

# CHANGING the CULTURE

## Addressing Stress in Residents, Patients and Families

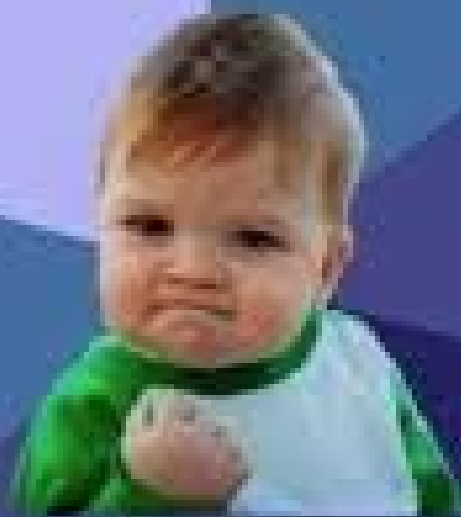
AIAMC National Spring Meeting  
Carlsbad, CA  
April 5-8, 2018

# Who are we:

## **Herman and Walter Samuelson Children's Hospital at Sinai Hospital of Baltimore**

- *Tracey Clark, MD, Pediatric Program Director*
- *Aziza Shad, MD, Pediatric Chair*
- *Kaydee Kaiser, MD, PL-2 Pediatric Resident*
- *Katherine Ryan, DO, PL-3 Pediatric Resident*
- *Danielle Eichner, MA ATR-BC, LCPC,  
Art Therapist Pediatric Hematology & Oncology*

**INVITED PEOPLE TO  
WELLNESS MEETINGS**



**PEOPLE SHOWED  
UP**

To Err is  
Human

IOM

Industry  
Statistics

WHY?

Impact of  
Persistent  
Stress

ACGME  
Requirements

# Evolution of ACGME Requirements

## July 1, 2003

- **Duty hours** rules
  - fatigue education
  - management
  - mitigation

## July 1, 2017

- Expanded scope to include **burnout**
  - education
  - treatment
  - prevention
- **Wellness** program




**WHAT IS**

**WELLNESS**

memegenerator.net



**“Wellness is not simply  
the absence of burnout”**



**WELLNESS:** well·ness, 'welnəs/*noun. Def:*  
the state of being in good  
health, especially as an actively  
pursued goal.



***Your  
individual  
wellness***

**Spiritual**

Spiritual wellness is a process of understanding beliefs, values, and ethics that help guide your life. Whatever your preferred approach, spending time asking and exploring your spiritual life can be an important part to your overall wellbeing.

**Emotional**

Maintaining a healthy emotional life is important to overall health. Some ways to stay emotionally healthy are to manage your stress level, stay on top of school work, get eight hours of sleep, ask for help, or see a therapist at the Counseling Center.

**Intellectual**

Intellectual wellness means staying curious and engaged in learning new things. Engage in creative activities. Read for pleasure, be aware of social and political issues, or join a club that focuses on enhancing intellectual interests.

**Physical**

Physical wellness involves moving your bodies (exercise), eating well balanced meals (nutrition), sleeping, managing stress, receiving preventative medical and dental care, and getting sexual health screenings when you become sexually active.

**Social**

Social wellness involves having a strong social network can give you support and guidance when you are stressed or need stress relief. Additionally these relationships can aid in the development of healthy relationships.

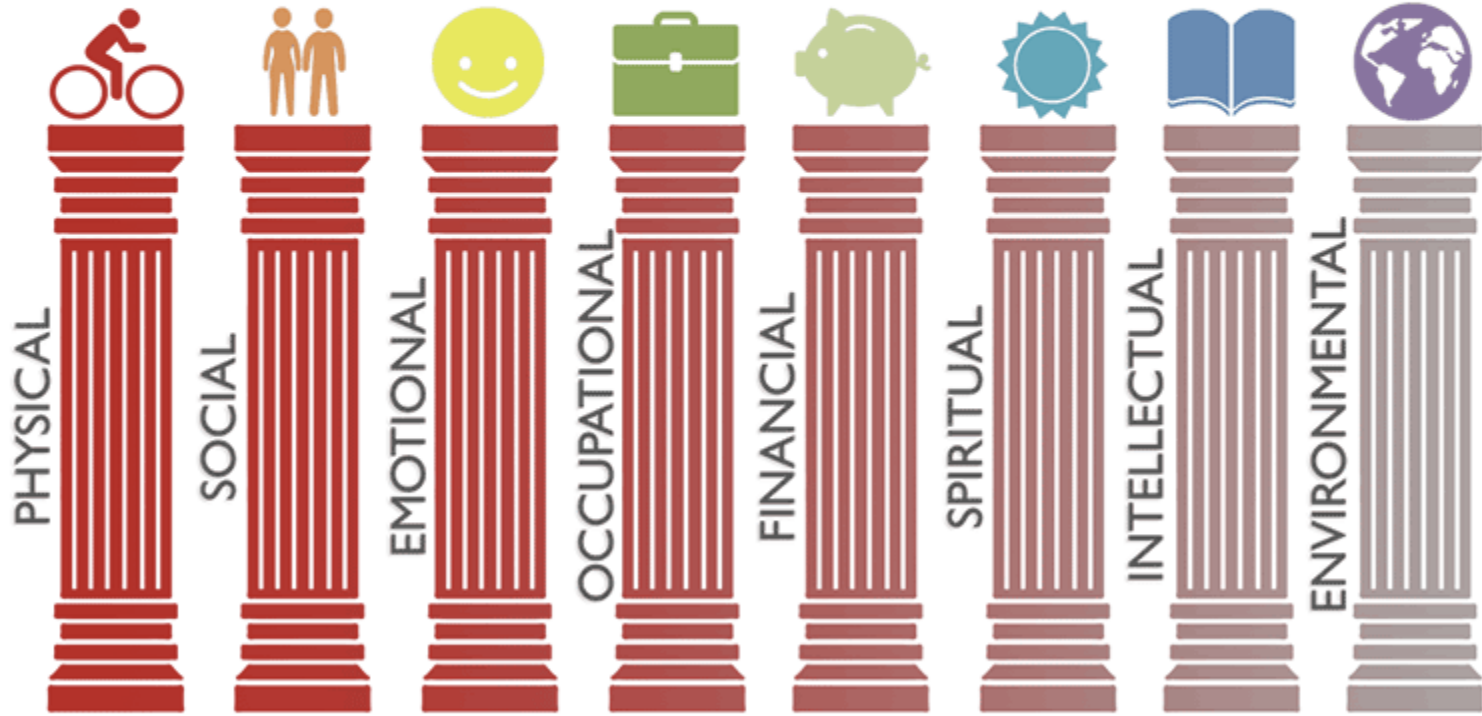
**Financial**

Financial wellness means taking steps to live within your financial means and living in, and planning for, future financial health. You can do this by planning financially, creating a budget, and learning to be a good consumer.

**Environmental**

Environmental wellness means taking care of your global environment and your personal surroundings. De-cluttering your room, recycling your trash or volunteering to clean up your environment can improve health for all.

# 8 PILLARS OF WELLNESS





Where do I start?

**PILLARS** or  
**DIMENSIONS** of  
**WELLNESS**

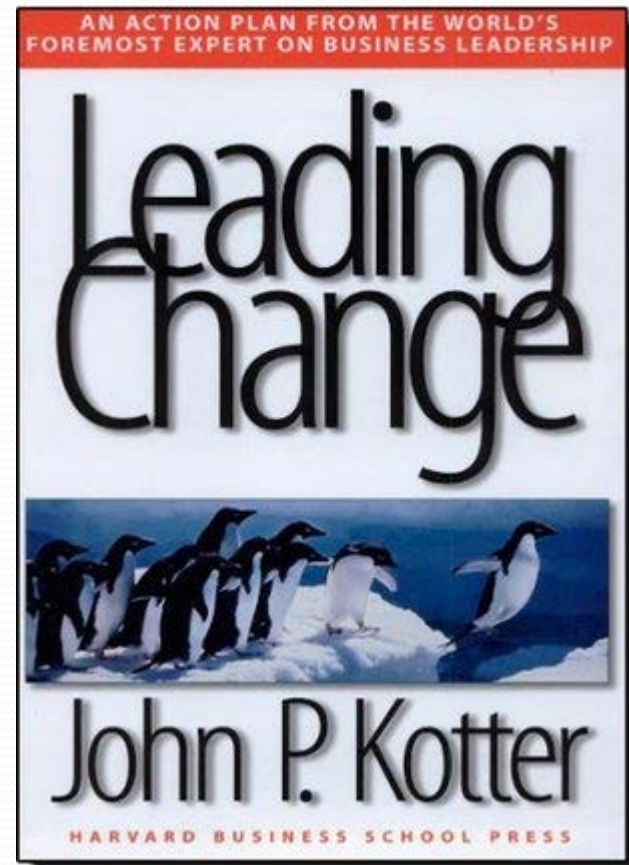
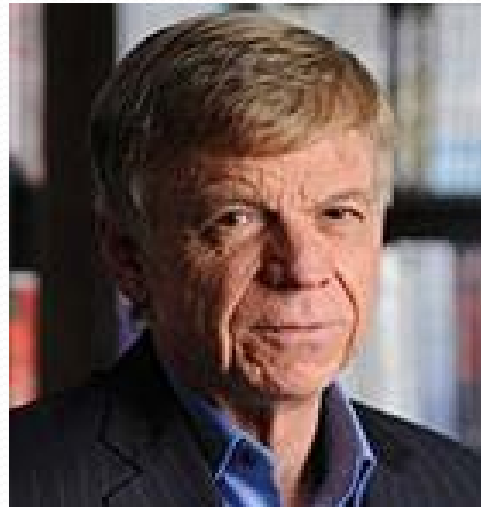
**EXISTING  
RESOURCES**

**STRESS  
TRIGGERS**

**STRESS  
REDUCTION** and  
**MANAGEMENT  
STRATEGIES**

# CULTURE CHANGE

John P. Kotter  
is internationally known and  
widely regarded as the  
foremost speaker on the  
topics of Leadership and  
Change.



Published 1996

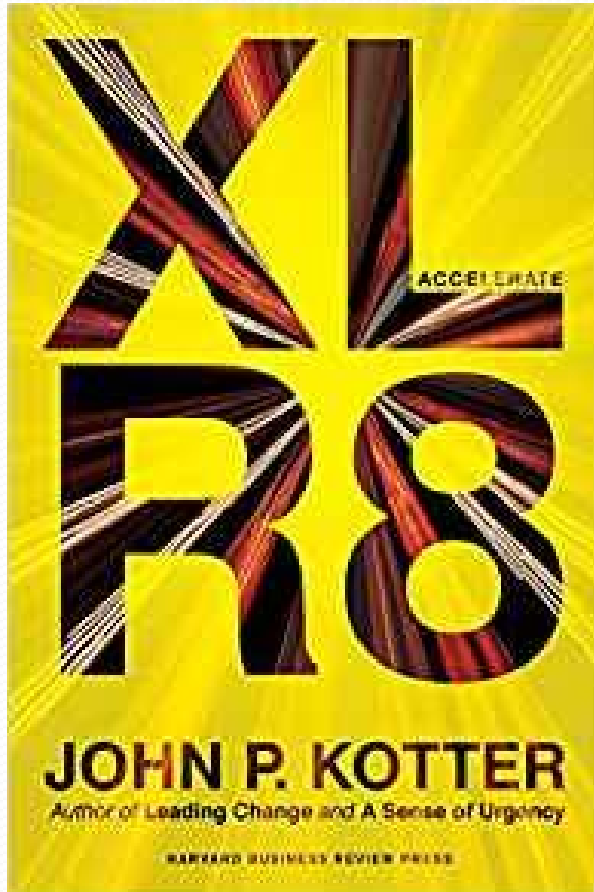
# Kotter's 8 Steps to leading change



# Assessing Kotter's Model

- Fits within hierarchy of an organization.
- Can't skip or rearrange steps
- Based on analysis of how change initiatives fail

# Change is the only constant



Rethinking the model:

- "Accelerate!"
- *Harvard Business Review* 2012
- Debuted his **Dual Operating System** business model
- **2012 McKinsey Award**
- 2014 Expanded and published as a book



# What needs to change: ACCELERATORS

Differences between John Kotter's

**8- STEPS (Leading Change: 1996)**

and

**8 ACCELERATORS (Accelerate: 2014)**

Steps used in rigid, finite, and sequential ways, in effecting or responding to episodic change



Accelerators are concurrent and always at work.

Steps are usually driven by a small, powerful core group



Accelerators pull in as many people as possible from throughout the organization to form a “volunteer army.”

Steps are designed to function within a traditional hierarchy

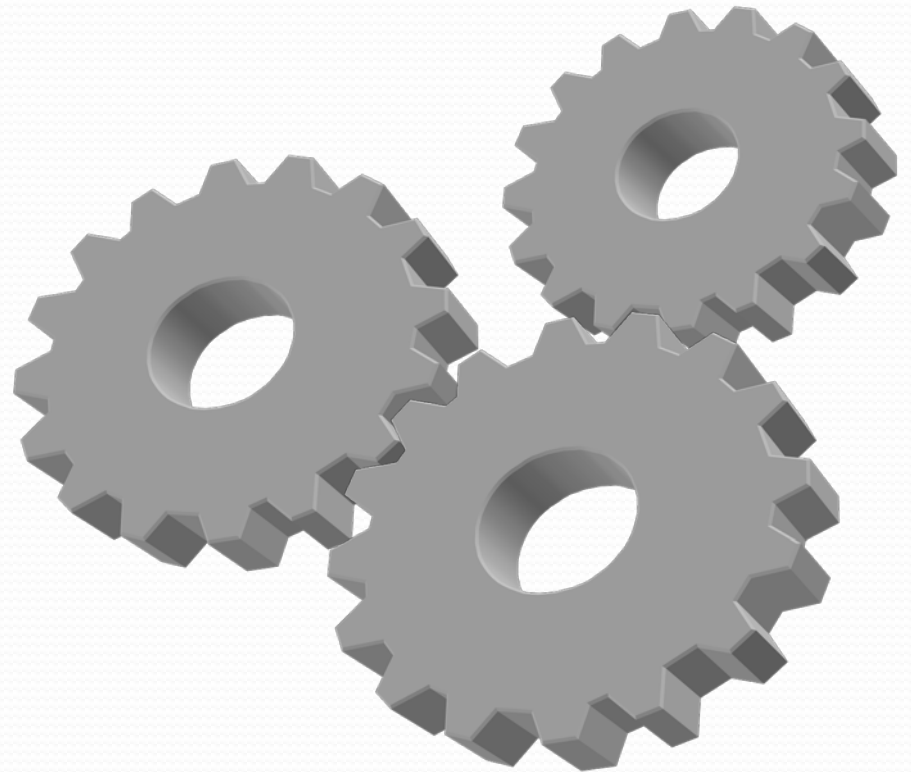


Accelerators require the flexibility and agility of a network.

Source: Kotter, J (2012). Accelerate! Harvard Business Review, November 2012.  
[www.change-management-coach.com](http://www.change-management-coach.com)

# In his own words:

- <https://youtu.be/Pc7EVXnF2aI>



# How did this work for us...

- Chair
- Program Director
- Residents
- GME Director
- Hospital President



# EXISTING RESOURCES

## People

- Occupational Health Staff
- Psychiatrists/Psychologists
- Social Work
- Art Therapy
- Child Life
- PT/OT
- Financial advisors
- Chaplains

## Programs

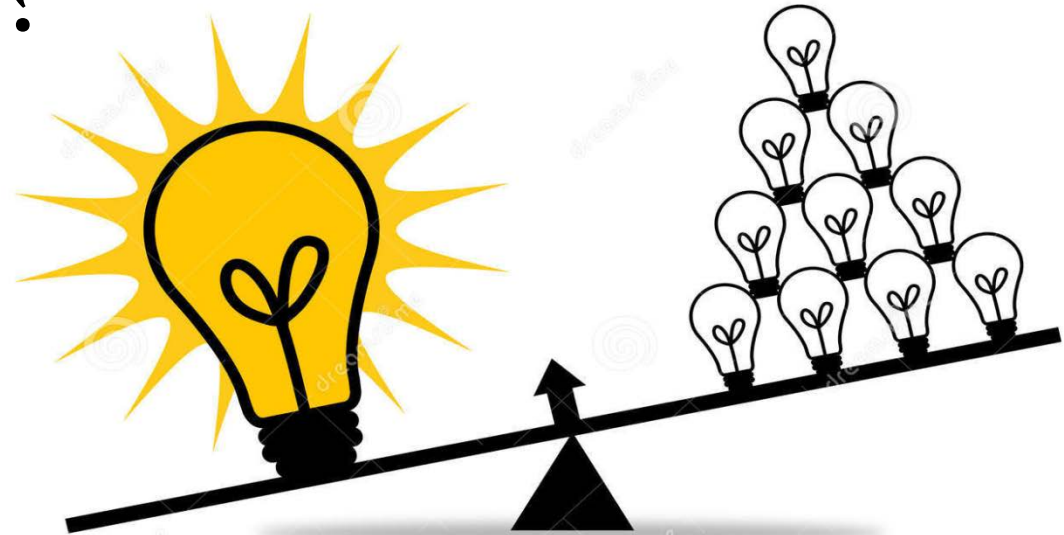
- Employee Assistance Programs
- Gym partnerships or availability
- Community service opportunities
- Social events
- Employee appreciation
- Professional educators/trainers

# WHAT IS THE BIG OPPORTUNITY?

What will be different?

What will be the tangible benefits?

How will it feel?



# References

- <http://www.nationalacademies.org/hmd/~//media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf>
- [https://www.acgme.org/Portals/o/PFAssets/ProgramRequirements/CPRs\\_2017-07-01.pdf](https://www.acgme.org/Portals/o/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf)
- <https://www.kotterinc.com/8-steps-process-for-leading-change/>
- [http://www.rbsgroup.eu/assets/pdfs/2013\\_THE\\_8-STEP\\_PROCESS\\_FOR\\_LEADING\\_CHANGE.pdf](http://www.rbsgroup.eu/assets/pdfs/2013_THE_8-STEP_PROCESS_FOR_LEADING_CHANGE.pdf)
- <https://www.change-management-coach.com/john-kotter.html#Accelerate>
- <https://www.hbs.edu/faculty/Pages/profile.aspx?facId=6495>

# Changing the Culture: Addressing Stress in Residents, Patients and Families

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# Stress in Children and Families with Life-threatening and Chronic Illness

- Two decades ago, the American Academy of Pediatrics reported that 10–20 million American children and adolescents had a chronic health condition or impairment
- Of these, 1–2 million children nationwide had a chronic condition severe enough to impact their daily activities
- The numbers were higher in African American children and those living below the poverty line



# Stress in Children and Families with Life-threatening and Chronic Illness

- Chronic illness includes asthma, autism, diabetes, juvenile rheumatoid arthritis, cystic fibrosis, spina bifida, seizure disorders, neuromuscular diseases and congenital heart disease
- Today, childhood cancer is also considered a chronic condition, in addition to being life-threatening
- Problems include limitation of function, disfigurement, dependency on medical technology, medication, special diet and ongoing treatment

# Addressing Stress in Children and Families

- These are tangible medical problems and are addressed promptly in all programs and hospitals
- However, these advances in medical care have not been matched by the same level of psychosocial support
- Specifically, ***cancer survivors*** and their caregivers report that cancer care providers:
  - - do not understand their psychosocial needs
  - -fail to recognize and adequately address depression and other symptoms of stress
  - -are unaware of or do not refer them to available resources
  - Do not consider psychosocial support to be an integral part of quality cancer care.
- Similar issues have been raised by parents of children with ***autism***

# Stress Affects the Entire Family

- Children with chronic illness face:
  - Prolonged hospitalization
  - Multiple painful procedures
  - Time away from school
  - Lack of contact with siblings and friends
- Parents:
  - Financial burden, work absences, marital discord, fatigue
- Siblings:
  - Abandonment, neglect, ‘the forgotten child’
- Result:
  - Depression, anxiety and anger in patient and family
  - Decreased treatment compliance
  - Dissatisfaction with medical caregivers
- ***Causes burnout, reluctance to interact with patient and decline in work performance in residents, nursing staff***

# Psychosocial Support

- Psychosocial support includes social work, mental health counseling, education, group support, and other forms of therapy.

# Children's Hospital at Sinai

	2015	2018
– Social Worker, Chaplain	yes	yes
– Psychologist, Psychiatrist	no	yes
– Child Life	yes	yes
– Art therapy	no	yes
– Pet therapy	no	yes
– Music Therapy	no	coming
– Mind Body Medicine	no	yes
– Pain reducing techniques	no	yes
– Nutrition	no	yes
– Schooling and education	no	yes

# Child Life

- Increased from 2-4 FTE with redefinition of role
- Peds Heme/Onc: Hope for Henry Program
- Peds ER: Focus on painful procedures and autistic patients
- Preparation prior to surgery and procedures
- Patients are accompanied to surgery, radiation and radiology
- Furry Friend initiative – navigation program
- Beads of Courage: HO, Ortho, GI, Diabetes

Provide developmentally appropriate education about upcoming radiation treatment. Patient was very anxious about mask simulation so I collaborated with Radiation team to involve patient in mask simulation prior to hers—this provided patient with control over situation, prepared her for own experience and normalized situation.



School Re-entry Visit: I meet with patient's classmates to ease transition back into the school setting.





Super Path to Super Duper Better program: provides incentives – Hope for Henry Bucks – for compliance with treatments like chemotherapy, radiation, and other painful but necessary procedures to provide motivation to get better and stay that way.



Beads of Courage funded by Hope for Henry: program where patients are able to record, tell and own their stories, using colorful beads as meaningful symbols of courage and hope along their treatment journey.



# Autism Friendly ER

- Quiet environment
- Low lighting
- Headphones
- Special training of nurses
- Child Life in ER
- Pathfinders training in Autism

# Pain Free Initiative

- Started in Peds ER
- Child Life in Peds HO took on the challenge
- Every patient and family offered choice for blood draws
- Pain poster, HO clinic, now available for any place that draws blood
- Distraction
- Ipad

The Children's Hospital at Sinai is committed to helping reduce pain from needle sticks and procedures. Ask your nurse or child life specialist about options that are available and appropriate for your child.

#### Comfort Holds

Special ways to "hug" and hold during procedures.



#### Distraction

Child Life Specialists can provide therapeutic ways to help reduce anxiety and pain.

#### Buzzy

A therapeutic device placed near site of injection to reduce pain.



#### Numbing Cream

A medicine cream applied to the skin that helps to reduce pain during a needle stick.



#### Synera Patch

A numbing patch applied to the skin that helps to reduce pain during a needle stick (For ages 3 and up)



#### Freezy Spray

A cold spray used on the skin immediately before a needle stick that helps reduce the pain.



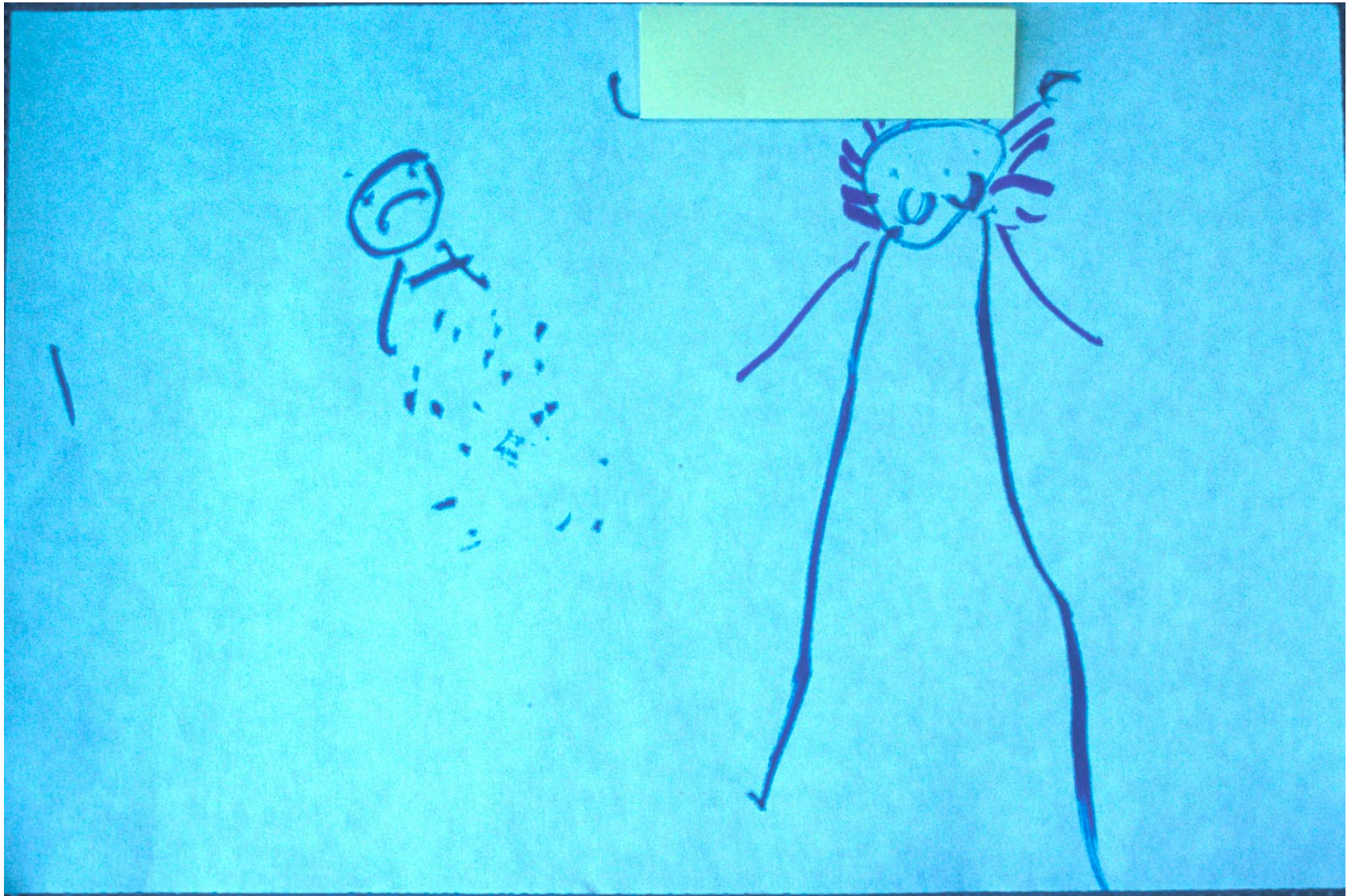
#### Sweet-Ease

A sugar solution applied to pacifier to help infants produce natural chemicals to decrease pain.



# Art Therapy

- Teaching children to express their fears and heal through art
- ‘Tracy’sKids’ is probably one of the best additions to the Heme/Onc program
- Very popular with patients, siblings and parents
- Motivated one of our residents to do a research project on it





Angel



# Parent and Sibling Support

- Social workers
- Family educator
- Parent, patient and sibling support groups
- Counseling and Mindfulness
- Camps for patients and siblings: Horizon and Special Love
- Date Nights for parents

# Outcome

- The culture is slowly changing
- Services for patients and families are being requested by attendings, residents and nurses
- Patient satisfaction is up as evidenced by
- CG-CAPS and hospital surveys

# Patient Perception of Art Therapy on Oncological Treatment

Kaydee Kaiser

PGY 2

Sinai Hospital of Baltimore

Scholarly Activity Project

# What is Art Therapy?

“Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.

Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used **to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change.** “

*American Art Therapy Association*  
*arttherapy.org*

# Art Therapy in Pediatric Oncology

- Children with cancer experience significant distress
- Limited & difficult to evaluate art therapy's impact
  - One review indicated that art therapy may reduce anxiety, fear and pain associated with cancer therapies and invasive procedures
  - Art therapy has been shown to allow for better communication between child and family.



# Art Therapy at Sinai

- Started September 2016
  - Funded by Tracy's Kids
- Danielle Eichner, MA ATR-BC, LCPC
- Available on individual vs group basis
  - Sessions held in various settings
- Offer variety of modalities based on patient's age, preferences and treatment experiences



# Objective

- To evaluate patients undergoing chemotherapy regimens and their perspectives on how art therapy has affected their treatment experiences



# Methods

- Patients ages 6-21 actively undergoing chemotherapy regimens (new or relapsed diagnosis)
  - Art therapy Offered to all patients
  - Three groups: no art therapy, 3-6 months & 12-15 months of participation in art therapy
- Parents & patients provided consent/assent
- Patients completed a peer-reviewed survey regarding usefulness of art therapy





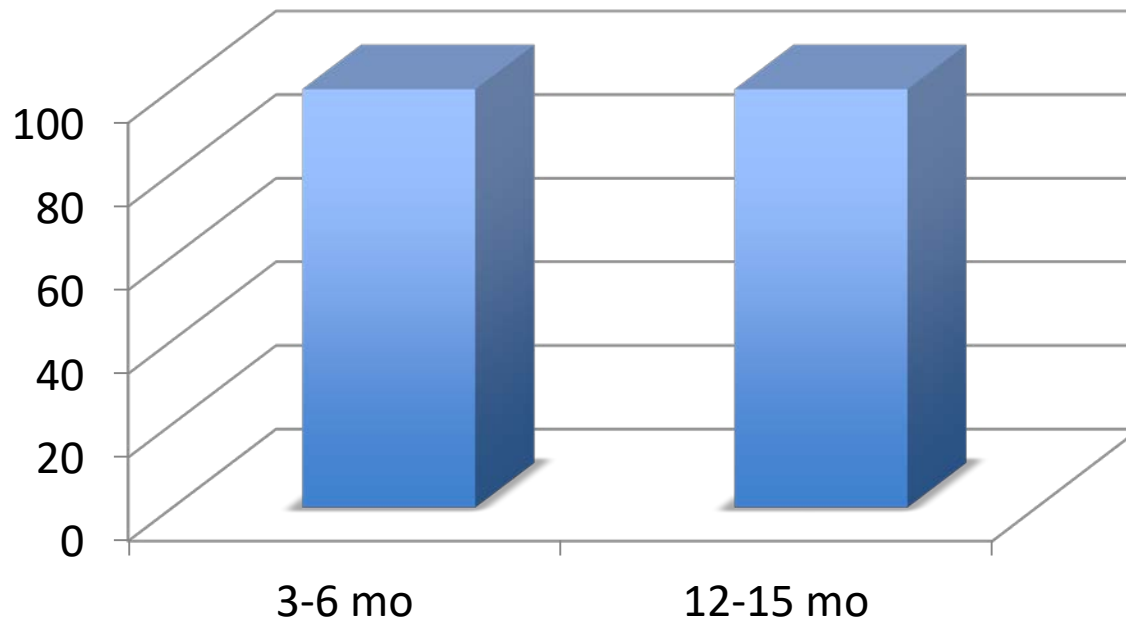
# Preliminary Data

- To date, 13 patients have completed the survey
  - 9 have participated in art therapy at least once
    - 4 patients in the 3-6 month group
    - 5 patients in the 12-15 month group
  - 4 have not participated in art therapy
    - 1 patient requested art therapy regularly while inpatient after completion of survey



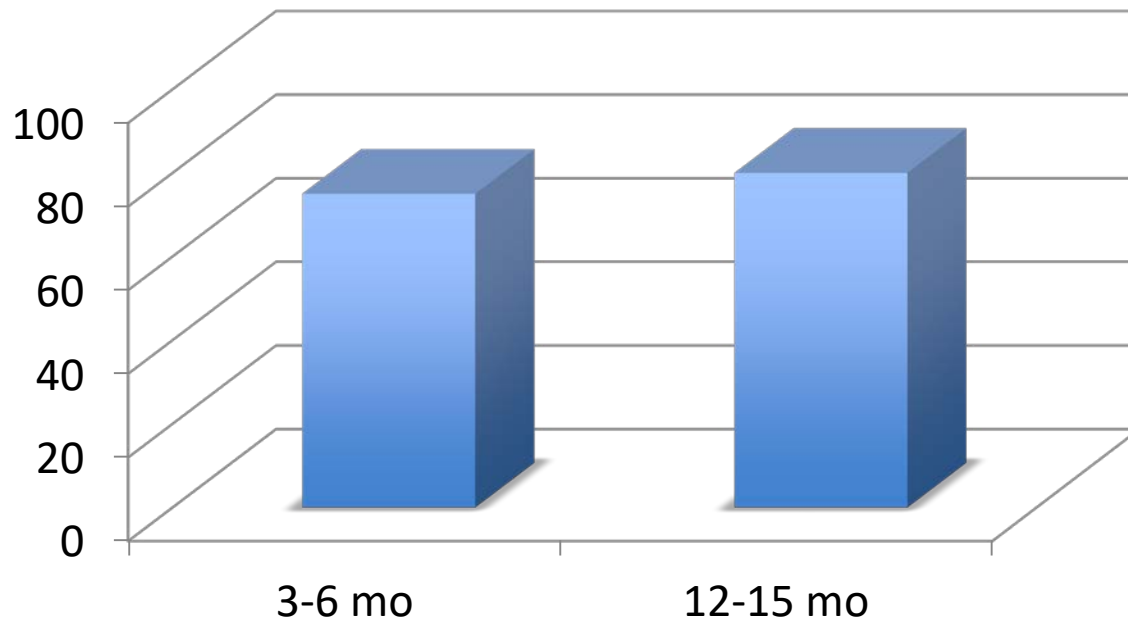
# Percentage of Patients Who Felt Art Therapy Help During Treatment by Duration of Art Therapy

**“Participating in art therapy has helped me during my cancer treatment”**



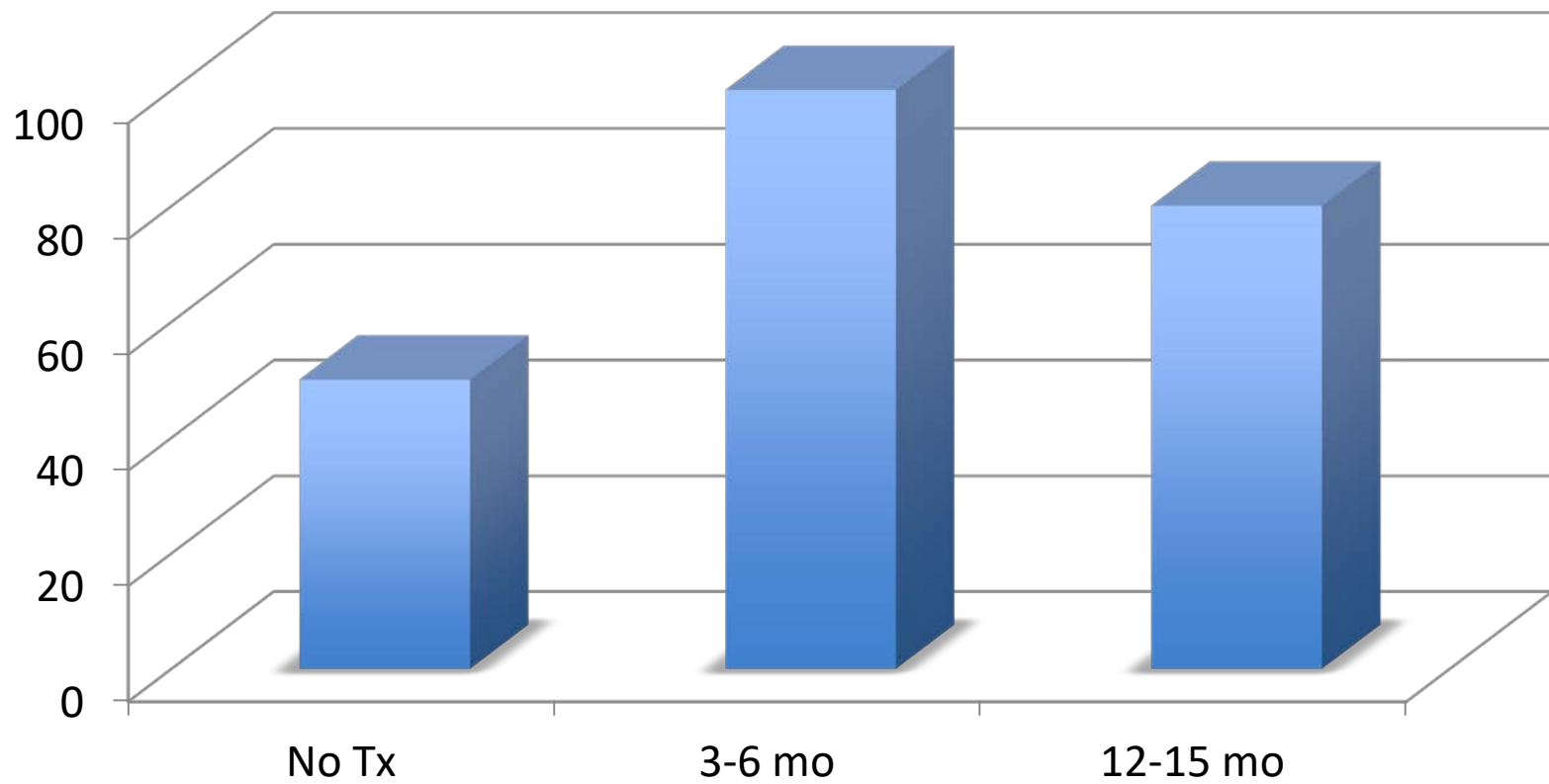
# Percentage of Patients Who Felt Art Therapy Was Important by Duration of Art Therapy

**“I feel art therapy is an important part of  
my cancer treatment”**



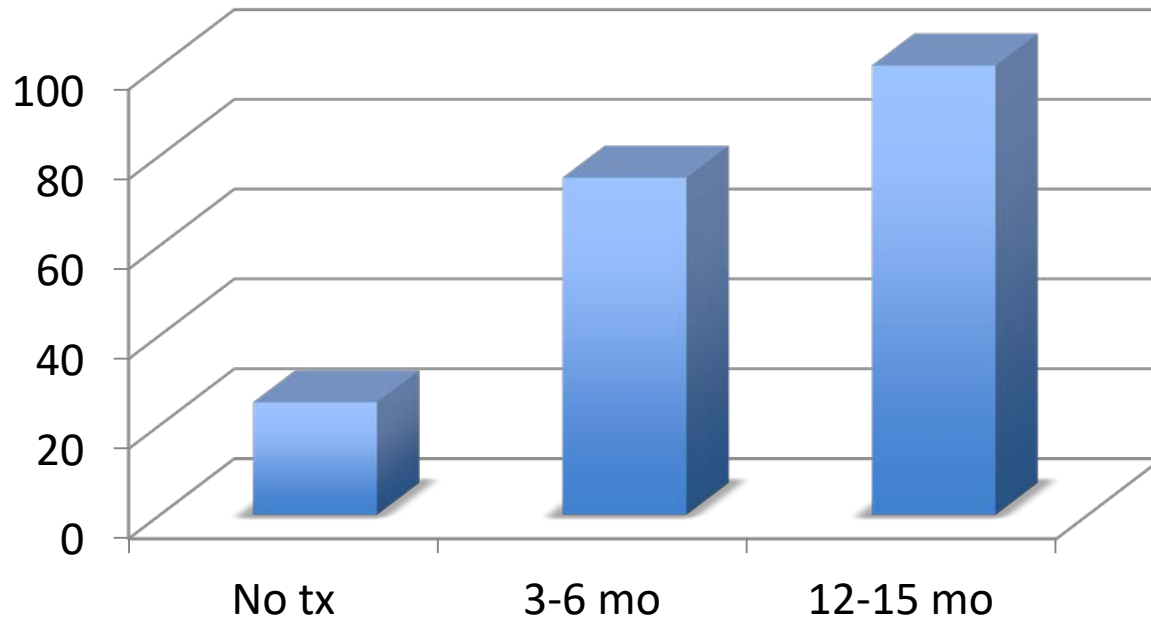
# Percentage of Patients “Feeling Sad” by Duration of Art Therapy

**“During my cancer treatment, I have felt sad”**



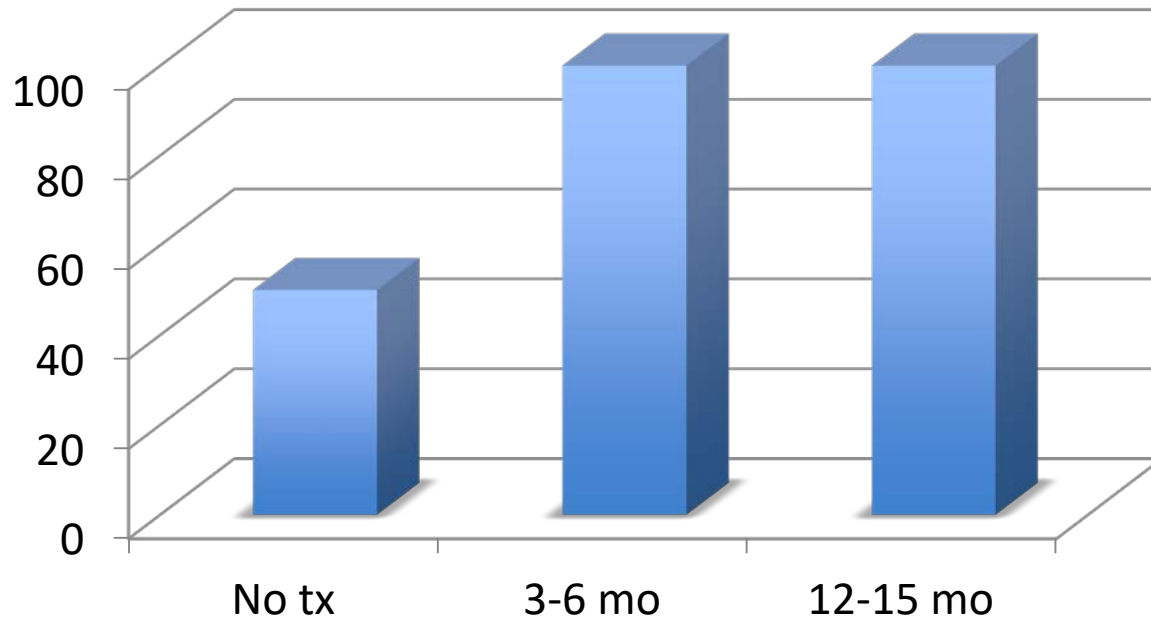
# Percentage of Patients Who Think Art Therapy Could Help if Sad by Duration of Art Therapy

**“I think art therapy could make me feel better if I were sad”**



# Percentage of Patients Who Think Art Therapy Would Help Other Children by Art Therapy Duration

**“I think art therapy would make other children with cancer feel better”**



# Conclusions

- Small number of patients to date
  - Obvious limitations: non-randomized
- However some observations make based on these preliminary data are
  - Higher percentage of those participating in art therapy responded as feeling sad or scared during treatment
  - Those who did not participate in therapy did not feel it could make them feel better if sad
  - All who participated agreed that art therapy has helped during their cancer treatment
  - Majority of participants agreed that art therapy was an important part of their cancer treatment
- Art therapy may be a valuable tool for helping cancer patients cope with their disease and treatment

# References

1. Stanton AL. Psychosocial concerns and interventions for cancer survivors. *J Clinical Oncol.* 2006; 4:5132–5173
2. Tremolada, M., Bonichini, S., Basso, G. & Pillon, M. Post-traumatic Stress Symptoms and Post-traumatic Growth in 223 Childhood Cancer Survivors: Predictive Risk Factors. *Frontiers in Psychology.* 2016; 7: 287.
3. Derman, Y.E. & Deatrck, J.A., Promotion of Well-Being During Treatment for Childhood Cancer: a literature review of art interventions as a coping strategy. *Cancer Nursing* 2016; 39(6)
4. Favara-Scacco, C., Smirne, G., Schiliro, G., & Di Caraldo, A., Art Therapy as Support for Children with Leukemia during Painful Procedures. *Med Pediatric Oncology.* 2001; 36(4): 474-480
5. Rubin, J. 1999. *Medical Art Therapy with Children.* Philadelphia, PA. Jessica Kingsley Publishers. Pg 75-92.



# Impact of Mindfulness-Based Stress Management Training on Perceived Stress and Burnout Amongst Pediatric Trainees: A Pilot Study

Katherine Jane Ryan, DO, Aziza Shad, MD,  
Tracey Clark, MD, JoAnne Duffy, PhD,  
Danielle Eichner, MA

Department of Pediatrics, Sinai Hospital of  
Baltimore, Baltimore, MD

# BACKGROUND

- Physician burnout is a threat to the quality of health care in the 21<sup>st</sup> century
- Characterized by depersonalization, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients.
- Unmanaged stress amongst physician has serious consequences on **physician well-being, patient care, professionalism, and the sustainability of the health care system.**
- Currently, burnout affects nearly  $\frac{1}{2}$  of all trainees and practicing physicians combined in the U.S.A.
- Mindfulness programs have been shown to to reduce stress and substance use, improve coping with chronic disease, and improved quality of life.

# Mind-Body Medicine Practices

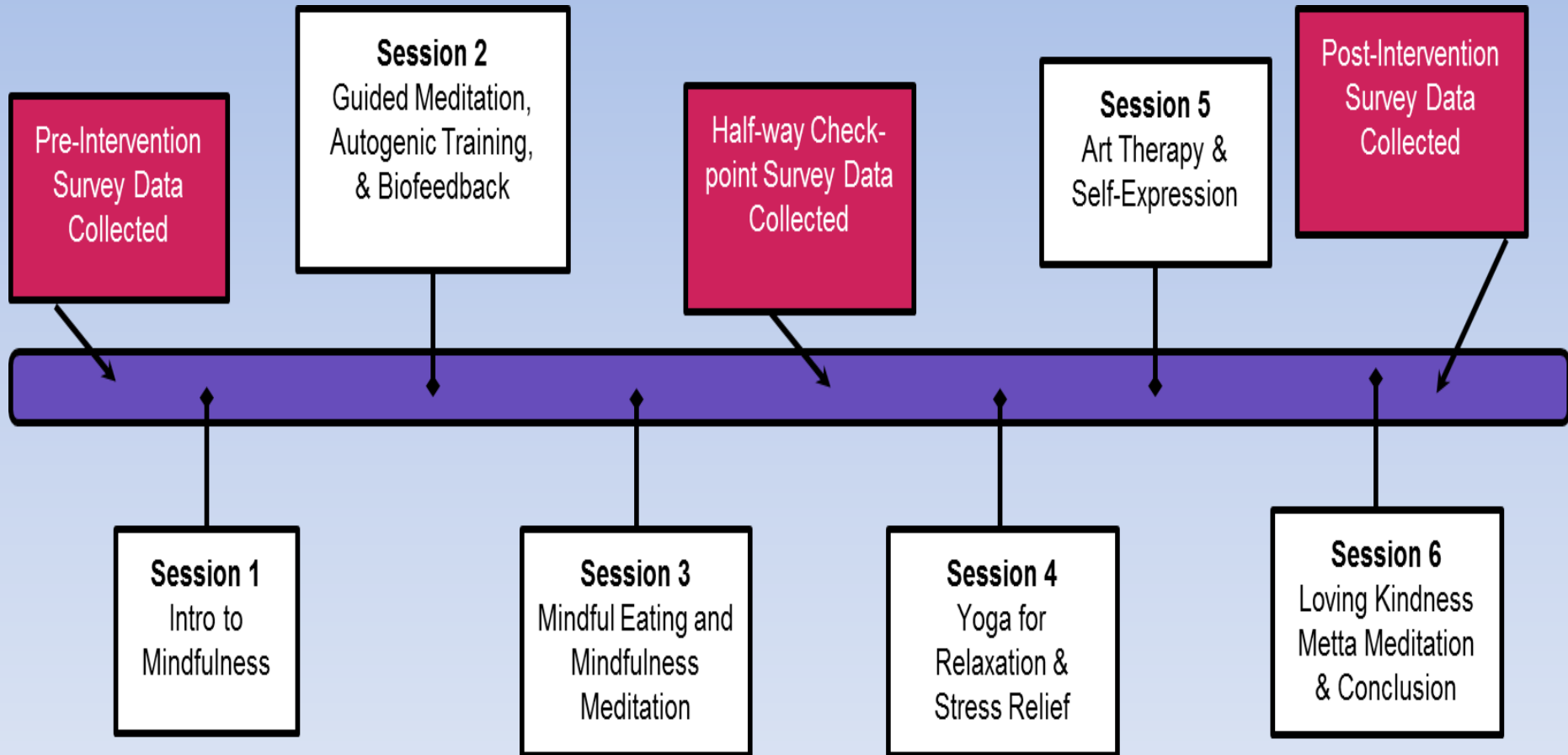
Studies have shown that Mind-Body Medicine Practices can result in:

- Enhanced personal insight into problems and thoughts
- More frequent state of calm and Improved critical thinking skills
- Improved confidence and self-care
- Increased openness to new and challenging experiences
- Increased empathy for others

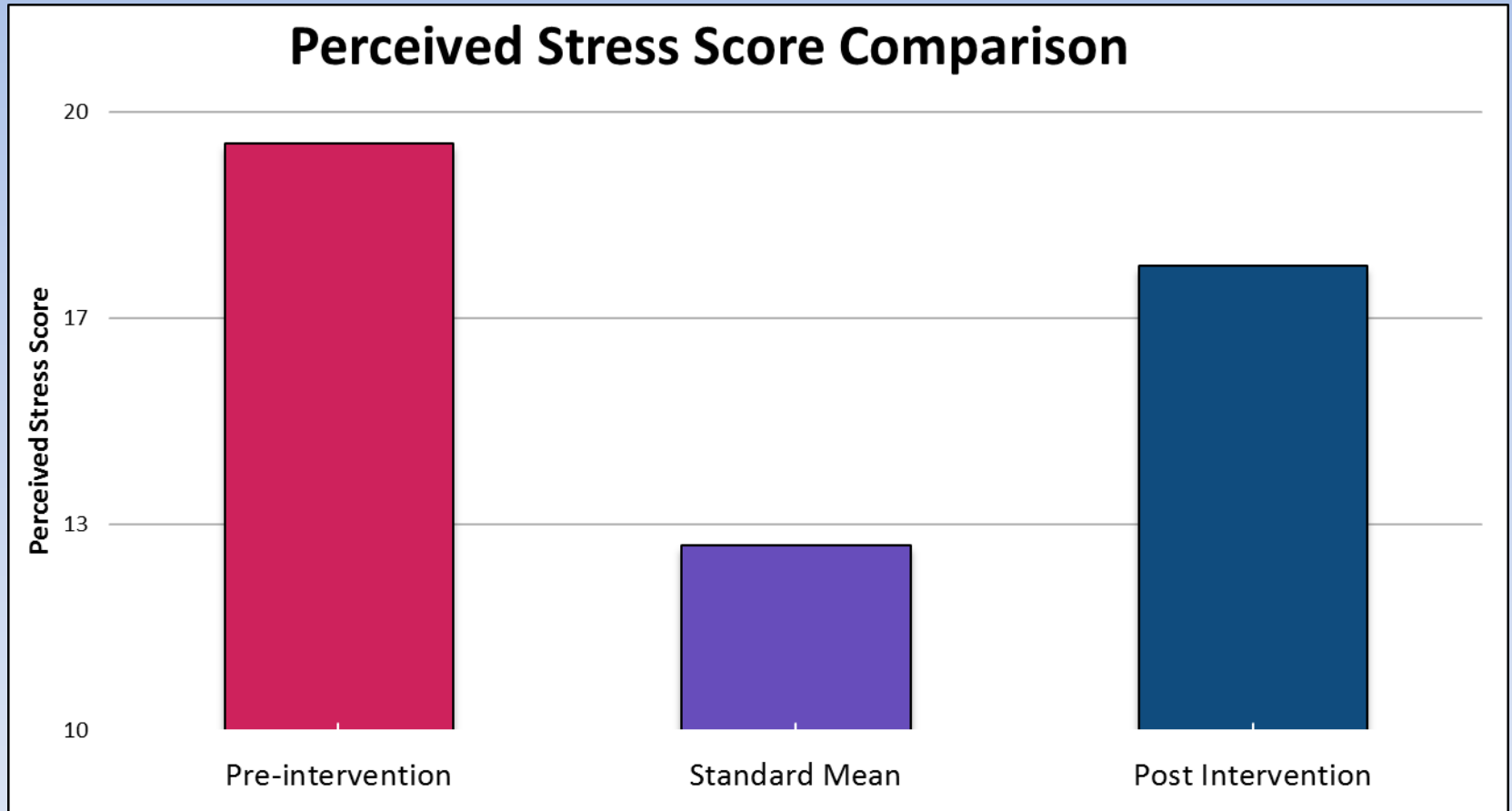
# OBJECTIVE

To examine the feasibility and the impact of implementing a 6-week mindfulness-based stress management training course within our pediatric residency program on perceived stress scores and level of burnout amongst pediatric residents in a small urban residency program.

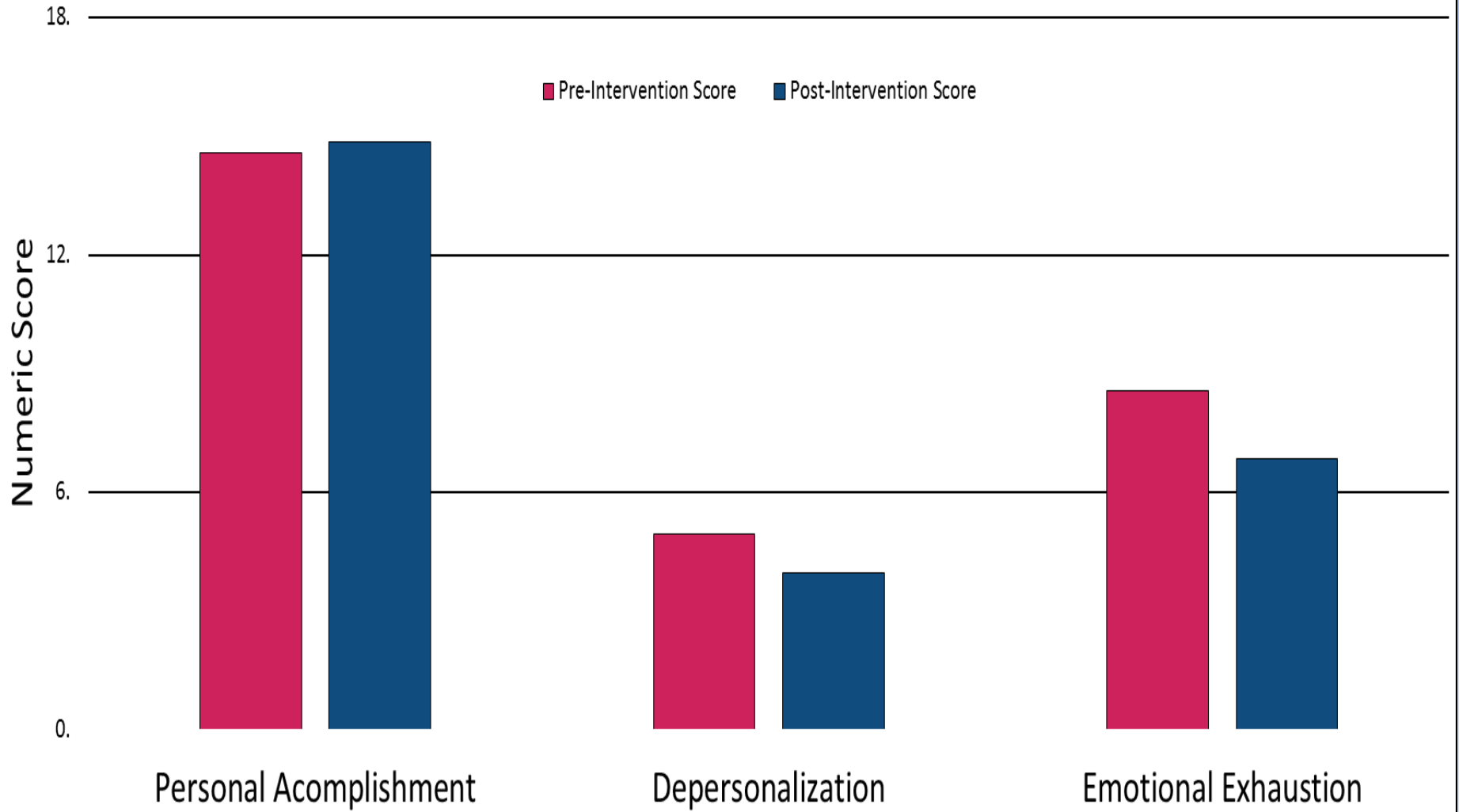
# INTERVENTION



# RESULTS



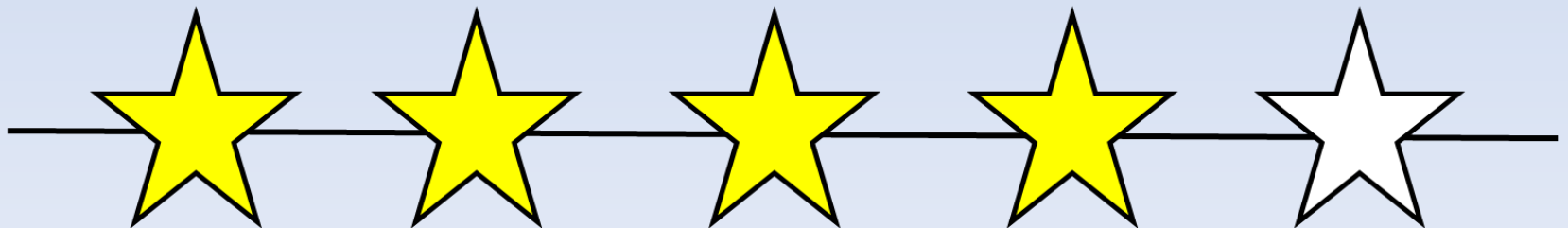
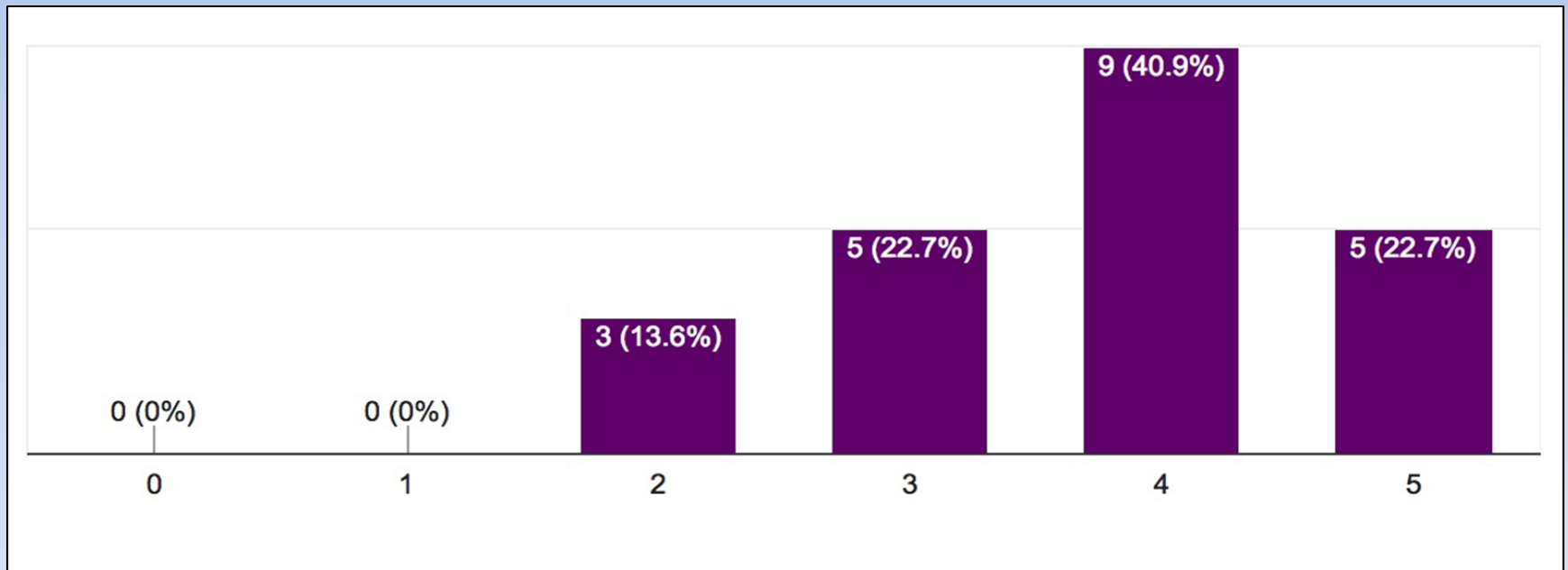
# Abbreviated Maslach Burnout Inventory Scores Comparison



# “What is your overall level of satisfaction with the Mind-Body Medicine Course?”

Post-course overall rating by participants after all 6 sessions were completed.

Score of 0 = “hated it” and 5 = “loved it”





## SUMMARY

- 10% reduction in perceived stress score after the intervention
- 20% reduction in depersonalization
- 20% reduction in emotional exhaustion
- 10% increase in personal accomplishment

## CONCLUSIONS

- Feasible to integrate stress management training into residency scheduling
- Enjoyed by residents
- Potential to improve resident quality of life
- Effectively reduced reported stress and burnout



**Mindfulness means paying attention  
in a particular way: on purpose,  
in the present moment, and  
nonjudgmentally.**

*Jon Kabat-Zinn, 2003*

*And now for some*

**GUIDED MEDITATION**

*and*

**ART THERAPY**

**EXPERIENCE**