Burnout Basics

Lessons learned from developing a resident wellness curriculum to alleviate burnout

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Facilitator: Jeffrey Moat, CEO, Pallium Canada

Presenters: Warren Lewin, Daphna Grossman, Kanae Kinoshita, Rena Arshinoff

Date: Feb 13, 2023

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.

Pallium Canada LEAP CORE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

Facilitator

Jeffrey Moat, CM – Chief Executive Officer, Pallium Canada

Presenters/Panelists:

Daphna Grossman - Facilitator and reviewer of MOHLTC Palliative Care e-Learning Program
Kanae Kinoshita - none
Rena Arshinoff - none
Warren Lewin - none

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Introductions

Facilitator

Jeffrey Moat, CM – Chief Executive Officer, Pallium Canada

Presenters/Panelists

Daphna Grossman, MD, CCFP (PC)
Palliative Care Physician, North York General Hospital
Wellness Lead Palliative Care Residency and Fellowship Program. Temerty Faculty of Medicine. University of Toronto
Associate Professor Division of Palliative Care, Department of Family and Community Medicine. University of Toronto

Kanae Kinoshita, MA, RP

Spiritual Care Practitioner, North York General Hospital / University Health Network
Spiritual Care Specialist, Canadian Assn of Spiritual Care

Rabbi Dr. Rena Arshinoff

RN, BA, MHSc, MAHL, PhD
Certified Spiritual Care Practitioner (CASC)
Board Certified Chaplain (NAJC)
Registered Psychotherapist (CRPO)
Adjunct Lecturer, Wilfred Laurier University
Adjunct Lecturer, University of Toronto, Division of Palliative Care

Warren Lewin, MD, CCFP (PC)

Site Lead - Palliative Care, Toronto Western Hospital, University Health Network
Assistant Professor, Division of Palliative Care, Department of Family & Community Medicine

Welcome and Reminders

- For comments, please use the chat function.
- For questions, please use the Q&A function, these questions will be addressed at the end of the session.
- This session is being recorded—this recording and slide deck will be emailed to registrants within the next week.

Burnout Basics

Lessons learned from developing a resident wellness curriculum to alleviate burnout

Objectives

1. Describe burnout and a model that can be used to design interventions to mitigate it

2. Discuss and trial practical arts-based interventions that can be used to cultivate empathy, strengthen relationships and mitigate burnout

Case

Two clinicians on a team talk over coffee about feeling burned out. Patient volumes are high, more administrative tasks than ever. COVID is relentless. Can't imagine staying in the same job without "something changing".

They are frustrated that organization approach to wellness is a gym membership discount.

They complain to each other about their frustrations and feel even worse afterward. They now wonder about ways to find more meaning in work again.

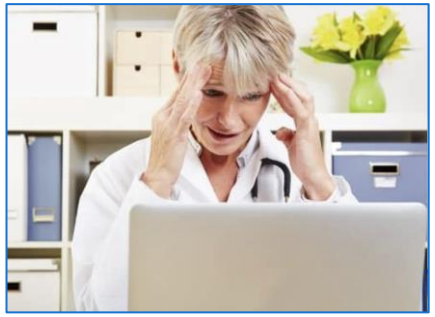
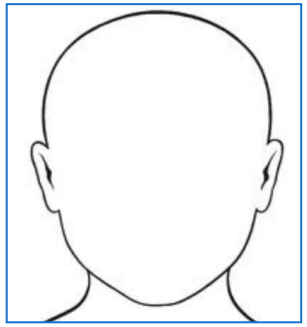
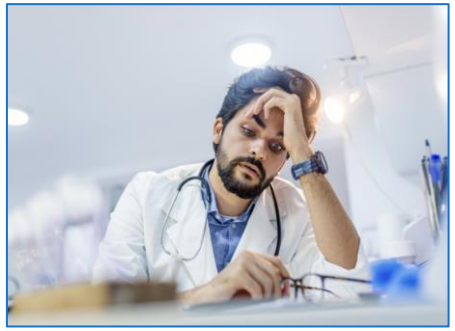
I. Burnout

- What does burnout feel like for you?

Take 1 minute to write down a few adjectives

Burnout

- Psychological syndrome occurring in response to chronic interpersonal stressors in the workplace
  - Emotional Exhaustion (EE)*
  - Depersonalization (DP)
  - Personal Accomplishment (PA)

  - Measured by the Maslach Burnout Inventory (MBI*)
    - 22 items
    - 10 minutes
  - Burnout = ↑ EE, ↑ DP, ↓ PA

Risk factors

- General
  - Increased productivity requirements
  - Lack of awareness of one's physical/emotional needs
  - Increase in administrative duties
  - Lack of career fit
  - Excess workload
  - Increased documentation required for reimbursement → reduced time with patients

Kearney et al. JAMA. 2009, Shanafelt et al. Arch Int Med. 2009

Prevalence

- Very high
- 21-50+ %, Canada, UK, USA, EU

Theory: Areas of Work-Life are associated with burnout

- Mismatch Theory
- Degree of match between person and work environment
- ⇧mismatch, ⇧burnout
  - AWS (Areas of Work-Life Scale)
    - 28 items, measures organizational contexts of burnout

Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. In P. Perrewé & D. C. Ganster, (Eds.), *Research in occupational stress and well being: Vol. 3. Emotional and physiological processes and positive intervention strategies*: 91-134. Oxford, UK: JAI Press/Elsevier.

Self-Assessment: Taking your pulse

- Maslach Burnout Inventory, Areas of Worklife Scale

  OR....

- Am I getting what I need from these 6 areas of my work life?
  - Look at each area in the wheel
  - What are the top 2 priorities for you?
  - Are you getting what you need within these 2 priorities?

Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. In P. Perrewé & D. C. Ganster, (Eds.), *Research in occupational stress and well being: Vol. 3. Emotional and physiological processes and positive intervention strategies*: 91-134. Oxford, UK: JAI Press/Elsevier.

II. Our Experience

Used Competencies to Design our Curriculum

- College of Family Physicians of Canada
  - Demonstrate self care
  - If your own mood or behaviours indicate a risk of burnout or stress, seek help and implement wellness strategies
  - When a colleague's behaviour or mood suggest stress or being overwhelmed, initiate a constructive and supportive exchange that can help them address the situation

- Royal College
  - Describe concerns about caring for dying patients and their families
  - Discuss methods of managing stress associated with caring for dying people
  - Recognize and respond to other professionals in need

"Priority Topics and Key Features – CAC PC". Last accessed Nov 10, 2021 at https://www.cfpc.ca/CFPC/media/Resources/Education/PC_KF_Final_ENG.pdf and 2016 The Royal College of Physicians and Surgeons of Canada. Referenced and produced with permission.

Core Session Agenda

1. Welcome & **Check-in** – 10 mins
    - Pivot if needed
2. **Objectives** – 1 min
3. **Introduction** & evidence (brief) - 10 mins
4. Hands-on **activity** – small groups – 60 mins
5. **Debrief** – large group – 15 mins
6. **Mindfulness** close (poem, quote, body scan) - 5 mins
7. **Support** reminder – 1 min

- Zoom
- 4 Faculty: 2 MDs, 2 spiritual care providers
    - No faculty in evaluative position
- 2 hours (protected time)

Check-Ins

-informal

-"togetherness"

Feedback…

- Voluntary, anonymous survey, n=14 (approx. 55% response rate)
- 5 M, 9 F, [medical school: 9 Canada, 2 Israel, 1 Caribbean, 1 Philippines, 1 Middle East]

"Thank you all for putting these sessions together, they were excellent. Having attended many wellness sessions I appreciated that these sessions were practical and thoughtfully done rather than just checking a box."

- 100% would **recommend the course** to future residents/fellows

- Almost all residents "strongly agree" or "agree" that the wellness seminars gave them:
  - a better understanding of burnout and its risk factors
  - skills to better manage burnout
- Most residents "strongly agree" or "agree" that the COVID-19 check-in sessions helped to better manage the stress associated with the pandemic in their personal life and at work
  - Residents want more "check-in" sessions facilitated by spiritual care and social work

...Feedback

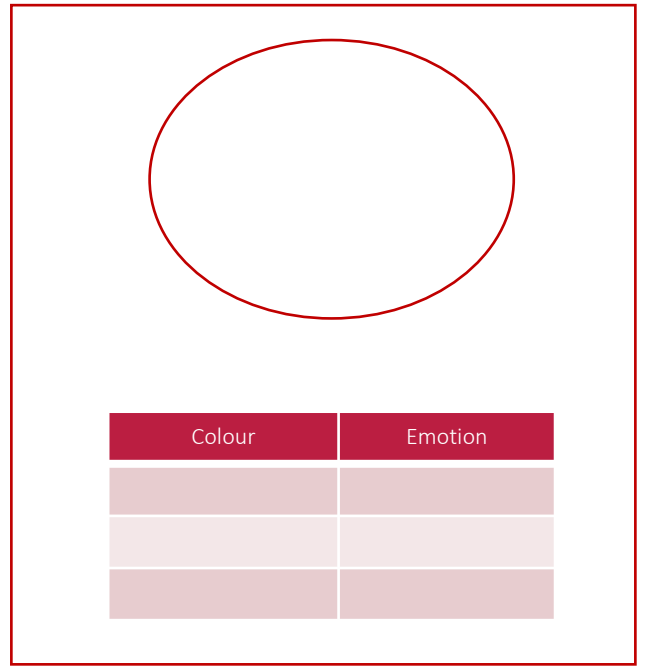
"Thank you for the really grounding session this morning. I feel really privileged to be part of such a great group of colleagues who are willing to discuss these things openly and share their personal experiences to help us all build some resiliency at this time. Really helps to steady the ship as these tides roll in and hope that we are able to carry these on moving forward.

TF, PGY3

- 100% of residents reported feeling "very comfortable" or "fairly comfortable" recognizing signs of burnout and distress, as well as describing strategies for self-care

We will now discuss some highlights of this course that may translate well into your resiliency practices

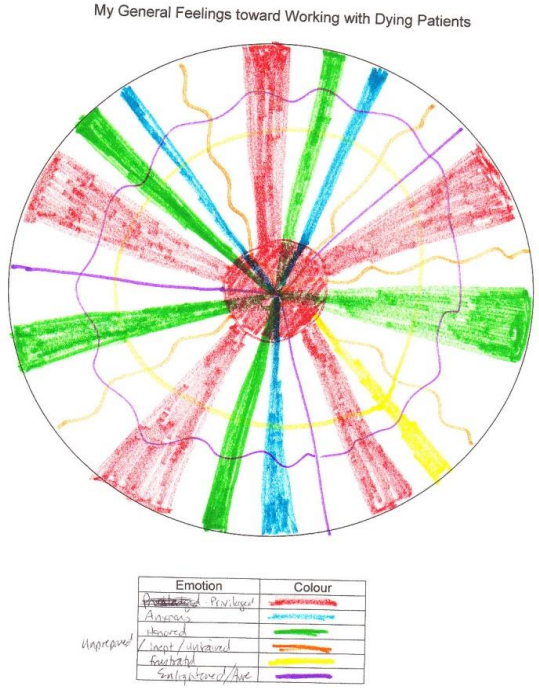
Activity 1 – Grief Wheel

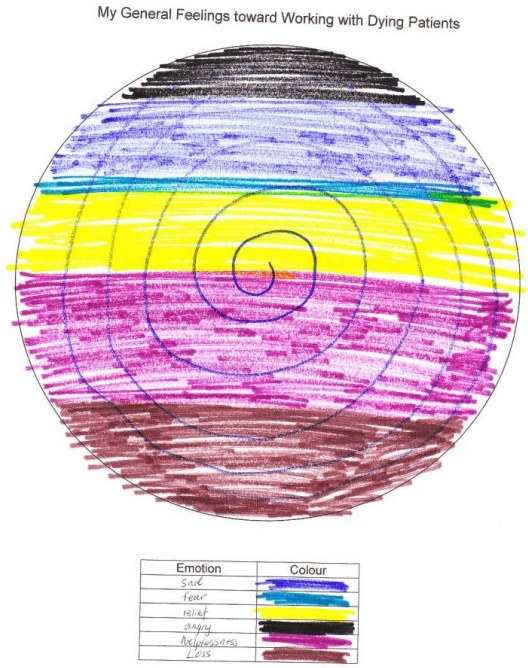


- A way for clinicians to reflect on grief
- Allows emotions to come up when reflecting and “going deep” in an individual space
- Exercise (5-10mins independently; then 30-45 mins as a group):
  - Think about your experiences caring for and losing patients.
  - Take some time to think about the emotions you’ve felt around this.
  - Use coloured pens/markers to fill the circle as you wish to represent the various emotions you have as they relate to losing patients and grieving them.
  - Complete the legend at the bottom of the page, e.g., colour = emotion
- The open space allows freedom to be creative and expressive as one wishes
- The group debrief allows for normalizing resident experiences/emotions re: grief

Goldstein A. The Journal of the American Board of Family Medicine Jul 2006, 19 (4) 416-417; DOI: 10.3122/jabfm.19.4.416

Examples of Grief Wheels





Sample facilitator prompts:

- Tell us about what you've drawn
- Tell us about why you chose the: colours, design, texture, etc.?
- It seems like you put some emphasis on [x]; tell us about that?
- Did you have a particular patient or family member in mind when you drew this?
- Did anyone have any similar experiences or thoughts?

Activity 2 – Body Scan

- Purpose
- Leverage peers (e.g., Psychologists)
- Free resources (YouTube)
- Challenge: Take 5 minutes out of your day to do this over the next 2 days

Activity 3 – Art in Medicine

- Objectives:
  - Use art as a vehicle to deepen observation, reflection and communication skills
  - Use a museum to explore the relationship between environment and wellness
  - Reflect on your wellness throughout the past year and think about tools/skills you will take into future training or practice

- Tools:
  - Guided museum tour using principles of museum-based education
  - Meditation using art

Zarrabi et al. JPM 2020 DOI: 10.1089.jpm.2019.0476

Art in Medicine

Wellness Session #4 |Thursday, June 9, 2022 | 9AM – 12PM

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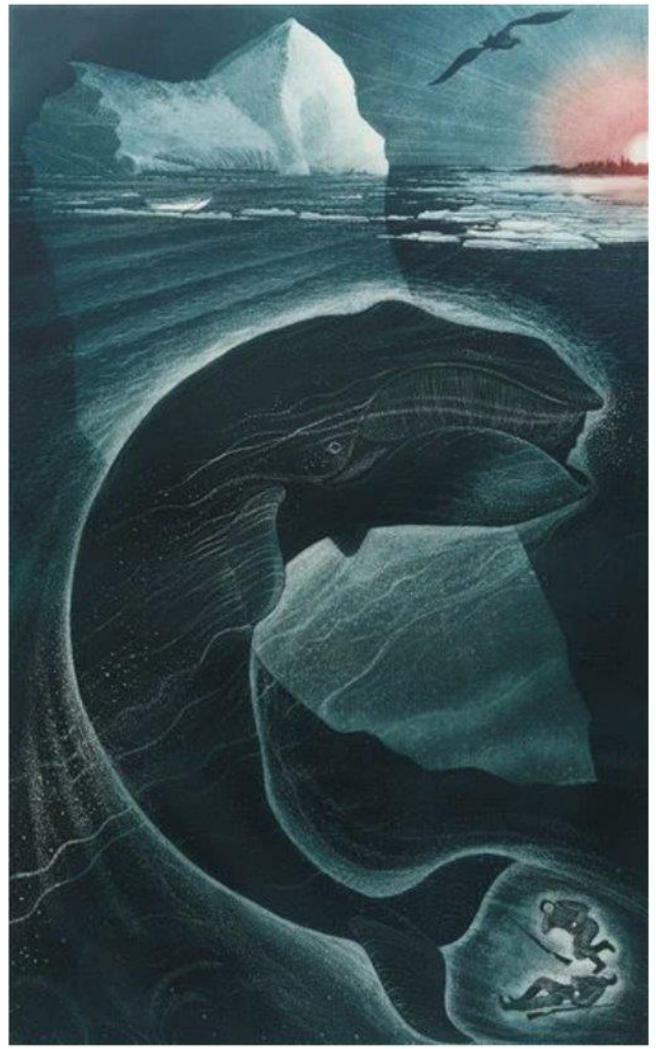
The Approach – Facilitating the Activity– Facilitating the Activity

1. Select pieces of art; put one on screen
2. "Take 60 seconds to look at this piece"
3. "Now take another few moments to keep looking. What more can you see?"
4. Bring the group together and ask people to share what they see (prompts on next slide)
5. Ask if anyone has any final thoughts, then move onto the next piece



15-20 minutes per art-work/object

David Blackwood, The Great Peace of Brian and Martin Winsor, 1982; courtesy of the AGO

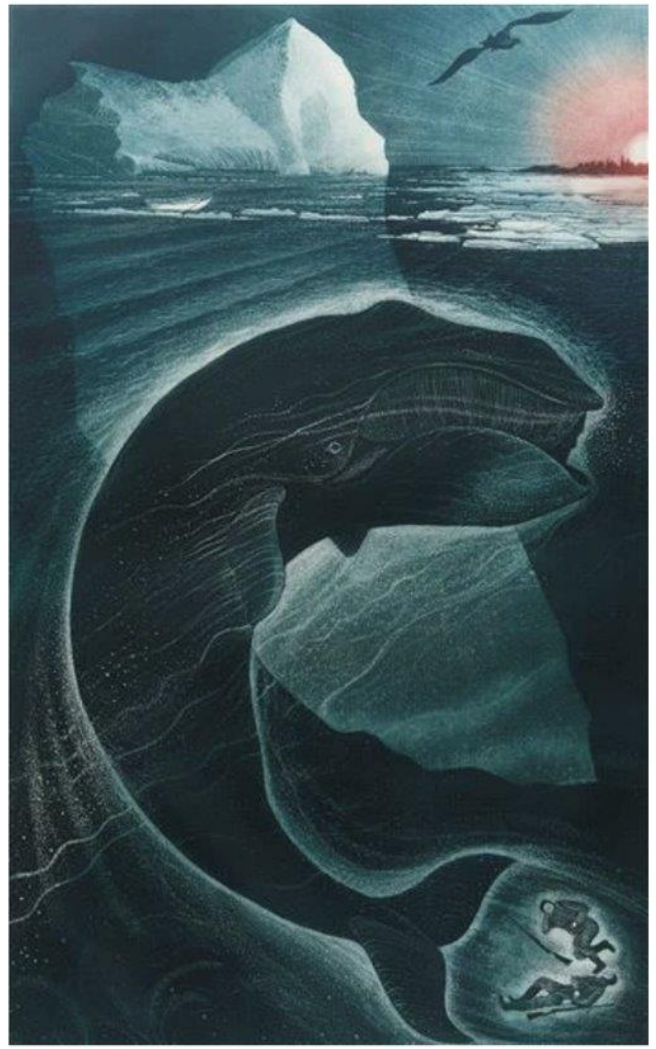
The Approach – Facilitator Prompts– Facilitating the Activity

Open ended:

- What is going on in this picture?
- Is there a story that may be taking place?
- What do you see that makes you say that?
- What more can we find/see?
    - Did anything reveal itself later?
    - Does anything stand out?

Include group member perspectives:

- What does the group think about what [name] just said?
- Did anyone notice this too, or something similar?
- Did anyone see something different?

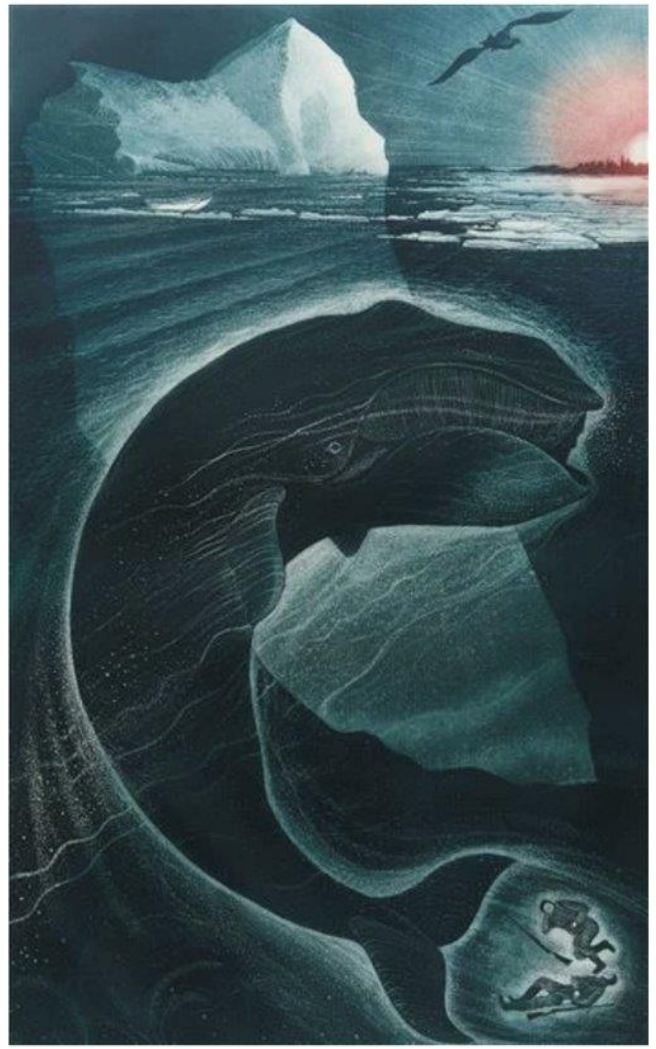


David Blackwood, The Great Peace of Brian and Martin Winsor, 1982; courtesy of the AGO

The Approach – Facilitator Prompts– Facilitating the Activity

Directed:

- Did anyone notice the [point to something]
- I noticed the following……., Did anyone notice this too?
- What do you think about the artist's use of colour, shape, texture?



David Blackwood, The Great Peace of Brian and Martin Winsor, 1982; courtesy of the AGO

Link the Activity Back to Clinical Practice/Work

- What was it like to look at art (this object) and reflect on it in this way?
- Do you notice anything about your capacity to observe?
- What was most meaningful to you about this activity?
- Bring it back to the participants' work experience
  - What connections can be made to your clinical work? To working on teams?
  - Is there something that stood out that you can incorporate into your practice?

Let's do this together

William Kurelek, Reminiscences of Youth, 1968; courtesy of the AGO

Activity 4 – Non-dominant hand

- Task:
  - Take 1 minute to write your name and full mailing address with your non-dominant hand

  - Now type into the chat one or two adjectives describing how that felt

Activity 5 – Time Traveller (improv)

- Feel comfortable with the uncomfortable
- Pretend you are travelling back to the 1800's and you have to describe to your peers what a cell phone using concepts that would be understandable in that era.
- Have fun!

IV. Lessons Learned & Adapting in Your Practice …

- Find like-minded colleagues
- Be a facilitator (the secret sauce)
  - No need to be an art, improv or literature expert (invite others that are, reach out!)
  - Ensure everyone can see the art/literature and hear one another
  - Paraphrase comments so participants feel heard, understood and validated
  - 1st redirect comments/questions by participants to group

… Lessons Learned & Adapting in Your Practice

- Safe space can take time (longitudinal, pagers/phone off, interaction)
- Technology as your friend and foe (Zoom)

  (+) flexible, brings distributed faculty/trainees together*, saves time

  (-) technical difficulties, environmental distraction, “connection” looks/feels different
- Be open to adapt! (Check-in, add/subtract content, obtain art pieces virtually or at work for free)

*build a community together beyond your own setting (partner with others)

D

Case resolution

2 clinicians approach some like-minded colleagues and propose meeting once or twice per month for 30 minutes before the work-day begins.

They completed the Grief Wheel activity at their 1st meeting and ended the session with a 3-minute body scan played on YouTube. They felt a sense of 'connection' afterward and a few weeks later they met again; they looked at 2 pieces of artwork online and reflected on what they saw and how it tied into recent feelings associated with taking care of patients. They had a good discussion and now regularly meet every 3-4 weeks trying out a new activity each time. More of their colleagues have joined and they take turns leading the sessions.

Summary

- Practical low-cost arts-based activities can be incorporated into your resiliency practice
- Know that we're all in this together and find a partner interested in trying out one of these (or other) activities

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Grief

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- Visual Understanding in Education https://vtshome.org/

Q & A

Session Wrap Up

- Thank you for joining us!
- Please fill out the feedback survey following the session—a link has been added into the chat.

Thank You

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