



CFHA and SharedCare  
Annual Conference  
October 19 – 23 , 2021

**Session K07**

Systemic denial of  
physician  
burnout...  
What's up doc?

Dr. Maria Patriquin MD CCFP FCFP



# Maria Jessica Patriquin

**Dr. Maria Patriquin MD CCFP FCFP** has worked as a family physician for 23 years and is the founder of the not for profit Living Well Integrative Health Center in Halifax <http://www.livingwellihc.ca>. She is recognized for her work on collaborative models of primary care with special expertise in prevention and management of stress, mental health, PTSD and burnout in health care providers. She is physician lead for family medicine based innovations in integrated group medical visits, psycho-education and group psychotherapy in Nova Scotia. She represents the CFPC on several national pediatric and adult mental health working groups, committees, task forces and is the 2021 Co-chair of the Canadian Collaborative Mental Health Care Conference with Drs Sunderji and Burke. Dr. Patriquin sits on the Editorial Board of the CFP and is currently an assistant professor in the department of family medicine at Dalhousie University. She is an active author, educator, mentor, advocate and instigator of change. She was the 2016 recipient of the CFPC's PMH Care and Compassion Award. She aided in the formation of the first comprehensive federal framework for establishing the Center of Excellence for PTSD care in Ottawa and was key informant and consultant for the NS Collaborative Care transformation toolkit for primary care. She offers her Stress Reduction, Recovery and Resilience for PTSD, Emotional PPE for Health Care Providers and "The Joy of..." series as part of her contribution to lessening the burden of emotional suffering associated with the Covid pandemic. Inquiries for participation email: [livingwellprograms2176@gmail.com](mailto:livingwellprograms2176@gmail.com) or [kindonpurpose@gmail.com](mailto:kindonpurpose@gmail.com) or connect through linked-in or Instagram [@kindonpurpose](https://www.instagram.com/kindonpurpose)

# Faculty/Presenter Disclosure

- **Living Well Integrative Health Center**, founder of not for profit PMH [www.livingwellihc.ca](http://www.livingwellihc.ca)
- 2021 **Co-chair** Canadian Collaborative Mental Health Care Conference <http://www.shared-care.ca/>
- 2020 **Co-coordinator & presenter** of Canadian Content Stream CFHA Conference <https://www.integratedcareconference.com/>
- Physician Lead for Collaborative care innovation **Group Medical Visits** CHTeams/NSHA, **Group psychoeducation/psychotherapy** in FP **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 60/20 **Care and Compassion Grant** recipient 2016, CFPC (grant for project costs)
- **Community health grant:** Teaching Nutrition and Healthy Eating to Teens (grant for project costs)
- Private donation for **"Know what I meme? Teen mental health focus group** (donation 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
- Self diagnosed "Pathological Optimist"

# Thank you to our sponsors



Mental Health Commission of Canada  
Commission de la santé mentale du Canada



**Healthcare Excellence**  
Canada

**Excellence en santé**  
Canada



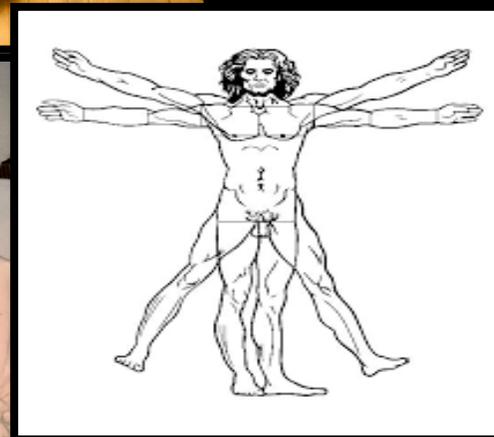
CFHA and SharedCare Annual Conference  
October 19 – 23 , 2021



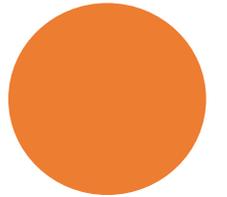
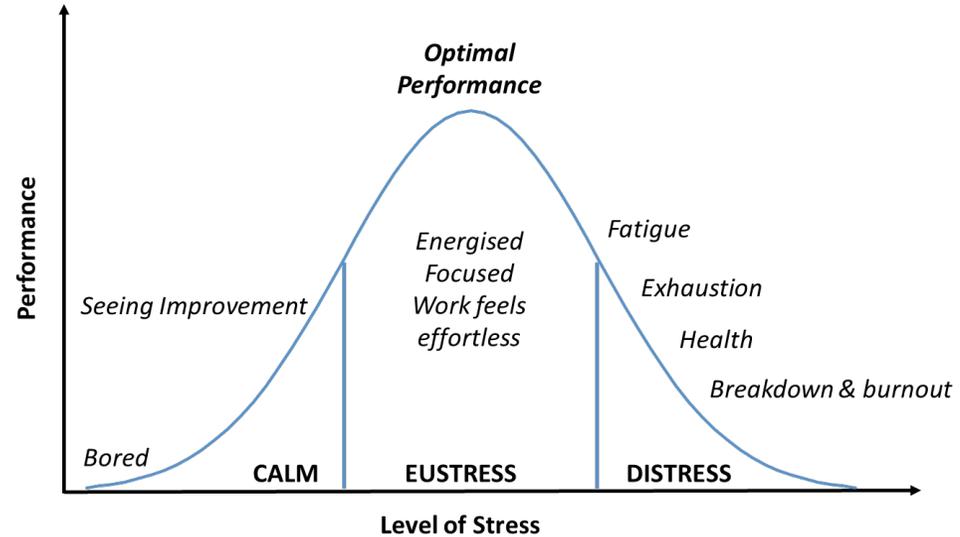
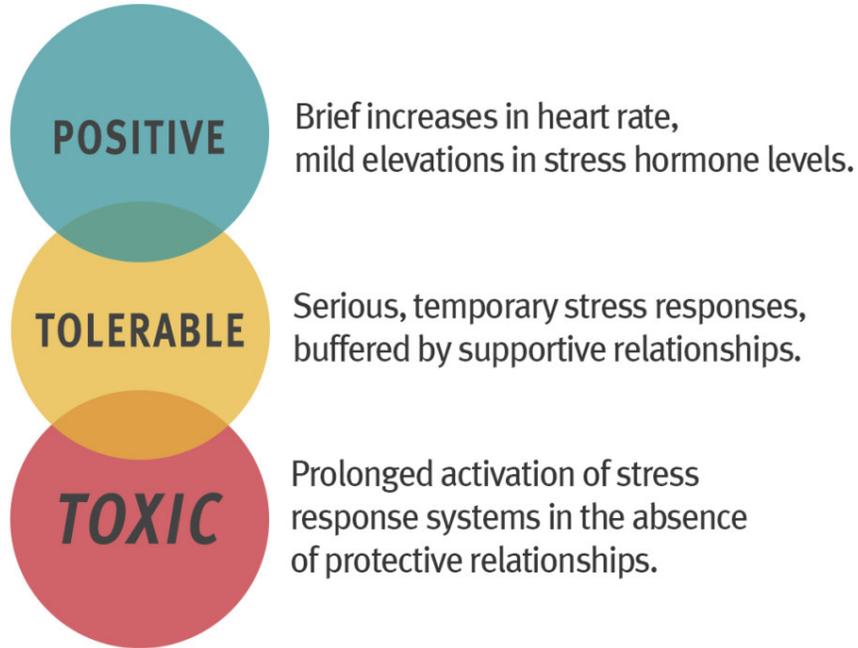
# Learning Objectives

- 1. Identify motivation to address the **health, wellbeing and the burnout epidemic** in family physicians
- 2. Review the evidence for interventions **proven to prevent, protect and treat** physician burnout.
- **3. Consider the human drivers and systemic barriers to** implementing cultural changes that would reduce burnout.

# The Joy in family medicine...



# Stress: The Good, bad and ugly



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

# How can you recognize when you are burning out?

- 1) feelings of **energy depletion** or exhaustion
- 2) increased mental distance from one's job, or feelings of **negativism or cynicism** related to one's job
- 3) reduced professional **efficacy**/ reduced feelings of work-related personal accomplishment.



Thriving versus surviving?

# Burnout is...

*“A normal response to abnormal amounts of stress.*

*It is not a character flaw, a sign of weakness, a skill deficit or the fault of an individual.*

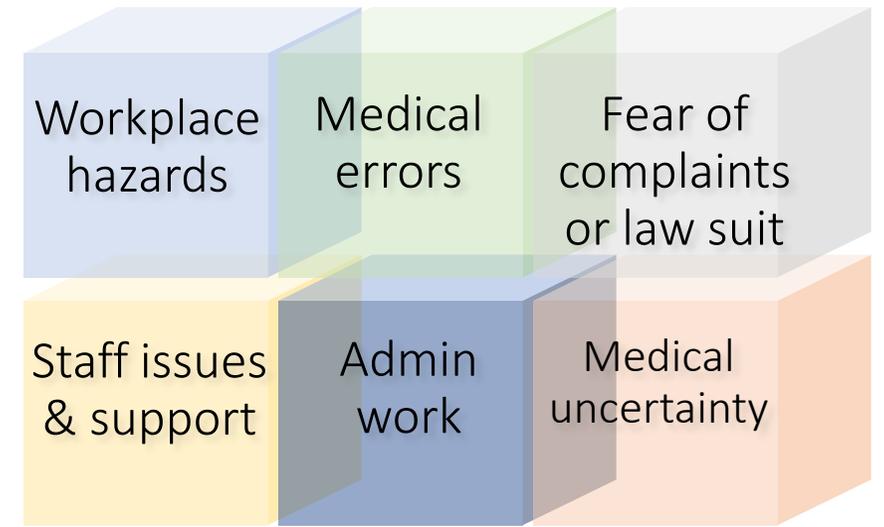
*Burnout is a reversible condition and is also preventable...”*

*Dr. Maria Patriquin*

“the problem goes beyond any individual’s ability to cope”

cma 2018 survey

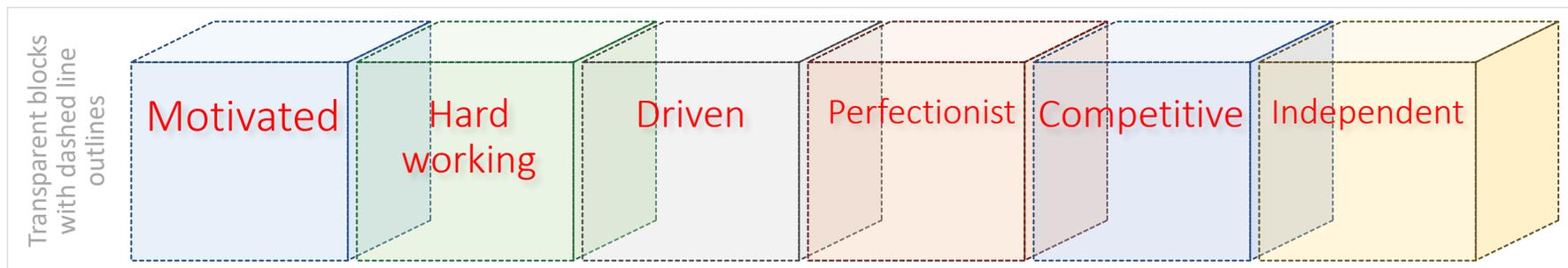
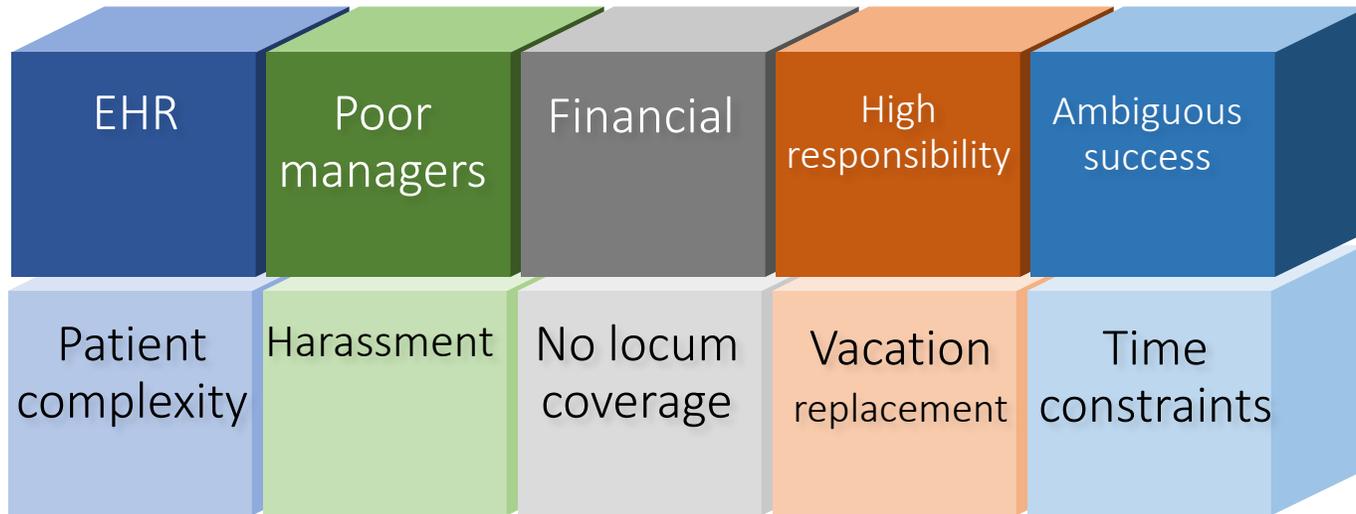
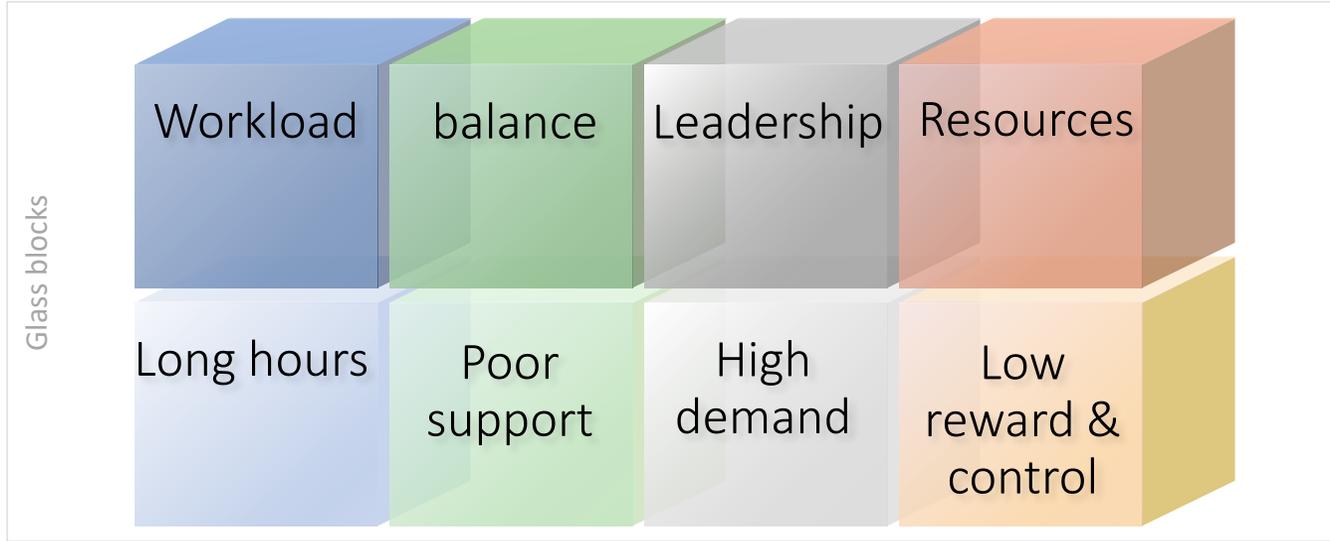
# Driving Stress & Burnout in Family Medicine



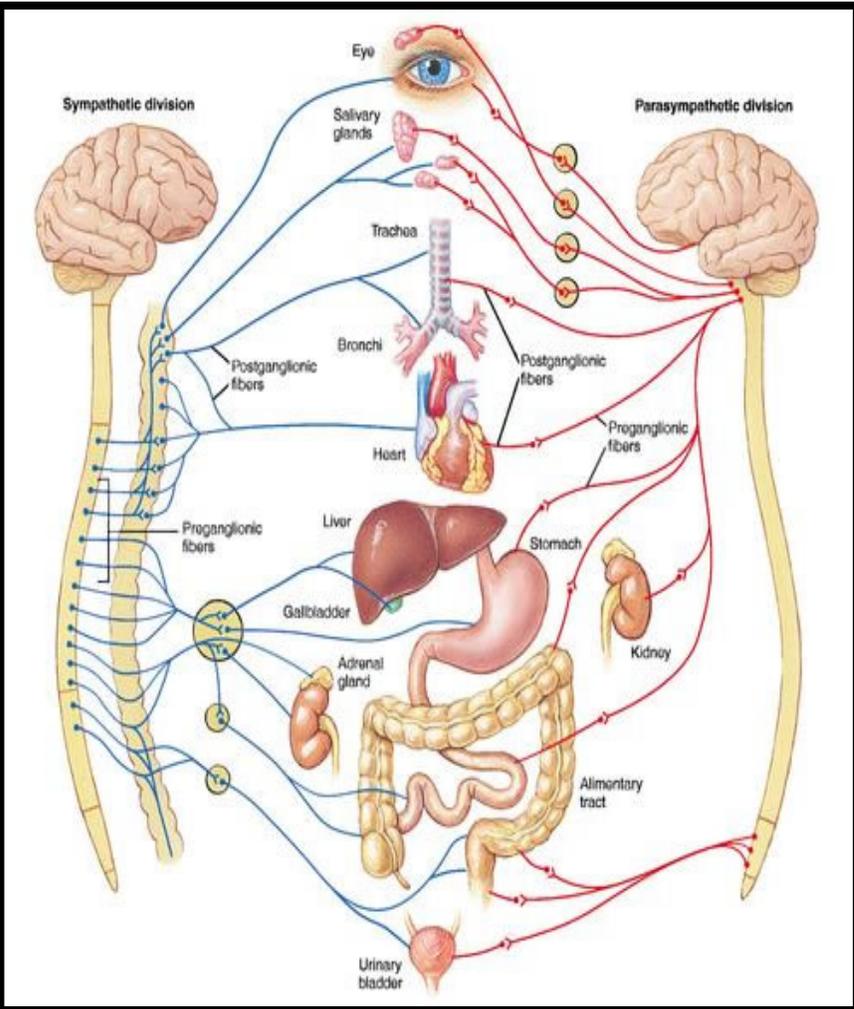
Highlight block



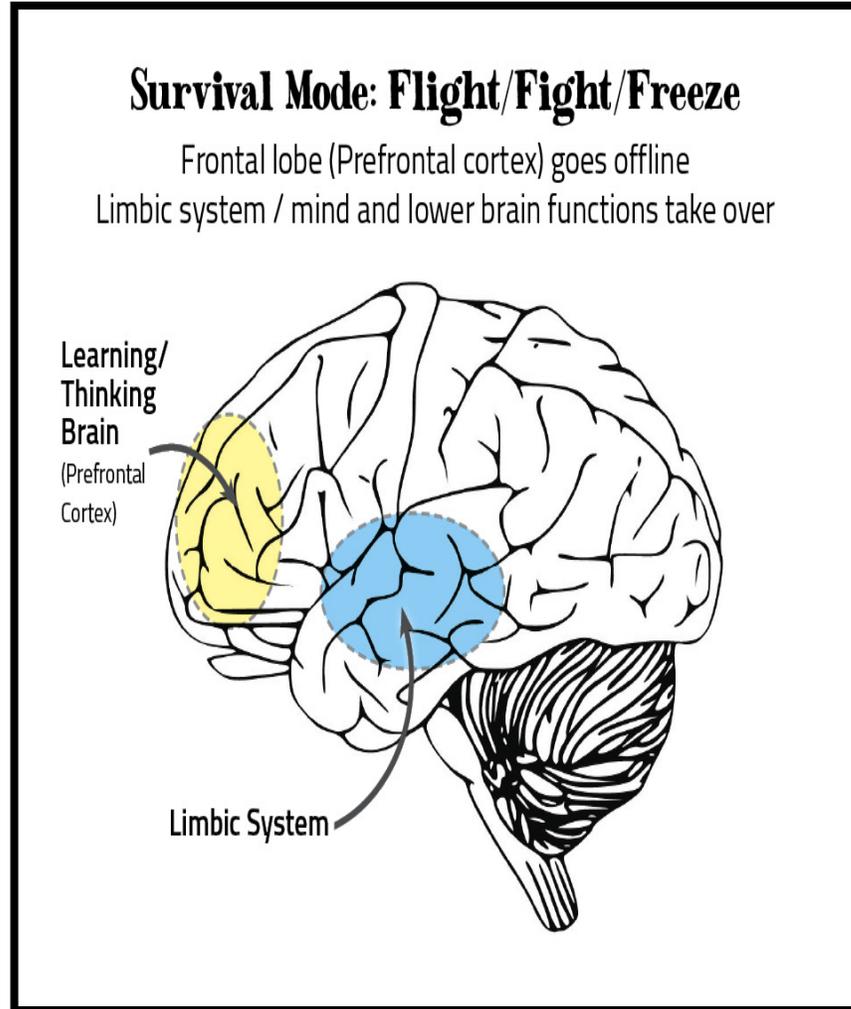
Steel block



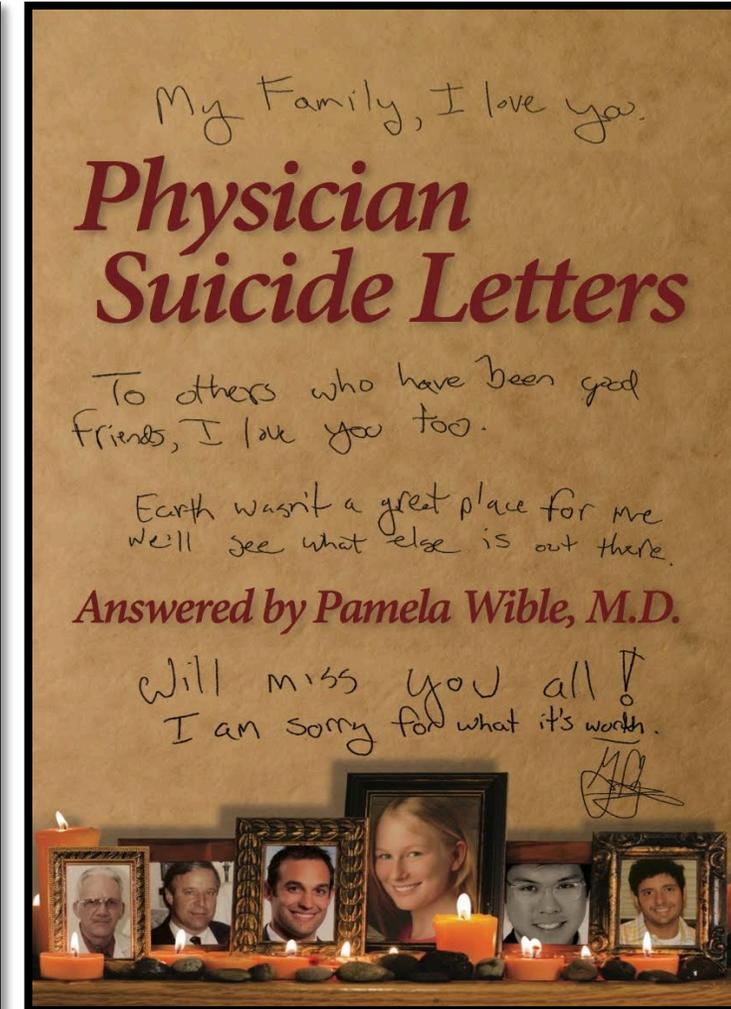
Burnout is bad for  
the body



the brain



& can be fatal

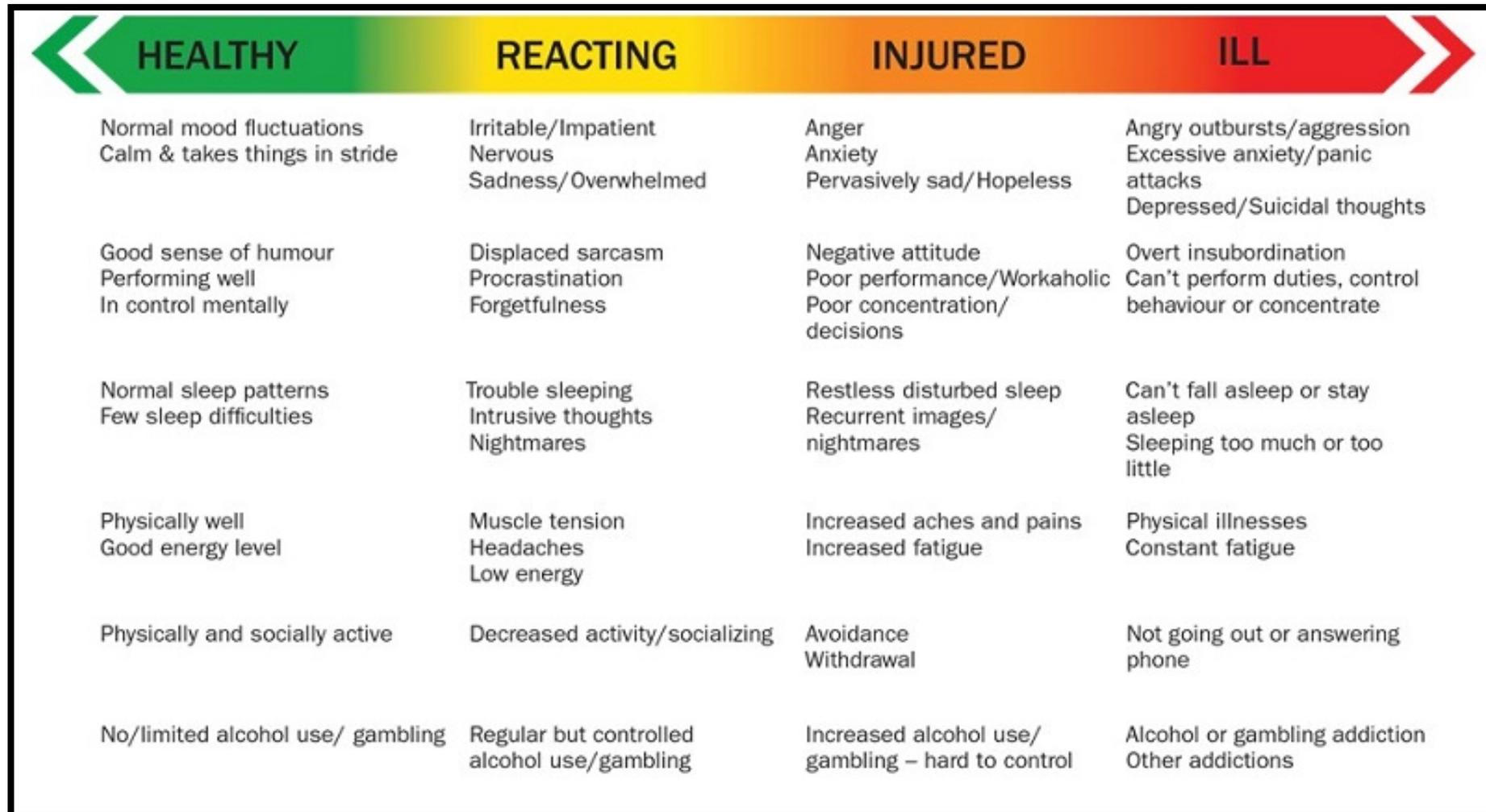


<https://cmajnews.com/2018/05/29/has-suicide-become-an-occupational-hazard-of-practising-medicine-cmaj-109-5614>

# When does burnout become a disability?

## Mental Health Continuum model

<https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/health-wellness-public-servants/disability-management/fundamentals-employers-responsibilities.html>



# 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

Patel et al, 2018 West et al, 2018



# Burnout is bad for learning and for students

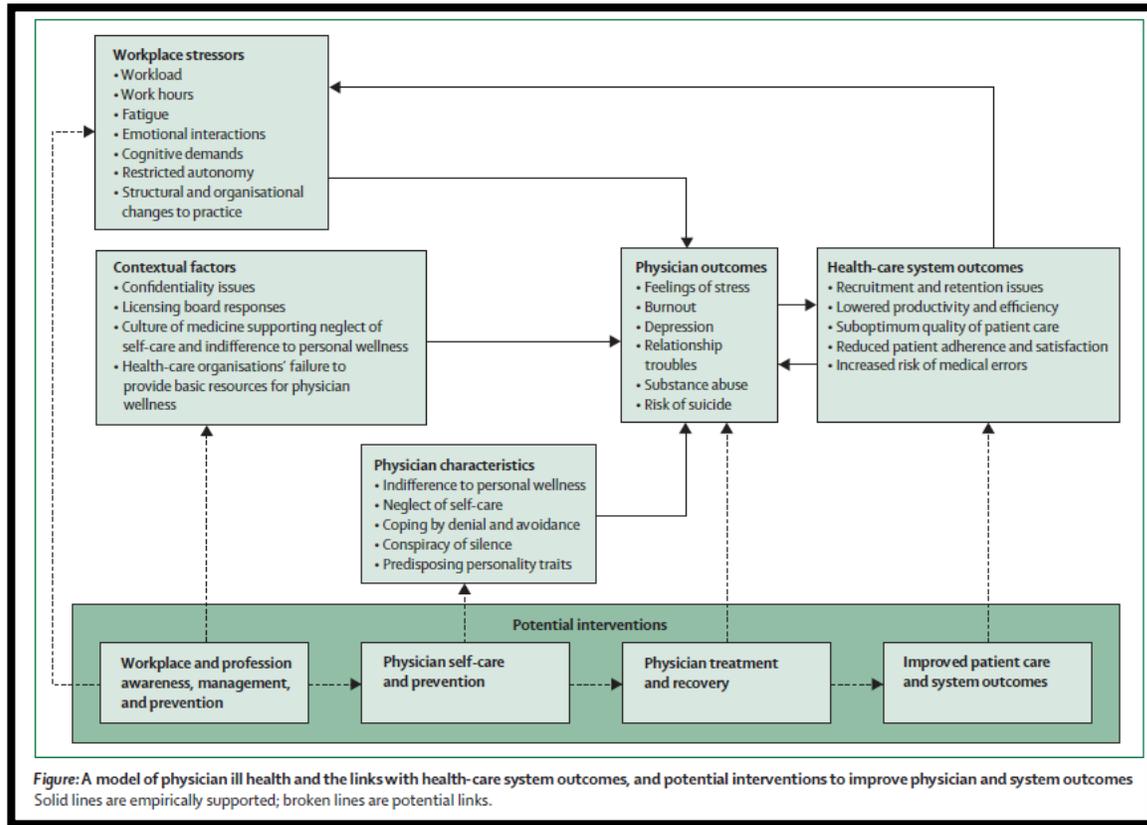
Care  
Character  
Conscience  
Communication  
Courage  
Competency  
Contribution  
Collaboration  
Conscience  
Compassion .....



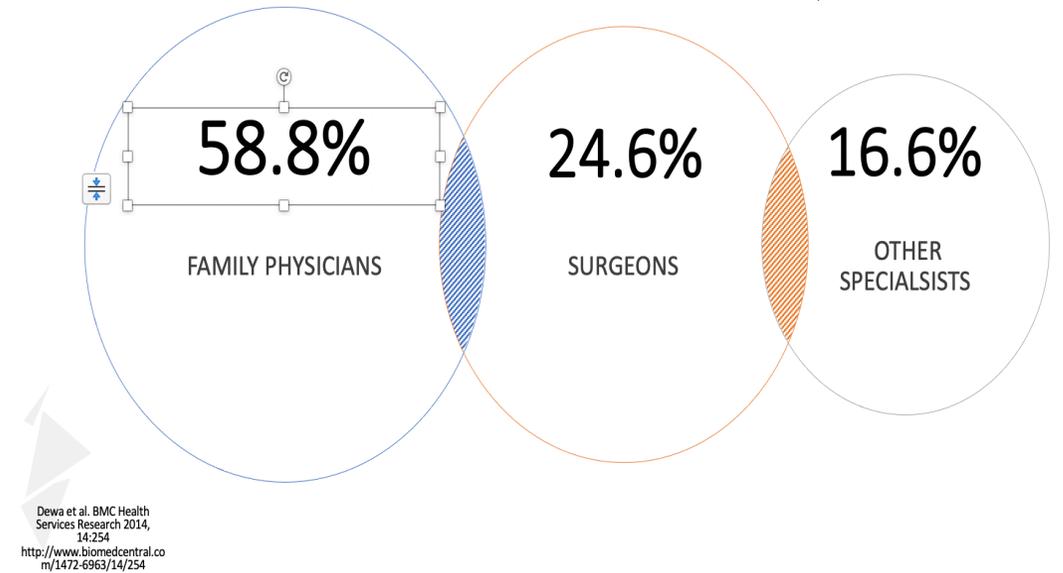
***“Through a supervisory lens subject to the inner critic that judges our success by how well we think our students are performing, expectations and stress on them also grows.”***

***Dr. Maria Patriquin***

# BURNOUT IS BAD FOR THE SYSTEM, PRACTICE & COSTS



Burnout is bad for the budget:  
 The total estimated cost of burnout in Canada = \$213.1 million (\$185.2 million due to early retirement and \$27.9 million due to reduced clinical hours).



# What costs are we not considering... the harm we don't intend

**Unpaid work of kind, committed people**

**Unpaid work of family/friend caregivers**

**Low paid work of 1<sup>st</sup> responders, group home workers and PCW's.**

**The individual & system costs of more medical errors**

**The cost of ignoring conflict management**

**The cost of ignoring hc provider health & burnout**

**The cost of compromising the therapeutic relationship by replacing FDr. with tech ?**

**The cost of not providing easy access to episodic care for unattached patients & those with access issues**

**The cost of mistrust. Patients thus seek more care (office, ER & walk-in visits)**

**Medical errors, loss of QOL & lives lost**

**The cost of attrition of providers**

**The cost of replacing providers that leave**

**The cost of placing providers in positions where lack of resources require them to practice beyond their scope**

**The cost of having specialists patching through family medical care for those without**

**The cost to family doctors as they carry more burden of administration due to systemic restraints and policies**

**The cost of neglecting consideration for vulnerable groups that have no say in the evolution of care and collaboration**

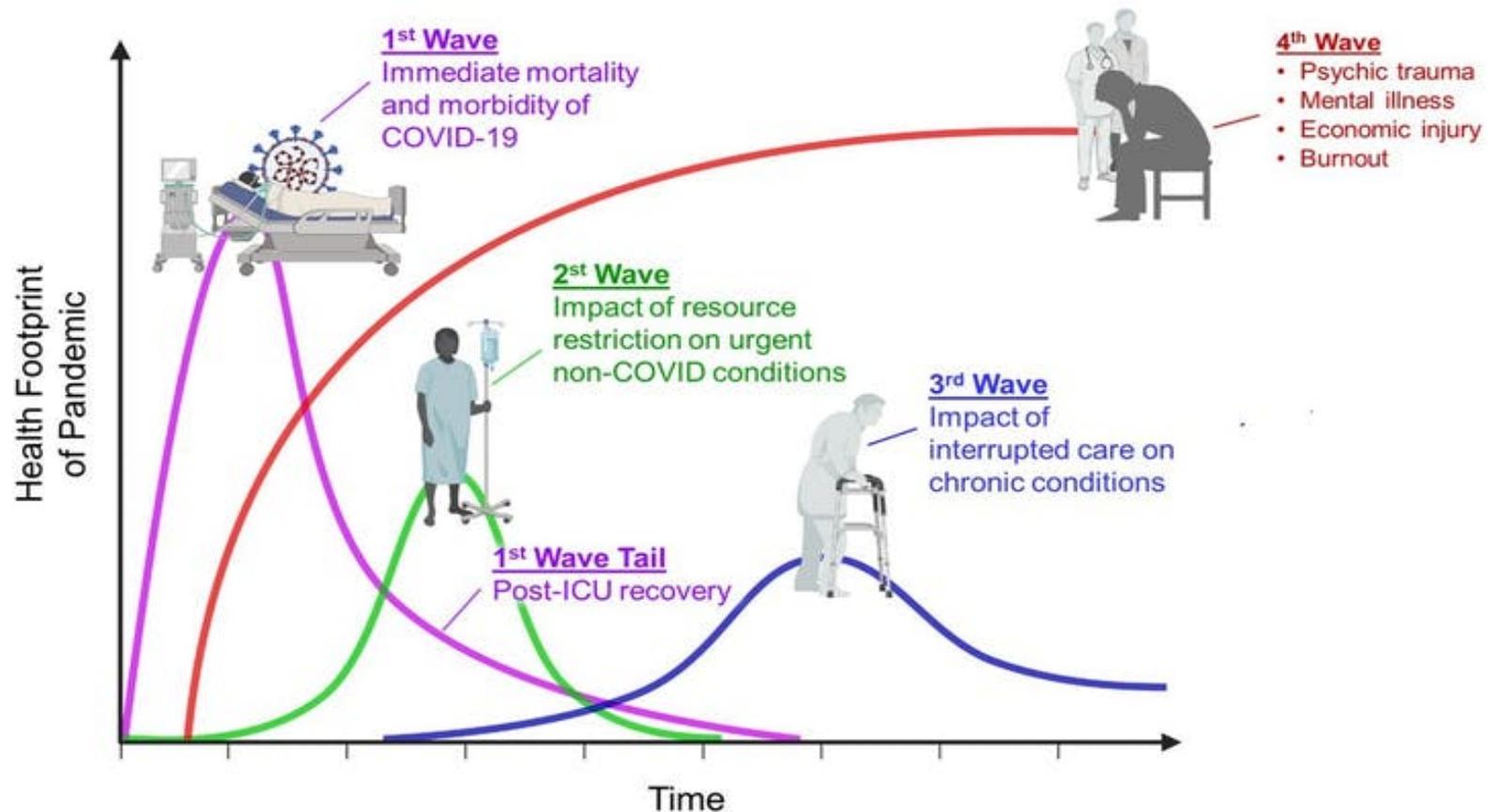
**The cost of health inequities**

**The cost to our families, community, society**

**Cost to future generations**

**The cost of denying a crisis that everyone knows is here and growing exponentially is too high**

Now more than ever we cannot afford to remain in denial of the importance of investing in the emotional and mental health and wellbeing of patients, our communities and providers...



# What's up Doc? Predicted increases in burnout, PTSD, depression & substance use...

Moral injury

Higher rates  
of burnout

Acute stress  
disorder

PTSD

Depression

Anxiety

Substance  
use

Medical  
errors

Diminishing  
workforce

# Factors contributing to higher rates of burnout in pandemic times...

CHANGE

HEALTH THREAT FEAR

UNDERSTAFFING

**WORK LIFE BALANCE FAMILY FRIENDS**

**SELF-ISOLATION**

RISK OF ILLNESS

LACK OF CHILDCARE

INCREASED WORKING HOURS

**INCREASED DEMANDS AND EXPECTATIONS**

**REDUCED RESOURCES**

DIGITAL TRANSFORMATION AND EMR

LACK OF AUTONOMY

**RACISM**

**NON-SUPPORTIVE COMMUNICATION WITH LEADERSHIP**

**WEAK COLLABORATIVE RELATIONSHIPS**

LACK OF SYSTEMS TO INTEGRATE CARE AND ADDRESS COMPLEXITY

**LACK OF MENTAL HEALTH RESOURCES**

RACISM

SOCIETAL ISSUES

**MORAL INJURY**

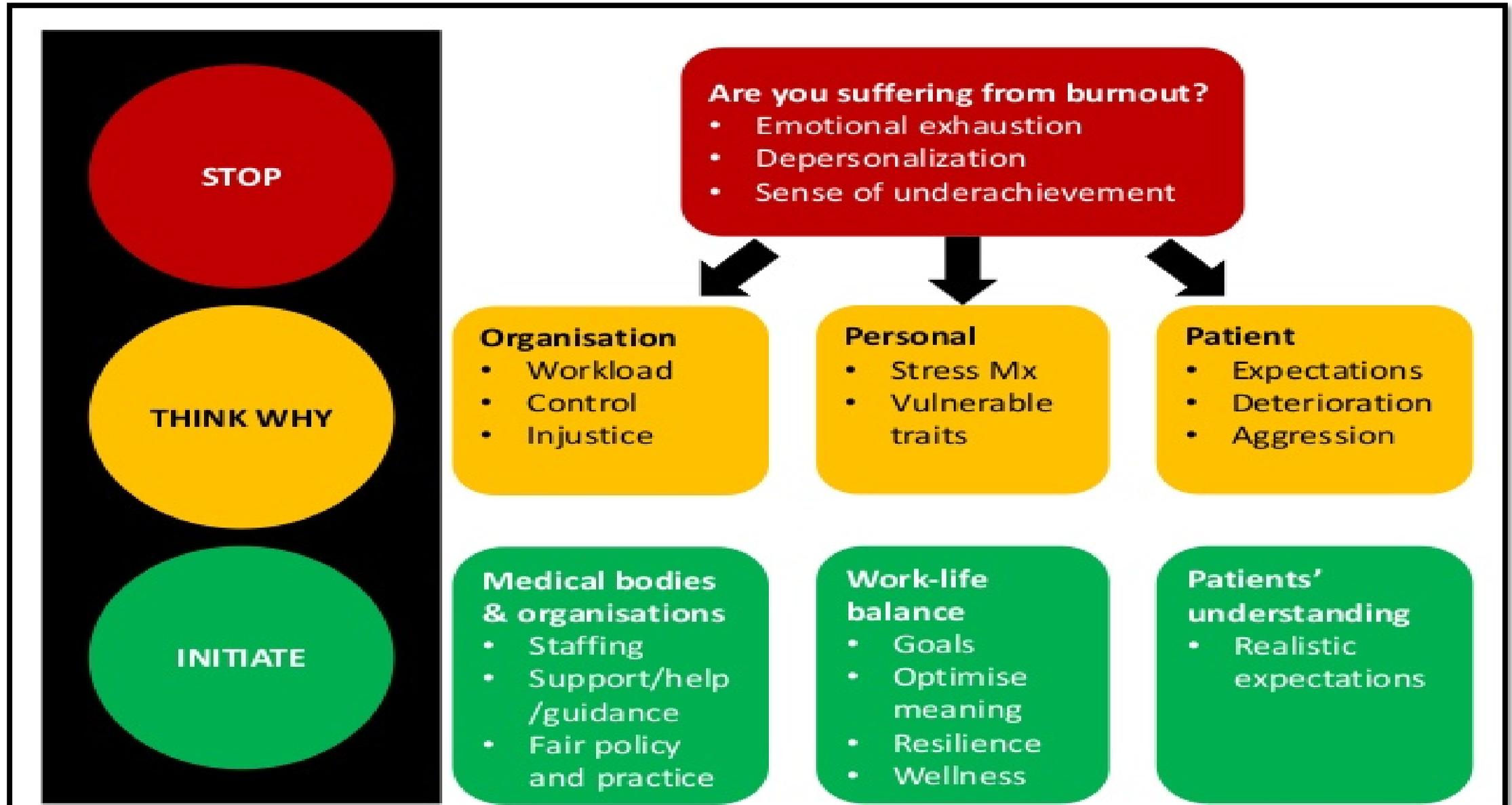
LACK OF SYSTEMS TO INTEGRATE CARE AND ADDRESS COMPLEXITY

HEALTH INEQUITIES

INTERSECTIONALITY

**CHANGE IS HARD BUT  
DENIAL IS DESTRUCTIVE**

# Burnout is a reversible condition



# 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

- Stress reduction training
- Breathing and relaxation techniques
- Exercise programs
- Reduced work load
- Control over schedule
- Practice management training
- Interpersonal skills training to increase social support
- Physician patient communication
- Clinical meaningful work
- Mindful Meditation therapy
- Psychotherapy
- Psychoeducation

# Wellbeing & Tx Interventions: An Evidence-Based Framework

**1. Educate and Increase Awareness**

**2. Designate Time for Reflection**

**3. Teach Practical Skills**

**4. Build Community**

**5. Ensure Access to Care**

**6. Improve Workplace Environment**

**7. Transform Institutional Culture**

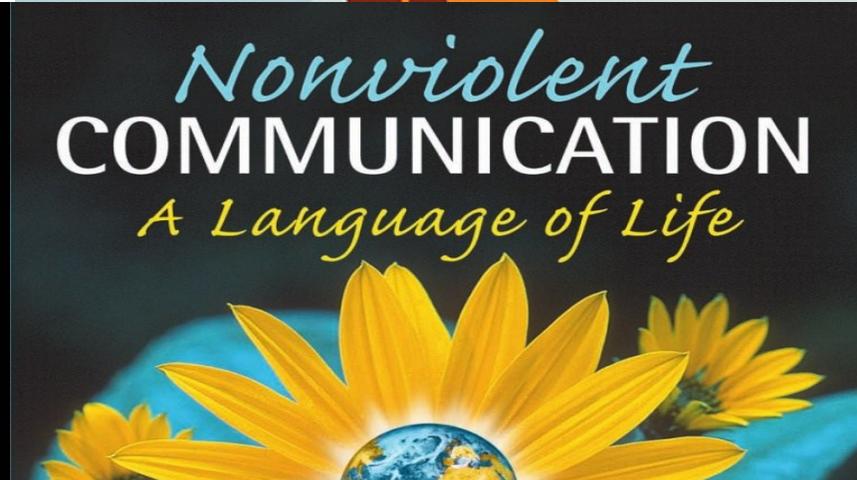
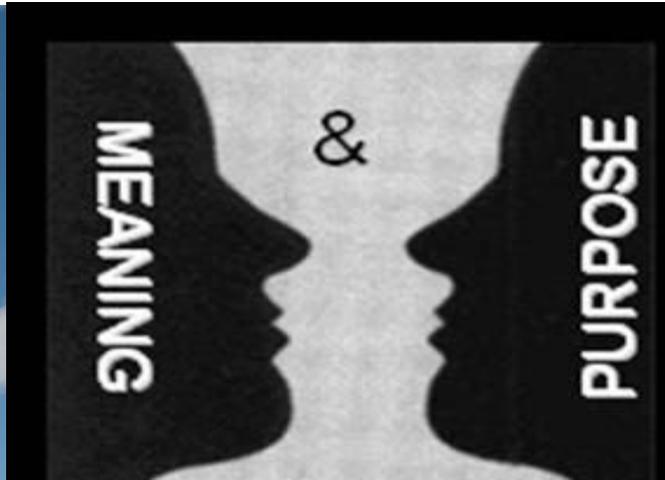
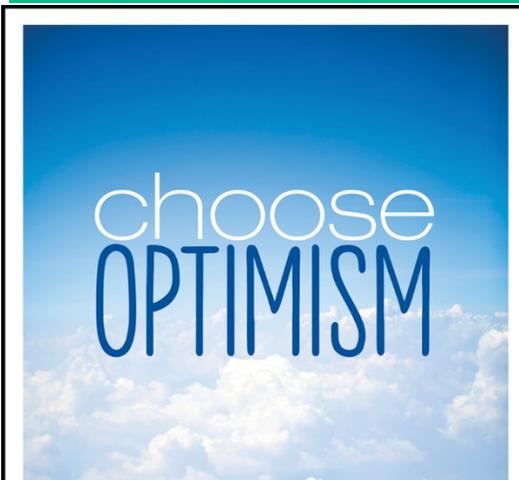
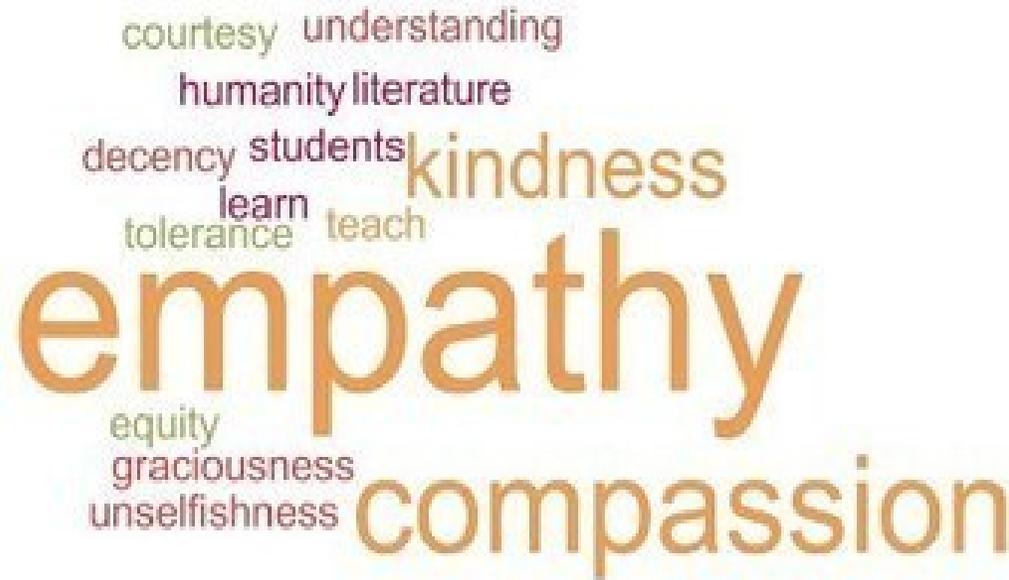
*Developed by ML Goldman, CA Bernstein, LS Mayer*

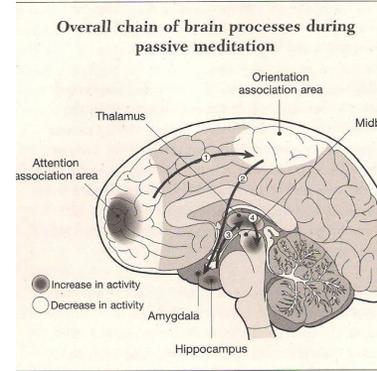
Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> <li>Specialty</li> <li>Practice location</li> <li>Decision to increase work to increase income</li> </ul>	<ul style="list-style-type: none"> <li>Productivity expectations</li> <li>Team structure</li> <li>Efficiency</li> <li>Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>Productivity targets</li> <li>Method of compensation                             <ul style="list-style-type: none"> <li>Salary</li> <li>Productivity based</li> </ul> </li> <li>Payer mix</li> </ul>	<ul style="list-style-type: none"> <li>Structure reimbursement                             <ul style="list-style-type: none"> <li>Medicare/Medicaid</li> <li>Bundled payments</li> <li>Documentation requirements</li> </ul> </li> </ul>
 Efficiency and resources	<ul style="list-style-type: none"> <li>Experience</li> <li>Ability to prioritize</li> <li>Personal efficiency</li> <li>Organizational skills</li> <li>Willingness to delegate</li> <li>Ability to say "no"</li> </ul>	<ul style="list-style-type: none"> <li>Availability of support staff and their experience</li> <li>Patient check-in efficiency/process</li> <li>Use of scribes</li> <li>Team huddles</li> <li>Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>Integration of care</li> <li>Use of patient portal</li> <li>Institutional efficiency:                             <ul style="list-style-type: none"> <li>EHR</li> <li>Appointment system</li> <li>Ordering systems</li> </ul> </li> <li>How regulations interpreted and applied</li> </ul>	<ul style="list-style-type: none"> <li>Integration of care</li> <li>Requirements for:                             <ul style="list-style-type: none"> <li>Electronic prescribing</li> <li>Medication reconciliation</li> <li>Meaningful use of EHR</li> </ul> </li> <li>Certification agency facility regulations (JCAHO)</li> <li>Precertifications for tests/treatments</li> </ul>
 Meaning in work	<ul style="list-style-type: none"> <li>Self-awareness of most personally meaningful aspect of work</li> <li>Ability to shape career to focus on interests</li> <li>Doctor-patient relationships</li> <li>Personal recognition of positive events at work</li> </ul>	<ul style="list-style-type: none"> <li>Match of work to talents and interests of individuals</li> <li>Opportunities for involvement                             <ul style="list-style-type: none"> <li>Education</li> <li>Research</li> <li>Leadership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Organizational culture</li> <li>Practice environment</li> <li>Opportunities for professional development</li> </ul>	<ul style="list-style-type: none"> <li>Evolving supervisory role of physicians (potentially less direct patient contact)</li> <li>Reduced funding                             <ul style="list-style-type: none"> <li>Research</li> <li>Education</li> </ul> </li> <li>Regulations that increase clerical work</li> </ul>
 Culture and values	<ul style="list-style-type: none"> <li>Personal values</li> <li>Professional values</li> <li>Level of altruism</li> <li>Moral compass/ethics</li> <li>Commitment to organization</li> </ul>	<ul style="list-style-type: none"> <li>Behavior of work unit leader</li> <li>Work unit norms and expectations</li> <li>Equity/fairness</li> </ul>	<ul style="list-style-type: none"> <li>Organization's mission                             <ul style="list-style-type: none"> <li>Service/quality vs profit</li> </ul> </li> <li>Organization's values</li> <li>Behavior of senior leaders</li> <li>Communication/messaging</li> <li>Organizational norms and expectations</li> <li>Just culture</li> </ul>	<ul style="list-style-type: none"> <li>System of coverage for uninsured</li> <li>Structure reimbursement                             <ul style="list-style-type: none"> <li>What is rewarded</li> </ul> </li> <li>Regulations</li> </ul>
 Control and flexibility	<ul style="list-style-type: none"> <li>Personality</li> <li>Assertiveness</li> <li>Intentionality</li> </ul>	<ul style="list-style-type: none"> <li>Degree of flexibility:                             <ul style="list-style-type: none"> <li>Control of physician calendars</li> <li>Clinic start/end times</li> <li>Vacation scheduling</li> <li>Call schedule</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Scheduling system</li> <li>Policies</li> <li>Affiliations that restrict referrals</li> <li>Rigid application practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Precertifications for tests/treatments</li> <li>Insurance networks that restrict referrals</li> <li>Practice guidelines</li> </ul>
 Social support and community at work	<ul style="list-style-type: none"> <li>Personality traits</li> <li>Length of service</li> <li>Relationship-building skills</li> </ul>	<ul style="list-style-type: none"> <li>Collegiality in practice environment</li> <li>Physical configuration of work unit space</li> <li>Social gatherings to promote community</li> <li>Team structure</li> </ul>	<ul style="list-style-type: none"> <li>Collegiality across the organization</li> <li>Physician lounge</li> <li>Strategies to build community</li> <li>Social gatherings</li> </ul>	<ul style="list-style-type: none"> <li>Support and community created by Medical/specialty societies</li> </ul>
 Work-life integration	<ul style="list-style-type: none"> <li>Priorities and values</li> <li>Personal characteristics                             <ul style="list-style-type: none"> <li>Spouse/partner</li> <li>Children/dependents</li> <li>Health issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Call schedule</li> <li>Structure night/weekend coverage</li> <li>Cross-coverage for time away</li> <li>Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>Vacation policies</li> <li>Sick/medical leave</li> <li>Policies                             <ul style="list-style-type: none"> <li>Part-time work</li> <li>Flexible scheduling</li> </ul> </li> <li>Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>Requirements for:                             <ul style="list-style-type: none"> <li>Maintenance certification</li> <li>Licensing</li> </ul> </li> <li>Regulations that increase clerical work</li> </ul>

# KEY for the individual LIES IN LEVERAGING THE SCIENCE BEHIND Resilience, Optimism, Relationships and Neuroplasticity...



# Small things that make a big difference





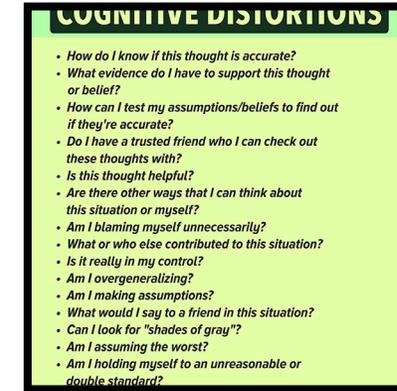
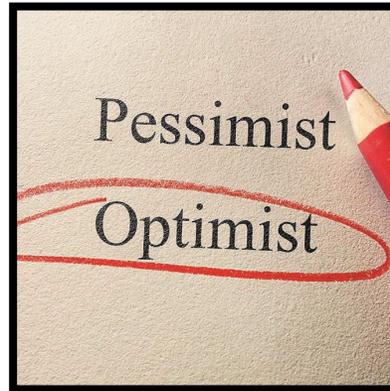
Sleep, Eat, Exercise,  
Socialize, Spiritual,  
Nature

Mindfulness,  
Meditation

Gratitude

# Building Resilience

More than Self-care

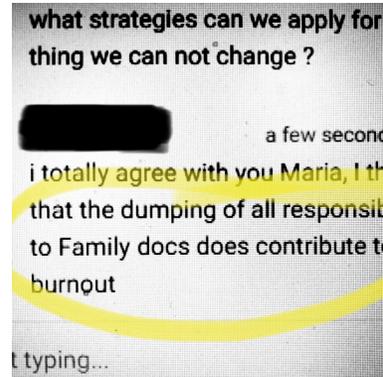
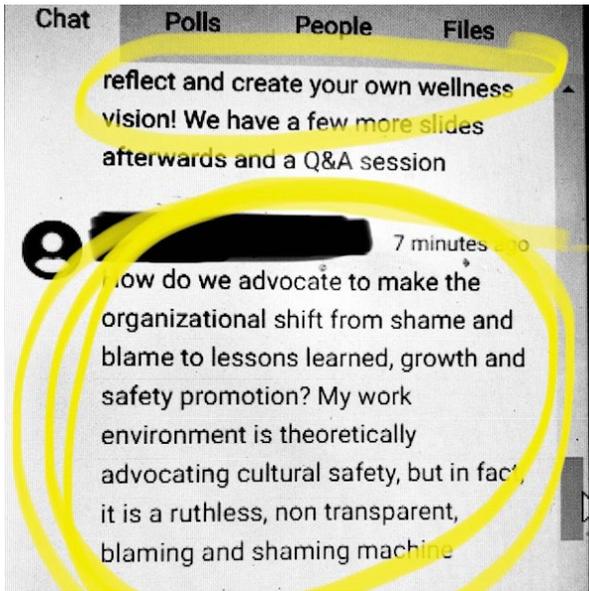


Learned Optimism

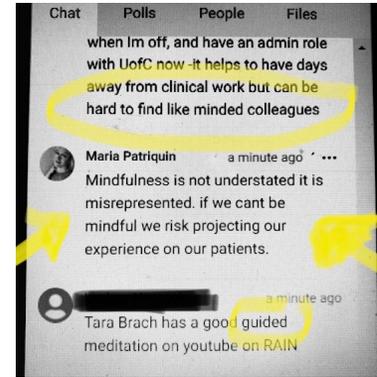
Work with nature of  
thoughts

Kind deeds

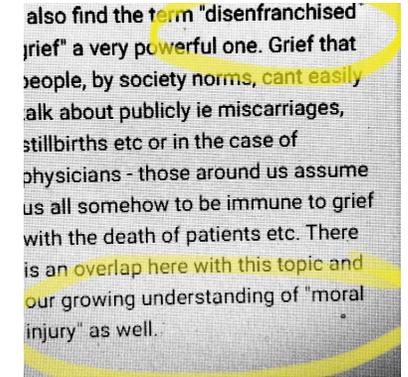




Reduce workload



Peer Support



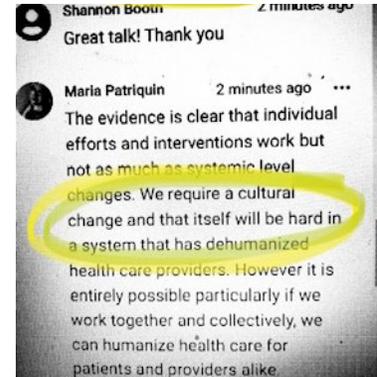
Allow & acknowledge ALL feelings

# Building Resilience

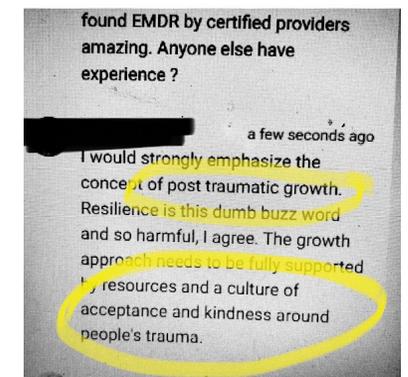
We know how to self-care. We all know ourselves best



Best Practices

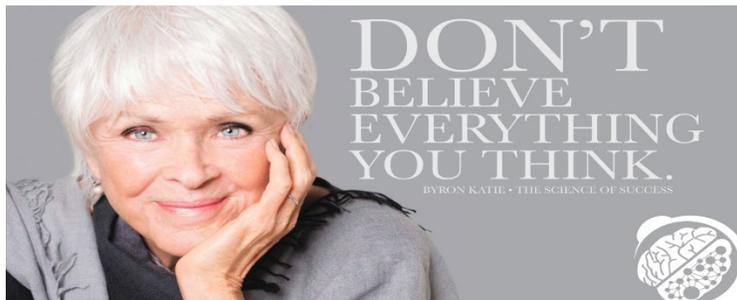
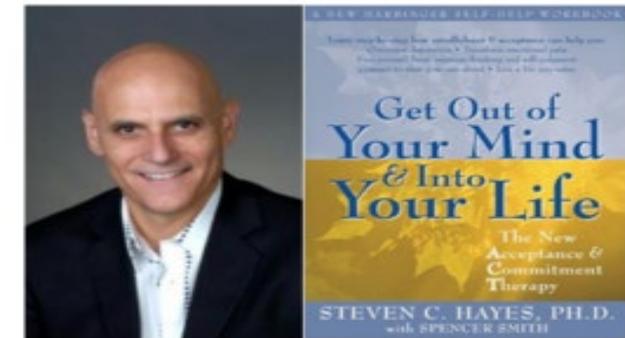
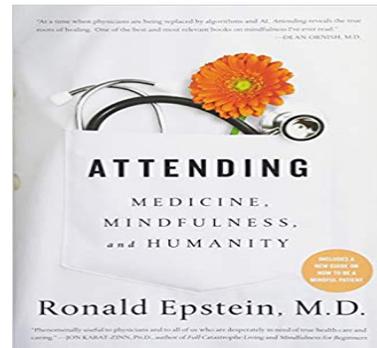
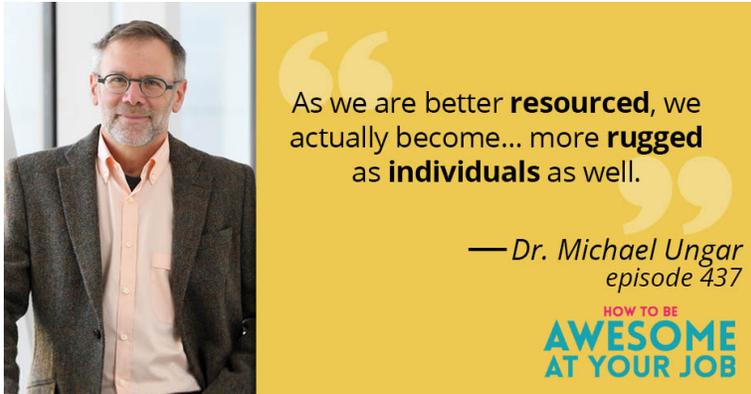
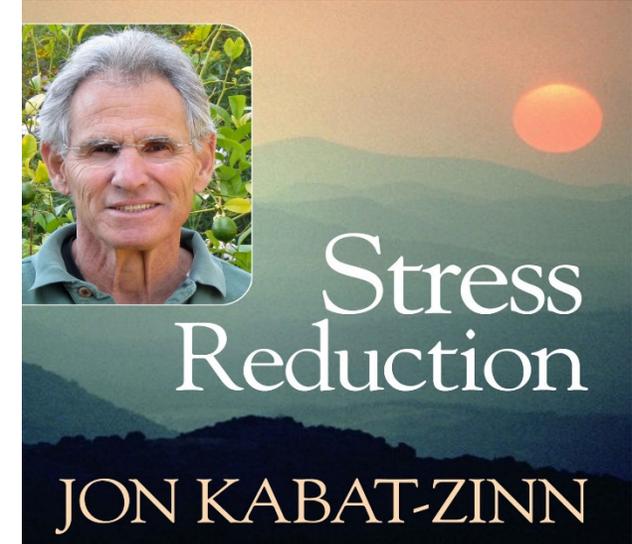
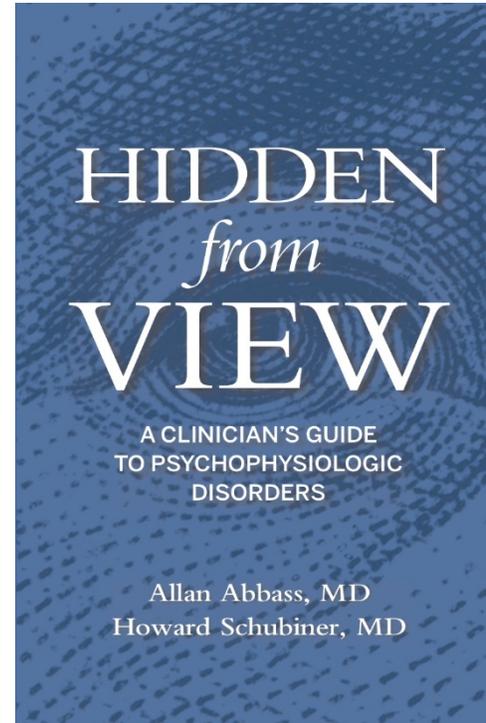
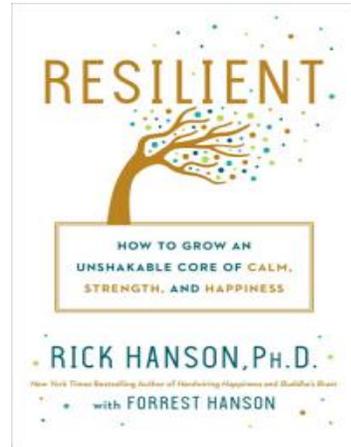
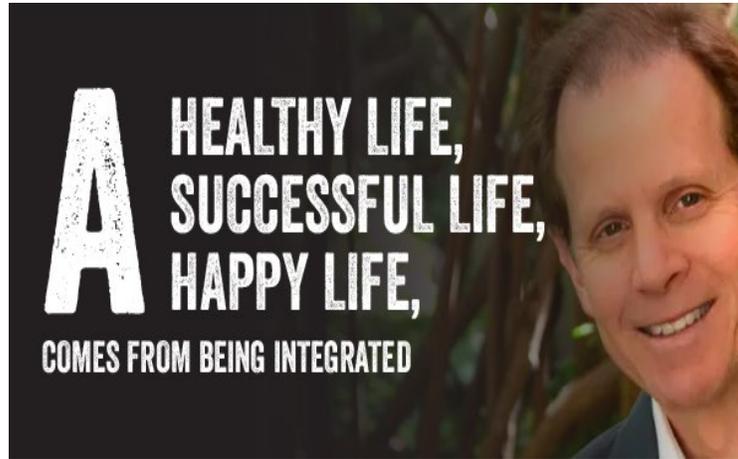


Systemic & cultural changes



Post-traumatic Growth  
Non-judgement

# Resilience through learning, training & skills



# 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

**Improved overall happiness in the workplace**

**Better task-orientation**

**More solution-focused approaches**

**Perseverance**

**Increased decision-making efficacy**

*"Compassion is the  
cornerstone of the  
therapeutic relationship and  
the antidote to burnout"*

*Dr. Maria Patriquin*

<https://www.cfp.ca/content/63/4/306.full>

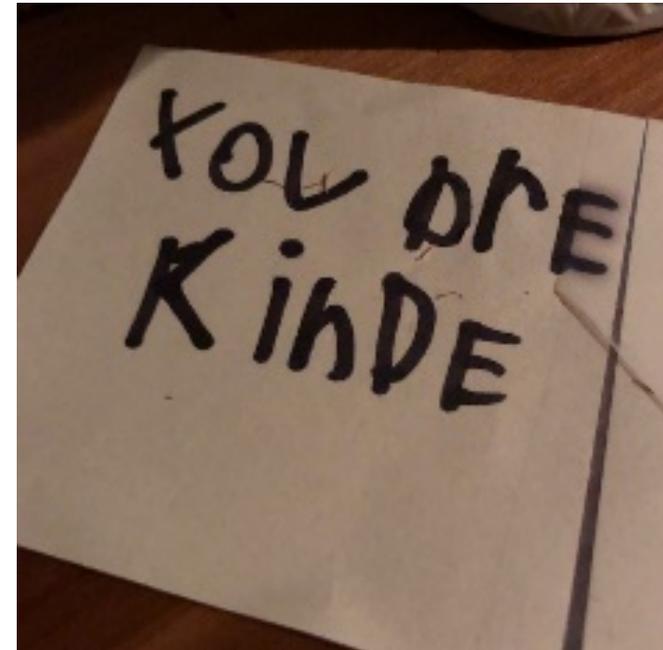
Marla Patriq... a few seconds ago ...

Yeah well said we need opportunity to even just hold space to reconcile the values with the practice. Speaking it doesnt mean the system needs a way to immediately deal with it. Allow open compassionate not judged nor penalized opportunity to just give voice to the pain helps and is healing itself.

[redacted] a few seconds ago

it is hard to take the time for me and discipline myself to not give everything to the patients during the day making me drained at the end of the day! I have a hard time to be empathique in a timely matter! anybody else feel the same?

Start typing



# The benefits of compassion: enabling & engaging physicians

## FRAMEWORK FOR LINKING CULTURAL NORMS IN MEDICINE WITH BURNOUT FACTORS AND POTENTIAL INTERVENTIONS

Positive value	Negative potential	Burnout factor(s)	Potential mental training interventions
Service	Deprivation	Compassion fatigue Entitlement	Reframing Appreciation and gratitude
Excellence	Invincibility	Emotional exhaustion	Mindful self-compassion Inner critic awareness
Curative competence	Omnipotence	Ineffectiveness Cynicism	Self-awareness Generous listening
Compassion	Isolation	Depersonalization	Connection and community Silence as energizing

(Nedrow 2012)

Greater sense  
of social  
support

Greater life  
satisfaction

Fewer  
symptoms

Positive  
emotions

Increased  
awareness

Greater sense  
of social  
support

More purpose

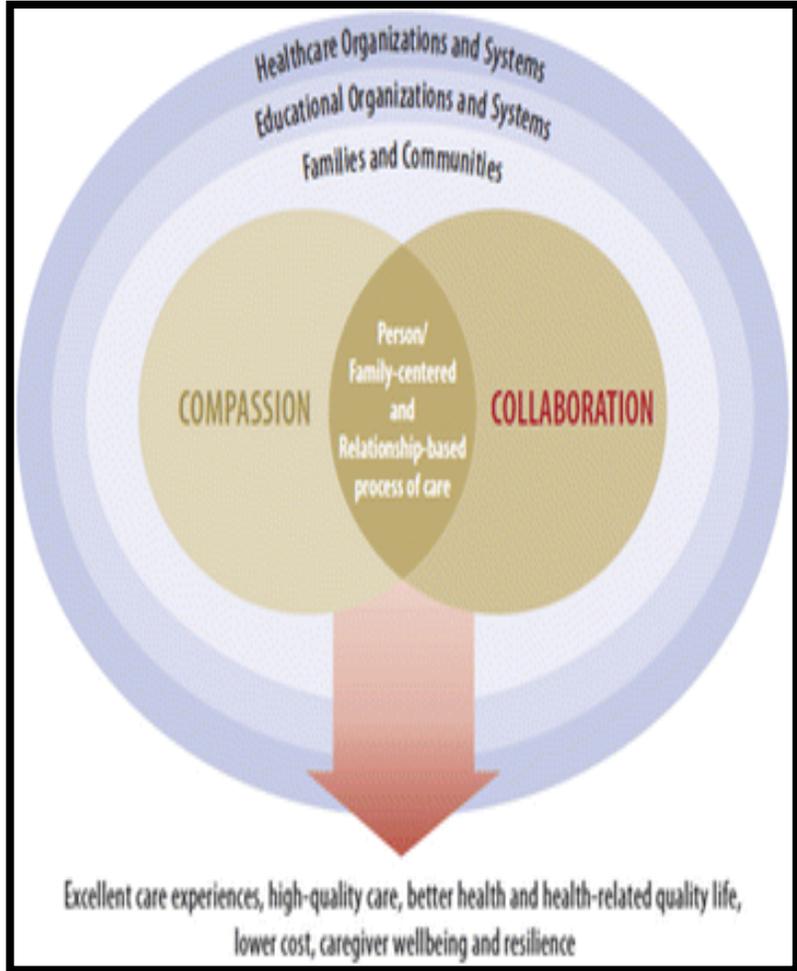
Greater life  
satisfaction

Fewer illness  
and depression  
symptoms

Lower rate of burnout in physicians  
More meaning in work  
Decreases negative emotions  
Decreased anxiety and stress  
Increased resilience  
  
Decrease vicarious traumatization

# Resilience is strengthened through compassion, & collaboration. 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, careers 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.”



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5709969>

### The Patient's Medical Home

Patients say that patient-oriented family practices are where they are most comfortable – most at home – discussing their personal and family health concerns.

As the practice more responsible for Canadian health care, family physicians play a vital role in our health care system. We know that the relationships patients build with their personal physicians are most beneficial to their health outcomes.

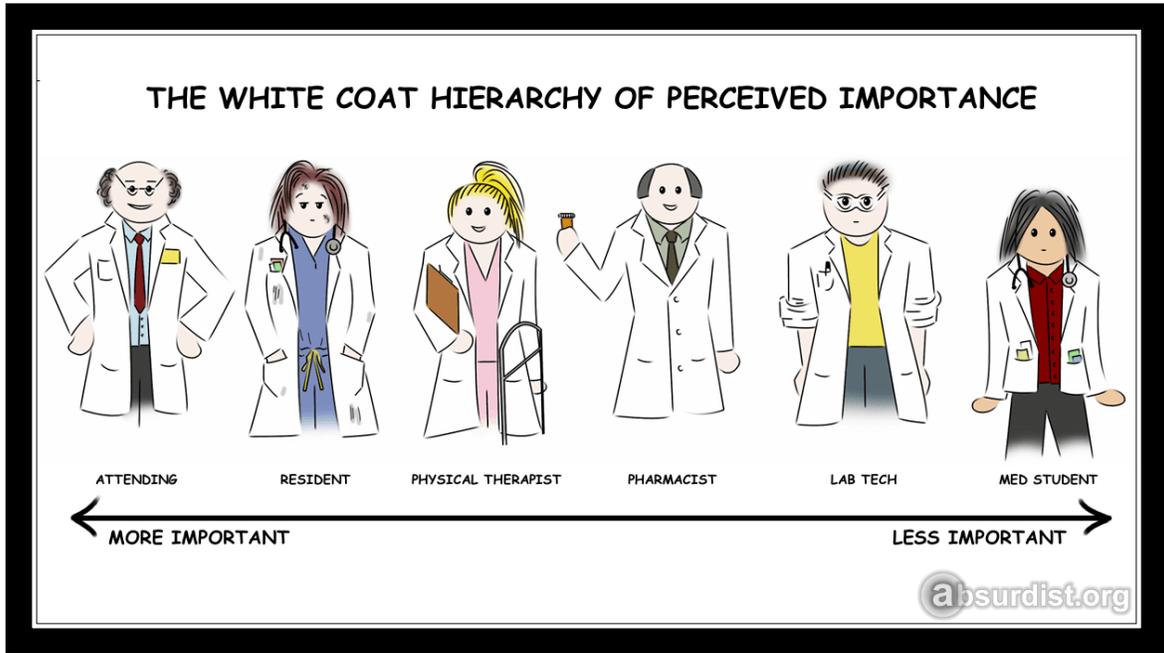
The Patient's Medical Home (PMH) is a vision for the future of family practice in Canada that builds upon these truths.

In this vision, every family practice across Canada really offers the care that Canadians need – care that is centered on the patient's needs, encompasses patients across stages of life, and provides reliable links to other levels of care. A Patient's Medical Home practice delivers this care and ensures the best possible outcomes through the patient's own family physician's collaboration with health care teams and using the best technology.

Meeting the following 10 goals transforms a family practice into a Patient's Medical Home:

- 1. Patient-Centered Care**  
A PMH practice ensures that it focuses on the individual patient and tailors its care to their specific needs.
- 2. Personal Family Physician**  
The patient's own family doctor is the one responsible for providing a continuum of care.
- 3. Team-Based Care**  
A PMH offers a broad range of services provided by a diverse team of professionals including patient-oriented family physicians.
- 4. Timely Access**  
A PMH practice ensures timely access to appointments with the physician. The PMH also facilitates timely appointments with various members of the team.
- 5. Comprehensive Care**  
A PMH practice family doctor, of the patient, with a PMH also assesses and responds to the patient's health needs of the moment.
- 6. Continuity of Care**  
A PMH practice maintains a continuity of relationships and relationships from a patient.
- 7. Electronic Medical Records**  
A PMH maintains and manages secure electronic medical records (EMR) for its patients.
- 8. Education, Training, and Research**  
A PMH serves as an ideal site for the training medical students, family medicine residents, and other health professionals. A PMH is also an ideal setting for interprofessional research.
- 9. Evaluation and Quality Improvement**  
A PMH regularly monitors the effectiveness of its services using a variety of measures to ensure quality improvement.
- 10. Internal and External Support**  
A PMH practice receives a financial support that promotes operating a PMH and encourages the government to support the public and other health professionals.

# Resilience through Community, Connection, Alliance & Team Building



“with a full collaborative constitution of health care providers we can draw upon a huge source of wisdom and expertise. This stands to serve patients, providers, systems and institutions. This could help solve burnout & our care crisis” Dr. Maria Patriquin

# Collaboration & Resilience through healthy communication

*CLEAR COMMUNICATION, INTENTIONAL, KIND, THOUGHTFUL, HELPFUL, POSITIVE, OPTIMISTIC, NON-JUDGEMENTAL, NECESSARY, RECIPROCAL, COMPASSIONATE, BOUNDARIED ...*

**How You Can Use the NVC Process**

Clearly expressing how <b>I am</b> without blaming or criticizing	Empathically receiving how <b>you are</b> without hearing blame or criticism
---	--

**OBSERVATIONS**

1. What I observe ( <i>see, hear, remember, imagine, free from my evaluations</i> ) that does or does not contribute to my well-being: "When I ( <i>see, hear</i> ) . . ."	1. What you observe ( <i>see, hear, remember, imagine, free from your evaluations</i> ) that does or does not contribute to your well-being: "When you <i>see/hear</i> . . ." <small>(Sometimes unspoken when offering empathy)</small>
---	---

**FEELINGS**

2. How I feel ( <i>emotion or sensation rather than thought</i> ) in relation to what I observe: "I feel . . ."	2. How you feel ( <i>emotion or sensation rather than thought</i> ) in relation to what you observe: "You feel . . ."
--	--

**NEEDS**

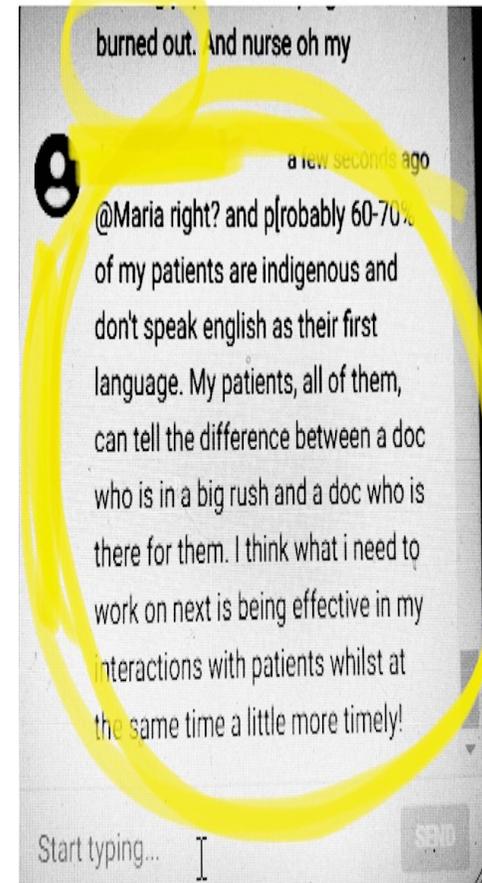
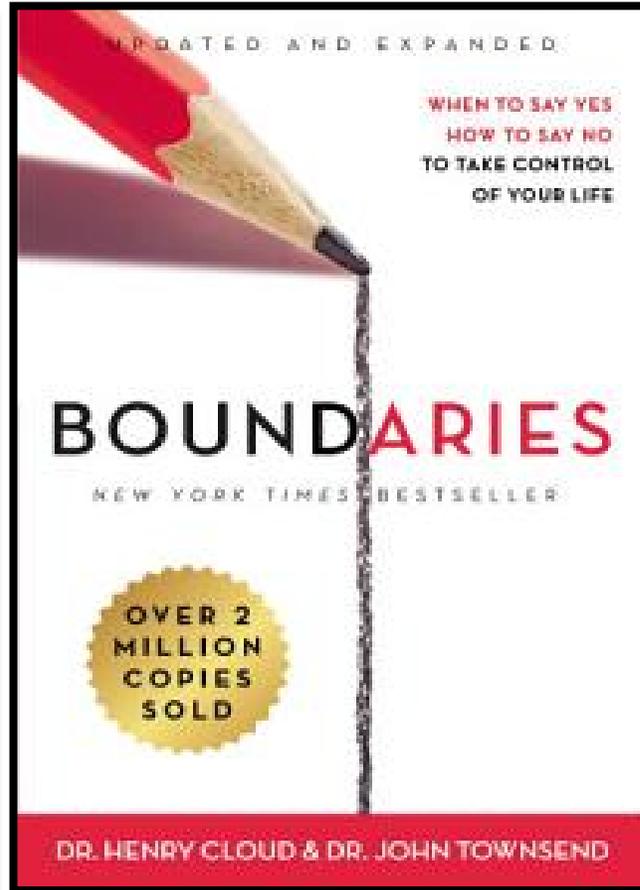
3. What I need or value ( <i>rather than a preference, or a specific action</i> ) that causes my feelings: ". . . because I need/value . . ."	3. What you need or value ( <i>rather than a preference, or a specific action</i> ) that causes your feelings: ". . . because you need/value . . ."
--	--

Clearly requesting that which would enrich <b>my</b> life without demanding	Empathically receiving that which would enrich <b>your</b> life without hearing any demand
---	--

**REQUESTS**

4. The concrete actions I would like taken: "Would you be willing to . . . ?"	4. The concrete actions you would like taken: "Would you like . . . ?" <small>(Sometimes unspoken when offering empathy)</small>
--	--

© Marshall B. Rosenberg. For more information about Marshall B. Rosenberg or the Center for Nonviolent Communication please visit [www.CNVC.org](http://www.CNVC.org).



**Guidelines for Recovery-Oriented Practice**  
Hope. Dignity. Inclusion.

**MYTH: STICKS AND STONES WILL BREAK MY BONES BUT WORDS WILL NEVER HURT ME.**

**Consider... Words, Tone, Boundaries, Space, Posture /Pose, Eye contact, Touch /Not touching, Supports, Resources**

Language frames our thoughts and thoughts frame our language

Resilience is built through learning.  
“Mess with your mind rather than it mess with you”

**Pathways**  
Neural pathways connect relatively distant areas of the brain or nervous system, each pathway is associated with a particular action or behavior.

*Strong pathway*

Every time we think, feel or do something, we strengthen this pathway. Habits are well travelled pathways – our brain finds these things easy to do.

**Neuroplasticity**

New thoughts and skills carve out new pathways.

Repetition and practice strengthen these pathways, forming new habits.

Old pathways get used less and weaken.

With repeated and direct attention towards a desired change, we all have the ability to rewire our brains.

# Dr. Maria Patriquin stress reduction class

*We live in a culture and a time where feeling "stressed" is considered normal. Typically we only consider our mental health when it appears it has declined or we consider something to have "gone wrong". One in four will experience mental "illness" in our lifetimes and we all experience various degrees of "suffering of the soul" as I say. We live far too stressed a life and "just" stress detracts from our health and the joy of living. What if we can change that?*

*Mindfulness helps us see old things in new ways and to embrace all we are with more compassion, joy, strength and resilience. Coupled with new skills & strategies we are able to change the way we respond to life's challenges. What if we were able to respond to the experience of ourselves with greater flexibility, cognitive ability, skill, more support and compassion. What if we didn't settle for "getting by" and coping but were to aim for thriving and flourishing so that we lived with more self and life satisfaction?*

Less Stress, **More Joy**. Don't wait.

life is precious.

## Stress Reduction

10 mindful weeks to meaningful change

Starts January covered on MSI

Dr. Maria Patriquin MD CCFP

only at  
Living Well Integrative Health

2176 Windsor Street, Halifax

[www.livingwellihc.ca](http://www.livingwellihc.ca)

| (902) 406-1500

## Combination of didactic & experiential learning

## Strengths & Skills based

## Harnessing optimism resilience neuroplasticity and compassion

A unique and innovative program encompassing techniques, strategies & framework formed from:

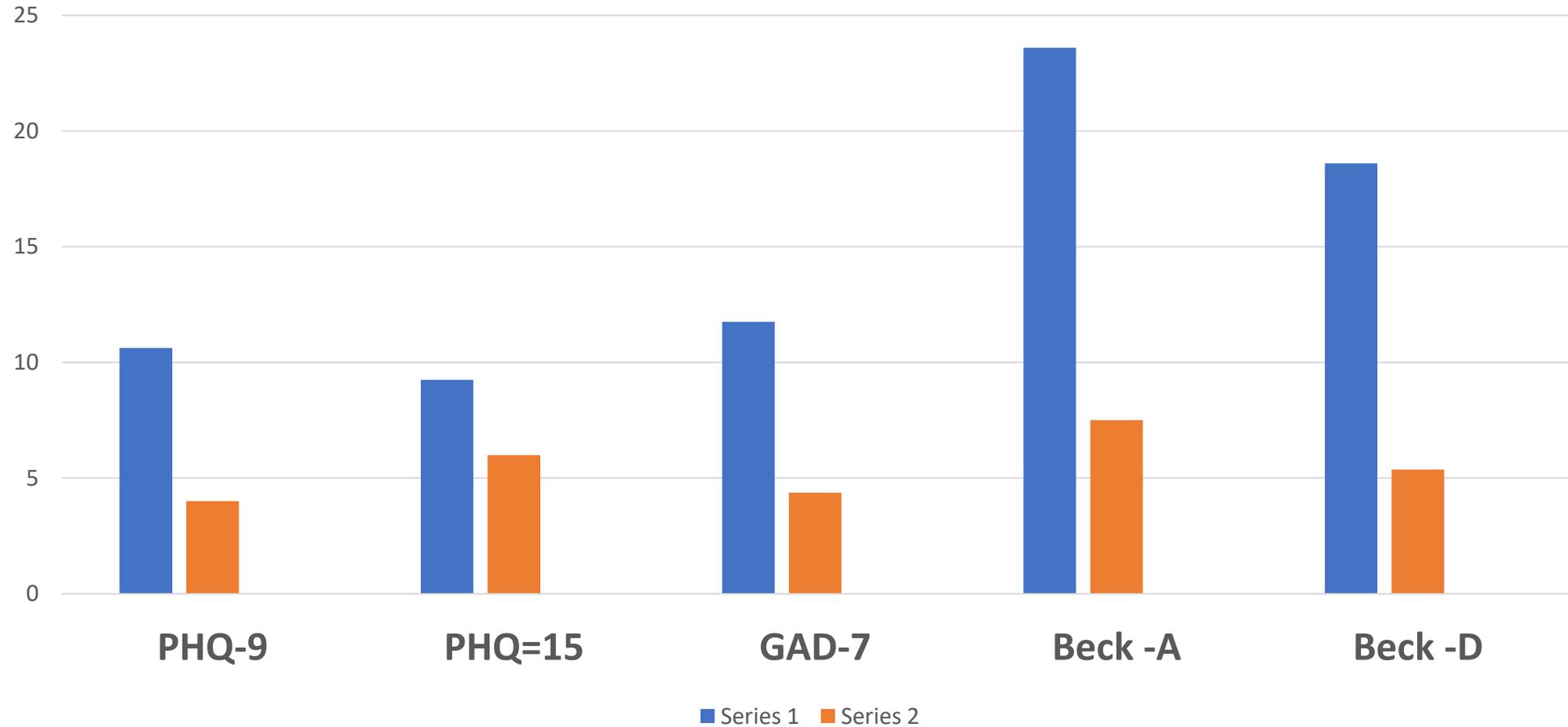
Positive Psychiatry, Mindfulness Based Stress Reduction (**MBSR**), **CBT**, Acceptance and Commitment Therapy (**ACT**), Emotion Focused Therapy (**EFT**), Psychodynamic (**ISTDP**), Non-Violent Communication (**NVC**), Trauma Informed Care & Trauma Focused Therapy (**TIC/TFC**)

# Positive outcomes

- **Reduced overall perceived stress & burnout**
- **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 like authenticity, integrity, openness)**
- **People describe feeling whole again**
- **People describe feeling deeply connected to people they barely know and are filled with a sense of belonging**



# Questionnaires pre and post



# ADAPTING & RESPONDING TO PHYSICIAN NEEDS WITH CREATIVITY DURING COVID

## EMOTIONAL PPE STRESS REDUCTION

FOR HEALTH CARE PROVIDERS

WITH DR. MARIA PATRIQUIN MD CCFP FCFP

AUGUST –SEPT. 2020

REDUCE, PRESERVE, CONNECT & GROW

This class offers simple evidence-based core mind training practices essential in reducing stress and preventing burnout. This is an educational and experiential class that helps develop self-compassion, mindfulness, balance difficult emotions, establish boundaries, improve communication and more effectively manage stress. This class is extremely effective in helping align your value system with the way you work, live and love. Used regularly, the tools help build distress tolerance, psychological flexibility, and resilience and protect against burnout leading to better emotional and physical well-being. This course leverages the science behind resilience, optimism, positive psychology and neuroplasticity to enable you to live with more joy and less stress. MSI covered email [kindonpurpose@gmail.com](mailto:kindonpurpose@gmail.com) or [livingwellprograms2176@gmail.com](mailto:livingwellprograms2176@gmail.com) to register.

Welcome to "*The Joy of...*" series hosted by Dr. Maria Patriquin. This **FREE** series was established in an effort to help our community cultivate *joy, wonder and connection* during the very stressful time of the Covid pandemic. The classes and workshops are led by an extraordinary team of collaborative professionals who are committed personally and professionally to fostering *healing, resilience, growth and wellbeing*. Not exclusively, the series includes *yoga, movement, meditation, breath work, journaling, art, painting, music and mindfulness*. This on line series (similar to programming offered pre-pandemic at Living Well) is intended to facilitate equitable access to resources, education and instruction enabling participants the opportunity to *reduce stress, learn new skills, have fun* and nurture their sense of *health and wellbeing* while forming *community*. Collaboration cultivates community and now more than ever we need each other. Please see our website for future programming and please join us for the Joy of ...

What is getting in the way of physician wellness?

What are we denying?

There is profound irony in the fact that the same system that is designed to provide care asks us to deny our own humanity and our own need for care...

# Not engaging physicians as partners when they are patients creates a barrier to care

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-018-1277-0>

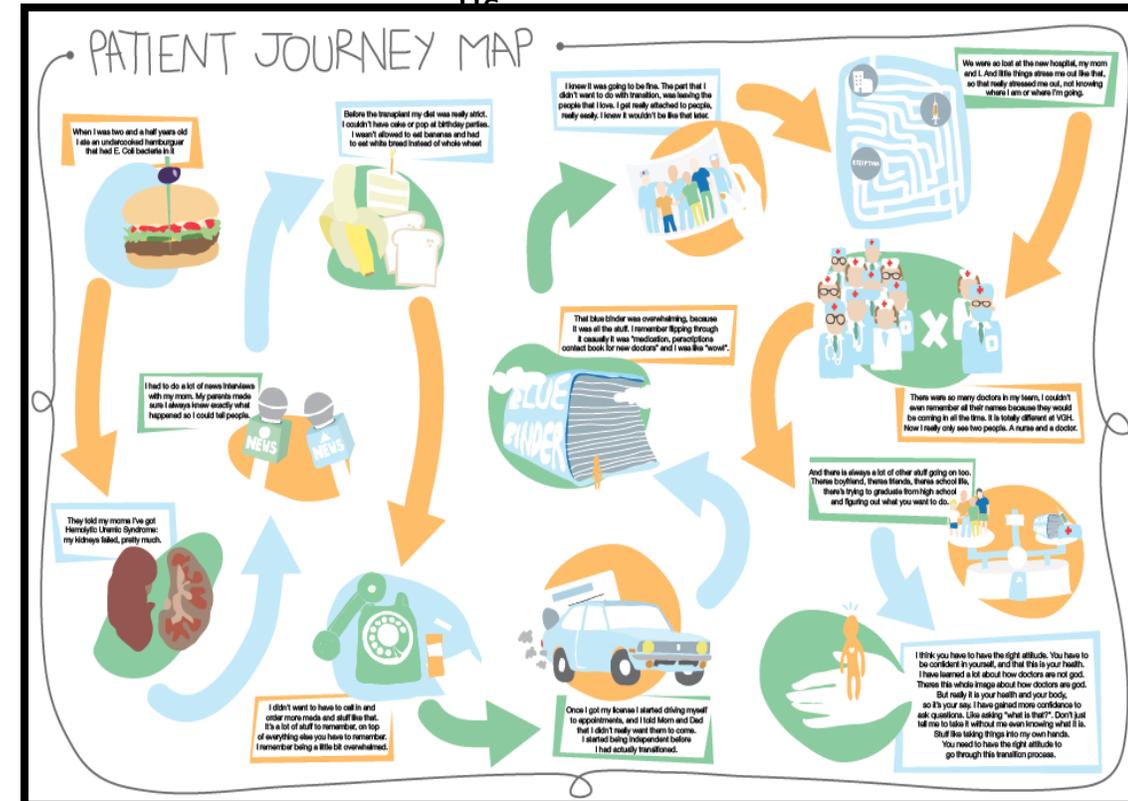
## • The impact of patient feedback on the medical performance of qualified doctors: a systematic review

- Patient feedback is considered integral to quality improvement and professional development. However, while popular across the educational continuum, evidence to support its efficacy in facilitating positive behavior change in a postgraduate setting remains unclear. This review therefore aims to explore the evidence that supports, or refutes, the impact of patient feedback on the medical performance of qualified doctors.
- **Methods** Electronic databases PubMed, EMBASE, Medline and PsycINFO were systematically searched for studies assessing the impact of patient feedback on medical performance published in the English language between 2006-2016. Impact was defined as a measured change in behaviour using Barr's (2000) adaptation of Kirkpatrick's four level evaluation model. Papers were quality appraised, thematically analysed and synthesised using a narrative approach.
- **Results** From 1,269 initial studies, 20 articles were included (qualitative (n=8); observational (n=6); systematic review (n=3); mixed methodology (n=1); randomised control trial (n=1); and longitudinal (n=1) design). One article identified change at an organisational level (Kirkpatrick level 4); six reported a measured change in behaviour (Kirkpatrick level 3b); 12 identified self-reported change or intention to change (Kirkpatrick level 3a), and one identified knowledge or skill acquisition (Kirkpatrick level 2). No study identified a change at the highest level, an improvement in the health and wellbeing of patients. The main factors found to influence the impact of patient feedback were: specificity; perceived credibility; congruence with physician self-perceptions and performance expectations; presence of facilitation and reflection; and inclusion of narrative comments. The quality of feedback facilitation and local professional cultures also appeared integral to positive behaviour change.
- **Conclusion** Patient feedback can have an impact on medical performance. However, actionable change is influenced by several contextual factors and cannot simply be guaranteed. Patient feedback is likely to be more influential if it is specific, collected through credible methods and contains narrative information. Data obtained should be fed back in a way that facilitates reflective discussion and encourages the formulation of actionable behaviour change. A supportive cultural understanding of patient feedback and its intended purpose is also essential for its effective use.

María Patriq... a few seconds ago ...

PSP programs often fail as they typically are run by docs, psychologists that themselves are burnt out. In fact once when I was feeling exhausted they suggested I be come more cynical, out up a brick wall as that would be protective. Also told you care too much and in following up results I was creating work for myself. The reality is this is blame, shame and guilt in action. We can create intentional spaces that are safe to share and are also trauma informed. Time and time again I've been a part of these and also run these but they are not system supported, rather pose a threat to the system. Cultural change happens one share at a time and working together collectively. and I agree with "suffering is not a competition"

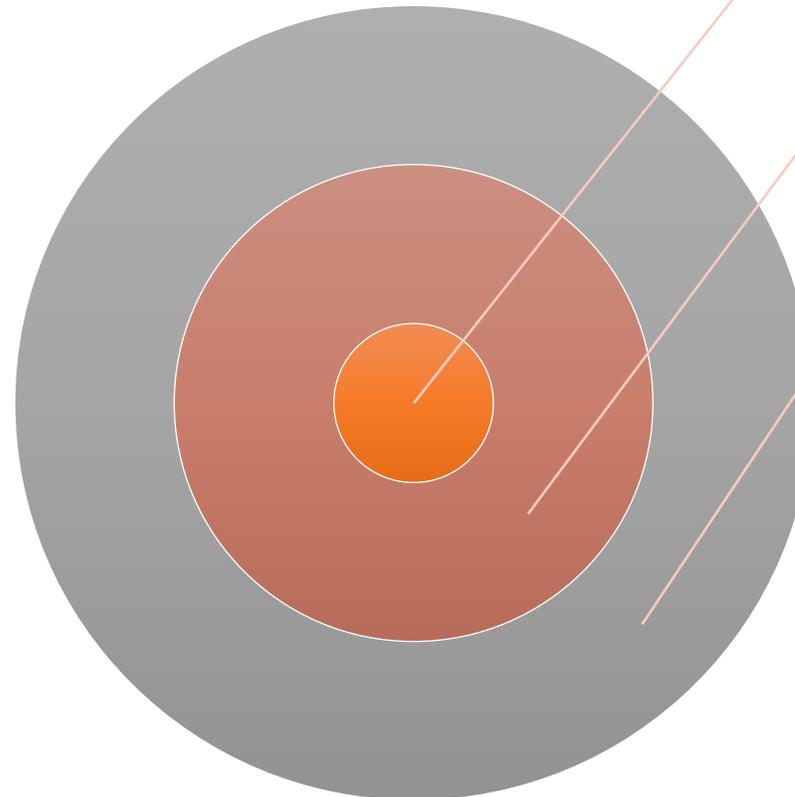
## Nothing for us without us





# Consider what the individual needs to return to working WELL

- **First:** understand, assess, plan & communicate, support
- **Second:** treatment, recovery & rehabilitate, strengthen supports. Institute changes to workplace
- **Third:** Return to work with ongoing supports, therapy, accommodations & reinforcement of skills. Regular evaluations and feedback, ongoing dynamic adaptations. Debrief after difficult & errors. Brainstorm and collaborate. Communicate well. Cultivate healthy community, peer support & an atmosphere of kind, compassionate and embraced shared humanity



## Return to work

- Self care & self management
- Regular therapy and support.
- Ongoing skill building

## Rehabilitation

- Work hardening focus on skill building
- Graduated exposure

## Off work: assessment, treatment and recovery

- Assess and plan
- Secure resources & start treatment plan

# 10 commandments of physician wellness Krall2014

- I. Thou shall not expect someone else to reduce your stress.
- II. Though 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. Seek to find joy and mastery in thy work.
- X. Thou shall continue to learn.

A blue rectangular sign with white text that reads: "I DIDN'T SAY IT WAS YOUR FAULT I SAID I WAS BLAMING YOU". The sign has a black border and is positioned on the right side of the slide.

Shame Myth: Sticks and stones will break my bones but words will never hurt me. SHAME BLAME...

# Stigma & Discrimination worsen burnout

the effects of stigma and discrimination can be seen in the chronic underfunding of the mental health system

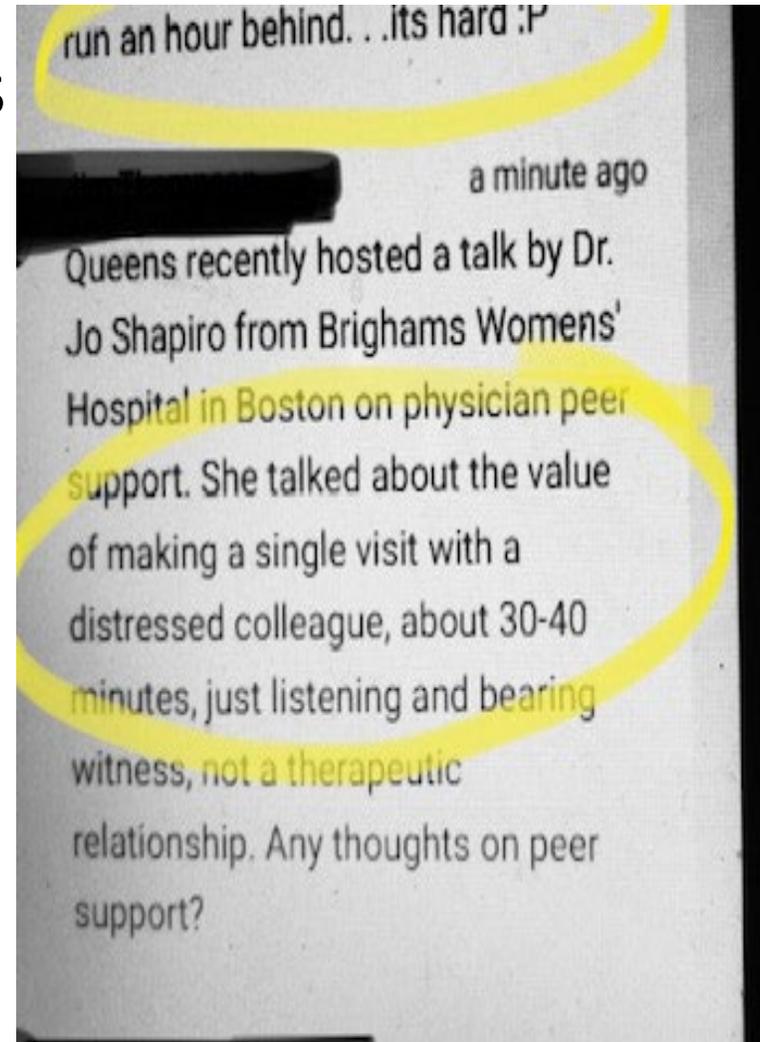
Negatively impact all area of life and is frequently more **harmful** than the illness itself.

Negative attitudes, lack of respect or pessimism regarding recovery, steps to remove control over decision-making **interfere with recovery.**

**Fear** being labelled or judged is high

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

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





**DENIAL**

**AVOIDANCE**

**POOR COPING**

**LACK OF  
SUPPORT**

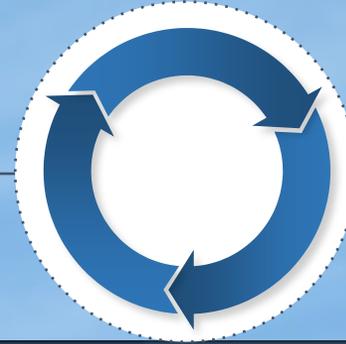
**UNAWARE OF  
SEVERITY**

**LOW  
RESERVES**

**SHAME**

**EXCLUSION  
ISOLATION**

**TRAUMA**



## CULTURAL BARRIERS

THE CULTURE OF MEDICINE CAN BE TOXIC TO EXPRESSION OF STRUGGLE & CREATE BARRIERS TO ACCESSING CARE...



## FEAR OF REPURCUSSIONS

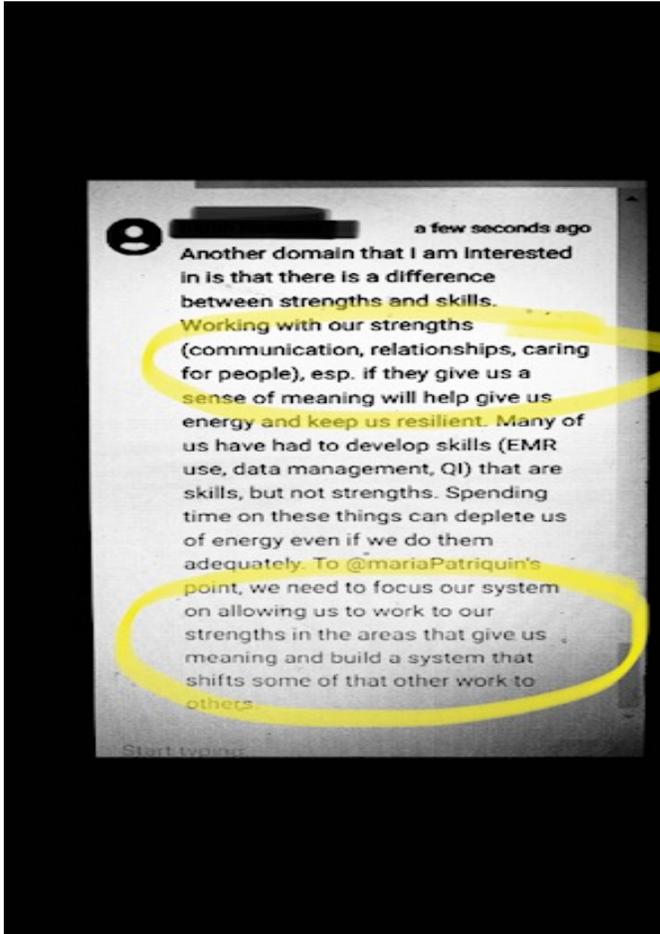
LACK OF CONFIDENTIALITY

STIGMA AND DISCRIMINATION

LACK OF AVAILABLE RESOURCES

SYSTEM Denying or covering up errors, abuse, harassment, ambush management techniques, threats errors, omissions, moral injury

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



- prevention
- some medicines
- non-medicinal approaches
- diet
- Exercise
- Socializing & social support
- one's environment, faith, culture
- sense of purpose, meaning, value
- positive role of counseling & psychotherapy
- educate
- build skills & capacity
- foster resilience
- protective and therapeutic



An illness based model is not person centered

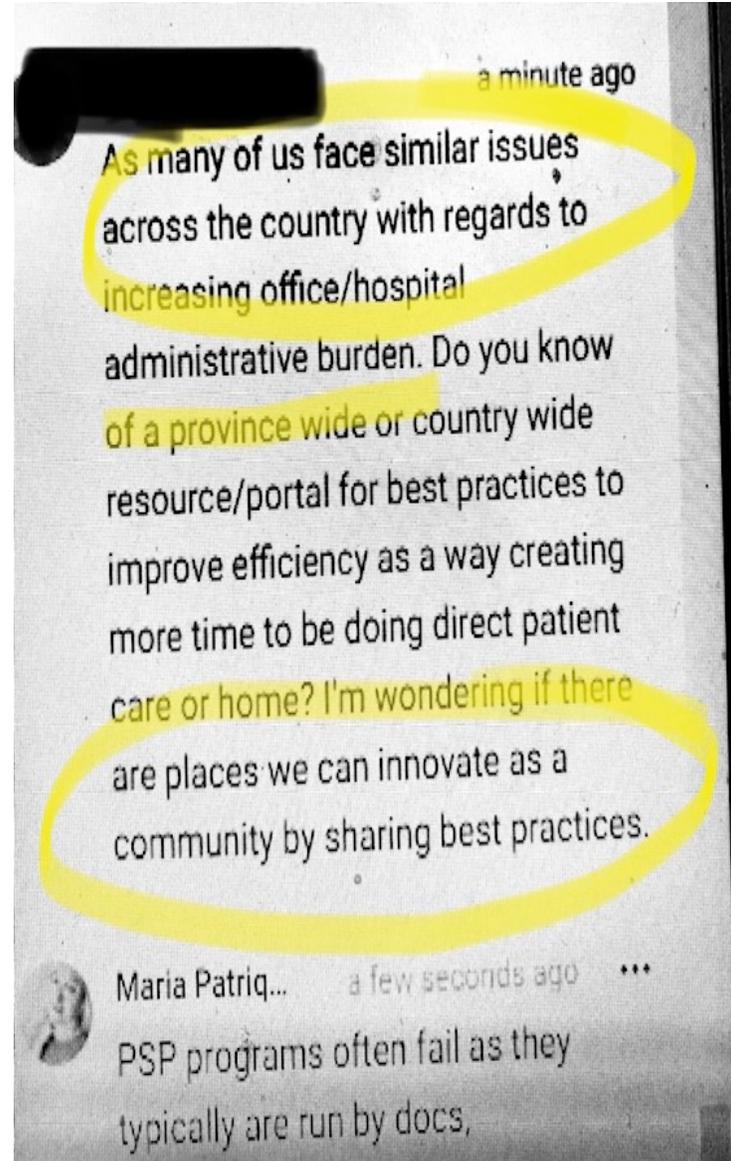
# ORGANIZATION-DIRECTED INTERVENTIONS ARE MORE LIKELY TO LEAD TO REDUCTIONS IN BURNOUT THAN PHYSICIAN-DIRECTED INTERVENTIONS

- 20 independent comparisons from 19 studies (1550 physicians)
- Used the emotional exhaustion domain of the Maslach
- **Organization-directed interventions are more likely to lead to reductions in burnout than physician-directed interventions**
  - Structural changes
  - Fostering communication between members of the health care team
  - Cultivating teamwork
- Interventions targeting experienced physicians showed greater evidence of effectiveness

- 2617 articles including 15 randomized trials of 716 physicians and 37 cohort studies of 2914 physicians
- 230 articles met criteria for full review
- Most studies reported on changes in burnout domain score
- Both individually-focused and organizational interventions can reduce burnout
- **Both individual and organizational strategies are probably necessary, but there are no studies to date which include both.**

# organization 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



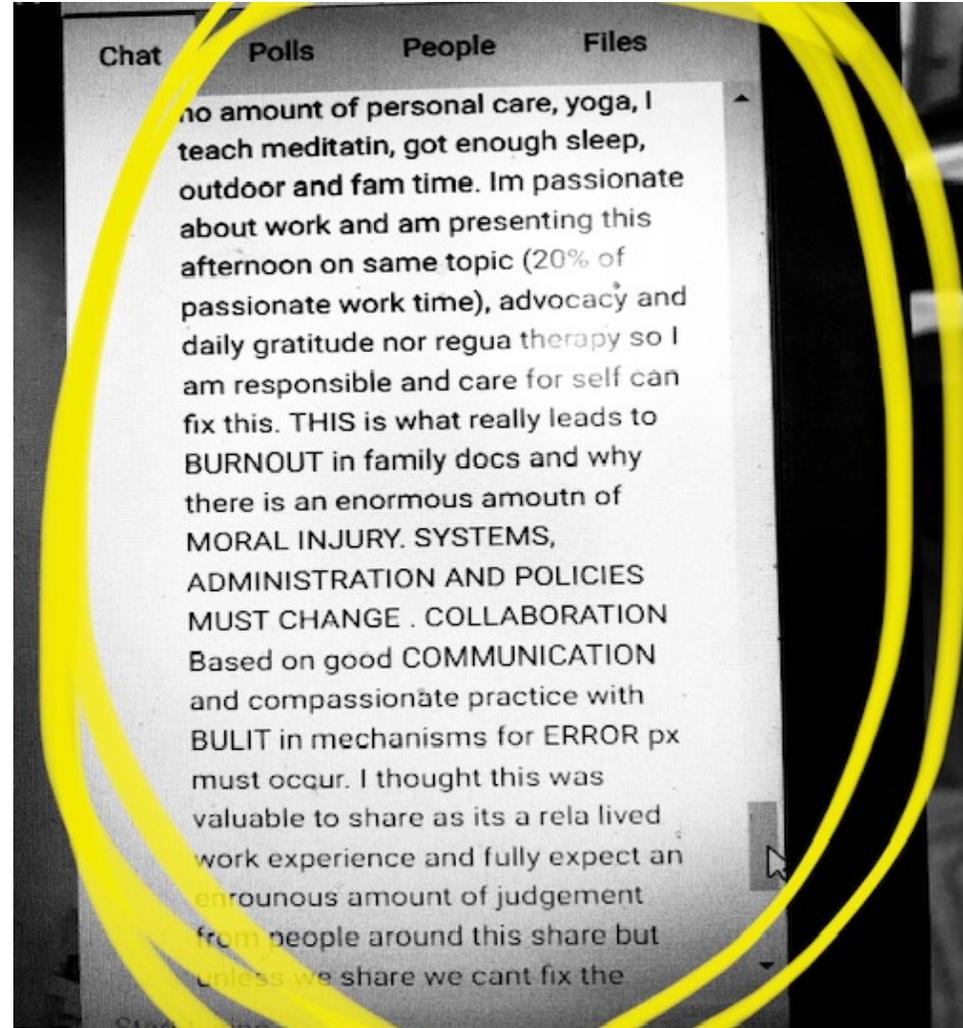
- Training programs for knowledge, skills and coping
- Expression of value alignment
- Training programs patient skills complex patients, communicating with patients
- Support & debriefing plan for medical errors
- Restricting resident on call hours
- Mentors to connect peer support
- Good HR practices and supports
- More usable EMR systems
- Small group programs that foster community and peer support

# Nine organizational Strategies

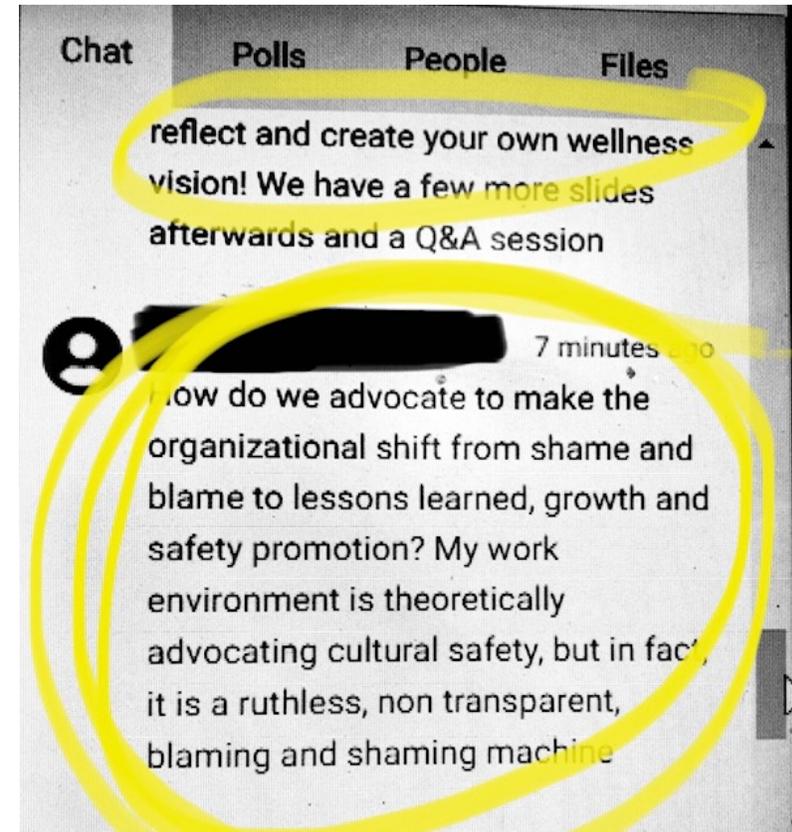
Dr. Tait Shanafelt (Chief Wellness Officer, Stanford Medicine, Stanford, CA) and Dr. John Noseworthy (Chief Executive Officer, Mayo Clinic, Rochester, MN)

-  Acknowledge and assess the problem
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions<sup>a</sup>
-  Cultivate community at work
-  Use rewards and incentives wisely
-  Align values and strengthen culture
-  Promote flexibility and work-life integration
-  Provide resources to promote resilience and self-care
-  Facilitate and fund organizational science

**FIGURE 5.** Organizational strategies to reduce burnout and promote physician engagement. <sup>a</sup>Often will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).



Lead with optimism, Compassion and resilience with a strong moral compass. Leaders and managers must cultivate a sense of belonging “be with us not for us”



Executive Leadership Supporting Clinicians During the COVID-19 Pandemic: practical suggestions to encourage a culture that will sustain the clinician workforce

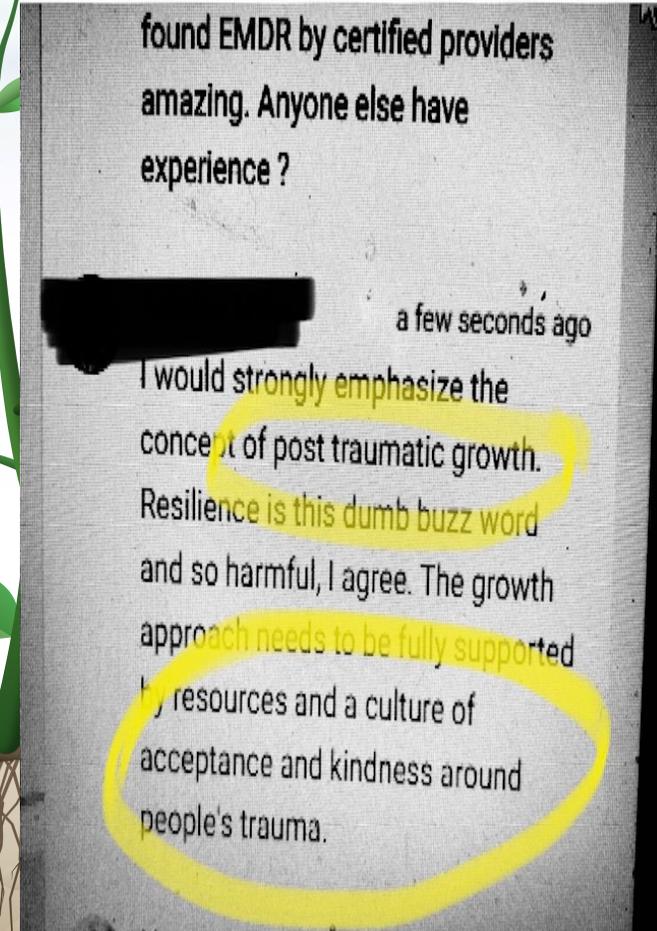
Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017 leaders affect burnout and job satisfaction Drummond

Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017 leaders affect burnout and job satisfaction Drummond

# 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

“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)



found EMDR by certified providers  
amazing. Anyone else have  
experience ?

[REDACTED] a few seconds ago

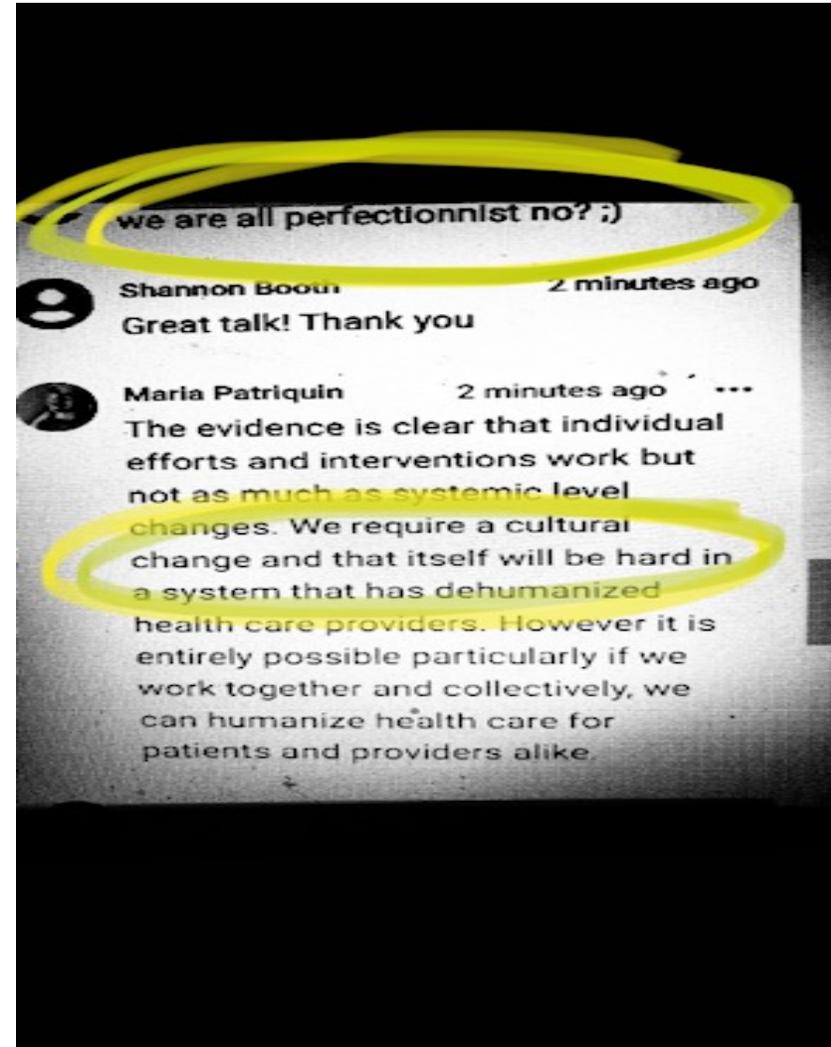
I would strongly emphasize the  
concept of post traumatic growth.  
Resilience is this dumb buzz word  
and so harmful, I agree. The growth  
approach needs to be fully supported  
by resources and a culture of  
acceptance and kindness around  
people's trauma.

*“Create psychological safety...*

*Burnout is ... not a mistake, character flaw, a sign of weakness, a skill deficit or the fault of an individual...”*

*“Through a compassionate lens, circumstances, illness, behaviors and people are not what they once seemed. They become humans struggling to communicate their needs. The question remains, will the system stop denying and respond to the needs of providers?”*

*Dr. Maria Patriquin*

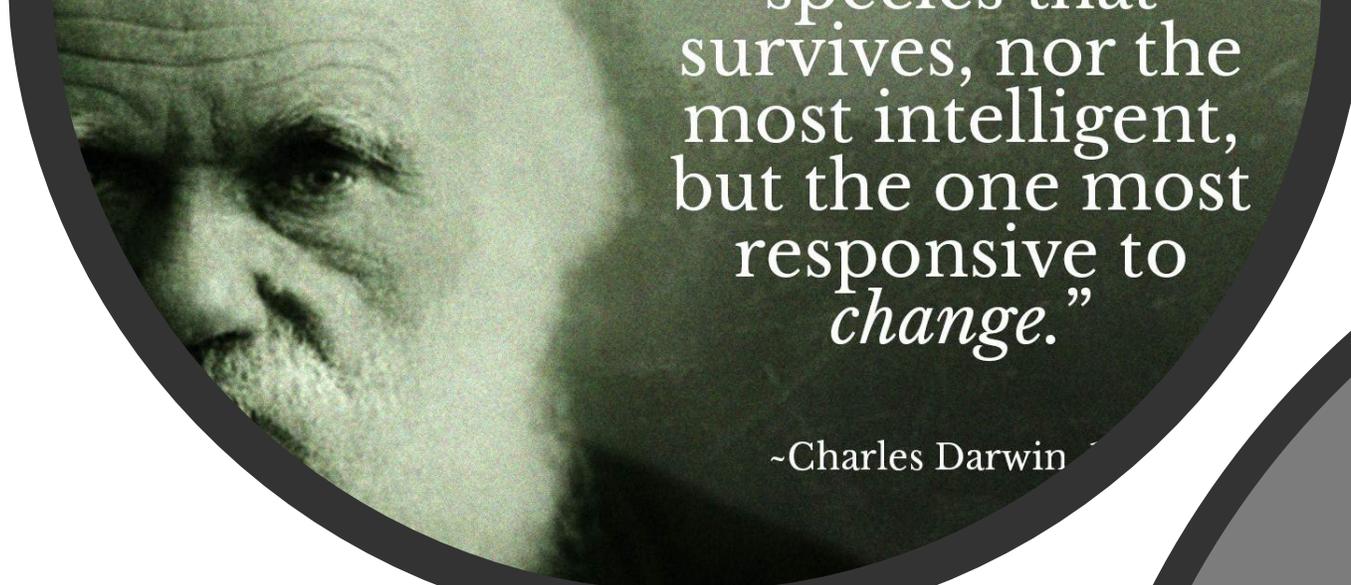


# Change is hard



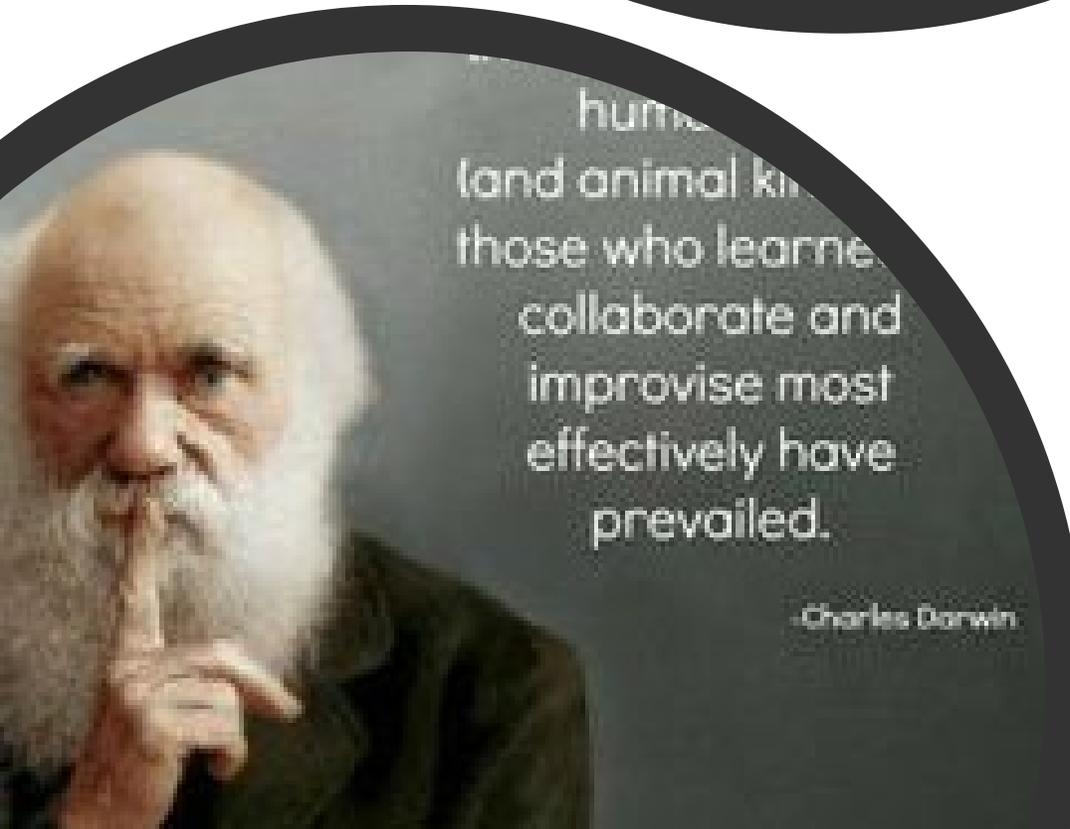
You can't  
change what  
you refuse  
to confront.

**Change is a complex adaptive process**



species that  
survives, nor the  
most intelligent,  
but the one most  
responsive to  
*change.*"

~Charles Darwin

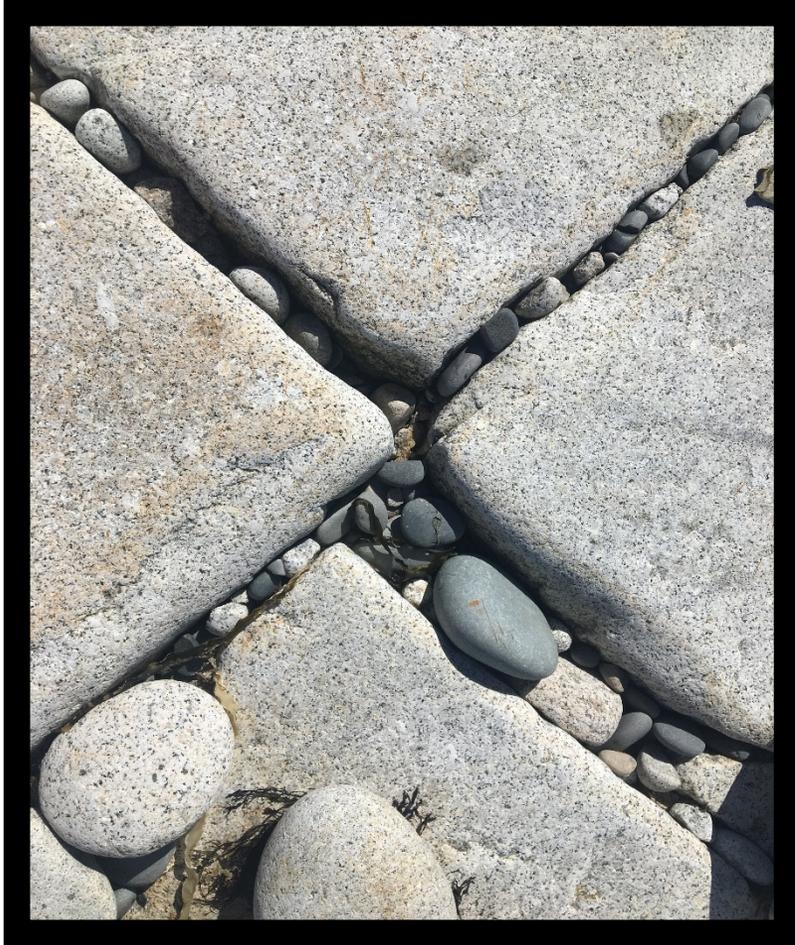


humans  
land animal kin  
those who learned  
collaborate and  
improvise most  
effectively have  
prevailed.

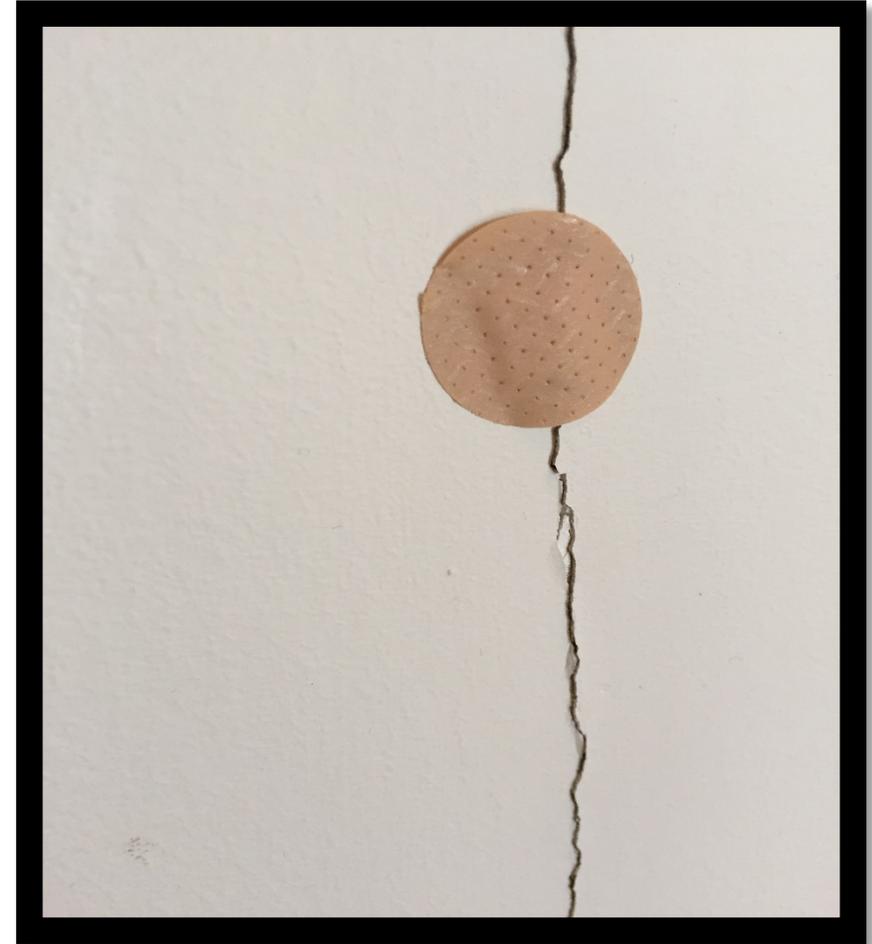
~Charles Darwin

*“All change, especially cultural change, is challenging and complex. Change is and will be harder when posed as a threat. People and systems do not function well under threat. We must consider our shared sense of humanity and go forth with kindness and compassion while considering this process of change, particularly under the threat of the pandemic.”* Dr. Maria Patriquin

# Quick fixes won't hold...

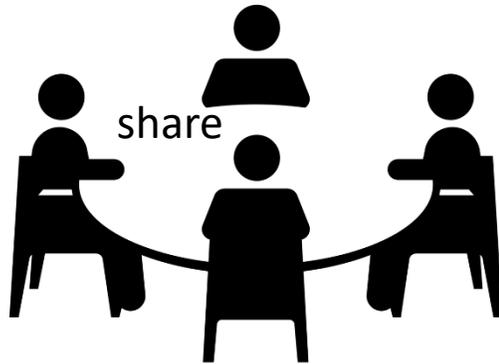
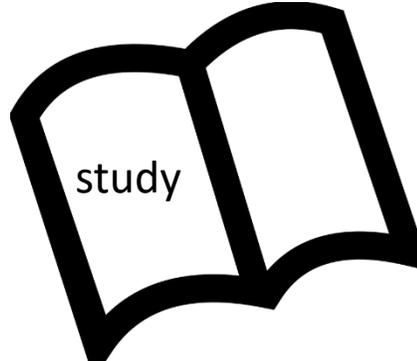


***“Shortcomings are not failures but opportunities to learn, adapt, change and evolve. This is the basis of the scientific method after all... we are just human we err!”*** *Dr. Maria Patriquin*

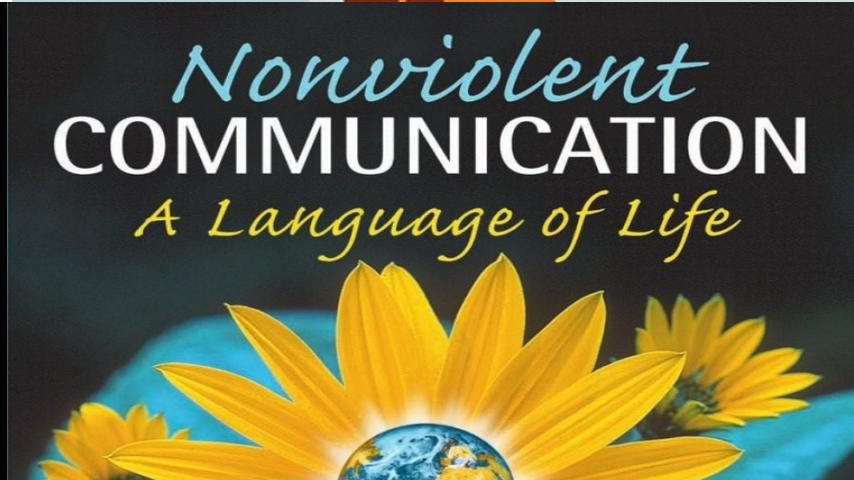
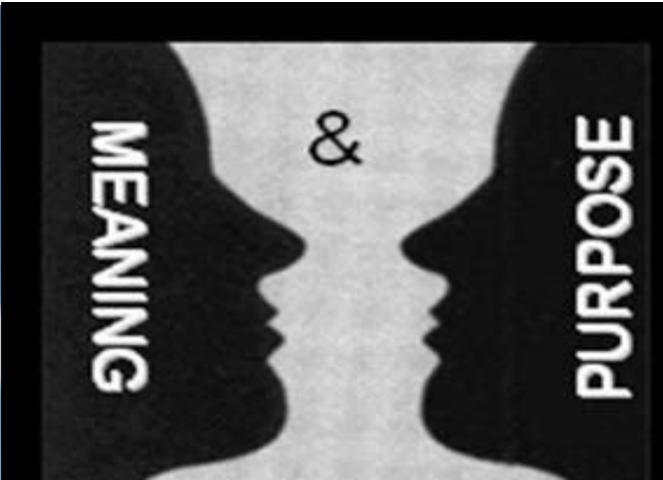
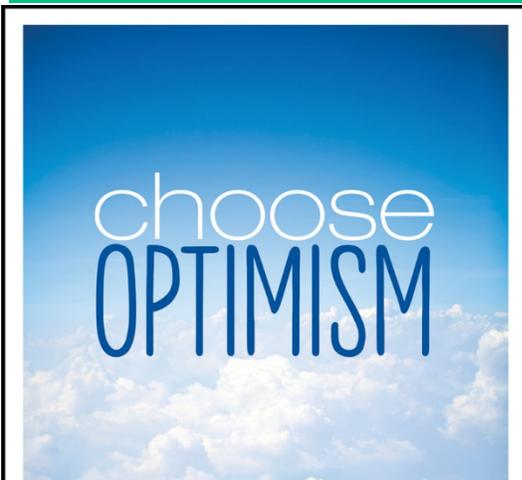
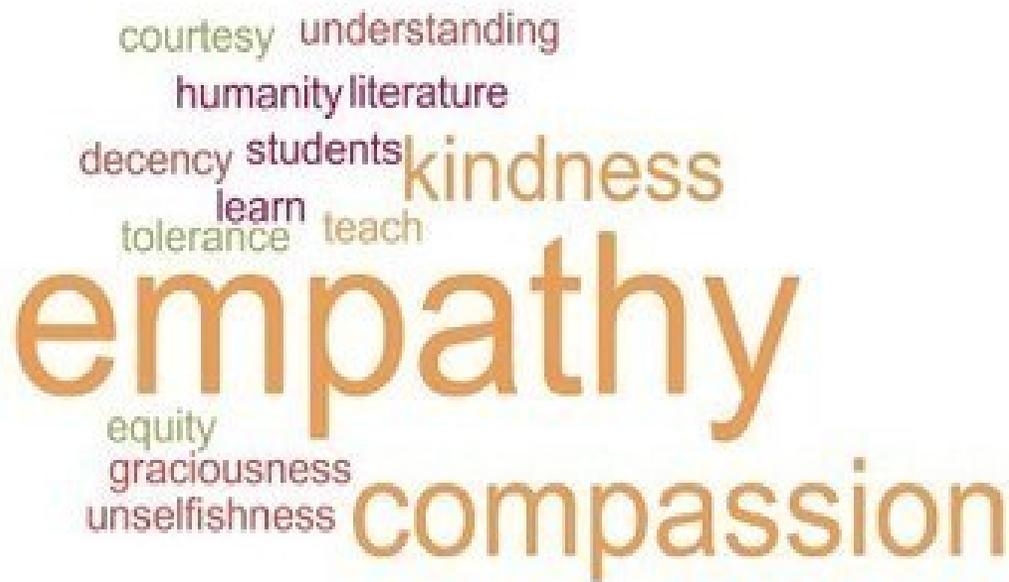


And have significant long-term consequences

# Small incremental changes



# Small things that make a big difference



What is oath what is moral imperative ?



What do you value? Who do you, we want to be in the face of challenge, change and a crisis in care?

# Healing, health equity & moral injury...

mention that we experience many emotions even in attending the talk. I had to resist the urge to ask that we take a moment of silence to just hold our own pain for a moment, there was so much in the room. I wanted a moment, a few breaths together to for those we have and will lose and to honor in silence the privilege and the pain that accompanies the experience of losing patients. A few moments would allow us to connect through this shared sense of humanity. I think we think often we have to DO something if we acknowledge our own grief but truly I think we just need to hold space for it with compassion for our patients, their families, ourselves and

**“There is a challenge present in beginning to heal the systemic institutionalized trauma that has occurred while encouraging active engagement of whatever processes are implemented to address health disparities and health behaviours. This requires trust and building of relationships. It also requires admission of unconscious biases as well as access to trauma informed practices and training. It must acknowledge the effects that the system we are part of has contributed to the creation and perpetuation of the problems inherent to health inequalities. This will help us address health equity as well as the massive burden of MORAL INJURY experienced by health care providers which has only worsened during the pandemic and also contributed to higher levels of burnout and mental illness.” Dr. Maria Patriquin**

not sure how to prevent moral injury. Moral injury is more of a reflection on the system more than it is necessarily a reflection on the individuals morals

Maria Patriq... a few seconds ago ...  
Moral injury , yes the greatest source of stress for me. We need to not deny our humanity and allow ourselves to heal, have debriefing, trauma centered work and also concurrently have avenues to exert and advocate for change in a system that is the cause of health inequalities etc that lead to much of the moral injury

# Shared Humanity

*“Our interactions hold the potential and capacity to harm or to heal.*

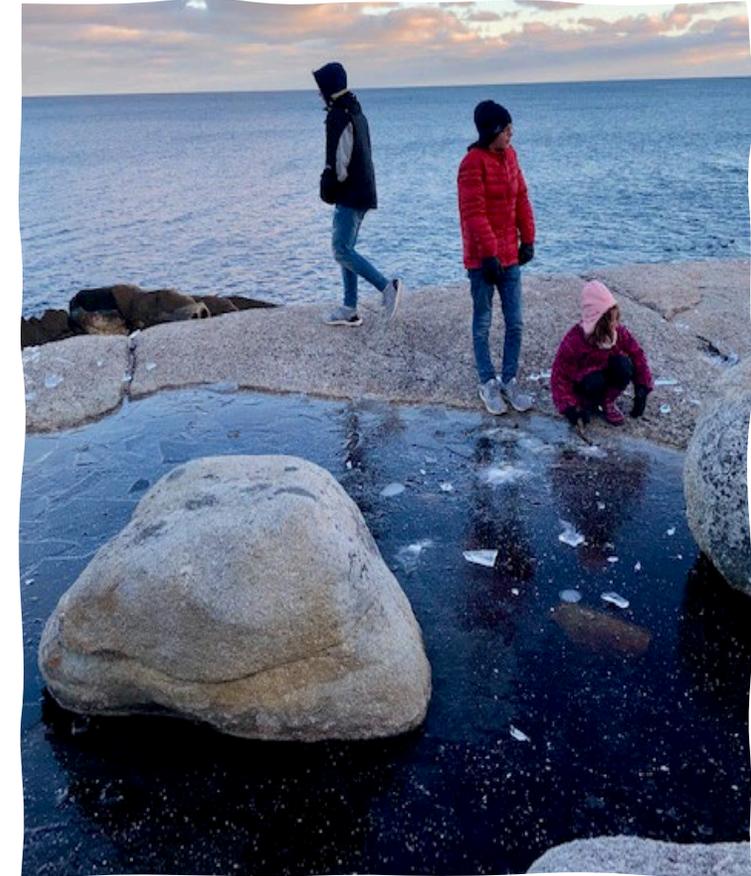
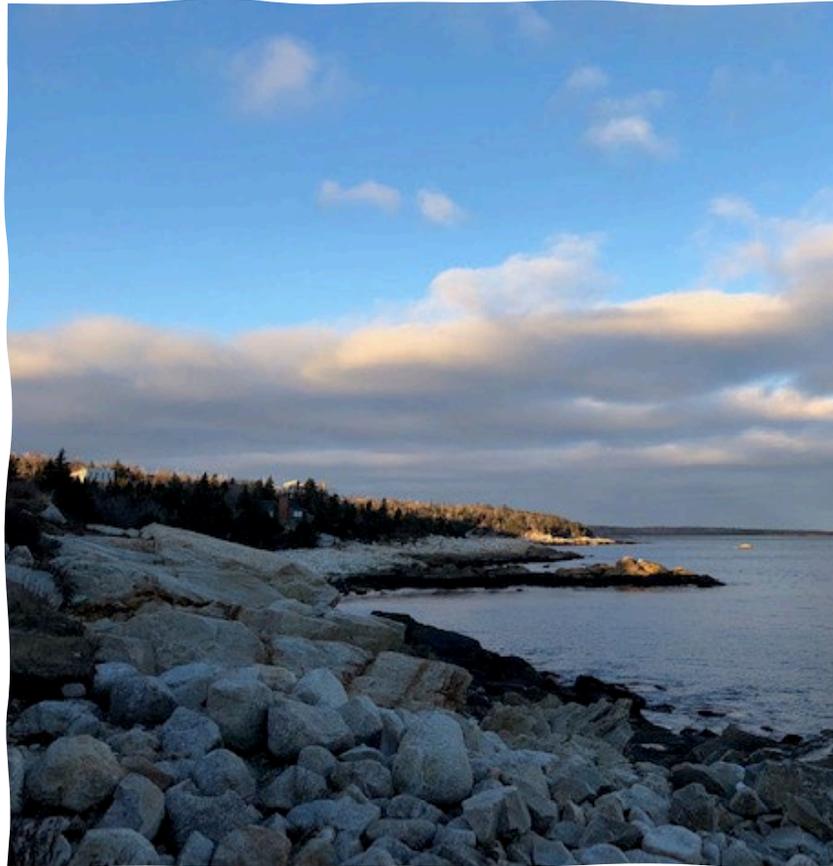
*“By **honoring the role of relationships** and the importance of regard for our deep seated need to **heal, belong and connect**, our work holds the potential of being able to establish the healthiest forms of change if the **process is... compassionate, collaborative and considers our humanity**”*  
**Dr. Maria Patriquin**

*“Holding others pain as caregivers is a privilege. Holding our own, including our stress and burnout makes us healthier care givers.*

*Holding our shared sense of humanity will help us heal and address the burnout crisis in a meaningful way.”* Dr. María Patriquín

## Humanizing health

“May there be such a oneness between us that when one weeps the other tastes salt” *Kahil Gibran*



# THANK YOU TO MY FAMILY



 **Dr. Maria Patriquin Ivanov, M.D.**  
**Living Well Integrative Health Center**  
2176 Windsor Street, Halifax, NS B3K 5B6  
T: 902-406-1500 F: 902-406-1501

Name: MARIA Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: no

Rx

♥♥♥

A + + + + I O V

A + Q 2 V I O

X \_\_\_\_\_  
Dr. Maria Patriquin Ivanov, 12535

Refill: 0 1 2 3 4 5 6

# ADAPTING & RESPONDING TO PHYSICIAN NEEDS WITH CREATIVITY DURING COVID

## EMOTIONAL PPE STRESS REDUCTION

FOR HEALTH CARE PROVIDERS

WITH DR. MARIA PATRIQUIN MD CCFP FCFP

AUGUST –SEPT. 2020

REDUCE, PRESERVE, CONNECT & GROW

This class offers simple evidence-based core mind training practices essential in reducing stress and preventing burnout. This is an educational and experiential class that helps develop self-compassion, mindfulness, balance difficult emotions, establish boundaries, improve communication and more effectively manage stress. This class is extremely effective in helping align your value system with the way you work, live and love. Used regularly, the tools help build distress tolerance, psychological flexibility, and resilience and protect against burnout leading to better emotional and physical well-being. This course leverages the science behind resilience, optimism, positive psychology and neuroplasticity to enable you to live with more joy and less stress. MSI covered email [kindonpurpose@gmail.com](mailto:kindonpurpose@gmail.com) or [livingwellprograms2176@gmail.com](mailto:livingwellprograms2176@gmail.com) to register. @kindonpurpose or connect through Linked in.

Welcome to "*The Joy of...*" series hosted by Dr. Maria Patriquin. This **FREE** series was established in an effort to help our community cultivate *joy, wonder and connection* during the very stressful time of the Covid pandemic. The classes and workshops are led by an extraordinary team of collaborative professionals who are committed personally and professionally to fostering *healing, resilience, growth and wellbeing*. Not exclusively, the series includes *yoga, movement, meditation, breath work, journaling, art, painting, music and mindfulness*. This on line series (similar to programming offered pre-pandemic at Living Well) is intended to facilitate equitable access to resources, education and instruction enabling participants the opportunity to *reduce stress, learn new skills, have fun* and nurture their sense of *health and wellbeing* while forming *community*. Collaboration cultivates community and now more than ever we need each other. Please see our website for future programming and please join us for the Joy of ...

# Thank you to our sponsors



Mental Health  
Commission  
of Canada

Commission de  
la santé mental  
du Canada



**Healthcare  
Excellence**  
Canada

**Excellence  
en santé**  
Canada



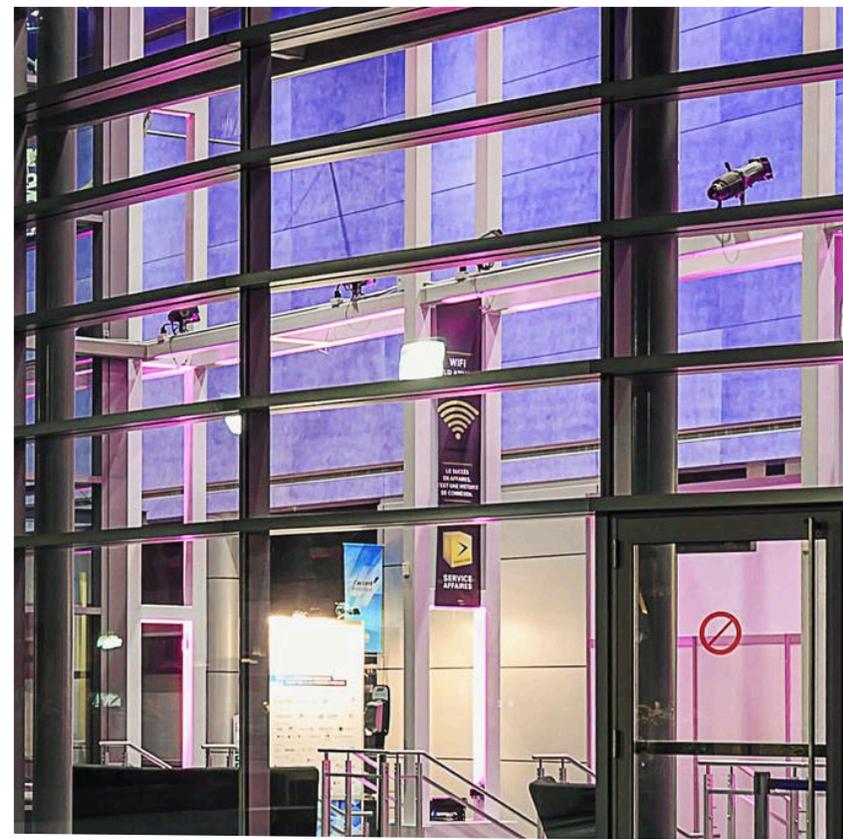
CENTRE *for* MENTAL HEALTH CARE  
CENTRE *de* SOINS *de* SANTÉ MENTALE



**DALHOUSIE  
UNIVERSITY**

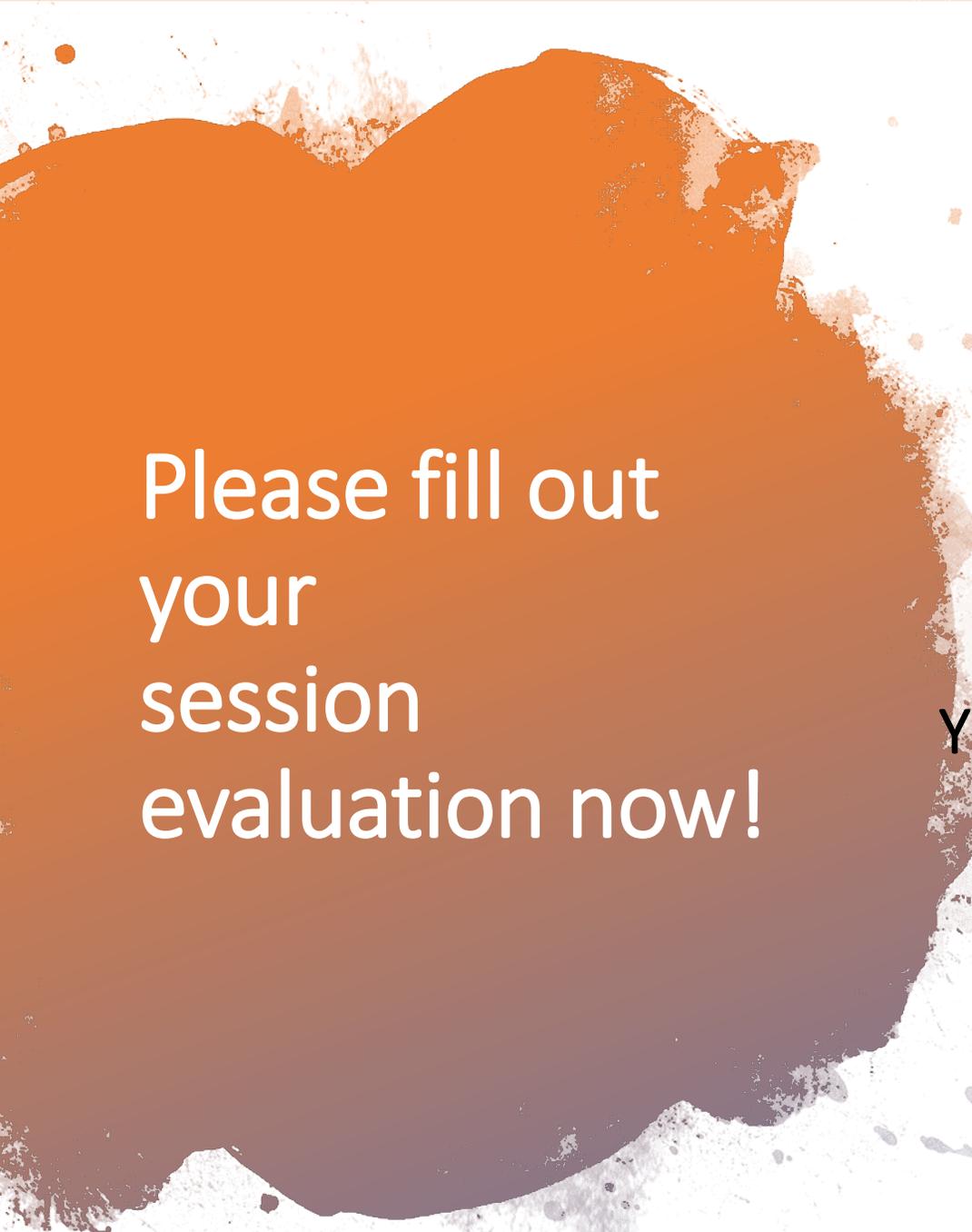


CFHA and SharedCare Annual Conference  
October 19 – 23 , 2021



Save the Date: 2022 Canadian  
Collaborative Mental Health  
Care Conference

Centre des Congrès de Québec  
June 17-18, 2022



Please fill out  
your  
session  
evaluation now!

Complete your session evaluation: ID:K07

**YOUR FEEDBACK IS IMPORTANT TO US!**

# Quick link resources from Dr. Maria Patriquin

- <http://livingwellihc.ca/entries/general/important-concepts-in-collaborative-transformation-> Important conceptualizations in transformation to a collaborative model of primary HC provision.
- <https://www.flipsnack.com/doctorsnovascotia/doctorsns-oct2017/full-view.html?p=1> page 24 Group Medical Visits
- <https://www.flipsnack.com/doctorsnovascotia/doctorsns-sept2017/full-view.html?p=1> The Road to MD; How to survive and thrive in medical school
- [http://livingwellihc.ca/files/documents/LivingWellWinter2016NL\\_1.pdf](http://livingwellihc.ca/files/documents/LivingWellWinter2016NL_1.pdf) Love Begins With the Letter “C”  
<https://www.cfp.ca/content/63/4/306.full>
- <http://livingwellihc.ca/entries/general/the-science-of-habits-dr-maria-patriquin-> The Science of Habits
- Systemic Issues in Mental Health Care Provision , The Coast, Chronicle Herald & Dal News  
<http://livingwellihc.ca/entries/general/systemic-issues-in-mental-health-care-provision-published-as-mind-and-body-june-2017-the-coast-letters->
- <https://www.yourdoctors.ca/blog/health-care/an-investment-that-pays-off-building-mental-wealth> An investment that pays off.  
Building Mental Wealth
- Supporting Primary Care Transformation Tool Kit for Doctors NS <https://doctorsns.com/sites/default/files/2019-01/next-steps/Collaborative-Practice-Tool-Kit2019.pdf>
- <http://livingwellihc.ca/entries/general/systemic-issues-in-mental-health-care-provision-published-as-mind-and-body-june-2017-the-coast-letters->
- [https://www.cfp.ca/news/2020/04/01/3-31?fbclid=IwAR3kchDe7DySTRtJRqmI5sBWzADGXByXdmQiWwGfVkWlbnMa\\_B\\_odGu5b1E](https://www.cfp.ca/news/2020/04/01/3-31?fbclid=IwAR3kchDe7DySTRtJRqmI5sBWzADGXByXdmQiWwGfVkWlbnMa_B_odGu5b1E)
- <https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/CPD/PPT-Slides-FV-Jan-2020.pdf>

Please contact me visit [www.livingwellihc.ca](http://www.livingwellihc.ca) or email [livingwellprograms2176@gmail.com](mailto:livingwellprograms2176@gmail.com) or [kindonpurpose@gmail.com](mailto:kindonpurpose@gmail.com) @kindonpurpose

# More quick link burnout resources

<https://www.cma.ca/physician-health-and-wellness>

<https://www.cma.ca/maintaining-wellness-during-pandemic>

<https://www.cmpa-acpm.ca/en/advice-publications/physician-wellness>

<https://www.youtube.com/watch?v=y5zgJr1s9Aw> cfpc  
video cfpc lemieeres

<https://residentdoctors.ca/areas-of-focus/resiliency/app/>

## **Supporting physician well-being**

We created the CMA Physician Wellness Hub to drive change in the culture of medicine, and promote health and wellness in the medical profession for the benefit of practitioners, the health system and all Canadians. The Hub aims to improve physician wellness individually and at the system level, and to promote a collaborative approach to physician health and well-being. Cma wellness hub.

## **Transforming attitudes, practices and systems to create a positive medical culture**

Healthy, fulfilled physicians perform at a higher level and contribute to better patient outcomes. Yet many doctors, residents and medical students report [burnout](#), [depression](#) and other concerns at some point in their career\* — and countless others stay silent out of fear of stigma. Together, we can do better.

# References

Aggarwal R, Deutsch J, Medina J, Kothari N. Resident Wellness: An Intervention to Decrease Burnout and Increase Resiliency and Happiness. *MedEdPORTAL Publications*. 2017;13. doi:10.15766/mep\_2374-8265.10651.

Arnold J, Tango J, Walker I, et al. An Evidence-based, Longitudinal Curriculum for Resident Physician Wellness: The 2017 Resident Wellness Consensus Summit. *West J Emerg Med*. 2018;19(2):337–341. doi:10.5811/westjem.2017.12.36244.

Aronsson G, Theorell T, Grape T, et al. A systematic review including meta-analysis of work environment and burnout symptoms. *BMC Public Health*. 2017;17(1):264. Published 2017 Mar 16. doi:10.1186/s12889-017-4153-7.

Back AL, Deignan PF, Potter PA. Compassion, Compassion Fatigue, and Burnout: Key Insights for Oncology Professionals. *American Society of Clinical Oncology Educational Book*. 2014;(34). doi:10.14694/edbook\_am.2014.34.e454.

Barbosa P, Raymond G, Zlotnick C, Wilk J, Iii RT, Iii JM. Mindfulness-based stress reduction training is associated with greater empathy and reduced anxiety for graduate healthcare students. *Education for Health*. 2013;26(1):9. doi:10.4103/1357-6283.112794.

Bauernhofer K, Bassa D, Canazei M, et al. Subtypes in clinical burnout patients enrolled in an employee rehabilitation program: differences in burnout profiles, depression, and recovery/resources-stress balance. *BMC Psychiatry*. 2018;18(1):10. Published 2018 Jan 17. doi:10.1186/s12888-018-1589-y.

Bhe ES, Servis ME. Psychotherapist Perspectives on Resident Wellness. *J Grad Med Educ*. 2018;10(5):494–496. doi:10.4300/JGME-D-18-00131.1

Cameron RA, Mazer BL, DeLuca JM, Mohile SG, Epstein RM. In search of compassion: a new taxonomy of compassionate physician behaviours. *Health Expect*. 2015;18(5):1672–1685. doi:10.1111/hex.12160.

Creager J, Coutinho AJ, Peterson LE. Associations Between Burnout and Practice Organization in Family Physicians. *The Annals of Family Medicine*. 2019;17(6):502-509. doi:10.1370/afm.2448.

Dewa CS, Jacobs P, Thanh NX, Loong D. An estimate of the cost of burnout on early retirement and reduction in clinical hours of practicing physicians in Canada. *BMC Health Serv Res*. 2014;14:254. Published: 13 June 2014. doi:10.1186/1472-6963-14-254.

Drummond D. The Burnout Prevention Matrix. The Happy MD. <https://medschool.ucsd.edu/som/hear/resources/Documents/- Burnout Prevention Matrix-V2.pdf>. Published 2012.

Gates M, Wingert A, Featherstone R, Samuels C, Simon C, Dyson MP. Impact of fatigue and insufficient sleep on physician and patient outcomes: a systematic review. *BMJ Open*. 2018;8(9):e021967. Published 2018 Sep 21. doi:10.1136/bmjopen-2018-021967.

Germer CK, Neff KD. Self-Compassion in Clinical Practice. *Journal of Clinical Psychology*. 2013;69(8):856-867. doi:10.1002/jclp.22021.

Gogineni S, Choucair I. Interdisciplinary trust and respect protects patients from changing power dynamics in healthcare. *Clinical Research In Practice: The Journal of Team Hippocrates*. 2019;5(1). doi:10.22237/crp/1549411500.

Gold KJ, Andrew LB, Goldman EB, Schwenk TL. "I would never want to have a mental health diagnosis on my record": A survey of female physicians on mental health diagnosis, treatment, and reporting. *General Hospital Psychiatry*. 2016;43:51-57. doi:10.1016/j.genhosppsy.2016.09.004.

Goldman ML, Bernstein CA, Aggarwal R, Chilton J. APA Wellbeing Ambassador Toolkit. American Psychiatric Association. [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwjps8jO0o7nAhXOLc0KHdUEAXwQFjABegQIBBAB&url=https%3A%2F%2Fwww.psychiatry.org%2Ffile%2520Library%2FPsychiatrists%2FPractice%2FWell-being-and-Burnout%2FAPA-Well-being-Ambassador-Toolkit-Challenges-and-Opportunities.pptx&usg=AOvVaw1mh\\_VFb-QtXh2y6xz6eXKq](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwjps8jO0o7nAhXOLc0KHdUEAXwQFjABegQIBBAB&url=https%3A%2F%2Fwww.psychiatry.org%2Ffile%2520Library%2FPsychiatrists%2FPractice%2FWell-being-and-Burnout%2FAPA-Well-being-Ambassador-Toolkit-Challenges-and-Opportunities.pptx&usg=AOvVaw1mh_VFb-QtXh2y6xz6eXKq). Published December, 2017.

Grinspoon P. Physician burnout can affect your health. Harvard Health Blog. June 2018. <https://www.health.harvard.edu/blog/physician-burnout-can-affect-your-health-2018062214093>.

Hart D, Paetow G, Zarzar R. Does Implementation of a Corporate Wellness Initiative Improve Burnout? *Western Journal of Emergency Medicine*. 2018;20(1):138-144. doi:10.5811/westjem.2018.10.39677.

Knaak S, Mantler E, Szeto A. Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthc Manage Forum*. 2017;30(2):111–116. doi:10.1177/0840470416679413.

Koutsimani P, Montgomery A, Georganta K. The Relationship Between Burnout, Depression, and Anxiety: A Systematic Review and Meta-Analysis. *Front Psychol*. 2019;10:284. Published 2019 Mar 13. doi:10.3389/fpsyg.2019.00284.

Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them: what's the situation among Canadian family physicians?. *Can Fam Physician*. 2008;54(2):234–235.

Linzer M, Poplau S. Building a Sustainable Primary Care Workforce: Where Do We Go from Here? *The Journal of the American Board of Family Medicine*. 2017;30(2): 127-129. doi:10.3122/jabfm.2017.02.170014 .

Locke J, Violante S, Pullmann MD, Kerns SEU, Jungbluth N, Dorsey S. Agreement and Discrepancy Between Supervisor and Clinician Alliance: Associations with Clinicians' Perceptions of Psychological Climate and Emotional Exhaustion. *Adm Policy Ment Health*. 2018;45(3):505–517. doi:10.1007/s10488-017-0841-y.

Lu YK, Qiao YM, Liang X, et al. Reciprocal relationship between psychosocial work stress and quality of life: the role of gender and education from the longitudinal study of the Survey of Health, Ageing and Retirement in Europe. *BMJ Open*. 2019;9(6):e027051. Published 2019 Jun 27. doi:10.1136/bmjopen-2018-027051.

Luberto CM, Wasson RS, Kraemer KM, Sears RW, Hueber C, Cotton S. Feasibility, Acceptability, and Preliminary Effectiveness of a 4-week Mindfulness-Based Cognitive Therapy Protocol for Hospital Employees. *Mindfulness (NY)*. 2017;8(6):1522–1531. doi:10.1007/s12671-017-0718-x.

Mari S, Meyen R, Kim B. Resident-led organizational initiatives to reduce burnout and improve wellness. *BMC Medical Education*. 2019;19(1). doi:10.1186/s12909-019-1756-y.

Matheson C, Robertson HD, Elliott AM, Iversen L, Murchie P. Resilience of primary healthcare professionals working in challenging environments: a focus group study. *British Journal of General Practice*. 2016;66(648):e507–e515. doi:10.3399/bjgp16X685285.

"Medical culture has let us down": Canadian Conference on Physician Health draws more than 300 doctors, students and stakeholders. Canadian Medical Association. <https://www.cma.ca/medical-culture-has-let-us-down-canadian-conference-physician-health-draws-more-300-doctors>. Published October 11, 2019.

Melnick ER, Dyrbye LN, Sinsky CA, et al. The Association Between Perceived Electronic Health Record Usability and Professional Burnout Among US Physicians. *Mayo Clinic Proceedings*. 2019. doi:10.1016/j.mayocp.2019.09.024.

Mohanty A, Kabi A, Mohanty AP. Health problems in healthcare workers: A review. *Journal of Family Medicine and Primary Care*. 2019;8(8):2568–2572. Published 2019 Aug 28. doi:10.4103/jfmprc.jfmprc\_431\_19.

Murali K, Makker V, Lynch J, Banerjee S. From Burnout to Resilience: An Update for Oncologists. *American Society of Clinical Oncology Educational Book*. 2018;(38):862-872. doi:10.1200/edbk\_201023.

Orellana-Rios CL, Radbruch L, Kern M, et al. Mindfulness and compassion-oriented practices at work reduce distress and enhance self-care of palliative care teams: a mixed-method evaluation of an "on the job" program. *BMC Palliat Care*. 2017;17(1):3. Published 2017 Jul 6. doi:10.1186/s12904-017-0219-7.

Ozeke O, Ozeke V, Coskun O, Budakoglu II. Second victims in health care: current perspectives. *Advances in Medical Education and Practice*. 2019;10:593–603. Published 2019 Aug 12. doi:10.2147/AMEP.S185912.

Patel RS, Sekhri S, Bhimanadham NN, Imran S, Hossain S. A Review on Strategies to Manage Physician Burnout. *Cureus*. 2019;11(6): e4805. doi:10.7759/cureus.4805.

Roberts DL, Cannon KJ, Wellik KE, Wu Q, Budavari AI. Physician Burnout Meta-analysis. *J. Hosp. Med*. 2013;11:653-664. Published 25 October 2013. doi:10.1002/jhm.2093.

Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being. *Mayo Clinic Proceedings*. 2017;92(1):129-146. doi:10.1016/j.mayocp.2016.10.004.

Sheurer D, Quinn R. Burnout: No laughing matter. *The Hospitalist*. <https://www.the-hospitalist.org/hospitalist/article/130608/mental-health/burnout-no-laughing-matter>. Published September 14, 2018.

Singer T, Klimecki OM. Empathy and compassion. *Current Biology*. 2014;24(18). doi:10.1016/j.cub.2014.06.054.

Singh T. Physician burnout causes, consequences, and solutions. *General Medicine: Open Access*. 2018;06. doi:10.4172/2327-5146-c1-001.

Train K, April K. Compassion in Organizations: Cause for Concern or Distress. *Academy of Taiwan Business Management Review*. 2013;9(3):25-41.

Tucker T, Bouvette M, Daly S, Grassau P. Finding the sweet spot: Developing, implementing and evaluating a burn out and compassion fatigue intervention for third year medical trainees. *Evaluation and Program Planning*. 2017;65:106-112. doi:10.1016/j.evalprogplan.2017.07.006.

Ulrich CM, Grady C. Moral Distress and Moral Strength Among Clinicians in Health Care Systems: A Call for Research. *National Academy of Medicine*. <https://nam.edu/moral-distress-and-moral-strength-among-clinicians-in-health-care-systems/>. Published December 11, 2019.

Verweij H, Waumans RC, Smeijers D, et al. Mindfulness-based stress reduction for GPs: results of a controlled mixed methods pilot study in Dutch primary care. *British Journal of General Practice*. 2016;66(643):e99–e105. doi:10.3399/bjgp16X683497.

Wiederhold BK, Cipresso P, Pizzioli D, Wiederhold M, Riva G. Intervention for Physician Burnout: A Systematic Review. *Open Med (Wars)*. 2018;13:253–263. Published 2018 Jul 4. doi:10.1515/med-2018-0039.

Yuguero O, Marsal JR, Buti M, Esquerda M, Soler-González J. Descriptive study of association between quality of care and empathy and burnout in primary care. *BMC Med Ethics*. 2017;18(1):54. Published 2017 Sep 26. doi:10.1186/s12910-017-0214-9.

Yuguero O, Melnick ER, Marsal JR, Esquerda M, Soler-Gonzalez J. Cross-sectional study of the association between healthcare professionals' empathy and burnout and the number of annual primary care visits per patient under their care in Spain. *BMJ Open*. 2018;8(7):e020949. Published 2018 Jul 30. doi:10.1136/bmjopen-2017-020949.

<https://www.medscape.com/viewarticle/927859> <https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/>

# Covid specific references

<https://doi.org/10.1371/journal.pone.0238217>

<https://www.healthing.ca/diseases-and-conditions/coronavirus/doctors-brace-for-fourth-wave-of-the-pandemic>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238217>

<https://www.ama-assn.org/practice-management/physician-health/how-pandemic-casts-physician-burnout-new-light>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>

<https://www.canada.ca/en/government/publicservice/covid-19/covid-19-mental-health-work.html>

<https://residentdoctors.ca/areas-of-focus/resiliency/app/>

<https://www.cma.ca/maintaining-wellness-during-pandemic>

<https://www.statnews.com/2019/07/26/moral-injury-burnout-medicine-lessons-learned/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7250786/>

<https://pmj.bmj.com/content/96/1136/367>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7106065/>

<https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobia-worldwide>

[https://www.ama-assn.org/practice-management/physician-health/how-pandemic-casts-physician-burnout-new-light?gclid=Cj0KCQjw8fr7BRDSARIsAK0Qqr765RQPsXpPrbNBSnzQ-zmm3FuBwMrY76SGit-ulYarjMRdKeBDsmgaArNMEALw\\_wcB](https://www.ama-assn.org/practice-management/physician-health/how-pandemic-casts-physician-burnout-new-light?gclid=Cj0KCQjw8fr7BRDSARIsAK0Qqr765RQPsXpPrbNBSnzQ-zmm3FuBwMrY76SGit-ulYarjMRdKeBDsmgaArNMEALw_wcB)

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

## Collaborative Care Journal Articles

- Academic family health teams: Part 2: patient perceptions of access. Carroll JC; Talbot Y; Permaul J; Tobin A; Moineddin R; Blaine S; Bloom J; Butt D; Kay K; Telner D. Canadian Family Physician. 62(1):e31-9, 2016 Jan.
- Impact of a Patient-Centered Medical Home Pilot on Utilization, Quality, and Costs and Variation in Medical Homeness. Flieger SP. Journal of Ambulatory Care Management. 40(3):228-237, 2017 Jul/Sep.
- Academic family health teams: Part 1: patient perceptions of core primary care domains. Carroll JC; Talbot Y; Permaul J; Tobin A; Moineddin R; Blaine S; Bloom J; Butt D; Kay K; Telner D. Canadian Family Physician. 62(1):e23-30, 2016 Jan.
- Cost of Transformation among Primary Care Practices Participating in a Medical Home Pilot. Martsof GR; Kandrack R; Gabbay RA; Friedberg MW. Journal of General Internal Medicine. 31(7):723-31, 2016 07.
- Advantages and Disadvantages of the Patient-Centered Medical Home: A Critical Analysis and Lessons Learned. Budgen J; Cantiello J. Health Care Manager. 36(4):357-363, 2017 Oct/Dec.
- Cost-effectiveness of on-site versus off-site collaborative care for depression in rural FQHCs. Pyne JM; Fortney JC; Mouden S; Lu L; Hudson TJ; Mittal D. Psychiatric Services. 66(5):491-9, 2015 May 01.
- The relationships of physician practice characteristics to quality of care and costs. Kralewski J; Dowd B; Knutson D; Tong J; Savage M. Health Services Research. 50(3):710-29, 2015 Jun.
- Does enrollment in multidisciplinary team-based primary care practice improve adherence to guideline-recommended processes of care? Quebec's Family Medicine Groups, 2002-2010.
- Diop M; Fiset-Laniel J; Provost S; Tousignant P; Borges Da Silva R; Ouimet MJ; Latimer E; Strumpf E. Health Policy. 121(4):378-388, 2017 Apr.

# Useful links to collaborative resources & tools

- “A National Interprofessional Competency Framework.” CIHC, CIHC, Feb. 2010, [www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf).
- “ACHIEVING PATIENT-CENTRED COLLABORATIVE CARE.” CMA, Association [library/document/en/PD08-02-e.pdf](http://library/document/en/PD08-02-e.pdf).
- N Kates, MBBS, FRCPC, MCFP; G Mazowita, MD, CCFP, FCFP; F Lemire, MD, CCFP, FCFP; A Jayabarathan, MD, FCFP; R Bland, MB, ChB, FRCPC, FRCPsych; P Selby, MBBS, CCFP, MHSe; T Isomura, MD, FRCPC; M Craven, MD, PhD, CCFP; M Gervais, MD, FRCPC, MBA; D Audet, MD, MCMF. “The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future.” *The Canadian Journal of Psychiatry*, Vol 56, No 5, The College of Family Physicians of Canada, Aug. 2010, [www.shared-care.ca/files/2011\\_Position\\_Paper.pdf](http://www.shared-care.ca/files/2011_Position_Paper.pdf).
- “The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care.” CFPC, EICPHC, 22 Sept. 2005, [www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Health\\_Professionals/EICP-Principles\\_Framework\\_05.pdf](http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/EICP-Principles_Framework_05.pdf).
- Collaborator Role Working Group. *Collaborating to Improve Care: A Practical Guide for Family Medicine Teachers and Learners—The CanMEDS-FM Collaborator Role*. Mississauga, ON: The College of Family Physicians of Canada; 2017. <https://www.cfpc.ca/uploadedFiles/Education/Collaborator-guide.pdf>
- Sieber, W. J., Miller, B. F., Kessler, R. S., Patterson, J. E., Kallenberg, G. A., Edwards, T. M., & Lister, Z. D. (2012). Establishing the Collaborative Care Research Network (CCRN): A description of initial participating sites. *Families, Systems, & Health*, 30(3), 210-223. <http://dx.doi.org/10.1037/a0029637>
- Frank JR, Brien S, (Editors) on behalf of The Safety Competencies Steering Committee. *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*. Ottawa, ON: Canadian Patient Safety Institute; 2008. [www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf](http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf)
- A National Interprofessional Competency Framework February 2010 FROM cihr [http://www.cihc.ca/files/CIHC\\_IPCompetenciesShort\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetenciesShort_Feb1210.pdf)
- Canadian Nurses Association Tools for Practice <https://www.cna-aiic.ca/en/nursing-practice/tools-for-practice/primary-care-toolkit/build-collaborative-teams>
- Canadian Foundation for Health Care Improvement <https://www.cfhi-fcass.ca/WhatWeDo/extra/improvement-projects/Cohorts/2011EXTRACompetitionResults/project18>
- The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care [https://www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Health\\_Professionals/EICP-Principles\\_Framework\\_05.pdf](https://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/EICP-Principles_Framework_05.pdf)
- ENHANCING INTERDISCIPLINARY COLLAB IN PRIMARY CARE <https://www.cfpc.ca/uploadedFiles/Education/Collaborator-guide.pdf>
- Collaborating to Improve Care: A Practical Guide for Family Medicine Teachers and Learners The CanMEDS-FM Collaborator Role <https://www.cfpc.ca/uploadedFiles/Education/Collaborator-guide.pdfhttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC3549693/>
- A National Interprofessional Competency Framework February 2010 FROM CIHR [http://www.cihc.ca/files/CIHC\\_IPCompetenciesShort\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetenciesShort_Feb1210.pdf)