

Resilience

Desirae Martinez, MD, Yasmin Curtis, MD, and Melissa Bender, MD, FAAHPM

Case Introduction

While on the General Surgery service, 3rd year medical student Sanam is caring for Mary, an 81-year-old woman who had an emergent right hemicolectomy for colitis complicated by colonic perforation. During Monday rounds, Sanam reports that stool appears to be leaking from the suture site. The Surgery resident's plan is to continue IV antibiotics, explaining that Mary has normal vital signs and an overall reassuring abdominal exam. Mary remains stable for the next few days.

On Friday Sanam receives a message from the nurse that stool is leaking from the entire suture site. The Surgery attending evaluates Mary and recommends an emergent exploratory laparotomy. During the long surgery, she is found to have a significant amount of stool throughout her abdomen from a large anastomotic leak, requiring a complicated repair.

A few days later, she remains intubated in the ICU without improvement. The Palliative Care team is consulted for a family meeting in which Mary's family decides to transition to comfort care, and Mary dies soon after ventilator withdrawal. Sanam feels devastated by the outcome and wonders what she could have done to help Mary sooner. She often did not feel part of the team, let alone feel confident enough to speak up, and her time was constantly divided by assignments in the OR and clinic, as well as studying for the shelf exam.

Resilience in Medicine

Our well-being and resilience influence how we care for patients, ourselves, our families, and our colleagues.^{1,2} Resilience, defined in health care as when personal resources can rise to meet work demands, allows us "to move forward and grow through adversity."³ Resilience is essential because as clinicians we experience loss and grief, encounter personal and professional challenges, and care for patients who are suffering, have inadequate access to healthcare, and other barriers to health.

Sanam recognizes that she'll need support to process what happened. She thinks about who she could talk to- her medical school mentor, a classmate who is a close friend, her sister who is in residency, or the Palliative Care social worker. She decides to start with her mentor.

More healthcare institutions are promoting clinician resilience and addressing burnout and depression. In March 2022, the U.S. Congress enacted the Dr. Lorna Breen Healthcare Provider Protection Act, which includes funding for programs and research with an aim improve the mental health of healthcare professionals.⁴

At the end of this monograph, we highlight some UW resources and apps. This curriculum also includes a podcast interview with cardiologist Dr. Anu Lala called "Heart to Heart" and Reflection Questions that will give you a chance to reflect on a patient interaction.

Factors that Promote Resilience

Self-Care includes activities that promote and maintain well-being. Activities that accomplish this vary from person to person and time to time.

Mutual care (care of ourselves and of each other) is an essential part of resilience. Many of the activities we think of as self-care can also strengthen 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.

Strengthening and maintaining resilience is a dynamic process that involves many internal and external assets and resources. Initially, institutional wellness programs focused on individual activities, practices, and characteristics. There has been more recent emphasis on external or contextual factors—having access to sufficient resources for patient care, opportunities for mentorship, peer support, work-duty flexibility, reduction of financial stresses, and addressing systemic racism and other forms of bias and discrimination.^{5,6}

If external factors that foster resilience are absent or inadequate, it is unlikely that many individuals will overcome this simply by doing self-care activities. Our individual practices are still an essential part of building and maintaining personal resilience.

Sanam drew upon her internal and external resources to seek help and debrief with her mentor. During the meeting they talk about Sanam's strengths and how she provided compassionate care to Mary. They also discuss what could have been done differently.

Domains of Resilience

Resilience skills and activities can be divided into 4 domains: cognitive, emotional, physical, and spiritual.⁷ We will go into more detail for each domain.

Domain	Resilience Skills	Examples
Cognitive	Identify personal strengths and core values	Each night write down 3 things you did well that day. Read them at the end of the week or when you need a pick me up.
	Find meaning and feel competent in our work	
	Make big picture goals	Debrief challenging cases with colleagues or with loved ones (even if they aren't in medicine they often offer a unique perspective and support). Volunteer activities
	Appreciative Inquiry: Discover, Dream, Design, Inquiry ³	

Practice

To help you identify core values and find your "why," try the Motivational Interviewing Network for Trainers value card sort exercise online.

<https://motivationalinterviewing.org/value-card-sort-online-game>

Sanam advocated for her patient by sharing important information during rounds and she worried that she should have done more. We can find more meaning in our work by advocating for better medical care for individual patients and for groups of patients- at our own institution, nationally or globally.

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.

“Collective advocacy to address the harmful social determinants of health can buoy physicians’ morale and thus be an act of self-care.”⁸

Practice

Watch the comedian Michael Jr.’s YouTube video below to see how your “why” impacts your “what.”



“Know Your Why” by Michael Jr.

<https://www.youtube.com/watch?v=1ytFB8TrkTo>

Domain	Resilience Skills	Examples
Emotional	Connect with personal and professional support systems	Spend time with family and friends; keeping some time free from talking about medicine
	Engage in grief work	Remember patients who have died with colleagues; process other losses and experiences of discrimination or trauma
	Practice self-compassion and express compassion for others	Own and learn from failures Express gratitude; each morning write down 3 things you are grateful for

Practice

Self-Compassion Break

Self-compassion is based on three values: (1) mindfulness, (2) common humanity, and (3) self-kindness. Research shows that people who are more self-compassionate are happier, less stressed, and more resilient.

Practice by thinking of a situation that is difficult and causes stress. Call the situation to mind and feel the emotional discomfort in your body. Now, say to yourself:

1. *“This is a moment of suffering.”*
2. *“Suffering is a part of the human experience.”*
3. *“May I be kind to myself in this moment”.⁹*

In taking a **self-compassion break**, Sanam reflects on the suffering she, her patient Mary, and Mary’s family experienced and how this is a part of the human experience.

Sanam also does **grief work** by talking with the Palliative Care social worker who attended Mary’s family meeting and they share what they had learned about patient Mary’s life and values.

“When we struggle, we give ourselves compassion not to feel better but because we feel bad.”⁹

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.^{10,11,12} In “The Things We Have Lost,” Dr. Jennifer Best. Dr. Best is UWSOM Faculty and describes the challenges and losses associated with training in and practicing medicine.

“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.”¹⁰

Bear Witness

Theresa Maatman, MD



Ann Intern Med. 2020;173:W10-W11. doi:10.7326/G19-0082
This article was published at Annals.org on 23 June 2020.

W10 © 2020 American College of Physicians

To read more about Suffering in Medicine:
<https://familymedicine.uw.edu/wp-content/uploads/2020/06/Suffering-Monograph.pdf>

Domain	Resilience Skills	Examples
Physical	<p>Exercise, nutrition, and sleep hygiene</p> <p>Preventative health practices</p> <p>Seek necessary medical care including mental health care</p>	<p>Take planned breaks for:</p> <ul style="list-style-type: none"> - Medical appointments - Going for walks & hiking - Spending time by the water - Watching a TV show or movie - Reading for fun - Hobbies

The next weekend Sanam takes a break from studying for the shelf exam and goes on a hike with a friend. They agree to not talk about medicine during their time together.

In “Suicide—Rewriting My Story,” Dr. Justin Bullock tells his story of seeking medical care for depression and suicidal thoughts during his intern year of residency.

“As I confront the shock, the pain, the guilt, and the revival of my own demons, I am determined to continue to fight for the remarkable, kind people whose voices were silenced too soon by mental illness—and for those who suffer in silence.”¹³

Domain	Resilience Skills	Examples
Spiritual	Explore the impact of individual purpose, culture, and faith.	Spiritual or religious practices, such as meditation, prayer, and other contemplative practices.

Sanam’s spiritual practices help give her strength and she is learning how to talk with patients about how their spirituality and religious practices give them strength and help them make medical decisions.

Practice
<p>10-minute body scan meditation: https://www.youtube.com/watch?v=obYJRMgrqOU</p> <p>One-moment meditation 5-minute video https://www.youtube.com/watch?v=YiC8ktpev30</p> <p>Mindbody Lab audio relaxation exercises: https://cmhc.utexas.edu/mindbodylab.html (scroll to the bottom).</p>

Factors that Hinder Resilience

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. 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.¹⁴⁻¹⁹

Sanam experienced attempting to integrate into a culture in which she lacked a sense of belonging, managing competing priorities, and learning more about systemic barriers to patient care. Her resilience is challenged as she seeks guidance from a mentor who may help alleviate suffering and help her grow as a clinician.

Conclusion

Self-care and mutual 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.

Sanam's commitment to patient care and self-growth help her find a way to be resilient in a situation that could have resulted in burnout. Instead, she demonstrates self-compassion and reaches out to her mentor, revealing the depth to which she cares which is likely 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.

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.

APPS

UCLA Mindful Awareness Research Center:

<http://marc.ucla.edu/mindful-meditations> or free
"UCLA Mindful" app on app store

Ten percent happier app:

<https://www.tenpercent.com/care> to sign up for free
medical student access

The apps Calm, Relax Melodies, and Headspace are
also recommended, but not free (Headspace has a
\$10/year student plan)

UWSOM Resources

RESOURCE	Contact/Website/More info
UWSOM Counseling and Wellness Service	https://education.uwmedicine.org/student-affairs/counseling-wellness/
UWSOM Student Organizations	https://education.uwmedicine.org/join-an-existing-uwsom-student-organization/ Service, Advocacy & Mentorship and Affinity Groups
UWSOM Medical Student Wellness	Students Affairs https://education.uwmedicine.org/student-affairs/ https://www.facebook.com/uwsomwellness
Center for Child and Family Well-Being	https://ccfwb.uw.edu/resources/
SafeCampus	https://www.washington.edu/safecampus/ Phone: 206-685-7233 Anonymously discuss safety and well-being concerns for yourself or others.
The Whole U	Events include meditation, webinars, running and walking plans, Tai Chi, and others: https://wholeu.admin.washington.edu/uwnetid/twuext/myevents.aspx Guided meditations led by UW Faculty and Staff: https://thewholeu.uw.edu/meditations/

Acknowledgements: Dr. Lucille Marchand, Dr. Susan Merel, and Dr. Laurisa Rodrigues

References

1. Dzau VJ, Kirch DG, Nasca TJ. To Care Is Human - Collectively Confronting the Clinician-Burnout Crisis. *N Engl J Med*. 2018 Jan 25;378(4):312-314. doi: 10.1056/NEJMp1715127. PMID: 29365296.
2. Murthy VH. Confronting Health Worker Burnout and Well-Being. *N Engl J Med*. 2022 Aug 18;387(7):577-579. doi: 10.1056/NEJMp2207252. Epub 2022 Jul 13. PMID: 35830683.
3. Feingold JH, Kaplan CA, Hart A, Waldman R, Kronman H, Brody J, Hargrove J, Hurtado A, Simon AB. We Get by With a Little Help From Our PEERS: The Practice Enhancement, Engagement, Resilience, and Support Program for Building Community and Well-Being in Medical Education. *Acad Med*. 2022 Jun 1;97(6):858-862. doi: 10.1097/ACM.0000000000004669. Epub 2022 Mar 15. PMID: 35294412.
4. Sindhu KK, Adashi EY. The Dr Lorna Breen Health Care Provider Protection Act: A Modest Step in the Right Direction. *JAMA Health Forum*. 2022 Sep 2;3(9):e223349. doi: 10.1001/jamahealthforum.2022.3349. PMID: 36218950.
5. Roberts LW. Moving Forward Through the Pandemic With Strength, Resilience, and Adaptation in Academic Medicine. *Acad Med*. 2022 Jul 1;97(7):935-937. doi: 10.1097/ACM.0000000000004708. Epub 2022 Jun 23. PMID: 35767395.

6. Dr. Anne Browning of the University of Washington's Resilience Lab's 2019 presentation "Building Strength for the Road Ahead."
7. Mugford H, O'Connor C, Danelson K, Popoli D. Medical Students' Perceptions and Retention of Skills From Active Resilience Training. *Fam Med*. 2022 Mar;54(3):213-215. doi: 10.22454/FamMed.2022.462706. PMID: 35303303.
8. 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.
9. Neff, K. & Germer, C. (2018). *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*. New York, NY: Guilford Press.
10. Best JA. The Things We Have Lost. *JAMA*. 2016 Nov 8;316(18):1871-1872. doi: 10.1001/jama.2016.9954. PMID: 27825012.
11. Bender MA, Kummert 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.
12. Abu-Libdeh RA. Full Circle. *JAMA*. 2020 May 5;323(17):1724-1725. doi: 10.1001/jama.2020.3093. PMID: 32369156.
13. Bullock JL. Suicide - Rewriting My Story. *N Engl J Med*. 2020 Mar 26;382(13):1196-1197. doi: 10.1056/NEJMp1917203. PMID: 32212517.
14. 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.
15. 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.
16. 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.
17. Kost A. I'll Go First. *Fam Med*. 2018 Jun;50(6):474-475. doi: 10.22454/FamMed.2018.931530. PMID: 29933453.
18. Paul DW Jr. Ghosts of Our Collective Subconscious - What Blackface in a Yearbook Photo Means for Medical Education. *N Engl J Med*. 2019 Aug 1;381(5):402-403. doi: 10.1056/NEJMp1902650. PMID: 31365797.
19. Kemet S. Insight Medicine Lacks - The Continuing Relevance of Henrietta Lacks. *N Engl J Med*. 2019 Aug 29;381(9):800-801. doi: 10.1056/NEJMp1905346. PMID: 31461594.
20. <https://www.centerforloss.com/>