Learning for resilience in professional practice

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Why learning for resilience matters for health professionals

1. **Nature of medical work inherently stressful** – workload, complexity, uncertainty, personal responsibility, negative outcomes happen

2. **Health professionals are at risk of same things as their patients** – this includes becoming stressed, being exposed to infective conditions, and suffering any acute/chronic condition

3. **Also risk of aggression as frontline of ‘failures of system’** – both from patients and between staff members

4. **Risk can be predicted** – particularly with system stressors (workload, adverse events), stage of career, and gender

5. **Training, relationships, insight, and workplace culture can mediate risks**
It could be you / me….

- 27%+ UK doctors show significant stress
- 7% substance misuse lifetime prevalence
- Doctors have a higher suicide rate than the general population
- Sickness absence costs the NHS £1.7 billion a year
- High rates of addiction and non-psychotic mental health problems compared to other professions e.g. law / teaching

Different patterns in men and women
Burnout amongst female physicians

Young female doctors, mental health, and the NHS working environment

Authors: Clare Gerada, Richard Jones, Alex Wessely

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Increasing numbers of young female doctors are seeking treatment for mental health problems. Clare Gerada and colleagues discuss why this might be and how the NHS working environment may need to change in response.

Figure 3: Suicidal ideation by gender in doctors, the Australian population and other professionals prior to the previous 12 months

Source: Australian National Mental Health Survey of Doctors and Medical students, 2013
Resilience

1. ‘The ability to succeed, to live, and to develop in a positive way ... despite stress or adversity that would normally involve the real possibility of a negative outcome’.

2. ‘the ability to maintain a healthy trajectory in spite of adverse events and conditions’

A.k.a. – the bounce back factor!
RESILIENCE

Construct
– ‘5Cs and an M’!
• Confidence (self-efficacy)
• Co-ordination (planning)
• Control
• Composure (low anxiety)
• Commitment (persistence)
• Make adversity meaningful

Individual characteristics
• Ability to engage with and utilise others for own support and development
• Manages negative emotions
• Asserts influence but accepts external controls
• Learns from past experience
• Seeks and uses supportive environmental factors
• Practises the use of protective factors

*note this is goal – free: outputs need agreeing too!
Resilience, curriculum, and learning

**WHAT** do your students learn? – ‘big difficult’ e.g. ethical dilemmas, risks to personnel health, causes of error...

**HOW** do they learn? – building up exposure to difficulties, simulations, leading teams, increasing autonomy ... feedback on resilience...

**WHO** do they learn from – role models, diverse patients, each other, specific reflection on challenges...

**WHERE** they learn – in work settings, in communities, practice exchanges / cross sector

**WHY** – explicit professionalism development, health protection, & personal outcomes

**WHEN** – all through *but particularly in transitions*
Developing resilience in training

- **Enhance self – efficacy** – teach and practise coping with stress, give people meaningful tasks and feedback, show them that persistence pays off
- **Mentoring / tutoring** – focus on planning, managing anxiety, longer term goals and feedback on the 5Cs
- **Reflective practice** – useful to discuss resilience
- **Design graded challenges** – building resilience over time through increasing complexity of tasks
- **Individual motivation** – allow some choice, control and autonomy
- **Role models** – choose resilient individuals and show how it isn’t easy!

Psychological aspects of developing resilience

1. Select people who already show some interpersonal strengths that can be built on in training: autonomy, resilience, team orientation and self-questioning
2. ‘Hold’ them while giving them challenges. Make sure they are known as people, that they receive some tutor or mentor continuity over time, and that they are given feedback on how they perform as they develop
3. Make them reflect on themselves and on how they work in teams and with patients, and on what their strengths and weaknesses are
4. Make them think: about professional challenges, difficult relationships, where things go wrong, what they could do differently
5. Provide regular supervision on clinical cases in which they can discuss complex needs generated by doctor-patient relationships, transference and counter-transference, and the emotional burden of caring
When is resilience at risk?

Life transitions / losses
- Becoming a parent / carer
- Bereavements and relationship breakdowns
- Societal disruptions, other causes of loss of ‘control’
- Moving home or country
- Dis appointments / failures / errors – loss of self-esteem
- Bullying / harassment – also a threat to ‘self’
- Health problems, injuries…
- Unresolvable conflicts e.g. work and home tensions

Exacerbating factors
- Personality
- Prior experiences
- Personal expectations of self
- Culture / expectations of others
- Core needs (sleep, money, food…) not being met
- Acute and chronic uncertainty
- Excessive demands – workload, complexity
- Other?
Implications

- Students have predictable threats to their resilience
- Explicit training and advice to the cohort can help
- Pastoral care – availability and uptake – important
- Rulings on extenuating circumstances - regulations balanced with compassion?
- Try to avoid / make an early diagnosis in / ‘spirals of decline’ - personal continuity with a tutor can help with insight and effective advice
- Occupational health services that are responsive
- Tutors need to understand resilience literature too!
Thank you!
Discuss – how you learn / teach resilience here …
Resilience – prevention and remediation

• A second year student has 7 absences in semester 1 and is noticed to be disengaged in group work – tutor investigation reveals possible depression due to a recent breakup of a longstanding relationship, and also some other health issues

• An international student repeatedly expresses distress and discontent at the strict attendance code because it does not allow flexibility to practise his usual faith routines nor to allow midterm trips home

• A third year student who has failed a number of summative assessments and already intercalated once becomes anxious and is clearly underperforming both in skills sessions and PBL

• A fourth year student is a witness to a failed resuscitation in A&E when a family is brought in following a major RTA – she receives counselling and debrief after the incident but seeks out a tutor 4 weeks later to discuss her continuing concerns…
Some suggestions

- Personal tutor, alternative tutor, expert tutor ….
- Ethics and professionalism – guidelines and principles
- Psychology teaching – stress, coping, time management, trauma and bereavement
- Future proofing – demands of organisations vs. self care and autonomy
- Negotiating skills and mutual flexibility
- Follow up
- Extenuating circumstances and authorised absence
- Other?