Peer Support is not what it used to be: Maximizing Utilization, Adapting in Real-Time, and training to meet evolving needs

Mariah Quinn MD MPH, Elizabeth Lawrence MD, Gaurava Agarwal MD, Chantal Brazeau MD, Kristine Olson MD, Katie Godfrey PhD, Heather Farley MD
Objectives

• Understand the benefits of peer support
• Describe how to respond to evolving needs by training peer supporters in new ways.
• Explain how to pivot or adapt a program, and how this can facilitate culture change.
• Identify at least two tools to increase utilization of a peer support program.
<table>
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<tr>
<th>Article Title</th>
<th>Summary</th>
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<td>To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis</td>
<td>Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions</td>
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<td><strong>THE NEW YORK TIMES</strong></td>
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<td>THE WIDESPREAD PROBLEM OF DOCTOR BURNOUT</td>
<td>29% OF YOUNG DOCTORS ARE DEPRESSED: STUDY</td>
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<td>Physicians aren’t ‘burning out.’ They’re suffering from moral injury</td>
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<td>PHYSICIAN BURNOUT IS ON THE RISE</td>
<td><strong>Kaiser Health News</strong></td>
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<td>Burnout Among Health Care Professionals A Call to Explore and Address This</td>
<td><strong>Physician Burnout: It’s Getting Worse</strong></td>
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<td>Underrecognized Threat to Safe, High-Quality Care</td>
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<tr>
<td>In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices</td>
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</tbody>
</table>
Barriers to getting support

- Lack of time (89%)
- Lack of confidentiality (68%)
- Negative impact on career (68%)
- Documentation in medical record (63%)
- Stigma of mental health care (62%)
- Lack of access (52%)
- Sign of weakness (41%)
- My problems aren’t important (26%)
Available support services

• Employee assistance programs
• Individual therapy
• Group therapy
• Support groups

• Hot lines, call centers
• Spiritual counseling/advisement
• Coaching
• Peer support
Which services do MD’s prefer?

Arch Surg. 2012 March ;
147(3): 212–217
What is peer support?

• Trained clinician peers (peer supporters) offer support to their colleagues (peers)

• The peer-support model frames emotional fallout from being a physician as an occupational hazard – not as a mental health issue

• Involves confidentiality, empathic listening, non-judgmental curiosity, reframing, normalizing

Benefits of peer support: resiliency

Factors associated with resiliency after adverse events:

• Talking it over with colleagues
• Disclosure and apology
• A moral context
• Dealing with imperfection
• Learning/becoming an expert
• Preventing recurrences/improving teamwork
• Helping others/teaching about it

What Helps Physicians After a Medical Error?.
Benefits of peer support: culture change

<table>
<thead>
<tr>
<th>From a culture of...</th>
<th>To a culture of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial, silence</td>
<td>Sharing, acceptance</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Human frailty</td>
</tr>
<tr>
<td>Isolation</td>
<td>Community, comradery</td>
</tr>
<tr>
<td>Shame, blame</td>
<td>Psychological safety</td>
</tr>
</tbody>
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AMA Steps Forward - [https://edhub.ama-assn.org/steps-forward/module/2767766](https://edhub.ama-assn.org/steps-forward/module/2767766)
Where have we been these past two years?
Sent to Buzzfeed News by a Manhattan nurse
How can we make your peer support successful given evolving stresses?
Figure 3. Experienced Discrimination in Past 12 Months

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of Respondents</th>
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<tbody>
<tr>
<td>Female</td>
<td>53.3%</td>
</tr>
<tr>
<td>Male</td>
<td>33.6%</td>
</tr>
<tr>
<td>Nonwhite</td>
<td>52.0%</td>
</tr>
<tr>
<td>White</td>
<td>35.7%</td>
</tr>
<tr>
<td>IMG</td>
<td>44.6%</td>
</tr>
<tr>
<td>USMG</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

Workplace Discrimination: Experiences of Practicing Physicians
Alice A. Tolbert Coombs, MD and Roderick K. King, MD, MPH
Boston, Massachusetts
Patient Prejudice: Why Credentials Aren’t Enough

African American/Black and Asian Physicians Most Likely to Hear Biased Comments

- All physicians: 59%
- White: 55%
- Hispanic: 63%
- Asian: 69%
- African American/Black: 70%

American Conference on Physician Health
These events are **dramatically underreported** especially among physicians.

Physicians are **unsatisfied** by the response.

~70% report the problem was **not addressed or made worse** when reported.
How Support for Discrimination and Bias May be Different

• We may not have all experienced harmful bias and discrimination

• People may feel like you are asking them to accept bad behavior instead of changing behavior or holding people accountable

• Core concept around psychological first aid and trauma, is to remove the person from trauma and help them be safe: This is likely not possible here

• Not just a work based experience, a cumulative life history

• Racial Trauma manifestations and processing has differences from Secondary Trauma of adverse events
In Groups

Spend 25 minutes working together on your assigned case—if you feel you’ve completed all of the questions, you can move onto a second case of your choosing.

-Please take notes to share with the larger group at the end.
Case 1: Peer Support when the stressor is Racism

You help run a well-established peer support program. Managers have been reaching out to you for ideas about how to support staff on their teams who have been impacted by the recent killings of unarmed black people highlighted in the news. Peer supporters are noting that staff they are supporting have increased distress around these events. Your peer support program was initially designed to support “second victims” and promote recovery after unexpected clinical outcomes.

Brainstorm ways your program can get involved in responding to the increased needs surrounding racism and racial trauma.
Case 1: Peer Support when the stressor is Racism

What are the stressors and needs of your staff and of your peer supporters within the social-ecological model?

How will you identify them?

Systemic Level
- Immigration policies
- Incarceration policies
- Predatory banking

Community Level
- Differential resource allocation
- Racially or class segregated schools

Institutional Level
- Hiring and promotion practices
- Under- or over-value of contributions

Intrapersonal Level
- Internalized racism
- Stereotype threat
- Embodying inequities

National Academies of Sciences, Engineering, and Medicine 2017 Concept from McLeRoy et al., 1988

American Conference on Physician Health ACPH 2021
Cultural Humility: ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the [person]. Hook, Davis, Owen, Worthington and Utsey (2013)

How can you apply the domains of cultural humility when considering racial trauma and the skills peer supporters have?

Inward: self-awareness and lifelong commitment to self-critique

Outward: Valuing others and fixing power imbalances

Upward: growth and partnership with people and groups who advocate for others

Tervalon & Murray-Garcia, 1998
Case 1: Key Concepts

- Listen to the voices of those impacted and engage stakeholders but careful to avoid the minority tax
- Assess needs and resources within the social-ecological model to plan responses
- Consider organizational credibility and voice on this issue
- Involve DEI Leaders and Experts
- Examine sources of systemic bias are we supporting (patients, co-workers, etc.)
- Practice cultural humility and be aware of risk of invalidating and re-traumatizing
- Remember that peer support is one resource for staff to feel heard, understood, and supported, but it is not the only resource and may not be the most comfortable for all
In Groups

Spend 25 minutes working together on your assigned case—if you feel you’ve completed all of the questions, you can move onto a second case of your choosing

-Please take notes to share with the larger group at the end
Case 2: Pivoting and Adapting

Your system developed a Peer Support program at the beginning of the COVID pandemic. Supporters received training focused on responding to acute stressors in a second victim support model. Over the past year, many of the issues brought to Peer Supporters had to do with chronic stress, family strain, and issues related to diversity, equity and inclusion in addition to the anticipated issues raised in the setting of front-line COVID care. This prompted the program leadership to wonder whether peer supporters needed additional training and whether the program represented its served community well from a diversity perspective.

What approaches might you take to increase the ability of a system-wide program to meet emerging needs?

How can these approaches be made more likely to be applicable to future crises?

How might Peer Support be part of culture change?
Case 2: Key concepts

• Leverage the concept of Peer Support to encompass other models
• Consider the definition of Peer
• Stay connected to stakeholders and engage them in anticipating needs as well as developing direction
• Stay connected to your core team
• Leverage how Peer Support relates to other cultural transformation efforts and how peer support champions (supporters or support recipients) may help lower stigma for help-seeking
University of Missouri’s three-tier model

**possible peer support examples by tier**

**Tier 3** - N/A

**Tier 2**
- Peer support examples: Second Victim Support, 1:1 Peer Support, Ethics consultation, Palliative Medicine Consultation
- Established Referral Network with:
  - Employee Assistance Program
  - Chaplain
  - Social Work
  - Clinical Psychologist
  - Ensure availability and expedite access to prompt professional support/guidance.

**Tier 1**
- Peer support examples: On unit or group level culture support-Battle Buddies, Commensality Groups, Schwartz Rounds
- ‘Local’ (Unit/Department) Support
- Trained peer supporters and support individuals such as patient safety officers, or risk managers who provide one on one crisis intervention, peer supporter mentoring, team debriefings & support through investigation and potential litigation.
- Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.
Case 3: If you build it will they come?

You started a peer support program- you trained your peer supporters, arranged announcements in your organization’s newsletters and e-boards, sent blast e-mails, and even attached pictures of the peer supporters in the various communications.

You are ready... However, you wonder if peers will reach out, especially given how busy clinicians are with COVID-19 related duties, little or no face-to-face meetings and reduced opportunities for collegiality.

You know that peer support programs develop slowly even in “normal times” Shapiro, Galowitz Acad Med, Vol. 91, No. 9 / Sept 2016

How can you foster utilization of this resource?
Case 3: Key concepts

• Be adaptable with methods of activation
• Train peer supporters to
  • Notice when someone “doesn’t look quite right”
  • Be on the look out when they witness or hear of traumatic clinical events
  • Approach someone on-the-spot (role-play)
  • Be proactive
• Being right in the moment, is often the best time
• Don’t be too narrow- “informal peer support”
• Use peer-supporter tags to identify peer-supporters
• Just knowing that the program exists impacts the culture of wellness
Bringing it together and taking it home
Disclosures

NO DISCLOSURES
Local Practice Improvement (LPI): Recovering group agency and restoring practice morale

Diana L Dill EdD
*Working Together For Health*<sup>SM</sup>

Karim Awad MD,
Clinical Affairs, Atrius Health
Signs of a well-functioning practice

- Energetic and engaged, purposeful
- Collegial, enjoy being with each other
- Get the work done, do it well, solve problems
Signs of a practice that’s not well-functioning

• Not much energy, disengaged, unequal participation
• Withdrawn from each other
• Work quality not up to par, problems go unsolved
Our target: Practice-level recovery from burnout

Ultimately: restore high functioning:
• Re-engaged
• Colleaguial
• Agents of problem-solving

By reminding them – experientially –
That they are capable of working together to solve problems
And showing them steps to get there
Our Local Practice Improvement model:

practice clinician groups work together with a facilitator, to:

- evaluate their burnout and engagement
- identify the main local drivers of burnout and engagement
- choose one significant pressing concern to resolve
- within a three month time-frame
- re-evaluate: did it work? What did we learn?

The facilitator’s role is critical
What we’ve done at Atrius Health

Individual practices:
4 practices, @ 6-10 hours per clinician over 3 months
Results were good: burnout and engagement improved
Capacity built to run their own LPI
15 hours consultant time per practice

Scale-up:
Teach the LPI process to leaders of 4 practices
Coach them through each step
10 hours consultant time per four practices
Agenda for this workshop

10:30   Rationale and background
10:40   Share our LPI leader training curriculum
11:00   Describe and demonstrate three critical facilitator strategies
11:20   Q and A: How would you apply this in your setting?
LPI is a **SOCIO-TECHNICAL** approach

To reduce burnout, we integrate

**A TECHNICAL PROCESS:**
Goal: Solve practice problems that diminish wellbeing

**With a set of SOCIAL STRATEGIES:**
Goal: Strengthen the team as an agent of problem-solving
The TECHNICAL process of practice improvement:

• Identify your wellbeing OUTCOME
• Choose one contributing workplace condition to improve, your TARGET
• Plan, measure, act to IMPROVE it
• ASSESS: Did improving your workplace conditions improve your collective wellbeing?
The LPI Cycle

Collective Wellbeing

Wellbeing Outcome

Contributing Workplace Conditions

Target for change

improvement process

Beginning of LPI Cycle

Target for change

End of LPI Cycle

Graphics: S.E. Dill
The TECHNICAL process of an LPI cycle: 6 steps

1. Initial discussion with site clinicians about the LPI
2. Baseline survey: clinicians’ wellbeing and workplace conditions
3. Initial all-clinician meeting
4. 2-3 working group meetings, 2-4 weeks apart
5. Follow-up survey
6. Follow-up all-clinician meeting
The TECHNICAL process of an LPI cycle: Timeline

1. Site buy-in
2. Survey
3. All-clinician meeting
4. Working group meetings
5. Re-survey
6. All-clinician meeting

Timeline:
- Site buy-in: 2 weeks
- Survey and All-clinician meeting: 3 months

Graphics: S.E. Dill
1. Initial discussions with site clinicians about the LPI

- Describe the LPI:
  - purpose
  - process
  - costs (time) and anticipated benefits

- Ask for their agreement to try it
2. Baseline Survey

- Content:
  - Clinician wellness
  - Workplace conditions
- Logistics
- Messaging
3. Outline for 1st all-clinician meeting

1. Context
2. How to think about well-being at work
3. What we know about workplace factors that engage vs demoralize
4. Your own results for well-being and satisfaction: what do they show you?
5. What changes would most improve your work life?
6. Which target change will you try first?
7. Form a working group to plan how to bring about the change, to report back when? (soon!)
example data presentation: YOUR WELLBEING

I feel a great deal of stress because of my job

I feel I am burned out

Working Together

Atrius Health
Example data presentation: YOUR WORKPLACE CONDITIONS

- Sustainable workload?
- I have the resources I need
- I have the control I need
- My work is meaningful
- Values align with organization’s
- My colleagues are supportive
- Work-home balance
4. Tasks of the working group meetings

There is a target change identified by the all-clinician group
Your job is to operationalize and implement

• Set a S.M.A.R.T. goal
• Develop an ACTION PLAN
• Review results and iterate to improve with a new ACTION PLAN
• Schedule a next working group meeting to review progress, troubleshoot, plan next steps (usually total 2-3)
• Report back progress to all-clinician group and ask for feedback
5. Followup survey

- Content:
  - Clinician wellness
  - Workplace conditions
- Logistics
- Messaging
6. Outline for follow up all-clinician meeting

1. Review: we ran an experiment:
   - could we change [this workplace condition]?
   - would it improve how we feel at work?
2. Review survey results: what do we conclude?
3. Plan next steps:
   - what aspects of the LPI do we want to incorporate into our practice?
   - what next workplace problem will we tackle?
The SOCIAL process of LPI

Goal: Strengthen the team as an agent of problem-solving

Qualities of the ideal problem-solving team:
• Shared ownership of the work
• Full engagement
• Innovative thinking
• Optimism
• Persistence
Three powerful facilitator strategies

1. **Framing** your group’s work at the outset of a meeting, to unify focus
2. **Paraphrase and redirect** to keep a positive focus
3. **Brainstorming** to promote innovative thinking
Facilitator Strategy #1: Framing

Purpose:
• to quickly focus group attention on what will be done in the meeting and how
• While promoting psychological safety by letting them know what to expect

How do we do it?
• State our purpose for the meeting
• And the specific outcomes to be accomplished
• Describe the process you’ll follow
• Describe your role and the others’ roles in the process

Everyone will know these things, but restating them gives them an at-the-moment common framework!
Example: Framing

You are meeting to tell your practice about the survey.
You tell them:

What is our purpose in general?
   e.g. we’re conducting an LPI to see if we can improve our experience of work

What specific outcome will result?
   e.g. we are going to do a survey before we start and after we finish, so we can see if we’ve improved

What is your role?
   e.g. my role will be to prompt you when it’s time to do the survey, summarize results and report them to you

What is their role?
   e.g. your role will be to complete the survey same day and send it back, so we have complete data

What process will you follow?
   e.g. I’ll email you a link when it’s time to do the survey, in the next few weeks, and in 3 months. It should take you about 5 minutes.
Facilitator Strategy #2: Paraphrase and redirect

Purpose:
• To show value for the individual’s contribution and promote safety
• While keeping the problem-solving process moving forward

How do we do it?
• Paraphrase the reaction and content the person is expressing
• Ask a question that redirects attention to
  --the main point being discussed or
  --a positive focus (accomplishment, effort, valued goal)

You don’t need to know the answer!
Role play: Paraphrase and redirect

Clinician says:

what’s the point of trying to make any improvements now? There will be redesigns coming up and our work will just get undone.

Chief responds:

1. I hear you say you feel __________ [name the feeling]
2. Because of ____________ [name the content]
3. What is an improvement that we DO have control of?
Facilitator Strategy #3: BRAINSTORMING

Purpose:
• To encourage creative thinking and innovation

How do we do it?
• State the problem to be addressed
• Generate as many solutions as possible, no matter how wild
• WITHOUT EVALUATING THEM
• Paraphrase and redirect after each one
• When there are no more solutions to be offered, go back and evaluate them one at a time

You don’t need to know the answer!
Role-play: Brainstorming

CHIEF: Your team has decided to target reducing workload in order to improve wellbeing. You want them to brainstorm potential solutions.

Your script:
• **How can we potentially reduce our workload?**
• Paraphrase each solution, list it visibly, and ask for more
• Hold off on evaluating until there are no more solutions offered
• Evaluate, one at a time:
  - is this solution within reach?
  - is it likely to succeed?
• Hold a vote for preferred solution

CLINICIANS: participate naturally in the group discussion
Q and A

How would you like to implement an LPI at your site?
Thank You!

Diana Dill EdD
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Working Together For HealthSM

Karim Awad MD
Karim_Awad@AtriusHealth.org
Clinical Affairs, Atrius Health

Leiter M, Maslach C. Areas of worklife: a structured approach to organizational predictors of job burnout. 2003

Not Wasting a Crisis: A Comprehensive Approach to Fostering Well-Being in Healthcare Systems during Reconstruction

MEGAN CALL, PHD
AMY LOCKE, MD, FAAP
AMERICAN CONFERENCE ON PHYSICIAN HEALTH
10.9.2021
Support professional well-being through advocacy, programs, and collaboration
WELL-BEING AT U OF U HEALTH
Reflect on how your institution is currently addressing well-being as part of the ongoing COVID-19 response.

What is one thing that is going well?
What is one challenge?
FACULTY & STAFF VOICES

How do I say thank you?

What about my basic needs?

Who can I talk to if I need help?

Where do I go to learn more?
COVID-19 RESILIENCE WORK GROUP

**Crisis Support**

**Purpose:** Coordinate crisis support services (e.g., virtual debriefs, immediate individual support, and develop support resources.)

Co-leads: Resiliency Center/GME Wellness

**Workforce Needs**

**Purpose:** Coordinate new and emerging Covid-19 needs-based programs (e.g., masks, special needs childcare, meals.)

Co-leads: Resiliency Center/Nursing

**Workforce Recognition**

**Purpose:** Coordinate recognition and gratitude efforts (e.g., #UtahCares, Reward Great Work, patient voice.)

Co-leads: Patient Experience/HR

**Resilience Communication**

**Purpose:** Coordinate Work Group communications (e.g., internal and external well-being messaging/resources.)

Co-leads: Communications/Accelerate Learning Community

https://journals.sagepub.com/doi/full/10.1177/2164956121991816
PARTICIPATION: CLINICAL UPDATE

COVID-19 UPDATE

CLINICAL UPDATE:
MANAGING STRESS AS A WAY TO MANAGE ANGER

THANK YOU


U of U Health Support Subcommittee: Kim Mahoney, Trinh Mai, Jake Van Epps, Jean Whillock, Iona Thraen, Saundra Chanti, Kathie Supiano, Nicole Richardson, Rob Davies, Christian Sherwood, Mari Ransco
Overall, a meaningful portion of respondents from Health Sciences are considering leaving the workforce, reducing hours and have expressed worry that COVID-19 has impacted their productivity and career development.

Concerning trends:
- 42% considered leaving the workforce
- 51% considered reducing work hours
- 39% reported reduced school/work productivity
- 77% said career development has been impacted

Gender of respondents:
- Female, 75%
- Male, 23%
- Other, 2%

Top childcare needs:
1. In-home childcare (59% n=1,475)
2. In-person tutoring (53% n=1,338)
3. Consultation with an educational specialist (53% n=1,362)
4. Online tutoring (53% n=1,325)

Top work balance needs:
1. Flexibility in scheduling meetings, shifts, classes and clinic time (68%, n=3,299)
2. Continued opportunity to work from home at low-risk color level (61%, n=2,925)
3. Knowing work/school schedule at least 1-month in advance (61% n=2,957)
4. Better understanding of struggles by the person you report to (49%, n=2,322)

Top adult care needs:
1. Adult support (errands, transportation to appointments) (50% n=270)
2. Adult care in-home (32% n=164)

Health Sciences Survey Summary:
- 3,507 respondents have dependent care needs (59%)
- 636 with adult care needs
- 2,871 with childcare needs

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LEADER DEVELOPMENT INSTITUTE
~25K distributed
5.9K Total responses (24%)
PHASES OF DISASTER REACTIONS

FOSTER POST-TRAUMATIC GROWTH

Positive transformation after trauma

Facilitators include:

• Social Support
• Purpose/ Meaning/ Spirituality
• Adaptive Coping Strategies

COVID-19 SUPPORT FRAMEWORK

Urgent

- Intensive, **comprehensive**, individualized & group programming
  - Target: Employees & groups experiencing chronic burnout & other stressors

Tailored Resources

- Programming **reduces impact of exposure to trauma/stress**
  - Target: Employees at greater risk of acute stress & burnout

General Resources

- **Preventative and easily accessible programming**
  - Available to all UUH employees

Support Response

- Crisis response (UNI/EAP)
- Coordinate with HR, OD, Academic Affairs, etc.

- Group check-ins
- Resilience consultations
- Crisis debriefs
- Social Work & Spiritual Care

- Mindfulness practices, webinars, articles, classes
- Coordinate w/ WIH, Nursing, Accelerate, HR, EAP, etc.
All resilience toolkit resources available online 24/7 at: accelerate.uofuhealth.utah.edu/resilience/resilience-toolkit
“I just want to say thanks for all you are doing for us! You do such a great job with our resiliency sessions and I think they are very important. You have a great skill and although I’m sure you would say you are just facilitating and we are doing the work I really appreciate what you bring to our sessions. It might be normal for people in the groups you work with to feel this way, but to me it really feels like you are one of us and have become a friend. I feel very fortunate that we have been provided these sessions, it feels like a luxury, but I think it is really valuable.”

-U of U Health Physician
Briefly describe one or two current initiatives that effectively address HCW well-being at your institution.
[re]cognize
Create space to recognize—check-in on how we’re doing right now, acknowledge what we’ve been through, and how much we’ve accomplished.

- Acknowledge
- Connect
- Support

[re]cover
Carve out time to recover—to identify what feeds our workforce intrinsically and develop upstream interventions that promote well-being.

- Safety
- Empathy
- Community

[re]build
Reflect and rebuild—identify the parts of our “old normal” that weren’t working, take action to create a healthier, more sustainable, and equitable future.

- Purpose
- Improvement
- Preparedness
We can acknowledge & recognize that we have different horizons & different responsibilities.

Brené Brown. 2020 Dare to Lead
How are we doing, really?
[re]cognize

Create space to recognize—check-in on how we’re doing right now, acknowledge what we’ve been through, and how much we’ve accomplished.

Acknowledged
Connect
Support

INDIVIDUAL

• Assess Your Stress
• Acknowledge the Good
• Work with Grief
[re]cognize

Create space to recognize—check-in on how we’re doing right now, acknowledge what we’ve been through, and how much we’ve accomplished.

• Acknowledge
• Connect
• Support

INDIVIDUAL
• Assess Your Stress
• Acknowledge the Good
• Work with Grief

TEAM
• Express Gratitude
• Share Stories & Check-In
• Going Home Checklist
• Validate Each Other
LEADER DEVELOPMENT INSTITUTE

[re]cognize

Create space to recognize—check-in on how we’re doing right now, acknowledge what we’ve been through, and how much we’ve accomplished.

**INDIVIDUAL**

- Assess Your Stress
- Acknowledge the Good
- Work with Grief

**TEAM**

- Express Gratitude
- Share Stories & Check-In
- Going Home Checklist
- Validate Each Other

**LEADER/ ORGANIZATION**

- Recognize Individuals & Groups
- Understand Drivers of Burnout
  - Unsustainable workload
  - Perceived lack of control
  - Insufficient rewards for effort
  - Lack of supportive community, fairness
  - Mismatched values & skills
Town Hall

May 15, 2021:
Recognize, Recover, Rebuild, Together.

MOVING FORWARD
TOWN HALL

Watch the videos here
A decade of growth punctuated by a pandemic. It’s time to recover.

43% of clinical staff are at high risk of burnout
(2021 Waggl; 3/2021 Well-Check)

Spring 2021 has brought an increase in individuals experiencing mental health crisis. (U of U Health Resiliency Center)
BURNOUT: HOSPITAL & CLINICS STAFF

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Clinical</th>
<th>Non Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>May, 2019</td>
<td>28.52%</td>
<td>22.72%</td>
</tr>
<tr>
<td>Nov, 2020</td>
<td>41%</td>
<td>29.60%</td>
</tr>
<tr>
<td>Feb, 2021</td>
<td>36.30%</td>
<td>26.90%</td>
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<tr>
<td>May, 2021</td>
<td>37.90%</td>
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</tr>
<tr>
<td>Aug, 2021</td>
<td>42.80%</td>
<td>28.70%</td>
</tr>
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Carve out time to recover—
to identify what feeds our workforce intrinsically and
develop upstream interventions that promote well-being.

INDIVIDUAL
• Really use your vacation time
• See your PCP/ Dentist
• Connect with support system
• Do something haven’t done in awhile
Carve out time to recover—
to identify what feeds our
workforce intrinsically and
develop upstream interventions
that promote well-being.

**Safety**

**Empathy**

**Community**

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**INDIVIDUAL**

- Really use your vacation time
- See your PCP/Dentist
- Connect with support system
- Do something haven’t done in awhile

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**TEAM**

- Build in breaks
- Monitor pace & set boundaries
- Flexibility with certain expectations
- Flexibility with virtual meetings
**INDIVIDUAL**
- Really use your vacation time
- See your PCP/Dentist
- Connect with support system
- Do something haven’t done in awhile

**TEAM**
- Build in breaks
- Monitor pace & set boundaries
- Flexibility with certain expectations
- Flexibility with virtual meetings

**LEADER/ ORGANIZATION**
- Focus on pebble in shoe
- Factors that Prevent/Reduce Burnout
  - Feeling a sense of purpose
  - Manageable workload
  - Feeling like can discuss mental health at work
  - Empathic manager
  - Strong sense of connection to family & friends

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**[re]cover**

Carve out time to recover—
to identify what feeds our workforce intrinsically and develop upstream interventions that promote well-being.

- Safety
- Empathy
- Community
How do we rebuild for the future?

But we also need to look to the upstream causes of professional burnout.

We need to address workload, sense of control and flexibility through system design.

We've focused this past year on attending to the symptoms: support services, crisis support, emotional well-being.

We need to continue to invest in supporting our teams.

We need to address the systemic racism that impacts our minoritized faculty, staff and trainees who report ongoing trauma from macro and microaggressions.
Reflect and rebuild—identify the parts of our “old normal” that weren’t working, take action to create a healthier, more sustainable, and equitable future.

1. How have we been affected by the pandemic & what have we learned?
2. Who are our role models who have grown through adversity?
3. How can the pandemic serve as a catalyst for growth & change?
4. How are we connecting with humanity & the broader society?
5. Are there reasons to be optimistic?

Create space to recognize—check-in on how we’re doing right now, acknowledge what we’ve been through, and how much we’ve accomplished.

Carve out time to recover—to identify what feeds our workforce intrinsically and develop upstream interventions that promote well-being.

Reflect and rebuild—identify the parts of our “old normal” that weren’t working, take action to create a healthier, more sustainable, and equitable future.
WHAT’S NEXT?
What next steps will you take to further well-being at your institution?
Disclosure(s)

Holly Montjoy, MD- Local CCO shareholder in Klamath Falls, OR (Cascade Health Alliance)
Innovative Wellness Curriculum Development:
How to create programs for diverse settings relevant to both learners and established providers

California Oregon Medical Partnerships to Address Disparities in Rural Education and Health
Objectives

Describe
the development and design of the COMPADRE wellness curriculum

Experience and gain
tools to teach a part of the COMPADRE wellness curriculum

Design or improve
Your own custom wellness curriculum/ infrastructure based on the COMPADRE model
Agenda

o **Introduction**
  - What is COMPADRE Wellness?
  - Development/design of the curriculum
  - Goals and rationale

o **Experience Curriculum: Origin Stories**
  - Practice community building/wellbeing program

o **Improving/Creating an Individualized Infrastructure**
  - Pair and share with a structured worksheet

o **Questions and Wrap-up**
INTRODUCTION
What is...

• AMA Reimagining Residency Grant in 2019
• Prepare selected medical students and residents for long-term practice in under-resourced settings
• 31 total residency programs and 2 medical schools (OHSU and UC Davis)
• Programs located across Oregon and Northern CA
To prepare culturally competent, collaborative and resilient physicians ready to practice in rural, tribal and urban underserved communities in Oregon and Northern California to minimize healthcare disparities.
VISION
Transforming disparities and improving health outcomes.
Benefits to medical students:

- Early access to clerkships
- Strong relationships with residency programs
- Chances of securing residency in OR or CA

Benefits to residents/medical students:

- Understand and serve vulnerable populations
- Develop strong community ties
- Participate in immersion experiences
- Share with a peer learning community
- Practice prioritizing wellness
Building Blocks

• Wellness needs assessment
• Faculty wellness champion network
• Core wellness curriculum, videos, facilitator’s guides: Origin Stories, Belonging, Resilience, Purpose
• CANVAS learning platform
• Peer Support Training
Evaluation

• Annual wellness champion focus groups
• Annual wellness survey tools that reflect curriculum goals:
  • Mayo Well-Being Index
  • Perceived Cohesion Scale
  • Mindful Self-Care Scale
Challenges:

- Large number of programs
- Variable needs
- Identifying wellness champions
- Supporting all residents (small programs)
- Identifying research tools
- COVID pandemic
Joy Moments

- Meeting many talented, interprofessional faculty
- Building a learning community to create “best practices”
- Shared vision
- Peer support network
Wellness Curriculum

- Origin Stories
- Belonging
- Resilience
- Purpose
Origin Stories
1. Write “Story of your name?” (4min)

2. Pair and share, read what you wrote (4min)

3. Large group reflection (10min)
   • What was it like to write your story?
   • What was it like to read/tell your story?
   • What was it like to receive or listen to another’s story?
CREATING: Your plan
ACPH 2021: COMPADRE Wellness Program Worksheet

Who am I trying to impact?
• Interdisciplinary vs multidisciplinary
• Learners, attendings, administration, staff
• Virtual vs live participants
• Other:

What is the purpose of my wellness program?

Why is this important?

My inventory. Consider: budget, personnel, engagement, leadership support/endorsement, autonomy, protected time, etc.
• What resources do I have already to support my goals?
• What are the main barriers to my success? Consider: competing demands, culture, etc.
• What additional resources will I need?
ACPH 2021: COMPADRE Wellness Program Worksheet

What are three actions items to support me in bringing my wellness initiatives forward? Think: *SMART Goals.
- Connect with a fellow participant?
- Bring ideas to leadership?
- Explore a certain area related to wellness?
- ???

How will I know I’ve made my desired impact?

*SMART* Goals: **S**pecific (simple, sensible, significant). **M**easurable (meaningful, motivating). **A**chievable (agreed, attainable). **R**elevant (reasonable, realistic and resourced, results-based). **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive).
Questions and Wrap Up
Thank you!