

The Centre for Practitioner Renewal: Embracing a new mandate

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Outline

1. New Mandate
2. Services Offered
3. Accessing Services
4. Chief Complaint Data
5. Questions?

Core Messages

1. CPR is a ‘game changer’: PHC is at the forefront of the growing awareness of needing to “care for the caregiver.”
2. Balancing task and process, approach is iterative and based on understanding the depth and complexity of relationships.
3. A combination of reciprocal relationship-based, trauma-informed, civil, and explicit methods of relationship development and maintenance is a key quality of an environment that promotes caring and optimizes functioning.



Comments

“Our book will certainly illustrate that you and your colleagues are way out in front of all of us in practitioner care and renewal.”

- Charles Figley, Editor: First Do No Self Harm

“PHC is encouraged to put forward to Accreditation Canada the Centre for Practitioner Renewal as a leading practice.”

- Accreditation Canada Report, 2013

Centre for Practitioner Renewal (CPR)

1. Health care based on business model of efficiency.
Work in health care is about relationships
(self, others and Other)
2. Relationship is often sacrificed to action and
efficiency
3. The work of the CPR is about building, repairing,
and sustaining relationships in the workplace

Centre for Practitioner Renewal: 3 Guiding Questions

1. How do we sustain health care providers in the work place?
2. What is the effect of being in the presence of suffering?
3. What would be reparative, healing or restore resilience for health care providers?

“Efficiency Through Relationship”

CPR: Where we were

- Individual psychotherapy and Team work
- Word-of-mouth and working with teams who invite
- Primarily reactive work with some proactive

Challenges:

- We know where challenges are, but waited to be approached
- Reactive will not prevent difficulties
- Individual therapy can become costly if it does not have appropriate limits



A New Mandate

Direct focus to teams and groups:

- Clinic, Department, Neighbourhood, Office, Themed group, Unit team (homogeneous or heterogeneous)
- Interpersonal conflict
- Consultation regarding team

Any individual work is group-related and limited

Challenges

- Physicians are often absent from team sessions
- Community-based physicians who have PHC privileges do not always have a hospital-based team
- We are struggling to maintain ongoing relationships to increase our proactive interventions
- Budgetary priorities sometimes limit team and group work opportunities (e.g., backfill)

CPR: Where we are

- Cautiously and increasingly inviting ourselves
- Increasingly proactive work and less reactive work
- Individual work in relationship to active team work

Challenges:

- Individual needs are under met
- Physicians often absent from team sessions
- Budgetary priorities sometimes limit team and group work opportunities
- Not having permission to approach a leader to offer help when leader may not know it is needed

CPR: Where we want to go

- Increasingly invite ourselves
- Higher ratio proactive : reactive work

Our Experience at CPR

Sustaining Healthcare Providers in the workplace:

Burnout / Compassion Fatigue / Vicarious Trauma
/ Moral Distress / Grief / Depression / Anxiety

and

“Lateral Stress” among colleagues

CPR follows a reciprocal relationship-based care
approach within a trauma-informed framework.

Addressing Relationships in Healthcare

1. Emotional regulation for HCPs requires an ability to ‘disconnect’ in order to function effectively in stressful or acute situations.
2. An ongoing, or cumulative emotional disconnect can lead to an intra- and interpersonal disconnection: isolation, burnout, compassion fatigue.
3. For healthy and effective relationships, HCPs must be able to reconnect emotionally both intra- and interpersonally.



“The relationship to an experience is sometimes more important than the experience itself.”

John Briere, Nov. 2015



Services

- Teams and groups (homogeneous or heterogeneous) :
 - Clinic
 - Department
 - Neighbourhood
 - Office
 - Themed group
 - Unit team

- Interpersonal conflict (voluntary not voluntold-ary)

$$\text{Performance} = f(\text{Ability} + \text{Motivation} + \text{Environment})$$

- Consultation regarding team

Psychotherapeutic Treatment Breadth vs. Depth Therapy

Breadth Therapy

- Symptom management
- Behavioural management
- Patient to fit intervention
- Breadth approaches work until no longer reinforced and underlying problem continues to challenge management efforts

Depth Therapy

- Problem resolution
- Insight approach
- Intervention to fit patient
- From insight, underlying problem is understood, reinforced behaviourally and symptoms abate



The CPR approach: Depth and Complexity

1. Matching the needs of a team is not formulaic.
2. The past is always present and requires expert handling.
3. Requires assessment and adaptation to the unique characteristics of each team.
4. Requires an understanding of the need for both task and process orientations.
5. Facilitates the 'emotional reconnect'.
6. Addresses relationship complexity (self, others, Other).

Services General Process

1. Referral goes to weekly CPR team meeting
2. CPR POC (point of contact) contacts referral source and supervisor to arrange consultation (determine appropriateness of services, and best understand and meet needs)
 1. Leader of team
 2. Representative sample from team
3. Following consultation, CPR carefully develops a program based on needs expressed
4. At outset, team is consulted to determine if CPR plan is appropriate and team knows what to expect.

Services General Process

5. If team expectations match CPR plan, proceed. If mismatch, agenda is discarded and new agenda is created in process
6. Ongoing contact with the supervisor occurs throughout the CPR program
7. Evaluations are distributed during the team sessions to be sure the plan is meeting the whole team needs
8. At the end of the CPR program, a review of the outcomes and evaluations with the team supervisor ensure needs are met and any follow-up is discussed



Names Given to Frequent Requests

1. Optimising Collegial Relationships at Work
2. Caring for Self, Caring for Others
3. Communicating to Understand and be Understood
4. Fostering Forgiveness and Reconciliation at Work
5. Being Psychologically Well at Work
6. Boundaries and Professionalism
7. Family Dynamics: Journeying with families in healthcare



Names Given to Frequent Requests

8. Mental Health and Addictions: Understanding yourself and matching patient/client needs
9. Enhancing Compassionate Care
10. Compelling Communication
11. Preserving the Relationship Through Difficult/Awkward Conversations
11. Creating a Civil Team agreement
12. Team agreement/Team Charter: Deciding how the team interacts



Names Given to Frequent Requests

13. Implementing Relationship-Centred Care
14. Building Personal/Team Resilience: Designed by HeartMath Institute
15. Complex Family Decision-making
16. Professional Development Life Review Program
17. Therapeutic Enactment to Repair Reactions to Traumatic Stress
18. Managing Numberless Math in the Morning



How do we sustain health care providers in the work place?

1. Using a reciprocal relationship-based care approach within a trauma-informed framework, recognize and acknowledge the impact of healthcare work and its significance to providers.
2. Attend to workplace relationships.
3. Develop relational and communication skills programs for HCPs so that they can address and repair difficult relationships.



Accessing Services

- Self-referral (if team leader, we proceed. If not leader, then leader is approached to be included)

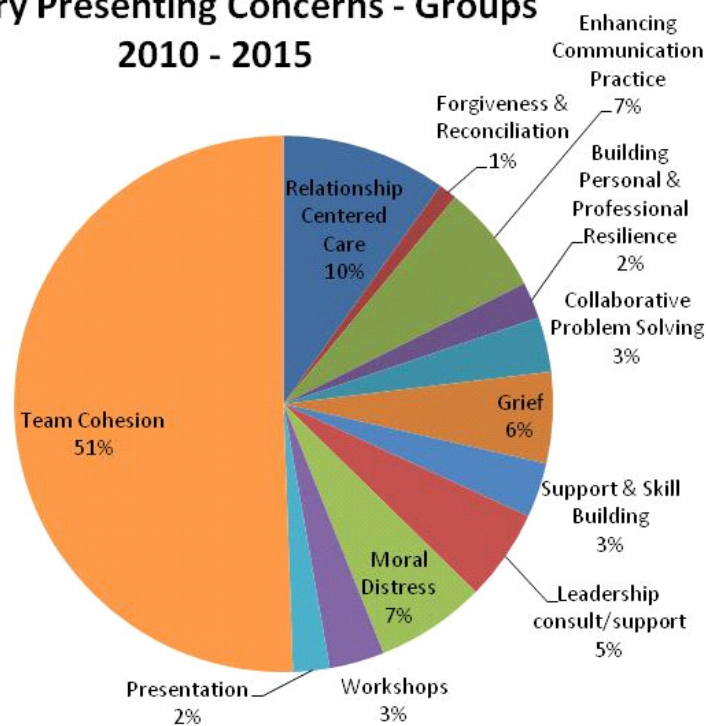
What is the effect of being in the presence of suffering?

1. Witnessing suffering burdens HCPs, and without support can lead to personal suffering and transferring suffering to others.
2. Stress, resilience and sustainability are nourished by a personal sense of meaning, purpose and service, all of which are affected by relationships.
3. Accumulated stress and compassion fatigue are linked to lateral violence (incivility) between colleagues.



Team cohesion was the most common concern of groups/teams that the CPR worked with, followed by **relationship-centered care**. **Enhancing communication practice** and **moral distress** were also of concern to several groups/teams across PHC

**Primary Presenting Concerns - Groups
2010 - 2015**

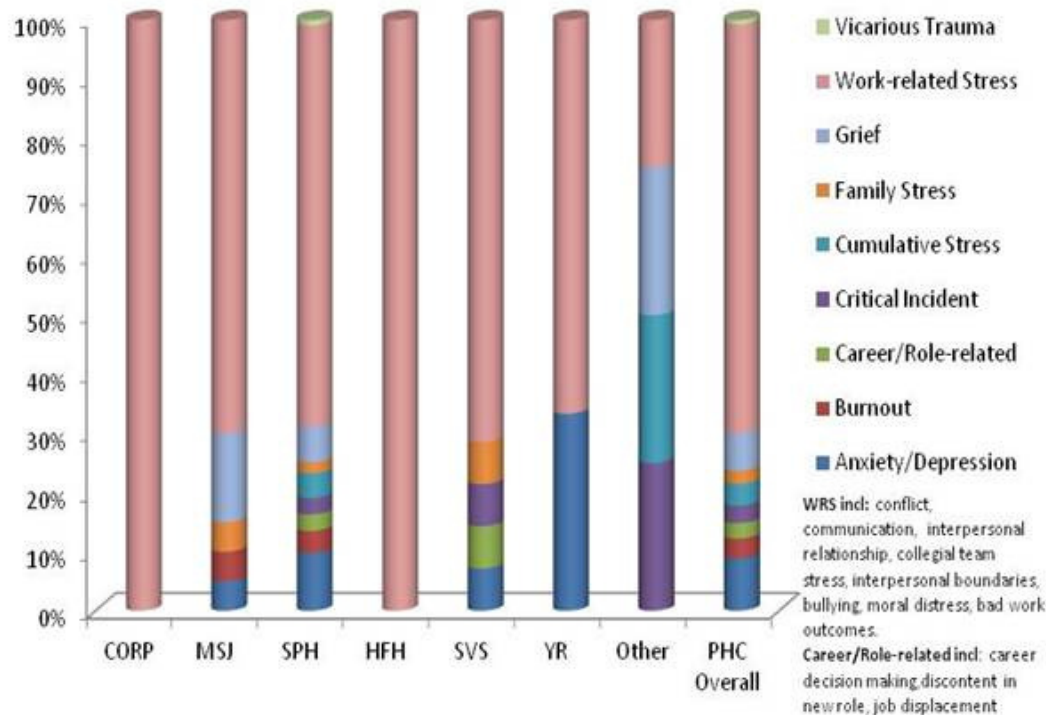




Work-related stress was the largest primary presenting concern for individuals seeking service at followed by **Anxiety/Depression** and **Grief**

Work Related Stress included: conflict, communication, interpersonal relationships, collegial/team stress, interpersonal boundaries, bullying, moral distress, bad work outcomes

**Primary Presenting Concerns - Individuals
2010 - 2015**



What would be reparative, healing or restore resilience for HCPs?

1. Provide opportunity to create psychological safety.
2. Interventions that improve team cohesion, communication and relationships with leaders.
3. Forgiveness and reconciliation to restore empathy, compassion and collaboration.
4. Recognition that different contexts require different approaches.
5. Interventions that enhance the ability of HCPs to balance both personal and professional aspects of their work.



Questions?

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Thank you