Wellness, Agency, and Sanity
How to Cultivate Community in your Clinics

Compassion in Action Webinar Series
December 10, 2019
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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.
Host

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The Schwartz Center for Compassionate Healthcare
THE COMPASSION IN ACTION
HEALTHCARE CONFERENCE

June 14-16, 2020

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Today’s Speaker

Elizabeth Métraux
CEO
Women Writers in Medicine
Disclaimers and Disclosures
Polling Question 1

What factors contribute to your own sense of burnout or professional dissatisfaction?
FACTORs AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience; applies these factors across all health care professions, specialties, settings, and career stages; and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. The model will be revised as the field develops and more information becomes available. Subsequent layers of the model, and an interactive version of the model, are in development in conjunction with the Action Collaborative’s other working groups and will be made available shortly.
Polling Question 2

When do you feel most fulfilled in your work?
Factors fueling fulfillment

Connection

Peers

Patients

Purpose

the schwartz center
FOR COMPASSIONATE HEALTHCARE
Mounting evidence that providers are human, too.

“Breaking Bread” to Combat Burnout

We were into our dessert course when a physician in her early 40s stood up to summon the attention of the dozen guests around the table.

“I’ve been practicing for 15 years and I’ve never felt more connected to my colleagues than I do at this moment,” she told those gathered. “I came here tonight ready to leave medicine. And I’m leaving here tonight feeling like I’ve finally found my tribe.”
... and being human is hard
Especially when we’re going it alone

• Former Surgeon General Vivek Murthy, MD, calls loneliness the greatest epidemic of our generation.
• Loneliness affects three out of every four people, and spikes in the late 20s, mid-50s, and late 80s.
• 2 out of 5 Americans report that their social relationships are not meaningful.
• Loneliness is as risky to health as smoking 15 cigarettes a day and shortens our lifespan by 8 years.
• In the 1920s, 5 percent of Americans lived alone. Today, more than 25 percent do—the highest ever.
• Social isolation is the leading cause for hospital readmission following operations.
• In healthcare, clinicians are increasingly calling for the “prescription of friendship” through phone calls, home visits, encouragement, and connection to community-based programs.

• Researchers have concluded again and again that the single most reliable predictor of happiness is feeling embedded in a community.
The Case for Connection

- Buoys Fulfillment
- Improves Communication
- Strengthens Culture
- Supports Better Patient Care
The Case for Connection

Cultivates Agency
... but what about the ROI?
... but what about the ROI?

$10,000 < $500,000 +

for 1 physician

for 6-8 clinicians
... making community good for business
Corporate thinking is changing

The traditional model

Culture

- Recruitment and Retention
- Leadership Development
- Wellness
Corporate thinking is changing

A new approach to workforce development

- Recruitment and Retention
- Leadership Development
- Wellness
- Community Building

Culture
And culture is contagious
Models for Community Building

FOR PATIENT CARE
- Balint Groups
- Practice Inquiry
- Practice-based Small Group Learning

FOR PROVIDER CARE
- Schwartz Rounds
- Narrative Groups
- Supper Clubs
- Professional Associations
- Crisis Models: e.g. Code Lavender
Polling Question 3

What models of community are being implemented in your own clinics or systems?
Know the business case
  Ask what folks need
  Start with affinity groups
  Protect time
  Have a facilitator

Go it alone
  Make assumptions about needs
  Fail to follow through
  @%&$
Type your questions in the Questions Pane on your screen at any time.
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Thank you for participating in today’s session.

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