POSITIVE PRACTICE

GP ST3

WHY BOTHER BEING POSITIVE?

GENERAL PRACTICE CONSULTATIONS: IS THERE ANY POINT IN BEING POSITIVE?

Br Med J (Clin Res Ed) 1987;294:1200

A group of 200 patients who presented in general practice with symptoms but no abnormal physical signs and in whom no definite diagnosis was made were randomly selected for one of four consultations:

- a consultation conducted in a "positive manner," with and without treatment; and,
- a consultation conducted in a "non-positive manner," called a negative consultation, with and without treatment.

Two weeks after consultation there was a significant difference in patient satisfaction between the positive and negative groups but not between the treated and untreated groups.

Similarly, 64% of those receiving a positive consultation got better, compared with 39% of those who received a negative consultation ($p = 0.001$) and 53% of those treated got better compared with 50% of those not treated ($p = 0.5$).

CARING FOR DOCTORS, CARING FOR PATIENTS

The wellbeing of doctors is vital because there is abundant evidence that workplace stress in healthcare organisations affects quality of care for patients as well as doctors' own health.

- In two studies, researchers found that doctors with high levels of burnout had between 45% and 63% higher odds of making a major medical error in the following three months, compared with those who had low levels

CIVILITY

MAKING A REFERRAL

- When did you last have to make a telephone referral?
- How did you feel before?
- What happened?
- How did you feel after?
- How do you feel now?


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EVOLUTION
OF INCIVILITY
A civil clinician
External stressors
A permissive environment
An incivil clinician

CIVILITY SAVES LIVES

Civil work environments matter because they reduce errors, reduce stress and foster excellence

Civility between team members creates that sense of safety and is a key ingredient of great teams.

Incivility robs teams of their potential.

- Incivility has been shown to reduce team functioning, clinical decision making and patient outcomes.

When I see someone being rude… I am less likely to help others too

INCIVILITY

THE FACTS

WHAT HAPPENS WHEN SOMEONE IS RUDE?

80% of recipients lose time worrying about the rudeness

38% reduce the quality of their work

48% reduce their time at work

25% take it out on service users

Less effective clinicians provide poorer care

WITNESSES

20% decrease in performance

50% decrease in willingness to help others

SERVICE USERS

75% less enthusiasm for the organisation

Incivility affects more than just the recipient
IT AFFECTS EVERYONE

CIVILITY SAVES LIVES

The price of incivility. Porath C, Pearson C. Harv Bus Rev. 2013 Jan-Feb;91(1-2):114-21, 146.

(JUST) THINK POSITIVE

What factors matter?

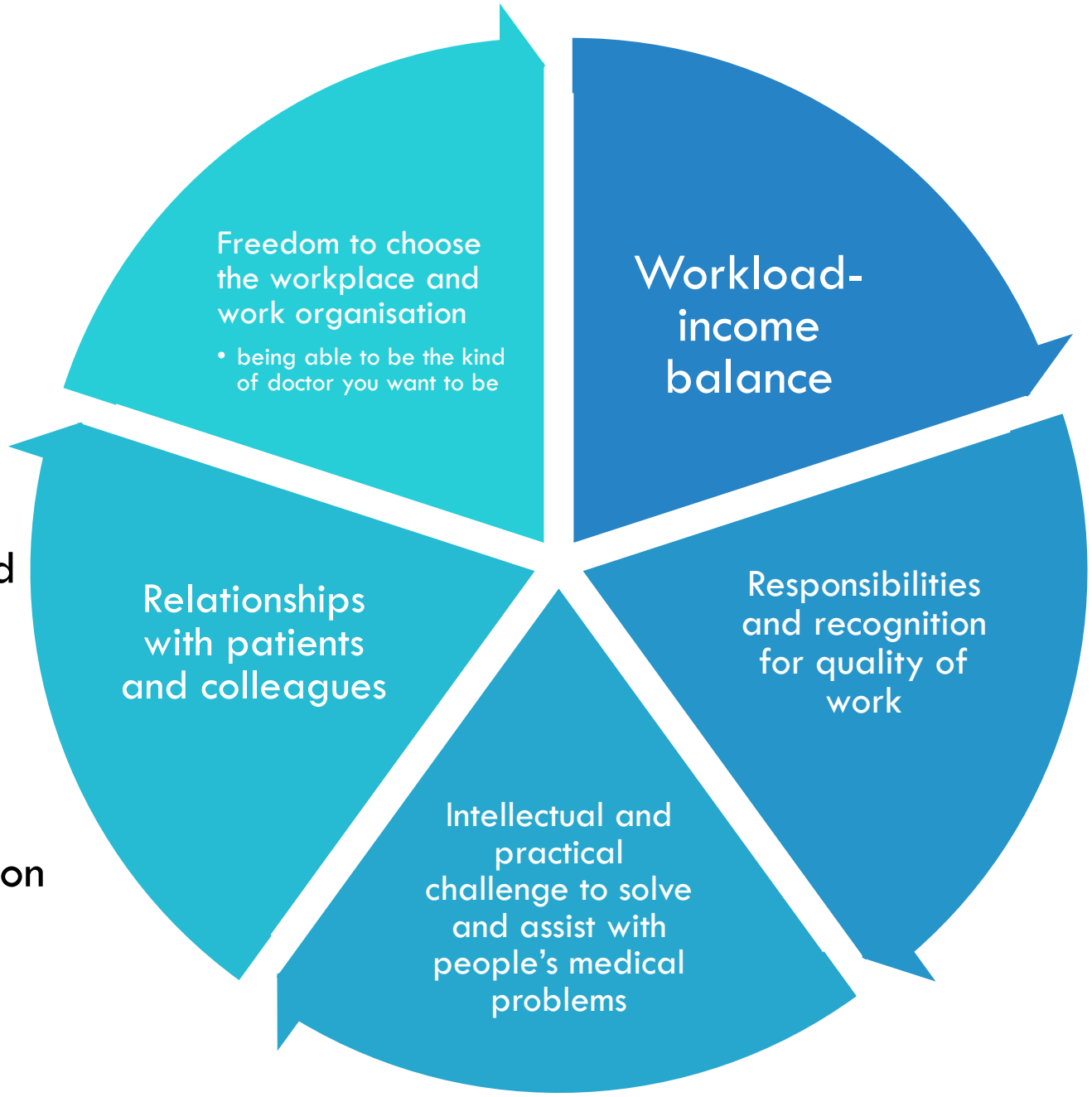
HOW DO WE CREATE A POSITIVE ENVIRONMENT TO WORK IN?

WHICH POSITIVE FACTORS DETERMINE THE GP SATISFACTION IN CLINICAL PRACTICE? A SYSTEMATIC LITERATURE REVIEW

BMC Fam Pract. 2016; 17(1): 133.

The European General Practice Research Network (EGPRN) created a research team in order to clarify the factors involved in GP job satisfaction throughout Europe.

The research question was “Which factors are related to GP satisfaction in Clinical Practice?”



ABC OF DOCTORS' CORE NEEDS

To ensure wellbeing and motivation at work, and to minimise workplace stress, people have three core needs, and all three must be met.

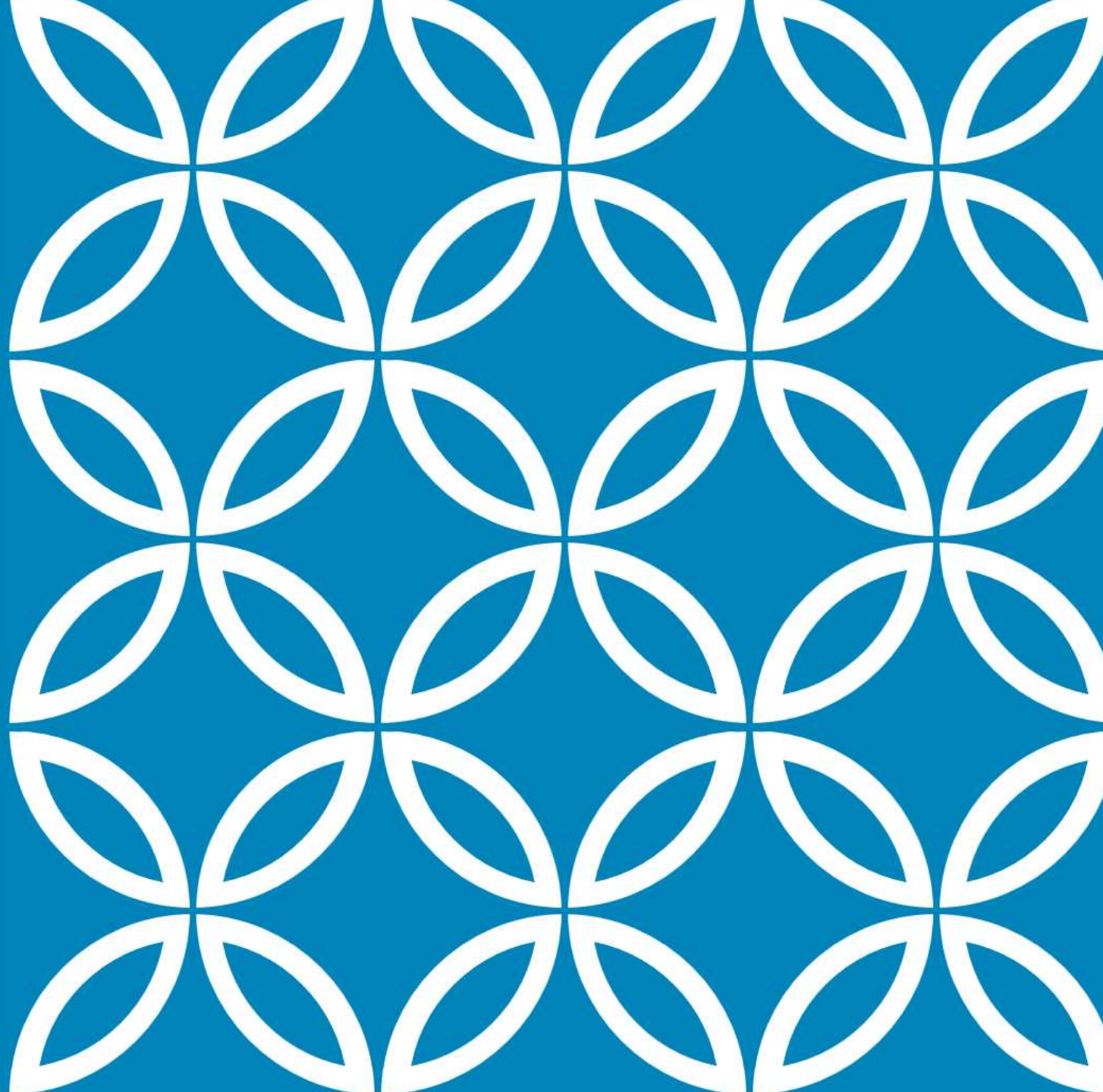
Autonomy/control – the need to have control over our work lives, and to act consistently with our work and life values.

Belonging – the need to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported.

Competence – the need to experience effectiveness and deliver valued outcomes, such as high-quality care.

FIGHT THE SYSTEM?

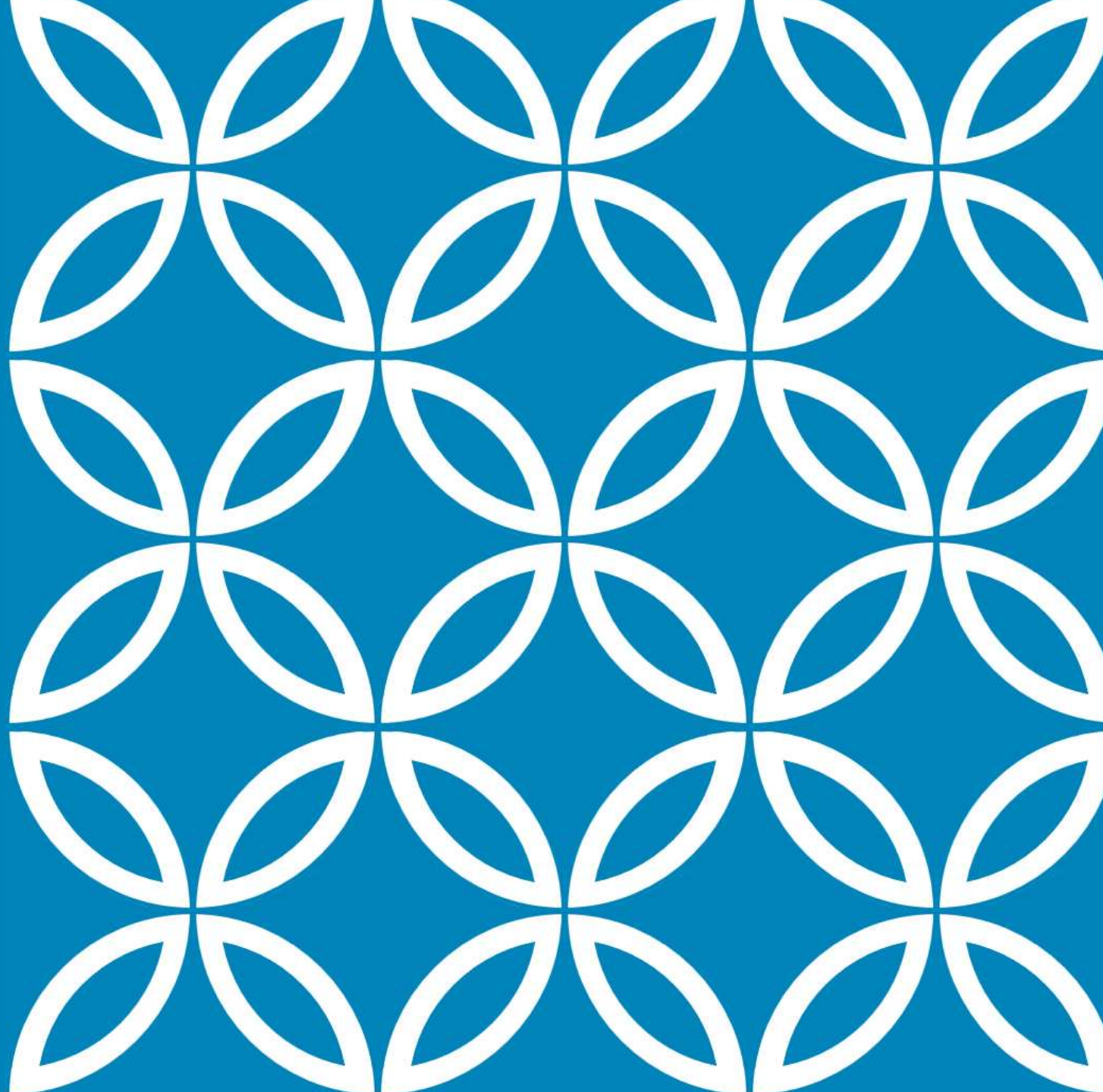
Why do doctors go on strike?



BRITISH MEDICAL ASSOCIATION

Consider whether there are benefits of being a in a trade union for you.

“Make sure your worst enemy doesn’t lie between your own two ears”



HOW TO STAY POSITIVE

Find

Find the optimistic viewpoint in a negative situation.

- One of the simplest but most effective ways to build a more positive outlook is to ask more helpful questions as often as possible:

Cultivate and live in

Cultivate and live in a positive environment.

- Who you choose to spend your time with and the input you get from further away like the TV, the internet and magazines will have a huge effect on your outlook.

Add

Add value and positivity to someone else's life.

WHEN YOU FOCUS ON THE GOOD, THE GOOD GETS BETTER

SEB

11 year old boy with periorbital cellulitis

Seen during ST2 GP week

Later on-call in Paeds and saw same child

- They thought I was extra conscientious

Reward for having 3 days IV antibiotics – a new dog called…

ROBERT

"… and just another thing"

Running late and whilst hand on door, mentioned LUTS, ED and asked for a "quick" PSA

Begrudgingly added to bloods

Raised PSA, and ended up with Ca Prostate

- ED made worse with treatment
- Became incontinent

Later developed sudden CES and paralysis

- I saw 2 days before and didn't note anything about back pain

PM appointment from partner to say he respected me for always being honest

MRS B

Fall at home and broke hip

Seen in ED

I recall feeling rushed and embarrassed because I couldn't do an IF block for her pain (Hannah did it)

G&T

Palliative care for patient's mother

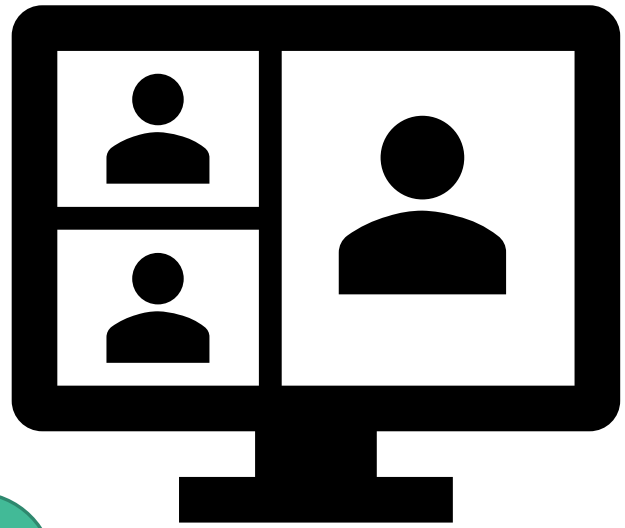
3 or 4 home visits over 6-7 weeks

Invited for a needless home visit after death and offered a drink to say thankyou


EVERY DAY MAY NOT BE A GOOD DAY...
BUT THERE IS SOMETHING GOOD IN EVERY DAY

What good feedback have you had this week?
Why?

Discuss a time you loved being a GP. How can you recreate that?



Have you had a thank you card?
What did the patient remember about you?

What consultations give you most satisfaction?

WHY DO WE REFLECT?

Reflective practice is an essential activity for healthcare professionals and should be an integral part of all aspects of healthcare delivery, as it aids the development of professionalism by facilitating lifelong learning and can reduce diagnostic errors.

Reflective writing can help to process emotions, improve mood, prevent burnout, and improve the patient's care.

Clinical reflection shouldn't merely be reduced to a tick-box exercise, but progress to a powerful tool, which can be individualised by the user to connect up-to-date learning and teaching methods.

Clinical reflection: part of being a good doctor and a necessary ingredient for high-quality patient care, and lifelong learning

Bernard Klemenz (2018): BJGP 68 (674): 415

GMC: TEN KEY POINTS ON BEING A REFLECTIVE PRACTITIONER

Reflection is personal and there is no one way to reflect.

- A variety of tools are available to support structured thinking that help to focus on the quality of reflections.

Having time to reflect on both positive and negative experiences - and being supported to reflect - is important for individual wellbeing and development.

Group reflection often leads to ideas or actions that can improve patient care.

The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened when things go wrong.

A reflective note does not need to capture full details of an experience.

- It should capture learning outcomes and future plans.

Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.

When keeping a note, the information should be anonymised as far as possible.

We do not ask a doctor to provide their reflective notes in order to investigate a concern about them.

- They can choose to offer them as evidence of insight into their practice.

Reflective notes can currently be required by a court.

- They should focus on the learning rather than a full discussion of the case or situation.
- Factual details should be recorded elsewhere.

Tutors, supervisors, appraisers and employers should support time and space for individual and group reflection.

A SIMPLE FRAMEWORK FOR REFLECTION

- What was I thinking when I took this action or make this decision?
- How did I feel at the time and after this experience and why was it important?
- What can I learn from the experience or do differently next time?

Reflective Practice Toolkit, AoMRC

www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf


Description
What happened?
Feelings
What were you thinking and feeling?
Evaluation
What was good and bad about the experience?
Analysis
What sense can you make of this situation?
Conclusion
What else could you have done?
Action Plan
If it arose again, what could you do?
Gibbs' Reflective Learning Cycle
Graham Gibbs, 1988

WHAT DO YOU REFLECT ON?

What is a “significant event”?

What kinds of stories do you tell your loved ones about work?

What patients do you remember from early training?

CASE STUDY

Monday morning 0755h

- 21 patients booked in morning surgery
- 12 afternoon slots
- 125 prescriptions
- 45 tasks
- 35 lab results
- 10 emails
- 1 report
- supervising paramedic and nurse
- 2 colleagues on leave
- 2 mangers with COVID
- 1 colleague working with COVID

Monday evening 1955h

- Get home to partner
- “How was your day?”

WHAT DO YOU REFLECT ON?

This bias toward the negative leads you to pay much more attention to the bad things that happen, making them seem much more important than they really are.

The negative bias is our tendency not only to register negative stimuli more readily but also to dwell on these events.

We tend to:

- Remember traumatic experiences better than positive ones.
- Recall insults better than praise.
- React more strongly to negative stimuli.
- Think about negative things more frequently than positive ones.
- Respond more strongly to negative events than to equally positive ones.

IDENTIFYING NEGATIVE THINKING

Filtering
- Ignoring the good things for the bad

Personalising
- Blaming yourself

Catastrophising
- Anticipating the worst

Blaming
- Deflecting/avoiding responsibility

Saying you "should" do something
- Only thinking of your own actions

Magnifying
- Mountains and molehills

Perfectionism
- Impossible standards

Polarising
- Good or Bad – no "grey"

FOCUSSING ON POSITIVE THINKING

Identify areas to change

- Start small

Check yourself

- Be aware of your own thoughts

Be open to humour

- When you can laugh at life, you feel less stressed

Be healthy

Surround yourself with positivity

Practise positive self-talk

- Don't say anything to yourself that you wouldn't say to anyone else.

CHANGING PERSPECTIVE

Negative self-talk	Positive thinking
I've never done it before.	It's an opportunity to learn something new.
It's too complicated.	I'll tackle it from a different angle.
I don't have the resources.	Necessity is the mother of invention.
I'm too lazy to get this done.	I couldn't fit it into my schedule, but I can re-examine some priorities.
There's no way it will work.	I can try to make it work.
It's too radical a change.	Let's take a chance.
No one bothers to communicate with me.	I'll see if I can open the channels of communication.
I'm not going to get any better at this.	I'll give it another try.

SUMMARY

Positive thinking benefits individual patients

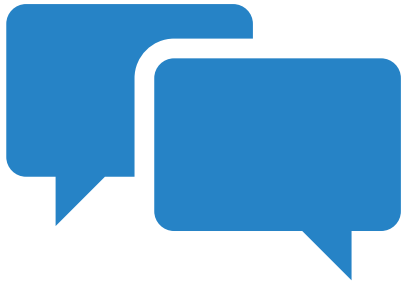
Civility saves lives

Being positive

Why we reflect

How to be less negative

Think about an event in the past month that has stayed on your mind. What emotions come from that event?



What has been your most satisfying patient encounter to date?