

Part D: Introduction to Personal Wellness

## Discussion Guide: Introduction to Personal Wellness

### **Learning Objectives for this Section**

- 4.1** Wellness: definition and overview
- 4.2** Strategies: to maintain or regain one's composure or wellness
  - a. Immediate or "In the moment" strategies
  - b. Directly following an event or "intermission"
  - c. Long term strategies: occupational, approaches to life, emotional and cognitive, relationships, spirituality and self-care.
- 4.3** Use occupational strategies to maintain balance at work:
  - a. Learn to relax
  - b. Promote collegiality
  - c. Set limits
  - d. Establish good doctor-patient relationships
  - e. Transition from work to home
- 4.4** Practice healthy approaches to life that help one to:
  - a. Find meaning in one's work
  - b. Maintain humor
  - c. Keep perspective
  - d. Preserve time for play
  - e. Celebrate successes
  - f. Find daily release to let go of day's concerns
- 4.5** Practice emotional and cognitive strategies to maintain personal balance and resilience, including:
  - a. Ways to express emotions
  - b. Healthy ways to grieve in the face of loss
  - c. Time alone to reflect
  - d. Active debriefing and talking to others
  - e. Journaling
- 4.6** Build and sustain healthy and nurturing relationships with others: at home and work:
  - a. Connect with family and friends
  - b. Make family and friends a priority
  - c. Build a network of work relationships to serve as a second "family"

## **Resilience in the Face of Grief and Loss:**

*A Curriculum for Pediatric Learners*

---

Part D: Introduction to Personal Wellness

### **4.7** Seek refuge and support in spirituality or religion, in keeping with your personal beliefs

- a. Belief in something beyond oneself
- b. Find strength in a community of shared beliefs, values, and efforts
- c. Practice prayer or meditation

### **4.8** Practice self-care through:

- a. Healthy sleep hygiene
- b. Medical/mental health care
- c. Exercise/yoga
- d. Time in nature
- e. Relaxation and vacation
- f. Hobbies

*Relevant Milestones: PROF2, PROF4, PROF6, ICS2*

## **Introduction**

Wellness is more than the absence of disease. It has been defined as “a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle.” (Eickleberry-Hunt, 2009) Wellness includes being challenged, and thriving in both one’s personal and professional life.

Residency and fellowship training are demanding and stressful. How one responds to these demands will determine one’s well-being, leading to immense satisfaction and joy, or to “compassion fatigue” and burnout. (Serwint, 2004, B) Some physicians believe that addressing physician wellness or self-care reflects weakness or selfishness. But when learner wellness is ignored, the pressures of residency and fellowship can create fear, self-doubt, vulnerability to medical errors, and a sense of lack of control. These can result in alienation from one’s work, patients, colleagues, family, friends and self, leading to a sense of isolation. During medical school, residency and fellowship, individuals develop patterns of behavior, including interactions with patients, colleagues and self that may serve as their approach for the remainder of their careers. Typically, self-care is ignored. Drs. Eickleberry-Hunt and colleagues have described changing the culture in residency programs to a more positive environment, where it is encouraged to discuss burn-out, identify preventive measures and, thereby, create “a more positive, strength-based approach” to the pressures of residency. (Eickleberry-Hunt, 2009)

The Pediatrics Milestones Project emphasizes the importance of these concepts. They support the use of healthy coping mechanisms to respond to stress, and describe numerous sources of stress, such as “patient responsibilities, supervisory duties, patients with complex medical problems.” Listed also are healthy responses to stresses, such as “Pursuing personal awareness and participating in reflective practice.” The primary author of this section, Dr. Schumacher, stated that “developing and modeling healthy responses is vitally important.” (Pediatric Milestone Project)

Through the Pediatric Milestones Project, program directors and faculty will be evaluating residents on their ability to “demonstrate insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.” (We discuss the concept of emotional intelligence in detail later.) Another milestone states that residents need to develop a “self-awareness of one’s own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors.” (Pediatric Milestone Project)

Our goal is to help medical students, residents and fellows learn early in their careers how to maintain or regain a sense of wellbeing, skills that may benefit them throughout their careers. Medical student clerkships, residency and fellowship programs might consider appointing a faculty member to champion this topic and consider forming a Wellness Committee consisting of all involved stakeholders: faculty, fellows, resident and medical students.

## Wellness Strategies

Developing resilience strategies is key to our ongoing health. Many strategies exist but one size does not fit all. This is an individual journey that each individual must identify and cultivate the strategies that meet their needs.

The following discussion addresses the six objectives of Part D, which include strategies for maintaining personal wellness. (Miller 1999, Weiner, 2001, Jones 2005, Ludwig 2011, Serwint 2012) We will approach these as 1) immediate strategies which include in the moment or directly following an event and 2) long term strategies.

### Immediate Strategies

Immediate resilience strategies are needed when you are in the actual situation and may struggle to maintain composure and humanism both during the situation and immediately following the event.

#### In the Moment Strategies

These include strategies to develop your own self-awareness and to center yourself. If you are anticipating a challenging or emotional encounter, center yourself prior to entering the room. This centering may include a deep breath, a brief prayer, repetition of your commitment to patients, whatever seems to fit. Prepare yourself through imagery as to what may occur and develop scripts of how you may respond. This suggestion doesn't imply a "rote script" but rather a preparation and an anticipation of what the response of both the patient/family/colleague may be and your own response. Developing self-reflection skills is key in order to understand your own hot buttons and ways to modify your responses to maximize the most positive outcome of the encounter. Also important are skills to recognize other's trigger behaviors and mechanisms to respond effectively to them. For instance, if someone expresses anger, what is your immediate response and is that the most effective response? If someone expresses emotions, are you comfortable or do you find yourself withdrawing? Understanding your own reactions and practicing to respond in the most effective ways, i.e. strategies to assist de-escalation of anger, ability to comfort someone in sorrow, remaining present, striving to understand the emotion, are critical in the moment strategies. Being mindful and in the moment in recognizing your reaction and determining the reaction/emotions of others can be critical during a challenging encounter. Then, developing a way to pause to center yourself and compose yourself can help enhance your effectiveness. Sometimes humor, when well placed, can be helpful in navigating a difficult situation. If those strategies don't work or you feel you can't do it during the situation, then finding a way to step away from the situation to compose yourself, with the intent to return as soon as possible to then re-engage with the patient, family and the situation.

**Strategies directly following the event or during "the intermission"** include a variety of possibilities. These may involve going to the bathroom and splashing water on your face, going to a quiet room to meditate briefly, going outside if time permits to gain perspective, or reaching out to a valued colleague either by texting or in person. These brief pauses allow you to reach composure, gather your thoughts, determine next strategies and then return to the encounter to try to facilitate the best interaction.

Following the experience, a variety of strategies exist. Identify a valued colleague that you check in with, who is someone you can speak with in an unrestricted way. You may check images on your phone which contains calming pictures of loved ones to enhance your perspective. Perhaps your electronic password can be your mantra that reminds you of your mission each time you log into email or an electronic medical record. If working with a team, sharing the experience with the team in a respectful manner and naming the emotions that you experienced and those that the patient/family seemed to experience. Doing things like a brief yoga pose, such as the surrender pose or tree pose may help. In the workroom, singing a song, or having a dance party for several minutes. These strategies can both lighten the mood and also be a tension release. Doing something nice for yourself such as listening to music, getting tea or lunch with a friend, going for a walk in nature can be helpful.

## **Long Term Strategies**

While there is not currently an evidence base to these strategies, they have been suggested by multiple authors from different settings including hospice workers, primary care providers, and internal medicine residents to name a few. (Miller 1999, Weiner, 2001, Jones 2005, Ludwig 2011, Serwint 2012).

### **A. Occupational Strategies**

One needs to keep in mind that we are all lifelong learners. We need to honor the training process. Be gentle with yourself. Professional responsibilities and life demands will pressure you to push yourself too hard and to be impatient with yourself and your limitations. Learn to relax, to find a comfortable pace and to forgive yourself. You will need to learn this over and over again. It is important to establish good, healthy doctor-patient relationships. One needs to learn to set limits and say “no” when appropriate. Promoting collegiality and utilizing a team approach is beneficial for all members. Create a support network amongst your colleagues. Be there for them; ask them to be there for you. Seeking further education to prepare oneself for professional duties will minimize stress experienced about the adequacy of one’s knowledge base. (Lee, 2009; Schumacher D 2012)

Some strategies used by programs are “wellness rounds” on the inpatient setting, consisting of weekly rounds to address the wellness needs of the residents. These might include Psychiatry colleagues to help facilitate discussions of patient care that residents find emotionally challenging. Others have weekly “ice cream” rounds when a team takes 15 minutes in the afternoon for an ice cream break. One might consider beginning a lecture or meeting with appreciative inquiry, asking those present how things are going.

A harsh work environment will affect one’s well-being. It is important that our learners work in a safe, supportive environment. If this is not the case, they need a mechanism to voice their concerns and observations. This is institution dependent and the medical students, residents and fellows should be made aware of proper channels for follow for such concerns.

Develop a ritual of transition for leaving work at the office. Even though you are likely to carry your patients’ struggles with you after work, learn to formalize a transition from your professional to your personal life (a walk, a prayer, a brief period of meditation, listen to a particular piece of music, ritual of door closure, take a shower when you get home, etc.)

### **B. Approaches to Life**

**Reflective activities on finding meaning in one’s work.** Because of the responsibility, pressure and workload during residency training, a physician may lose sense of why she/he is in medicine. This can result in dissatisfaction, disillusionment, and burnout, which may lead to isolation from patients, colleagues and family. Finding meaning in one’s work may help a physician rediscover the joy in one’s work and the honor of the profession.

Reflective exercises are aimed at understanding why something happened. It can be transformative learning, because with reflection and feedback, one can reframe an experience and better understand both the experience and one’s values.

There are several ways to help medical students, residents and fellows discover meaning in their work. The groups may consist of faculty only, students, residents and fellows only, or a mix. Appropriate settings include a single didactic session or workshop, periodic retreats, or routinely scheduled sessions. While a single session or retreat may be effective in introducing or reinforcing concepts, the disadvantages of single sessions is the lack of building on past work or experiences with periodic reinforcement. Workshops or retreats should include some exercises, such as visualizations or verbal reflections in small groups. Longitudinal exercise sessions that occur monthly or quarterly are most effective. These small group sessions may consist of members of a continuity clinic group or a resident class. The groups may benefit from the presence of a faculty member, although it is important that this person serve as a facilitator, rather than dominate the discussion. These

## **Resilience in the Face of Grief and Loss:**

*A Curriculum for Pediatric Learners*

---

### Part D: Introduction to Personal Wellness

sessions should have the mantra of the wisdom of the crowds so that every participant's input is valued. For longitudinal experiences, the meetings do not have to be regimented but should be regularly scheduled, e.g., occurring at the end of each week or month with someone asking a question to initiate reflection. Such triggers might include:

1. Reflect on why you chose medicine as a career.
2. What keeps you, as a physician, going?
3. Think of a story that inspires you, such as an experience with a patient, family or colleague.
4. Did anything happen this week that touched or affected you? If so, in what way?

### **Videos can also be used to trigger discussions as can reading of narratives.**

The following small group and individual activities may be included in the reflective sessions:

1. *Finding Meaning in Medicine* groups were initiated by Rachel Remen. A small group of 2-12 individuals meets once a month to discuss a topic in medicine, such as "hope" or "grace." Everyone brings a story or poem about this topic. Individuals are invited to talk, but are not pressured to do so. (Remen, (A))
2. *Doctoring to Heal*: These are monthly discussion groups, usually 2 hours in length. Topics address existential and spiritual themes related to the work of physicians. The groups are voluntary, with an average size of 12 participants, so each person has a chance to talk. The group shares a meal, reflects on a clinically meaningful experience, and spends 10-15 minutes writing. To stimulate a balanced discussion, facilitators (usually two) may ask half to write from one perspective on topic, the other half write from the other perspective. Participants are then asked to share their narrative. Others simply listen. After everyone who wants to has read his or her story, the remainder of session is spent in discussion. (Rabow, 2001)
3. *Writing or Journaling*: Some individuals might prefer individual writing to meeting in small groups. An advantage to writing is that one can do this on one's own, so it feels safe and one can write without time limits. The disadvantages are that it may not get done, and one foregoes comfort in sharing ideas and knowing that one is not alone. Discussion with others and hearing additional viewpoints and reflections may help one reach some resolution of one's own conflicts. In critical reflection, a written narrative is reviewed by a faculty member or colleague who then offers feedback or facilitates additional discussion. (Wald, 2012) Individuals can share their journaling with a valued colleague, faculty member, or others in a group they have identified.

### **Helping Residents and Fellows Maintain Perspective.**

The intensity of our work can make maintaining perspective challenging at times. Maintaining perspectives helps to identify who you are in both your personal and professional lives. Who are you besides a physician? Losing one's perspective may manifest as: anger, frustration, depression, burn-out, poor personal habits, and decreased tolerance of patients, colleagues and family (see *Ill Dealing with Burnout*). Maintaining perspective can also assist health care providers to better understand the perspectives of others, such as patients, families or other disciplines which is essential to providing humanistic care. (Miller, 1999)

### **A few questions that address one's perspective include:**

1. How does one's perspective create or compound one's stress?
2. Is part of one's stress due to a personal perspective that believes one can do it all and be perfect? How might this lead to self-doubt?
3. Is your perspective working for you? Is it benefitting you or getting in your way? Be open to changing or enlarging your perspective (e.g., focus on healing rather than curing).
4. What do you do to help yourself maintain perspective (e.g., finding meaning in work, journaling, maintaining your sense of humor)?

## Resilience in the Face of Grief and Loss:

A Curriculum for Pediatric Learners

---

### Part D: Introduction to Personal Wellness

To help one regain one's perspective, consider having residents and faculty participate in the Maslach Burnout Inventory. (There is a cost for acquiring and scoring the inventory.) This alone, however, is not sufficient. Identifying where one is on a burnout scale is helpful, but the information gained needs to be reviewed and factors identified that will correct or mitigate the stressors present. Another option would include the completion of a compassion fatigue survey. Also, journaling and participating in *Finding Meaning in Medicine or Doctoring to Heal* groups may help one regain one's perspective. Several useful activities to help learners gain or maintain perspective follow. A variety of possibilities are provided because "one size does not fit all". An individual's trajectory to wellness is a personal journey and self-reflection will help to identify the best strategies for each individual.

- 1. Work-Life Balance:** Maintaining a balance between work and self is critical. To do this effectively, you need to set priorities: what is important in your life, at a particular time in your life. You need to be flexible because priorities will probably change as you progress through your career. (e.g., education, career, family, children, teaching). See also III. Dealing with Burnout.
- 2. Maintaining perspective.** Cultivate your commitment to helping, honoring the privileges of our profession: Remember to appreciate the precious intentions at the heart of helping. Take pride in serving humans. Encourage others to do so. See above: Reflective activities to find meaning in one's work, and reflective exercises in this section.
- 3. Regaining one's perspective.**
  - a. Consider completing the Maslach Burnout Inventory or Compassion Fatigue Survey to serve as a baseline or barometer.
  - b. Resident and fellow longitudinal small groups, such as a continuity clinic group or a class.
  - c. Individual advising. Every resident and fellow should have someone who offers career advising and assist with wellness strategies. This may be an official advisor or someone with whom the resident or fellow self identifies.
  - d. Counseling. Some residents and fellows might also benefit from mental health counseling to assist with strategies of addressing stress in their jobs. Ask for and accept comfort, help, and counsel. Find teachers and counselors whom you can talk to and trust. Give yourself permission to be cared for and counseled.
- 4. Maintain sense of humor:** Remember to laugh in daily interactions, at movies, and when spending time with family and friends. Learn to not take yourself too seriously.
- 5. Remember to play:** Engage in sports, exercise, hobbies, spend time with family or friends. For a particular training program, list sports available in area, i.e., bicycle trails, professional sports, climbing walls, etc. Organize community-building activities within the residency program. Enjoy yourself: Play, adopt a pet, visit parks where there are children, families and elders, whistle, dance, giggle, kiss, and smile at others. Practice peace with everyone, beginning with yourself.
- 6. Celebrate successes:** Even small successes should be celebrated. Celebrate the professional interactions that go well, impromptu acknowledgements, personal goals that are reached, and opportunities to share positive feedback. One program routinely encourages positive feedback, and at end of year, advisors gather positive comments made about each resident and share them with residents.
- 7. Daily release:** Take time to decompress, letting go of concerns via exercise, meditation, yoga, writing, music, dance. Specific routines can be effective such as listening to a particular song at the end of the day, yelling in the car on the way home to release stress, showering when get home to release the worries of the day or talking with friends/colleagues. Programs can list classes or sports available in area.

### **C. Emotional and Cognitive Approaches**

Emotional Intelligence (EI) is “an ability to recognize the meanings of emotions and their relationships, and to reason and problem-solve on the basis of them. Emotional intelligence allows one to perceive emotions, assimilate emotion-related feelings, understand the information of those emotions, and manage them.” (Mayer, 1999)

In professions outside of health care, emotional intelligence has been shown to be related to increased productivity, job satisfaction and academic success. One study by Weng found a positive correlation between a physician’s emotional intelligence, age and experience. In other words, older, more experienced physicians tended to have higher emotional intelligence. (Weng A) Another study by Oginska-Bulik found a negative correlation between emotional intelligence and the ability to cope with stress and maintain well-being. (Oginska-Bulik) One review cited that higher emotional intelligence was positively associated with more compassionate and empathetic patient care, more effective coping of pressure and leadership, and improved teamwork. (Arora, 2010) Being able to regulate one’s emotional response can be important in controlling or minimizing stress and subsequent burnout.

**Dealing with critical incidents.** Critical incidents may affect how a resident and faculty member perceives him or herself. These incidents may lead one to feel sad, angry, disappointed, guilty or inadequate. If one avoids addressing this problem, one can start to feel distanced from families and patients and risk burnout. Distancing from families also contributes to the family’s dissatisfaction with care, and can contribute to the physician family interaction becoming a less rewarding experience. It is important to teach residents how to recognize and address emotions and reactions to critical medical events, and encourage them to talk to colleagues and remain connected to their patients and themselves. (Serwint, A, 2000) Health care providers may want to plan ahead as to how they can address these issues.

- 1. Didactic sessions or workshops:** Small group discussions, can be used to discuss ways to express emotions and conduct exercises. Videos as trigger tapes to begin discussions or role-playing can be helpful. Using a narrative such as the Code or Dr. Serwint’s article “Physicians must address emotional toll of patient’s death” (Serwint, 2004, C) may prompt further discussion by individuals and enhance their comfort level in sharing personal experiences.
- 2. Activity on grieving losses:** An activity on grieving losses can be done solo by journaling or as a group by debriefing with other residents, an attending, or a faculty advisor. If the resident chooses to reflect alone, reflection can be written (journaling). If a faculty member has asked a trainee to write a reflective piece, the faculty might consider giving feedback, using one of the several rubrics available to address focus, personal engagement, perspectives and transformation or commitment to change. (Wald, 2012)
- 3. Debriefing:** Debriefing was developed in the military for soldiers after battle. It provides the opportunity to initiate a dialogue about the event and the emotions involved. Both during and after a critical incident, physicians are subject to many emotions, such as guilt, sadness, anger, or a sense of inadequacy. It is important to provide a safe environment for trainees and all disciplines who are involved to talk about their thoughts and feelings with trusted colleagues and faculty, to help them understand their emotions and protect themselves from burnout. Allowing colleagues to talk about their experiences lessens their burden and helps them to integrate the experience. If presented with a similar experience in the future, they may have additional insights and skills to be better able to handle the situation. (Serwint, 2004, B)
- 4. Debriefing sessions can include a discussion of the events and review of various perspectives of those involved.** A review of the events is oftentimes helpful to reflect on decisions that were made and determine if other courses of action could or should have been considered. Restrictions on the review of medical decision making may vary by institution due to whether these dialogues are discoverable and need to be reported to institutional officials should a medical error have been committed. However, debriefings immediately after the event or shortly after are often times needed to support colleagues. A focus on the emotional responses to the event is essential and this component is not discoverable. Allow residents and fellows to discuss their perceptions and emotions. Honor the child. Honor the family. Honor the relationship of the physician and patient. Honor the medical providers. A skilled facilitator (physician, social worker or anyone else

## **Resilience in the Face of Grief and Loss:**

*A Curriculum for Pediatric Learners*

---

### Part D: Introduction to Personal Wellness

who has experience with debriefing) can turn a tragic experience for the medical team and/or trainee into a valuable learning experience, where the trainee is able to appreciate his /her role, discuss fears, put it into perspective, and integrate the experience. (Serwint, 2004 B; Serwint, 2004 C))

5. *Debriefing can occur as needed.* Debriefing following a critical incident allows those involved to discuss what happened and one's emotional response to it. This debriefing can take place immediately after the event, the next day or both time frames. The immediate debriefing allows acknowledgement and oftentimes facilitates the person returning to work. Debriefing the next day allows some time for reflection and thinking about the events. Debriefings can also occur routinely, at the end of every week or during rotations or on units where life altering events occur more frequently (oncology unit, PICU, NICU). There are probably incidents occurring weekly that might benefit from discussion. If the trainee is experiencing strong emotions (depression, anger, difficulty sleeping or functioning) involvement or referral to a mental health professional may be beneficial. (Section C, Module 6 is a Facilitator's Guide to Senior Resident Debriefing.) It is critical that supervisors are aware of institutional resources and reasons for referral.
6. *Write about incidents that have affected the individual.* Encourage residents to write down their stories. Rachel Remen, M.D. at her workshops on physician burnout suggests this exercise: at the end of a day, look back and ask "What surprised me today?" Write down the answer. Look back over the day and ask "What touched me today?" Write down the answer. Look back over your day once again and ask "What inspired me today?" Write down the answer. Then take time to reflect. (Remen, 2000 B)
7. *Mechanisms to address stress or frustration:* Faculty members, chief residents, advisors or mentors can (a) lead resident support groups that meet routinely, or (b) reach out to colleagues who may be struggling.

### **D. Relationships with Others**

One important aspect of wellness during residency and throughout one's career is maintaining connections with partner, spouse, children, family, and friends. Residents and fellows should be encouraged to protect family time and be able to say "no" when extra work affects time with family. Compassion and support of others should be encouraged, supported and praised. Cherish your friendships and intimacy with family: call them, send them notes, buy flowers, invite laughter, and allow tears. Again and again, say some of the most important words in any language: "I love you", "please", "thank you", "I am sorry", "I forgive you".

Maintaining relationships with work colleagues is equally important. Developing a social network at work can enhance work satisfaction and provide needed support. The creation of a community of caring allows all of us who work in our profession (both rewarding but at times challenging) to support each other. Recognizing when a colleague may be struggling and taking the time to reach out is a way of paying it forward and also contributes to the creation of a supportive environment. (Serwint, AAP news, 2004)

### **E. Spirituality and Religion**

Spirituality is defined as a belief in something bigger than oneself. An individual's spirituality should be encouraged and supported. Reflecting on deep philosophical questions that arise in the practice of medicine may help one to put one's work into a larger context. (Jensen, 2008) One study involving residents from pediatrics, internal medicine, internal medicine/pediatrics and family medicine programs at a large institution revealed that more severe depressive symptoms were associated with residency type, poorer religious coping, greater spiritual support seeking, and worse spiritual well-being. (Luckhaupt, 2006) Acknowledging the spirituality of families is also critical in our work. See Part A: Understanding Grief and Loss in Children and Their Families.

## **F. Promotion of Self-care**

Self-care can include multiple concepts, including a wellness plan and strategies to enhance personal health. A wellness plan includes delineation of strategies in both the immediate (in-the-moment) and long term that will help the individual address the inevitable challenges inherent in health care.

An important area of focus for training program is how to support trainees who are struggling and help them to better integrate their experiences and get back on track. The program director, advisor and/or mentor should be available to talk and offer guidance. If there are personal problems interfering with trainees' performance of their duties, then social workers/therapists, psychologists, or psychiatrists should be made available.

Long-term well-being. Maintaining the joy and passion of practicing pediatrics, despite the inevitable stresses, is a long-term challenge that can be met by developing proactive, healthy life habits, including:

1. Awareness of personal physical and mental health. This may include making sure you have a primary care provider, seek medical care when indicated, not work when ill and seeking mental health assistance when needed.
2. Optimizing nutrition and sleep and addressing this within the wellness plan.
3. Relaxation, vacation, time in nature.
4. Hobbies: music, dance, sports, yoga, gardening, photography or crafts, etc.
5. Prioritizing time for self, partner, family, friends.

Many apps exist that address health and well-being. Apps, such as those that help with organization (eg. Evernote), exercise, yoga, meditation, nutritious meals some might find beneficial. Many are free, have a onetime only fee, others have a monthly fee.

## **Dealing With Burnout**

Burnout is defined as emotional exhaustion and depersonalization, and is a common experience for many residents and fellows at some time in their training. An article by Lefebvre on resident wellness states that 74% of pediatric residents experience burnout. Residents who experience burnout create a distance between themselves and their patients and job, have a low sense of personal accomplishment, are vulnerable to medical errors, and may put patient safety at risk. Resident or physician burnout can result in depression, suicidal tendencies, substance abuse and medical illness. (McCray, 2008) Loss of one's perspective may manifest as anger, frustration, depression, burnout, poor personal habits, and decreased tolerance of patients, colleagues, and family. (Consider having residents take the Maslach Burnout Inventory, fee associated with testing.)

**Helping trainees deal with burnout.** Discussion groups or workshops offer a good setting for discussion. These can provide protected time for colleagues to spend time together, which in itself can help to protect against burnout.

1. *Workshops on work-life balance:* "If all the knowledge and advice about how to beat burnout could be summarized in one word, that word would be "balance"—balance between giving and getting, between stress and calm, between work and home." (Maslach) Trainees need to learn to work smarter, not harder, and take care of themselves by eating meals, taking breaks, slowing down, and taking things less personally. Exercise is a positive intervention and use of Fitbit or other mechanisms to better understand your own exercise habits may be beneficial.
2. *Videos that can be used to trigger discussion* including you tube videos: Physician Burn-Out – The Silent Epidemic", "Resiliency Training for Physicians: How to Manage Stress and Avoid Burnout", "Preventing Burnout" UW Dept of Family Medicine. (See Part D Key References)

3. *Reflection on "Why am I in medicine?"* This could be addressed through a written or a verbal reflection.
4. *Resident and fellow retreats or workshops* can help to develop and maintain relationships between colleagues, friends and partners. These may be used to address topics such as time management, sleep hygiene, and how to develop and maintain relationships.

**Emotional Intelligence (EI) training to fight burnout:** Daniel Goleman has stated that Emotional Intelligence is not static but is learned. (Goleman, 1998) Emotional intelligence has been found to be an effective antidote to burnout. Higher Emotional Intelligence (EI) scores over time result in improved performance, and decreased resident burnout.

**Emotional Intelligence training might include:**

1. *Personal Work:* using mentors, books, attending seminars, exercises.
2. *Mindfulness-based Stress Reduction Program:* Consider creating a Mindfulness Meditation workshop or group. Ronald Epstein defined mindful practitioners as those who attend "in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks." They utilize critical self-reflection to "listen attentively to patients' distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so they can act with compassion, technical competence, presence and insight." (Epstein, 1999) Mindfulness meditation is "a formal discipline that attempts to create greater awareness and consequently greater insight in the practitioner." It is more than the typical one-pointed meditation many are familiar with. In mindfulness meditation, one is aware of all experiences, "moment to moment," "paying attention on purpose." The attention is open, nonjudgmental, compassionate, and gentle. (Epstein, 1999) Mindfulness will facilitate the ability to be "present" with our patients.
3. *Stress Reduction and Relaxation Program:* This is a specific 8-week mindfulness-based intervention, which takes 2.5 hours per week, is based on a program developed by Kabat-Zinn and colleagues at the University of Massachusetts. The program consists of sitting meditation (being aware of body sensations, thoughts, emotions, breath); body scan (attention of body from toes to head); and Hatha Yoga (stretches and postures, mindful breathing; loving-kindness and forgiveness meditation; experiential exercises cultivating listening skills and empathy. Mindfulness is incorporated into all exercises. The program has been shown to decrease depression and anxiety, and increase empathy, and it may enhance personal insight and well-being. (Shapiro, 1998)
4. *Meditation practice:* The key aspects of meditation practice are: 1) group format; 2) emphasis on non-goal orientation; 3) expectation of relief; 4) active engagement in activities and responsibility for outcome; 5) significant time commitment; 6) various meditation techniques; 7) didactics; 8) finite duration; and 9) expectation to continue practice after program has been completed. Instructors for this program need to be trained over a number of years. (Irvine, 2009)

**Building Trainee Resiliency.** The following approaches are recommended to help medical students, residents and fellows maintain perspective on their work and thus avoid burnout:

1. *Attitudes and perspectives:* Value the role of a physician, maintain interest in your work and patients, develop self-awareness, and accept personal limitations. Know yourself, particularly, how you respond to stress and strategies that are effective to you to reduce stress when it occurs.
2. *Balance and prioritization:* Set limits, develop effective approaches to professional development, and honor yourself by taking care of yourself.
3. *Supportive relationships:* Build positive, supportive personal and professional relationships, and practice good communication to maintain them. Residency programs should develop community building strategies and activities such as social events, group sports activities, dinners.

## **Resilience in the Face of Grief and Loss:**

*A Curriculum for Pediatric Learners*

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### Part D: Introduction to Personal Wellness

4. *Management style:* After residency, learn skills in good business management, hire and nurture a good staff, and develop supportive practice arrangements.
5. *Services available:* Make good use of your employees assistance program, clergy services, social workers, family, program director, chief residents, medical student, resident or physician support groups, counselors. (Jensen, 2008)

### **Exercise Summary**

1. Workshop to teach faculty to conduct or teach exercises.
2. Reflection: as part of a didactic session, workshop or wellness retreat
  - a. Verbal, with health care team at end of the week or end of a rotation
  - b. Written: Journaling can be private or shared with resident support group. May include critical reflection with feedback from faculty advisor or mentor.
3. Individual Wellness Plan: make this a routine part of residents' ILP or keep it as a separate document. What will one do to maintain one's wellness? Set goals and ways to measure them (See D.4. Developing an Individualized Wellness Plan).
4. Wellness Committee: Include faculty and residents
5. Wellness retreats: Consider once each year
6. Finding Meaning in Medicine, Doctoring to Heal or Resident Support groups
7. Maslach Burnout Inventory: to help diagnose burnout in residents (and faculty)
8. Addressing emotions: Consider assigning faculty to help coordinate and conduct debriefing sessions.
9. Emotional Intelligence: workshops or didactic sessions