FOSTERING RESILIENCE TO CULTIVATE CHANGE: OUR TEAM TRAINING JOURNEY

AHA Team Training Monthly Webinar
May 9, 2018
RULES OF ENGAGEMENT

• Audio for the webinar can be accessed in two ways:
  • Through the phone (*Please mute your computer speakers) or
  • Through your computer

• A Q&A session will be held at the end of the presentation
  • Written questions are encouraged throughout the presentation and will be answered during the Q&A session
  • To submit a question, type it into the Chat Area and send it at any time during the presentation

• An evaluation will be sent to your email after the webinar
UPCOMING TEAM TRAINING EVENTS

• Want to present on a webinar? Submit your proposal today!

• 2018 TeamSTEPPS Master Training Courses
  • Registration now open

• Durham, Los Angeles, Manhattan, Cleveland, Seattle, Denver, Long Island
TEAM TRAINING NATIONAL CONFERENCE:
JUNE 20-22 IN SAN DIEGO

• **Registration** is open and filling up!
• Continuing education credit will be provided
• View our [conference brochure](#)
• Keynote speakers:
  • Jeff Skiles – Miracle on the Hudson
  • Bryan Sexton – Enhancing Resilience
  • Laure “Voop” de Vulpillieres – Public Narrative & Organizing
Web: www.aha.org/teamtraining
Email: TeamTraining@aha.org
Phone: 312-422-2609
TODAY’S PRESENTERS

Melissa Sullivan, MHA, BSN, RN
Patient Safety Manager
Duke Raleigh Hospital

Tammi Hicks, DNP, RN, CEN, NE-BC
Administrative Director
Duke University Health System
OBJECTIVES

• Describe the implementation plan utilized for this TeamSTEPPS project.
• Discuss techniques to enhance resilience prior to implementing TeamSTEPPS.
• Discuss the project outcomes and the impact on the elements of the safety culture.
BURNOUT

Prevalence of burnout in health care is alarming, as it inhibits our ability to detect something that may lead to potential patient harm.


BURNOUT LEAD WEIGHTS

- Performance pressure
- Lack of control over work processes
- Role ambiguity
- Poor relationships between disciplines
- Long and varied work hours
- Fiscal debt
- Poor boundaries between work/home life
PREVALENCE OF BURNOUT IN CRITICAL CARE

25-33% of ICU nurses and 45% of ICU physicians have SEVERE symptoms of burnout.

Classic burnout symptoms

Emotional exhaustion
Lack of personal accomplishment
Depersonalization


BURNOUT IS ASSOCIATED WITH:

- **Patient Satisfaction**
  - Aiken et al. *BMJ* 2012;344:e1717

- **Infections**

- **Medication Errors**

- **Standardized Mortality Ratios**

Pictures: https://pixabay.com/
After controlling for pt severity and nurse and hospital characteristics, only nurse burnout was associated with the clinical outcomes.
92% reported moderate-to-very high stress levels

52% reported feeling nervous, anxious, or on edge several days/2 weeks with 17% reporting this way more than half or everyday/2 weeks

78% reported sleeping less than 8 hours a night

Reported being sleep deprived 12.30/30 days
Results 24 (20%) of the participating residents met the criteria for depression and 92 (74%) met the criteria for burnout. Active surveillance yielded 45 errors made by participants. **Depressed residents made 6.2 times as many medication errors per resident month** as residents who were not depressed: 1.55 (95% confidence interval 0.57 to 4.22) compared with 0.25 (0.14 to 0.46, P<0.001).
Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout

J Bryan Sexton,1,2 Kathryn C Adair,3 Michael W Leonard,4,5 Terri Christensen Frankel,6 Joshua Proulx,7 Sam R Watson,6 BROUGHTON Magnus,7 Brittany Bogan,6 Maleek Jamal,9 Rene Schwendimann,10 Allan S Frankel8

A qualitative analysis of the Three Good Things intervention in healthcare workers

Karin Rippstein-Leuenberger,1,2 Oliver Mauthner,1 J Bryan Sexton,3 Rene Schwendimann1

Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout

J Bryan Sexton,1,2 Paul J Sharek,3,4,5 Eric J Thomas,6 Jeffrey B Gould,3,4,7 Courtney C Nisbet,3,4 Amber B Amskowski,8,9 Mark A Kowalkowski,8,9 Rene Schwendimann,2,10 Jochen Profit3,4,7

The associations between work–life balance behaviours, teamwork climate and safety climate: cross-sectional survey introducing the work–life climate scale, psychometric properties, benchmarking data and future directions

J Bryan Sexton,1,2 Stephanie P Schwartz,3 Whitney A Chadwick,4 Kyle J Rehder,1,3 Jonathan Bae,5 Joanna Bokovoy,6 Keith Doram,6 Wayne Sotile,7 Kathryn C Adair,1 Jochen Profit8
Resilience across Cultures

Michael Ungar

Correspondence to Michael Ungar, Dalhousie University, School of Social Work, Nova Scotia, Canada. E-mail: michael.ungar@dal.ca

Summary

Findings from a 14 site mixed methods study of over 1500 youth globally support four propositions that underlie a more culturally and contextually embedded understanding of resilience: 1) there are global, as well as culturally and contextually specific aspects to youth’s lives that contribute to their resilience; 2) aspects of resilience exert different amounts of influence on a child’s life depending on the specific culture and context in which resilience is realized; 3) aspects of children’s lives that contribute to resilience are often interrelated and dependent on one another in patterns that reflect a child’s culture and context; and 4) human individuals and their cultures and contexts are resilience.

This study also demonstrates the potential for resilience to be realized in contexts that are typically considered to be underprivileged.
ENHANCING RESILIENCE WITH POSITIVE EMOTIONS

Barbara Fredrickson, Ph.D.

What Good Are Positive Emotions?
Barbara L. Fredrickson
University of Michigan

This article opens by noting that positive emotions do not fit existing models of emotions. Consequently, a new model is advanced to describe the form and function of a subset of positive emotions, including joy, interest, contentment, and love. This new model posits that these positive emotions serve to broaden an individual’s momentary thought-action repertoire, which in turn has the effect of building that individual’s physical, intellectual, and social resources. Empirical evidence to support this broaden-and-build model of positive emotions is reviewed, and implications for emotion regulation and health promotion are discussed.
10 POSITIVE EMOTIONS

Joy

Inspiration

Amusement

Love

Interest

Pride

Gratitude

Serenity

Hope

Awe

Pictures: https://pixabay.com/
OUR JOURNEY

Results from the 2014 Work Culture Survey (WCS) & 2014 Safety Attitudes Questionnaire (SAQ), demonstrated an opportunity for improvement.
Climate Improvement via Personal Resilience
Introduction and Planning

- Senior leadership support:
  - Executive Leadership Team
  - Nursing Executive Committee
- Implementation Steering Committee Formed
- Developed Master Trainer Resources

Education and Design

- Recommendation to “phase” in TeamSTEPPS in selected areas
- SAQ and WCS data analysis
- Resilience activities
- Identification of Phase 1 & 2 implementation areas
- TeamSTEPPS Essentials Classes for DRAH leaders

Implementation & Sustainment

- Phase 2 Unit Assessment using Implementation Guide
- Conduct readiness training for Phase 2 units
- Implement selected tools
- Evaluate
- Report results at PSCQ meetings (Sustainment)
THREE GOOD THINGS

Training your mind to start focusing on the POSITIVE
THREE GOOD THINGS RESEARCH

Martin Seligman, Ph.D.
Director of the Penn Positive Psychology Center, Zellerbach Family Professor of Psychology in the Penn Department of Psychology, and Director of the Penn Master of Applied Positive Psychology program (MAPP).

Commonly known as the founder of Positive Psychology, Martin Seligman is a leading authority in the fields of Positive Psychology, resilience, learned helplessness, depression, optimism and pessimism. He is also a recognized authority on interventions that prevent depression, and build strengths and well-being. He has written more than 250 scholarly publications and 20 books. Dr. Seligman's books have been translated into more than twenty languages and have been best sellers both in America and abroad. Among his better-known works are Flourish, Authentic Happiness, Learned Optimism, The Optimistic Child, Helplessness, and Abnormal Psychology. His book Character Strengths and Virtues: A handbook and classification, was co-authored with Christopher Peterson.

https://www.authentichappiness.sas.upenn.edu/faculty-profile/profile-dr-martin-seligman
THREE GOOD THINGS: SELIGMAN, STEEN, PARK & PETERSEN, 2005

Happiness

Depression

Pictures: https://pixabay.com/
WE ARE HARD-WIRED TO REMEMBER THE \textcolor{red}{\textbf{NEGATIVE}}.....

BUT, WITH PRACTICE (DAY 4 OR 5) REFLECTING ON THE \textcolor{blue}{\textbf{POSITIVE LEADS TO NOTICING}} \textcolor{blue}{\textbf{MORE POSITIVE}}.

\textbf{Do 3 Good Things within 2 hours of going to sleep}
EXAMPLES OF 3 GOOD THINGS

- Bought some great jeans at half price
- Got up in time to exercise this morning
- Watched a new, hilarious TV show
- Explored a new city
- Beautiful drive home, loving the fall colors
- Got a haircut
- Had a delicious dinner out with my husband
EXAMPLES OF 3 GOOD THINGS

Got up in time to exercise this morning

Had a delicious dinner out with my husband

Explored a new city

Beautiful drive home, loving the fall colors

Bought some great jeans at half price

Got a haircut

Watched a new, hilarious TV show

Your Turn to Share: What are your Three Good Things?

Type in the chat box
3 GOOD THINGS AT WORK
OUTCOMES

OUTCOMES

AMBULATORY ONCOLOGY RESULTS

T-TPQ Results

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<td>T-TPQ Overall</td>
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AMBULATORY ONCOLOGY RESULTS

SCORE

- Learning Environment: Pre 62, 6 months 60, p = .54
- Local Leadership: Pre 53, 6 months 62, p = .31
- Burnout Climate: Pre 50, 6 months 43, p = .04
- Personal Burnout: Pre 39, 6 months 19, p = .02
- Teamwork: Pre 58, 6 months 65, p = .01
- Safety Climate: Pre 59, 6 months 66, p = .05
- Work-Life Balance: Pre 63, 6 months 80, p = .01

(AHA Education | AHA Team Training)
IN OUR LIVE PRESENTATION…

We’ll share more easy resilience tools to start using immediately!

Remember those 10 positive emotions?!
QUESTIONS?

Stay in touch! Email teamtraining@aha.org or visit www.aha.org/teamtraining