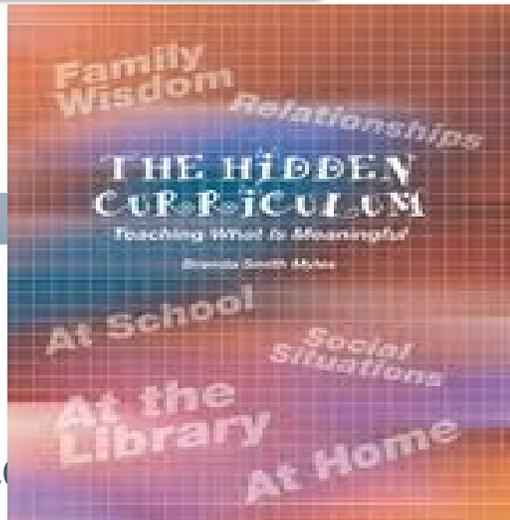
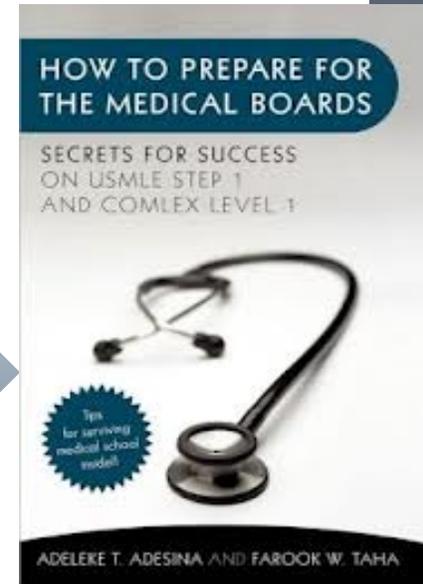
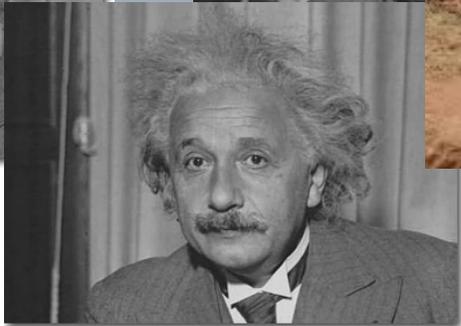
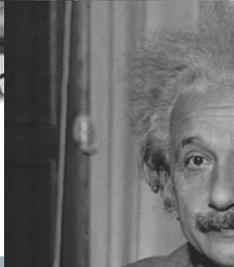
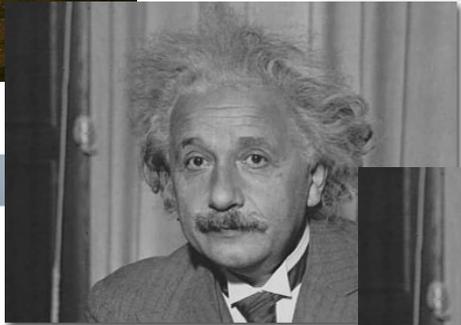
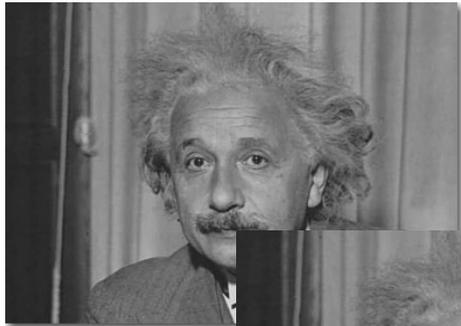


Promoting Resilience in Physicians and Students



Objectives

- › Discuss burnout in students and physicians
- › 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



©20

ent Center





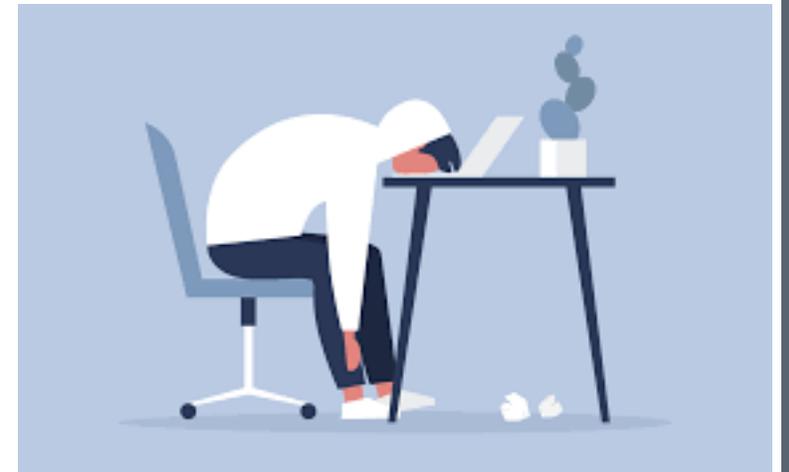
What is burnout?

- › 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

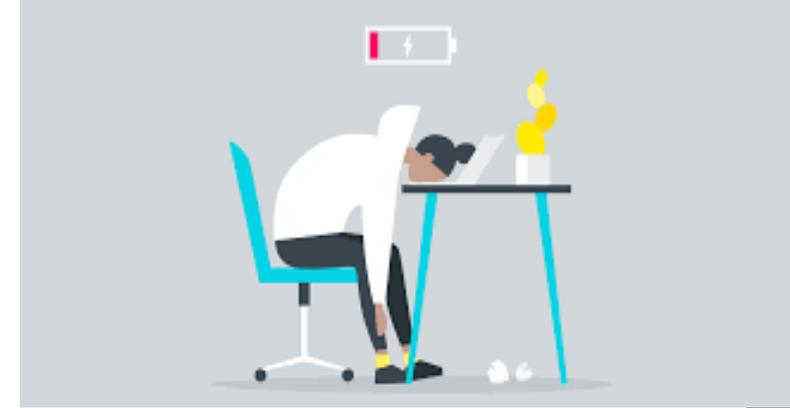


Burnout is common

- › 25% - 60% of practicing physicians (several), **54% in 2014**
- › 76% of internal medicine residents (Shanafelt 2003)
- › 45% of 3rd year students (Dyrbye 2006)



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
Meriam-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



The Lost Pole



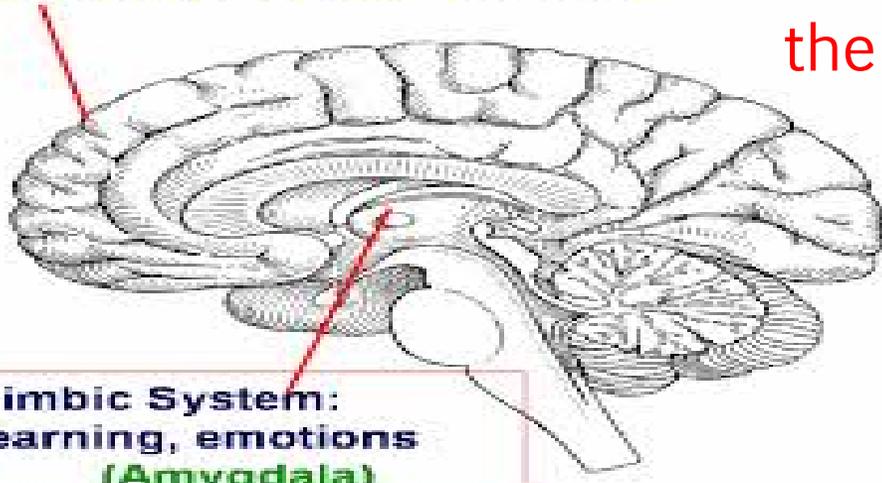


Resilience is hard work: Encountering unexpected and powerful events can be unsettling

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 3rd Year” and Neuroscience

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

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

MBSR decreased anxiety, increased left pre-frontal activation

What not to do...

When I get to the next phase...

An emphasis on personal solutions



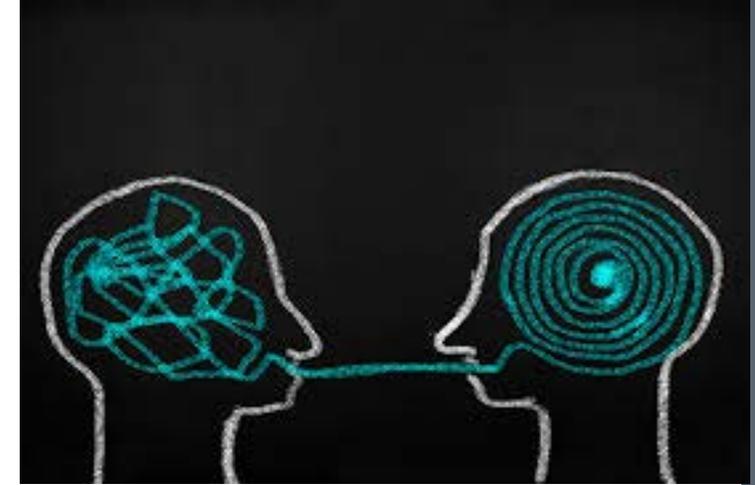
Resilience entails:



- › 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

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

Mindfulness is the awareness that emerges by paying attention, on purpose, to the present moment, non judgmentally



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

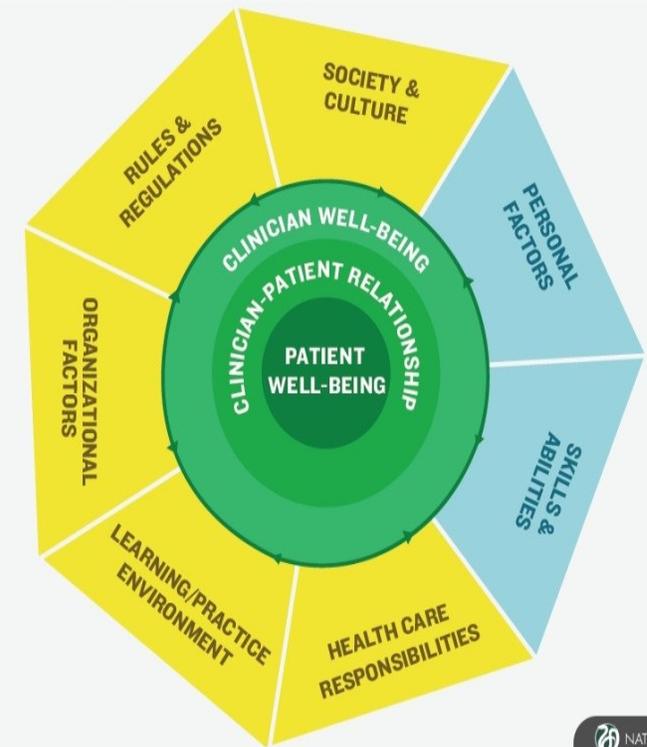
What We Need is Here

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.



Copyright 2018 National Academy of Sciences

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

Promoting physician resilience

- › 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)
- › Promote **Self-awareness and Self-Management**
 - The ability to manage strong feelings and impulses
 - Good problem-solving and communication skills
 - Mindfulness, meditation, narrative writing



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

Positive world view

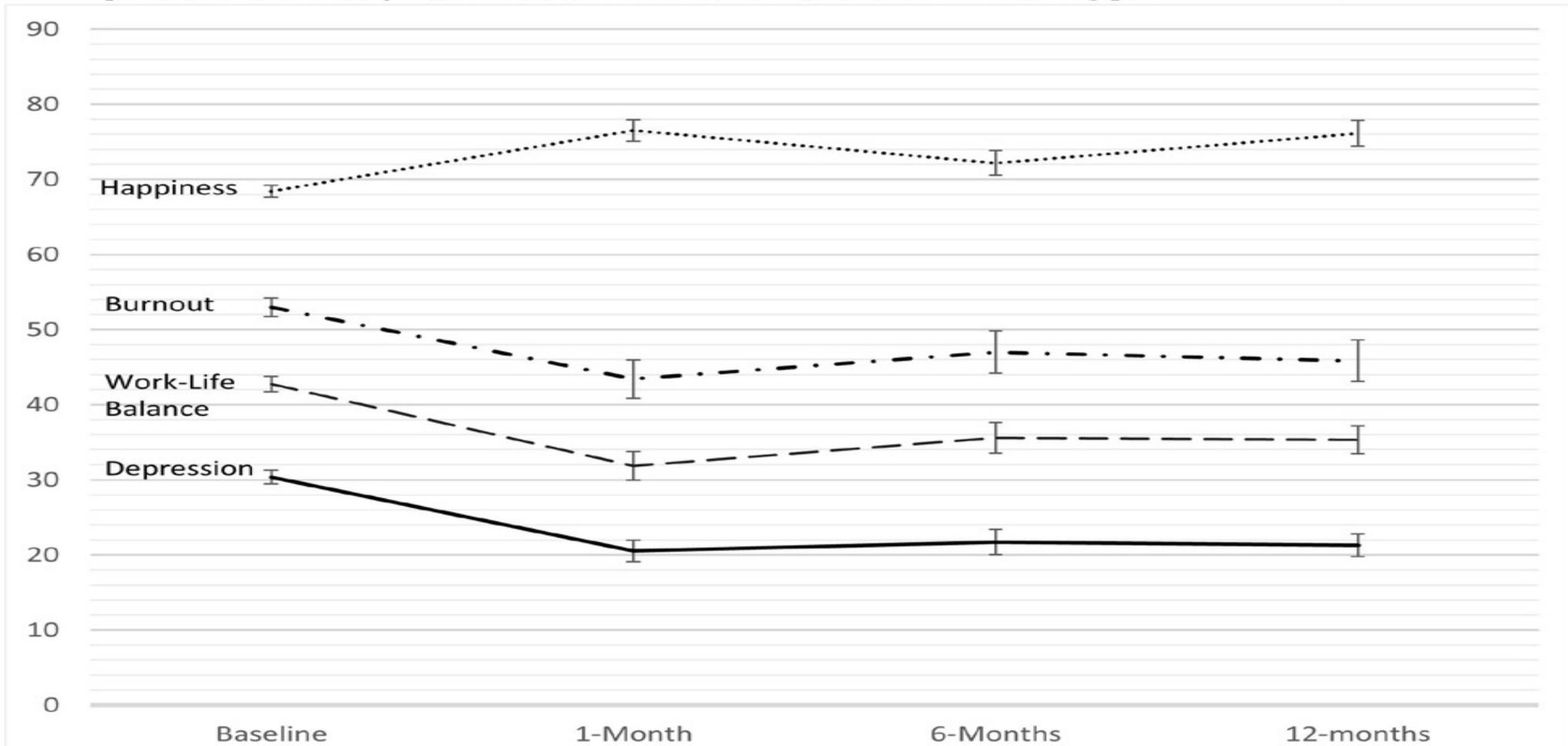
› Appreciative Inquiry (AI)

- 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

J Open Forty-five good things: a prospective pilot study of the Three Good Things



nexton J
good th
re pilot
Good T
rventio
ealthcar
exhaus
n, work
ness. E
22695. doi:10.1136/

method 220 rows participated in a prospective,

score: emotional exhaustion, depression symptoms

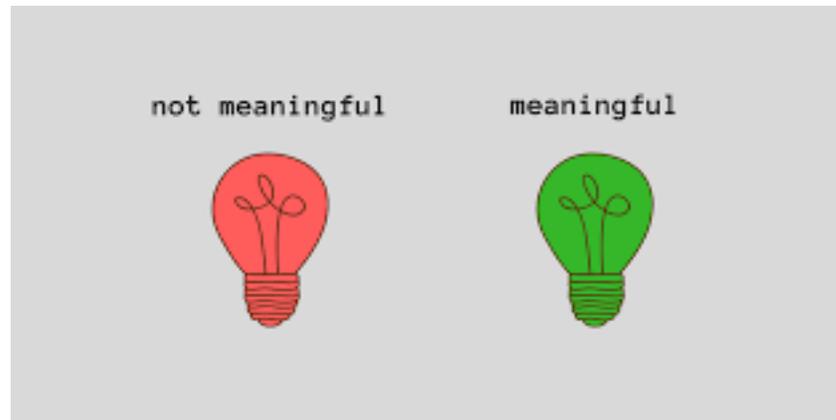
Mindfulness

- › Noticing and Paying Attention-Three Minutes of Red
- › The wandering mind

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
- Debrief the experience

Stress and stress reduction

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



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



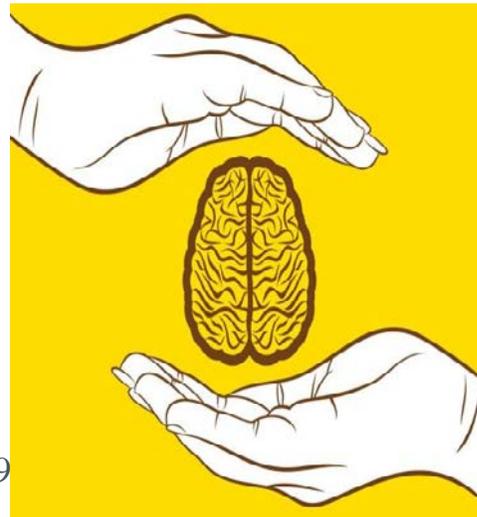
Burnout



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

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.

Comments, questions, and wrap-up

