From Grassroots to Flourishing
Developing a Comprehensive Resilience Program at a Large Academic Medical Center

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Pediatric Hospital Medicine
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University of Colorado School of Medicine
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 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.

## Burnout

### Broader consequences of working in a stressful environment

<table>
<thead>
<tr>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
<th>Reduced sense of accomplishment and achievement</th>
</tr>
</thead>
</table>

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

Secondary Traumatic Stress

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

Closely parallels PTSD

## Symptoms of STS

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

Resilience Program

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
Prevalence

54% of Physicians report at least one symptom of burnout

50% of nurses are emotionally exhausted

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

Impact of Burnout in Health Care

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

\textsuperscript{1}JAMA 296:1071, \textsuperscript{2}JAMA 304:1173, \textsuperscript{3}JAMA 302:1294, \textsuperscript{4}Annals IM 136:358, \textsuperscript{5}Annals Surg251:995, \textsuperscript{6}JAMA 306:952, \textsuperscript{7}Health Psych 12:93, \textsuperscript{8}JACS 212:421, \textsuperscript{9}Annals IM 149:334, \textsuperscript{10}Arch Surg146:54, \textsuperscript{11}Mayo ClinProc2012, \textsuperscript{12}Mayo ClinProc2016
### The Business Case for Investing in Physician Well-being

<table>
<thead>
<tr>
<th>Turnover</th>
<th>Decreased Productivity</th>
<th>Quality, Safety, Patient Satisfaction</th>
<th>Burnout is an organizational problem</th>
</tr>
</thead>
</table>
| • 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
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

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.
Key Drivers of Burnout and Engagement

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

- Workload and Job Demands
- Control and Flexibility
- Meaning in Work
- Organization culture and values
- Social support and community at work
- Efficiency and resources
- Work-life integration

Resilience is integrated and enculturated into everything we do--a set of behaviors we practice every day, not simply when someone needs help.
# 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
The Resiliency Collaborative seeks to support team members by creating opportunities to find peace and healing in the midst of caring for others. We want to ensure our team members have the tools needed to nurture resilience, honor what is sacred in one another, and create a supportive community.

To explore our resources, click on the icons below.

People  Passion  Time  Energy
CHCO Resiliency Collaborative

Schwartz Rounds

Caritas

HeartMath

Peer Support Program

REST

SAFTeam
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
<table>
<thead>
<tr>
<th>Accomplishments Year One</th>
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<tbody>
<tr>
<td>Website Build</td>
</tr>
<tr>
<td>Peer to Peer Support Network Program</td>
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<tr>
<td>Lecture and workshop series</td>
</tr>
<tr>
<td>Discussion groups, mindfulness training</td>
</tr>
<tr>
<td>Residency Resilience Curriculum Development</td>
</tr>
<tr>
<td>Improve access to resilience resources</td>
</tr>
</tbody>
</table>
Resilience for Residents, Fellows, and Faculty

Our vision is that in the future, resilience is integrated andenculturated 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 the 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.
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
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
2nd Annual Road to Resilience Conference

Andy Bradley

http://frameworks4change.co.uk/
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
What IS a Resilience Psychologist?

What does one DO?
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

Group Results Review
BACKGROUND

Recently, there has been increased attention paid to enhancing “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 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 in valued 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 being well and doing well 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 positive mood and affect on health and wellbeing, flourishing integrates the importance of BOTH positive and negative affect and mood as naturally coexisting situations [2, 3]. 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 1.27 (SD=1.72) to 2.09 (SD=1.70). 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 I-SDiff 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 Flouishing Ratio (p’s < .01; 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 that an effective avenue for enhancing resilience may be through identifying valued areas of living and targeting positive activities in those domains.

To take 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


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

Abbie O. Beacham, PhD1, Jennifer Reese, MD1, 2

University of Colorado School of Medicine; 2Children’s Hospital Colorado

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REFERENCES

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
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.”

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.”

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\(^5\)

Peer Support

Phase 1
Trained over 50 Peer Supporters across campus
Set up peer support@ucdenver.edu

Phase 2
Directed Peer Support Training at faculty and trainee meetings
IRB study using validated instruments

Next Steps
Further spread of peer support programs via partner hospitals and other organizations with ongoing study of impact
Peer to Peer Support Network
Phase 1

Champions to lead the work

- Literature review and research (Scott, Wu et al)

- Conversations with colleagues at Brigham and Women’s and Stanford

- Model Designed after established programs

- Education Curriculum Design and Deployment

- Advertising the Program
Peer to Peer Support Network
Phase 1

- Two 4-hour training sessions
- Trained around 50 faculty, residents, fellows across multiple disciplines
- Discussions with Risk Management
- Dissemination of Program
Peer to Peer Support Network Phase 2

- IRB Approval
- Broad Dissemination “Tier 1”
- 60 minute education session
- SVEST Pre/Post
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

### SVEST Dimensions

<table>
<thead>
<tr>
<th>Psych Distress</th>
<th>Physical Distress</th>
<th>Turnover Intent</th>
<th>Absenteeism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embarrassment</td>
<td>Exhausting</td>
<td>Desire to take position elsewhere</td>
<td>Taking time off</td>
</tr>
<tr>
<td>Fearful</td>
<td>Sleep disturbance</td>
<td>Want to quit</td>
<td></td>
</tr>
<tr>
<td>Miserable</td>
<td>Queasy/Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remorse</td>
<td>Decreased appetite</td>
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</table>

<table>
<thead>
<tr>
<th>Colleague Support</th>
<th>Supervisor Support</th>
<th>Institutional Support</th>
<th>Non Work Related Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciate efforts</td>
<td>Treated fairly</td>
<td>Resources offered</td>
<td>Close friends and family for support</td>
</tr>
<tr>
<td>Discussing helps</td>
<td>Blame</td>
<td>Concept of Concern</td>
<td></td>
</tr>
</tbody>
</table>

| Prof Self-Efficacy      |                                  |                                     |                          |
|-------------------------|                                  |                                     |                          |
| Inadequacy              |                                  |                                     |                          |
| Question abilities      |                                  |                                     |                          |
Desired forms of Support (% Favorable)

- Time Away
- Peaceful Location
- Respected Peer
- EAP
- Discuss with Manager
- Time with counselor
- Someone 24hr/day

Peds HM

Peds EM
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

Jennifer Reese MD1, Alison Brainard MD2, Cindy Morris PsyD3, Lauren Frey MD2, Norah Janosy MD1, Abbie Beacham PhD2
1Children’s Hospital Colorado and University of Colorado School of Medicine, 2University of Colorado School of Medicine, 3Behavioral Health and Wellness Center

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 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.

Contact Information
Jennifer.reese@childrenscolorado.org

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

Disclosures
Our authors have no financial disclosures.
A Peer Support Program to Address Adverse Clinical Events and Promote Well-Being Among Health Care Providers

Jennifer Reese MD1, Alison Brainard MD2, Cindy Morris PsyD3, Lauren Frey MD2, Norah Janosy MD1, Abbie Beacham PhD2
1Children’s Hospital Colorado and University of Colorado School of Medicine, 2University of Colorado School of Medicine, 3Behavioral 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.

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 results2 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
Our authors have no financial disclosures.

Anesthesia Resident Wellness Program

Alison Brainard, MD and Norah Janosy, MD
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

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.

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)?
Pilot Year

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

Maslach Burnout Inventory (MBI)
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

Emotional Exhaustion
Depersonalization
Personal Accomplishment

WELLNESS GROUPS ATTENDED

SCORE

Resilience Program
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
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

- **Positive emotions**
- **Engagement**
- **Relationships**
- **Meaning**
- **Achievement**

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.

Tripartite Model of Evidence-based Practice Decision Making

Best Research Evidence

“Educator” Expertise and Skill (& Resources)

Decision

Consumer Values & Preferences

Dissemination

Committee engages in Continuous Quality Improvement and program evaluation

Train Trainers Bootcamps

Curriculum Approved by Committee

Subcommittees review content & exercises

Lead Trainers

Committee “Certifies” Trainers and Provides intervention & measurement protocols

Resilience Program
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
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 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, September 17, 2008—Vol 300, No.11
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


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/

When important values overlap and are felt in both workplace and personal life – sense of congruence creates a buffer from burnout.

**Finding Your Values Compass**
Putting Joy and Gratitude to Work
Positive Psychology

“A compelling view of a positive human future, for individuals, corporations, and nations, brilliantly told.”
—Tony Hsieh, author of Delivering Happiness and CEO of Zappos.com, Inc.

A Visionary New Understanding of Happiness and Well-being

Flourish
Martin E. P. Seligman

BESTSELLING AUTHOR OF
AUTHENTIC HAPPINESS

POSITIVITY
Top-Notch Research Reveals the 3 to 1 Ratio That Will Change Your Life

BARBARA L. FREDRICKSON, PH.D.
KENAN DISTINGUISHED PROFESSOR, UNC—CHAPEL HILL
AWARD-WINNING DIRECTOR OF THE PEP LAB

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

<table>
<thead>
<tr>
<th>REVIEW</th>
<th>OUTCOMES</th>
<th>CONCLUSION</th>
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<tbody>
<tr>
<td>• 40 articles</td>
<td>• Subjective well-being,</td>
<td>• Positive psychology interventions can be effective in enhancing subjective</td>
</tr>
<tr>
<td>• 39 studies</td>
<td>psychological well-being and</td>
<td>well-being, as well as in helping to reduce depressive symptoms.</td>
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<tr>
<td>• 6,139 participants</td>
<td>depression</td>
<td></td>
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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

Joy

Purpose

Connection

Resilience Program
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
Our reach

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