A brief Resiliency Workshop for Tertiary Care Physicians and Trainees: Evaluation and Application following a mass casualty event
Disclosure of Financial Support

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Potential for conflict(s) of interest:

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Learning Objectives

1. Participants will learn about The Ottawa Hospital Resiliency Workshop components and skills
2. Evaluation results will be discussed
3. Participants will hear how the resiliency workshop concepts and skills were applied at the hospital following a mass casualty event
Background/Context at The Ottawa Hospital

• 2009, The Ottawa Hospital journey of excellence and quality improvement, Physician Wellness identified as one of the 5 top drivers that would lead to improved engagement
• Physician Health and Wellness Lead (Medical Director) was appointed
• Evidence-based, overarching resiliency program was identified (Road to Mental Readiness Program from the Canadian Armed Forces) and adapted TOH
• TOH pilot Resiliency Program delivered to physicians and residents
Purpose

• Adapt and evaluate the effectiveness of a resiliency program developed by the Canadian military (Road to Mental Readiness-R2MR) for physicians and residents at The Ottawa Hospital

• 90 minute workshop

• Approach for acute crises or chronic workplace stress

• Components
  • Education on healthy coping
  • Knowledge of mental health resources
  • Strategies to promote resilience and decrease stigma toward mental illness
Purpose

• 90 minute workshop
  • Education on stress and coping
  • Response strategies for challenging events (ABC+ Response Tool)
  • Strategies to help individuals identify distress level
  • Resources for local mental health organizations
  • Workshop specific materials

• Evaluation
Mental Health Continuum Model

- **Healthy**: Good mental health, normal functioning.
- **Reacting**: Common and self-limiting distress.
- **Injured**: More severe functional impairment.
- **Ill**: Diagnosable mental illness, severe and persistent functional impairment.
Mental Health Continuum Model
## ABC+ Response Tool

<table>
<thead>
<tr>
<th>A = Ad Hoc Incident Review (AIR)</th>
<th>B = Back to Basics</th>
<th>C = Coping &amp; Self Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stressful Event</td>
<td>First 2-3 Days</td>
<td>First 4-6 weeks</td>
</tr>
<tr>
<td><strong>A = Acknowledge and Listen</strong></td>
<td>Rest, relax and sleep</td>
<td>Restore</td>
</tr>
<tr>
<td><strong>I = Inform and Colour check in</strong></td>
<td>Nutrition</td>
<td>Sleep, exercise and motion</td>
</tr>
<tr>
<td><strong>R = Respond and follow up</strong></td>
<td>Identify Energy Makers &amp; Takers</td>
<td>Hobbies and Passions</td>
</tr>
<tr>
<td>&quot;*In private and can be brief&quot;</td>
<td></td>
<td>Engagement and Support with Others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support</td>
</tr>
<tr>
<td>Reach out to everyone involved</td>
<td>Get Body Back on Line</td>
<td>Memory Consolidation &amp; integration</td>
</tr>
</tbody>
</table>
Methods

• Participants: Medical Residents, Fellows and Physicians at TOH

• Questionnaire on subjective mental health and mental health knowledge at 4 time points (pre and post workshop, 1 month, 3 months)
Participants:
• Total: 47
  • 61% Physicians
  • 35% Residents
  • 4% Fellows
• 55% Female
• Range of specialties

Participants Continued:
• Mean Age: 39.52 ($SD = 10.77$) years
• Years worked: 8.87 ($SD = 9.22$)
• Average hours worked per week: 55.05 ($SD = 13.40$)
Results

- Decreased perceptions of stigma on mental health treatment (for self and others) over time.
- Physicians reported greater perceptions of stigma pre-workshop than residents – but no differences at 1-month or 3-month.
- Residents reported greater belief in ability to cope than physicians pre-workshop – but no differences at 1-month or 3-month.
- Increased belief in ability to cope after workshop.
- Increased belief in ability to help team members after workshop.
Stigma
Application: Code Orange (mass casualty event)
Application: Preparation

- Training provided to TOH physician and employee leaders
- Nursing leaders
- Physician leaders
- Social workers: trained by leaders, supported by materials
- Webpage with training materials (manual, video, handouts,…) set up through communications
Application: Code Orange

- Webpage with training materials (manual, video, handouts, …)
- Called in by leadership to advise and support through ABC + Response Tool
- Connected with communications team throughout to drive messaging and information based on emerging wellness needs at TOH
Conclusion

• Wellness Plan

• Culture Shift – collaborations and trust already established with key stakeholders across organization

• Leadership and frontline staff knew access points, value of interventions, capacity created to deliver consistent and responsive support
  • Evaluation results suggest adapted R2MR program is an effective and efficient method to help improve mental health/resiliency and reduce stigma surrounding mental illness among physicians and trainees working in a primary care setting
Conclusion (con’t)

• Participants were motivated to apply knowledge of mental health to help their team members thrive

• The Resiliency Workshop concepts and skills were successfully applied following a mass casualty event in the Nation’s Capital

• The workshop is an approach for individual and organizational resiliency
Select results of a McNemar Non-Parametric Ranked test demonstrating changes in mean response scores over time on the Mental Health Knowledge Scale

| Mental Health Knowledge Scale Items                                                                 | Mean Response Score |  |  |  | N | $\chi^2$ | df | $\alpha$ |
|-----------------------------------------------------------------------------------------------------|---------------------|--|--|--|---|---------|--|--|----------|
| I wouldn’t know where to get help if I needed it.                                                    | 2.64                | 2.82| 2.57| 1.96| 14 | 6.61    | 3 | $P < .10$|
| I would be seen as weak if I sought help.                                                           | 3.25                | 2.79| 2.04| 1.93| 14 | 15.00   | 3 | $p < .01$|
| If I noticed some personal symptoms of mental health issues I would not be ashamed to seek help.    | 2.12                | 2.41| 2.44| 3.03| 17 | 7.67    | 3 | $p = .05$|
| I am confident in my ability to help team members get assistance for a mental health problem.       | 1.59                | 2.84| 2.72| 2.84| 16 | 15.58   | 3 | $p < .01$|
| It is possible for a team member who is exhibiting the first signs of mental health issues to become healthy without ever developing a full blown mental illness. | 1.57                | 2.89| 2.36| 3.18| 14 | 20.24   | 3 | $P < .01$|
| Looking after my own mental health will enable me to help other team members.                       | 2.00                | 2.75| 2.50| 2.75| 16 | 8.00    | 3 | $p = .05$|
| Once a team member has sought professional help there is very little a colleague or a leader can do to assist. | 3.83                | 2.13| 2.27| 1.77| 15 | 28.18   | 3 | $P < .01$|
## Time 1 and Time 4 Non-Parametric Independent Samples Test Comparing MHKS Residents/Fellows and Physician Responses

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mann-Whitney U</th>
<th>α</th>
<th>Time 1</th>
<th>Mann-Whitney U</th>
<th>α</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I wouldn’t know where to get help if I needed it</td>
<td>18.77</td>
<td>0.71</td>
<td>13.78</td>
<td>74.00</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td>2. I would be seen as weak if I sought help</td>
<td>15.03</td>
<td>0.04*</td>
<td>10.72</td>
<td>51.50</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>3. Getting help would harm my career</td>
<td>16.57</td>
<td>0.08</td>
<td>11.11</td>
<td>55.00</td>
<td>0.23</td>
<td></td>
</tr>
<tr>
<td>4. I would be afraid to talk to my supervisor about a mental health issue</td>
<td>16.78</td>
<td>0.06</td>
<td>10.5</td>
<td>49.50</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>5. I would think less of a team member receiving mental health counseling</td>
<td>18.59</td>
<td>0.25</td>
<td>12.17</td>
<td>64.50</td>
<td>0.46</td>
<td></td>
</tr>
<tr>
<td>6. If I have a mental health problem, there are things I can do to get</td>
<td>22.81</td>
<td>0.39</td>
<td>14.44</td>
<td>68.00</td>
<td>0.60</td>
<td></td>
</tr>
<tr>
<td>7. Some mental health conditions may take years to become apparent</td>
<td>20.38</td>
<td>0.78</td>
<td>12.72</td>
<td>69.50</td>
<td>0.68</td>
<td></td>
</tr>
<tr>
<td>8. If I noticed some personal symptoms of mental health issues I would</td>
<td>18.77</td>
<td>0.44</td>
<td>12.56</td>
<td>68.00</td>
<td>0.63</td>
<td></td>
</tr>
<tr>
<td>9. I have a good understanding of mental health and coping strategies</td>
<td>25.84</td>
<td>0.03*</td>
<td>15</td>
<td>63.00</td>
<td>0.35</td>
<td></td>
</tr>
<tr>
<td>10. I am confident in my ability to identify team members at risk for</td>
<td>19.22</td>
<td>0.89</td>
<td>17.22</td>
<td>43.00</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>11. I am confident in my ability to help team members get assistance for</td>
<td>23.63</td>
<td>0.14</td>
<td>14.61</td>
<td>66.50</td>
<td>0.56</td>
<td></td>
</tr>
<tr>
<td>12. It is possible for a team member who is exhibiting the first signs</td>
<td>23.53</td>
<td>0.09</td>
<td>15.5</td>
<td>48.00</td>
<td>0.17</td>
<td></td>
</tr>
<tr>
<td>13. My behaviour can encourage or discourage team members to get help</td>
<td>25.25</td>
<td>0.03*</td>
<td>14.88</td>
<td>53.00</td>
<td>0.33</td>
<td></td>
</tr>
<tr>
<td>14. My early intervention with a team member who is struggling will</td>
<td>25.5</td>
<td>0.03*</td>
<td>13.94</td>
<td>60.50</td>
<td>0.64</td>
<td></td>
</tr>
<tr>
<td>15. Looking after my own mental health will enable me to help other team</td>
<td>25.25</td>
<td>0.07</td>
<td>14.5</td>
<td>56.00</td>
<td>0.43</td>
<td></td>
</tr>
<tr>
<td>16. Once a team member has sought professional help there is very little</td>
<td>24.34</td>
<td>0.09</td>
<td>14.19</td>
<td>58.50</td>
<td>0.52</td>
<td></td>
</tr>
</tbody>
</table>

Note: Highlighted sections indicate change from significant differences between residents/fellows and physician status at time 1 and no difference between status at time 4. Note, results are
Thank you!