors involved in consumer satisfaction.

Another term is Trade-offs.
“People not always get all the resources that they need. They might start rationing care. Say for cancer services, for access there’s going to be decisions whether you are going to get the piece or not. “On the other hand, if you say, quality is going to be on focus. Then we’re not going to compromise with quality. Again, it’s going to be trade-off against access”.

- **Physician market ;**

Electronic medical records are advancing, and because of which medical care has to be at least documented, wherever you go. And then pay for performance, the idea being that if you're not achieving adequate quality of care.

Broker. They play an important role in terms of making sure the connections across this whole industry work. In many cases, we can have someone who is the primary care physician and they're going to be sending people off to hospitals, they could be sending them off to another MD, they could be sending them off to a skilled nursing facility, they could be going off to the pharmacy.

Financier. They function as Entrepreneurs. They can fund themselves new technologies. They can create their sub-specialties in different areas. Surgery has a lot of that, orthopedics as well.

They can lead development in new institutions in terms of the fundraising required to move an institution up in ranking or to just get new dollars to go into a different type of care. They could be an incubator for new medical technologies of their resources and bench science innovations for either profit or glory.

Medical Technology Evolution ;

Medicare comes into action, Medicare as we call it is a public insurance program targeted first at the elderly, but also there's disabled population. But what really happens is as the Medicaid Program begins, it acts as the rocket fuel for a low-tech device industry, wheel-chairs, crutches and other pieces out there. Dollars for a new elderly consumer. To start controlling that medical cost inflation in the Nixon administration, there is a Certificate of Need Act that is passed that creates the notion of these local health planning agencies, which are basically a network of 274 agencies across the United States that grants locally hospitals the permission to build or acquire a new piece of technology.

- **Pharma and device convergence ;**

Medical devices are crossing this metabolizing threshold. So for example, there are what's known as bare-metal stents which if you've seen a stent before it's essentially a metal mesh that goes into an artery, and it expands to actually hold back the blockage that might have been in that artery once it's been cleaned through balloon angioplasty” And when that actually expands out there, the bare metal stent will hold it back, there was a technology developed called a drug eluting coating the actual metal with a drug substance and so the thought is that that will keep essentially the plaque build-up down. Now, there's been clinical studies showing that that may not be as effective as people thought given the additional cost, but it illustrates how essentially a drug designed to metabolize will be part of a medical device.

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- **Health information technology ;**

There's this issue about what care is available to a given patient.

And so, we know that here, we have these systems of care that

are available here for say, one person in one care delivery system.

But the concern is that if there are other care delivery systems that are not necessarily part of that care system, all that information is not connected.

Now, interestingly enough, that's the case for the provider but for the insurer, they would see all this information.

- **Global medical innovation valuation ;**

Trends for health procedures are strong indications that this technology is going to be pretty successful.

We just look over a period of time and then extrapolate it out even further. Looking at 2% annual growth rates for heart valve procedures in the United States today”. What we would think about for this technology is about a 12-year lifecycle component where the technology is now ramping up and growing in its market share.

Now if we look at the intellectual property or IP landscape, it's you know it's crowded, but there's not necessarily things that can't be surmounted here.

SOURCE

<https://coursera.org/share/f9bbadb979649da1ab1cf141c29e6e9d>



THANK YOU