

DEPARTMENT OF ONCOLOGY  
Wellness & Resiliency Task Force

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# Wellness Handbook



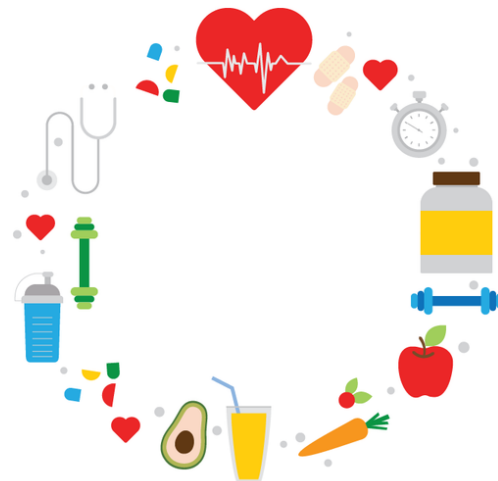
## Version

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Wellness & Resiliency Task Force | Wellness  
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# Contacts & Resources

|   |   |   |
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|    | <b>Department Chair Chief</b><br>Dr. Glenn Bauman   | 519.851.1913<br>Pager: 13251<br><a href="mailto:Glenn.Bauman@lhsc.on.ca">Glenn.Bauman@lhsc.on.ca</a>  |
|    | <b>Schulich Assistant Dean, Faculty Wellness &amp; Equity</b><br>Dr. Mithu Sen  | 519.661.2111 Ext. 88867<br><a href="mailto:Mithu.Sen@schulich.uwo.ca">Mithu.Sen@schulich.uwo.ca</a>   |
|    | <b>LHSC Staff Support</b><br>Provides confidential individual, group support and critical incident intervention to staff, leaders and physicians.   | 24/7 Pager: 18182<br><a href="mailto:StaffSupportProgram@lhsc.on.ca">StaffSupportProgram@lhsc.on.ca</a><br><a href="http://intra.lhsc.on.ca/staff-support-program">intra.lhsc.on.ca/staff-support-program</a> |
|    | <b>Schulich Wellness and Equity</b><br>Wellness includes the overall physical, psychological and professional well-being of the individual, as well as supporting academic wellness in conjunction with career guidance | <a href="http://schulich.uwo.ca/hospitalandinterfacultyrelations/">schulich.uwo.ca/hospitalandinterfacultyrelations/</a>  |
|   | <b>Ontario Physician Health Program</b><br>Confidential services to assist those experiencing distress, substance use or mental health issues that can have personal or professional impact                             | 1.800.851.6606<br><a href="http://php.oma.org/help-me-now/">php.oma.org/help-me-now/</a>  |
|  | <b>London-Middlesex Mental Health Crisis Services</b><br>Confidential 24/7 information, support and crisis service.   | 519.433.2023<br>1.866.933.2023<br><a href="mailto:info@reachout247.ca">info@reachout247.ca</a><br><a href="http://reachout247.ca/">reachout247.ca/</a>  |
|  | <b>London-Middlesex Suicide Prevention Council</b><br>Resources and information for yourself, someone else and coping after a loss  | 519.604.8055<br>1.844.360.8055<br><a href="http://lmspc.ca/">lmspc.ca/</a>  |
|  | <b>Mental Health Helpline</b><br>Provides information about mental health services in Ontario. The service is a live answer 24/7, confidential and free.  | 1.866.531.2600<br><a href="http://mentalhealthhelpline.ca/">mentalhealthhelpline.ca/</a>  |
|  | <b>Where Wellness Works</b><br>Resources designed to help you find the information, tools and supports you need to achieve and maintain a healthy lifestyle.  | <a href="mailto:tracey.cifaldi@lhsc.on.ca">tracey.cifaldi@lhsc.on.ca</a><br>Ext. 55697<br><a href="http://intra.lhsc.on.ca/where-wellness-works">intra.lhsc.on.ca/where-wellness-works</a>                    |



## MENTAL HEALTH CONTINUUM MODEL

| HEALTHY   | REACTING   | INJURED  | ILL   |
|---|--|--|---|
| <p>Normal fluctuations in mood</p> <p>Takes things in stride</p> <p>Good sense of humour</p> <p>Consistent performance</p> <p>Normal sleep patterns</p> <p>Physically &amp; socially active</p> <p>Behaving ethically &amp; morally</p> <p>Confident in self &amp; others</p> <p>Limited or no alcohol/gambling</p> | <p>Nervousness, Irritability</p> <p>Sadness, overwhelmed</p> <p>Displaced sarcasm</p> <p>Procrastination</p> <p>Forgetfulness</p> <p>Trouble sleeping</p> <p>Low energy</p> <p>Muscle tension, headaches</p> <p>Intrusive thoughts</p> <p>Occasional nightmares</p> <p>Decreased social activity</p> <p>Regular alcohol use/gambling</p> | <p>Anxiety, Anger</p> <p>Pervasive Sadness, Tearfulness</p> <p>Hopelessness, Worthlessness</p> <p>Negative attitude</p> <p>Difficulty concentrating</p> <p>Trouble making decisions</p> <p>Decreased performance or workaholic tendencies</p> <p>Restless, disturbed sleep</p> <p>Increased fatigue, aches &amp; pain</p> <p>Recurrent vivid nightmares</p> <p>Recurrent intrusive thoughts/images</p> <p>Avoidance, withdrawal</p> <p>Increased alcohol use, gambling—hard to control</p> | <p>Excessive anxiety</p> <p>Panic attacks</p> <p>Easily enraged, aggressive</p> <p>Depressed mood, numb</p> <p>Overt insubordination</p> <p>Cannot concentrate</p> <p>Inability to make decisions</p> <p>Cannot perform duties</p> <p>Cannot fall asleep/stay asleep</p> <p>Constant fatigue, illness</p> <p>Absent from social events</p> <p>Suicidal thoughts/intent</p> <p>Alcohol, gambling or other addictions</p> |
| <p>Focus on task at hand</p> <p>Break problems into manageable tasks</p> <p>Controlled, deep breathing</p> <p>Nurture a support system</p>  | <p>Recognize limits, take breaks</p> <p>Get adequate rest, food, exercise</p> <p>Reduce barriers to help-seeking</p> <p>Identify and resolve problems early</p> <p>Example of personal accountability</p>  | <p>Talk to someone; ask for help</p> <p>Tune into own signs of distress</p> <p>Make self care a priority</p> <p>Get help sooner, not later</p> <p>Maintain social contact, don't withdraw</p>  | <p>Follow care recommendations</p> <p>Seek consultation as needed</p> <p>Respect confidentiality</p> <p>Know resources &amp; how to access them</p>   |

## THE BIG 4

| GOAL SETTING   | VISUALIZATION  | SELF-TALK   | AROUSAL CONTROL  |
|--|--|---|--|
| <p><b>Specific:</b> your behaviour</p> <p><b>Measurable:</b> see progress</p> <p><b>Attainable:</b> challenging &amp; realistic</p> <p><b>Relevant:</b> want it or need it</p> <p><b>Time-bound:</b> set finish line</p> <p>Break it down into small manageable pieces</p> | <p>Be calm and relaxed</p> <p>Use all senses</p> <p>See positive mental images</p> <p>Keep it simple</p> <p>Use movement</p> <p>Rehearse it first to improve performance</p> | <p>Become aware of self-talk</p> <p>Stop the negative messages</p> <p>Replace with positive</p> <p>Practice thought stopping</p> <p>"I can do this."</p> <p>"I am trained and ready."</p> <p>"I will focus on what I can do."</p> | <p>Tactical Breathing: Rule of 4</p> <p>Inhale to count of 4</p> <p>Exhale for count of 4</p> <p>Practice for 4 minutes</p> <p>Breathe into the diaphragm.</p> |

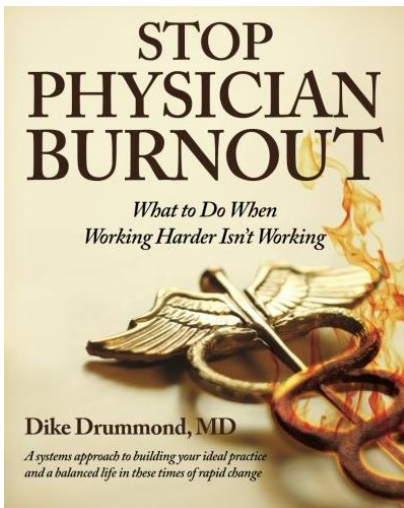
### AIR: Ad Hoc Incident Review

- Acknowledge** that something has happened, and listen.
- Inform:** Check in & apply the Mental Health Continuum Model
- Respond:** Observe and follow-up

If you are concerned about signs of operational stress in yourself or in a buddy, get it checked out. Resources include:

|                    |           |
|--------------------|-----------|
| Buddies            | Chaplains |
| Medical Officer    | Leaders   |
| Mental Health Team | Medics    |

# Stop Physician Burnout: by Dike Drummond, MD



- A Mayo-trained family doctor, who wrote this book, describes “burning out times two”. He then became (circa 2010) a coach and consultant on burnout prevention for physicians. He has an online source of information and tools on his website [www.thehappy.md.com](http://www.thehappy.md.com). The book is written with actionable solutions in mind to be implemented in a one step at a time approach. Each section has a summary of key points at the end. What follows are highlights from the book. Selected quotations are also included.
- “Never mistake knowledge for wisdom. One helps you make a living, the other helps you make a life.” Sandra Carey
- Do not run away from your career without a transition plan towards what you really want.

## CHAPTER I: Burnout Basics

- Effects of burnout: lower quality care, lower patient satisfaction; higher malpractice risk, divorce, suicide risk
- **Frequency: one in three**  
Hostile environment/ administration: stop piling it on the docs
- The difference between normal stress and burnout is your **ability to cope**. A sabbatical will never cure burnout
- **Maslach** burnout inventory: 22 question survey
- **The three main burnout symptoms:**
  1. **Exhaustion**
  2. **Depersonalization, "compassion fatigue", sarcasm about patients**
  3. **Lack of efficacy, "what's the use?"**
- There is a gender difference in the order of the above sequence. **Women experience exhaustion first. Men do not get to #3 and so keep going!**
- Women will usually confide in someone but men won't. Eighty-five percent of callers into website are women
- Uses analogy of an energy **bank account that can go below empty into overdraft**. There are 3 energy accounts: physical, emotional, spiritual (sense of purpose)

Physical: you must keep yourself physically fit

Emotional: spend more time with your important others

Spiritual: figure out the patient encounters that make you feel fulfilled. Describe what the features were.

Improving your **sense of purpose actually improves ALL THREE ACCOUNTS.**

- **First law of burnout: You cannot give what you don't have.**  
**Physicians tend to work in overdraft mode.**

#### **Four main causes of burnout:**

1. **Practice of medicine:** no one wants to come to see you; you have to do your best; the work is stressful
2. **Your specific job:** volumes, scheduling, EMR, support staff, pay, colleagues or administration. These require other skill sets like leadership, time management, and communication which add to the stress. Larger practices have a bureaucracy that contributes to the stress.
3. **Life outside of work**  
Home situations can reduce the ability to recharge from work. One may have to cut back work to deal with home issues.
4. **Conditioning to be a doctor:**  
It happens over seven or more years, **more than the military.**  
**Doctors are trained to look for disease, what is wrong, vs what is right.**

The flavors of conditioning: workaholic, superhero, perfectionist, emotionless, lone ranger Unable to turn the doctor in oneself off.

Recognizing this conditioning at work:

You feel the need to work harder; you feel you should save everyone; having feelings makes you feel guilty; you agonize over details

#### **2 prime directives that also lead to conditioning:**

1. **The patient comes first.** This notion is a recipe for burnout. Truly, the patient cannot always come first.
2. **Never show weakness:** This blocks the ability to ask for help.

#### **Recognizing burnout: \*\*\***

##### **Survival mode:**

1. I just want to get through the day.
2. I am not sure how much longer I can go.
3. I keep working harder but I can never catch up.
4. Sarcasm and disruptive behavior develops, especially in men.
5. Taking a break has no benefit.

#### **The end results of burnout:**

1. Recognize and recover
2. Chronic burnout with disruptive behavior
3. Complications; substance abuse, depression, suicide
4. Change careers

- The highest value of burnout:  
It gets you to say "I can't do this anymore; there must be a better way." **It is the motivation to change.**
- You do have the skills to design and implement your own practice
- Refocus to **what you do want vs what you don't** want. Set your own path

## Chapter 2: What Gets In Your Way

1. **The inner critic** aims to maintain the status quo.

If you can acknowledge it and move forward, then proceed to make changes.

If your inner critic is a real block, ask for help from a professional (refers to "parts work").

2. **Burnout is not a problem but a dilemma:** \*\*\* Problems have solutions but dilemmas have to be managed.

One needs to find the balancing point between the **two "horns" of the dilemma** (between the two ends of the seesaw)

One also needs to define the two horns.

**Physicians tend to be problem solvers within 15 minutes or less** but burnout requires a different strategy.

### Mistakes:

1. Give up

2. You believe you are not in charge of your life (victim).

This leads to blaming, justification, and complaining. **This pattern gives your power away.**

Administrators think doctors are a bunch of whiners, which removes their empathy.

3. You feel that there is one solution.

Burnout and its solution are **always multi-factorial**.

**Little changes can make a big impact.**

3. Doctors tend to focus on pathology, dangers and threats, what you don't want vs what is working and what you want.

**Action: figure out what you want.**

Joe Jackson quote "you can't get what you want until you know what you want."

Run towards something positive instead of away from something negative.

4. Release the superhero

**Take one positive action at a time** until it is fully operational before adding the next (refers to the Ed Sullivan show and act of spinning plates).

5. Focus on what's not working

Avoid "the nose to the grindstone"

**Action: celebrate what's working**

1. Treat yourself like your **cutest dog**

2. **Recognize progress instead of focusing on the Gap** between now and the finish line (see diagram).

The tendency is to see the gap as the problem.

3. The satisfaction mind flip: ask why your satisfaction score is not zero instead of how satisfied you are with your present state.

**In essence, you focus on what is going right!**

Start    Progress!!!    Today

Finish line/goal



The gap



## Chapter 3: Your Ideal Practice

Write down your ideal practice description

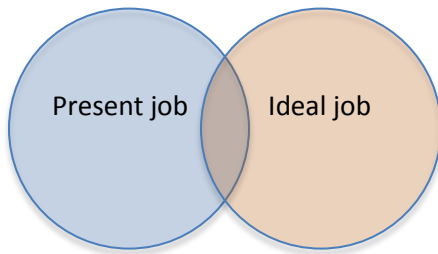
1. Very detailed: types of patients, setting, # work hours, pay, location, city

2. **Description is the cornerstone of change**

**Venn diagram of happiness: how much your current job and your ideal practice overlap**

15 to 25% overlap, in the author's experience, indicates burnout; 75% overlap more common

**Venn of Happiness:**



Maximize Overlap

Cautions:

1. Articulating ideal practice takes time

2. Ideal practice is a moving target over time

3. It is ideal!

**Write down 3 to 7 key changes in answer to the question, "What would you change to increase overlap in your current practice vs ideal?"**

1. **Implement one change at a time.**

2. **Recommends implementing the easiest change first**

3. **Schedule this change**

4. **Celebrate success**

## Chapter 4: Tools

# 1. Give up superhero and Lone Ranger.

# 2. Get Support team.

# 3. Schedule regular strategy sessions for you (once every two weeks suggested).

The 2x2 burnout prevention matrix (**four quadrants**):

**Reduce stress and increase your energy in both personal and work spheres.**

**Get rid of "Perfectionism" and replace with "practice makes better" and not practice makes "perfect".**

**Quadrant 1: personal stress relief**

**EMR is the most common physician stressor.** Treat as a dilemma and not a problem.

The 2 horns or the dilemma of EMR: how much documentation vs how much effort

**Most hate EMR. Recommends the opposite -- embrace EMR;** become a power user. Reduce your need to type; **use templates**

Engage the power users in your practice to help you.

Chart only what is necessary and not the "great American novel".

### **3 purposes of a chart note:**

1. Continuity of care
2. Billing
3. Legal parts

If one can afford a **scribe**, strongly consider this option.

### **Mindfulness stress relief and the squeegee breath:**

Mindfulness means undivided attention/ being awake.

**Jon Kabat-Zinn: Mindfulness is the most researched and most effective burnout tool. \*\*\***

It enables you to notice when you are not present, release distracting thoughts, and give your undivided attention. It is a core skill for leadership, quality care, and flow.

**The squeegee breath is a four-part super-breath at the point of care. \*\*\***

**It is the first burnout tool this author teaches clients.**

1. Intention: release all else and become present; most important
2. Breathe in to top of head and count to four.
3. Exhale to bottom of your feet and count to four.
4. Let breathing resume, smile and say "ahhh".

To create a new habit you require 3 things:

1. Ability
2. Motivation
3. **Trigger: use an existing habit**

**Choose a super habit, one you always do (wash hands, buy coffee, bathroom break), to use as a cue.**

Train your patients to breathe the same way.

**The BID team huddle: It is the second most useful burnout tool. \*\*\***

1. Block time for the huddle.
2. Engage all members of your patient flow.
3. Review your schedule for the day.

You go to the team location (not your office).

Check in with how each person is doing. Have each recall a pleasant recent event or something they are looking forward to.

Squeegee breath

Delegate huddle call to team member.

Have fun!

**Batch processing: \*\*\***

Batch non-urgent tasks into specific times once or twice a day, for example.

Decide which ones are MD specific vs anyone on team can address.

Batch as many things as possible (email, etc).

**Broken record repetition: \*\*\***

**If you find the activity feels like a broken record, it is a screaming opportunity to create templates!**

20 percent of diagnoses take up 80 percent of time. Create a patient education template, handout, or video.

Incorporate your team to assist with the education.

### **Quadrant 2: Personal Recharge**

**Work-life balance is a dilemma; there is no solution, only weighing the optimum balancing point. The trick is to prevent the work "gorilla" from taking over work and home.**

**The schedule hack: Your Life Calendar \*\*\***

**One law of work-life balance is that the strongest structure wins.**

Your calendar should be that structure and it should **include all activities, especially non-work.**

If you want to have a life, carry your Life calendar with you.

Steps:

1. Use a hard calendar or electronic one.
2. Once a week first schedule in personal and family events including free time.
3. If not electronic, take a picture of your weekly calendar to have on your cellphone.
4. **Defend your calendar** with "NO".

**Schedule a block of free time for "spontaneity".**

**Schedule at least two date nights per month; vary your activity.**

**Build two bucket lists:**

1. The Big one: list only life-changing activities
2. **Weekly bucket lists: activities that make your day/week special**  
(Exercise, reading, coffee with a friend, sport, etc.)

**The Boundary Ritual: \*\*\***

**Leave work at work.**

Uses example of Mr. Rogers in **Mr. Rogers Neighborhood**: put on cardigan, change shoes, sing song and only then became Mr. Rogers.

Devise your own routine to get out of physician mode. You can also use the Squeegee breath as part of it.

### **Quadrant 3: Organizational Stress Relief**

"Management is doing things right; leadership is doing the right things."

Peter Drucker

**The Physician Engagement Formula: \*\*\***

1. Fill the education gap around burnout
2. Survey for specific stressors
3. Address stressors with a **physician led burnout prevention working group.**

#### **1. The education gap:**

- A. Live burnout prevention training
- B. Video burnout prevention training
- C. Burnout prevention training for new employees

#### **2. Survey physicians about top 3 daily stressors:**

How satisfied are you with your career (1 to 10 score)?

What are the top 3 stressors?

How would you describe the culture at work?

What would you like the culture at work to be?

#### **3. Physician Working Group:**

Not a Committee but a **"working"** group.

Project list comes from the survey.

**It is critical that this group is funded and has administrative support.**

Sum: the administration wins as follows.

You taught me about burnout.

You asked what I would like to change.

You worked to make it happen.

### **Quadrant 4: Organization Recharge**

"There is virtue in work and there is virtue in rest. Use both and overlook neither." Alan Cohen

**Normalize the expectation of work-life balance.**

This is the basis for part-time work, reasonable vacation, and sabbaticals.

Onsite exercise, onsite mindfulness, organization-centered activities.

Support community charity.

**Create culture of caring.** Does someone care about me as a person? Does someone encourage me? In the last seven days, have I received praise or recognition for good work?

## Chapter 5: No One Is an Island

"None of us is as smart as all of us."

Ken Blanchard

Eradicate the doctor gives orders approach. It makes the doctor work too hard. The skills of your team go to waste.

**Instead, become the team captain. \*\*\***

What is the team's vision of success?

How will the team achieve success?

Get others engaged.

Hold a monthly team meeting.

Managing your boss:

1. Understand your boss:
  - a. Personality and communication style
  - b. Know goals and priorities
2. Understand yourself as above
3. Build trust by having regular collegial meetings

**Whenever you bring a problem to the boss, also bring a solution. \*\*\***

**Always end the meeting on a positive note. \*\*\***

**The leadership master skill: \*\*\***

**Say thank you with impact by recognizing effort and hard work.**

## Chapter 6: Do I Have to Change Jobs?

- "There are risks and costs to action. But they are far less than the long range risks of comfortable inaction." JFK

The author found that 70 percent of physicians stay put. Advises reviewing your ideal practice and your plan for change after implementing change. If your happiness level is below your acceptable level, then consider change.

1. **Your present job is your bridge to the next. Do not quit as the first step.**
2. **You must know what you are looking for in the next job.** Use your ideal practice description to ask the right questions.



## Chapter 7: Your Exit Strategy

- **Put a concrete number on your financial goal.** After achieving this, you are simply working because you want to work.
- Retirement head trash:
  1. I don't want to stop being a doctor. Suggests that **the doctor mindset will persist until death.**
  2. What will I do with myself? Suggests that you will suddenly be free of the 800-pound gorilla of work. **Do not equate being busy with being productive or being happy. \*\*\***Create your ideal retirement description.

## Chapter 8: Case Studies

## Chapter 9: Summary

There are 19 additional trainings on website

[www.thehappymd.com/powertools](http://www.thehappymd.com/powertools)

# The End

# The Five Fundamentals of Civility for Physicians:

## *initiating an important conversation — series introduction*

by Michael Kaufmann, MD  
OMA Physician Health Program



A SENIOR MEDICAL STUDENT ON A SURGICAL ROTATION WALKS INTO THE EMERGENCY DEPARTMENT OF A TEACHING HOSPITAL IN RESPONSE TO A PAGE FROM THE ATTENDING ER PHYSICIAN. SEEING THE STUDENT APPROACH, THE ER DOC ROLLS HIS EYES AND SAYS: “IF YOUR RESIDENT ISN’T RIGHT BEHIND YOU, TURN AROUND AND LEAVE NOW.”

A freshly graduated family doctor attending his patients in a community hospital general ward is having trouble finding a stethoscope that works properly. He gathers them all up, marches into the office of the purchasing officer, drops them on her desk and sharply states: “How am I to do my job if none of these things are any good?”

A senior physician, convinced of his own good ideas and certainty of perspective, talks over his colleagues at a departmental meeting, diminishing their contributions.

I recognize these kinds of behaviour. The medical student, the young family doctor, the senior physician: they are all me. Are these examples of disruptive

behaviour? Possibly. Unprofessional behaviour? That might be a stretch. But it’s easy to identify these kinds of behaviour as lacking in civility.

### The Definition Of Civility

What do we mean by “civility?” The dictionary is brief and constricted, defining civility simply as polite, or courteous behaviour. Civility is that, no doubt, but it is more. Civility is not just a synonym for politeness or courtesy. Perhaps civility is most easily recognized by its absence. An interaction characterized by uncivil behaviour leaves one feeling uncomfortable, fundamentally disrespected, diminished and ostracized. Civility, then, achieves the opposite effect.

Civility has many dimensions that involve oneself, others, as well as the community and culture we share. According to Forni: “Although we can describe the civil as courteous, polite and well-mannered, etymology reminds us that they are also supposed to be good citizens and good neighbors.”<sup>1</sup>

Davetian<sup>2</sup> says that civility is characterized by: “The extent to which citizens of a given culture speak and act in ways that demonstrate a caring for the welfare of others as well as the welfare of the culture they share in common.”<sup>2</sup>

My favourite definition of civility comes from the U.S.-based Institute for Civility in Government: “Civility is about more than just politeness, although politeness is a necessary first step. It is

about disagreeing without disrespect, seeking common ground as a starting point for dialogue about differences, listening past one's preconceptions, and teaching others to do the same. Civility is the hard work of staying present even with those with whom we have deep-rooted and fierce disagreements. It is political in the sense that it is a necessary prerequisite for civic action. But it is political, too, in the sense that it is about negotiating interpersonal power such that everyone's voice is heard, and nobody's is ignored."<sup>3</sup>

Spath and Dahnke, founders of the Institute for Civility in Government, remind us that civility is about self-care as well: "Civility is claiming and caring for one's identity, needs and beliefs without degrading someone else's in the process."

For the purpose of discussion in this and subsequent articles, an uncivil behaviour is one which lacks the attributes of civility, and incivility refers to a condition characterized by the absence of civility in social interactions.

### The Consequences Of Incivility

Michael Leiter has written extensively on workplace incivility and its con-

sequences. In his book, *Analyzing and Theorizing the Dynamics of the Workplace Incivility Crisis*, he describes the negative impacts of incivility in health care and other workplaces.<sup>4</sup>

Individuals experience incivility as personal stress, distress, anxiety, depression, psychosomatic disorders and burnout. Naturally these individuals are hard pressed to live up to their productivity potential. Some individuals experiencing uncivil behaviour may, in turn, retaliate by directing unwanted and unhelpful behaviours towards co-workers and the organization itself.

I once interviewed a doctor who was referred for help with his workplace behaviour. One complaint lodged against him came from a nurse who was offended when the doctor said something like: "I've only asked you to do one thing, and you can't even get that right."

I used that situation as an example for a group of residents that I was teaching about respectful workplace behaviour. One resident earnestly asked me to explain what was wrong with the comment made in this example. He said, "That nurse deserved what she got. She should go home, have a good

cry, and perform better at work after that. That's how I have learned."

I am concerned by that response. Even if it has been a part of our medical culture, is shaming learners or co-workers ever an effective teaching strategy?

Organizations, as well as individuals, pay a price for incivility. Costs to the organization are employee absenteeism, diminished engagement and increased turnover as workers leave the organization prematurely. Persisting, even subtle, incivility in the workplace creates an environment that is psychologically unsafe and difficult to endure — one that creates worker unhappiness and under-performance at the least, and drives people away at the worst. Along with the psychological costs, incivility can have striking fiscal costs to the organization, although precise calculations can be difficult to obtain.

Even small acts of incivility can contaminate the culture of a workplace. Unaddressed and uncorrected, there can be an insidious infusion of risk and insecurity into the social environment at work, creating a spiral of uncivil behaviours, reactions, and retaliations. The unstated, but actual, code of conduct becomes a code of incivility.

## Five Fundamentals Of Civility

1

### Respect Others and Yourself

Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

2

### Be Aware

Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

3

### Communicate Effectively

Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

4

### Take Good Care of Yourself

It's hard to be civil when personally stressed, distressed, or ill.

5

### Be Responsible

Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.

If this condition is repeated in a sufficient number of related workplaces, such as health care institutions, entire professions can be culturally “tarred” as being uncivil.

### The Impact Of Civility

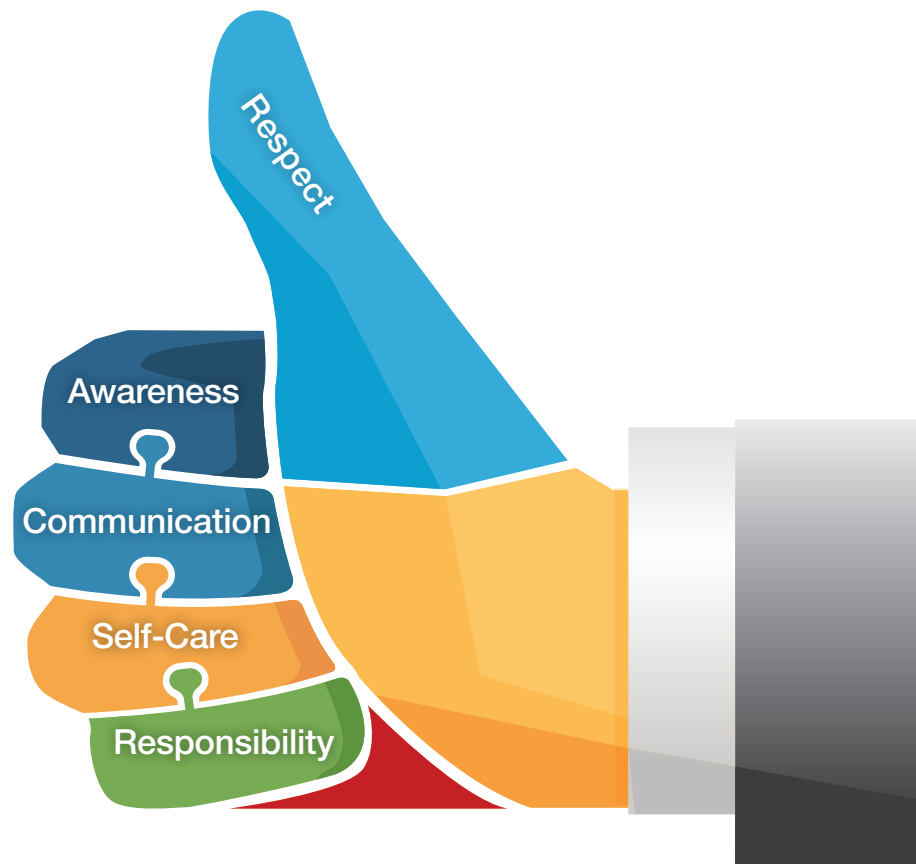
Leiter reminds us that positive social interactions allow the development of strong and effective connections to others, inspiring confidence in the group prospects. Civil interactions at work identify co-workers as supportive and helpful resources and are therefore associated with increased professional efficacy. Civility among colleagues is associated with lower rates of professional burnout. Civil collegial relationships foster inclusivity, co-operation, and can be energizing and empowering. It is much easier to enjoy one’s work in a civil environment.

One might argue that there is no need to discuss the benefits of civil behaviour in the workplace, or anywhere, for that matter. Everyone wants to be treated well. No one wants to feel hurt by an interaction with a friend, colleague or co-worker. We all appreciate a workplace that is comfortable and supportive. Yet, hundreds of doctors have been referred to the OMA Physician Health Program for help with workplace behaviour that has been uncivil, labelled as “disruptive.”

At a presentation for a community hospital about managing so-called “disruptive behaviour” in doctors, a surgeon spoke up saying that crude, off-colour jokes and other forms of commentary that might be seen as offensive by some were the norm in the operating room environment. He suggested that given the traditional OR culture, perhaps they ought to have their own, rather more permissive, code of conduct. All I could think to say in response was: “If we expect to treat one another well at Tim Hortons, is it OK to do otherwise in the OR?”

But the surgeon raised a good question: Is the medical culture different?

When I ask medical audiences if incivility is ever justified, often I hear opinions that it is. A frequent example is the doctor who is sharp with a co-worker in an urgent situation, perhaps in the OR, ICU or ER.



Again, questions must be asked:

Is it ever necessary to adopt an uncivil approach to a colleague at work (e.g., swearing at a co-worker in a pressurized situation to get their attention)?

Are there ways to achieve a better clinical outcome, even in a tense situation, without resorting to incivility?

Should all doctors be expected to behave in a civil fashion all the time?

Is civility being sufficiently taught and modelled in medical training programs and beyond?

### Embracing Civility

It appears, then, that a civil approach to relationships in the workplace has merit, but there are many questions to explore. While most doctors interact with others in a civil manner most of the time, anyone can experience lapses occasionally. And based upon referrals to the OMA Physician Workplace Support Program, it appears that some doctors lapse more often than others.

When the many dimensions of civility are considered more closely, it appears that there is much that can be learned about the causes of incivility and the strategies that can be adopted to foster civil behaviour, even at times of risk.

As such, I offer the following as Five Fundamentals of Civility for Physicians:

1. Respect Others and Yourself
2. Be Aware
3. Communicate Effectively
4. Take Good Care of Yourself
5. Be Responsible

Subsequent articles will examine each of these fundamentals in greater detail. ■

*Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (<http://php.oma.org/>) and Physician Workplace Support Program.*

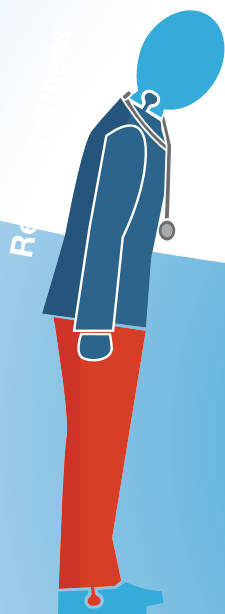
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# The Five Fundamentals of Civility for Physicians

## #1: Respect Others and Yourself

by Michael Kaufmann, MD  
OMA Physician Health Program



“...respect is like air. As long as it’s present, nobody thinks about it. But if you take it away, it’s all that people can think about.”

Crucial Conversations<sup>1</sup>



THE MARCH 2014 ONTARIO MEDICAL REVIEW FEATURED AN INTRODUCTION TO “THE FIVE FUNDAMENTALS OF CIVILITY FOR PHYSICIANS,” A SERIES OF ARTICLES THAT EXAMINES THE IMPACT OF INCIVILITY IN THE HEALTH CARE ENVIRONMENT, AND STRATEGIES TO FOSTER CIVIL BEHAVIOUR. THE “FIVE FUNDAMENTALS” REFLECTS ON THE NEED FOR RESPECT, AWARENESS, COMMUNICATION, SELF-CARE, AND RESPONSIBILITY — IN THE WORKPLACE AND BEYOND. THIS ARTICLE FOCUSES ON THE IMPORTANCE OF DEMONSTRATING RESPECT FOR OTHERS AND ONESELF.

Respect and civility are intertwined. It’s easier to interact with others in a civil fashion when we view them with respect. And civil behaviour conveys our respect while fostering the same from those with whom we live and work. Civility, as a means of demonstrating respect, engages people in their work.<sup>2</sup> Respect can mean many things, but here we are considering the way we regard ourselves and others. To respect is to recognize a sense of worth, to hold in esteem desired or admired qualities, and to accept and acknowledge the intrinsic value of oneself and others.

Respectful relationships are fundamental to worker engagement, high-

quality job performance, and, therefore, in the health care sector, the highest quality of patient care.<sup>3,4</sup> So, if respect is fundamental to civility, important questions arise: Is it possible to respect everyone? Is it possible to convey respect to everyone? What is the role of self-respect?

### Respect For Those We Know And Like

It’s easy to respect people we admire. Our good friends, colleagues with whom we are comfortable, mentors and others we know well, and like, have already earned our positive regard. With them we have built up a store of social

“capital.” Even so, we need to be careful not to let our guard down with these colleagues — at least not too often. And there are everyday ways that we can demonstrate our respect for them that enhance civility in our interactions. These considerations are mostly related to maintaining healthy interpersonal etiquette and boundaries.

- Be present. When in conversation with others, pay attention, listen and consider putting the smartphone aside whenever possible.
- Everyone needs personal space — physical and psychological. Maintain an appropriate distance when conversing with others, and don’t pry



or divulge too much about yourself uninvited. Make space for others to speak and contribute.

- Maintain professional dress and grooming. Ratty garb, greasy hair and body odour are not cool!
- Be mindful of time and timeliness. Arriving and leaving on time tells others that their time is as important as your own.
- Consider the feelings and needs of others. As Forni says, pass both the salt and the pepper when you are only asked to pass the salt!<sup>4</sup>

### Respect For Those We Don't Know Well

There are ways to demonstrate respect for people we really don't know, or don't know well. These may be colleagues with whom we seldom work, or the many other workers who provide the range of services vital to the proper functioning of any workplace. Respecting them offers them inclusivity — a civil thing to do. People need to feel that they belong.

- Acknowledge them. Make eye contact. Smile.
- Learn their names — and address them by name.
- Engage in friendly conversation from time to time.
- Learn more about their role and duties within the organization.
- Invite their opinions when appropriate, listen carefully, and express appreciation towards them.

Special mention needs to be made regarding power imbalance and workplace relationships. I was once invited to present a series of lectures on disruptive behaviour in physicians to a group of doctors in the United States. A dermatology resident functioned as my host and he drove me from my hotel to the meeting. I asked about his interest in physician behaviour and why he chose dermatology as a specialty. He explained that plastic surgery had been his primary interest, but he couldn't abide by the disrespectful culture he encountered in his training. The last straw, he said, was the day that his attending surgeon, displeased with something he (the resident) had done, leaned across the operating table and

head-butted him. The resident decided to switch programs!

Leiter reports that uncivil behaviour from individuals of higher status directed towards those who are subordinate has a greater negative impact compared to such behaviour between peer co-workers.<sup>5</sup> Even unintended, if thoughtless, slights can convey disrespect and cause harm. And if intended? I am not aware of any research that supports shaming as an effective teaching or workplace engagement strategy.

### Respect For Those With Whom We Don't Agree

When thinking about people with whom we don't agree, or perhaps those with opinions or values that we don't share, it gets more interesting. Maybe we don't identify with those perspectives, or even approve of them. And perhaps, in some cases, these are the physician leaders to whom we report. Even if we can't support their choices, can we still demonstrate respect for them? Here are some suggestions to consider:

- Assume positive intent. Generally, in any medical workplace, everyone is working towards the same goal: positive outcomes for patients.
- Seek to understand other perspectives by listening carefully and thoughtfully. Find common ground and identify with that. Consider that colleagues and co-workers from other cultures, generations, and even gender are inclined to see things differently.
- Engage in assertive, but courteous, discussion that enables expressions of support or dissent to be heard.
- Remember and value the fundamental humanity and worth as individuals that these colleagues and co-workers possess as members of our community.
- Respect the established systems and roles that govern and guide our work and our profession. Disdain for health care administration or regulation and scorn for its leaders is uncivil and unhelpful. If change is the goal, healthy participation, strategic advocacy, and sound leadership are the routes to take.

### Civility Towards Those We Aren't Able To Respect, And The Role Of Self-Respect

Perhaps the greatest challenge arises when dealing with others who have bullied us, or hurt us in some way. What place does respect have when interacting with others who appear to have acted without respecting us? Can we still choose civility? My assertion is that civility, even in this situation, is preferred to incivility — even if not everyone will agree. Self-respect is an important component of civil interactions with others in all circumstances, but in this instance, it is key.

- Consider how you wish your behaviour to be perceived by others. More than once I have heard doctors who call the OMA Physician Workplace Support Program (PWSP) for help say, "I don't want to be that guy!"
- Thinking back at the end of the day, reflecting on your behaviour when interacting with these individuals, how might you feel about yourself — especially if you chose incivility?
- Understand the steps that can and should be taken from a procedural perspective in dealing with someone whose behaviour towards you in the workplace is hurtful and unacceptable: gossip, disparaging remarks in clinical notes, email or the press, and threats of retribution, are not among them!
- Show leadership in demonstrating the kind of assertive, but courteous, communication and regard for others that you wish to be modeled in your medical community and culture. Others will respect and emulate that.
- Demonstrate self-respect and compassion by seeking advice and personal support should you find yourself feeling distressed or victimized by the behaviour of others in the workplace.

These are easy tips to offer, but challenging to act upon when emotions run high. Furthermore, the "gap" between demonstrating civil behaviour towards another in the absence of feeling respect for them can be draining. It is necessary to be self-aware and "other"-aware in these circumstances,

and excellent communication skills are a must. High-quality self-care and resiliency practices will also help in these circumstances. We will look at these as fundamentals of civility in the next few articles.

### Humility

The culture of medicine has bred a style of aggressive self-assurance in a good number of its practitioners that can be interpreted as arrogance. Many of the physicians referred to the Physician Workplace Support Program see themselves as heroic champions for patients and health care improvement. They launch themselves vociferously and belligerently against individuals and systems, speaking their “truth,” heedless of those they trample upon in the process. Convinced that their own system of values is unassailable, they judge the motives of others to be suspect. Despite the positive intent of these often amazing and accomplished

individuals, their approach is seldom respectful of the needs, status and opinions of others. Arrogance does not convey respect and is not civil — but humility does and usually is.

A humble person has an open mind, recognizes his or her own limitations, and is willing to consider other ways of being, thinking and behaving. A leader who is humble will understand the appropriate use of the power his or her status confers. Humility allows for apology when needed. Even a modicum of humility in our manner can convey respect for others, engage co-operation, and help us effectively reach the very same goals that a more forceful approach demands, but fails, to achieve.

Can respect and humility be taught and learned? I don’t know for sure, but as a colleague once said to me: “The invitations will keep on coming!”

**Respect for others and oneself is at the heart of a caring and civilized profession. Choose civility. ■**

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*Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (<http://php.oma.org/>) and Physician Workplace Support Program. Dr. Kaufmann would like to thank PHP and PWSP colleagues and staff for their suggestions and support in the preparation of this series of articles.*

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# The Five Fundamentals of Civility for Physicians

## #2: *Be Aware*

by Michael Kaufmann, MD  
OMA Physician Health Program

“We don’t see things as they are,  
we see things as we are.”

Anais Nin<sup>1</sup>



IMAGINE YOU’RE A DOCTOR JUST ARRIVING AT THE HOSPITAL TO CONDUCT ROUNDS ON YOUR PATIENTS. IT’S A BUSY MORNING AND YOU’RE REVIEWING THE STATUS OF SEVERAL OF YOUR PATIENTS WHEN A NURSE APPROACHES SAYING: “GOOD MORNING, DOCTOR. MR. SMITH HAS HAD A BAD NIGHT AND HIS SON IS HERE. HE HAS SOME QUESTIONS FOR YOU. YOU SHOULD SPEAK TO HIM.”

It turns out that Mr. Smith was admitted overnight and you have yet to catch up to the details of the case. Irritated by her tone, and frustrated, you turn to the nurse, someone you don’t recognize, and snap: “How do you expect me to talk to the family when I don’t even know the case?” Then, unheeding of the nurse’s look of hurt and dismay, you add: “And who are you, anyway? Another temp? And haven’t you spoken to his son?” The nurse turns and leaves in a huff of indignation. To your surprise and consternation, you learn a couple of days later that the nurse has filed a Code of Conduct complaint against you.

This nurse probably doesn’t know that this kind of behaviour is really uncharacteristic of you. Of course, she has no way of knowing that you had trouble sleeping the night before due to a recurrence of back pain that you feared would never go away, along with your ongoing concerns about

how your teenage son is struggling in school. And it didn’t help that you and your spouse don’t agree on how that problem should be managed. Further, sleeping in, you left home in a hurry, skipping breakfast. In the moment, under all of these stresses at the nursing station, even you weren’t aware of how these many things were affecting you. Neither were you aware of the impact of your behaviour upon the nurse, or how she might be feeling as someone new on the job.

You immediately regret the manner and tone you used with the nurse. But it was too late — primed and challenged, you “shot the first thing that moved,” an act of incivility that might have been avoided. Worse, the nurse, now leary of you, lodged a complaint. And she might go on to behave in ways that are uncivil or unwanted (such as critical comments about you to others), beginning a “dance of incivility” never intended.

### Mindlessness

Reflection and self-awareness practices help doctors examine many aspects of themselves that contribute to their thoughts, moods and actions. Without this awareness, we can be said to be functioning “mindlessly.” That’s fine when considering mechanical skills, such as driving a car, considering how often this action has been successfully performed in the past, resulting in the desired level of unconscious competence. But mindless interactions with colleagues and co-workers can sometimes lead to uncivil behaviour, chosen indiscriminately. In fact, mindlessness accounts for many deviations from professionalism, which seem to occur more often when doctors find themselves in pressured, emotionally charged situations.<sup>2</sup>

Considering our example, there is plenty that requires attention in order to be truly self-aware: your physical state



(back pain, hunger, fatigue), emotional state (frustration, worry, anger), temperament and personality style (rational, controlling), communication style (there's something about the tone of voice used when upset that others hear as "yelling"), attitudes and cognitive distortions (perfectionism, self-criticism — what have I done wrong as a parent?), assumptions (a nurse unrecognized is a temporary worker), biases (administration saves money by hiring junior nurses part time — quality patient care doesn't matter to them), knowledge gaps (I really don't know what drives hospital decision-making, or all of its aspects), personal values (patients matter more than hospital budgets!), and so much more. Everything we experience is perceived through these filters shaping our thoughts, reactions and deeds.

Mindlessness can catch us up into negative emotional, cognitive and behavioural patterns without our being able to intervene. A colleague once said that this was like automatically heeding the "Committee of Idiots" in our head! Mindlessness also prompts shifting of blame and avoidance of personal responsibility. In short, if we are not mindful, or sufficiently self-aware, and just allow our attention and actions to be engaged in these negative loops, choosing civil behaviour would be difficult at the least; we might even do harm to ourselves and others.<sup>3</sup>

### Mindful Self-Awareness

Hence we see the connection of mindful self-awareness to civility, if not our general well-being. Gilbert describes this form of awareness as accepting, non-striving, contented well-being. He says that mindfulness practice puts people into the "being mode" rather than the "doing mode."<sup>3</sup> Another description of mindfulness is a state of "could be," welcoming uncertainty rather than trying to avoid it.<sup>2</sup>

Self-awareness is the moment-to-moment, non-judgmental recognition of what's happening within us. The goals of mindful self-awareness include enhanced expression of core values, such as empathy and compassion, the courage and ability to see the world

more as it is rather than as one would have it be, and the humility to recognize, tolerate and embrace one's "blind spots" — areas of weakness — while leveraging our strengths.<sup>2,4</sup> Awareness practices also open the door on sensitivity to others. We might wonder about how they are interpreting their circumstances and understand that they might not react in the same way as us, even in the same situation. We can respect their feelings without taking them on to ourselves, or automatically reacting emotionally to them. It is easier to understand how another might be challenged to behave in a civil manner as we accept the same is often true for ourselves.

### Cultural Awareness

If the simple definition of culture is "the way things are done around here," then we need to pay attention to that as well. Our behavioural choices are influenced broadly by external norms and expectations just as they are by our internal status and the behaviours of others. Unlike the fish that pay no heed to the water in which they swim, civility is easier to choose if one is aware of the cultural influ-

ences, positive and negative, all around us. Kindness is good, meanness is not. Directive communication is acceptable under certain circumstances, profanity is not. Teaching by asking tough questions is fine, shaming is not. Humour is fun, sexist jokes are not.

Ultimately, one by one, when able to identify these influences, we are able to make civil choices (should that be our desire) that have the power to transform the very culture that guides and nourishes us.

### Barriers To Awareness

Barriers to self-awareness are numerous in medical training and practice.<sup>2</sup> Fatigue, dogmatism, emphasis upon an overly "algorithmic" and literal-minded approach to clinical choices and behaviours (rather than on conscious, non-judgmental awareness and reflection) close the mind to relevant feelings and options. These practices in senior physicians can be emulated by learners and junior colleagues who then become unconsciously incompetent with respect to self-awareness, even as they develop exquisite competencies (also ultimately largely unconscious)

with respect to the clinical knowledge and skills of their specialties. Worse, “soft” skills, such as critical reflection, may even be scorned by clinical teachers. Even worse — learners are trained to behave in an uncivil manner.

I once met a young doctor who was referred to me for help regarding his intolerant and belittling behaviour toward his co-workers. Insightful and self-aware, he described his behaviours as inconsistent with his values and the person and professional he really wanted to be. But, as a resident, he was often loudly criticized by senior and very successful teachers and mentors. He often felt shamed and embarrassed by their comments about him. That was the culture of the university department where he had trained. He found himself copying their styles and he was disappointed with himself. He readily accepted a referral for counselling and coaching. Later, I heard from his chief of staff that he was doing very well — a model of civility.

I smiled wryly, inwardly, when I first met him, because I knew some of his mentors in training. One had even been referred to me as well! But unwilling or

unable, insight did not come so readily to that individual, and change came slowly, at considerable cost.

So, to the doctor in our opening example: if you had sufficient awareness, you might have chosen a different response to the nurse in the first instance. Perhaps her abrupt manner with you reflected her concern about the patient and her inability to reassure his son, rather than a lazy passing of the problem over to you as it might have seemed. Being mindful of your own irritability, you might have paused to consider your response to her. And even if not, noticing how your words hurt her, wondering what it might be like for her to be new on the job and already challenged by a doctor, you might have been able to interrupt your verbal attack and offer an apology instead, likely preventing her from lodging a complaint and stopping the “dance of incivility” before it ever began.

### Self-Awareness Strategies

Here are a few recommendations designed to help improve self-awareness:

- Keep a journal of reflective writing. Record thoughts and ideas, without censorship or judgment, about your reactions to events of the day, reflecting upon what went well, or not, and how your personal realities influenced your choices.
- Learn and practice meditative techniques. Mindfulness courses are readily available, including mindfulness training specifically for physicians. Self-study and practice is available as well in a variety of formats.
- Seek out trusted friends and peers with whom you can discuss your thoughts, feelings, behavioural choices and reactions. Invite their honest feedback. Offer the same to them.
- Seek behavioural feedback at work. This may come in the form of regular supervision (perhaps from a department chief or other physician leader) or by using a “360” multi-rater survey tool specifically designed for this purpose.
- Seek out opportunities for group education and discussion that focuses upon relevant leadership, problem-solving and ethical practice knowledge and skills.
- Mentor and be mentored by others who value self-awareness practices.
- Employ the services of a suitable professional coach. Coaching is an increasingly available and utilized tool to help define one’s personal and professional goals, enhance motivation, and reinforce positive choices to help attain those goals.
- Sometimes, professional counselling is a good way to enhance self-awareness in a more clinical and in-depth way.

### In The Heat Of The Moment

I often ask medical audiences if it’s acceptable, as a physician, to be uncivil toward colleagues or co-workers in an urgent, even crisis situation. Invariably there is someone in the group who believes that it is OK to be uncivil, especially if the doctor is in charge of the patient’s care in a “life and death” situation. The speaker is usually referring to a communication style that is firm, even forceful. Few condone the use

of profanity in that situation, however. Perhaps taking an assertive, directive, yet respectful stance is in keeping with civility in such a situation, designed to bring out the best and right action from a co-worker on behalf of a patient in dire need, yet still leaving that co-worker feeling intact.

Nonetheless, crisis is a moment of high tension that can place civility at risk. Imagine, now, that you are attending a critically ill patient in the ER or ICU, about to insert a chest tube, or perhaps a central line, and your progress is impeded because the nurse or other co-worker helping you is inexperienced in some way. How do you handle your frustration or even anger?

The Physician Health Program has developed a short strategy that incorporates awareness techniques to help in these moments. We borrowed the ABC (airway, breathing, circulation) approach already familiar to those who work in critical care, and modified it:

- *A stands for Awareness* — learn to recognize one's own reactions to critical situations as an early warning sign. Perhaps there is tightness in the neck or shoulders? A churning feeling in the gut? Other? It would be helpful to notice how others are reacting as well.
- *B stands for Breathe* — learn how to pause, even if very briefly, to reflect on the situation. If there is time, a short breathing meditation may help. (An example can be found here: <http://php.oma.org/Mindfulness.html>). Even three or four calming breaths can create space for a moment of critical appraisal and reflection regarding what comes next.
- *C stands for Choose a Civil form of Communication* — effective communication is the third Fundamental of Civility, which we will explore in the next article.

The goal of awareness, certainly as it pertains to civility, is to render informed and conscious behavioural choice readily available. Those who achieve the highest level of self-awareness obtain a useful and functional insight. Such individuals are able to recognize the roots of their behaviours, solve problems and overcome challenges by being present in the moment, able to feel and express compassion while developing new attitudes and the freedom to make civil choices. An interesting thing can happen: while any one of us accesses civility, others seem to do the same!

**Awareness is at the heart of a caring and civilized profession. Choose civility. ■**

The introduction to the series, “*The Five Fundamentals of Civility for Physicians*” (published in the March 2014 OMR), and “*Fundamental #1: Respect Others and Yourself*” (published in the May 2014 OMR), are available on the Physician Health Program website (<http://php.oma.org>).

Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (<http://php.oma.org/>) and Physician Workplace Support Program. Dr. Kaufmann would like to thank PHP and PWSP colleagues and staff for their suggestions and support in the preparation of this series of articles.

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Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

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Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

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Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

### 4 Take Good Care of Yourself

It's hard to be civil when personally stressed, distressed, or ill.

### 5 Be Responsible

Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.

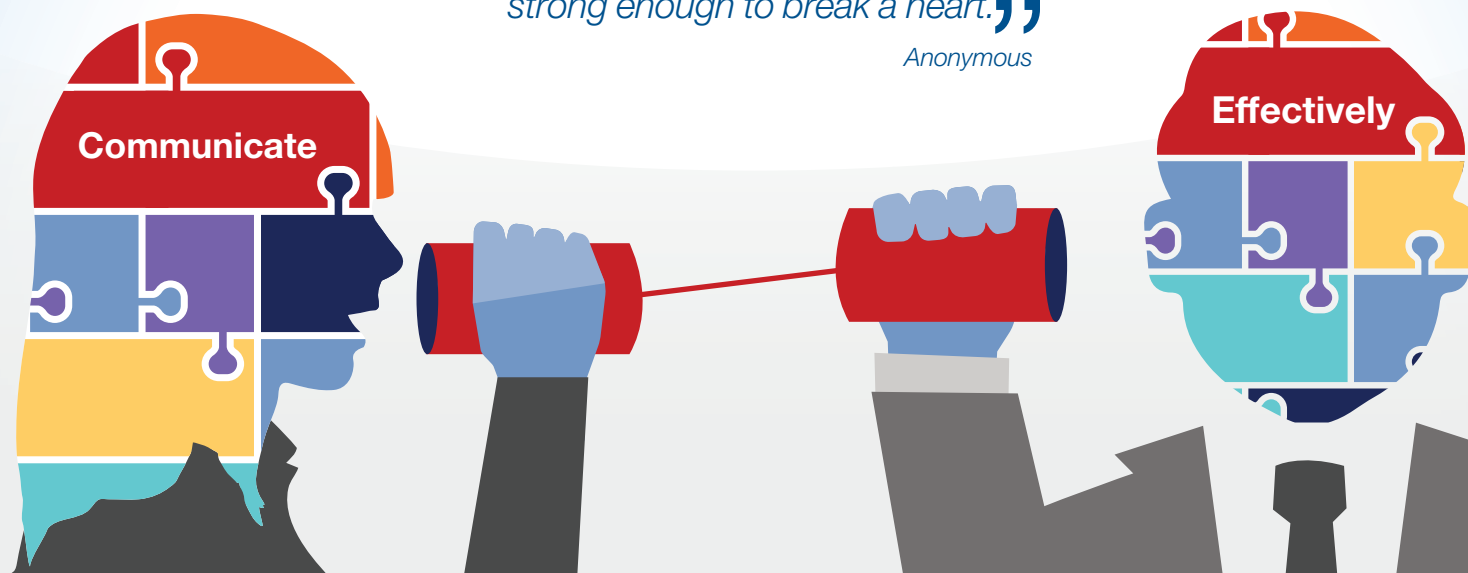
# The Five Fundamentals of Civility for Physicians

## #3: *Communicate Effectively*

by Michael Kaufmann, MD  
OMA Physician Health Program

“The tongue has no bones, but is  
strong enough to break a heart.”

Anonymous



Words are powerful. They can flay like whips. When hastily chosen and self-serving, they can unnecessarily hurt and discourage. On the other hand, words that are well chosen, considerate and timely can lift spirits, motivate, heal, and connect us.

When we communicate with someone, be it face-to-face, by phone, online, or by any other means, we must remember that we are interacting with a living, breathing, vulnerable human being — just like us.

At its core, civil communication is courteous and respectful. I wonder why this can be forgotten during the course of medical training and practice?

### Everyday Communication

We live in a time and place where such things as rules of etiquette, dress codes and dining manners, just to name a few social conventions, are relaxed, even disappearing. It's possible that rules for everyday, well-mannered conversation are overly relaxed as well.

Here are some common sense considerations for civil conversation:

- Greet others warmly. Gently push vital preoccupations to the side, just for a moment.
- Engage in conversation genuinely when the opportunity arises. Consider what has been said, turn it over in your mind for a moment or two, and reply in a thoughtful manner.
- Be inclusive. When others approach, invite them to join the conversation.
- Thinking the best of others is a decent thing to do. Draw upon your respect for others, as discussed in “Fundamental #1: Respect Others and Yourself.”<sup>1</sup>
- Maintain your integrity. Share to the extent that you are comfortable without being dishonest or misleading.

### Two Kinds Of Silence

Silence can help or hinder civility in communication. Active listening is the first kind of silence. If communication is sending and receiving information, then listening is as important as speaking.

Not talking in key situations is the other, unhelpful, form of silence. Communication withheld when it is expected, needed, or would be appreciated, is a pernicious choice, even when harm is unintended.

### Listening

Imagine a time when you had a good conversation with a colleague or friend. You know it was good because you came away feeling positive, buoyed up, heard. Your partner really listened. But how did you know that?



Well, they probably didn't talk that much. And they certainly didn't talk over you, or appear to be eagerly waiting for an opening in your narrative so they could punch through with their own ideas. You were sure they were paying attention to what you were saying, taking everything in. They faced you and didn't fidget. They set their smartphone aside. Pauses in the conversation were comfortable spaces that invited you to share more detail. And when they did speak, it was to ask a question that really confirmed they were trying to understand what you were saying, and, perhaps, feeling. Or maybe they had helpful and relevant comments to offer. They didn't hurry away.

In *Choosing Civility*, Forni says: "plan your listening, show that you are listening and be a co-operative listener."<sup>2</sup>

Planning to listen is a conscious choice and a deliberate act. Silence is your tool. Head nodding and similar gestures at the right time demonstrate active listening. Clarifying questions in order to understand the other's perspectives are signs of co-operative listening. So are offering your opinions and advice, but only if that is what your partner in conversation is seeking.

Listen also to your inner voice busily reviewing, comparing, identifying, maybe judging, planning your next words, tempting you to interrupt. But silence it as well — until the right moment. Good listening is purposeful work and a great measure of civility.

Now let's consider the other form of silence: absence of communication.

### Praise

I think that many physicians find it difficult to offer praise. We might think that there is only one way to perform — to the best of our ability. We expect that from others almost as much as we do from ourselves. So why compliment someone for simply performing as we expect? The answer is that a well-deserved compliment is a considerate act of support. It is capital deposited into the interpersonal emotional bank of good will. Genuine praise strengthens relationships now, thus facilitating more difficult conversations later, should they be needed. It is an act of civility.

Here's a suggestion: if it crosses your mind that someone has done a good job, achieved an important goal, gone the extra mile, then tell them so. And if someone kindly does the same for you, then the gracious thing to do is to accept the compliment.

### Giving Constructive Feedback

If it is a challenge to offer praise, then it's really tough to provide feedback and guidance when someone we work with needs it. Rather than criticism, think of this as constructive feedback. When someone around us is under-performing, struggling, distressed, distressing others and/or behaving in an unprofessional manner, approaching them as a friend, colleague or leader is a responsible thing to do. There are many frameworks to consider when the time is right to give constructive feedback and how to do it. Motivational interviewing (MI) is one of them.

MI is a strategy described by Miller and Rollnick that offers sound principles for effective communication with someone who is resistant to, or ambivalent about, change.<sup>3</sup> A motivational conversation is embedded in a collaborative and supportive relationship. The physician leader, or speaker, is a guide who helps to clarify a colleague's goals and explore effective behavioural strategies to move toward achieving them.

Unhelpful strategies are also identified — often by the colleague. This is known as developing discrepancy, or, as a popular television counselor might say, "How's that working for you?" Learning how to roll with resistance is vital: a bloody-minded response to a bloody-minded stance calcifies obstinacy. Ultimately, an effective motivational approach supports the other's self-efficacy in finding ways to make necessary change.

While it is beyond the scope of this article to go into MI strategy in depth (or other effective communication paradigms), here are some tips that can provide helpful structure to difficult conversations:

- Plan and rehearse your conversation ahead of time.
- Choose a place and time that is private and unhurried.

- Engage using empathy and open reflection upon what you are hearing (e.g., "I imagine you found yourself in a difficult position...").
- Seek to genuinely understand and support the other person's goals whenever possible.
- Use open-ended questions without judgment (e.g., "Tell me more about that" or "Help me understand").
- Focus on accepted facts and behavioural observations, not the person (e.g., "I'd like to discuss an incident that arose in the OR last week" rather than, "How can you have been so thoughtless?").
- Monitor your own internal state, including emotional reactions, biases and "stories" you are telling yourself about the other person and their circumstances.
- Clarify expectations and preferred outcomes objectively, without "taking sides."
- Clarify consequences/contingencies that are relevant to the circumstances.
- Support positive behavioural choices and outcomes.

And watch out for these common conversation stoppers:

- "You always..." (exaggerated overstatement)
- "You never..." (exaggerated understatement)
- "Don't take this personally, but..." (it is personal)
- "With all due respect..." (it is not respectful)
- "I shouldn't have to tell you this, but..." (inappropriate assumptions)

### Receiving Feedback

Just as giving feedback requires skill, so does receiving it. Not one of us can judge ourselves perfectly. Forni advises that if we can see the person giving us constructive criticism as our friend (and that might require an active imagination) then we can open ourselves up to quietly considering the feedback as helpful.<sup>4</sup> If it rings true, gracious acceptance is certainly appropriate. If you're not sure, then offer a thoughtful response, perhaps "You've given me something to consider. Thank you for that." And if you just can't accept the

feedback as valid, then a civil response might be, “I appreciate that’s how you see things, but that just doesn’t make sense to me.” Counterattack — adopting an aggressive stance — will quash any hope of useful dialogue, blocking positive outcomes and the promotion of respectful workplace relationships.

I’ve heard it said many times about doctors referred for assessment and support that they “lack insight,” that is, they don’t understand or appreciate the impact that their behavioural choices have had upon others. “Have you explained that to the doctor?” I’ll ask. “No” or “Not recently” is often the response.

I’ve also heard it said that we judge ourselves by our intentions while others judge us by our impact upon them.<sup>5</sup>

Even good intentions can result in negative impacts. To the extent that there is a gap between those perspectives, there is a gap in insight — a civility gap. Closing this gap enhances civility and is entirely dependent upon effective communication, both sending and receiving.

### Body Language

In any civilized culture there are rules, written and not, that guide comportment in the company of others. By age 16, George Washington, the first American president, had collected 110 Rules of Civility and Decent Behaviour in Company and Conversation.<sup>6</sup> Rule number 12 states: “Shake not the head, feet, or legs; roll not the eyes; lift not one eyebrow higher than the other; wry not the mouth; and bedew no mans face with your spittle by approaching too near him when you speak.”

Clearly, the important messages of non-verbal communication have long been known. Eye contact, facial expression and body positioning all require conscious attention in order to facilitate effective communication.

Smile a little when appropriate; adjust your facial expression and posture to demonstrate attentiveness and concern about what is being said; unfold your arms into a more relaxed posture; and George Washington reminds us to sit back and give our colleague enough physical space to feel comfortable.

### When The Situation Is Urgent

The pressure of a health care emergency is not a rudeness rationale. The ABCs of communication in urgent situations (Awareness, Breathe, Communicate Civilly) were described in the last “Fundamentals” article (#2: Be Aware).<sup>7</sup>

Civil communication in this setting involves directive, but respectful, language designed to motivate appropriate responses from colleagues and co-workers in the most efficient and timely manner possible. Skillfully done, everyone wins: doctor, colleagues, co-workers, patients. Here are some suggestions to enhance effective communication in the heat of the moment:

- Speak in a firm, but unhurried manner.
- Be clear, concise and crisp in your directions and choice of words.
- Use sufficient volume to be easily heard by everyone present, without shouting or yelling.
- Repeat yourself, if necessary, using the same approach.
- Choose a tone that conveys a sense of support. Do your best to filter out any anger or frustration you may be feeling.
- If some of those emotions do assert themselves, explain them rationally and sedately as soon as possible.
- Avoid using profanity.
- Never embarrass, humiliate or belittle anyone — ever — regardless of their role and status.
- Check with the team member to whom responsibility has been directed to be sure they have received your directions properly.
- Be open to expressions of concern from any co-worker on the team.
- Debrief kindly with others after the event to explain your approach during the crisis.

### Communication In The Digital Age

Electronic communication and social media have changed so much about the way professional communication takes place.

Like all innovation, electronic and online communication offers many benefits, but also pitfalls that open the door on new forms of incivility. Whether it’s an

entry into an electronic medical record, email, tweet or blog, there appears to be something about sitting at one’s computer that permits unpleasant messaging of all forms. I have seen gratuitous comments slagging a colleague’s clinical skills; exhortation for open defiance of workplace administrative policy; criticism of hospital leaders in clinical records, blaming them for negative patient care outcomes; endless email harangues, one doctor in conflict with another; and so on. None of these forms of communication are helpful, effective or civil.

Our thinking and communication practices need to evolve along with the digital revolution in order to preserve personal and professional integrity and high-quality relationships in the workplace.

As the Canadian Medical Association Code of Conduct affirms: Treat your colleagues with dignity and as persons worthy of respect.<sup>8</sup> This ought to be the case whether our communications are face to face, in writing, online, in social media, or in any other form of communication in the digital age.

Here are some thoughts about maintaining civility in electronic and online communication:

- Keep professional and personal communications separate. It’s so easy to blur the lines between our private lives and work lives and the sharing we choose for each.
- Email communication should be brief and respectful. Use face-to-face communication to resolve conflict.
- Consider all comments posted online to be public. Would you say them to, or about, someone in person, in front of others?
- Be mindful and respectful of local corporate/institutional social media policy when functioning as an advocate within the health care system. The necessary role of advocate and the right to free speech do not protect physicians from the consequences of libel and defamation.<sup>9</sup>
- Remember that digital communication never goes away. Consider that the uncivil comment you make in

a moment of pique often can't be taken back, and the record is permanent!

- It is our ethical obligation not to impugn the reputation of colleagues.<sup>8</sup> Pause for a moment, especially if your emotions are high, before completing any digital entry or pressing “send.” Re-read the message later. Ask yourself: “Is there anything defamatory about this message? How would I feel if this were a message posted by someone else referring to me?”

Our professional goal is to heal whenever possible and to comfort always. We are honoured to work and connect closely with others on this mutual mission. Civility is the vehicle we need to deliver our skill, knowledge and compassion to others.

Effective communication is at the heart of a caring and civilized profession. Choose civility. ■

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series are available on the Physician Health Program website at <http://php.oma.org>.

*Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (<http://php.oma.org/>) and Physician Workplace Support Program. Dr. Kaufmann would like to thank PHP and PWSP colleagues and staff for their suggestions and support in the preparation of this series of articles.*

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# The Five Fundamentals of Civility for Physicians

## 1 Respect Others and Yourself

Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

## 2 Be Aware

Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

## 3 Communicate Effectively

Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

## 4 Take Good Care of Yourself

It's hard to be civil when personally stressed, distressed, or ill.

## 5 Be Responsible

Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.

# The Five Fundamentals of Civility for Physicians

## #4: Take Good Care of Yourself

by Michael Kaufmann, MD  
OMA Physician Health Program

“Looking after ourselves is just as important as looking after our patients.”



“That’s not how my mentor puts it,” said the resident. Young and eager, he was sitting forward in his seat, following me closely, challenging. “Surgery is a demanding specialty. If you’re not tough enough to stand it, you should get out,” he added — or words to that effect. Oh no, I thought, he’s swallowed the poison!

That happened during my lecture to a group of residents at a university in Ontario. I was speaking about physician health and risk, burnout and substance use disorders, our vulnerability, and self-care as an imperative.

Later, I found out that the resident who spoke up — which I appreciated — was only just beginning his surgical training. I could see that his process of professionalization was well underway, and it didn’t seem like he was going to be much exposed to a vital message: our health is just as important as our patients’ health.

It seemed to me that he was at risk of following a traditional path of self-sacrifice; denial of his own basic physiological and emotional needs in the name of surgical training and practice. And worse, he would believe that it was a good idea to do so, that it would make him a great surgeon. Maybe.

Certainly he’ll have plenty of exposure to all of the amazing opportunities his training will provide. But one day, taut and exhausted, I wouldn’t be surprised if he lashes out at a colleague or co-worker in a most uncivil way. Tightly wound, he will, as they say, shoot the first thing that moves.

Civility and self-care are linked. As Spath and Dahnke said, “Civility is claiming and caring for one’s identity, needs and beliefs without degrading someone else’s in the process.”<sup>1</sup> I’m in a position to interview doctors who have forgotten that. Burned out and perplexed, they’ve drifted away from the awe of medical practice. Instead, they see their patients as problems, their colleagues and co-workers as irritants, at the very least, and sometimes as the enemy.

I even see that transition in the faces and mannerisms of learners: eyes wide

with amazement as medical students; spent and jaded by the final years of residency. They are already shouldering a load that is difficult to set down.

### Civility And Burnout

What happens when a person has to perform day after day under demanding conditions beyond their personal comfort zones, unable to unburden themselves? Yes, there is learning and growth, to a point. After that, there is fatigue, exhaustion, distress, burnout, illness and, for some, incivility.

We are learning that choosing civility isn’t always easy. Sometimes we have to dig deep to find the respect and awareness required to communicate in a civil and effective fashion. This is especially true at times of prolonged stress, when we’re most likely to fall back on more deeply ingrained modalities of fight, flight, or aggression.



Burnout — a result of unrelieved work-related stress — can impact upon any otherwise healthy individual, and looms as one of the greatest challenges to the medical profession. Nearly half of the physicians surveyed in North America report some degree of burnout.<sup>2,3</sup> This is inhumane and unacceptable.

We can examine burnout in more detail. Maslach described the dimensions of burnout as exhaustion (physical and emotional depletion), depersonalization (a cynical detachment from work and co-workers), and a sense of ineffectiveness and lack of personal accomplishment.<sup>4</sup>

Major antecedents of burnout include excessive workload, perceived lack of control, insufficient reward, poor professional community support, a sense that fairness is absent, and a mismatch between one's personal and occupational values with those perceived in the workplace.<sup>5</sup>

Highly motivated doctors with intense investment in their profession are particularly at risk.<sup>5</sup> So often have I heard doctors explain their workplace incivility this way: "I do what I do and say what I say only to get the best possible care for my patients!" I believe they are being sincere, even as they are unaware of the paradox: treating co-workers badly has negative impacts upon patient care. Chronic stress-related irritability, impatience with others, and failing empathy all predispose to workplace conflict and low morale. As one distressed doctor who contacted us put it: "I just can't be nice to stupid people any longer."

### The "Self Versus Service" Dilemma

At the Physician Health Program (PHP), we regularly receive calls from doctors who are stressed and feel like they are burning out. Their account often reflects the following pattern: they are feeling overwhelmed by their workload and under-appreciated. Maybe they're drinking a bit too much, or perhaps a patient has complained about their manner. They've approached the chief of their department seeking support and relief, only to be met with a message pushing the problem back upon them

— something like, "These are tough times and we all have to work harder."

The chief is right in some ways: doctors are being pushed to respond to unlimited demands. I'm sure those in positions of responsibility are also stressed by these systemic pressures. Still, a compassionate, active listening response to a colleague in distress would, all by itself, offer a measure of relief. And in the end, how is anyone well served by a suffering doctor, or one who must abandon his or her work in order to seek care?

### Personal Resilience

What is the answer? At the least, optimizing our own health and resilience practices is a choice that is within our control. Much has been written about the self-care practices that bolster resilience, including the PHP BASICS series.<sup>6,7</sup>

Resilience can be thought of as the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost. Resilient individuals not only "bounce back" rapidly after challenges, but also grow stronger in the process.<sup>8</sup> Good personal resilience practices promote civility. Here are some tips:

- Don't skimp on nourishment. Eat regular meals whenever possible, and healthy snacks when meals must be skipped.
- Get some exercise — even if that means using the stairs at work more often.
- Cherish and protect time for sleep, keeping to regular sleep hygiene habits.
- Practice mindfulness.<sup>9</sup>
- Be sure to spend time with friends, family and significant others.
- Choose work that matches your temperament and values — even if that means changing jobs.
- Take breaks to walk on "uneven ground" as often as possible, be it through vacations or other opportunities to enjoy natural environments.

Self-care is foundational. In an environment that demands peak performance from us every day, attending to basic personal needs provides the

vitality necessary to go out into the world and apply our skills in a way that enables our genuine connection to colleagues, co-workers and patients.

Beyond the intuitively obvious benefits of taking care of ourselves, we now know that healthy lifestyle practices for doctors translate to better care for patients.<sup>10,11</sup> Truly, even for the most dynamic of doctors, paying attention to our own needs makes sense.

### Community

A number of years ago, I was invited to attend an evening meeting of a small group of family physicians to talk about physician health and the Physician Health Program. They were all male (in fact, calling themselves the "Mensgroup") and, as they had been doing for a dozen years or so, they were gathering at the home of the member-host for an evening of discussion and mutual support.

Personal "check-in" took place over the meal prepared by the host, and discussion followed. The discussion focused on topics of mutual interest, but favoured issues of personal importance rather than medical education. Over the years, they had discussed such issues as parenting challenges, loss and grief, resilience and coping, ethical investing, preparing for retirement, and so on.

I really enjoyed my time with the group and told them so at the end of the meeting. "So why not join us?" was the response. I did. And I've been joining them every month since, in our homes, on vacations, and for our annual weekend retreat every September in Algonquin Park. These fellows have become valued friends and an important support of my own resilience.

It's not just me. Resilient physicians themselves say that their professional friendships, alliances and networks keep them healthy.<sup>7,12</sup> Doctors come together in many ways that foster genuine mutual support: journal clubs, Balint groups,<sup>13</sup> Finding Meaning in Medicine groups patterned upon the work of Rachel Remen,<sup>14</sup> and hospital-based peer support groups and services like those developed at the Brigham and Women's Hospital in Boston,<sup>15</sup> are but

a few examples, along with groups like the one to which I belong.

Here are some tips in finding/forming a mutually supportive peer group:

- Choose a few like-minded colleagues interested in sharing at a personal level.
- Consider how many members of the group would be optimal.
- Create some “norms” for discussion.
- Experiment with different meeting formats until you find one that works for all of your members.
- Be sure to create safety for the discussion of personally sensitive, confidential subjects and experiences.
- Refresh group membership, structure and norms regularly.
- Wonder how you ever managed without this kind of support before!

Any professional grouping of doctors and co-workers, like family health teams, hospital or university departments, can be considered as communities worthy of self-care, as long as the door is open to sharing in a safe and meaningful way.

In effective workplace communities, practical decisions about work distribution, remuneration, resource shar-

ing, and so on, are made in a spirit of fairness, friendship and mutual support. Healthy communities are places where conflict, when it inevitably appears, is managed respectfully and effectively.

Professional communities of care are places where doctors can be genuine with one another, sharing their experiences as well as feelings of stress and vulnerability. Compassionate professional communities acknowledge the self-care needs of their members and know how to respond when someone is over-burdened or suffering. These are the kinds of communities where civility prevails.

Civil professional communities are also places where systemic problems can be identified and confronted in a way that preserves the energy and dignity of everyone who works there. This is a matter of leadership, co-operation and imagination.

### The Culture Of Medicine

It is ironic that a profession so involved with healing and humanity can often be characterized by incivility. Whether it's expecting learners to go without food

or sleep, one doctor attacking another over perceived slights or unfairness, or entire professional groups railing against others in political or financial combat, the “house of medicine” suffers. I doubt this would be the culture any one of us would support, or deliberately choose to join.

So, just as we need to care for ourselves and our local professional communities, we need to be mindful of the care our professional culture of medicine requires. The health of doctors, and therefore the health of our profession and the populations we serve, is taking shape as a core professional value. This is described in the widely used CanMEDS competency framework, soon to be updated for 2015.<sup>16</sup>

Gone are the days when self-care practices were considered just a good idea for others, but a luxury for which we had neither time nor sufficient motivation. Organized medicine at every level is “weighing in” on physician health through policy and program development.

As my colleagues have said: “Physician health is clearly more than a simple matter of finding an optimal work-life balance; it is a political issue.”<sup>17</sup> An issue, I might add, for which we bear individual and collective responsibility.

**Self-care is at the heart of a caring and civilized profession. Choose civility. ■**

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It's hard to be civil when personally stressed, distressed, or ill.

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Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.

# The Five Fundamentals of Civility for Physicians

## #5: *Be Responsible*

by Michael Kaufmann, MD  
OMA Physician Health Program

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead



Perhaps the best way to bring this phase of the conversation to a close is to circle back to the starting point of this series, and reflect again upon some concepts captured by the various definitions of civility.<sup>1</sup>

Civility begins with a fundamental courtesy based upon respect — for ourselves as well as others. Naturally, if we are to make civil behavioural choices, conscious effort based upon self-awareness and effective communication skills is required.

Even in the face of conflict and disagreement, civility leaves us, and others, feeling intact and safe. Civility empowers us to take responsibility for our own well-being which, in turn, enables us to do and be our best under all conditions. Individually and collectively, we bear responsibility to inject civility into our professional relationships, communities and culture.

### Being Responsible For Ourselves

The way we treat people matters — always and in any situation. For that we are responsible. Extraordinary accomplishment and exemplary behaviour in some circumstances does not permit

or forgive belittling, shaming, or any other such treatment of colleagues, co-workers, learners or patients at other times. I have interviewed many amazing doctors and learners who easily and readily dismiss their incivility by pointing out their achievements and positive evaluations — as if these have the power to negate their (even occasional) transgressions.

Our primary mission can also obscure personal responsibility. “I do what I do in the name of quality patient care,” some doctors proclaim, justifying troubling behaviour, oblivious to the paradox. When others on the health-care team feel the hurtful impact of a doctor’s incivility, they aren’t able to work well with that individual. Patient care can be compromised as a result.

Even more likely to deflect introspection and personal responsibility is the often irresistible urge to blame contextual elements for one’s behavioural

choices. Most, if not all, doctors I have interviewed regarding behavioural concerns point toward people, places and things around them which have caused their problems. Certainly, context matters. Of course there are a myriad of tensions, troubling circumstances, leadership challenges, personality conflicts, even outright injustice that bear down upon us and affect behaviour. Some of those things we can influence, quickly or slowly, but most we can’t.

But, recognizing our internal locus of control, we can take responsibility for our own choices, and civil choices are the ones most likely to have a positive impact on everything and everyone around us.

### Being Responsible For Others

Even considering a medical tradition of rugged individualism, there are times when we are “our brothers’ keepers.” Sometimes there are witnesses when

a doctor behaves in a manner that is disruptive or hurtful toward others. Maybe we have seen an instance of incivility ourselves. What then? Should we say something? Do something? An observer to an episode of incivility who chooses not to react in any way is a bystander. That form of silence adds to the problem.

Remember, incivility involves at least two individuals who need help: the one whose behaviour is objectionable (who might be unaware, or worse, troubled in some way) and the other who is suffering the impact, often unable to protect themselves. But “stepping up,” seeing a need and deciding to do something about it, is often difficult, especially when considering how to approach the colleague whose behaviour is problematic.

Clarkson talks about the “bystanding slogans” that readily come into our thoughts.<sup>2</sup> These are the ones that can block a helpful response. Here are a few of them:

- “It’s none of my business.”
- “Someone else will take care of this.”
- “I don’t want to be hurt myself.”
- “I don’t know what to do.”

And there are many more. The responsible thing to do is to become aware of these and counter them with more rational and helpful thoughts. Here are some suggestions, considering the examples listed above:

- “It is incumbent upon me to help — we are all in this together.”
- “If I don’t say something, it’s likely no one else will and the problem will persist, maybe worsen.”
- “That person might be suffering in some way and helping them is worth the risk that they might lash out at me.”
- “I’ll get some advice about what to do next.”

Then the next right thing, as Izzo says, is to “do something, anything.”<sup>3</sup>

Armed with a sense of responsibility, a little courage, good timing and some practical advice about how to offer constructive feedback, anyone can approach the individual whose behaviour must be challenged. It’s surprising how a particular and simple initial question signals compassion and invites

engaging conversation. That question is “Are you OK?” Many times that opening will be enough to help a colleague voice their concerns (usually quite legitimate) and also begin to gain insight into the nature of their behaviour. If nothing else, the individual now becomes aware that their behaviour has been the cause of some upset, and he or she is afforded the opportunity to reflect upon that. They have received the gift of feedback.

And, of course, reaching out to any recipient of hurtful or problematic behaviour is a caring and responsible thing to do as well. The same opening question works very well!

### Being Responsible For Workplace Culture

I have heard culture defined as “the way we do things around here.” Workplace cultures vary tremendously, described as collegial, respectful, fragmented, competitive, supportive, toxic, healthy, and so on. More and more doctors work in health care teams even though they may not be directly employed by their hospital or other health care institution. That can set the doctor apart from other co-workers, both practically (they don’t necessarily adhere to the usual local employment policies and procedures) and psychologically (they are health care providers and leaders who bear the brunt of patient care responsibility personally in a manner unlike that of others on the team).

And there are cultures within cultures where the social tone can vary widely and civility values seem to be at odds with one another. So often I have heard how the same doctor can be rude and intimidating in the operating room yet warm and supportive on the wards. Learners describe different cultures as well, experiencing respect in some environments and belittlement in others.

Leadership is key. All doctors are leaders by virtue of their professional standing and the patient care dynamic. But it is the special responsibility of our designated physician leaders, be they department heads, chiefs of staff, university chairs, residency program directors, political representatives and others to understand their role in shaping and guiding workplace and profes-

sional cultures. Thoughtful, well-trained and collaborative, these are colleagues entrusted with creating the safe and supportive professional environments where we want to be. In such a workplace, any one of us can lead by seizing the moment, stepping up and forward when our senses and intuition tell us the time is right.

In these complex and dynamic professional environments characterized by stressful political and economic changes, power imbalances, multiple agendas, technological evolution and revolution and so much more, civility as a shared responsibility might be the only way through.

### Being Responsible For The Culture Of Medicine

The idea of memes as units of transmissible cultural information (like genes in a biological sense) is intriguing.<sup>4</sup> It can be argued that there are a number of medical memes contributing to the “incivility crisis” (if I can be so bold as to call it that) in the medical profession. Some examples include:

- A doctor’s sacrifice of vital personal needs (e.g., sleep, nourishment, time with family) in the service of medical training and patient care is virtuous.
- Superior knowledge and technical excellence permits and forgives rudeness and other forms of incivility.
- The ultimate responsibility for patient outcomes lies solely with the doctor, thereby justifying any form of workplace behaviour no matter how it might affect co-workers.

I think of these as memes because I have heard about them, observed them and lived them, and others like them, throughout my career in medicine. They inform our attitudes and beliefs. They are modelled for us, overtly or implied, reinforced through training and practice, and passed along to each subsequent generation of doctors. But are they true? Unalterable? Which of our memes ought to be preserved and which ones require change? And continuing the metaphor, should the change be gradual and sporadic (as in genetic mutation) or sudden and deliberate (like infection or genetic engineering)? A culture of



civility, like incivility, after all, can spread like contagion or be passed from one generation to the next.

Here, compassion, courage and humility are required. Do we care enough about ourselves, our colleagues, or co-workers (including health care managers and administrators), our workplaces and our profession to challenge our long-held beliefs that might not be serving us well? Our senior colleagues, seasoned by experience, may have a particular wisdom to offer.

The newest members of our profession carry with them modern personal and social values that might improve the humanity of our profession. I submit that opening our minds to these perspectives, or any others that challenge our long-held cultural beliefs, will add to the civility of our profession while simultaneously enhancing patient care.

### Conclusion

And so this phase of the conversation, a consideration of Five Fundamentals of Civility for Physicians, comes to a close. We end as we began, by questioning:

- Are we able to dig deep and find

respect at the core of all of our professional behavioural choices?

- Will we learn, practise and teach self-awareness skills that will enable us to choose civility deliberately?
- How will we incorporate teaching of effective communication skills into all aspects of medical training and practice?
- Will we be able to elevate the concept of self-care from a good idea to a cultural value and professional imperative?

And finally, maybe most importantly, it is our responsibility to challenge ourselves:

- Who are we at work and what kind of individuals do we aspire to be?
- Can we improve relationships among colleagues and co-workers as members of our health care teams?
- How do we come together to create the most grand medical profession imaginable?

Let's keep this conversation going.  
**Responsibility is at the heart of a caring and civilized profession. Choose Civility. ■**

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*Previous articles in "The Five Fundamentals of Civility for Physicians" series are available on the Physician Health Program website at <http://php.oma.org>.*

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## The Five Fundamentals of Civility for Physicians

### 1 Respect Others and Yourself

Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

### 2 Be Aware

Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

### 3 Communicate Effectively

Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

### 4 Take Good Care of Yourself

It's hard to be civil when personally stressed, distressed, or ill.

### 5 Be Responsible

Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.

# THE BASICS



Strategies for coping with stress  
and building personal resilience for physicians

The following series of articles first appeared in the *Ontario Medical Review* and are reproduced with the permission of the Ontario Medical Association.

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B is for  
Body



**AS THE DIRECTOR OF THE OMA PHYSICIAN HEALTH PROGRAM, I AM OFTEN INVITED TO SPEAK TO MEDICAL GROUPS AND OTHER HEALTH PROFESSIONALS ABOUT COPING WITH STRESS, WORK-LIFE BALANCE, AND TOPICS GENERALLY RELATED TO LIFESTYLE CHOICES THAT SUPPORT GOOD HEALTH AND PREVENT SUCH PROBLEMS AS BURNOUT, DEPRESSION AND SUBSTANCE ABUSE.**

I have gathered a fair bit of material about these topics from a variety of authors and experts, the scientific literature, personal experience, and mostly from the lessons learned and championed by the many doctors we have come to know in recovery from drug and alcohol dependence and other personal problems and conditions. However, I have never taken the time to commit these ideas to paper.

Like many physicians, my focus is usually upon solving the problems presented to me. Health promotion and disease prevention are really good ideas, but my professional energy now, just as it was when I practised family medicine, has been largely devoted to responding to the needs of the stressed and distressed.

Now, as the Physician Health Program enters its second decade of service, it's time to change that.

There are so many good ideas and practical suggestions available about stress management. Many were

taught to us in medical school, most were taught to us by our parents and grandparents. So why would it be useful to present these ideas to a medical audience at all?

The problem for many of us is that the experience of medical training, and practice, was and is one of learning to live with stress, rather than reducing it to manageable, healthy levels.

As a medical student and resident, the amount of control one has over lifestyle choice is limited due to the demands of training: there is only so much time available to acquire all of the requisite skill and knowledge to practise our profession. After that, there is a real possibility that doctors in practice will maintain the less healthy coping patterns learned in residency when faced with the complex demands of a patient population growing beyond our resources to respond as we would like.

Besides, a reminder about fundamental, "basic" common sense self-care strategies is still a good thing.

In medicine, we are skilled at organizing large bodies of information into categories. Using a biological psychological - social-spiritual construct, I will do the same. Thinking about returning to fundamental principles, I have devised the acronym "BASICS."

Each letter of the word introduces a category for discussion: "B" is for body, or physiological considerations; "A" stands for affect, attitude and matters psychological; "S" is for social, and refers to our personal relationships; "I" is for intellect, and the many ways we can use it to our advantage; "C" stands for community, and introduces a discussion about the nature and importance of healthy personal and professional groupings; the final "S" refers to the spiritual domain, perhaps the least discussed and the most alluring.

## **"B" is for Body**

### **Homeostasis**

"B" might also stand for biology, and the biology of stress is interesting.

Consider first the concept of homeostasis, the maintenance of the internal physiological environment of an organism within healthy limits.

Homeostasis means that we eat when hungry, drink when thirsty, sleep when tired, and so on. Thus we are restored. This is the physiology of our regular patterns, routines and diurnal variations — the baseline biochemical "hum" of existence.

Homeostatic processes and mechanisms have been long studied and are well understood.

## **Allostasis**

But what happens when we don't eat when hungry, or fail to sleep when tired?

A newer concept is that of allostasis.<sup>1</sup> The body adapts to potentially diverse and dangerous situations through the activation of neural, hormonal, or immunological mechanisms. Liberation of cortisol and adrenaline are just two such stress responses.

The problem is that the organism is fatigued and otherwise stressed by such an attempt to deal with "danger" (which might be only skipping meals on a very busy day).

Allostasis is the combined physiological and psychological adaptation to adversity and threats which creates wear and tear upon the organism. Allostatic responses are mediated by the brain and nervous system, but probably affect every cell and system within the body.

When allostatic challenges are few, the body has time to recover and return to a healthy homeostatic state. When the individual is challenged repeatedly, or when the allostatic systems remain turned on when no longer needed, the mediators of allostasis can produce a wear and tear on the body that has been termed "allostatic load."

Examples of allostatic load include the accumulation of abdominal fat, the loss of bone minerals, and neuronal atrophy, to name only a few.<sup>2</sup>

In short, when we are chronically stressed, the physiological changes that result render us less resilient, more susceptible to the diseases and

disorders that we know through experience often occur in that context.

Physicians, despite what they might think of themselves, are not exempt from these physiological fundamentals.

So, working long hours, often facing demanding patient care situations, missing meals and losing sleep — the resident's and physician's all-too-often routine — causes lasting physiological changes in the body that predispose to all of the diseases, and especially those to which the individual is genetically susceptible, that we are trained to treat. How ironic!

## Nutrition

If we are to address the “basics,” then let's start with perhaps the most basic of them all: diet and nutrition.

The food we eat is our physiological fuel. Feed ourselves properly, according to sound nutritional principles, and we feel well and perform at our best. But, just as running high performance engines on low-octane fuel can result in reduced performance and engine damage, eating poorly drains energy and, over time, can cause health problems. Again, all doctors know this already.

The notion of “sound nutritional principles” is constantly evolving. Documents such as *Canada's Food Guide to Healthy Eating* and the *American Heart Association (AHA) Dietary Guidelines* are available and offer useful suggestions.<sup>3,4</sup>

I note that the AHA considers reducing risk factors for coronary artery disease through diet. Specifically, high blood cholesterol, high blood

pressure, and excess body weight are targeted—all markers of allostatic load. Therefore, healthy eating can modify these risks, decrease allostatic burden, and increase resilience and our ability to cope with stress.

Basic recommendations in these guidelines include eating a diet rich in vegetables and fruits, whole grains and high-fibre foods. Foods that are metabolized slowly into glucose (low glycemic) are preferred compared to those that release glucose rapidly, such as sweets and processed carbohydrates (high glycemic).

It is suggested that fish be consumed at least twice a week, and that dairy and meat products are of the low-fat, lean variety. Choose and prepare foods with little or no salt. Limit saturated fats and trans-fats, which come from foods prepared with partially hydrogenated vegetable oils.

For me, I guess this means that eating the ubiquitous fatty, sugary Danish pastry with the red or yellow gooey stuff on it during all those years of medical training wasn't such a good idea. But, combined with a couple of sugared cups of coffee (not the decaf variety), they provided energy bursts that replaced breakfast and lunch and kept me going through the demanding days of residency. It took me years to recognize that the intermittent fatigue, irritability and poor concentration I experienced were as much due to plunges into hypoglycemia as any other factor.

Here, then, are a few practical ideas about matching sound nutritional principles to the reality and routines of a modern medical day:

- Eat breakfast—even if you round at 0700! Your mother was right—it is an important meal. There is no sense in starting the day without quality fuel in the tank, relying instead upon the “supercharged” effect of caffeine, fat and sugar in your morning “double double.” Consider low-fat yogurt, high-fibre cereals, fruit, some cottage cheese, or even, yes, eggs from time to time.
- Eat smaller portions more often—every three to four hours during the day. Keeping blood sugar and insulin levels steady is preferable to the peak and trough effect of occasional eating of large meals. It’s probably a good idea to have a healthy snack mid-morning (especially if breakfast is very early), late afternoon or in the evening before bed. Consider fruit, vegetable sticks, cheese, whole grain bread, crackers or cereal. It’s easy to throw an apple and an individually wrapped piece of cheese into your bag in the morning and take it with you to the office or hospital. Be especially certain to do this if expecting a long, stressful day with the possibility of having to work through lunch or supper.
- Choose the fruit and yogurt at rounds. Avoid the muffins. If it’s white and fluffy (likely high glycemic) or greasy (saturated and trans-fats), avoid it.
- Choose the salad bar at the hospital cafeteria more often.
- Choose the burgers and fries less often.
- Maintain hydration with water and juices rather than coffee or sugared

beverages. About two to three litres per day is required, depending on gender, body size and activity.

- Avoid heavy eating before sleep.
- If on-call and sleep is not so likely, be sure to have an overnight snack. Bring something with you to the hospital in order to avoid the vending machine with the tempting junk food when the cafeteria is closed.

In general, all the authorities agree: variety is good, fad diets are not so good. The jury is still out on routine use of multi-vitamins, which should not be seen as a good alternative to regular, healthy eating. And, mercifully, even the foods that are not on the “A” list of good nutrition are fine, once in a while.

## Toxins

In addition to optimizing our ingestion of foods that are good for us, we also need to consider those substances that aren’t. Food guides and recommendations usually make reference to caffeine and alcohol in this category.

This next statement might sound unusual coming from the perspective of the Physician Health Program, but alcohol is not evil! Most who use alcohol do so safely and responsibly.

Guidelines are available that refer to low-risk use of alcohol, but here are some general principles for doctors to consider:

- Over the course of a week, have no more than about 12 standard drinks (a standard drink being one bottle of beer, one and a half oz. of liquor, 5 oz. of wine).<sup>5</sup>

- Women metabolize alcohol differently than men and should drink a little less.
- Daily drinking should usually be avoided.
- Best to limit the number of standard drinks consumed to two or three per drinking occasion.
- Drinking specifically to relax or to aid sleep is not such a good idea.
- Alcoholism runs in families. Be careful if there is a strong family history of alcohol-related problems.
- Don't drink while working, or on call. The best alcohol serum level for a doctor at work is zero!

Caffeine is a mild stimulant well known to medical professionals. In medical school, I always picked up my first cup of the day on the way to the morning lecture and appreciated the boost in concentration I felt.

Coffee is ubiquitous in the medical world, as in many others. It's there in the lounges, wards, and always at rounds. And, of course, caffeine is present in tea and other beverages and foods, sometimes naturally, sometimes as an additive. So, it's hard to avoid.

While caffeine use has been associated with palpitations, bone loss, breast tenderness, infertility, and other conditions, the good news appears to be that used in moderation, few but the most sensitive will ever suffer any adverse effects. Moderation means about 300 mg of caffeine or less per day. This is the equivalent of about three regular size cups of coffee. It is probably best to discontinue caffeine use in the afternoon and evening if sleep is a problem, though.

I'd like to include a word about tobacco use. One would think that this would not be necessary for a medical audience, and indeed, when compared to the general population, only a small proportion of doctors smoke. But we have had calls from some doctors who began smoking during medical training, or after, and many of the doctors who have problems with substance abuse and dependence are smokers.

There is no amount of tobacco use that is safe. If a smoker, keep trying to quit. And if not a smoker—don't start!

## Sleep

I doubt there is any other issue that stresses physicians and residents more than sleep—or the lack of it.

In "Staying Human During Residency Training," Peterkin cites insufficient sleep as number one in the list of "Top Ten" stressors for residents.<sup>6</sup> Many doctors are required to be on-call as part of their professional duties, sometimes as often as every three or four nights in these times of pressure on physician numbers. A night on-call likely represents no more than three or four hours sleep — and many carry on with regular work the next day!

Studies of sleep deprivation in residents and trainees confirm what we all know and have experienced. Sleep loss is associated with increased irritability, anger, depression, sensitivity to criticism, decline in cognitive performance, including the ability to solve problems and learn new skills, daytime drowsiness (nodding off), and more.<sup>7,8</sup>

Losing sleep impairs psycho motor

function. In fact, it has been shown that four hours of sleep loss results in the kind of impairment usually associated with a breath alcohol level above the legal limit for driving in most jurisdictions.<sup>9</sup> In short, being sleep deprived hurts — us, and potentially those we serve.

Consider that human beings need about seven to eight hours of sleep per night. How many of us achieve that even if not on-call? Long hours of work, complex patient and professional problems, and home and family demands all create night-time thoughts that seem to whirl endlessly in our minds once the head hits the pillow. (I've heard this referred to as "monkey mind.") And, don't forget that our natural diurnal rhythms would have us sleep some time in the afternoon as well. Who gets to do that?

The truth is, our physiology demands sleep—in the right amounts and at the right time. There is no overcoming that basic need no matter how long we have trained, how often we lose sleep, or how important we are. There is no such thing as conditioning our physiology to adapt to less sleep in a healthy, homeostatic way.

Chronic sleep deprivation only adds to our allostatic load. Chronic sleep loss reduces resiliency, adds to risk of illness, or even causes illness, depending on individual circumstances and genetic predisposition.

Here are some suggestions for healthy, restorative sleep for doctors:

- Listen to your body's rhythms. There are times when falling asleep is easier because it's natural to do so. Plan bed-time and naps ac-

cordingly. To the best of your ability, don't let anything else interfere with this schedule. (I know one family doctor in a small town who has lunch at home followed by a brief nap before returning to the office. He's done that for years and swears by it!)

- "Close shop" sufficiently early in the evenings to give your mind a chance to wind down. This means avoid work-related e-mails, calls, journal reading, paperwork and so on for a few hours before retiring.
- Engage in other, relaxing activities in that time leading to bed that signals sleep is coming. You know what works for you: some TV, listening to or playing music, taking walks, reading a novel or other non-work related material, that sort of thing.
- Avoid alcohol, caffeine, excessive fluid ingestion or a heavy meal too soon before retiring, but a light snack can help prevent overnight hunger.
- Arrange your sleeping quarters according to your preferences considering light level, quiet, temperature, and so on. (I've found a mask and ear plugs work wonders.)
- Light exercise helps promote good sleep, but exercise should be avoided just before retiring.
- Develop a bedtime "ritual," or routine pattern of behaviours, even post-call, that facilitates the onset of sleep.
- If at all possible, grab a quick nap (about 45 minutes) during the day prior to an overnight shift or call.



- Be sure to get extra sleep on days off. This is the way to achieve sleep homeostasis, that is to repay the “sleep debt.”
- Generally, avoid sedative drugs for sleep, unless for short periods and as prescribed. This includes over-the-counter preparations. Never prescribe sedative hypnotics for yourself.

Of course, there will be nights when sleep is difficult. Most authorities suggest getting out of bed and doing something else for awhile, rather than lying there ruminating about not sleeping. After that, try repeating the usual pre-sleep ritual, then returning to bed. Remember, an occasional experience of insomnia, while unpleasant, will do no harm.

If sleep remains disturbed in any way, medical evaluation, sometimes including sleep studies, is indicated.

## Exercise

It's common knowledge that regular, moderate exercise benefits health in many ways. Benefits include better sleep, improved sense of energy, reduction in physical and emotional tension, fewer feelings of depression and anxiety, lowered risk of many physical illnesses, including cardiovascular disease, and much, much more. In short, thinking physiologically, exercise can contribute significantly to the reduction of our allostatic burden, creating resilience and good health—immediately and in the future.

As doctors, we know this. So why don't we all exercise regularly?

Not enough time—patients and

family come first. Not enough energy — the long work day leaves little reserve for much else, let alone exercise. Not enough motivation—the inertia of a sedentary existence just can't be overcome. Not enough expertise—we aren't already the best at running, rowing, dancing, or whatever.

There are ways to overcome these barriers to an active lifestyle. Perhaps, moderate exercise can be built in to everyday routines. Consider walking, jogging or biking to work. Using the stairs at the hospital is another strategy. If there is a gym, pool or workout room where you work or live, try an exercise routine for 15 or 20 minutes only. You're probably paying for the facility anyway!

Think about recreational activities you really like and which may have been abandoned. Skiing, golf, dancing, playing squash or tennis are just a few examples. Find some friends to join you. Take some lessons. Have fun!

Join a doctors' hockey team or dragon boat crew. Hold occasional journal club meetings in association with a physical activity, such as yoga or swimming. Build dedicated physical activity, such as group walking, into professional meetings.

Some find joining a gym or fitness facility, and using the services of a professional trainer, motivating.

The trick is to start small. Commit to a few minutes two or three times a week. Give yourself permission to be slow and inept at first. Understand that there might be a little discomfort, very soon offset by the many, immediate benefits. Then, gradually build on those initial gains. Before you



know it, you'll be the beneficiary of an active lifestyle you won't want to part with.

I'll offer the usual caveat before concluding this discussion: consult your personal physician before engaging in vigorous physical exercise — that is, if you have a personal physician.

### Personal medical care

PHP experience is that the majority of those who call with personal problems don't have a family doctor, or won't involve them in their care.

A PHP survey (unpublished data) of 800 Ontario physicians revealed that approximately half of the respondents did not have a family physician.

What do these doctors do about personal medical care? Do they conduct their own periodic health exams? Check their own cholesterol levels? Perform their own Pap smears? Treat their own illnesses?

A fundamental of self-care is that we have a personal physician and use him or her as others would. Don't let being a doctor get in the way of this basic need.

Taken together, these are a few of the most important considerations regarding our physical health. And, while attending to them all is at once daunting and tempting to the perfectionist doctor, it helps to remember that even small changes towards better physical self-care can result in noticeable benefit.

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is for  
Affect



**“A” IS FOR AFFECT, WHICH REFERS TO OUR EMOTIONAL STATES. HOWEVER, IT MAY BE BETTER CONSIDERED AS ENCOMPASSING PERSONAL ATTITUDES, THINKING AND SELF AWARENESS. THESE ALL INTERACT IN ACCORDANCE WITH THE EXPERIENCES AND STRESSES OF LIFE IN WAYS THAT RANGE FROM UNCONSCIOUS, PASSIVE REACTION TO DELIBERATE SELF MANAGEMENT.**

Consider this recent personal experience. Not long ago, I was offered an opportunity to present for 30 minutes during an annual scientific meeting of a particular specialty group. I believed the presentation went well, a perspective largely confirmed when the evaluation results were sent to me a few months later. The great majority of evaluations were very positive and reinforcing for me.

But there was one evaluation that wasn't good. In particular, it said that I didn't make sufficient use of humour. I was taken aback by the comment. It didn't seem to matter that the talk was about depression and suicide in physicians — hardly material that lent itself to a humorous approach!

I admit that I was upset by the poor evaluation, and I remained upset all day, even when my attention shifted to other things.

By evening, I reflected that it hadn't been a good day. I felt glum, as though

work had been unrewarding and less fun. For awhile, I didn't understand why that was so.

Then I remembered the evaluations that I had reviewed at the start of the day — and felt even worse! Thinking more about the whole thing, I realized my problem.

My thinking was the problem. I had given the many glowing evaluations and comments no weight. They barely registered with me. They were compliments thrust to the side so I could dwell on the single grumbling opinion.

In a cascade of linked and barely conscious thoughts, I concluded that

I was:

1. A poor public speaker.
2. Bad at my job.
3. A failure as a doctor.
4. A failure as a person! No wonder I didn't have such a great day.

And, I remember this happening

many times over the years. If a patient didn't show for an appointment, I wondered what I had done wrong the last time I saw them. A request to transfer a patient's chart to another office could devastate me with self doubt, even if I didn't really like that patient, and even though there were many more requests to join my family practice than I could accept.

Today, I know what this is about. I have a tendency to subscribe to the belief that my work performance should be perfect. This belief makes it difficult for me to accept compliments because perfect performance is the baseline expectation I set for myself. That makes a grievance about me an enormous affront that creates feelings of anger, self doubt and irritation. Turns out I have some choice about that.

### **Personality, stress and suffering**

There are a number of personality types and traits observed in medical trainees and doctors that are associated with a tendency to experience life as distressing. They include an introverted approach to life, pessimism, and passivity, to name a few.<sup>1,2</sup>

Are these traits fixed, "hardwired" into the psyche, or learned? Are they ingrained into our way of being in the world, or can we modify their impact upon our thoughts, feelings and behaviour? I suspect the answer is some of both.

We will look at an example to learn how to become aware of the ways thinking influences feeling.

### **Perfectionism**

Perfectionism is a common trait that we see expressed by many of the health professionals that call the Physician Health Program seeking help. Others who treat doctors observe the same thing.<sup>3</sup> There is a strong association generally between perfectionism and increased risk for depression, anxiety, obsessive compulsive symptoms, and even suicide.<sup>4</sup>

At least one study has measured perfectionism in a population of health professional students (medical, dental, pharmacy and nursing) and notes it to be prevalent, and, not surprisingly, highly correlated with symptoms of psychological distress.<sup>5</sup>

Can perfectionism as an attitude and thinking style be recognized by someone who experiences it, and modified to reduce personal emotional tension and enhance resilience? Antony and Swinson think so, as described in their book, entitled *When Perfect Isn't Good Enough — Strategies for Coping with Perfectionism*.

There are three commonly described forms of perfectionism:<sup>6</sup>

- The first is self oriented — placing impossible demands of perfection upon oneself, particularly in the area of work performance. An individual approaching life and work from this perspective reacts negatively to the fact, or the perception, of making a mistake.
- Other oriented perfectionism involves imposing the expectation of perfect performance upon others. Professionals experiencing this form of perfectionism understandably have difficulty delegating tasks to

others, and judge them harshly when they fail to perform to expected levels.

- The third form, socially prescribed perfectionism, involves the perception that others expect a great deal of you and will criticize any kind of failure. This form of perfectionism is most highly associated with distress in medical students, and therefore might be the most malignant in doctors.<sup>5</sup> It is likely that all three forms of perfectionism are present to some degree in many health professionals.

It can be argued that medical professionalization draws upon all of these elements, beginning with selection to medical school and continuing onwards, thereby encouraging perfectionism in its trainees and practitioners.

Perfectionists might well excel in the areas of life where they apply themselves. That is their mission, after all. So what happens if they aren't able to excel? The tendency is to become upset and drop that activity, or never undertake it at all.

“ **THERE ISN'T MUCH RESILIENCE IN  
A LIFE PRIMARILY DEVOTED ONLY TO  
THOSE THINGS ONE DOES REALLY WELL.** ”

To the extent that perfectionism arises out of temperament, an ingrained personality structure, that can't be helped. But perfectionism is also learned.<sup>6</sup>

Exemplary behaviour throughout life can be reinforced through reward: praise, awards, and so on.

On the other hand, and perhaps more pernicious, punishment experienced for less than perfect behaviour might be an even greater reinforcer of perfectionism. Certainly, in medical practice, the ultimate punishment for what could be seen as less than perfect performance would be the death of a patient. Modeling of perfectionism in teachers and mentors can also contribute to the adopting of a perfectionistic approach to work.

Perfectionists don't dabble. They don't have much fun either, because they don't tend to try new things, and they give up the other things in their lives, often recreational, they can't master.

Test this idea yourself. How many new things have you undertaken in the past year or two? Have you avoided trying new things because you're not immediately good at them? Do you still enjoy playing golf or piano? Have you given up any activities because they were not fun when you couldn't rise to the level of performance you demanded of yourself? Maybe you think it's a matter of time pressure that has forced you to abandon your hobbies, but does honest reflection reveal some other reason?

There isn't much resilience in a life primarily devoted only to those things one does really well.

## **Cognitive distortions**

There are a number of thought patterns and styles associated with perfectionism that I suspect will be familiar to many.<sup>6</sup> While common, they aren't always helpful or realistic, so they are also known as cognitive distortions. Some of them include:

- All or nothing: All or nothing thinkers approach life in a very black and white manner. They clearly see only two ways about anything: their way or the wrong way. All or nothing thinkers will, of necessity, face frustration trying to navigate a world of uncertainty and shades of gray.
- Filtering: Perfectionists tend to select certain details they will focus upon — usually negative ones. Expecting perfection, they tend to discount the impact of positive feedback. The result can be an obsessive and upsetting preoccupation with criticism that is not balanced by the appreciation of compliments or a job well done.
- Mind reading: The perfectionist, especially one who is socially prescribed, will think he or she knows what others are thinking of them. And all too often they will believe that others are judging them harshly.
- Catastrophizing: This involves the magnification of negative outcomes coupled with the sense that they can't be prevented or managed.
- Over responsibility: This one is common in many health profes-

sionals seen by the Physician Health Program, and involves the sense that they are in greater control of situations than they realistically are. So, when outcomes don't match expectations, the tendency is to blame oneself. Anger, frustration and guilt are common feelings that result.

There are other hazardous assumptions doctors are prone to make that contribute to unnecessary stress.<sup>7</sup> These can be associated with perfectionism and include:

- Assuming that the doctor's role is to stamp out disease, suffering and death.
- Assuming that one is indispensable to patients and profession.
- Assuming that no patient could ever be angry with you, or leave your practice.
- Assuming that professional esteem and self esteem are the same.

There is a paradox to perfection: attitudes and behaviours designed to exert control over circumstances, and others intending perfect outcomes, can often have the opposite result and cause distress in the perfectionist and others.

The challenge is to differentiate appropriate standards (of excellence, let's say, acknowledging the psyche of most medical professionals) from perfect (and therefore unattainable) ones.

## **Changing thinking, changing feeling**

Antony and Swinson offer a variety of simple, practical, everyday strate-



gies that are well worth learning.<sup>6</sup> They can be applied to modify the thought distortions and unwanted feelings associated with perfectionism.

The first step is to become aware of the influence of perfectionism when it's happening. We need to ask ourselves: is the adherence to standards of perfection helping or hurting? What is the impact upon our family and professional relationships? Most importantly, what feelings are associated with a perfection based approach to life situations?

This isn't easy. Once and seemingly forever immersed in a particular value system and approach to life, it's hard to see it in action, let alone change it.

Think of a situation in your life, perhaps an experience similar to the ones described at the beginning of this article, and see if you can identify distortions of perfectionism at play. Which ones? Were they "self oriented," "other oriented," or "socially prescribed?" What was the impact upon you, coworkers, and others?

Sometimes it can be helpful to ask others close to you to help with this exercise. Check with a spouse, partner, coworker or friend for their perspective. It's necessary to promote unconscious attitudes and thoughts to conscious awareness in order to change the feelings that follow.

Here are a number of good questions doctors can ask themselves to penetrate their unhelpful assertions:<sup>8</sup>

- Am I thinking in "all or nothing" terms? Look for words that suggest absolutes, like "always" or "never."
  - Am I confusing a rare occurrence with a probability? This is a reality check.
  - Am I assuming the worst possible outcome? This is not the same as a rational consideration of a worst case scenario when charting a course of action.
  - Am I blaming myself for something that was beyond my control? The benefit of accurate hindsight is helpful here.
  - What would have happened if I had handled the situation differently? Especially consider alternatives less shaped by perfectionism.
  - What difference will this make in a week, a year, or 10 years? Will anyone really judge me harshly in the future? The next step is to consider alternatives to the perfection based approach. Can standards of perfection for oneself or others be "downgraded" to just plain excellent? Or good? How would someone else think about this situation? Return to your own example. Challenge your value system. Open your mind and list alternatives. Then choose a new, more helpful way of thinking about the situation.
- Perhaps it's acceptable to be unable to please everyone, every time. Maybe if nine people out of 10 rate a presentation highly, that's good enough. A reminder that even the best of doctors will occasionally make a mistake is a good reality check. Be deliberate. Be realistic. Be daring!

Finally, consider the feelings that accompany these thought alternatives. Some anxiety? Perhaps at first. Thoughts that challenge deeply held

values, if not pre-emptively dismissed, might be provocative. But, if there are any feelings of relief, then those new, more reality based thoughts are “keepers.” Practise these thought reshaping procedures often, applying them to as many situations as possible — and feel better.

## Conclusion

These are the links between “head and heart,” thoughts and feelings. Naturally, they blend like paint on a canvas, colouring everything in our lives. Resilient physicians have learned to recognize and manage them.

They have also learned to share their thoughts and feelings with others in ways of mutual benefit.

Stress resistant doctors accept that they and others are imperfect. They understand that the goal is progress, not perfection.

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S is for  
Social



## **FRIENDS, LOVERS AND FAMILY**

**“IT IS OUR FIRST NATURE TO BE CONNECTED,” SAYS PSYCHOLOGIST PETRUSKA CLARKSON IN HER BOOK ENTITLED, THE BYSTANDER.<sup>1</sup> HUMAN BEINGS, DOCTORS INCLUDED, ARE SOCIAL CREATURES AND WE NEED EACH OTHER.**

Try this exercise: think back to everyone you would have included in your personal support system when you were in high school. Include family members as well as friends, teammates, fellow club members, and so on. Count them up. Repeat the exercise a few more times considering the years spent in university, medical school, residency, and beyond.

What has happened to the total number of individuals in your support system over time? Has it decreased? For many in medicine, the years of rigorous training will take their toll upon social connections causing a robust network to shrink and fray.

Many of the callers seeking help from the Physician Health Program tell of their feelings of loneliness and isolation. They might enjoy financial wealth, but lack of “currency” — the state of being up to date with others — creates a kind of poverty that erodes their resilience.

### **Friends forever**

It’s Friday evening and the phone in my home rings as I’m about to dash out to a meeting. I answer it. “Hi Mike,” the caller says, “How are you?” It’s Lori, a friend and coworker of my wife, Judy.

“Fine,” I answer, and before she can engage me any further, I say, “You must want to speak to Judy. Hold on a moment, I’ll get her.” I hand the phone over and with a quick kiss on her cheek I head for the door as Judy settles onto the couch, phone perched on her shoulder.

An hour later, I return home. Judy is still talking to Lori. Well, laughing, mostly. When she finally hangs up, I ask, “What have you been talking about all this time?”

I’m truly perplexed. They work together and have plenty of opportunity to chat during the week. When my friends call, it’s to arrange a tee time, ask to borrow something, or for some other purpose that a few minutes of talking will handle perfectly well.

"Oh...nothing much," she replies. "We just like to talk about things that happened during the week. Besides, we make each other laugh."

Then the email alert on her computer chimes and she's off to open a letter sent from another friend containing pictures of funny painted cats.

From my perspective, women appear to structure their friendships differently, maybe even a little better than men do. The fellows I know mostly gather around activities. We play golf, watch games on TV, and build things together. And yes, sometimes we talk, too. While we might do it differently, the result is the same: we create friendships that support us for life.

Our friends comfort us. They know our histories, strengths and weaknesses. They are devoted by choice, bonded by shared experience. As true confidants they will listen to our concerns, honour us with the truth as they see it, and won't judge us.

They share vacations, holidays and special celebrations with us, teach us and learn from us. We play together, share hobbies and favourite pastimes. Sometimes our best friends become family to us. They grow with us and remain loyal and available, even if they live three time zones away.

Good friends share our triumphs and our failures. They help us face whatever life sends our way. They make us resilient. They make our lives worth living.

## **Marriage and Intimacy**

Much has been written about marriage and intimacy relationships in the

medical profession, mostly describing problems and failures.

Every relationship has its own unique challenges, and it is true that doctors' relationships are often stressed by the demands the profession makes upon them. But my intention here is not to catalogue the problems in medical marriages, rather, I want to emphasize how important stable intimacy relationships can be in fostering stress hardiness. And I don't intend this discussion to be limited to traditional marriages. There are people who live together without marrying, gay and lesbian couples, those with children and those without. In *The Resilient Physician*, the Sotiles cite family researcher Froma Walsh stating: "It's not family form but the quality of relationships that matters most for hardiness."<sup>2</sup>

The Sotiles go on to say that: "Supportive family relationships are crucial to adaptive coping. Specifically, how intimate partners treat each other has been found to be one of the most powerful determinants of individual mental and physical wellbeing and work productivity."<sup>2</sup>

It's possible that strong, supportive relationships away from work provide the confidence, strength and self-assurance needed to handle anything life sends our way. A happy marriage predicts happiness in life.

Conversely, a troubled and unhappy marriage probably contributes more to difficulty in coping with life problems than being single.

Certainly, many of the callers seeking help from the Physician Health Program experience marital difficul-



ties, even if they are calling for some other reason.

It's useful to consider warning signs of relationships in trouble. Psychiatrist Michael Myers says that doctors need to ask themselves, and answer honestly, the following questions about their intimate relationships:<sup>3</sup>

- Do you feel bored or lonely, especially when the two of you are alone?
- Does your partner complain that you don't share enough of yourself? How does this criticism make you feel? Defensive? And do your reasons—"I'm tired" or "I don't have anything new to tell you" or "I was born this way"—seem unsatisfactory or tend to fall short?
- Are you arguing without resolving the issues? Do you argue about the same matters over and over? Do your arguments leave you feeling exhausted, frustrated or demoralized?
- Are your arguments increasing in frequency or in intensity?
- Are you not arguing at all but rather silently seething, withdrawing into yourself, or using passive-aggressive manoeuvres (forgetting to meet requests, being stubborn, disappearing, coming home late, responding with sarcasm)? Or, if you aren't doing this, is your partner?
- Do you make a beeline for the liquor cabinet when you get home, and not talk about your day at work — or present only a very abbreviated version once the alcohol takes effect?
- Are you working so hard that you can't find the time to talk with your partner?

- Is it possible that immersing yourself in your medical work has become preferable to talking with your partner? Do you find practising medicine more fun, rewarding, and ego boosting than spending time alone with your partner?

- How is your sex life? Do you find that your sexual relationship doesn't seem very intimate — that you "have sex" but don't "make love" anymore?

A satisfying, and lasting, intimacy relationship is not achieved without effort, even for high achieving individuals that doctors tend to be, no matter how much we love one another.

Life is demanding, the journey complex and convoluted. Professional careers evolve at the same time as our family lives do. Just as we continue to upgrade our medical knowledge and clinical skills, so must we redefine and improve our relationships as we grow.

Here are some suggestions for physicians to maintain and enhance relationship intimacy:

- Designate and protect time to be spent with your beloved partner. This precious time can be daily, and brief, such as enjoying morning coffee quietly with one another. Sometimes going for a walk and "escaping" the home environment is a good way to spend time talking, or just being with one another. Consider going to bed a little earlier to talk and unwind together, after children have gone to sleep and the home is quiet.
- Generally, I think it's a good idea to leave work at the office or hospital. Naturally, sharing thoughts and ex-

periences about one's day at work is to be expected, but avoid allowing work themes to dominate home discussion. Your partner won't thank you for that.

- Watch out for “pseudo conversation.” By this I mean attempting discussion with your partner while preoccupied with other, usually work related, thoughts or activities. This is not a good situation for multitasking.

- Don't forget romance. Touch your partner gently and do and say the little things that endear you to one another. Sneak away for romantic weekends from time to time. Be affectionate. Never stop nurturing the love you share.

- Remember to be your partner's best friend.

Stay the course as much as possible. You and your intimacy partner are creating a life history together



**HOW INTIMATE PARTNERS TREAT EACH OTHER HAS BEEN FOUND TO BE ONE OF THE MOST POWERFUL DETERMINANTS OF INDIVIDUAL MENTAL AND PHYSICAL WELLBEING AND WORK PRODUCTIVITY.**



- Notice your partner's achievements, successes and triumphs, and complement him or her. Don't let perfectionism, the expectation that everything ought to be done well, smother the words that nourish relationships.
- Talk about the difficult subjects too, like money, sex and parenting. And do so in constructive ways, avoiding criticism and control. Writing orders might be the expected way of communicating in the hospital, but that won't work well at home.
- Build a social life together with friends, but avoid doing so around CME events and professional conferences only.

that grows richer with each shared experience and emotion. If there are problems that aren't easy to work out together, seek help.

Certainly, few physicians have had time to learn the kind of communication skills that successful relationships are built upon, while engaged in years of rigorous training and practice. There is no shame in asking for assistance with this most important aspect of life.

It needs to be acknowledged, however, that sometimes relationships become abusive — physically, emotionally and sexually. Feelings of shame, guilt or hopelessness are not good reasons for remaining in a hurtful,

or even dangerous, relationship. Help is available to address this reality as well, and should be sought.

## Family

Many of the physicians that use Physician Health Program services for personal support come from medical families themselves. Some have described how much they admired their physician parent, but how little time they spent together, especially with physician fathers.

An article in *Medical Economics* describes the experiences of a number of adult children of physicians.<sup>4</sup> Absentee, neglectful and unsupportive parenting was common. These physician parents were recalled as being tired and distracted when home, and often called away to tend to the needs of others. Clearly, children of physicians parented this way suffer.

But what does the physician parent give up? I have also had the opportunity to see how much pleasure parents, even medical ones, derive from being fully involved in the lives of their children. They are present for their children's milestones, daily achievements and sorrows. In exchange for their parents knowing the details of their lives, their fears, wants and needs, children give them love and trust, gifts never withdrawn. The family becomes another vital network of support for the doctor, shelter from the storm, bolstering resilience.

Parenting is also one of the most important joint responsibilities for couples. Those duties will seldom be shared equally, especially in single, medical, career homes. Even in dual career

homes (including dual medical careers), responsibilities will have to be divided unevenly, respecting the different roles and abilities of each parent. Resilient couples will recognize and honour that. Success in working through this task will go a long way toward ensuring family health, and will add to the intimacy bond between partners.

I believe a doctor's home and family life should be separate from work life as much as is reasonably possible. How is this achieved? A doctor approached me recently and shared wisdom earlier given to him: "Clearly define the boundaries of your relationships with both your patients and your family," he advised. "Tell your patients early and often when, and under what conditions, you will be available to them — and when you won't be available. Tell your family the same. Make arrangements for hospital and practice emergency and on-call coverage that allow for uninterrupted time with loved ones. Commit to that arrangement."

## Being single

Single status might predispose a doctor to loneliness and isolation, especially if work is permitted to fill all of the available time, providing the only social contacts. This doesn't have to be so. Peterkin offers advice to single residents that anyone can use.<sup>5</sup>

Remember the need for support from family and friends, and make a special effort to be in touch. Maintain contact with phone calls, email and visits. Plan vacations together. Join health clubs or other mutual interest organizations to make friends based on common interests. Seek opportu-

nity to develop closer friendships with people at work, and cultivate non-medical friendships as well.

## Conclusion

We have observed at the Physician Health Program that doctors recovering from substance use disorders and other problems nurture their friendship and family relationships as though their personal wellbeing depends upon it. This is a good lesson for all physicians.

Don't allow perfectionism to spoil the pleasures of learning, making mistakes and growing together. Resist the traditional dictates of a medical culture that places patients before self and family, sacrificing social connections and personal support systems.

Look upon your friends and family as a blessing — a source of strength and support for life.

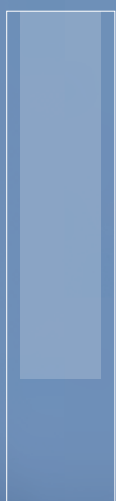
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is for  
**Intellect**





**INTELLECT REFERS TO THE POWER OF THE MIND TO GRASP IDEAS, TO UNDERSTAND CONCEPTS, AND TO MAKE RATIONAL JUDGEMENTS AND DECISIONS.**

Medical training and practice is all about developing our intellectual power, and using it to acquire the requisite skill and knowledge to be good physicians. We take pride in our intellectual prowess, and our rationality.

This article is about the application of a variety of our intellectual abilities and energy to personal stress hardness and resilience.

### **Intellectual diversion**

I suppose the first consideration is diversion from the day to day demands upon our intellectual abilities. While many take a break through recreation, hobbies, time with family and so on, there are others who seek alternative intellectual challenges as a form of pleasure.

I have a colleague who is completing a degree in philosophy, saddened that the process is ending (for now), and another who is fascinated by astrophysics. He takes the latest book on quantum mechanics with him on vacation! I prefer historical novels.

Another physician friend is fascinated by Mayan culture and visits

archeological sites on his vacations. Still another writes and records songs. These are but a few examples of replacing one kind of intellectual energy with another in order to relieve stress.

### **Occupational considerations**

Suppose you could ask a sample of physicians who have achieved balance and healthy resilience for their advice in this area. This is exactly what was done by a team of researchers from McMaster University in Hamilton.<sup>1</sup> Seventeen physicians were interviewed, and several important themes emerged.

Resilient physicians are able to maintain a sense of value in their professional role. They retain a sense of contribution, and having a meaningful role in the lives of others. They like what they are doing and continue to cultivate interest and acquire knowledge through continuing medical education in their area of work. They understand and accept the demands of the physician role, learning such skills as task prioritization and time management to help them cope.

These doctors, like others who are successful achieving balance in life, learn to set limits. They are able to say “no” when too much is asked of them, or when tempted to stray from important priorities and agendas.

Also reported was the need to understand that medical practice is a business. Efficient and effective work organization, staffing, use of technology, delegation to allied health professionals, and scheduling were but a few of the areas needing attention in order to minimize workplace stress.

Brown and Gunderman offer their viewpoint about ways to enhance professional fulfillment of physicians.<sup>2</sup> Their perspective reinforced the findings above by stating that enhancing motivators intrinsic to the work itself, such as the sense of achievement, responsibility and growth, increased fulfillment.

Interestingly, improving extrinsic factors, such as remuneration level and workplace conditions, contributes to fulfillment in the short term, but these gains aren’t sustained in the absence of intrinsic motivators. In other words, great pay and working conditions don’t make up for professional ennui if one isn’t interested in, and satisfied by, the kind of work they are doing. And, a focus upon the intrinsically rewarding aspects of work is often more within our individual control than focusing primarily upon the extrinsic factors.

## Control

It is my observation that most doctors like to be in control. This is especially true in some specialties, notably surgical specialties, intensive care, emergency medicine and, of course,

anesthesia. After all, the directions for care that we write in a patient’s chart are called orders, not suggestions, and we expect them to be carried out to the letter. We’re trained to make critical decisions based on rational analysis and the application of our knowledge. We aren’t afraid to be in charge.

I recall listening to an intensivist describe the stress she was experiencing at home. “Things go fine at work,” she said. “Everyone there does what I ask them to do. But my husband and kids don’t appreciate it when I give them orders.” She was able to appreciate the obvious: we aren’t in control of all aspects of life like we are (to a greater degree) in the clinical setting. And we aren’t always in control there either. That’s because our environment changes, constantly. Health institutions merge, split, and are re-defined. Boards, lawyers, administrators, governments, even patients all “conspire” to alter the healthcare landscape. The greater our need to control our circumstances, the more prone we are to the stress of being unable to do so.

I have often encountered doctors who believe that the best strategy, when faced with the stress of a changing and undesired situation, is to promote and pursue their preferred perspective with unrelenting, bloody minded devotion. They might even strike out against people and institutions who do not share their understanding.

There are times when others might yield to this approach, but probably not that many. More often, the “digging in of heels” is self destructive and makes things worse.

## Change

How, then, do we apply our powers of intellect to manage the ever-present issues of control and change in our lives?

First, I think, is acceptance. I've heard it said that change is the only thing that is constant in life. We, everyone and everything in life, are ever-changing—sometimes in ways we like, often in ways that make us uncomfortable. Face it. We can't control everything in our lives. We must learn to accept the things we cannot change—but not with dispassionate resignation.

We can adapt to change in healthy ways. Resilient people are curious and open-minded. When necessary, they are able to put aside a rigidly held stance to consider other ones. They are able to learn, through inquiry and co-operation, the details of new realities and other points of view. They might still prefer their own opinion in the end, but are able to appreciate the merits of alternatives.

Resilient people are flexible and open to the opportunities change brings into their lives, even if born in conflict. When the change to the environment is inevitable, they learn new skills and acquire new knowledge to adapt to that environment. How many of us, previously technologically unskilled and suspicious, now can't be parted from our laptops and iPods?

Some are courageous about change. They become proactive instead of reactive, waiting for change to pass over them, hoping to survive. They make reasoned, positive choices for themselves in areas where they can be in control.

This can mean choosing new occupational situations and leaving old ones. Making healthier lifestyle choices, such as increasing vacation time, would be another example. Developing leadership skills and becoming politically active, thus an agent of change, is another positive way to deal with the stresses of change.

Taking stock, or inventory, at a personal and occupational level, as illustrated in a previous Physician Health article,<sup>3</sup> is another facet of coping with change and evolution in our lives.

It's important to check periodically if our work and family circumstances are in keeping with our interests, values and goals. Do we still believe in what we are doing? Are our lives out of balance? How long has it been since we have tried anything new?

## Choice

In his book, *Always Change a Losing Game*, Dr. David Posen reminds us that change implies choice, and that we always have choices.<sup>4</sup>

Once we become aware of a situation requiring action, we must make choices. Even choosing to do nothing, he says, is a choice. And every choice has a consequence. Dr. Posen offers four important principles:

1. *Any behaviour you persist in doing after you become aware of it is a conscious choice.*

So, once aware of a situation that causes stress or distress, including yelling at others, overworking, eating improperly and so on, continues as a matter of choice. It's true that some form of help or learning might be nec-

essary to make a change, but seeking that assistance is also a choice that can be made.

*2. At times you don't see your choices clearly because of restrictions you put on yourself.*

So often I hear from doctors that they can't make important changes in their lives due to any number of self-imposed restrictions. They are concerned about what others will think about them, their financial obligations, their security in their present circumstances, and much more. They feel trapped. Later, once new choices are made — often after great suffering — they wonder why it took so long.

*3. Sometimes people don't feel they have a choice because they don't like any of their choices.*

There may be times, when all available choices are likely to have unpleasant outcomes, that the best of a bad lot must be chosen. Sometimes, this situation will be an improvement upon the current one.

*4. Occasionally, people get off track because they're looking for the ideal choice.*

This raises the spectre of perfectionism, which I described in the second article of this series.<sup>5</sup> Doctors are prone to this condition. Those who look for the perfect choice paralyse themselves by ruling out every alternative, leaving themselves with the status quo.

There are always choices. Doctors are good at weighing options. Choose the best, or the least bad, alternative when change is required.

Accept that outcomes might not be ideal, but they might be an improvement over the current situation.

And, who knows, there might be pleasant surprises. It's possible that making positive choices for oneself might also have a favourable impact upon other people and situations that were not anticipated.

This is the means to gain control over ourselves and our situations.

Suffice it to say, change is often stressful. But I believe that even the most rigid individuals will have the intellectual abilities to understand the realities of control in their lives, explore alternative choices, and learn to deal with their challenges in positive ways.

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C is for  
Community





**IN AND THROUGH COMMUNITY LIES THE SALVATION OF THE WORLD.<sup>1</sup> THIS IS THE FIRST SENTENCE OF A BOOK WRITTEN BY PSYCHIATRIST M. SCOTT PECK, ENTITLED *THE DIFFERENT DRUM – COMMUNITY MAKING AND PEACE*. THIS IS A POWERFUL STATEMENT INDEED, AND I USE IT TO INTRODUCE THE CONCEPT AND ROLE OF COMMUNITY IN PHYSICIAN RESILIENCE AND WELL-BEING.**

Just what is meant by “community” in this context? The dictionary defines community as a group of people living together, subject to the same laws and having common interests and characteristics.<sup>2</sup> Community defined this way usually includes a common geographical location for its members as well.

But this is not what Dr. Peck meant by community in his statement above, and it’s not the meaning I’m considering when thinking about physician health.

True community must be experienced to be understood. Sometimes it helps to describe the absence of a thing in order to better understand its presence.

Thomas Krizek, a surgeon, compared life in his professional community to swimming with sharks.<sup>3</sup> He said that the rules for swimming with sharks were surely written for surgeons: Any unidentified colleague is a shark until proven otherwise; don’t

bleed — it attracts more sharks; get out of the water if someone else is bleeding; counter aggression with more aggression.

Dr. Krizek describes a tough, aggressive, suspicious, uncaring grouping of colleagues who are unlikely to reveal their own pain and injury to one another, much less come to the aid of a colleague should his or her problems become known. This might seem like an indictment of surgeons, but it comes from one of their own. And, when I repeat this metaphor to other specialty groups, I am all too often aware that there is resonance with this depiction.

This metaphor also suggests a community that does not tolerate individual differences. You’re either a shark, or you’re not.

As far as I’m concerned, this is the description of anticommunity — even though this is a grouping of individuals in the same place, with common interests, following the same rules,

often implied and modeled, rather than overtly stated. This is a place of personal achievement, even at the expense of others. This is a realm where weakness is ill advised, where others are regarded with suspicion, and mutual support is unlikely.

This kind of place does not feel right, does not foster collegiality, and, too often, is in some way part of the backdrop in the lives of distressed or ill physicians seeking help from the Physician Health Program.

### **Barriers to community**

Medicine has long been a profession that supports the credo of rugged individualism. From the first day of medical school onward, we are reminded of our specialness, that we were selected as a few from the many who would be physicians, that we are the “cream of the cream.”

We are taught the skills to cure, deal with crisis, and comfort our patients. We are trained as leaders of the healthcare team. The fact that the ultimate responsibility for our patients rests with us is a repeated theme, and we take that seriously.

We learn at the bedside, in clinical rounds, and through rigorous examination that, in the end, our success as professionals rests upon our own efforts and personal, sometimes arrogant, authority.

Self-doubt and fear of failure are probably common to all of us, but that is a carefully guarded secret. Not wanting to risk being judged as less than our colleagues, these and other “shortcomings” remain cloaked within

our professional white coats. Feeling like impostors, we try to appear confident and secure when the truth is something else. We become dishonest with ourselves and others.

Our experience of criticism in training is sometimes hurtful. As a result, later in our careers, feedback from others, even constructive, is difficult to hear and accept without feeling threatened.

Sadly, some of us become bystanders in our own professional neighborhoods. Ignoring our human “first nature,” as described by Clarkson<sup>4</sup> — to be connected and interdependent, we turn away from colleagues in pain, impropriety in the workplace, ethical dilemma, or other uncomfortable challenges around us in our professional environment. Maybe this is due to our own past experience, stress, fatigue, overwork, ignorance, or ambition. Maybe something else.

So not wanting to get involved becomes “second nature” to us. We avoid really opening ourselves to others or providing a safe place for them to be with us. We fail to join with one another in a meaningful way.

Genuine community cannot form in an environment like this.

### **Genuine community**

Then what is community? Scott Peck says: “If we are to use the word meaningfully we must restrict it to a group of individuals who have learned to communicate honestly with each other, whose relationships go deeper than their masks of composure, and who have developed some signifi-

cant commitment to rejoice together, mourn together, and to delight in each other, make others' conditions our own."<sup>5</sup>

Let's consider how these principles and others can combine to create healthy medical communities.

Genuine community is inclusive. All kinds of doctors, regardless of specialty, cultural origins and gender, doctors in training, and allied health professionals, may belong.

When I was a clinical clerk in my last year of medical school, a nurse in the emergency department said one sentence to me that stands out in my memory. Marked by my short white jacket and yellow name badge, I responded to a page to see a patient in consultation. The nurse, seeing me approach, said, "If your senior resident isn't right behind you, turn around now and go away." I felt hurt, rejected, a very minor member, if that, of the healthcare team.

A healthy community is self-aware. Its members aren't afraid to examine its status and functioning. Such a medical community will pause once in a while to ask: "How are we doing?" Just as personal inventory is important, so is a collective one. Through retreats, medical staff meetings or other mechanisms, a healthy medical community will have members meet, discuss, reflect, plan, and be open to change.

And, being a safe place, all members of the community will be free to speak honestly. All constructive criticism is welcome. Incessant complaining, even silent, unexpressed concerns, are part of the problem.

Active engagement in medical community processes and politics is the solution.

In healthy medical communities, senior members offer the benefits of their experience through mentorship, willingly sought and accepted by its junior members.

All members of a community like this are open to giving and receiving feedback. Once, in a meeting of medical leaders I was addressing about disruptive behaviour, a surgeon offered his opinion that, in the OR culture, "off colour" or sexist jokes were understood as being acceptable. Shortly afterward, as the meeting concluded, two women who worked in the OR approached the surgeon and politely told him that they, and others, did not share his perspective. They risked offering feedback. I felt I was witnessing healthy community in action.

Sometimes there is conflict in communities, even healthy ones. But conflict in genuine community is resolved skillfully by active listening to one another, reflection and decision making guided by effective leaders. This is conflict resolved with grace instead of the aggressive feeding frenzy of the shark tank.

In a genuine medical community, the myth of personal invulnerability is discarded. Instead, our strengths, weaknesses, and individual differences are honoured and accepted. This has implications regarding optimal use of our professional abilities.

For example, doctors with certain disabilities are offered accommodated work that still makes use of their talents and experience.

The same is true for doctors who wish to retire gradually, still offering valued service based on their experience, but without need to take on-call responsibilities or other duties they can no longer manage comfortably.

And, of course, recognizing the possibility of individual suffering due to personal, emotional problems is also accepting the truth in any real community. Beyond acceptance is the ability to offer assistance without shaming or stigmatizing. In healthy medical communities, we can reach out to one another in safety.

## Conclusion

We all live and work as part of groupings we call communities. Some will have elements of what I am calling genuine, healthy community; some not. Genuine community usually takes time and effort to form.

We know when we are experiencing dysfunctional community because it drains our energy. Some callers to the PHP describe professional environments that are rigid, unsupportive, lacking in creativity, hurtful places to be.

Many other callers come from caring, encouraging and helpful workplaces. Sometimes, it is just such a community that inspired the caller to reach out. We know we are a part of a healthy community because we feel rewarded, energized and joyful about being a member of it.

Genuine community is at once human, humane and healing. Genuine community fosters resilience in its members.

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S is for  
Spirituality





## **SPIRITUALITY — THE NEGLECTED DOMAIN**

**IN 2003, I HAD THE GOOD FORTUNE OF BEING INVITED TO PRESENT AT THE ANNUAL MEETING OF THE ROYAL AUSTRALIAN COLLEGE OF SURGEONS IN BRISBANE. THE LECTURE WAS ENTITLED “SURGEONS ARE PEOPLE, TOO,” AND I DISCUSSED THE USUAL PROBLEMS EXPERIENCED BY DOCTORS, AND MANY OF THE ELEMENTS OF STRESS MANAGEMENT AND RESILIENCE COVERED IN THE “BASICS” SERIES OF ARTICLES.**

Taking the podium, I looked at my audience, and, to my surprise and pleasure, saw that the room was full. Beyond full, actually, as delegates were standing at the back of the room, in the doorway, and in the corridor outside.

Before the presentation, and while planning the content, I was concerned that surgeons — professionals very focused upon the art and science of their craft — would have little interest in the “soft” nature of my talk. Turns out I couldn’t have been more mistaken. They listened attentively, asked questions, and offered comments that revealed their interest in their own wellbeing.

But when I introduced the topic of spirituality, they became quiet. It wasn’t the silence of discomfort or dismissal; it was more like private thirst transformed into a collective hush. I had entered into the domain of the

soul, terrain seldom knowingly navigated by doctors in the context of their day to day work.

This is my experience nearly every time I present the idea that an exploration of one’s spiritual understanding and practice is a vital component of personal resilience.

### **What is spirituality?**

I choose to adopt a broad based concept that encompasses both secular and religious perspectives and can be widely accepted.<sup>1</sup> Thought of this way, spirituality is a complex and multidimensional aspect of human experience.

Philosophical aspects deal with finding meaning and purpose in life. Experiential, emotional and social aspects relate to feelings of connectedness, love, and caring for others, inner peace and equanimity.

The transcendent component of spirituality relates to the awareness of a universal life force, a guiding “power greater than ourselves,” God or a cosmic consciousness of our understanding.

Spirituality is not purely religion. But for many, spiritual benefits, practices and comforts are obtained through religious affiliation, ritual and faith.

Secular life is rich with transcendent opportunities as well, as many find spiritual fulfilment in art, music, nature, meditation and philosophy, to name a few.

In his book, *Spirituality and the Healthy Mind*, Marc Galanter depicts spirituality as a large tent that can

ing a protective effect on physical and emotional wellbeing among healthy individuals.<sup>4</sup>

Two examples that have been studied are acceptance and altruism, both of which can be said to have aspects that are spiritual in nature.<sup>4</sup>

Many hardy individuals cite acceptance as an important contributor in their ability to tolerate stressful situations and circumstances. Not to be mistaken for resignation (and its attendant helplessness), acceptance of life’s difficulties and personal challenges fosters willingness to seek appropriate help, support, and creative solutions, including connection to others and the transcendent. This

“ I HAD ENTERED INTO THE DOMAIN OF THE SOUL, TERRAIN SELDOM KNOWINGLY NAVIGATED BY DOCTORS IN THE CONTEXT OF THEIR DAY TO DAY WORK. ”

house diverse views of transcendence with room enough for the secular and the religious.<sup>2</sup>

### **Spirituality and resilience**

There is evidence, summarized in various reviews, that spirituality and religious commitment is associated with positive physical and mental health.<sup>3</sup>

Attitudes and beliefs influenced by spirituality also provide a framework for understanding adversity and making sense of tragedy, as well as hav-

ing a fundamental concept in 12-step recovery programs widely accepted to be spiritual in nature (but not religious, at least by most who subscribe to them.)

Altruism, the philosophy and practice of helping others, has been associated with both successful adaptation to stressful environments and the ability to find meaning in illness or tragedy. An example is the “survivor mission,” when the individual turns personal adversity into activism, or the practice of helping like affected others. Mothers Against Drunk Driving (MADD) is an

example of the first; the mission of recovering alcoholics in AA to “carry the message” (Step 12) is an example of the second.

And, in a study that looked at the competencies of physicians who were identified as having a resilient approach to their personal and professional lives, spirituality was cited as an important contributor.<sup>5</sup> In this article, such qualities as self-awareness, acceptance, and a sense of contribution in their work are specifically mentioned.

mind is an open mind. And an open mind is one that is willing to explore and adopt new ideas, attitudes and practices.

- *Give of yourself* — Medical practice is a form of giving, of course, but also our livelihood. Donate medical services. Join a community board. Become a big brother or sister. Coach a sports team. Give for its own sake.
- *Be mindful* — Mindfulness refers to a meditation practice that cultivates present moment awareness.<sup>6</sup> Medi-



**EVERY DAY WE JOIN WITH OUR  
PATIENTS, LISTEN TO THEIR STORIES,  
OFFER THEM OUR EMPATHY AND  
UNDERSTANDING, ALONG WITH OUR SKILL.**



### **Spiritual practices that enhance resilience**

- *Be humble* — It’s hard to imagine accessing true spirituality without humility. And humility can be difficult for some doctors — especially those who have been conditioned with “white coat hubris” to see themselves as separate from others, fiercely independent, arrogantly eschewing new ideas and values that don’t conform to their world view so influenced by medical training. Humility permits a different perspective of self — one that acknowledges vulnerability, interdependence with others and with a universal power greater than ourselves. A humble

tation might be thought of as a form of deep, attentive listening. Mindfulness meditation teaches how to remain focused in the present, alert, aware and unhurried. Some meditative techniques enable physical relaxation and a clear and peaceful state of mind. Meditation practice fosters mental discipline and improved powers of concentration that can tame the wild horse of unbridled thought. Meditation helps us to connect to the core of equanimity unaffected by personal problems that resides within each of us. Mindfulness meditation training is popular and readily available.

- *Pray* — Prayer is communication.

Prayer is a form of reminder. Prayer is a request for help. When we repeat a prayer, we are guided by its words and intent.

- An example is the Serenity Prayer, adapted from the original attributed to theologian Reinhold Niebuhr, so often repeated at Alcoholics Anonymous and other 12-step meetings: “God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.” Prayer can also be an expression of gratitude, a pause to quietly say “thank you.”
- *Walk on uneven ground* — I think that most of us crave connection to the natural world. I suppose God exists on the frenzied sidewalks and high between the skyscrapers of our cities, but somehow it’s easier to appreciate nature’s soothing message while walking down a forest path, in a country meadow, or along the ocean shore.
- *Join a spiritual/religious community* — Tolerant, respectful religious communities connect people with common spiritual ideas and practices. They provide social support, a sense of purpose and belonging, and, of course, a means to understand and communicate with the God of their understanding. Find a community that supports values that matter to you. Join it and get involved.
- *Play* — Imagine the many ways you can and have played. Remember the exhilaration of downhill skiing, the satisfaction of smacking a baseball into the outfield, joking with your

friends on the golf course. I think play is a form of spiritual experience. Make time to laugh and have fun.

- *Enjoy music* — Music carries messages of meaning to us through lyric, tune and rhythm. Music can soothe or invigorate. Music bypasses our conscious, rational thought to reach into memory and the stirrings of our heart. Listen to music. Make music.
- *Read* — There are many ways to enrich our lives through reading. Along with the scripture of sacred texts, contemplative literature and poetry open the door to reflection and philosophical thought that nourish the spirit.
- *Create* — Write a story, grow a garden, build a cabinet, compose a song. Paint a picture or cook a meal. Rejoice in your personal creativity — it’s an expression of the soul, a gift.
- *See life through the lens of awe and wonder* — Other people do. I have heard Rachel Naomi Remen, American physician and author of *Kitchen Table Wisdom* and other works, suggest that we view our work as a novelist or film producer would, replete with the richness and human drama that service through medical practice affords.

Every day we join with our patients, listen to their stories, offer them our empathy and understanding, along with our skill. This is one way to find meaning in our work again, to recapitulate the soul of medicine.<sup>7</sup>

Whether we are aware of it or not, there is healing — for our patients, and ourselves.

## Conclusion

This article, and the five preceding articles in the BASICS series, offers but a few strategies that doctors can use to enhance their personal resilience.

We have discussed attending to our primary physiological needs, such as nutritious eating and getting enough rest, and examined some ways to confront perfectionism and other attitudes and thinking styles that hold us back.

ers. Even so, busy doctors often lament that there isn't enough time or opportunity in their lives to implement all, or even many, of these suggestions. Patients, after all, come first. However, maybe patients don't come first — maybe our health is equally as important as that of our patients.

So, leaving the last word to Wayne and Mary Sotile, maybe all we have to do is a little. One or two doable stress managing, resilience enhancing choices per day might be plenty. "Do sweat the

**“ THIS IS HOW WE TAKE RESPONSIBILITY FOR OURSELVES, RESTORE OUR INTEGRITY, HEAL TOGETHER, AND CELEBRATE THE MANY REWARDS OF BEING A DOCTOR AND A WHOLE PERSON IN OUR DEMANDING WORLD. ”**

We have been reminded about the social aspects of resilience involving family, friends and community. We reviewed using our intellectual abilities to make good occupational choices and to understand and cope with change in our lives.

And, finally, we explored some ideas about spirituality, its importance to our resilience, sense of wholeness, and how leading a more spiritual life can remind us of the things we love about being a doctor.

Even in this brief series of articles, many suggestions have been offered. Most are likely viewed as common sense, some already utilized by read-

small stuff," the Sotiles say. Even small changes can have large rewards.<sup>8</sup>

This is how we take responsibility for ourselves, restore our integrity, heal together, and celebrate the many rewards of being a doctor and a whole person in our demanding world.

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# The Burnout Prevention Matrix

## The Burnout Prevention Matrix

Tools to live healthcare's new [Quadruple Aim](#):  
117 Ways Doctors and Healthcare Organizations can Lower Stress and Prevent Burnout

By Dike Drummond MD, CEO of [TheHappyMD.com](#)

### A Balanced Approach to Burnout Prevention, Physician Wellness and living the Quadruple Aim

#### The Scope and Effects of Burnout

Physician burnout is the single biggest threat to any individual doctor's career and the largest negative influence on quality of care offered by any healthcare organization. The scope of the problem of burnout is only recently being acknowledged as we begin to be paid for performance, care quality and patient satisfaction. Here are some important research-proven facts about burnout and its effects on the quality of life of today's physicians.

Surveys over the last 20 years have consistently shown that, on average, 1 in 3 doctors are suffering from symptomatic burnout on any given work day - worldwide, regardless of specialty [\[article link\]](#).

A pair of studies by the Mayo clinic surveying physicians in 2011 and 2014 found the following prevalence of burnout and two of its complications in the general physician population of the USA. [\[article link\]](#)

|                   | <u>2011</u> | <u>2014</u> |                                      |
|-------------------|-------------|-------------|--------------------------------------|
| Burnout           | 45.5%       | 54.4%       |                                      |
| Depression        | 39%         | 39%         |                                      |
| Suicidal Ideation | 4.0%        | 7.2%        | <b>Note:</b> This is an 80% increase |

Research has also linked burnout with the following negative effects on the physician's life and practice. Note how all of the following also have strongly negative effects on any healthcare organization's bottom line profitability

- Burnout decreases quality of care and patient satisfaction
- Burnout increases medical errors, malpractice risk, physician and staff turnover
- Burnout increases physician divorce, drug and alcohol addiction and suicide rates

Related: [The four causes of physician burnout](#)



# The Burnout Prevention Matrix

## The Two Basic Burnout Prevention Methods

When you understand [the pathophysiology of burnout](#) as the development of a negative balance in your energetic bank accounts, it quickly becomes clear there are only two methods of preventing burnout.

- You can lower the stress and energy drain on the physician
- You can increase your ability to recharge your physical, emotional and spiritual energy accounts

While each of us bears a personal responsibility for maintaining our energy and getting our own needs met, the following two factors get in the way of doctor's ability to avoid the epidemic of burnout.

### 1) The physician's missing skill set

We are [never taught how to use either of these burnout prevention methods](#). Our medical education focused on creating a competent clinician who could diagnose and treat disease in humans effectively and efficiently. We focused on surviving the training process itself. Our residency training was a "work hardening" experience that did not teach how to be a healthy doctor and create a balanced life.

At the same time, research shows a number of tools are effective for preventing burnout. Unfortunately, most physicians only learn about them after they are out in practice looking for ways to deal with their early stage burnout.

### 2) The design of the work environment

The majority of physicians are not in control of their working environment. We spend hours a day in an office, hospital or O.R. setting that is constructed by the organizations to which we belong. Many doctors provide care inside systems for billing, documentation and patient flow that they did not design and over which they have no control. These same systems are the single most important influence on our stress levels and energy drain on a day to day basis.

For many physicians it often seems like the organizational systems get in the way of our ability to practice medicine and our requests and complaints fall on deaf ears. These non-clinical stresses of being a physician are a major cause of physician burnout.

**Related:** [Physician Leaders can cause Physician Burnout](#)

For this reason, organizations bear a parallel and equally important responsibility for the health, wellness and stress levels of their physicians and staff. Healthcare organizations often overlook their responsibility to create a supportive and healthy workplace for the people who provide the care -- in ways that are surprising given their charge to provide a healing environment for the patients.

I believe this industry-wide gap in awareness is an extension of

a) The conditioning of our medical education to avoid our own self care needs because "the patient comes first."

# The Burnout Prevention Matrix

b) The relentless focus on the Triple Aim of cost, quality and patient satisfaction. Notice the Triple Aim completely ignores the health and wellbeing of the people in the care delivery system.

For most organizations, the providers and staff do not even appear in the mission statement. Things have become way out of balance. Which prompts the following question ...

## Which Comes First - Patient or Physician Satisfaction?

In this current environment of pay for performance based on patient satisfaction and care quality – it is important to remember the simple phrase “happy doctors have happy patients”. This becomes obvious when you consider the following question:

*“How can we expect a patient to give today’s treatment experience a 5 out of 5 score for satisfaction (“outstanding”) -- when the doctor and nurse that cared for them would score their satisfaction with their work day and their organization a 3 out of 5 or worse?” ~ Dike Drummond MD*

## Taking Balanced Responsibility

Provider and staff wellness and satisfaction are the foundation on which patient satisfaction is built.

We believe in the years ahead that the most successful and profitable healthcare organizations will be those who take the best care of the people within their system and then give them the tools and support to provide great care.

It is the search for this balanced approach to physician and staff wellness and satisfaction lead to the creation of the Burnout Prevention Matrix.

## The Burnout Prevention Matrix and 117 Burnout Prevention Techniques

The matrix below combines the two main burnout prevention methods

- Lowering Stress and Energy Drain
- Increasing Recharge Activities and Efficiency

With the two responsible entities

- The physician’s personal responsibility
- The organization’s responsibility to the physician

To create a four part matrix

### The Burnout Prevention Matrix

|              | ↓ Stress | ↑ Recharge |
|--------------|----------|------------|
| Personal     | I        | II         |
| Organization | III      | IV         |





# The Burnout Prevention Matrix

## Power Tips:

Related: [Physician burnout is not a problem](#)

=> Before you look at the lists below, realize that any single one of the personal activities in Quadrants I & II will provide you with rapid stress relief when it is fully implemented. Even though this list is quite long, we recommend you pick only one activity from the list at a time. Implement that activity completely before trying another.

=> Notice Quadrant I contains several suggestions addressing issues outside of work. We have worked with a number of clients where the “last straw” in their professional burnout was a non-work issue such as marriage/relationship struggles, personal financial stresses or parenting conflicts. It is important to see the holistic nature of the way stress works on physicians and address these non-work issues head on as well.

=> The Organization Activities in Quadrants III & IV are best implemented in a coordinated fashion, ideally starting with a leadership commitment to emphasize physician and staff wellness as equal in importance to patient satisfaction and quality of care. Without this shift in values and culture, any organizational efforts to lower stress and prevent burnout will be minimally effective, short lived and seen as only a means to an end by the physicians and staff.

## NOTE:

**1) These lists are not exhaustive.** They are simply a starting point for thinking about how to lower stress and prevent burnout for you and the other doctors in your organization. You will come up with additional items that are specific to your personal situation and/or group as you move through these suggestions.

**2) The lists are also not universally applicable.** There are items on the list that will not apply to your personal situation or group. When you notice an item does not apply, just hop to the next one.

**3) The structure of your organization matters.** If you work in a solo practice or small group, you will be the person implementing the organizational activities. In a larger group you can bring up discussions about these ideas with your peer physicians and your leadership/administration/management team.

**4) Don't let the length of this list do either of the following...**

- Overwhelm you and cause increased stress. This is a list of alternatives from which you can pick ONE AT A TIME. It is NOT a list of everything a doctor has to do to prevent burnout.
- Cause you to feel guilty when you see something here that you “should” already be doing. If you hear that voice, just say, “Thank you for sharing” and keep moving.

**5) Remember to take action.** These lists are meant to be more than just an educational experience. Our intention is that you pick the action that makes the most sense in your life and/or organization and start implementing it immediately. If you stop at the point of understanding a concept and do not implement it, you may be falling into Einstein's definition of insanity.

*“The definition of insanity is doing the same thing over and over again and expecting different results”*



# The Burnout Prevention Matrix



## Quadrant I

### Personal Tools to Decrease the Stress and Energy Drain

#### **Mindfulness based Stress Relief (MBSR)**

- Conscious Stress Release Breathing techniques ( e.g. The [SqueeGee Breath](#))
- Meditation - walking, sitting or focusing on just being present
- Full traditional MBSR training program – [here is the original U. Mass Program](#)  
NOTE: Mindfulness based stress relief is the foundation for the ability to release stress in-the-moment at work. MBSR is also a key to letting go of work related stress when you are NOT at work so you can be present at the time of your recharging activities.
- Taking time during your day for moments of mindful reflection on your physical energy, your workday, your breathing – becoming “present”

#### **Regular journaling to develop your self awareness “muscles”**

- Journaling helps you become more aware of the tone of your thoughts and feelings and less reactive at work and with your family
- Content of your journal can be recounting of your day, your feelings about and reflections on your experiences, intentions/goals/wishes

#### **Narrative medicine to vent past traumatic experiences in your training and practice**

- Write down a journal entry or story recounting a stressful /traumatic experience of yours from your training or practice
- This activity can be very therapeutic and resolve longstanding stress around patients or procedures that are similar to the one in the original stressful event.
- Here is an [example of a narrative medicine journal entry](#)
- Here is the [ISHI website](#) with programs in narrative medicine designed by Rachel Naomi Remen

#### **“Treat yourself like a dog “**

- Create the habit of celebrating all “wins” – all accomplishments, no matter how small, deserve a minimum of a pat on the back.
- This breaks the “nose to the grindstone” syndrome and can dramatically increase your work satisfaction and your leadership and parenting effectiveness as well
- Acknowledge yourself and everyone around you early and often
- “Catch them doing something right”
- Take on this habit for you, your family, your co-workers and staff and your patients
- NOTE: This is exactly how you would treat a dog
- This is an established Organizational Development principle known as “Appreciative Inquiry”

#### **Acquire Leadership, Delegation and Patient Flow Skills**

- Learn and practice communication skills and Emotional Intelligence skills with both patients AND staff
- Train yourself and all staff in the [Universal Upset Patient Protocol](#)



# The Burnout Prevention Matrix

- Dealing with upset and angry patient is a major stressor for doctors and all staff members. The UUPP is a simple, reliable method for handling upset patients quickly, effectively and empathetically
- Collaborative leadership skills using open ended questions rather than giving orders
- Consciously setting your work team Context/Environment to be as supportive as possible
- Learn to ask for and accept help from team members
- Delegation and follow up skills
- Group problem solving and process improvement skills
- [BID Huddle Process](#) to optimize your daily patient flow within your existing systems
- [Monthly Team Meeting Process](#) to constantly improve your existing systems
  - Make a list of problems/issues you want to address – everyone on your team gets to put issues on the list
  - Lead a collaborative process to brainstorm solutions
  - Pick one as an improvement project for your team
  - Create the action plan and metric(s) you will track
  - Delegate responsibility for the project
  - Follow up at the next meeting (or sooner)
  - Always be working at least one improvement process – especially for “broken record” issues

## Systemize your practice

- Create [systems to handle any repeated – “Broken Record” - tasks](#)
- Set up systems to track referrals
- Set up systems to track and report test results to patients
  - Normals
  - Abnormals
- Delegate the management of all systems to a staff member – you maintain the leader role
- Have a staff member screen your postal mail
- Have a staff member screen your email
- Dictate, use voice recognition software and/or templates for referral letters and reports

## Vision - Career Alignment

- Create your Ideal Patient/Procedure Profile
  - Write down a description of your ideal patient encounter and favorite procedures
  - This is the patient encounter that has you saying, “yes, that’s why I became a doctor”
- Create your Ideal Practice Vision
- If you had a magic wand and could wave it to create the ideal practice situation, what would that practice be like? Write it down in as much detail as possible.
  - How many hours a day would you work with what patient and procedure mix
  - What would the structure of your group be like and the culture amongst the partners
  - Where would you live and what would that allow you to do in your off time
  - How much would you be paid and what benefits would you receive
- Brainstorm, prioritize and action plan steps to [align your practice experience/structure and patient/procedure mix with these Ideals](#)





# The Burnout Prevention Matrix

- Take progressive steps to align your current job with your Ideal Practice Vision
- Consider changing jobs or practice structure to match your Ideal scenarios
- Consider altering your patient/problem mix based on your Ideal Patient/Procedure Profile by beginning to request referrals from your partners and other community physicians

## Master your documentation system

Related: [Our five part EMR Strategy training video](#)

- Stop demonizing your EMR – decide to become a Power User instead
- Study the user manuals, complete all the training provided by the EMR vendor
- Create templates /"quick keys"/shortcuts that fit your patient and procedure mix
- Identify the EMR "Power Users" in your practice/group
- Ask them to teach you their power tip
- Study them, learn from them, become one of them

## Documentation rules

- Commit to completing your charts daily
- Commit to completing your billing daily
- Set up systems to delegate as much charting and billing as appropriate to your team members
- Become a Power User of your EMR and billing systems – see above
- Resolve to leave incomplete charts and visit charges behind only on the rarest of occasions
- Incomplete charts are always a serious ongoing energy drain that keeps you from recharging at home

## Get organized

- Hire a professional organizer to clean up your office and set you up a filing system so it never gets disorganized again

## Explore the options for working on a schedule that is something other than full time

- Be creative here
- Part time
- Practice sharing
- Non-traditional hours

## Understand and master your personal finances

Not understanding your personal finances in detail is a major stressor for most physicians. When you have clear understanding of the points below, the reality is often much better than you had imagined and you will have concrete goals to guide your actions ... rather than always worrying whether you have enough.

- Perform a Personal Net Worth and Income/Expense analysis with your CPA
- Understand your personal financial situation in detail





# The Burnout Prevention Matrix

- Set financial goals for income, expenses, loan paybacks including student loans and mortgages, retirement savings, college savings

## **Do what it takes to understand your practice finances**

Not understanding your personal production reports and practice finances is another money related source of stress. This is yet another knowledge base you must acquire outside of your medical education. Do not avoid acquiring this knowledge no matter how foreign it may seem. Do what it takes to learn the basics so you are always dealing with an understanding of actual numbers rather than uncertainty and fear.

- Resolve to understand your practice finances
- Profit and Loss Statements
- Accounts Receivable
- Budgets and the budget creation process
- Both your personal numbers and the numbers for your organization
- Ask for support and training from your administration and/or CPA until all of your questions are answered

## **Take care of your primary relationship**

Your relationship with your significant other is one of the main sources of recharge energy when it is healthy. If your primary relationship is experiencing difficulties, conflict, chronic disagreements, unbalanced sharing of family responsibilities ... it switches from a recharging to a draining activity and dramatically accelerates burnout.

- Schedule and complete regular date nights
- See a marriage/relationship counselor if you could use any level of fine tuning.
  - Have a very low threshold for getting help here. Don't wait until you are considering separation

## **Handle any parenting issues**

Likewise with parenting - your children can be a real recharge for you OR a major additional drain depending on how things are going.

- If you are challenged at all with parenting, seek a family counselor/parenting expert early and often

## **Weekly practice planning**

- Plan and schedule your routine practice activities weekly
- Develop the habit of looking forward into the week and knowing your practice activities and hours at work in detail
- Carry this practice schedule with you at all times
- This allows you to begin planning your life around your work schedule with some level of certainty



# The Burnout Prevention Matrix

## Long range practice planning

- Schedule and create an annual plan for your practice in the 3rd quarter of each year
- Revisit the plan quarterly in the last month of each quarter
- Plan, execute and track any practice improvement projects
- Set and track any financial/performance goals
- Plan and book CME activities , trainings, conferences - perhaps in combination with personal and/or family vacation time

## Choose to view your burnout prevention activities as a calling rather than a problem to be fixed

It is common for physicians to feel guilty admitting they are over stressed and need to do things differently. We can see this as failure or something we “should” have been able to figure out for ourselves ... or even a sign that we aren’t tough enough. These feelings come from the conditioning of our medical education and don’t help matters.

As you make any of the changes on these lists, it can help to see your stress and burnout as a calling to a new relationship with your career, rather than a failure or a problem to be fixed

- You are figuring out, based on your own experience, how to be both a doctor and a healthy person with a well rounded life
- Remember these are tools and techniques you have never been taught before
- In my experience, little things can make a big difference
- Only you can decide what works for you based on your own personal experience
- You can enjoy the adventure of this “waking up” to what works for you

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*“No problem can be solved from the same level of consciousness that created it”*

**~ Albert Einstein**

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*“The important thing is this: to be able at any moment to sacrifice what we are for what we could become.”*

**~ Charles Du Bos**

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*“Be who you are and say what you feel because those who mind don’t matter and those who matter don’t mind.”*

**~ Dr. Seuss**

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# The Burnout Prevention Matrix

## Quadrant II Personal Recharge Activities

### NOTE:

For all personal recharge activities below, it is extremely important to be fully present for the individual activity. If you are busy thinking/worrying about patients or work instead, the recharge of your energetic bank accounts cannot occur. One of the best ways to get present is the same [SqueeGee Breath](#) or other MBSR technique you use to release stress at work.

### Create and practice a “boundary ritual” between work and home

A solid boundary between work and home is essential for any recharge activity to be effective. This is a conscious action you take between work and home to create an energetic and psychological boundary between your practice and your life outside of medicine. The ritual helps you shut off your physician programming and leave any work related stresses or worries behind. There are any number of options here, I will list a few.

Note: the best popular example of this ritual is Mr. Rogers on his TV show. He would come in the door, change his shoes and put on his zip up sweater and sing a song before anything else.

- Use your car ride home for some relaxing music and mindful breathing to release work
- Take a mindful breath or use any other MPSR technique you know as you turn the knob on the door to your house
- Shower and/or change clothes first thing when you get home
- Go for a short walk and release work before going in the house

The key here is to consciously use your ritual to leave your work behind and be the non-doctor version of you until the doctor is required again.

Related: [How Mr. Rogers can help with your Boundary Ritual](#)

### Create and execute a weekly life scheduling process

Anything outside of work that is not on your schedule is highly unlikely to happen by chance. Schedule it or forget it. Create a system and [routine for scheduling your life outside of medicine](#).

- Adopt the habit of always having your life schedule with you just as you always carry a schedule of your work activities
- Learn and practice saying “NO” to requests for additional work activities when you have a prior commitment on your life schedule.
- Practice saying “NO” in the mirror until it feels natural

Related: [Four secrets to a powerful “NO”](#)

Related: [Four keys to building a better day off](#)





# The Burnout Prevention Matrix

## Create, schedule and execute on your personal exercise program

This can be a part of the weekly life scheduling process above

- With exercise - simple, frequent and fun is better - eg. Walking at lunch
- Be present for the feeling of caring for your body and its physical needs

## Prioritize, schedule and invest time for your important relationships

Being intimately connected with the most important people in your life is an extremely important priority for physicians. This is the major source of recharge to our Emotional Energetic Bank Account and often the first life balancing activity to be forgotten in stressful circumstances.

- Have a system for scheduling time with your family and loved ones.
- "Date Nights" with your Significant other/spouse
  - I consider these mandatory for physician health. Minimum 2/month. Get them on your calendar at least 2 months in advance
- Alone time with your children, parents, other family members
- Time to connect with other friends, couples, families

Related: [Date night secrets](#)

## Prioritize, schedule and invest time in hobbies, interests, clubs, societies, charities and other creative pursuits

## Prioritize, schedule and invest "down time" set aside for rest and rejuvenation with nothing to do

## Block out time for "Scheduled Spontaneity"

- Schedule a block of time on your calendar and don't plan to do anything in particular
- When the time arrives, you are totally spontaneous in that moment

## Prioritize, schedule and invest time in your personal spiritual activities

## Perform a quarterly planning session for bigger items

- Annual vacation, "Big Rocks", Bucket List adventures
- The bigger the activity you are planning, the farther in advance it must be scheduled
- Keep a "Year at a Glance" calendar to organize your life for the year

## Bucket List Activities

- Make a Bucket List - the things you are determined to accomplish or experience before you die.
- Set a goal to cross one of them off each year
- Plan and schedule it as far in advance as you need to



# The Burnout Prevention Matrix

**Choose, schedule and book a total of 2 weeks' vacation on your calendar now for sometime in the next 12 months**

- I recommend buying the tickets now as well
- If you book a vacation and pay for it, the chances of you not taking that vacation are virtually zero
- If you are wishing for a specific vacation and do not book and pay for it ... the chances of it coming to pass are dramatically reduced. It can always be bumped for something practice related that feels more important at the time (it is not) or forgotten altogether

## **Nutrition**

- Commit to and carry through on quality nutrition and meal planning
- Set aside time for food planning and prep for meals you take to work - What will you eat at work and what prep is involved?
- Good nutrition starts in the grocery store. Make a list. Buy what is on the list. Don't shop hungry.

## **Practice Intention Journaling**

- Identify your Ideal Practice Vision and Ideal Patient Encounter in as much detail as possible – see Quadrant I
- Journal before you start a shift at work and set your intention to be on the lookout for, and open to, having an ideal patient (or staff) encounter during the day ahead
- This turns your work day into a "Treasure Hunt" rather than a survival challenge
- It dramatically increases the chance that you will have a fulfilling interaction at work that day
- Notice the energy recharge when you have that fulfilling patient or staff encounter
- "Oh yeah, that's why I became a doctor"

**Related:** [The power of a gratitude journal](#)

**Related:** [The "Treasure Hunt" process](#)

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# The Burnout Prevention Matrix



## Quadrant III

### Organizational Support to Decrease Stress and Energy Drain

#### **Leadership Commitment to Physician and Staff Wellness**

Create a leadership commitment to the principle of caring about, monitoring for and optimizing the health, wellness and satisfaction of the providers and staff in the organization. This function of “looking in the mirror” - to focus on optimizing the experience of the people working inside the organization - is emphasized at the same level as the organization’s outward focus on the quality of the patient experience.

**NOTE:** You cannot expect a patient to give your doctors a 5 out of 5 in satisfaction when your doctors would rate their satisfaction with working in the organization at 2 out of 5 ... or worse yet, the organization has never asked physicians and staff to rate their satisfaction or surveyed for stress and burnout prevalence.

#### **Mission Statement Commitment to Physician and Staff Wellness and Satisfaction**

- Mission Statement Planning Retreat to put the Physicians/Provider and Staff health, wellness and satisfaction on equal footing with Quality of Care and Patient Satisfaction
- This retreat is to begin the alignment of the entire organization with the principle of equal focus on both physician and patient satisfaction

#### **“Physician Wellness Committee”**

- A standing and active Physician Wellness Committee
- With a significant budget
- Charged with actively surveying for and optimizing physician and staff health, wellness and satisfaction
- We recommend you name this committee the “Burnout Prevention Working Group”. [Here is why.](#)
- We also recommend this committee be the hub for all four components of the [Quadruple Aim Blueprint.](#)

#### **Create standing agenda items RE: Physician and Staff Wellness Projects - in all routine practice leadership and administration meetings**

- Discuss and address the issues of stress management, wellness and satisfaction of the staff and providers at every major meeting in the organization

#### **Management by Walking Around**

Administration and Physician Wellness Committee Members get out of their offices regularly to see what is going on - and how they can help - on the front lines of care

- They are seen around the facility
- The expectation is that physicians and staff can report issues to them



# The Burnout Prevention Matrix

- When they listen to a complaint, problem or suggestion they get back to the reporting party within the week with more information and/or a plan to address the issue
- Improvement projects are initiated based on complaints/suggestions with progress reported back to the physicians and staff
- The leadership is seen to be active and available, curious, interested, responsive and effective.

Related: [How to tell if your administration cares about the doctors](#)

## **Consistent communication of stress relief and wellness program activities and results to the physicians and staff**

- Newsletters – print or electronic
- Announcements at meetings
- Press releases
- Celebrate accomplishments by physicians and staff outside the practice as well
- Let's your people know someone "has their back"

## **Regular surveys of physician and staff satisfaction and suggestions for improvement**

- Minimum twice a year
- Include the Maslach Burnout Inventory and "First Break all the Rules" questions

## **Routine reporting of survey results to all the physicians and staff in four phases**

- Raw data reported immediately - "This is what you told us"
- Analyze data and report themes - "This is what we heard"
- Prioritize issues and create projects to address concerns as needed. Report these projects to the physicians and staff - "This is what we are going to do"
- Report on Project Results/Successes/Learnings - "These are the results of our efforts"

## **An open and active "suggestion box" system with immediate action taken on quality ideas with credit given to the person making the suggestion**

## **Regular detailed feedback sessions to all physicians from senior partners - so the doctor knows where they stand and how the group feels about it**

- Financial Production
  - With training on what the numbers mean as needed
- Patient Satisfaction
- Peer and Staff Interactions
- Skills evaluation - kudos and growing edges
- Remember to celebrate all wins (see Quadrant I)





# The Burnout Prevention Matrix

## **Provide Physician Skill Building and Training Programs**

There are a number of critical skills that don't make the curriculum in medical school and residency. These missing skills are always a source of stress until they are acquired, practiced and used.

- Team leadership skills
- Communication skills
- Meeting facilitation skills
- Coaching skills
- Stress management and burnout prevention skills
- Change management skills
- Problem solving and creativity skills
- Project management skills
- Training on business basics and how to understand the organization's financial statements

## **Systems Support:**

The systems are optimized to allow providers and staff to do what they do best ... provide direct care to the patients. Minimize the amount the providers and staff have to fight the systems to provide quality care.

- EMR training and support to enable all physicians to become "Power Users"
- Consider providing scribes if necessary
- Patient flow optimization
- Referral flow optimization inbound and outbound - to take hassles out of the doctors hands once referral decision is made
- Testing / procedure flow optimization
- Hospital admission flow optimization
- Hospital discharge flow optimization

Coordinated in a concerted and systematic effort to ensure physicians maximal direct patient care time.

## **Support flexible work hours and part time practices as a "normal" way a doctor can participate in the group**

- The "other than full time" schedule options are available in the outpatient, inpatient and call rotations for each department
- The culture of the group supports "other than full time" providers as equal and valued member of the group - not second class citizens

## **Creative ways to address call coverage**

The size of this list is limited only by your creativity. Here are a few ideas to get you started

- Accommodate the "other than full time" physicians
- In-house call support - hospitalists, etc.
- Allow individual doctors to opt out of call
- Pay more for doctors who do take call
- Scheduling so that doctor coming off of a call night does not have a full day to follow



# The Burnout Prevention Matrix

- Reduced call requirements for doctors with children under age three or doctors over age 60
- The above points are just suggestions/ideas. The exact form of any call rotation is a creative process individual to the group. You may benefit from an outside facilitator for the process.

## **Confidential 24/7 Physician Counseling Hotline for any physician who wants to talk to a counselor/coach about any personal, relationship or emotional issues of any kind**

- Systematic support for physicians who would like coaching/mentoring/counseling
- Encourage asking for support as healthy - there is no stigma in asking for help
- Referral networks for physicians are established, first appointments are readily available and quality of support offered to physicians is monitored

## **Physician Peer Mentors assigned at the time a new physician contract is signed to support the "onboarding" of the new physician**

- Thorough process of explaining contract clauses, production formula, buy-in to full group membership (if any) and the culture of the group

## **Transparency in reporting the financial health and performance of the organization to all physicians**

- Current performance
- Performance projections
- Transparent budget creation process
- Training for physicians so that they understand the generation of and meaning behind the numbers

## **An open invitation to all physicians to attend all physician leadership meetings regardless of their status as partner, employee or independent contractor**

- All physicians are welcome even though all may not have a vote in any decision making process

## **Fair reimbursement for all physician leadership activities**

Physicians who choose to take on a leadership role simultaneously take on additional stress above and beyond that experienced in clinical practice. It is important to acknowledge and compensate for this leadership related layer of strain to prevent even higher levels of burnout in your physician leaders.

- Leadership activities are paid at a reasonable rate
- Shows appropriate respect for the value of quality leadership
- Avoids placing physician leaders in the double bind of spending time away from revenue generating patient care and not being compensated



# The Burnout Prevention Matrix

## Optional Physician Support Groups

- Support groups/Mastermind Groups available for peer support and processing of difficult interactions
- Training in facilitating support groups is available for group leaders
- [Balint Groups](#) as an example

## Physician Bad Outcome Outreach Program

- A committee and procedure to reach out to any physician or staff member involved in any bad outcome regardless of concerns of fault or malpractice risk. We call it the “bad outcome hot dish delivery team”. These are volunteers who make a hot dish and reach out to anyone involved in a bad outcome in your organization. Their job is to empathize, be available should the person want to talk ... and, of course, make a nice hot dish for them and their family.
- Physician isolation at times of negative outcomes is universal. It is a crushing experience for the person involved. They feel terrible and shunned at the same time.
- This outreach is incredibly important at this critical time to decrease the stress on the provider/staff member.

## Mistakes/Bad Outcomes Communication skills training

- How to relay bad outcomes to the patient and family
- How to say you are sorry in an appropriate way
- The “[Michigan Model](#)” and resources from [Sorryworks.net](#)

## Onsite Concierge support services to perform shopping and errands for physicians on work days

- This is a service that can be outsourced

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# The Burnout Prevention Matrix



## Quadrant IV

### Organizational Recharge Activities

#### **Normalize the expectation of work life balance**

As part of the organizational commitment to health and wellness for the physicians and staff, there is a parallel commitment and expectation that physicians and staff will have a full life outside of their career - This is the basis for the institutional support of part time practice, reasonable vacation allowances and sabbaticals

#### **Sabbatical privileges built into standard employment contract after a set amount of time**

#### **Onsite programs**

- Onsite exercise facilities and exercise classes
- Walking groups at lunch
- Onsite massage, guided imagery library
- Onsite programs to teach healthcare stress management and burnout prevention
- Onsite programs to teach and allow the practice of mindfulness, meditation and other stress relief tools (Yoga, Tai Chi, etc.) to physicians and staff during work days

#### **Organization centered social activities/parties/charity events/onsite clubs**

Use your creativity and a small budget to sponsor social activities for physicians, staff and their significant others and families. Back in the day we had social ties with our colleagues. We were friends and knew each other's hobbies and family members. These ties have collapsed in the mergers and acquisitions creating today's mega-groups and everyone suffers. Social bonds between physicians, staff and administration are more important now than ever before. Do what you can to create fun, interactive, inclusive extracurricular activities that generate a buzz in the organization and a building desire to attend amongst your physicians and staff.

#### **Organizational participation in community charity activities with physicians and staff invited to participate**

Sponsor a corporate team in charity events manned by your people. Give them full front page billing in your next staff newsletter.

#### **Offsite tours and excursions for the physicians and staff sponsored by the organization**

Sponsor trips to local and regional attractions giving low cost or free tickets and transportation to your people

- Field trips to outdoor events, museums, concerts, evening meetups and club sporting events
- The only limit here is your imagination





# The Burnout Prevention Matrix

## Establish and support a “culture of caring”

- The expectation that physicians check in with your partners and colleagues about how they are doing
- Help partners get support if it appears to be needed ... without stigma
- Share outside interests

**NOTE:** Success indicators for a “culture of caring” are yes answers in your surveys to the following questions from the book “First Break all the Rules”.

- Does someone at work seem to care about me as a person?
- Is there someone at work that encourages my development?
- In the last seven days, have I received praise or recognition for good work?

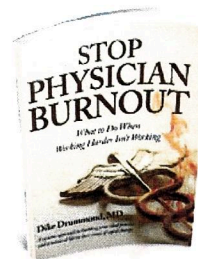


# The Burnout Prevention Matrix

## **Next Steps:**

**1) Get the book:** “*Stop Physician Burnout – what to do when working harder isn’t working*” [over 25,000 in print]

This is the first step-by-step self help guide for physicians/NP’s/PA’s to prevent burnout for good. It is a complete system to build a more Ideal Practice and a much more Balanced Life.



[Click Here to learn more and get your copy](#) – including an additional 6 Power Tools at the website.

[CLICK HERE to purchase on Amazon.com](#)

[CLICK HERE to arrange a bulk order](#) – 10 or more copies – at a 40% discount. The book makes an ideal journal club text, to bring all your people up to speed on how to recognize, treat and prevent burnout.

## **2) Do you need support NOW ?**

Meet our team of Certified Physician Burnout Coaches. Each of them offers a FREE Discovery Phone Consult. This is a full hour, by phone or Skype, to learn much more about your situation and give you an action plan for a way forward.

The call is No Cost, No Obligation, Completely Confidential

[CLICK HERE to meet our coaches and set up your Discovery Session.](#)

## **3) Senior Leaders** – learn the four ways you can hard wire the Quadruple Aim into your organization

We can train and coach your people and even install the Quadruple Aim Blueprint Strategy in your physician leadership structure for true system-wide, proactive burnout prevention.

[CLICK HERE to see all of our ground breaking Corporate Support Services.](#)

# The Burnout Prevention Matrix

## 4) World class live trainings and retreats to complete your people's medical education

We have trained over 10,000 doctors for 60 corporate clients to date. Let us customize a training to teach burnout prevention and practical leadership skills to your doctors.

[CLICK HERE to get us started on a training for your teams](#)

[CLICK HERE to see our retreat schedule or to get us started on a bespoke retreat for your organization](#)

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We sincerely hope the Burnout Prevention Matrix has provided you with some ideas for lowering your stress and preventing burnout.

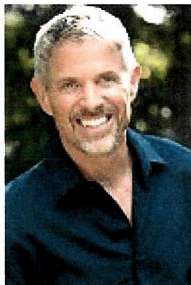
Better yet, we hope it will provide you with tools to help you build a new relationship with your career – one where a fulfilling practice and a well rounded life are both part of the picture.

Our intention is also to help healthcare leaders see the vitally important role organizations play in this process. Please contact us directly [using this website form](#) if you have any questions.

Visit [TheHappyMD.com](http://TheHappyMD.com) for additional resources and tools so you can be a HappyMD

- Stress Management and Burnout Treatment and Prevention
- Physician Leadership Development
- The Quadruple Aim – we are the ones that help you get it done

**Keep breathing and have a great rest of your day,**



*Dike*

Dike Drummond MD  
CEO, The Happy MD  
[www.TheHappyMD.com](http://www.TheHappyMD.com)



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