Professionalism and Peer Support: Drivers of Wellness

Jo Shapiro, MD, FACS

Director, Center for Professionalism and Peer Support
Brigham and Women’s Hospital
Associate Professor, Otolaryngology
Harvard Medical School

December 4, 2016
1 pm
Session Objectives

- Recognize the connections between professionalism, team communication, and well-being
- Identify the emotional impact of adverse events on clinicians
- Explain the rationale for having professionalism and peer support programs
My story

Evolving understanding
This is, fundamentally, a *culture* change
This is, fundamentally, a *culture* change

“The organization's culture consists of patterns of relating that persist and change through ongoing interaction.”

- Tony Suchman, MD
Brigham and Women’s Hospital

- 793-bed tertiary care facility
- Major teaching hospital for Harvard Medical School
- Physicians: 1,700
- Physician and scientist faculty: 2,738
- Total employees: > 14,000
The Center's mission is to encourage a culture that values and promotes mutual respect, trust and teamwork.
You can’t just send a memo
Wellness

- Professionalism Initiative
- Teamwork Training Conflict Management
- Just Culture Initiative
- Peer Support
- Disclosure Coaching
Unpacking wellness

- Joy at work
- Administrative mitigation
- Mental health
- Self care
- Mindfulness
- Professionalism/trust
- Peer support
PROFESSIONALISM
That’s not my job.
Trustworthy relationships
Foundation of trust

Relational communication
Managing conflict
Giving difficult feedback
No consent

- Pt w/ dementia and health care proxy
- To IR for drain replacement
- No consent
- RN assess: O x 2 – 1990’s
- MD can’t reach HCP – decides to consent pt
- RN speaks up, MD disagrees, RN gets supervisor
What is the conflict?
What is the conflict?

Getting the procedure done  
Vs  
Obtaining proper consent
Nurse POV

- Pt not qualified to give consent
- MD just wants to get case done, doesn’t care about right and wrong
- I am ethical, she is not
- These physicians are unprofessional and arrogant…
MD POV
This pt needs the procedure, best thing for pt is to do procedure

There probably was a consent with HCP but didn’t make it into chart

I’m an advocate for getting pt the care she needs v RN who is all about rules

These nurses are obstructionists…
It’s not as pure as we’d like

- Competing priorities
  - Patient comfort
  - Timely patient care
  - Production pressure
  - Rules and regulations
- Role agnosia
- Role heroism
What is feedback?

“When a learner is offered insight into what he or she actually did as well as the consequences of his or her actions.”

- Ende J.
Constructive feedback

- Specific
- Considerate in tone
- Contains no threats or statements attributing poor performance to internal causes

- Baron RA.
Think of a time when you wanted to speak up or give feedback and you either …

Did, and it didn’t go well
or
Didn’t do it
Why saying Just Do It doesn’t work

What is your biggest barrier to communicating during conflict?
Challenges

- Perception of time commitment
- Skepticism re result in change
- Underestimation of importance
Not giving feedback is NOT neutral …

“Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all.”


… but destructive feedback is even worse than none at all.
And more challenges...

- Underestimation of importance
- Demoralizing
- Want to retain “good guy” status
- The angry or clueless recipient
- Not enough “data”
- Culturally unacceptable
Giving and receiving feedback – positive and critical – should become a habit
And more challenges...

- Underestimation of importance
- Want to retain “good guy” status
- The angry or clueless recipient
- Not enough “data”
- Culturally unacceptable
- Safe/trusting environment?
Creating a climate of trust

“The deepest principle in human nature is the craving to be appreciated.”
William James
And more challenges...

- Underestimation of importance
- Want to retain “good guy” status
- The angry or clueless recipient
- Not enough “data”
- Culturally unacceptable
- Safe/trusting environment?
- Emotions
Emotional tinder
righteous anger
underlying assumptions
role insecurity
fear
Righteous anger
Emotional tinder

- Righteous anger
- Negative underlying assumptions
- Role insecurity
- Fear
- Prior bad experiences
Negative underlying assumptions: Ladder of Inference

I take Actions

I form Expectations

I draw Conclusions

I make Assumptions

I add Meanings (cultural and personal)

I select “Data” from what I observe

The reflexive loop:
Our expectations and actions affect the data we perceive and select the next time...

Emotional tinder

- Righteous anger
- Negative underlying assumptions
- Role insecurity
- Fear
- Prior bad experiences
Simulation

Doesn’t that sound better than role play?
What are various traditional approaches?

Control
Non-judgmental
Sandwich
Frame-Based Feedback

Trying to learn the other person’s perspective through genuine curiosity and exploration.

Frame-based communication: algorithm overview

My Frame

- Setting context
- Specific behavior(s)
- Concern or appreciation

- Rudolph, et al.
Clarity

Sandwiches are not healthy in some settings

You can be *empathic* and direct at the same time
Frame-based communication: algorithm overview

My Frame
- Setting context
- Specific behavior(s)
- Concern or appreciation

Their Frame

- Rudolph, et al.
You know what happened, but not why it happened

Therefore, you may not know how to prevent it from happening in the future
I need to get a handle on my own emotions. If I don’t, then I will react instead of respond.
But, you ask, how?
Recognizing and naming
Basic Assumption: Intent vs. Impact

I assume that you are a dedicated person who shows up at work intending to do an excellent job.
Get curious

“When the going gets rough, turn to wonder.”

Parker Palmer
Frame-based communication: algorithm overview

My Frame
- Setting context
- Specific behavior(s)
- Concern or appreciation

Their Frame
- Short open-ended question (for starters)

- Rudolph, et al.
Find the other’s frame through a short, open-ended question or statement

I wonder what’s going on here.

What are your concerns?

Help me understand how you see this.
Frame-based communication: algorithm overview

My Frame
- Setting context
- Specific behavior(s)
- Concern or appreciation

Their Frame
- Short open-ended question (for starters)

Match your discussion to their frame

- Rudolph, et al.
What if you really, really don’t like their frame?
Anticipating reactions

Denial
Deflection
Externalizing
Rationalizing
Minimizing

Don’t underestimate your own reactions
You don’t control their reaction
"our fitness needs to get to the next level"

Tony DiCicco, Coach of the Boston Breakers, the Boston women's professional soccer team, Boston Globe magazine 01.25.09
Consent case: conflict management

What could the nurse say?
What could the attending say?
How many of you want to talk to this doctor?
How many of you want to talk to this doctor?

Why would you dread this conversation?
Why have we tolerated this for so long?
Organizational accountability barriers

- Conflict avoidance/fear of retaliation
- Person is competent/valuable in other domains (e.g., technical skills, content expertise)
- Loss of revenue
- Behavior not exhibited toward all groups
- “Subjective” data
- Patient harm not proven
- Intent vs. impact
- Accountability seems harsh to individual
<table>
<thead>
<tr>
<th>Common responses</th>
<th>Appropriate feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inadequate data</strong></td>
<td>Not a court of law</td>
</tr>
<tr>
<td><em>Exactly who said this?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Personal sabotage</strong></td>
<td>Not an isolated incident</td>
</tr>
<tr>
<td><em>Dr. X is trying to discredit me</em></td>
<td></td>
</tr>
<tr>
<td><strong>Other people like me</strong></td>
<td>You shouldn’t have a disruptive working relationship with anyone</td>
</tr>
<tr>
<td><strong>I am special and talented</strong></td>
<td>Not a performance evaluation</td>
</tr>
<tr>
<td><em>I do work that no one else is qualified to do</em></td>
<td></td>
</tr>
<tr>
<td><strong>This is a systems problem</strong></td>
<td>Yes, and ...</td>
</tr>
<tr>
<td><em>If this whole system functioned better...</em></td>
<td></td>
</tr>
<tr>
<td>Common responses</td>
<td>Appropriate feedback</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Unfair process</td>
<td>We hold everyone to the same standards</td>
</tr>
<tr>
<td>I’m being singled out because ...</td>
<td>Disruptive behavior is a safety risk</td>
</tr>
<tr>
<td>Patient advocacy</td>
<td>We don’t need to</td>
</tr>
<tr>
<td>Others aren’t responsible for patients the way I am</td>
<td>Impact not intent</td>
</tr>
<tr>
<td>Prove harm</td>
<td></td>
</tr>
<tr>
<td>Give me one example ...</td>
<td></td>
</tr>
<tr>
<td>Personal style</td>
<td></td>
</tr>
<tr>
<td>I don’t mean anything by it</td>
<td></td>
</tr>
<tr>
<td>I am no worse than others</td>
<td></td>
</tr>
<tr>
<td>I am certainly not the only one</td>
<td>We are focusing on your issues right now</td>
</tr>
</tbody>
</table>
A word about
the rogue elephants
When not to use:

- You feel unsafe
- First time event (if not egregious)
- Repetitive or egregious behavior
- Misconduct or illegal behavior
Building a program

- Leadership
- Commitment
In order to get leadership commitment we have to make the case

- Culture drives safe care delivery
- Culture is about behavior
- A core domain of behavior is professionalism
ABMS/ACGME competencies: professional standards

- Patient care
- Medical and clinical knowledge
- Practice-based learning and improvement
- Interpersonal communication skills
- Professionalism
- System-based practice
Professionalism and patient care

- 3-5% of MDs demonstrate behavior that interferes with patient care

- National survey 3900 MDs/RNs/staff in 102 hospitals
  - 51% saw disruptive behavior correlate with compromises in patient safety
  - 71% with compromises in quality
Communication failures

Root Causes of Sentinel Events
(All categories; 1995-2005)

- Communication
- Orientation/training
- Patient assessment
- Staffing
- Availability of info
- Competency/credentialing
- Procedural compliance
- Environ. safety/security
- Leadership
- Continuum of care
- Care planning
- Organization culture

Percent of 3,548 events

Joint Commission
Sentinel Event Alert

End intimidating and disruptive behavior among physicians, nurses, pharmacists, therapists, support staff and administrators

“behaviors that undermine a culture of safety”
“Behaviors that undermine a culture of safety”

- Verbal or physical threats
- Intimidation
- Reluctance/refusal to answer questions, refusal to answer pages or calls
- Impatience with questions
- Condescending language or intonation
Impact on clinician health and wellness
Being bullied is common and stressful

- More symptoms of somatization, depression, anxiety
- Lower social support from coworkers and supervisors
- Concentrations of cortisol in saliva mirrors PTSD and chronic fatigue

Humiliation is not an effective teaching tool

Yerkes Dodson Curve
Oh, so now we have to abolish our hierarchy?
Hierarchy of Responsibility

No Hierarchy of Respect
Burnout

Burnout is a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work.

Respectful work environments can promote health and wellness

- Survey of 2,813 physicians
- Supervisor composite leadership score (e.g., treats me with respect and dignity, is interested in my opinion) strongly correlated with burnout/satisfaction
- Each 1-point increase in composite leadership score associated with a 3.3% decrease in likelihood of burnout and a 9% increase in likelihood of satisfaction

Burning platform: Society, TJC, ABMS, ACGME

- Patient safety
- Patient experience
- Learning environment
- Malpractice risk
- Retention
- Morale and productivity
- Clinician health and wellness

*Not doing this is costly on many levels*
Building a program

Leadership
Commitment

Education
Code of Conduct

State your expectations

Code of Professional Conduct Policy 5.2.2.1
Brigham and Women’s Hospital
Brigham and Women’s Physicians Organization
Interactive training sessions

professionalism for
CLINICIANS AND SCIENTISTS

BRIGHAM AND WOMEN'S HOSPITAL

Co-Author by: Jo Shapiro, M.D., FACS
Chief, Division of Otolaryngology
Director, Center for Professionalism and Peer Support
Brigham and Women's Hospital

ELI
Participant's Manual
Think of ourselves as potential… victims, perpetrators or bystanders
Evaluation of sessions

- 2,738 evals completed from 2011 – 2015
- Evaluation range:
  - 1 = strongly agree
  - 5 = strongly disagree

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean Score (n=2,738)</th>
</tr>
</thead>
<tbody>
<tr>
<td>objectives achieved</td>
<td>1.5</td>
</tr>
<tr>
<td>awareness increased</td>
<td>1.6</td>
</tr>
<tr>
<td>will enhance professional practice</td>
<td>1.7</td>
</tr>
</tbody>
</table>
Building a program

- Leadership
- Commitment
- Education
- Accountability
Handling concerns process

High level concerns process

Director gives feedback to FP

Director coaches reporter to give feedback

Listen only
High level handling concerns process

- Confidential discussion w/ Director
- Assessment: multisource interviews
- Discussion w/ supervising MD, chief/ chair, CMO, OGC, ELR
- Meeting w/ disruptor
- Retaliation prevention/mitigation
- Document all interactions
- Monitoring
Principles of hearing concerns

- Confidential (with caveat); Timely; Fair/thorough
- Protect against retaliation
- Intent vs impact
- Focus on behavior, not dx
- Balance of personal accountability and systems issues
- Effector arm
We are not expecting perfection
This is not about minor issues
Not about snitching

The focus is on patterns of behavior
or a single egregious incident
Unpacking wellness

- Joy at work
- Administrative mitigation
- Mental health
- Self care
- Mindfulness
- Professionalism/trust
- Peer support
Think of a time when you were involved in a medical error that caused patient harm.
What were some of your feelings?
Emotional impact of errors on clinicians

- Sadness
- Shame
  - Self-doubt
- Fear
- Anger
- Isolation
Helmreich’s observations: Similarity between medicine and aviation

“…[both stress] the need for perfection and a deep perception of personal invulnerability…”
Emotional impact of errors on clinicians

- Sadness
- Shame
- *Fear*
- *Anger*
- Isolation
The Fantasy

“That’s OK Doc. I know you always try your hardest and that you were only trying to help me.”
More fantasy

No shame and blame

Shared responsibility
Vs. the Reality

Patient anger
Family anger
Litigation
Lack of support
Emotional impact of errors on clinicians

- Sadness
- Shame
- Fear
- Anger
- Isolation
Many people may be significantly impacted

- Patient
- Family
- Physician
- Team
- Institution

Everyone should have access to support
Normal reactions to abnormal events
Many times reactions are transient

But sometimes recovery is thwarted…

... causing harm to clinicians and their patients
Error impact

3,171 MDs surveyed in US and Canada

Impact of Errors on Physicians’ Life Domains by Level of Error Severity*

- Increased Anxiety about Future Errors*
- Decreased Job Confidence*
- Decreased Job Satisfaction*
- Increased Sleeplessness*
- Harm to Professional Reputation*

% Reported Error-Related Impact

Figure 1. Physicians’ lives were more likely to be affected as error severity increased.
* Chi-square tests; p < .001 level.

Error impact

- 265 MDs and nurses in two large teaching hospitals in the UK and US
- Following medical error ~30%:
  - At least moderate negative impact on work performance or personal life
  - Strained colleague relationships

Burnout is a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work.

Factors associated with perceived medical errors

**TABLE 5. Factors Independently Associated With Perceived Medical Errors on Multivariate Analysis**

<table>
<thead>
<tr>
<th>Characteristic and Associated Factors</th>
<th>Odds Ratio*</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive depression screen</td>
<td>2.217</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Burnout</td>
<td>2.016</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Shanafelt et al, Annals of Surgery, 2010
Burnout and medical error

- N = 7,905 participating surgeons
- Each one point increase in depersonalization = 11% increase in likelihood of reporting having made an error
- Each one point increase in emotional exhaustion = 5% increase
- Burnout and depression = independent predictors of reporting a recent major medical error

Physician suicide

40% HIGHER: The suicide rate among male doctors than among men in general

130% HIGHER: The suicide rate in female doctors than among women in general

Schernhammer E. NEJM 2005
Safety culture impact
Just Culture

Human Error

Product of Our Current System Design and Behavioral Choices

Manage by changing:
- Choices
- Processes
- Procedures
- Training
- Design
- Environment

At-Risk Behavior

A Choice: Risk Believed Insignificant or Justified

Manage through:
- Removing incentives for at-risk behaviors
- Creating incentives for healthy behaviors
- Increasing situational awareness

Reckless Behavior

Conscious Disregard of Substantial and Unjustifiable Risk

Manage through:
- Remedial action
- Disciplinary action

Console Coach Discipline

Balanced Accountability Consistency in Rules and Response
So, how do we facilitate coping and resilience after adverse events?

Group peer support

Sometimes an entire team is affected
But physicians and clinicians at the “sharp end of the error” may have different needs…
Attitudes and needs of physicians for emotional support: The case for peer support

Barriers to seeking support

- Lack of time (89%)
- Stigma (77%)
- Lack of confidentiality (79%)
- Access (67%)
Sources of support

- Physician Colleagues: 88%
- Mental Health Professionals: 48%
- EAP: 29%

Percent (%)
Factors associated with resilience after adverse events

- Talking about it with colleagues
- Disclosure and apology
- Forgiveness
- Learning from the error/understanding how to prevent recurrences
- Dealing with imperfection
- Sharing that learning with colleagues and trainees

BWH Peer Support Program

Group peer support

Sometimes an entire team is affected

We also offer 1:1 peer support
Scenario:
Peer contacted, agrees to peer support

Role play/practice 7 minutes
→ Peer already agreed to meet
→ Peer tells story of event
→ Peer supporter supports

Role play/practice 7 minutes
→ Switch roles (new peer event)
Simulation

I need a volunteer
When else do we offer peer support?

- Adverse events
- BORM complaints
- Lawsuits
- Colleague’s illness
- Death of beloved patient
- Chronic stress
- Care of trauma victims
- Global crisis relief work
Many Brigham workers sought help from peer counseling.

People gathered at Brigham and Women’s Hospital Jan. 21 to remember Dr. Michael Davidson, who was fatally shot.
Disclosure Coaching

Disclosure is a process, not an event
A powerful culture change tool

- Personal invulnerability $\rightarrow$ human factors
- Shame and blame $\rightarrow$ promotes Just Culture
- Expectation of emotional denial $\rightarrow$ normalizes reactions
- Solely personal responsibility $\rightarrow$ systems issues
- Isolation $\rightarrow$ community/solidarity
- Self care is selfish $\rightarrow$ it’s important so that you can get back to doing what you do well

Helps us show up with compassion for pt
Shoulders
Not victims

“we are not victims of that world, we are its co-creators.
...source of awesome responsibility...and profound hope for change.”

Thank you for your time and engagement