The Quest for Quality Improvement:
GOING FOR GOLD THROUGH MEDICAL EDUCATION

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WELCOME
No More Lonely Heroes: Learner Wellness through Collaboration

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Disclosure Statement

I have no actual or potential conflict of interest in relation to this presentation.
What are we going to talk about?

• The ‘lonely hero’ syndrome
• How feedback from colleagues can change behaviour
• Strategies to develop a safe, healthy and collaborative culture
Audience Participation

Who is your favorite fictional doctor?
Text to: 37607
Message: 97934 and Response
Visit: meded.ubermeetings.com
The ‘Lonely Hero’ Syndrome

- Sets high standards
- Passionate about ‘my’ patient
- Personal sacrifice
- Belief in own invulnerability to stress and fatigue
- Intolerant of criticism
- Contempt for systems
  – and for the people who try to run them
Good Teams Promote Wellness

- Clarity of roles and goals
- Distributed workload
- Responsibility shared
- Each member valued
- Support in uncertainty
- Fewer errors, better care
So how do we encourage collaboration?
360 Feedback: An Intervention that can Produce Change
360 Survey Feedback Protocol

1. Learner scores him/herself
2. Peers rate the learner
3. Feedback report
4. Debriefing & goal-setting
Who’s using PULSE 360° Feedback to Improve Collaboration?

PULSE 360 Survey Database
70,000+ Surveys of:
4000+ Physicians & Learners

Medical Students (1,758)
Trainees (104)
Physicians (2,000+)
Healthcare Professionals (250+)
1. Treats team members with respect
2. Is open to suggestions
3. Remains approachable, even when stressed out
4. Handles difficult team members effectively, fairly, productively
5. Responds to conflict by trying to work out solutions
6. Admits when wrong
### 2. Discouraging Behaviors/Impact

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Snaps at others when frustrated</td>
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<tr>
<td>2.</td>
<td>Talks down to team members</td>
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<tr>
<td>3.</td>
<td>Arrogantly demands things be done their way, not saying why</td>
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<td>4.</td>
<td>Gets sarcastic or angry when asked important questions</td>
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<td>5.</td>
<td>Overreacts and defensive to suggestions</td>
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<tr>
<td>6.</td>
<td>Overreacts emotionally when little things go wrong</td>
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<td>Comment Questions</td>
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<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1. What would you like this Person to <strong>START</strong> doing?</td>
<td></td>
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<tr>
<td>Being on time.</td>
<td></td>
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<tr>
<td>Talking more.</td>
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<tr>
<td>2. What would you like this Person to <strong>STOP</strong> doing?</td>
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<tr>
<td>Running so late.</td>
<td></td>
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<tr>
<td>Being so quiet.</td>
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<tr>
<td>3. What would you like this Person to <strong>KEEP</strong> doing?</td>
<td></td>
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<tr>
<td>Caring so much.</td>
<td></td>
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<tr>
<td>Being a smart student.</td>
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Purpose of 360° Feedback?

1. Compare their own self-perception, with how others see them
2. Learn how to give & receive feedback
3. Acknowledge strengths as well as any opportunities for development
4. Reinforce the institution’s values
5. Provide reinforcement for growth
6. You can’t change what you don’t know!
YOU wrote that you would like to STOP:

1. Being a pessimist.

OTHERS would like you to STOP:

1. Acting angrily.
2. Appearing annoyed.
3. Appearing rushed.
4. Asking for specific people when the whole team is capable of helping you.
5. Assuming because someone asks a question that they are stupid.
6. Becoming distracted with dictating to others.
7. Being accusatory.
8. Being anxious.
10. Being critical of others.
11. Being demanding – we’re working as fast as we can.
12. Being disrespectful to others.
Text to: 37607
Message: 99458 and Response

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**DISRUPTIVE BEHAVIORS (Lower Preferred)**

- 2a. Passive Aggressive
- 2b. Resilient
- 2c. Negativity
- 2d. Defensiveness
- 2e. Arrogance
- 2f. Poor Anger Management
- 2g. Perfectionistic Overreaction
- 2h. Severe Verbal Anger
- 2i. Harasses Others
- 2j. Discrimination
- 2k. Harasses Behavior
- 2l. Physical Anger

Legend:
- a. Self Rating
- b. FBUIR Nurses & Midwives
- c. Supervisors/Mgmt. - Hosp.
- d. Physicians - OB/GYN & Anesthesiologists

Dr. P. at Baseline

Dr. P. at Follow-up #1 (3 months later)

Dr. P. at Follow-up (3 years later)
Can discouraging behaviors be reduced?

Can collaboration skills improve?
Gap in Self vs. Other's Ratings in Relation to Overall Teamwork Index Scores

** Significantly Different than the 4 Other Profiles at p<.01**
## Most Improved Motivating & Disruptive Behaviors from Years 1-3

<table>
<thead>
<tr>
<th>Motivating Behaviors (Higher Preferred)</th>
<th>%Change</th>
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<tbody>
<tr>
<td>Shares ideas openly in discussions or meetings</td>
<td>+7.5%</td>
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<tr>
<td>Keeps team members informed about important information</td>
<td>+7.3%</td>
</tr>
<tr>
<td>Communicates clear requests, explanations and expectations</td>
<td>+7.1%</td>
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<table>
<thead>
<tr>
<th>Discouraging Behaviors (Lower Preferred)</th>
<th>%Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selectively informs only &quot;favorites&quot; of important information</td>
<td>-7.7%</td>
</tr>
<tr>
<td>Unfairly &quot;badmouths&quot; the facility, unit or colleagues</td>
<td>-5.5%</td>
</tr>
<tr>
<td>Criticizes certain team members, behind their back</td>
<td>-5.3%</td>
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</table>
Can discouraging behaviors be reduced?

Can collaboration skills improve?
Collaboration Skills Improvement after PULSE 360 Survey Feedback

†NORMAL PHYSICIANS
(N = 807 Physicians, 10,956 Ratings)

†ROUGH EDGES
(Physicians referred because of Behavior Complaints)
(N = 327 Physicians, 12,661 Ratings)

1134 Physicians received 360 feedback from 23,617 Ratings between 2000-2010

**At baseline both groups differ significantly at p < .01. *Values for Discouraging Physicians differ significantly from baseline at p < .01
† # of Physician subjects varies after baseline at each time period because not all Physicians received follow-ups
"Rough Edges"

Top 5 Motivating Behaviors that Improved in the First 3 mos.

1. Understands how his/her behavior impacts others (+23.9%)
2. Remains approachable, even when stressed out (+17.3%)
3. Responds to conflict by trying to work out solutions (+16.3%)
4. Points out mistakes in a respectful and helpful way (+15.9%)
5. Treats team members with respect (+14.0%)
“Rough Edges”

Motivating Impact

Improvement in the First 3 mos.

1. Behaves in a way which encourages team members' best work  (+17.3%)

2. Motivates team members to work hard  (+12.9%)
Medical Care at Night –
A Risky Business for the Health
of Doctor and Patient Alike
The Trouble with Night Work

- Night shift work is associated with poor sleep
- Sleep deprivation is associated with error
- Learners’ health suffers
- Accident rates go up
- Social isolation results
‘It’s not just the mistakes. At three in the morning, thoroughly exhausted and a little confused, we are more likely to hate than love our patients. This trickles through the medical profession as a nasty sort of cynicism, an impatience with the world and other humans, and all sorts of unfortunate emotional reactions that are ironically accentuated by our medical education.’

Canadian surgical resident, July 2010
‘Hospital at Night’ Teamwork

• Multi-professional ‘night team’
• Team leader co-ordinates
• Team members have specified skills
• Team task - to meet urgent needs of patients during the night
• Briefing and debriefing led by senior doctors

‘Hospital at Night’
Launched 1998
Widely implemented across UK 2005-2009
Guy's & St Thomas's 2003-2008

Quarterly Hospital Deaths

H@N introduced
H@D&N introduced
Impact on Learner Wellness
(UK National Trainee Survey)

2006 vs 2012 surveys

- Fewer reports of sleep deprivation
- Improved satisfaction with training
- Fewer complaints about bullying
- Fewer reports of stress

Sleep deprivation/feeling bullied

How often has your current working pattern left you feeling short of sleep when at work?

% feeling bullied

% reporting sleep deprivation
NW London Integrated Care Pilot

- Patients at the centre – empowered and informed
- Professionals, services and organizations working together
- Proactive care - assessing risk, moving interventions upstream

- Improving
  - Patient experience, safety and outcomes
  - Professional experience
  - Cost-effectiveness
Why does it have to be so hard?
Individual brilliance is not enough. Patients want their care to be co-ordinated.
• We teach learners very well how to look after the patient in front of them.
• We fail totally to teach them how to look after the system of care.

Fiona Moss 2010
Audience Question

• Are you engaged in some form of system reform at present?  y/n

• Have you engaged patients in the design?  y/n

• Have you engaged learners in the design?  y/n
Pathway Simulation
Pathway Simulation

Patient and Learner Participation

- Family doctor
- Ambulance
- Ward
- Imaging
- Social care
Pathway Simulation (Roger Kneebone 2012)
Learning about the patient experience, ethics and confidentiality
Learning about communication, compassion and collaboration in context
Engaged and challenged, not stressed

- Comfort Zone
- Learning Zone
- Panic Zone

From Peter Hawkins
Interventions that Support a Collaborative Culture

• 360 degree feedback
• Working and learning in multi-professional teams
• Sharing performance data and responsibility for improving performance
• Exposure to the whole patient pathway, for real and through simulation
• Learning to work with patients as partners
Learner’s insecurities often blown out of proportion when sleep deprived.

Learner’s perception that to succeed you have to prove to your team that you can do it on your own.

Learner’s perception that not asking questions shows strength.

The Challenges from a Learner’s Perspective
Teamwork is Knowing Somebody is Keeping an Eye on You...
See You in 2014!

Ottawa, Ontario, Canada

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