FEELING FRUSTRATED ????

Your teen acting/doing opposite of what you expect?

Colleagues not interested in education/training you provide?

Patients not listening to your advice?

Fight Frustration, Reduce Burnout and Increase Patient Satisfaction:

TOOLS TO RESURRECT THE JOY OF PATIENT CARE

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FIGHT THE FRUSTRATION! Objectives

- PECOGNIZE PERSONAL and SYSTEM FACTORS THAT INFLUENCE PHYSICIAN CONTENTMENT
- UTILIZE TOOLS IN PREPARATION FOR INTERACTIONS WITH YOUR PATIENTS THAT WILL ENHANCE YOUR SATISFATION WITH PATIENT INTERACTIONS
- UTILIZE TOOLS AT THE BEDSIDE THAT WILL ENHANCE YOUR SATISFATION WITH PATIENT INTERACTIONS

Who is at risk?

- Physicians
- Medical Students
- Advanced Practitioners
- Residents & Fellows

What are we Fighting?

Physicians' Dissatisfaction

Depression

Death

McIntosh WL, Spies E, Stone DM, Lokey CN, Trudeau AT, Bartholow B. Suicide Rates by Occupational Group — 17 States, 2012. MMWR Morb Mortal Wkly Rep 2016;65:641-645.

DOI: http://dx.doi.org/10.15585/mmwr.mm6525a1.

What are we Fighting?

Patients' Poor Outcomes

Complaints

Friedberg, MW, Chen P, Van Busum,, et al. Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy. Santa Monica, CA: RAND Corporation, 2013. https://www.rand.org/pubs/research_reports/RR439

WHY FIGHT? TO RESTORE JOY!!!



RESTORATION OF JOY

- ► Finding MEANING in our work
- CONNECTING to our patients
- ▶ Being PASSIONATE about what we do

Gergen-Barnett KA, In Pursuit of the Fourth Aim in Health Care: the Joy of Practice. Med Clin North Am. 2017 Sep;101(5):1031-1040. PMID: 28802466

QUOTES to PRACTICE BY

For the secret of the care of the patient is in caring for the patient

-Francis Peabody

One is limited in his ability to care for the patient when he has not cared for himself

-Elisa Sottile

Change to REDUCE BURNOUT

SYSTEM

- Shift design to allow for circadian resynchronization
- Standing work stations
- Introduction of bright light for night shift workers
- On site exercise facilities

- > Shorter hours
- Use of scribes
- Longer appointment times

Change to REDUCE BURNOUT

INDIVIDUAL

- Schedule play to align with routine sleepwake schedule
- Exercise
- Utilize employee assistance programs

- Practice Mindfulness
- Enhance Communication Skills
- Meditate
- Adopt Stress Management techniques: Debriefing, Balint method

West CP,Interventions to prevent and reduce physician burnout: a systematic review and metaanalysis.www.thelancet.com Published online September 28, 2016 http://dx.doi.org/10.1016/S0140-6736(16)31279-X

Where to start?



.....BEFORE OPENING THE DOOR

HOW? Preparing to Interact

MINDFULNESS

Assess your level of presence

Be prepared for the unexpected

Remain **C**urious

Epstein RM. Attending: Medicine, Mindfulness, and Humanity. New York Scribner. 2017

HOW? Preparing to Interact

BREATHE OUT

- Does not require its user to have a background in meditative practice
- Improved clinician satisfaction during visits with patients perceived by clinician as difficult

Edgoose JY, Regner CJ, Zakletskaia LI. BREATHE OUT: a randomized controlled trial of a structured intervention to improve clinician satisfaction with "difficult" visits. J Am Board Fam Med. 2015 Jan-Feb;28(1):13-20. doi: 10.3122/jabfm.2015.01.130323. PubMed PMID: 25567818.

HOW?

BREATHE OUT before the visit

- List at least one Bias/assumption you have about this patient.
- REflect upon why you identify this patient as "difficult."
- List one thing you'd like to Accomplish today.
- THink about one question you'd like to address today that would enable you to further explore your assumptions.
- Stop before you <u>Enter the patient room and take 3 deep</u> breaths (in through your nose and out through your mouth).

HOW?

BREATHE OUT after the visit

- ▶ Reflect on the <u>Outcome</u> of the encounter.
 - From the patient's perspective: What was their agenda?
 - From your perspective: Did you accomplish your agenda? If not, how do you feel about it today?
- ▶ Did you learn anything <u>Unexpected?</u>
- List one thing you look forward to addressing if you were to run into this patient Tomorrow.



HOW? At the Bedside REFLECTIVE LISTENING

Attitude: Curious (seek to understand the patient's perspective)
Non-judgmental

Skill: Ask open ended questions

Actively listen

Summarize patient's words

Boyle D. Invite, Listen and Summarize: A Patient Centered Communication Technique. Academic Med. Jan 2005:80(1):29-32

HOW? At the Bedside

PEARLS

P = PARTNERSHIP

E = EMPATHY

A = APOLOGY

R = RESPECT

L = LEGITIMIZATION

S = SUPPORT

Keller VF, A New Model for Physician Patient Communication. Patient Educ Couns. 1994;23:131-40. Coulehan JL, Platt FW, Egener B, Frankel R, Lin CT, Lown B, Salazar WH. "Let me see if i have this right...": words that help build empathy. Ann Intern Med. 2001 Aug 7;135(3):221-7. PubMed PMID: 11487497.

HOW? At the Bedside PARTNERSHIP

P

Patient and physician working together to correctly define the issues and solve problems jointly...

A

R

"Let's tackle this together."

Ī

"We can do this."

HOW? At the Bedside EMPATHY

- Understand the patient's feelings <u>and</u> communicate that understanding to the patient. ."

- A > Wanting to understand
- R > Communicating...
 - "That sounds hard."
 - "You look upset."
 - Express understanding of how patient feels...
 - ▶ "Let me see if I have this right..."

HOW? At the Bedside APOLOGY/ACKNOWLEDGE

- Acknowledge patient's frustrations and anxiety
- Take personal responsibility and apologize when appropriate...
 - "I am sorry we can't get everything scheduled today and tomorrow. Let's try to do the best we can."
 - "I'm sorry I was late."

R

HOW? At the Bedside RESPECT

P

Е

Demonstrate appreciation/value for patient's choices, behaviors, and special qualities...

A

R

Ī

- "That was tough. You handled it well."
- "You have obviously researched this problem quite well. Let's see if I can add to your knowledge."

HOW? At the Bedside LEGITIMIZATION

P

Е

Α

R

L

S

Concur that patient's feelings and choices are appropriate...

"Anyone would be (confused, sad, irritated) by this situation."

HOW? At the Bedside SUPPORT

P

Е

Offer ongoing personal support...

A

R

Ī

L

S

"I'll stick with you as long as necessary."

"I'll be here when/if you need me."

HOW? At the Bedside

MOTIVATIONAL INTERVIEW

- What are the patient's health goals?
- Is she interested in change; ready to change?
- Is she ready to discuss means to change?
- Does she have questions or concerns about making the change?
- What would she like to do?

HOW? At the Bedside

MOTIVATIONAL INTERVIEW

- Empathize with the difficulty of ambivalence
- Explore reasons for ambivalence
- Determine if there is something which would help her make a decision
- Support her willingness to have discussed the process of change

HOW? At the Bedside MOTIVATIONAL INTERVIEW

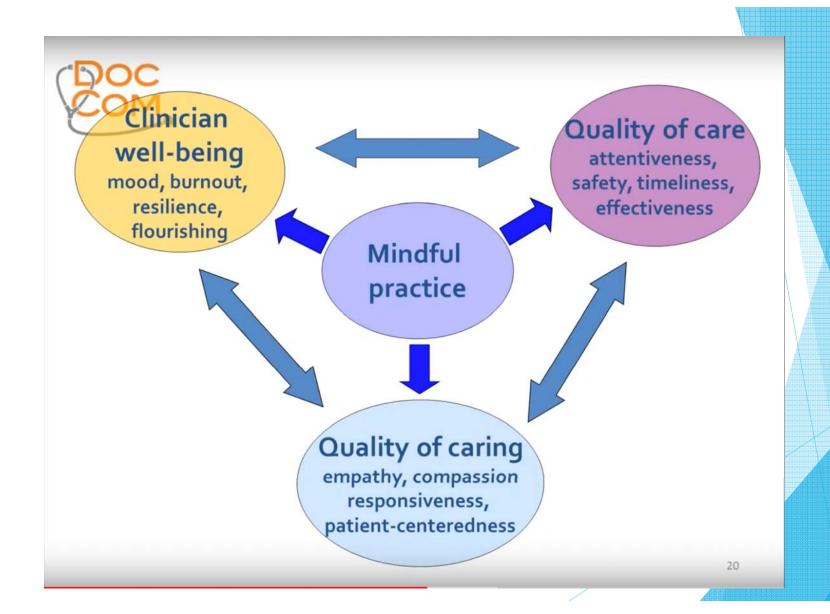
BEHAVIOR	PROS (Good Things)	CONS (Downsides)
REDUCE the BEHAVIOR		
CONTINUE the BEHAVIOR		

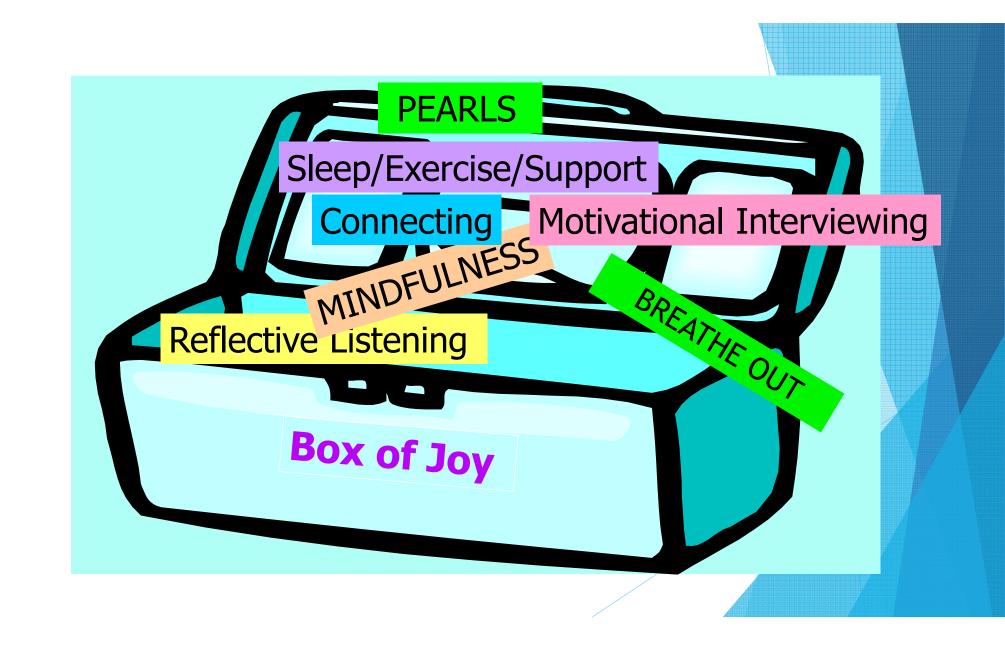
HOW? At the Bedside

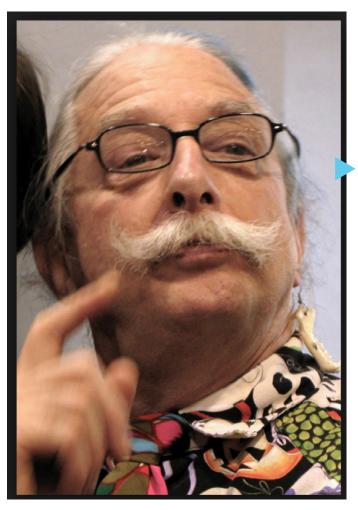
CONNECTING

- Recognize patient's emotions
- Recognize patient's agenda
- Negotiate an action plan with the patient

Suchman AL, Roter D, Green M, Lipkin M Jr. Physician satisfaction with primary care office visits. Collaborative Study Group of the American Academy on Physician and Patient. Med Care. 1993 Dec;31(12):1083-92. PubMed PMID: 8246638.







Treat the disease, you win, you lose...treat the patient and no matter what the outcome, I guarantee, you win every time

THANK YOU!

QUESTIONS???



The rate of physician burnout has continued to increase, rising from 2011 to 2016. Internal Medicine physicians have one of the highest rates of burnout. Which of the following is an important cause of provider burnout?

- A. Establishing connections with ones patients
- B. Sense that one's work is no longer meaningful
- c. Increasing ones practice of mindfulness
- D. Having passion for one's work

Answer: B.

Rationale:

Loss of meaning in ones work has been a validated characteristic of burnout or job dissatisfaction. Physicians can sense loss of meaning when tasked with increased clerical duties, or when direct patient care time gets usurped by electronic duties. Other causes of burnout include depersonalization, treating patients like objects and emotional exhaustion. Mindfulness, and the ability to make personal connections with one's patients has been shown to reduce physician burnout.

Gergen-Barnett KA, In Pursuit of the Fourth Aim in Health Care: the Joy of Practice. Med Clin North Am. 2017 Sep;101(5):1031-1040. PMID: 28802466

Clinician use of which behavior is an integral aspect of demonstrating empathy?

- A. Ordering and date entry in the electronic record
- B. Avoiding direct eye contact
- c. Recognizing a patient's emotion
- D. Responding internally to the patient's emotion

Answer: C

Rationale:

Empathy requires that the clinician recognizes emotional content in a patient interview, and understands the emotion that is manifested. In addition, empathy requires that the clinician demonstrate that understanding to the patient. Hence, the clinician can not just internalize what he has learned, but must verbally share his understanding with the patient. An example might be: Physician: "From your expression and what you just said, it seems as if you are frightened by this diagnosis of diabetes."

Coulehan JL, Platt FW, Egener B, Frankel R, Lin CT, Lown B, Salazar WH. "Let me see if i have this right...": words that help build empathy. Ann Intern Med. 2001 Aug 7;135(3):221-7. PubMed PMID: 11487497.

Healthcare organizations are increasingly interested in retaining existing physicians, noting the high cost and disruption in patient care associated with physician turnover. Which of the following is positively associated with both physician *and* patient satisfaction?

- A. Office visit interrupted by pages or texting
- B. Agenda for the visit determined by the physician
- c. Office visit limited to fifteen minutes
- D. Reflective listening techniques used by the physician

Answer: D

Rationale:

There are multiple factors associated with the patient physician encounter that impacts the perceived quality of those interactions to the participants. Both groups agree that interruptions are a significant distractor, whether those be alerts that pop-up in the EHR, or questions from support staff. Physicians who facilitate a negotiation of the visit agenda have greater satisfaction with the visit, as do their patients. Physicians who practice mindfulness and demonstrate reflective listening are rated more highly by their patients and indicate greater satisfaction with the outcome of the visit.

Suchman AL, Roter D, Green M, Lipkin M Jr. Physician satisfaction with primary care office visits. Collaborative Study Group of the American Academy on Physician and Patient. Med Care. 1993 Dec;31(12):1083-92. PubMed PMID: 8246638.