

Promoting Resilience in Physicians and Students

Teaching of Tomorrow

January 2022



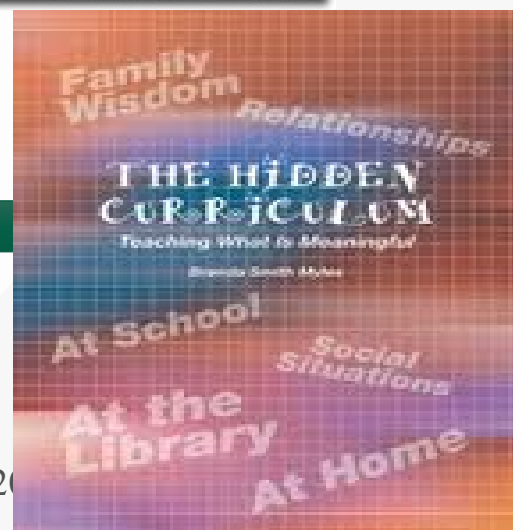
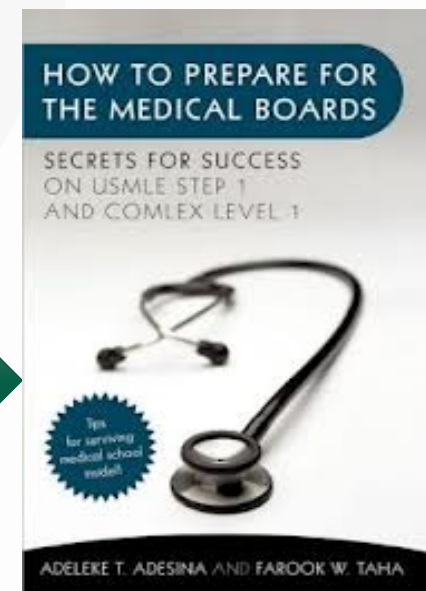
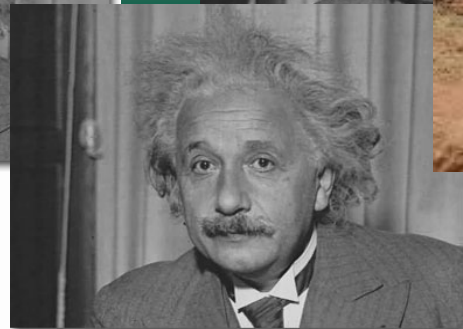
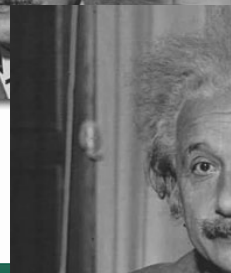
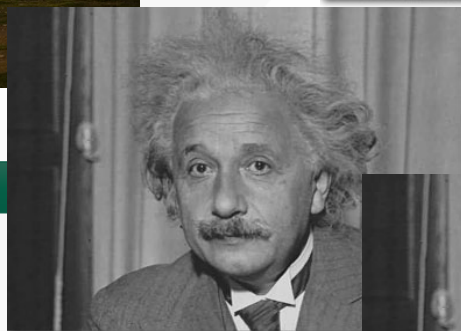
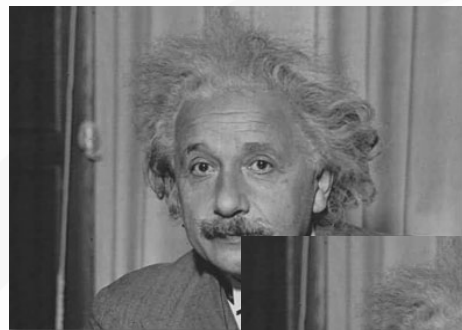
UMass Chan
MEDICAL SCHOOL

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Objectives

- Discuss burnout in students and clinicians
- Distinguish between well being and resilience
- Discuss and practice methods to promote mindfulness & resilience
- Consider the role of a clinician-educator as a way to build resilience





What is burnout?

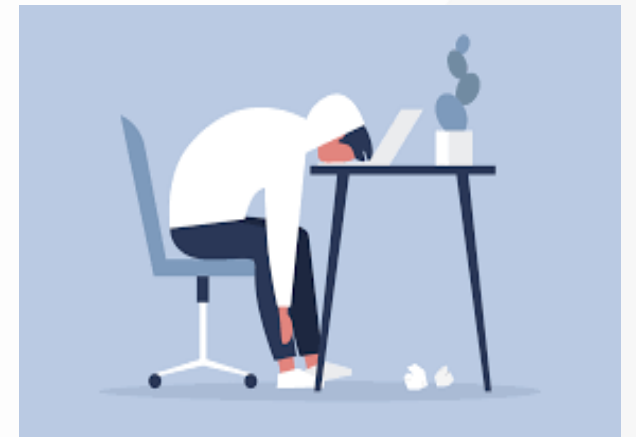
- Emotional exhaustion
 - Emotionally overextended and exhausted by work
- Depersonalization
 - Negative, cynical attitude, treating patients as objects
- Sense of low personal accomplishment
 - Feelings of incompetence, inefficiency & inadequacy
- Affects work life and relatively spares personal life
 - In contrast, depression affects *both* personal and work life



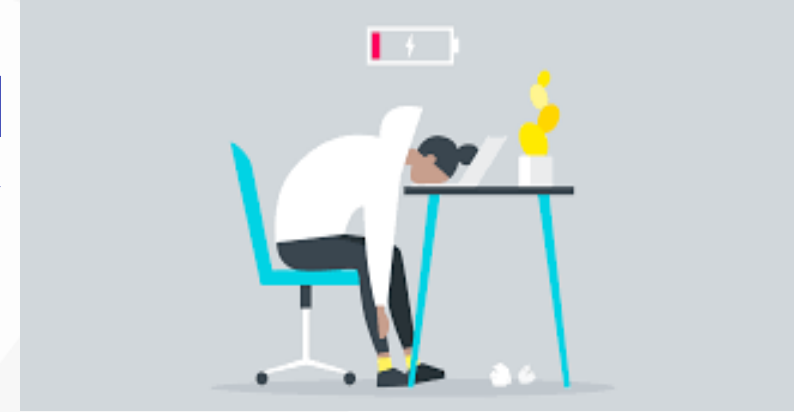
Burnout is Common

- 25% - 60% of practicing physicians (several), **54% in 2014**
- 76% of internal medicine residents (Shanafelt 2003)
- 45% of 3rd year students (Dyrbye 2006)
- 11% of nurses world-wide are burned out, with higher rates in ED and ICU (Woo 2020)

21-67% amongst mental health providers
(Dreison 2018)



Burnout has been measured in Training and Early Career



- Emotional exhaustion less likely in early career
 - EC physicians (39.6%) < residents (44.4%) and medical students-(44.6%)
- Depersonalization
 - EC physicians (37.7%) < medical students (37.9%)< residents/fellows (50.7%)
- Personal accomplishment increases with time
 - EC physicians (57%)>residents (48.5%) >medical students (31.3%)
- Depression screen positive in Medical students (58.2%)>residents/fellows (50.8%)>EC physicians (40.0%)
- All measures greater than age-matched controls

Dyrbe L et al. Acad Med. 2014;

89:1-9

Burnout has Impact



- Burned out medical students:
 - more likely to engage in unprofessional behavior
 - Have lower empathy scores, less altruistic views
- Burned out residents:
 - Deliver suboptimal care, more likely to commit errors
 - Have impaired concentration, cognition, skills acquisition and application

Burnout increases risk of changing specialty, leaving medicine, alcohol abuse and suicidal ideation

Well being and resilience hold different assumptions

Well being is the state of being happy, healthy, or prosperous
Merriam-Webster



Resilience is the ability to maintain personal and professional well being in the face of ongoing work stress and adversity

The difference between winners and losers is how they handle losing.

Rosabeth Moss Kanter, Harvard Business Review

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The Lost Pole

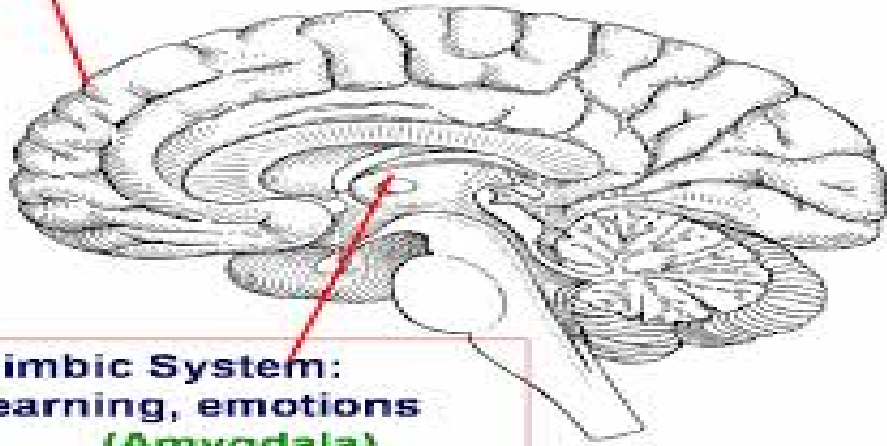




Resilience is hard work: Encountering unexpected and powerful events can be unsettling

- There is a “hidden curriculum” during the clinical years that is powerful for three reasons.
 - Foreign world; difficult, often overwhelming experiences.
 - Rules governing responses to these experiences are unclear.
 - Do beliefs and ideas with which they entered school still apply?
 - Take cues from behaviors they observe.
 - Events rarely discussed; students ascribe detachment and lack of caring to house staff and senior physicians.
 - Experiences frequently unacknowledged and unexplored.

Frontal Cortex:
decision-making, self-control



Limbic System:
learning, emotions
(Amygdala)

Unexpected and Powerful Events can change
the brain—a little detour

“Trauma of Clinical Work” and Neuroscience

PTSD

Functional magnetic resonance imaging (fMRI) tracks brain blood flow, shows that people with **PTSD** who are reminded of the trauma, tend to have an underactive prefrontal cortex and an overactive amygdala

Hippocampus (memory) and the anterior cingulate cortex (ACC), part of the prefrontal cortex involved in reasoning and decision-making shrink in PTSD

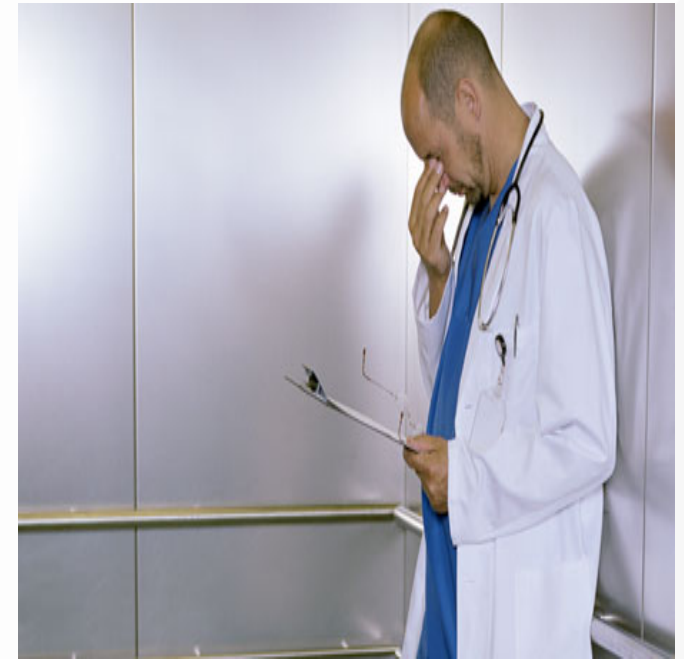
- When exposed to negative images that evoke disgust and fear (baby with tumor growing out of left eye) fMRI lights up in the amygdala
- More active Pre-frontal cortex inhibits amygdala
- Those with increased Left Pre-Frontal Cortex activity at baseline recover more quickly from negative feelings

MBSR decreased anxiety, increased left pre-frontal activation

What not to do...

When I get to the next phase...

An emphasis on personal solutions



Resilience entails

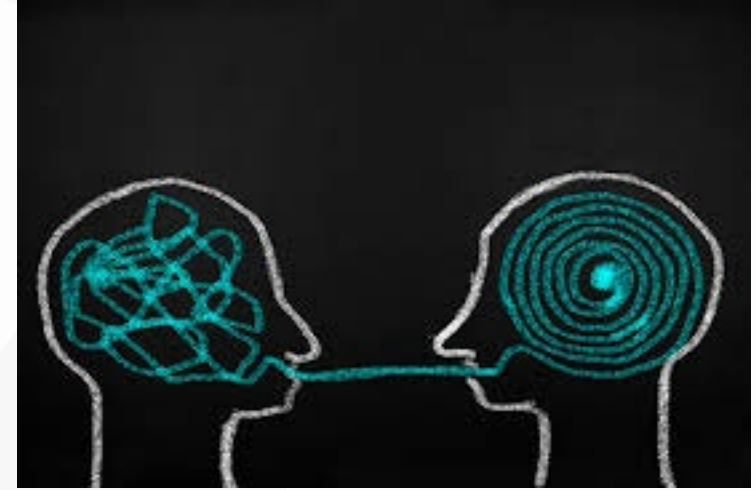


- Self Awareness and self monitoring
- Self Regulation and Engaged response to stressors
- **Public accountability, Communities of Care, and Health Care institutions**

Epstein and Krasner, Acad Med. 2013;88:301–303.

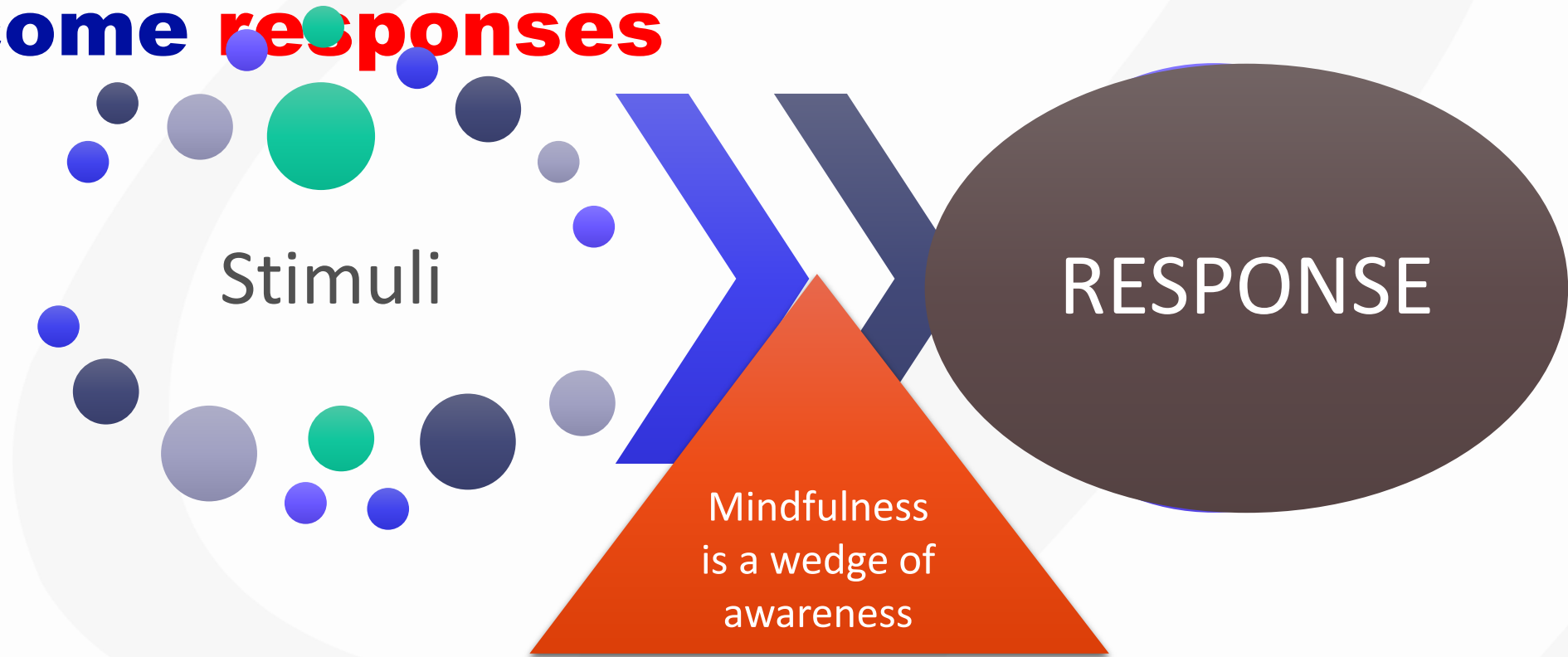
Mindful Communication Program has meaningful outcomes for Physicians

- 8 weeks
 - 2.5 hr weekly seminar
 - one 7 hour retreat focused on mindfulness meditation, narrative writing and appreciative inquiry exercises.
- Intervention group demonstrated improvements in reported mindfulness
 - decreased burnout (all 3 subscales)
 - less mood disturbance
 - increased conscientiousness
 - emotional stability



Krasner et al. JAMA 2009;302:1284-1293

Mindfulness is present moment awareness ... allows reactions to become responses



Become aware of our thoughts,
memories, judgments, bias,
emotions, bodily sensations

From Mindfulness to Mindful Practice: It is not about going to the mountain...

Mindfulness is the awareness that emerges by paying attention, on purpose, non-judgmentally to things as they are, in the present moment.



Mindful Practice-moment to moment purposeful attention to one's own physical and mental process during everyday work with the goal of practicing with clarity and compassion



The only Zen you can find on the tops of mountains is the Zen you bring up there.
Robert M. Pirsig via Jonathan

What We Need is Here

Geese appear high over us,
Pass, and the sky closes. Abandon,
As in love or sleep, holds
Them to their way, clear
In the ancient faith: what we need
Is here. And we pray, not
For new earth or heaven, but to be
Quiet in heart, and in eye,
Clear. What we need is here

Wendell Berry

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience; applies these factors across all health care professions, specialties, settings, and career stages; and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. In electronic form, the external and individual factors of the conceptual model are hyperlinked to corresponding landing pages on the Clinician Well-Being Knowledge Hub. The Clinician Well-Being Knowledge Hub provides additional information and resources. The conceptual model will be revised as the field develops and more information becomes available.



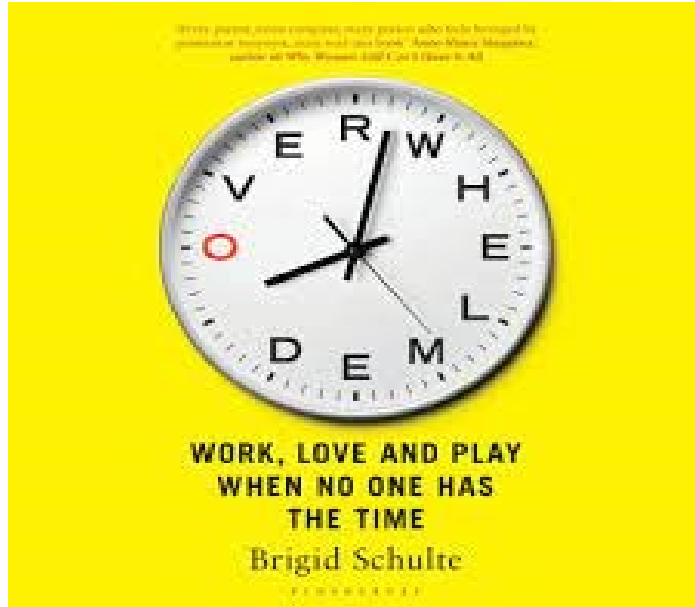
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A Reminder as we prepare to work...

- Resilience is a capacity that can be grown
- Well being is about engagement, not withdrawal
- Mindfulness is a community activity

An Approach...

Pauses & Pulses



Promoting physician resilience

- Promote **Self-awareness and Self-Management**
 - The ability to manage strong feelings and impulses
 - Good problem-solving and communication skills
 - **Mindfulness**, meditation, narrative writing
- Adopt a **positive world view**
 - A positive view of yourself; confidence in strengths/abilities
 - Feeling in control
 - Seeing yourself as resilient (rather than as a victim)
- Look for **meaning beyond oneself**
 - Helping others, finding positive meaning in your life despite difficult or traumatic events
- **Seek Support**
 - Close relationships with family and friends
 - Seeking help and resources in and out of workplace
- Develop **Coping and Self-Care Skills**
 - Coping with stress in healthy ways (exercise, treat depression, vacation) and avoiding harmful coping strategies (substance use)



Source: Shanafelt TD et al. 2003 and 2005, Horowitz 2003

Mindfulness Skills for Self Awareness and Self Management

- + Present moment/beginner's mind
- + Attention/engagement
- + Awareness/presence
- + Relationality
- + Curiosity
- + Self awareness
- + Self-regulation, self control, equanimity

In the Present Moment & with a Beginner's Mind, Take a breath...



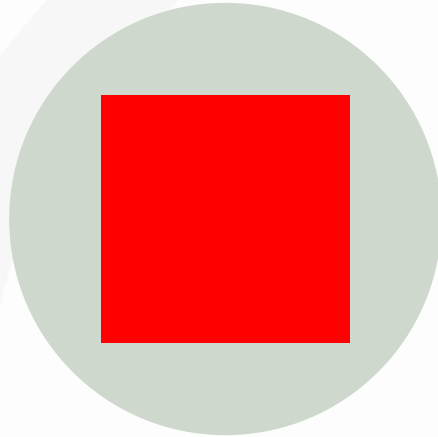
- **S**top what you are doing, step out of auto pilot
- **T**ake a breath, mindfully, 2-3 long, deep breaths
- **O**bserve what's happening with you right now—thoughts, feelings, sensations
- **P**roceed with awareness and kindness-now that you have stepped out of automatic pilot, you are free to choose how to respond, from a wider perspective

Attention/engagement/noticing



- Awareness & Presence
- Seeing the foreground AND the background

Mindfulness Skills-Attention and Engagement



NOTICING AND PAYING
ATTENTION-THREE MINUTES
OF RED



THE WANDERING MIND

Adopt a Positive world view

- Appreciative Inquiry (AI)
 - a change management approach that focuses on identifying what is working well, analyzing why it is working well and then doing more of it.
 - Basic tenet of AI is that an organization will grow in whichever direction that people in the organization focus their attention.
- Gratitude exercise

Consistent Gratitude has Outcomes

Access

Research

J Open Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness

J Bryan Sexton,^{1,2} Kathryn C Adair¹

Sexton JB, Adair KC. Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness. *BMJ Open* 2019;9:e022695. doi:10.1136/bmjopen-2019-022695

ABSTRACT

Objectives High rates of healthcare worker (HCW) burn-out have led many to label it an ‘epidemic’ urgently requiring interventions. This prospective pilot study examined the efficacy, feasibility and evaluation of the ‘Three Good Things’ (3GT) intervention for HCWs, and added burn-out and work-life balance to the set of well-being metrics.

Methods 228 HCWs participated in a prospective, repeated measures study of a web-based 15-day long

Strengths and limitations of this study

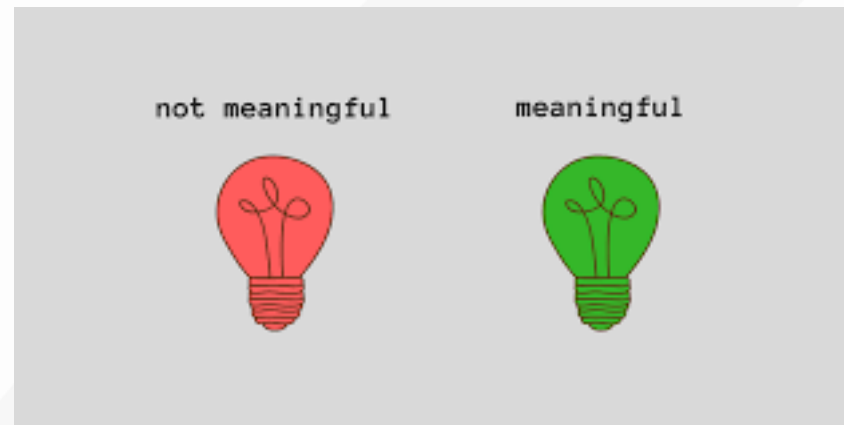
- ▶ This pilot study examined the efficacy of the Three Good Things intervention for healthcare worker well-being over four time points: at baseline and three postintervention follow-ups (1 month, 6 months and 12 months).
- ▶ Efficacy was assessed with four well-being measures: emotional exhaustion, depression symptoms,

months

Finding meaning in medicine

Why did you go to medical school?

Tell a story about a recent experience that reminded you why you went into medicine



Support



- Good mentoring, setting limits, administrative support
- Home
- Develop **healthy relationships**
 - Time with friends and family, supportive partner, support group
- **Take care of yourself**
 - Exercise, nutrition, treat depression, avoid intoxicants, vacation
- Reflective listening exercise and Relationality
- Debrief the experience

Stress and stress reduction

- What do you do for this?
- Does it re-charge you?



Is this a pause or a pulse?

Reflection & Self-awareness

- Depersonalization
- Catching yourself & noticing
- Buttered toast

Buttered Toast

While I tend to the toaster
My mother has dabbed butter
On all six sides of her sourdough,

I am angered by her manners.
Even before her dementia, she was
The immediate light to my darker passion.
So I get offended at her impropriety
As if manners were a thing that mattered in my family
While I really am angry at my inability
To make her happy, to stop her from losing her
Dignity, in front of strangers on the street, to save her

And when her brow is tense with frustration,
About food, or the plans for the rest of the day,
Or the inability to come up with any
Word at all, she really is afraid of dying
And sadly grieving the things she knew she lost
Though forgot the losing

But the butter moves into the nooks,
And onto the fingers of Miss Alameda County 1960.
And her eyes widen as she says
Oh, this is so good! And I try like the butter
To melt for both of us.

PJ Bonavitacola, UMMS Class of 2014

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Curiosity...Not judgement





Burnout

Resilience

Well being

Flourishing



So why resilience in a teaching conference?

Teaching as meaning making

“A burden shared is a burden halved”

David Whyte, The Three Marriages

Mary Oliver has something to say: Throwing you off your game— OR Day to day in Medicine

How do we address the organizational piece?

The journey

One day you finally knew
what you had to do, and began,
though the voices around you
kept shouting
their bad advice--
though the whole house
began to tremble
and you felt the old tug
at your ankles.
"Mend my life!"
each voice cried.
But you didn't stop.
You knew what you had to do,
though the wind pried
with its stiff fingers
at the very foundations,
though their melancholy
was terrible

It was already late
enough, and a wild night,
and the road full of fallen
branches and stones.

But little by little,
as you left their voices behind,
the stars began to burn
through the sheets of clouds,
and there was a new voice
which you slowly
recognized as your own,
that kept you company
as you strode deeper and deeper
into the world,
determined to do
the only thing you could do--
determined to save
the only life you could save.

Mary Oliver

Source: Oliver M. The journey. In: New and
Selected Poems: Volume One. 2005.
Beacon Press, Boston, MA.

©Mindful Practice Programs, University of Rochester, 2010

Comments, questions, and wrap-up

