AHA Team Training

Resilience and TeamSTEPPS: How These Two Processes Can Complement One Another and Lead to a Healthier and More Engaged Team

March 18, 2020
Rules of engagement

- Audio for the webinar can be accessed in two ways:
  - Through the phone (*Please mute your computer speakers)
  - 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
Upcoming Team Training Events

COVID-19 Update
National conference still moving forward as planned. Courses resuming this summer.

Webinar
April 8, 2020 | 12:00 – 1:00 PM EST
Register for the April 2020 webinar: Addressing Disruptive Behaviors in Health Care
Contact Information

Web: www.aha.org/teamtraining
Email: TeamTraining@aha.org
Phone: 312-422-2609
Today’s Presenter

Robert L. Smith, Ph.D.
Director, Medical Staff Assistance Programs
The MetroHealth System
Resilience and TeamSTEPPS: How These Two Processes Can Complement One Another and Lead to a Healthier and More Engaged Team

Robert L. Smith, Ph.D.
Director, Medical Staff Assistance Programs
The MetroHealth System
Objectives

Participants will be able to:

• Identify signs and symptoms of burnout among healthcare providers
• Describe the causes / sources of burnout among healthcare providers
• Discuss the research regarding strategies for intervening to reduce and prevent burnout
• Utilize TeamSTEPPS tools and strategies to address/ reduce organizational causes of burnout
• Utilize resilience tools to address personal causes of burnout
Viewpoint: Physicians aren't burning out; they're suffering from 'moral injury'
Megan Knowles - Monday, July 30th, 2018

Not “burnout,” not moral injury—human rights violations
Posted on March 18, 2019 by Pamela Wible MD

Burnout rampart in healthcare
Survey reveals 60 percent of healthcare workers experience burnout

How Healthcare Is Causing 'Moral Injury' to Doctors - Medscape
Mar 13, 2019

The Business of Health Care Depends on Exploiting Doctors and Nurses
June 8, 2019
Confirmed cases of coronavirus in the United States

Hover over a state to see how many confirmed cases and deaths there are across the country.

Confirmed cases: 189,386
Confirmed deaths: 7,504

Confirmed cases and confirmed deaths reflect worldwide data.
Am I on the Road to Burnout?

• You try to meet everyone’s expectations and needs
• You get to the end of a hard day at work and you wonder if you have made a meaningful difference
• You identify so strongly with work that you often lack a reasonable balance between work and your personal life
• Your job varies between manageable and chaos
• At times, you feel you have too little control over your work
• You are just beginning to feel that you have a handle on your work and a new change/initiative is announced
Burnout =
loss of enthusiasm for work, feelings of cynicism, and
a low sense of personal accomplishment.

Kearny, M.K., JAMA, 2009; 3001:1155-1164
Decreased client satisfaction
Decreased quality and increased errors
Staff turnover
Burnout
Broken relationships
Alcohol and substance use
Depression
Suicide
Decreased client satisfaction
Decreased productivity and professional effort
Staff turnover
400 physicians die by suicide each year, a rate more than 2X that of the general population (Andrew & Brenner, 2015).

Physician rates of depression remain alarmingly high at 39% (Shanafelt, 2015).

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder (Mealer et al., 2007).

23–31% Prevalence of emotional exhaustion among primary care nurses (Gomez-Urquiza et al., 2016).

How can we protect the health of the people who protect our own?
A study of Residents in 2015, found that: 21-43 % of residents reported depression (N=17,500 Residents)

Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis
JAMA. 2015
In a study of residents from 2000 – 2014, it was found that suicide was the leading cause of death for residents (N=380,000) Total of 66 suicides.

Causes of Death of Residents in ACGME-Accredited Programs 2000 Through 2014: Implications for the Learning Environment
Journal of Academic Medicine 2017
“Physician burnout” first appears on my PubMed literature review in *American Medical News* in July, 1981.

- **Emotional exhaustion** (depletion of work-related emotional resources)
- **Depersonalization** (treating people as objects, not caring)
- **Low personal accomplishment** (sense of failure / not measuring up)
Charter on Physician Well-being

• Foster a Trustworthy and Supportive Culture in Medicine
• Advocate for Policies That Enhance Well-being
• Build Supportive Systems
• Develop Engaged Leadership
• Optimize Highly Functioning Interprofessional Teams
• Anticipate and Respond to Inherent Emotional Challenges of Physician Work
• Prioritize Mental Health Care
• Practice and Promote Self-care
Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

When individually focused offerings are not coupled with sincere efforts to address the system based issues contributing to burnout, this approach is typically met with skepticism and resistance by physicians.

In this context, the response to well-intentioned “resilience training” is frequently a cynical one -

“you only want to make me more resilient so you can further increase my workload”
Although general principles can be established, variability makes it challenging for executive leaders to effectively address burnout at the enterprise level. **Many of the challenges and solutions are local.**

Information on the prevalence of burnout, engagement, and satisfaction at the division and department level can allow leaders to identify **“high-opportunity work units.”**
Sources of Organizational Burnout

- Required documentation
- Lack of adequate staffing
- Patient volume
- Administrative tasks
- Inadequately trained staff
- Amount of time at work
- Completing work at home
- Lack of needed supplies or equipment

- Productivity goals (RVUs)
- Limited autonomy / self-determined activities
- Limited time with patients
- Inefficient clinical processes
- Commuting to or between clinical sites
- Lack of designated space for work
Teamwork is made of various components:

- Leadership
- Situation Monitoring
- Mutual Support
- Communication
Team Development

• Evidenced based team program. Not an educational program but a process to change organizational culture

• Engages staff to speak up and identify processes that are inefficient or ineffective

• Creates high quality teams that are empowered to use their judgement to improve their work processes

• Improves staff engagement, job satisfaction, retention, performance
TeamSTEPPS Action Councils

• Chaired by front line staff

• Interprofessional membership

• Participation by Leadership

• Address: Patient Safety, Patient Experience, Staff Engagement and Process Efficiencies/Effectiveness
“Although the primary focus for organizations should be to optimize the practice environment and create a healthy organizational culture, they should also provide resources that make it easier for physicians to implement individual strategies to prevent burnout, deal with distress, and promote well-being.”
Addressing Burnout on an Organizational Level

Employee Assistance Program

Psychological Debriefing

Schwartz Center Rounds

Resilience Training
Positive Psychology

“...studying human thoughts, feelings and behavior with a focus on strengths instead of weaknesses; building the good in life instead of repairing the bad; taking the lives of average people up to “great…”

Christopher Peterson, 2008
According to the APA resilience is the process of adapting well in the face of trauma or tragedy, threats or other significant sources of stress (Southwick et al., 2014).

Resilient persons cope with stress, adapt to change, manage their emotions, sustain their personal values and pursue their passions.
Introducing a New Theory of Well-Being

PERMA

- Positive Emotions
- Engagement
- Positive Relationships
- Meaning
- Accomplishment
Our Mind and Our Brain: A Complex Synergy
Mind-Blowing Facts About Our Amazing Brain

One hundred billion neurons

Five hundred trillion connections

Take a breath

A quadrillion signals

1,000,000,000,000,000
First Fact:
As the Brain changes, the Mind changes.

If the physical structure of the Brain has negative changes, the Mind also suffers.
Second Fact: Neuroplasticity - As the Mind changes, the Brain changes

In response to our thoughts or neural activity, the brain builds new neuropathways and infusions of blood to increase the flow of oxygen and glucose to busy regions of the brain.
Positive Psychology Interventions

Emotional Intelligence
Signature Strengths
Three Good Things
Mindfulness
Gratitude
Flow
Awe
Positive Psychology and Resilience

- Decreased depressive symptoms and increased well being \(^5\)\(^1\)
- Improved psychological well-being \(^6\)
- Improved working memory \(^2\)
- Improved sleep \(^3\)
- Improved immune system function \(^4\)
- Improved relationships \(^5\)
- Improved coping with emotional upheavals \(^6\)

\(^6\) Barclay LJ, Skarlicki DP. Healing the wounds of organizational injustice: examining the benefits of expressive writing. The Journal of applied psychology 2009;94:511-23.
Good things happen every day!

What have you loved, learned and felt grateful for today?
Three Good Things

• What went well today?

• What was your role in making it happen?

• What is the positive emotion that best fits how this good thing made you feel?

• Amusement, Awe, Gratitude, Inspiration, Interest, Joy, Hope, Love, Pride, Serenity, or another emotion.

1) Had a great morning run!
2) Spent quality time with my kids!
3) Got a promotion at work!
General Instructions

• Complete at a time when you are able to relax and reflect.
• Record your three good things every day for four weeks.
• You may do this with your partner, children, etc.
• Practice this exercise now at your table.
Common Experiences

• First week is “challenging”
• Second week is “easier”
• Third week is “fun”
• Fourth week is “impactful”
Positive Psychology and Resiliency Training

Barbara Fredrickson  
Mihaly Csikszentmihalyi  
Martin Seligman  
Rick Hanson

POSITIVITY
Top-Notch Research Reveals the 3 to 1 Ratio That Will Change Your Life

flow
The Psychology of Optimal Experience

Flourish
A Visionary New Understanding of Happiness and Well-being

Buddha’s Brain
Anxiety and Coronavirus/ COVID-19

It is hard to make sense of a threat we cannot see, do not fully understand and are unable to stop.

Fear, anger, frustration and sadness are normal, but we cannot act impulsively.

Fear and anxiety are intended only to make us cautious and thoughtful.

Stop, gather information, evaluate, and then act.
Coping with Coronavirus / COVID-19

Be informed, but not over-informed. Use official sources and check periodically.

Avoid imagining “worst possible scenarios” and consider “most likely scenarios.”

Ask yourself, “Have I interacted with an active case?” If “no,” refocus and be positive.

Know the steps to seek care and be prepared for possible quarantine.

Manage risk- scrub your hands 20 seconds; cover coughs; avoid crowds; maintain safe distance; and stay home if you are sick.

Limit physical contact, but MAINTAIN CONTACT with your family and friends. They need you! Call, text, email, etc.

Demonstrate patience, compassion, gratitude and love.
Resilience and Well-being

A Call for Action
References


• Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis *JAMA*. 2015


This PDF is available at

http://nap.edu/25521
AHA Team Training

Questions? Stay in Touch!

www.aha.org/teamtraining

Email: teamtraining@aha.org  •  Phone: (312) 422-2609