Resilience
Resilience is the ability to bounce back from difficult circumstances, learn from mistakes, and adapt to change or uncertainty. It can protect against and counteract burnout, and can be learned.
- Evaluate yourself
  - U Penn Positive Psychology Center online happiness, optimism
    (need to register, free, info used anonymously for research)
    http://www.authentichappiness.sas.upenn.edu/

Qualities of resilience (from American Psychological Association)
- Healthy coping and problem solving skills
  - Taking positive action
  - Persistence
  - Adaptability, flexibility with change, able to compromise
- Self-knowledge
  - Learning and accepting who you are, identity doesn’t depend on externals
  - High self respect, self-compassion
- Motivation/personal meaning
  - Sense of values and purpose, that life is worth living
- Optimism
  - Sense of hope – ability to believe there is a solution in adversity
  - Sense of enjoyment of life
- Strong relationships
  - Support from family and friends; good social skills
  - Able to ask for help

Improving resilience with positive psychology
- “3 good things” (https://www.youtube.com/watch?v=ZOGAp9dw8Ac)
- Gratitude
- Receive hugs (reduced cortisol and BP)
- List 5 personal strengths, and apply them in a new way every day for a week (↑ happiness 6 mo. later)
- Forgiveness, letting go of resentments
- Find or become a mentor
- Acts of kindness, thank people
- Volunteering, giving back

Guide for keeping going
“I focus on what I was able to do that day. What went well, what changed. And the rest I leave behind.”

Adaptive coping
- Is stress item changeable?
  - Problem focused strategies
- Is stress item unchangeable?
  - Relaxation focused strategies
  - Meaning focused strategies
Humor can help counteract burnout, and correlates with quality of compassion. Consider:

- Schedule time every day for humor
  - Read the daily comics
  - Read a page/chapter of jokes at night before going to sleep
  - Funny page-a-day calendars
  - Internet joke websites, daily email feeds
- Increase exposure to funny movies, clubs, people
  - American Film Institute (afi.com) – list of 100 funniest movies – rent and watch with your family/friends
  - Save a clip file of cartoons

Refocus on rewards and fulfillment

- Recall why went into this
- What are some rewards?
  - Watching the vulnerable regain health
  - Being inspired by patients – courage, determination
  - Learning to increase your wisdom and awareness
  - Getting to interact with a variety of individuals
  - Learning patience and communication skills (makes a better partner and parent)
  - Remembering your strengths and accomplishments

For 2nd traumatization from unexpected adverse events or distressing patient circumstances

How do you think the family interactions went for each of these physicians?
Who do you think will have better mental health down the road?

<table>
<thead>
<tr>
<th>Being Resilient</th>
<th>“Sucking it up”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A terrible thing has happened</td>
<td>• A terrible thing has happened</td>
</tr>
<tr>
<td>• I grieve for this patient and family</td>
<td>• I can’t let anyone see how much it affects me</td>
</tr>
<tr>
<td>• I know it will affect me, and will pay attention to taking better care of myself for a time</td>
<td>• I can’t look weak or emotional</td>
</tr>
<tr>
<td>• What can I/we do to help support the family?</td>
<td>• I have to learn to just not let these things bother me</td>
</tr>
<tr>
<td>• What can I learn from this personally?</td>
<td>• I’m just not going to think about it</td>
</tr>
<tr>
<td>• What can we learn to make the process better?</td>
<td>• And I move on</td>
</tr>
<tr>
<td>• And I move on</td>
<td></td>
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</tbody>
</table>

Website resources (some items on pages are specific to Stanford, but most are universal)

- Peer support (could your program use something like this?) [http://wellmd.stanford.edu/get-help/peer-support.html](http://wellmd.stanford.edu/get-help/peer-support.html)
- Mindfulness, compassion and self-compassion page [http://wellmd.stanford.edu/healthy/mindfulness.html](http://wellmd.stanford.edu/healthy/mindfulness.html)
During the course of their careers, physicians will be involved in adverse events, and will make mistakes. Each of us reacts in a unique way, but many of us share certain responses in common. Below are some of the most common experiences, some suggestions for coping, and available resources.

### Common Responses

| Emotional                  | Depression, intense sadness  
|                           | Shame, regret, guilt         
|                           | Feeling of worthlessness     
|                           | Anger, irritability, frustration, mood swings 
|                           | Sense of isolation or self-isolation 
|                           | Anxiety, panic attacks, fear 
|                           | Overwhelmed, vulnerable      
|                           | Loss of confidence, self-esteem, or professional stability 
| Cognitive                 | Decreased concentration     
|                           | Indecisiveness               
|                           | Obsessive rumination over event 
|                           | Fear/avoidance of taking care of patients or certain types of patients 
|                           | Loss of sense of humor       
| Behavioral                | Difficulty sleeping          
|                           | Changes in eating patterns   
|                           | Decreased productivity      
| Physical                  | Lack of energy               
|                           | Worsening of pre-existing medical symptoms 
|                           | Heart racing, backaches, nausea 

### Natural course

Physicians who understand the long and short term effects of adverse events are better prepared to deal with them. Here is one model of a “natural course” after an adverse event. You may or may not fit this model.

<table>
<thead>
<tr>
<th>Initial</th>
<th>Shock - stunned, dazed Emotional turmoil, confusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately afterwards</td>
<td>Denial, numbness Obsessive re-enactment, “what if” Isolation</td>
</tr>
<tr>
<td>Soon afterwards</td>
<td>Worry about opinion of others Self-doubts about career</td>
</tr>
<tr>
<td>Seeking equilibrium or help</td>
<td>Taking time off Making coping choices Changes in practice Psychological and physical symptoms Decreased job satisfaction</td>
</tr>
<tr>
<td>Moving on</td>
<td>Dropping out – transfer or quit Surviving – coping, but sadness, intrusive thoughts, reminders Thriving – gaining insight, perspective</td>
</tr>
</tbody>
</table>

### Coping

Remember that this may be an overwhelmingly stressful time, and the event may come up in M&M or peer review. You might need to manage your work and relationship expectations differently. If possible, also consider postponing important life decisions.

In addition, how you react, and how you take care of yourself, significantly impacts the rest of your team, your patients, and family members. The table on the next page offers suggestions for better coping choices.

### Seek Help if You Experience:
- Anxiety or distress that interferes with daily work and relationships
- Prolonged preoccupation with event
- Difficulties with self-medication or other substances
- Colleagues, friends or family observing and commenting on changes in behavior
- Significantly diminished work satisfaction
- New or exacerbation of old physical symptoms
<table>
<thead>
<tr>
<th>Suggestions for Coping</th>
<th>Less Helpful Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce responsibilities for a time</td>
<td>Pretend like nothing happened (“bury it”)</td>
</tr>
<tr>
<td>Become more aware of thoughts and behaviors – self-monitor</td>
<td>Use alcohol, other substances</td>
</tr>
<tr>
<td>Place more focus on healthy sleeping and eating</td>
<td>Become hyper-vigilant – over-ordering tests, spending extreme time and energy to “not make a mistake”</td>
</tr>
<tr>
<td>Exercise (helps with physical stress symptoms, sleep and mood)</td>
<td>Spend money, gamble</td>
</tr>
<tr>
<td>Learn relaxation methods (mindfulness helps with rumination)</td>
<td>Withdraw emotionally from others</td>
</tr>
<tr>
<td>Remind yourself of what is going well, and what you are grateful for</td>
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<tr>
<td>Spend more time with positive social connections, family</td>
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<tr>
<td>Spend more time with hobbies, leisure</td>
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<tr>
<td>See your PMD about symptoms and treatment (don’t self-diagnose or rx)</td>
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<tr>
<td>Seek counseling as needed</td>
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<tr>
<td>Become an advocate for systems change</td>
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</tbody>
</table>

**Other concepts to Consider:**

**Guilt and shame:** Recognize that this piece, if present, may take the longest time to heal. Help can be found in being able to put the event into perspective, find a path to self-forgiveness, and renew a sense of meaning/purpose.

**Post-traumatic growth:** Consider that, in time, for some people trauma can lead to opening up new possibilities and life choices, closer relationships, compassion for others who suffer, a sense of personal strength of having survived a difficult situation, a deeper sense of spirituality, or a greater appreciation for life.

**Resources**

**Take some time off**
- Talk to residency director, section or dept. chair or GME office (650-723-5948) about possible adjustment of responsibilities, flexible work schedule or time off.

**Talk to someone**
- WellConnect - Confidential 24/7 phone line for house staff to establish timely mental health care - 650-724-1395
- A resident or fellow Peer Supporter is available any time. Conversations are confidential. [Info](mailto:medpeersupport@stanford.edu)
- [Help Center](http://650-723-4577)
  - M-F 9-5 business hrs/
  - M-F 8-6 counseling hrs
  - 10 free counseling sessions
- Value Options Employee Assistance Program – 855-281-1601 up to 10 free counseling sessions
- Your religious counselor or Stanford Spiritual Care Service 650-723-8222 page 15683
- [Local Stress/Crisis Hotline 650-368-6655](http://www.stanford.edu)
- [National Suicide Hotline 800-273-8255](http://www.suicidehotlines.com)

**Physical Symptoms**
- Your PMD, who can be uniquely supportive from a shared perspective
- Sleep – [maintain healthy sleep habits](http://www.sleepfoundation.org)

**Family Issues**
- [Help Center](http://650-723-4577) free limited counseling is available for spouses, domestic partners and dependents up to age 26
- [Child or elder care resources](http://medpeersupport@stanford.edu)

**Substance abuse issues**
- [Recognizing Alcohol and Drug Abuse](http://www.niaaa.nih.gov)
- [Stanford WellBeing Committee](http://www.stanfordwellbeing.com)

**Support/relaxation suggestions**
- TED Talk “Doctors Make Mistakes”
- [Three good things](http://threegoodthings.org) – before sleep, thinking of three good things that happened that day improves overall mood
- [Relaxation techniques](http://www.stanfordwellbeing.com)
- [Mindfulness](http://www.mindful.org) information/resources
- [Self-Compassion tools](http://www.betterhelp.com)

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1 Adapted from Charles 2005 Adverse Events, Stress and Litigation: A Physician’s Guide and Scott Qual Saf Health Care 2009 18: 325-330

August 2016 Stanford Peer Support Program
Below are a wide range of tools so that there is something for everyone. Some of these methods can be performed in literally a minute, while others require more of a time commitment. However, for all of them, the more often and consistently you practice, the quicker your body will respond with relaxation.

Herbert Benson at Harvard coined the term “relaxation response” in the 1970s, when he studied people who meditated. This response includes three main physiological changes – a self-induced ability to lower the sympathetic nervous system, a decrease in muscle tension, and an increase in blood flow to serotonin areas of the brain, improving mood. Many relaxation methods have been found through research to bring on this response.

1. Distraction
Your mind can only focus on one thing at a time – distraction is helpful to get you through a brief period of anxiety, such as waiting to go in for an interview.
   - Counting
   - Immersion in a spatial problem, such as mentally redesigning lab space, kitchen, etc.
   - Reciting poetry
   - Humming/singing to yourself
     - “100 bottles of beer on the wall” distracts left & right brain with music and math
   - Music or relaxation CDs, movies

2. Breathing
Our breath and our emotions are closely entwined – while emotional upsets can immediately change our breathing pattern, exerting control over our breathing can help us feel calmer.
   - 4/4 exercise = “paced respiration” (decreasing usual rate of 12-14/min to 6-8/min)
     - Slow (nasal) inhale count to 4, slow (nasal or mouth) exhale count to 4
     - Focus on seeing the numbers, or feeling count with your body
   - Deeper “Belly” breathing is preferred, as the greater excursion of the diaphragm improves oxygenation and stimulates the vagus nerve → greater parasympathetic activity

3. Journaling
Multiple research studies have shown the benefit of writing about our concerns
   - “Stream of consciousness” - anything that comes into your mind
   - Focus on a specific issue each day for a week
   - Before bed – write down concerns about next day – imagine worries are leaving your brain, flowing down your arm and out onto the paper, so you don’t have to hold on them while you sleep
   - Can save or shred/delete

4. Progressive muscle relaxation (quick version)
Proceed sequentially through each muscle group
   - If difficulty relaxing muscles, tighten then relax so can tell the difference
   - For stress - head down with progressive relaxation of each physical area
   - For insomnia (NIH approved)
     - From feet up plus focusing on each body part becoming warm and heavy
5. **Autogenic training**
Used in biofeedback – you can memorize and repeat to yourself, or very powerful to record and hear your own voice guiding you:
- My arms and legs are warm and heavy (imagine the sun)
- My heartbeat is calm and regular (imagine a metronome)
- My breathing is free and easy (imagine a bird)
- My abdomen is warm (imagine the sun)
- My forehead is cool (imagine a pleasant breeze)
- My mind is quiet and still (imagine a smooth lake)
- When I open my eyes, I can remain calm and comfortable

6. **Mindfulness**
Mindfulness is the ability to nonjudgmentally focus on and appreciate the present moment, while letting go of regrets from the past or worries about the future. Numerous research studies have shown that the practice of mindfulness may improve sleep, memory, mood, quality of life, and compassion; and decrease anxiety, pain, inflammation, depression and burnout. Mindfulness practice can be formal (meditation) or informal (daily life paying attention). A “mindful pause” just before going in to see a patient can help let go of externals and just focus on the patient.
- Mindfulness resources [http://wellmd.stanford.edu/healthy/mindfulness.html](http://wellmd.stanford.edu/healthy/mindfulness.html)
- Mindfulness sub-committee recommendations for apps, courses, books, DVDs, etc. [http://wellmd.stanford.edu/content/dam/sm/wellmd/documents/Mindfulness-resources-1-2016.pdf](http://wellmd.stanford.edu/content/dam/sm/wellmd/documents/Mindfulness-resources-1-2016.pdf)

7. **Personal place**
- You can go anywhere in time or space – an imagined or familiar place, such as reliving a recent vacation
- Encourage five sense involvement
- It can be refreshing to just take a few minutes while on break, imagining you are someplace else

8. **Imagery rehearsal**
- You can imagine yourself
  - in actual environment w/stressors–If you can create stress with your mind you can remove it also
  - easy and natural breathing
  - sense of calm confidence (“borrow” from previous experiences or people you know)
- Used extensively in real life e.g. elite athletes
- Use for training – tests/presentations/procedures
- Helps get organized and anticipates pitfalls
- Adds confidence

9. **Meta practice (practice of compassion/self compassion)**
Same as with #5, can memorize or record for yourself.
- May I be at peace.
- May my heart remain open.
- May I know the beauty of my own true nature.
- May I heal.
- May I be a source of healing for all other beings.

[With each breath we take, our lives begin anew.]

– Jon Kabat-Zinn
LIFE BALANCE ASSESSMENT SHEET

Harise Stein, MD
Adapted from multiple sources

Overall, how satisfied are you with the various areas of your life?

Place an X along each line, and then connect the Xs. Optimally, the shape you create will be a large circle. If the circle is small, consider depression. If the shape looks like a star, some areas either may be sources of anxiety for you, or may simply need more attention.
## LIFE BALANCE PLANNING SHEET

<table>
<thead>
<tr>
<th></th>
<th>Grateful for</th>
<th>Long term goals</th>
<th>Short term goals</th>
<th>First steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
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<tr>
<td>Emotional health</td>
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<tr>
<td>Self care (exercise, diet, sleep)</td>
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<tr>
<td>Fun, relaxation</td>
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<tr>
<td>Close relationships</td>
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<tr>
<td>Social relationships</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sense of purpose</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Intellectual functioning</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Education, career, job</td>
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<td></td>
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<tr>
<td>Financial situation</td>
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</tbody>
</table>
EIGHT TIPS TO LEAVE WORK AT WORK

Harise Stein, MD

1. Self-awareness
The first and most important step is to train yourself to become self-aware, and to self-monitor your actions and feelings.

2. Set limits
Recognizing your capabilities and vulnerabilities, define your work role, responsibilities and limits. You can’t leave your office behind if you don’t know where the boundaries of your office are. You can’t expect others to respect those boundaries if you can’t define them yourself. Say no. Delegate.

3. Get feedback
Ask for feedback from your family and close friends to help you monitor yourself and your activities, with the goal of having a balanced life. Consider how your work role impacts your family, and also ask them directly.

4. Who are your friends?
If your main social life outside of work is people from work, it will be difficult to “get away” from the job. How could you meet other people?

5. Turn off smart phones, pagers if not on call
After work, you need to focus on your family or yourself as a person.

6. Is there a meaningful alternative to work?
Do you have an identity and life apart from your professional role? Who are you as a human being?

7. Diversify – expand your horizons
Make “not work” more attractive by expanding activities with people, pets, new hobbies, vacations, play and spontaneous fun. At home, could you dance or sing to a CD? (In the Maori culture, there is no word for depression, but the shaman asks, “When did you stop singing?”) On your calendar, mark your birth date each month, and that day choose to do an activity or visit some place you’ve never been before.

8. Create a ritual for separating work and home
You need down time from work worries, and your family deserves your full attention. In the transition between work and home, take a few minutes to sit quietly, meditate, or listen to music. You can also symbolically leave your workday behind, and anticipate being at home, with these simple steps:

- Pick a physical place to shift your perspective, such as:
  - getting into your car or other transportation
  - passing by a distinctive landmark on the way home
  - pulling into your driveway
  - changing out of your professional clothes and into something informal
- Take a deep inhale to focus your attention, and a deep exhale, imagining tension/worries leaving your body
- Then decide on an image for your mind’s eye to help with the transition – some examples:
  - Your office door closing behind you, and your home door opening in front of you
  - An image of water (standing under a tropical waterfall, a dive into a lake, swimming in the ocean) washing away the cares of the day, so that you can feel refreshed for the evening
Action Plan
Harise Stein, MD

These are a variety of options to consider – see what seems best for you.

**Daily:**
- Bookend your day with positivity
  - Morning – 3 things grateful for
  - Evening – 3 good things that happened that day (also with partner, kids)
- Don’t forget humor!
- 10 min/day **for you** – examples:
  - Toolbox options
  - Meditate (multiple free and low cost apps available, some 10 min./day)
  - Yoga (there are apps that offer a routine based on how many minutes you have)
  - “7 min workout” (free at NY Times and others)
  - Music/dance/sing
  - Journaling

**Weekly:**
- Do something social not to do with medicine
  - Call relative, old friend
  - Date night
  - Meet someone for a walk, coffee
  - Religious/spiritual
  - Group outing or activity

**Monthly:**
- Discover something new on the date of your birth, such as:
  - Restaurant
  - Movie
  - Class
  - Walk
  - Meet someone
  - Try new exercise
  - Book
  - Museum
  - New instrument/art activity

**Quarterly:**
Choose even one thing from the hundreds of options that are available at your institution or community with sports, classes, groups

**Yearly:**
- Review work-life situation (partner also)
- Fill in work-life balance sheet