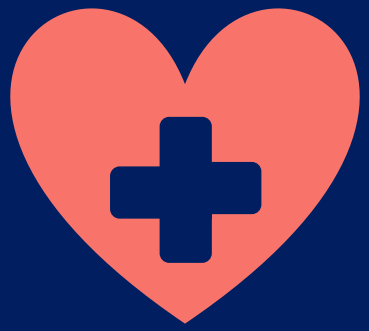
Improving Interprofessional Collaboration, Collegiality, and Communication Between Nurses and Trainees



2023 Midcareer Faculty Leadership Program


PATIENCE
PATIENTS
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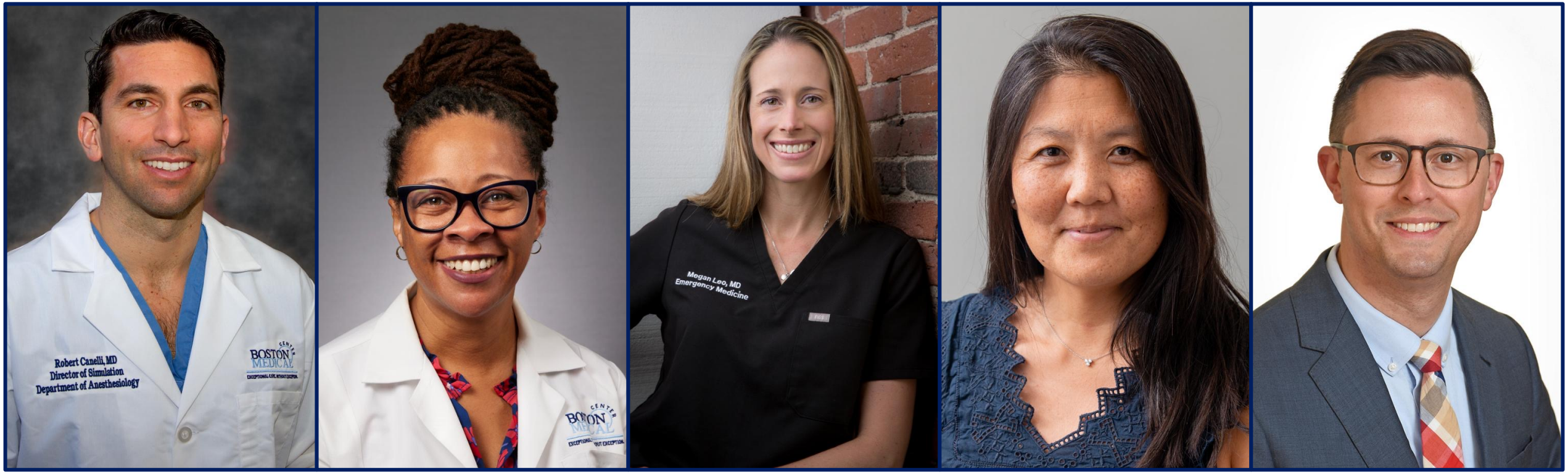
PROJECT TEAM



Robert Canelli, MD
Anesthesia, Critical Care

Vonzella Bryant, MD
Emergency Medicine

Megan Leo, MD
Emergency Medicine

Naomi Ko, MD
Hematology & Oncology

Michael Cassidy, MD
Surgical Oncology

PROJECT TEAM

PROJECT SPONSORS

Nancy Gaden, DNP, RN, NEA-BC

Jeff Schneider, MD

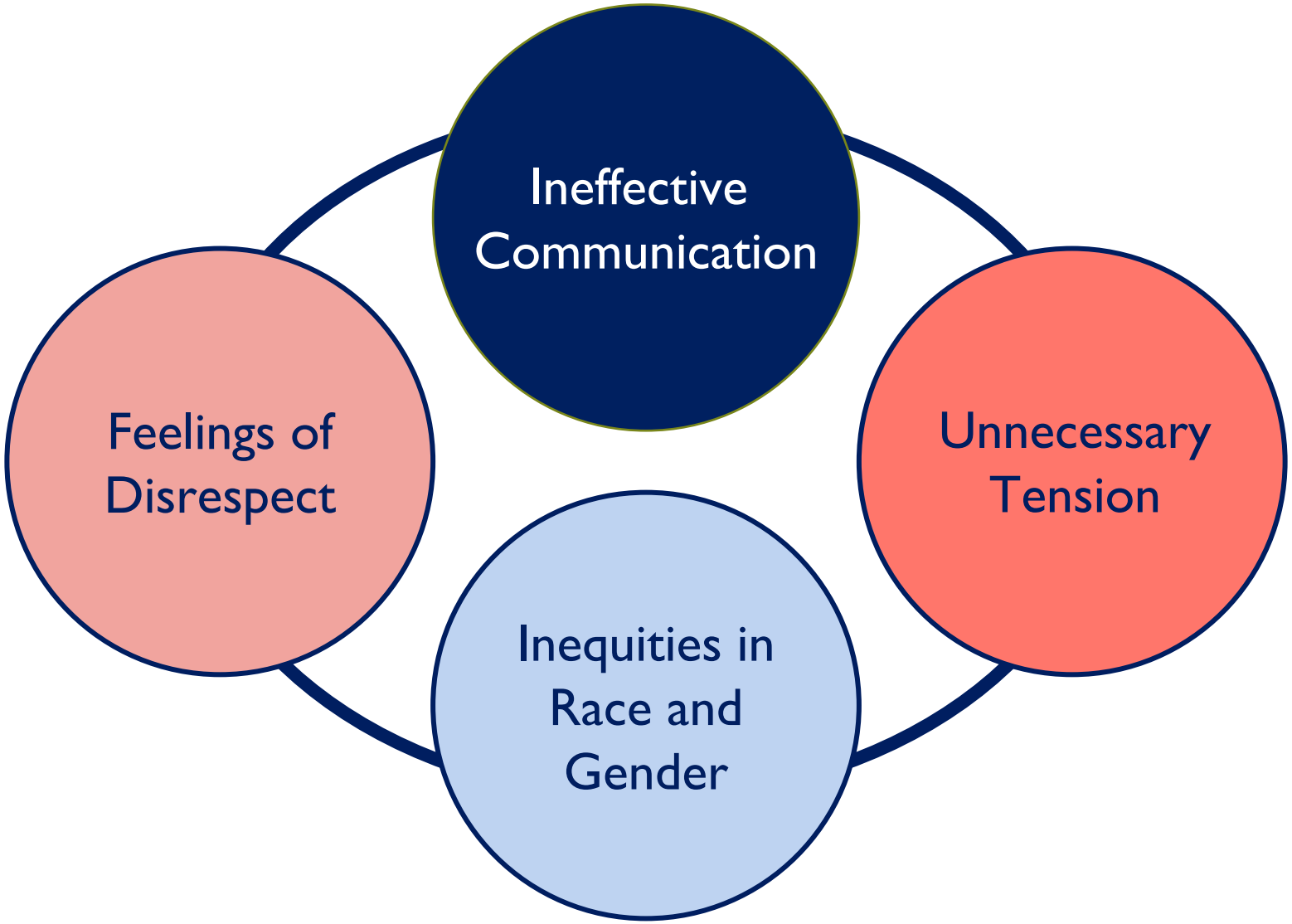
OBJECTIVES

1. The Problem
2. What's Going On?
3. Strategies for Progress

OBJECTIVES

1. **The Problem**
2. What's Going On?
3. Strategies for Progress

THE CHALLENGE: RESIDENTS AND NURSES



WHERE?

Everywhere!!

Emergency Dept.

Intensive Care Unit

Labor & Delivery

High Stress!

High Acuity!

High Urgency!

WHY DOES IT MATTER?

Benefits of change:

Gain institutional trust

Enhance wellness and vitality

Staff retention

High quality of care

OBJECTIVES

1. The Problem
2. **What's Going On?**
3. Strategies for Progress

DATA COLLECTION

Quantitative:

Reviewing BMC surveys, national data

Qualitative:

Interviewing key players

MISTREATMENT AT BMC
AMONG TRAINEES (n=322)

Verbal mistreatment or abuse	**34%**
Complaint or criticism about professionalism	**20%**
Complaint or criticism about work quality	**19%**

2021 BMC Clinician Vitality Survey

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MISTREATMENT AT BMC
AMONG TRAINEES (n=322)

	Any Source	By Nurse
Verbal mistreatment or abuse	**34%**	**10%**
Complaint or criticism about professionalism	**20%**	**9%**
Complaint or criticism about work quality	**19%**	**9%**

2021 BMC Clinician Vitality Survey

MISTREATMENT BY RACE AT BMC
AMONG TRAINEES (n=322)

	Asian	URG*	White
Verbal mistreatment or abuse	**44%**	**41%**	**38%**
Complaint or criticism about professionalism	**23%**	**17%**	**28%**
Complaint or criticism about work quality	**23%**	**27%**	**22%**

2021 BMC Clinician Vitality Survey
URG = Anyone who self-identified as African American or Black, Hispanic or Latinx, Native American or Alaska Native, and Native Hawaiian or Pacific Islander

MISTREATMENT BY GENDER AT BMC
AMONG TRAINEES (n=322)

	Men	**Women**
Verbal mistreatment or abuse	**32%**	**48%**
Complaint or criticism about professionalism	**21%**	**25%**
Complaint or criticism about work quality	**27%**	**19%**

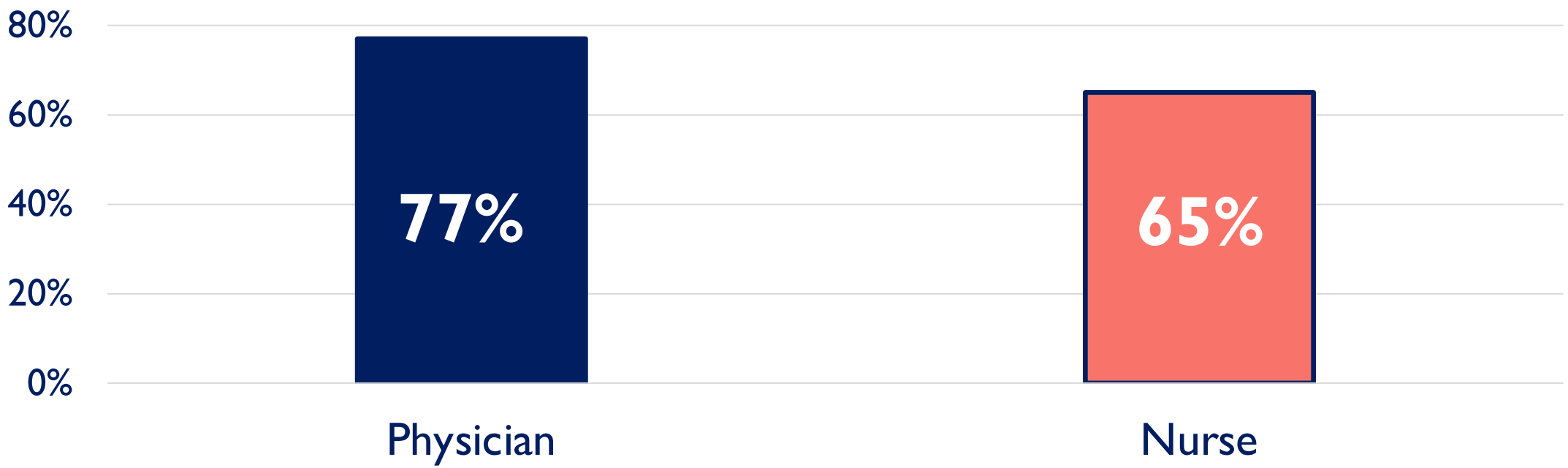
2021 BMC Clinician Vitality Survey

NATIONAL DATA

A Survey of the Impact of Disruptive Behaviors and Communication Defects on Patient Safety

Alan H. Rosenstein, M.D., M.B.A.; Michelle O'Daniel, M.H.A., M.S.G.

Have You Witnessed Disruptive Behavior From the Following Sources?



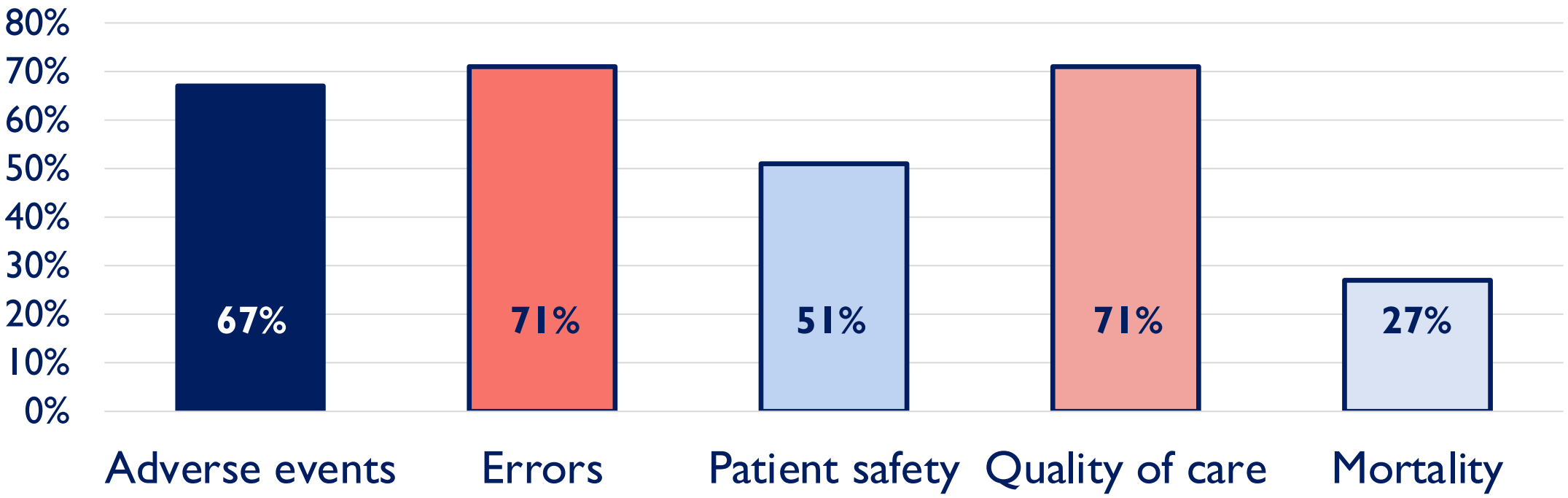
The Joint Commission Journal on Quality and Patient Safety

NATIONAL DATA

A Survey of the Impact of Disruptive Behaviors and Communication Defects on Patient Safety

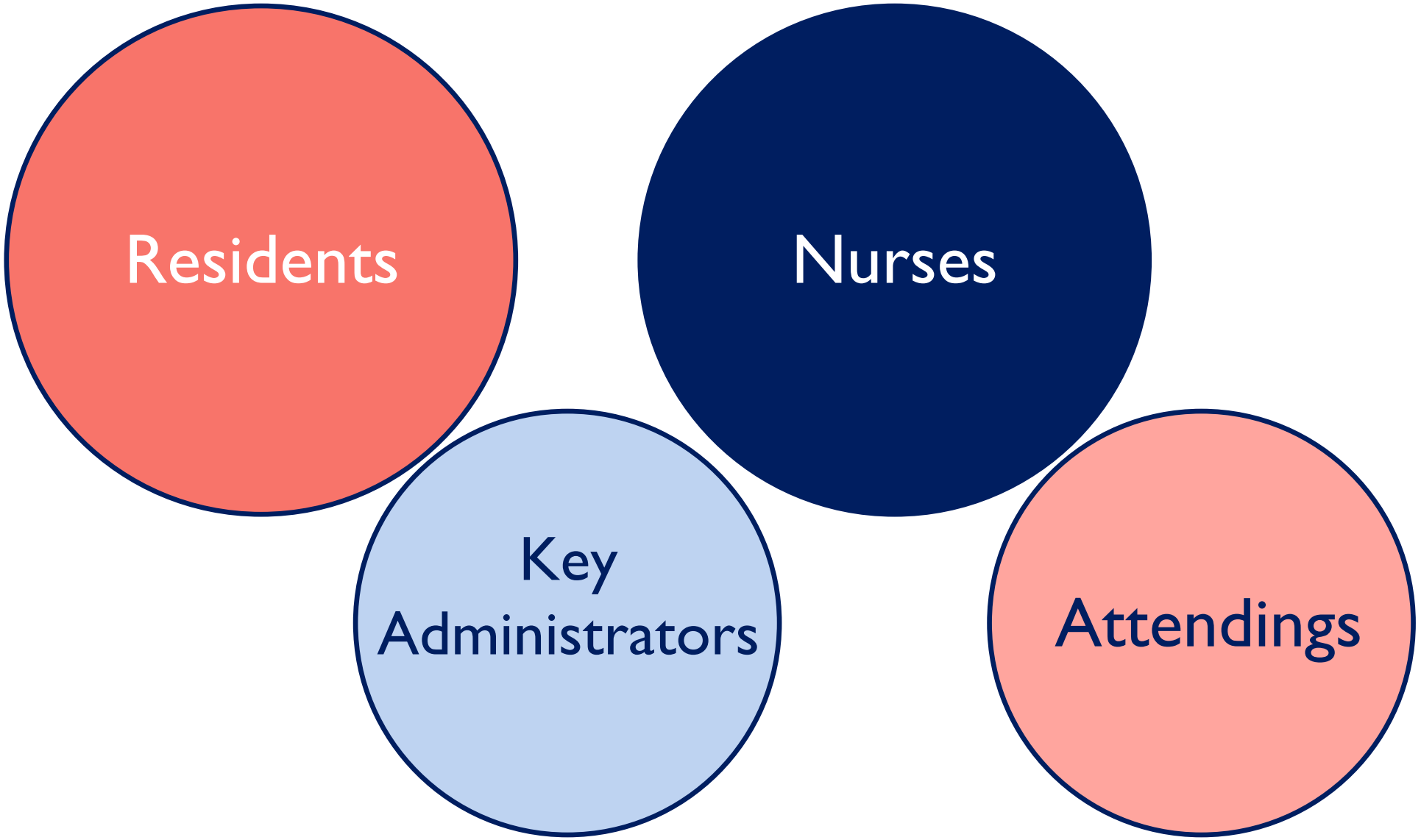
Alan H. Rosenstein, M.D., M.B.A.; Michelle O'Daniel, M.H.A., M.S.G.

How Often is There a Link Between Disruptive Behavior and the Following Poor Outcomes?



The Joint Commission Journal on Quality and Patient Safety

INTERVIEWS WITH KEY PLAYERS



RESIDENT EXPERIENCES

You need to earn your stripes.

Everyone has to learn to just get around it and move on.

Rite of Passage

Refusal to Perform Orders

Nurses pick and choose which orders they carry out.

The nurse publicly didn't listen to my instruction during a code

You have to gain social capital with the nurses.

I got put on the nursing hit list.

Travelling nurses are easier to work with.

Rumors, Stigma

It's a lot about HOW we speak to each other.

It would help if people would just say hi.

Civility

As a female resident, I have to do more than the male residents.

Sexism

NURSING EXPERIENCES

ATTENDING REFLECTIONS

Civility

Humiliation is the shared problem.

There is a loss of civility and an erosion of norms.

This is sometimes just manners.

Power

Lateral violence is a real contributing factor.

Can be a power struggle.

Consider the power dynamics at play in each interaction.

Teamwork

Need to function as a team.

Need to build a team… Quickly.

Burnout

We are working at the top of our distress tolerance.

ADMINISTRATIVE REFLECTIONS

Universal Issue

Every hospital, every few years, tries to tackle this but it keeps resurfacing.

Need for Explicit Direction

They need explicit direction on how to interact with each other.

In the past we needed a script for how to answer pages.

Sexism

Female residents are treated differently than men.

Women are harsher towards women.

Competing Needs and Goals

Nurses and residents have very different pressures and don't understand the other's stressors.

MAJOR THEMES

TEAMWORK

communication, trust

CIVILITY

kindness, respect

EMPATHY

shared experiences

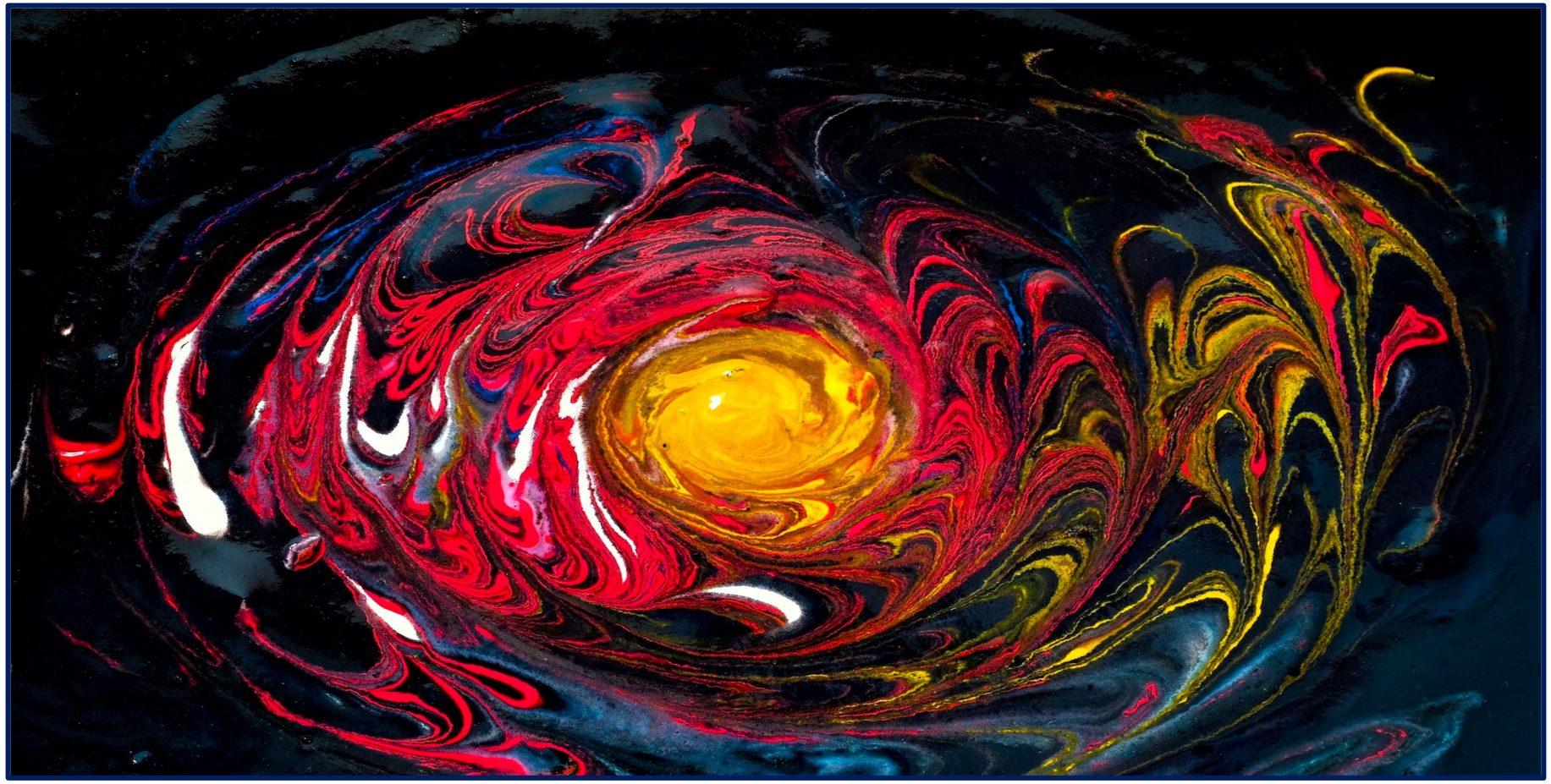
OBJECTIVES

1. The Problem
2. What's Going On?
3. **Strategies for Progress**

THE MISSION

To create a culture at BMC where our clinicians practice patience first so that we may put our patients first.

DIVERSE ISSUE



RESOURCES

LOW REPORTING

IDEATION PROCESS

THE STRATEGY TOWARDS CHANGE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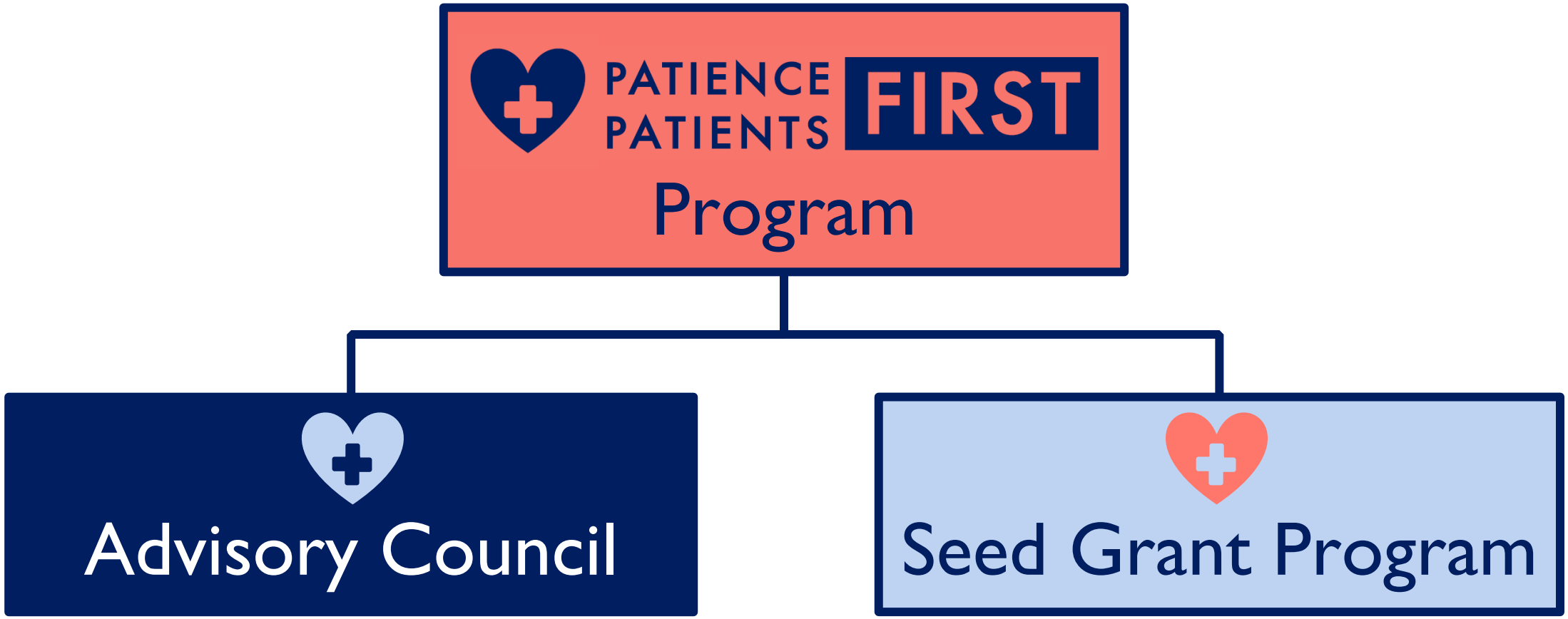
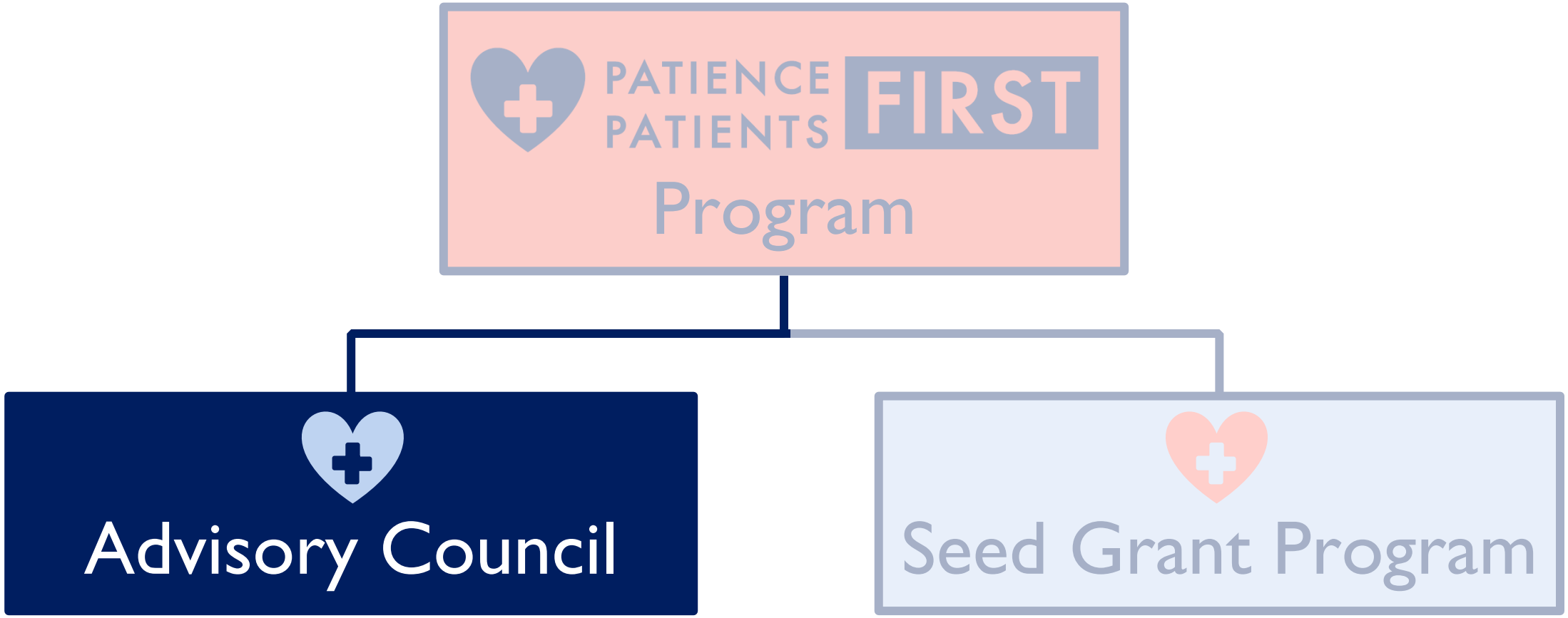
THE STRATEGY

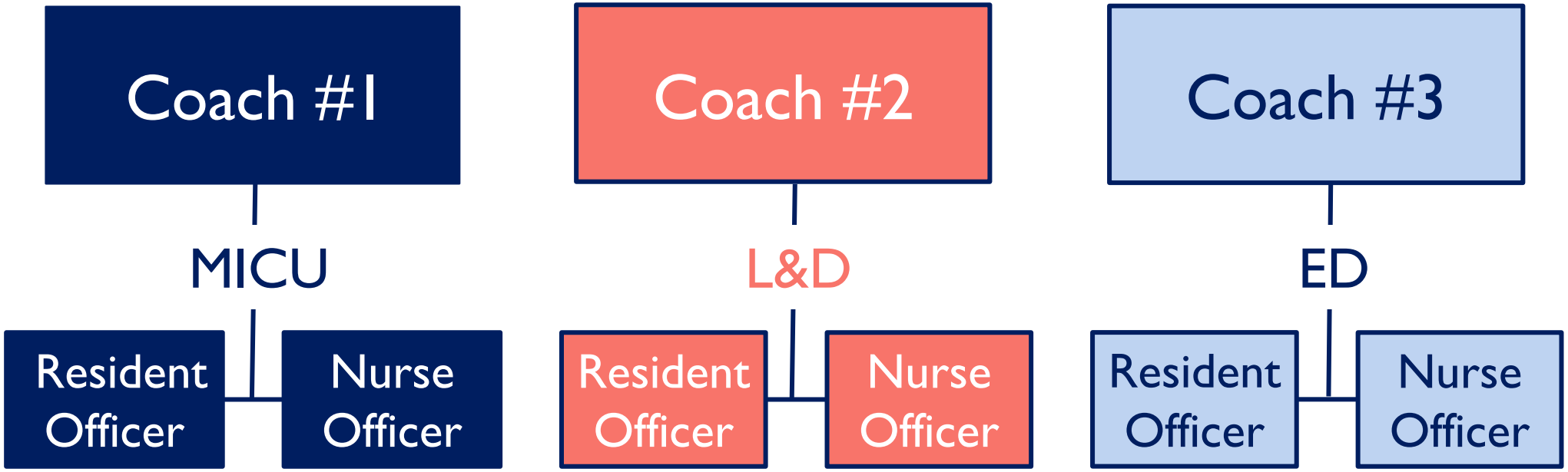


THE STRATEGY



PATIENCE PATIENTS **FIRST** ADVISORY COUNCIL

ORGANIZATIONAL CHART



Coaches include Jeff Schneider, Nancy Gaden, and Beth Milaszewski

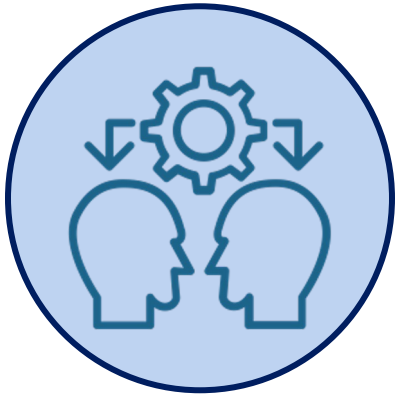
Dyads will meet with coaches once per month

Advisory council will meet every 3 months

PATIENCE PATIENTS FIRST PROGRAM RESPONSIBILITIES

Orientation
June 2023

Coach + Dyad Meeting
Monthly



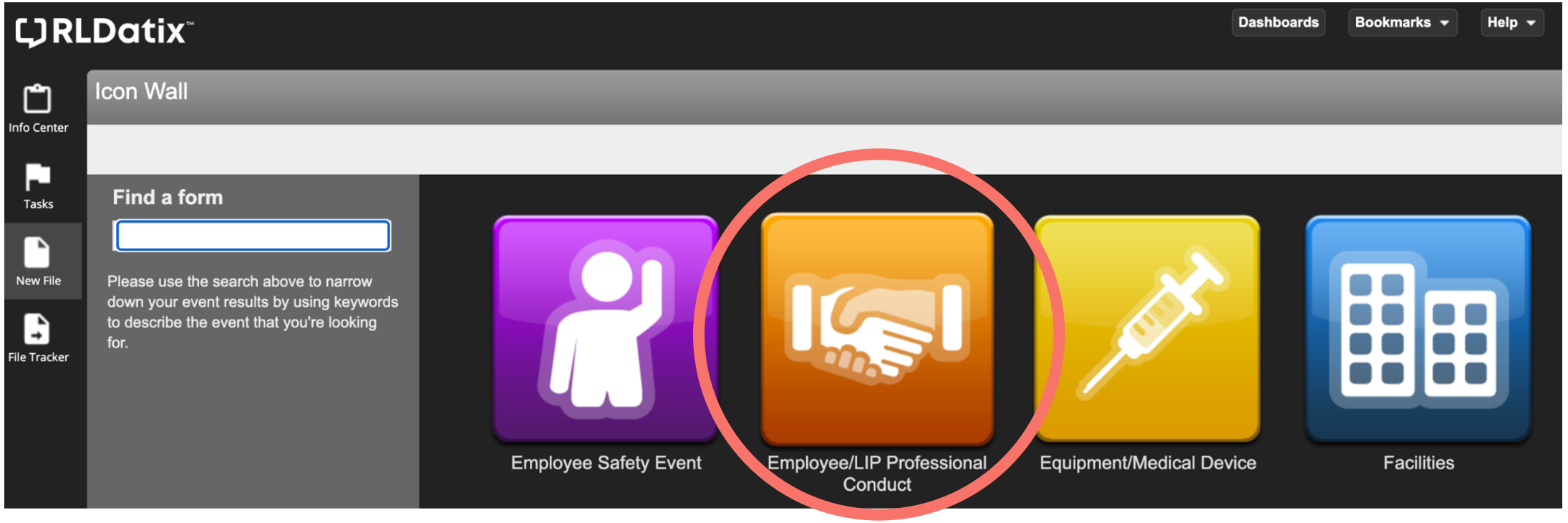
Conflict Resolution Training
July 2023

Advisory Council Meeting
Quarterly

PATIENCE PATIENTS **FIRST**

ADVISORY COUNCIL

QUANTITATIVE AND QUALITATIVE DATA COLLECTION

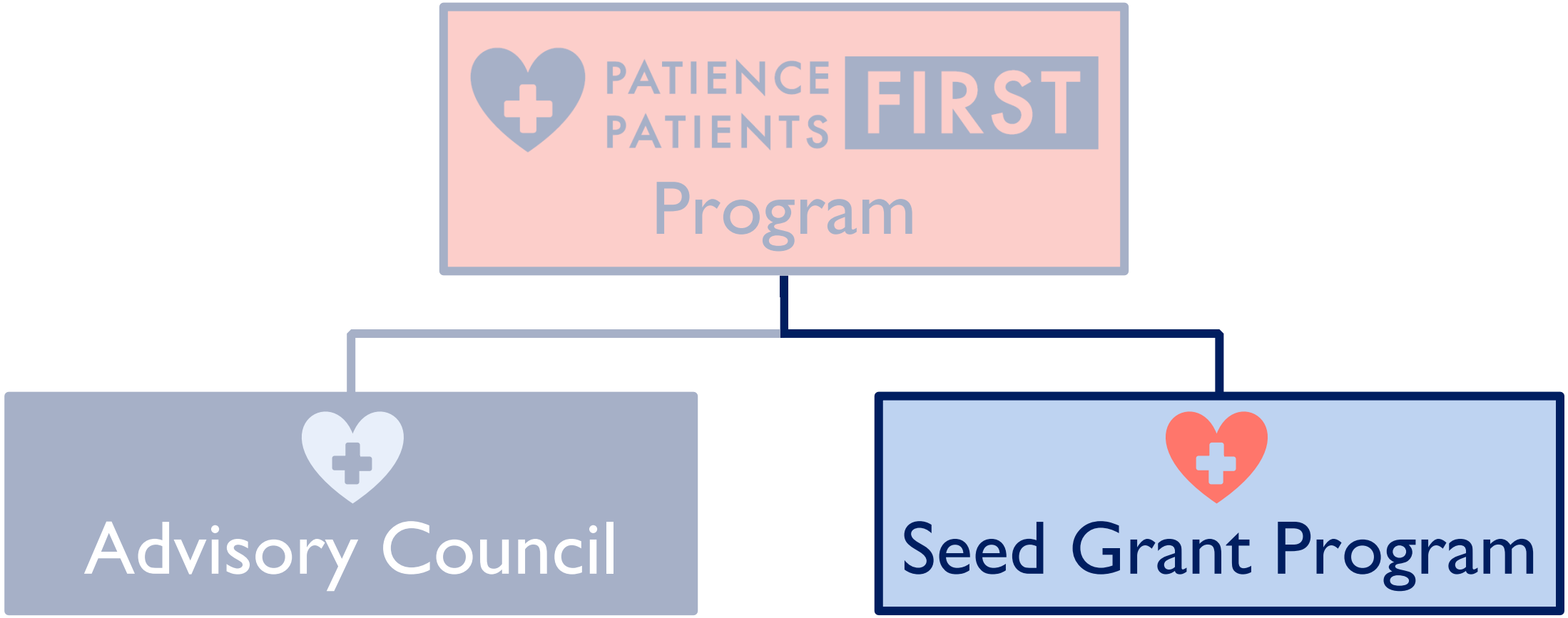


BENEFITS

1. Nurse  resident dyads work together
2. Opportunity for funding and scholarship
3. Professional experiences for future careers
4. Learn about and help to solve a universal problem
5. Dyads in different areas of the hospital come together

PATIENCE PATIENTS FIRST

THE STRATEGY



PATIENCE PATIENTS FIRST SEED GRANT PROGRAM

Awarded to any nurse resident dyad

- Interdisciplinary communication
- Workflow improvements
- Wellness initiatives

Goal 3-5 grants awarded per year

Up to $5,000 per grant

PATIENCE PATIENTS FIRST SEED GRANT PROGRAM

Selected by the Coaches and Chief Quality Officer

Patient Safety Awareness Week

- New grant awardees announced
- Poster presentations of completed projects

PATIENCE PATIENTS FIRST

MEASURES OF SUCCESS

Quantitative

- RL reports
- RN + MD QI projects
- RN staff retention
- Vitality survey data

Qualitative

- Empathy interviews
- Culture shift

PATIENCE PATIENTS **FIRST**

PROGRAM COST

Administrative staff	$2,000 (.02 FTE)
RL reporting system and analysis	$3,000 (.03 FTE)
Advisory council training program	$1,000
Advisory council quarterly meetings	$1,000 (food)
Seed grant program	Up to $5,000 / project Up to 5 projects / year
TOTAL	**$32,000 annually**

PATIENCE PATIENTS FIRST RETURN ON INVESTMENT AND LONG TERM BENEFITS

- Culture shift toward a healthy work environment
- Employee satisfaction
- Staff retention
- Better patient outcomes
  - reduced errors
  - patient satisfaction with hospital care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ACKNOWLEDGEMENTS

Nancy Gaden and Jeff Schneider
Residents and nurses that we interviewed
Key leadership and administrators that offered insight

Thank you to our future Patience(ts) First Advisory Council Members

Thank you to our MFL colleagues who offered valuable one way feedback

A very special thank you to Emelia Benjamin for her tireless efforts that helped shape our vision for the Patience(ts) First Program

PATIENCE PATIENTS FIRST