

Resilience

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Aims of the session

- To identify early warning signs
- To consider underlying causes
- To consider how to support a doctor with poor resilience
- To look at strategies and resources which might help

What are we trying to do?

- Help appraisees:

deal with uncertainty

deal with complexity

avoid feeling overwhelmed

What is Resilience?

- The ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment, and continue to move on in a positive manner
Jackson et al 2007
- Can be *learnt*
- “Do not judge me by my successes, judge me by how many times I fall down and get back up again” Nelson Mandela



Attributes of a resilient person

- Accepts there are challenges in life
- Adapts more quickly to change
- High frustration tolerance
- Realistically optimistic
- A sense of humour
- Sense of perspective
- Low anxiety
- Self acceptance
- Self belief
- Altruism

How does personality affect resilience?



Wanted – medical staff

**High academic achievers only
with strong perfectionist and
self-critical traits preferred.**

Successful candidates will have had:
5+ years training in party-fuelled
student culture followed by sleep
deprivation and long hours in their
twenties; regular exposure to death,
loss and human misfortune; never-
ending exams and lifelong study;
constant onerous responsibility for
other people's health and wellbeing;
strict, hierarchical, conservative training
with a hint of bullying and intimidation.

Easy access to pharmaceuticals.

How does personality affect resilience?

How do changing circumstances affect people's ability to cope?

RCP

Access to water

Rota gaps

Lack of capacity

Administrative burden 'Tick-box' learning

Extra hours

Access to consultants

Disjointed training

Medical hierarchy

Stress and morale

Access to food

Induction

Team working

Open culture

Space to rest, study and reflect

Mental and physical health

The King's Fund

Feeling valued.

No slack in the system.

Staff shortages.

Over-centralisation.

Working environment.

Job satisfaction.

Resources and pay.

Recognition and good treatment.

Personality traits v State

Set by age 30

changes – effect of being
overworked/relaxed?

Conscientiousness

Neuroticism

Extraversion

Agreeableness

Open to experience

Perfectionism

- Healthy –useful, driver of high quality care
- Unhealthy – dysfunctional, for individual, team and patients
- Cultural and societal issues – Generation Snowflake??
- Perfectionism is a common trait in doctors with resilience problems



Self reliant

Extremely hard-working

Adaptable and resourceful

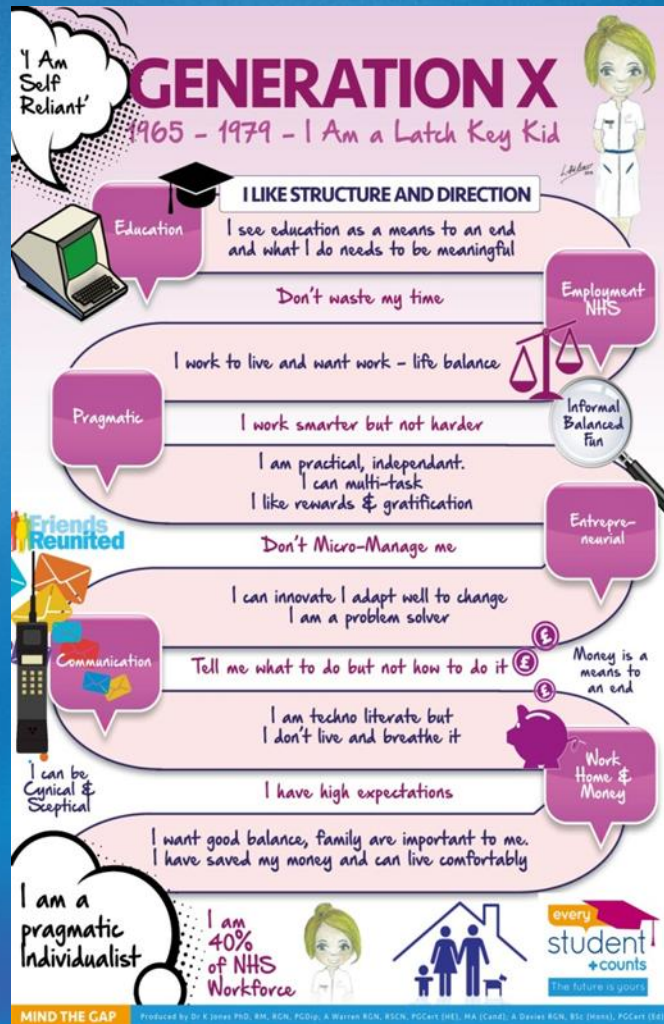
Idealistic and competitive

Rebellious tendency –not afraid to challenge

Motivated and driven by career progression

Define self-worth by work and accomplishments

Imbalance between work and family



Highly educated, able to problem solve and multi-task

Prefer structure and direction

Practical, independent self-reliant

Work for own gratification, own personal achievements and rewards

Entrepreneurial traits, innovative and adapt well to change

Loyal to careers and employers

Do not respond to micro-management

Gen Y
1980-1994 (21-35yrs
old)

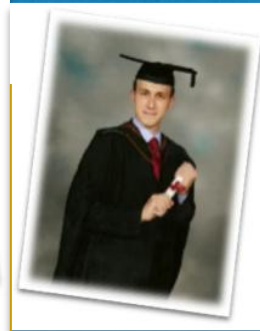


Nurtured



Feedback
Recognition
(Team-
player)

Taught to
question
everything



Ambitious
Career-
motivated
- expect
support
to achieve

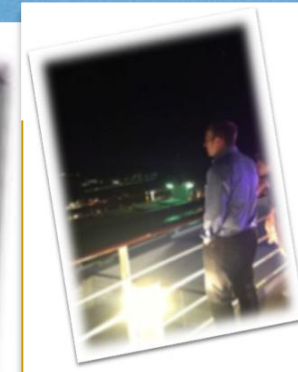
Less
bound to
role or
employer



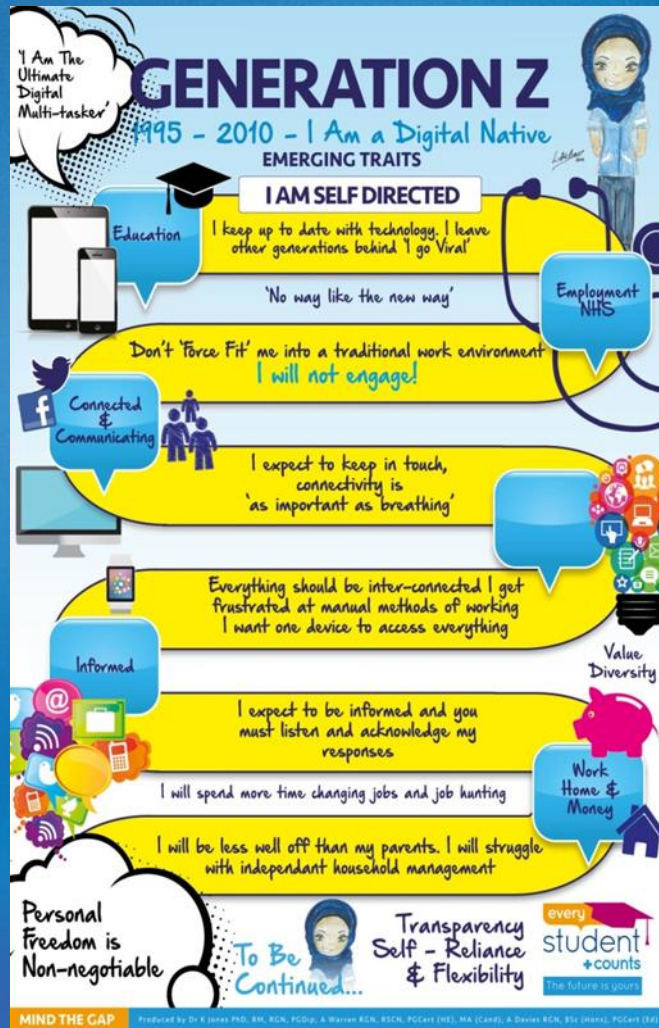
Hard-
working
Family
orientated
Career, but
not at any
cost



Like to be
loved
Valued
Recognised
Reputation
important
Work with
you- not for
you



Are less
motivated
by money
than
purpose
Mission
driven-
want sense
of
accomplish-
ment



Technology influences everything

Education is more self-directed

Thrive on instant gratification
and refer information to be
delivered in rapid sound-bites

Ambitious but want more
flexibility

Pragmatic and individualist

Open-minded and more tolerant
of others – expect diversity
around them

Technological multi-taskers,
everything should be
interconnected



Healthy v Unhealthy Perfectionist doctors

Discuss in groups

Healthy v Unhealthy

- Efficient
- Thorough
- Organised
- Good time Mx
- Challenging
- In control
- Up to date
- Stimulates others
- Keeps at work
- Has insight

- Inefficient
- Rigid
- Overwhelmed
- Poor time Mx
- Increases others workload
- Stresses colleagues
- Unable to make decisions
- Off sick
- No insight

Early warning signs

- Poor time management
- Procrastination
- Avoidance
- Copes badly with perceived negative feedback
- Poor team working
- Excessive delegation

Reactions to the stress of being a doctor

- Survival personality
- The “seven signs”
- Burnout
- Medical narcissism

Survival personality

- “..many develop a psychological strategy to cope by shutting off the parts of themselves that would otherwise find some aspects of the work unbearable. This “survival personality” allows them to function well in the work setting, but at a cost to other parts of their life. This process is seen in other settings too – the military in combat, and staff in long term institutions, for example.”



Seven key early warning signs

- The “disappearing act”
- Low work rate
- “Ward rage”
- Rigidity
- “Bypass syndrome”
- Career problems
- Insight failure

Burnout

- Emotional exhaustion – characterised by a feeling of emptiness and emotional blunting
- Depersonalisation – cynical attitude and negativity
- Reduced personal accomplishment – doubts about personal and professional effectiveness

Medical Narcissism

- Term devised by John Banja in *Medical Errors and Medical Narcissism*
- It suggests that medical narcissism helps physicians do their difficult work
- Medical narcissists may find the disclosure of an error to be too much of a challenge to their self image of competence, control and “treatment orientated focus”. They therefore have a tendency to rationalise the error as unavoidable, unimportant, or unnecessary to reveal because it will not change the outcome

Common reasons for lack of resilience

Common reasons for lack of resilience

- Mismatch in values – perfectionist++
- Feeling unsupported/ dysfunctional workplace
- Fear of failure/ mistakes
- Lack of control
- Unclear job expectations
- Poor job fit
- External factors-lack of social support/ work-life
- Underlying health issues

Work/ Life experience

- Part time training
- Protected workload in past posts
- Family
- Expectations of what job is about?
- External problems/pressures

Group work

- Discuss your case

Role of the Appraiser

- Identify warning signs early
- Clarify what the specific problem is and help identify causes
- Recognise sick doctors
- Listen
- Provide an “external” view
- Signpost to other resources
- Promote resilience with structured learning/support

Begin with the end in mind...

- Encourage the appraisee to be pro active – what do they want to be doing in 1/5/10 years?
- Is it realistic? SMART?
- You might have to negotiate a different end point to make it achievable.
- Can they put this in their PDP?
- Do they need help from others to achieve this?
- Do they need Career advice?
- Are they well?

Enhancing Wellbeing – questions for the appraisee to ask themselves

- What is my core purpose?
- What could I change, what do I need to stop or reduce?
- What needs to develop and grow?
- What am I going to practice regularly to help these changes happen?
- What would help me achieve this?

The Way Forward

- Supportive working environment
- Graded challenges
- Provide support
- Reflective practice/ self monitoring
- Role modelling
- Work/ life balance – more exercise
- Mindfulness
- Time management

Useful techniques to use

- Use of ICE (ideas, concerns, expectations)
- Discomfort log
- CV review/ review of current post/ external factors
- Feedback skills/ encourage appraisee to reflect
- MSF/PSQ
- RCAs (GP)
- Discussing SEAs
- Auditing workload

Useful Techniques to use

- The Wheel of Life
- Refer to a mentoring scheme- RCP, RCGP, PSU for trainees, CDs, DME.
- Encourage sharing difficult cases with colleagues e.g. MDTs
- Encourage safety netting
- Discuss referrals/ MMRs
- Review teamworking
- Experiential learning for less experienced appraisees e.g. non training grades

Problem areas

- Role of appraiser- degree of support you can provide
- Patient safety issues- when to escalate- issues of confidentiality
- Ability of systems to adjust workload
- Loss of face if appraisee seen to not be coping
- How do you get appraisee to increase ability to cope?



Raising and acting on concerns about patient safety

Working with doctors Working for patients

General
Medical
Council

Openness and honesty when things go wrong: the professional duty of candour

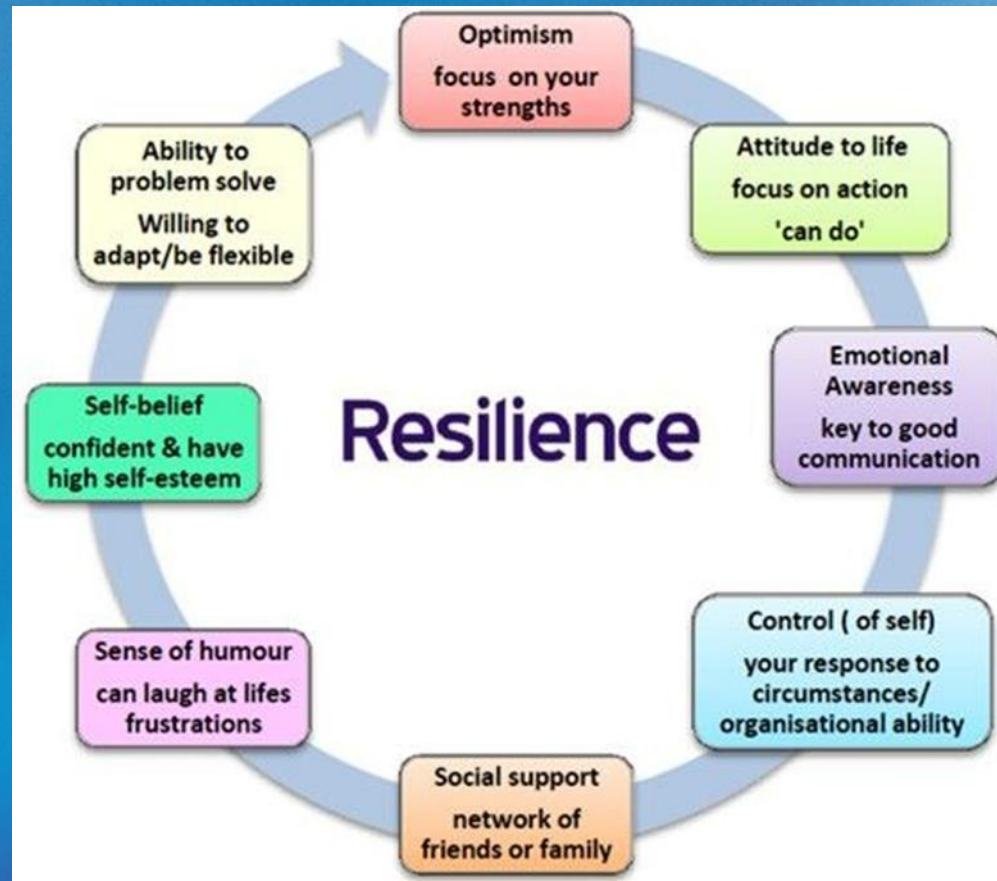
The professional duty of candour¹

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family)

About this guidance

- 1 All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients* when things go wrong. This is described in *The professional duty of candour*, which introduces this guidance and forms part of a joint statement from eight regulators of healthcare professionals in the UK.
- 2 As a doctor, nurse or midwife, you must be open and honest with patients, colleagues and your employers.



Useful contacts

- Royal Benevolent Fund –
<http://www.rmbf.org/pages/the-vital-signs.html>
- GMC confidential helpline 01619236 399
- Resilience Insight information
jenny.campbell@lifetimeswork.com
- BMA.org.uk – counselling services

Reading materials

- Blackbox Thinking- Matthew Syed
- The Chimp Paradox – Steve Peters
- e.g. Better - Atal Gawande
- A Country Doctor's Notebook – Mikhail Bulgakov

