Medical professionalism matters: the resilient doctor

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Fergus Walsh

BBC Medical Correspondent
This programme has been developed by the GMC in partnership with an advisory group
Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.
Danny Mortimer
Chief Executive, NHS Employers

Dr Andy Haynes
Medical Director, Sherwood Forest Hospitals NHS Foundation Trust
“He appears to have lost all of his resilience.”

NEVER GIVE UP!

Think Resilience

Life is not about how fast you run or how high you climb but how well you bounce.

~ Vivien Komori
RESILIENCE IS A PROCESS OF ADAPTING TO ADVERSITY THAT CAN BE DEVELOPED AND LEARNED TO MINIMISE PSYCHOLOGICAL AND PHYSICAL RISK

Resilient healthcare professionals have the ability to expect Stress and adversity

- Good coping and problem solving skills
- Flexibility
- Determination
- Internal focus of control
- Minimising focus on blame or guilt
- Empathy, positive self image, optimism and well organised
- Build supportive relationships within teams and outside of work
- Self awareness for risk and protective factors
- Being reflective
- Good social support systems
- Personal
- Organisational
MY REFLECTIONS

Fathers accident:
Role model “Can Do”

Brother 6yr older:
Determination
Competitive

Work Life Balance:
Discipline of elite sport
Pleasure of team Sport
Knowledge and insight from elite Coaching

Diversity:
Medicine is a series of careers
Busy malignant practice
Research
Teaching
Management
“Big” projects
Self Awareness
Medical Director in a Special Measures trust

Personal:
Prostate cancer aged 48
Slash in 2009
Burn in 2012
Sets perspective in work and personal life
How being “in the Grip” happens

• The psychological types record our preferences and help us understand ourselves and each other.

• All types are available to us however our preferences indicate our most preferred, experienced and comfortable ways of energizing ourselves, gaining information, judging and living.

• Under certain circumstances the unconscious energy of our less preferred, less experienced and uncomfortable inferior function can emerge which explains why we sometimes experience ourselves as momentarily in the grip of something, out-of-control, acting in ways which are ‘not our usual selves’.

• It is possible to explore how each type is most likely to respond in the grip, although as with all ‘preference’ work it’s important to take in to account the impact of our experiences, values and culture on behaviour. An understanding of this can promote greater self-awareness and understanding of others, so both we, and others in the team can be better supported to deal with stress.
INTPs contribute to reducing stress by:
• Offering systematic analysis of a difficult situation
• Being an objective and dispassionate sounding board

INTPs under stress may irritate team members by:
• Overreacting to displays of emotion
• Being insensitive to others needs for warm and caring support

INTPs under stress may be irritated by team members who:
• Show strong feelings especially self pity
• Invade their space, fail to respect their need for quiet time

INTPs can maximise effectiveness when under stress by:
• Using logic to evaluate the reasons for emotional reactions
• Becoming more comfortable offering concrete support to others
SERVICE
- Duty and Personal Sacrifice
- Deprivation and Entitlement

EXCELLENCE
- Perfectionism
- Invincibility

CURATIVE COMPETENCE
- Non acceptance of “I don’t know”
- Omnipotence

COMPASSION
- Balance empathy and emotional boundaries
- Emotional isolation
<table>
<thead>
<tr>
<th>CHARACTER</th>
<th>HOW TO CULTIVATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimism</td>
<td>Strongly related to resilience. Optimists have decreased arousal, adaptive coping strategies and seek support. Behaviours can be learned (Seligman 1998)</td>
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<tr>
<td>Role Models</td>
<td>Find a mentor who demonstrates resilience</td>
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<tr>
<td>Adeptness to Face Fears</td>
<td>Recognise fear is normal and can be used as a guide. Skills can be practised</td>
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<tr>
<td>Active Coping Skills</td>
<td>Create positive statements about self. Mindfulness.</td>
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<tr>
<td>Supportive Social Network</td>
<td>Emotional strength from close meaningful relationships</td>
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<tr>
<td>Physical Fitness</td>
<td>“Feel good” and enhances brain health</td>
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<tr>
<td>Sense of Humour</td>
<td>Narrows gaps between individuals. A characteristic of high performing teams</td>
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<tr>
<td>Altruism</td>
<td>Helping others helps coping with stress</td>
</tr>
</tbody>
</table>
From stress to resilience

- Stress = work is bad for you
- Resilience = you need to cope
- Registration = your individual responsibility
Finding the balance

System
Team
Board
Individual
West: Good Teams

• Task and purpose
• Skills
• Membership
• Role Clarity: no ambiguity about who is responsible and accountable for what
• Team size
Good Teams

• Five or six clear, challenging, measureable objectives every year.

• Objectives include:
  - improving aspects of service and quality
  - significantly improving the effectiveness with which they work with other teams

• Team positivity:
  Research shows that teams with a positive supportive, humorous, appreciative atmosphere deliver better care (doctors in such teams will make more accurate diagnoses for example) and staff are significantly less stressed.

  Michael A. West, Effective Teamwork (2012)
Team working and mental health

- Not in a team
- Pseudo team
- Real team

Percentage of individuals experiencing mental health issues in different team structures.
Panel discussion

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Panel discussion

Attracting the right people to the profession and creating the right working environment through effective leadership.

Chair: Fergus Walsh, BBC Medical Correspondent

- **Prof Jane Dacre**
  President, Royal College of Physicians

- **Dr Andy Haynes**
  Executive Medical Director, Sherwood Forest Hospitals NHS Foundation Trust

- **Danny Mortimer**
  Chief Executive, NHS Employers
Comfort break

Supper is served at the back of the room. Please return to your table with your food to continue the discussions.
General Medical Council

The resilient doctor

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Who are we?

1. Patient or carer/relative: 4%
2. Consultant: 38%
3. GP: 15%
4. Doctor in training: 9%
5. SAS/other doctor: 8%
6. Medical student: 1%
7. Medical educator/trainer: 10%
8. Employer (including Responsible Officer): 4%
9. Other health professional: 4%
10. Other: 5%
In the future all doctors will be required to publish their team and individual results in some form or another. Do you...?

1. Agree, this is a welcome development
   - 16%

2. Agree, but we need to be wary of perverse consequences
   - 62%

3. Disagree, we have already taken some measurements of this kind too far
   - 19%

4. Not sure
   - 3%

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Doctors today are less compassionate than 20 years ago. Do you...?

1. Agree – it’s the product of too little time, increasing patient demand and expectations
   - 13%

2. Agree – it’s the product of pressure on organisational performance and management demands
   - 9%

3. Agree – the way we train doctors removes much of the idealism and compassion that attracted them to medicine in the first place
   - 10%

4. Disagree – whatever the pressures, compassion still motivates the vast majority of doctors
   - 63%

5. Not sure
   - 5%
Don Berwick said the NHS should continually and forever be reducing patient harm by embracing wholeheartedly an ethic of learning. How far is the health system achieving that?

1. Huge progress has been made, though obviously more to do
   4%
2. Some progress has been made, a great deal more to do
   54%
3. No more than rhetoric, system doesn’t yet realise the extent of change required
   38%
4. I don’t agree that’s the way to go about it
   2%
5. Not sure
   1%
Medicine is a tough career; we need doctors trained to be resilient and better capable to deal with adversity. Do you...?

1. Agree – current selection and undergraduate programmes do not produce students who are adequately prepared for a challenging career
   
   Agree: 13%

2. Agree – but most of the problems lie in the organisations in which or with which doctors have to work
   
   Agree: 52%

3. Disagree – doctors are already resilient – the focus should instead be on providing proper levels of support for hard pressed practitioners
   
   Disagree: 30%

4. Disagree – resilience comes largely from experience
   
   Disagree: 4%

5. Not sure
   
   Not sure: 13%

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If I were to raise a serious concern in my institution I would be...

1. Reasonably confident that I would be supported by clinical and other leaders
   - 40%  
2. Unsure as to whether I would be supported by clinical and other leaders
   - 26%  
3. Not at all confident that I would be supported by clinical and other leaders
   - 28%  
4. Not sure
   - 6%
If I were struggling to cope as a result of pressures on the service, I am confident that I could ask for and receive help without being penalised in any way.

1. Strongly agree
   - 2%
2. Agree
   - 16%
3. Neither agree nor disagree
   - 19%
4. Disagree
   - 46%
5. Strongly disagree
   - 16%
A supportive working environment is:

1. How I would describe my current place of work
   - 16%

2. A pipe dream because of the current pressures we face
   - 11%

3. Talked about often but rarely achieved
   - 20%

4. Achievable but only when made a priority by medical leaders and employers
   - 53%
Table discussions

- Attracting people with the necessary resilience and improving the resilience of our existing workforce
- Creating the right working environment
- Raising concerns
- Supporting doctors who are struggling
Panel discussion

Supporting individual doctors to cope with the pressures of medicine.

Chair: Fergus Walsh, BBC Medical Correspondent

- **Dr Alys Cole-King**
  Consultant Liaison Psychiatrist and Specialist in Suicide Prevention, Betsi Cadwaladr University Health Board and Director, Connecting with People

- **Dr Judith Hulf**
  Senior Medical Adviser

- **Dr Mike Peters**
  Head of Doctors for Doctors Unit, British Medical Association

- **Graeme Watson**
  F2 Doctor, South Tees NHS Foundation Trust
Closing remarks
Thank you and goodnight