

Possible Approaches to the Resilience Curriculum for the Preceptor:
Inform the medical student of the monograph, podcast, and reflection questions on Resilience.
Inform the medical student of opportunities for self-care in your community (parks, exercise facilities, movie theaters, etc.).
Share something about your experience with resilience, self-care, or work-life balance.
Use the Suggested Talking Points on Self-Care and Resilience (below) to facilitate a more in-depth discussion.

The approach used may vary by preceptor and/or by student. This is a challenging topic for many, since we all have times when we don't feel resilient. Constraints within the workplace environment and/or healthcare system are common barriers to self-care and resilience. These constraints may also make it difficult to find time to talk with students about this.

If you are able to have a discussion with the medical student, here are some Suggested Talking Points on Resiliency and Self-Care:

1. Share something about your experience with resiliency, self-care, or work-life balance. You could share your self-care activities during the work day and outside of work. Be careful to share only after you ask permission from the student to share your own experiences. Avoid giving your experience as a solution for them. For example: taking time for lunch, exercise, talking to a colleague about difficult patient cases, reflective writing, mindfulness, meditation.
2. Share what resources or tools help you feel competent and have a sense of flow in your work as you care for patients (where to get answers to clinical questions, EMR tips, Patient Decision Aids, how patients are scheduled, etc.).
3. Share some of the challenges in your workplace environment and/or the healthcare system that may be barriers to resiliency. In "Beyond Burnout—Redesigning Care to Restore Meaning and Sanity for Physicians" authors Drs. Wright and Katz describe burnout related to increasing clerical burden and programs that have been successful in decreasing rates of burnout.¹
4. Share a challenging experience in your training or practice- a failure, a medical error, a disappointment- and how you cope in these situations.
5. Discuss the sacrifices and losses involved in becoming a physician and practicing medicine. 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.² Students traveling to different WWAMI sites may find it challenging to re-calibrate and make self-care a priority.

6. Discuss the importance of acknowledging and reflecting on grief we experience from losses in our personal and professional lives and from public tragedies. “Grieve and Light a Virtual Candle” talks about these losses and grief work as a component of resiliency.³ In “Full Circle,” Dr. Abu-Libdeh describes the grief of losing her brother to suicide months before she started residency.⁴
7. Experiencing discrimination is a barrier to resiliency. Medical students, resident physicians, and practicing physicians have written about experiences with racism and sexism.⁵⁻⁸ Discuss how to respond to racist, sexist, or other inappropriate comments by patients, their families, staff, colleagues or others. In “Inappropriate Behavior by Patients and Their Families- Call It Out,” author Dr. Cowan offers these standard lines: “We don’t tolerate that kind of speech here,” “Let’s keep it professional,” and “I’m leaving because I don’t feel comfortable.”⁹
8. Discuss how advocacy work related to healthcare can contribute to resilience. In “To Fight Burnout, Organize,” author Eisenstein (then a medical student) described the feeling of powerlessness that can occur when caring for patients who are marginalized 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.”¹⁰

References

1. Wright AA, Katz IT. Beyond Burnout - Redesigning Care to Restore Meaning and Sanity for Physicians. *N Engl J Med*. 2018 Jan 25;378(4):309-311. doi: 10.1056/NEJMp1716845. PMID: 29365301.
2. Best JA. The Things We Have Lost. *JAMA*. 2016 Nov 8;316(18):1871-1872. doi: 10.1001/jama.2016.9954. PMID: 27825012.
3. Bender MA, Kummet C, Merel S. Grieve and Light a Virtual Candle. *J Palliat Med*. 2018 Jul;21(7):895-896. doi: 10.1089/jpm.2018.0031. PMID: 29975612.
4. Abu-Libdeh RA. Full Circle. *JAMA*. 2020 May 5;323(17):1724-1725. doi: 10.1001/jama.2020.3093. PMID: 32369156.
5. Mensah MO. Making All Lives Matter in Medicine From the Inside Out. *JAMA Intern Med*. 2017 Oct 1;177(10):1413-1414. doi: 10.1001/jamainternmed.2017.1981. PMID: 28846762.
6. Olayiwola JN. Racism in Medicine: Shifting the Power. *Ann Fam Med*. 2016 May;14(3):267-9. doi: 10.1370/afm.1932. PMID: 27184998; PMCID: PMC4868566.
7. Soklaridis S, Zahn C, Kuper A, Gillis D, Taylor VH, Whitehead C. Men's Fear of Mentoring in the #MeToo Era - What's at Stake for Academic Medicine? *N Engl J Med*. 2018 Dec 6;379(23):2270-2274. doi: 10.1056/NEJMms1805743. Epub 2018 Oct 3. PMID: 30281387.
8. Kost A. I'll Go First. *Fam Med*. 2018 Jun;50(6):474-475. doi: 10.22454/FamMed.2018.931530. PMID: 29933453.
9. Cowan AN. Inappropriate Behavior by Patients and Their Families-Call It Out. *JAMA Intern Med*. 2018 Nov 1;178(11):1441. doi: 10.1001/jamainternmed.2018.4348. PMID: 30208395.
10. Eisenstein L. To Fight Burnout, Organize. *N Engl J Med*. 2018 Aug 9;379(6):509-511. doi: 10.1056/NEJMp1803771. Epub 2018 Jun 20. PMID: 29924700.