The Third Conversation: A Promising Pathway for Improving Wellbeing for Clinicians and Patients

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A Promising Pathway for Improving Wellbeing for Clinicians & Patients

3rd Conversation

CONNECTION. HUMANITY. CHANGE.
Learning Objectives

On completion of this session, the participants should be able to…

• Describe the results of a four pilot initiative to test the idea of reinventing the clinician-patient relationship as a source of joy and meaning for both providers and patients.

• Define the benefits of engaging patients as partners in reducing burnout and increasing wellbeing among clinicians.

• Explain ways in which patients can be allies for clinicians in efforts to combat burnout.
3rd Conversation
3rd Conversation

Power Source

Our Goal
To put patients and clinicians back at the center of decision-making, so they can rebuild a system that actually creates health.

Our Strategy
Reinvent the clinician-patient relationship and deploy it as a tool for change on things like clinician burnout and well-being, patient experience, health outcomes, and costs. We will inspire and empower patients and clinicians through human relationship and connection, first with each other and then with decision-makers, creating faster pathways to change.

www.3rdconversation.org
3rd Conversation Spark Event

- 10-12 patients
- 10-12 health professionals
- Facilitated, 3-hour conversation
“When people started showing me they cared, and they fusssed over me, I wanted to volunteer to give back.” - Patient

“I loved having the three stories - I think that as we are looking to team care as one of the solutions to quality and to burnout, we need to think about who else needs to be in the conversation.” - Clinician
In a word, how was it to talk one-to-one in patient/provider pairs?

Freedom
Refreshing
Healing
Warm
Honest
Enlightening
Joyful
CONNECTION. HUMANITY. CHANGE.
Paired Interview / Small Group Themes

- Open, honest communication
- Connecting as human beings
- Trust is important
- More time together that is less inhibited/affected by rules and regulations (e.g., inputting data into an EHR during the visit)
- Empathy for burnout/an understanding among patients of the struggles facing health professionals
What is one thing you appreciated most about this conversation today?
Large Group - Actions

• Give providers and patients more opportunities to connect with one another in meaningful ways.

• As individuals, commit to being more open, vulnerable, and supportive when interacting with patients and providers.

• Create tools, like trainings and guides, that help both providers and patients maximize their time together.

• Identify processes that undermine patients’ and providers’ ability to connect and feel heard (e.g., paperwork, documentation flow/EHRs).

• Make changes to the physical space for provider-patient interactions that help them feel more connected, equitable.
Participant Feedback (post-activity evaluation)

- The 3rd Conversation was a worthwhile use of their time.
- Participants felt more hopeful about the health care system and their ability to positively impact it.
  - This is critical for addressing burnout
- Both patients and providers want to continue the conversation, especially if it includes plans for change.
- Patients and clinicians feeling more connected to each other “like we’re all in this together.”
  - Human connection as an antidote to burnout.
- Providers felt valued and understood.
  - Very validating!

Source: Post-event participant survey
Questions
Why did you want to host 3rd Conversation at Lehigh Valley? What is going on at Lehigh Valley that made 3C a good idea?

What do you remember about the 3rd Conversation/Spark Event you attended?

What has stayed with you about the event over time? Are there any specific thoughts or feelings that you associate with the event?

What, if anything, did you do as a result of the new awareness you gained during the event?

One of the themes of these events is the importance of patients and clinicians working together to affect change in their health system. Give examples of how you or others have done this.

What are some things to consider (e.g., participants, technology, etc.)?
Small Group Exercise

• Discuss these three questions and summarize your answers for the rest of the group:
  • Gut reaction?
  • What are the main outstanding questions? What are you skeptical/ excited about?
  • Where do you see alignment or misalignment with current institutional priorities? (e.g., quality improvement, burnout, patient satisfaction, etc.)
2018 Pilots and 2019-2020 Sites

1. **May 2018**: Gaithersburg, MD
2. **August 2018**: Atlanta, GA
3. **September 2018**: South Huntington, MA
4. **October 2018**: Lehigh Valley Health Network, PA
5. **September 2019**: LVHN Kutztown & Allentown, PA
6. **October 2019**: Camden, New Jersey
7. **January 2020**: St. Luke’s, PA, High Lakes, OR
8. **February 2020**: Sutter Health, CA
9. **March 2020**: Stony Brook, NY

“What I’ve gleaned is there’s so much we both want out of the relationship. We both want time; we both want personal connection … You realize we’re not on opposite teams, we are on the same team....”
- Clinician
3rd Conversation