

**MFL Project Executive Summary—Patience First: Patients First**

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<b>Sponsors:</b>	Jeff Schneider MD, Nancy Gaden DNP
<b>Significance:</b>	The interactions between nurses and residents, especially in high stress environments such as the MICU, L&D, and ED, often degrade from pleasant and collegial to harmful and offensive. Communication is ineffective, tensions rise, and both parties feel disrespected and not heard. This happens at a disproportionately higher rate to women and individuals from underrepresented groups. Nurses and trainees <b>need to be provided with ways to enable an effective and supportive working environment</b> that contributes to clinician vitality and patient-centered care.
<b>Innovation:</b>	Utilize existing personnel and reporting resources at BMC to create resident-nurse dyads for high stress areas. <ul style="list-style-type: none"> <li>• One resident and one nurse will pair as interprofessional co-leaders for their assigned locations. Each resident-nurse dyad will work with an assigned coach.</li> <li>• The pilot program will include 3 locations: MICU, L&amp;D, and ED.</li> <li>• The 9 member Patience(ts) First Advisory Council will feature the 6 resident and nurse leaders (3 residents (IM, OBGYN, EM) and 3 nurses) and 3 coaches.</li> <li>• Patience(ts) First seed grants will be offered to resident-nurse teams to support innovative projects around interprofessional communication, collaboration, and safety.</li> </ul>
<b>Methods/ Prototypes:</b>	Key informant interviews with residents and nurses were conducted across the high acuity departments: ED, OBGYN and IM. Additional interviews were conducted with key leadership and hospital administrators. Employee survey data were obtained and evaluated. Ongoing conversations with stakeholders (residents, nurses, residency directors, hospital leadership, human resources and chief residents) informed the design. IRB approval was obtained.
<b>Results:</b>	The resident-nurse dyad program is a high touch program with a visible nursing and resident partnership. <ul style="list-style-type: none"> <li>• Dyads are known to the unit nurses and residents rotating through the unit.</li> <li>• Team building and non-punitive conflict resolution will be the bulk of the interprofessional co-leader job.</li> <li>• Reporting conflicts and events is actively maintained via the existing RL system and classified under the Employee/LIP Professional Conduct label. This will be monitored and managed by the Quality and Patient Safety Department.</li> <li>• Dyads will meet with their assigned mentor monthly.</li> <li>• The 9 member Patience(ts) First Advisory Council will meet quarterly to share ideas, experiences, provide support and identify hospital wide themes.</li> </ul>
<b>Challenges &amp; Limitations:</b>	<ul style="list-style-type: none"> <li>• Additional work burden for Internal Medicine, OBGYN, and Emergency Medicine residents and nursing leaders.</li> <li>• Additional meetings for entire Patience(ts) First Advisory Council.</li> <li>• Given the nature of the work that is anticipated, challenging situations and interactions may be difficult for the dyads to handle on their own.</li> </ul>
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>• Confirm 3 Patience(ts) First coaches.</li> <li>• Identify 1 chief resident from IM, OBGYN, and EM to serve as interprofessional co-leaders for MICU, L&amp;D, and ED, respectively.</li> <li>• Identify 1 nurse representative from MICU, L&amp;D, and ED to serve as leader for their respective work unit.</li> <li>• Organize the Patience(ts) First Council Orientation in June 2023.</li> <li>• Secure funding and advertise for Patience(ts) First Seed Grant Program.</li> </ul>
<b>Addendums</b>	<ul style="list-style-type: none"> <li>• Logo</li> <li>• Budget</li> <li>• SOP</li> <li>• Job description</li> </ul>



**PATIENCE  
PATIENTS** **FIRST**



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BUDGET proposal

Administrative staff	\$2,000 (.02 FTE)
RL reporting system and analysis	\$3,000 (.03 FTE)
Advisory council training program	\$1,000
SWAG: buttons, stickers, TShirts and mug	\$2,000
Advisory council quarterly meetings	\$1,000 (food)
Seed grant program	Up to \$5,000 / project Up to 5 projects / year
<b>TOTAL</b>	<b>\$34,000 annually</b>

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### Patience(ts) First Program

#### Standard Operating Procedure

#### Mission:

Our mission is to create a culture at BMC where our clinicians practice patience first so that we may put our patients first.

#### The Patience(ts) First Program includes:

- 1) **Patience(ts) First Advisory Program:** pairs one chief resident (CR) or resident delegate with one nurse leader chosen by the nurse director (ND) of that unit, to create a dyad for a designated unit or floor. These individuals will hold the title of Interprofessional Team co-Leader for the Patience(ts) First Program at Boston Medical Center
  - Each dyad will partner with a hospital leader coach to improve interprofessional collaboration, collegiality, and communication within their assigned unit
  - Monthly empathy interviews within the unit
  - Quarterly meetings with the leader coach
  
- 2) **Patience(ts) First Seed Grants Program:** The applications for these grants will require a nurse-resident co-author
  - The proposed QI or wellness project will be submitted under the subcategories: Interdisciplinary communication, Workflow improvements, Wellness initiatives
  - With the overall goal of directly or indirectly improving the quality of patient care in their unit
  - There will be 3-5 grants per year with a maximum award of \$5000
  - The grant awards will be selected by the Patients First Program Coaches and the Chief Quality Officer
  - The upcoming awardees will be announced at the BMC Patient Safety Awareness Week and the prior year's projects will be presented at this event as well

This program provides opportunities for scholarship between nurses and residents (seed grant), opportunity for professional development in management skills, and opportunities to highlight their Patience(ts) First experience on their resumes.

#### Patience(ts) First Advisory Program Structure:

The pilot program will start with 3 dyads, 6 Patience(ts) First Interprofessional Team co-Leaders, formed in the following locations:

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1. ED: ND + EM CR
2. L&D: ND + OBGYN CR
3. MICU: ND + Internal Medicine CR

### **Characteristics of the Interprofessional Team co-Leader:**

- Credibility and respected by peers across disciplines (RN and residents)
- Integrity and is viewed as fair
- High emotional intelligence and embraces diverse perspectives
- Responsive, timely, and strong work ethics
- Proactive in solving issues and hosting difficult conversations
- Committed to diversity, equity, inclusion, and accessibility

### **Potential near-peer coaches:**

- APPs (NPs and PAs)
- Early-career attendings
- Fellows

### **Patience(ts) First Site Officer dyads will directly report to one of the following Patience(ts) First Mentors monthly:**

1. Jeff Schneider
2. Nancy Gaden
3. Beth Milaszewski

The Patience(ts) First dyads and their Coaches will convene as the Patience(ts) First Advisory Council (9 members total) at least every 3 months or 4 times per year. At the Patience(ts) First Advisory Council meetings, the Dyads will be able to share their experiences, findings, and activities with each other.

### **Interprofessional Team co-Leader Job Description:**

Goals: TEAM BUILDING and CONFLICT RESOLUTION

TEAM BUILDING:

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- Improve the workplace environment for both nurses and residents.
- Foster a collegial and educational, bi-directional atmosphere.
- Create intentional processes unique to their assigned units that will help to foster teamwork between the rotating residents and nurses

### **CONFLICT RESOLUTION.**

- Act as a safe outlet for both residents and nurses to turn to when tensions rise
- Resolve issues with a restorative justice approach to conflict management

### **Interprofessional Team co-Leader tasks:**

- Survey the individuals on the unit regarding culture and collaboration between nurses and residents, consider empathy interviews
- Brainstorm on and implement cohesive strategies or collaborative projects that will work best for their unit
- See that all incidents are logged into RL either by individuals involved in the incident or by the Interprofessional Team co-Leaders themselves
- Consider applying for a safety grant to accomplish their plan
- Meet with assigned Patience(ts) First Advisory Coaches monthly to review incidents, assess climate, and iterate on future strategies.
- Meet as a Patience(ts) First Advisory Council (all 3 dyads and coaches) every 4 months, 3 times per year.

### **Examples of possible Interventions and Ideas:**

- Nurse/resident social with food (breakfast, coffee or lunch) at the start of every resident block
- Interprofessional Team co-Leaders join rounds on the first day of each new resident block
- Interprofessional Team co-Leaders attend occasional shift changes, supervise handoffs
- Interprofessional Team co-Leaders make themselves available during some afternoons, set office hours or spontaneous times
- Interprofessional Team co-Leaders inquire explicitly about any interprofessional issues at least weekly
- Facilitate Lauren Kearney's program (former medicine CR) for the MICU

While the goal is to proactively create better cohesion and build strong teamwork in the care of patients, Patience(ts) First Interprofessional Team co-Leaders will also be present and available to troubleshoot challenging encounters, helping to restore relationships and work toward resolution.

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### Specifically, we offer these guidelines and resources:

#### How to handle interpersonal incidents:

Be patient!

Non-punitive approach

Listen to both sides

Consider best approach to remedy situations and restore collegiality and sense of team

#### Resources to Consider:

Patience First Oversight Team mentor as first person to contact

Peer Support Program

Beth M

BUMG OMBUDS

LIFT training

Lauren Kearney's program (former medicine CR) for the MICU

### **STRUCTURE:**

- Patience(ts) First Interprofessional Team co-Leaders: 6 total for 3 locations (MICU, L&D, ED), 3 nurse leaders + 3 chief residents (IM, OBGYN, EM)
- Patience(ts) First Coaches: Jeff Schneider, Nancy Gaden, Beth Milaszewski
- Patience(ts) First Advisory Council: 3 Dyads + Coaches
- Patience(ts) First "Founding Project Team": Vonzella Bryant, Naomi Ko, Michael Cassidy, Megan Leo, Robert Canelli, Emelia Benjamin

Patience(ts) First Interprofessional Team co-Leaders (3 nurse leaders, 3 chief residents):

- Boots on the ground, be present and seen together on the unit
- Conflict resolution as needed - immediate and in person

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- RL maintenance, encourage reporting for quantitative metric
- Meet with Interprofessional Team co-Leader Regularly
- Meet with Coaches monthly
- Meet with Patience(ts) First Advisory Council quarterly

Patience(ts) First Coaches (3 senior members):

- Administer seed grants with a focus on augmenting the resident and nurse dynamic
- Oversee the RL data generated from the dyads
- Be a direct mentor for each dyad, meet quarterly and as needed with the dyads
- Involve dyads into the issues as they arise. Help with diffusing any acute issues

Patience(ts) First Advisory Council (all 9 members):

- Meet every 3 months, 4 times per year: September, December, March, June.
- Meeting agenda:

1) Review data from RL

2) Introduce their dyad project/process

3) Share progress in the subsequent meetings

4) Discuss hospital-wide themes across dyads

Patience(ts) First “Founding Project Team”: (Vonzella Bryant, Michael Cassidy, Bob Canelli, Megan Leo, Naomi Ko, Emelia Benjamin)

- Help with implementation of the first year
- Ensure that meetings and agendas are going as planned
- Collect data on the pilot program
- Suggest improvements and changes as needed
- Help with any academic or QI pursuits that may arise from the process

Long Term Success metrics of the program:

- Improved nursing retention
- Improved clinical vitality survey
- Decrease in RL data each year (after the first year)



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### TIMELINE:

#### June 2023:

- Create chief resident (CR) and nurse manager (NM) dyads, who are selected to be the Patience(ts) First Officers - PD and APD
- Jeff and Nancy and Beth create the dyads in the inaugural year. Subsequent years can be selected by the CR and NM themselves, to generate future dyads and a warm handoff/wrap up meeting at the end of the year.

#### July:

Patients First orientation during training days in June/July when CR overlap.

- Detailed orientation program on conflict resolution
- Workstyle assessment (TypeCoach or DiSC Profile)

Seed grant awards are funded for the year

#### Aug:

First Patience(ts) First Council meeting:

- Report on each unit's climate, challenges and proposed program for the year
- Report on empathy interviews with individuals on the unit

#### Oct:

Seed grant applications open (1st Monday in Oct)

#### Dec:

Second Patience(ts) First Council meeting

- Review RL data received
- Review each unit progress
- Review themes across the hospital
- Discuss conflict management strategies, pitfalls and lessons learned so far

Deadline for Seed Grant applications (1st Monday in Dec)

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### March:

Patient Safety Awareness week

- New grant awardees announced
- Poster presentations for prior year project

### April:

Third Patience(ts) First Council meeting

- Review RL data
- Report on outcome of unit program
- Discuss improvements to the program for the following year

### May - June 2024:

First year dyads warm hand off to selected next year dyads