

LTC CLINICIAN RESILIENCY 2.0

~~THORÉAL~~

October 22, 2023
Ontario Long-term Care Clinicians Conference

Dr. John Crosby, MD, FRCPC(C), MCFP (EM)
Dr. Hugh Boyd, MD, CCFP(COE)

Still
Because you're worth it

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FACULTY/PRESENTER DISCLOSURE

- **Faculty:** **Hugh Boyd**
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** none.
 - **Speakers Bureau/Honoraria:** none.
 - **Consulting Fees:** OHIP; Sienna Senior Living; St. Joseph's Villa – Dundas; St. Joseph's Health Centre Guelph;
 - **Patents:** none
 - **Other:** Ontario Medical Association; Provincial Geriatrics Leadership Organization Clinical Leadership Council; McMaster Care of the Elderly Working Group; Greater Hamilton Health Network LTC Advisory Board

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FACULTY/PRESENTER DISCLOSURE

- Faculty: **John Crosby**
- Relationships with financial sponsors:
 - Grants/Research Support: none.
 - Speakers Bureau/Honoraria: none.
 - Consulting Fees: none.
 - Patents: none
 - Other: none.

Retired

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DISCLOSURE OF FINANCIAL SUPPORT

Still ^ Please ^

- No external support. (contact us if you're interested 😊)

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OBJECTIVES

- 1. Review resources and case study on managing conflict when goals of care don't align with clinician values
- 2. Review evidence and a case study supporting the use of mindfulness and meditation at the LTC home when faced with angry families.
- 3. Review evidence and a case study supporting caring and person-centred care as a treatment for moral injury

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AGENDA

- 1:20pm Introduction & review of evidence
- 1:30pm Role Playing: Caring & person-centred Care
- 1:40pm Group A – Managing conflict
- 1:50pm Group A – Mindfulness & Meditation
- 2:00pm Group Discussion – You're the expert & "on Monday I'm going to..."

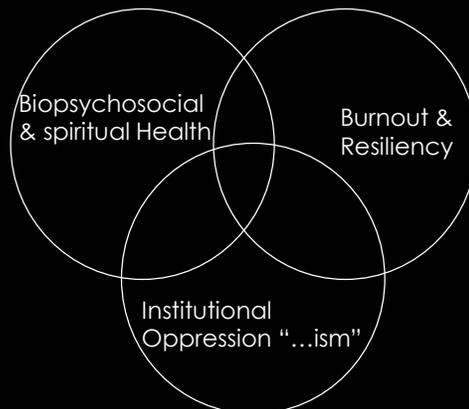
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TRIGGER WARNING

- Burnout is prevalent.
- This discussion may unintentionally cause some to revisit their suffering.

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SCOPE



Clinician Health = Individual Factors x Culture x System

Mamta Gautam, MD Canadian Journal of Physician Leaders 2019 Quit Multiplying by zero to address physician burnout effectively. <https://cjpl.ca/zer.html>

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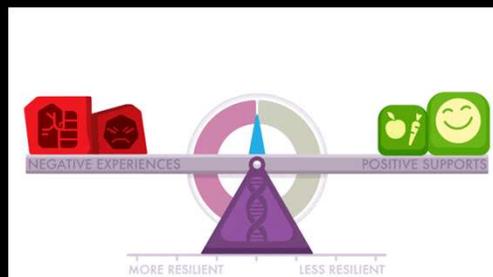
DEFINITIONS

- “Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (WHO)
 - Not a medical condition.
 - Traditionally three dimensions:
 - Emotional exhaustion
 - Depersonalization
 - Reduced sense of personal accomplishment
 - Associated with depression, SI, substance use, MVC, turnover, early retirement, lower quality of care, increased medical errors.

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DEFINITIONS

- Resiliency = skills and abilities that develop through experience and allow us to adapt and stay healthy even in circumstances of severe stress or hardship



<https://www.albertafamilywellness.org/what-we-know/resilience-scale>

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DEFINITIONS

- Moral Injury = "the strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code."

Litz BT, Stein N, Delaney E (2009): Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clin Psychol Rev.* 29: 695-706

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CARING AND PERSON-CENTRED CARE AS A PREVENTION FOR MORAL INJURY

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COMPASSION INVERSELY ASSOCIATED WITH BURNOUT

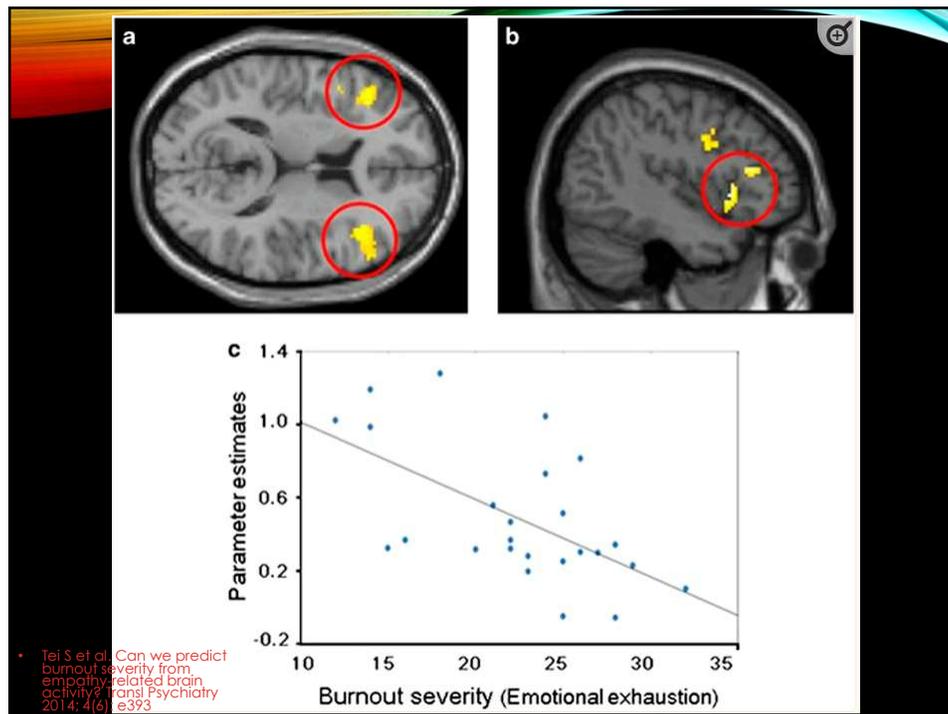
- Systematic Review – high caring / empathy associated with low burnout

Wilkinson H, Whittington R, Perry L, Eames C. Examining the Relationship between Burnout and Empathy in Healthcare Professionals: A Systematic Review. *Burnout Research* 2017;6: 18-29.

- high compassion associated with lower depression symptoms, higher personal accomplishment & enhanced quality of life

• Thomas M, Dyrbye L, Huntington J, Lawson K, Novotny P, Sloan J, Shanafelt T. How Do Distress and Well-Being Relate to Medical Student Empathy? A Multicenter Study. *Journal of General Internal Medicine* 2007; 22(2):177-83.

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COMPASSION INVERSELY ASSOCIATED WITH BURNOUT

- 7500 physicians – those with lowest compassion satisfaction had highest burnout, personal distress, most missed days of work, more likely to take a medical leave of absence
 - Gleichgerrcht E, Decety J. Empathy in Clinical Practice: How Individual Dispositions, Gender, and Experience Moderate Empathic Concern, Burnout, and Emotional Distress in Physicians. PLOS One 2018; 8 (4): e61526.
- multifactorial analysis showed physician's compassion INDEPENDENTLY associated with lower burnout
 - Lamothe M, Boujut E, Zenasni F, Sultan S. To Be or Not to Be Empathic: The Combined Role of Empathic Concern and Perspective Taking in Understanding Burnout in General Practice. BMC Family Practice 2014; 15: 15.

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MECHANISMS OF HOW CARING HELPS

- Helper's High = sharp spike in circulating endorphins, endogenous opiates
 - Luks A. "Doing Good: Helper's High." Psychology Today 1998; 22(10): 39-42.
- activates reward pathways
 - Shamay-Tsoory S, Lamm C. The Neuroscience of Empathy - from Past to Present and Future. Neuropsychologia 2018; 116: 1-4.
- activates parasympathetic nervous system by increasing vagus nerve activity
 - Stellar J, Cohen A, Oveis C, Keltner D. Affective and Physiological Responses to the Suffering of Others: Compassion and Vagal Activity." Journal of Personality and Social Psychology 108, no. 4 (April, 2015): 572-85.
- Giver and receiver → lower bp, improved heart rate variability & lower cortisol.
 - Cosley B, McCoy S, Saslow L, Epel E. Is Compassion for Others Stress Buffering? Consequences of Compassion and Social Support for Physiological Reactivity to Stress." Journal of Experimental Social Psychology 2010; 46(5): 816-23.

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INTERVENTIONS

- training reduces blood markers of systemic inflammation in response to experimental stressful event
 - Pace T, Negi LT, Adame DD, Cole SP, Sivilli TI, Brown TD, Issa MJ, Raison CL. Effect of Compassion Meditation on Neuroendocrine, Innate Immune and Behavioral Responses to Psychosocial Stress. *Psychoneuroendocrinology* 2009; 34(1): 87-98.
- MRI scans - augmenting compassion helped with emotion regulation.
 - Engen HG, Singer T. Compassion-Based Emotion Regulation up-Regulates Experienced Positive Affect and Associated Neural Networks. *Social Cognitive and Affective Neuroscience* 2015; 10 (9): 1291-301.

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INTERVENTIONS FOR LEADERS

- practicing compassion for others among physician leaders - even though stress rated at "severe, very severe or worst possible"; burnout was much lower. **91% of CMOs stated actively caring for others reduced their stress and reduced risk for burnout.**
 - Wiens K. Leading through Burnout: The Influence of Emotional Intelligence on the Ability of Executive Level Physician Leaders to Cope With Occupational Stress and Burnout. Doctoral dissertation 2016.

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PERSON CENTRED CARE

- “a philosophy that recognizes that individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect and to participate fully in their environment.”
- Understand with FIFE:
 - Feelings
 - Ideas
 - Function
 - Expectation
- Enable with validation & compassion
 - From “That must be so difficult for you.” to “I’m here for you through your journey.”

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MANAGING CONFLICT OVER GOALS OF CARE

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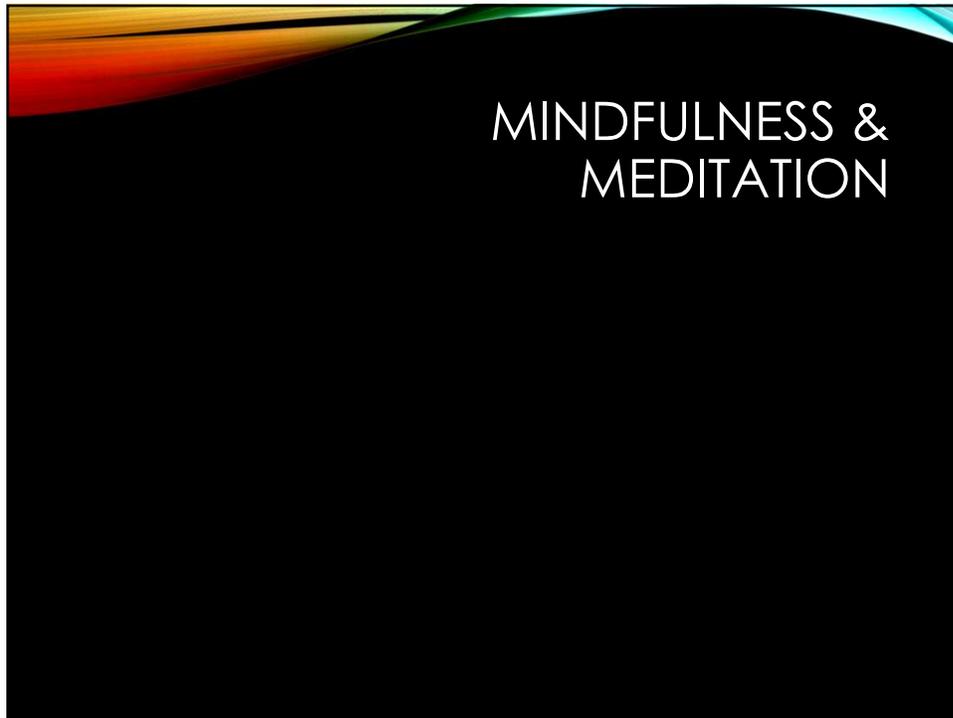
- 1) meet stat
- 2) encourage all staff including psw's and cleaning staff to let you know when families are not happy. Put out the fire when it is small.
- 3) avoid stonewalling. They may go to the media.
- 4) Get everyone involved in the room. Use zoom if family is far away.

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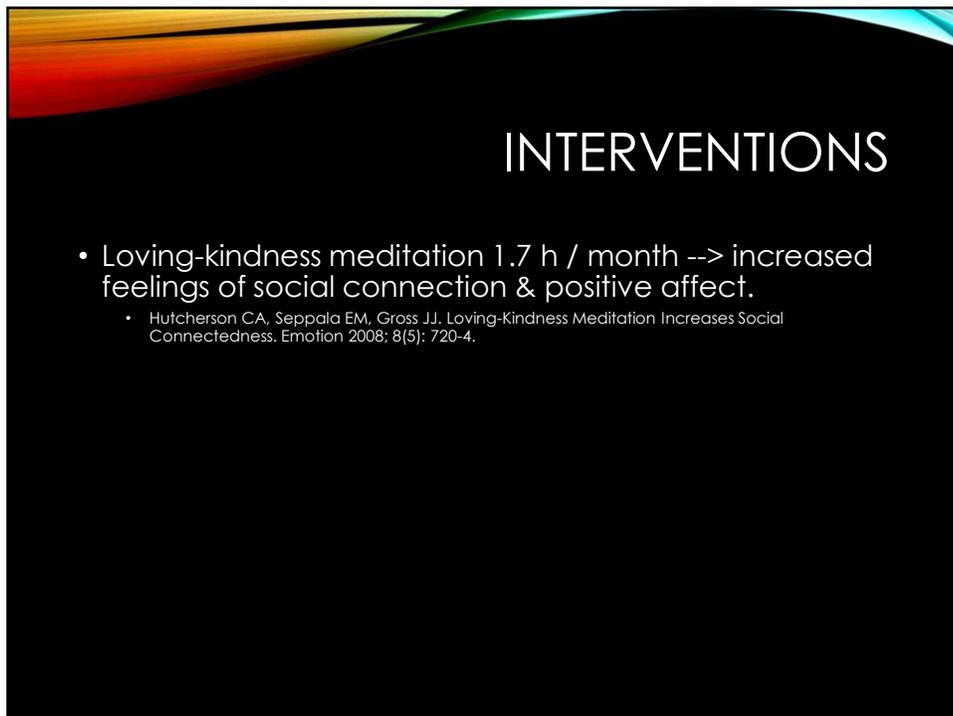
MANAGING CONFLICT OVER GOALS OF CARE

- 5) apologize if appropriate.
- 6) tell them how you are going to avoid this in the future.
- 7) Notify the CMPA

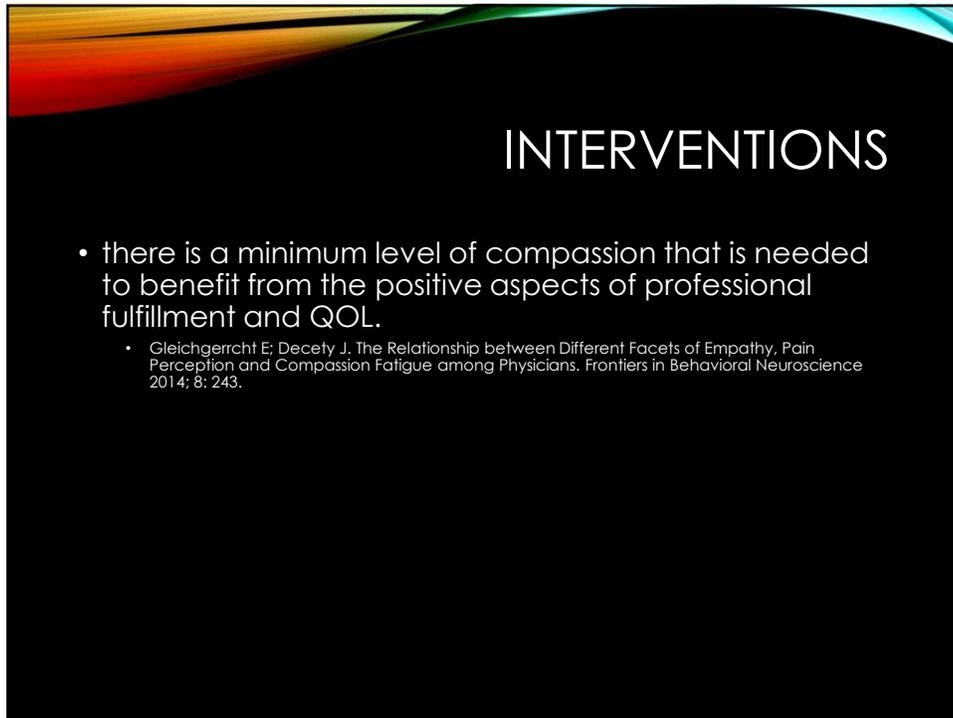
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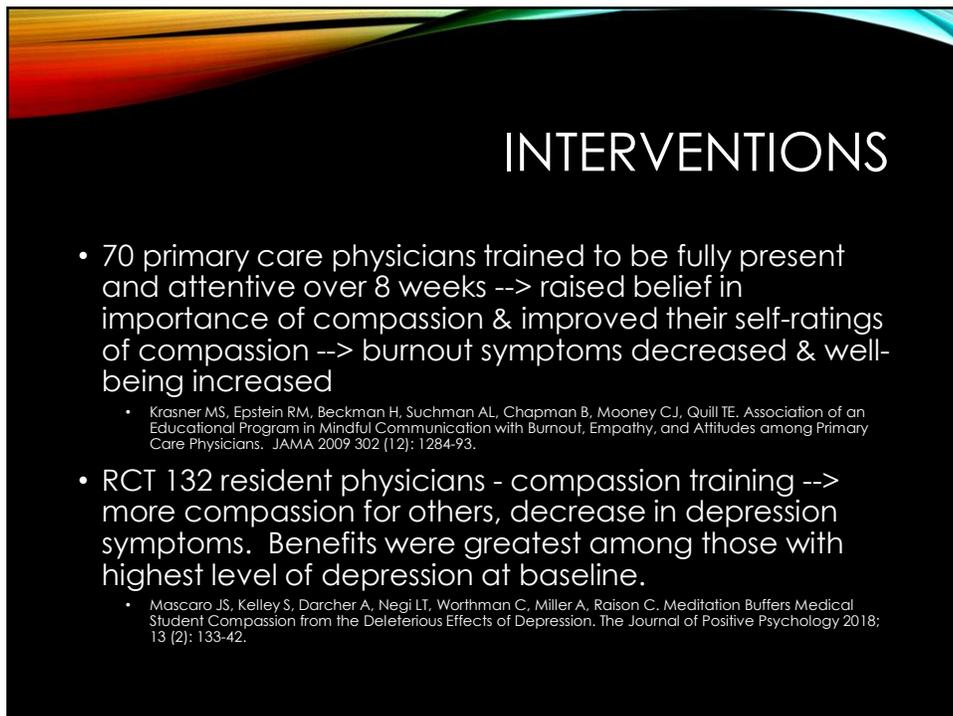
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INTERVENTIONS

- there is a minimum level of compassion that is needed to benefit from the positive aspects of professional fulfillment and QOL.
 - Gleichgerrcht E; Decety J. The Relationship between Different Facets of Empathy, Pain Perception and Compassion Fatigue among Physicians. *Frontiers in Behavioral Neuroscience* 2014; 8: 243.

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INTERVENTIONS

- 70 primary care physicians trained to be fully present and attentive over 8 weeks --> raised belief in importance of compassion & improved their self-ratings of compassion --> burnout symptoms decreased & well-being increased
 - Krasner MS, Epstein RM, Beckman H, Suchman AL, Chapman B, Mooney CJ, Quill TE. Association of an Educational Program in Mindful Communication with Burnout, Empathy, and Attitudes among Primary Care Physicians. *JAMA* 2009 302 (12): 1284-93.
- RCT 132 resident physicians - compassion training --> more compassion for others, decrease in depression symptoms. Benefits were greatest among those with highest level of depression at baseline.
 - Mascaro JS, Kelley S, Darcher A, Negi LT, Worthman C, Miller A, Raïson C. Meditation Buffers Medical Student Compassion from the Deleterious Effects of Depression. *The Journal of Positive Psychology* 2018; 13 (2): 133-42.

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MUSIC AS MEDITATION

- Music interventions for preoperative anxiety - $p < 0.000001$, and small effect on heart rate and diastolic blood pressure
 - Bradt J, Dileo C, Shim M. Music interventions for preoperative anxiety. Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD006908. DOI: 10.1002/14651858.CD006908.pub2.
- Self chosen music has opioid like effects unless you take naltrexone
 - Mallik, A., Chanda, M. & Levitin, D. Anhedonia to music and mu-opioids: Evidence from the administration of naltrexone. Sci Rep 7, 41952 (2017).

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MUSIC AS MEDITATION

- Meta-analysis of 104 RCTs - reduction in psychological and physiological stress outcomes. Effect greater if under stress, slow steady rhythm altering inherent body rhythms. Uncertain greater benefit with BPM 60-80, multiple sessions, instrumental, live.
 - Martina de Witte, Anouk Spruit, Susan van Hooren, Xavier Moonen & Geert-Jan Stams (2020) Effects of music interventions on stress-related outcomes: a systematic review and two meta-analyses, Health Psychology Review, 14:2, 294-324,

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ROLE PLAYING – COMPASSION

- Carol (or Conan) O'Brien
- CC: "wants to see you"
- ID: 68 y
- PMH: Schizophrenia, chronic low back pain,
- Meds: injectable antipsychotic q 2 weeks, duloxetine 60mg PO OD, acetaminophen 975mg PO TID, Voltaren ES applied to low back BID.
- SHx: ex smoker; no alcohol, cannabis or illegal drugs.
- S: "Doctor why aren't you doing anything for my pain."

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IF YOU HAVEN'T ALREADY:

- Understand with FIFE:
 - Feelings
 - Ideas
 - Function
 - Expectation
- Enable with validation & compassion
 - From “That must be so difficult for you.”
to “I’m here for you through your
journey.”

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REFLECTION

- Simulated patients/residents:
 - What did the clinician do well that helped you feel heard?
- Simulated Clinicians
 - What felt most comfortable for you to explore your patient/resident's goals, or offer compassion

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- Split into 2 groups
 - Group A – Managing conflict
 - Group B – Mindfulness & Meditation

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GROUP A: CONFLICT GOALS OF CARE

- This happened to me 20 years ago. It's the only mistake I have made in 76 years. Just ask my wife.
- 89 year old long term care woman with one day of increased agitation
- Past history of Alzheimers dementia for 5 years. Daughter had been looking after her until 2 years ago. Came to my long term care home 2 years ago because of being up all night and incontinent of urine around the clock.
- Nurses called me Friday at noon.
- Exam by nurse was normal except for increased pacing and fretting.
- Normal vital signs.

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CASE STUDY – CONFLICT GOALS OF CARE

- I ordered a urine routine an micro and culture snd sensitivity.
- It came back Monday with an E coli uti.
- I didn't see it until Thursday. On Wednesday she was admitted to ICU with Pyelonephritis and septic shock.
- She was successfully treated with IV antibiotics and made a full recovery.
- The daughter wanted to have a family meeting 2 weeks later.
- When I arrived at the meeting the daughter screamed at me about missing the diagnosis and trying to kill her mom

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CASE STUDY – CONFLICT GOALS OF CARE

- How would you handle this?

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GROUP B: CONFLICT GOALS OF CARE

- This happened to me 20 years ago. It's the only mistake I have made in 76 years. Just ask my wife.
- 89 year old long term care woman with one day of increased agitation
- Past history of Alzheimers dementia for 5 years. Daughter had been looking after her until 2 years ago. Came to my long term care home 2 years ago because of being up all night and incontinent of urine around the clock.
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- How would you handle this?

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MINDFULNESS & MEDITATION

- 1 minute Mindfulness: STOP
 - Stop what you are doing and close your eyes.
 - Take a few breaths and bring your awareness to each inhalation and exhalation.
 - Observe how you are feeling in the moment.
 - Proceed — continue with full steady breaths.
- 2 minute Mindfulness:
 - Focus on each sense for 10-20 seconds
- Meditation
 - Prayers from any religion
 - Loving Kindness Meditation
 - Music: slow steady rhythm. Possibly better with BPM 60-80, instrumental

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Q&A – YOU'RE THE EXPERT

Try something new for 3 months:
"On Monday I am going to ..."

Email drjohncrosby@rogers.com for free mentoring &/or
e-book "Crazy Busy Doctor"

Hugh.boyd@siennaliving.ca