Catalytic Communication: Engaging Institutional Leadership to Create Learning and Practice Environments that Support Wellness

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Objectives

• Effectively articulate reasons to foster an institutional culture change that better promotes provider well-being blending narrative and supporting data.

• List possible strategies and deliverables to achieve the aim of changing your institution’s culture to one that values wellness, and “pitch” these to your institutional leadership.

• Negotiate a change, implement a new program, and strategize for a longitudinal plan to continue to monitor and promote wellness at the institutional level using validated communication techniques.
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<th><strong>PERSONAL REFLECTION/ACTION PLAN</strong></th>
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A Story...
Is there a problem here?

- **Burnout** affects 50%+ of trainees, medical students, and practicing MDs
- **Suicide** is more common in MDs than general pop.  
  (1.41X for men, 2.27X for women)
- 28% of residents have **MDD** episode (7-8% in gen pop)
- 27% of MS self-report **depression**

Mata DA et al. JAMA. 2015  
Rottenstein LS et al. JAMA. 2016  
Is there a problem here?
What’s driving the problem?

**FIGURE 2.** Key drivers of burnout and engagement in physicians.

Why should the C-suite want to do something about it?

• It’s the right thing to do...
• They can’t afford not to...
• The coming ACGME “mandate”...
The Moral/Ethical Argument
The Moral/Ethical Argument

• Burnout has been linked to:
  • Depression
  • Suicide
  • Alcoholism
  • Broken relationships
  • Needle Sticks and Car Accidents
  • Lower job satisfaction

The Financial Imperative

• Physician Burnout has been linked to all the following:
  • Quality of Care
  • Patient Safety
  • Patient Satisfaction
  • Risk of Malpractice
  • Physician Productivity
  • Physician Turnover and Professional Effort
FIGURE 1. Personal and professional repercussions of physician burnout.
The Financial/Quality Imperative

• ↑EE  ➔ ↑likelihood of ↓FTE in next 2 yrs  
  (OR 1.43, 95% CI 1.23-1.67, P<0.001)

• ↑DP or EE  ➔ ↑future self-perceived errors

<table>
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<tr>
<th>Independent Variable</th>
<th>Metric (Scale)</th>
<th>Odds Ratio (95% Confidence Interval)*</th>
<th>P Value†</th>
</tr>
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<tbody>
<tr>
<td>Burnout‡</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depersonalization</td>
<td>MBI-DP (0-30)</td>
<td>1.10 (1.04-1.16)</td>
<td>.001</td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>MBI-EE (0-54)</td>
<td>1.07 (1.03-1.12)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

• Patients of satisfied physicians are more satisfied
• Oncologists with burnout are more likely to consider reduced FTE in next 12 months  
  (OR 2.17, 95% CI 1.5-3.1, P<0.001)

West et al. JAMA. 2006.  
Haas et al. JGIM. 2000  
ACGME Common Program Requirements

Revisions

• Ready or not, they’re coming...(July 2017)
ACGME Common Program Requirements

Revisions

• Efforts will need to be made to effect the following:
  • Increased Administrative Support
  • Attention to Work Intensity and Compression
  • Excusal for residents to receive medical care during scheduled work
  • Provision of tools for MDD/suicide self-screening
  • 24/7 MH resources
What can be done about it?

- **Shorter On-Service Rotation** Lengths
  - 2-wk vs. 4-wk service rotations associated with less burnout

- Lower BO scores in practicing MDs with **Improved Work Conditions** characterized by:
  - Work Flow Changes
  - Improved Communication
  - Quality Improvement

- **Better Leadership scores** in supervisors associated with lower BO in physicians under their charge

Lucas et al. JAMA. 2012
Linzer et al. JGIM. 2015
So what can be done?

Figure 2: Overall burnout
RCT = randomised controlled trial.
Going up? The story continues...
Components of an Elevator Speech

1. Define the audience
2. Grab attention
3. What’s the problem?
4. What’s your solution?
5. What are the benefits of what you are suggesting?

Next steps...
What do you know about the person you are talking to?
Building Support for Your Vision

The Empowered Manager: Positive Political Skills at Work
Components of an Elevator Speech

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Next steps...
• Simple
• Unexpected
• Concrete
• Credible
• Emotion
• Story
A simple, unexpected, concrete, credentialed, emotional story.
“118 Pitch”

- 8 seconds to hook them
- 110 to drive it home
- Create a compelling call to action

Jeffrey Hayzlett
“If I am to speak ten minutes, I need a week for preparation; if an hour, I am ready now.”
Small Groups

• 5 minutes
  • Work on your “pitch”
• 10 minutes practice in pairs (5 minutes each)
  • Give each other feedback, repeat
• 5 minutes
  • Group report back
- Simple
- Unexpected
- Concrete
- Credible
- Emotion
- Story

Grab attention

What’s the problem?

What’s your solution?

What are the benefits of what you are suggesting?
“I’m inviting you to my seminar on Improving Your Communication Skills. If you’d like to attend, grunt once for yes or twice for no.”
Do's
Don'ts
Principles of Effective Communication

Negotiation for Change
Communicating in the AMC: ACT-P

- Affect
- Content
- Tactics
- Process (Package)

"In Bocca Al Lupo"
The Art of Brevity (and Reciprocity)

• Sentence
  • [Pause/Listen]

• Paragraph
  • [Pause/Listen]

• Page
  • [Pause/Listen]
PERSONAL REFLECTION/ACTION PLAN

• Think of one “wellness issue” you are facing at your institution
  - What is the challenge?

• What change do you want to make?

• Who is involved in making the decision?
  - Do you know where each stakeholder stands on the issue?

• What data will you use for “talking points?”

• Practice “packaging” your message/ask
Oh no! It's the Angel of Death!

I've changed my name to Agent of Change