Medicine in Crisis

Crisis of meaning

Crisis of identity

Crisis of purpose

Crisis of role
Hypothesis:

Resilience is a capacity that can be grown
# Resilience

<table>
<thead>
<tr>
<th>Positive values</th>
<th>The dark side</th>
<th>Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service, altruism</td>
<td>Over-commitment, self-deprivation, entitlement</td>
<td>Reframing, balance, gratitude</td>
</tr>
<tr>
<td>Excellence</td>
<td>Perfectionism, invincibility, hiding errors</td>
<td>Self-compassion, reflective self-questioning</td>
</tr>
<tr>
<td>Curative competence</td>
<td>Omnipotence, imposter syndrome, self-deprecation</td>
<td>Knowing one’s limitations</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Need for certainty</td>
<td>Knowing what’s unknown, comfort with uncertainty</td>
</tr>
<tr>
<td>Empathy</td>
<td>Personal distress</td>
<td>Compassionate action</td>
</tr>
<tr>
<td>Caring</td>
<td>Neglecting oneself and family</td>
<td>Self-care</td>
</tr>
<tr>
<td>Equanimity</td>
<td>Distancing, “othering”</td>
<td>Engagement</td>
</tr>
</tbody>
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*After Nedrow, A et al. 2013*
Learning to Notice
You can observe a lot just by watching.

Yogi Berra
Intention

Attention

Attitude
Curiosity
Four minutes of red

For the next 4 minutes, record in writing the name of everything red that you see. Feel free to roam around, but do not talk.

Four minutes of red: key points

- Individuals’ perceptions depend on context and frame of reference.

- There are different ways of paying attention - looking for the expected, filtering among multiple sensory inputs and vigilance for the unexpected.

- When you perceive, you are also involved in categorizing, judging (quantity, quality) and discerning (how red does something have to be to be called "red")

- You can activate perception (of things outside of oneself) and interoception (of things inside) simultaneously.

- Different people see different things even when framed similarly.
Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Victor Frankl
Mindful practice

Moment-to-moment purposeful attentiveness to one’s own mental processes during every day work with the goal of practicing with clarity and compassion

Epstein RM 1999
Mindful practice

Clinician well-being
- Improved mood
- Lower burnout

Quality of care
- Safe, timely, accessible, effective, patient-centered

Quality of caring
- Empathy
- Compassion
- Responsiveness
Mindful practice

Attentive observation

Critical curiosity

Beginners mind

Presence
OPTIMUM WORK ZONE

Relaxation

Excitement

Pleasant

Boredom

Anxiety

Unpleasant

Low Emotional Arousal

High Emotional Arousal

After Apter M 1989
Narrative Medicine

Narrative Competence: set of skills required to recognize, absorb, interpret and be moved by the stories one hears.

R Charon. NEJM 2004; 350: 862-4

To restore the human subject at the center—the suffering, afflicted, fighting, human subject—we must deepen a case history to a narrative or tale.

Oliver Sacks, The Man Who Mistook His Wife for a Hat
“It may be wrong, but it’s how I feel.”
Appreciative Inquiry

IT'S ALWAYS 'GOOD DOG'-NEVER 'GREAT DOG.'
Appreciative Inquiry

The art of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential

David Cooperider
Themes

Pleasant / unpleasant experiences
Perceptual biases
Meaningful experiences
Surprises
Burnout
Attraction
Dismissing patients
Self-care
End-of-life care
Conflict
Meaningful experiences

Focus on a time during your work as a clinician or educator that was particularly meaningful for you.

Perhaps it was a time when you were moved in some way, or may have been a time associated with great joy or great sorrow.

Try to recall aspects of the situation that caught your attention, and perhaps other aspects of the situation that only became obvious to you later.
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

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Primary care physicians report alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy. Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported. Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout and there are strong associations between medical student burnout and suicidal ideation. The consequences of burnout among practicing physicians include not only poorer quality of life and lower quality of care but also a decline in the staff.

Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare: data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 94.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.9; Δ = −6.8; 95% CI, −4.8 to −8.8; depersonalization, 8.4 to 5.9; Δ = −2.5; 95% CI, −1.4 to −3.6; and personal accomplishment, 40.2 to 42.6; Δ = 2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ = 4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ = −4.1; 95% CI, −1.8 to −6.4); total mood disturbance (33.2 to 16.1; Δ = −17.1; 95% CI, −11.0 to −23.2); and personality (conscientiousness, 6.5 to 6.8; Δ = 0.3; 95% CI, 0.1 to 0.5 and emotional stability, 5.1 to 6.6; Δ = 0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance (r = −0.39, P < .001), perspective-taking subscale of physician empathy (r = 0.31, P < .001), burnout (emotional exhaustion and personal accomplishment subscales, r = −0.32 and 0.33, respectively, P < .001), and personality factors (conscientiousness and emotional stability, r = 0.29 and 0.25, respectively; P < .001).

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.
Participation in a mindful communication program was associated with sustained improvements (<.001) in:

- Patient-centered attitudes (empathy, psychosocial orientation)
- Physician well-being (burnout, mood)
- Personality (increased emotional stability)

Associations were mediated by changes in mindfulness

Participants identified three themes: community, skills development, and giving oneself permission to take time for self-development
Self care tips

- STOP
- Mindful meditation
- Hardiness factors - 3+1 C’s
- Reflective writing
- Supervision & mentoring
- Communication skills, CMEs
- Sustainable workload
- Rest, eat good food, exercise, fun!
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