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CHANGING TIDES: SHIFTING CULTURES AND CREATING SAFE SPACES

STRIVE to THRIVE: Resiliency Training for all Levels of Health Care

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Relationships with financial sponsors: nothing to disclose

Faculty: Stephanie Smith

President of the Canadian Federation of Medical Students
Disclosure Statement - Kimberly Williams

- I am a recent past Board Member of the Canadian Medical Association
- Resiliency Curriculum Received $150,000 from the Canadian Medical Association Foundation
- Former President of Resident Doctors of Canada
What is the Road to Mental Readiness (R2MR)?

- Evidence-based Mental Health (MH) and resilience training throughout career & deployment cycle, including families
- Skill-focused, practical application, sports performance psychology skills, tailored interventions for rank/occupation/environment/task

Goals:

- **Prevention** (increase mental health literacy; decrease stigma and other barriers to care); and
- **Performance** (enhance well-being, performance, coping & resilience)
Mental Health & Resilience in the Canadian Armed Forces

• 2002 - 84-96% of CAF members who met criteria for a disorder did not perceive a need for services

• 2008 - standardized program designed to increase mental health literacy, decrease stigma and other barriers to care, increase early recognition of distress and early care seeking (individual/leadership)

• 2009 - mandate expanded to include mental preparation and resilience skills for military operations

• 2015 - addition of occupation specific training for unique occupations within CAF (Search & Rescue, Police, Fire, ATC, Intelligence, Pilots, Submariners)

• 2018 – implementation of R2MR for Health Services
What is resilience?

• The capacity of an individual to recover quickly, resist, and even thrive in the face of direct/indirect traumatic events and adverse situations (CAF)

• The ability to modulate and harness the stress response (Averill et al, 2018)

• “… the capacity of individuals to access resources that enhance their wellbeing, and the capacity of their physical and social ecologies to make these resources available in meaningful ways.” (Ungar, 2010)
Key Concepts: Mental Health Continuum

Objective is to normalize any fluctuations in mental health and overall functioning, and encourage early recognition of distress and access to resources.
Key Concepts: Performance Cycle

**Prepare**: what are your stressors and demands? how do you prepare for them?

**Perform**: what can you do to manage and mitigate the demands on you?

**Recover**: How do you recover in the short and long term?
Prepare: Knowledge and Training

- Understanding mental health, stress and the stress response
- How to manage the stress response

Explanatory: highlights misunderstood reactions, normalizes common challenges (answers WHY)
Perform: practical application

The Big Four +

- Arousal Management: Breathing
- Visualization
- Self-talk
- Goal setting
- Attention control
Recovery: Individual & Unit

- Recovery activities

- Potentially traumatizing events: AIR
- Coping strategies
- Indicators of distress
- Barriers to care
- Resources & how to access them
Health Services Program

Unique aspects of Military Health Care:
• Operational tempo, supporting multiple missions, personal risk
• Insufficient resources, high level of personal accountability
• Feeling responsible to patient and organization
• Tight schedules, little room for flexibility or control
• Demanding patients, difficult personalities
• Expectations of high performance, no room for error
• Emotional fatigue from meeting needs of others, seeing suffering
• Conflict, cynicism and negativity in workplace
• Professional isolation
• Lack of support/recognition, no recovery time
• Unique barriers to seeking care for self
Unique Elements of R2MR for Health Services

• Characteristics of Stressors:
  • Novelty
  • Unpredictability
  • Threat to ego
  • Sense of Control

• Managing chronic stress
• Awareness and Critical Thinking:
  • our ‘codes’: rights, duties & obligations, constraints
  • how they influence our values, identity, beliefs, attitudes, behaviour & coping, choices

• Burnout

Certain traits they say are common to physicians and medical students, such as perfectionism and a tendency toward self-criticism, also lead to raised suicide risks.
Unique Barriers to Care: Health Services Staff

- Privacy, confidentiality, anonymity
- Role adjustment
- Threats to reputation
- Stigma/Self-stigma
- Career consequences
- Competing priorities
- Past negative experiences (treatment)
- Delaying treatment (down-playing symptoms, self-treatment)

Robert P. Bright and Lois Krahn of the Mayo Clinic sum up the problem as follows:

Physicians have a much higher rate of suicide than the general population, but are less likely to seek treatment because of fears of losing their licenses or being thrown out of medical school, fear of losing patients if word gets out they are seeking mental health treatment, or simply not having time to seek treatment due to their workloads.
Simulated Training for Resilience in Various Environments

“Training that prepares you for the unexpected”
Background

- Applied Evidence Based Medicine Project
- Pilot interdisciplinary workshop
- Multiple pan Canadian workshops for medical students, staff and faculty
- Curriculum assessment
Medical Simulation Modalities

HIGH FIDELITY MANNEQUIN SIMULATION

ACTOR FACILITATED SCENARIOS

ROLE PLAYING SCENARIOS

CLINICAL SKILLS TRAINING
Collaborative Debriefing

ACT

REFLECT

CONCEPTUALIZE

APPLICATION
<table>
<thead>
<tr>
<th>Medical School Competencies</th>
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<tbody>
<tr>
<td>Activating a code independently</td>
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<tr>
<td>Debriefing a patient suicide attempt</td>
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<tr>
<td>De-escalating an aggressive patient</td>
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<tr>
<td>Discussing a personal medical error</td>
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<tr>
<td>Experiencing an ethical dilemma</td>
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<tr>
<td>Experiencing a team conflict</td>
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<tr>
<td>Exposure to the death of a patient</td>
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<tr>
<td>Exposure to a challenging obstetrical delivery</td>
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<tr>
<td>Exposure to a non accidental pediatric trauma</td>
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<td>Navigating a difficult procedural skill</td>
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Who we are

Dr. Christina Nowik
RDoC Resiliency Team Co-Chair, 2015-2017
PGY-6 Maternal Fetal Medicine at UBC

Dr. Kimberly Williams
RDoC Resiliency Team Co-Chair, 2017-2018
PGY-5 Psychiatry at University of Calgary
Identify key objectives of the Resiliency Curriculum
Background

- National program designed by residents, for residents
- Practical and skills-based tools to help mitigate stress and optimize performance
- Promotes the importance of fostering supportive learning/working environments in PGME and a systematic approach to combat burnout
- The curriculum includes education about the Mental Health Continuum and “the Big Four” which are practical tools to enhance performance and mitigate stress
The Resident Module

- 3-hour, peer-facilitated, interactive workshop

Learning objectives:

1. Identify early signs of distress and relevant interventions
2. Apply evidence-based skills to improve performance and thrive in challenging work environments
3. Recognize when and how to seek support
Describe some of the successes and challenges of wellness initiatives.
RDoC Study Results

Improvements in agreement were identified in 23 of 30 standard coded statements (9 were statistically significant)

<table>
<thead>
<tr>
<th>Statement</th>
<th>N</th>
<th>% pre</th>
<th>% post</th>
<th>Sig.</th>
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<tbody>
<tr>
<td>I would feel comfortable talking about mental illness at work.</td>
<td>87</td>
<td>26.3</td>
<td>38.6</td>
<td>Y</td>
</tr>
<tr>
<td>I feel confident that I could recognize signs of burnout in myself.</td>
<td>87</td>
<td>78.9</td>
<td>87.5</td>
<td>Y</td>
</tr>
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<td>I feel confident that I could identify a peer suffering from burnout.</td>
<td>60</td>
<td>53.2</td>
<td>67.2</td>
<td>Y</td>
</tr>
<tr>
<td>I feel confident that I could find resources for residents in distress.</td>
<td>86</td>
<td>54.8</td>
<td>62.5</td>
<td>N</td>
</tr>
<tr>
<td>I feel confident that I could use specific coping strategies to reduce stress.</td>
<td>59</td>
<td>59.0</td>
<td>75.4</td>
<td>Y</td>
</tr>
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Work-related barriers to wellness

**BARRIERS TO WELLNESS**
- Hidden curriculum – expectations/obligations, culture, stigma
- Fear of repercussions – lack of trust/confidentiality, job security
- Lack of resources – time, energy, human resources
- Lack of role models
  - "we’re congratulated for not looking after ourselves"  
  - "there’s working concerns, there’s privacy and anonymity concerns"  
  - "supports that don’t necessarily coincide with our schedules"

**RESIDENT BURNOUT**
- Lack of empathy
- Lack of fulfillment, satisfaction with work
- Extreme sense of responsibility – self-sacrifice
  - "being number one feeling anything anyone even through there are a lot of irrational things happening around us"  
  - "no pay anytime find the work that we do"

**POTENTIAL SOLUTIONS**
- Training – awareness, confidentiality
- Champions
- Time – control over own time
- Wellness as part of curriculum – culture change, safe/positive environment
  - "creating psychologically safe team environments"
  - "champion staff by residents"
  - "control over time"

**RESIDENT WELLNESS**
- Balance – basic needs are met
- Sense of fulfillment
- Autonomy – control over schedule, fair treatment
- Secure sense of self
  - "just feeling like yourself"  
  - "being able to come home from work and not bring work with you"
Systemic Barriers

These barriers highlight the importance of looking beyond individual resiliency and tackling larger issues in medicine that prevent physicians from seeking help when unwell.

- Training Champions
- Control Over Time
- Wellness Part of Curriculum

Balance
Sense of fulfillment
Autonomy
Secure sense of self

Better Patient Care