

HELPING CLINICIANS HELP PATIENTS

Facilitating the
Transition into the
Clinical Learning
Environment

CPR

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Chapter 1

INTRODUCTION

Chapter 1 introduces the program, including its core principles, provides an overview of the book, and suggests ways it can help with the training of clinicians.

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CHAPTER 1:

INTRODUCTION

THE TIME FOR CHANGE IS NOW

Medical institutions need to find practical, cost-effective ways to help clinicians-in-training transition into the clinical learning environment (CLE), cope with the challenges of modern medical practice, provide high quality of care, contribute to patient satisfaction, and function effectively and efficiently. Institutional commitment to clinician well-being and resiliency programs can greatly assist in addressing the crisis of clinician burnout and dissatisfaction, as burned-out clinicians are also more likely to leave the healthcare profession, which can lead to recruitment and retention problems. Combining institutional approaches—which include reshaping organizational cultures and work environments while promoting efforts to improve individual clinicians’ well-being and resilience —seems to present the best intervention. There is also a substantial business argument to be made in favor of creating a workplace that fosters well-being and satisfaction among clinicians and collaboration among the healthcare team, since it helps improve hospital efficiency, patient care, and satisfaction, which in turn impacts risk management and cost of care.

The COVID-19 pandemic placed additional challenges on an overly burdened industry. Hospitals and healthcare clinicians were not prepared to handle the impact of the pandemic, and many had concerns about the collapse of the healthcare system and its ability to provide proper care to ALL patients. Other consequences that seriously impacted the care of patients were increased clinician burnout and PTSD. Rates of depression and post-traumatic stress disorder (PTSD) have spiked among healthcare professionals since the pandemic hit, with nearly one quarter of healthcare workers showing signs of PTSD and almost half exhibiting signs of alcohol use disorder. In 2019, researchers estimated \$4.6 billion in burnout-related costs, and that was *prior* to the COVID-19 pandemic. It is imperative that we prepare for future health crises and develop interventions to preserve the well-being and resilience of healthcare professionals.

It is essential to identify the most important lessons from the COVID-19 pandemic and to draw the appropriate conclusions. Rapid development of vaccines can open the door to normalcy in some parts of the world, but the emergence of multiple variants and the potential for future pandemics suggests that the threat is not over. The future implications for the medical world are still largely unknown, but it is clear that innovative approaches are needed in order to develop systems where clinicians function effectively to preserve their well-being and resilience. This is indispensable for the benefit of clinicians, patients, hospitals, and society in general.

While improving well-being and resilience requires further studies, too much is at stake to wait for the results. It is crucial to address these important issues now, especially when effective models already exist.

The Clinician Program for Resilience (CPR) presented in this book is an effective model that could be utilized, especially now, for all healthcare clinician trainees transitioning into the clinical work environment. This approach is based on MedRAP, a successful program that was implemented at Baylor College of Medicine (BCM) in Houston, Texas for 25 years. MedRAP positively impacted the well-being and resilience of medical residents by providing a safe and supportive community for meaningful interactions with peers and mentors, utilizing a structured, evolving curriculum to improve adaptation to a dynamic work environment. The curriculum was tailored to anticipate problems residents were likely to encounter and to help them function more effectively in the system. The Continuous Quality Improvement (CQI) process was developed specially to help residents identify inefficiencies in the hospital system and communicate them to management in a collaborative way. Implementation of MedRAP at BCM confirmed that investing in medical trainees' well-being and resilience benefits clinicians, their patients, and healthcare institutions.

CORE PRINCIPLES

● Creates a safe and supportive environment...

where trainees can provide honest feedback without fear of retribution. The peer support can reduce the sense of isolation and improve self-compassion. The opportunity for trainees to identify potential problems in the training program and to suggest solutions can lead to better teamwork and more effective and efficient patient care.

● Structures the mentorship experience...

utilizing senior clinicians as group leaders to structure a mentorship experience which provides insight strategies to handle ongoing challenges encountered by junior clinicians in their daily work on hospital wards, which can have a significant impact on the trainees' performance.

● Formalizes and streamlines the informal training,...

which usually occurs randomly on the wards, into a structured curriculum. This is accomplished by identifying the problems trainees are likely to encounter and preparing the trainees to respond with effective strategies, utilizing the collective wisdom of their senior clinician group leaders (hereinafter called "group leaders" or "GLs"). This can be especially important during pandemics, such as COVID-19, where interaction between clinicians is more limited.

● Individual assistance

The program's structure allows for early identification of any clinicians experiencing personal or professional difficulties and provides individual assistance, as well as internal

and external referrals when needed. This is especially important during medical crises, such as our current pandemic.

● **Continuous Quality Improvement (CQI) process**

Trainees are involved, both on a monthly and on an annual basis, in a specially designed process (CQI) to improve their work and training environment, which facilitates interaction with the management of the healthcare team and hospital administrators. This process is designed to empower clinicians and to improve patient care and hospital efficiency in a collaborative, constructive manner with the management of the healthcare team and faculty.

IMPORTANCE OF SELF-CARE, TEAMWORK AND COLLABORATION

Because individualism and self-reliance are predominant among clinicians, it is critical to train them to work in supportive teams and rely on each other early in their training process. The first years of clinical training are an ideal time to begin fostering collaboration, since this is when clinicians become more independent and assume greater responsibility for patient care.

Many healthcare institutions have a culture of decentralization, with insufficient communication between departments. To improve hospital efficiency, healthcare management should emphasize the importance of teamwork and reduced isolation, not only within individual departments, but throughout the entire hospital, for the benefit of patients, clinicians, and the institution. Looking to the future, healthcare management should actively seek ways to improve professional development programs, foster innovation, and develop mechanisms to develop resilience by encouraging leaders to share best practices and learn from each other.

The well-being and resilience of all healthcare professionals can be greatly improved by investing in their professional development and reforming their work and training environment to benefit the entire healthcare system. CPR builds on the changes and innovations from the MedRAP program that positively impacted the lives of residents at BCM. Future clinicians need to develop resilience to be prepared for the long-lasting impact of emerging healthcare crises and to respond to subsequent unexpected challenges, thus helping clinicians help their patients.