

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.

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
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A close-up photograph of a lit matchstick. The matchstick is positioned diagonally from the bottom left towards the center. A bright, intense yellow and orange flame is at the tip, with a small, dark, charred head just below it. The background is a solid, deep black, which makes the light from the flame stand out prominently.

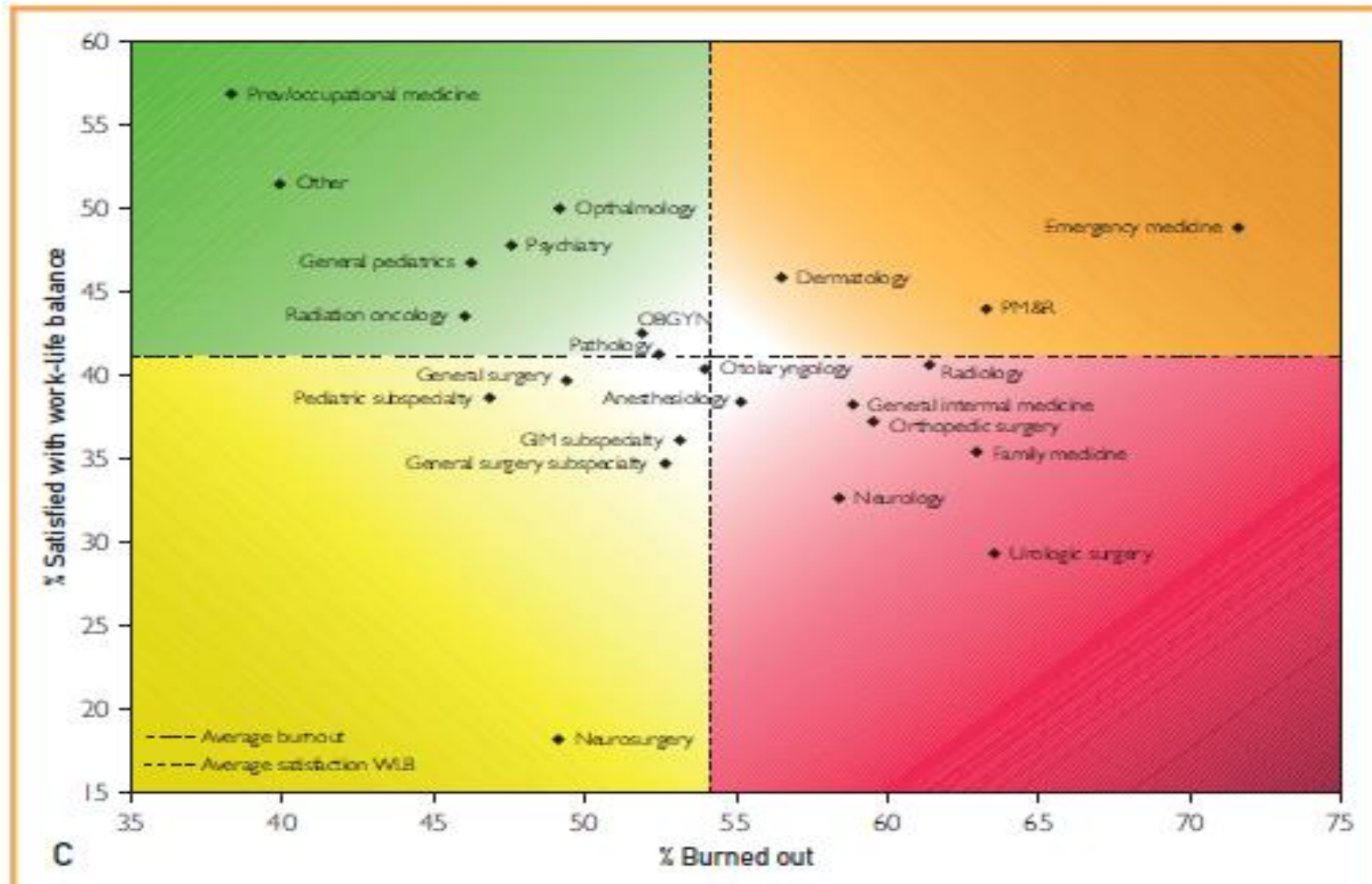
A Story...

Is there a problem here?

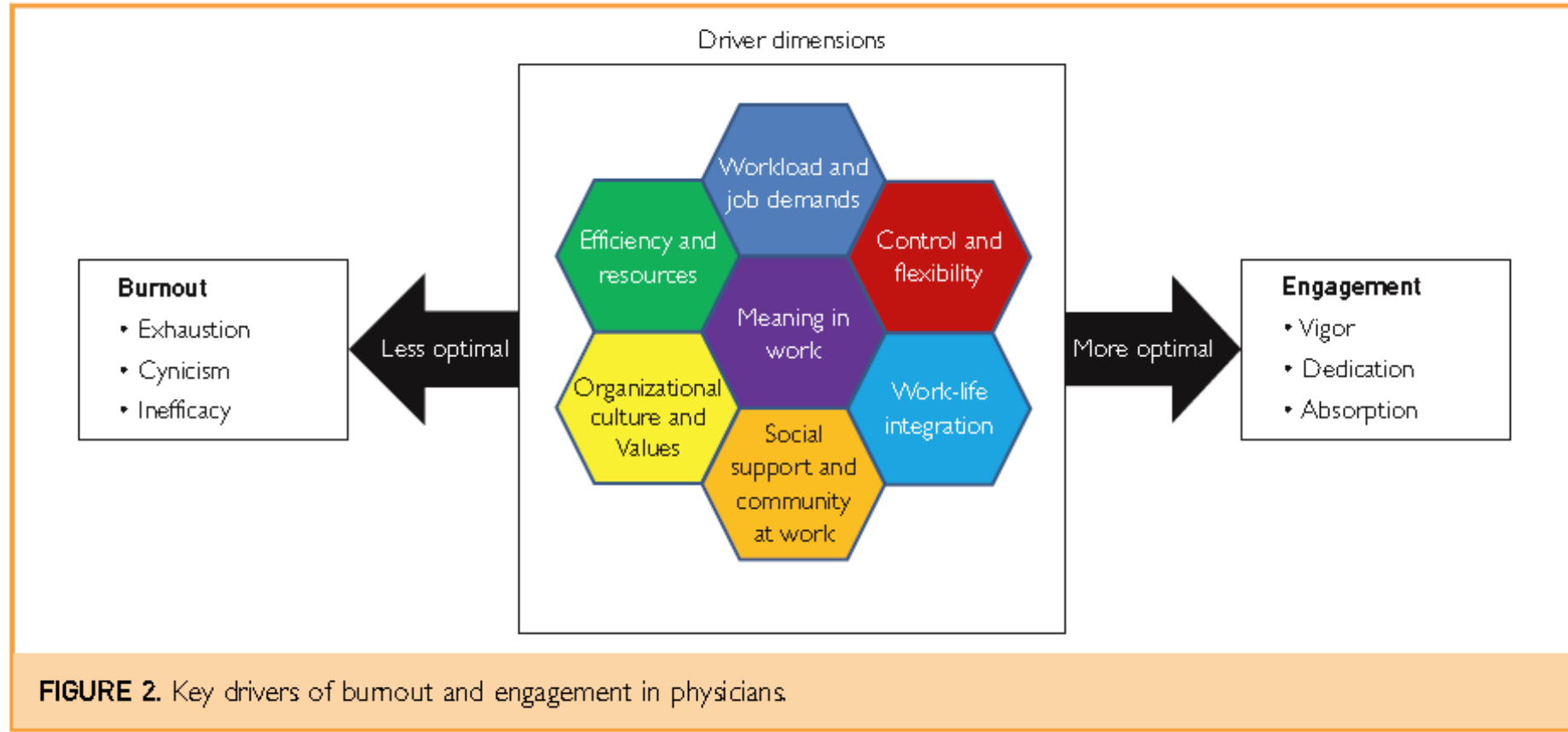
- **Burnout** affects **50%+** of trainees, medical students, and practicing MDs
- **Suicide** is more common in MDs than general pop.
(**1.41X** for men, **2.27X** for women)
- **28%** of residents have **MDD** episode (7-8% in gen pop)
- **27%** of MS self-report **depression**

Dyrbye et al. Academic Medicine. 2014
Schernhammer et al. Am J Psychiatry. 2004
Mata DA et al. JAMA. 2015
Rotenstein LS et al. JAMA. 2016
Shanafelt et al. Mayo Clin Proc. 2015

Is there a problem here?



What's driving the problem?



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

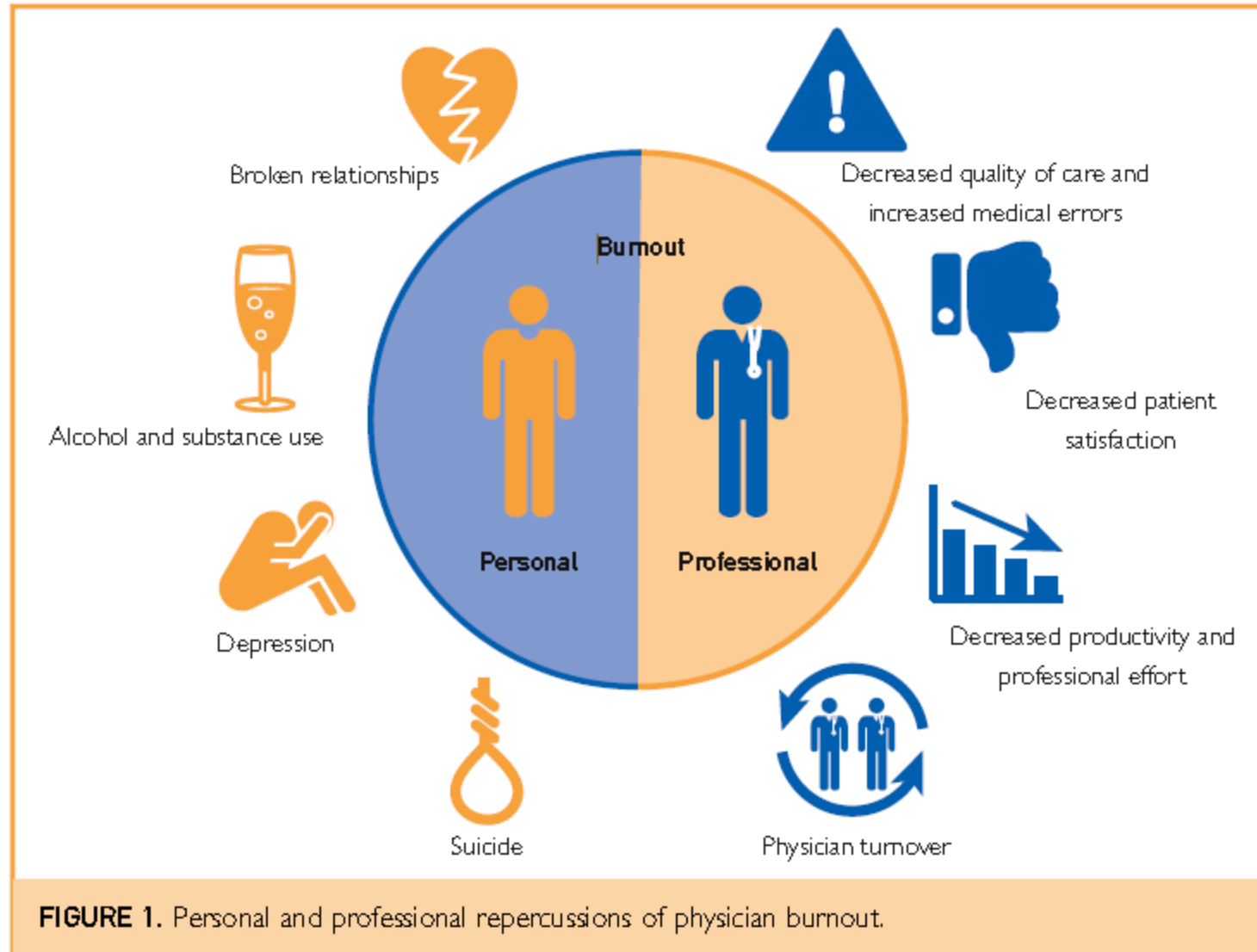
Shanafelt et al. Mayo Clin Proc. 2016

Shanafelt. Ann Int Med. 2002.

West et al. Mayo Clin Proc. 2012

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



The Financial/Quality Imperative

- \uparrow EE \rightarrow \uparrow likelihood of \downarrow FTE in next 2 yrs
(**OR 1.43**, 95% CI 1.23-1.67, $P < 0.001$)
- \uparrow DP or EE \rightarrow \uparrow future self-perceived errors

Independent Variable	Metric (Scale)	Odds Ratio (95% Confidence Interval)*	P Value†
Burnout‡			
Depersonalization	MBI-DP (0-30)	1.10 (1.04-1.16)	.001
Emotional exhaustion	MBI-EE (0-54)	1.07 (1.03-1.12)	<.001

- 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, $P < 0.001$)


ACGME Common Program Requirements *Revisions*


- Ready or not, they're coming...(July 2017)




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Common Program Requirements

ACGME Common Program Requirements Section VI Proposed Major Revisions

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
Shanafelt et al. Mayo Clin Proc. 2015

So what can be done?

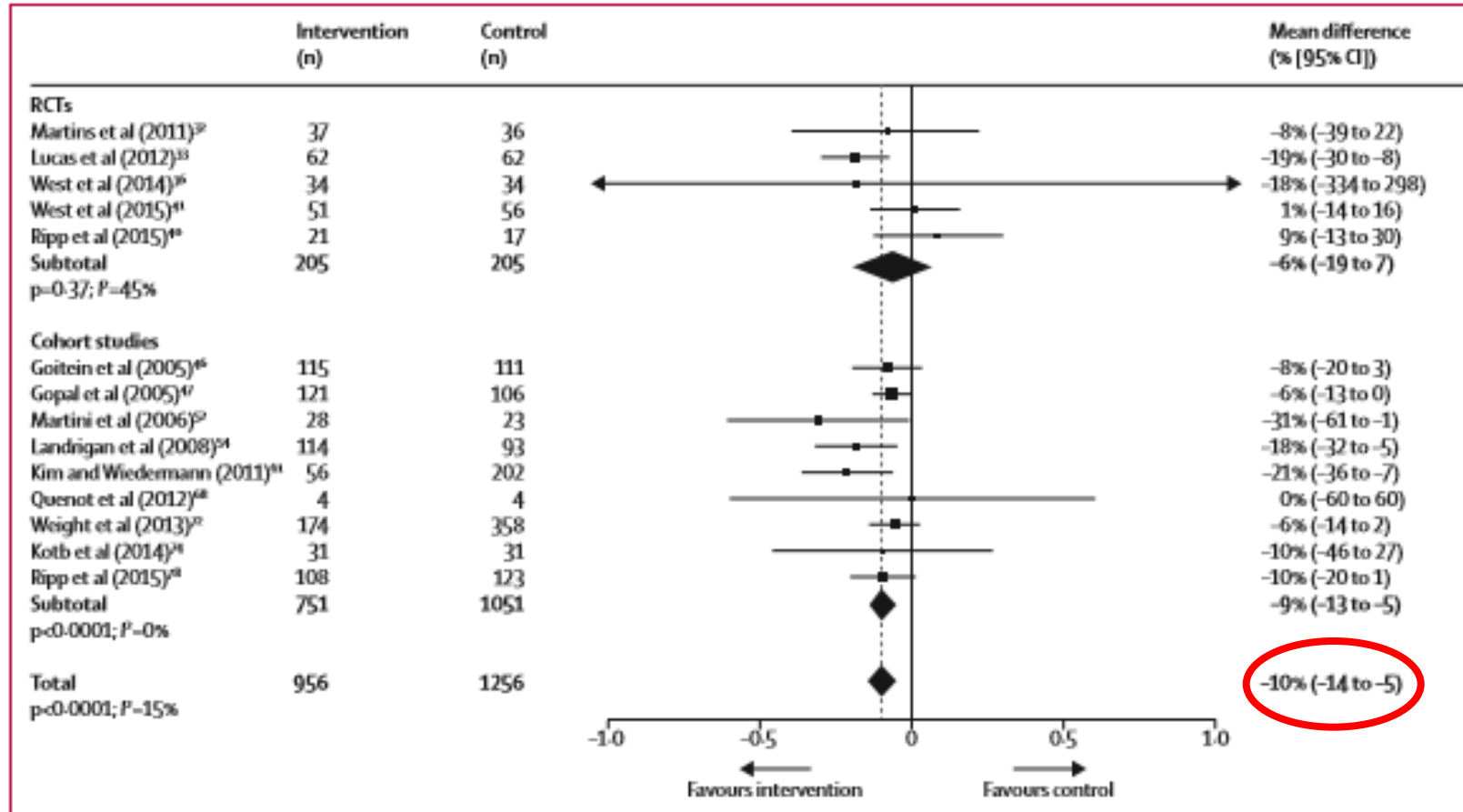
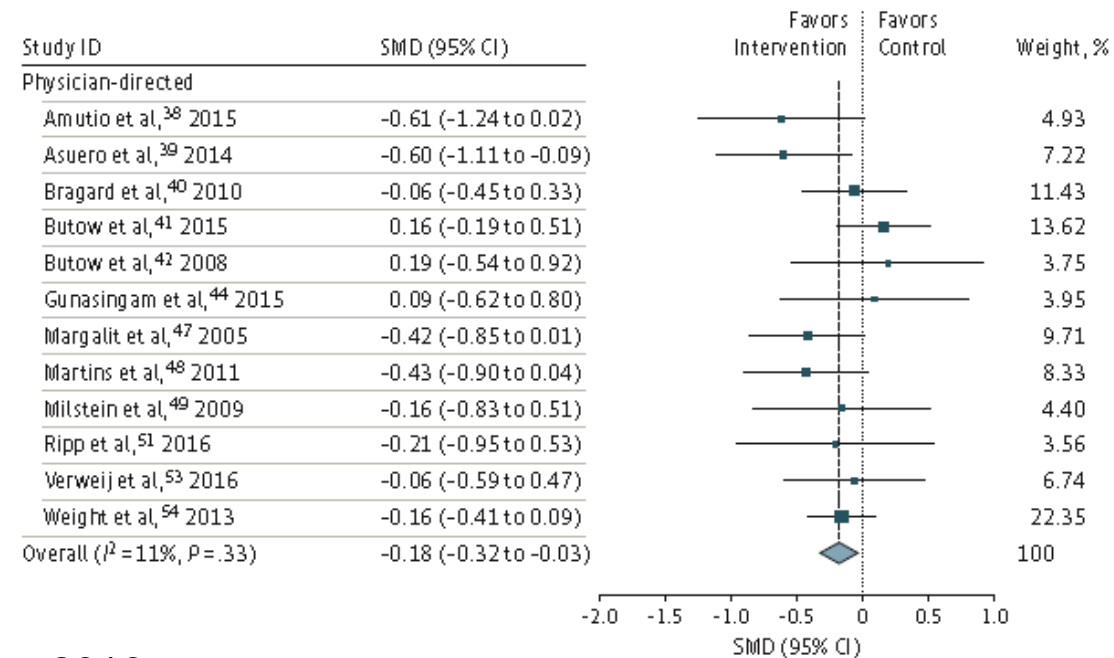
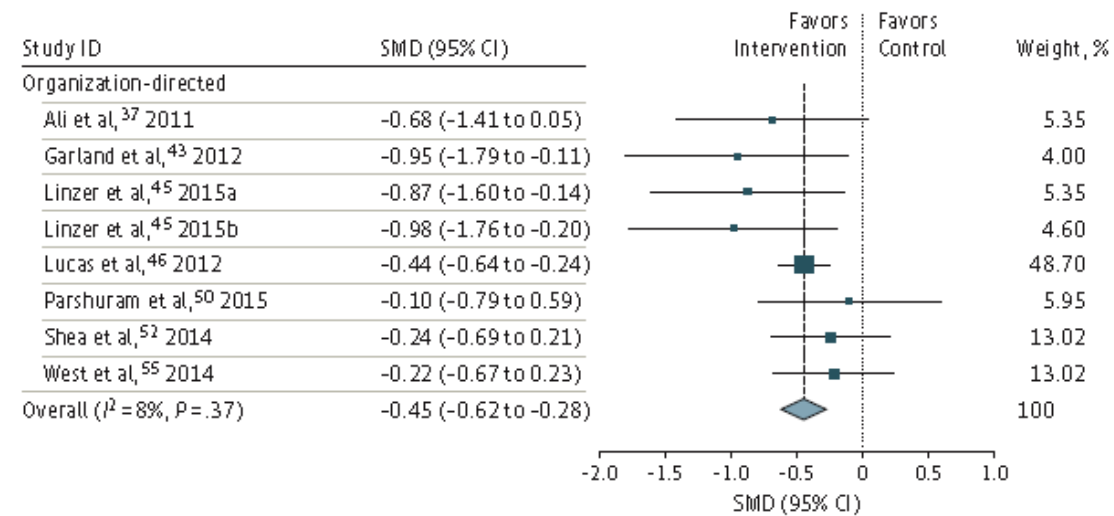


Figure 2: Overall burnout
RCT= randomised controlled trial.

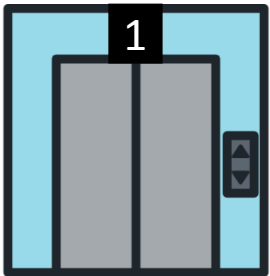
Figure 3. Forest Plot of the Effects of Different Types of Interventions on Burnout Scores



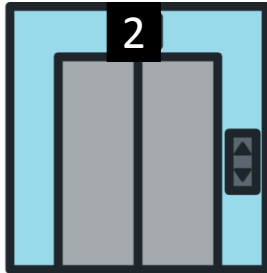
Going up? The story continues...



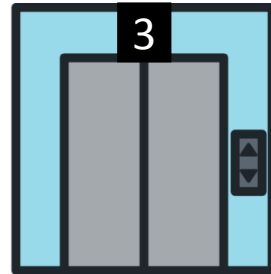
Components of an Elevator Speech



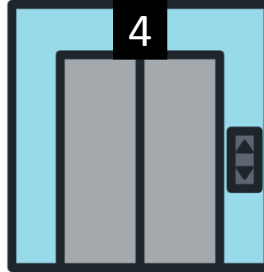
Define the audience



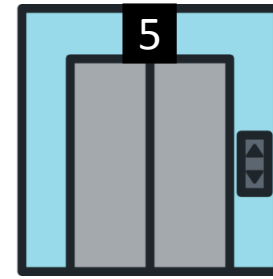
Grab attention



What's the problem?




What's your solution?



What are the benefits of what you are suggesting?

Next steps...




What do you know
about the person
you are talking to?

THE
EMPOWERED
MANAGER

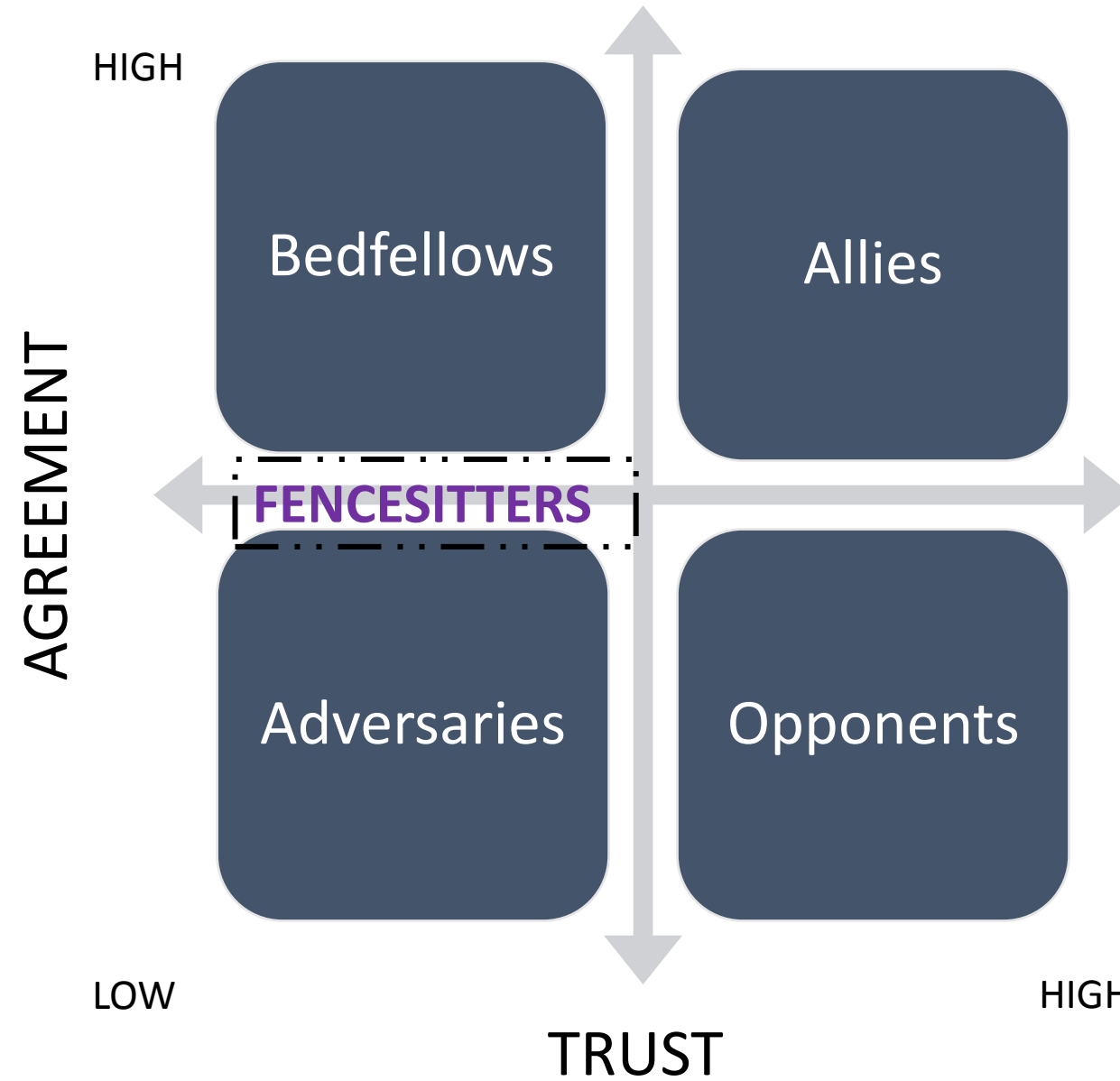
SECOND EDITION

Positive Political Skills at Work



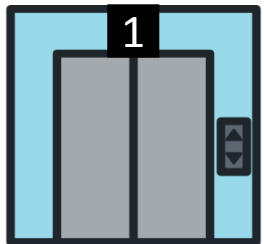
PETER BLOCK

Building Support for Your Vision

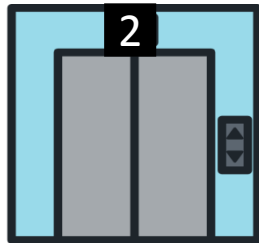


The Empowered Manager:
Positive Political Skills at Work

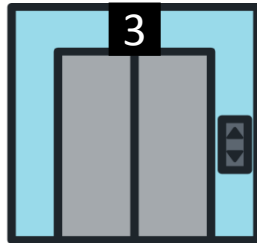
Components of an Elevator Speech



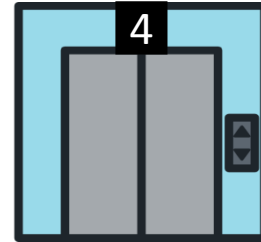
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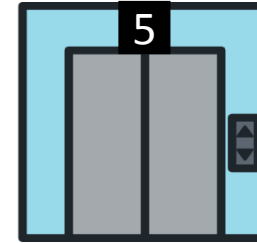
Grab attention



What's the problem?



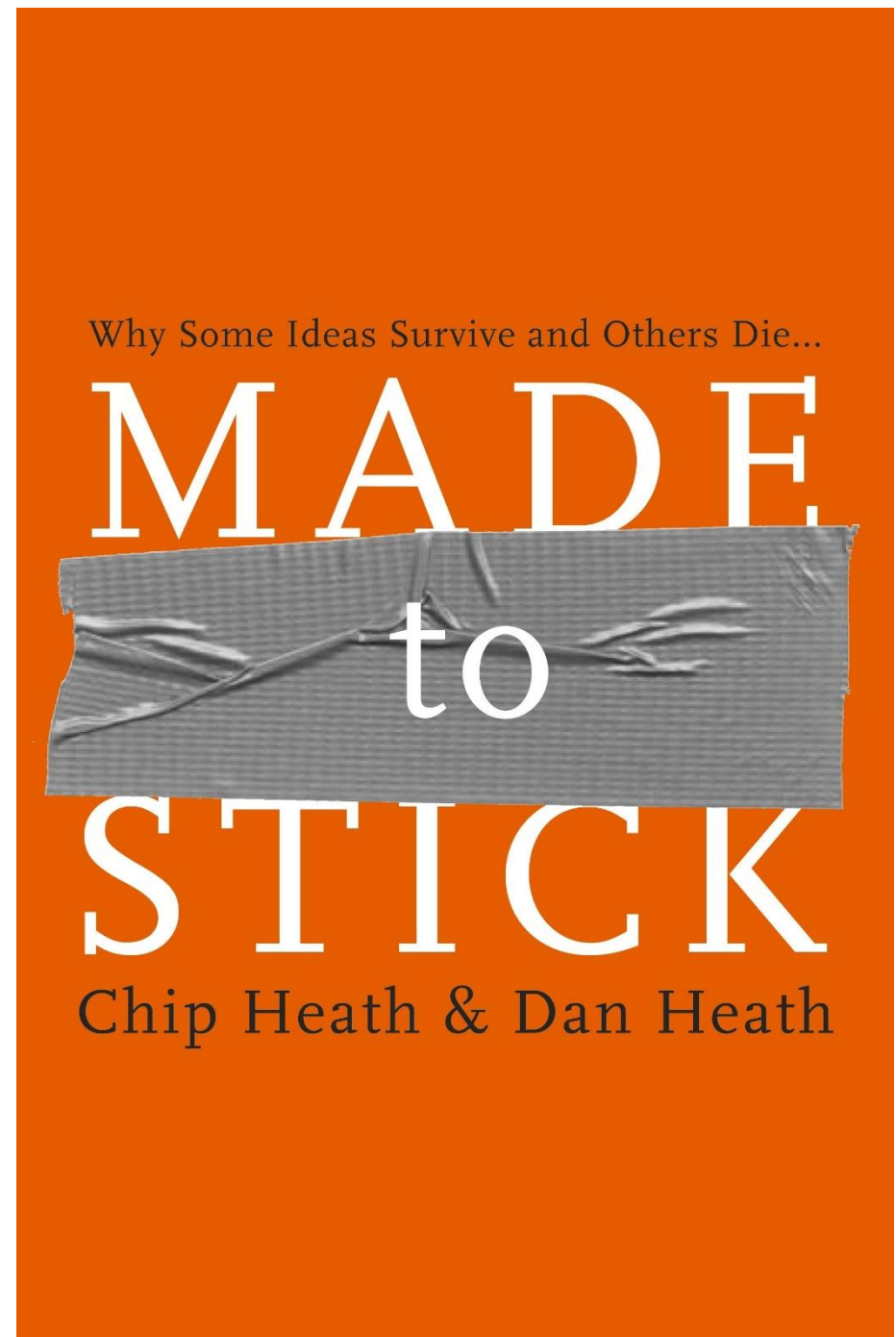
What's your solution?



What are the benefits of what you are suggesting?

Next steps...

- Simple
- Unexpected
- Concrete
- Credible
- Emotion
- Story





*A simple, unexpected, concrete,
credentialed, emotional story.*



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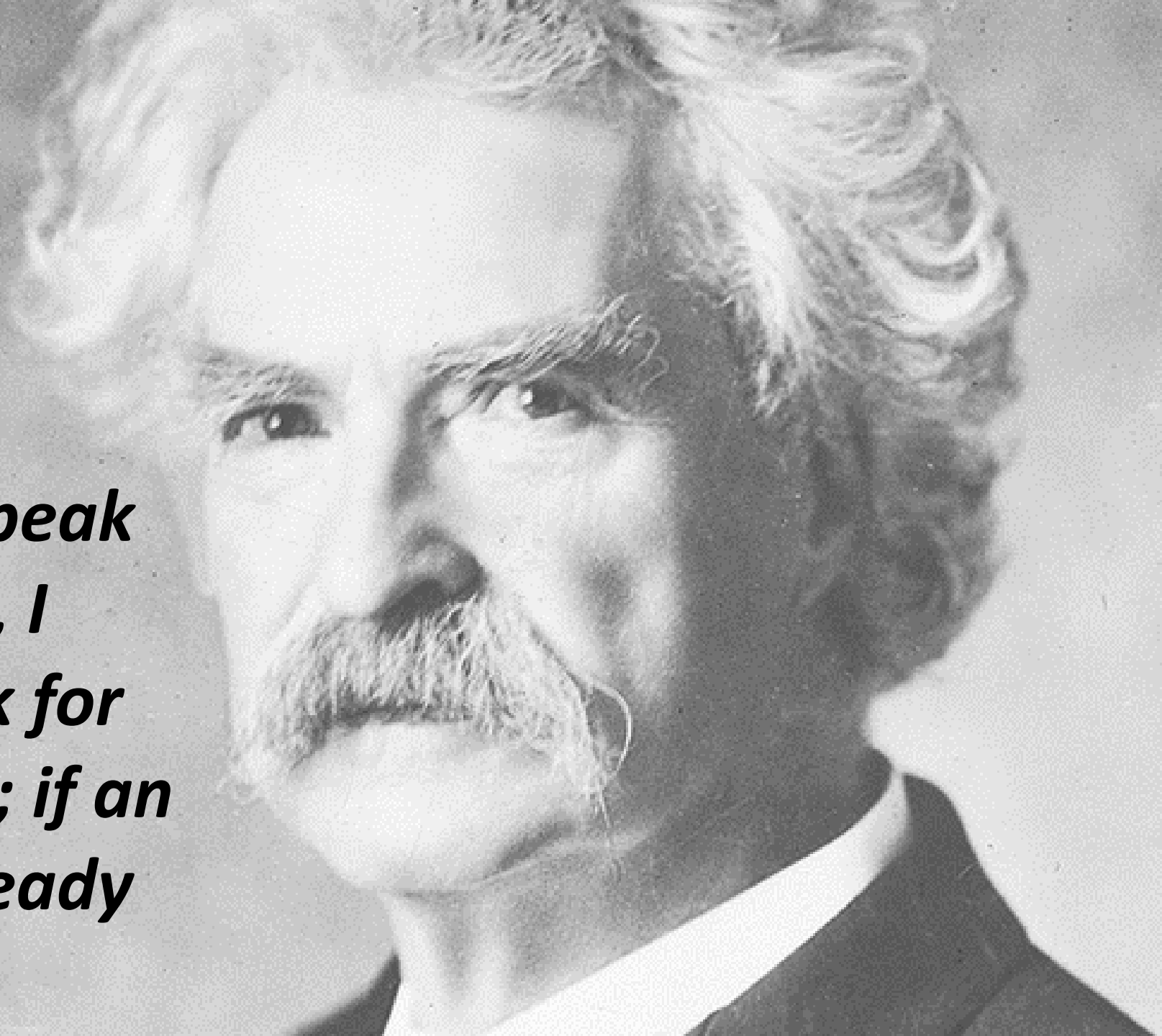


“118 Pitch”

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



***“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



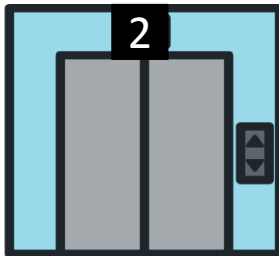
Credible



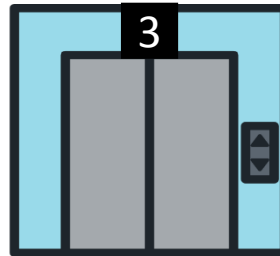
Emotion



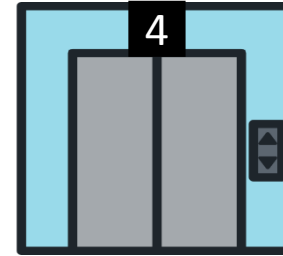
Story



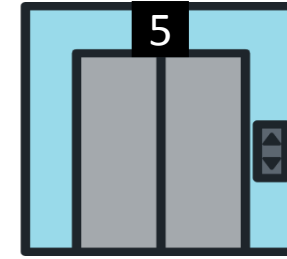
Grab
attention



What's the
problem?



What's your
solution?



What are the
benefits of
what you are
suggesting?

The Story Continues...

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**“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 (Packaging)

Positivity, Collectivity, Possibility, LISTENING!



"In Bocca Al Lupo"

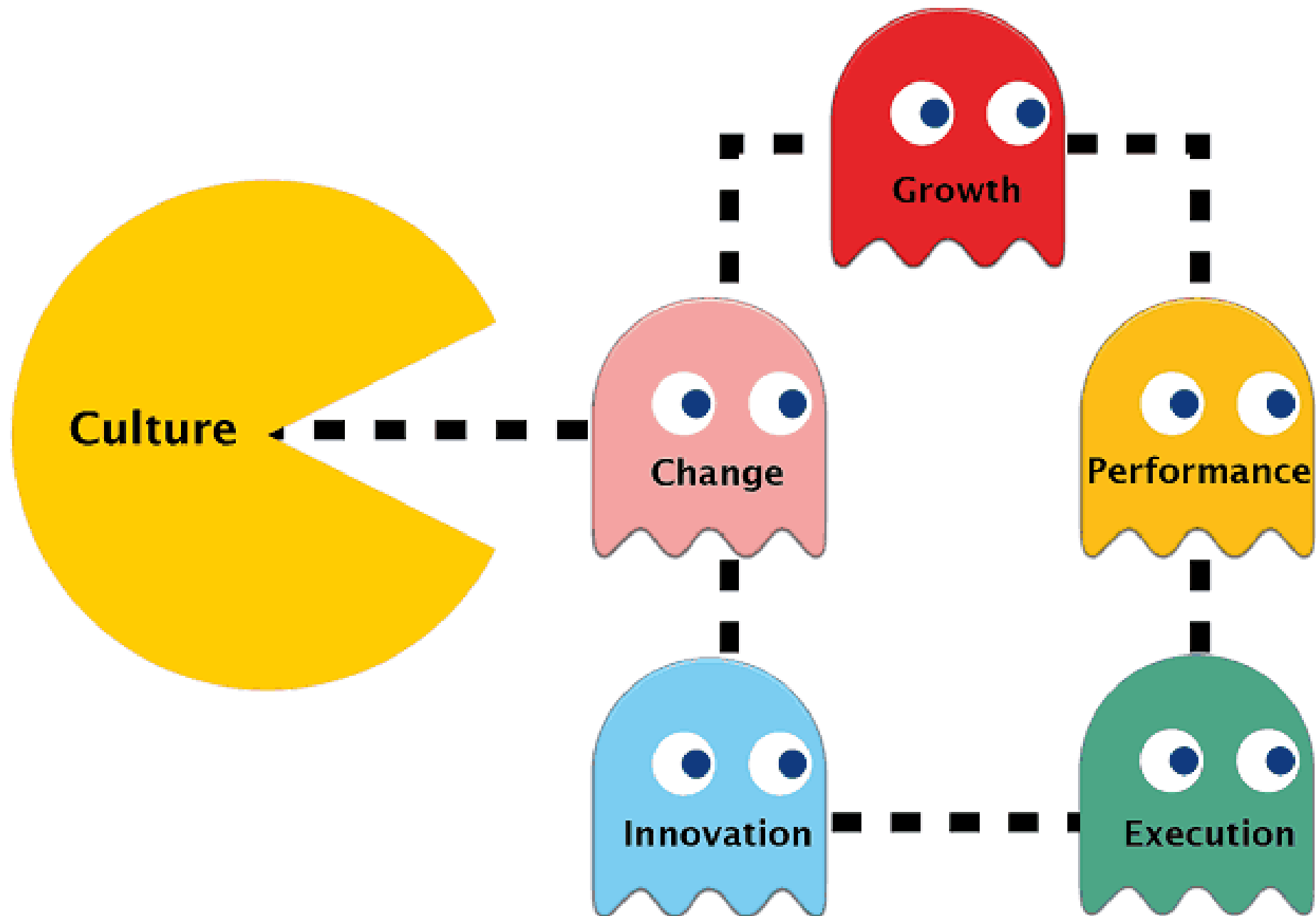
The Art of Brevity (and Reciprocity)

- Sentence
 - [Pause/Listen]
- Paragraph
 - [Pause/Listen]
- Page
 - [Pause/Listen]



PERSONAL REFLECTION/ACTION PLAN

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-
-
-
-



Oh no!
It's the
Angel of Death!

I've changed
my name to
Agent of Change

