

# PHYSICIAN HEALTH, WELLBEING AND BURNOUT

Dr. Maria Patriquin MD CCFP FCFP  
 Founder of Living Well Integrative Health Center  
 and the Humanizing Health Care Collective

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## DR. MARIA J. PATRIQUIN DISCLOSURES & BIAS

- **Living Well Integrative Health Center**, founder of not for profit PMH [www.livingwellihc.ca](http://www.livingwellihc.ca)
- Physician Lead: **Group Medical Visits** CHTeams/NSHA, **Group psychoeducation & group therapy** in family medicine
- **Collaborative Care consultant** & key informant for formation of Collaborative care toolkit, Doctors NS. (honarium received)
- **Mental Health Committee** Atlantic Canada Representative, CFPC
- Patient Medical Home 60/20 **Care and Compassion Grant** recipient 2016, CFPC (grant for project costs)
- **Assistant professor** Dalhousie University Department of Family Medicine
- **Collaborative Working Group** on Shared Mental Health Care, CPA/CFPC
- **Editorial Advisory Board**, Canadian Family Physician
- Canadian Pediatric Society **Strategic Mental Health Task Force** CPS/CFPC
- Host and Co-chair 2020 **Canadian Collaborative Mental Health Care Conference** [www.shared-care.ca](http://www.shared-care.ca)
- Self diagnosed "Pathological Optimist"

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## OBJECTIVES & AGENDA

- Identify motivation to address the **health, wellbeing and burnout** in family physicians
- How to attain and maintain health: what **prevents, protects and is proven** to work
- **Consider the human drivers and barriers** to implementing change
- Learn what **individual, organizational and systemic changes** warrant implementing
- Describe how **embracing shared human values and collaborative care** will ultimately **transform the culture of medicine**

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## MEDICAL PRACTICE WILL ALWAYS BE STRESSFUL

- We treat people in their most vulnerable of states. They are sick, dying, struggling and scared along with their families
- And we are human we feel along with our patients this is what makes us good at or jobs and can cause us suffering too
- High Responsibility + Low Control = STRESS
- Our work requires self-sacrifice, performance under pressure
- Under strain, feeling a lack of cognitive flexibility, under resourced and unsupported, the same qualities that we hold as strengths engender stress: hard working, perfectionistic, competitiveness, performance driven, independant, self-directed, motivated and value driven.

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## WHAT DOES IT MEAN TO BE HEALTHY AND WELL?

1984 WHO **World Health Organization** revised the definition of health defined it as "the extent to which an individual or group is able to realize aspirations and **satisfy needs and to change or cope** with the environment. Health is a resource for everyday life, not the objective of living; it is a **positive concept, emphasizing social and personal resources, as well as physical capacities**".

Mental, intellectual, emotional and social health referred to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form **resources for resiliency** and living.

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## A CULTURE OF STRESS

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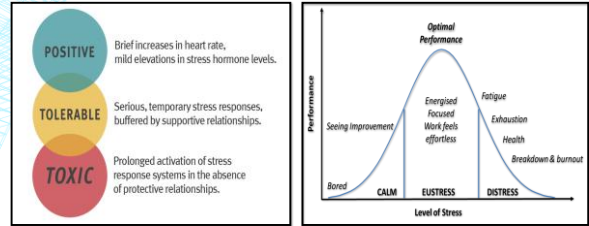
## What are the sources of stress in our work lives?



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## STRESS: THE GOOD, BAD AND UGLY

Long-term exposure to high work stress can result in burnout



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## TERMINOLOGY

Stress is an adaptive response to external stimuli and situations and they result in physical, cognitive and emotional changes. Stress requires a change or deviation from what would be one's normal way of functioning or typical response.

Burnout has 3 dimensions as measured by the Maslach Burnout Inventory: **1) feelings of energy depletion or exhaustion; increased mental distance from one's job; or feelings of negativism or cynicism related to one's job; and 3) reduced professional efficacy/ reduced feelings of work-related personal accomplishment.**

Depression persistently diminished mood, loss of motivation, feelings of guilt or worthlessness, social isolation, changes in relationships, Life interfering anxiety symptoms, Use of alcohol, non-prescribed medications, illicit substances, Sustained decline in function, Changes in eating patterns or weight loss/gain, SI or self-har

Compassion fatigue State of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to secondary trauma or a single intensive event Helplessness Feeling incapable of effecting successful patient outcomes Confusion Isolation Exhaustion Feeling of being overwhelmed by work

Empathic Distress A strong aversive self-oriented response to others suffering accompanied by the desire to withdraw to protect oneself from intense negative feelings

Secondary vicarious trauma Guilt Loss of confidence Trouble sleeping Difficulty enjoying leisure activities and daily life Depression Worry about reputation PTSD Shame Feelings of inadequacy Difficulty concentrating Declining clinical judgment Avoidance of some procedures Hack S & Heisterkamp, 2017

PTSD: **Hyperarousal:** disturbed sleep, irritability, outbursts of anger, hypervigilance **Avoidance:** avoid thoughts, places, people, feelings, and conversations **Reexperiencing:** intrusive thoughts, dreams, psychological or physiological

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## FREUDENBERGER'S 12 PHASES OF BURNOUT

1. The prove yourself compulsion
2. Working harder
3. Neglecting one's needs
4. Displacement of conflict
5. Revision of values
6. Denial of emerging problems
7. Withdrawal
8. Obvious behavioral changes
9. Depersonalization
10. Inner emptiness
11. Depression
12. Burnout Syndrome

### How can you recognize when you are burning out?

When our energy accounts drop into negative balance, most physicians react by going into "survival mode" at work. Instead of finding adventure, challenge, and enjoyment in your practice, you find yourself putting your head down and simply churning through the patients and paperwork, focused on simply making it through the day and getting back home. A common thought at this point is, "I am not sure how much longer I can go on like this." Survival mode and this voice in your head are signs that you are well into burnout's downward spiral. It is time to take different actions to lower stress and get some meaningful energy deposits ASAP. Dr. Drummond "The Happy MD"

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## THRIVING VERSUS SURVIVING



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## CFPC BURNOUT E-PANEL 01/2019



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## “THE PROBLEM GOES BEYOND ANY INDIVIDUAL’S ABILITY TO COPE”

CMA 2018 SURVEY

- 1/3 to 1/2 of Canadian physicians experience burnout regardless of location or specialty
- one in three experience symptoms of burnout on a weekly basis and measured by so and so 1<sup>st</sup> described maslach WEST ET AL
- nearly 1 in 10 have thought about suicide in the past year
- Of the 2547 physicians and 400 medical residents surveyed, 30% reported high levels of burnout,
- 44% of physicians who were experiencing burnout intended to discontinue their practice within 4 years
- Thirty-four percent met criteria for depression

<http://www.cma.ca/content/258/2/183213> <http://mgmnews.com/2018/03/13/when-resident-district-report-high-level-of-burnout-find-some-survey-ctmg-309-5674/>

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## Burnout is... A normal response to abnormal amounts of stress

Burnout is not: a flaw, weakness, character or skill deficit or fault of an individual

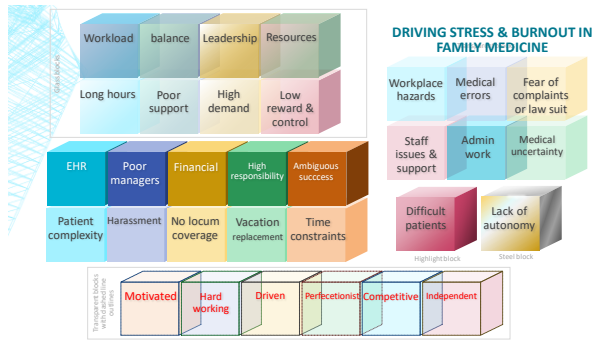
read that again please

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| Dimensions of burnout and its antecedents | Individual factors  | Work unit factors   | Organization factors  | National factors  |
|---|---|---|---|---|
| <b>Workload and pace</b>                  | • Workload<br>• Pace<br>• Time pressure<br>• Role conflict<br>• Role ambiguity<br>• Role overload | • Workload<br>• Pace<br>• Time pressure<br>• Role conflict<br>• Role ambiguity<br>• Role overload | • Workload<br>• Pace<br>• Time pressure<br>• Role conflict<br>• Role ambiguity<br>• Role overload | • Workload<br>• Pace<br>• Time pressure<br>• Role conflict<br>• Role ambiguity<br>• Role overload |
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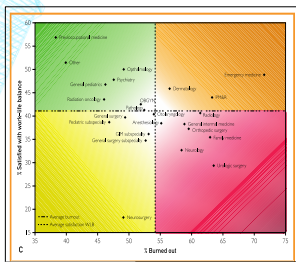
<https://www.mandiclinicproceedings.org/article/50025-619616330625-5/PDF>

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## BURNOUT KNOWS NO BOUNDARIES NO ONE IS IMMUNE



- Predisposing factors:**
- Sleep deprivation
  - High level of work/life conflict
  - Work interrupted by personal concerns
  - High level of anger, loneliness, or anxiety
  - Stress of work relationships
  - Anxiety about competency
  - Difficulty “unplugging” after work
  - Regular use of alcohol and other drugs

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## BURNOUT IS BAD FOR LEARNING AND FOR STUDENTS

Care  
Character  
Conscience  
Communication  
Courage  
Competency  
Contribution  
Collaboration  
Conscience  
Compassion .....

In residents, studies show burnout rates of **41-90%**

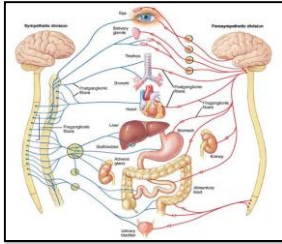
Levels rise quickly within the first few months of residency

ACGME work hour changes do not appear to have improved sleep, burnout, depression symptoms or errors

Resident distress (e.g. burnout and depression) associated with **perceived medical errors and poorer patient care**

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## BURNOUT IS BAD FOR THE BODY



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## BURNOUT IS BAD FOR THE BRAIN

**Survival Mode: Flight/Fight/Freeze**  
Frontal lobe (Prefrontal cortex) goes offline  
Limbic system / mind and lower brain functions take over

**Emotional Midbrain**

- When traumatized or when we
- Are cumulative stress overwhelms
- The midbrain (amygdala) is imprinted
- With threatening and benign data
- The alarm is then set and
- Triggered by any trauma reminder
- Causing a fight, flight or freeze reflex

Midbrain: [http://www.brainiaccenter.com/Doc\\_Brain-New\\_48000\\_Can\\_019a.html](http://www.brainiaccenter.com/Doc_Brain-New_48000_Can_019a.html)  
Video #3 on the Midbrain - 11 min. [http://www.brainiaccenter.com/Video\\_000a.html](http://www.brainiaccenter.com/Video_000a.html)  
PTSD by Pamphyl [http://www.brainiaccenter.com/central\\_mindbrain\\_019a\\_Brain001.html](http://www.brainiaccenter.com/central_mindbrain_019a_Brain001.html)

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## BURNOUT CAN BE FATAL

<https://www.medscape.com/2018/05/20/1945-SUICIDE-BECOME-AN-OCCUPATIONAL-HAZARD-OF-PRACTISING-MEDICINE-COM-3095614/>

**Why Do Doctors Commit Suicide?**

By PAMELA WIBLE, M.D. SEPT. 4, 2018

NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for healing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did.

*My Family, I love you*

**Physician Suicide Letters**

*To stress who has been good to me, I love you too.*

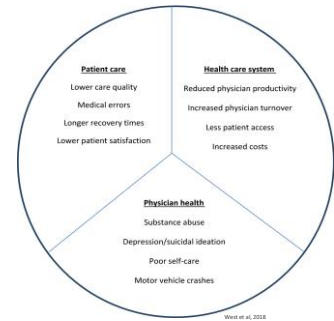
*Each week a great plea for me that you will be the one to help.*

*Will miss you all I can't say how much I love you*

**Answered by Pamela Wible, M.D.**

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## THE EFFECTS OF BURNOUT



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## BURNOUT IS BAD FOR PATIENTS

- Poor patient care
- More medical errors
- Increased lengths of hospital stay
- Alterations in utilization of primary health care services
- Readmissions
- Medication errors
- Lower satisfaction with quality of care
- Mistrust, poor therapeutic alliance



Patel et al. 2018 West et al. 2018

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## BURNOUT IS BAD FOR THE SYSTEM & PRACTICE

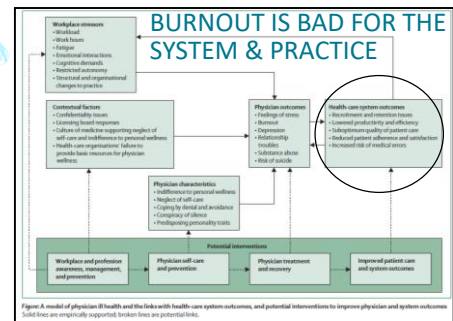
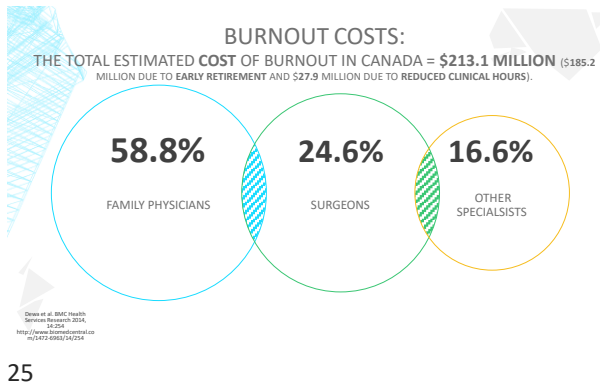


Figure 4. Model of physician self-health and the links with health care system outcomes, and potential interventions to improve physician and system outcomes. Solid lines are empirically supported, broken lines are potential links.

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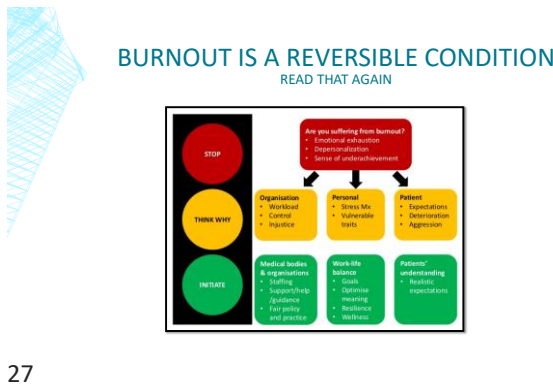
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### WHAT COSTS ARE WE NOT CONSIDERING... THE HARM WE DON'T INTEND

- Unpaid work of kind, committed people
- Unpaid work of family/friend caregivers
- Low paid work of 1<sup>st</sup> responders, group home workers and PCW's.
- The individual & system costs of more medical errors
- The cost of ignoring conflict management
- The cost of ignoring hc provider health & burnout
- The cost of compromising the therapeutic relationship by replacing FOr with tech?
- The cost of not providing easy access to episodic care for unattached patients & those with access issues
- The cost of mistrust. Patients thus seek more care (office, ER & walk-in visits)
- Medical errors, loss of QOL & lives lost

- The cost of attrition of providers
- The cost of replacing providers that leave
- The cost of placing providers in positions where lack of resources require them to practice beyond their scope
- The cost of having specialists patching through family medical care for those without
- The cost to family doctors as they carry more burden of administration due to systemic restraints and policies
- The cost of denying a crisis that everyone knows is here
- The cost of neglecting consideration for vulnerable groups that have no say in the evolution of collaboration
- The cost to our families, community, society
- Cost to future generations

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### INTERVENTIONS THAT HAVE SHOWN EFFICACY FOR INDIVIDUAL LEVEL CHANGE

- Self care
- Mindfulness
- Building resilience
- Creative Art therapy
- CBT
- Team based interventions
- Counseling
- Mindful communication
- Relaxation techniques
- Boundary setting
- Managing conflict training

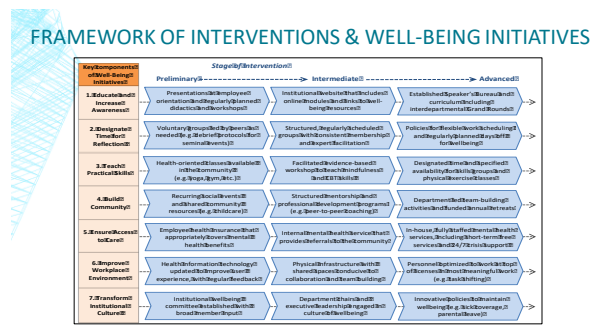
- Stress reduction training
- Breathing and relaxation techniques
- Exercise programs
- Reduced work load
- Control over schedule
- Practice management training
- Interpersonal skills training to increase social support
- Physician patient communication
- Clinical meaningful work
- Mindful Meditation therapy
- Psychotherapy
- Psychoeducation

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### WELLBEING INTERVENTIONS: AN EVIDENCE-BASED FRAMEWORK

|  |   |
|--|---|
| <p><b>1. Educate and Increase Awareness</b></p> <ul style="list-style-type: none"> <li>• Using these slides!</li> <li>• Create a Speaker's Bureau</li> </ul> <p><b>2. Designate Time for Reflection</b></p> <ul style="list-style-type: none"> <li>• Groups, debrief protocols</li> </ul> <p><b>3. Teach Practical Skills</b></p> <ul style="list-style-type: none"> <li>• Mindfulness, CBT, exercise</li> </ul> <p><b>4. Build Community</b></p> <ul style="list-style-type: none"> <li>• Diversity</li> <li>• Mentoring and coaching programs</li> <li>• Opportunities to socialize at work</li> </ul> | <p><b>5. Ensure Access to Care</b></p> <ul style="list-style-type: none"> <li>• Confidential, easy to access, available both during and after work hours</li> <li>• 24-hour emergency phone line</li> <li>• Online resources with screening tools for burnout, depression and suicide</li> </ul> <p><b>6. Improve Workplace Environment</b></p> <ul style="list-style-type: none"> <li>• Review workloads and schedules with physician input, autonomy, flexibility</li> <li>• Adequate staffing to reduce admin/clinical tasks for physicians</li> <li>• Personnel optimized to work at top of licenses in most meaningful work</li> </ul> <p><b>7. Transform Institutional Culture</b></p> <p style="text-align: right;"><small>Developed by ML Goldman, CA Bernstein, LS Mayer</small></p> |
|--|---|

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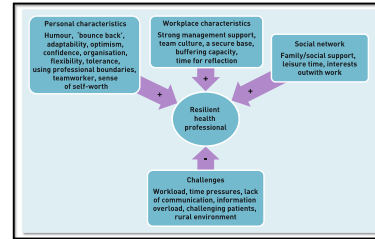
## KEY FOR THE INDIVIDUAL LIES IN LEVERAGING THE SCIENCE BEHIND RESILIENCE, OPTIMISM, RELATIONSHIP AND NEUROPLASTICITY...



<http://therapistwithalackofcontrol/the-science-of-happy-ch-meme-portfolio>

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## THE RESILIENT DOCTOR



By J Gem-Park, 2018. Available at: <https://doi.org/10.1016/j.amepre.2018.06.004>

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## WHAT IS RESILIENCE ?

**re-sil-ience** noun \ri-'zil-yən(t)s\

: the ability to become strong, healthy, or successful again after something bad happens

: the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc.

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## WHAT FOSTERS RESILIENCE?



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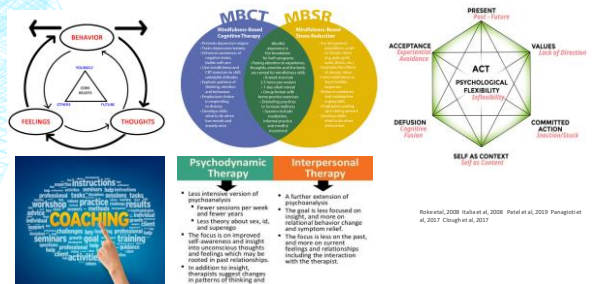
## HOW DO WE BUILD RESILIENCE ?

- Hobbies outside medicine
- Humour
- Realistic recognition (Overcoming denial/culture)
- Exercise, sleep, nutrition
- Supportive professional relationships
- Boundaries
- Time away from work
- Passion for one's work
- Supportive personal relationships
- Practicing mindfulness
- Focusing on positive emotions like gratitude and optimism

Swartz, J et al, 2009

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## RESILIENCE THROUGH THERAPY



Rubin et al, 2008; Tullis et al, 2008; Paraguet et al, 2017; Coughlin et al, 2017

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Physicians who self-care are healthier, are more "well", make patients more satisfied with care and do a better job of caring including make less errors. Shanafelt TD et al. JAMA Int Med. 2017

Family time, friends, eating well Lee 2008

Exercise Wegre et al

Work life balance Shanafelt et al 2015

self management, prioritizing needs, attending to self care McCue et al

Art & Play TX Itaka et al 2008

### RESILIENCE THROUGH SELF CARE

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### RESILIENCE THROUGH MINDFULNESS

**From Mindfulness: Attitudinal Factors that promote healing and wellbeing:**

- Non-judging:** being an impartial witness to your own experience. Things just are. They are neither good nor bad.
- Patience:** for the wisdom as all things unfold with time.
- Beginner's Mind:** As if seeing it for the first time
- Trust:** in the inner wisdom of our feelings and body.
- Non-striving:** Grasping, wanting, goal directed e.g., "fix-it"
- Acceptance:** Not fighting but allowing things to be as they are so we can choose what's healthiest
- Letting go:** Changing our attachment to things having to be a certain way, usually ideal or perfect.

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."

VICTOR FRANKL

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### RESILIENCE THROUGH MEDITATION

The Mindful Brain – Physiology

Attention increases (BUT pre-frontal cortex activity (emotional response, planning, decisions, etc.) decreases)

Less aware of environment and less aware of space and time

Activated - Assign emotional significance to our experiences - modify activity of nervous system

Changes in limbic system leads to modified activity of the autonomic nervous system Frank 2000

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### BENEFITS OF MEDITATION

- Decreases anxiety and increases empathy Barbosa et al, 2013
- Improves self-regulation, reduces stress, burnout symptoms, improves emotional wellbeing, patient care skills and productivity Liberto et al, 2017; Vowles et al
- Feasible, fewer burnout symptoms, increased work engagement and well-being, increased compassion towards self, other and patients Vowles et al, 2016\*
- Decreased stress and burnout symptoms Fortney, 2013; Kravner et al, 2009\*
- Decreased Stress and increased mindfulness skills Phleggenmuller et al
- Reduces stress and promote self care behaviors Kabat-Zinn, 2000, 1992, 1993
- Enhanced self care, integrated pause mindful moments into work day, decreased rumination, reduced stress in patient interactions, enhanced communications skills, improved team communication Orville-Ross et al 2018
- Decreased emotional exhaustion Reynolds et al
- Improves efficacy in counselling skills Frank 2000

Patel et al, 2019; West et al, 2016; West et al, 2018; Paragetti et al, 2016; Rosenbaum et al, 2008; Mason 2007; Frank 2000

A way of being and it can also be taught as skillful means to center

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### RESILIENCE THROUGH OPTIMISM

Pessimist

Optimist

**Benefits**

- Good Health and Motivation
- Lack of fear.
- High Self-Esteem.
- Feeling of everything is going well.
- People like to be with you.

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### RESILIENCE THROUGH LEARNED OPTIMISM

NATIONAL BESTSELLER

**LEARNED OPTIMISM**

How to Change Your Mind and Your Life

INCLUDES ENHANCED CD

READ BY THE AUTHOR

MARTIN E. P. SELIGMAN, PH.D.  
Author of Authentic Happiness

"Life inflicts the same setbacks and tragedies on the optimist as on the pessimist, but the optimist weathers them better." (Seligman, 2006: 312)

Seligman & Garber, 1980; Maier & Seligman, 2016) According to Seligman's explanatory style definition, "The basis of optimism does not lie in positive phrases or images of victory, but in the way you think about causes" (Seligman, 2007: 52) optimist people self care better According to Seligman's explanatory style definition, Optimistic individuals also tend to be more aware of their health status and how to stay that way.

https://www.ted.com/talks/martin\_seligman\_the\_new\_art\_of\_positive\_psychology?language=en

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### OPTIMISM & RESILIENCE THROUGH GRATITUDE & APPRECIATION, KIND DEEDS & CHALLENGING BELIEFS

**HOW TO CHALLENGE COGNITIVE DISTORTIONS**

- How do I know if this thought is accurate?
- What evidence do I have to support this thought or belief?
- How can I test my assumptions/beliefs to find out if they're accurate?
- Did I have a neutral friend who I can check out these thoughts with?
- Is this thought helpful?
- Are there other ways that I can think about this situation or event?
- Am I making myself unnecessarily?
- What or who else contributed to this situation?
- Is it really my concern?
- Am I overreacting?
- Am I making assumptions?
- What would I say to a friend in this situation?
- Can I look for "evidence of my?"
- Am I assuming the worst?
- Am I making myself an accomplice or double standard?
- Am I being overreactive to these situations (things, news)?
- Am I making this personal when it isn't?



OPTIMISM HAS BEEN LINKED TO subjective career success, with higher career adaptability and with better coping skills and team work  
(Wentzel et al. Spurr et al., 2015; Takanin et al., 2016)

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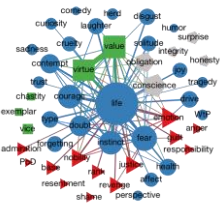
### OPTIMISM FOR LEADERS & MANAGERS

“At work, optimism has been linked to intrinsic motivation to work harder, endure during stressful circumstances, and show more goal-focused behavior” (Luthans, 2003).

Optimism is an important contributor to employees' well-being, it has been linked to improved overall happiness in the workplace, task-orientation, solution-focused approaches, perseverance, and decision-making efficacy (Strutton & Lumpkin, 1992; Normal et al., 1995; Podsakoff & MacKenzie, 1997; Choik Foong Loke, 2001; Harter et al., 2003; Gavin & Mason, 2004).

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### RESILIENCE THROUGH VALUE, MEANING AND PURPOSE



Physicians who reported that medicine was a calling experienced higher levels of career satisfaction and resilience from burnout  
Wentzel et al., 2015; Spurr et al., 2015; Takanin et al., 2016; Wentzel et al., 2016

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### NEWSLETTERS



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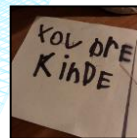
### Publications



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### RESILIENCE & MEANING THROUGH COMPASSION

From latin "co-suffering"  
 Awareness and understanding of the suffering of another accompanied by the desire to help



- Increases wellbeing
- Increases adherence to treatment
- Lower rate of burnout in physicians
- More meaning in work
- Decreases negative emotions
- Decreased anxiety and stress
- Better HbA1C levels
- Lowered LDL levels
- Better follow through and adherence to treatment plans
- Better follow up of chronic disease

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### THE VALUE OF EMPATHY

- Positive emotions
- Increased awareness
- Greater sense of social support
- More purpose
- Greater life satisfaction
- Fewer illness and depression symptoms



ACCELERATED HEALING  
ENHANCED IMMUNE FUNCTION  
DECREASED INFLAMMATORY MARKERS

### THE COST OF HEALTH

Office Visit .....\$ 31.46  
Flu vaccine.....\$ 14.52  
Tray fee.....\$ 3.63  
Geriatric Office Visit.....\$ 39.93  
Pap Smear.....\$ 21.00  
Counseling 30 min.....\$25.4MSU



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### THE BENEFITS OF COMPASSION: ENABLING & ENGAGING PATIENTS PHYSICIANS

- Greater sense of social support
- Greater life satisfaction
- Fewer symptoms
- Positive emotions
- Increased awareness
- Greater sense of social support
- More purpose
- Greater life satisfaction
- Fewer illness and depression symptoms

Lower rate of burnout in physicians  
More meaning in work  
Decreases negative emotions  
Decreased anxiety and stress  
Increased resilience  
Decrease vicarious traumatization

**Compassion Satisfaction:**  
Positive sentiment the provider experiences when able to empathetically connect and feel a sense of achievement in the care-providing process  
Positive reinforcement with patient's improve and belief that provider has made a positive impact  
Emotionally fulfilled by one's work in the "human service fields"

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### SELF-COMPASSION IS CRITICAL TO OUR CARE:

**Self-compassion** is when we notice our own suffering and respond to it with kindness and care. At this time of reform this is more relevant than ever.

It is critical to living and **working healthy** as physicians. **Doctors suffer as humans** and also experience vicarious trauma when caring for patients.

Critical to being able to have **clarity** and see patients for who they are otherwise we run the risk of projecting, stereotyping, making mistakes, crossing boundaries which are neither healthy for ourselves or patients.

Holding others pain is a **privilege** and its important to show up for that experience having cared for ourselves this **enables** us to be more compassionate of others.

Understanding and sharing life's joys, sorrows, failures, imperfections and suffering connects us. **Holding our shared sense of humanity is healing.**

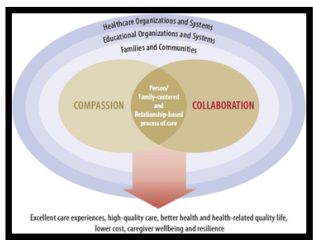
51

"COMPASSION IS THE  
CORNERSTONE OF THE  
THERAPEUTIC  
RELATIONSHIP AND  
THE ANTIDOTE TO  
BURNOUT"

<https://www.cfp.ca/content/34/3/304.html>

52

### RESILIENCE IS STRENGTHENED THROUGH COMPASSION AND COLLABORATION



53

"THROUGH A COMPASSIONATE  
LENS, CIRCUMSTANCES,  
ILLNESS, BEHAVIORS AND  
PEOPLE ARE NOT WHAT THEY  
ONCE SEEMED. THEY BECOME  
HUMANS STRUGGLING TO  
COMMUNICATE THEIR NEEDS."

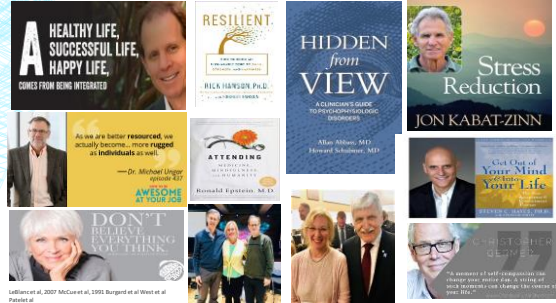
54

**RESILIENCE THROUGH COMMUNITY & CONNECTION**



55

**RESILIENCE THROUGH LEARNING, TRAINING & SKILLS**



56

**DR. MARIA PATRIQUIN STRESS REDUCTION CLASS**

"We live in a stressful world... stress is considered normal. Normally we are resilient and mental health care is necessary for individuals who are unable to cope with their 'stressors'... This is not just a stressor... stress is an illness and we all have some stressors... If you are unable to cope with your stressors, you need help... and just when you think you are back and living life again, there are more stressors..."  
 — More Joy, page 208

What does help us in all things we may make ourselves as we will have compassion, we, mental and physical. We can't get our skills to change or we can't change the way we respond to it... challenge... We can't get our skills to respond to the repetition of stressors with greater flexibility, greater ability, and more respect and compassion. We can't get our skills to... get by... and coping has come to us for therapy and counseling to them in their own way of life and health..."  
 — More Joy, page 208

**Stress Reduction**  
 10 mindful weeks to meaningful change

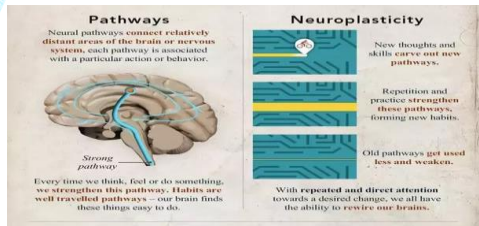
Starts January covered on MSJ  
 Dr. Maria Patriquin MD CCFP  
 Living Well Integrative Health  
 6775 Medical Street, Dallas www.livingwellinc.ca (972) 494-1200

**Combination of didactic & experiential learning**  
**Strengths & Skills based**  
**Harnessing optimism resilience neuroplasticity and compassion**

A unique and innovative program encompassing techniques, strategies & framework formed from:  
 Positive Psychiatry, Mindfulness Based Stress Reduction (MBSR), CBT, Acceptance and Commitment Therapy (ACT), Emotion Focused Therapy (EFT), Psychodynamic (ISTDP), Non-Violent Communication (NVC), Trauma Informed Care & Trauma Focused Therapy (TIC/TFC)

57

**MESS WITH YOUR MIND RATHER THAN IT MESS WITH YOU LEVERAGE OUR ABILITY TO LEARN NEW**



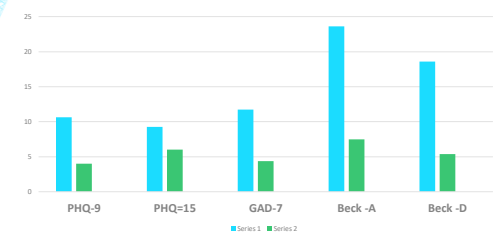
58

**SMALL THINGS THAT MAKE A BIG DIFFERENCE**



59

**QUESTIONNAIRES PRE AND POST**



60

## POSITIVE OUTCOMES

- Reduced overall perceived stress
- Anxiety, depressive & somatising symptoms improved
- Self awareness & Self management ability increased
- Acquired valuable coping Skills & tools
- Improved communication at work and home
- Improved ability to retain self-care practices
- Emotional regulation
- Clearer boundaries
- Better work habits
- Increased distress tolerance
- More creative expression
- Improvement in managing stress
- Feeling of belonging and community
- Improved sense of self worth
- Better quality of life & subjective happiness
- Feel like I can be me (strengthened personal values like authenticity, integrity, openness)
- People describe feeling whole again
- People describe feeling deeply connected to people they barely know and are filled with a sense of belonging



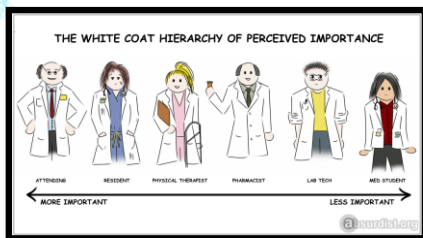
61

## THESE HAVE BEEN REPLICABLE & ENDURING EFFECTS OF OTHER GROUPS AND PROGRAMS



62

## RESILIENCE THRIVES IN ALLIANCE

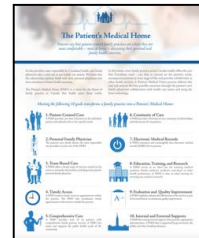


Allied health may be defined as those health professions that are distinct from medicine and nursing. <http://www.asahp.org/what-is/>

63

## COLLABORATIVE CARE CAN HELP US ADDRESS THE BURNOUT CRISIS: THE CASE FOR THE PMH

The World Health Organization defines collaborative practice in health-care as occurring "when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings," and inter professional education as occurring "when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes."



64



"WITH A FULL COLLABORATIVE CONSTITUTION OF HEALTH CARE PROVIDERS WE CAN DRAW UPON A HUGE SOURCE OF WISDOM AND EXPERTISE. THIS STANDS TO SERVE PATIENTS, PROVIDERS, SYSTEMS AND INSTITUTIONS. THIS COULD HELP SOLVE BURNOUT & OUR CARE CRISIS"



65

## RESILIENCE & COLLABORATION THROUGH TEAM BUILDING

- Person Centered Care
- Role Clarification
- Team Functioning
- Collaborative Leadership
- Interprofessional Communication
- Interprofessional Conflict Resolution
- National Interprofessional Competency Framework.



Canadian Interprofessional Health Collaborative (CIHC) Feb. 2010

66

### VERBAL

Language, Meaning & Tone (Attitude)

Consider labels...

- The "Frequent flyer"
- The "difficult" patient (15-30% of interactions)
- The "Borderline"
- The "Sensitive patient"
- The "Personality"
- The "Non-compliant"
- The "Self-sabotage"
- The "Hysterical"
- The "Medically Unexplained symptoms/syndromes"

### COMMUNICATION

Boundaries  
Space  
Posture /Pose  
Eye contact  
Touch /Not touching

### NON-VERBAL

Body Language, Environment

- Wait area. Seating, space, entrance/exits, privacy. Is there enough? Are there safe spaces?
- Posters, literature and self-help resources. Informative? Provides opportunity to open safe conversations
- Magazines and other typical waiting room reading.
- Radio, news, or soothing music?
- Support staff, flow, accessibility.
- Communication with other providers staff, providers (SBAR, NVC). Define clear roles etc. in circle of care. Kovner 2009 Patel et al. 2020 Moore et al. 2020

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## RESILIENCE THROUGH HEALTHY COMMUNICATION

CLEAR COMMUNICATION, INTENTIONAL, KIND, THOUGHTFUL, HELPFUL, NECESSARY, RECIPROCAL, COMPASSIONATE, BOUNDARIES...

Consider... Words, Tone, Boundaries, Space, Posture /Pose, Eye contact, Touch /Not touching, Supports, Resources  
Language frames our thoughts and thoughts frame our language

68

## ORGANIZATION BASED INTERVENTIONS

- Team building
- Scheduling
- Protected time off
- Adequate coverage for time off
- Readily available support programs
- Debriefing
- Advocacy & Funding
- Safe spaces
- Restricting excessive work hours
- Training programs for knowledge, skills and coping
- Expression of value alignment
- Training programs patient skills complex patients, communicating with patients
- Support & debriefing plan for medical errors
- Restricting resident on call hours
- Mentors to connect peer support
- Good HR practices and supports
- More usable HER systems
- Small group programs that foster community

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## MAKE THE CASE TO EXECUTIVE LEADERSHIP:

- Improve the patient experience and reduce medical errors
- Improve retention of valued members of the medical staff and prevent resource-intensive adverse outcomes among physicians (e.g. leave of absence, attrition, suicide)
- Enhance creativity and flexibility in responding to the challenges of the changing health care system
- Establish your institution as a leader on an issue of national importance
- Shanafelt TD, Noseworthy JH. *Mayo Clin Proc.* 2017 leaders affect burnout and job satisfaction Drummond

70

## NINE ORGANIZATIONAL STRATEGIES

DR. TAIT SHANAFELT (CHIEF WELLNESS OFFICER, STANFORD MEDICINE, STANFORD, CA) AND DR. JOHN NOSEWORTHY (CHIEF EXECUTIVE OFFICER, MAYO CLINIC, ROCHESTER, MN) RECENTLY PROPOSED NINE STRATEGIES AS A PATH TOWARD REDUCING PHYSICIAN BURNOUT THAT CAN BE ADAPTED FOR SPECIFIC ORGANIZATIONS.

**FIGURE 3.** Organizational strategies to reduce burnout and promote physician engagement. "Often will focus on improving efficiency and reducing clinical burden but should focus on whichever driver dimension (Figure 3) deemed most important by members of the work unit (Figure 3)."

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## ORGANIZATION-DIRECTED INTERVENTIONS ARE MORE LIKELY TO LEAD TO REDUCTIONS IN BURNOUT THAN PHYSICIAN-DIRECTED INTERVENTIONS

- 20 independent comparisons from 19 studies (1550 physicians)
- Used the emotional exhaustion domain of the Maslach
- **Organization-directed interventions are more likely to lead to reductions in burnout than physician-directed interventions**
  - Structural changes
  - Fostering communication between members of the health care team
  - Cultivating teamwork
- Interventions targeting experienced physicians showed greater evidence of effectiveness
- 2617 articles including 15 randomized trials of 716 physicians and 37 cohort studies of 2914 physicians
- 230 articles met criteria for full review
- Most studies reported on changes in burnout domain score
- Both individually-focused and organizational interventions can reduce burnout
- **Both individual and organizational strategies are probably necessary, but there are no studies to date which include both.**

Pengetoff, et al., JAMA Internal Medicine, December, 2020 centralized interventions to reduce burnout, et al., Lancet, November.

72

LEAD WITH OPTIMISM, COMPASSION AND RESILIENCE WITH A STRONG MORAL COMPASS, CULTIVATE A SENSE OF BELONGING "BE WITH US NOT FOR US"



73

QUICK FIXES WON'T HOLD...



And have significant long term consequences

74

CHANGE IS HARD: JUST ONE OF INDIVIDUAL & INSTITUTIONAL BARRIERS TO IMPLEMENTATION



You can't change what you refuse to confront.

75

CHANGE IS A COMPLEX ADAPTIVE PROCESS

Complexity...

helps us understand change. The study of it as an emerging science which analyzes organizations from many dimensions not just from a reductionist, mechanistic perspectives.

Complex systems are living, unpredictable, creative, innovative, adaptive and flexible, embrace complexity, challenge and continuously evolve.

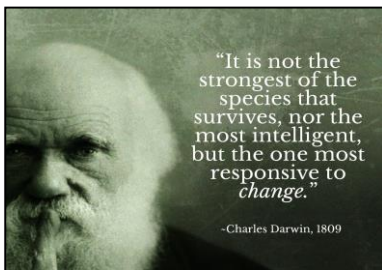
Complexity... Global, cultural and societal shifts affect access and provision of care and receptiveness to change ...

Traditional systems are machines, predictable and inflexible and rigid. They are self preserving and take comfort in controlling behavior. They recycle, revisit, tend not to change.

A HUMAN IS A COMPLEX ADAPTIVE SYSTEM

76

"Change is harder when it is posed as a threat. People and systems do not function well under threat"



77

A DISEASE BASED MODEL IS A DETERRENT TO SEEKING CARE. A WELLNESS-BASED MODEL IS STRENGTHS BASED AND CONSIDERS THE WHOLE PERSON

- prevention
- some medicines
- non-medical approaches
- diet
- Exercise
- Socializing & social support
- one's environment, faith, culture
- sense of purpose, meaning, value
- positive role of counseling & psychotherapy
- educate
- build skills & capacity
- foster resilience
- protective and therapeutic



An illness based model is not person centered

78

## 10 COMMANDMENTS OF PHYSICIAN WELLNESS

FEELS CONDEMNING

- I. Thou shall not expect someone else to reduce your stress.
- II. Though shall not resist change.
- III. Thou shall not take thyself in vain.
- IV. Remember what is holy to thee.
- V. Honor thy limits.
- VI. Thou shall not work alone.
- VII. Thou shall not kill or take it out on others.
- VIII. Thou shall not work harder. Thou shall work smarter.
- IX. Seek to find joy and mastery in thy work.
- X. Thou shall continue to learn.

(Ruff 2014)

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## STIGMA & DISCRIMINATION WORSEN BURNOUT

THE EFFECTS OF STIGMA AND DISCRIMINATION CAN BE SEEN IN THE CHRONIC UNDERFUNDING OF THE MENTAL HEALTH SYSTEM

Negatively impact all area of life and is frequently more **harmful** than the illness itself.

Negative attitudes, lack of respect or pessimism regarding recovery, steps to remove control over decision-making **interfere with recovery**.

**Fear** being labelled or judged is high

Family caregivers report experiencing **isolation** & loss of support due to shame and blame contamination

Health care providers experience lack of respect and **inadequate support** and accommodations when seeking care

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## MYTH: STICKS AND STONES WILL BREAK MY BONES BUT WORDS WILL NEVER HURT ME. SHAME

- People shrink
- shame can masquerade
- shame and guilt
- recoil from others
- feel badly about themselves
- scrutiny of the entire self
- feel worthless and powerless
- exposed



- Too busy
- Lack of self awareness
- Not knowing how & procedures
- Shame
- Lack of supervisory alliance
- Fear of rejection
- Fear of punitive actions
- Fear of judgement (weak, less than, meme here purple)
- Seen it gone bad for others don't want similar consequences
- Fear of unknown and unexpected
- Lack of support (Heston A, Traylor B & Hartman T. Physician Resilience & Burnout. Front Psychiatry. 2019;10:2013)

82

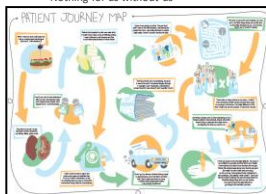
## NOT ENGAGING PHYSICIANS AS PARTNERS WHEN THEY ARE PATIENTS CREATES A BARRIER TO CARE

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5913003/pdf/10.1186/s12916-016-0772-9

### The impact of patient feedback on the medical performance of qualified doctors: a systematic review

- **Objective:** to assess the impact of patient feedback on the medical performance of qualified doctors. A systematic review of the literature was conducted.
- **Method:** Medline, Embase, PsycInfo, CINAHL, and Cochrane were searched for relevant studies. The search was limited to English language, human studies, and peer-reviewed articles. The search was conducted from 1980 to 2015.
- **Results:** 10 studies were included in the review. The studies showed that patient feedback had a positive impact on the medical performance of qualified doctors. The impact was most significant for studies that used a structured feedback tool and that provided feedback to the doctor.
- **Conclusion:** Patient feedback can have a positive impact on the medical performance of qualified doctors. The impact is most significant for studies that used a structured feedback tool and that provided feedback to the doctor.

Nothing for us without us

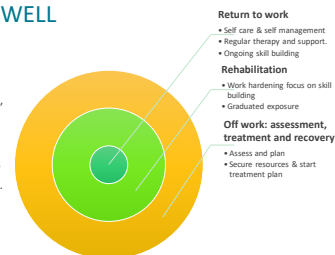


http://www.patientjourney.com/overview

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## CONSIDER WHAT THE INDIVIDUAL NEEDS TO RETURN TO WORKING WELL

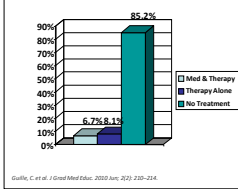
- **First:** understand, assess, plan & communicate, support
- **Second:** treatment, recovery & rehabilitate, strengthen supports. Institute changes to workplace
- **Third:** Return to work with ongoing supports, therapy, accommodations & reinforcement of skills. Regular evaluations and feedback, ongoing dynamic adaptations. Debrief after difficult & errors. Brainstorm and collaborate. Communicate well. Cultivate healthy community, peer support & an atmosphere of kind, compassionate and embraced shared humanity



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## WHAT IS ELSE IS CREATING BARRIERS TO IMPLEMENTATION ?

Utilization of Mental Health Services Among Depressed Medical Interns



**Self care is not self indulgence. Self care is self respect.**

"Through a supervisory lens subject to the inner critic that judges our success by how well we think our students are performing, expectations and stress grow"

85

## RESIDENTS AND STUDENTS UNIQUE STRESSORS

- Devalued
- Lack of protected time for necessities
- And self care
- Taking care of basic needs seen as
- Weakness Intolerance Barriers to disclosure & accessing care
- Lack of education, prepared
- Lack of supervisory alliance
- Skills deficits and lack of support to deal with difficult encounters
- Medical errors secondary traumatic stress Lack of education, prepared
- Lack of supervisory alliance

- Stigma
- Judgement
- Ostracism
- Isolation
- Criticism
- High expectations
- Lack of social support
- Prolonged on call hours
- Excessive work week schedule
- Lack of respect by superiors and supervisor

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## REMINDE OURSELVES & OUR STUDENTS THAT WE GROW FROM MISTAKES



*"Shortcomings are not failures but opportunities to learn, adapt, change and evolve. This is the basis of the scientific method after all... we are just human we err!"*

87

## WE GROW FROM ADVERSITY POST TRAUMATIC GROWTH

Post traumatic growth is reflected in emotional growth through self awareness and wisdom, a sense of connection, belonging and strengthening of relationships. People experience more awareness of personal strengths and how to harness them. From a growth mindset, one experiences new possibilities and a deeper sense of appreciation for life. Resilient survivors continue to grow, and even thrive, in spite of, and quite often because of, their histories. (Armour, 2007)

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## WE CAN GROW WITH COMPASSION

FRAMEWORK FOR LINKING CULTURAL NORMS IN MEDICINE WITH BURNOUT FACTORS AND POTENTIAL INTERVENTIONS

| Positive value      | Negative potential | Burnout factor(s)                 | Potential mental training interventions           |
|---------------------|--------------------|-----------------------------------|---|
| Service             | Deprivation        | Compassion fatigue<br>Entitlement | Reframing<br>Appreciation and gratitude           |
| Excellence          | Invincibility      | Emotional exhaustion              | Mindful self-compassion<br>Inner critic awareness |
| Curative competence | Omnipotence        | Ineffectiveness<br>Cynicism       | Self-awareness<br>Generous listening              |
| Compassion          | Isolation          | Depersonalization                 | Connection and community<br>Silence as energizing |

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WHAT IS OATH WHAT IS MORAL IMPERATIVE ?



WHAT DO YOU VALUE? WHO DO YOU, WE WANT TO BE IN THE FACE OF CHALLENGE, CHANGE AND A CRISIS IN CARE?

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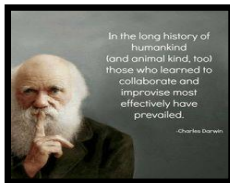
SHARED HUMANITY

“Holding others pain is a privilege. Holding our own, makes us healthier care givers. Understanding and sharing life’s joys, sorrows, failures, imperfections, and suffering connects us. Holding our shared sense of humanity is healing.” *Dr. Maria Patriquin*

Humanizing health

92

DARWIN ACTUALLY SPOKE TO THE STRENGTH OF SOCIAL AND MATERNAL BONDS...  
 “COMMUNITIES, WHICH INCLUDED THE GREATEST NUMBER OF SYMPATHETIC MEMBERS, WOULD FLOURISH BEST...”



93

“COMPASSION IS THE CURRENCY OF RELATIONSHIPS. WE ARE SOCIAL BEINGS AND OUR BRAINS ARE SOCIAL ORGANS...”

*We have the capacity to learn, change and grow together. Because of our social nature, our interactions hold the potential and capacity to harm or to heal. Our success as physicians and as sentient beings will be defined by our ability to honor the role of relationships and the importance of regard for our deep seated need to belong and connect. By virtue of these qualities and values, our care holds the potential of being able to establish the healthiest forms of working relationships if the process is... compassionate, collaborative and considers our humanity”.*  
 Thank you Dr. Maria Patriquin MD CCFP FCFP

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**Thank you**

PMH SUCCESS STORY ON NEWS RELEASE

PMH IN NOVA SCOTIA

Successful examples of practices operating as a PMH in the province

- Dr. Lisa M. Boring, Westmount Family Practice**  
 100 St. Eugene, Westmount, Quebec H3T 2K3  
 Phone: 514-348-1000 Fax: 514-348-1011  
 Email: borling@westmountfamilypractice.ca
- Dr. Agathe Guay-Walsh, Oak Woodside Health Center**  
 100 St. John's, Oakville, Ontario L6M 4K8  
 Phone: 905-882-1000 Fax: 905-882-1011  
 Email: guay@oakwoodside.ca
- Dr. Mark Paterson, Long Hill Integrative Health Center**  
 1100 Bridge Street, Oakville, Ontario L6M 4K8  
 Phone: 905-882-1000 Fax: 905-882-1011  
 Email: mark@longhill.ca
- Dr. David Walsh, Lumberville Family Health**  
 4040 St. Lawrence, St. John's, NL  
 Phone: 709-463-7000  
 Email: david@lumberville.ca

[www.livingwellihc.ca](http://www.livingwellihc.ca)

May we work together for meaningful change

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THANK YOU TO MY FAMILY

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### RESOURCE SLIDES AND HELPFUL LINKS

- <http://livingwellhc.ca/entries/general/important-concepts-in-collaborative-transformation-important-conceptualizations-in-transformation-to-a-collaborative-model-of-primary-health-provision>.
- <https://www.flipsnack.com/doctorsnovascotia/doctors-sept-2017/full-view.html?ps=1> page 24 Group Medical Visits
- <https://www.flipsnack.com/doctorsnovascotia/doctors-sept-2017/full-view.html?ps=1> The Road to MD; How to survive and thrive in medical school
- [http://livingwellhc.ca/files/documents/LivingWellWinter2016NL\\_1.pdf](http://livingwellhc.ca/files/documents/LivingWellWinter2016NL_1.pdf) Love Begins With the Letter "C" <https://www.cfp.ca/content/33/4/306.full>
- <http://livingwellhc.ca/entries/general/the-science-of-habits-dr-maria-patriquin>- The Science of Habits
- Systemic Issues in Mental Health Care Provision , The Coast, Chronicle Herald & Dal News <http://livingwellhc.ca/entries/general/systemic-issues-in-mental-health-care-provision-published-as-mind-and-body-june-2017-the-coast-letters>.
- <https://www.yourdoctors.ca/blog/health-care/an-investment-that-pays-off-building-mental-health> An investment that pays off. Building Mental Health
- Supporting Primary Care Transformation Tool Kit for Doctors NIS <https://doctors.com/sites/default/files/2019-01/next-steps/Collaborative-Practice-Tool-Kit2019.pdf>.

Please contact me visit [www.livingwellhc.ca](http://www.livingwellhc.ca) or email me at [kindonpurpose@gmail.com](mailto:kindonpurpose@gmail.com)

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### THE FOLLOWING SLIDES ARE RESOURCES THAT I AM HAPPY TO SHARE

- The following 8 slides are derived from my work on collaborative care and are short form notes for small changes you can make in your practices to move towards a collaborative practice. The 1<sup>st</sup> are recommendations for leaders and organizations regarding adoption of the PMH and collaborative care in addressing the crisis in family medicine.
- For more information please visit [www.livingwellhc.ca](http://www.livingwellhc.ca) or email me at [kindonpurpose@gmail.com](mailto:kindonpurpose@gmail.com)
- I hope that you will join us for this conference...



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### RECOMMENDATIONS FOR LEADERS AND ORGANIZATIONS REGARDING ADOPTION OF THE PMH AND COLLABORATIVE CARE AND ADDRESSING THE CRISIS IN FAMILY MEDICINE DR. MARIA PATRIQUIN

1. "Collaboration/integration is a process NOT an endpoint". It is a way of being, working and functioning that necessitates working together. Another way of saying this is "collaboration is a verb not a noun". The Webster dictionary defines it "as a purposeful relationship in which all party strategically choose to cooperate in order to achieve shared or overlapping objectives". In this circumstance there are many shared objectives of which the most important is better patient care. Collaboration as a process is constantly changing, evolving and is responsive to various changing factors in the healthcare landscape.
2. Collaboration is conciliation i.e. "the unity of knowledge". Where is the unity and where are the sources of knowledge derived? "The process by which we derive information and knowledge for the transformation must be a culmination of multidisciplinary and interdisciplinary research".
3. "Collaboration requires engagement on every level". Global, government, policy, practice, organizations, institutions, administrations, researchers, teachers, providers, patients, and communities, etc.
4. "Learning to transition to collaborative care is an adaptive process that has both technical and adaptive challenges. A technical approach to an adaptive process doesn't work. The approach itself must be iterative" (in this sense integrating adaptive as well as technical solutions).
5. "Collaborative practices must be patient-centred AND population centered. Collaboration requires continual adaptation and change to varying individual as well as community and population variables. This, to some extent, this reflects how patient centred care is envisioned and supported in the community (beyond the walls of a practice) and how communities can foster healthy practices in individuals belonging to larger groups."

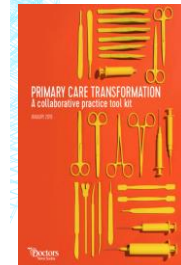
99

6. "Patients must be consulted in the process of formation of collaborative care otherwise the process itself is not patient centered and risks falling short of needs. Collaboration grows collaboration, including patient voice in the process of transformation demonstrates authenticity, consistency and continuity in considering what is truly conducive to patient centered care. There are no existing patient interest groups for primary care provision".
7. "Collaborative care exists within a larger landscape and must also consider global trends and economics, agencies, organizational and institutional interests, government and policy formation, societal pressures, cultural shifts, technological advances and innovation, financial and fiscal restraints, availability of professional resources and the environment".
8. "Collaborative practice is dynamic and should be intelligent, informed, proactive, purposeful, innovative, flexible, optimistic, responsive, responsible, stable and resilient." The word conciliation refers to the coming together of meaning and derives from the Latin word COM meaning "together" and SILEANS meaning "jumping" or "resilient". Success is not possible without failure. With resilience, we grow from failure. It acts as a built in mechanism to provide information about what works and what doesn't work. Resilience is necessary.
9. "Stronger collaborative practices are formed when the providers involved are respected for having knowledge, expertise, and experience, and opportunities are made to give voice to their vision. The "lived work experience" holds some validity and credibility. Providers need to be permitted some degree of autonomy and choice over what they experientially know is a good fit for them. "Prescribing partners and practices don't work".
10. "Collaborative relationships are highly reliant on communication and inherently require some form of leadership. In a strong collaborative practice there needs to be some agreement upon the style of leadership that is conducive to the provider-centered components of care as well as the overall collaborative structure and set up". Transitioning to collaboration and integration requires leaders, champions, trailblazers and risk takers. Tasks and roles should be defined by skills and not by disciplines.

100

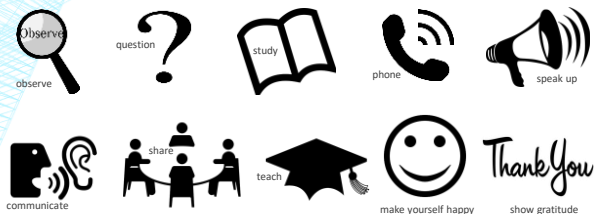
11. Primary care embraces the value of providing continuous care throughout the lifespan. Although this is ideally a component of the training and subspecializing it discouraged, not one providers care to do to anyone at all stages of life. This is why a collaborative model suits (spans care). Multiple providers with varying expertise collectively meet needs through shared roles and responsibilities. This type of set up honors intellectual liberty and engenders enriched care by nurturing and investing in the interests and passions of the providers. "One wouldn't want family physicians with expertise in genetics providing ongoing prenatal care. "Tasks and roles should be defined by skills and not by discipline".
12. Collaboration requires structure to ensure efficiency, effective use of resources, to encourage innovative ways to deliver care and in an effort to ensure patient care is enhanced. "Structure is a value adding component to collaborative care". This includes (not exclusively) EHR, communication and process, assessment, evaluation and feedback, programming and training. This speaks to the necessity for collaboration to include some form of process and procedures.
13. Communication is the foundational practice necessary for a seamless transition to collaboration and integration. It is also the foundation of ongoing practice. "Communication is the linchpin of collaboration". There should be opportunity for both formal and informal communication in a collaborative model of care. Formal communication occurs through shared staffing, shared business meetings. There are a well established tools to assist in the process. Informal communication promotes strong interpersonal relationships and recognizes limitations inherent in formal communication practices. Informal communication includes practices such as huddles, problem solving as well as the "Warrior" huddle. Both formal and informal communication serves to enhance patient care and working relationships in a collaborative practice".
14. "Collaborative care is best envisioned as holistic and integrative. Integrative care fits into a "wellness" model of health. Health is not merely defined as the absence of illness and disease but also by the subjective experience of being and living well. A wellness model facilitates healthy practices that prevent disease and promote wellness in addition to treating illness. Holistic care is a value adding practice and considers the whole person, their families, relationships, work, culture, community and transitions. It recognizes the importance of further strengthening relationships between patients and providers by positioning them at the center of the collaboration. A wellness model of care is a patient centered care. The person wants to be defined or re-identified for what they stand for. A wellness based model is one that considers the whole person. It is a strengths based model that embraces the bio-psychosocial approach to care and places value and credibility on prevention, same medicines, as well as non-medicinal approaches to care including diet, socializing, social supports, one's environment (life, culture, sense of purpose, meaning, and value), and emphasizes the positive role of active care. It seeks to educate, build skills, capacity and foster resilience, which is both proactive and therapeutic. It places the patient at the center of their care emphasizing choice and engaging with being patient centered, an important pillar of the collaborative care model.
15. The reality is that our system is not well, nor is it serving the needs of patients or providers. This creates barriers to accessing and providing care. An over-reliance on evidence based medicine has replaced common sense and has discouraged and created artificial divisions where there should be integration and interdisciplinary collaboration. It has also contributed to a culture where there is more emphasis on numbers and outcomes rather than the whole person. There is lack of consideration for the qualitative experience of what is supposed to be a healing interaction and relationship between provider and patient. There is a growing body of evidence that demonstrates empathetic, exchange or compassionate care has significant positive health outcomes and this is not factored into the existing model.
16. A collaborative care model is only as healthy, functional and happy as the people that work one function within it. This speaks to the importance of physicians and health care providers health. This must consider their mental and emotional well-being as well as the need to be engaged in healthy practices themselves. Providers must be healthy encourage healthy care. Mental and emotional well-being is important to establish a sense of purpose, security and stability as well as ensure that they are deriving from their work role a sense of meaning, purpose and mastery. Providers need care and need to take care.
17. "Collaboration is reliant on healthy relationships. Compassion is the currency of relationships. We are social beings and our brains are social organs. We have the capacity to learn and grow together. Success will be defined by our ability to have the role of vulnerability and the importance of reaching for our deep seated need to connect and belong. By virtue of these qualities and values, the collaborative model of care holds the potential and promise of being able to establish the healthiest forms of working relationships if the process of forming them is itself compassionate and considers our humanity."

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## SMALL INCREMENTAL CHANGES



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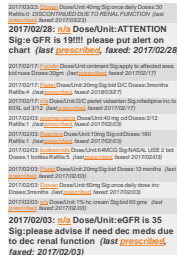
## SMALL BUT MIGHTY MOVES...

November 2, 2017

Barna

I just wanted to take the time to let you know that you are such a pleasure to have as a consultant. You are meticulous, make yourself very available and are so incredibly communicative. This particular communication touched me as it also shows how very compassionate and caring you are. I had thought for a long time to write to you showing gratitude as none of this is an easy task especially during a time of healthcare reform and high stress, but the thought alone does not count unless you know I've had it often.

Yours sincerely, Maria Patriquin, MD, CCFP



Harvard Health Letter



### REFLECTIVE EXERCISE

Name one positive thing/moment about the week that past:

Did you have any questions/challenges/observations about the lesson: \_\_\_\_\_?

Name a moment/circumstance that you either used or reflected on the skill taught last week: \_\_\_\_\_

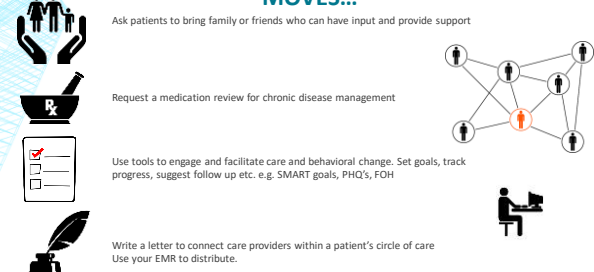
Other comments/suggestions/feedback: \_\_\_\_\_

BP: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ WC: \_\_\_\_\_ Dr. Maria Patriquin Inc. ©

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## SMALL BUT MIGHTY VALUE ADDING COLLABORATIVE MOVES...



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