

RESILIENCE

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Dr. Lee sees Marta, an 86 year old woman with COPD, in primary care clinic for a Medicare wellness visit. Marta is accompanied by her daughter. While they are discussing advance care planning, Marta shares that she would not want to be resuscitated or on life support. Dr. Lee documents this in the chart. A few weeks later, Marta has sudden respiratory failure and is intubated and admitted to the ICU. When Dr. Lee finds out, she realizes she had forgotten to complete a POLST form with Marta and worries the medical care Marta is getting is against her wishes. She calls Marta's daughter and talks to her about Marta's situation and offers support. She also talks with the ICU physician who explains that Marta is worsening and they're very concerned they won't be able to get her off the ventilator. Dr. Lee joins a family meeting by speaker phone and supports Marta's daughter in the decision to focus on Marta's comfort and honor her wishes by stopping ventilator support. Dr. Lee reaches out to Marta's daughter again after her death to offer condolences.

There is a new proposed "quadruple aim" in healthcare: reducing costs, improving population health, enhancing patient experience, *and improving clinician well-being*.¹ Our well-being influences how we care for patients, for ourselves, for our families, and for our colleagues.^{2,3} Burnout and depression are common among physicians and there is an urgent need to address these concerns and promote resilience.

Strengthening and maintaining resilience is a dynamic process that involves many internal and external assets and resources.⁴ Factors that can strengthen resilience include having self-compassion and expressing compassion for others, owning and learning from our failures, expressing gratitude, adaptability, robust personal and professional support systems, seeking necessary medical care including mental health care, having time for self-care activities, feeling competent in our work, and having access to sufficient resources for patient care.⁵ Processing any experiences of grief, loss, discrimination, and/or trauma is also essential to resilience.

In the example above, Dr. Lee demonstrated personal resilience skills by owning the possible consequences of not completing a POLST and reaching out to the patient's daughter to make sure the patient's wishes were honored and to express compassion.

Personal Resilience Skills

How do we develop and maintain resilience skills?

Self-care includes activities that promote and maintain well-being. Activities that accomplish this vary from person to person and from time to time. A recent study of medical students revealed 10 domains for self-care behaviors: nourishment, hygiene, intellectual and creative health, physical activity, spiritual care, balance and relaxation, time for loved ones, big picture goals, pleasure and outside activities, and hobbies.⁶

Here are some other examples of self-care activities, including what the authors and a medical student find helpful:

Dr. Bender	Dr. Marchand	Laurisa Rodrigues (MS4)
Spending time outdoors with family and friends	Mindfulness meditation before you start your day even if for only a few minutes. Make it a routine.	Spending time with friends or family not in medicine, or if they are in medicine agreeing to make one of your evenings completely free of medicine talk.
Watching TV shows and movies unrelated to medicine	Breath work. Long exhalation followed by natural expansion of belly with inhalation. Initiates relaxation response by activating parasympathetic nervous system.	Unwinding after a tough day with a TV show or movie and your favorite meal.
Debriefing challenging cases with colleagues	Pause, breathe, then proceed in a centered place with presence.	Debriefing with loved ones. Even if they aren't in medicine they often offer a unique perspective and support.
Reading books, newspaper articles and political/literary magazines	Create opportunities to discuss the emotional impact of work	Each morning write down three things you are grateful for (e.g. waking up, your family, a roof over your head, etc.) and/or each night write down three things you did well that day. Read them at the end of each week or when you need a pick me up. This can be especially helpful during tough rotations or on your tough days.
<ul style="list-style-type: none"> ▪ Photo projects ▪ Writing reflection articles with colleagues 	<ul style="list-style-type: none"> ▪ Self-reflective writing about anything that touches your heart or emotions. ▪ Journaling. 	<ul style="list-style-type: none"> ▪ Trying a new workout ▪ Reading a book just for fun even if you only read a chapter every few days. ▪ Spend time by the water.

Some self-care activities are important for everyone, including:

- Good sleep hygiene
- Good nutrition (but allowing yourself to indulge occasionally!)
- Exercise
- Activities that maintain important relationships and acknowledge losses

The Student Affairs Resource Website includes activities such as free yoga classes, a free massage program, a brown bag lunch series, family support activities for students with children, and stress relief sessions with certified therapy dogs.

Mutual care (care of ourselves and of each other) is an essential part of resilience. Many of the activities we typically think of as self-care can also foster relationships. We can reflect on the loss of a mutual patient, share art that we've created, or invite others to join us in a spiritual or meditative practice. In our daily lives, we can check in with each other, offer help or a break, and have reasonable expectations- and compassion- for ourselves and others.

Dr. Lee reached out to the ICU physician to discuss their mutual patient- which can be a form of mutual care. And supporting the patient's daughter and offering condolences is a way for Dr. Lee to care for herself and grieve the loss of her patient.

Dr. Lee worried that the patient may have received medical care that wasn't in line with her wishes in part because they hadn't completed a POLST. It is important to evaluate our work and strive to improve, but it is also important to be aware of our strengths. In "Letter to a Young Female Physician," Dr. Koven addresses the Imposter Syndrome that is common among physicians and a barrier to personal resilience. She writes,

*"My dear young colleague, you are not a fraud. You are a flawed and unique human being, with excellent training and an admirable sense of purpose. Your training and sense of purpose will serve you well. Your humanity will serve your patients even better."*⁷

Let's go into more detail about some self-care and mutual care activities that can improve personal resources:

- **Acknowledging and reflecting on losses.** We all experience loss in our lives– loss of loved ones, loss of relationships, major life changes and challenges. Reflecting on these losses and how we grieve them helps us deal with personal and professional losses in the future.

If you'd like to read more about clinicians reflecting on losses:

1. In "The Things We Have Lost," Dr. Jennifer Best, a UWSOM Faculty member, describes the challenges and losses associated with training in and practicing medicine. She suggests:

*"Let's give voice to our grief, mark it with tears, and, most importantly, own it as absolutely unique and worthy of time and honor."*⁸

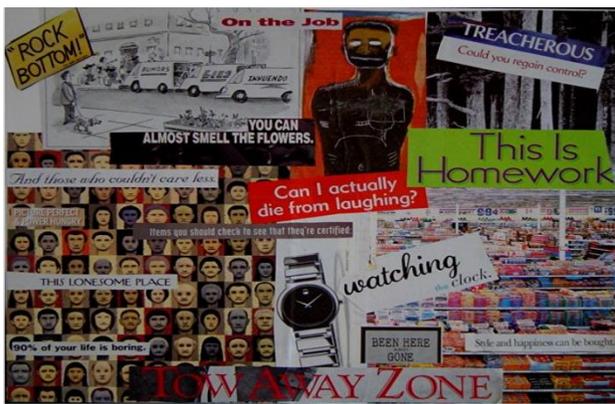
2. "Grieve and Light a Virtual Candle" reflects on losses we experience as clinicians and grief work as a component of resilience.⁹
3. In "Full Circle," Dr. Abu-Libdeh describes the grief of losing her brother to suicide months before starting residency.¹⁰

- **Practicing mindfulness.** Mindfulness involves bringing intention, presence, awareness, curiosity, being and doing, reflection to your life and work. There are Apps for your smart phone such as “Headspace” that can help with mindfulness. There are books, speakers, and workshops on mindfulness. The Student Affairs Resource Website includes information on courses for mindfulness and meditation.

- **Meditation, guided imagery, prayer, or other spiritual practices.** Many people do a combination of individual and group activities. There are apps available for some of these practices. “Insight Timer” is a free app for smart phone for meditation.

- **Reflective writing, journaling, storytelling, art, or music.** Some questions for daily reflection:¹¹
 - *What surprised me today?*
 - *What moved or touched me today?*
 - *What inspired me today?*
 - *What sustains me amid my intense and demanding work?*
 - *How do I take care of myself? What stands in my way?*
 - *Where can I express myself fully: my needs, fears, and hopes?*
 - *What one small step toward self-care am I willing to commit to this week?*

- **Contemplative practices can help us explore our deepest values** that allow for us to be more resilient in the face of suffering, difficulty and challenges. These practices include sitting or walking meditation, retreat, reflective writing and a favorite of Dr. Marchand’s is collage¹² (see examples below- the first in a moment of burnout and the 2nd a moment of finding meaning).



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- **Collective Advocacy.** In “To Fight Burnout, Organize,” author Bernstein (then a medical student) described the feeling of powerlessness that can occur when caring for marginalized patients and suggested that “collective advocacy to address the harmful social determinants of health can buoy physicians’ morale and thus be an act of self-care.”¹³

Clinician’s Self-Care (Alan Wolfelt, Center for Loss)

- As a clinician, I cannot avoid getting emotionally involved, nor would I want to. Active empathy allows me to be a supportive companion to others.
- I must remember I am responsible **to** others not **for** others.
- I must work to achieve practical goals for how I spend my time and to achieve a clear sense of expectations and realistic workloads.
- I must learn to listen to my gut when it says stop or tells me that I am over involved or out of balance.
- My work is only part of the total me.
- I am not the **only** one who can serve the patients.
- My family, my friends, my other interests and myself deserve my time and attention.
- I deserve to lead a joyful, whole life even in the midst of sorrow.

The Systems in Which We Work and Live

Systems-level problems that prevent us from providing the best care possible to our patients, both within the healthcare system in which we work and nationally, are a barrier to resilience and can cause moral distress. In the case of Dr. Lee, perhaps she forgot to complete a POLST with the patient because she was overbooked in clinic that day and behind schedule.

Workplace or school environment barriers to resilience can be most challenging to address and often require systems-level changes. A work or school environment that provides opportunities to debrief with supportive colleagues is a key component to resilience for many clinicians. Experiencing discrimination in the workplace or school is a barrier to resilience. Medical students, resident physicians, and practicing physicians have written about their experiences with racism and sexism and have proposed systems-level changes.¹⁵⁻²⁰

In “Breaking the Stigma—a Physician’s Perspective on Self-Care and Recovery,” Dr. Adam Hill shares his story of depression, suicidal thoughts, addiction, and recovery. He suggests breaking down the barriers to treatment and recovery by avoiding stereotyping and stigmatizing mental illness, emphasizing professionalism and patient safety, and being honest about our vulnerabilities.²¹

Conclusion

Resiliency is different than self care. Self care activities help us optimize our physical, emotional, social and spiritual well-being. They are practical and important in achieving resiliency, but not enough. When we are facing challenges, resiliency is finding a way through rather than a way out. Resiliency is tied to our most treasured values. When those values are trampled upon, we suffer, and we can burn out. Our deeply held values need to be protected and nurtured. Dr. Lee’s value of service to her patient helped her find a way to be resilient in a situation that could have resulted in less optimal care, self-criticism and burnout. Instead, she was self-forgiving, and reached out to her patient/ICU physician and the patient’s daughter through her sense of service and caring that probably was the foundation of her choosing to become a physician in the first place. Staying true to our values is one way of promoting our own resilience.

Additional Resources:

Resource	Contact/Website
UWSOM Medical Student Counseling and Wellness Service	https://www.uwmedicine.org/education/md-program/current-students/student-affairs/counseling-wellness
UWSOM Wellness Council	http://depts.washington.edu/givemed/magazine/2016/03/helping-students-decompress/
UWSOM Medical Student Wellness	https://www.uwmedicine.org/education/md-program/current-students/student-affairs/wellness-council
Center for Child and Family Well-Being (drop-in meditation, courses, workshops)	https://depts.washington.edu/ccfwb/events

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