

# CCPH 2019

6<sup>th</sup> Canadian Conference on Physician Health (CCPH)  
Oct. 4-5, 2019 | St. John's, Newfoundland

ASSOCIATION  
MÉDICALE  
CANADIENNE



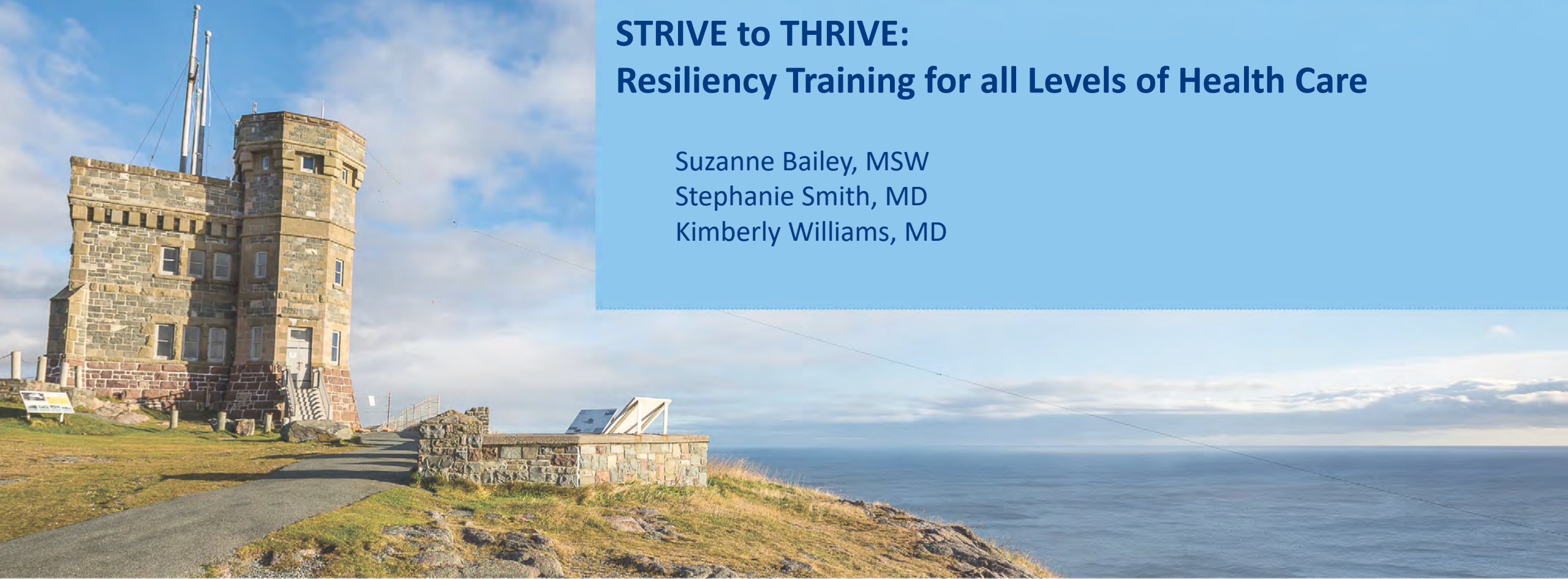
CANADIAN  
MEDICAL  
ASSOCIATION

*AAA*  
NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION

**CHANGING TIDES:  
SHIFTING CULTURES AND CREATING SAFE SPACES**

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

Suzanne Bailey, MSW  
Stephanie Smith, MD  
Kimberly Williams, MD



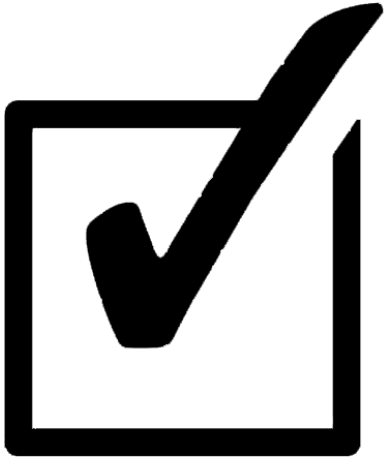
**Faculty: Suzanne Bailey**

**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

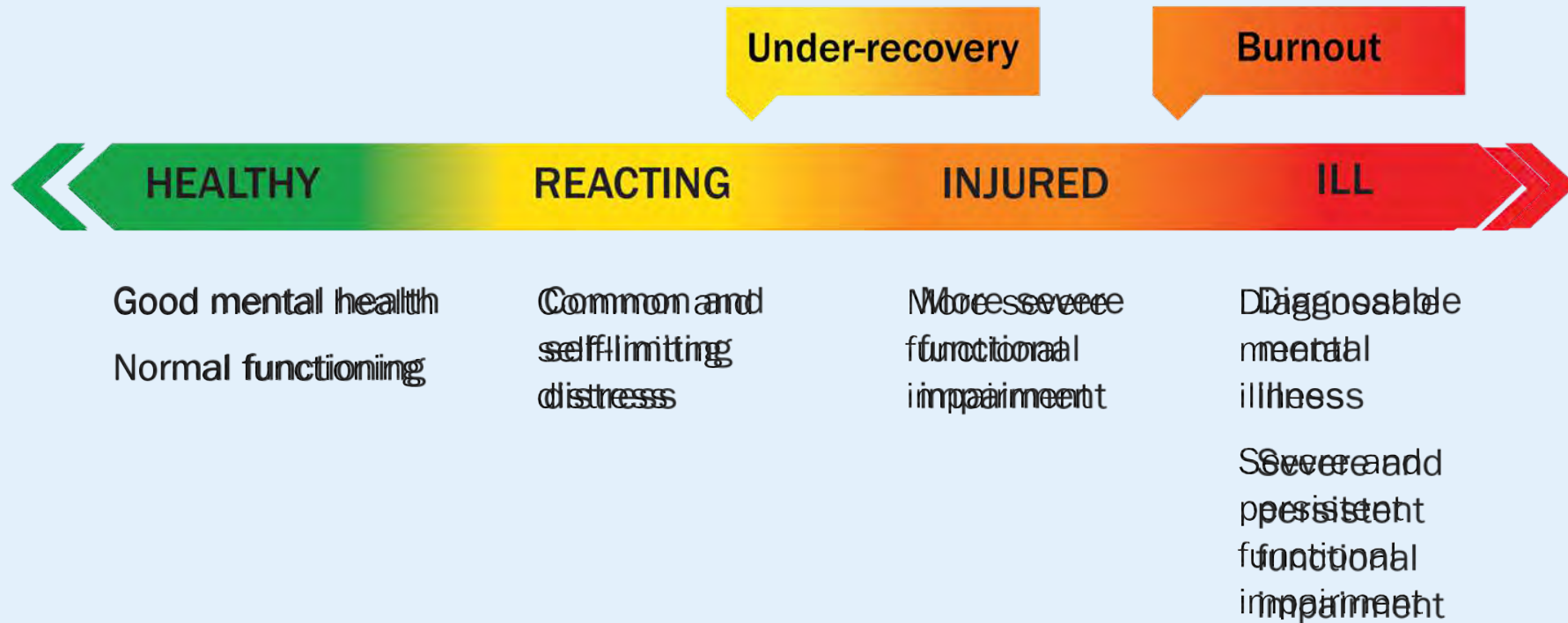
## What is resilience?

- 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)



CCPH 2019

# 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 to you recover in the short and ling 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

THE **BIG  
FOUR**



## 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:

- **N**ovelty
- **U**npredictability
- **T**hreat to ego
- **S**ense of Control

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.

- 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

## 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



# STRIVE OVERVIEW



DIDACTIC RESILIENCY  
TRAINING



MEDICAL  
SIMULATION



COLLABORATIVE  
DEBRIEF



REFLECTIVE PRACTICE

# Medical Simulation Modalities



HIGH FIDELITY  
MANNEQUIN SIMULATION



ACTOR FACILITATED  
SCENARIOS



ROLE PLAYING SCENARIOS



CLINICAL SKILLS TRAINING

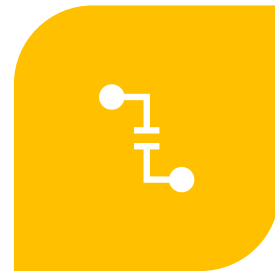
# Collaborative Debriefing



ACT



REFLECT



CONCEPTUALIZE



APPLICATION

# Medical School Competencies

---

Activating a code independently

Debriefing a patient suicide attempt

De-escalating an aggressive patient

Discussing a personal medical error

Experiencing an ethical dilemma

Experiencing a team conflict

Exposure to the death of a patient

Exposure to a challenging obstetrical delivery

Exposure to a non accidental pediatric trauma

Navigating a difficult procedural skill

**Resident  
Doctors  
of Canada**



**Médecins  
résidents  
du Canada**

# RDoC Resiliency Curriculum

Dr. Christina Nowik & Dr. Kimberly Williams

October 4, 2019

# 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)

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

# Work-related barriers to wellness



# 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



**Resident  
Doctors  
of Canada**



**Médecins  
résidents  
du Canada**

[resiliency@residentdoctors.ca](mailto:resiliency@residentdoctors.ca) | [residentdoctors.ca](http://residentdoctors.ca)