

HOW TO USE INTEGRATIVE MEDICINE
TO CULTIVATE
HOPE, EFFICACY, AND RESILIENCE

A PRACTICAL APPROACH TO BURNOUT FROM 10 YEARS OF EXPERIENCE IN AN UNDERSERVED SETTING

NOTHING TO DISCLOSE

SUTTER SANTA ROSA FAMILY MEDICINE RESIDENCY

WHO ARE WE?



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Second year resident**



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Third year resident**

WHAT WE HOPE TO ACCOMPLISH TODAY

To go beyond disease focused care/better manage disease-focused care

To teach and build tools for yourself and your patients

To understand how IM can cultivate hope, clinical efficacy, and provider resilience

Build a clear plan for next steps in your practice

FORMAT FOR TODAY

First from us ~ 45 minutes

- Who we are and why we are here
- Where and why IM fits into underserved care and medical education
- Using IM to target burnout and build resilience, hope, efficacy

Then with us - interactive workshops ~ 45 minutes

- Learn and apply IM tools to take back to your practice

SHOW OF HANDS

Who works with underserved?

Who works in community health?

What are you trying to get out of today's workshop?

- Patient-care tools?
- Self-care tools?
- Tools to grow/evolve your clinic?

WHAT ARE YOUR STRENGTHS?

Cultivating hope, efficacy, and resilience

A reminder of my strengths, what am I doing already?

Brief interventions I will implement tomorrow:

Long term professional aspirations:

What are my next steps to restoring hope and building resilience?

CHALLENGES IN DISEASE FOCUSED CARE

Current medical system:

- Disease-focused model

- Made for 80% of people, other 20% left out

- Pharmaceutical Focus

- Designed for acute or crisis management, not for chronic illness

TOP 6 PROBLEMS BEING TREATED

1. Depression-Psycho-Emotional Issues -- \$16.2 billion annually
2. Cholesterol-Heart Disease -- \$ 12.8 billion annually
3. GERD-digestive issues -- \$8 billion annually
4. Asthma -- \$7.5 billion annually
5. Pain -- \$3 billion annually
6. Diabetes -- \$2.5 billion annually

ONE SOLUTION: INTEGRATIVE MODEL OF CARE

More time

Different skills

Team based model

Group visits

Many patient centered Treatment options

Evidence vs Paradigm Based

ADDING INTEGRATIVE MEDICINE TO UNDERSERVED CARE

We Stand on Shoulders of Others... Began with...

- University-based IM fellowships 1999 Arizona
- Underserved Fellowships: Lawrence 2007/Santa Rosa 2008
 - Administrative support from Santa Rosa residency
 - STFM Acronym "IM4US" 2009
 - Birth of IM4US conference 2011

SUTTER SANTA ROSA FAMILY MEDICINE RESIDENCY



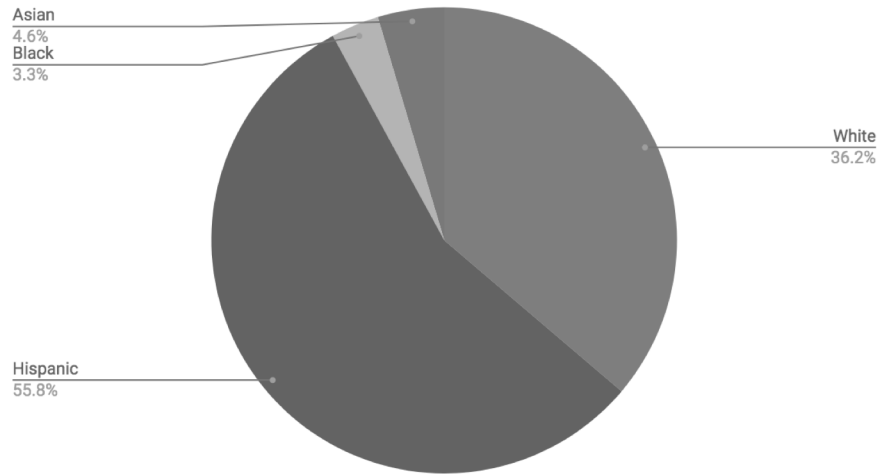
SANTA ROSA COMMUNITY HEALTH CENTERS

"... serves our diverse community by providing excellent, culturally responsive, comprehensive primary care that is accessible to all people. We care for the whole person with compassion and respect. We cultivate a safe, supportive learning environment where employees can do their best work in a way that embraces diversity. We advocate for health care as a human right because it is fundamental to social justice."

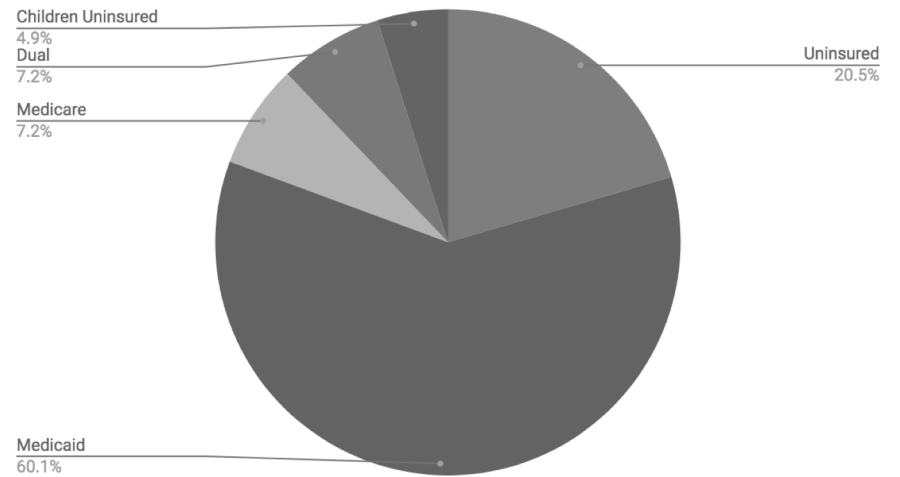


PATIENT DEMOGRAPHICS

Race/Ethnicity



Income Status



Income Status (% of patients with known income)			
Patients at or below 200% of poverty	99.50%	97.58%	97.70%
Patients at or below 100% of poverty	96.11%	82.05%	83.19%

INTEGRATIVE MEDICINE AT SRFMR TODAY

- Well Used Website with IM handouts - srfmr.org
- Continuity clinic
 - Core faculty members with IM training precept in continuity clinic
- Integrative medicine clinic
 - 2008, IM teaching clinic integrated into FHQC setting
 - Residents refer and see their continuity patients with an IM faculty member in 60-90 min visits
- Group visits - pregnancy, diabetes, mental health, movement
- Modality specific visits: Chiro, Acupuncture, Massage, Naturopathy
- IM fellowship

“Burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.”



BURNOUT

Nearly two-thirds of U.S. doctors experience feelings of burnout, depression or both.

Burnout can lead to negative quality of care and poorer patient outcomes.

Physician burnout can cause medical errors.

Burnout is also costing health systems and hospitals as much as \$1.7 billion a year.

One of the new JAMA studies looked at 3,588 second-year resident physicians and found burnout occurred in 45.2% of those surveyed. Nearly 15% regretted their career choice.

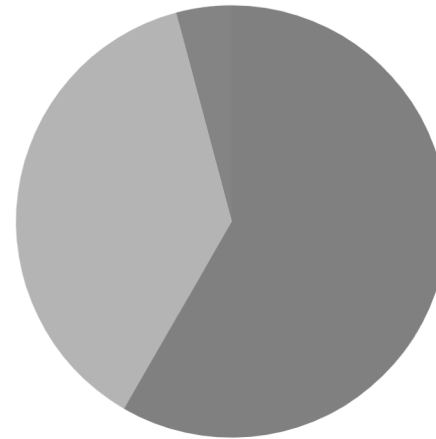
Integrative Medicine

HOPE, RESILIENCE
& EFFICACY

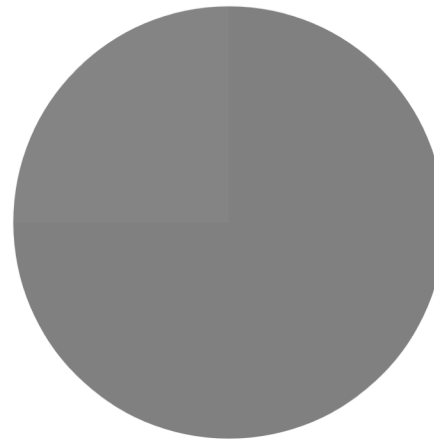
BURNOUT AT SRMFR

- I enjoy my work, I have no symptoms of burnout
- Occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help

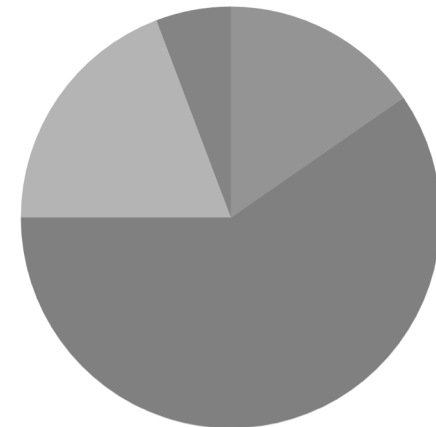
residents



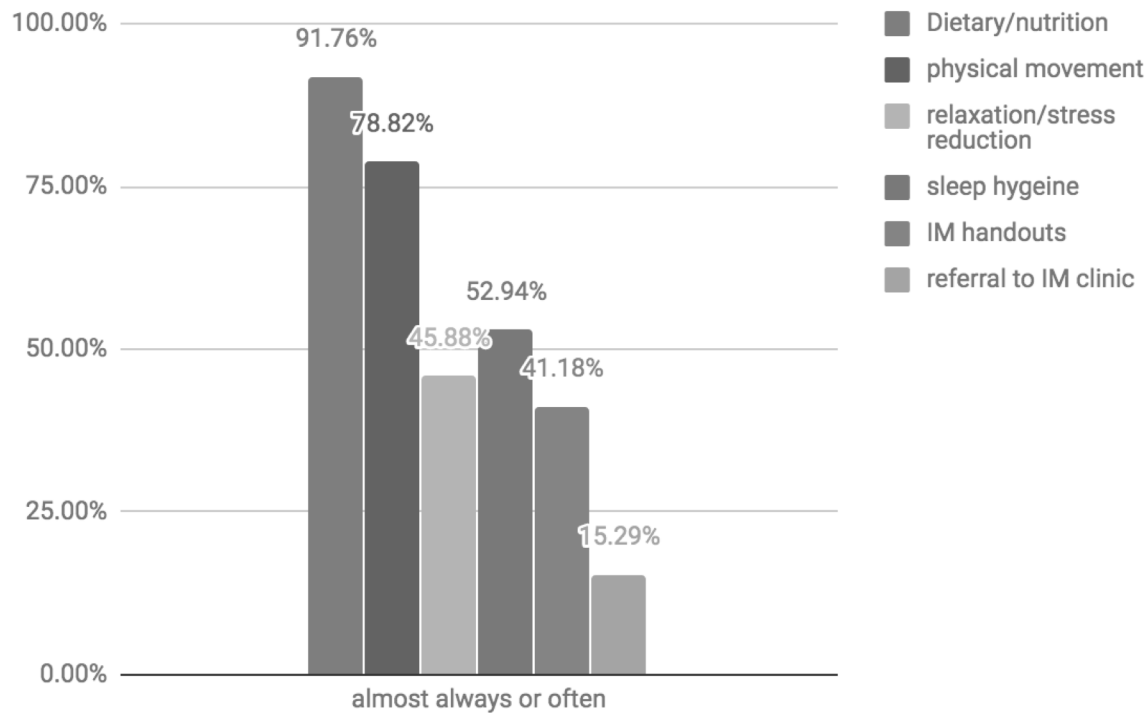
faculty



alumni

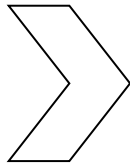


RESIDENTS AND ALUMNI ARE REGULARLY USING IM TOOLS IN THEIR PRIMARY CARE PRACTICES FOR UNDERSERVED



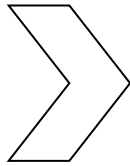
IM EXPOSURE AT SRFMR IMPROVES EMPATHY, EFFICACY, AND SELF-CARE

81% residents
100% faculty
74% alumni



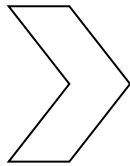
IM improved their ability to empathize + connect with patients

77% residents
80% faculty
78% alumni



IM increased their effectiveness in dealing with complex patients

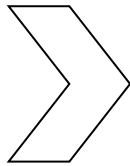
58% residents
60% faculty
76% alumni



IM taught them skills to better care for themselves during residency

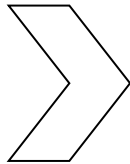
AND IMPROVES COPING SKILLS AND SATISFACTION IN MEDICINE

46% residents
60% faculty
67% alumni



IM helped them better cope with stresses associated with residency

58% residents
60% faculty
66% alumni



IM has made them more satisfied with their decision to be in medicine

IMPACT OF IM TRAINING ON RESIDENTS AND ALUMNI

“Our baseline level of increased exposure to integrative medicine during residency definitely helped add to my toolbox with my patients and has had lasting effects.”

“Our IM preceptors bring a refreshing amount of humanism to their precepting which is one of the reasons I chose this program.”

IMPACT OF IM TRAINING ON RESIDENTS AND ALUMNI

"It's the inclusive training that's peppered throughout residency within each rotation that allowed me to integrate IM with great confidence. It is the mindset and openness within the residency that allowed me to go forth and practice and educate my peers with confidence later. It is the idea of learning how to practice great family medicine care in the standard of care way in residency then topping it off with extra knowledge to empower patients to make lifestyle choices over medicine right away that makes me feel confident in what I do"

"Integrative medicine is good medicine. Sleep, nutrition, movement and mindfulness are the basic recipe for wellness and need to be discussed often with our patients to address their goals, yet gets left out of the equation too often. Having an IM presence constantly in residency was a reminder that these conversations, the therapeutic relationship, taking time to educate patients is all a part of good medicine"

APPROACHES TO INTEGRATING IM INTO PRACTICE

- **Brief:** those you can start immediately
- **Intermediate:** those that take some learning, planning and prep but can be implemented without systemic change
- **Advanced:** shifting and/or building clinical structures to incorporate IM

IN PRACTICE - FOR PATIENTS

3 different examples in practice

- **Brief:**
 - Use Sleep Handout
 - Teach Breathing Technique: breath counting
- **Intermediate:**
 - Make a handout on what you are passionate about
 - Learn and then teach stress management
- **Advanced:**
 - Groups: Diabetes Groups, Lifestyle Groups,
 - Consult Clinics

PATIENT CASE STUDY

Patient Intake Questionnaire

name:

date:

Magic Wand

imagine you had a magic wand and could change three things about yourself and your life.

What would they be?

- 1.
- 2.
- 3.

Symptoms

What 3 symptoms are most bothersome?

Strengths/Resources

(examples: What do you have in your life or do for yourself that really helps you? Is there anything you worked hard for and succeeded? Is there anything you are most proud of?)

Time Line: What major events have happened in your life?

Above Line

- When you when last felt well?
- When each specific symptoms began
- How symptoms have changed
- Anything else you think is important



Below line events

- major events (deaths, births, injuries, divorces, children, other).
- Anything else you think is important

Average Day

What do you do during the day? (example: I wake up at _____ and then I _____, and then I usually _____, and then I usually _____... and then I go to bed at ___)

What do you do for fun/pleasure/relaxation?

What brings you a sense of fulfillment?

Who do you connect with?

Do you have a spiritual practice?




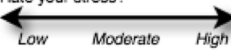
If yes, please describe:

Provider Use Only





Habits: Tobacco / alcohol / caffeine / MJ / other

PMHx:

Meds/Supplements:

Sleep	Food and Drinks	Movement	Stress
What time do you go to bed? How long does it take you to get to sleep? How often do you wake up and why? How many hours are you in bed? How many hours are you sleeping? Rate your satisfaction with your sleep 	How soon after you wake do you have your first food? How many times do you eat during the day? B: L: D: snacks: How many servings of vegetables a day? Rate your satisfaction with what you eat 	How much do you move during the day? Do you have any formal exercise program? Rate your satisfaction with your movement? 	Rate your stress?  What are your main sources of stress? What do you do to relax? How often do you do it? Does it work?

Making Changes

How much do you want things to change?	How wiling are you to make changes in your daily routine?	How confident are you that you can change your life?	How confident are you that any changes you make will help your situation?
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IM CONSULT- RECS TO PCP

PROVIDERS USE ONLY:

Food: timing/content/portions		Other Notes
Movement: duration/frequency/type		
Sleep: timing/quality		
Relaxation/Stress management		
Fun/Play/Pleasure/Reward		
Mental Health: attitude/belief/identity		EXAM
Environment/Relationships/ Resources		
Supplements		
Manual Medicine/Acupuncture		
Labs/Other		Global Notice

IN PRACTICE - FOR PROVIDERS

Building clinics that serve your professional desires

- IM consult clinic/group visits/allied provider clinics

Self-care practices

- Door knob breath/hand washing ritual/bathroom shake
- Make Electronics work for you (not you for them)
- Micro wins in the morning and at lunch

Team dynamics

- Stretch with Staff
- Respect goes a long way...(not just integrative...)

WHAT CAN I IMPLEMENT TOMORROW?

Adding a new personal wellness habit

Add a Brief intervention in our clinics

- Reset between patients
- Teach coping skills/practice coping skills
- Shift the experience
- Honors time constraints
- Keep it simple and Make it Fun

CENTERING EXERCISE:
HAND WASHING CLEANSE

BREATHING EXERCISE:
UTILIZING THE LUNG EXAM

MOVEMENT EXERCISE:
BATHROOM SHAKE

CARRY HEALTH SNACKS:

BAG OF NUTS

WATER BOTTLE

SUPPLEMENT BOX

WHAT CAN YOU IMPLEMENT TOMORROW?

Cultivating hope, efficacy, and resilience

A reminder of my strengths, what am I doing already?

Brief interventions I will implement tomorrow:

Long term professional aspirations:

What are my next steps to restoring hope and building resilience?

STRETCH BREAK

INTERACTIVE WORKSHOPS

WHAT ARE SOME LONG TERM PROFESSIONAL GOALS?

Cultivating hope, efficacy, and resilience

A reminder of my strengths, what am I doing already?

Brief interventions I will implement tomorrow:

Long term professional aspirations:

What are my next steps to restoring hope and building resilience?

WHAT ARE YOUR NEXT STEPS TO RESTORING HOPE AND BUILDING RESILIENCE?

Cultivating hope, efficacy, and resilience

A reminder of my strengths, what am I doing already?

Brief interventions I will implement tomorrow:

Long term professional aspirations:

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PAIR AND SHARE

Cultivating hope, efficacy, and resilience

A reminder of my strengths, what am I doing already?

Brief interventions I will implement tomorrow:

Long term professional aspirations:

What are my next steps to restoring hope and building resilience?



Q&A