MED TRiM

Medical Trauma and Resilience Management

Event Feedback

2017

Elaine Russ, Mark Stacey, Andy McCann

September 2018

Cardiff University School of Social Sciences
12 Museum Place
Cardiff
CF10 3BG

russem@cardiff.ac.uk

Table of Contents

What is MedTRiM?

Developed by DNA Definitive and The Wales Deanery, the one-day Medical Trauma and Resilience Management (MedTRiM) course is designed to support staff following potentially traumatic events and to provide tools to help them to cope with the cumulative stress of working in a high-pressure environment such as healthcare.

Based on the Trauma Risk Management (TRiM) course used by the marines, MedTRiM is delivered to healthcare practitioners at all levels (including trainees) and across specialties.

The first MedTRiM training was delivered in June 2015. Since then many MedTRiM training sessions have been run across Wales and in England. The course is ever developing in line with feedback and deeper understanding of the needs and expectations of attendees. The current course plan is available in Appendix 1.

Participants

Since the first MedTRiM training course in June 2015, over 300 members of staff in Wales have attended a Wales Deanery run MedTRiM training course (table 1).

Table 1: Attendees per event

Event #	Date	Location	No of attendees
1	01/06/2015	Cardiff	27
2	09/07/2015	Cardiff	44
3	10/12/2015	Cardiff	11
4	15/01/2016	Wrexham	16
5	17/03/2016	Bangor	17
6	14/04/2016	Swansea	35
7	20/10/2016	Cardiff	15
8	27/02/2017	Cardiff	37
9	09/03/2017	Swansea	14
10	17/03/2017	Rhyl	7
11	29/06/2017	Cardiff	25
12	27/07/2017	Swansea	25
13	19/10/2017	Cardiff	17
14	30/11/2017	Wrexham	15
Total attendees:			**305**

Feedback to date has been very positive:

> *"I have worked as a doctor for 25 years and carried cumulative stress as a direct product of my labours. Until today I have hungered for a forum in which to 'resuscitate' my own life which has suffered as a consequence of countless traumas I've shared and endured alongside caring tirelessly and unreservedly for my patients."*
>
> Feedback from MedTRiM attendee 2017

This quote encapsulates the value of the course for participants who are in urgent need of such support. While these are the words of just one individual, what follows in this report is a systematic analysis of feedback data collected at three time-points (pre-training, immediately after training, and 4 weeks after training).

Approach

In 2016 we started collecting feedback for each MedTRiM event via Doopoll[1], an online survey tool.

Using a tool based on Will Thalheimer's methodology[2], in January 2017 we began asking all MedTRiM participants to respond anonymously to a series of questions (Appendix 2) at three separate time points: T1 pre-training; T2 immediately post-training; and T3 delayed (4 weeks after training).

At T1 Pre-training: attendees are invited to answer a single question about their belief in the underlying principle of MedTRiM (that performance can be enhanced and patient safety improved through developing the mental toughness of healthcare providers). Their responses provided us with a perspective on the attendees' beliefs

At T2 Immediately post-training: attendees are invited to respond to three questions which provide us with data on their immediate response to the training and planned use of the skills developed.

At T3 Delayed: 4 weeks after training attendees are invited to respond to five questions asking them to reflect on their learning and subsequent implementation of the skills developed.

All questions aim to help us monitor both the quality of the training and the attendee experience as well as informing adaptations of the content. The questions also provide a useful insight into the relevance, effectiveness and implementation of the training, with T3 delayed questions looking at the use of the skills learned when back in the working environment.

Findings

The following findings are from the 7 MedTRiM events held between February - November 2017 (140 attendees; events 8 to 14 in Table 1). All questions where optional so response numbers to questions vary.

T1 Pre-training

In table 2 we present responses to our initial question, which asked attendees about their belief in the principle that the development of mental toughness can enhance performance and improve patient safety.

Responses show that the majority of MedTRiM attendees believe in this principle with an equal number either believing deeply or being willing to accept the principle.

---

[1] Doopoll - https://doopoll.co

[2] Thalheimer, W. (2016). *Performance-focused smile sheets*. 1st ed. Work-Learning Press. United States of America.

Table 2: Principle (T1 pre-training)

The following principle provides the basis for this course: • Performance can be enhanced and patient safety improved through developing the mental toughness of healthcare providers You may believe in this deeply, or not at all. Rate its importance to you:	
Resource	**% (n)**
B. I BELIEVE in this principle	52% (55)
A. I BELIEVE DEEPLY in this principle	24% (25)
C. I CAN ACCEPT this principle	24% (25)
D. I DO NOT ACCEPT this principle	1% (1)
E. I BELIEVE DEEPLY that this principle IS FLAWED	0% (0)
TOTAL	**101% (106)**
Response rate from 140 attendees	*76%*

NOTE: where total percentage is more or less than 100%, this is due to rounding

T2 Immediate Post-training

Understanding and application of learning

Table 3 shows responses to a question asking if attendees felt able to apply the learning in practice.

The responses were fairly evenly spread across three of the options: most (36%) felt fully competent to implement learning; a sizeable proportion (33%) desired more hands-on experience; and 28% felt they had gained general awareness but wanted more training.

Importantly, no respondents felt unable to apply the concepts taught at all.

Table 3: Ability to put learning into practice (T2 post-training)

In regard to the course topics taught HOW ABLE ARE YOU to put what you've learned into practice on the job?	
Response	**% (n)**
A. I am ABLE TO PERFORM ACTUAL JOB TASKS at a FULLY COMPETENT LEVEL is using the concepts taught	36% (25)
B. I am ABLE TO WORK ON ACTUAL JOB TASKS, but I'LL NEED MORE HANDS-ON EXPERIENCE to be fully competent in using the concepts taught	33% (23)
C. I have GENERAL AWARENESS of the concepts taught but I will need more training/practice/guidance/experience TO DO ACTUAL JOB TASKS using the concepts taught	28% (19)
D. I am ABLE TO PERFORM ACTUAL JOB TASKS at an EXPERT LEVEL is using the concepts taught	3% (2)
E. I'm NOT AT ALL ABLE to put the concepts into practice	0% (0)
TOTAL	**100% (69)**
Response rate from 140 attendees	*49%*

In table 4 we present the responses to the question asking how motivated respondents are to use the skills taught.

Most commonly, respondents (49%) indicated that they will make it a high priority to introduce the skills developed in the training to their day-to-day work.

Table 4: Ability to put learning into practice (T2 post-training)

In regard to the concepts taught today how motivated WILL YOU BE to USE these skills in your work?	
Response	**% (n)**
D. I will make this a HIGH PRIORITY when I get back to my day-to-day job	49% (32)
C. I will make this a MODERATE PRIORITY when I get back to my day to day job	28% (18)
E. I will make this one of my HIGHEST PRIORITIES when I get back to my day-to-day job	18% (12)
B. I will make this a PRIORITY- BUT A LOW PRIOITY - when I get back to my day-to-day job	5% (3)
A. I will NOT MAKE THIS A PRIORITY when I get back to my day-to-day job	0% (0)
TOTAL	**100% (65)**
Response rate from 140 attendees	*46%*

Prescription for mental toughness

In the afternoon session of the MedTRiM training, a series of 13 skills that can be used to improve resilience are showcased[3]. At T2, participants are asked to pick the top three skills they would implement as a result of the training. We present the results in table 5. Each respondent could select 3 responses.

Daily exercise, mindfulness/ meditation, keeping a gratitude diary, turning threats into challenges and smiling were the skills most commonly selected.

The items that appear at the bottom of the table (taking control, asking for help, becoming a stress management expert and learning to deal with conflict) may represent aspects that respondents feel they already implement or actions which respondents feel are not within their control to change.

64 participants (out of a maximum of 140) responded to the question in table 5 (46% response rate).

Table 5: Plan to implement skills (T2 post-training)

Consider your prescription for mental toughness, which top 3 skills will you implement as a result of today's training? (choose 3)	
Response	**% of 64 Respondents (n)**
Do physical exercise every day	42% (27)
Mindfulness/meditation every day	39% (25)
Gratitude diary	38% (24)
Turn threats into challenges	33% (21)
Smile	31% (20)
Take care of yourself (HALT[4])	30% (19)
Improve your decision making	22% (14)
LEARN something new	22% (14)
Brain train - become more optimistic	20% (13)
Take control - change your internal language	8% (5)
Become a stress management expert	8% (5)
Ask for help - don't be afraid	8% (5)
Learn to deal with conflict	6% (4)

[3] Stacey, Mark, Russ, Elaine and McCann, Andy 2017. *Baker's dozen of mental toughness.*[Project Report]. Cardiff: Cardiff University.

[4] HALT – **H**ungry **A**ngry **L**ate **T**ired

A variation on this question is repeated at T3, with respondents being asked which skills they have actually used since training (table 9) as well as a side-by-side comparison of responses (table 10).

The low response rate from attendees at T2 is noted and we believe is a direct consequence of poor Wi-Fi availability at some venues meaning attendees could not respond to the questions. At a couple of events attendees were not reminded by the presenters to complete the post training questions and this will likely have had an impact also.

T3 Delayed (4 weeks after training)

Understanding and application of learning in the workplace

Four weeks after training we asked attendees to reflect on their current understanding of the concepts taught (table 6). The majority (60%) showed that they had a 'solid understanding' of stress and its effect on performance, tools to develop mental toughness and how to conduct a MedTRiM assessment. A minority felt they had 'comprehensive' (13%) or 'expert' (2%) understanding and 25% described their level of understanding as 'basic familiarity'.

As a one-day training event we would not anticipate an expert-level of understanding from respondents. Ideally, we would like attendees to feel that they have been given a solid grounding in the training concepts and are provided with the resources for further self-directed learning. This appears to have been achieved.

Table 6: Understanding of concepts taught (T3 delayed)

In the training you took several weeks ago, you learned about the following topics: • Stress and its effects on performance • Tools to develop your mental toughness and 'anti-fragility' • Conducting a MedTRiM assessment Now that you've been back in the workplace for several weeks after taking the training, how well do you feel you understand the concepts that were taught in the course?	
Response	**% (n)**
C. I have a SOLID UNDERSTANDING of the concepts	60% (29)
B. I have a BASIC FAMILIARITY with the concepts	25% (12)
D. I have a COMPREHENSIVE UNDERSTANDING of the concepts	13% (6)
E. I have an EXPERT-LEVEL UNDERSTANDING of the concepts	2% (1)
A. I have some significant CONFUSIONS AND/OR BLIND SPOTS	0% (0)
TOTAL	**100% (48)**
Response rate from 140 attendees	*34%*

Use of learning and obstacles

Attendees were asked whether they had used their learning in the intervening 4 weeks to make a significant improvement to their work. The results are displayed in table 7.

Encouragingly, most respondents (43%) had already used the training to make significant improvements in the workplace and 41% indicated that they probably would use the training. A further 11% indicated that they already had a specific plan for use in mind.

Several respondents said that they had yet to use the training but believed they probably would (11%), any only 4% of respondents doubted that they would implement the training.

Table 7: Has training be used to make significant improvement (T3 delayed)

Have you used what you learned in the training to make a significant improvement in your work?	
Response	**% (n)**
D. YES, I HAVE ALREADY USED what I learned	43% (20)
B. NO, BUT I PROBABLY WILL USE what I learned	41% (19)
C. NO, BUT I HAVE A SPECIFIC PLAN TO USE what I learned	11% (5)
A. NO, and I DOUBT THAT I WILL USE what I learned	4% (2)
TOTAL	**99% (46)**
Response rate from 140 attendees	33%

NOTE: where total percentage is more or less than 100%, this is due to rounding

To further understand the response to the question shown in table 7 we asked what obstacles, if any, had prevented the respondents from implementing the learning (table 8). Time and lack of authority to implement change were the top challenges.

47 participants (out of a maximum of 140) responded to the question in table 8 (34% response rate).

Table 8: Obstacles encountered (T3 delayed)

What obstacles, if any, have made it challenging to apply your learning? (choose as many as relevant)	
Response	**% of 60 Respondents (n)**
I. I haven't had the time	26% (12)
E. I don't have the authority to make changes	26% (12)
H. I'm not sure I know enough to take the next steps	19% (9)
Q. Other	17% (8)
J. I have had higher priorities	13% (6)
K. I have not had the resources	13% (6)
M. I'm still working to persuade management	11% (5)
D. I don't know how to make the case for change	9% (4)
N. I'm still working to persuade my teammates	9% (4)
F. I'm not comfortable leading such a change effort	6% (3)
B. I don't think the learning content is valid	2% (1)
O. I have been blocked by management	2% (1)
A. The learning content was not relevant to my current job	0% (0)
C. I don't see how making the changes will benefit me	0% (0)
G. I can't remember the learning content well enough	0% (0)
L. The risk of making these changes is too high	0% (0)
P. Others around me don't support the changes	0% (0)

It is very encouraging to see that five of our perceived obstacles have not been encountered by any of our attendees, including lack of support from others (item P).

Respondents were given a chance to provide further information on why they had yet to apply the learning.

As well as reiterating the lack of time, the main reason seems to relate to confusion over the MedTRiM assessment technique and its adaptability for continual exposure to low level stress rather than acute stress or post a traumatic incident:

> *"I work in independent trainee support so meet individual doctors many weeks or years after traumatic events, so have to adjust model presented. Model deals with response to specific trauma but really needs developing to include support for those working in the increasingly toxic environment in the NHS. Staff now experiencing trauma from day to day demands and this needs building into current Trim courses."*

> *"I was a little confused about the MedTRiM technique demonstrated. Are we meant to be applying this technique ourselves (and are we significantly trained?!) or is it just to demonstrate the kind of work the TRiM team do? I found all the resilience content really good though."*

With another adding:

> *"I feel more comfortable making changes to my own lifestyle and to deal with my own stress rather than the organisation."*

This uncertainty/hesitation around how to take the training forward is further intimated in table 8 (option H) with 19% of respondents saying that they are not sure they know enough to take the next steps. This is something that should be improved in future courses.

Other responses speak to the need for further resources/support from their organisation:

> *"No time /opportunity to be proactive but confident that I am more aware of issues and could help if I recognised a problem. If there was an organisational move towards such a service I would be happy to support and participate."*

Prescription for mental toughness in use

Respondents were also asked which (if any) of the skills they had applied in the four weeks since training. The results are given in Table 9.

47 participants (out of a maximum of 140) responded to the question in table 9 (34% response rate).

Table 9: Skill used since training (T3 delayed)

Consider your prescription for mental toughness, which skills have you used since the training? (choose as many as are relevant)	
Resource	**% of 60 Respondents (n)**
Brain train - become more optimistic	62% (29)
Smile	57% (27)
DO physical exercise every day	53% (25)
Take care of yourself (HALT)	47% (22)
Ask for help - don't be afraid	40% (19)
Mindfulness/meditation every day	34% (16)

LEARN something new	32% (15)
Turn threats into challenges	26% (12)
Take control - change your internal language	26% (12)
Improve your decision making	23% (11)
Learn to deal with conflict	21% (10)
Gratitude diary	15% (7)
Become a stress management expert	9% (4)
None	2% (1)
All	0% (0)

Table 10 shows a comparison of the skills people believed they would use in T2 post-training (table 5) and the tools that respondents actually reported using in T3 delayed (table 9).

Table 10: Anticipated use of skills and actual use of skills

Mental Toughness Skills Anticipated Use and Actual Use		
Resource	Skill Anticipated Using (Table 5) % of 64 Respondents	Skills Actually Used (Table 9) % of 47 Respondents
DO physical exercise every day	42% (27)	53% (25)
Mindfulness/meditation every day	39% (25)	34% (16)
Gratitude diary	38% (24)	15% (7)
Turn threats into challenges	33% (21)	26% (12)
Smile	31% (20)	57% (27)
Take care of yourself (HALT)	30% (19)	47% (22)
Improve your decision making	22% (14)	23% (11)
LEARN something new	22% (14)	32% (15)
Brain train - become more optimistic	20% (13)	62% (29)
Take control - change your internal language	8% (5)	26% (12)
Become a stress management expert	8% (5)	9% (4)
Ask for help - don't be afraid	8% (5)	40% (19)
Learn to deal with conflict	6% (4)	21% (10)
All	N/A	0% (0)
None	N/A	2% (1)

Interestingly only two skills (smile and do physical exercise every day) feature in the top 5 responses from both questions. It could be argued that these are the easiest skills to employ in everyday life.

A dramatic shift can be seen with the response "Ask for help – don't be afraid". Only 8% of respondents chose this as one of the top skills they would implement, yet 40% reported that they had used this since training. This is potentially an important shift as there is a risk of 'mental toughness/resilience' training being interpreted as passing responsibility from

the organisation to the individual ("toughen up and cope"). As such this response could be seen as a really positive change. More investigation is required.

Another interesting shift is related to "Brain Train – Become more optimistic". 20% chose this as one of their top three skills to implement in T2 post-training with 62% (the top response) reporting that they had gone on to implement it.

Conversely, 38% of respondents believed they would keep a gratitude diary (T2 post-training) but only 15% reported doing so (T3 delayed) and 33% of respondents opted for "Turn threats into challenges" as a response in T2 post-training with only 26% saying that they had used this skill in T3 delayed.

It is worth noting that as responses are anonymous we cannot see if those who said they would use a skill (T2 – post-training) went on to do so (T3 - delayed). Table 10 therefore can only provide us with an overarching look at any shift.

Options "None" and "All" were not offered as a response in T2 post-training but the question was optional.

The Principle of MedTRiM

For the final question of T3 delayed, we re-presented the question about belief in the principle at the core of the training (table 2). In table 11 we present these responses.

Table 11: Re-presenting of MedTRiM principle (T3 delayed)

The following principle provided the basis for this course: • Performance can be enhanced and patient safety improved through developing the mental toughness of healthcare providers You may believe in this deeply, or not at all. Rate its importance to you:	
Resource	**% (n)**
B. I BELIEVE in this principle	48% (22)
A. I BELIEVE DEEPLY in this principle	39% (18)
C. I CAN ACCEPT this principle	13% (6)
D. I DO NOT ACCEPT this principle	2% (1)
E. I BELIEVE DEEPLY that this principle IS FLAWED	0% (0)
TOTAL (total more than 100% due to rounding of nos.)	**102% (47)**
Response rate from 140 attendees	*34%*

NOTE: where total percentage is more or less than 100%, this is due to rounding

A side by side comparison of the responses at T1 Pre-training and T3 delayed is presented in Figure 1 and shows a positive shift overall towards deep belief in the principle.
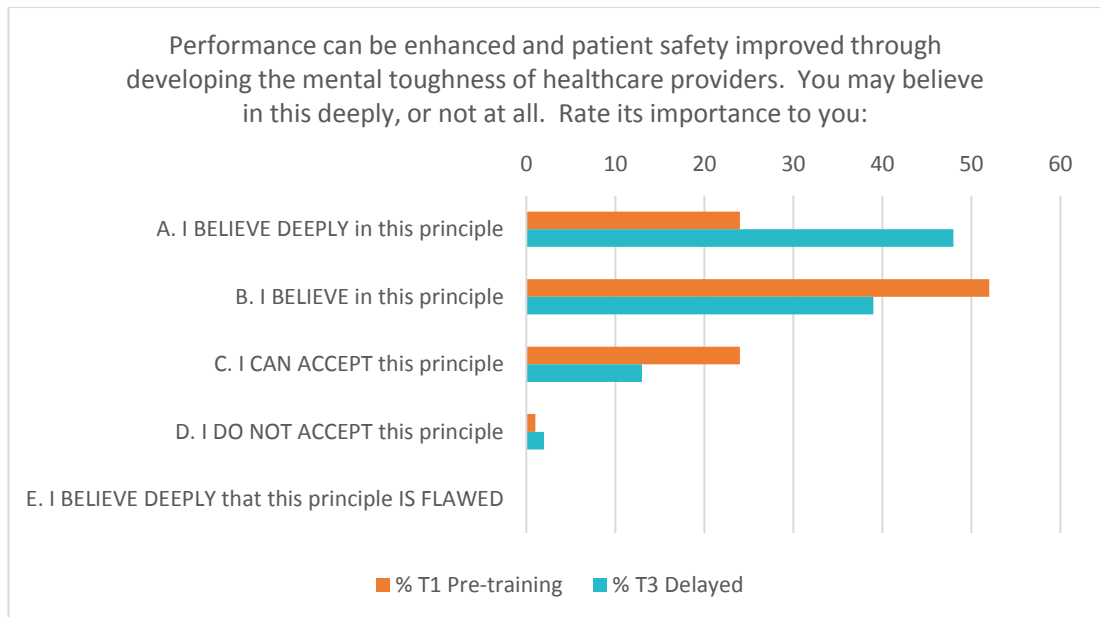
Figure 1: Comparison of T1 pre-training & T3 delayed responses to importance of principle

Again, it is important to note that the anonymity of responses means that we cannot see the response from individuals to both the T1 pre-training and T3 delayed question.

Summary

While the MedTRiM course has evolved since its inception, all courses in 2017 followed the same model. On the basis of the evidence provided by the feedback, it is clear that MedTRiM provides a learning experience that is relevant to the target audience.

The data presented suggests that although the attendees who responded to the questionnaires agree with the fundamental principles of the course at the outset, their belief is strengthened by the experience of the course. Our data also shows that most attendees have used or have a specific plan to use, the training to make on-the-job improvements. Many also believe they would benefit from further training[5].

The response rate at T2 post-training was lower than anticipated and could be improved by the presenters reminding attendees to complete the questions.

The MedTRiM team continue to make improvements in light of feedback but overall we believe these results show that MedTRiM is being delivered at the right level, to the right people, in an effective way.

> *"…quite simply the best CPD meeting I have been to… ever!"*
>
> Feedback from MedTRiM attendee 2017

Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) has recently formally evaluated the MedTRiM course[6].

---

[5] A MedTRiM strategic leader course is currently in development

[6] Webb, Katie 2018. *Enhancing frontline health professionals' resilience: MedTRiM – An evaluation of the effectiveness of a training programme to assist in improving the resilience of health professionals on the frontline of healthcare deliver.* [Project Report]. Cardiff University.

Appendix 1: Course Plan

MED TRiM

Session 1 – TRiM

09.00 Registration (09.30 Start) – 12.30

Intro: Why TRiM (what it is / what it is not)

TRiM in action - log book and resources

"I made a mistake" – case study

10 Risk Factors – when to do a TRiM assessment

How to conduct a TRIM Assessment
- Active listening
- Improved communication
- One month risk assessment

Lunch

Session 2 – Stress and its management

13.30 – 16.30

Stress
- Why
- What
- Work related
- Personal
- Trauma
- Signs
- Panic
- The neuroscience

Your personal prescription of resilience skills

Conclusion

DNA Definitive
Engaging your talent

Wales Deanery Deoniaeth Cymru

Appendix 2: DooPoll Questions

T1: Pre-training

The following principle provides the basis for this course:

• Performance can be enhanced and patient safety improved through developing the mental toughness of healthcare providers

You may believe in this deeply, or not at all. Rate its importance to you:

(Please tick one box only)

☐   I BELIEVE DEEPLY in this principle

☐   I BELIEVE in this principle

☐   I CAN ACCEPT this principle

☐   I DO NOT ACCEPT this principle

☐   I BELIEVE DEEPLY that this principle IS FLAWED

T2: Immediate Post-training

In regard to the course topics taught HOW ABLE ARE YOU to put what you've learned into practice on the job? *(Please tick one box only)*

☐   A. I'm NOT AT ALL ABLE to put the concepts into practice

☐   B. I have GENERAL AWARENESS of the concepts taught but I will need more training/practice/guidance/experience TO DO ACTUAL JOB TASKS using the concepts taught

☐   C. I am ABLE TO PERFORM ACTUAL JOB TASKS at a FULLY COMPETENT LEVEL is using the concepts taught

☐   D. I am ABLE TO PERFORM ACTUAL JOB TASKS at an EXPERT LEVEL is using the concepts taught

In regard to the concepts taught in the course how motivated WILL YOU BE to USE these skills in your work? *(Please tick one box only)*

☐   A. I will NOT MAKE THIS A PRIORITY when I get back to my day-to-day job

☐   B. I will make this a PRIORITY – BUT A LOW PRIORITY – when I get back to my day-to-day job

☐   C. I will make this a MODERATE PRIORITY when I get back to my day to day job

☐   D. I will make this a HIGH PRIORITY when I get back to my day-to-day job

☐   E. I will make this one of my HIGHEST PRIORITIES when I get back to my day-to-day job

Consider your baker's dozen for mental toughness, which top 3 skills will you implement as a result of today's training? *(Choose 3)*

☐ Turn threats into challenges

☐ Brain train - become more optimistic

☐ Gratitude diary

☐ DO physical exercise every day

☐ Take control - change your internal language

☐ Mindfulness/meditation every day

☐ Become a stress management expert

☐ Improve your decision making

☐ Ask for help - don't be afraid

☐ Learn to deal with conflict

☐ LEARN something new

☐ Take care of yourself (HALT)

☐ Smile

You've been given a copy of our new "Baker's Dozen of Mental Toughness" toolkit. Do you think you will make use of this?

☐ Yes

☐ No

Comment: (free text comment)

T3: Delayed (4 weeks after training)

In the training you took several weeks ago, you learned about the following topics:

- **Stress and its effects on performance**
- **Tools to develop your mental toughness and 'anti-fragility'**
- **Conducting a MedTRiM assessment**

Now that you've been back in the workplace for several weeks after taking the training, how well do you feel you understand the concepts that were taught in the course?

(Please tick one box only)

☐ A. I have some significant CONFUSIONS AND/OR BLIND SPOTS

☐ B. I have a BASIC FAMILIARITY with the concepts

☐   C. I have a SOLID UNDERSTANDING of the concepts

☐   D. I have a COMPREHENSIVE UNDERSTANDING of the concepts

☐   D. I have an EXPERT-LEVEL UNDERSTANDING of the concepts

Have you used what you learned in the training to make a significant improvement in your work?

(Please tick one box only)

☐   A. NO, and I DOUBT THAT I WILL USE what I learned

☐   B. NO, BUT I PROBABLY WILL USE what I learned

☐   C. NO, BUT I HAVE A SPECIFIC PLAN TO USE what I learned

☐   D. YES, I HAVE ALREADY USED what I learned

What obstacles, if any, have made it challenging to apply your learning?

(Choose as many as relevant)

☐   The learning content was not relevant to my current job

☐   I don't think the learning content is valid

☐   I don't see how making the changes will benefit me

☐   I don't know how to make the case for change

☐   I don't have the authority to make changes

☐   I'm not comfortable leading such a change effort

☐   I can't remember the learning content well enough

☐   I'm not sure I know enough to take the next steps

☐   I haven't had the time

☐   I have had higher priorities

☐   I have not had the resources

☐   The risk of making these changes is too high

☐   I'm still working to persuade management

☐   I'm still working to persuade my teammates

☐   I have been blocked by management

☐   Others around me don't support the changes

☐ Other

Consider your prescription for mental toughness, which skills have you used since the training?

(Choose as many as are relevant)

☐ Turn threats into challenges

☐ Brain train - become more optimistic

☐ Gratitude diary

☐ DO physical exercise every day

☐ Take control - change your internal language

☐ Mindfulness/meditation every day

☐ Become a stress management expert

☐ Improve your decision making

☐ Ask for help - don't be afraid

☐ Learn to deal with conflict

☐ LEARN something new

☐ Take care of yourself (HALT)

☐ Smile

☐ None

☐ All

The following principle provided the basis for this course:

> *Performance can be enhanced and patient safety improved through developing the mental toughness of healthcare providers*

You may believe in this deeply, or not at all. Rate its importance to you:

(Please tick one box only)

☐ A. I BELIEVE DEEPLY in this principle

☐ B. I BELIEVE in this principle

☐ C. I CAN ACCEPT this principle

☐ D. I DO NOT ACCEPT this principle

☐ E. I BELIEVE DEEPLY that this principle IS FLAWED