

Self Care & Well-being : 12 Rules

Dr Mick O'Keeffe

Developmental-Behavioural Paediatrician

**Child Development Service CHQ
&
Child Development Network**



Today's talk

- Burnout risks & symptoms
- Framework for Self care & Wellbeing
- Strategies for Individuals
 - * highlighting some personal experiences
- Fostering a resilient workforce : organisations

RULE 1

**YOUR WELL-BEING
MATTERS**





The Physician's Pledge

World Medical Association
Amended in 2017

<https://www.wma.net/policies-post/wma-declaration-of-geneva/>



I promise to put the patients first when I am practicing my craft as a physician

I promise to attend to my own needs and the needs of my family when I am not practising medicine.

My health, wellbeing and energy levels are the single most important determinants of the quality of care I provide to my patients.

This balance is crucial to the wellbeing of patients, my family and myself

Dr Dike Drummond

RULE 2

**UNDERSTAND
YOUR
PROGRAMMING**





The Saint

The Superhero

House MD

The Weak Link

RULE 3

**NAME THE
STRESSORS
AND THE
STRENGTHS**





The worker

The work

The workplace



The Happy MD

<http://www.thehappymd.com>

Dr Dike Drummond

physician wellness guru

lots of relevant blog posts

downloadable resources including Burnout Prevention Matrix

RACP : Physician Health and Wellbeing

<https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing>

includes;

****RACP eLearning module ; Physician Self-Care and Wellbeing**

policy statements

resource links



Skovholt T, Trotter-Mathison M.

The Resilient Practitioner: Burnout Prevention and Self-care strategies for counselors, therapists, teachers and health professionals.

2011, Routledge , Taylor & Francis Group.




RULE 4

MAKE A PLAN

Framework for Action

Dr Dike Drummond



	INDIVIDUAL	WORKPLACE
REDUCE STRESSORS		
ENHANCE RESILIENCE		



INCREASE RESILIENCE

Attention to

- physical health
- mental health
- key relationships

Access to R & R time (recreation, relaxation)

Training in Stress Reduction Techniques

- Mindfulness
- Acceptance and Commitment Therapy
- Positive Psychology Approaches
- Meditation

Professional supports (away from work)

- Supervision/ Mentoring/ Coaching
- Peer group supports/ activities

RULE 5

**SOMETHING OLD,
SOMETHING NEW**





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RULE 6

**SEEK THE
COMPANY OF
PEERS**





Peer Group Support – Formats

Informal meetings

eg dinners

practice/ workgroup meetings

Formal peer group meetings

eg Balint Groups
Group Supervision



Group Supervision Child Development Service : BENEFITS

Sharing of perspectives

Normalising of responses

Reining in of excessive self-criticism

Restorative - an injection of clinical energy

Reduction in professional isolation

Strengthening of professional bonds

Growth mindset – exposure to new ideas



O'Keeffe M, James F.

**Facilitated Group Supervision -
harnessing the power of peers.**

Journal of Paediatrics and Child Health
2014 ; 50 : 944-948



QUOTES 2011 – end of pilot (12 months)

“It was reassuring that some feelings were commonly held within the group”

“I have recognised the value of sharing and peer support”

“I have developed a framework for understanding interactions with families”



QUOTES 2016 – 6 years in !! (Louise Butler thanks)

“ My main message to other professional colleagues would be that our supervision group has provided the most enriching and thought provoking professional development that I have ever received”

“ It has greatly influenced and improved my practice and has contributed to a greater sense of wellbeing”

“The supervision group has made me aware of the aspects of consultation and practice that are beyond the technical content”

“ It has given me the confidence to be aware of the emotional level of the interaction, understand the process, and to use this awareness in my clinical care”

“ It has improved my resilience professionally”

“The supervision group has enabled me to learn about reading my own behaviour and that of others. This insight is powerful and enables care of others and care of self”



Other examples – “COMPASS” (MAYO CLINIC)

“COLleagues Meeting to Promote and Sustain Satisfaction”

Groups of 6-7

Fortnightly dinners

20 mins on “an issue”

Mayo clinic pays

2015 rolled out – available to 3755 Drs 7 scientists at the Mayo clinic

1100 signed up within 1st 10 months

RCT – showed improvement (increased sense of meaning in work, less burnout Sx)



Johnson, K.

Peer support trumps time off in preventing MD burnout.

Medscape Nov 6, 2012


RULE 7

**INVITE YOUR
ORGANISATION TO
THE PARTY**



Blind Spot ?

	INDIVIDUAL	WORKPLACE
REDUCE STRESSORS		
ENHANCE RESILIENCE		



Tackling Workplace Stressors

- Physical work environment
- Workload
 - total
 - “productivity” expectations
 - “dosage” of most stressful components
- Incident Debriefing
- Role & skill match/ mismatch
- Variety
- Control over calendars
- Team dynamics
- Non-clinical (eg EMR, IT systems)





Tackling Workplace Stressors

Use a framework

Identify the biggest challenges...

...then things within the organisation/ work unit's locus of control regarding these problems

Brainstorm possible improvements

Decide on a strategy and

Pilot it



***“ I’m always amazed at how much
low hanging fruit there is”***

**Dr Tait Shanafelt *in* Schapira L.
Isolation and burnout in physician
culture : innovative solutions.
Medscape May 29 2018**

What Frameworks?

Eg

Seven Drivers of Burnout and Engagement in Physicians

in

Shanafelt T, Noseworthy J. Executive Leadership and Physician Wellbeing : Nine Organizational Strategies to promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings* ; 2017 : Vol 92 (1) P129-146

& also featured in American Medical association's **STEPS Forward Program**

<https://www.stepsforward.org>

What Frameworks?

LCCH Oncology group

<https://clincialexcellence.qld.gov.au/improvements-exchange/chq-oncology-wellbeing>

Used PERMA model




LCCH Oncology group

<https://clinicaexcellence.qld.gov.au/improvement-exchange/chq-oncology-wellbeing>



Preventing burnout – role of organisations

some key papers




Linzer M et al. 10 Bold Steps to Prevent Burnout in General Internal Medicine. *J Gen Intern Med* 2013; 29(1):18–20

Swensen S, Kaceneil A, Shanafelt T. Physician-organization collaboration reduces physician burnout and promotes engagement ; The Mayo Clinic Experience. *Journal of Healthcare Management* 2016; 61 (2) March/April

West C et al. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *Lancet* 2016; 388: 2272-81

Suchman A. The influence of health care organizations on well-being. *West J Med* 2001;174:43-47

Brown S, Gunderman R. Enhancing the professional fulfilment of physicians. *Acad Med*. 2006; 81:577–582.



Ward S & Outram S. Medicine in need of culture change. *Internal Medicine Journal* 2016; p112-116

Shanafelt T, Noseworthy J. Executive Leadership and Physician Wellbeing : Nine Organizational Strategies to promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings* 2017 ; Vol 92 (1) P129-146


American Medical association's **STEPS Forward Program**

<https://www.stepsforward.org>

Seven Drivers of Burnout and Engagement in Physicians

Talking points for leaders

Shapiro J. Peer support for clinicians: a programmatic approach. *Academic Medicine* 2016; Vol. 91, No. 9 / September



Nedrow A, Steckler N, Hardman J. Physician resilience and burnout: can you make the switch? *Family Practice Management* 2013 Jan/Feb

Wallace J, Lemaire J, Ghali W. Physician Wellness: a missing quality indicator. *Lancet* 2009; 374: 1714–21

Wei J, Rosen P, Greenspan J. Physician burnout: what can chairs, chiefs, and institutions do? Notes from the Association of Medical School Pediatric Department Chairs. *Journal of Pediatrics* Vol 175; p5-6

McCrary K. Tackling burnout in employed physicians. *Family Practice Management* 2016 July/August

RULE 8

**STOP THINKING IT
WON'T HAPPEN TO
YOU**



RULE 9

**LOOK TOWARDS
THE LIGHT**



Strength-based Positive Interventions

eg **Three Good Things**

Rabiya S. Tuma.

Simple Tool Shows Lasting Reduction in Burnout.

Medscape - Oct 23, 2017.





Joy
Gratitude
Serenity
Interest
Hope
Pride
Amusement
Inspiration
Awe, and
Love



Other Strength-based Positive Interventions

GRATITUDE exercises (eg ; letter, visit)

PERSONAL STRENGTHS EXPLORATION

VALUES CLARIFICATION

THREE FUNNY THINGS

COUNTING KINDNESS

GIFT OF TIME

ANOTHER DOOR OPENS

RULE 10

**WORK OUT WHAT
YOU STAND FOR**





Clarification of Values : Resources

The Happiness Trap ; Dr Russ Harris
principles of ACT (Acceptance and
Commitment Therapy)
+ couple chapters on values

Values In Action website

<https://www.viacharacter.org/www/>

RULE 11

**APPRECIATE YOUR
ADVENTURE**



RULE 12

**STAND UP
STRAIGHT, YOU'RE
A DOCTOR !**









PARKING LOT



What is Burnout ?

- multidimensional, work-related syndrome
- “a state of exhaustion in which one is cynical about the value of one’s occupation and doubtful of one’s capacity to perform”

Maslach et al 1996

Burnout – warning signs

Can include any/ all of

- feeling of being overwhelmed by work
- increased pessimism about patients
- doubting whether work contributes anything meaningful
- sense of “depersonalisation” (disconnection) in relationships with patients, co-workers or both
- deterioration in mental health (eg anxiety, depression and loss of self-esteem)

Causes of Burnout - Mythbusting

psychological distress and burnout is
NOT limited to an "inherently weak"
subset of clinicians

.....we are all at risk !



Burnout - causes

- multi-factorial
- related to
 1. **the work** (provision of healthcare)
 2. **the worker** (personal characteristics and situational factors)
 3. **the workplace** (organisational stressors)
- some obvious, others hidden



Workplace Culture

Prevailing culture often demands an unhealthy neglect of self-care...

....& when burnout occurs, responsibility is slated home to the individual

“if you’re feeling burned out, then it is you who has a problem, not our workplace”



Consequences of Burnout

**(and why health care
organisations should care)**

Clinician burnout & psychological distress : consequences

- Bad for clinician
- Bad for the clinician's family
- *** Bad for patient care !!
 - reduced job performance (less productive & effective)
 - increased errors
 - decreased patient satisfaction



Self Care & Wellbeing Plan :

A Framework

- **Strategies for Individuals**

- * highlighting some personal adventures in self care


- **Fostering a resilient workforce :
Organisations**





Take the Pledge - Individuals

- **Be proactive about your own wellbeing**
 - for yourself
 - for those close to you
- **Self-care = a mandatory element of professionalism**
 - for your patients
 - for your colleagues



Take the Pledge - Organisations

- Staff wellbeing is a big factor in patient outcomes
- Health care organisations must approach staff wellbeing in a meaningful, multi-level way, not just leave it up to individuals

Awareness



Burnout – know the enemy

- Risks
- Symptoms



Resilience & Wellbeing

- what does this look & feel like ?
- what are the good bits of medical life ?
- what is going well ?
- strengths/ positives (work, worker, workplace)




Develop a Self Care & Wellbeing Plan

- Multimodal
- Goals
- Actions
- Monitoring
- Review



Framework for Action

Dr Dike Drummond



	INDIVIDUAL	WORKPLACE
REDUCE STRESSORS		
ENHANCE RESILIENCE		



Health & Home Basics

- **Physical health**

- nutrition
- exercise
- sleep
- dental care
- medical care

do you have your own GP?

do you have a regular check up?



Health & Home Basics

- **Mental Health**

- Recognise the symptoms
- Recognise personal barriers to seeking help

eg I can deal with this all by myself

- Seek appropriate help

Mental Health

- Look out for your mates





Health & Home Basics

- **Attention to key relationships**
 - Seeing enough of me ?
 - Am I present when I'm there ?



Health & Home Basics

- **R & R time (recreation, relaxation) →**
time actively scheduled
- sport, art, literature, hobbies
- a regular dose of nature
- holidays
- unlocking your creative side
- novelty
- play & humour
- personal identity (outside work)



Health & Home Basics

- **Solitude / Down Time (doing nothing at all, being still)**

Solitude = an “antidote to people intensity”



Health & Home Basics

- **Consolidating a Personal Philosophy**

- Allocating time to clarify your guiding values
- answers to the big questions
- how you want to live your life (from here on !)

Eg; organised religion

Eg; secular framework - Humanism

CPD – Skill Development

- Not just to rack up credit points.....but to strategically extend yourself
- “Focus Time” (Dan Siegel)
- Fully embrace

“the inexhaustible curriculum of self-improvement from which we never graduate”

Irvin Yalom : Love's Executioner

Building a Resilient Clinician – Next Level

- “We should stop expecting health practitioners to pull themselves up by their bootstraps by “standard” individual coping strategies of leisure time and CPD.....and re-calibrate the way we think of self care”

Killian K. Helping til it hurts ? A multimethod study of compassion fatigue, burnout and self-care in clinicians working with trauma survivors *Traumatology* published on line May 29 2008

Building a Resilient Clinician – Next Level

- Activities, Interventions & Tools
- Organisational Responses





Regular, conscious personal reflection

use patient encounters as an opportunity for reflection (self/ with others)

- **Difficult encounters & challenging stuff**

***caveats*

- positive/ constructive take aways

 - “ this bit was done well”

 - “how to approach differently next time”

- practice being kind to yourself

Regular, conscious personal reflection...


...on the good bits



Positive Reflections – The Joys of Practice

- **Smaller “I made a difference” moments**
 - **Daily Treasure Hunt**
 - **Journaling**
- **Greatest Hits**





External 1:1 support

- **Supervision/ Mentoring/ Coaching**

- senior colleague / junior colleague (mentor to mentee)

****especially in the post training phase****

- peer to peer
- with professional from different field (psychologist, psychiatrist, family therapist)

Possible content of supervision / mentoring

- clinical case discussions

.....but arguably more importantly

- managing difficult consultations (transference etc)
- workplace & collegiate relations
- career development & planning
- work-life balance
- managing own emotional well-being
- joys of practice !





1:1 Supervision - personal experience

- Senior colleague – junior colleague model
- 2004 – 2010
- 2 monthly
- 60 - 90 mins
- Agenda set by myself
- Documented – summary, outcome measures
- Fee for service



MJ O’Keeffe, DC Shelton.

Personal Supervision for
Paediatricians

*Journal of Paediatrics and Child
Health: 2007 43: 103 – 6*

Peer Group Support

well-orchestrated peer group support
= very valuable resilience practice



Peer Group Support - Formats

- **Informal meetings**

eg dinners

practice/ workgroup meetings

- **Formal peer group meetings**

- Within workgroup

- Broader peer group

Eg Balint Groups

Group Supervision



Facilitated Group Supervision : Child Development Service

Personal experience

Group Supervision CDS : Aims

- maintain and enhance personal wellbeing and professional function
- reduce risk of burnout
- mechanism for ongoing skill development in developmental-behavioural paediatrics



Group Supervision CDS : Rationale

- forum for sharing of the experience of practice in developmental-behavioural paediatrics
- a safe environment to air previously unacknowledged emotions and beliefs about clinical encounters
- introduction of novel frameworks for considering doctor-patient interactions



Group Supervision CDS : key ingredients

- skilled external supervisor
- clinician resistance, group dynamics
- atmosphere of trust
- energetic drivers
- commitment to attend and participate from all (100% in or not at all)
- supervision ground rules & signed agreement
- support from leadership
- advance bookings/ protected time

Group Supervision CDS : Process

- Began with a 12 month pilot
- 6 sessions/ year
- 90 minute sessions
- Financed initially by service, then by us
- Focus is on understanding the interpersonal bits
- NOT group therapy

Group Supervision CDS : Experience

- Very stable membership
- Near 100% attendance
- Running for 7 years (& counting)
- Focus and process has evolved
- Second group within our service now also meeting

Group Supervision : Benefits

- sharing of perspectives
- normalising of responses
- reining in of excessive self-criticism
- restorative - an injection of clinical energy
- reduction in professional isolation
- strengthening of professional bonds
- growth mindset – exposure to new ideas





Group Supervision : Benefits

**QUOTES 2011 at end of pilot
(12 months)**

QUOTES 2016 (6 years in)



O'Keeffe M, James F.

**Facilitated Group Supervision -
harnessing the power of peers.**

***Journal of Paediatrics and Child
Health* 2014 ; 50 : 944-948**



Peer Group support - another example

COMPASS; MAYO CLINIC

COLleagues **M**eeting to **P**romote and
Sustain **S**atisfaction

2015 rolled out

1100 signed up within 1st 10 months


Training in Stress Reduction

- Mindfulness
- CBT based stress prevention
- Acceptance and Commitment Therapy
- Positive Psychology Approaches
- Meditation






Healthcare Organisations.....The Workplace



Fostering Clinician Resilience - what can organisations do ?



**“Does clinician wellbeing
feature in the organisation’s
mission statement ?”**

TheHappyMD

CHQ Strategic Plan 2016-2020

- Strategic Direction 3.

**“People – Working, Learning,
Growing”**

..including – “implement a progressive CHQ People Plan focused on workforce wellbeing, leadership, culture and capability”

**OK good start – where to
from there ?**



CHQ Wellbeing & Resilience Working Group



Self-care – Interventions in the Workplace

- Teaching about burnout & resilience
- Wellness rounds
- Formal training in self-care strategies (eg Mindfulness)
- Helping engineer peer support groups

protected time for these



Self-care – Interventions in the Workplace

- **Wellness champions**
 - Leadership
 - Clinical coalface

FTE allocation + budget !

Tackling workplace stressors

- Physical work environment
- Workload (total, “dosage” of most stressful components)
- Role & skill match/ mismatch
- Variety
- Control
- Team dynamics
- Non-clinical (eg EMR, IT systems)





Tackling workplace stressors

- Reduced stressors to some degree
 - less clinician burnout / psychological distress
 - better quality patient care

NB – wellbeing not just an individual's responsibility



Tackling workplace stressors

1. Not modifiable

→ Focus may instead be on reducing exposure, impact etc

2. Potentially Modifiable

3. Zero Tolerance

→ Eg workplace bullying, occupational violence

-

Clinician wellbeing as an Organisational KPI

- Wallace J, Lemaire J, Ghali W. **Physician wellness : a missing quality indicator.** *The Lancet* 2009; 374: 1714-21



Surveys to Action

- comprehensive survey of wellbeing and workplace conditions
- meaningful metrics and tools
- close the feedback loop (ie aggregated at work unit level and used to change practice)





Training Organisations

- **RACP Self Care & Wellbeing Module**
 - trainees AND consultants
 - Joint conversations
- **CPD requirements**
 - visibility of self care & wellbeing initiatives

Resources



Wrapping Up - Recommendations


- become familiar with the signs of burnout, and the things that contribute to it
- banish the idea that it arises from personal failings
- understand the menu of options to enhance our wellbeing



Take action NOW

- draw up your own Self Care & Wellbeing Plan
- ensure health & home basics are covered
- tackle more serious mental health concerns head on
- pick one or two new actions that makes the most sense, & start implementing immediately
- drive clinician wellness initiatives in your service





Gaudeamus igitur (Therefore, let us rejoice)

John Stone



mick.o'keeffe@health.qld.gov.au