Promoting Resilience in Medicine (PRIME)
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Learning Objectives:

✧ Define the concepts of mindfulness, resilience, empathy, burnout and compassion fatigue
✧ Recognize the relationship of these traits/states to burnout and compassion fatigue
✧ Learn brief "on-the-spot" practices to use during our workday
✧ Become familiar with resources within our health center to promote resilience
breathe.
Mindfulness means paying attention in a particular way, on purpose, in the present moment non-judgmentally.

Jon Kabat-Zinn
7 Things Mindful People Do Differently

1

Approach everyday things with curiosity — and savor them
2. Forgive their mistakes—big or small
3. Show gratitude for good moments—and grace for bad ones
4. Practice compassion and nurture connections
5. Make peace with imperfection—inside and out
6. Embrace vulnerability by trusting others—and themselves
7. Accept—and appreciate—that things come and go

List created by Elisha Goldstein, Ph.D., psychologist, author of *The Now Effect*
Compassion

- From the Latin, *cum pati*, to “suffer with”
- Basic innate value in all creatures, humans and animals
Compassion...
the motivation to relieve suffering,
activated by empathy,
grounded in the positive emotional experience of caring, kindness, attunement and human connection.
- Steven Rosenzweig, MD
Empathy

- To place oneself in the other person’s shoes (cognitive)
- Visceral or emotional experience of another person’s feelings, mirroring of another’s emotion (affective)
Resilience

• The ability to recover quickly, resist and possibly even thrive in the face of direct/indirect traumatic events and adverse situations.”

• Bending, not breaking, and bouncing back
Our Checklist

• Empathy
• Compassion
• Mindfulness
• Resilience
"The Doctor" by Luke Fildes

Complexity of the Emotional Life of a Resident

- Lack of Expertise
- Demanding Patients and More Responsibility
- Lack of Training and Support
- Desire to Please Higher Ups
- No Time for Self Care / Sleep / Family / Friends

Emotional Life of the Resident
Burnout

- Triad:
  - Emotional exhaustion ("I’m exhausted")
  - Depersonalization ("I don’t care")
  - Reduced sense of personal accomplishment ("I’m useless")
Recent Findings for Physicians

- In online survey, almost half of the 7000 physicians reported at least one symptom of burnout.

- A 2014 study of medical students, residents, and early career physicians found burnout rates between 50 and 60 percent, which were significantly higher than matched controls.

- A 2012 Commonwealth Fund study found that just over half of the primary care physicians surveyed age 50 years or older planned to leave practice within five years, as did 30 percent of the primary care physicians age 35 to 39.

- A 2012 national survey found that only 1 of 10 physicians would recommend medicine as a career.

Slide courtesy of Christina Maslach, PhD, CENTILE conference, 2015
Burnout among Health Care Professionals

- Health care has been the primary occupation for work on burnout, for several decades
- Burnout is linked to:
  - Poor quality of patient care
  - More medical errors
  - Dysfunctional relationships with colleagues
  - Greater risk of substance abuse
  - Greater risk of depression and suicidal ideation
  - Stronger intention to leave the medical profession

Maslach, CENTILE conference, 2015
Now, for a test........

Choose one response:

1) I enjoy my work. I have no symptoms of burnout.
2) Occasionally, I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
3) I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion;
4) The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
5) I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

One-Item Burnout Index ( Rohland Stress and Health, 2004 )
Compassion Fatigue

• A unique form of burnout that affects individuals in caregiving roles (Joinson, 1992)
• Results from giving high levels of compassion and energy over a prolonged period of time to those who are suffering, often without seeing the positive outcome of seeing patients improve (McHolm, 2006)
A 3 Step Exploration of Health: Practice in Your Practice

Incorporate these three mindfulness steps into your daily life or clinical practice:
1. **Pause**
2. **Presence**
3. **Proceed**

[https://www.fammed.wisc.edu/mindfulness](https://www.fammed.wisc.edu/mindfulness)
PAUSE

✧ Stop, take a breath, drop in, notice this moment
✧ What moments in the workday can be used to pause?
PRESENCE

- Drop in, being aware of what is happening in the moment, experiencing body sensations, noticing thoughts, feeling emotions. Staying present with and accepting whatever arises just as it is, moment by moment, without reactivity.
PROCEED

✧ Using mindful speech and action to respond skillfully, compassionately, and with positive intention to whatever needs attention in this moment.
The Dance: One Foot In, One Foot Out
Preventing Burnout

Staying Grounded In What Gives Meaning

Circle of Suffering

James Finley
The Contemplative Heart

https://www.fammed.wisc.edu/mindfulness/pip/proceed
Preventing Burnout

**Staying Grounded In What Gives Meaning**

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Preventing Burnout

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Previous physician resilience studies are small and limited in scope (Jensen 2008, Stevenson 2011).

German study, 200 physicians, self-employed (76), hospital employed (124).

Semi-structured interviews, participants had low scores on MBI.
Common themes

- **Job-related sources of satisfaction**
  - Doctor-patient relationship
  - Medical efficacy

- **Practices and routines**
  - Leisure time
  - Self-demarcation with patients
  - Ritualized time-out periods
  - Institutionalized exchange forums (Balint groups)
  - Cultivation of contact with colleagues
  - Self-organization
  - Personal reflection and goal writing

*To allow oneself to be carried away by a multitude of conflicting concerns, to surrender to too many demands, to commit oneself to too many projects, to want to help everyone in everything, is to succumb to violence.*

*................. it kills the root of inner wisdom which makes work fruitful.*

_Thomas Merton_
<table>
<thead>
<tr>
<th>Theme</th>
<th>Whole sample (n = 200)</th>
<th>General Practitioners (n = 51)</th>
<th>Psychiatrists (n = 38)</th>
<th>Surgeons (n = 45)</th>
<th>Other disciplines (n = 66)</th>
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<tbody>
<tr>
<td><strong>Job-related sources of gratification</strong></td>
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<tr>
<td>1 Gratification from doctor-patient relationship</td>
<td>134 (67)</td>
<td>38 (75)</td>
<td>28 (74)</td>
<td>19 (42)</td>
<td>49 (74)</td>
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<td>2 Gratification from medical efficacy</td>
<td>118 (59)</td>
<td>16 (31)</td>
<td>17 (45)</td>
<td>39 (87)</td>
<td>44 (67)</td>
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<td><strong>Resilience strategies 1: Practices and routines</strong></td>
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<td>3 Leisure-time activity</td>
<td>158 (79)</td>
<td>42 (82)</td>
<td>33 (88)</td>
<td>31 (69)</td>
<td>52 (79)</td>
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<td>4 Quest for and cultivation of contact with colleagues</td>
<td>110 (55)</td>
<td>26 (51)</td>
<td>26 (69)</td>
<td>27 (60)</td>
<td>31 (47)</td>
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<td>5 Cultivation of relations with family and friends</td>
<td>102 (51)</td>
<td>25 (49)</td>
<td>25 (66)</td>
<td>27 (60)</td>
<td>25 (38)</td>
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<td>6 Proactive engagement with the limits of one's own skills,</td>
<td>88 (44)</td>
<td>20 (39)</td>
<td>16 (42)</td>
<td>16 (36)</td>
<td>36 (55)</td>
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<td>complications that crop up and treatment errors when</td>
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<td>communicating with colleagues and disciplinarians</td>
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<td>7 Proactive engagement with the limits of one's own skills,</td>
<td>80 (40)</td>
<td>19 (37)</td>
<td>6 (16)</td>
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<td>37 (56)</td>
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<td>communicating with patients</td>
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<td>8 Personal reflection and goal setting</td>
<td>80 (40)</td>
<td>23 (45)</td>
<td>13 (34)</td>
<td>21 (47)</td>
<td>23 (35)</td>
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<td>9 Self-demarcation with patients</td>
<td>80 (40)</td>
<td>28 (54)</td>
<td>16 (42)</td>
<td>14 (31)</td>
<td>22 (33)</td>
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<td>10 Talking about job-related stress with private relatives</td>
<td>76 (38)</td>
<td>17 (33)</td>
<td>12 (32)</td>
<td>9 (20)</td>
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<td>11 Self-organization with bureaucracy and regular chores</td>
<td>72 (36)</td>
<td>21 (41)</td>
<td>16 (42)</td>
<td>14 (31)</td>
<td>21 (32)</td>
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<td>12 Self-demarcation with colleagues and disciplinarians</td>
<td>68 (34)</td>
<td>8 (16)</td>
<td>22 (58)</td>
<td>19 (42)</td>
<td>19 (29)</td>
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<td>13 Cultivation of one's own professionalism</td>
<td>64 (32)</td>
<td>19 (38)</td>
<td>18 (47)</td>
<td>12 (27)</td>
<td>15 (23)</td>
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<td>14 Limitation of working hours</td>
<td>62 (31)</td>
<td>13 (25)</td>
<td>14 (37)</td>
<td>14 (31)</td>
<td>21 (32)</td>
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<td>15 Error management</td>
<td>54 (27)</td>
<td>13 (25)</td>
<td>5 (13)</td>
<td>10 (22)</td>
<td>26 (39)</td>
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<td>16 Ritualized time-out periods</td>
<td>52 (26)</td>
<td>18 (35)</td>
<td>9 (24)</td>
<td>7 (16)</td>
<td>18 (27)</td>
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<td>17 Institutionalized exchange forums (i.e., quality circles or</td>
<td>40 (20)</td>
<td>20 (40)</td>
<td>9 (24)</td>
<td>2 (4)</td>
<td>9 (14)</td>
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<td>Balint groups)</td>
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<td>18 Supervision, coaching, psychotherapy</td>
<td>30 (15)</td>
<td>9 (18)</td>
<td>9 (24)</td>
<td>6 (13)</td>
<td>6 (9)</td>
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<td>19 Long-time, nonprofessional fields of interest</td>
<td>28 (14)</td>
<td>14 (27)</td>
<td>3 (8)</td>
<td>3 (7)</td>
<td>8 (12)</td>
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<td>20 Self-discipline in connection with diagnosis and information</td>
<td>24 (12)</td>
<td>5 (10)</td>
<td>4 (11)</td>
<td>3 (7)</td>
<td>12 (18)</td>
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<td>21 Prioritization of basic needs</td>
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<td>4 (8)</td>
<td>2 (5)</td>
<td>10 (22)</td>
<td>8 (12)</td>
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<td>22 Spirituality</td>
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<td>5 (10)</td>
<td>8 (21)</td>
<td>3 (7)</td>
<td>2 (3)</td>
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<td>Resilience strategies 2: Useful attitudes</td>
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<td>23 Acceptance and realism</td>
<td>112 (56)</td>
<td>28 (55)</td>
<td>25 (66)</td>
<td>20 (44)</td>
<td>39 (59)</td>
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<td>24 Self-awareness and reflexivity</td>
<td>106 (53)</td>
<td>44 (86)</td>
<td>12 (32)</td>
<td>22 (49)</td>
<td>28 (42)</td>
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<td>25 Active engagement with the downside(s) of the medical</td>
<td>94 (47)</td>
<td>32 (63)</td>
<td>21 (55)</td>
<td>17 (37)</td>
<td>24 (36)</td>
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<td>profession</td>
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<td>26 Accepting personal boundaries</td>
<td>88 (44)</td>
<td>34 (67)</td>
<td>21 (55)</td>
<td>9 (20)</td>
<td>24 (36)</td>
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<td>27 Recognizing when change is necessary</td>
<td>66 (33)</td>
<td>13 (25)</td>
<td>21 (55)</td>
<td>13 (29)</td>
<td>19 (29)</td>
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<td>28 Creating inner distance by taking an observer</td>
<td>48 (24)</td>
<td>8 (16)</td>
<td>9 (24)</td>
<td>18 (40)</td>
<td>13 (20)</td>
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<td>perspective</td>
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<td>29 Appreciating the good things</td>
<td>48 (24)</td>
<td>18 (35)</td>
<td>11 (29)</td>
<td>10 (22)</td>
<td>9 (14)</td>
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<td>30 Interest in the person behind the symptom</td>
<td>36 (18)</td>
<td>10 (19)</td>
<td>6 (15)</td>
<td>9 (20)</td>
<td>11 (17)</td>
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Civility and Burnout

• CREW Intervention (Civility, Respect and Engagement in the Workplace)


Chain of encouragement exercise

• Think of a contribution that your work colleagues make that helped you
• Praise the action, not the actor. Remember the deed, not the doer.
• Include the following elements:
  • A description of the specific behavior
  • An expression of your appreciation of the behavior
  • An explanation of how the behavior contributed to a beneficial outcome

Lang and Laser, 2009
Is Burnout a Problem of the Person or the Situation?

- Burnout is often mistakenly labeled a problem of individual physicians, leaving the underlying systemic and cultural problems unaddressed.

  - "The fact that almost one in two US physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals." [Mayo Clinic, 2012]

  - "For physicians, burnout is the inevitable consequence of the way that medical education is organized and the subsequent maladaptive behaviors that are reinforced in healthcare organizations via the hidden curriculum. Thus, burnout is an important indicator of how the organization itself is functioning." [Burnout Research, 2014]
## Chart of possible interventions

<table>
<thead>
<tr>
<th>Communications</th>
<th>Workflow</th>
<th>Targeted Quality Improvement (QI)</th>
<th>Electronic Medical Record (EMR)</th>
<th>Other - improve data collection and sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>- improve interpersonal communication through emails and group or one-on-one meetings</td>
<td>- redistribute work to clinical staff to reduce provider workload</td>
<td>- look for bottlenecks and try a Plan-Do-Study-Act program</td>
<td>- ways to decrease EMR related stress</td>
<td>- improve data collection and sharing</td>
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<tr>
<td>- Identify communication barriers</td>
<td>- Pair a provider with a Medical Assistant</td>
<td>- Develop a PDSA (Plan-Do-Study-Act) system for rapid improvements</td>
<td>- Assign “desk top” slots to top performing providers as a way to catch up on charting during busy days</td>
<td>- Develop better data collection methods re: population management</td>
</tr>
<tr>
<td>- Hold monthly provider meetings - formal discussion on patient care, cases and other medical issues</td>
<td>- Change call schedule to better share duties</td>
<td>- Survey staff to find out what quality metrics are important to them, then improve processes (e.g. medication reconciliation, depression and breast cancer screening, diabetic foot &amp; eye exams)</td>
<td>- Scribe study - use scribes to see how they impact time in EMR and clinic chaos</td>
<td>- Share worklife data at a retreat to build consensus to create change</td>
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<tr>
<td>- Have leaders email clinicians monthly with system updates</td>
<td>- Assess patient flow through clinic to look for bottlenecks</td>
<td>- An automated rice time, freeing up nurse time</td>
<td>- Elbow tofowl (real-time) training with EMR staff</td>
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<tr>
<td>- Have leaders hold individual meeting with clinicians to review schedules and identify concerns</td>
<td>- Assess workflow among clinic staff - look for opportunities to share work</td>
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Slide courtesy of Eric Rosenberg, MD
A Culture of Caring

• Caring for ourselves, our patients, and each other
• Hospital (from the Latin word hospes-stranger, foreigner, guest)
• Shares word origin of hostel, hospitality, hotel
“If you take care of your employees, they will take care of your customers and your business will take care of itself.”

JW Marriott
UF Resources for Faculty, Staff and Students

✧ Integrative Medicine Program (website: www.ufhealth.org/integrative-medicine)
✧ Mindfulness-Based Stress Reduction Courses
✧ Mindful HealthCare Professional
✧ Weekly yoga, TaiChi, and meditation classes
✧ Department of Psychiatry (website: https://psychiatry.ufl.edu/tag/mindful-relaxation/
✧ Weekly Mindful Relaxation Minutes
✧ UF Wellness (website: http://gatorcare.org/wellness/)
Promoting Resilience in Medicine Project (PRIME)

- UF College of Medicine
- Planning phase for a longitudinal experience that provides didactic, experiential, and mentoring experiences
- Core faculty
- Faculty facilitators
Key points

- Becoming aware of our own experience of stress can be cultivated by either formal practice (i.e. meditation, etc) and used in clinical settings.
- Adopting healthy habits for ourselves (healthy eating, sleep, social connections, limit-setting, leisure, hobbies) enhance resilience.
- Promoting resilience allows physicians to respond to stress in a healthy, adaptive way, thus minimizing the risk and cost of burnout and compassion fatigue.
- Physicians who are more self-aware and care for themselves, do a better job of caring for others, less likely to commit errors, be impaired or leave practice.
- Promoting self-awareness, mindfulness, and resilience is both an individual and institutional responsibility.
breathe.
UFHealth Integrative Medicine Program
Supporting people in the journey to realizing wholeness