From Grassroots to Flourishing

Developing a Comprehensive Resilience Program at a Large Academic Medical Center

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Resilience Program

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Objectives

- Review background, definitions, and prevalence
- Describe an organizational approach to comprehensive resilience programming
- Describe a peer support program design and interventions to address second victim
- Describe a comprehensive approach to a wellness program for anesthesia residents
- Describe an approach to coordinated resilience curriculum design and data collection to measure the impact of interventions.

Topics to address

- Resilience in times of budget cuts
- Evidence base for programmatic efforts
- Programming that addresses multidisciplinary teams/multi-level learners
- Integrating with/partnering with existing resources and programs
- Organizational responsibility and barriers to implementation
- Effective and sustainable interventions across different settings (clinical, research, etc.)*

*covered in workshops

Resilience

- Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma.
- Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and "bouncing back" in the face of adversity.
- Across the life course, the experience of resilience will vary.

- Windle et al. A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes* 2011, 9:8.

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Burnout

Broader consequences of working in a stressful environment

Emotional Exhaustion	Depersonalization	Reduced sense of accomplishment and achievement

Maslach et al. *Maslach Burnout Inventory Manual*, 3rd edn. Palo Alto, CA: Consulting Psychologists Press 1996

Compassion Fatigue

- Direct Result of exposure to another persons trauma, Mirrors PTSD- Avoidance, numbness, hyper arousal

Second Victim

- Adverse clinical event occurs, Provider is traumatized by the event[1]

1. Scott, S.D. et all. 2010. *The Joint Commission Journal on Quality and Patient Safety, 36*(5), 233-240.

Secondary Traumatic Stress

Symptoms and emotional responses resulting from work with persons experiencing trauma, thought to be synonymous with ***compassion fatigue***

Closely parallels PTSD

- Robins, et al. *The Experience of Secondary Traumatic Stress Upon Care Providers Working Within a Children's Hospital*. Journal of Pediatric Nursing, August 2009

Symptoms of STS

Arousal		Avoidance	
Fear/anxiety	Compulsive behavior	Procrastination	Dread
Obsessive thoughts	Poor concentration	Depression	Hopeless
Sleep problems	Weight gain/loss	Self Rx	Constriction
Irritability/easily angered	Somatization (HA, digestive, HTN)	Relational problems	Diminishing self-care activities
Impulsive	Immune problems	Isolation	Rumination
		Blame	Entitlement

Prevalence

54% of Physicians report at least one symptom of burnout[1]

50% of nurses are emotionally exhausted[2]

2 in 3 have difficulty sleeping	1 in 4 are clinically depressed

1. Shanafelt et al. Mayo Clin Proc. 2015
2. Sexton et al. Palliative Care. 2009

Impact of Burnout in Health Care

- Medical Error and Mortality[1-3]
- Impaired professionalism[5,6]
- Reduced patient satisfaction[7]
- Staff turnover and reduced hours[8,12]
- Depression and Suicidal Ideation[9,10]
- Motor vehicle crashes and near misses[11]

[1]JAMA 296:1071, [2]JAMA 304:1173, [3]JAMA 302:1294, [4]Annals IM 136:358, [5]Annals Surg251:995, [6]JAMA 306:952, [7]Health Psych 12:93, [8]JACS 212:421, [9]Annals IM 149:334, [10]Arch Surg146:54, [11]Mayo ClinProc2012, [12]Mayo ClinProc2016

The Business Case for Investing in Physician Well-being

Turnover	Decreased Productivity	Quality, Safety, Patient Satisfaction	Burnout is an organizational problem
• 2-3x annual salary	• Reduced academic productivity by 15%	• Increased mortality • Correlation between RN burnout and hospital acquired infections	• Organizational interventions can reduce burnout • Even modest investments can make a difference ([65,68-71])

Shanafelt et al. JAMA Internal Medicine online Sept 25, 2017

Original Investigation

Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism

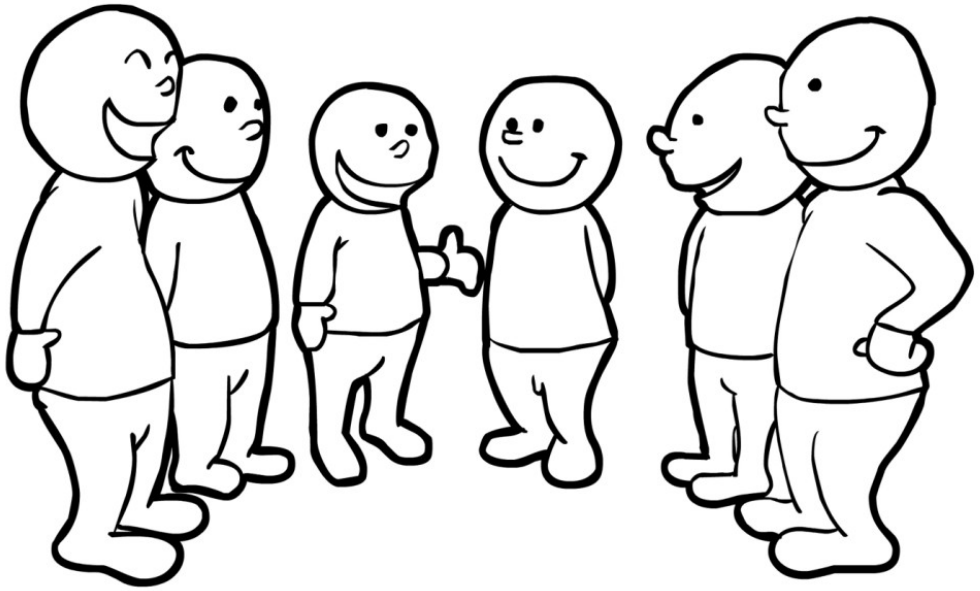
A Randomized Clinical Trial

Physicians were randomized to attend **facilitated physician small-group curriculum** incorporating mindfulness, reflection, shared experience, and small-group learning (protected time).

- Empowerment and engagement in work increased
- Rates of high depersonalization decreased
- Sustained at 12 months

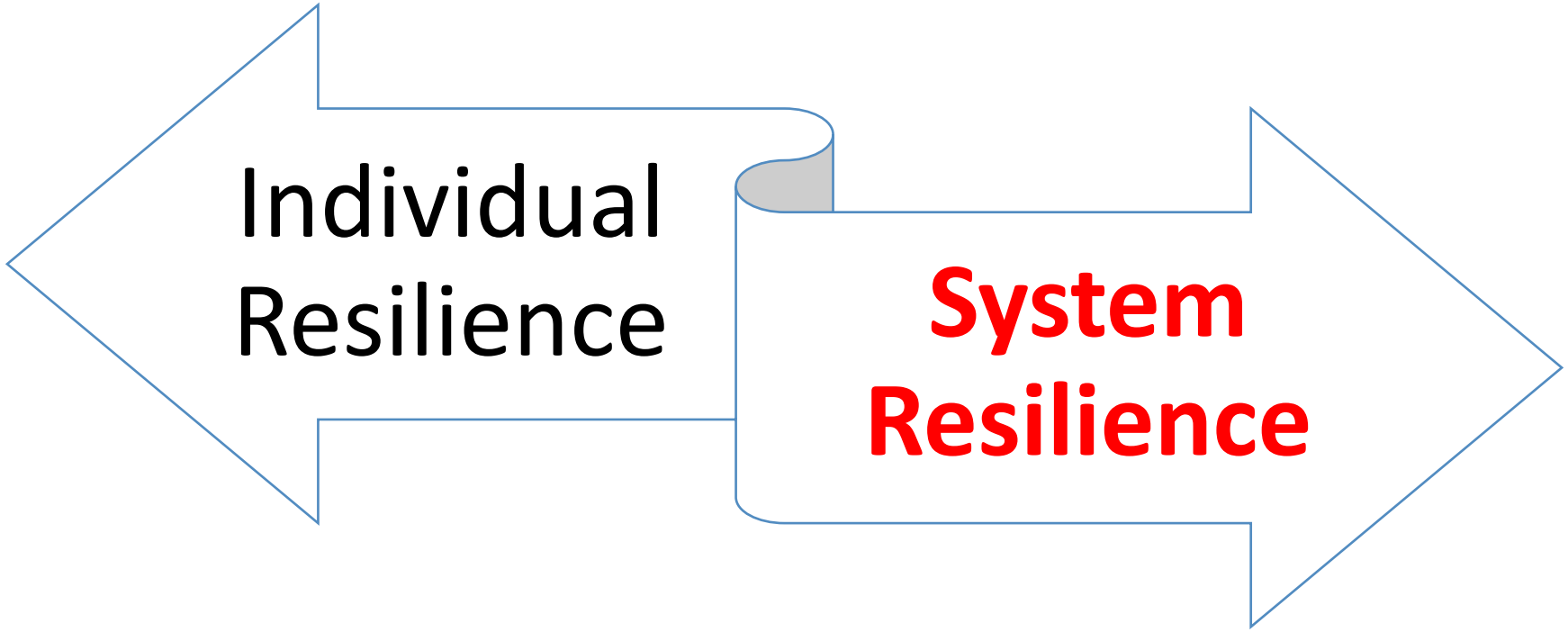
West et al. *JAMA Intern Med*. 2014;174(4):527-533

So what do we do about it?



"Burnout is primarily a system-level problem driven by excess job demands and inadequate resources and support, not an individual problem triggered by personal limitations"

Shanafelt et al. JAMA Internal Medicine online Sept 25, 2017



Treatment of burnout solely as a disease or failure of individual practitioners is unlikely to be effective. Rather, the individual and system drivers of burnout also need to be addressed.

Epstein. *Lancet* Vol 388. Nov 2016

Key Drivers of Burnout and Engagement

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

Shanafelt et al. *Mayo Clin Proc*. January 2017;92(1):129-146

University of Colorado School of Medicine Resilience Program

Resilience is integrated and enculturated into everything we do--a set of behaviors we practice every day, not simply when someone needs help.

Resilience Program

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

University of Colorado School of Medicine, Anschutz Medical Campus

Schools

- Medicine (UME, GME, Faculty, Physical Therapy, Physician Assistant)
- Nursing
- Pharmacy
- Dental
- Public Health
- Graduate School

Affiliated Hospitals

- University of Colorado Hospital
- Children's Hospital Colorado
  - Quaternary Children's Hospital
  - >400 Beds, multiple sites of practice and affiliations
  - 7 state region

University of Colorado
Anschutz Medical Campus

University of
Colorado Hospital
UNIVERSITY OF COLORADO HEALTH

Children's Hospital Colorado

Resilience Program

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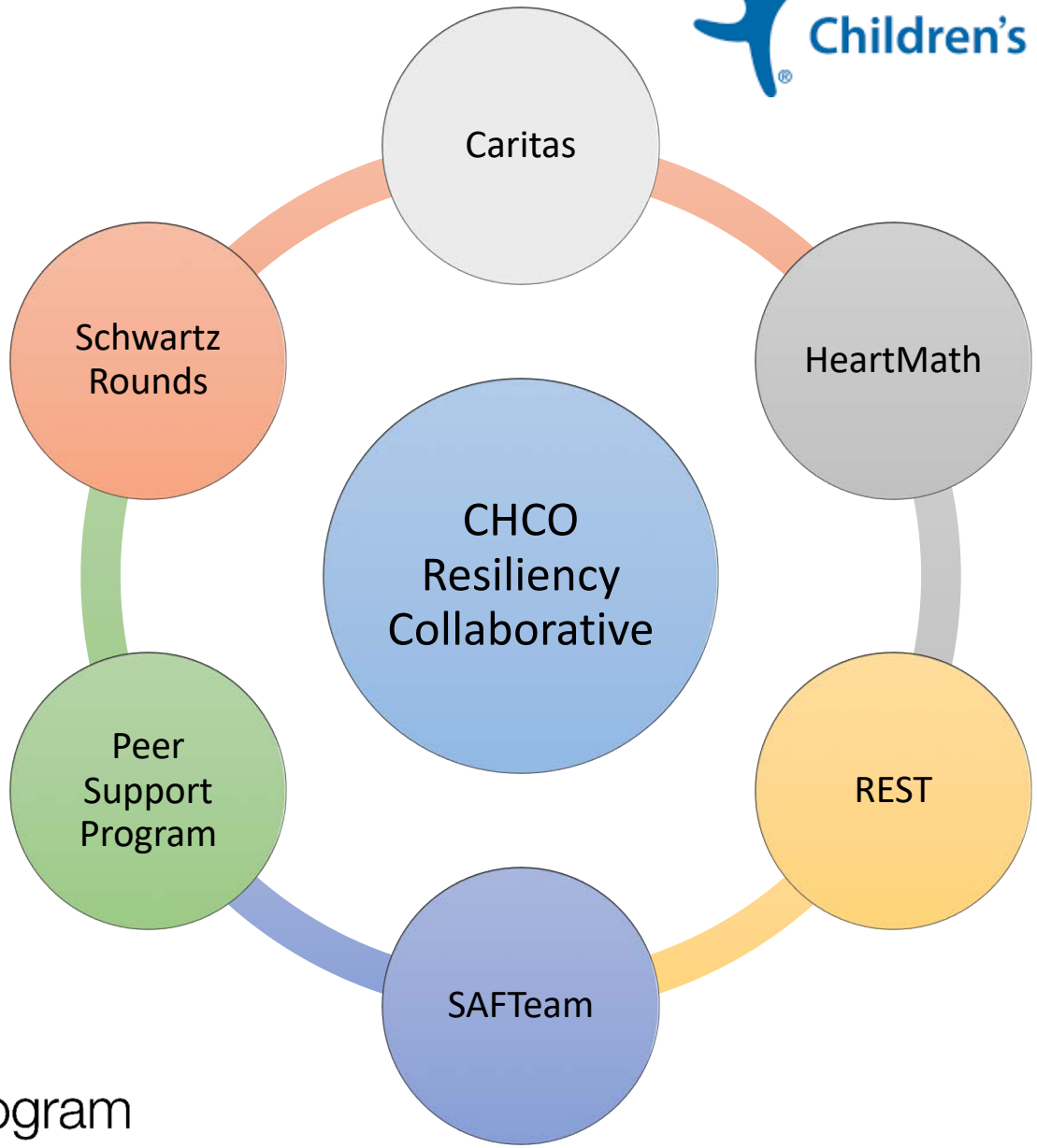
People → Passion → Time → Energy

Children's Hospital Colorado



Resilience Program

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CU SOM Resilience Program

The Resilience Council was formed in 2015 to organize and coordinate efforts to promote resilience for CU SOM faculty, residents and fellows.

This is a specific effort to promote well-being and resilience, and mitigate burnout.

Our efforts are far reaching and we aspire for continued growth and impact of our programs

Members of our program represent multiple departments, divisions, programs and roles

The process


Personal motivation
One on one connections
Meet with key organizational leaders
Resilience Council
Program development and growth

Accomplishments Year One

- Website Build
- Peer to Peer Support Network Program
- Lecture and workshop series
- Discussion groups, mindfulness training
- Residency Resilience Curriculum Development
- Improve access to resilience resources

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A-Z Index | Find a Health Care Provider
Contact Us | Maps and Parking

Medicine

ABOUT US | PEER-TO-PEER NETWORK SUPPORT PROGRAM | HOW ARE YOU? | RESOURCES | GET HELP | CONTACT US | CALENDAR

Home > Faculty > **Residents, Fellows, and Faculty Resilience**

- Home
- About Us
- Peer-to-Peer Network Support Program
- How Are You?
- Resources
- Get Help
- Contact Us
- Calendar
- The Road to Resilience

Resilience for Residents, Fellows, and Faculty

Our vision is that in the future, resilience is integrated and enculturated into everything we do—a set of behaviors we practice every day, not simply when someone needs help.

The Resilience Council was created to connect and coordinate all resilience efforts throughout University of Colorado School of Medicine Faculty, Residency and Fellowship Programs. We hope to offer resources, connections, and support for the resilience and well-being of all of our providers.

Resili
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Accomplishments Year Two

- Abbie Beacham, PhD Resilience Program Psychologist
- Koru® Mindfulness Training Program
- Resilience Curriculum Development
- **Workshops, Conferences, Retreats**
- Peer to Peer Support Network Phase 2
- Study of Interventions

School of Medicine
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First Annual

The Road to Resilience

Wednesday, September 14, 2016 | 11:30 AM – 6:00 PM
Anschutz Medical Campus, Fulginiti Pavilion

Presented by the School of Medicine Resilience Program and CU Anschutz Office of Professionalism

Resilience Program
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

2nd Annual Road to Resilience Conference

Andy Bradley

http://frameworks4change.co.uk/

Resilience Program

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Critical Success Factors

Gather your People

Leadership Buy In

Share Success

Comprehensive Resilience Programming: from **online assessment**, to **consultation** to **education sessions**, and **measuring what we do** along the way

Abbie Beacham, PhD

Resilience Program
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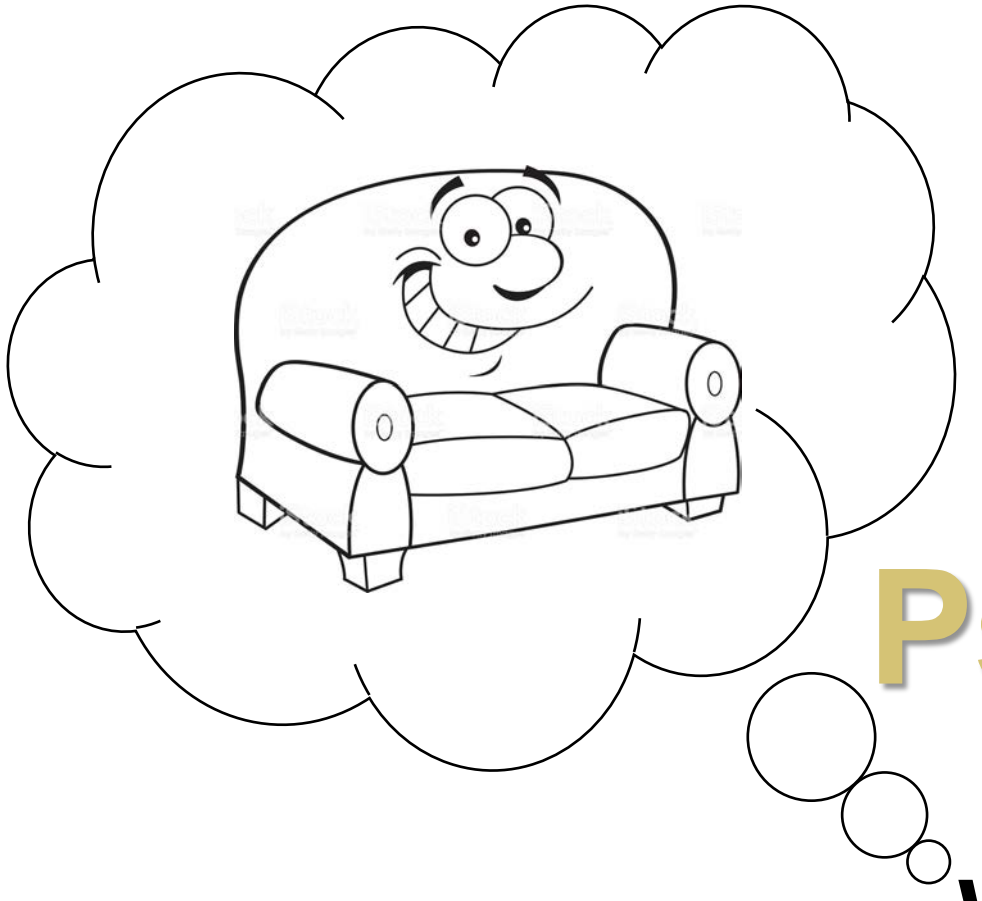
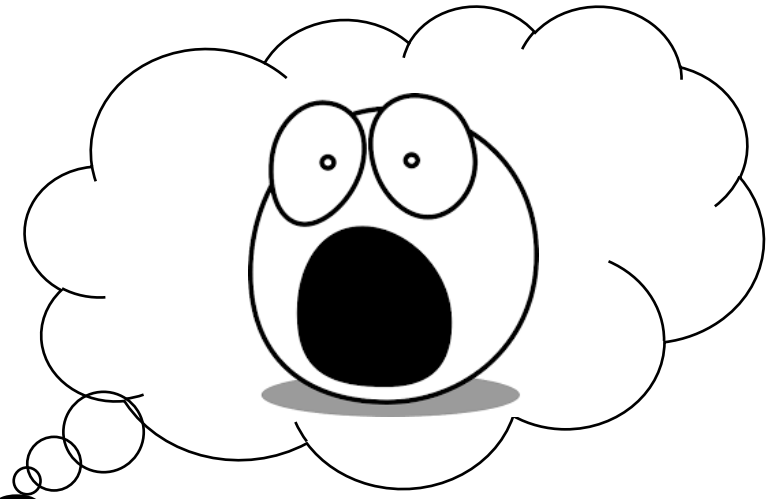
In the beginning …





What IS a Resilience Psychologist?

What does one DO?

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Provide CONSULTATION for those who reach out

Brief "targeted" consultation

- Non-threatening and not increase stigma
- Avoid "pathologizing"
- Not punitive

- **Confidential**
- **Quick response**
- **Tailored to individual needs**
- **Practical solution focused**
- **Limitations***
  - Reach is limited
  - Willingness to present may also be limited

Overview

- **Referral avenues**
  - Self (vis email)
  - Colleague (text email or phone)
- **Format**
  - Typically 1-3 visits (~45 mins)
  - Specific and immediate problem focused
  - Triage oriented
- **Outcome**
  - 1X visit and check in PRN
  - Refer to provider to address specific need
  - Refer to our own programming

How do we maximize REACH and address varying needs and preferences?

Program Non-negotiables

- *MUST* be **evidence-based**
  - Preferably ***empirically supported***
- **Practical and useful** *IMMEDIATELY*
- *MUST* assess our **OUTCOMES**

MENU of Resilience program options

- **Grand rounds and department presentations**
  - Overview of offerings or single topic
- **Private ONLINE individual Self-assessment**
  - Consultation and follow up available
- **Mini-series**
  - Single topic focus areas
- **In-depth program offerings**

Online Resilience *"Snap Shot"* Report

You **Personal Resilience Report** is based on the answers you provide in the online **Resilience Questionnaire**. It is a "snap shot" depicting how you responded to the items on the questionnaire.

It is *not* a diagnostic tool or test. Rather it is designed to help you understand how well you feel like you're faring in valued areas of your life.

You can decide if you wish to have additional information based on your report.

Your report will consist of three sections:

1) **Flourishing**
2) **Satisfaction with valued areas of your life**
3) **Resilience**

At the end of your report we will offer suggestions, resources and contact information.

Snap Shot Review

Individual Report/Review

Resilience Snap Shot
prepared for:
"Harry Potter"

Date: July 2017

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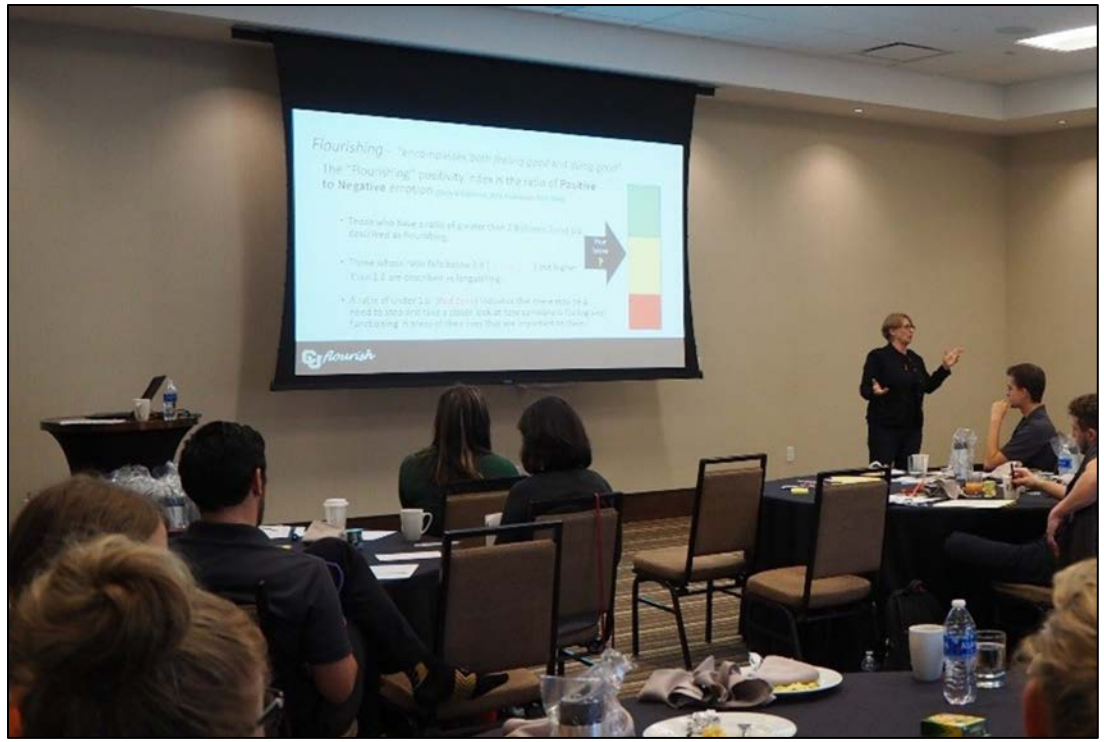
Group Results Review



Satisfaction and congruence in valued areas of life among health care professionals: Is enhancing flourishing a key to resilience?

Abbie O. Beacham, PhD[1], Jennifer Reese, MD[1, 2]

[1]University of Colorado School of Medicine; [2]Children's Hospital Colorado

BACKGROUND

Recently, there has been increased attention paid to enahncing "resilience" among health care professionals as a means of reducing or forestalling burnout. To this end, clarification of one's personal values can lay a solid foundation for movement toward greater satisfaction and functioning in daily life. Living a life in accordance with one's values can lead to an improved overall "quality" of life. Although identification of the *importance* of values is key, it is also necessary to assess *satisfaction* in valued life domains. Congruence between Importance and Satisfaction across valued/important areas of life is associated with a sense of wellbeing and lower levels of burnout [1].

Similarly, "flourishing" - a sense of both feeling good and doing good - is associated with satisfaction with life, a sense of fulfillment and resilience in response to stressful situations [2, 3]. Although it has long been convention to ascertain the impact of negative mood and affect on health and wellbeing, flourishing integrates the importance of BOTH positive and negative affect and mood as naturally coexisting states. The interrelatedness of values consistent living and flourishing may be especially salient in understanding how to enhance resilience in health care professionals.

We examined Importance and Satisfaction in valued life domains, flourishing and resilience scores in sample of health care professionals who completed online surveys as part of Resilience program development.

METHOD

Participants, Measures and Procedure: Participants (N=133) completed anonymous online surveys. In our sample, approximately 55% identified as female. Slightly less than half of the sample (46%) were MD/DO with the rest of the sample from various health care professions with both clinical and research responsibilities in a School of Medicine at a large university medical campus.

Positive and Negative Affect Schedule (PANAS). the 20-item Positive and Negative Affect Schedule [4] on which mood state adjectives are rated from 1 ("very slightly or not at all") to 5 ("extremely"). A Flourishing positivity index was calculated (Sum of Positive Affect items ÷ Sum of Negative Affect items). Notably, a ratio of greater than 3.0 is considered to be "flourishing" and less than 3.0 as "languishing". [3].

Brief Resilience Scale (BRS) the 6-item BRS assesses the degree to which respondents believe they are able to bounce back from stressful events or time periods. Each statement (e.g., *"I tend to bounce back quickly after hard times"*) is rated from1 ("Strongly Disagree") to 5 ("Strongly Agree") and summed to create one total score. [5]

The **Valued Directions worksheet** was adapted to assess ten domains: Family, Intimate Relationships, Parenting, Friends/Social, Work/Career, Education/Training, Recreation, Spirituality, Citizenship and Health/Self-care. Participants rated 1 (*not at all*) to 10 (*very*) on ***"How important is this area to you?"*** and in areas regarded as important, ***"Overall, how satisfied are you with the quality and depth of your experience in this aspect of your life?"*** [6]

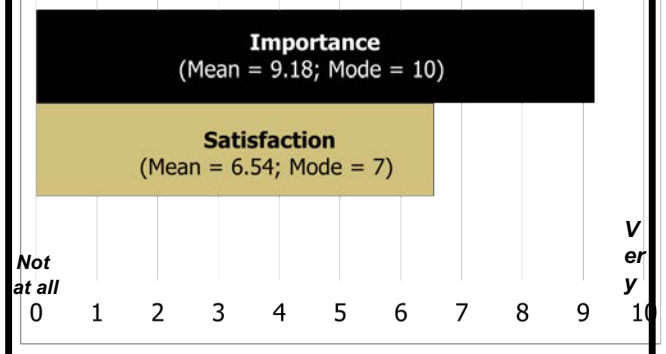
For each of the value domains, an **Importance-Satisfaction deviation score** (I-SDiff) was calculated. Those in the sample who rated Importance ≥7 in an individual value domain were selected for subsequent linear regression analyses conducted to examine predictors of resilience scores.

Table 1.
Regression analyses predicting resilience average scores

Domain	Importance M (SD)	Satisfaction M (SD)	FI Ratio M (SD)	R^2 adj model	β	*n*
Family	8.87 (1.11)	6.91 (2.00)	**1.99 (0.84)**	**.213**	**.472**	99
Intimate Relationships	9.42 (0.84)	7.42 (2.38)	**2.18 (0.86)**	**.286**	**.500**	107
Parenting	9.59 (0.88)	7.80 (1.72)	**1.96 (0.86)**	**.256**	**.507**	66
Friends	8.29 (1.12)	6.45 (2.11)	**2.05 (0.88)**	**.257**	**.507**	99
Work/Career	8.33 (1.01)	6.39 (2.31)	**2.09 (0.91)**	**.305**	**.552**	101
Education	8.63 (1.15)	7.39 (2.02)	**2.03 (0.91)**	**.365**	**.542**	86
Recreation	8.59 (1.04)	6.48 (2.01)	**2.03 (0.87)**	**.277**	**.479**	107
Spirituality	8.93 (1.22)	7.26 (2.14)	**2.13 (0.89)**	**.275**	**.521**	61
Citizenship	7.80 (0.94)	5.95 (2.21)	**2.29 (0.90)**	**.344**	**.545**	61
Health/ Self-care	9.12 (1.01)	6.54 (2.13)	**2.09 (0.86)**	**.265**	**.507**	117

Note: Figures in bold denote significance p < .001

Figure 1.
Ratings of *Importance* and *Satisfaction* in Health/Self-care



SUMMARY OF RESULTS

Among those who rated importance ≥7 in valued domains, less than half rated satisfaction at least equal to importance in any domain. Mean I-SDiff scores ranged from 1.21 (SD=1.72) to 2.6 (SD=2.14).

The highest I-SDiff score was in the Health/Self-care domain on which 87.9% of the sample rated importance ≥7 but only 18.8% rated satisfaction equal to importance (See Fig. 1). Flourishing Ratios were negatively correlated with eight of ten I-SDiff scores (p's <.05).

A series of linear regressions predicting Resilience (BRS) scores were conducted for each of the 10 value domains. With all IVs entered, each of the models accounted for significant portions of variance in resilience scores (all p's < .001). In each of these models, the sole significant independent (predictor) variable was the Flourishing Ratio (p's < .001; Table 1).

CONCLUSIONS

In our sample of busy health care professionals, it may not be surprising that levels of satisfaction in important life domains were less than desired. Notably, as flourishing ratios increased the I-SDiff scores decreased, suggesting that an effective avenue for enhancing resilience may be through identifying valued areas of living and targeting positive activities in those domains.

The largest proportion of our sample rated the value domain of Health/Self-care as being especially important to them (>=7). The I-SDiff in this domain was the largest suggesting salient levels of valued living incongruence.

Taken a step further, when we sought to identify predictors of resilience scores, only the Flourishing Ratio emerged as a significant independent predictor in each of the 10 regression models. This finding may be especially important in informing the development of interventions and programming to enhance resilience and, hence, target burnout. Interventions are not a "one-size fits all" proposition. Flourishing ratios can be enhanced via a variety of activities. Such activities will be especially effective if they are consistent with the values deemed most important by the individual.

REFERENCES

[1] Veage,S. et al, (2014). Value congruence, importance and success and in the workplace: Links with well-being and burnout amongst mental health practitioners. *Journal of Contextual Behavioral Science*, *3*, 258–264

[2] Gloria, C.T. & Steinhardt, M.A. (2013) Flourishing, Languishing, and Depressed Postdoctoral Fellows: Differences in Stress, Anxiety, and Depressive Symptoms, *Journal of Post-Doctoral Affairs, 3,* 1-9

[3] Fredrickson, B. L. (2013). Updated Thinking on Positivity Ratios. *American Psychologist*, doi: 10.1037/a0033584

[4] Watson, D., Clark, L.A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*, 1063-1070.

[5] Smith, B., et al. (2008) The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine, 15*, 194–200.

[6] Eifert, G. H., & Forsyth, J. P. (2005). *Acceptance & Commitment Therapy for anxiety disorders: A practitioner's treatment guide to using mindfulness, acceptance, and values-based behavior change strategies*. Oakland, CA: New Harbinger Publications, Inc.

NOTE: n=117 or 87% of sample who rated Importance >= 7

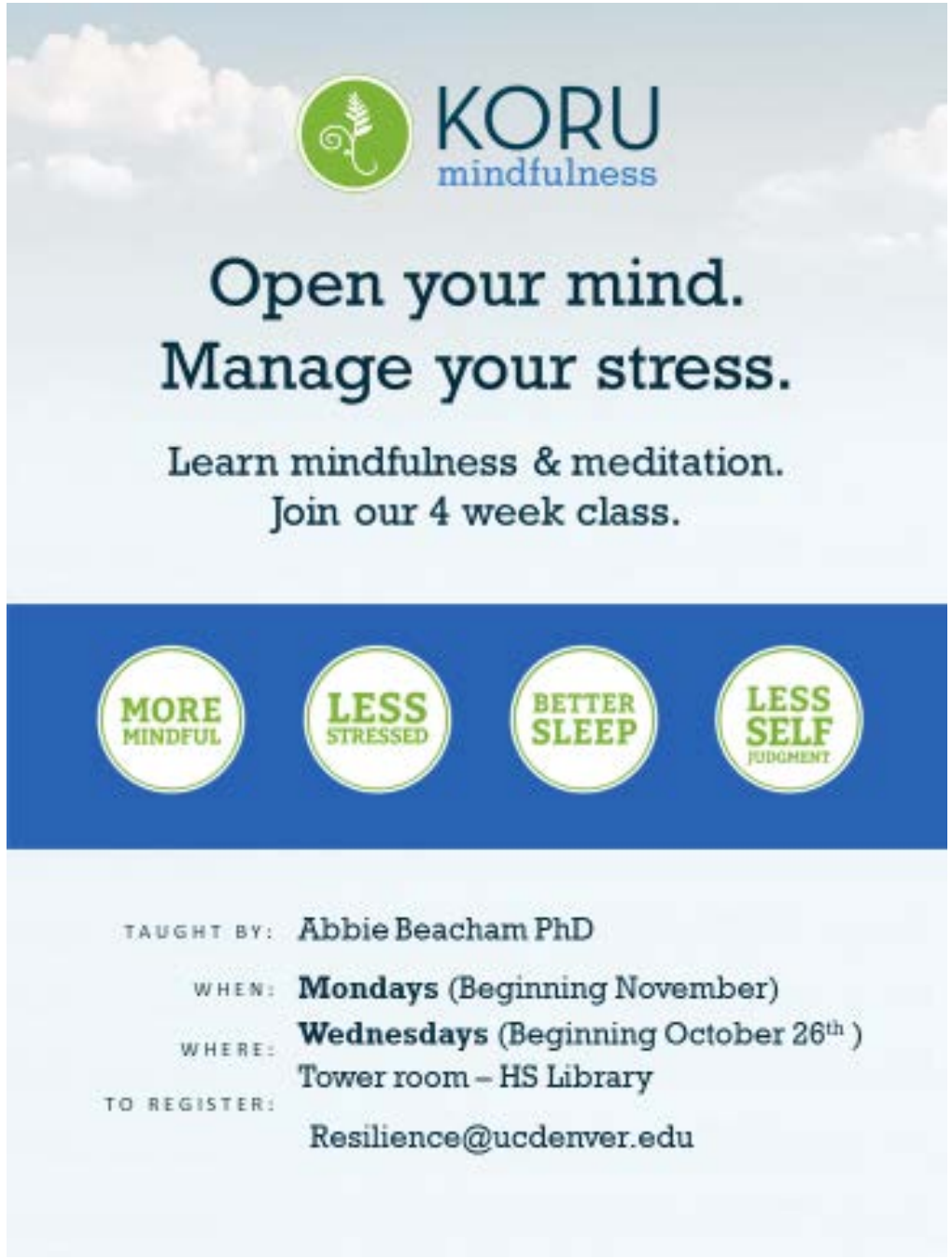
Resilience Program
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Resilience “Mini-Series”

- 50 minute brown bag sessions
- Topics:
  - **Finding Your Values Compass**
  - **Mini-Mindfulness**
  - **Putting Joy and Gratitude to Work**
  - **True(er) Grit**

More In-depth Resilience programs

- **3-4 Sessions** (1x/week)
  - 1-1.25 hour sessions
- **Evidence based programs adapted to needs of our audience**
- **Pre-Post Data collection**
- **Evaluations for each program inform evolution**
- **Open to CU School of Medicine:**
  - Faculty
  - Staff
  - Residents
  - Fellows
  - Students



- The **Koru Mindfulness®** program* was developed over the course of a decade by psychiatrists Holly Rogers, MD & Margaret Maytan, MD at Duke University's student counseling center.

- Originally developed for emerging adults (19-29 y.o.)

- Adapted for all ages including residents, fellows, mid-life and older adults and veterans.

*Must be taught by instructors who have graduated from Koru teacher training

Lessons Learned

- Some Trial and Error
- Not everything works from the beginning
  - Adapt to circumstances and systemic structures
- Saying yes to every request can have unintended consequences
- Bend but not Break ☺

Future Directions

- Expand programming across “campus” community
- Connect with other stakeholders who may be doing similar things
- Address ongoing sustainability issues
- Establish effectiveness research structure

Peer to Peer Support Network

Resilience Program

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What is a Second Victim?

- “A health care provider involved in an unanticipated adverse patient event, medical error, and/or a patient-related injury who becomes victimized in the sense that the ***provider is traumatized by the event*.**

- Frequently second victims feel personally responsible for the unexpected patient outcomes and feel as though they have failed their patient, second guessing their clinical skills and knowledge base.”

1. Scott, S.D. et all. 2010. *The Joint Commission Journal on Quality and Patient Safety, 36*(5), 233-240.

Peer Support for Clinicians

"Creating a peer support program is one way forward, *away from a culture of invulnerability, isolation, and shame* and toward a culture that truly values a sense of **shared organizational responsibility for clinician well-being and patient safety**."

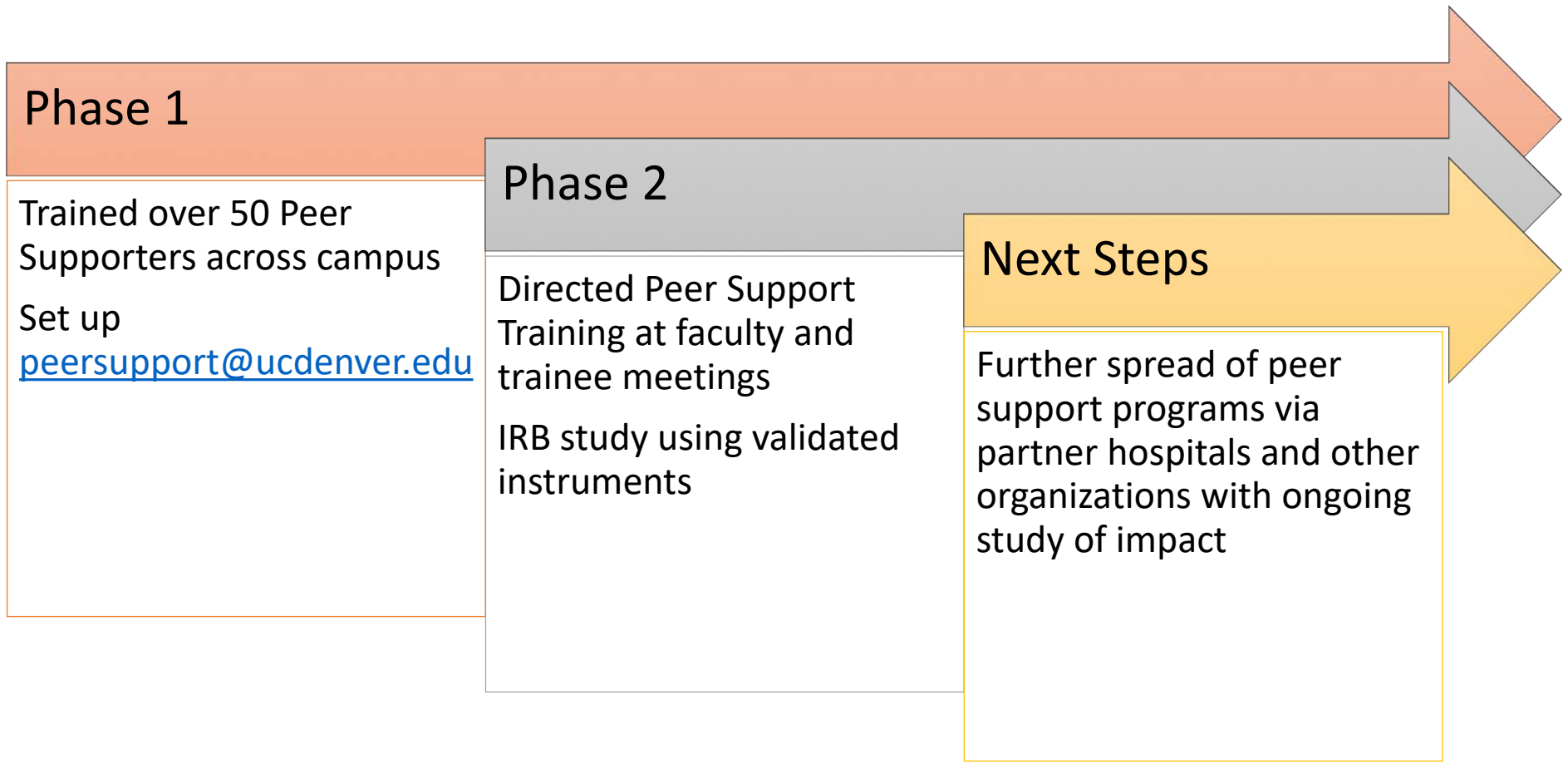
Shapiro and Galowitz. *Academic Medicine*, September 2016

Peer Support

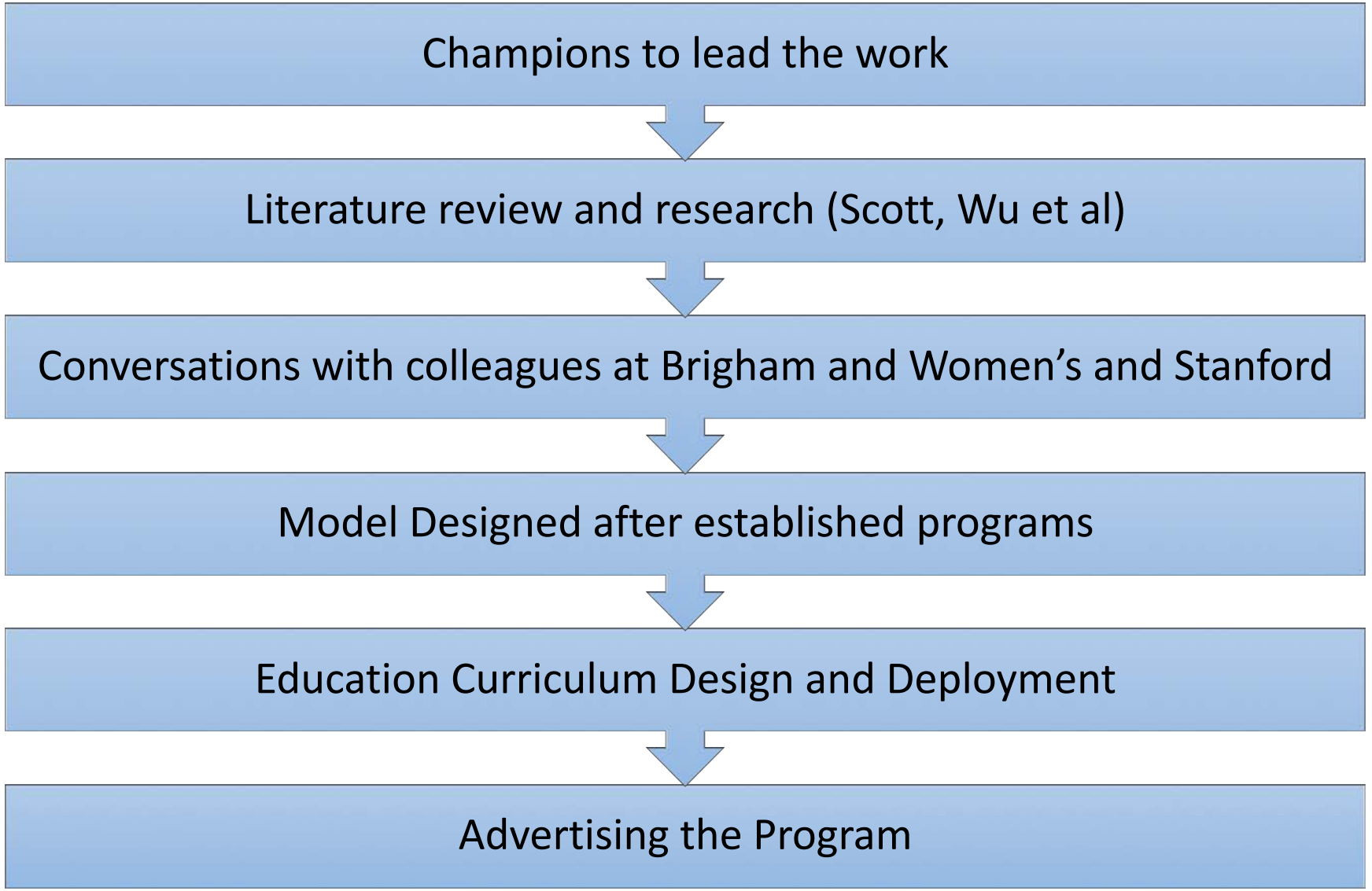
- Prevalence of second victims range from 10%-43% [1]
- Most physicians desire support after adverse events[2]
- Many second victims do not receive support[3,4]
- Strong peer relationships may promote resilience in health care[5]

[1]Seys et al 2013, [2]Khaneja et al 1998, [3]Scott et al 2009, [4]Edrees et al 2011, [5]Gittell 2016

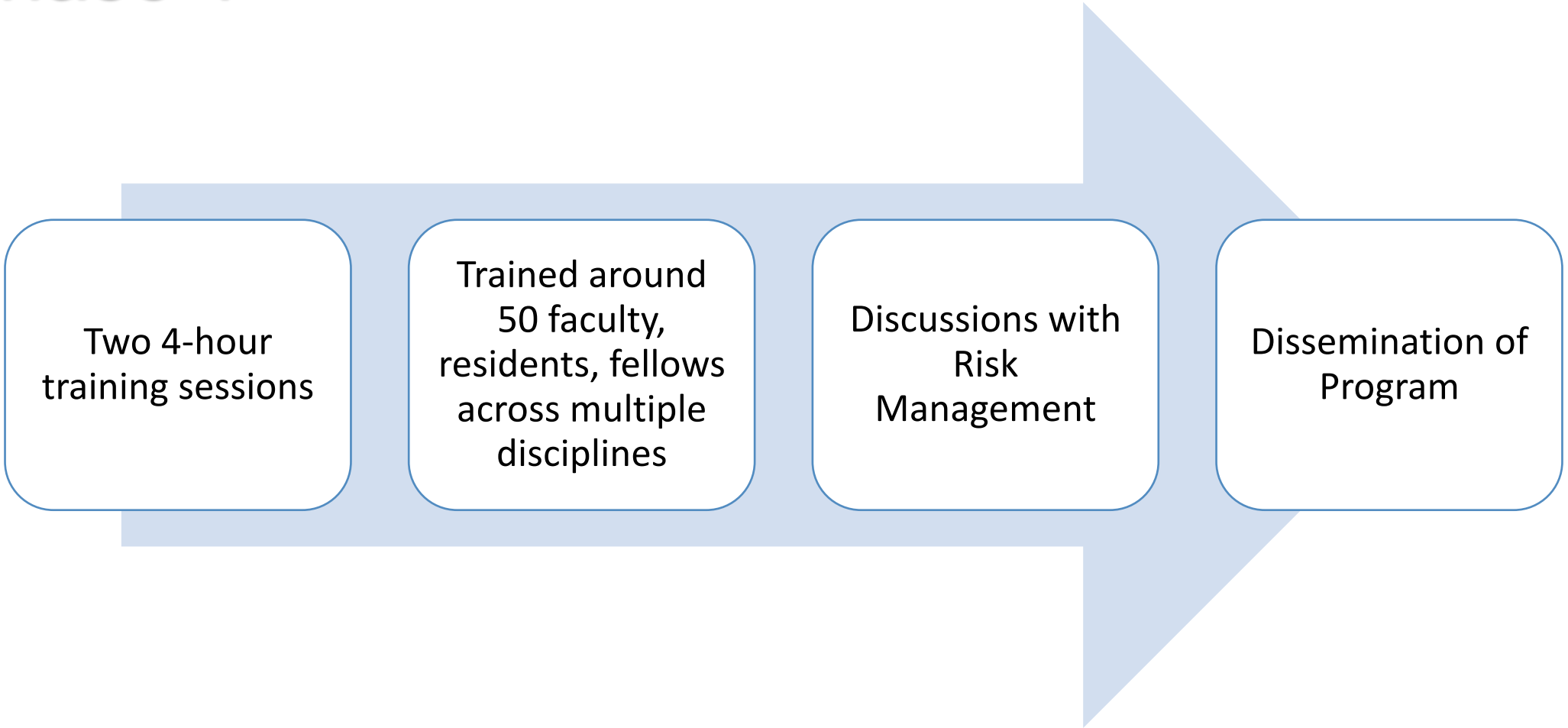
Peer Support



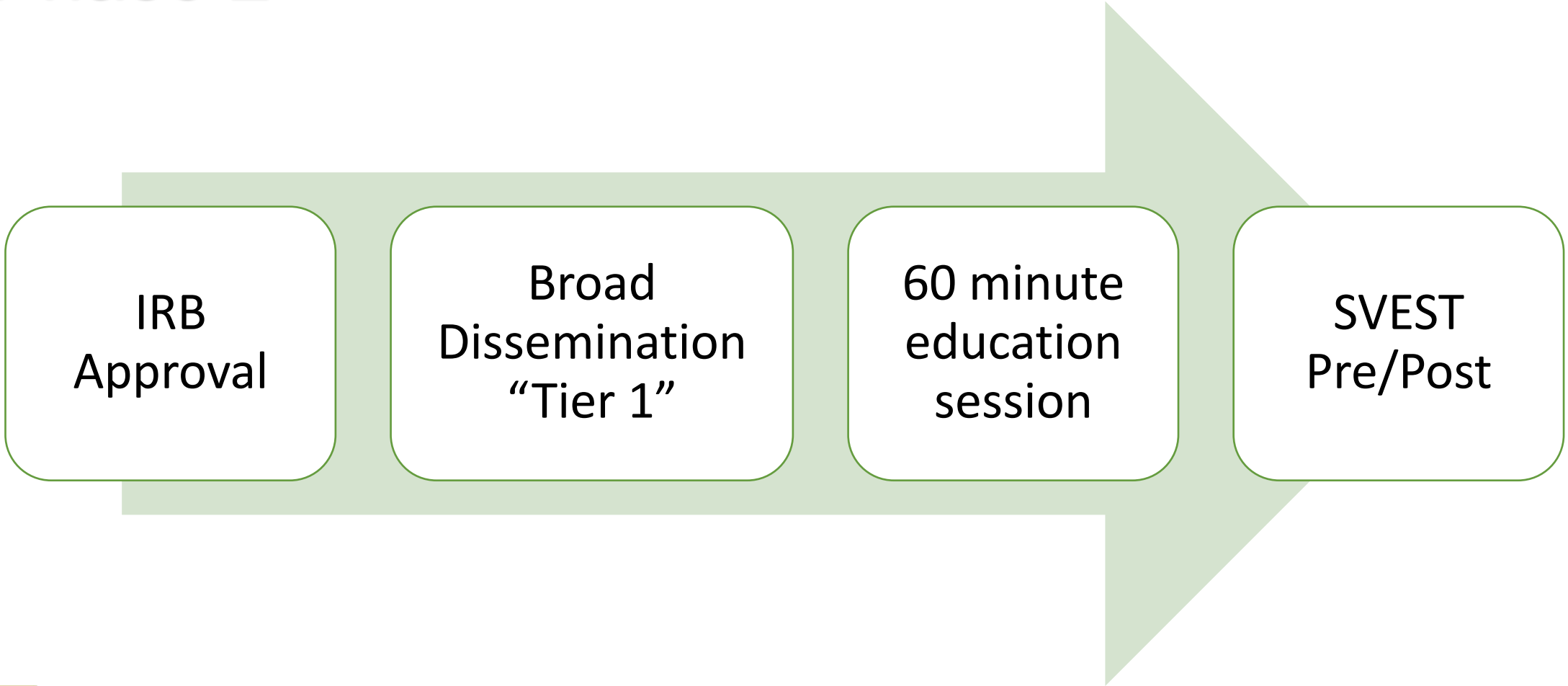
Peer to Peer Support Network
Phase 1



Peer to Peer Support Network Phase 1



Peer to Peer Support Network
Phase 2



Online *Second Victim Experience and Support Survey (SVEST)* [1]

Dimensions

- Describe Responses to Adverse Clinical Events

Second Victim Support

- Level of desirability for types of support

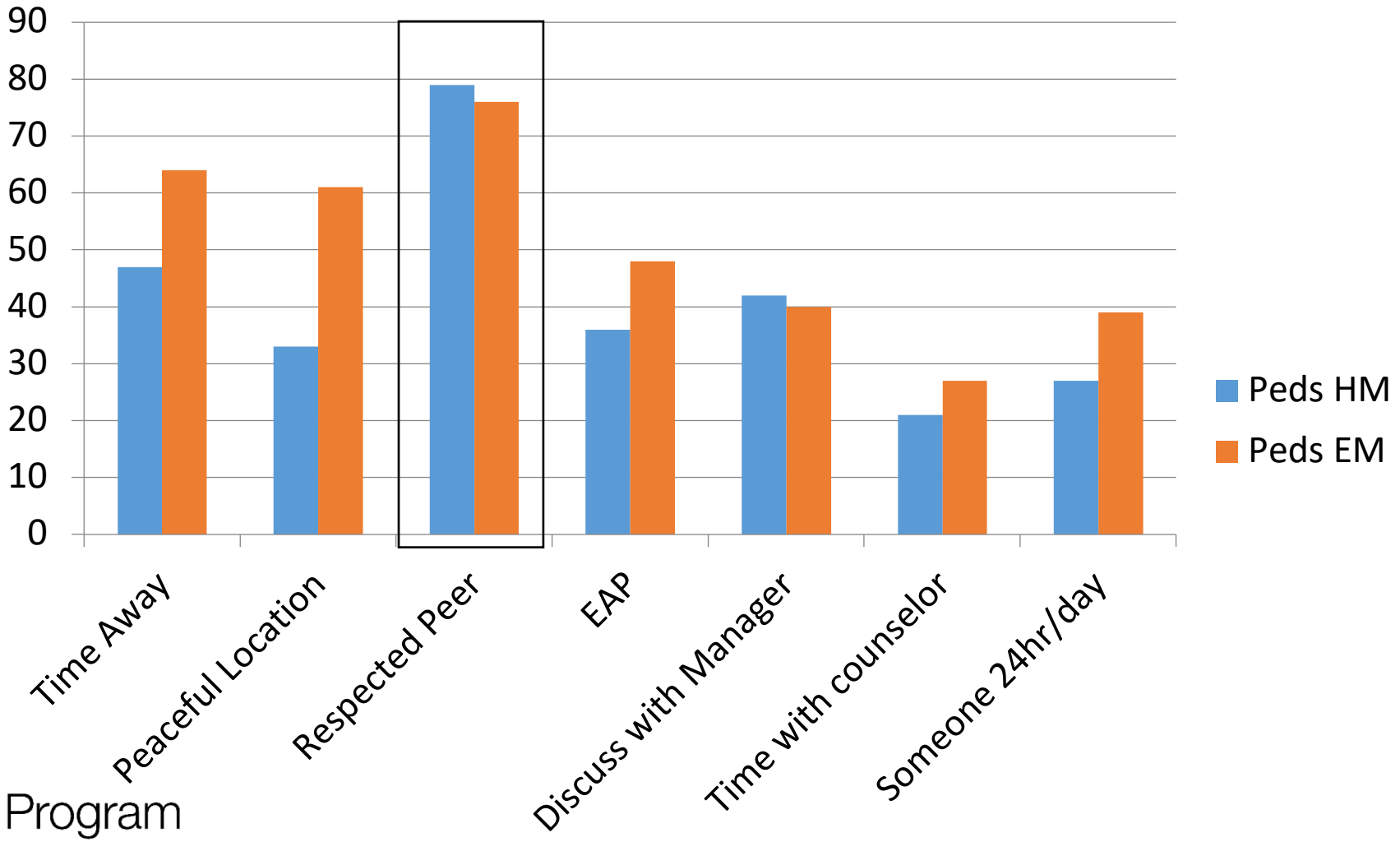
1. Burlison et al. *J Patient Saf.* 2016

SVEST Dimensions

Psych Distress	Physical Distress	Turnover Intent	Absenteeism
• Embarrassment • Fearful • Miserable • Remorse	• Exhausting • Sleep disturbance • Queasy/Nausea • Decreased appetite	• Desire to take position elsewhere • Want to quit	• Taking time off

Colleague Support	Supervisor Support	Institutional Support	Non Work Related Support	Prof Self-Efficacy
• Appreciate efforts • Discussing helps	• Treated fairly • Blame	• Resources offered • Concept of Concern	• Close friends and family for support	• Inadequacy • Question abilities

Desired forms of Support (% Favorable)



There is nothing you need to do.
There is nothing to fix.
The best advice is no advice.

1 ASK

2 LISTEN

3 CONNECT

Evaluation of a Peer Support Training Program

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Background

- A **Peer Support Program** was developed at our academic medical center, consisting of training clinical providers to support peers following adverse clinical events.
- We assessed our participants' perceptions of the training with a written, post-education session survey.

Summary of Work

- Program participants (N=141) consisted of primarily (75.3%) physicians who completed evaluations immediately after a 45-minute Peer Support training.
- Six, 5-point Likert scale items (1="Strongly Agree" to 5="Strongly Disagree") were: "The training was useful", "I am likely to apply these concepts to my future work", "I am likely to seek out a peer if I am involved in an adverse clinical event", "I am likely to reach out to a peer who may be in need of support after an adverse clinical event" and "I am confident in my ability to 1) start and 2) engage a peer support conversation."
- Open-ended questions inquired about what participants enjoyed and what they might do differently because of the training.

Results

- ❑ Scores on each of the Likert scale items were quite high with **88% to 98.6% endorsing Agree-to-Strongly Agree**
  - Mean score range 1.28 to 1.65
- ❑ The modal response for all six items was "Strongly Agree."
- ❑ Participants most frequently noted that they enjoyed discussions with peers, small group interaction, and an opportunity to openly discuss common experiences.
- ❑ When asked what they might do differently as a result of the training, over 60% of the sample listed at least one specific action.
  - Most frequent responses were to reach out to a peer, initiate discussions, and take more time to listen.

Conclusions

- Systematic Peer Support training intervention may be helpful in enhancing provider well-being through increasing perceived support among colleagues.
- Results suggest that among providers a brief, practical intervention is well-received and highly valued. Future studies are underway to assess the degree to which the skills are employed over time.

Next Steps

- Continued Peer Support training to provider groups across campus
- Development of a "reach out" peer support program modeled after other successful programs
- Additional study on impact of peer support programs to address burnout and improve patient safety among health care providers

Contact Information

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Disclosures

Our authors have no financial disclosures.

A Peer Support Program to Address Adverse Clinical Events and Promote Well-Being Among Health Care Providers

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[1]Children's Hospital Colorado and University of Colorado School of Medicine, [2]University of Colorado School of Medicine
[3]Behavioral Health and Wellness Center

Background

- Adverse clinical events are common among medical professionals. Many healthcare workers are not supported following adverse clinical events, and absenteeism and turnover may result, which are costly to healthcare systems.
- A Peer Support Program was developed at our academic medical center, consisting of training clinical providers to support peers following adverse clinical events. We assessed our participants' perceptions of adverse clinical events prior to intervention.

Summary of Work

- At program baseline, participants (N=271) completed an online Second Victim Experience and Support Tool (SVEST) developed for healthcare organizations to evaluate providers' second victim experiences.
- SVEST domains include: psychological and physical distress; perceived support from colleagues, supervisors, institution and non-work related; professional self-efficacy; turnover intentions (TI); absenteeism (ABS); and desired forms of support.
- The pediatric providers (n=170,Female 61.2%) and adult providers (n=101,Female =50%) were compared on SVEST domain scores and desired forms of support.

Results

There were no differences on level of TI or ABS between the two groups and TI and ABS were positively correlated (r=.364,p<.001).

- Among **pediatricians**, higher *psychological and physical distress* were endorsed (p's<.05); and TI was predicted (R2=.357,p<.001) by *Physical and Psychological Distress, Institutional Support and Professional Self-Efficacy* (p's≤.05). ABS was predicted (R2=.072,p=.017) by *Physical Distress and Institutional Support* (p's<.05).
- In the **adult provider** sample, TI was predicted (R2=.410,p<.001) by *Professional Self-efficacy and Institutional Support.* ABS was predicted by *Colleague Support and Non-work Support*.
- **Across all groups, "talk to a respected peer" was the most desired form of support.**

[1]Burlison et al. *J Patient Saf* 2017 Jun;13(2):93-102.
[2]Burlison et al. *J Patient Saf* 2016 Nov 2

Conclusions

- Considering predictors of TI, sources of distress may differ depending on the roles of providers.
- When absenteeism occurs, intervention by colleagues may be useful in forestalling turnover. Consistent with previous SVEST results[2] institutional support plays a role in TI.
- Systematic Peer Support training intervention may be helpful in enhancing provider well-being through increasing perceived support among colleagues and the institution.

Next Steps

- Continued Peer Support training to provider groups across campus
- Development of a "reach out" peer support program modeled after other successful programs
- Additional study on impact of peer support programs to address burnout and improve patient safety among health care providers

Disclosures

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Anesthesia Resident Wellness Program

Alison Brainard, MD and Norah Janosy, MD

Resilience Program

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

ACGME Milestones Project 2013

- Professionalism:
  - "Responsibility to maintain personal, physical, and mental health"

- All residency programs have a "mandate" to teach within the residency curriculum

Mindful Practice

Home

Our Approach

Presentations and Workshops

About the Faculty

Curricula and Instructional Materials

Publications and Research

URMC / Family Medicine / Mindful Practice

Mindful Practice

Mindful practice is a means for health professionals to:

Faculty Training in Mind-Body Medicine

Educating for enhanced self-awareness and self-care

November 9—12, 2017

Originating at Georgetown University School of Medicine, this experiential program provides faculty at health professional schools with the training, tools, and strategic thinking necessary to implement the course in Mind-Body Medicine Skills at their institutions.

During a three-day weekend retreat on Maryland's Eastern Shore, participants will be introduced to meditation, guided imagery, biofeedback, breathing techniques, and other mind-body approaches that can alleviate stress and foster self-awareness and self-care. Participants will experience the power of these approaches first-hand while learning how to lead Mind-Body Medicine Groups for students and residents.

ai The Center For Appreciative Inquiry

HOME ABOUT US CERTIFICATION DIRECTORY EVENTS

Appreciative Inquiry Facilitator Training (AIFT)

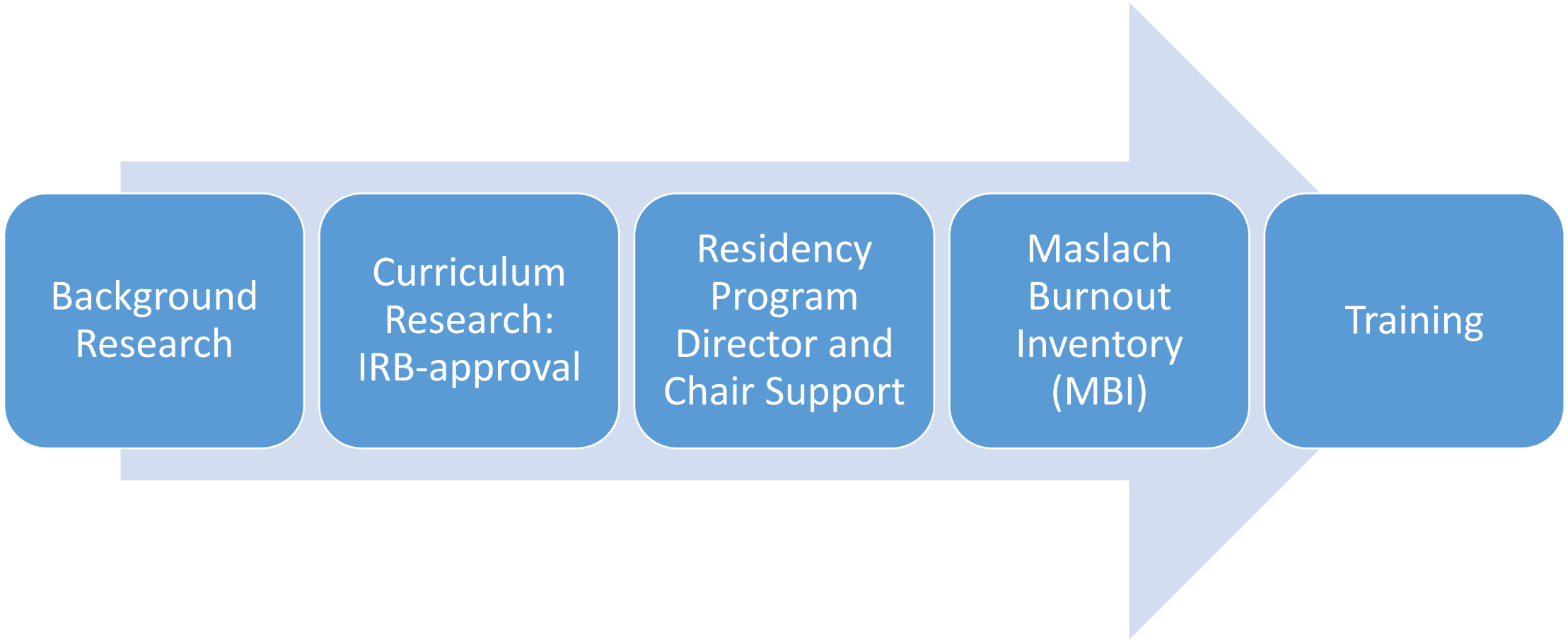
Appreciative Inquiry is a collaborative, strength-based approach to both personal and organizational development that is proving to be highly effective in thousands of organizations and communities in hundreds of countries around the world. It is a way of bringing about change that shares leadership and learning – fully engaging everyone in the organization.

What is an Appreciative Inquiry Facilitator Training © (AIFT)?

Resilience Program

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Pilot Year

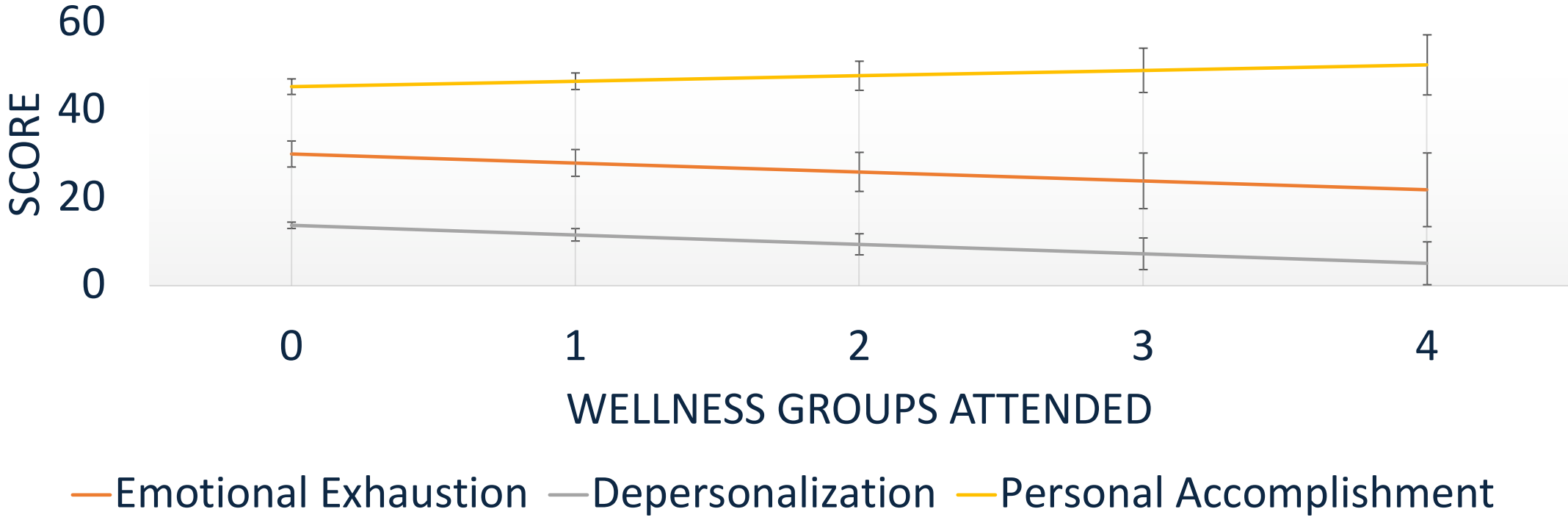

Background Research
Curriculum Research: IRB-approval
Residency Program Director and Chair Support
Maslach Burnout Inventory (MBI)
Training

Anesthesia Pilot Year Curriculum

- Grand Rounds Presentations
  - 5 Wellness Grand Rounds
    - Substance Abuse Avoidance
    - Disclosure
    - Burnout
    - Resilience
    - Sexual Harassment
- Resident Didactic Sessions, Quarterly
- Peer Mentoring Program within Residency Program with QI projects
- Resident Wellness Dinners, Quarterly
- Monthly Wellness Article
- Creation of Wellness Email Address/ Resident Wellness Resource Card

Pilot Year Study Results

Predictive Marginal Effects of Number of Wellness Groups on Emotional Exhaustion, Depersonalization, and Personal Accomplishment Scores




flourish

CU Flourish Brief History

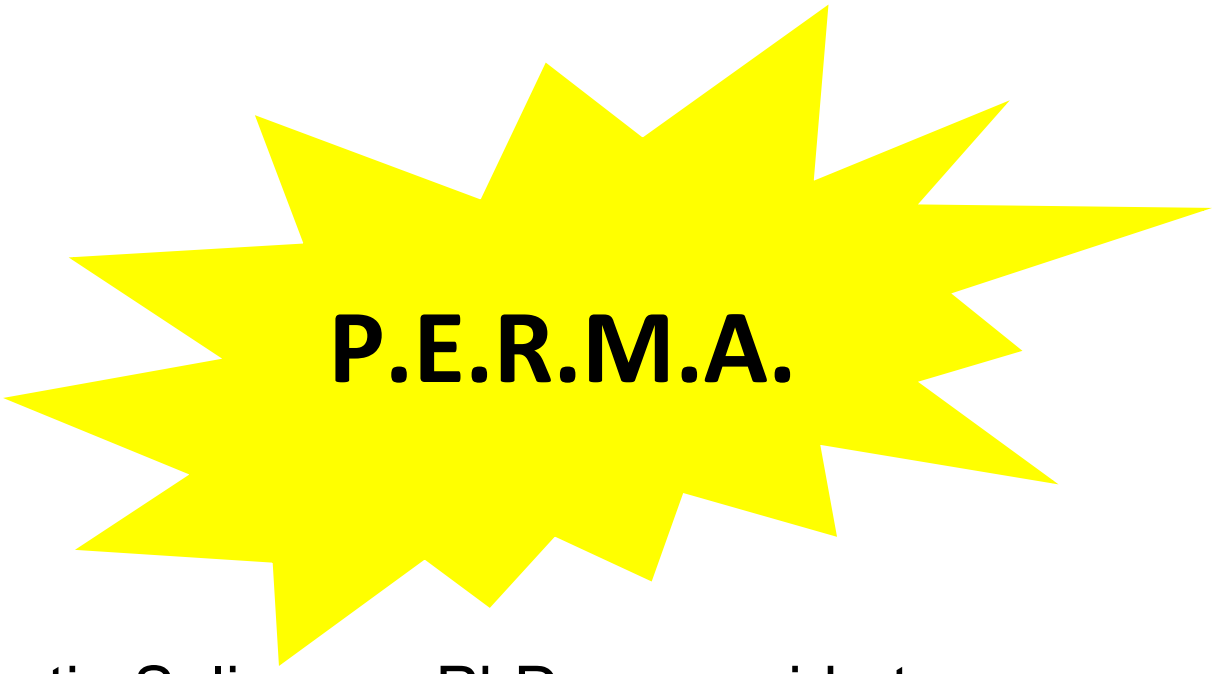
- **Began as stand alone "Mini-Series" sessions**
  Noon & Evening Presentations
  Similar to Peer-to-Peer Phase II presentation format

- **Presented in retreat format for specific audiences:**
  - *Anesthesia CA1 Residents**
  - *Colorado Academy of Family Physicians*
  - *CU Anschutz Medical Campus Student Senate**
  - *Various components – Grand Rounds*

  ** Additional program planning currently underway*

Model for Wellbeing

- **P**ositive emotions
- **E**ngagement
- **R**elationships
- **M**eaning
- **A**chievement



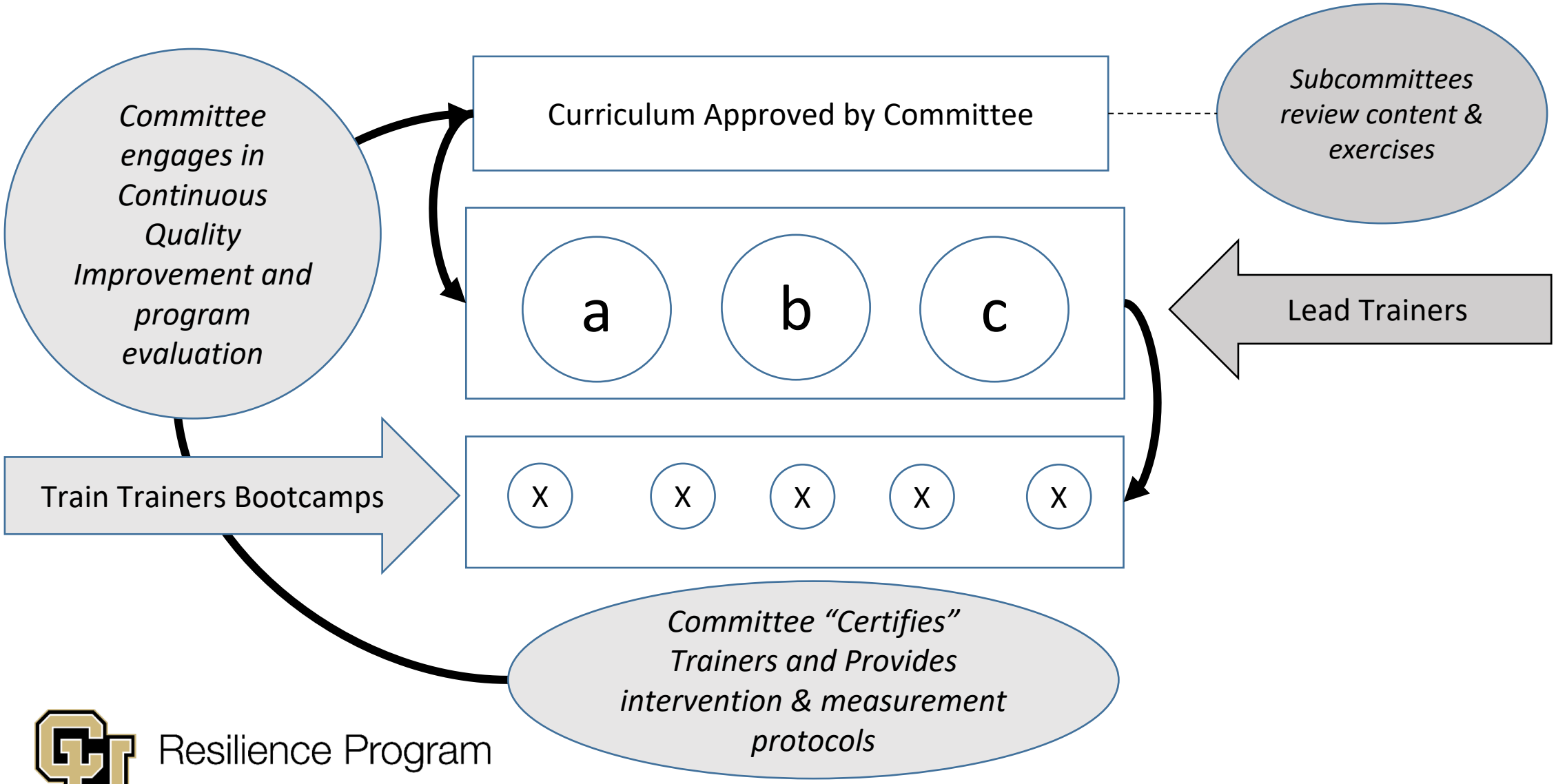
- Developed as a conceptual model by Martin Seligman, PhD as a guide to help individuals find paths to flourishing.
- It is a popular structure emanating from Positive Psychology.
- Provides a rubric for how Resident Resilience/Wellbeing Curriculum can be designed, organized, implemented and evaluated.

Seligman M. Positive psychology progress: empirical validation of interventions. Seligman M. American Psychologist 60(5) American Psychological Association 2005 Jul-Aug 0003-066X

Tripartite Model of Evidence- based Practice Decision Making

Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes RB: Evidence-based Medicine: How to practice and teach EBM. 2000, 3-Edinburgh: Churchill Livingstone

Dissemination



CU Flourish Sessions and Evidence Base

- **Session 1 – *Mini-Mindfulness***
- **Session 2 – *True(er) Grit***
- **Session 3 – *Finding Your Values Compass***
- **Session 4 – *Putting Joy and Gratitude to Work***

The Science of Mindfulness

("Hits" Search Engine Google Scholar)

- "Mindfulness" N=265,000
- "Mindfulness and Health" N=135,000
- "Mindfulness and Health Care Professionals" N=35,000
- January 2017 (*Mindfulness Research Monthly*):
  - 58 New Citations
    - 23 Interventions
    - 17 Associations (correlates and mechanisms)
    - 6 Methods
    - 10 Reviews
    - 2 Trials

Mindfulness in Medicine

David S. Ludwig, MD, PhD
Jon Kabat-Zinn, PhD

Mindfulness can be considered a universal human capacity proposed to foster clear thinking and openheartedness. As such, requires no particular religious or cultural belief system.

The goal is to ***maintain awareness moment by moment***, disengaging oneself from strong attachment to beliefs, thoughts, or emotions, thereby developing a greater sense of emotional balance and well-being

JAMA, Septeber 17, 2008—Vol 300, No.11

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Krasner et al. JAMA, September 23/30, 2009—Vol 302, No. 12

70 primary care physicians participated in CME course in mindfulness medication, self awareness exercises, narratives, discussion, didactics.

Improvements in mindfulness, burnout, empathy, physician belief scale, total mood disturbance and personality

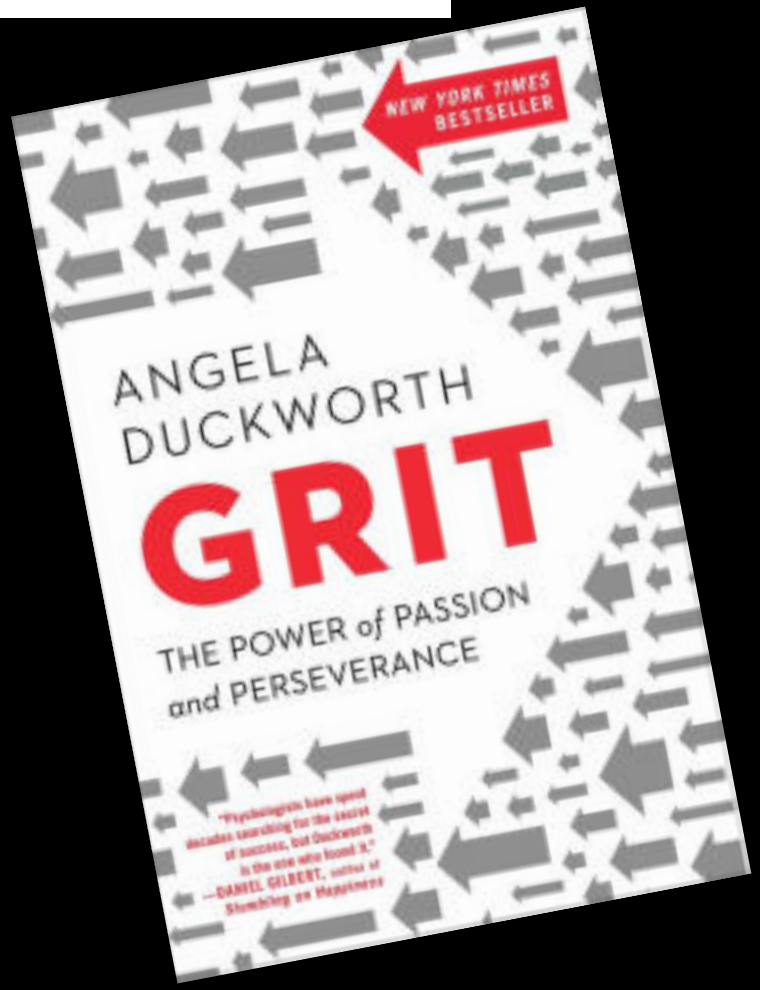
Abbreviated Mindfulness Intervention for Job Satisfaction, Quality of Life, and Compassion in Primary Care Clinicians: A Pilot Study

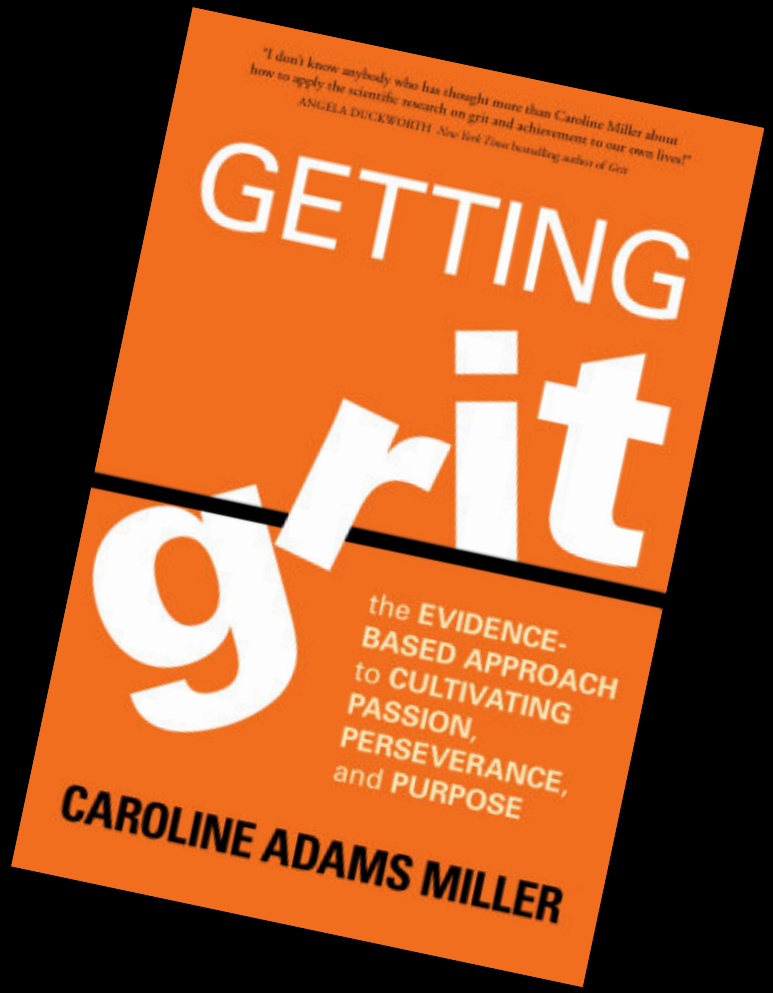
Forntey et al. *Ann Fam Med*, September/October 2013, Vol 11, No. 5

30 primary care clinicians participated in abbreviated mindfulness course (based on Mindfulness Based Stress Reduction—MBSR program)

Improvements in burnout, depression, anxiety and stress

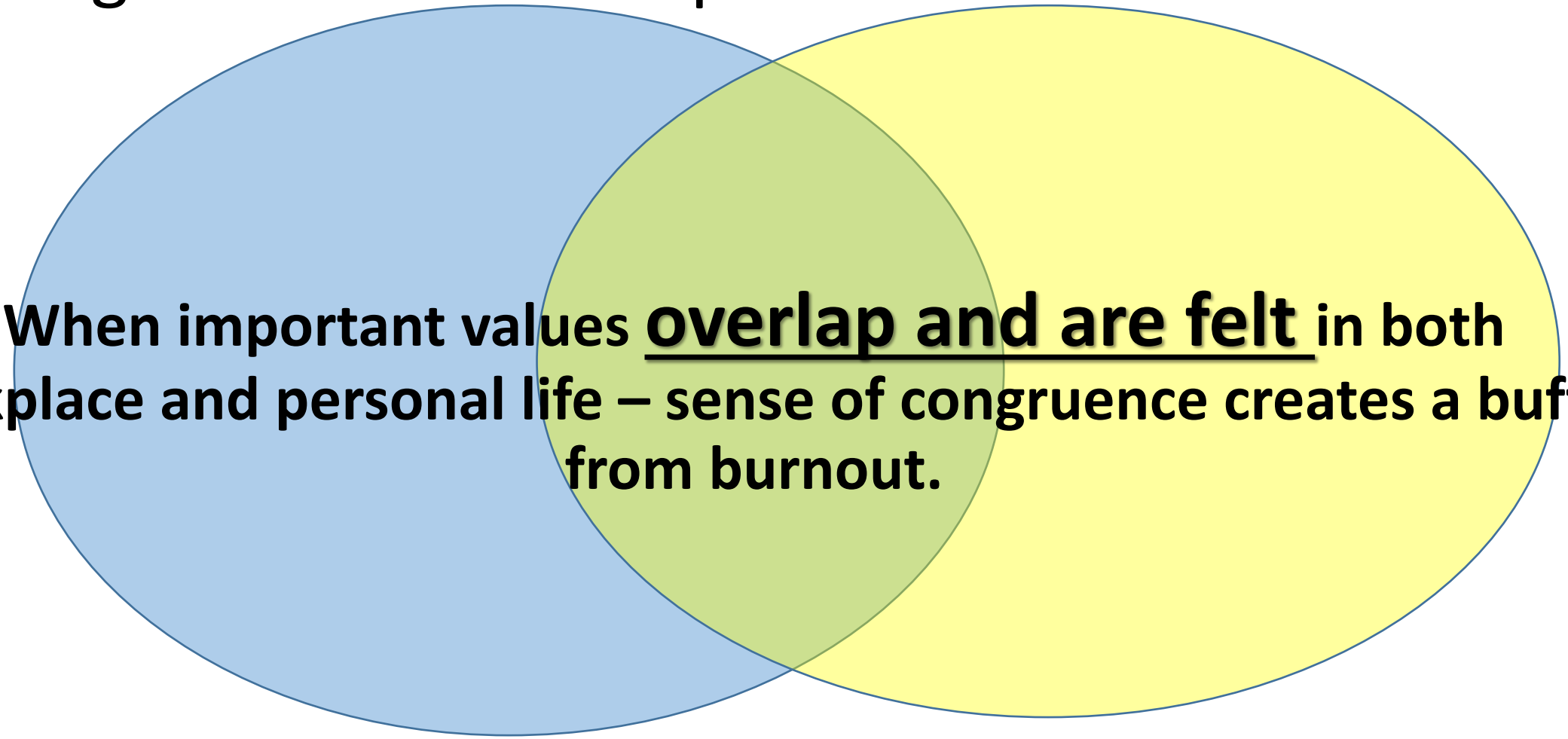
True(er) Grit





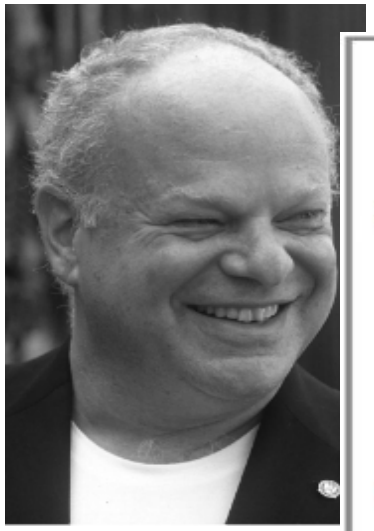
http://angeladuckworth.com/

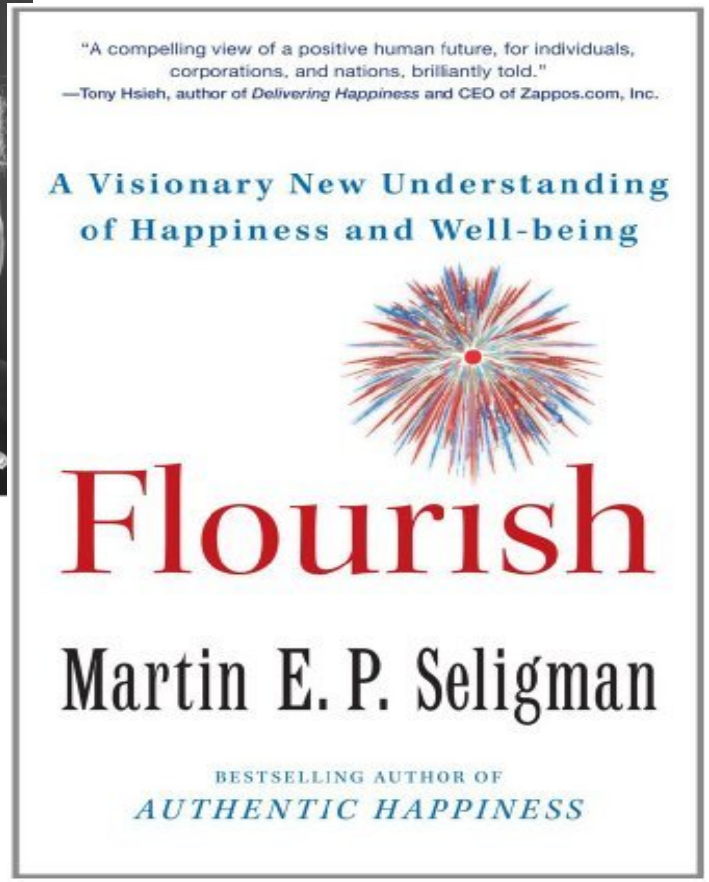
Finding Your Values Compass

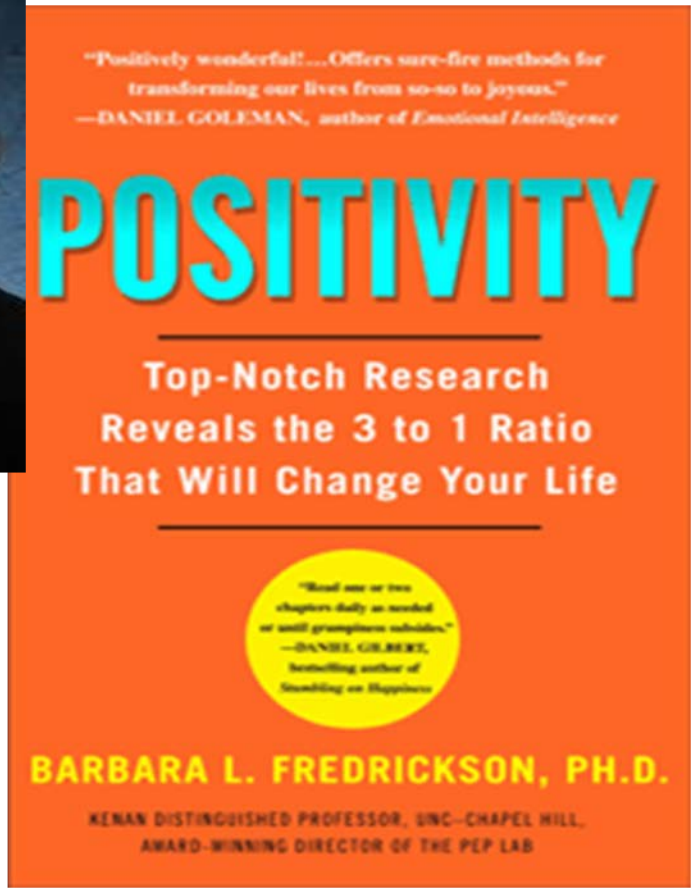


Veage, S. et al. (2014) Value congruence, importance and success and in the workplace: Links with well-being and burnout amongst mental health practitioners. *Journal of Contextual Behavioral Science 3,* 258–264

Putting Joy and Gratitude to Work Positive Psychology







Resilience Program
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Positive psychology interventions: a meta-analysis of randomized controlled studies.

REVIEW	OUTCOMES	CONCLUSION
• 40 articles • 39 studies • 6,139 participants	• Subjective well-being, psychological well-being and depression	• Positive psychology interventions can be effective int eh enhancement of subjective well-being and psychological well-being, as well as in helping to reduce depressive symptoms.

Bolier et al. BMC Public Health

Outcome Measures/Data Collection—still under development, subject to change

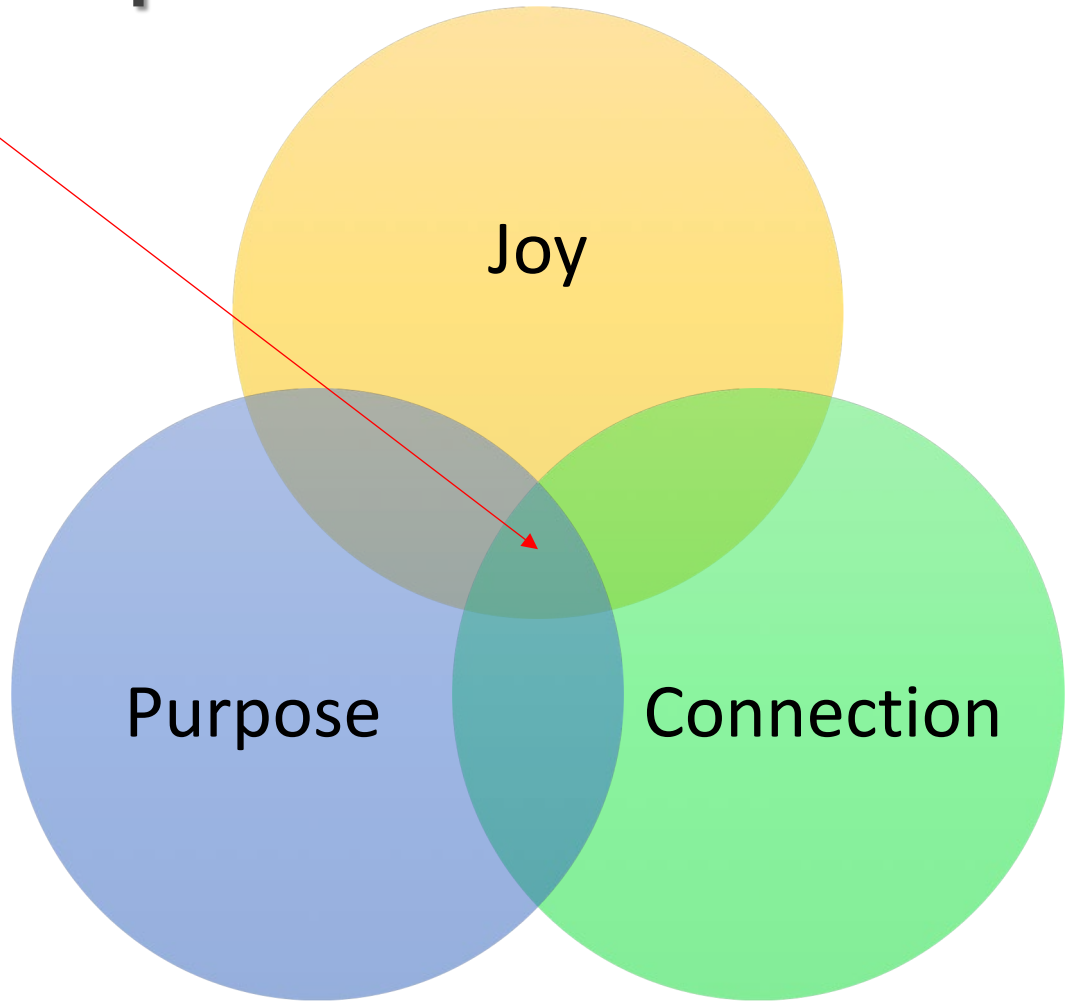
- Compiled into one survey, using Qualtrics
  - Demographics
  - Satisfaction/perception of value, quality of curriculum
  - Maslach Burnout Inventory –Human Services Inventory (MBI-HSS)*
  - Positive and Negative Affect Schedule
  - Cognitive and Affective Mindfulness Scale-Revised
  - Perceived Stress Scale
  - Subjective Rating of Sleep Quality
  - The Toronto Empathy Questionnaire
  - The Valued Directions Questionnaire

*associated cost

Summary

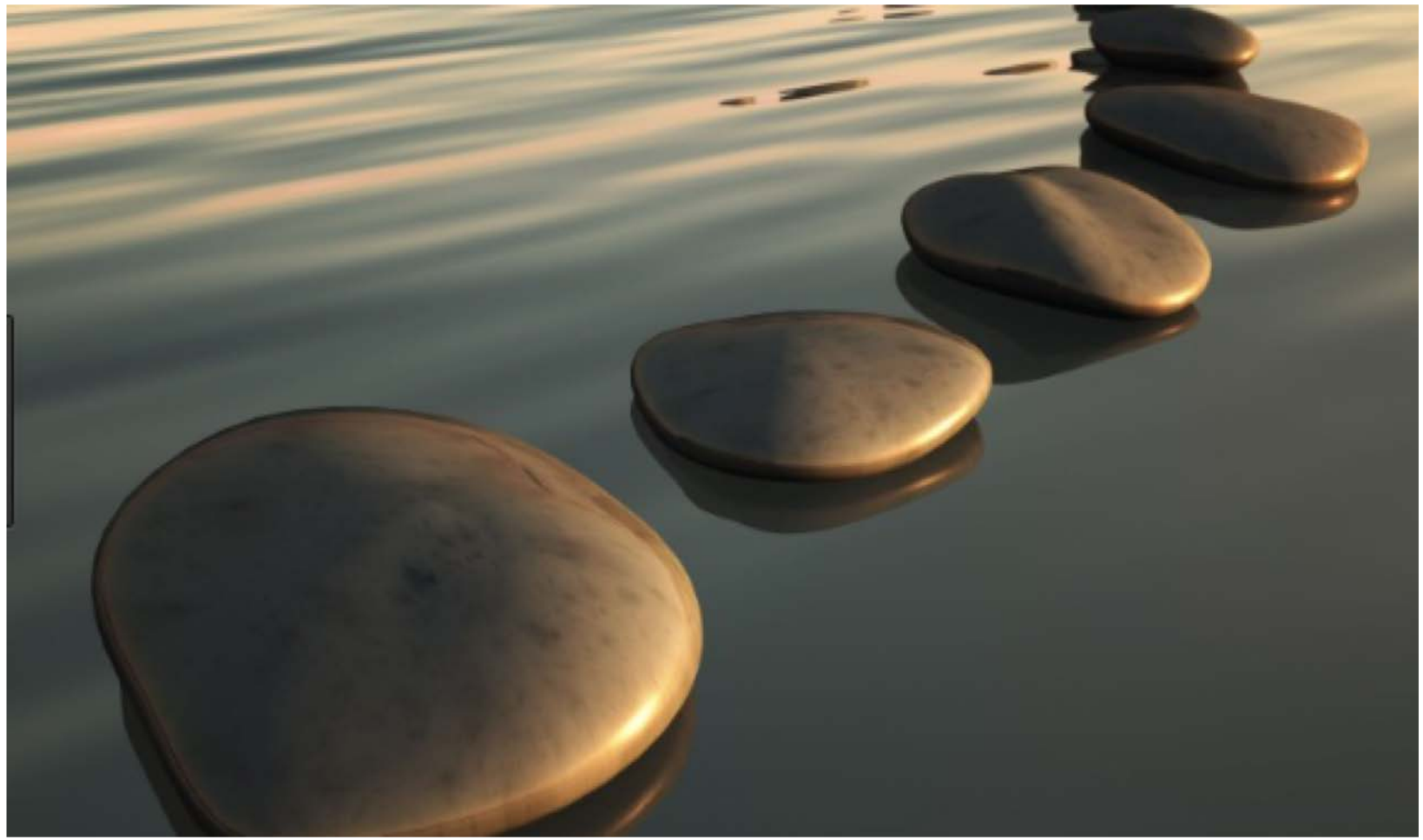
- Background, definitions, prevalence
- System Wide Resilience Program
- Peer Support Network Program
- Anesthesia Wellness Program
- Resilience Curriculum Development

The Sweet Spot



Our reach

Proposal for a system wide resilience program supported by key stakeholders across our medical campus and partner hospitals



Resilience Program

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