A Menu of Resiliency Tools
Ideas from all over compiled by George Dreher, MD June 2015

Seek Those Who Are Resilient

- What persons / what organization do I know who are resilient?
- Find out what makes them so.
- Repeat until you find a menu of items which work for you / in your organization.
- Incorporate them one at a time

Individual Options

1. Individual resilience practices
   a. Speak up before burned-out / asking for help when needed
   b. Meaningful leisure time activities / scheduled work time-outs
   c. Exercise / nutrition / Yoga / adequate sleep
   d. Contact with colleagues / find a mentor
   e. Cultivation of relationships with family and friends
   f. Acknowledgement of uncertainty / use errors to learn
      a. Clear personal boundaries / Limiting the culture of endurance
      b. Building professionalism (self-education/teaching)
   c. Self-organization
   d. Personal reflection / awareness
      i. Attention training through MBSR / Mindful Practice courses
      ii. Journaling
      iii. Balint Groups
      iv. Gratitude practice
   e. Spiritual practices
   f. Consider part-time work in other aspects of the world of medicine
   g. Improving skills in communications / conflict resolution
   h. Aligning Values and finding Meaning in Medicine
      i. Acknowledging moral distress
      ii. Clarifying values and considering workplace resonances or dissonances
      iii. Dialogue with administration on increasing the resonance
   i. Seeking passion in work 20% of the time
   j. Maintain other personal support systems
      i. Formal (support groups / therapy / spiritual communities)
      ii. Informal (life partner / family / community volunteer …)
   k. Increasing Peer-to-Peer connection
      i. Balint / practice processing group
      ii. Case conferences
      iii. Socializing
      iv. Curbside consults / sharing offices
      v. Have a trusted colleague or two along
      vi. Be mentored / mentor others
      vii. Be involved in team efforts
      viii. Find/build a “connection place” = time with peers
   l. Increasing team work / delegating
   m. Random Acts of Kindness
2. **Individual useful attitudes**
   a. Realism & acceptance
   b. Self-awareness / evaluation of life experience
   c. Recognizing when change is necessary
   d. Appreciate the good things / gratitude

3. **Workplace related collaborative programs**
   a. Gratification in personal interactions
   b. Gratification in professional mastery & meaning
   c. Autonomy to improve the downsides of job

4. **Three Keys to Employee Satisfaction** (D Pink, Drive)
   a. **Autonomy** promotes creative & self-driven work often better than pure $ rewards
      Opportunities for autonomy over:
      1. Task (what they do)
      2. Time (when they do it)
      3. Team (Who they do it with)
      4. Technique (how they do it)
   b. **Mastery** promotes “flow” = challenges matched to abilities
      i. Promote providers abilities as improvable
      ii. Acceptance of this as continual journey rather than set goal = requires “grit”
      iii. Opportunities for focused effort/practice
      iv. A mover from compliance towards engagement
   c. **Purpose / Values**
      i. Profit/margin as mutually supporting purpose maximization:
         1. Goal of using profit to support purpose
         2. Goals/mission/actions which go beyond organizations self-interest
         3. Policies which allow providers to pursue their sense of purpose in daily work

**Administrative Options**

5. Understand provider core drive to provide the best care to their patients
6. Awareness of signs & symptoms of burnout
   a. Clear message you desire to prevent / tx it
   b. Encourage wellness efforts
   c. Encourage attending peer educational conferences
   d. Intervene when provider exhibits sx
   e. Promote civility & collegiality
7. Measure and act on satisfaction /engagement indices – one domain at a time
8. Stay in touch (making provider/staff rounds)
9. Reward & recognize
10. Provide staff training in:
    a. Leadership / management skills
    b. Efficient/clear communication
    c. Conflict resolution
11. Supporting providers skill development & transitions (Ex: through new hire scheduled mentoring and integration)
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12. Find means to reconnect providers to tasks they are passionate about
   a. 20% of their work time is spent on something particularly meaningful / rewarding to them
13. Educating organizations (including Boards) of the importance of building resiliency
14. Limiting the culture of endurance / isolation
   a. By management example
   b. Providing provider support during high stress / times of crisis
      i. Mandated debriefs day after adverse event or
      ii. Voluntary Peer-to-Peer support program for adverse events
15. Supporting providers self-care / self-generated resiliency
16. Supporting team self-generated resiliency
17. Promoting collaborative pathways towards mastery / autonomy / common purpose & values (see above)
18. Improving communications / conflict resolutions
19. Supporting those who wish to work part-time & flexible employment to match individual needs (for example parents of young children & older providers)
20. Providing opportunities for Peer-to-Peer connections
21. All incoming providers / residents privately take screening tests and offered resources if outside the healthy ranges
22. Coaching & mentorship program
23. Changing call schedules to allow overlap of those on call (Hospitalists)

Collaborative Workplace Options

24. Leadership support (Mindful Leadership course)
25. Leaders modeling self-care (go home on time / no 2 a.m. e-mails …)
26. Reducing tedium / metrics & EHR frustrations (Scribes)
27. Training in interpersonal competency (communication / conflict resolution)
28. Peer connection/counseling/coaching & mentoring
   a. New hire orientation & support
   b. Focused support for those in crisis
   c. Ongoing support / assistance as needed by any provider
29. Collaborative problem solving
30. Resilience training (Yoga, Balient Gp., MBSR, (+) Psych training …)
31. Team & Techno-work (Sinsky Finding the Joy In Practice Ann Fm Med 2013)
32. Ongoing evaluation and innovation
   a. (Dunn P M Meeting the Imperative to Improve Physician Well-Being J Gen Intern Med 2007)
33. Changing the internal workings of practices
   a. Techno-efficiency
   b. Team work / delegation of administrative & algorithm tasks
Ongoing collaborative evaluation & innovation

34. Committee of both providers from all major team positions and administrators
   a. Approaching the concerns as Symptoms => exam => labs (surveys etc.) => treatment => re-evaluate
   b. A standing committee considering / discussing / reviewing / coordinating efforts
35. Networking / collaboration with others in the region
36. Consider the needs of the medical family
37. Statewide resilience network supported by providers / malpractice insurers / hospital staffs

Workplace Examples

38. Brigham & Women’s Hospital Center for Professionalism & Peer Support
39. Cleveland Clinic Coaching & Mentorship program
41. South Australia primary care based check-up program to evaluate well-being & provide prevention care => malpractice insurance discounts.
42. On-site gym / yoga / mindfulness classes
43. Mayo Clinic Balkent / cross-professions support groups
44. MMC Medical Staff Provider Health & Resilience Committee & Peer Support program

General & Useful References:
Physician Burnout: Preparing for a Perfect Storm StuderGroup C-suite bulletin Feb 2012
Zwack, J Resilience Strategies of Experienced Physicians Acad. Med. 88: 382
Sinsky Finding the Joy In Practice Ann Fm Med 2013
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