Health Promoting Learning & Work Environments

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Taking Care of Business

- I have no conflict of interest to declare
Objectives

- Identify structures and supports that promote positive work and learning environments in health care settings
- Discuss potential barriers that thwart health promoting work and educational environments
- Propose outcomes indicators that demonstrate progress toward more supportive work and learning environments
OKANAGAN CHARTER
AN INTERNATIONAL CHARTER FOR HEALTH PROMOTING UNIVERSITIES & COLLEGES
An outcome of the 2015 International Conference on Health Promoting Universities and Colleges / VII International Congress
Kelowna, British Columbia, Canada
PURPOSE OF THE OKANAGAN CHARTER

The purpose of the Charter is threefold:

1. Guide and inspire action by providing a framework that reflects the latest concepts, processes and principles relevant to the Health Promoting Universities and Colleges movement, building upon advances since the 2005 Edmonton Charter.2
2. Generate dialogue and research that expands local, regional, national and international networks1 and accelerates action on, off and between campuses.
3. Mobilize international, cross-sector action for the integration of health in all policies and practices, thus advancing the continued development of health promoting universities and colleges.

TWO CALLS TO ACTION

The Charter has two Calls to Action for higher education institutions:

1. Embed health into all aspects of campus culture, across the administration, operations and academic mandates.
2. Lead health promotion action and collaboration locally and globally.

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2 Edmonton Charter for Health Promoting Universities and Institutions of Higher Education.
3 We acknowledge that the terms local, regional, national, international and global are used differently.
Okanagan Charter 2015

- Embed health into all aspects of campus culture, across administration, operations and academic mandates
  - Embed health into all campus policies
  - Create supportive campus environments
  - Generate thriving communities and culture of well being
  - Support personal development (student, faculty, staff)
  - Create or re-orient campus services
Values & Principles Inform The Culture

- **CMA** Charter of Shared Values
  - Respect
  - Integrity
  - Reciprocity
  - Civility

- **HUSP U of A** Guiding Principles
  - Participation
  - System Focused
  - Evidenced Based
  - Sustainable
  - Creative
  - Visionary
  - Accountable
  - Equity
  - Collaborative
Change has to be Pervasive

- **Critical Structures/Elements**
  - Leadership is on board and have your back
  - Structures/People (Office of Advocacy & Wellbeing)

- **Key Collaborations**
  - Professionalism, EDG, Fac Dev, Physician Health Programs
  - Faculty Development (at all levels)
    - Giving feedback
    - Benefit of the doubt culture (think ill before evil)

- **Supportive Policies & Procedures**
  - Informal vs Formal

- **Budget**

- **Research & Metrics (QI/QA)**
Complex Issue = Complex Response

- **Personal**
  - This has received the most attention
  - Resiliency training

- **Curricular**
  - Overcrowded curriculum
  - Leave Policies
  - Limited ability to transfer
  - Procedural fairness

- **Institutional**
  - Mistreatment, harassment, intimidation (learners and faculty)
  - Disengaged faculty
  - Lack of collegiality
  - Retribution for seeking support
A matter of selection?

- Matriculating medical students have lower rates of burnout & depression, and higher QOL scores compared to similarly aged college graduates

- “These findings, along with high rates of distress reported in medical students and residents, support concerns that the training process and environment contribute to the deterioration of mental health in developing physicians.”

Brazeau (2014)
Stressors

- **Learners**
  - Packed curriculum
  - Lack of control/underpowered
  - Learner Mistreatment
  - Residency positions: *supply vs demand*
  - Lack of flexibility/transfer in PGME

- **Staff**
  - Competing roles
  - Lack of training in leadership/conflict
  - Difficult Personalities
  - Politics
  - Cannot see alternatives to current circumstance
  - Technology (EMR)
CONCLUSIONS AND RELEVANCE  In this systematic review, the summary estimate of the prevalence of depression or depressive symptoms among resident physicians was 28.8%, ranging from 20.9% to 43.2% depending on the instrument used, and increased with calendar year. Further research is needed to identify effective strategies for preventing and treating depression among physicians in training.
Suicide in Physicians

- 6% of US physicians surveyed reported suicidal ideation in the prior 12 months
  - 3% for US college graduated adults
    - Crosby et. al. MMWR, 2011;60(SS13);1-22

- Suicide rates MDs > than the general population
  - RR 1.1-3.4 for males, 2.5-5.7 females
  - Interestingly, female rate = male rate in MDs
  - High ratio of completion to attempt
  - Physician’s proportionate mortality ratio higher for suicide than all other causes
    - Center et. al. JAMA, 2003;289(23):3161-3166.
Unprofessional Behavior

- Unintentional lapses in otherwise generally professional people
  - Vast majority

- “Can’t Care” because of underlying circumstances/stresses
  - This is the group we need to focus on…

- “Don’t Care”
  - Difficult personality and those lacking insight
Burnout by Specialty

- Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385
Its simple right....

- Yoga in the OR
- New age music in the theatres
- Crystals in your OR scrubs
- Meditation with the surgical team
More Mindfulness?
Institutional Change

- Physician Burnout – A Leading Indicator of Health System Performance?
  - Kristine Olson MD, Yale School of Medicine, Mayo Clin Proceedings (Editorial), 2017

- Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement & Reduce Burnout
Culture & Structures

Where do we start?
Office of Advocacy & Wellbeing

- Safe/confidential place for everyone
  - Assistant Dean Student Affairs (LCME/CACMS)
  - Assistant Dean Resident & Fellow Affairs (2011)
  - Assistant Dean Graduate Student Affairs (2018)
  - Assistant Dean Faculty Wellbeing (2019)

- Gateway to supports, coaching, policies, and advocacy
  - Tension is good thing
  - Lean into the discomfort
Our office provides supports to ensure undergraduate, graduate, postgraduate learners & fellows are able to perform to the best of their abilities. We support issues pertaining to the wellbeing of all FoMD learners.

**Confidential Supports for:**
- Academic Issues & Appeals
- Disability & Accommodation
- Conflict Resolution
- Bursaries & Emergency Funds
- Addictions

- Physical & Mental Health
- Career advice
- Harassment & Intimidation
- Financial Planning
- Legal Issues

**Other services:**
- Lectures & Workshops
- Support for Student Associations

- Resilience & Wellness Initiatives
- On-site psychologists
2018 OAW Undergraduate Appointments
N=715

Note.
Participation in the OAW office is voluntary. Referral is from a variety of sources. Correlation cannot be made between the issues seen in OAW and the general learner population.
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The Psychology of Postponement

- After I get into medical school, *life will be better*
- After I get a residency position, *life will be better*
- After I get through my grand rounds presentation, *life will be better*
- After I pass my licensing exam, *life will be better*
- After I am staff for a few years, *life will be better*
- When my kids are older, *life will be better*
- When I make tenure, *life will be better*
- When I retire, *life will be better*...
Delayed Gratification

- 37% of oncologists rated “looking forward to retirement” as an important wellness strategy!
Psychology of Postponement: Institutional

- Once I get promoted the unfair practices won’t affect me anymore…
- Hell I’m in my 50’s, I just need to hang in there for retirement
- The next generation will change things, my colleagues are too far gone…
- Its too big to tackle, I’ve heard this before and nothing has changed…
Leadership & Wellness

- Faculty development
- Leadership training
- Advocacy within depts/divisions/faculties
- Rewards for positive leadership, collegiality
- Acknowledge the power of civility and friendliness in the work environment
- Having each others’ backs
Advocacy & Wellbeing

- Myths about advocacy:
  - Advocates accept the perspective of the complainant
  - Advocates are working against our colleagues and leadership
  - Advocates inflame situations
  - Advocates are not process driven
  - Advocates prefer formal resolution
Advocacy

What it *should* look like

- First and foremost ensures fair adherence to policy & procedure
- Attempts to balance the playing field to the *underpowered*
- Recognition there is another perspective; build insight
- Ensures there are not other issues affecting the learner, faculty or staff concern (health, finances, personal)
- Prevent legal action, demonstration that there is support and procedural fairness to everyone in our environment (UG/PG/Grad/faculty)
Easy-ish Wins

- Physicians who spend 20% of their professional effort focused on the dimension of work they find most meaningful are at dramatically lower risk for burnout
  - Shanafelt, West, Sloan et al, Arch Intern Med. 2009; 169(10); 990-995

- Leadership development
  - Change the conversation at divisional/annual reviews
  - Develop skills to identify and intervene with unwell colleagues
  - Develop skills to manage difficult personalities

- Cultivating Community at Work
  - Responding to colleagues experiencing distress: college complaints, law suits, medical errors, unexpected deaths, experiencing key transitions
  - Peer support and coaching networks (department based)
Set up for Failure

- Critical offices and people do not model a ‘trust and just culture’ (Dean’s office, CEO, PGME, UGME, SA)
- If mistakes are not quickly acknowledged
- A confidential safe space for some but not all
- Lack of recognition that people and money will be required to get this movement started
- A lack of patience…
- Seeking perfection, this will be messy at times…
We are winning when..

- Your organization starts to attract and retain learners and staff
- Search & select committees recognize the institutions values and pick leadership accordingly
- Structures are in place to manage challenges
- The values of the institution are known & embraced
- Mistreatment/racism/disruptive physicians will decrease
- We nurture creativity/innovation and optimal patient outcomes
- Burnout rates start to abate, more engaged learners and faculty
- Positive shift of quality of life indicator for physicians (OQ-45.2)
We simply cannot continue on our current course...And waiting for the next gen to fix our issues, is unacceptable
References


7. Oliver David. David Oliver: Moral distress in hospital doctors *BMJ* 2018; 360 :k1333. doi: https://doi.org/10.1136/bmj.k1333


