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

Compassion in Action Webinar Series

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Moderator



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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



Beth Lown, MD

Medical Director

The Schwartz Center for Compassionate Healthcare







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 fueling burnout

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.

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- · Alignment of societal expectations and clinician's role
- · Culture of safety and transparency
- · Discrimination and overt and unconscious bias
- Media portraval
- · Patient behaviors and expectations
- · Political and economic climates
- · Social determinants of health
- · Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

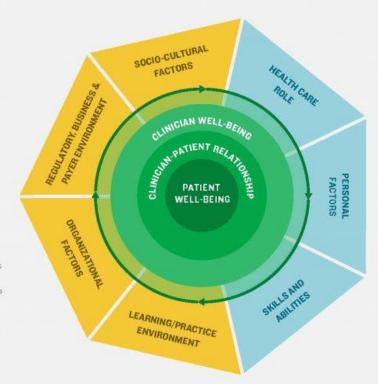
- · Accreditation, high-stakes assessments, and publicized quality ratings
- . Documentation and reporting requirements
- HR policies and compensation issues Initial licensure and certification
- Insurance company policies
- · Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- . Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- . Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- · Level of support for all healthcare team members
- · Professional development opportunities
- · Scope of practice
- · Workload, performance, compensation, and value attributed to work elements
- · Harassment and discrimination
- Power dynamics

LEARNING/PRACTICE ENVIRONMENT

- · Autonomy
- . Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and
- usability/Electronic health records
- . Learning and practice setting Mentorship
- Physical learning and practice conditions
- · Professional relationships
- · Student affairs policies
- · Student-centered and patient-centered focus
- . Team structures and functionality
- · Workplace safety and violence



INDIVIDUAL FACTORS

HEALTH CARE ROLE

- · Administrative responsibilities
- · Alignment of responsibility and authority
- · Clinical responsibilities
- Learning/career stage Patient population
- Specialty related issues.
- Student/trainee responsibilities
- · Teaching and research responsibilities

PERSONAL FACTORS

- · Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- . Flexibility and ability to respond to change . Level of engagement/connection to
- meaning and purpose in work
- · Personality traits
- · Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- · Relationships and social support
- Sense of meaning
- · Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- · Communication skills
- · Coping skills
- Delegation
- Empathy
- · Management and leadership
- · Mastering new technologies or proficient use of technology
- Mentorship
- · Optimizing work flow
- · Organizational skills
- Resilience
- Tearnwork skills



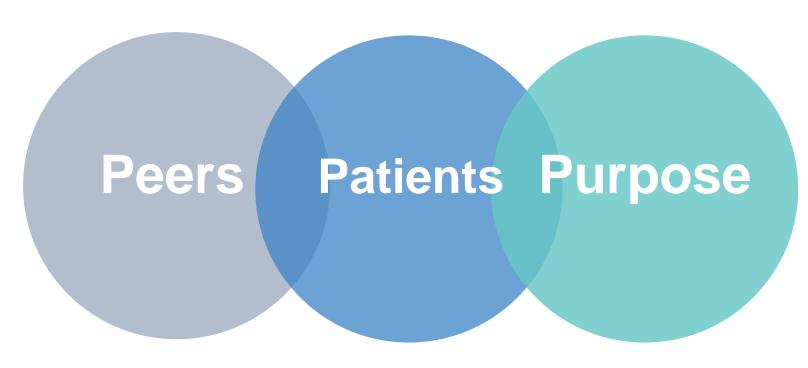


Polling Question 2

When do you feel most fulfilled in your work?

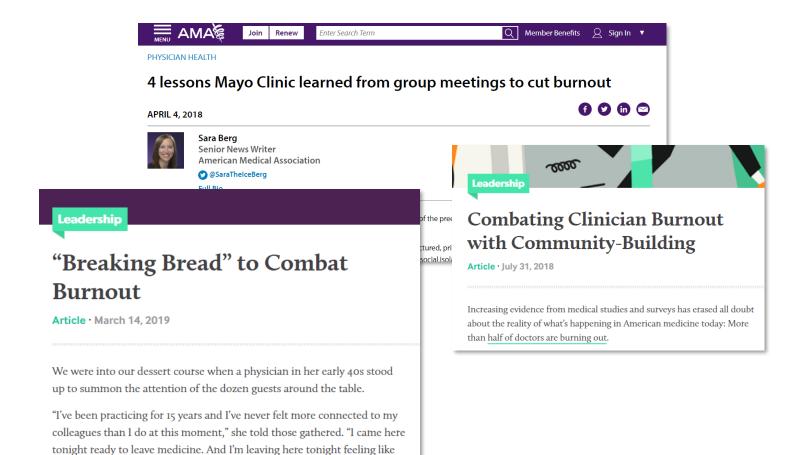
Factors fueling fulfillment

Connection





Mounting evidence that providers are human, too



I've finally found my tribe."



... and being human is hard

U.K. Appoints a
Minister for Loneliness







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?



for 1 physician

\$10,000 < \$500,000 +

for 6-8 clinicians

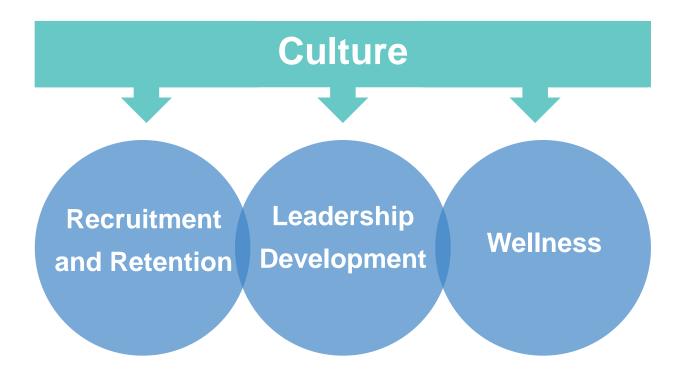


... making community good for business



Corporate thinking is changing

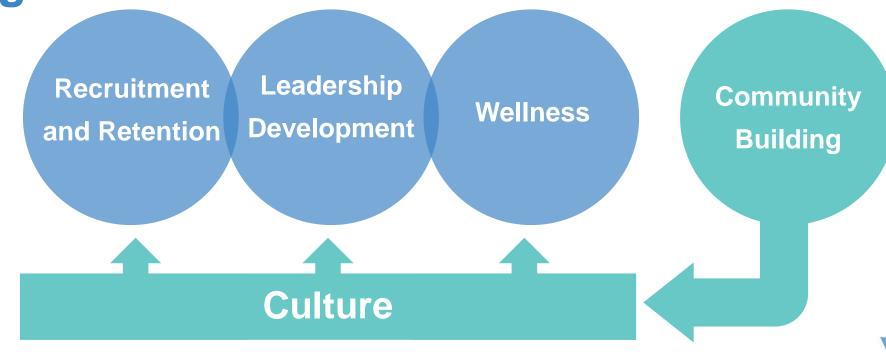
The traditional model





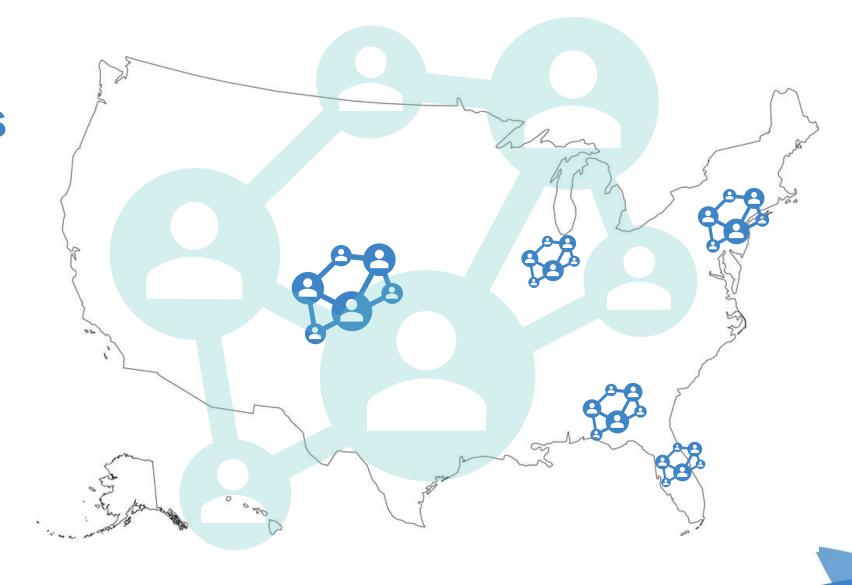
Corporate thinking is changing

A new approach to workforce development





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

@%&\$



Questions & Answers



Elizabeth Métraux CEO Women Writers in Medicine



Beth Lown, MD

Medical Director

The Schwartz Center for Compassionate Healthcare

Type your questions in the Questions Pane on your screen at any time.





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