Maximizing the Power of Relationships: Taking Care of Ourselves and Others

Compassion in Action Webinar Series
January 12, 2016

Moderator

Lynn Osborn
Director of Business Development and Operations
The Schwartz Center for Compassionate Healthcare
Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- Please respond to audience polls by clicking on the answer of your choice.
- We value your feedback! Please complete our electronic survey following the webinar.

Today’s Speaker

Beth Lown, MD
Medical Director,
The Schwartz Center for Compassionate Healthcare
Associate Professor of Medicine,
Harvard Medical School
Webinar discussion points on Compassionate, Collaborative Care – “The Triple C”

- Introduce a framework of skills to put compassionate, collaborative care into your practice
- Explain how these skills enable us to relate to, and communicate more effectively with others
- Summarize recent developments in the science of compassion
- Discuss systemic issues and potential implementation strategies

Compassionate, Collaborative Care “The Triple C” Framework

- The “Triple C” framework was developed by the Schwartz Center for Compassionate Healthcare and The Arnold P. Gold Foundation, in collaboration with the Josiah Macy Jr. Foundation, and the Bucksbaum Institute for Clinical Excellence at the University of Chicago.
- The complete “Triple C” framework is available on our websites.
- Each of the 2016 Schwartz Center webinars will focus on one aspect of the framework.
Why is this important?

- Improved psychological adjustment after cancer dx \(^1\)
- Decreased ICU utilization among cancer patients at end of life \(^2\)
- Improved immune responsiveness \(^3\)
- Improved control, fewer hospitalizations for serious complications of chronic conditions \(^4,5\)

Are effective communication and emotional support important in successful medical treatment?

“Very important” = 85% patients; 76% physicians

Are we practicing compassionate care?

1. Does the U.S. healthcare system provide compassionate care?

(Our study) “NO”: 47% patients and 42% physicians

2. Do most healthcare professionals provide compassionate care?

(Our study) “NO”: 46% patients and 22% physicians

What is compassionate, collaborative care? “The Triple C”

*Working interdependently to recognize and respond to concerns, distress, pain and suffering*

With whom do we share our compassion and collaboration?

- Communities
- Patients, families
- Co-workers
- Leaders
What distinguishes compassion from empathy and sympathy?

- **Cognition**
  - Feeling “as” another (in their shoes)
  - Empathy
  - Feeling sorry “for” another
  - Sympathy

- **Emotion**
  - Feeling “with” another (caring alongside, and acting)
  - Compassion


We know the systemic challenges

- Workload, staffing
- Discontinuity, fragmentation of care
- Documentation, regulatory requirements
- Time pressure
- Loss of community
- Conflicting values
- Loss of autonomy, sense of control
- Staff input not elicited, acted on
Systemic problems require systemic solutions

- Compassionate leadership
- Valuing and rewarding compassionate care
- Education for compassion and collaboration
- Supporting caregivers to prevent burnout
- Prioritizing compassion in quality improvement
- Involving, learning from patients, families
- Research and measurement

Available at: www.theschwartzcenter.org/committocompassion/
### Compassionate Collaborative Care Framework


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<th>Focuses attention</th>
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Focusing attention

The doorknob strategy: Mini-moments of mindfulness
Interpersonal skills for emotion recognition:
Active listening
Interpretation of facial expressions and nonverbal behavior

Mindful focusing of attention

Attention
Recognition

Emotional resonance

Learning to accurately decode facial expressions of emotion

<table>
<thead>
<tr>
<th>Measure (mean ± SD)</th>
<th>Training Group</th>
<th>Control Group</th>
<th>Difference</th>
<th>Effect Size</th>
<th>P-value</th>
</tr>
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<tbody>
<tr>
<td>CARE</td>
<td>0.7 ± 7.9</td>
<td>-1.5 ± 6.0</td>
<td>2.2</td>
<td>0.31</td>
<td>0.04</td>
</tr>
<tr>
<td>NeuroKnowl.</td>
<td>2.3 ± 2.4</td>
<td>0.4 ± 2.3</td>
<td>1.8</td>
<td>0.79</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Ekman</td>
<td>2.1 ± 2.5</td>
<td>0.4 ± 2.3</td>
<td>1.9</td>
<td>0.79</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Jefferson</td>
<td>1.2 ± 9.3</td>
<td>-1.1 ± 6.7</td>
<td>2.3</td>
<td>0.28</td>
<td>0.12</td>
</tr>
<tr>
<td>BEES</td>
<td>0.9 ± 14.5</td>
<td>2.7 ± 14.1</td>
<td>-1.7</td>
<td>0.12</td>
<td>0.49</td>
</tr>
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Intervention residents showed greater ability accurately to decode facial expressions of emotion.

Patient-rated “CARE” scores showed significant improvement in trained residents compared with controls.

Emotional resonance and cognitive processing

“Experience sharing”
Affective empathy

“Mentalizing”
Cognitive empathy, Perspective taking


Mediators:
- Trait empathy
- Repetitive exposure
- Perspective taking
- Emotion regulation
- Context/“Culture”

Recognition

Emotional resonance

Cognitive processing

Understanding concerns, distress
**Perspective-taking: Whose?**

Imagine self → empathic distress
Imagine other → empathic concern


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**Emotion-regulation: Cognitive reappraisal**
Emotion-regulation: Secular meditation, mindfulness training

- **Empathy training:** Visualize one’s own past suffering, resonate with another’s suffering extending from self to others
- **Compassion training:** Visualize one’s own past suffering, cultivate feelings of loving kindness extending from self to others
- **Memory training**

Increased empathy, negative emotions in response to videos of suffering & everyday scenes; Increased activation in insula, aMCC

Returned negative emotions to baseline, increased positive emotions in response to videos of suffering & everyday scenes; Increased activation mOFC, striatum

Relieving suffering is a source of reward, connection, and purpose

### Emotion regulation and perspective-taking may mitigate burnout & promote compassion

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<th>Empathic concern, compassion</th>
<th>Empathic personal distress</th>
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<tr>
<td>Other-related emotions</td>
<td>Self-related emotions</td>
</tr>
<tr>
<td>Positive feelings, e.g. tenderness</td>
<td>Negative feelings, e.g. stress</td>
</tr>
<tr>
<td>Good health</td>
<td>Poor health, burnout</td>
</tr>
<tr>
<td>Approach &amp; prosocial motivation</td>
<td>Withdrawal &amp; nonsocial behavior</td>
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Singer T, Klimecki OM. Curr Biol. 2014; 24(18) R875-8

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### Communication skills:
What’s your understanding?¹
What concerns you most?
Context/Psychosocial “ROS”: Access, financial constraints, supports, transportation...²

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Adding meaning to electronic health records “meaningful use”


Valuing the other’s welfare

Mediators:
Assumptions, stereotypes, bias
Elicit and respond to emotions: RSVP

Interpersonal, Communication skills:
Professional evidence, expertise, experience,
+ Patient, family expertise, values, goals, priorities, preferences

Oncotalk: http://depts.washington.edu/oncotalk/learn/
Caregivers are at risk

- Burnout (40% - 60%)
  
  (2011) 45%
  (2014) 54%
  \[ p < .001 \]

- Work/life satisfaction
  
  (2011) 49%
  (2014) 41%
  \[ p < .001 \]

- Physician suicide
  
  Rate ratio 2.3 (♀) and 1.4 (♂) vs general population

Compassion towards employees ➔ compassion towards patients and improves satisfaction

In all regressions, compassion practices remained positively and significantly associated with HCAHPS® ratings and likelihood to recommend the hospital, even after including robust control for variables that capture technical quality of care and quality of organization (e.g. Magnet status)

Schwartz Center Rounds impact correlated with attendance frequency

Pre/post survey changes in collaboration & teamwork
- Frequent attenders were significantly more likely to agree that they had a better appreciation of co-workers' roles $p < .05$
- Better communication and teamwork $p < .01$
- Compared with less frequent attenders


Harvey Fineberg, MD, PhD
Past President, Institute of Medicine

“Compassionate organizations start with compassionate people…. the greatest inhibitor to individual caregivers showing compassion is that they themselves are disrespected, under stress, and not permitted to express their full professional engagement and responsibility.”

Schwartz Center National Consensus Project - 2013
Will we commit to systemic solutions?

- Compassionate leadership
- Valuing and rewarding compassionate care
- Education for compassion and collaboration
- Supporting caregivers to prevent burnout
- Prioritizing compassion & collaboration in quality improvement
- Involving, learning from patients, families
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www.theschwartzcenter.org/committocompassion/

Let’s reconsider the value equation

Can we study the value and ROI of:

- Time spent with a distressed patient?
- Or a family with complex needs?
- Addressing professional dissatisfaction and burnout?
- Factoring time and capacity for compassion and collaboration into staffing ratios?
- Balanced approach to patient “throughput”?

Value = Benefits/Costs
How would we measure the value of compassionate, collaborative care?

*Impact on:*
- Health outcomes
- Hospital readmissions
- Costs of care
- Burnout, physician suicide
- Integration, coordination, holistic approach to patients’ needs
- Patient/family, professionals/team satisfaction with quality of care *and* caring

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**Schwartz Center Compassionate Care Scale**

1. Express sensitivity, caring and compassion for your situation?
2. Strive to understand your emotional needs?
3. Consider the effect of your illness on you, your family?
4. Listen attentively to you?
5. Convey information to you in a way that was understandable?
6. Gain your trust?
7. Always involve you in decisions about your treatment?
8. Comfortably discuss sensitive, emotional or psychological issues?
9. Treat you as a person not just a disease?
10. Show respect for you, your family and those important to you?
11. Communicate test results in a timely and sensitive manner?
12. Spend enough time with you?

Implementing and measuring outcomes of the “Triple C” framework

• Quality improvement initiatives
  • Within and across departments or units
    • Example: Would compassionate, collaborative care improve ED/hospital flow?
    • Measures: median time from arrival to departure for admission/discharge from ED
  
• Education (including interprofessional education across the continuum of learning)
  • Assessment: e.g. USMLE Step 2 C/S
  
• Initiatives that involve patients/families in co-designing health professional education and care¹

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**Questions**

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Upcoming Webinars

Feb. 9 - “Cultivating Compassion and Avoiding Burnout”
Presented by Sharon Salzberg

March 15 – “Conversations Without Words: Using Nonverbal Communication to Improve the Patient-Caregiver Relationship”
Presented by Judith A. Hall

April 19 – “Active Listening: Lost Art or Learnable Skill?”
Presented by Abraham Fuks

Visit theschwartzcenter.org for more details or to register for a future session. Look for our webinar email invitations and share them with your friends!

Save the Date

Harvard Medical School Continuing Education Course
“Compassion in Practice: Achieving Better Outcomes by Maximizing Communication, Relationships and Resilience”
Oct. 28-29, 2016

Information on the course is forthcoming and will be available at theschwartzcenter.org. Please check back soon for updates.
Thank you for participating in today’s session.

Please take a moment to complete the electronic survey upon exiting today’s program.