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TAKING CARE OF THE COMPASSIONATE CARE TEAM

Conversations About Moral Distress And Moral Injury

Gerri Lamb, PhD, RN, FAAN

Arizona State University Center for Advancing Interprofessional Practice, Education and Research

March 26, 2020

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THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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IMPORTANT WEBINAR LOGISTICS

- Your phone line is currently muted and will remain muted for the duration of the webinar.
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- If you need technical assistance, contact:
  - NACHC Staff: Frances Jones | **fjones@nachc.com**
  - WebEx: 1-866-229-3239
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TO ASK A QUESTION

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2. Choose "All Panelists" or "All Participants", as appropriate.
3. Type your question.
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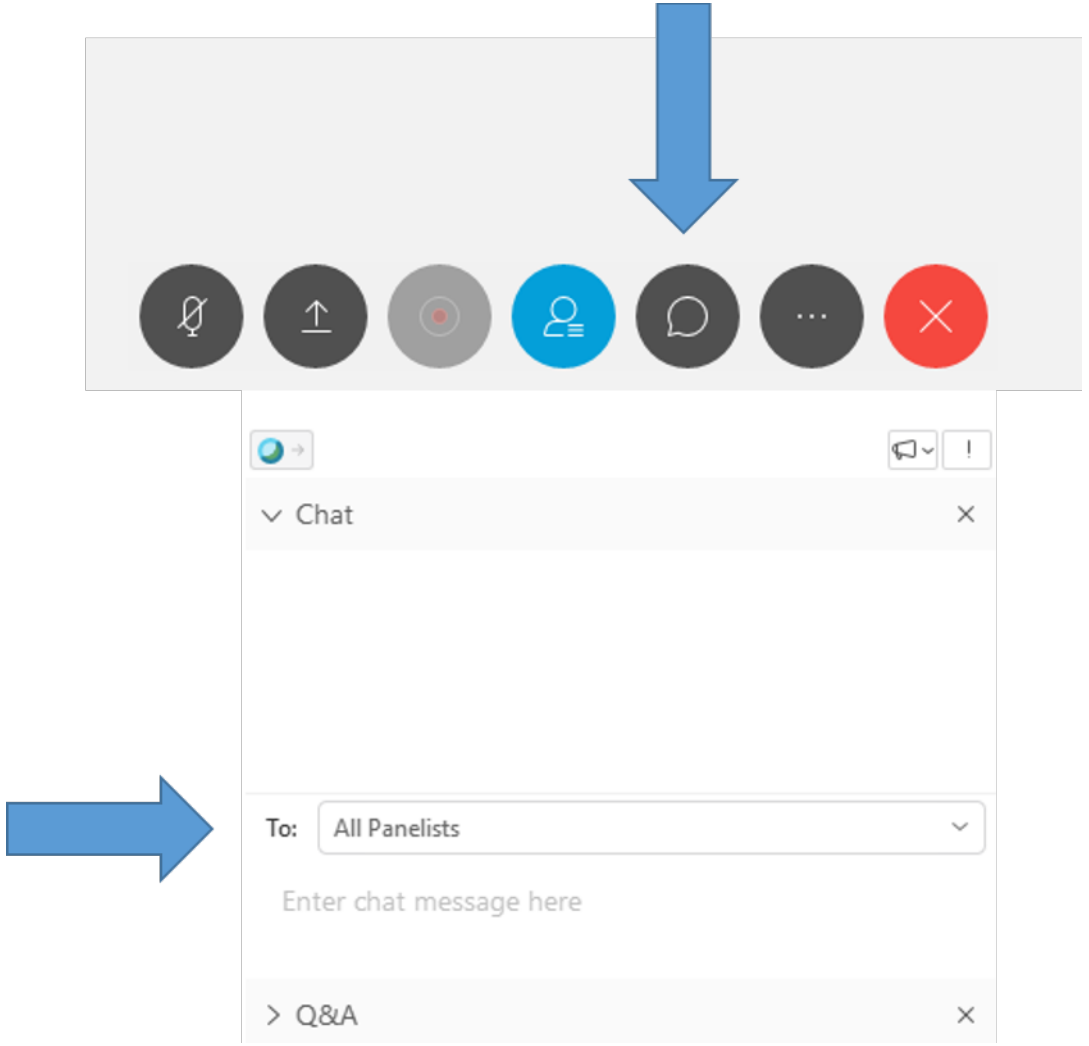


INTRODUCTION

Ron Yee, MD, MBA, FAAFP

Chief Medical Officer, National Association of Community Health Centers

GERRI LAMB, PHD, RN, FAAN

- Gerri Lamb, PhD, RN, FAAN, is the Founding Director of ASU's Center for Advancing Interprofessional Practice, Education & Research and Professor at the Edson College of Nursing and Health Innovation. In this role, she is committed to supporting the growth of interprofessional initiatives at ASU in collaboration with much-valued academic and clinical partners. She also works to connect local and state activities to the national IPE community in her role as past chair of the American Interprofessional Health Collaborative and liaison to the National Center for Interprofessional Practice and Education Nexus Innovations Incubator. Her interprofessional practice and research focus is on care coordination for vulnerable and underserved populations.

ASU Center for Advancing Interprofessional Practice, Education and Research
Arizona State University

DISCLOSURES

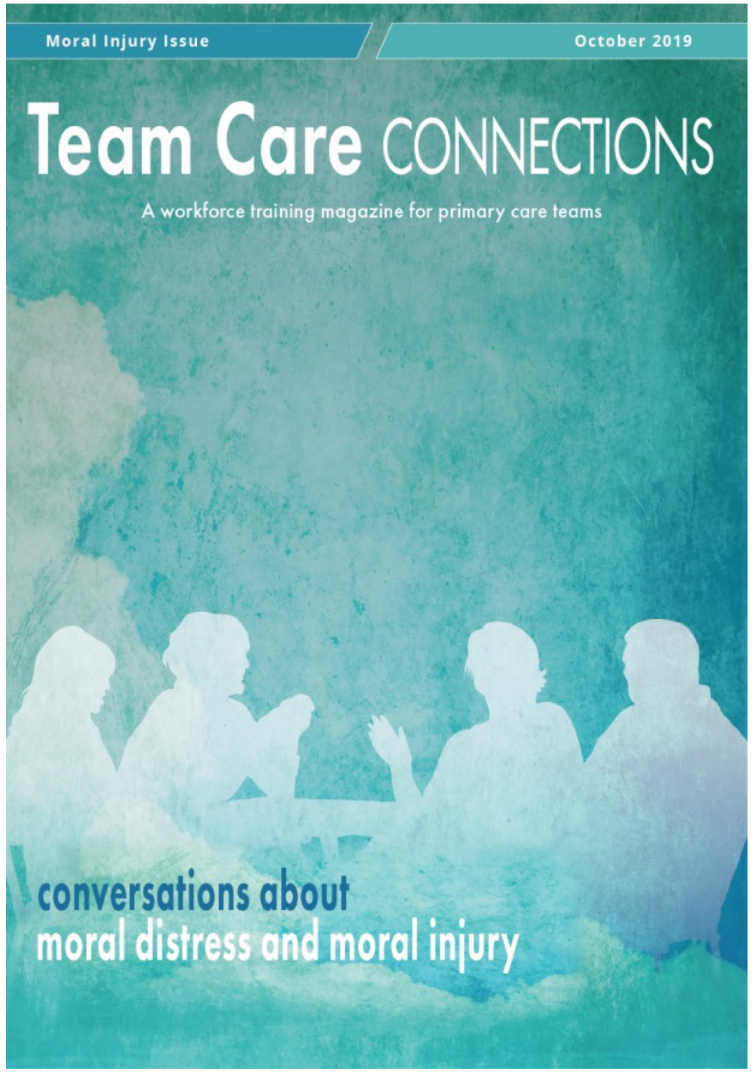
- No disclosures to report

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that it is their responsibility to disclose this information.

TARGET AUDIENCE

- Health care providers across the care continuum
- Health professions faculty, preceptors and students
- Health care administrators
- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well as for the prevention and treatment of substance use disorders.

EDUCATIONAL OBJECTIVES



At the conclusion of this activity, participants should be able to:

- Describe the common signs and symptoms associated with moral distress and moral injury.
- Identify clinical situations that can trigger moral distress and moral injury in primary care practices.
- List five strategies members of primary care teams can use to prevent and ameliorate moral distress and moral injury in team members.

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CLINICAL WORKFORCE WELLNESS – AND IMPORTANCE OF CARING TEAMS

APPROACH FOR TEAM WELLNESS

How to Prevent Burnout, Build Resiliency, and Foster Joy in Work

HIRING

Have recruitment and orientation plans for a team not just one individual. Have the potential hire shadow a team to better understand what the work will look like. This also gives the team an opportunity to assess the potential hire.

ONBOARDING

Center onboarding activities around the team.

THE RIGHT TRAINING

Provide protected team time for skills training to help team members feel better equipped and more confident.

TIME FOR REFLECTION

Provide protected time at work for team members to gather to reflect about the work and the impact it has on them.

INDIVIDUAL SELF-CARE

Provide non-scheduled time for staff to spend how they want – e.g., physical exercise and mindfulness.

Funding for this initiative was made possible (in part) by grant no. SU79T026556-03 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

For more information on PCSS and NACHC, please visit our websites at www.pcssNOW.org and www.nachc.org

"To do this work, it really requires a team. You're not gonna get one provider and one MA who's gonna be able to do this work in SUD. It really requires this concept that it takes a village or it takes a team to improve the health outcomes for individuals with SUD because they're so complex, vulnerable. There's a myriad of issues and things to deal with so this concept of team care is critical... "

"....opioid addiction, it's just such a ravaging epidemic that it doesn't just impact one or two aspects of your life. It's across the board."

THERE IS NO "I" IN TEAM

Taking care of the team that cares for patients with substance use disorder

In recent years, health centers have been called upon to care for greater numbers of patients and families impacted by substance use disorder (SUD). Health centers are responding to this call by building and strengthening integrated systems to provide the comprehensive medical, behavioral, and social services their patients with SUD need to achieve and sustain recovery. NACHC spoke with some health center thought leaders about the pressure points in this response. Here is what they said about strain on the workforce.

"To have people with different areas of expertise and different areas of responsibility within that team doesn't place it all just on one person. I think that's one of the things that has been challenging for a lot of health centers, where the provider feels like, "I have to do everything."

"It's one thing when you see one patient who you know, has a high level of life trauma, and then you go to your next patient and it's a kid that needs an immunization, and then you go to your next patient and it's somebody refilling their hypertensive or whatever. But every single patient in this community has significant life trauma, and every single patient is hungry, and every single patient is, you know, meets the definition of homelessness and it's just constant and there's no break from it."

"We are much more cognizant of the value of the team because this is such a demanding type of work. People come in with really horrific trauma... We really recognized the value of number one, just the psychological value of feeling like you're not alone in this. That you're relying on each other...."

"If you're part of a team, even if it's a bad day, you at least get somebody to share it with so the burden isn't quite as heavy."

"Health centers have a unique ability to meet the needs of the community in which they serve because the health center recruits staff from this community. However, this also means that staff members who have been impacted by SUD in their personal lives may find it challenging to engage in this aspect of patient care. This impacts the team and must be tended to."

MENTIMETER Q1

GO TO WWW.MENTI.COM + USE CODE 84 92 1

How much do you know about moral distress and moral injury?

- Nothing – I have not heard of them before
- A little bit – I've heard them mentioned, but don't know much
- Some – I know what they are and why they are important
- A lot – I know quite a bit about them

ACKNOWLEDGEMENTS

Collaborators:

- Arizona State University, A.T. Still University & National Association of Community Health Centers

Advisors:

- Kathy McNamara & Caryn Bernstein, National Association of Community Health Centers
- Dan Miller, Grace Wang, Bill Nash, Cynda Rushton, Nancy Johnson

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services under Grant No. U30CS16089, as a part of an award totaling $6,375,000 with 75% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor endorsement, by HRSA, HHS, or the U.S. Government.

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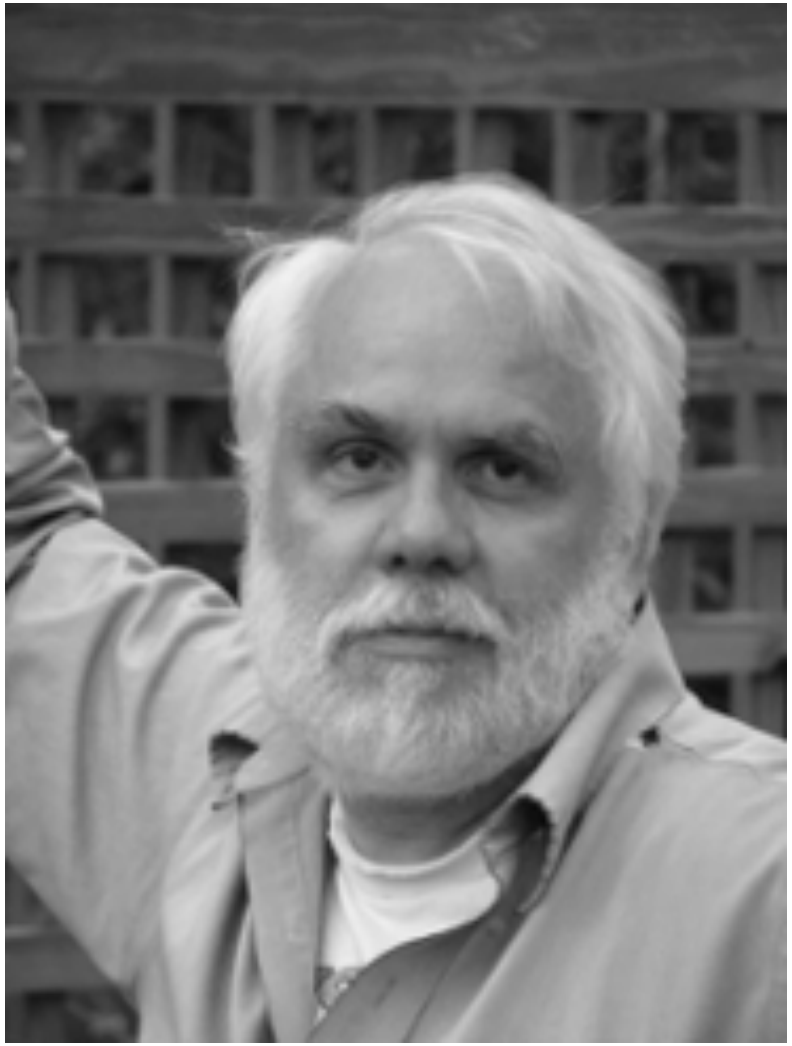
MORAL DISTRESS

You know the right thing to do,

but you're not able to do it.

– Andrew Jameton, 1984



MORAL DISTRESS AND MORAL INJURY

Moral distress and moral injury are the emotions and bodily changes that accompany a disconnect between what you believe is right and good and what you are able to do or what you see happening around you.

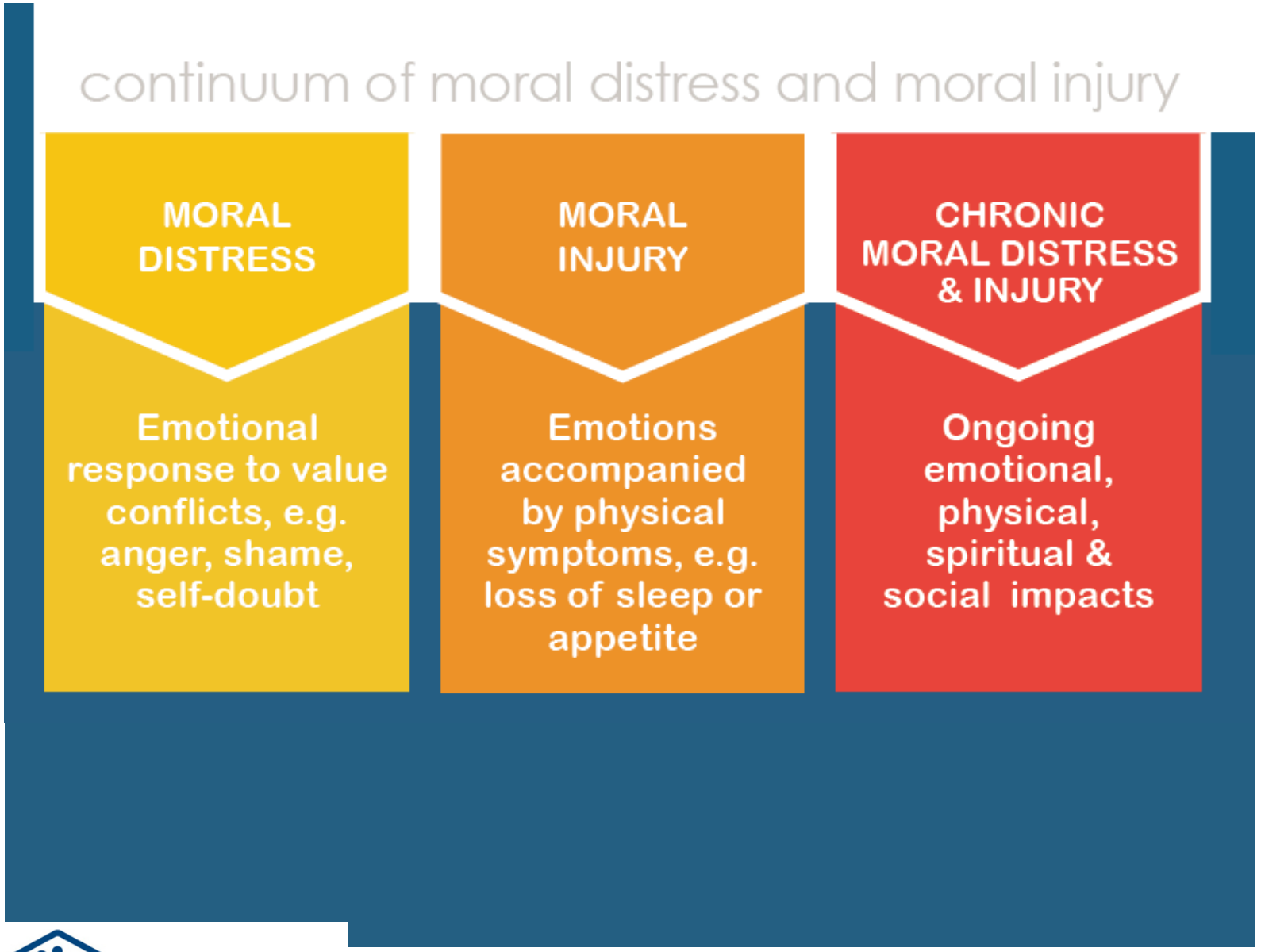
Andrew Jameton, one of the first individuals to write about moral distress and moral injury, put it simply:

> ***You know the right thing to do, but you're not able to do it.***

Dr. Daniel Miller, primary care physician and expert consultant

When members of the health care team are not able to deliver the care they believe is right and good, it creates a moral dilemma that is experienced as moral distress.

Dr. Cynda Rushton, nurse and author of *Moral Resilience: Transforming Moral Suffering in Healthcare*, emphasizes that



CONTINUUM OF MORAL DISTRESS

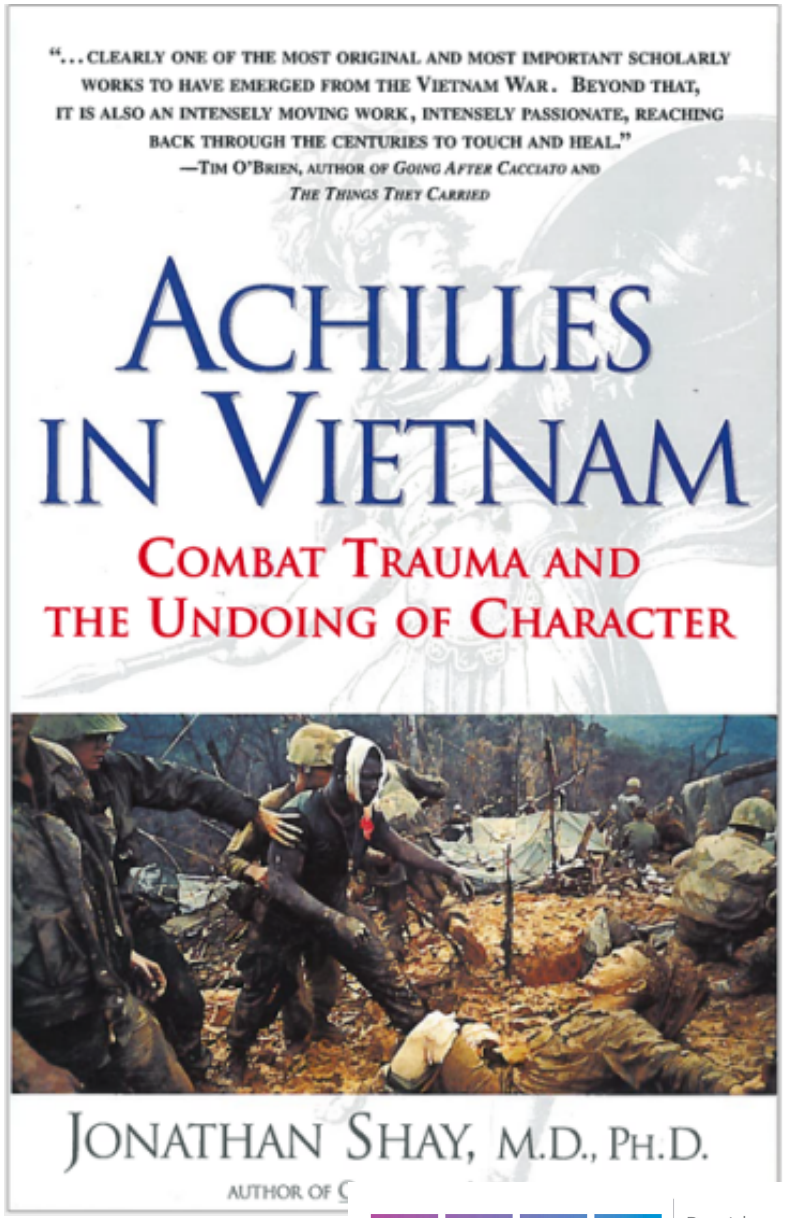
MORAL DISTRESS AND BURNOUT

Burnout is a syndrome characterized by high emotional exhaustion, high depersonalization (i.e. cynicism), and a low sense of personal accomplishment from work.

Research shows that **between 35 and 54 percent of U.S. nurses and physicians have substantial symptoms of burnout**; similarly the prevalence of burnout ranges between 45 and 60 percent for medical students and residents.

National Academies of Sciences, Engineering and Medicine, 2019, p. 1

HISTORY OF MORAL DISTRESS AND MORAL INJURY



right and good. The conflict may lie with system constraints, like not having enough time or the needed resources. Value conflicts also can arise when providers believe they do not have the necessary knowledge or skills or are unsure about the right thing to do.

What differentiates moral distress and moral injury from other stresses is the presence of a moral component.

MORAL

Distress and Injury are about VALUES

? A first step in understanding the triggers and effects of moral injury in your team practice is to ask each other:

ABOUT VALUES AND PERSONAL INTEGRITY

"WHERE YOU WORK MATTERS"

Community Health Centers Born in Values, Driven by Mission

While all health settings symbolize a call to healing and caring to some extent, community health centers hold a special place in the history of social change in health care.

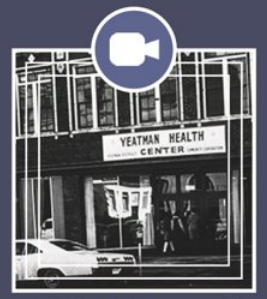
Why People Work in CHCs

Much of what is written about community health centers suggests that providers and community members choose to work in health centers because they believe in the values they represent and want to be part of realizing them.

As we heard in an overwhelming number of the interviews that led to this issue of Team Care Connections, providers working in community health centers and primary care settings are drawn to the mission of these settings to address inequality and disparities in health care.

"The Health Center Movement was grounded not just in health care, but in a fundamental struggle for justice."

— Dr. Daniel Miller



A Brief History of Community Health Centers

CHCs Today: Social Determinants and Values

Reasons People Work in CHCs

"When I came to the CHC movement and discovered that there was a place dedicated to providing outstanding health care for everyone, regardless of whether people were insured or not, that quality was central, that equity and respect were central, it was like opening up in the sunshine."

— Dr. Daniel Miller

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I go home at night feeling like I'm failing my patients.

We've got 15 minutes to see our patients – no matter what. This guy is homeless, he's got no food, he can't afford his meds. What can I possibly do in 15 minutes to make a difference?

All these regulations, all this hoop jumping. There are so many delays in getting what my patients need. It's so frustrating. It hurts your soul.

WHAT DOES MORAL DISTRESS SOUND LIKE IN PRACTICE?

MENTIMETER Q2

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Do you think you or your team members have experienced moral distress?

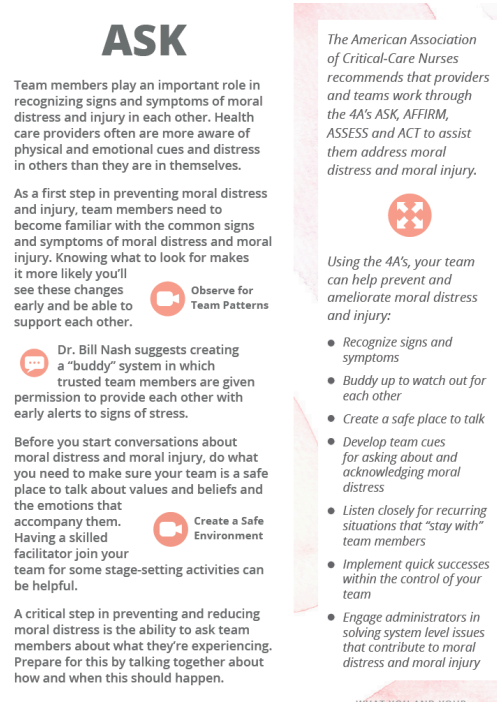
- No – I don't think so
- Maybe – I have to think more about it
- Yes – I recognize these feelings in myself or my team members

"Team Care Connections offers a modern, real-time way for providers to think and learn about teamwork together."

Team Care CONNECTIONS

A digital training magazine for health care teams

- Engaging features complement articles
- Icons throughout provide a map to interactive features
- Videos, expert commentary, lightboxes, tips and tools take magazine reading to the next level



ASK

Team members play an important role in recognizing signs and symptoms of moral distress and injury in each other. Health care providers often are more aware of physical and emotional cues and distress in others than they are in themselves.

As a first step in preventing moral distress and injury, team members need to become familiar with the common signs and symptoms of moral distress and moral injury. Knowing what to look for makes it more likely you'll see these changes early and be able to support each other.

Observe for Team Patterns

Dr. Bill Nash suggests creating a "buddy" system in which trusted team members are given permission to provide each other with early alerts to signs of stress.

Before you start conversations about moral distress and moral injury, do what you need to make sure your team is a safe place to talk about values and beliefs and the emotions that accompany them. Having a skilled facilitator join your team for some stage-setting activities can be helpful.

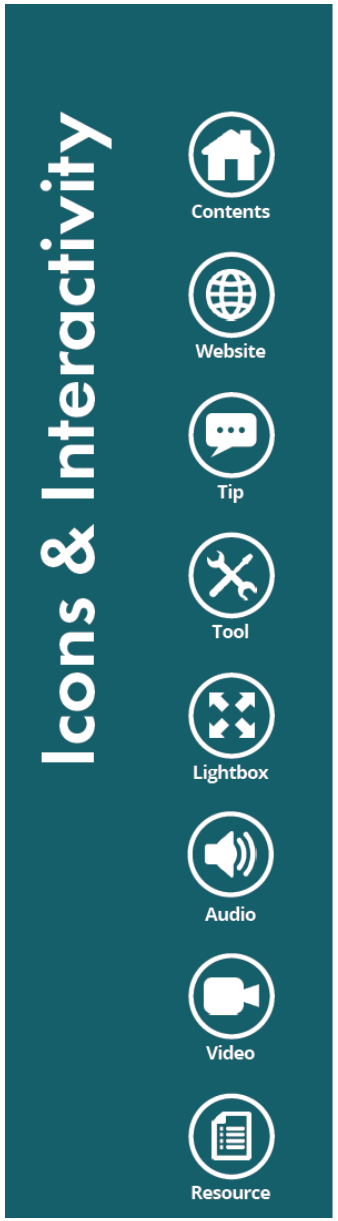
Create a Safe Environment

A critical step in preventing and reducing moral distress is the ability to ask team members about what they're experiencing. Prepare for this by talking together about how and when this should happen.

The American Association of Critical-Care Nurses recommends that providers and teams work through the 4A's ASK, AFFIRM, ASSESS and ACT to assist them address moral distress and moral injury.

Using the 4A's, your team can help prevent and ameliorate moral distress and injury:

- *Recognize signs and symptoms*
- *Buddy up to watch out for each other*
- *Create a safe place to talk*
- *Develop team cues for asking about and acknowledging moral distress*
- *Listen closely for recurring situations that "stay with" team members*
- *Implement quick successes within the control of your team*
- *Engage administrators in solving system level issues that contribute to moral distress and moral injury*



Getting the most out of this magazin

The secret to using this magazine is to jump in and make it work for you and yo team. Here's some practical advice offer by community health center and primar care teams.

Icons and interactive features

In a modern approach to workforce training, this digital magazine includes a variety of interactive features to complement the articles.

The magazine can be viewed online, downloaded and viewed as a PDF, or printed and used as hardcopy. Viewing t magazine online will give you access to t full set of interactive features.

The icons to the left will help you identif and navigate the various interactive features throughout the magazine.

Keep it simple

The magazine is designed to initiate discussion and generate avenues for ne solutions among team members.

Gotta' find time

Primary care teams we talked with offered a range of creative suggestions f incorporating this digital magazine in da workflows. They recommended using ti already designated for team meetings, workshops, trainings, interprofessional rounds, and other staff development exercises.

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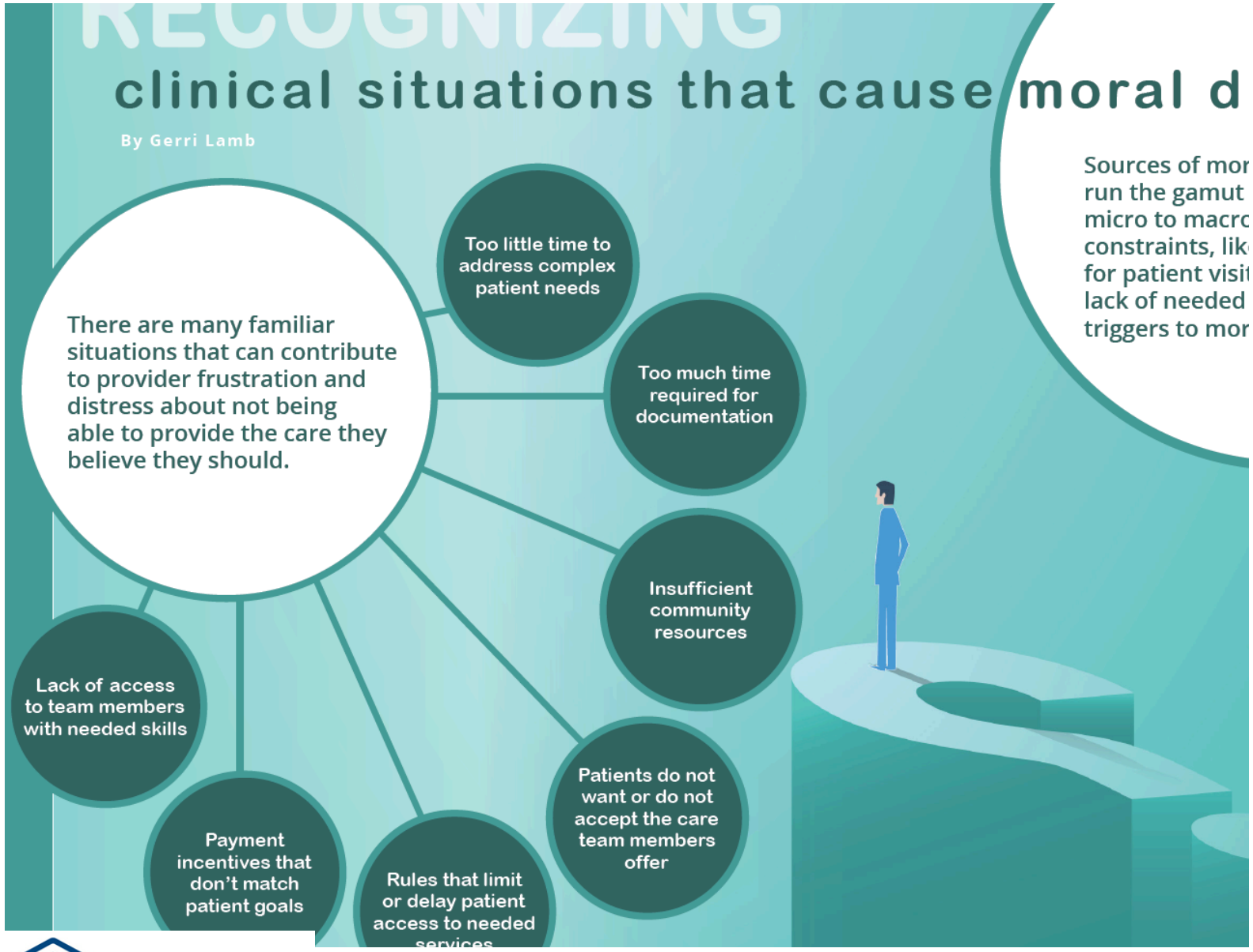
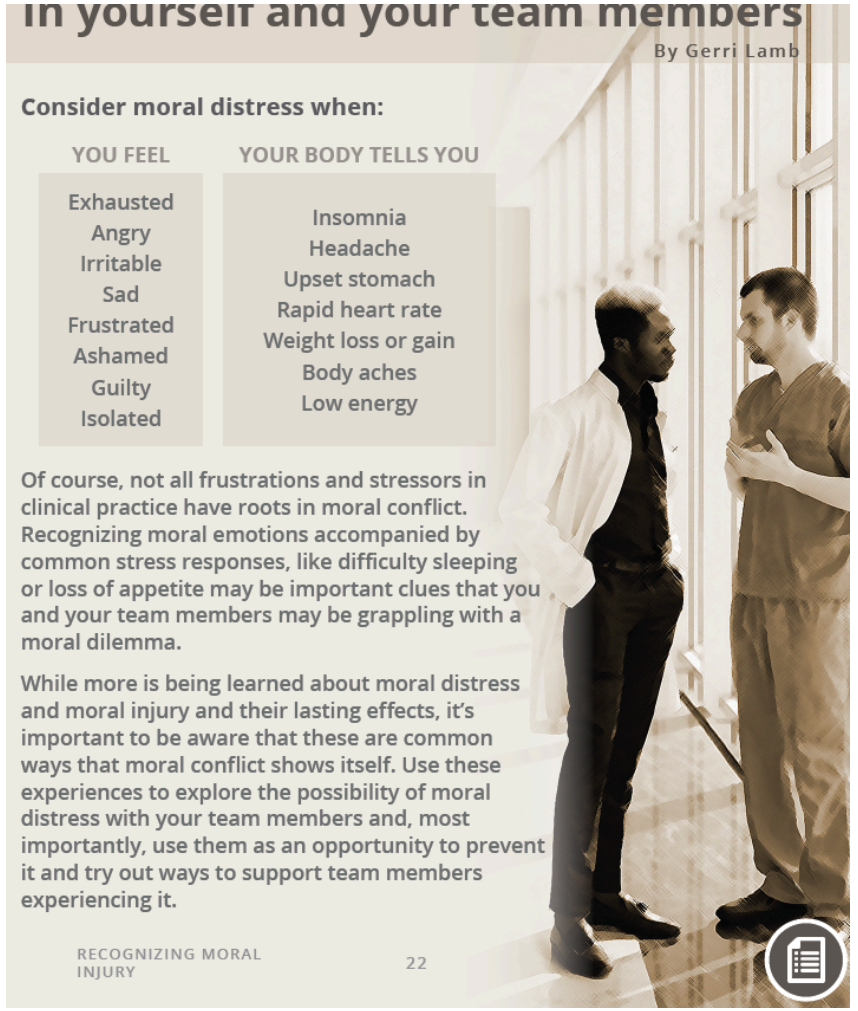


CLINICAL SCENARIOS ASSOCIATED WITH MORAL DISTRESS

RECOGNIZING CLUES IN TEAM MEMBERS

"Health care people focus on patients. We put our patients first. We don't pay a lot of attention to what we're feeling. In fact, we're probably the last ones to attend to ourselves."

— Dr. Bill Nash



In yourself and your team members

By Gerri Lamb

Consider moral distress when:

YOU FEEL	YOUR BODY TELLS YOU
Exhausted	Insomnia
Angry	Headache
Irritable	Upset stomach
Sad	Rapid heart rate
Frustrated	Weight loss or gain
Ashamed	Body aches
Guilty	Low energy
Isolated	

Of course, not all frustrations and stressors in clinical practice have roots in moral conflict. Recognizing moral emotions accompanied by common stress responses, like difficulty sleeping or loss of appetite may be important clues that you and your team members may be grappling with a moral dilemma.

While more is being learned about moral distress and moral injury and their lasting effects, it's important to be aware that these are common ways that moral conflict shows itself. Use these experiences to explore the possibility of moral distress with your team members and, most importantly, use them as an opportunity to prevent it and try out ways to support team members experiencing it.

RECOGNIZING MORAL INJURY 22

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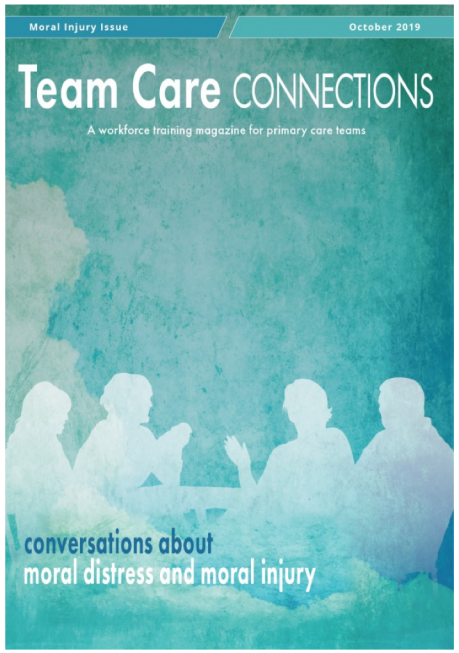
LET'S DO A PREVIEW

- Go to **ipe.asu.edu/team-care-connections**
- Scroll down and click on the **February 2020** issue →



MENTIMETER Q3

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Which of the exercises and resources do you think your team would be most likely to try? (Please check all that apply)

- Short video interviews with experts
- Ideas for starting team conversations
- Self-assessment measures and tools
- Articles about the topic or what other teams do

FIVE THINGS YOU CAN DO TO PREVENT AND LESSEN MORAL DISTRESS

NAME IT

FIND TIME TO TALK ABOUT IT

RECOGNIZE EARLY CUES

EDUCATE CLINICAL TEAMS ABOUT PREVENTIVE STRATEGIES

TRY TEAM EXERCISES IN "CONVERSATIONS ABOUT MORAL DISTRESS AND MORAL INJURY"

WHAT YOU CAN DO

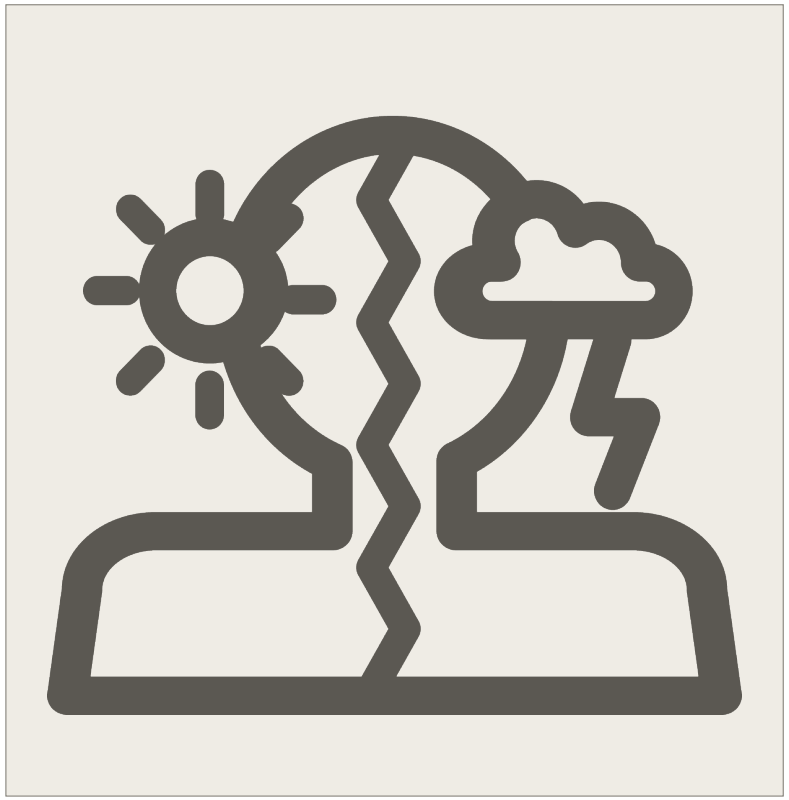
Name it.

"We have to be able to describe moral injury better so we can talk and educate people about it."

– Volunteers of America, Moral Injury Convenings

https://www.voa.org/moral-injury-center/moral-injury-convenings

NAME IT
strategies to consider



Encourage team members to recall a situation in which they felt their values were challenged in a way that stayed with them that they continue to think about:

1. What was happening?
2. What was at stake?
3. What did the experience feel like?
4. What did your team do?

HELP CLINICIANS FIND TIME TO TALK ABOUT IT

"We have to think about how we provide opportunities for those really important conversations so that we can assure that we're taking the best care of our patients."

— Nancy Johnson, CEO

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HELP CLINICIANS FIND TIME

strategies to consider

- Carve out a practice time for team meetings
- Reduce administrative burden on providers so they can focus on taking care of patients
- Task specific team members to facilitate conversations about challenging and frustrating situations that are root of moral distress

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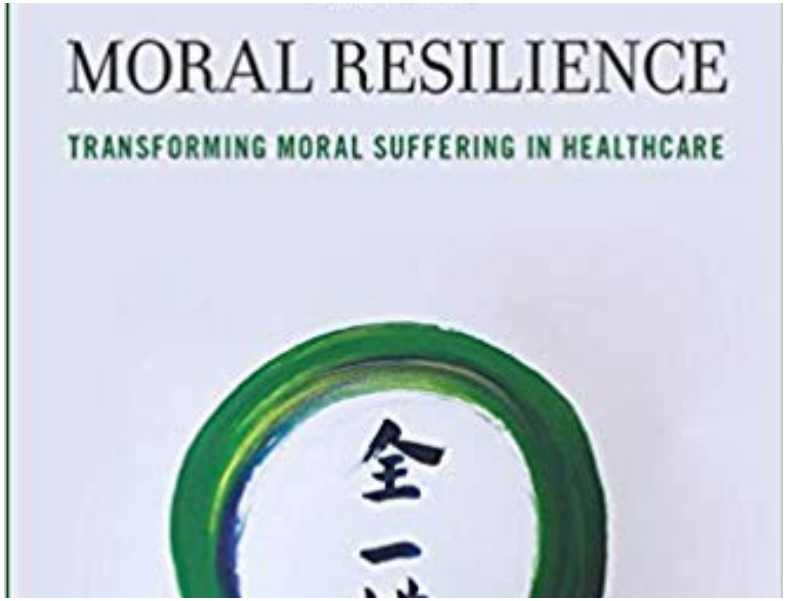
RECOGNIZE IT EARLY TO TAKE ACTION

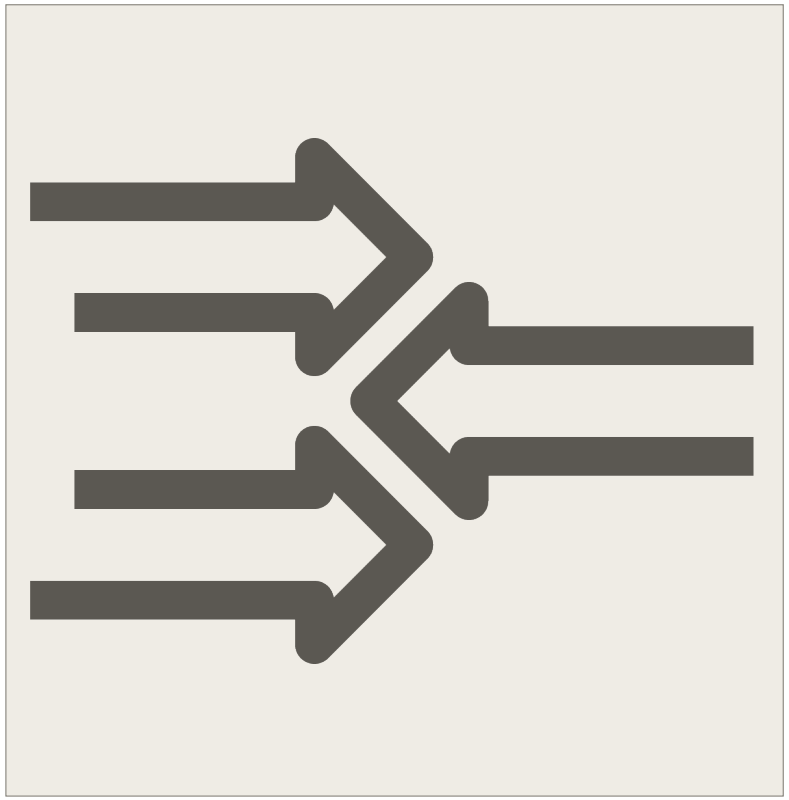
"If we can recognize those symptoms as early as possible and take proactive action to address them, I think we have the opportunity to actually strengthen our moral resilience, to be able to navigate these situations with integrity and without so much cost to ourselves or to the people that we're serving."

– Cynda Rushton, PhD, RN, FAAN
Author of Moral Resilience, 2018



RECOGNIZE IT EARLY TO TAKE ACTION

strategies to consider



Listen to 'moral emotions' - ones that convey how a provider feels when they believe something 'should' happen

- Use of words 'should' or 'ought' are important clues that values are at stake
- Emotions that range from anger to guilt and shame

Look for 'clues' to situations that generate moral conflict

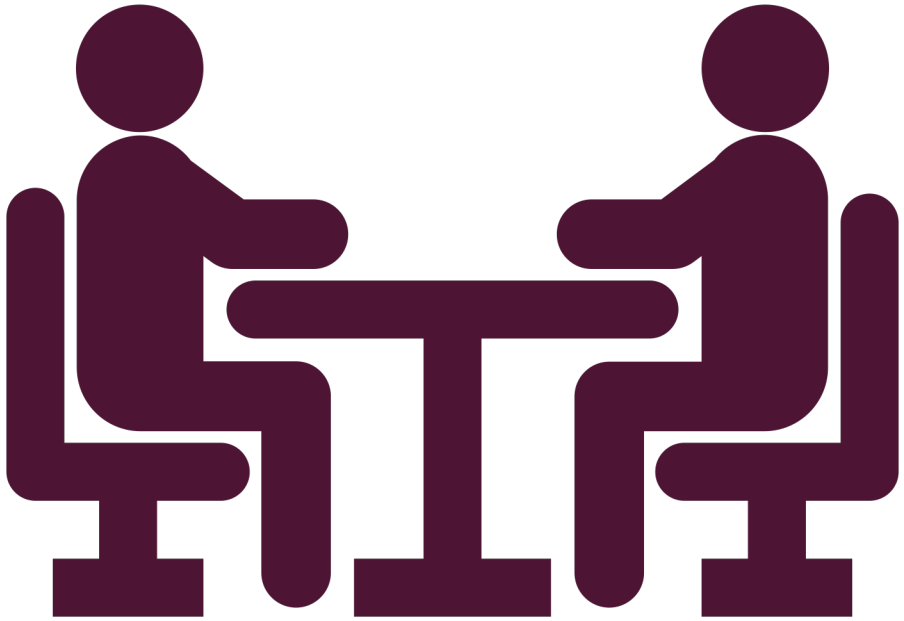
- Knowing the right thing to do but experiencing constraints to doing it
- Believing the care being provided is not consistent with what 'should' happen

Talk about factors that create these kinds of situations and possible solutions

- Start with solutions that are within the control of your team
- Identify solutions that will require leadership and broader organizational engagement

EDUCATE YOUR TEAM

- Recognize signs and symptoms.
- Buddy up to watch out for each other.
- Create a safe place to talk.
- Develop team cues for asking about and acknowledging moral distress.
- Listen closely for recurring situations that "stay with" team members.
- Implement quick successes within the control of your team.
- Engage administrators in solving system level issues that contribute to moral distress and moral injury.



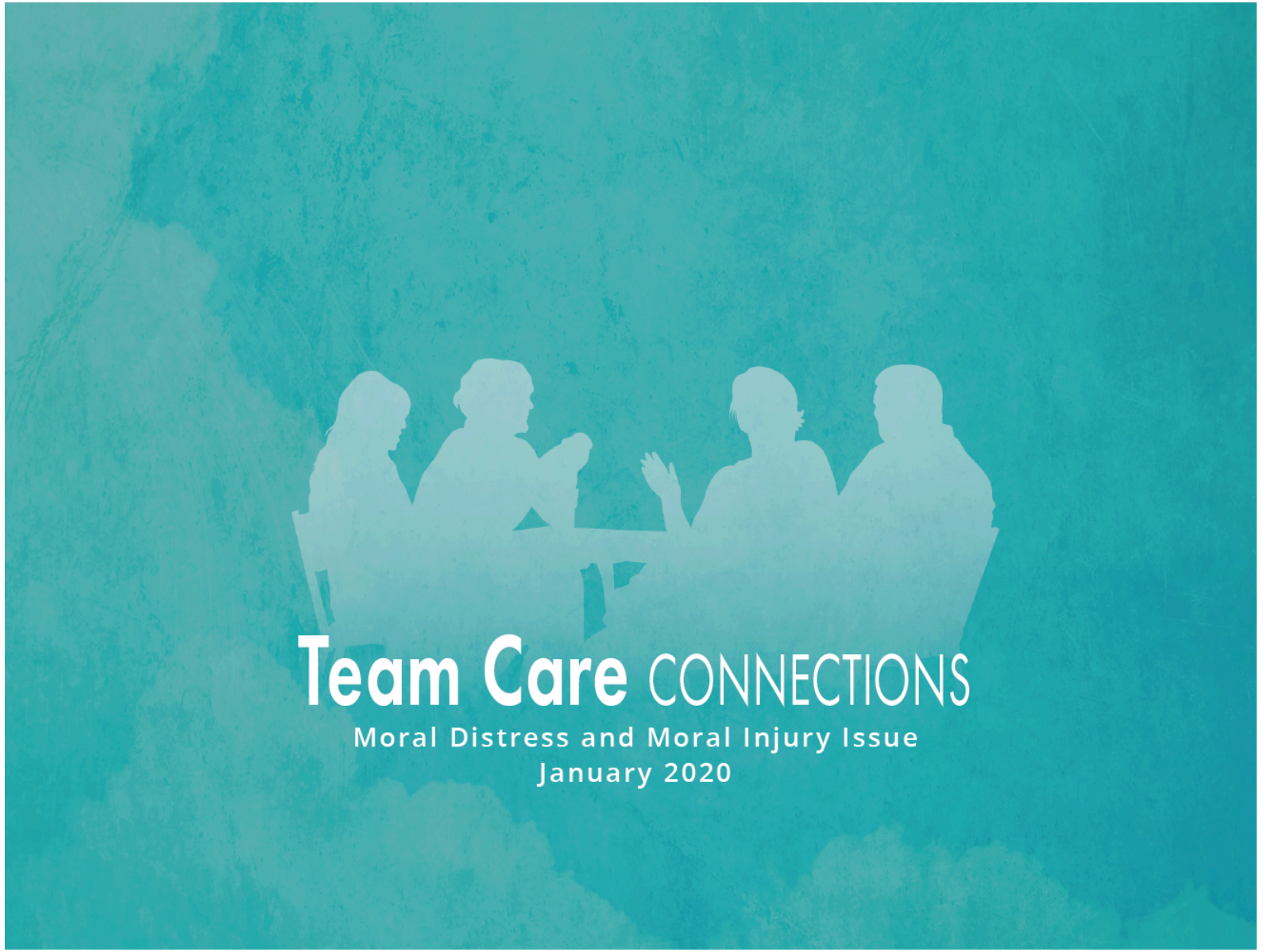
WHAT TEAMS CAN DO
strategies to consider

Buddy Up!

Dr. Nash suggests buddying up with another team member to work out a plan of how to check on each other, for example, ask questions like:

"How and what do you want me to do if something happens to you, one of your patients has a bad outcome and I recognize maybe you withdrawing a little bit, pulling away, getting grumpy, whatever? What would you want me to do? What should I say?"

Plan for it!



TRY TEAM EXERCISES

TRY TEAM EXERCISES

strategies to consider

Here's a few tips to get the conversation started

Building the Right Culture

creating cultures that value tough conversations

What are your team's common barriers to delivering care consistent with your shared values?

Team Checklist for Moral Distress

MENTIMETER Q4

GO TO WWW.MENTI.COM + USE CODE 84 92 1

Now that you've had a chance to see a few selections from Conversations about Moral Distress and Moral Injury, when do you think you could use it? (Please check all that apply)

- New staff orientation
- Team meetings
- Staff workshops

CLOSING THOUGHTS

- Awareness of moral distress and moral injury is growing – a good thing for early recognition and action.
- The emotional and physical impact can be very significant.
- Once recognized, there are many things team members can do to support each other.
- Don't overlook the role of leaders - they play a critical role in creating cultures that encourage conversation and team well-being.

TAKE CARE.

Of yourself.

Of your team.

MENTIMETER Q5 - AN INVITATION

GO TO WWW.MENTI.COM + USE CODE 84 92 1

We would like to work with individuals and teams willing to try out one or more activities in Conversations about Moral Distress and Moral Injury and help us evaluate its usefulness and impact.

If you would be interested in working with us, please write your email address and name in the boxes in Mentimeter. Thank you!

FOR INFORMATION OR TO RECEIVE THE MAGAZINE

Email

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cshuler@nachc.com

Email

teamcareconnections@asu.edu

Visit us on the web

ipe.asu.edu/team-care-connections

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Q & A

THANK YOU

Center for Advancing Interprofessional Practice, Education and Research
Arizona State University

Team Care CONNECTIONS

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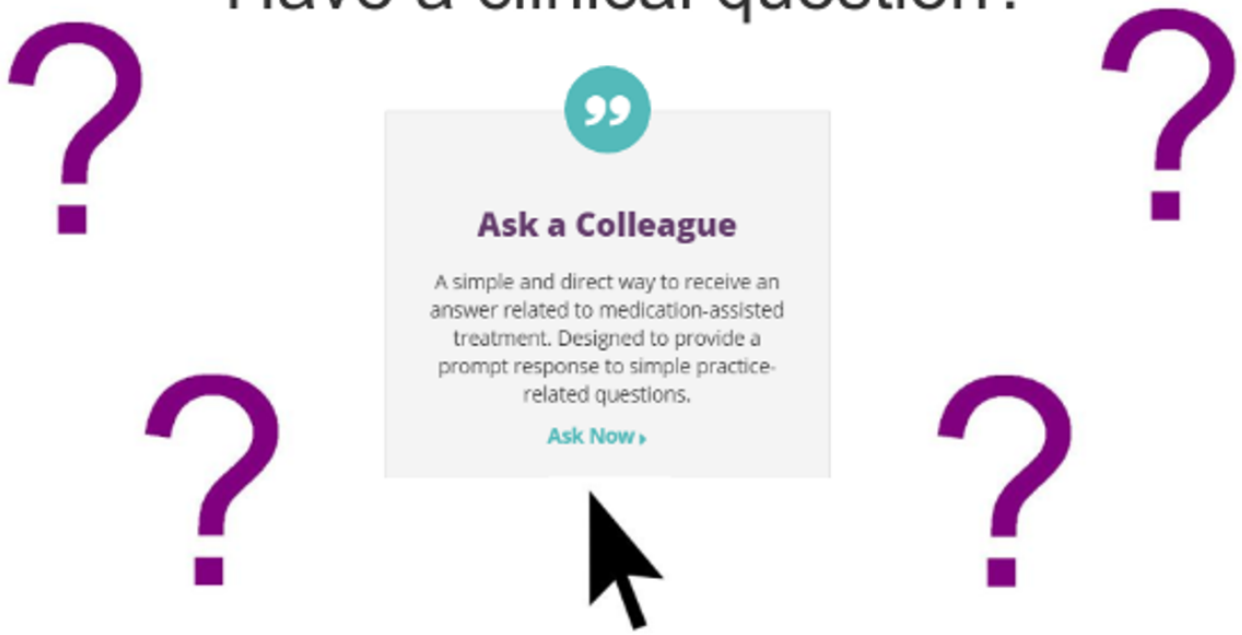
PCSS Discussion Forum

Have a clinical question?



http://pcss.invisionzone.com/register

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PCSS Providers Clinical Support System

PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for addiction treatment**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

https://pcssNOW.org/mentoring/

PCSS Providers Clinical Support System

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Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

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PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Council for Behavioral Health
American Medical Association	The National Judicial College
American Osteopathic Academy of Addiction Medicine	Physician Assistant Education Association
American Psychiatric Association	Society for Academic Emergency Medicine
American Psychiatric Nurses Association	