Agenda

• Logging/ Signing in
• Welcome
• Housekeeping
• Presentation
• Questions & Discussion
Housekeeping

- Mute phone: Background noise/mobile phone
- Questions: unmute phone
  - raise hand
  - chat room
  - talking mention name and Service work at
- Participants – introductions
- Evaluation
Self Care for Staff
Standard 13

CQI webinar 27th November 2014

Presenters:
Helen Vaz – NSAP Quality Manager
John Cavengah -Senior Staff Specialist
Purpose of Session

• Explore some self care strategies
• Tips on making change to provide self care for staff - Standard 13
Standard 13

Staff and volunteers reflect on practice and initiate and maintain effective self care strategies.

*Intent:* Self care needs to be part of the palliative care service culture and structure as provision of palliative care is emotionally draining.
### Standard 13

**Standard 13:** Staff and volunteers reflect on practice and initiate and maintain effective **self care** strategies.

<table>
<thead>
<tr>
<th>National Palliative Care Standard</th>
<th>Relevant Evidence (to read)</th>
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<tbody>
<tr>
<td><strong>Standard 13</strong></td>
<td>CareSearch Review Collection: eg Professional &amp; Service Issues</td>
</tr>
<tr>
<td></td>
<td>Palliative Care PubMed Searches: eg, Professional Burnout</td>
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</tbody>
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<table>
<thead>
<tr>
<th>NSAP Quality Element</th>
<th>Location of health professional resources (to read)</th>
<th>Location of consumer resources (to recommend)</th>
<th>Things that you can do</th>
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<tbody>
<tr>
<td>13.1</td>
<td>There are procedures in place to identify and respond to critical incidents. Critical incident procedures focus on system enhancements, not on blame for individuals.</td>
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<tr>
<td>13.2</td>
<td>Employee assistance programs and/or counselling services are available to staff and volunteers to meet their identified needs.</td>
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<td>13.3</td>
<td>There are education programs in place to enable staff and volunteers to develop effective coping strategies.</td>
<td>Clinical Evidence / Service Delivery Evidence/ Self Care</td>
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<td>GP Home/ Professional Development / Self Care</td>
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<td>Nurses Hub/ Clinical / Self Care section</td>
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<td>13.4</td>
<td>The service encourages staff and volunteers to make use of available supports, whether formal or informal.</td>
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*NSAP would like to acknowledge CareSearch for the work in developing this resource.*
Standard 13  NSAP Quality Elements

13.1 There are procedures in place to identify and respond to critical incidents. Critical incident procedures focus on system enhancements, not on blame for individuals.

**IIMS – Incident Information Management System**

13.2 Employee assistance programs and/or counselling services are available to staff and volunteers to meet their identified needs.

**Psychologist** - CMN has an independent Psychologist who is available to see staff confidentially. This system tends not to be used very commonly

13.3 There are education programs in place to enable staff and volunteers to develop effective coping strategies.

**Monthly Multidisciplinary Education Program**

13.4 The service encourages staff and volunteers to make use of available supports, whether formal or informal.

**SELF CARE**

Regular Disciplinary Meetings / Multidisciplinary Team members support of each other / Pastoral Care / Social Work / Staff undertake various self care strategies e.g. Meditation; Spiritual Direction; Mentoring support; Cycling; Touch Football; Jogging; Walking Groups; Music Activities; Arts and Theatre
Why is Self Care so Important?

Key Articles  (in my view!! Or ... somewhere to get started)


Kearney’s Article.....

**Burnout** – mental distress manifested in normal individuals who experience decreased work performance resulting from negative attitudes and behaviours. It arises from stresses that arise from a clinician’s interaction with the work environment.

**Individual**: Physical and emotional exhaustion / cynicism / sense of ineffectiveness & lack of accomplishment / over identification / over involvement / irritability and hypervigilance / sleep problems / social withdrawal / professional and personal boundary violations / poor judgment / perfectionism and rigidity / questioning the meaning of life / questioning prior religious beliefs / interpersonal conflicts / avoidance of emotionally difficult clinical situations / addictive behaviours / numbness and detachment / concentrating difficulty / frequent illness (sick days)

**Team**: Low morale / High job turnover / impaired job performance / staff conflicts

Factors mitigating AGAINST Burnout

• Mindful Meditation ✓
• Reflective Writing ✓
• Adequate supervision and mentoring
• Sustainable workload
• Promotion of feelings of choice and control
• Appropriate recognition and reward
• Supportive work community
• Promotion of fairness and justice in the workplace
• Training in communication skills
• Development of self awareness skills
• Practice of self care activities
• Continuing educational activities
• Participation in research
• Mindfulness based stress reduction for team
• Meaning centred intervention for team

Compassion Fatigue – Described as the “cost of caring” for others in emotional pain that has led helping professionals to abandon their work with “traumatized” persons. It evolves specifically from the relationship between the clinician and the patient.

Similar to PTSD except that it applies to those emotionally affected by the ‘trauma’ of another.

In contrast to burnout, the clinician with compassion fatigue can still care and be involved albeit in a compromised way.

Compassion fatigue can lead to burnout.

**Symptoms** of Compassion Fatigue parallel 3 domains of PTSD

- **Hyperarousal** (disturbed sleep, outbursts of anger, hypervigilance)
- **Avoidance** (‘not wanting to go there again’, desire to avoid thoughts, feelings and conversations)
- **Re-experiencing** (intrusive thoughts / dreams, psychological or physiological distress in response to reminders of work with those dying)

Factors mitigating AGAINST Compassion Fatigue

• **“Exquisite” empathy** – highly present, sensitively attuned, well boundaried, heartfelt empathic engagement invigorates rather than depletes the clinician, and protects against compassion fatigue and burnout. This idea is called BIDIRECTIONALITY and refutes the idea that in some of us being empathic to dying patients must lead to emotional depletion.

• **Self awareness** – involves a combination of self knowledge and the development of “dual awareness”. This stance allows the clinician to attend to the needs of the Patient, the work environment and his/her own subjective experience. Self Awareness can be enhanced by
  a) Becoming involved in education projects,
  b) Involvement in peer support activities
  c) **Mindfulness Meditation** the intentional, accepting and non-judgmental focus of one's attention on the emotions, thoughts and sensations occurring in the present moment
  d) **Reflective Writing** reflecting on what happened, what did I feel, how did I respond, what might I do differently?

Decision to focus on Self Care for 2014:

- Incorporate Self Care Education into the usual professional activity and Education Sessions
- Make Self Care ‘matter of fact’ / ‘routine’
- Highlight Self Care at every opportunity
Organisational Structure:

Medical and Nursing (Various) Staff Meetings weekly

Multidisciplinary Team Meetings Weekly – Clinical Audit Reviews

Weekly Hospital Grand Rounds

Hospice Review Meeting (Review of all Inpatients – about 10mins discussion each)

Student Teaching (All Disciplines)

Nursing Mentoring

Compassion and Presence Seminars – Sessions (Supported Financially by Department)
## Monthly Education Programme

**(Multidisciplinary Team CMN)**

1. Indigenous Health – Aspects of Medicare Local  
   (Jensen and Robertson)

2. Survivorship  
   (Denham, Radiation Oncologist)

3. Update on Palliative Care Research  
   (Clark, Pall Care Dir)

4. Poetry as Self Therapy  
   (Wand, Psychologist)

5. Caregivers and Us  
   (Cain & Cavenagh)

6. Meditation and Reflective Practice  
   (Carmel Moore RSJ)

7. Compassion and Presence  
   (Harris SW, Ringstad Past Care)

8. Diogenes Syndrome  
   (Dullard)

9. ‘Medical’ Marihuana  
   (Mather)

10. Perceptions of the Value in Medical Training  
    (Cameron-Taylor)
Having a go at something different.... Poetry


**ANN**

Ann died today
Bright morning sunshine
Loving Mother sad and joyous
Her task so sacred
Malodour conquered....

Gentleness and dignity as life flowed
Away from her
Hoped for new life
In a different and just way
Where time ceases....

Strong towering son, a vigil kept
Loved her and keeps on loving
She lives through him
Strength in defending a nation
Powerful yet powerless....

We share our mutual vulnerability
Wedding photo
Tears
Smiles
Making sense of it
Her life fully lived

JC 13/12/2012
Summary

Self care

• Strategies
  – Incorporate into everyday activities
  – “Instigators” to facilitate any discussion (e.g. SW and PC)

• Tips on how to implement
  – Don’t make a big issue of Self Care – just start doing it!!
  – Make it “frequent” focus
Questions

Evaluation survey