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CITATION

Moffett, Jenny; Crawford, Ryan; Pawlikowska, Teresa (2021): Enhancing clinical educator well-being.. Royal College of Surgeons in Ireland. Journal contribution. <https://hdl.handle.net/10779/rcsi.14171273.v1>

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Enhancing clinical educator well-being

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Introduction

Life as a clinical educator can be a double-edged sword. The privilege of working with patients and supporting the health professionals of the future, carries with it the responsibility to manage the, frequently conflicting, demands of both. Add to this the pressures of career development – interviews, professional exams – and the routine tribulations of adult life, and it's clear to see that the personal resources of clinical educators can become easily depleted.

These challenges are often further complicated by institutional and societal pressures e.g., over-stretched health systems and a global trend for increased student numbers. It comes as no surprise then that we see a worrying prevalence of stress, burnout and mental health difficulties for those working in health care roles.^[1,2] When we consider that educators likely role model coping skills as well as clinical skills for the next generation of health professionals, this leads to the question: how can those charged with facilitating both quality health care and education, nurture their *own* health and well-being?

Although it can be difficult to define, it has been proposed that stable well-being exists “when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge.”^[3] In this article, we suggest several practical ways to improve staff well-being in clinical education settings, in this context of balancing supportive resources against challenges. We begin by exploring well-being from the perspective of the institution, and the role organisational leaders can play in effecting positive change. We will then highlight individual and team-level, evidence-based well-being strategies that can be used by practising clinical educators.

Taking the wider view

Many pressures faced by clinical educators are inherent to the nature of the job: busy clinics, sick patients, long hours, on-call work, assessment responsibilities, struggling students. Whilst some challenges are unavoidable, others are moderated – for better or worse – by local workplace factors. As Coffey et al. explain: “While it is indisputable that the nature of the work in health care causes stress, organizations also bear responsibility for accepting and even creating an institutional culture where stress can be worsened by outdated or negative policies and behavioural patterns.”^[4]

Thankfully, an increasing number of universities and hospitals have recognised the strong moral, ethical and financial arguments made for supporting staff well-being in the clinical setting, and have committed to positive action.^[5] However, this movement is in its infancy. Reporting on the

well-being “journey” experienced by healthcare organisations, Shanafelt et al. say, “most... are currently stuck at the novice or beginner phase, with relatively few having moved to the competent, proficient, or expert phases in which real progress is made.”^[6] It appears that many organisations get side-tracked by individual-focused “quick fixes” e.g., mindfulness courses or resilience classes. Although well-intentioned, such approaches can risk diverting the responsibility for wellness away from the system and onto the individual. Card, in his criticism of resilience training, explains: “First, by giving the illusion of a simple solution, it may pre-empt the hard work required to address systems failures. And second, it may send the message to affected doctors that they are the problem.”^[7]

If we are to truly enhance well-being for teams working at the crossroads of healthcare and education, it is important that individual-focused strategies are given a backseat. Wide-reaching, authentic culture change begins by placing well-being to the core of an institution’s vision and values. In practical terms, this means that staff well-being is integrated into organisational planning, supported by “champions” at all levels of leadership, and made a common goal for everyone in the clinic, department or community.

When it comes to organisational change, a combination of approaches can be useful.^[8] “Top-down” strategies work well when the words and actions of staff – especially those in management or leadership roles – are congruent with, and demonstrate continued commitment to, the proposed culture change.^[9] Educators are keenly aware of the influence of the hidden curriculum; staff and students will seek out information about the culture i.e., “How things are done here,” and orientate their behaviour accordingly.

“Bottom-up” staff engagement strategies can encourage buy-in and gather information. From focus groups to strategically placed suggestion boxes, there are many simple ways to listen to staff, thus identifying specific well-being problems, and also examples of good practice, within the local context.

It’s important to know that there is no “one-size-fits-all” approach to well-being in the clinical setting. With good planning, transparent communication and a measure of creativity, however, real progress can be made. Where individuals that have a leadership role within a clinical education setting, here are some recommendations to consider:

- Look for opportunities to enhance current work practices. Clinical educators understand that their work can necessitate long hours, but “life-friendly” rotas, and a pragmatic approach to workflow means that staff can better balance, or blend, important personal and work-related tasks. A practical example of this is the Stanford University School of Medicine’s Academic Biomedical Career Customization (ABCC) initiative which incorporates an innovative time-banking scheme.^[10] Under ABCC, medical staff receive time credits for activities such as mentoring students or serving on institutional committees, which they can use to “buy back” time via support services for home and work-related tasks (from house-cleaning and laundry services, to manuscript-editing and grant-writing).
- Devise a scheduling system that allows those in teaching roles regular protected time, e.g., for professional development or research activities. Simple time-based boundaries can help individuals to experience increased autonomy and meaning in their work, both

of which can balance the impact of excessive job demands. Again, a team approach, e.g., coordination of teaching responsibilities across a group of educators, is useful here.

- Reflect on how the physical working environment affects staff. What work spaces are available to step “off-stage,” and take time away from patients and students?^[7] Are there zones where colleagues can relax and re-connect? Where can staff find healthy out-of-hours eating options? What exercise facilities are available within a short distance of the institution? Practical interventions which work in the clinical setting include the HALT (hunger, angry, lonely, tired) model, or a “staff resuscitation trolley.”^[12, 13]
- The learning environment also has a considerable impact on the well-being of teaching staff and students. How does the design and delivery of learning tip the balance of psychological, social and physical resources and challenges? What is the role of the clinical educator within this eco-system of teaching and learning? Box 1 outlines strategies that can help to cultivate well-being in the clinical learning environment.
- Acknowledge that both teaching and healthcare practice involve significant emotional labour. Supportive, emotionally intelligent line managers act as a powerful buffer between clinical educators and difficult working situations. Dedicated time and staff development are needed to nurture these professional relationships. Other practical, evidence-based ways to support clinical educators in this domain include access to Schwartz rounds and Balint groups.
- Remember that healthcare professionals are notoriously poor “help-seekers” when it comes to their own physical and mental health. Exercise flexible and supportive work practices that allow clinical educators to access professional care, and not just “corridor

consultations” (GMC, 2014).^[14] Similarly, clinical educators must know how and where to refer students that are struggling with personal issues e.g., peer support schemes and university mental health support services.^[15]

[Place Box 1 near here]

Enhancing well-being at the individual and team level

It’s clear that taking a holistic approach to well-being is necessary. As discussed earlier, this broadens the focus onto the system, and reduces the risk of implying fault with individual staff. However, once a genuine effort to address a problematic work environment is underway, it may be appropriate to explore evidence-based personal strategies that can help team members to capitalise on this positive change.

An important starting point for clinical educators to understand (and to revisit regularly) is the concept of “putting on your own oxygen mask first.” The altruistic nature of many healthcare workers means that it’s often a default position to put patients’, students’ and employers’ needs before their own. However, staff must develop effective strategies to both notice *and* act on their own needs (e.g., hunger, thirst, toilet breaks). The tenets of basic self-care, e.g., good nutrition and restorative sleep, are common knowledge. However, they are of heightened importance for those operating in domains requiring emotional intelligence i.e., teaching and caring roles. Recent research highlights, for example, that a significant relationship exists between individuals’ quality of sleep and their ability to empathise with others.^[16]

The literature also highlights that social connections and a sense of belonging can be a tremendous source of resilience. Finding and participating in a group of individuals with a set of shared goals and values e.g., regularly catching up with other clinical educators or sharing your coffee break with others in the clinical setting, can offset many forms of workplace stress. Although studies suggest that face-to-face relationships offer a superior form of support, online professional networks, e.g., the [“Tea & Empathy”](#) or [“Nurse Educator”](#) Facebook groups, can be helpful too.^[17, 18]

A core ingredient of effective working relationships is respectful communication. This can be as simple as encouraging an ethos of saying “thank you.” Positive psychology research has highlighted that the expression of gratitude is mutually beneficial to both parties. Listening skills are also important, and clinical educators can use these to support colleagues who may be struggling. A useful question used by the authors is: “Do you want me to distract you, give advice or just listen?”

It’s also well established that regular aerobic exercise has many positive effects for mood and mental health. A recent study by Schuch et al., which pooled data from over 250,000 participants, found that “physical activity can confer protection against the emergence of depression regardless of age and geographical region.”^[19] There is consistent empirical evidence that supports the use of mindfulness-based initiatives too.^[20] Time – or more specifically lack of it – can be a major barrier to incorporating such resilience-building strategies into daily life, but there are tactics that can help. For example, the minutes spent waiting for students to arrive on the ward, or for a clinic computer to unfreeze, can be used for mindfulness, reducing feelings of

frustration and increasing the perception of more time. Box 2 highlights further ideas for simple mindfulness techniques that can be used by time-poor clinical educators.

[Place Box 2 near here]

Educators may also find it helpful to find new ways to harness the many moments of joy and purpose that exist within the clinical setting. When work schedules become stressful, these can be very easy to miss. As neuroscientist and psychologist Rick Hanson says, “The brain is like Velcro for negative experiences, but Teflon for positive ones.”^[21] Schedule clashes, rude patients and cortisol-inducing emails can set off a train of unpleasant thought and feelings. These can be counter-balanced by making space to notice the morning sunshine, a student’s “thank you,” or a much-needed cup of tea. Again, mindfulness can be a useful technique here (Box 3 provides several strategies to counteract the brain’s innate “negativity bias”).

[Place Box 3 near here]

Many clinical staff find it difficult to make and maintain effective boundaries in the workplace. These boundaries may relate to the self. For example, in busy clinical environments where there is always “something left to do,” it’s possible to prioritise tasks and give oneself permission to act: “I can go home when...” Boundaries can also relate to other people; here, different skills are required. In anticipation of difficult conversations, take time to “pre-plan” what one’s needs are, and use communication skills to express these. It’s common to experience pushback from the other person, and this can feel unpleasant, but adopting an assertive stance increases opportunities for personal autonomy. There are also boundaries to decide around social media and email. People have different preferences when it comes to work-life balance and

technology. Some like to turn down notifications when off duty, whilst others remove work email entirely from their personal phones.

The transition from workplace to home is another zone for boundary setting. Frequently, unsolicited negative thoughts or memories from the working day, can intrude upon home life. The authors employ their own distinct end-of-day rituals, e.g., going to the gym before going home, or listening to a podcast on the commute, to help reinforce the disconnect. Where clinical educators live in shared accommodation with other staff, it may be worth agreeing ground rules e.g., times for “no-work” chats or phone-free zones.

A final evidence-based way to address difficult thoughts include adopting an attitude of self compassion. The work of researcher Dr Kristin Neff highlights practical exercises, including cognitive reframing and journaling, that can increase skills in managing work-related concerns.^[22]

Conclusion

Clinical educators play a central role in preparing the health professionals of tomorrow to work effectively within the complex and uncertain landscape of patient care. They provide formal learning opportunities whereby students build the necessary skills and knowledge for professional practice. Their influence, however, does not end here. By way of role modelling, clinical educators also provide a powerful, continuous, unspoken set of cues which indicate to students to cope with the ups and downs inherent to their chosen profession. Hence, it is vital

that clinical educators have the resources they need to provide that early positive, and authentic, example. Many of these resources are, however, influenced by broader social, cultural and organisational factors. In this article we have outlined practical, evidence-based ways to improve clinical educator well-being from both the individual/team and institutional levels. With focus, momentum and a genuine team approach, it is possible to achieve enhanced well-being for individuals who work with and support health professions' students.

Acknowledgments

With thanks to Dr Cornelia Carey and the RSCI clinical education team at Beaumont Hospital, Dublin for their ideas and input to this article.

References

1. Wu S, Zhu W, Wang Z, Wang M, Lan Y. Relationship between burnout and occupational stress among nurses in China. *J Adv Nurs* 2007; **59**(3):233-9.
2. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med* 2012; **172**(18):1377-85.
3. Dodge R, Daly AP, Huyton J, Sanders LD. The challenge of defining wellbeing. *Int Jo Wellbeing* 2012; **29**:2(3).

4. Coffey DS, Cuff P, Eliot K, Goldblatt E, Grus C, Kishore, S. Mancini M, Valachovic R, Walker PH. A multifaceted systems approach to addressing stress within health professions education and beyond. National Academy of Medicine, Washington, DC. 2017.
5. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med* 2017; **177**(12):1826-32.
6. Shanafelt TD, Gorringer G, Menaker R, Storz KA, Reeves D, Buskirk SJ, Sloan JA, Swensen SJ. Impact of organizational leadership on physician burnout and satisfaction. In: Mayo Clinic Proceedings 2015; 90(4):432-440. Elsevier.
7. Card AJ. Physician burnout: resilience training is only part of the solution. *Ann Fam Med* 2018; **16**(3):267-70.
8. Todnem By R. Organisational change management: A critical review. *Jo Chang Manag* 2005; **5**(4):369-80.
9. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Q* 2004; **4**:581-629.
10. Fassiotto M, Simard C, Sandborg C, Valantine H, Raymond J. An integrated career coaching and time-banking system promoting flexibility, wellness, and success: A pilot program at Stanford University School of Medicine. *Acad Med* 2018; **93**(6):881-7.
11. McGough PM, Jaffy MB, Norris TE, Sheffield P, Shumway M. Redesigning your work space to support team-based care. *Fam Pract Manage*.2013; **20**(2):20-4.

12. Ragau S, Hitchcock R, Craft J, Christensen M. Using the HALT model in an exploratory quality improvement initiative to reduce medication errors. *Br J Nurs* 2018; **27**(22):1330-5.
13. WRaPEM (2018). "How to" – Staff resus trolley. Accessed online. Available at: <https://wrapem.org/how-to-guides/how-to-staff-resus-trolley/> [Accessed April 5, 2019].
14. GMC. (2014). Your health matters. Accessed online. Available at: https://www.gmc-uk.org/-/media/documents/Your_health_matters_1215.pdf_56661104.pdf [Accessed April 28, 2019]
15. Van Den Berg JW, Mastenbroek NJ, Scheepers RA, Jaarsma AD. Work engagement in health professions education. *Med Teach* 2017; **39**(11):1110-8
16. Guadagni V, Burles F, Valera S, Hardwicke-Brown E, Ferrara M, Campbell T, Iaria G. The relationship between quality of sleep and emotional empathy. *J Psychophysiol* 2017; **31**:158-166.
17. Tea and Empathy. Accessed online. Available at: <https://www.facebook.com/groups/1215686978446877/about/> [Accessed March 28, 2019].
18. Nurse Educators group. Accessed online. Available at: <https://www.facebook.com/groups/nurseeducators/> [Accessed May 7, 2019].
19. Schuch F, Vancampfort D, Firth J, Rosenbaum S, Ward PB, Silva ES, Hallgren M, Ponce De Leon A, Dunn AL, Deslandes AC, Fleck MP, Carvalho AF, Stubbs B. Physical Activity and Incident Depression: A Meta-Analysis of Prospective Cohort Studies. *Am J Psychiatry* 2018; **175**(7):631-648.

20. Hofmann SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *J Consult Clin Psychol* 2010; **78**(2):169.
21. Hanson R. *Hardwiring Happiness: The New Brain Science of Contentment, Calm, and Confidence*. New York: Random House, 2013. p.76.
22. Neff KD, Davidson O. Self-compassion: embracing suffering with kindness In: Ivtzan I, Lomas T, eds. *Mindfulness in Positive Psychology: The Science of Meditation and Wellbeing*. 2016 New York: Routledge; p.37-50.

BOX 1: Strategies to cultivate well-being in the clinical learning environment

<p>Ensure that those who are involved in clinical teaching are adequately prepared for their roles through effective orientation and training programmes, i.e., that the training opportunities exist and staff have the necessary time and support from their department directors to attend.^[1]</p>
<p>Provide regular, practical continuing professional development opportunities which target potential areas of stress for clinical educators, e.g., managing difficult student behaviours, encouraging students to share responsibility for their learning, facilitating active learning, managing student expectations, and giving constructive feedback.</p>
<p>Provide tangible, and financial, support for initiatives that break down hierarchies and promote positive, collegial relationships, e.g., inter-professional “lunch and learn” education groups, and collaborative peer observation of teaching programmes.</p>
<p>When making decisions around the curriculum, give attention to teaching and learning strategies that allow educators and students to get to know each other better, e.g. small group and peer-assisted learning, and ensure that staff: student ratios can support these appropriate. Ensure that clinical educators are involved in course design and curriculum development not just implementation of teaching.^[2]</p>
<p>Demonstrate to clinical teachers that their work is clearly valued, e.g., by providing support to undertake professional teaching qualifications or attend health professions’ education conferences. Make education responsibilities a clearly recognised component of institutional staff development and promotional pathways. Note that there are conflicting opinions as to the effectiveness of teaching prizes as incentives to clinical teachers.^[2]</p>
<p>Engage in regular programme evaluation to evaluate the learning experience and to address “pinch points” which cause significant and/or recurring stress for staff and students, e.g., timetable clashes, or issues with technology. Ensure that teaching and learning is following a coherent pattern that is openly communicated, and makes sense, to staff and students alike, e.g. attention to constructive alignment.</p>
<p>References:</p> <ol style="list-style-type: none">1. Dybowski C, Harendza S. “Teaching is like nightshifts...”: a focus group study on the teaching motivations of clinicians. <i>Teach Learn Med.</i> 2014; 26(4):393-400.2. Dahlstrom J, Dorai-Raj A, McGill D, Owen C, Tymms K, Watson DA. What motivates senior clinicians to teach medical students?. <i>BMC Med Ed</i> 2005; (1):27.

BOX 2: On-the-job mindfulness for busy clinical educators

<p>“Five senses” or “5-4-3-2-1” exercise</p>	<p>Find a quiet space where you won’t be disturbed; here you can bring your attention to the present moment by exercising each of your senses in turn. First, identify five things that you can see around you. Next, identify four things that you can hear. Then, notice three things you can feel e.g., the chair that you are sitting on, keys in your pocket. Then move on to two things that you can smell, and finally, notice one thing that you can taste.</p>
<p>Walking meditation</p>	<p>Many individuals find meditation difficult, especially if they lead a very active life. A walking meditation can be a good approach, and even shorts walks across campus or the hospital can achieve a sense of being “in-the-moment.” Begin by walking at a comfortable pace. Focus your attention on the sensations that you experience as you walk – how your feet feel as they hit the ground, the weight of your arms, your chest rising and falling as you breathe. As you walk, thoughts can come and go; gently let them pass and redirect your focus on your body and breath.</p>
<p>Mindful handwashing</p>	<p>Everyday tasks such as handwashing and tooth brushing work effectively as informal mindfulness practices. In particular, handwashing can act as a prompt for regular mindfulness during the clinical day.^[1] When going through the steps of cleaning your hands, focus on the sensations of your breath, and of your hands. Focus your attention on what is happening in the present moment.</p>
<p>“Clean page” mind between patients and/or student groups</p>	<p>It’s easy to go into “auto-pilot” in the clinical setting, and stress can accumulate across a long, continuous block of people work. Use a one-minute grounding exercise to help you achieve a “clean page” mind between patients and/or students. Find a quiet place where you can sit undisturbed. Take a deep breath in, and notice the sensations as you inhale. Let a long breath out, and notice the feelings in your body as you exhale. Let thoughts come and go without judgment.</p>
<p>Reference: 1. Gilmartin HM. Use hand cleaning to prompt mindfulness in clinic. BMJ. 2016 Jan 4;352:i13.</p>	

BOX 3: Capturing the positives in the clinical setting

<p>Have a regular gratitude exercise</p>	<p>There is strong evidence to suggest that a regular gratitude practice helps individuals to notice more positive experiences in their lives. Keeping a gratitude journal, for example, slowly changes our perceptions of situations, and what we choose to focus on. Consider how and when you might do this e.g., you might decide, at bedtime, to ask yourself “What three things am I grateful for that happened today?”</p>
<p>Add simple pleasures to your day</p>	<p>Many of us look forward to big social events and holidays, but it’s also important to incorporate regular opportunities for happiness into our working days. Whether it’s 15 minutes with a much-anticipated book, or a frothy coffee, it’s good to identify small and simple ways to perk up your day.</p>
<p>Keep a record of pleasant emails, letters and cards</p>	<p>Being on the receiving end of criticism or rude communication can be disheartening. At these times, a folder of letters, notes of appreciation, emails or other expressions of “thank you” from patients, staff or students can give you much-needed perspective. These can be stored electronically if you prefer not to accumulate physical items.</p>
<p>Spend regular time in the company of people with whom you have positive interactions</p>	<p>Happiness is not only a function of the individual; it also tends to “ripple” as an experience through groups or networks of people. ^[1] Reflect on the people who bring most positivity to your life – the good listeners, the people that make you laugh – and look for ways to spend more time with them.</p>
<p>Notice – and change – a critical inner voice</p>	<p>Many of us experience a negative inner critic from time-to-time i.e., an unhelpful internal voice that might say “I can’t believe you did that!?” or “You’ve really messed up this time, haven’t you?” The first step is to notice when this happens – again this is something that mindfulness can help with. The second step is to work on exchanging that voice for one which employs curiosity or compassion rather than judgment. Many individuals find it useful to base this new voice on what they would say to a trusted friend.</p>
<p>Reference: 1. Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. <i>BMJ</i>. 2008; 337:2338.</p>	