

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

Compassion in Action Webinar Series
January 12, 2016

 **the schwartz center**
FOR COMPASSIONATE HEALTHCARE



Moderator



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

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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”

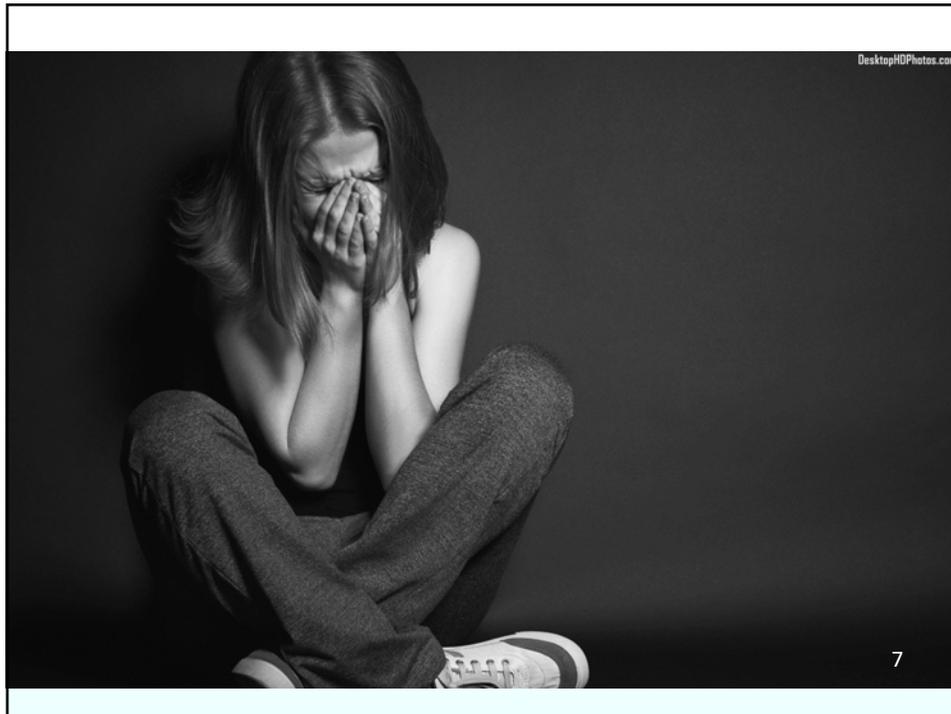
- Introduce a framework of skills to put compassionate, collaborative care into your practice
- Explain how these skills enable us to relate to, and communicate more effectively with others
- Summarize recent developments in the science of compassion
- Discuss systemic issues and potential implementation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

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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.

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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}

1. Mager WM, Andrykowski MA. *Psycho-Oncol.* 2002;11:35-46.
2. Mack JW, et al. *Cancer.*2009;115:3302-11.
3. Rakel et al. *Patient Educ Couns.* 2011;85:390-7.
4. Del Canale S, et al. *Acad Med* 2012;87:1243-9
5. Hojat M, et al. *Acad Med* 2011;86:359-64.

PATIENT-CENTEREDNESS

By Beth A. Lown, Julie Rosen, and John Marttila

An Agenda For Improving Compassionate Care: A Survey Shows About Half Of Patients Say Such Care Is Missing

DOI: 10.1377/hlthaff.2011.0539
HEALTH AFFAIRS 30,
NO. 9 (2011): -
©2011 Project HOPE—
The People-to-People Health
Foundation, Inc.

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

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

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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

Lown BA, et al. *Health Affairs (Millwood)*. 2011; 30: 1772-8.

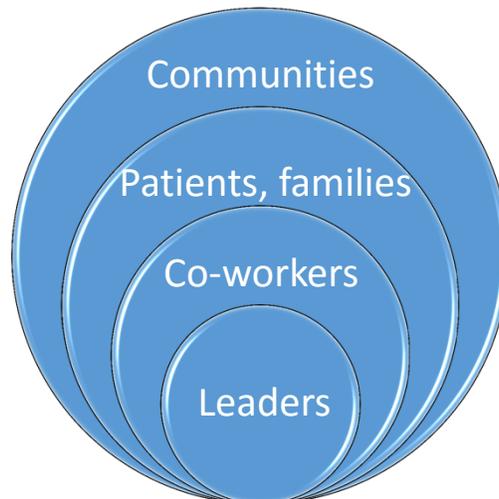
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**What is compassionate, collaborative care?
“The Triple C”**

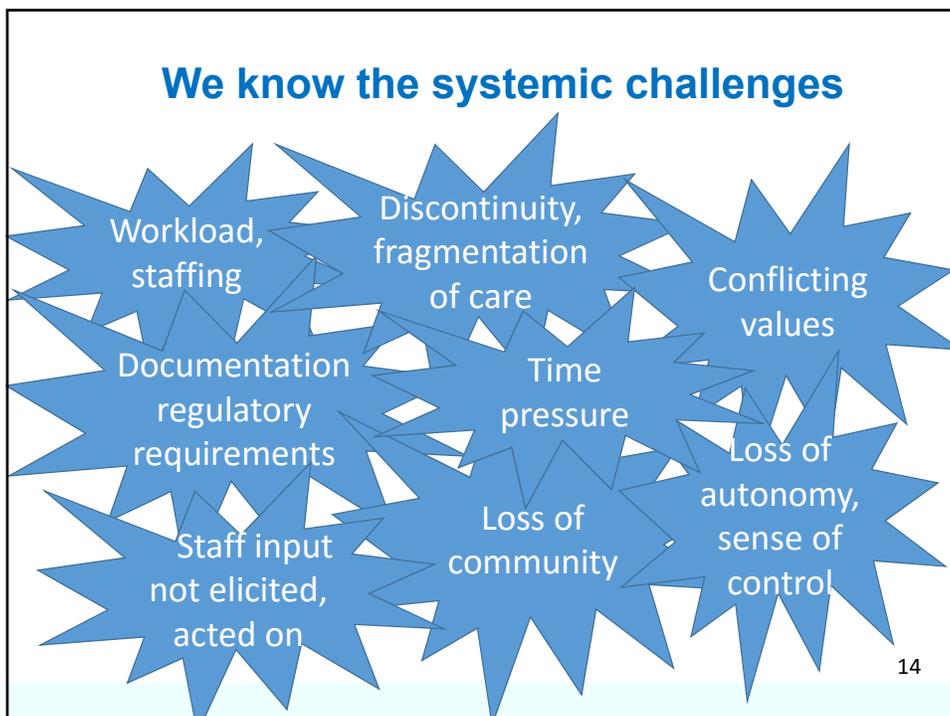
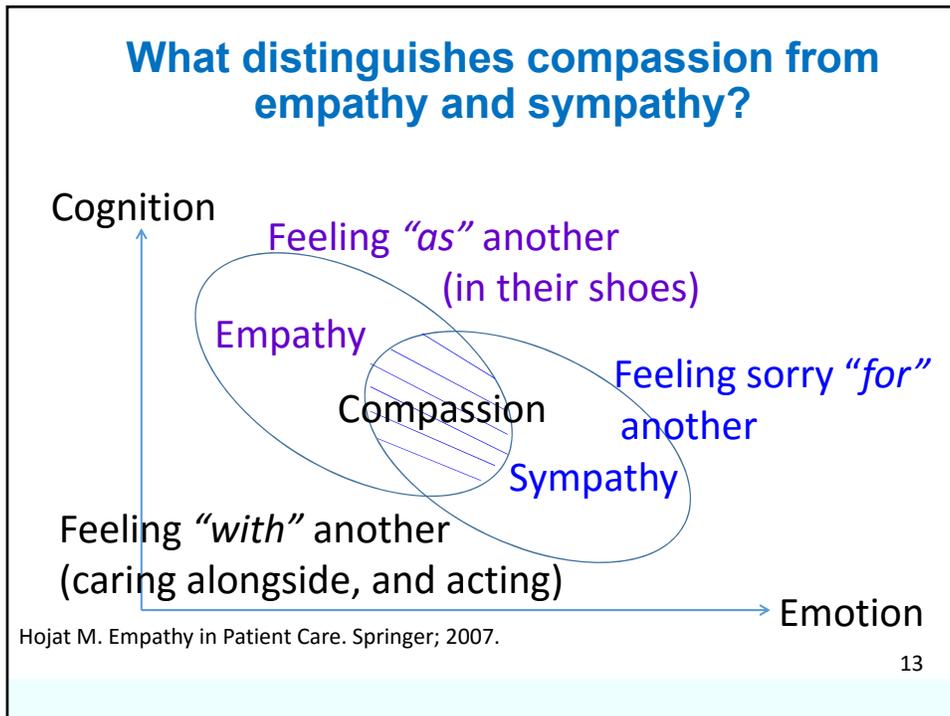
*Working interdependently to
recognize and respond to
concerns, distress, pain
and suffering*

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**With whom do we share our
compassion and collaboration?**



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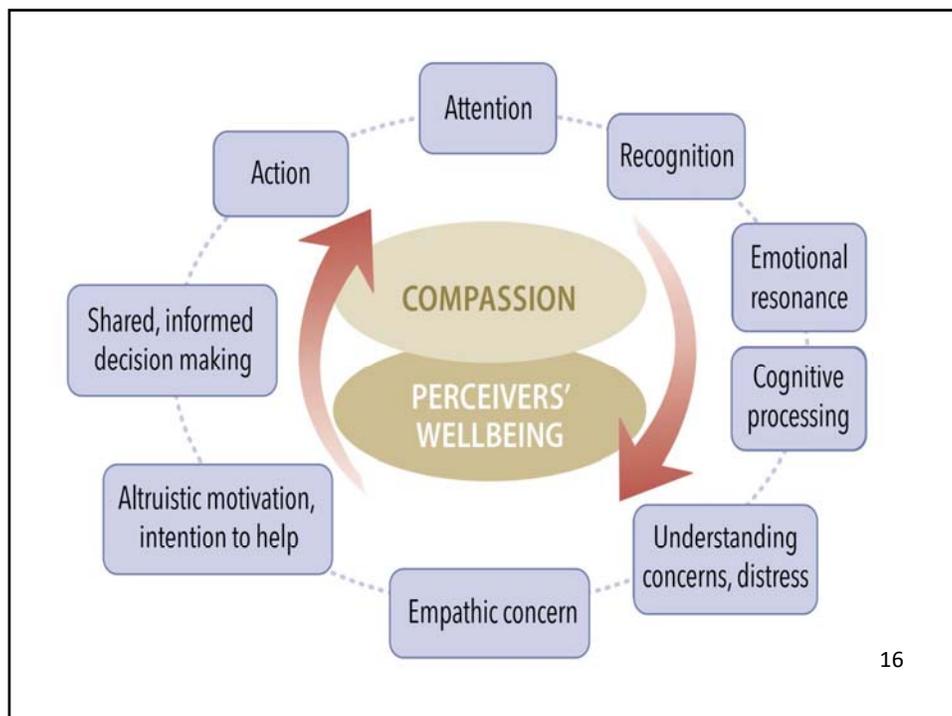


Systemic problems require systemic solutions

- 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/

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Compassionate Collaborative Care Framework

http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations-Report_FINAL1.pdf

Focuses attention	Demonstrates trustworthiness
Recognizes nonverbal cues	Communicates with colleagues, adjusts
Actively listens	Practices self-reflection
Elicits info about the “whole person”	Builds relationships, partnerships, teams
Nonjudgmentally values each person	Practices emotion regulation
Asks about, responds to emotions, concerns	Practices self-care, attends to personal and professional development
Shares information, decision-making	Practices self-compassion

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© 2011 Thomas G. Murphy, MD.

Toll E. JAMA. 2012; 307:2497

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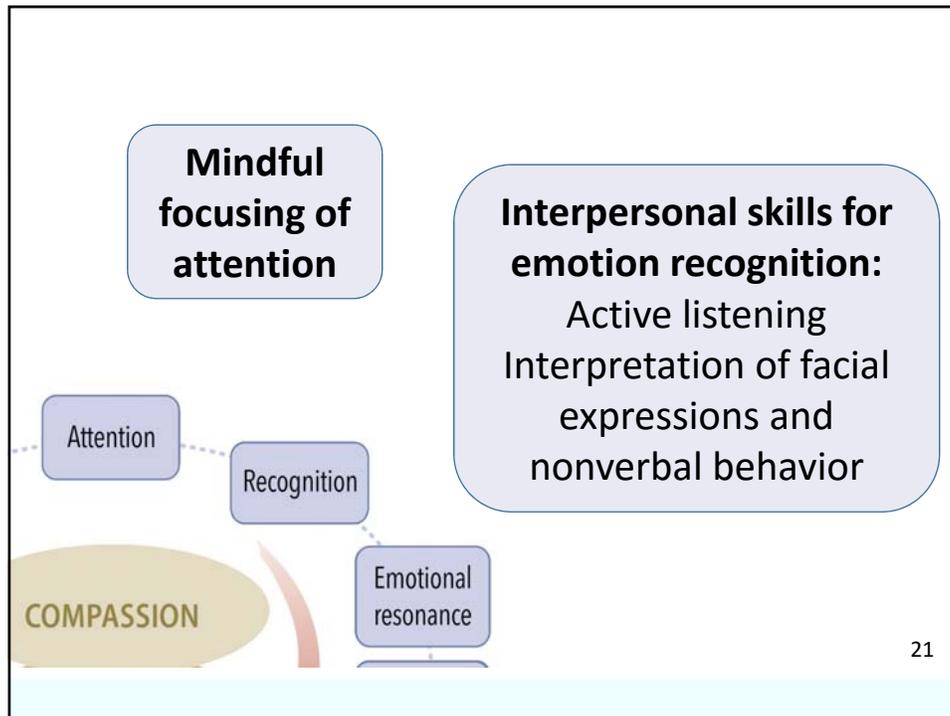
www.media2.s/nbcnews.com/i/MSNBC/Components-Video

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Focusing attention



The doorknob strategy: Mini-moments of mindfulness



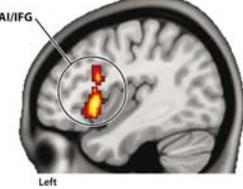
Learning to accurately decode facial expressions of emotion

Measure (mean ± SD)	Training Group	Control Group	Difference	Effect Size	P-value
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					
Jefferson	1.2 ± 9.3	-1.1 ± 6.7	2.3	0.28	0.12
BEES	0.9 ± 14.5	2.7 ± 14.1	-1.7	0.12	0.49

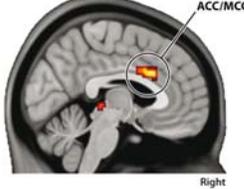
Riess H, et al. J Gen Intern Med. 2012;27:1280-6

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Emotional resonance and cognitive processing

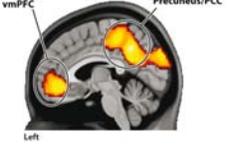


AI/IFG
Left

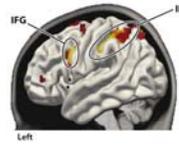


ACC/MCC
Right

“Experience sharing”
Affective empathy

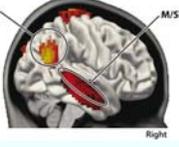


vmPFC
Precuneus/PCC
Left

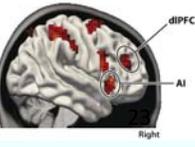


IFG
IPC
Left

“Mentalizing”
Cognitive empathy,
Perspective taking



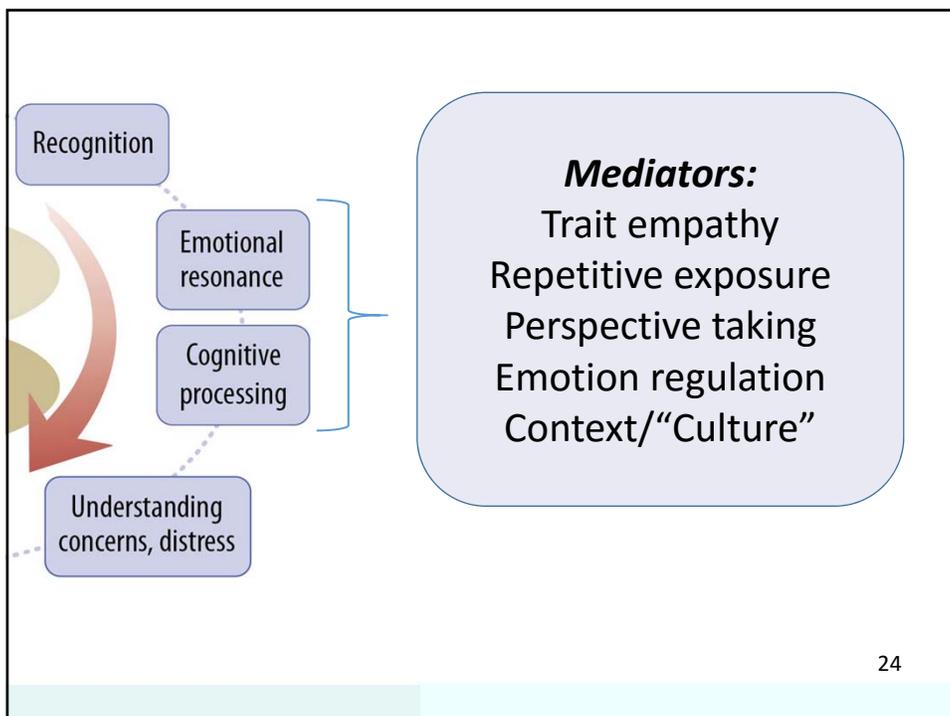
TPJ
M/STG
Right



dlPFC
AI
Right

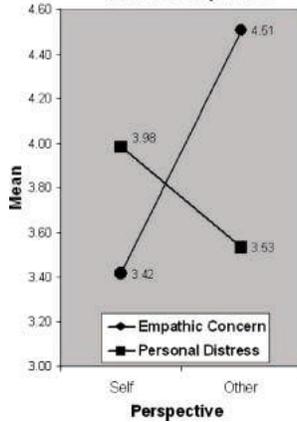
Bernhardt C, Singer T. Annual Rev
Neurosci. 2012; 35: 1-23.

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Perspective-taking: Whose?

A Two-way interaction
Index x Perspective



Imagine self → empathic distress
Imagine other → empathic concern

Lamm, Batson, Decety. J Cog Neurosci. 2007;19:42-58.

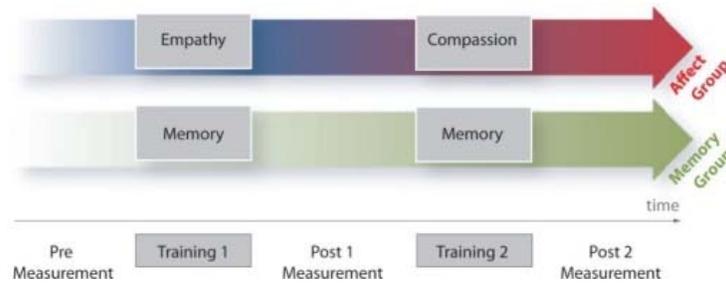
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Emotion-regulation: Cognitive reappraisal



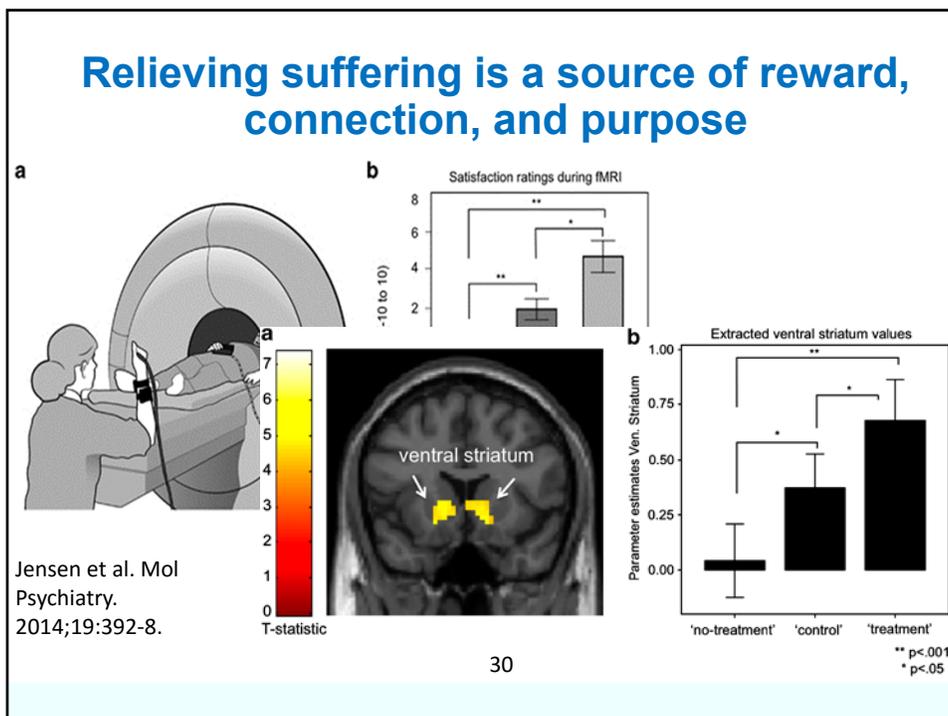
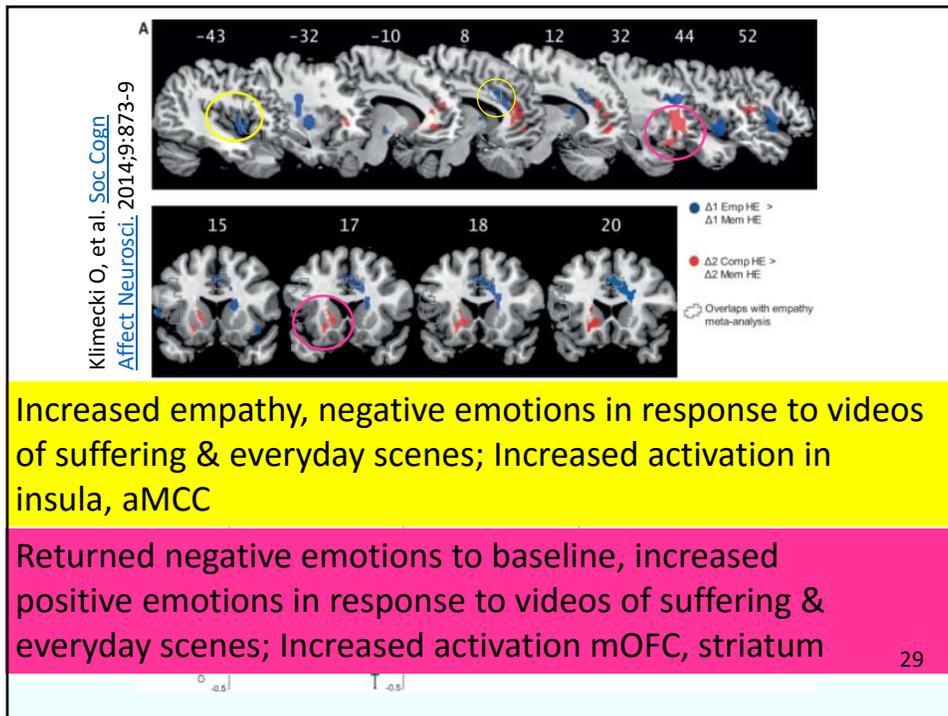
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Emotion-regulation: Secular meditation, mindfulness training

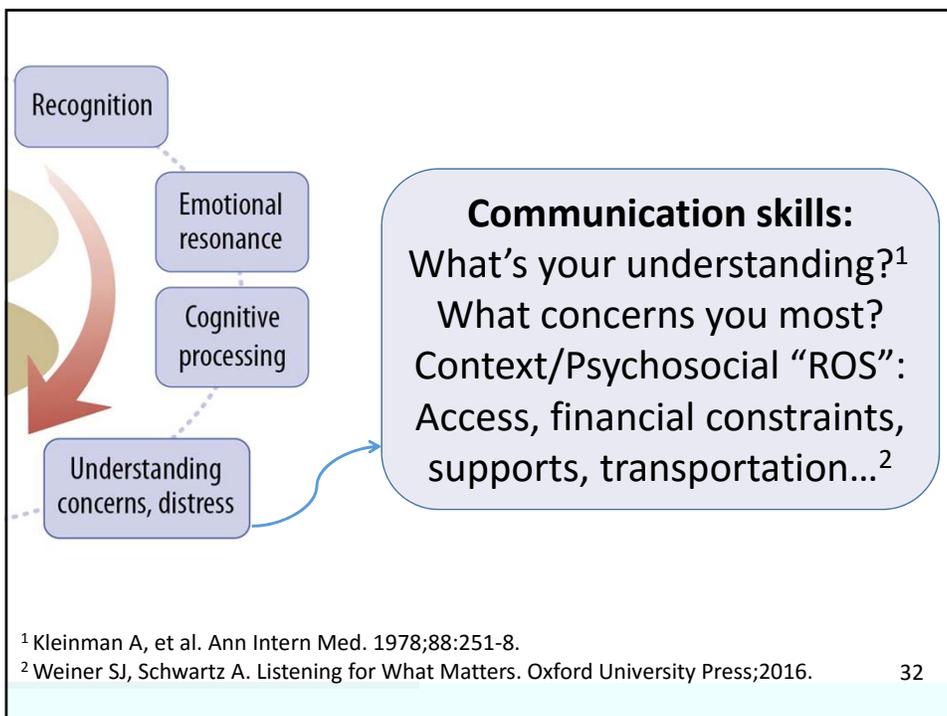


- **Empathy training:** Visualize one's own past suffering, resonate with another's suffering extending from self to others
- **Compassion training:** Visualize one's own past suffering, cultivate feelings of loving kindness extending from self to others
- **Memory training**

Klimecki et al. [Soc Cogn Affect Neurosci](#). 2014;9:873-9



Emotion regulation and perspective-taking may mitigate burnout & promote compassion	
Empathic concern, compassion	Empathic personal distress
Other-related emotions	Self-related emotions
Positive feelings, e.g. tenderness	Negative feelings, e.g. stress
Good health	Poor health, burnout
Approach & prosocial motivation	Withdrawal & nonsocial behavior
Singer T, Klimecki OM. Curr Biol.2014;24(18)R875-8 31	



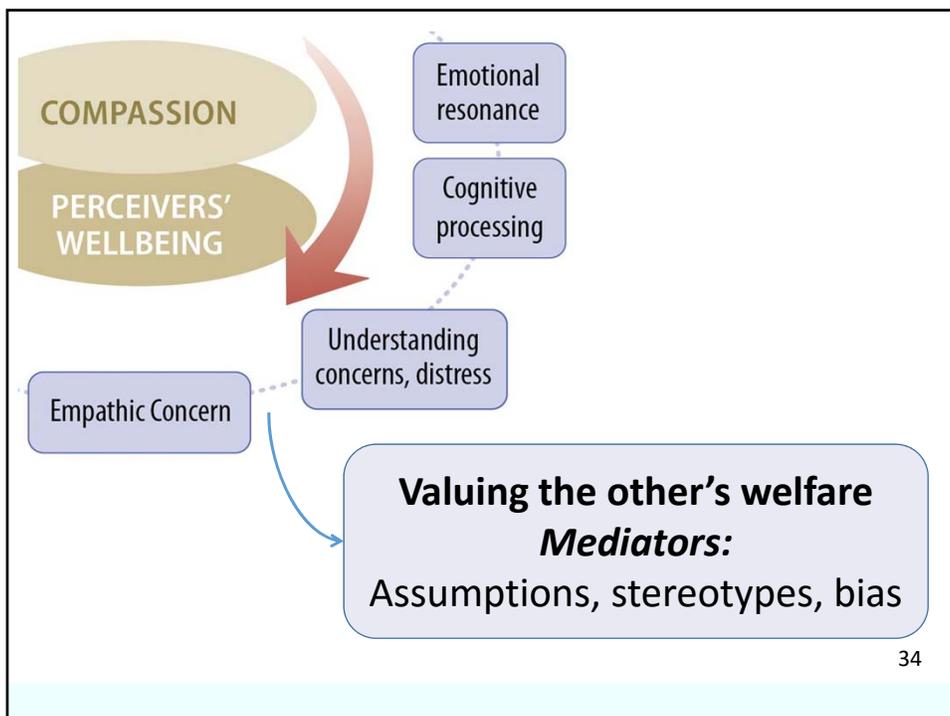
Adding meaning to electronic health records “meaningful use”

The screenshot shows an EHR interface with the following sections:

- Advance Care Planning**
 - Advanced Care Directives
 - Health Care Proxy
 - Durable Power of Attorney for Health Care
 - Living Will
 - MOLST
 - Comfort Care Form
 - General Comments
- Serious Illness Care**
 - What is your understanding now of where you are with your illness?
 - How much information about what is likely to be ahead with your illness would you like to have?
 - What did you (clinician) communicate to the patient?
 - If your health situation worsens, what are your most important goals?
 - What are your biggest fears and worries about the future with your health?
 - What abilities are so critical to your life that you cannot imagine living without them?
 - If you become sicker, how much are you willing to go through for the possibility of gaining more time?
 - How much does your proxy and family know about your priorities and wishes?

Bibliography: Bernacki R, et al. Development of the Serious Illness Care Program: a randomised controlled trial of a palliative care communication intervention. BMC Open. 2015;5:e009032.

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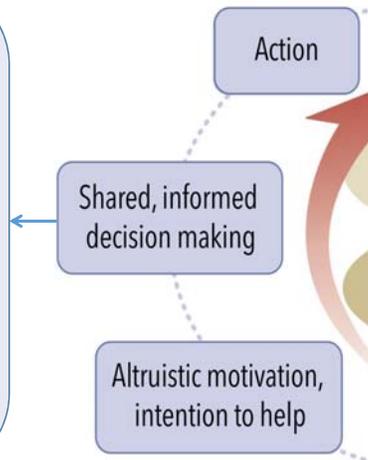
Elicit and respond to emotions: RSVP



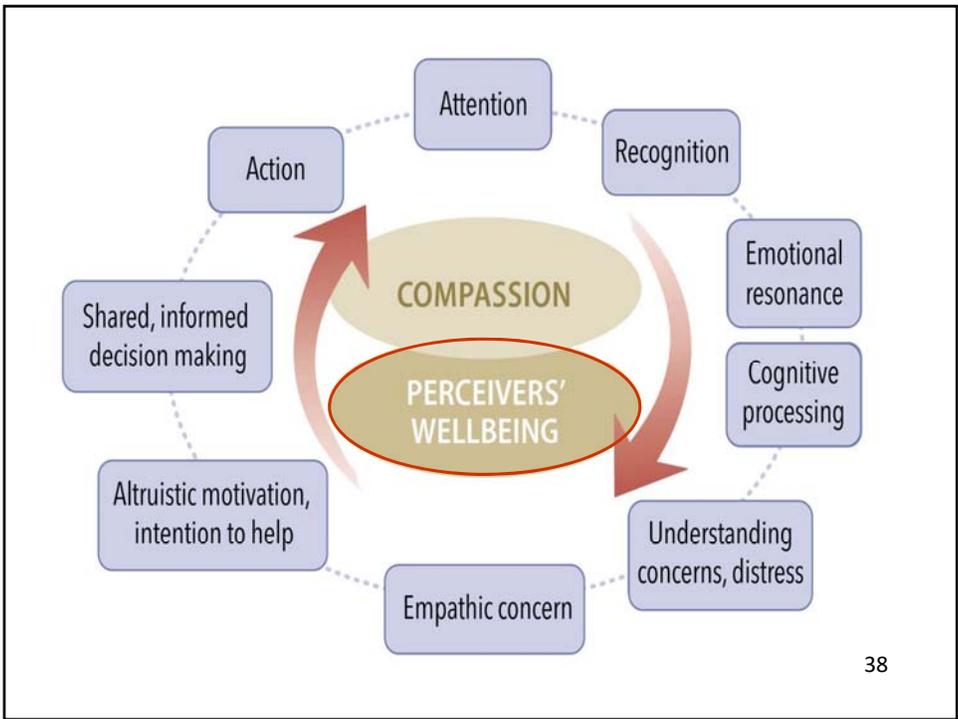
Oncotalk: <http://depts.washington.edu/oncotalk/learn/>

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



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Caregivers are at risk

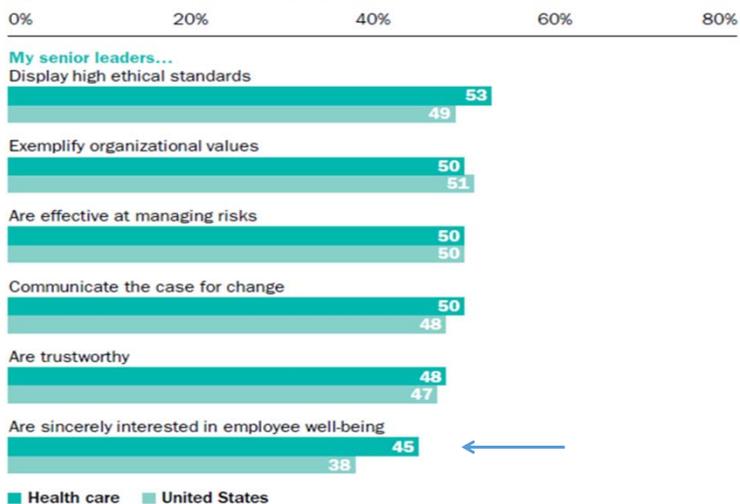
- Burnout (40% - 60%)
 - (2011) 45%
 - (2014) 54% $p < .001$
- Work/life satisfaction
 - (2011) 49%
 - (2014) 41% $p < .001$
- Physician suicide
 - Rate ratio 2.3 (♀) and 1.4 (♂) vs general population



Shanafelt TD, et. al. Mayo Clin Proc. 2015; 90:1600-13.

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Figure 4. How health care employees describe their leaders



Source: Towers Watson 2010 Global Workforce Study — U.S.
 Towers Watson 2010 Global Workforce Study — U.S. Health Care Industry

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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)

McClelland LE, Vogus TJ. Health Serv Res. 2014;49:1670-83.

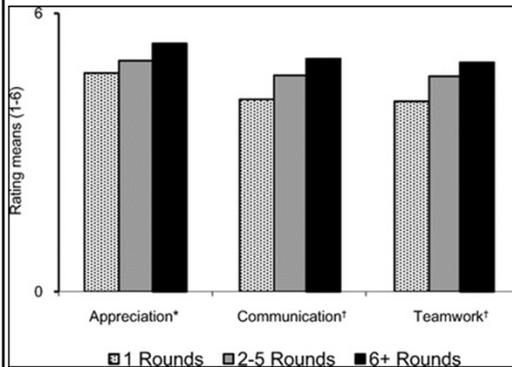
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Schwartz Center Rounds



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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 w/less frequent attenders

Lown BA, Manning CF. Acad Med. 2010;85:1073-81.

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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

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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
- Research and measurement

www.theschwartzcenter.org/committocompassion/

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Let's reconsider the value equation

- **Value = Benefits/Costs**

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"?

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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?

Lown BA, Muncer SJ, Chadwick R. Patient Educ Couns. 2015;98:1005-10.

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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

¹ Lown BA, McIntosh S, Gaines ME, McGuinn K, Hatem, DS. Integrating Compassionate, Collaborative Care (the "Triple C") Into Health Professional Education to Advance the Triple Aim of Health Care. Acad Med. 2015 Dec 29. [Epub ahead of print]. PMID: 26717505 .

Key questions to ask ourselves

- What truly matters to me?
- What is our collective and individual responsibility for preserving compassion and collaboration in healthcare?
- What is my role in this process?

Compassionate Collaborative Care Framework	
http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations-Report_FINAL1.pdf	
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Shares information, decision-making	Practices self-compassion

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Questions



Beth Lown, MD
 Medical Director
 The Schwartz Center for Compassionate
 Healthcare



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



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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!



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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.



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**Thank you for participating in
today's session.**

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

