

12TH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

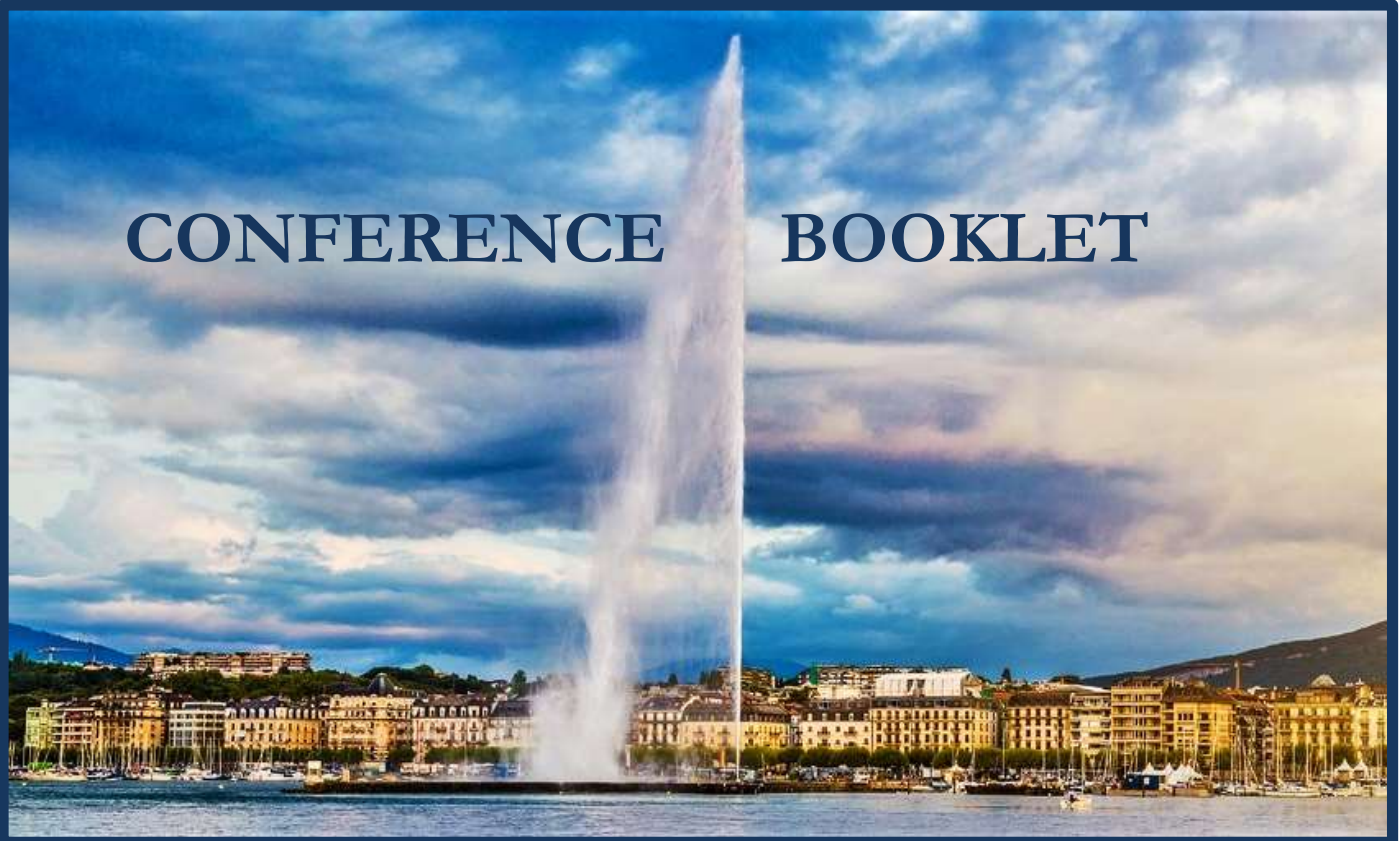
PROMOTING WELLBEING AND OVERCOMING BURN-OUT

CORE CONFERENCE 25 – 27 MARCH 2019
PRE-CONFERENCE WORKMEETING 24 MARCH 2019

Main Conference Hall, WCC-Council of International Organizations of Medical Science
1 route des Morillons, 1218 Grand-Saconnex, Geneva (near WHO)



CONFERENCE BOOKLET



❁ Organization

❁ Program

❁ Presenters

❁ Abstracts

❁ Continuing Professional
Development

www.personcenteredmedicine.org
icpcmsecretariat@aol.com
www.ijpcm.org

CONFERENCE ORGANIZATION

Organizing Committee: Jon Snaedal (President, International College of Person Centered Medicine, ICPCM), C. Robert Cloninger (Conference Program Director), Juan E. Mezzich (Secretary General, ICPCM), Wim Van Lerberghe (Former WHO Department Director), Michel Botbol (Secretary for Publications, World Psychiatric Association), Tesfamicael Ghebrehiwet (Former Officer, International Council of Nurses), Hellen Millar (ICPCM Board Director), Ihsan Salloum (World Psychiatric Association Classification Section), Sandra Van Dulmen (Former Officer, European Association for Communication in Healthcare), and Jim Appleyard (ICPCM Board Advisor).

Collaborating Organizations: The Twelfth Geneva Conference on Person-centered Medicine is organized by the International College of Person-centered Medicine (ICPCM) in collaboration with the World Medical Association (WMA), the Council for International Organizations of Medical Sciences (CIOMS), the World Health Organization (WHO), the International Alliance of Patients' Organizations (IAPO), the International Council of Nurses (ICN), the International Pharmaceutical Federation (FIP), the World Organization of Family Doctors (Wonca), The World Association of Social Psychiatry (WASP), the Latin American Network of Person Centered Medicine (RLAMCP), the World Association for Sexual Health (WAS), the International Federation of Ageing (IFA), the Medical Women's International Association (MWIA), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), the World Federation for Medical Education (WFME), the International Association of Medical Colleges (IAOMC), the Paul Tournier Association, the World Association for Dynamic Psychiatry (WADP), the European Association for Communication in Health Care (EACH), the WHO Collaborating Center at Imperial College London, the International Francophone Psychiatric Federation (ALFAPSY), the French Psychiatric Association, the German Association for Dynamic Psychiatry, San Fernando Medical School of San Marcos National University of Peru, the Universite de Bretagne Occidentale, the Medical University of Plovdiv-Bulgaria, the Belgrade University Institute of Mental Health, and University of Buckingham Press.

Expected Participants: Clinicians and scholars in medicine and related health disciplines as well as other health stakeholders. The registration fee is 400 Euros for persons residing in World Bank Group A (High Income Countries) and 300 Euros for persons in other countries. Full time students will pay discounted half-rate fees. ICPCM Continuing Professional Development (CME) Certificates will be issued.

Presentation Formats include Lectures, Plenary Symposia, Interactive Workshops and Interactive Poster Sessions.

Conference Secretariat: ICPCM Secretariat at Int'l Center for Mental Health, Icahn School of Medicine at Mount Sinai, Fifth Ave & 100 St, Box 1093, New York NY 10029, USA. E: ICPCMsecretariat@aol.com.

PROGRAM CONFERENCE DRAFT

SUNDAY MARCH 24, 2019: Pre-Conference Work and Institutional Meetings
Geneva University Psychiatric Hospital, Batiment Les Voirons; 2 Chemin du Petit Bel-Air, 1225
Chene-Bourg, Geneva

- 13:00 – 14:00 **Public Bus Trip from Gare Cornavin Hotels to Geneva University Psychiatric Hospital**
14:00 – 17:00 **Work Meetings**
Chairs: *Jon Snaedal and Tesfa Ghebrehiwet*
- **Further development of ICPCM Educational Program on Person-centered Care** (Lead: *J Appleyard*; Panel: *J Snaedal, S Van Dulmen, J Mezzich*)
 - **Further development of ICPCM Person-Centered Diagnosis** (Leads: *J Mezzich, I Salloum*; Panel: *R Cloninger, M Botbol, W van Staden, J Appleyard, J Snaedal, I Medina*)
- 17:00 – 17:30 **IJPCM Editorial Board Meeting:** (Lead: *JE Mezzich*; Panel: *CR Cloninger, W Van Staden, L Kirisci*)
17:30 - 18:30 **ICPCM Board Meeting**

MONDAY MARCH 25, 2019: CORE CONFERENCE FIRST DAY
Main Conference Hall, WCC-Council of International Organizations of Medical Science
1 route des Morillons, 1218 Grand-Saconnex, Geneva (near WHO)

- 8:00 AM **Check in**
8:30 - 9:00 **Opening Session**
Master of ceremony: *Juan Mezzich (New York & Lima)*
Words of Welcome: *J Snaedal (ICPCM), L Eidelman (WMA), M Narasimhan (WHO), R Kallivayalil (WPA, WASP)*
Opening Lecture: *Robert Cloninger (St. Louis, MO, USA)*
- 9:00 - 10:30 **Plenary Symposium 1: What is Well-being and what are the Causes of Well-being and Ill-being?**
Chairs: *Jon Snaedal (Reykjavik) and Jim Appleyard (London)*
- Philosophical perspectives: *Fernando Lolas (Santiago de Chile)*
 - Biological perspectives: *Robert Cloninger (St. Louis, USA)*
 - Mental health and psychological perspectives: *Ihsan Salloum (Miami)*
 - Social and anthropological perspectives: *Rashid Bennegadi (WASP, Paris)*
- 10:30 – 11:00 **Coffee Break and Interactive Poster Session 1: Person-centered Clinical Care**
Chairs: *Sandra Van Dulmen (Nijmegen, Netherlands) and Drossi Stoyanov (Plovdiv, Bulgaria)*
- Associations between well-being and burnout among milieu therapists and health care professionals working at community mental health services: A cross-sectional study: *Mariela Lara-Cabrera, Bernardo Moreno-Jimenez and Ingunn Mundal (Trondheim, Norway)*
 - Person Centered Medicine and Human Rights: *Jasna Karacic (Split, Croatia)*
 - Exploring the relationship between volunteer burnout, well-being, satisfaction and quality of life: A cross-sectional study among hospital volunteers in Mexico: *Mariela Lara-Cabrera (Trondheim, Norway) and Esther Cisneros, Rosa Martha Meda-Lara, Bernardo Moreno-Jimenez (Mexico)*
- 11:00 – 12:30 **Plenary Symposium 2: The Burn-out Crisis in Medicine**
Chairs: *Otmar Kloiber (WMA, Ferney-Voltaire, France), Simone Hauck (Porto Alegre, RS, Brazil)*
- World Medical Association perspectives: *Leonid Eidelman (WMA President, Israel)*
 - Pediatrician's perspectives: *Jim Appleyard (London)*
 - Geriatrician's perspectives: *Jon Snaedal (Reykjavik)*
 - National Medical Associations' Views: Physician's Burn-out in Japan: *H. Hoshi (Tokyo)*
- 12:30 - 14:00 **Group photograph and Lunch Break**
14:00 - 15:30 **Plenary Symposium 3: Burn-out in other Health Professionals**
Chairs: *Tesfa Ghebrehiwet, (Alberta, Canada); Maria Ammon (WADP, Berlin)*
- Nursing perspectives: *Alessandro Stevano (ICN, Geneva)*
 - Nursing and midwifery perspectives: *Asiya Odugleh-Kolev (WHO, Geneva)*
 - Educator perspectives: *Kevin Cloninger (Anthropedia, St. Louis)*
 - Medical scientist's perspectives: *Lembit Rago (CIOMS, Geneva)*

- 15:30 - 16:15
 - Social scientist's perspectives: *Ottomar Bahrs (Göttingen, Germany)***Arts and Person Centered Medicine Session**
 Chairs: *HR Pfeifer (Zurich), Helen Millar (Scotland)*
 Dance (*Maria Ammon*); Music (*Paul Tournier Association Representative*)
- 16:15 - 16:45
 - The pathway from well-being to burnout and depression in college: a qualitative evaluation of medical students' perception - preliminary analysis: *Tamires Martins Bastos, Carolina Stopinsky Padoan, Cristina Pessi, Pricilla Braga Laskoski, Luciana Terra, Patricia Fabricio Lago, Ana Margareth Siqueira Bassols, Simone Hauck (Porto Alegre, RS, Brazil)*
 - Coping with Disaster and Displacement: Medical Student Wellness in the Aftermath of a Category 5 Hurricane: *Kimberly Kirkland, Adrianna Gatt, Soubbi Albayek, Julie Taylor, (Pembroke Pines, FL, USA)*
 - Burnout in Psychiatry Residents: the role of psychiatric symptoms, interpersonal relations and institutional ambience: *Gabriela Carneiro Monteiro, Ives Cavalcante Passos, Fernanda Lucia Capitanio Baeza and Simone Hauck (Porto Alegre, RS, Brazil)*
- 16:45 - 18:00
 ICPCM General Assembly (including 2019 Geneva Declaration discussion, report and development of PCM regional networks and national associations, and next steps)
- 18:00 - 19:00
 Cultural Group Walk around Geneva
- 19:00 – 22:00
 Conference Dinner



TUESDAY MARCH 26, 2019: CORE CONFERENCE SECOND DAY
Main Conference Hall, WCC-Council of International Organizations of Medical Science
1 route des Morillons, 1218 Grand-Saconnex, Geneva (near WHO)

- 8:30 - 9:15
 - Paul Tournier Prize Session**
 - Chairs: *Jon Snaedal (Reykjavik), Frederic Von Orelli (Basel), Alain Tournier (Geneva), H-R Pfeifer (Zurich).*
 - Laudatio: *Juan E. Mezrich (New York and Lima)*
 - 2019 Paul Tournier Prize Lecture: *Alberto Perales (Lima)*
- 9:15 - 10:45
 - Plenary Symposium 4: Major Contributors to Healthy Life Styles and Burn-out Management**
 - Chairs: *Norman Sartorius (Geneva), Imelda Medina (Miami)*
 - Nutrition: *Diana Estevez (WHO, Geneva)*
 - WHO perspectives on physical activity: *Temo Waqanivalu (WHO, Geneva)*
 - Coaching perspectives on physical activity: *Mike Gwerder (Zurich, Switzerland)*
 - Stress management: *Danilo Garcia (Gothenburg, Sweden)*
 - Health promotion coaching: *Kevin Cloninger (Anthropedia, St. Louis)*
- 10:45 - 11:15
 - Coffee Break and**
 - Interactive Poster Session 3: People-centered Public Health**
 - Chairs: *Jim Appleyard (London) and Salman Rawaf (London)*
 - Person-Centered Care and Human Trafficking Prevention – Training Healthcare Providers: *Imelda Medina, Abraham Salinas, Anthony J Masys (Miami, USA)*
 - The global effort to eradicate polio – every child has a right to be protected: *Oliver Rosenbauer (WHO, Geneva)*
 - Interdisciplinary person centered assessment of refugee needs: *Thomas Wenzel, Reem Alksiri, Maria Kletecka –Pulker, Boris Droszdek (Vienna, Austria)*
- 11:15 - 12:45
 - Plenary Symposium 5: Health professionals Training in Health Promotion and Burn-out Prevention.**
 - Chairs: *Alberto Perales (Lima), Helen Millar (Dundee, Scotland)*

- Medical curriculum reform: *Simone Hauck (Porto Alegre, RS, Brazil)*
 - Inter-professional training: *Tesfamicael Ghebrehivet (Alberta, Canada)*
 - Health professional training and self-care for health promotion: *Austen El-Osta (London)*
 - Trainee and Early-career perspectives: a) *Medical students (Anna Wang, Bea Albertmann; IFMSA, Switzerland)*, b) *Early-career physician (Juan Carlos Ocampo, Amparo Jaramillo; San Marcos University, Lima)*
- 12:45 - 14:00 **Lunch Break** (open)
- 14:00 - 15:30 **Plenary Symposium 6: Research and Innovation on Organizational Reform and Integrated Health Promotion, Well-being and Burn-out**
Chairs: *Sandra van Dulmen (Nijmegen, Netherlands)*, *Ihsan Salloum (Miami)*
- Research on organizational reform for health promotion and burn-out prevention: *Salman Rawaf (WHO Collaborative Center, Imperial College, London)*
 - Models of vulnerability and resilience to burn-out: Trans-paradigm approach to comparison of systems and methods: *Kristina Stoyanova (Blagoevgrad, Bulgaria)*, *Drossi Stoyanov, (Plovdiv, Bulgaria)*
 - Integrative research for health promotion: *Robert Cloninger (St. Louis, USA)*
 - Measuring well-being: Statistical machine learning approach: *Levent Kirisci (Pittsburgh)*, *Juan Mezzich (New York and Lima)*, *Ihsan Salloum (Miami)*
- 15:30 - 16:00 **Coffee Break and Interactive Poster Session 4: Person-centered Instrument Development and Validation**
Chairs: *Levent Kirisci (Pittsburgh)* and *Ihsan Salloum (Miami)*
- “Every mistake is a treasure.” – Quality circles in Health care and Social Care as an opportunity to deconstruct “mistakes”: *Ottomar Bahrs (Göttingen, Germany)*
 - Preliminary reliability and validity of the Norwegian version of the World Health Organization 5-item well-being index (WHO-5): *Mariela Lara-Cabrera, Stein Conradsen, Ingunn Mundal (Trondheim, Norway)*
 - Systematic review on the psychometric properties of the World Health Organization 5-item well-being index: *Ingunn Mundal, Stål Bjørkly, Kjell Åsmund Bryn and Mariela Loreto Lara-Cabrera (Kristiansund, Norway)*
- 16:00 - 18:00 **Workshops towards the Development of new ICPCM Educational Programs**
Chairs: *Jim Appleyard (London)*, *Tesfa Ghebrehivet (Alberta, Canada)*
- 16:00 – 17:00 **1. Communication and Empathy:** Leads: *S Van Dulmen (Nijmegen)* and *M Botbol (Brest)*
- 17:00 – 18:00 **2. Promotion of Well-being:** *R Cloninger (St. Louis)*, *J Mezzich (New York and Lima)*, *W Van Staden (Pretoria, South Africa)*
- 18:00 PM **Free Evening in Geneva**

WEDNESDAY MARCH 27, 2019: CORE CONFERENCE THIRD DAY
Main Conference Hall, WCC-Council of International Organizations of Medical Science
1 route des Morillons, 1218 Grand-Saconnex, Geneva (near WHO)

- 8:30 - 10:00 **Plenary Symposium 7: Health promotion and burn-out management across the world**
Chairs: *Michel Botbol (Brest, France)*, *Fernando Lolas (Santiago de Chile)*
- European perspectives: UK experience on burn-out: *Helen Millar (Dundee, Scotland)*
 - Latin American perspectives: *Alberto Perales (RLMCP, Lima)*
 - Asian perspectives: *Roy Kallivayalil (Kerala, India)*
 - African perspectives: *Werdie Van Staden (Pretoria, South Africa)*
- 10:00 – 10:15 **Coffee Break**
- 10:15 – 11:30 **WHO Special Session on self-care and wellbeing**
Chairs: *Manjulaa Narasimhan (WHO, Geneva)*, *Robert Cloninger (St. Louis)*
- WHO Program on self-care: *Manjulaa Narasimhan (WHO, Geneva)*
 - Self-care, Primary Care and Wellbeing: *Jim Appleyard (London)*
 - Self-care in the context of workplace health promotion: *Austen El-Osta (London)*
 - Panel: *Asiya Odugleh-Kolev (WHO) and other colleagues.*
- 11:30 - 12:00 **Conference Closing Session**
Chairs: *Jon Snaedal (Reykjavik)*, *Juan E. Mezzich (New York and Lima)*
- 2019 Geneva Declaration: *Robert Cloninger (St. Louis)*
 - Conference conclusions: *Ihsan Salloum (Miami)*, *Jim Appleyard (London)*,
 - Next steps: *Jon Snaedal (Reykjavik)*, *Juan E. Mezzich (New York and Lima)*

TWELFTH GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE

GALLERY OF PRESENTERS



Prof. Maria Ammon
Secretary General,
World Association for Dynamic Psychiatry,
Berlin, Germany.
DAPBerlin@t-online.de

Prof. James Appleyard

Board Advisor and Past President, International College of Person-centered Medicine
Vice President, International Association of Medical Colleges
Former President, World Medical Association,
London, United Kingdom.
Jimappleyard2510@aol.com



Dr. Ottomar Bahrs
Institute of Medical Psychology and Medical Sociology
University of Göttingen,
Göttingen, Germany
obahrs@gwdg.de

Dr. Tamires Martins Bastos

Universidade Federal de Rio Grande do Sul
Porto Alegre, RS, Brazil.
tamires.bastos@gmail.com



Prof. Rachid Bennegadi
Secretary General, World Association for Social Psychiatry
Former Chair, WPA Transcultural Psychiatry Section
Director of Research, Minkowska Center
Sigmund Freud University, Paris, France
bennegadi@minkowska.com

Prof. Michel Botbol

Board Director, International College of Person-centered Medicine
Secretary for Publications, World Psychiatric Association.
Professor of Child and Adolescent Psychiatry,
University of Western Brittany, Brest, France.
botbolmichel@orange.fr



Dr. Kevin Cloninger
President, Anthropedia Foundation
St. Louis, USA.
kcloninger@anthropedia.org



Prof. Robert Cloninger

Professor of Psychiatry, Genetics and Psychology,
Director, Center for the Science of Wellbeing
Washington University School of Medicine, St. Louis, USA
clon@tci.wustl.edu, crcloninger44@gmail.com



Dr. Leonid Eidelman

President, World Medical Association (WMA)
Petah Tikva, Israel.
eidelman@clalit.org.il



Dr. Austen El-Osta

Director, Self Care Academic Research Unit (SCARU)
Department of Primary Care & Public Health, WHO Collaborating Center,
Imperial College London
London, United Kingdom.
a.el-osta@imperial.ac.uk



Diana Estevez, MSc

The Partnership for Maternal,
New Born and Child Health
World Health Organization
Geneva, Switzerland.
estevezd@who.int



Dr. Danilo García

Associate Professor, Department of Psychology,
University of Gothenburg
Gothenburg, Sweden.
danilo.garcia@icloud.com



Tesfamicael Ghebrehiwet, MPH, Ph.D.

Board Director, International College of Person-centered Medicine
Former Consultant, Nursing and Health Policy,
International Council of Nurses
Alberta, Canada.
tesfa@shaw.ca



Mr. Mike Gwerder

Athlete, Master in Executive Coaching,
MyHumanNature GmbH,
Baden / Zurich, Switzerland
mike.werder@myhumannature.ch



Prof. Simone Hauck

Psychiatry Service, Hospital de Clínicas de Porto Alegre,
Departamento de Psiquiatria y Medicina Legal,
Programa de Post-Grado en Ciencias Médicas,
Universidade Federal de Rio Grande do Sul (UFRGS),
Porto Alegre, RS, Brazil
shauck@hcpa.edu.br



Dr. Hokuto Hoshi
Advisor,
Japan Medical Association
jmaintl@po.med.or.jp



Dr. Amparo Jaramillo

Department of Child and Adolescent Psychiatry,
National Hospital Guillermo Almenara
San Marcos National University
Lima, Perú.
Amparoj29@gmail.com



Prof. Roy A. Kallivayalil
Secretary General, World Psychiatric Association;
President, World Association for Social Psychiatry;
Professor and Head, Dept. Psychiatry, Pushpagiri Inst of Medical Sciences,
Kerala, India.
roykalli@gmail.com



Dr. Jasna Karacic

Forensic Medicine, Psychotherapy
Croatian Association for the Promotion of Patients' Rights
Split, Croatia.
jasnakaracic@hotmail.com



Prof. Levent Kirisci
Statistical Editor, *Int J of Person Centered Medicine*
School of Pharmacy, University of Pittsburgh
Pittsburgh, Pennsylvania, USA
levent@pitt.edu



Dr. Kimberly Kirkland

Psychologist
Associate Dean for Student Affairs,
American University of the Caribbean School of Medicine,
Pembroke Pines, FL, USA.
kkirkland@aucmed.edu

Dr. Otmar Kloiber
Secretary General, World Medical Association
Fernes-Voltaire, France
otmar.kloiber@wma.net



Mariela Lara-Cabrera, PhD
Tiller Community Mental Health Center
Division of Psychiatry, Dep. of Research and Development,
St. Olavs University Hospital,
Trondheim, Norway.
mariela.lara@ntnu.no

Prof. Fernando Lolas
Secretary General, World Association for Social Psychiatry.
Director, Interdisciplinary Center for Studies in BioEthics, University of Chile,
Santiago de Chile, Chile
flolas@uchile.cl



Dr. Imelda Medina
Physician, Public Health
Health Promotion and Disease Prevention
Familias Unidas International, Inc.,
Miami, FL, USA.
familiasunidasinternational@gmail.com

Prof. Juan E. Mezzich
Secretary General and Former President,
International College of Person-centered Medicine
Former President, World Psychiatric Association
Hipolito Unanue Chair of Person Centered Medicine,
San Marcos National University, Lima, Peru.
Professor of Psychiatry, Icahn School of Medicine at Mount Sinai,
New York, USA. juanmezzich@aol.com



Dr. Helen Millar
Board Director, International College of Person Centered Medicine
Consultant Psychiatrist,
University of Dundee,
Dundee, Scotland, UK.
hlmillar1@gmail.com

Dr. Gabriela Monteiro
Department of Psychiatry and Forensic Medicine
Universidade Federal de Rio Grande do Sul
Porto Alegre, RS, Brazil.
gabriela.mcmonteiro@gmail.com





Ingunn Mundal, PhD

Faculty of Health Science and Social care, Molde University College
Molde, Norway
ingunn.mundal@gmail.com



Dr. Manjulaa Narasimhan
Department of Reproductive Health and Research
World Health Organization
Geneva, Switzerland
narasimhanm@who.int



Mr. Yuji Noto
Manager, International Affairs Division,
Japan Medical Association
Tokyo, Japan.
jmaintl@po.med.or.jp



Dr. Juan Carlos Ocampo
Assistant Professor of Psychiatry,
San Marcos National University
Lima, Peru.
juca_gdlaluz@hotmail.com



Prof. Alberto Perales
Former President, Latin American Network of Person Centered Medicine
Past President, National Academy of Medicine of Peru
Professor of Psychiatry, Institute of Ethics in Health,
San Marcos National University School of Medicine,
Lima, Peru.
perales.alberto@gmail.com



Dr. Hans-Rudolf Pfeifer
Board Member, Paul Tournier Association
Psychiatry & Psychotherapy FMH,
Zurich, Switzerland
H.R.pfeifer@bluewin.ch



Prof. Lembit Rago
Secretary-General,
Council for International Organizations of Medical Sciences (CIOMS)
Geneva, Switzerland
ragol@cioms.ch

Prof. Salman Rawaf
Founding Fellow, International College of Person Centered Medicine
Professor and Director, WHO Collaborating Center,
Department of Primary Care and Public Health,
Imperial College, London, United Kingdom.

s.rawaf@imperial.ac.uk



Dr. Oliver Rosenbauer
Communications Officer, Global Polio Eradication Initiative
World Health Organization
Geneva, Switzerland.

rosenbauero@who.int

Prof. Ihsan M. Salloum
Board Director, International College of Person Centered Medicine
Chair, WPA Section on Classification and Diagnostic Assessment.
Professor of Psychiatry and Behavioral Sciences,
University of Miami, School of Medicine, Florida, USA

isalloum@net.miami.edu



Prof. Norman Sartorius
President, Association for the Improvement of Mental Health Programs
Former President, World Psychiatric Association
Former Director, Department of Mental Health, WHO.
Geneva, Switzerland.

sartorius@normansartorius.com

Prof. Jon Snaedal
President, International College of Person Centered Medicine
Former President, World Medical Association
Professor of Geriatric Medicine, University of Reykjavik
Reykjavik, Iceland.

jsn@mmedia.is



Kristina Stoyanova
PhD Psychology Student, South West University,
Blagoevgrad, Bulgaria.

kristinakonstans@gmail.com

Prof. Drozdtoj Stoyanov
Deputy Dean, Faculty of Public Health, Medical University of Plovdiv,
Plovdiv, Bulgaria.

stojanovpisevski@gmail.com





Alessandro Stievano, PhD

Associate Director of Nursing and Health Policy,
International Council of Nurses
Geneva, Switzerland.

stievano@icn.ch



Mr. Alain Tournier

Secretary and Treasurer, Paul Tournier Association,
Geneva, Switzerland

H.R.pfeifer@bluewin.ch



Prof. Sandra Van Dulmen

Board Director, International College of Person Centered Medicine
Senior Researcher, Netherlands Institute for Health Services Research
and Radboud University
(Nijmegen, Netherlands)

s.vandulmen@nivel.nl



Prof. C. Werdie van Staden

Nelson Mandela Professor of Psychiatry & Philosophy,
University of Pretoria.
Pretoria, South Africa.

werdie.vanstaden@up.ac.za



Dr. Frédéric von Orelli

President, Paul Tournier Association
Pain Specialist, Internal Medicine
Pain Clinic Basel
Basel, Switzerland

Frederic.vonorelli@bluewin.ch



Prof. Thomas Wenzel

Professor of Psychiatry,
Medical University of Vienna,
Vienna, Austria.

drthomaswenzel@web.de



Asiya Odugleh-Kolev

Technical Officer, Community & Social Interventions,
Department of Service Delivery and Safety,
WHO, Geneva.

oduglehkoleva@who.int

TWELFTH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

ABSTRACTS

PRE CONFERENCE INSTITUTIONAL WORK MEETINGS

Further Development of ICPCM Educational Programs on Person Centered Care

A preliminary draft of the structure of the Educational Program on Person Centered Care has been prepared based on the abstracts of the presentations at the International Congress in Delhi last December and will be discussed at this Work Meeting.

It is envisaged that this will have the form of a practical 'Handbook' for practising clinicians and medical students - an anthology of how the focus on the person could and should shape their clinical

practice. Key points and reflections will be highlighted within an overall narrative. The more formal papers from the presentations at the Congress will form special sections in the International Journal of Person Centered Medicine and will be an important reference resource.

We do appreciate everybody's involvement in the discussion of the key issues.

Further Development of ICPCM Person-Centered Diagnosis

PERSON CENTERED INTEGRATIVE DIAGNOSIS: STATUS, PROSPECTS, AND NEXT STEPS
JE Mezzich (New York and Lima), IM Salloum (Miami), CR Cloninger (St Louis), M Botbol (Brest), W Van Staden (Pretoria), J Appleyard (London), J Snaedal (Reykjavik), I Medina (Miami)

This work meeting intends to review critically where we are on the construction of Person-centered Integrative Diagnosis (PID), to consider some promising developmental lines to enhance its effectiveness and application in mental health care, to extend its application to general medicine, and to outline next collaborative steps.

Diagnosis is a fundamental activity in medicine and health care, as it involves developing collaboratively an adequate informational base to understand a clinical condition and situation and substantiate and guide clinical care. It is argued that for practicing Person Centered Medicine (a medicine that places the whole person in context as the focus of health and the goal of health care), Person Centered Diagnosis is needed. A theoretical model for person centered diagnosis has been developed and published by the International College of Person Centered Medicine as Person-centered Integrative Diagnosis (PID) [1].

This theoretical model has been applied to the development of the Latin American Guide for Psychiatric Diagnosis (GLADP-VR), which uses ICD-10 categories and codes for the description of mental and non-mental disorders qualified with Latin American annotations, and adds to this formulation assessments of positive health, health risk and protective factors, and health care experience, values and preferences. It has been published by the Latin American Psychiatric Association (APAL) [2] for the use of health professionals in that continental region. This Guide is being evaluated through surveys of Latin American psychiatrists, and found to compare favorably to other diagnostic systems (the original ICD-10, DSM-IV and DSM-5) concerning clinical understanding,

effective treatment, teaching and research [3]. GLADP complementary procedures are being developed by the APAL and WPA Classification and Diagnosis Sections to enhance the assessment of health experience, values and preferences.

Another important developmental line is the extension of the PID to general medicine. At an earlier Geneva Conference on Person Centered Medicine, a consultative exploration was conducted which suggested the relevance of the various aspects of the original PID for person-centered diagnosis in general clinical practice.

At the Work Meeting on further development of the ICPCM Person-centered Diagnosis within the framework of the 12th Geneva Conference on Person Centered Medicine, the following activities are planned:

- Brief overview of the work to date on the PID.
- Review of the application of the PID to mental health care through the Latin American Guide for Psychiatric Diagnosis (GLADP-VR), its empirical evaluation, its enhancement with complementary procedures, development of a pocket –guide, and Portuguese and English versions, and plans for a new full edition using the upcoming ICD-11.
- Review of prospects for enhancing the PID interview process, engagement and the establishment of empathy.
- Review of prospects for conceptualizing and formulating a basic unit of assessment (CR Cloninger).
- Review of prospects for enhancing the assessment of culture, experience, values and preferences.
- Prospects for the extension of the PID theoretical model to general medicine and the development of practical guides.

- Other contributions towards the further development of Person-centered Integrative Diagnosis.
- Conclusions and formulation of next steps.

References

1. Mezzich JE, Salloum IM, Cloninger CR, Salvador-Carulla L, Kirmayer L, Banzato CE, Wallcraft J, Botbol M (2010): Person-centered Integrative Diagnosis: Conceptual Bases and Structural Model. *Canadian Journal of Psychiatry* 55:701-708.
2. Asociación Psiquiátrica de América Latina (APAL) (2012): Guía Latinoamericana de Diagnostico Psiquiátrico, Versión Revisada (GLAP-VR). Sección de Diagnostico y Clasificación, Asociación Psiquiátrica de América Latina (APAL), Lima.
3. Saavedra JE, Otero A, Brítez J, Velásquez E, Salloum I, Zevallos S, Luna Y, Paz V, Mezzich JE (in press): Evaluation of the applicability and usefulness of the Latin American Guide for Psychiatric Diagnosis, Revised Version, in comparison with other international systems among Latin American psychiatrists. *International Journal of Person Centered Medicine*.

CORE CONFERENCE SESSIONS

Opening Session: Inaugural Lecture

INTRODUCTION TO THEME OF 2019 GENEVA CONFERENCE: PROMOTING WELL-BEING AND OVERCOMING BURN-OUT
Robert Cloninger (St. Louis, USA)

To open the conference, it is my pleasure to summarize briefly how well-being and burn-out are defined and measured. These definitions will make clear that burn-out is precisely the impairment of well-being. Well-being is a state of complete physical, mental, and social/spiritual health, and it is measured in terms of physical vitality, positive emotional and cognitive functioning, and virtuous behavior, which serve others as persons with intrinsic dignity and value. Processes that dehumanize interpersonal relationships, limit the creativity, autonomy, or plasticity of persons always lead to a downward spiral into ill-being and burn-out. The problem is pervasive throughout healthcare and outside health care and operates by a variety of dehumanizing processes that permit social

inequity in access to resources and that prioritize profit-making while neglecting social and professional/vocational duties to respect the intrinsic dignity of people. The high rates of burn-out in healthcare and other critical societal institutions are a warning signal of the unsustainability of practices that dehumanize people and that neglect the essential processes needed for well-being. Burnout is not just a response to stress; rather it is the result of spiritual insults and moral injuries that impair the natural human mechanisms that promote well-being when people are able to function, adapt, and interact with one another in ways that are flexible, virtuous, and creative.

Plenary Symposium 1: What is Well-being and what are the causes of well-being and ill-being?

PHILOSOPHICAL PERSPECTIVES
Fernando Lolas (Santiago De Chile)

Objectives: To present a historical and philosophical perspective on studies about wellbeing and its determinants

Methods: A conceptual and historical analysis of the notion of wellbeing in its temporal dimensions – as transitory state and as stable trait – plus a linguistic comparison of its meaning in different languages is based upon relevant documents and experiences

Discussion: The analysis uncovers several dimensions relevant to the concept: subjectivity, multidimensionality, dynamism, context-dependency, complexity. They are analyzed in relation to the related notion of quality of life and serve as an introduction to a historical appraisal of the concepts employed for depicting emotions and feelings, with emphasis on the technique of content analysis of verbal behavior

Conclusion: the humanistic dimension of well-being and its determinants should be considered as a precondition for any attempt at a biopsychosocial/integrative approach. The methodical approach represented by overt language behavior is stressed as relevant.

References

Lolas, F. Fundamentos para una teoría de la medicina. Niram Art, Madrid, 2015
Gottschalk, L.A., Lolas, F. The measurement of quality of life through the content analysis of verbal behavior. *Psychotherapy and Psychosomatics* (Basel) 58:69-78, 1992.

BIOLOGICAL PERSPECTIVES
Robert Cloninger (St. Louis, Usa)

The genetics of personality provides an objective way to identify the biological mechanisms that regulate health. Personality profiles are the strongest predictors of health and disease, including chronic non-communicable diseases (including cardiovascular diseases, dementias, COPD, cancer, depressive disorders), the full range of mental disorders, and social dysfunction. Recently my colleagues and I have uncovered 972 genes for human personality and these account for nearly all the heritability of personality expected from twin studies. We have found that these genes are organized in 3 multilocus genotypic networks that regulate 3 distinct systems of learning and memory: associative conditioning, intentional self-

control, and creative self-awareness. Individuals with well functioning networks for self-awareness show healthy longevity, creativity, and virtues including moderation and altruism. Studies of the genomes of chimpanzees, Neandertals, and modern humans have allowed us to identify the genes that regulate self-awareness and show that they are unique to modern human beings. The genes that promote healthy longevity also promote plasticity, creative functioning, and virtues such as moderation and altruism. These genes are mostly regulatory genes, not protein coding genes. Their healthy expression depends also on person-centered conditions, such as warmth and tolerance.

Interactive Poster Session 1: Person-centered Clinical Care

ASSOCIATIONS BETWEEN WELL-BEING AND BURNOUT AMONG MILIEU THERAPISTS AND HEALTH CARE PROFESSIONALS WORKING AT COMMUNITY MENTAL HEALTH SERVICES: A CROSS-SECTIONAL STUDY
Mariela Lara-Cabrera, Bernardo Moreno-Jimenez, and Ingunn Mundal (Trondheim, Norway)

OBJECTIVES: High levels of job-related stress at mental health services can affect the wellbeing of health care professional adversely, leading to mental health problems and experience of burnout ^{1,2}, and is correspondingly associated with the safety and quality of care. Most research has focused on health care providers, however, the burnout experience of milieu therapists and health care professionals working at community mental health services has received less attention in terms of sources and outcomes of burnout, as well as quality of life and well-being. In this cross-sectional study, we aim to investigate the perceptions of well-being, quality of life and burnout among milieu therapists and health care professionals working in community mental health services in Norway.

METHODS: The physician burnout questionnaire adapted to health personnel, Utrecht Work Engagement Scale, Multicultural Quality of Life Index and the Well-being WHO-5 will be used to assess the experience of milieu therapists.

RESULTS: Background characteristics and preliminary results will be presented in tables and figures.

DISCUSSION AND CONCLUSIONS: This study will target possible associations between well-being along with burnout and organizational culture. A better understanding of milieu therapists' job experiences might strengthen their personal and professional integrity in mental health services as well as providing the possibility to understand how to prevent burnout.

KEY WORDS: Burnout; Mental health services; Milieu therapists; Quality of Life; Well-being.

REFERENCES

1. Edward, K. L., Hercelinskyj, G. & Giandinoto, J. A. Emotional labour in mental health nursing: An integrative systematic review. *International journal of mental health nursing* **26**, 215-225, doi:10.1111/inm.12330 (2017).
2. Maslach, C. & Leiter, M. P. Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry : official journal of the World Psychiatric Association (WPA)* **15**, 103-111, doi:10.1002/wps.20311 (2016).

PERSON CENTERED MEDICINE AND HUMAN RIGHTS

Jasna Karacic (Split, Croatia)

The Doctor–Patient Relationship emphasizes the health professional's role in caring for patients as unique individuals by focusing on patients' psychological and social realities as well as their biological needs. The concept of "human rights" refers to the application to the context of patient care.

The most important goal of this research is to provide evidence based guidance on enhancing patient rights through person centered treatment.

The significance of patient-centered healthcare is that it moves the health care focus from the disease to the patient. Person-centered care is where the patients actively participate in their own medical treatment in close cooperation with the health professionals.

Despite their differences, national health systems in European Union countries place the same rights of patients, consumers, users, family members, weak populations and ordinary people at risk. At new policy is a about GDPR protection of patient data. Patients in the American Healthcare System knows Health Insurance Portability and Accountability Act (HIPAA).

Human rights give the fundamental protections that allow equal participation in a democracy.

Raising awareness of person centered medicine among the general public and patient populations can lead to fruitful advancement for broad health benefits. In the 2002 World Health Report, the WHO Advisory Committee on Health Research (ACHR) strongly recommended that Member States and Europe implement educational programmes aimed to raise awareness the Patient desire involvement for the best results in person centered medicine.

References

- Council of Europe, Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine [Convention on Human Rights and Biomedicine], 1997.
- Gostin L et al, The Domains of Health Responsiveness –A Human Rights Analysis (World Health Organization Health and Human Rights Working Paper Series No 2,2003). www.who.int/hhr/information/en/Series_2%20Domains%20of%20health%20responsiveness.pdf.
- United Nations Educational, Scientific and Cultural Organization (UNESCO), "International Bioethics Committee," www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/international-bioethics-committee/.

EXPLORING THE RELATIONSHIP BETWEEN VOLUNTEER BURNOUT, WELL-BEING, SATISFACTION AND QUALITY OF LIFE: A CROSS-SECTIONAL STUDY AMONG HOSPITAL VOLUNTEERS IN MEXICO

Mariela Lara-Cabrera (Trondheim, Norway) and Esther Cisneros, Rosa Martha Meda-Lara, Bernardo Moreno-Jimenez (Mexico)

BACKGROUND: Voluntary work has become a very important complementary staffing solution in hospital wards (1). However, several studies have shown that volunteers are often at risk of burnout. These studies have tended to explore the relationship between hospital volunteering, burnout and anxiety. However, few studies have focused on the relationships between volunteer

burnout and their satisfaction, engagement in their own health, well-being or quality of life.

OBJECTIVES: In this cross-sectional study, we aimed to investigate the individual factors that affect burnout. In addition, the

relationships between burnout, well-being and quality of life among hospital volunteers working in Mexico are explored.

METHODS: Six questionnaires were used to assess the volunteer's experience with burnout, satisfaction, quality of life, and well-being.

PRELIMINARY RESULTS: Forty volunteers operating in two different hospitals were asked to fill the self-report questionnaires. Preliminary results indicated that well-being and quality of life are factors that are related to burnout among volunteers.

DISCUSSION AND CONCLUSIONS: This study targets the possible associations between well-being, as well as other psychological factors, and burnout among volunteers in hospital wards. The preliminary results might provide the possibility to

understand how to prevent burnout, as well as recommend interventions in the volunteer context, in order to improve well-being and job satisfaction.

References

Macvean M, White V, Sanson-Fisher R. One-to-one volunteer support programs for people with cancer: a review of the literature. *Patient Education and Counseling*, 2008, 1: 10-24.

Claxton-Oldfield S, Claxton-Oldfield J. Keeping hospice palliative care volunteers on board: Dealing with issues of volunteer attrition, stress, and retention. *Indian J Palliat Care* [serial online] 2008;14:30-7. Available from: <http://www.jpalliativecare.com/text.asp?2008/14/1/30/41933>.

Plenary Symposium 2: The Burn-out Crisis in Medicine

PEDIATRICIAN'S PERSPECTIVES

Jim Appleyard (London)

Objectives:

To assess the implications of the burnout rate amongst Pediatricians worldwide and to suggest proposals for the future prevention and remediation

Methods:

In order to obtain a contemporary understanding of the extent of the problems a literature search worldwide was undertaken for significant research papers of burnout in pediatricians over the last five years

Findings:

The incidence of burnout reported in a selection of studies amongst pediatric residents and staff are 25 % in Argentina 37 % in the UK and 70% in Saudi Arabia. In a national survey in the US where the overall rate was 59% burned out residents reported significantly increased stress, poorer mental health, and decreased empathy, mindfulness, resilience, self-compassion, and confidence in providing compassionate care

The greater the discrepancy between the engagement of the paediatrician and the satisfaction felt in the measured professional activities, the greater was the burnout level. The following activities were especially associated with burnout: administrative work (frequent engagement, disliked duty) and research and teaching (infrequent engagement, satisfying activities)

Discussion:

Burnout syndrome is a serious threat not only to the wellbeing of paediatric staff but also the health of the child patients they are caring for. Narrow interventions such as debriefing after an Adverse Clinical Event have not been found effective. A more comprehensive person-centred approach with a variety of measurable interventions has resulted in a reduction of 50% in the paediatric faculty in one study

Conclusion:

The many precipitating factors that cause professional burnout in pediatric staff need to be recognized including the management environment and the known protective features enhanced through a person-centered approach

References

Batra M et al 2017 Burnout in pediatric residents. A national survey to inform interventions. *Academic Pediatric Conference APPD US* 17 (5)
Jamjoom RS Park YS 2018 Assessment of Pediatric residents burnt out in a tertiary Academic Centre Saudi Medical Journal 39 (3) 296-300
Aita-Levy D et al Initial success of a faculty burn out intervention in an Academic Pediatric Department 2018 *Journal of Investigative Medicine* 66 (2) 619-620

GERIATRICIAN'S PERSPECTIVES

Jon Snaedal (Reykjavik)

As is the case with most specialties in medicine, individual geriatricians have very different working conditions when considering their tasks and the administrative situation in their work place. Some of the problems leading to increased risk of burn-out are the same as for others, weakened possibilities to have an effect on how to perform the job, overload of administrative tasks and that only small part of their work might involve contact with patients and their families¹.

However, there are inherently issues counter balancing this unfortunate situation for clinical geriatricians. In geriatric medicine, the teamwork is the basis, most often under the leadership of the geriatrician. The teamwork includes many different health professionals with a common goal, individually tailored for each patient. In that work, not only the patient but his immediate surrounding as well as the community is taken into account. The "engine room" of the specialty has thus for many years been the multidisciplinary team (MDT) which other specialties have only recently discovered²

The work of the geriatrician and his team is therefore deeply person centered. Even though difficult ethical issues are frequently encountered such as end of life issues their solution tends to be rewarding for the clinician.

References

1. Rothenberger DA. Physician Burnout and Well-Being: A Systematic Review and Framework for Action.. *Dis Colon Rectum* 2017;60(6):567-576.
2. Ellis G and Sevdalis N. Understanding and improving multidisciplinary team working in geriatric medicine. *Age and Ageing* 2019; doi.org/10.1093/ageing/afz021

NATIONAL MEDICAL ASSOCIATIONS' VIEWS: PHYSICIAN'S BURN-OUT IN JAPAN

Hokuto Hoshi (Tokyo)

Physician burnout has been recognized as a serious problem in Japan. It is becoming more obvious due to changes in the quality of services required to physicians and the accompanying stress in order to realize patient-centered medicine.

This presentation first introduces the opinions of junior doctors, problems in acute hospitals, questionnaire survey results for female specialists in neurology internal medicine and those for neurologists working in university affiliated hospitals, regarding burnout among physicians in Japan [1, 2]. The voices of these medical sites give us clues to consider factors that increase the risk of burnout and how to improve it.

Next, the Work-style Reform Law in Japan is explained. This law will be enforced in principle in April 2019. Physicians and some highly

skilled professionals are exempt from work hour regulations and mandatory caps on overtime hours for those professionals will be introduced in April 2024, five years after the law's enforcement. Work-style reforms including prevention of overwork will lead to prevention of burnout.

References

- [1] 59th Annual Meeting of the Japanese Society of Neurology. *New Medical World Weekly*. 2018; 3277:7. (in Japanese)
- [2] Physician's Burn-out: Toward a grasp of actual conditions and measures to take. *New Medical World Weekly*. 2018; 3295:1-3. (in Japanese)

Plenary Symposium 3: Burn-out in other Health Professionals

NURSING PERSPECTIVES

Alessandro Stievano (ICN, Geneva)

Objectives: Hospitals are experiencing increasing difficulty of retaining nurses for different causes. Nurses in advanced countries consistently report that hospital nurse staffing levels are inadequate to provide safe and effective care. Burn-out among nurses is one of the major causes of inadequate nurse staffing in healthcare facilities. The aim of this presentation is to show how low levels of nurses can affect patients and nurses' health.

Methods: A narrative review of the literature on the causes of burn-out for nurses was accomplished in the main health database (Pubmed; Cinahl; Embase).

Findings: Studies retrieved stated that for each additional patient over four in a nurse's workload, the risk of death increases by 7 % for surgical patients. Patients in hospitals with the highest patient-to-nurse ratio (eight patients per nurse) have a 31% greater risk of dying than those in hospitals with four patients per nurse. Higher emotional exhaustion and greater job dissatisfaction in nurses were strongly associated with higher patient-to-nurse ratios. Each additional patient per nurse corresponds to a 23% increased risk of burnout, as well as a 15% increase in the risk of job dissatisfaction.

43% of nurses reporting burnout and job dissatisfaction intended to leave their current position within the next 12 months.

Discussion/Conclusions: RNs working in hospitals with the highest patient-to-nurse ratio are twice as likely to be dissatisfied with their position and experience job-related burnout as those working in hospitals with the lowest patient-to-nurse ratio. By increasing RN staffing levels and thereby lowering the patient-to-nurse ratio, hospitals could reduce turnover rates by decreasing the job dissatisfaction and burnout that may lead to resignation.

References

- Aiken, L.H., Cimiotti, J., Sloane, D.M., Smith, H.L., Flynn, L., and Neff, D. (2011). The effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Medical Care* 49(10): 1047-1053.
- Aiken LH Sloane DM Bruyneel L et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*. 2014; 383: 1824-1830

NURSING & MIDWIFERY PERSPECTIVES FOR A WHOLE-PERSON, WHOLE-SYSTEM APPROACH TO BURN-OUT PREVENTION

Asiya Odugleh-Kolev (WHO, Geneva)

Health systems are complex and challenging work environments. They also have a culture and socio-political dynamics that is often ignored to the detriment of the health workforce and the quality of health services. WHO's efforts on community engagement in relation to people-centeredness, quality and resilience emerged

directly from the experiences of the 2014 Ebola outbreak in West Africa. It became clear that how health care providers and communities engaged with each could empower or disempower both. A working definition of community engagement emerged from joint technical collaborations with the WHO African Regional Office.

It incorporates a definition of community engagement that acknowledges the physiological, emotional and social interconnection of people in the context of delivering and receiving health care across diverse settings and health systems. The community engagement framework focuses on understanding the

human architecture of health systems and how to restore the relational interconnections the health sector needs to work in ways that continuously build trust and promote the well-being of health care providers, service users, their families and local communities. As such it represents a promising approach to burn-out prevention.

EDUCATOR PERSPECTIVES: CAUSES AND CONSEQUENCES OF BURN OUT IN EDUCATION

Kevin Cloninger (Anthropedia, St. Louis)

All the helping professions are seeing a rise in stress levels, and consequently burnout and depression; teaching is no exception. There has been considerable debate about how to quantify rates of burnout and the resulting teacher attrition. Burnout rates are mediated by social and personal factors, and so rates of burnout vary by country (Farber, 1991). For example, studies conducted in the United States have shown that 15 to 30% of beginning teachers leave the profession within the first five years (Murnane et al., 1988). Huston (2001) and others have looked at factors that mediate burnout in teachers. They identified factors that work together to induce burnout, such as a feeling of powerlessness (lack of decision-making power), role conflicts, a lack of freedom and autonomy, and the lack of adequate support. They estimate that more than 50% of teacher's experience burnout.

In this talk, I will explore how the organizing principles of modern education are participating in burnout rates. Particularly, the emphasis on participation in the global economy has undermined the schools' role in helping children learn about living a good life.

The pursuit of the "good life" has been replaced by the pursuit of a "good job." This vain pursuit devalues the profession and those who practice it, and ultimately erodes the meaning of the work that most would consider a vocation. The authoritarian structures of modern school practice lead to an increase in violence and bullying, reduce job satisfaction, and ultimately undermine teacher autonomy and agency.

Works Cited:

Farber, B. A. (1991). *The Jossey-Bass education series. Crisis in education: Stress and burnout in the American teacher.* San Francisco, CA, US: Jossey-Bass.

Huston, J. (2001). Teacher burnout and effectiveness: A Case Study. *Education*, 110, 70-79.

Murnane, R., Singer, J., & Willett, J. (1988). *The Career Paths of Teachers: Implications for Teacher Supply and Methodological Lessons for Research.* *Educational Researcher*, 17(6), 22-30. Retrieved from <http://www.jstor.org/stable/1175949>

MEDICAL SCIENTIST'S PERSPECTIVES

Lembit Rago (CIOMS, Geneva)

The burnout is increasingly common among all health professionals independent of their geographical location and specialization. Among others medically qualified persons, either directly involved in treating patients or not, suffer also from burnout. It is worrying that overall burnout prevalence is reported as high as up to 80%, and occasionally even more. The changing environment of health care delivery in most countries has included increasing professional and administrative workload combined with the demand for more efficiency. Due to inconsistencies in definitions of and assessment methods for burnout across individual published studies, generalized reliable associations between burnout and sex, age, geography, time, specialty, and depressive symptoms are difficult to determine (1). However, there is an ample number of studies pointing out the magnitude of the problem and existing differences between different medical professionals. For example, according to

a recent study training in urology, neurology, emergency medicine, and general surgery were associated with higher relative risks of reported symptoms of burnout relative to training in internal medicine (2). In the presentation reasons for the burnout in nowadays health systems and potential ways of their prevention are discussed.

References.

1. [Dyrbye LN](#), [Burke SE](#), [Hardeman et al.](#) Association of Clinical Specialty With Symptoms of Burnout and Career Choice Regret Among US Resident Physicians. [JAMA](#). 2018 Sep 18;320(11):1114-1130. doi: 10.1001/jama.2018.12615.

2. [Rotenstein LS](#), [Torre M](#), [Ramos MA](#) et al. Prevalence of Burnout Among Physicians: A Systematic Review. [JAMA](#). 2018 Sep 18;320(11):1131-1150. doi: 10.1001/jama.2018.12777.

SOCIAL SCIENTIST'S PERSPECTIVES

Ottomar Bahrs (Göttingen, Germany)

Burn-out is originally a concept developed at the intersection of sociology of work, social psychology and deep psychological based group dynamics for the description of a comprehensive physical, mental and social state of exhaustion resulting from long-term excessive effort with simultaneous lack of award. The mismatch arises because high own claims or external demands do not correspond to resources resp. gratifications.

This constellation has first been observed in voluntary work, later in social work as a whole, in other personal services, especially in the health sector, and finally in housewives and mothers. In these areas the strain resulted predominantly from relationship work, whereas

burnout in managers is more likely due to career orientation. Meanwhile, burn-out is also increasingly described in employees who struggle against the danger of being suspended

The literature shows how the postulate of the co-creation and self-organization of work processes - originally conceived as emancipatory - turns out to force people even in everyday life to market oneself as an entrepreneurial project against the other citizens and leads to permanent self-overload. The result is a social mood that can be summarized with the "The exhausted self" and understood as an expression of the crisis of developed capitalism.

From a sociological point of view, burn-out is less a matter of individual pathology than a challenging social figuration. It can contribute to the orientation towards a resource-saving and sustainability-oriented social action and contains as a concrete utopian moment a claim to self-realization in meaningful work, which should be addressed.

Burn-out is also widespread among physicians. This has long been a taboo, but is increasingly becoming a subject. In contrast, I did not find any study on burn-out in social scientists. Maybe, that empirical studies are not necessary because sociology as a whole is – following Heinz Bude – "melancholic science"...

Finally, I will outline how the group work in the interprofessional quality circle can strengthen the sense of coherence described by Antonovsky and counteract burn-out tendencies to some extent.

References

Bahrs O, Matthiessen PF (Hrsg.): Gesundheitsfördernde Praxen – Die Chancen einer salutogenetischen Orientierung in der hausärztlichen Praxis; Hans Huber, Bern 2007

Fuchs S, Mesenholl-Strehler E, Endler PC: Physician Burnout in General Practitioners. Reflections upon Prevention and Treatment. International Journal of Communications 2011, 5 (2): 53-60

Keupp H: Das erschöpfte Selbst – Umgang mit psychischen Belastungen. Vortrag im Rahmen der pragdis-Tagung "Das erschöpfte Selbst" am 15./16. Januar 2009 in München. http://www.ipp-muenchen.de/texte/keupp_09_pragdis_text.pdf

Neckel S, Wagner G: Burnout. Soziales Leiden an Wachstum und Wettbewerb. WSI-Mitteilungen 7/2014. <http://media.boeckler.de/Sites/A/Online-Archiv/14275>

Voltmer E Rosta J, Siegrist J, Aasland OG (2012): Job stress and job satisfaction of physicians in private practice: comparison of German and Norwegian physicians. Archives of Environmental and Occupational Health 7(85):819-828

Arts and Person Centered Medicine Session

Dance:

RESOURCE-ORIENTED CREATIVE PSYCHOTHERAPY FOR WELLBEING AND OVERCOMING BURN-OUT *Maria Ammon (Berlin)*

Dynamic Psychiatry considers man as a holistic being with creative and constructive potentialities. Psychic illness is understood as a destructive and deficit personality development with the possibility of disintegration in life situations of loss, psychic stress a. o. Therefore, the author stresses the necessity of working with resources and the creative dimensions of the patients with burn-out reactions.

Dynamic Psychiatry's treatment concept will be demonstrated by verbal and non-verbal approaches. In this context the author emphasizes the importance of the human structural dance therapy developed by Günter Ammon as a body oriented psychotherapy within the holistic concept which is helpful especially for patients with personality disorders.

The treatment goal is the development of well-being in life of a patient to trust in his multidimensional identity development.

References

Ammon G (1979): Psychosomatic illness as a result of a deficit in Ego-structure under consideration of the genetic, dynamic, structural and group-dynamic point of view. Psychotherapy and Psychosomatics 31:179-189.

Ammon M (2007) "The importance of creative dimensions in the dynamic psychiatric treatment concept", Dynamische Psychiatrie 40:289-305 [Nr. 223-224]

Interactive Poster Session 2: Person-centered Education

THE PATHWAY FROM WELL-BEING TO BURNOUT AND DEPRESSION IN COLLEGE: A QUALITATIVE EVALUATION OF MEDICAL STUDENTS' PERCEPTION - PRELIMINARY ANALYSIS

Tamires Martins Bastos, Carolina Stopinsky Padoan, Cristina Pessi, Pricilla Braga Laskoski, Luciana Terra, Patrícia Fabricio Lago, Ana Margareth Siqueira Bassols, Simone Hauck (Porto Alegre, RS, Brazil)

Background: Medical career, and medical training in particular, are part of a stressful path. Both professionals and students are vulnerable to psychological suffering and psychiatric disorders. Evidence all over the world is pointing that the rates of burnout, depression and even suicide are rising in this population in an epidemic like phenomenon. **Objective:** To conduct a qualitative research in order to explore student's perception of medical school and its implications on the individual's mental health. **Method:** Focal groups, comprising students from different medical school years, were carried out. **Results:** So far, six main topics have been

identified as relevant for understanding the dynamic factors underlying the course from wellbeing to burnout, anxiety and depression: social determinants, university environment (including relationship with peers, professors and staff, institutional functioning and climate), college demands, medical career, technology use and general mental health. **Conclusion:** Apart from some inner institutional rules that may be adapted to help the students to decrease stress levels, the complex relations among personal and environmental factors, interpersonal relationships and social issues demand a cultural-sensitive and creative approach. A person

centered perspective, therefore, may contribute greatly to understand the underlying psychological barriers for change, and to elaborate possible effective interventions to prevent illness and increase well-being.

References:

1. Davenport, L. (2018). Alarming Rate of Burnout in Med Students. *Medscape* - Mar 06, 2018.
2. Puthran, R., Zhang, M. W. B., Tam, W. W., & Ho, R. C. (2016). Prevalence of depression amongst medical students: a meta-analysis. *Medical Education*, 50(4), 456-68. <http://doi.org/10.1111/medu.12962>

COPING WITH DISASTER AND DISPLACEMENT: MEDICAL STUDENT WELLNESS IN THE AFTERMATH OF A CATEGORY 5 HURRICANE

Kimberly Kirkland, Adrianna Gatt, Soubhi Alhayek, Julie Taylor, (Pembroke Pines, FL, USA)

Objectives: In 2017, the island of Sint Maarten, home to American University of the Caribbean School of Medicine (AUC), was hit by Category 5 Hurricane Irma. Over 600 students, faculty, and staff sheltered at AUC. The campus remained intact; much of the island's infrastructure was destroyed. Of primary importance was AUC students' wellbeing as they coped with this disaster, with the goal of being proactive rather than reactive to student distress.

Methods: Collaborating with a psychiatrist specializing in natural disasters, AUC engaged our counselors, faculty, and independent psychotherapists to support students throughout the post-disaster recovery. As students were evacuated, psychotherapists were available to provide crisis management. Faculty were trained to provide emotional support. AUC was temporarily relocated to the University of Central Lancashire, Preston, UK. There, our school counselors assisted by local psychotherapists provided continued

interventions. Counselors also presented a psychoeducational module regarding trauma recovery to classes.

Findings: Employing this multimodal approach, AUC saw no significant increase in the percentage of students receiving counseling during the fall semester (4%) than we did in the previous semester (5%).

Discussion: In 2018, AUC returned to Sint Maarten. This presented its own coping challenges for those who had been present during Irma. AUC successfully continued its three-pronged approach (access to mental health counseling, an engaged and supportive faculty, and expert guidance) to help manage these challenges and ensure student wellbeing. The resilience of AUC students cannot be underestimated. A proactive support network was helpful in maximizing this resilience.

BURNOUT IN PSYCHIATRY RESIDENTS: THE ROLE OF PSYCHIATRIC SYMPTOMS, INTERPERSONAL RELATIONS AND INSTITUTIONAL AMBIENCE

Gabriela Carneiro Monteiro Ives Cavalcante Passos, Fernanda Lucia Capitanio Baeza and Simone Hauck (Porto Alegre, RS, Brazil)

Objective: Mental health in physicians is a growing issue nowadays. Especially, the medical residence is a delicate period. Residency in Psychiatry represents many specific stressors. This study aimed to investigate the relation between burnout, psychiatric symptoms, interpersonal relationships and institutional ambience in psychiatry residents. **Methods:** Cross-sectional study conducted in an online platform. Predictors of burnout in psychiatry residents were evaluated in a linear regression model. Burnout dimensions: Emotional Exhaustion (EE), Depersonalization (DP) and Professional Achievement (PA) were used as dependent variables. **Results:** The number of psychiatry residents in the city was 87, and 75.8% answered the questionnaire (n=66). 83.3% met the criteria for burnout (EE: 47%, PA: 69.7%, D: 62.1%). Positive screening for anxiety, high workload, feeling of being mistreated by colleagues and of never meeting the preceptor's expectations were related to higher levels of EE. The feeling of a collaborative atmosphere in the institution was associated with a lower level of DP and positive screening for anxiety and somatization to higher levels of DP. Positive screening for depression was associated with lower levels

of PA and the feeling of belonging to the institution to higher levels of PA. **Discussion:** Besides the importance of the relationship between psychiatric symptoms and burnout, we could find a positive association between interpersonal relations and institutional ambience and burnout, not yet clearly addressed in the literature. **Conclusion:** Findings regarding interpersonal relations and institutional ambience bring to the fore possible modifiable factors, emphasizing the need for further investigations concerning these matters.

References: (1) Ferrari S, Cuoghi G, Mattei G, Carra E, Volpe U, Jovanovic N, et al. Young and burnout? Italian contribution to the international BurnOut Syndrome Study (BOSS) among residents in psychiatry. *MedLav*. 2015;106(3):172-85.
(2) Kealy D, Halli P, Ogrodniczuk JS, Hadjipavlou G. Burnout among Canadian Psychiatry Residents: A National Survey. *Can J Psychiatry*. 2016;61(11):732-6.

Paul Tournier Prize Session

2019 PAUL TOURNIER PRIZE LECTURE

Juan Alberto Perales Cabrera

In the first part of this Conference the author expresses his greatest appreciation and honor for having received the Paul Tournier Prize 2019 which, although awarded on individual basis conveys the honorable Jury's recognition to the efforts made by a group of latin-american professionals. This group, with the valuable support and

guidance of the International College of Person Centered Medicine, and inspired by international leaders such as Paul Tournier, Juan E Mezzich, Jon Snaedal, Jim Appleyard and M Botbol, have introduced and promoted Person Centered Medicine theory, research and practice in Latin America since 2014. This pioneer

work has been developed through annual conferences addressed to four main topics: Person Centered Clinical Care, Research, Medical and Health Education, and Public Health as well as scientific publications and university educational activities. Just last year, the movement's strength was capitalized in the creation of the Peruvian Person Centered Medicine Association of Lima, Peru.

The Paul Tournier 2019 Conference's second part briefly reviews the concept of Person from the perspective of Pedro Ortiz (1933-2011), a Peruvian thinker, applying it to person centered medical education and the consideration of the student as a Person.

References

1, Paul Tournier.
https://www.google.com/search?q=paul+tournier&rlz=1C1SQJL_esPE805PE805&oq=paul+tournier&aqs=chrome..69i57j35i39j69i60j69i61j69i59j69i60.11240j1j7&sourceid=chrome&ie=UTF-8.

2. Juan E Mezzich, Levent Kirisici, Isahn M Salloum, Jitendra K Trivedi, Sujit Kumar Kar, Neal Adams and Janet Wallcraft. Systematic conceptualization of Person Centered Medicine and Development and Validation of a Person-centered Care Index. The International Journal of Person Centered Medicine, 2016 Vol 6, Issue 4: pp 219-247

3. Wagner P, Perales A, Armas R, et al: Latin American Bases and Perspectives on Person Centered Medicine and Health. International Journal of Person Centered Medicine, 4: 220-227, 2014.

4. Perales A. Formación ética como soporte del desarrollo moral del alumno de carreras de Ciencias de la Salud: Hacia una enseñanza centrada en las necesidades del estudiante (In press)

Plenary Symposium 4: Major contributors to healthy life styles and burn-out management

THE CONTRIBUTION OF PHYSICAL ACTIVITY TO PROMOTE WELL-BEING AND PREVENT BURN-OUT

Mike Gwerner (Baden/Zurich, Switzerland)

Balancing your mental immune system through physical activities

Physical Activities play an important role in keeping us in balance in view of the constant mental stress and pressures all around us. Physical Activities influence our Neurotransmitters substantially, such as Dopamine, Oxytocine, Cortisol and Testosterone, but also

Endorphins and Serotonin. One goal is to bring the Cortisol level down and the Dopamine level up. This has significant impact on our basic motivations, on our wellbeing, on resilience, preventing and overcoming burnout, as it will also be illustrated from the author's own biography and life experience.

STRESS MANAGEMENT

Danilo Garcia (Gothenburg, Sweden)

Background: Sweden received 169,520 refugees during 2015 (UNHCR, 2015), many of them are victims of torture and all of them experienced war and the collapse of their society. Accordingly, there is a high prevalence of trauma-related disorders among refugees, including post-traumatic stress disorder, chronic pain, and etc. Nevertheless, based on earlier research, about 66.40% of refugees never reveal their traumatic experiences to a doctor and a majority refuse psychiatric help (Holmström, 2015). **Aim:** We evaluate the effect of Anthropedia's Well-Being Coaching on refugees' personal development, well-being, and integration in the job market. The whole project was conducted in Blekinge, Sweden, and founded by the European Social Fund and Region Blekinge. **Method:** The project involves 11 refugees who underwent the 1-year Anthropedia Well-Being Coaching training (i.e., coaches) and about 45 refugees who are currently being coached for a 6-month period in their native language, mostly Arabic. All participants were unemployed at the start of the project and answered to the

Temperament and Character Inventory, the Satisfaction with Life Scale, and the Positive Affect Negative Affect Schedule. The refugees receiving coaching (i.e., coachees) answered also to the Hospital Anxiety and Depression Scale. **Results:** A total of 7 coaches (63.63%) got jobs or started university studies during or after their training year and showed increases in character (i.e., self-acceptance, empathy and moral reasoning, and self-transcendence) and subjective wellbeing (i.e., increases in positive affect and life satisfaction along decreases in negative affect). At baseline, the coachees showed relatively good levels of subjective well-being, but high levels of anxiety and depression and 100% unemployment. **Conclusions:** Anthropedia's 1-year training increases subjective well-being and develops character among the coaches. Since the actual coaching is one-on-one, we expect the effect on well-being, character, and employability to be even greater for the coachees.

HEALTH PROMOTION COACHING

Kevin Cloninger (Anthropedia, St. Louis)

The level of stress in modern times is increasing the rates of lifestyle and stress-related illness in all populations, including health care professionals who have the double burden on their personal problems and those of their patients to manage (C.R. Cloninger, 2004; Cloninger et al., 2010). Today there is great need for complementary approaches to assist mental health care

professionals in addressing the health and well-being of an increasingly stressed population.

This talk will explore Anthropedia's biopsychosocial model of health and well-being coaching and its application in public health endeavors. Specifically, we will discuss studies we've conducted in the US and Sweden that demonstrate the impact of our coaching

on character development, resilience, and well-being in training and program participants. Health care professionals participating in our trainings have been shown to show significant increases in character development as measured by the Temperament and Character Inventory, as well as general increases in subjective well-being as measured by various scales. We'll also describe research conducted in conjunction with the research center of Landstinget Blekinge in Sweden. These studies examined a number of programs funded by the European Social Fund and Swedish Foundations to serve refugees, unemployed individuals, nurses, and youth with Anthropedia's well-being coaching methodology. Similar to participants in Anthropedia's training programs, program participants show significant increases in subjective well-being and

character development including self-acceptance, empathy, moral reasoning, and self-transcendence. We will discuss implications for public health practices worldwide.

Works Cited:

Cloninger, C. Robert (2004). *Feeling Good: The Science of Well-Being*. Oxford University Press: New York.

Cloninger, C. Robert & Zohar, Ada & Cloninger, Kevin. (2010). Promotion of Well-Being in Person-Centered Mental Health Care. *FOCUS*. 8. 165-179. 10.1176/foc.8.2.foc165.

Interactive Poster Session 3: People-centered Public Health

PERSON-CENTERED CARE AND HUMAN TRAFFICKING PREVENTION – TRAINING HEALTHCARE PROVIDERS

Imelda Medina, Abraham Salinas, Anthony J Masys (Miami, USA)

Background: Human Trafficking (HT) is a public health problem, a serious crime, a severe violation of human rights, a threat to all. Every year, thousands of men, women and children are affected throughout the world, and healthcare providers (HCPs) are in a unique position to help. HCPs interact with persons whom are vulnerable and provide services to 80% of victims of HT, often while they remain under their traffickers' control. However, only a few HCPs know how to identify victims of trafficking among their patients; and the lack of person-centered care (PCC) represents a major barrier for patient education, screening, diagnosis and care.

Aims: To examine the pandemic of human trafficking and assess current healthcare providers' practices and PCC approach to care of persons at risk and victims of HT.

Methods: Utilizing a scoping review methodology, a systematic search strategy was implemented on MEDLINE/PUBMED, Integrated Library searches, and Google Scholar. Scholarly/peer-review articles published up to January 2019, in English, were eligible for inclusion in the study. A qualitative synthesis of the selected studies was performed to summarize study findings.

Results: HCPs and PCC are fundamental for HT prevention (1ry, 2ry and 3ry prevention). By building healthcare providers' capacity about PCC and HT, we can help create a system that supports the *person*, and better work in collaboration to help fulfill The 1978 Alma Ata's Declaration mission of "Health for all."

Conclusion: Research, and training of healthcare providers on HT and PCC, are key to address this pandemic.

References

Dawson MB, Williams-Oni F, Rothman EF. A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking AU - Stoklosa, Hanni. *Journal of Human Trafficking*. 2017;3(2):116-24.

Mezzich JE, Kirisci L, Salloum IM, Trivedi JK, Kar SK, Adams N, Wallcraft J. Systematic Conceptualization of Person Centered Medicine and Development and Validation of a Person-centered Care Index. *The International Journal of Person Centered Medicine*. 2016;6(4):219-47.

THE GLOBAL EFFORT TO ERADICATE POLIO – EVERY CHILD HAS A RIGHT TO BE PROTECTED

Oliver Rosenbauer (WHO, Geneva)

The Global Polio Eradication Initiative, launched in 1988, is a unique public-private partnership, spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF and the Bill & Melinda Gates Foundation, aimed at eradicating a human pathogen for only the second time in history (after the eradication of smallpox in 1977). Its operating principle is to protect every child from polio and promote their wellbeing (physical, psychological, social, spiritual) through immunization.

Since its inception in 1988, millions of children have been spared a life of paralysis or death. The incidence of polio has been reduced by more than 99%, and its prevalence has decreased from being endemic in 125 countries, to being endemic in 3 countries in 2019. The global effort to eradicate polio has grown into one of the

largest, internationally-coordinated public health projects in history, with a network of more than 20 million volunteers contributing to its success. With fewer cases reported from fewer areas of fewer countries than ever before, the world stands on the brink of a historic public health success.

Through an interactive poster presentation, an update on this campaign will be provided, as well as an overview of the operational strategies that are being employed to eradicate the disease, challenges we are facing to reach every child in the remaining infected areas, and the role of Person Centered Care in the eradication of this disease. The aim is to secure a world for all future generations, where no person will ever be paralyzed or die by polio, where every child has the right to be protected from this disease, and live healthy and happy.

INTERDISCIPLINARY PERSON CENTERED ASSESSMENT OF REFUGEE NEEDS

Thomas Wenzel, Reem Alksiri, Maria Kletecka –Pulker, Boris Droszdek (Vienna, Austria)

Objectives: The objective of the workshop is to present a summary of approaches integrating different disciplines, including medicine, psychotherapy, cultural anthropology and legal sciences in the development of support, protection and treatment plans that can be used as a reservoir of interventions to support refugee persons in an individual focus based approach.

Method: Based on a systematic literature review, and expert consultations, that will be shortly summarized, the increasing but frequently neglected range of possible interventions will be presented and a simulated case used to demonstrate and discuss this options.

Findings: A number of tools and strategies have been developed in different disciplines but frequently are not considered in an integrated person centered approach in the care of refugee persons. Tools include new approaches in treatment of traumatic stress, psychosocial interventions, culture based assessment of the individual in his/her embedding in his background and present challenges, and legal aspects such as protection, and transitional justice including universal jurisdiction based strategies recently developed.

Discussion: Creating awareness of the person centered approach could be an important aspect of the future in refugee care, support and protection. They need respect and understanding especially in a time when fundamental human rights are put in question.

Conclusions: Interdisciplinary approaches and understanding of individuals can contribute to a better realization of the above aspects and should receive more attention in future.

References

1. Wenzel, T., Droszdek, B.: *An Uncertain Safety: Integrative Health Care for the 21st Century Refugees*. Springer, Heidelberg and New York, 2018
2. Williams, N. P. B. K. A. C. d. C. (2015). "Psychological, social and welfare interventions for psychological health and well-being of torture survivors." *Cochrane Database of Systematic Reviews* 12(3).

Plenary Symposium 5: Health professionals training in health promotion and burn-out prevention.

MEDICAL CURRICULUM REFORM

Simone Hauck (Porto Alegre, RS, Brazil)

Although a longstanding problem, the mental health of medical professionals, and of medical students in particular, has been garnering a great deal of attention lately. Many authors are regarding it as an epidemic phenomenon. Rates of burnout, depression and suicide are rising despite the greater awareness of the problem. Advances in medicine, the burden of information, along with shifts in economy, technology, and regulatory areas have raised expectations of physician availability, and, together with traditional characteristics of the medical school, are putting the trainees at great psychological risk. Besides individual factors, institutional issues are central and are at the core of the problem (1, 2). Medical curriculum is a central aspect, and Person-centered Medical Education can enormously contribute to the necessary shifts (3). Curricular changes to improve students' wellbeing, such as pass/fail grading and reduction of contact hours, have proved effective without lowering educational standards. A focus on the student as a person, mentoring and learning models, a longitudinal and transversal organization of programs, early contact with patients and families, inter-professional training, diverse learning environments, communication skills, among other PCM principles

are to be implemented and adjusted to carefully planned curricular experiments (2, 3). One must be aware, however, that it goes far beyond implementation and actually confronts the traditional institutional culture, and the old "super-doc" model. These resistances must also be addressed (1). Along with a discussion about current evidence and perspectives, the findings of qualitative research aiming at apprehending the perceptions about the subject in a Brazilian medical students' sample will be presented.

References

1. Hauck S, Gabbard GO. Institutional factors in the medical burnout epidemic. *Braz J Psychiatry*. Forthcoming 2019.
2. Stuart J. Slavin. Medical Student Mental Health: Culture, Environment, and the Need for Change. *JAMA* 2016 Vol 316, Number 21; 2195-96.
3. Juan E. Mezzich, James Appleyard, Michel Botbol, Ihsan M. Salloum M and Alberto Perales. Ibero-American Perspectives on Person-centered Medical Education. *The International Journal of Person Centered Medicine* 2017 Vol 7 Issue 2 pp 73-79.

INTER-PROFESSIONAL TRAINING

Tesfamicael Ghebrehiwet (Alberta, Canada)

Education of health professionals largely conducted in silos with little collaborative practice experience that does not prepare them for team work. As a result, professional disciplines often have narrow and inaccurate stereotypes of each other. IPE is the process by which students from different health-related occupations learn together during certain periods of their education.

IPE fosters respect among members of the health team, aims to help them understand each other's roles, core competencies, basic language and mind-sets, and develop attitudes and behaviours that facilitate collaboration.

Yet IPE is not a common practice. IPE provides a promising and smarter solution to meet today's health care delivery. Health profession curriculum needs to be transformed to include IPE.

References

[1] Frenk J et al. (2010), Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376:1923–1958

[2] World Health Organization (2013), Transforming and scaling up health professionals' education and training. Geneva: World Health Organization Guidelines 2013. http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf

HEALTH PROFESSIONAL TRAINING AND SELF-CARE FOR HEALTH PROMOTION

Austen El-Osta (London)

Consideration of wellbeing and health in the workplace is an increasing pre-occupation for organisations and is mainly attributable to the positive links that have been found between the health and wellbeing of employees, productivity and performance. Workplace Health Promotion (WHP) interventions can also be part of a wider strategy to respond to duties and regulations around responsible employment and corporate responsibility.

Providing statutory and mandatory training of healthcare staff is a key investment by healthcare systems and employers, and despite budget constraints and time concerns, it plays a crucial role in ensuring a high level of care to patients. The ultimate goal of healthcare professional training is to provide education to equip the workforce with the knowledge, skills, attitudes and competencies to better understand the patient's condition, so they are empowered to more fully participate in health care.

This talk explores the link between healthcare professional training, and the important role of self-care in health promotion- both from the perspective of healthcare staff and from the perspective of the individuals (with respect to empowerment, patient activation and the provision of person-centred care).

We will also consider the rising importance of utilising coaching techniques by doctors and healthcare professionals to activate previously latent potentials in a diverse range of patients during routine clinical practice and scenarios. The talk will also reflect on some of the capacity and capability gaps that currently exist in modern health systems and healthcare workforce training curricula.

TRAINEE AND EARLY-CAREER PERSPECTIVES: BURNOUT SYNDROME IN MEDICAL STUDENTS

Juan Carlos Ocampo (Lima, Peru)

Stress in health personnel is usually initiated during the training period. In fact, the transition stage of the university in the workplace is an important source of tension among future health professionals.

Materials and methods: Five articles from medical and scientific societies dedicated to the area of mental health were selected. The information was structured by sections: the general context and the relation with the object of the investigation and the definition of the terms, stress in the different professionals and the main recommendations for its prevention.

Results: Some articles indicate a correlation between stress and depression, psychosomatic alterations, skeletal muscle injuries, as well as exhaustion. Several investigations reveal that healthcare workers have a prevalence between 33.9% and 65% of work stress, associated with emotional and / or physiological symptoms.

Conclusions: several studies agree in the absence of adaptive resources and a good response to stress in the training of health professionals in the development of professional practice, if these are not corrected Burnout Syndrome develops.

Plenary Symposium 6: Research and innovation on organizational reform and integrated health promotion, well-being and burn-out

MODELS OF VULNERABILITY AND RESILIENCE TO BURN-OUT: TRANS-PARADIGM APPROACH TO COMPARISON OF SYSTEMS AND METHODS

Kristina Stoyanova (Blagoevgrad, Bulgaria), Drossi Stoyanov, (Plovdiv, Bulgaria)

Burnout has been investigated as system phenomenon in different paradigms with, including various methods and samples. There have been reported results with penitentiary system employees in Eysenck's paradigm and with health care personnel in the psychobiological model of personality by Cloninger (2014).

Strong correlations have been determined between harm avoidance in pressing psychological climate and persistence in milieu of low autonomy which in effect underpin vulnerability to burn out. On the other hand self-directedness and cooperativeness have been linked to resilience.

These results are concordant with another investigation of burn out, in education system. There is reported cross-culturally consistent and significant dependence across the following variables: Emotional exhaustion and Introversion, as well as inverse correlations between Personnel accomplishment and Extraversion in K. G. Yung's paradigm (by use of Meyers-Briggs Type Indicator). It corresponds in a great extent to the the earlier studies as mentioned above. Reverse dependence has been revealed between components of emotional intelligence such as Sharing emotions and empathy and Motivation for overcoming difficulties and optimism and the dimensions of burn out – Emotional exhaustion, Depersonalization– and the reported positive

correlations between Personal Accomplishment and constructive coping strategies such as Planful problem solving and Positive reappraisal. Those results provide further insights into the investigation of resistance resources in management of burn out and happen to be in line with our expectation that resilience and well being in different vulnerable groups might be explained in terms of the explored constructs across paradigms and institutions.

References

1. Stoyanov, D. S., & Cloninger, C. R. (2012). Relation of people-centered public health and person-centered healthcare management: a case study to reduce burn-out. *International journal of person centered medicine*, 2(1), 90.
2. Stoyanov, D (Ed), (2014). *New Model of Burn Out Syndrome: Towards Early Diagnosis and Prevention*, River Publishers, Aalborg, Denmark

INTEGRATIVE RESEARCH FOR HEALTH PROMOTION

Robert Cloninger (St. Louis, USA)

Effective health promotion engages people in a way that allows them to express their own goals and values. Health promotion has only weak and inconsistent effects (correlations of about 0.15) when it relies only on instruction about facts regarding a healthy lifestyle, or focuses on reduction of disease rather than the cultivation of well-being. The most consistent and strong predictor of both subjective well-being and objective health status in longitudinal studies is a creative personality profile characterized by being highly self-directed, cooperative, and self-transcendent. This personality profile is partially described as a person having high self-efficacy. Research about the role of self-efficacy in health promotion is described. The need for integration at several interdependent levels of the person, social network, workplace and society is discussed. Both individuals and the communities in which they live and the organizations in which they work must be engaged to work together with shared goals and a common vision

of the future in order for health promotion to be effective. This is particularly relevant to the problem of burnout in healthcare providers because often their organizations try to deflect their own responsibility for creating dehumanizing work conditions by focusing only encouraging individuals to strive to be more resilience so that they can work in toxic dehumanized environments.

References

- (1) Cloninger CR, Cloninger KM (2013). People create health: Effective health promotion is a creative process. *International Journal of Person-centered Medicine*, 2013; 3(2): 114-122.
- (2) Cloninger CR (2013). Person-centered health promotion in chronic disease. *International Journal of Person-centered Medicine*, 2013; 3(1):5-12.

MEASURING WELL-BEING: STATISTICAL MACHINE LEARNING APPROACH **Levent Kirisci (Pittsburgh), Juan Mezzich (New York and Lima), Ihsan Salloum (Miami)**

Objectives. The US Centers for Disease Control and Prevention defined well-being as the “presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning.” Although there is no common definition of well-being, Cloninger, Salloum & Mezzich [1] defined well-being as a multidimensional trait composed of biological, psychological, social, and spiritual sub traits. A number of instruments have been proposed to measure well-being. For example, the Multicultural Quality of Life Index [2], measures efficiently quality of life along the above dimensions. Cloninger’s “Temperament and Character Inventory” measures three personality traits, i.e., self-directedness, cooperativeness, and self-transcendence, which are essential to measuring well-being.

Methods. Because well-being has a multifactorial structure, to derive a psychometrically sound instrument in large data sets may require advanced level analytical methods such as statistical machine learning. Machine Learning (ML) algorithms are a set of algorithms such as random forest, naïve Bayes, support vector machine, and k nearest neighbor, which are entirely empirical and thus free of investigator assumptions and biases [3]. Furthermore, ML can identify the most salient variables, reduce dimensions, and

help construct predictive models. **Findings.** We present a methodological illustration from data derived from the NIDA-funded Center for Education and Drug Abuse Research located at the University of Pittsburgh that recruited and followed 494 men and 206 women. A brief scale is created to predict Substance Use Disorder diagnosis by age 30 using a set of over 1000 childhood psychological items. Furthermore, various relevant ML algorithms are compared.

References

1. Cloninger CR, Salloum IM, Mezzich JE. (2012). The dynamic origin of positive health and wellbeing. *International Journal of Person-centered Medicine*, Vol 2, Issue 2, 179-187.
2. Mezzich JE, Cohen NL, Ruiperez MA, Banzato CEM, Zapata-Vega MI: The Multicultural Quality of Life Index: Presentation and validation. *Journal of Evaluation in Clinical Practice* 17: 357-364, 2011.
3. James G, Witten D, Hastie T, Tibshirani R. (2015). *An Introduction to Statistical Learning with Applications in R*. New York, New York: Springer.

Interactive Poster Session 4: Person-centered Instrument Development and Validation

“EVERY MISTAKE IS A TREASURE.” – QUALITY CIRCLES IN HEALTH CARE AND SOCIAL CARE
AS AN OPPORTUNITY TO DECONSTRUCT “MISTAKES”

Ottomar Bahrs (Göttingen, Germany)

In modern societies individual professionals as well as professionals as a whole must ensure that professional action is possible despite

uncertainty and can be legitimized, at least retrospectively, with regard to evidence based knowledge. The concept of quality circle

(QC) is a bottom-up method of quality development that helps professionals apply available knowledge in a case-by-case and situation-appropriate manner. QC provide a contextual, immediately realizable practice-relevant knowledge, which is created jointly by the participants, is particularly anchored emotionally and is effective for group dynamic reasons. The paper focuses primarily on the health care sector and on GPs, as QC were first implemented in this area, resulting in an extensive implementation experience. However, the concept has proved to be transferable to other groups involved in professionalization processes (psychologists, physiotherapists, caregivers, health promoters, etc.), and even to the area of self-help.

The QC concept is based on the consideration that knowledge in work processes is not only *applied* but also *newly produced*, the latter typically remaining implicit. Insofar as social action is fundamentally rule-based, the exchange of experience in the QC offers the opportunity to explain the knowledge, that really is practically effective. The participants are understood as experts of their own practice, whose treasure of experience-based wisdom is to be lifted. So-called "mistakes" can prove to be highly appropriate solutions. QC require openness of the participants and a systematic approach (QC cycle).

The continuous, systematic and experience based group work in the QC enables

- Professionalization of the participants in training, focussing knowledge, behavior and attitudes.
- Continual development of the profession by taking up practical knowledge.

- Continuous quality development and legitimacy of the profession as a whole through a process to promote self-control.

References

Bahrs O, Andres E: Qualitätszirkel – Professionsentwicklung im Gesundheitswesen; in: Dick M, Marotzki W, Mieg H (Hrsg.) (2016): Handbuch Professionsentwicklung. Bad Heilbrunn: Klinkhardt / UTB: 295-309; ISBN 978-3-8252-8266-4

Bahrs, O., Gerlach, F.M., Szecsenyi, J. & Andres, E. (Hrsg.) (2001): Ärztliche Qualitätszirkel: Leitfaden für den Arzt in Praxis und Klinik. 4. überarbeitete und erweiterte Auflage. Köln.

BZgA (Bundeszentrale für gesundheitliche Aufklärung) (Hrsg.): Qualitätszirkel in der Gesundheitsförderung und Prävention - Handbuch für Moderatorinnen und Moderatoren. Köln.

Bahrs O, Szecsenyi J: 'I can now face a patient'. The development of a concept to analyse video recorded encounters from general practice in a multidisciplinary quality circle. In: Doctor-patient communication and the quality of care in general practice, Bensing J, Larsson U S, Szecsenyi J, Schriftenreihe des NIVEL-Instituts, Utrecht 1998, 113-130

Kuhn, R., Schmidt, U., Dewald, A., Bruder, A., Jung, B., Bahrs, O. & Riehl-Emde, A. (2008): Interprofessionelle Qualitätszirkel in der Pränataldiagnostik. In: BZgA (Hrsg.): Forschung und Praxis der Sexualaufklärung und Familienplanung. Band 30, Köln.

PRELIMINARY RELIABILITY AND VALIDITY OF THE NORWEGIAN VERSION OF THE WORLD HEALTH ORGANIZATION 5-ITEM WELL-BEING INDEX (WHO-5) *Mariela Lara-Cabrera, Stein Conradsen, Ingunn Mundal (Trondheim, Norway)*

OBJECTIVE:

The World Health Organisation-Five Well-Being Index (WHO-5)¹ is a commonly used self-administered questionnaire assessing positive aspects of psychological well-being. The questionnaire was first introduced in 1998 by the WHO Regional Office in Europe as part of the DEPCARE project on well-being measures in primary health care². The WHO-5 has been translated into more than 30 languages, but it has yet to be psychometrically evaluated in a Norwegian sample of adults². Thus, the aim of this study is to validate the Norwegian version of WHO-5 when administered to adults.

METHODS:

The sample consisted of two clinical studies from Norway. Psychometric assessments will include descriptive statistics, reliability testing and factor analysis.

FINDINGS:

Preliminary results at baseline (descriptive statistics, reliability testing and factor analysis) and one-month (test-retest) will be presented.

DISCUSSION AND CONCLUSION:

The WHO-5 may be an appropriate, valid and useful questionnaire for measuring emotional well-being in Norway.

KEY WORDS: Measurement properties, Psychometric properties, Well-being, WHO-5.

REFERENCES:

1. Staehr Johansen K (1998). The use of well-being measures in primary health care - the DepCare project; in World Health Organization, Regional Office for Europe: Well-Being Measures in Primary Health Care - the DepCare Project. Geneva, World Health Organization, 1998, target 12, E60246.
2. Topp, C. W., Ostergaard, S. D., Sondergaard, S. & Bech, P (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and psychosomatics* 84, 167-176, doi:10.1159/000376585.

SYSTEMATIC REVIEW ON THE PSYCHOMETRIC PROPERTIES OF THE WORLD HEALTH ORGANIZATION 5-ITEM WELL-BEING INDEX

Ingunn Mundal, Stål Bjørkly, Kjell Åsmund Bryn and Mariela Loreto Lara-Cabrera

OBJECTIVES:

The Well-Being Index WHO-5¹ is a commonly used self-administered questionnaire assessing positive aspects of psychological well-being. Although initially designed for patients with diabetes, WHO-5 is a generic questionnaire and has been used to assess well-being in various populations across disciplines and nations. An earlier review² compiled research evidence for the clinimetric validity of the WHO-5. However, there is to date no methodological systematic review describing the psychometric properties of the WHO-5. Thus, the objective of this systematic review is to summarize the quality of the psychometric properties in line with COSMIN guidelines of the different language versions of the WHO-5 in clinical research.

METHODS:

Systematic literature searches of databases will be performed to identify studies published during 1998-2018 that used the WHO-5 with adults reporting psychometric data. The methodological quality will be described and reported in terms of measurement properties compliant with content validity, internal structure, and measurement properties including reliability, measurement error, criterion validity, and responsiveness. Full-text screening of relevant articles will be performed by two reviewers.

RESULTS:

This systematic review will present a narrative synthesis on the psychometric properties and utility of the WHO-5 used to evaluate

well-being in adults. Study characteristics and psychometric data will be extracted into tables for analysis.

DISCUSSION:

This review will describe existing literature on the specific use of WHO-5 and possible gaps in current knowledge of psychometric properties when used with adults.

CONCLUSIONS:

The results of this review will provide health professionals and researchers with detailed information to guide further research.

KEY WORDS: Measurement properties; Psychometric properties; Reliability measurement; Scales; Systematic review; Validation; Well-being; WHO-5.

References

1. Bech, P. W., L. Applicability and validity of the Major Depression Inventory in patients with Parkinson's disease. *Nordic Journal of Psychiatry* 52:4, 305-310, doi:DOI: 10.1080/08039489850149741 (1998).
2. Topp, C. W., Ostergaard, S. D., Sondergaard, S. & Bech, P. The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and psychosomatics* 84, 167-176, doi:10.1159/000376585 (2015).

Workshop towards the Development of new ICPCM Educational Programs on Communication and Empathy

COMMUNICATION AND EMPATHY: FINDING COMMON GROUND

Sandra Van Dulmen (Nijmegen, The Netherlands)

Objectives

Effective communication between health professionals and patients is at the core of person-centered care. Professionals as well as patients need sufficient communication skills to be able to understand each other and to manage the presented health issues while taking into account the patient's personal coping skills and resources. Unfortunately, patients report several barriers in communicating and many professionals lack necessary communication skills (Henselmans et al, 2015). This workshop departs from examples of more or less effective interpersonal interactions in healthcare as well as research findings from communication studies with the aim to find common ground among the participants for building an educational person-centered program on clinical communication. Specific attention will be given to the role of empathy and expectancy manipulation and to patients with specific needs (lower health literates, migrants and elderly) (Baars et al, 2016).

Methods

Presentation and group discussion.

Findings

This workshop generates ideas and suggestions as first step in building an educational program on person-centered communication grounded in research and clinical practice.

References

Henselmans I, Heijmans M, Rademakers J, van Dulmen S. Participation of chronic patients in medical consultations: patients' perceived efficacy, barriers and interest in support. *Health Expect* 2015;18:2375-88

Baars JE, Dulmen AM van, Velthuisen ME, Theunissen EBM, Vrouwenraets BC, Kimmings AN, Dalen T van, Ooijen B van, Witkamp AJ, Aa MA van der, Ausems MGEM. Migrant breast cancer patients and their participation in genetic counseling: results from a registry-based study. *Fam Cancer* 2016;15:163-71

ADVANCES IN THE WORK LINE ON EMPATHY IN PERSON CENTERED MEDICINE

Michel Botbol (Brest, France)

As already stated in several previous PCM meetings, Empathy is one of the corner stones of theoretical and practical developments in a PCM perspective. This presentation will be based on the follow

up of this working line; it will specially focus on the interactions between Empathy, Subjectivation, Narrative and Well-being in both clinical and philosophical perspectives.

Workshop towards the Development of new ICPCM Educational Programs on Promotion of Well-being

Robert Cloninger (St. Louis), Juan E. Mezzich (New York and Lima), Werdie Wan Staden (Pretoria, South Africa)

ORGANIZATIONAL SUGGESTIONS

Juan E. Mezzich (New York and Lima)

This prospective programmatic development is inscribed within the framework of the ICPCM plan of fostering the design of key educational programs in areas central to person centered medicine (PCM). One of these areas is positive health and well-being, which may be enhanced if approached in a *person-centered* manner.

The whole 12th Geneva Conference offers rich conceptual and procedural materials for this undertaking. Several Conference sessions are germane to such an effort, e. g., What is well-being (Symp 1)? Which are the main contributors to healthy life (Symp 4)? Well-being in health professional training (Symp 5), in health systems (Symp 6), in the international arena (Symp 7), through the arts (dance, music, etc), in self-care (WHO Special Session). Also,

several of the Interactive Poster Sessions contain presentations relevant to healthy life, well-being and health promotion.

The Workshop may address the following questions:

How to understand and delineate well-being in a broad international framework?

What are the main contributors to positive health and well-being?

How such contributors can be formulated, cultivated and promoted?

What could be the objectives and promising strategies of an ICPCM educational program on the promotion of health and well-being?

What could be a suitable plan and the next steps for such development?

Plenary Symposium 7: Health promotion and burnout management across the world

EUROPEAN PERSPECTIVES: UK EXPERIENCE OF BURN-OUT: A MORAL, POLITICAL AND ETHICAL DILEMMA

Helen Millar (Dundee, Scotland)

Objectives

Burnout as phenomena has probably always existed and been present in all cultures. More recently it has been increasingly applied to the public sector work place. This lecture aims to highlight the current state of burnout in the UK NHS (National Health Service), its causes and the impact on the workforce and quality of care we deliver to patients. Strategies to improve the health of the NHS workforce will be reviewed and appraised.

Methods

A review of current literature focusing on published strategies by government and responses by professional and other relevant independent bodies. Sources include peer reviewed publications, government documentation and recent surveys.

Findings

Burnout in the NHS is a major concern. Recognition of the extent of the problem and its impact is crucial for the sustainability of the NHS. The root causes of burnout need to be addressed to bring about the necessary transformation but actions to date have had little impact.

Discussion and Conclusions

Burnout is endemic in the NHS. The alarming rate of work force attrition is evident and unless drastic steps are taken to address the root causes, the pressure on remaining staff will escalate to breaking point resulting in further staff losses.

Staff burnout affects patient care negatively and increases errors. It is important that this issue is addressed as a matter of urgency in order to ensure a healthy and productive workforce in which patients are treated safely and effectively. The NHS's very survival depends on direct and urgent action to remedy this situation.

References

1. Robertson R Et al. Public Satisfaction with the NHS and Social care in 2018: Results from the British Social Attitudes Survey. Kings Fund. (2019)
2. O'Connor K Et al. Burnout in mental health care professionals: a systematic review and meta-analysis of prevalence and determinants. *European Psychiatry* 53 (2018) 74-99.

LATIN AMERICAN PERSPECTIVES

Alberto Perales (RLMCP, Lima)

In the last decade research interest on Burnout Syndrome has increased in Latin America applied to a wide range of professional groups (1) even the clergy (2). Its prevalence, clinical profile, associated factors and therapeutic strategies have been reviewed and promising auxiliary research instruments have been added to this purpose (3,4). One such instrument is the Person Centered Integrative Diagnosis model.

Moreover, Peruvian research on undergraduate students' mental health indicate worrying prevalences of suicidal and dissocial behaviors as well as depression, anxiety and problems with alcohol (5). These mental pathologies may easily act as risk factors and should be taken in due consideration when planning management of and prevention strategies on Burnout Syndrome

References

1. Fátima Díaz Bambula, Ingrid Carolina Gómez. La investigación sobre el síndrome de Burnout en Latinoamérica entre 2000 y el 2010. *Psicología desde el Caribe. Universidad del Norte*. Vol. 33 (1): 113-131, 2016
2. Helena López Herrera, Ignacio Pedrosa, M^a Purificación Vicente Galindo³, Javier Suárez-Álvarez², M. Purificación Galindo Villardón and Eduardo García-Cueto. Multivariate analysis of burnout syndrome in Latin-American priests *Psicothema* 2014, Vol. 26, No. 2, 227-234doi: 10.7334/psicothema2013.178
3. Mezzich, Juan E; Ruipérez, María A; Pérez, Carlos; Yoon, Gihyun; Liu, Jason; Mahmud, Syed. ⁴The Spanish Version of the

Quality of Life Index: Presentation and Validation. *The Journal of Nervous and Mental Disease*, 188(5), May 2000, pp 301-305

4. Asociación Psiquiátrica de América Latina (apal). *Guía Latinoamericana de Diagnóstico Psiquiátrico*. VR. Instituto Nacional de Salud Mental, Lima, 2012

5. Alberto Perales, Elard Sánchez (†), Lorenzo Barahona, Miguel Oliveros, Eric Bravo, William Aguilar, Juan Carlos Ocampo,

Miguel Pinto, Ivón Orellana, Alberto Padilla, Prevalencia y factores asociados de conducta suicida en estudiantes de la Universidad Nacional Mayor de San Marcos, Lima-Perú. *An Fac Med*. 2018; 79(3). / <http://dx.doi.org/10.15381/anales.v79i3.15311>

ASIAN PERSPECTIVES

Roy Kallivayalil (Kerala, India)

Asia is earth's largest and most populous continent where more than 4.5 billion people live. The majority of countries belong to the Low and Middle Income (LAMI) group where we have deficient man power and infrastructure. It is also true besides Japan, countries like China and India are marching ahead to become economic super powers. Health promotion which was neglected a few decades back is gaining increased attention now. WHO defines health promotion as the process of enabling people to increase control over, and to improve, their health.

Many Asian countries have taken up health promotion and disease prevention programs addressing social determinants of health which influence modifiable risk behaviours like tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic diseases. In India, there is a legislation that has banned smoking in public place. There is also a new thrust on positive psychology¹, enhancing positive attributes, psychological assets, and strengths, with the aim is to understand and foster the factors that allow individuals, communities, and societies to thrive.

Psychiatrists have a stressful life². Some of the important factors contributing to burnout in Asia include stigma, violence against doctors and hospitals, crowded out patient and in-patient departments, long work hours with pay not commensurate with work load, working in isolation, limited role in decision making and step motherly attitude from politicians and administrators. Organisations like World Psychiatric Association and World Association of Social Psychiatry are making efforts to combat this growing problem.

References:

1. Kobau, R., Seligman, M. E., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental health promotion in public health: perspectives and strategies from positive psychology. *American journal of public health*, 101(8), e1-9.
2. Kumar S. Burnout in psychiatrists. *World Psychiatry*. 2007;6(3):186-9

AFRICAN PERSPECTIVES

Werdie van Staden (Pretoria, South Africa)

Objectives: This presentation applies a person-centred approach¹ to burnout and health promotion. **Methods:** Drawing on African perspectives² and the conceptual relations among burnout, care and compassion fatigue, emotional contagion, vicarious trauma, and being "gatvol", this presentation explores what burnout experiences are about, their perceived causes, their effects on a person and other people, and how burnout may be managed. **Discussion:** The African term "gatvol" taken up in the most reputable English dictionaries, captures a strong emotion that may be partially explained as being fed-up or more literally as "excessively filled" such that one is spilling disgusting content from one's orifices. This experience as an expression of burnout may result from or develop into mental disorders such as a major depressive disorder, and adjustment disorder, acute stress disorder and post-traumatic stress disorder. Burnout may, however, also be understood outside the context of mental disorders. Ten practical health promoting steps may be taken as antidote for burnout, drawing on specific features of person-centred medicine, viz.

understanding of personal experiences of both ill health and well-being; the pursuit of strengths, resilience, and positive health; the prevention of ill health; and the crucial interpersonal dimension to understand and promote health. **Conclusion:** Person-centred medicine frames and invokes practical steps to promote health and combat burnout.

References

1. Kirmayer LJ, Mezzich JE, Van Staden CW. Health experience and values in person-centered assessment and diagnosis. In *Person-Centered Psychiatry*. Mezzich JE, Botbol M, Christodoulou G, Cloninger CR, Salloum I (Eds). Heidelberg: Springer Verlag. 2016.
2. Rothmann S. Burnout and engagement: a South African perspective. *South African Journal of Industrial Psychology*, 2003, 29 (4), 16-25.

WHO Special Session on self-care and wellbeing

Self-care, Primary Care and Wellbeing

Jim Appleyard (London)

Objectives

To review the concept of self-care and wellbeing as an essential element in person and people centered primary health care

Methods

A literature search was undertaken

Findings

Involving patients in their own care improves quality and is vital to the sustainability of health systems around the world.

Patient empowerment is now widely recognised as a fundamental pillar of healthcare for the 21st century.

A person-centered approach supports the freedom and the responsibility to develop a person's life in ways that are personally meaningful and that are respectful of others and of the environment in which they live together

The challenge is agreeing how to put it into practice.

Discussion

The evidence from controlled clinical trials are mixed but in general it has been found that programs teaching self-management skills are more effective than information-only patient education in improving clinical outcomes; and in some circumstances, self-management education improves outcomes and can reduce costs for arthritis and probably for adult asthma patients. Initial studies in a self-management education program bringing together patients with a variety of chronic conditions may improve outcomes and reduce costs

Conclusions

Self-care means that each individual should be more engaged, informed and empowered in a culture of person-centred medical care and supported by a healthcare system promoting their health and well-being. Their primary care physician needs to be seen as an advisor and colleague providing the continuity of care over time which is additionally positively related to health outcomes.

References

- Patient empowerment: for better quality, more sustainable health services globally
Report by the All-Party Parliamentary Groups on Global Health 2014
- Van Weel, Chris. 2016 Person Centered Primary Health Care: *International Journal of Person Centered Medicine*, [S.I.], v. 6, n. 1, p. 18-21,
- Cloninger CR, Salloum IM, Mezzich JE. (2012). The dynamic origins of positive health and well-being. *International Journal of Person Centered Medicine* 2(2): 179-18

SELF-CARE IN THE CONTEXT OF WORKPLACE HEALTH PROMOTION

Austen El-Osta (London)

Workplace Health Promotion (WHP) has been integral to international workplace culture in developed countries such as the UK, Australia and USA, evolving significantly in both large and small worksites over the past three decades.

The most cited rationale for interventions in the workplace is to improve the quality of life and productivity of workers and to reduce economic losses through absence, sickness, disability and presenteeism. There is also a growing recognition that by promoting overall staff wellbeing, WHP initiatives can help mitigate the risk of burn-out and improve staff retention.

Primary health care, disease prevention and health promotion programmes are the three main categories of health interventions

proposed by the WHO that are commonly used in the design and implementation of WHP initiatives in the contemporary setting. Because WHP encompasses health promotion and illness prevention activities there is a direct link between WHP and the promotion of self-care capacity and capability in the workforce.

This talk will review the evidence for successful WHP interventions and will illustrate the important link between workplace health promotion, person-centeredness and behaviour change mechanisms that increase self-care capacity and capabilities in the individual to mitigate risk of burnout in the occupational setting. The talk will also consider contemporary frameworks that inform WHP interventions to prevent burnout and build resilience in the workforce.



**International College of Person Centered Medicine (ICPCM)
Continuing Professional Development Program (CPDP)**

Attendance Report Form

Title of event: **12th Geneva Conference on Person Centered Medicine *Promoting Wellbeing and Overcoming Burn-Out***

Organised by: **ICPCM**

Dates: 25 – 27 March, 2019

Please use this form to mark your attendance at ICPCM-CPDP approved sessions and add up at the end the number of credits earned. One credit is equivalent to 60 minutes of approved learning experience. After the event, complete and sign this form, scan it and e-mail it to ICPCMsecretariat@aol.com On the basis of this information, the Secretariat will e-mail you a CPDP Certificate.

Dates	Session Periods	Session Titles	Session times and credits earned	Check-off attendance
25.03.2019	8:30 – 9:00	Inaugural Lecture	30 minutes, 0.50	
	9:00 -10:30	Plenary Symposium 1	90 minutes, 1.50	
	10:30 – 11:00	Poster Session 1	30 minutes 0.50	
	11:00 -12:30	Plenary Symposium 2	90 minutes, 1.50	
	14:00 -15:30	Plenary Symposium 3	90 minutes, 1.50	
	15:30 -16:15	Arts and PCM Session	45 minutes, 0.75	
	16:15 – 16:45	Poster Session 2	30 minutes, 0.50	
26.03.2019	8:30 – 9:15	Paul Tournier Prize Session	45 minutes, 0.75	
	9:15 - 10:45	Plenary Symposium 4	90 minutes, 1.50	
	10:45 -11:15	Poster Session 3	30 minutes, 0.50	
	11:15 – 12:45	Plenary symposium 5	90 minutes, 1.50	
	14:00 -15:30	Plenary Symposium 6	90 minutes, 1.50	
	15:30 -16:00	Poster Session 4	30 minutes, 0.50	
	16:00 -17:00	Workshop 1	60 minutes, 1.00	
	17:00 – 18:00	Workshop 2	60 minutes, 1.00	
27.03.2019	8:30 – 10:00	Plenary Symposium 7	90 minutes, 1.50	
	10:15 -11:30	WHO Special Session	75 minutes, 1.25	
Total Credits Earned () :				

Name:

Email:

Signature: