Disclosure

None
At a glance

- Established in 1995
- Developed Schwartz Center Rounds™ at Massachusetts General Hospital in 1997
- Member Organizations
  - 400+ Hospitals, Long-term care, others in U.S. and Canada
  - 150+ Hospitals in United Kingdom
- National Caregiver of the Year™ (NCCY) Award
- Education and Training
  - 2016 Harvard Medical School: *Compassion in Practice*
  - Interprofessional Education Course
- 1st Annual *Compassion in Action* Healthcare Conference, June 2017 | Boston, MA
Our health care system is making important strides

Experience & Outcomes

Delivery models

Innovations

Breakthroughs
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam vulputate imperdiet vulputate.

Sed a ante quis odio porttitor ultricies ac eu lorem. Duis eget tincidunt tortor, nec venenatis ex.

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We are at risk

Burnout (40% - 60%)
(2011) 45%  
(2014) 54%  
$p < .001$

Work/life satisfaction
(2011) 49%  
(2014) 41%  
$p < .001$

Physician suicide
• Rate ratio 2.3 (♀) and 1.4 (♂) vs. general population

High Cost of Clinician Burnout

- Career Dissatisfaction and Turnover
  - Shanafelt, Journal of Clinical Oncology, 2014
  - Leiter, Journal of Nursing Administration, 2009
  - Shanafelt, Annals of Surgery, 2010

- Increased Errors
  - Shanafelt, Annals of Surgery, 2010
  - Farenkopf, British Medical Journal, 2008
  - West, JAMA, 2009

- Lower Patient Satisfaction and Longer Recovery Time

- Poor Provider Health, Depression and Suicidal ideation
  - Wallace, Lancet, 2009
  - Dyrbye, Annals IM, 2008
  - Shanafelt, Arch Sur, 2011
What inhibits wellbeing and compassion?

- Workload, staffing
- Documentation, regulatory requirements
- Time pressure
- Discontinuity, fragmentation of care
- Staff input not elicited, acted on
- Loss of community
- Loss of autonomy, sense of control
- Conflicting values
“Compassionate care...means recognizing the concerns, distress and suffering of patients and their families and taking action to relieve them. It is based on active listening, empathy, strong communication and interpersonal skills, knowledge of the patient as a whole person including his or her life context and perspective, and the ability to work together to relieve distress.”

- Schwartz Center for Compassionate Healthcare
What distinguishes compassion from empathy and sympathy?

Compassion

Emotion

Feeling “as if”

Cognition

Feeling “with”

+ action

Empathy

Sympathy

Feeling sorry “for”

“... physicians are caught in a quagmire between the demands of the health care system and their deeply held desire for a meaningful relationship with their patients based on compassion, trust, and mutual respect. The stark dichotomy between the kind of care clinicians want to provide and what they are able to provide, is leading to burnout. Consequently, the inability to deliver on the promise of patient-centered care has become the breeding ground for disillusionment with the health care system and their professional calling.”
The Schwartz Center Compassion Model

- Action
- Attention
- Recognition
- Compassion
- Wellbeing
- Shared Decision Making
- Altruistic Motivation, Intention
- Empathic Concern
- Understanding
- Emotional Resonance
- Cognitive Processing
- Emotion Regulation

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“Experience sharing”
Affective empathy

“Mentalizing”
Cognitive empathy

Emotional resonance and cognitive processing

Mediators:
Trait empathy
Repetitive exposure
Perspective taking
Emotion regulation
Culture, context
Empathy - AI, aMCC

Compassion - mOFC, pACC, striatum

A pathway to purpose: Compassion feels rewarding

The doorknob strategy: Mini-moments of mindfulness

Focusing attention
Emotion-regulation: Meditation-based compassion training
Leiberg, et al. 2011.\(^1\) One-day Compassion Training vs. Memory Training plus home practice or guided sessions x 3 days.
- Compassion training $\rightarrow$ significantly more helping/collaboration behaviors.
- Helping correlated with practice time even when no possibility of reciprocity.

Weng, et al. 2013.\(^2\) Compassion vs. Cognitive Reappraisal Training 30 minutes per day x 2 weeks.
- Compassion training $\rightarrow$ significantly more fund redistribution; moderate effect size.

Condon, et al. 2013.\(^3\) Compassion/Meditation Training 90 minutes/week plus 20min audio-guides x 8 weeks vs. Wait list control.
- Compassion training $\rightarrow$ significantly more altruistic behavior towards “sufferer” on crutches; moderate effect size.


**Meditation-based compassion training and compassionate behavior**
Redesign your practice. Reignite your purpose.

AMA’s Practice Improvement Strategies.

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  - 13 Modules >

- Workflow and Process
  - 12 Modules >

- Leading Change
  - 6 Modules >

- Professional Well-Being
  - 4 Modules >

- Technology and Finance
  - 8 Modules >

Looking for modules?
Try our Practice Assessment tool.
Start Assessment >
## Examples of interventions to reduce burnout in your practice

<table>
<thead>
<tr>
<th>WORKFLOW</th>
<th>COMMUNICATIONS</th>
<th>TARGETED QUALITY IMPROVEMENT (QI)</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shift to MA entering data into EHR instead of physician. Covered in team documentation</td>
<td>Improved interpersonal communication and teamwork. Discussed in team meetings</td>
<td>Implementing a hypertension management program</td>
<td>Implementing panel management</td>
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<tr>
<td>Better patient flow through the clinic enabled by pre-visit planning including pre-visit laboratory testing</td>
<td>Improved opportunities for informal communication among providers, such as a shared lounge or periodic shared meals. Reviewed in team culture</td>
<td>Establish quality improvement projects for issues of importance to providers</td>
<td>Dashboard of patient population measures for clinicians</td>
</tr>
<tr>
<td>Sharing information to make the clinic more efficient</td>
<td>Monthly formal discussions on patient care for clinicians to improve collegiality</td>
<td>Freeing time for nurses and physicians by implementing synchronized prescription renewal</td>
<td>Presentation of wellness data to prompt discussions on changing the clinic environment</td>
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</tbody>
</table>
Joy in Practice

• Collaboration with teams
  • 2:1 or 3:1 staffing
  • Moving away from physician-centric to team-based care

• Communication
  • Co-location
  • Team meetings

• Systematic Planning
  • Pre-visit planning
  • Workflow mapping

# Physician Well-Being: Recommended Approaches

<table>
<thead>
<tr>
<th>Key Drivers</th>
<th>Individual</th>
<th>Organizational</th>
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</thead>
<tbody>
<tr>
<td>Workload</td>
<td>• Part-time status</td>
<td>• Productivity targets</td>
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<tr>
<td></td>
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<td>• Duty Hour Requirements</td>
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<tr>
<td></td>
<td></td>
<td>• Integrated career development</td>
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<tr>
<td>Work Efficiency/Support</td>
<td>• Efficiency/Skills Training</td>
<td>• EMR (+/-?)</td>
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<tr>
<td>Work-Life Integration/Balance</td>
<td>• Self-care</td>
<td>• Staff support</td>
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<tr>
<td></td>
<td>• Mindfulness</td>
<td></td>
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<tr>
<td>Autonomy/Flexibility/Control</td>
<td>• Stress management/Resiliency</td>
<td>• Meeting schedules</td>
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<tr>
<td></td>
<td>• Mindfulness</td>
<td>• Off-hours clinics</td>
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<td></td>
<td>• Engagement</td>
<td>• Curricula during work hours</td>
</tr>
<tr>
<td>Meaning/Values</td>
<td>• Positive psychology</td>
<td>• Financial support/counseling</td>
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<tr>
<td></td>
<td>• Reflection/self-awareness</td>
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<td></td>
<td>• Mindfulness</td>
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<tr>
<td></td>
<td>• Small group approaches</td>
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</tbody>
</table>

**Source:** AAMC
- Compassionate leadership
- Valuing and rewarding compassionate care
- Education for compassion and collaboration
- Supporting caregivers to enable compassion and wellness
- Prioritizing compassion & collaboration in quality improvement
- Involving, learning from patients, families
- Research and measurement
How Healthcare Organizations Can Build A Compassionate Care Anti-Burnout Toolbox

Michael J. Goldberg, MD, Beth A. Lown, MD, Andrew Shin, JD, MPH
Seattle Children’s Hospital, Seattle WA
The Schwartz Center for Compassionate Healthcare, Boston MA

Abstract:
Some of the leading organizations and systems, both internationally and in the USA, are prioritizing compassion as a core tenet of care delivery and also as a mechanism to mitigate employee burnout. A successful program addressing workforce well-being must be comprehensive and system/organization wide, similar to successful patient safety. CF and LEAN initiatives. We propose a practical paradigm that healthcare leaders can implement in their organizations, a model designed to address the intersections between building provider resilience (the individual), nurturing caregiver-to-caregiver compassion (the team), and embedding organization-wide initiatives that support workforce well-being (organizational leadership).

Learning Objectives:
1. Appreciate why health care organizations are prioritizing compassion as a core tenet of care delivery and as a mechanism to mitigate workforce burnout.
2. Understand the intersections between building individual resilience, nurturing caregiver-to-caregiver compassion, and embedding organization-wide initiatives that support workforce well-being.
3. Have knowledge of the portfolio of programs contained in a compassionate care anti-burnout toolbox.

Methods:
The contents of a Compassionate Care Anti-Burnout Toolbox include tools for:
1. The Individual: Develop individual resilience with programs that, while easy to teach, are sufficient to withstand an indifferent or non-supportive organizational milieu. Teach communication skills and behaviors that promote caregiver-to-patient compassion.
2. The Team: Nourish caregiver-to-caregiver compassion by scheduling time for open and honest discussion of social and emotional issues that arise in caring for patients.
3. Organizational Leadership: Driving change through organizational leadership begins with making compassion a core value, articulating it, and embedding it into all aspects of the organization. A culture of compassion requires programs and policies implemented by the organization itself.

Results:
Examples of Compassionate Care Anti-Burnout Tools:
1. For The Individual:
   A. Building resilience with Mindfulness Meditation, Gratitude Journal, Three Good Things (Columbia University Health System).
   B. Verbal and non-verbal communication skills: effective listening, and self-awareness of own own emotional reactions. CONNECT Program (Seattle Children’s Hospitals).
2. For The Team:
   A. Schwartz Center Rounds: Tao for the Soul: Resilience in Stressful Events (Virginia Hospital University & Health System).
3. For Organizational Leadership:
   A. Screening the workforce for burnout.
   B. Managing the consequences of adverse events.
   C. Designing systems and infrastructure with the compassionate caregiver in mind.
   D. Preserving work-related satisfaction of physicians and nurses in clinical settings.
   E. Recognizing and rewarding compassionate, collaborative care.

Conclusions:
For every caregiver-patient interaction to be compassionate, the organization must provide the programs and mechanisms that support a culture of compassionate care. The well-being of the workforce drives both patient experience and patient outcomes.
Examples of Compassionate Care Anti-Burnout Tools:

1. For The Individual:
   A. Building resilience with Mindfulness; Meditation; Gratitude Journal; Three Good Things (Duke University Health System); Yoga; attention to work-life balance
   B. Verbal and non-verbal communication skills; attentive listening, and self-awareness of one’s own emotional reactions. CONNECT Program (Seattle Children’s Hospital)

2. For The Team
   A. Schwartz Center Rounds; Tea for the Soul; RISE: Resiliency in Stressful Events (Johns Hopkins University & Health System)

3. For Organizational Leadership
   A. Screening the workforce for burnout
   B. Managing the consequences of adverse events
   C. Designing systems and infrastructure with the compassionate caregiver in mind
   D. Preserving work-control autonomy of physicians and nurses in clinical settings
   E. Recognizing and rewarding compassionate, collaborative care
We need more:

- RCT’s for individual wellness and organizational best practices
- Valid metrics
- Multi-setting approaches
- Understanding of other factors such as intensity/compression, clinical block models, etc.
- Focus on the impact on patient experience, outcomes and mutual engagement...