PHYSICIAN HEALTH, WELLBEING AND BURNOUT

Dr. Maria Patriquin MD CCFP FCFP
Founder of Living Well Integrative Health Center and the Humanizing Health Care Collective

OBJECTIVES & AGENDA

- Identify motivation to address the health, wellbeing and burnout in family physicians
- How to attain and maintain health: what prevents, protects and is proven to work
- Consider the human drivers and barriers to implementing change
- Learn what individual, organizational and systemic changes warrant implementing
- Describe how embracing shared human values and collaborative care will ultimately transform the culture of medicine

WHAT DOES IT MEAN TO BE HEALTHY AND WELL?

1984 WHO World Health Organization revised the definition of health defined it as “the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities”.

Mental, intellectual, emotional and social health referred to a person’s ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and living.

DR. MARIA J. PATRIQUIN DISCLOSURES & BIAS

- Living Well Integrative Health Center, founder of not for profit PMH www.livingwellihc.ca
- Physician lead: Group Medical Visits CFTteams/NSHA, Group psychoeducation & group therapy in Family Medicine
- Collaborative Care consultant & key informant for formation of Collaborative care toolkit, Doctors NS. (honorarium received)
- Mental Health Committee Atlantic Canada Representative, CFPC
- Patient Medical Home HLD/CO Care and Compassion Grant recipient 2016, CFPC (grant for project costs)
- Assistant professor Dalhousie University Department of Family Medicine
- Collaborative Working Group on Shared Mental Health Care, CPA/CFPC
- Editorial Advisory Board, Canadian Family Physician
- Canadian Pediatric Society Strategic Mental Health Task Force CPS/CFPC
- Host and Co-chair 2020 Canadian Collaborative Mental Health Care Conference www.shared-care.ca
- Self diagnosed “Pathological Optimist”

MEDICAL PRACTICE WILL ALWAYS BE STRESSFUL

- We treat people in their most vulnerable of states. They are sick, dying, struggling and scared along with their families
- And we are human we feel along with our patients this is what makes us good at or jobs and can cause us suffering too
- High Responsibility + Low Control = STRESS
- Our work requires self-sacrifice, performance under pressure
- Under strain, feeling a lack of cognitive flexibility, under resourced and unsupported, the same qualities that we hold as strengths engender stress: hard working, perfectionistic, competitiveness, performance driven, independent, self-directed, motivated and value driven.

A CULTURE OF STRESS

“According to the latest research, the average human body is 70% water and 30% stress.”
What are the sources of stress in our work lives?

**TERMINOLOGY**

Stress is an adaptive response to external stimuli and situations and they result in physical, cognitive and emotional changes. Stress requires a change or deviation from what would be one’s normal way of functioning or typical response.

Burnout has 3 dimensions as measured by the Maslach Burnout Inventory: 1) feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativity or cynicism related to one’s job; and 3) reduced professional efficacy/ reduced feelings of work-related personal accomplishment.

Depression: persistently diminished mood, loss of motivation, feelings of guilt or worthlessness, social isolation, changes in relationships, use of alcohol, non prescribed medications, illicit substances, Sustained decline in function, changes in eating patterns or weight loss/gain, SI or self-harm.

Compassion fatigue: State of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to secondary trauma or a single intensive event. Feeling incapable of effecting successful patient outcomes.

Empathic Distress: A strong aversive self-oriented response to others suffering accompanied by the desire to withdraw to protect oneself from intense negative feelings.


**STRESS: THE GOOD, BAD AND UGLY**

Long-term exposure to high work stress can result in burnout.

**FREUDENBERGER’S 12 PHASES OF BURNOUT**

1. The prove yourself compulsion
2. Working harder
3. Neglecting one’s needs
4. Displacement of conflict
5. Revision of values
6. Denial of emerging problems
7. Withdrawal
8. Obvious behavioral changes
9. Depersonalization
10. Inner emptiness
11. Depression
12. Burnout Syndrome

How can you recognize when you are burning out?

When our energy accounts dip into negative balance, most physicians react by going into survival mode at work. Instead of finding adventure, challenge, and enjoyment in your practice, you find yourself putting your head down and simply churning through the patients and paperwork, focused on simply making it through the day and getting back home. A common thought at this point is, “I am not sure how much longer I can go on like this.”

Survival mode and this voice in your head are signs that you are well into burnout’s downward spiral. It is time to take different actions to lower stress and get some meaningful energy deposits ASAP.

**THRIVING VERSUS SURVIVING**

**CFPC BURNOUT E-PANEL 01/2019**
"The problem goes beyond any individual’s ability to cope"

- 1/3 to 1/2 of Canadian physicians experience burnout regardless of location or specialty
- One in three experience symptoms of burnout on a weekly to bimonthly basis, characterized and measured by 5-10 questions
- Nearly 1 in 10 have thought about suicide in the past year
- Of the 12547 physicians and 400 medical residents surveyed, 30% reported high levels of burnout
- 44% of physicians who were experiencing burnout intended to discontinue their practice within 4 years
- Thirty-four percent met criteria for depression

Burnout is a normal response to abnormal amounts of stress

Burnout is not a flaw, weakness, character or skill deficit or fault of an individual

Read that again please

Burnout knows no boundaries. No one is immune

Driving stress & burnout in family medicine

Burnout is bad for learning and for students

In residents, studies show burnout rates of 41-90%. Levels rise quickly within the first few months of residency. ACGME work hour changes do not appear to have helped reduce burnout, depression symptoms or errors.

Factors that predict burnout and depression (based on perceived medical errors and poorer patient care)

1. Character
2. Competency
3. Communication
4. Compassion
5. Contribution
6. Collaboration
7. Care
8. Character
BURNOUT IS BAD FOR THE BODY

BURNOUT IS BAD FOR THE BRAIN

BURNOUT CAN BE FATAL

THE EFFECTS OF BURNOUT

BURNOUT IS BAD FOR PATIENTS

Poor patient care
More medical errors
Increased lengths of hospital stay
Alterations in utilization of primary health care services
Readmissions
Medication errors
Lower satisfaction with quality of care
Mistrust, poor therapeutic alliance

BURNOUT IS BAD FOR THE SYSTEM & PRACTICE
BURNOUT COSTS:
The total estimated cost of burnout in Canada = $213.1 Million ($85.2 million due to early retirement and $128 million due to reduced clinical hours).

<table>
<thead>
<tr>
<th>Family Physicians</th>
<th>Surgeons</th>
<th>Other Specialists</th>
</tr>
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<tr>
<td>58.8%</td>
<td>24.6%</td>
<td>16.6%</td>
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WHAT COSTS ARE WE NOT CONSIDERING...
The harm we don't intend:

- The cost of attrition of providers
- The cost of replacing providers that leave
- The cost of placing providers in positions where lack of resources requires them to practice beyond their scope
- The cost of leaving specialists patching through family medical care for those without
- The cost to family doctors as they carry more burdens of administration due to systems restrictions and policies
- The cost of denying a crisis that everyone knows is here
- The cost of negligible consideration for healthcare providers that have rarely had the resources of collaboration
- The cost to our families, community, society
- Cost to future generations

BURNOUT IS A REVERSIBLE CONDITION

READ THAT AGAIN

WELLBEING INTERVENTIONS:
AN EVIDENCE-BASED FRAMEWORK

1. Educate and Increase Awareness
   - Using these videos
   - Create a speakers bureau
2. Designate Time for Reflection
   - Groups, debrief protocols
3. Teach Practical Skills
   - Mindfulness, VR immersion
4. Build Community
   - Diversity
   - Mentoring and coaching programs
   - Opportunities to volunteer at work
5. Ensure Access to Care
   - Confidential, easy to access, available both during and after work hours
   - 24-hour emergency phone line
   - Greater access to screening tools for burnout, depression and suicide
6. Improve Workload Environment
   - Review workload and schedule with physician input, assurance flexibility
   - Adequate staffing to reduce administrative loads for physicians
   - Personal support to work at top of license or meaningful work
7. Transform Institutional Culture

Developed by ML Goldman, CA Bernstein, LS Mayer

INTERVENTIONS THAT HAVE SHOWN EFFICACY
FOR INDIVIDUAL LEVEL CHANGE

- Self care
- Mindfulness
- Building resilience
- Creative Art therapy
- CBT
- Team based interventions
- Counselling
- Mindful communication
- Relaxation techniques
- Boundary setting
- Managing conflict training

FRAMEWORK OF INTERVENTIONS & WELL-BEING INITIATIVES
KEY FOR THE INDIVIDUAL LIES IN LEVERAGING THE SCIENCE BEHIND RESILIENCE, OPTIMISM, RELATIONSHIP AND NEUROPLASTICITY...

NEUROPLASTICITY CAN RESULT FROM:

- Learning
- Exercising
- Eating
- Social interaction
- Sleep
- Relaxation
- Writing
- Listening
- Injury

http://livingwellihc.ca/entries/general/the-science-of-habits-dr-maria-patriquin

THE RESILIENT DOCTOR

WHAT IS RESILIENCE?

re·sil·ience  noun  \

: the ability to become strong, healthy, or successful again after something bad happens

: the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc.

WHAT FOSTERS RESILIENCE?

- Hobbies outside medicine
- Humor
- Realistic recognition (Overcoming denial/culture)
- Exercise, sleep, nutrition
- Supportive professional relationships
- Time away from work
- Passion for one's work
- Supportive personal relationships
- Practicing mindfulness
- Focusing on positive emotions like gratitude and optimism

RESILIENCE THROUGH THERAPY
Physicians who self-care are healthier, are more "well," make patients more satisfied with care and do a better job of caring including make less errors. Shanafelt TD et al. JAMA Int Med. 2017

Family time, friends, eating well

Lee 2008

Exercise

Weight et al

Work life balance

Shanaflet et al. 2015

self management, prioritizing needs, attending to self care

McCue et al

Art & Play tx

Italia et al 2008

RESILIENCE THROUGH SELF CARE

RESILIENCE THROUGH MINDFULNESS

From Mindfulness: Attitudinal Factors that promote healing and wellbeing:

Non-judging: being an impartial witness to your own experience. Things just are. They are neither good nor bad.

Patience: for the wisdom as all things unfold with time.

Beginner’s Mind: As if seeing it for the first time

Trust: in the inner wisdom of our feelings and body.

Non-striving: Grasping, wanting, goal directed e.g. “fix-it”

Acceptance: Not fighting but allowing things to be as they are so we can choose what’s healthiest

Letting go: Changing our attachment to things having to be in a certain way, usually ideal or perfect.

RESILIENCE THROUGH MEDITATION

The Mindful Brain – Physiology

Changes in limbic system leads to modified activity of the autonomic nervous system

RESILIENCE THROUGH OPTIMISM

Benefits

• Good Health and Motivation

• Lack of fear.

• High Self-Esteem.

• Feeling of everything is going well.

• People like to be with you.

RESILIENCE THROUGH OPTIMISM

“life inflicts the same setbacks and tragedies on the optimist as on the pessimist, but the optimist weather them better” (Seligman, 2000: 312)

Seligman & Garber. 1980), Moos & Seligman, 2006) According to Seligman’s explanatory style definition, “The basis of optimism does not lie in positive phrases or images of victory, but in the way you think about causes” (Seligman, 2007: 12) optimists people self care better According to Seligman’s explanatory style definition, Optimistic individuals also tend to be more aware of their health status and how to stay that way.
OPTIMISM & RESILIENCE THROUGH GRATITUDE & APPRECIATION, KIND DEEDS & CHALLENGING BELIEFS

OPTIMISM & RESILIENCE THROUGH GRATITUDE & APPRECIATION, KIND DEEDS & CHALLENGING BELIEFS

OPTIMISM HAS BEEN LINKED TO subjective career success, with higher career adaptability and with better coping skills and teamwork.

Wetzel et al., Spurk et al., 2015 (Tolentino et al., 2014)

OPTIMISM FOR LEADERS & MANAGERS

“At work, optimism has been linked to intrinsic motivation to work harder, endure during stressful circumstances, and show more goal-focused behavior” (Luthans, 2003).

Optimism is an important contributor to employees’ well-being, it has been linked to improved overall happiness in the workplace, task-orientation, solution-focused approaches, perseverance, and decision-making efficacy (Strutton & Lumpkin, 1992; Normal et al., 1995; Podsakoff & MacKenzie, 1997; Choik Foong Loke, 2001; Harter et al., 2003; Gavin & Mason, 2004).

RESILIENCE THROUGH VALUE, MEANING AND PURPOSE

Physicians who reported that medicine was a calling experienced higher levels of career satisfaction and resilience from burnout.

Yoon, et al., Academic Psychiatry 41.3, April 2017

Linzer et al. 2014, Southwick et al. 2018

Patel et al., 2019

NEWSLETTERS

RESILIENCE & MEANING THROUGH COMPASSION

From Latin “co-suffering”

Awareness and understanding of the suffering of another accompanied by the desire to help

- Increased wellbeing
- Increased adherence to treatment
- Lower rate of burnout in physicians
- More meaning in work
- Decreased negative emotions
- Decreased anxiety and stress
- Better HbA1C levels
- Lowered LDL levels
- Better follow through and adherence to treatment plans
- Better follow-up of chronic disease

Publications

43 44

45 46

47 48
THE VALUE OF EMPATHY

- Positive emotions
- Increased awareness
- Greater sense of social support
- More purpose
- Greater life satisfaction
- Fewer illness and depression symptoms

THE COST OF HEALTH

- Office Visit: $50.00
- RX Script: $5.00
- Test fee: $5.00
- General Office Visit: $50.00
- Physical: $25.00
- Counseling (30 min): $25.00

ACCELERATED HEALING
ENHANCED IMMUNE FUNCTION
DECREASED INFLAMMATORY MARKERS

THE BENEFITS OF COMPASSION:
ENABLING & ENGAGING PATIENTS PHYSICIANS

- Greater sense of social support
- Greater life satisfaction
- Fewer symptoms
- Positive emotions
- Increased awareness
- Greater sense of social support
- More purpose
- Greater life satisfaction
- Fewer illness and depression symptoms

SELF-COMPASSION IS CRITICAL TO OUR CARE:

- Self-compassion is when we notice our own suffering and respond to it with kindness and care. At this time of reform this is more relevant than ever.
- It is critical to living and working healthy as physicians. Doctors suffer as humans and also experience vicarious trauma when caring for patients.
- Critical to being able to have clarity and see patients for who they are otherwise we run the risk of projecting, stereotyping, making mistakes, crossing boundaries which are neither healthy for ourselves or patients.
- Holding others pain is a privilege and it’s important to show up for that experience having cared for ourselves this enables us to be more compassionate of others.
- Understanding and sharing life’s joys, sorrows, failures, imperfections and suffering connects us. Holding our shared sense of humanity is healing.

RESILIENCE IS STRENGTHENED THROUGH COMPASSION AND COLLABORATION

"COMPASSION IS THE CORNERSTONE OF THE THERAPEUTIC RELATIONSHIP AND THE ANTIDOTE TO BURNOUT"

"THROUGH A COMPASSIONATE LENS, CIRCUMSTANCES, ILLNESS, BEHAVIORS AND PEOPLE ARE NOT WHAT THEY ONCE SEEMED. THEY BECOME HUMANS STRUGGLING TO COMMUNICATE THEIR NEEDS."
RESILIENCE THROUGH COMMUNITY & CONNECTION

RESILIENCE THROUGH LEARNING, TRAINING & SKILLS

DR. MARIA PATRIQUIN STRESS REDUCTION CLASS

Combination of didactic & experiential learning

Harnessing optimism resilience

Strengths & Skills based

neuroplasticity and compassion

A unique and innovative program

encompassing techniques, strategies & frameworks formed from:

- Positive Psychiatry
- Mindfulness Based Stress Reduction (MBSR)
- CBT: Acceptance and
  Commitment Therapy (ACT)
- Emotion Focused Therapy (EFT)
- Psychodynamic
  (ISTDP)
- Non-Violent Communication (NVC)
- Trauma Informed Care & Trauma-Focused Therapy (TIC/TFC)


MESS WITH YOUR MIND RATHER THAN IT MESS WITH YOU LEVERAGE OUR ABILITY TO LEARN NEW

SMALL THINGS THAT MAKE A BIG DIFFERENCE

QUESTIONNAIRES PRE AND POST
POSITIVE OUTCOMES

- Reduced overall perceived stress
- Anxiety, depressive & somatising symptoms improved
- Self-awareness & Self-management ability increased
- Acquired valuable coping Skills & tools
- Improved communication at work and home
- Improved ability to retain self-care practices
- Emotional regulation
- Clearer boundaries
- Better work habits
- Increased distress tolerance
- More creative expression
- Improvement in managing stress
- Feeling of belonging and community
- Improved sense of self worth
- Better-quality of life & subjective happiness
- Feel like I can be me (strengthened personal values or belief in my authenticity)
- People describe feeling whole again
- People describe feeling deeply connected to people they barely know and are filled with a sense of belonging

THESE HAVE BEEN REPLICABLE & ENDURING EFFECTS OF OTHER GROUPS AND PROGRAMS

RESILIENCE THRIVES IN ALLIANCE

RESILIENCE & COLLABORATION THROUGH TEAM BUILDING

Allied health may be defined as those health professions that are distinct from medicine and nursing. http://www.asahp.org/what-is/

Collaborative Care can help us address the burnout crisis: The case for the PMH

The World Health Organization defines collaborative practice in health care as occurring “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings” and inter professional education as occurring “when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

Resilience & Collaboration through team building

- Person centered Care
- Role Clarification
- Team Functioning
- Collaborative Leadership
- Interprofessional Communication
- Interprofessional Conflict Resolution
- National Interprofessional Competency Framework
VERBAL
- Language, Meaning & Tone (Attitude)

COMMUNICATION
- Non-Verbal

COMMUNICATION
- Body Language, Environment

RESILIENCE THROUGH HEALTHY COMMUNICATION
- Physical Health, Mental Health, Spiritual Health, Social Health, Emotional Health

ORIENTATION BASED INTERVENTIONS
- **Team building**
- **Scheduling**
- **Protected time off**
- **Adequate coverage for time off**
- **Readily available support programs**
- **Debriefing**
- **Advocacy & Funding**
- **Safe spaces**
- **Restricting excessive work hours**

MAKE THE CASE TO EXECUTIVE LEADERSHIP:
- **Technical**
- **Motivational**

NINE ORGANIZATIONAL STRATEGIES

ORIENTATION-DIRECTED INTERVENTIONS ARE MORE LIKELY TO LEAD TO REDUCTIONS IN BURNOUT THAN PHYSICIAN-DIRECTED INTERVENTIONS
LEAD WITH OPTIMISM, COMPASSION AND RESILIENCE WITH A STRONG MORAL COMPASS, CULTIVATE A SENSE OF BELONGING “BE WITH US NOT FOR US”

QUICK FIXES WON’T HOLD...
And have significant long term consequences

CHANGE IS HARD: JUST ONE OF INDIVIDUAL & INSTITUTIONAL BARRIERS TO IMPLEMENTATION

CHANGE IS A COMPLEX ADAPTIVE PROCESS

You can’t change what you refuse to confront.

A HUMAN IS A COMPLEX ADAPTIVE SYSTEM

“A disease based model is a deterrent to seeking care. A wellness-based model is strengths based and considers the whole person

“Change is harder when it is posed as a threat. People and systems do not function well under threat”

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”
- Charles Darwin, 1869

prevention

lifestyle approaches

exercise

social and social support

spiritual, faith, culture

sense of purpose, meaning, value

positive role of counseling & psychotherapy

education

build skills & capacity

foster resilience

protection and therapeutic

An illness based model is not person centered
10 COMMANDMENTS OF PHYSICIAN WELLNESS

I. Thou shall not expect someone else to reduce your stress.
II. Thou shall not resist change.
III. Thou shall not take thyself in vain.
IV. Remember what is holy to thee.
V. Honor thy limits.
VI. Thou shall not work alone.
VII. Thou shall not kill or take it out on others.
VIII. Thou shall not work harder. Thou shall work smarter.
IX. Thou shall continue to learn.
X. Thou shall feel badly about thyself and seek to find joy and mastery in thy work.

STIGMA & DISCRIMINATION WORSEN BURNOUT

Negatively impact all areas of life and is frequently more harmful than the illness itself. Negative attitudes, lack of respect or pessimism regarding recovery, steps to remove control over decision-making interfere with recovery.

Fear of being labelled or judged is high

Family caregivers report experiencing isolation & loss of support due to shame and blame contamination

Healthcare providers experience lack of respect and inadequate support and accommodations when seeking care

CULTURAL BARRIERS TO ACTING ON PATIENT FEEDBACK

FEAR OF REPURCUSSIONS
- Lack of confidentiality
- Stigma and discrimination

LACK OF AVAILABLE RESOURCES
- System barriers or covering up action, abuse, harassment, abuse,<br>management, lack of support, fear,<br>errors, omission, mental injury

LACK OF SUPPORT
- Fear of punitive actions
- Fear of patient action
- Fear of punishment action
- Fear of guilt or shame

FEELING CONDEMNING
- Lack of self assessment
- Fear of blame and guilt

Fear of rejection
- Being labelled or judged is high
- Shame and guilt exposed

CONSIDER WHAT THE INDIVIDUAL NEEDS TO RETURN TO WORKING WELL

First: understand, assess, plan & communicate, support
- Regain energy & self-management of fatigue
- Early intervention

Second: treatment, recovery & rehabilitation, stress support, include changes to workplace
- Early intervention
- Return to work
- Regain energy & self-management of fatigue
- Early intervention

Third: return to work with ongoing support, therapy, accommodations and reinforcement of skills. Regular evaluations and feedback, ongoing dynamic adaptations, develop after difficulty or errors, recognize strengths and achievements.
- Regular evaluation and feedback
- Ongoing dynamic adaptation
- Recognize strengths & achievements

CONSIDER WHAT THE INDIVIDUAL NEEDS TO RETURN TO WORKING WELL

Return to work
- Effective therapy & support
- Early intervention

Rehabilitation
- Early intervention
- Effective therapy & support

OFF WORK: assessment and treatment
- Effective therapy & support
- Early intervention
- Effective therapy & support
WHAT IS ELSE IS CREATING BARRIERS TO IMPLEMENTATION?

Utilization of Mental Health Services Among Depressed Medical Interns

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<thead>
<tr>
<th></th>
<th>Med &amp; Therapy</th>
<th>Therapy Alone</th>
<th>No Treatment</th>
</tr>
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<tbody>
<tr>
<td>Percentage</td>
<td>85.2%</td>
<td>6.7%</td>
<td>8.1%</td>
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“Through a supervisory lens subject to the inner critic that judges our success by how well we think our students are performing, expectations and stress grow.”

RESIDENTS AND STUDENTS UNIQUE STRESSORS

▪ Devalued
▪ Lack of protected time for necessities
▪ And self care
▪ Taking care of basic needs seen as weakness
▪ Intolerance
▪ Barriers to disclosure & accessing care
▪ Lack of education, prepared
▪ Lack of supervisory alliance
▪ Skills deficits and lack of support to deal with difficult encounters
▪ Medical errors secondary traumatic stress
▪ Lack of education, prepared
▪ Lack of supervisory alliance

▪ Stigma
▪ Judgement
▪ Ostracism
▪ Isolation
▪ Criticism
▪ High expectations
▪ Lack of social support
▪ Prolonged on call hours
▪ Excessive week work schedules
▪ Lack of respect by superiors and supervisors

REMIND OURSELVES & OUR STUDENTS THAT WE GROW FROM MISTAKES

“Shortcomings are not failures but opportunities to learn, adapt, change and evolve. This is the basis of the scientific method after all... we are just human we err!”

WE GROW FROM ADVERSITY POST TRAUMATIC GROWTH

Post traumatic growth is reflected in emotional growth through self awareness and wisdom, a sense of connection, belonging and strengthening of relationships. People experience more awareness of personal strengths and how to harness them. From a growth mindset, one experiences new possibilities and a deeper sense of appreciation for life. Resilient survivors continue to grow, and even thrive, in spite of, and quite often because of, their histories. (Armour, 2007)

WE CAN GROW WITH COMPASSION

A Growth Mindset

What we feed grows so too can our optimism, resilience, skills, capacity and agency to implement necessary change to address the growing crisis.
WHAT IS OATH WHAT IS MORAL IMPERATIVE?

WHAT DO YOU VALUE? WHO DO YOU WANT TO BE IN THE FACE OF CHALLENGE, CHANGE AND A CRISIS IN CARE?

WHAT IS OATH WHAT IS MORAL IMPERATIVE?

WHAT DO YOU VALUE? WHO DO YOU WANT TO BE IN THE FACE OF CHALLENGE, CHANGE AND A CRISIS IN CARE?

SHARED HUMANITY

“Holding others pain is a privilege. Holding our own, makes us healthier care givers. Understanding and sharing life’s joys, sorrows, failures, imperfections, and suffering connects us. Holding our shared sense of humanity is healing.”

Dr. Maria Patriquin

“COMPASSION IS THE CURRENCY OF RELATIONSHIPS. WE ARE SOCIAL BEINGS AND OUR BRAINS ARE SOCIAL ORGANS…”

We have the capacity to learn, change and grow together. Because of our social nature, our interactions hold the potential and capacity to harm or to heal. Our success as physicians and as sentient beings will be defined by our ability to honor the role of relationships and the importance of regard for our deep seated need to belong and connect.

By virtue of these qualities and values, our care holds the potential of being able to establish the healthiest forms of working relationships if the process is…

compassionate, collaborative and considers our humanity”.

Thank you Dr. Maria Patriquin MD CCFP FCFP

THANK YOU TO MY FAMILY

May we work together for meaningful change
Communication is the language of collaboration. Collaboration is reliant on healthy relationships. Compassion is the currency of relationships. We are social beings and collaboration requires structure to ensure efficiency, effective use of resources, and to encourage innovative ways to deliver care. "Collaboration/integration is a process NOT an endpoint." (Emerson & Hyman, 2021).

"Collaborative practice is dynamic and should be intelligent, informed, proactive, purposeful, engaging and sometimes enervating. This process of change is unpredictable, and as such, requires the support of global and national leaders to lead and inspire change - champions, trailblazers and risk takers. Tasks and roles should be defined by skills and not by disciplines."

"We are in a unique time in which we have the opportunity to reconsider and reframe how we approach care. Patients are no longer the only ones who hold the potential and promise of knowledge derived? The word conciliation refers to MD; How to survive and thrive in medical school. The Webster's dictionary defines it "as a purposeful relationship in which all party strategically choose to cooperate in order to accomplish an objective." This is exactly what we do in our practices and it also is a must for the successful transformation to a collaborative model of primary health care (PHC)."

"Learning to transition to collaborative care is an adaptive process that has both technical and adaptive challenges. A technical approach to an adaptive process doesn't work. The approach itself must be 'integrative' (in this case integrating adaptive as well as technical solutions)." (Harper, 2016).

"Change is constant and it is always resistive. If we do not change, we are in danger of becoming obsolete. Change is not only an opportunity but it is also a risk. People prefer the known and do not want to take risks. " (Swain & Moore, 2021).

"The process by which we derive information and knowledge for the transformation must be integrative. The process to which all are committed. The integration must be in continuous practice and care. The largest potential for transformation is patient self-care. Providers must be heavily encouraged to self-examine their roles, structure, and roles to the point that they are moved to become accountable for the quality of care and patient outcomes they produce. The tools to assist in the process."

The following 8 slides are derived from my work on collaborative care and are short form notes for small changes you can make in your practices to move towards a collaborative practice. The 1st are recommendations for leaders and organizations regarding adoption of the PHM and collaborative care in addressing the crisis in family medicine. For more information please visit livingwellihc.ca or email me at kindonpurpose@gmail.com.

I hope that you will join us for this conference...
**SMALL INCREMENTAL CHANGES**

- Communicate
- Ask questions
- Make yourself happy
- Show gratitude

**SMALL BUT MIGHTY VALUE ADDING COLLABORATIVE MOVES...**

- Ask patients to bring family or friends who can have input and provide support
- Use tools to engage and facilitate care and behavioral change. Set goals, track progress, suggest follow up e.g. SMART goals, PH2I, FHI

**REFERENCES**

**Collaborative Care Journal Articles**


**USEFUL LINKS TO COLLABORATIVE RESOURCES & TOOLS**


- "A National Interprofessional Competency Framework (CNCCAP-CNAP) - " http://www.cnccap-cnap.ca/


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