

SELF-CARE AND RESILIENCE

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You are the sub-intern on an oncology rotation. One of the attending physicians, Dr. Smith, arrives to start a night shift. You and your attending are signing out patients to Dr. Smith. During the interaction, when discussing the events of the previous evening, Dr. Smith becomes quietly tearful. The previous evening, a patient with advanced cancer on hospice care had arrived in the ER. Dr. Smith had helped manage his care during a very busy shift, and the patient died dramatically of a gastrointestinal bleed in the emergency department. Dr. Smith is exhausted from working very hard and feels bad that this situation did not end better for the patient and family. She has a plan to rest after tonight's shift and is thankful for the ability to discuss this difficult situation with a colleague.

What is resilience?

Is Dr. Smith resilient? Can someone who cries at work still be resilient?

How can you develop resilience skills to provide excellent medical care and take care of yourself at the same time?

There is a new proposed “quadruple aim” in healthcare: reducing costs, improving population health, enhancing patient experience, *and improving clinician well-being*.¹ Our well-being influences how we care for patients, for ourselves, for our families, and for our colleagues.^{2,3} Burnout and depression are common among physicians and there is an urgent need to address these concerns and promote resilience.

Many factors affect our resilience. Some of them include having robust personal and professional support systems, seeking necessary medical care including mental health care, having time for self-care activities, feeling competent in our work, and having access to sufficient resources for patient care. Processing any experiences with grief, loss, discrimination, and/or trauma is also essential to resilience.

Personal Resilience Skills

How do we develop and maintain resilience skills?

Self-care includes activities that promote and maintain well-being. Activities that accomplish this vary from person to person and from time to time. A recent study of medical students revealed 10 domains for self-care behaviors: nourishment, hygiene, intellectual and creative health, physical activity, spiritual care, balance and relaxation, time for loved ones, big picture goals, pleasure and outside activities, and hobbies.⁴

In the example above, Dr. Smith demonstrated personal resilience skills by reaching out to a colleague to debrief a challenging case. She also plans to rest after tonight’s shift.

What other self-care activities might Dr. Smith find helpful? ***Here are some other examples of self-care activities, including what the authors and a medical student find helpful:***

Dr. Bender	Dr. Marchand	Medical Student
Spending time outdoors with family and friends	Mindfulness meditation before you start your day even if for only a few minutes. Make it a routine.	Spending time with friends or family not in medicine, or if they are in medicine agreeing to make one of your evenings completely free of medicine talk.
Watching TV shows and movies unrelated to medicine	Breath work. Long exhalation followed by natural expansion of belly with inhalation. Initiates relaxation response by activating parasympathetic nervous system.	Unwinding after a tough day with a TV show or movie and your favorite meal.
Debriefing challenging cases with colleagues	Pause, breathe, then proceed in a centered place with presence.	Debriefing with loved ones. Even if they aren’t in medicine they often offer a unique perspective and support.
Reading books, newspaper articles and political/literary magazines	Create opportunities to discuss emotional impact of work	Each morning write down three things you are grateful for (e.g. waking up, your family, a roof over your head, etc.) and/or each night write down three things you did well that day. Read them at the end of each week or when you need a pick me up. This can be especially helpful during tough rotations or on your tough days.
Photo projects	Self-reflective writing about anything that touches your heart or emotions. Journaling.	<ul style="list-style-type: none"> ▪ Trying a new workout ▪ Reading a book just for fun even if you only read a chapter every few days. ▪ Spend time by the water.

Some self-care activities are important for everyone, including:

- Good sleep hygiene
- Good nutrition (but allowing yourself to indulge occasionally!)
- Exercise
- Activities that maintain important relationships and acknowledge losses

There is a link for UWSOM Wellness activities on the course website. These activities include free yoga classes, a free massage program, a brown bag lunch series, family support activities for students with children, and stress relief sessions with certified therapy dogs.

You may also enjoy watching the movie documentary, “Happy;” link on the course website.

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

Dr. Smith and her colleague provided mutual care. Dr. Smith reached out to debrief and her colleagues were willing to listen and discuss the challenging case.

During the debrief, Dr. Smith may question her clinical skills and worry that she missed something while caring for the patient who died. It is important to evaluate our work and strive to improve, but it is also important to be aware of our strengths. In “Letter to a Young Female Physician,” Dr. Koven addresses the Imposter Syndrome that is common among physicians and a barrier to personal resilience. She writes,

“My dear young colleague, you are not a fraud. You are a flawed and unique human being, with excellent training and an admirable sense of purpose. Your training and sense of purpose will serve you well. Your humanity will serve your patients even better.”⁵

Let’s go into more detail about some self-care and mutual care activities that can improve personal resources:

- **Acknowledging and reflecting on losses.** 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. There is a “Personal Loss History” worksheet and Grief and Loss exercise on the course website that will help you with this reflection. In the case example, Dr. Smith cried while debriefing with a colleague about her patient’s traumatic death. She would likely benefit from continuing to reflect on this and other losses.

If you’d like to read more about clinicians reflecting on losses:

1. In “The Things We Have Lost,” Dr. Jennifer Best, a UWSOM Faculty member, describes the challenges and losses associated with training in and practicing medicine. She suggests:

“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.”⁶

2. “Grieve and Light a Virtual Candle” reflects on losses we experience as clinicians and grief work as a component of resilience.⁷

3. In “Full Circle,” Dr. Abu-Libdeh describes the grief of losing her brother to suicide months before she started residency.⁸

- **Practicing mindfulness.** Mindfulness involves bringing intention, presence, awareness, curiosity, being and doing, reflection to your life and work. There are books, speakers, and workshops on mindfulness. There is a link to UW Mindfulness courses and meditation sessions on the course website.

- **Meditation, guided imagery, prayer, or other spiritual practices.** Many people do a combination of individual and group activities. There are apps available for some of these practices.

- **Reflective writing, journaling, storytelling, art, or music.** Some questions for daily reflection:⁹
 - What surprised me today?
 - What moved or touched me today?
 - What inspired me today?
 - What sustains me amid my intense and demanding work?
 - How do I take care of myself? What stands in my way?
 - Where can I express myself fully: my needs, fears, and hopes?
 - What one small step toward self-care am I willing to commit to this week?

- **Collective Advocacy.** In “To Fight Burnout, Organize,” author Bernstein (then a medical student) described the feeling of powerlessness that can occur when caring for marginalized patients and suggested that “collective advocacy to address the harmful social determinants of health can buoy physicians’ morale and thus be an act of self-care.”¹⁰

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.

The Systems in Which We Work and Live

System-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. In the case of Dr. Smith, the hospital may have been overcrowded and the patient may have died comfortably if he had been admitted to the floor for comfort care in a timely manner. Perhaps Dr. Smith worried the patient received sub-optimal care due to his insurance status.

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.¹²⁻¹⁷

In “Breaking the Stigma—a Physician’s Perspective on Self-Care and Recovery,” Dr. Adam Hill shares his story of depression, suicidal thoughts, addiction, and recovery. He suggests breaking down the barriers to treatment and recovery by avoiding stereotyping and stigmatizing mental illness, emphasizing professionalism and patient safety, and being honest about our vulnerabilities.¹⁸

Additional Resources:

Resource	Contact/Website
UWSOM Medical Student Counseling and Wellness Service	https://www.uwmedicine.org/education/md-program/current-students/student-affairs/counseling-wellness
UWSOM Wellness Council	http://depts.washington.edu/givemed/magazine/2016/03/helping-students-decompress/
UWSOM Medical Student Wellness	https://www.uwmedicine.org/education/md-program/current-students/student-affairs/wellness-council
Center for Child and Family Well-Being (drop-in meditation, courses, workshops)	https://depts.washington.edu/ccfwb/events

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