Developing Habits That Contribute to Faculty Wellness: Cultivating Resilience

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Learning Objectives

• Identify signs and symptoms of burnout and stress
• Describe evidence of
  a) the harm of stress and burnout
  b) the benefits of resilience strategies
• Apply resilience strategies and discuss relevance to learners
Session Overview

Case Vignette 1: Work
   Causes and Prevalence of Burnout
   Impact of Burnout
   Activity: Breath Modulation
   Activity: Breath Observation

Case Vignette 2: Home
   Activity: Mindful Eating

Case Vignette 3: Relationships
   Activity: Mindful Communication

Resources

Ann’s Story – Part 1 - Work

Ann is a Family and Community Medicine faculty member at a major university medical center. The city she lives in is vibrant and culturally diverse, but is among the most expensive in the country. As a university faculty member, her salary is significantly lower than her colleagues who pursued jobs in private practice. Though she was single when she started on faculty, she has since married and now has two young children at home.

She has been in her position for 5 years. In her first 2 years, she was thriving at work, spending time in value-aligned activities, such as caring for the underserved.

Recently a number of other faculty members have left the department and she was asked to take on many of their patients and committee responsibilities. As a result, she has been finding herself feeling more and more exhausted in her work, increasingly short and irritable with her residents, and feeling as though her work doesn’t matter. She often experiences a feeling of numbness at work. Additionally, with funding constraints, there is the constant specter of losing her job. Though her Department Chair is understanding and empathetic, he is too busy to be able to truly attend to Ann’s concerns.
Questions for Discussion

What stands out to you about this scenario?
Is Ann at risk for burnout?
If so, what’s contributing to her burnout?
What could you suggest for her?

Physician Burnout

What contributes to burnout?
1. Excessive workload
2. Clerical burden and inefficiency
3. Loss of control over work
4. Problems with work-life integration
5. Erosion of meaning in work
6. Suboptimal attention to self-care/wellness

Shanafelt 2017
Physician Burnout

n=7288
45.8% reported at least 1 symptom of burnout (e.g., exhaustion, cynicism, decreased effectiveness)

Shanafelt 2012 Archives of Internal Medicine

What is the impact of physician burnout?

Shanafelt 2017 Mayo Clinic Proceedings
10 bold steps to prevent burnout in general internal medicine.

The greatest weapon against stress is our ability to choose one thought over another.
–William James (1842 – 1910)
Mind-Body Medicine

- Breathing
- Meditation, Mindfulness
- Mindful Movement: Yoga, Tai Chi
- Progressive Muscle Relaxation
- Biofeedback
- Hypnosis
- Imagery (Visualization)

4-7-8 Breath

- How to sit:
  - If in a chair → upright with back straight and feet firmly on the ground
  - If on the ground → back straight in a comfortable posture
- Eyes gently closed
- Breathing should be through the nose for both inhalation and exhalation
- Inhalation should expand the abdomen and exhalation should contract it
- Inhale on a count of 4; hold for a count of 7; exhale for a count of 8
- Try to breathe slowly and smoothly
Mindfulness – Breath Observation

Questions for Discussion

What was your experience of these 2 breathing practices?
What were the challenges associated with each?
How were they similar or different?
Would you ever recommend these to learners? Would you ever consider practicing them with learners?
Ann’s Story – Part 2 - Home

Ann does manage to have dinner with her family on most nights. Although she cherishes that time with her family, she finds it difficult to stop thinking about her work day and the tasks remaining on her to-do list for the evening. She’s often irritable at dinner and regretful for her mood after her children are asleep.

She is not sleeping well. She is typically up late after putting her kids to bed working on committee projects and catching up on emails and patient notes from the day. She often goes to bed around midnight or 1am and then wakes up around 6am. The morning is rushed. She feeds her kids quickly, convenience foods, even though she knows it’s not the healthiest. She grabs a large Starbucks coffee on her way to work. With less and less time at work, she has found herself skipping lunch or eating a power bar in between patients.
Questions for Discussion

What stands out to you?
Is there anything missing from this description?
What do you think about her daily routine? Sleep? Diet?
What is under her control and what isn’t?

Mindful Eating
Ann’s Story – Part 3 - Relationships

Ann has meaningful collaborations and exciting projects at work, but these are piling up. She’s finding it difficult to say “no” and set boundaries necessary for work/life balance, which later makes her feel resentful at the added work. At home, she and her partner are “ships passing in the night...”, and it seems that her children’s lives are moving too fast. At work, she often finds that she is not fully present and listening to her patients in clinic. She sometimes makes sarcastic remarks about patients to her residents on rounds, which is something she would never have done in the past. She’s proud of her professional accomplishments that she’s worked very hard for, but she’s realizing that her current life is not sustainable.
Questions for Discussion

What do you notice here?
What do you think is missing? What were you expecting?
What’s happening with Ann’s relationships with her partner/family?
Patients? Trainees?
How is her current internal state affecting her clinical work? Her ability to serve as an effective educator for her residents?

Mindful Communication

Listener
- **Ask** your partner the prompt
- Listen with care – unconditional **witness** of partner’s mind and experience
- **Don’t respond**; avoid analysis, interpretation, reflection, problem solving
- When distracted, note experience and **return** to listening
- **Thank** your partner

Speaker
- Share **authentically**
- Utilize the entire **field of awareness** – feelings, sensations, thoughts, desires
- **Challenge** yourself, but okay to omit uncomfortable details
- **Thank** your partner
“What do you need to take care of yourself?”

Summary

• Burnout is common among physicians and can lead to adverse outcomes
• Cultivating resilience is possible through mind-body approaches such as breathing, meditation, and mindfulness
• These approaches can be used as tools with trainees to improve focus and communication
• Regular practice and concerted attention to self-care are key to building habits of resilience and instigating systemic change
Other Resources

**Burnout Prevention and Resilience Training** (Denah Joseph, BCC, MFT and Steve Pantilat, MD)

5 session training open to MD's, NP's, and fellows from any specialty
Next course starts **April 24th** on the Parnassus Campus
Learners will:
• Build community and give and receive support around the stressors of our work
• Develop a practical, applicable and flexible toolkit of best practices for addressing burnout and promoting resilience
• Develop leadership abilities for sharing these vital skills and attitudes with others with whom you work or train

Email Denah Joseph for more information or to register

**Other Resources**

**Cultivating Emotional Balance** (Eve Ekman, PhD)

8 week training
Participants will learn how to:
• Understand the science of emotions, empathy, and burnout;
• Recognize and work with emotional triggers;
• Identify sources of meaning in work;
• Deepen awareness, stable attention, and relaxation; and
• Increase compassion for the self and others

http://www.osher.ucsf.edu/classes-and-lectures/cultivating-emotional-balance-ceb-for-healthcare-professionals
https://mindbodymattersblog.wordpress.com
Eve Ekman and Jocelyn Lai

- Meditation playlists
- Self-care topics
- Resource portal for ongoing residency resilience trainings
- Provider training modules

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http://tinyurl.com/developinghabits