Building your wellness toolkit: promoting connection to joy and purpose

James Clements, MD
Division of Hospital Medicine Director of Faculty Wellness
OHSU
Disclosures

• No financial disclosures
• Certified Healthcare provider in the Stress Management and Resiliency Training Program (SMART-3RP) through the Benson Henry Institute for mind body medicine MGH
Can We Still Talk About Wellness in 2020?

- Wellness/Self-Care create the conditions for Love and Compassion

- Fear/greed/us v them/ignorance/complacency scarcity thinking etc. create the conditions for racism and suffering etc.

- Yes, we can talk about wellness. We should also act with Compassion.

"Love and compassion are necessities, not luxuries. Without them humanity cannot survive"

- The Dalai Lama -
Session Objectives

• Understand that clinician wellness is influenced by a combination of systemic and individual drivers
  – Joy in practice through room for compassion.
    • In our systems and ourselves
• Relate the importance of wellness habits to well-being
• Choose at least one individual wellness habit to regularly incorporate into your wellness toolkit
Getting Started....

PEOPLE HELPING PEOPLE

Enter Residency, Then Faculty Practice...
Exhausted, Depersonalized, Devalued

BURNOUT
Attitudes Are Contagious. Mine Might Kill You.

www.despair.com
It Can Get Better...
Back to Where We Started...

PEOPLE HELPING PEOPLE
What is Clinician Well-Being?

• Capacity to be your best self
• Maintain connection to joy and purpose in your work (Engagement)
  – Joy in practice through room for compassion. In our systems and in ourselves.
  – Conditions that allow love and compassion
• Human flourishing
Clinician Wellness Toolkit

1. Systems of Care Matter Most
2. Understanding stress response
3. Basic Self Care
4. The tools you already have
5. Mindfulness/Meditation
6. Self-Development/Emotional Intelligence
7. Positive psychology/Gratitude
8. Have a plan
Systems Matter Most

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantellis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Lancet 2016; 388: 2272–81
Physician Wellness Meta-Analyses

- **Panagioti**
  - 19 controlled studies (1550 physicians)
  - Heterogeneous methods and interventions
    - 2 categories for studies
      - Organization
      - Physician
  - Outcomes of emotional exhaustion

- **West**
  - 15 controlled studies (716)
  - 37 cohort studies (2914)
  - Heterogeneous methods and interventions
    - Organization
    - Physician
  - Outcomes of emotional exhaustion and depersonalization
    - (Maslach Burnout Inventory)
### Figure 3. Forest Plot of the Effects of Different Types of Interventions on Burnout Scores

**Organization-directed**

<table>
<thead>
<tr>
<th>Study ID</th>
<th>SMD (95% CI)</th>
<th>Favors</th>
<th>Favors</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>All et al, 2011</td>
<td>-0.68 (-1.41 to 0.05)</td>
<td></td>
<td></td>
<td>5.35</td>
</tr>
<tr>
<td>Garland et al, 2012</td>
<td>-0.95 (-1.79 to -0.11)</td>
<td></td>
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</tr>
<tr>
<td>Linzer et al, 2015a</td>
<td>-0.87 (-1.60 to -0.14)</td>
<td></td>
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<td>5.35</td>
</tr>
<tr>
<td>Linzer et al, 2015b</td>
<td>-0.98 (-1.76 to -0.20)</td>
<td></td>
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<td>4.60</td>
</tr>
<tr>
<td>Lucas et al, 2012</td>
<td>-0.44 (-0.64 to -0.24)</td>
<td></td>
<td></td>
<td>48.70</td>
</tr>
<tr>
<td>Parshuram et al, 2015</td>
<td>-0.10 (-0.79 to 0.59)</td>
<td></td>
<td></td>
<td>5.95</td>
</tr>
<tr>
<td>Shea et al, 2014</td>
<td>-0.24 (-0.69 to 0.21)</td>
<td></td>
<td></td>
<td>13.02</td>
</tr>
<tr>
<td>West et al, 2014</td>
<td>-0.22 (-0.67 to 0.23)</td>
<td></td>
<td></td>
<td>13.02</td>
</tr>
<tr>
<td><strong>Overall (I² = 8%, P = .37)</strong></td>
<td><strong>-0.45 (-0.62 to -0.28)</strong></td>
<td></td>
<td></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Physician-directed**

<table>
<thead>
<tr>
<th>Study ID</th>
<th>SMD (95% CI)</th>
<th>Favors</th>
<th>Favors</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amutio et al, 2015</td>
<td>-0.61 (-1.24 to 0.02)</td>
<td></td>
<td></td>
<td>4.93</td>
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<tr>
<td>Asuero et al, 2014</td>
<td>-0.60 (-1.11 to 0.09)</td>
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<td></td>
<td>7.22</td>
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<tr>
<td>Bragard et al, 2010</td>
<td>-0.06 (-0.45 to 0.33)</td>
<td></td>
<td></td>
<td>11.43</td>
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<tr>
<td>Butow et al, 2015</td>
<td>0.16 (-0.19 to 0.51)</td>
<td></td>
<td></td>
<td>13.62</td>
</tr>
<tr>
<td>Butow et al, 2008</td>
<td>0.19 (-0.54 to 0.92)</td>
<td></td>
<td></td>
<td>3.75</td>
</tr>
<tr>
<td>Gunasingam et al, 2015</td>
<td>0.09 (-0.62 to 0.80)</td>
<td></td>
<td></td>
<td>3.95</td>
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<tr>
<td>Margalit et al, 2005</td>
<td>-0.42 (-0.88 to 0.01)</td>
<td></td>
<td></td>
<td>9.71</td>
</tr>
<tr>
<td>Martins et al, 2011</td>
<td>-0.43 (-0.90 to 0.04)</td>
<td></td>
<td></td>
<td>8.33</td>
</tr>
<tr>
<td>Milstein et al, 2009</td>
<td>-0.16 (-0.83 to 0.51)</td>
<td></td>
<td></td>
<td>4.40</td>
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<tr>
<td>Ripp et al, 2016</td>
<td>-0.21 (-0.95 to 0.53)</td>
<td></td>
<td></td>
<td>3.56</td>
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<tr>
<td>Verweij et al, 2016</td>
<td>-0.06 (-0.59 to 0.47)</td>
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<td></td>
<td>6.74</td>
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<tr>
<td>Weitbrecht et al, 2013</td>
<td>-0.16 (-0.41 to 0.09)</td>
<td></td>
<td></td>
<td>22.35</td>
</tr>
<tr>
<td><strong>Overall (I² = 11%, P = .33)</strong></td>
<td><strong>-0.18 (-0.32 to -0.03)</strong></td>
<td></td>
<td></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Physician Wellness - West

<table>
<thead>
<tr>
<th>RCTs</th>
<th>Intervention (n)</th>
<th>Control (n)</th>
<th>Mean difference (% [95% CI])</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martins et al (2011)</td>
<td>37</td>
<td>36</td>
<td>-8% (-39 to 22)</td>
</tr>
<tr>
<td>West et al (2014)</td>
<td>34</td>
<td>34</td>
<td>-18% (-33 to 298)</td>
</tr>
<tr>
<td>West et al (2015)</td>
<td>51</td>
<td>56</td>
<td>1% (-14 to 16)</td>
</tr>
<tr>
<td>Ripp et al (2015)</td>
<td>21</td>
<td>17</td>
<td>9% (-13 to 30)</td>
</tr>
<tr>
<td>Subtotal</td>
<td>205</td>
<td>205</td>
<td>-6% (-19 to 7)</td>
</tr>
<tr>
<td>p=0.37; I²=45%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cohort Studies</th>
<th>Intervention (n)</th>
<th>Control (n)</th>
<th>Mean difference (% [95% CI])</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goitein et al (2005)</td>
<td>115</td>
<td>111</td>
<td>-8% (-20 to 3)</td>
</tr>
<tr>
<td>Gopal et al (2005)</td>
<td>121</td>
<td>106</td>
<td>-6% (-13 to 0)</td>
</tr>
<tr>
<td>Martini et al (2006)</td>
<td>28</td>
<td>23</td>
<td>-31% (-61 to -1)</td>
</tr>
<tr>
<td>Landrigan et al (2008)</td>
<td>114</td>
<td>93</td>
<td>-18% (-32 to -5)</td>
</tr>
<tr>
<td>Kim and Wiedermann (2011)</td>
<td>56</td>
<td>202</td>
<td>-21% (-36 to -7)</td>
</tr>
<tr>
<td>Quenot et al (2012)</td>
<td>4</td>
<td>4</td>
<td>0% (-60 to 60)</td>
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<tr>
<td>Weight et al (2013)</td>
<td>174</td>
<td>358</td>
<td>-6% (-14 to 2)</td>
</tr>
<tr>
<td>Kotb et al (2014)</td>
<td>31</td>
<td>31</td>
<td>-10% (-16 to 27)</td>
</tr>
<tr>
<td>Ripp et al (2015)</td>
<td>108</td>
<td>123</td>
<td>-10% (-20 to 1)</td>
</tr>
<tr>
<td>Subtotal</td>
<td>751</td>
<td>1051</td>
<td>-9% (-13 to -5)</td>
</tr>
<tr>
<td>p&lt;0.0001; I²=0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total                       | 956              | 1256        | -10% (-14 to -5)             |
| p<0.0001; I²=15%            |                  |             |                              |

**Figure 2: Overall burnout**

RCT = randomised controlled trial.
Systems of Care Matter Most

• An organization must promote engagement, not burnout

Clinician Well-Being: Not Just About “Happy” Clinicians

<table>
<thead>
<tr>
<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work unit factors</th>
<th>Organization factors</th>
<th>National factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload and job demands</td>
<td>• Specialty</td>
<td>• Productivity expectations</td>
<td>• Productivity targets</td>
<td>• Structure reimbursement</td>
</tr>
<tr>
<td></td>
<td>• Practice location</td>
<td>• Team structure</td>
<td>• Method of compensation</td>
<td>- Medicare/Medicaid</td>
</tr>
<tr>
<td></td>
<td>• Decision to increase work to increase income</td>
<td>• Efficiency</td>
<td>• Salary</td>
<td>- Bundled payments</td>
</tr>
<tr>
<td></td>
<td>Efficiency and resources</td>
<td>• Use of allied health professionals</td>
<td>• Productivity based</td>
<td>- Documentation requirements</td>
</tr>
<tr>
<td></td>
<td>• Experience</td>
<td>• Availability of support staff and their experience</td>
<td>• Payer mix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ability to prioritize</td>
<td>• Patient check-in efficiency/process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal efficiency</td>
<td>• Use of scribes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Organizational skills</td>
<td>• Team huddles</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Willingness to delegate</td>
<td>• Use of allied health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ability to say “no”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning in work</td>
<td>• Self-awareness of most personally meaningful aspect of work</td>
<td>• Match of work to talents and interests of individuals</td>
<td>• Integration of care</td>
<td>• Certification agency facility regulators (JCAHO)</td>
</tr>
<tr>
<td></td>
<td>• Ability to shape career to focus on interests</td>
<td>• Opportunities for involvement</td>
<td>• Use of patient portal</td>
<td>- Pre-certifications for test/treatments</td>
</tr>
<tr>
<td></td>
<td>• Doctor-patient relationships</td>
<td>• Education</td>
<td>• Institutional efficiency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal recognition of positive events at work</td>
<td>• Research</td>
<td>• EHR</td>
<td>- Electronic prescribing</td>
</tr>
<tr>
<td>Culture and values</td>
<td>• Personal values</td>
<td>• Behavior of work unit leader</td>
<td>• Organizational culture</td>
<td>• Reduced funding</td>
</tr>
<tr>
<td></td>
<td>• Professional values</td>
<td>• Work unit norms and expectations</td>
<td>• Practice environment</td>
<td>- Research</td>
</tr>
<tr>
<td></td>
<td>• Level of altruism</td>
<td>• Equity/fairness</td>
<td>• Opportunities for professional development</td>
<td>- Education</td>
</tr>
<tr>
<td></td>
<td>• Moral compass/ethics</td>
<td></td>
<td></td>
<td>- Regulations that increase clerical work</td>
</tr>
<tr>
<td></td>
<td>• Commitment to organization</td>
<td></td>
<td>• Organization’s mission</td>
<td></td>
</tr>
<tr>
<td>Control and flexibility</td>
<td>• Personality</td>
<td>• Degree of flexibility</td>
<td>• Service/quality vs profit</td>
<td>• System of coverage for uninsured</td>
</tr>
<tr>
<td></td>
<td>• Assertiveness</td>
<td>• Control of physician calendars</td>
<td>• Organization’s values</td>
<td>• Structure reimbursement</td>
</tr>
<tr>
<td></td>
<td>• Intentionality</td>
<td>• Clinic start/end times</td>
<td>• Behavior of senior leaders</td>
<td>• Insurance networks that restrict referrals</td>
</tr>
<tr>
<td>Social support and community at work</td>
<td>• Personality traits</td>
<td>• Scheduling system</td>
<td>• Communication/messaging</td>
<td>• Practice guidelines</td>
</tr>
<tr>
<td></td>
<td>• Length of service</td>
<td>• Policies</td>
<td>• Organizational norms and expectations</td>
<td>• Support and community created by Medical/specialty societies</td>
</tr>
<tr>
<td></td>
<td>• Relationship-building skills</td>
<td>• Affiliations that restrict referrals</td>
<td>• Just culture</td>
<td></td>
</tr>
<tr>
<td>Work-life integration</td>
<td>• Priorities and values</td>
<td>• Collegety in practice environment</td>
<td>• Pre-certifications for test/treatments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal characteristics</td>
<td>• Physical configuration of work unit space</td>
<td>• Insurance networks that restrict referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Spouse/partner</td>
<td>• Social gatherings to promote community</td>
<td>• Maintenance certification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children/dependents</td>
<td>• Team structure</td>
<td>• Part-time work</td>
<td>• Licensing</td>
</tr>
<tr>
<td></td>
<td>- Health issues</td>
<td></td>
<td>• Flexible scheduling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call schedule</td>
<td>• Vacation policies</td>
<td>• Regulations that increase clerical work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Structure/night/weekend coverage</td>
<td>• Sick/medical leave</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cross-coverage for time away</td>
<td>• Policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Expectations/role models</td>
<td>• Part-time work</td>
<td></td>
</tr>
</tbody>
</table>
Surveys/Resources
The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD

Figure 2. Worksheet to Project Organizational Cost of Physician Burnout

1. Input data:
   - N = No. of physicians at your center
   - BO = Rate of burnout of physicians at your center
   - TO = Current turnover rate per year
   - C = Cost of turnover per physician

2. Calculations:
   Estimated Cost of Physician Turnover Attributable to Burnout

   A. TO without burnout (solve for TO without burnout):
      Formula:
      \[ \text{TO without burnout} = \frac{\text{TO} \times (1 - \text{BO}) + (2 \times \text{TO without burnout} \times \text{BO})}{1 + \text{BO}} \]
      Simplified formula:
      \[ \text{TO without burnout} = \frac{\text{TO}}{1 + \text{BO}} \]

   B. Projected No. of physicians turning over per year due to burnout (solve using input variables and TO without burnout value from step A):
      Formula:
      \[ \text{No. of physicians turning over due to burnout per year} = (\text{TO} - \text{TO without burnout}) \times N \]

   C. Projected cost of physician turnover per year due to burnout (solve using input variables and No. of physicians turning over due to burnout per year from step B):
      Formula:
      \[ \text{Estimated cost of turnover due to burnout} = C \times \text{No. of physicians turning over due to burnout per year} \]

Example Using N = 450; BO = 50%; TO = 7.5%; C = $500 000

A. TO without burnout:
   \[ 0.075 = \frac{\text{TO} \times (1 - 0.5) + (2 \times \text{TO without burnout} \times 0.5)}{1 + 0.5} \]
   \[ 0.075/(1 + 0.5) = 5\% \]

B. No. of physicians turning over due to burnout per year:
   \[ (0.075 - 0.05) \times 450 = 11.25 \]

C. Projected cost of physician turnover per year due to burnout:
   \[ $500 000 \times 11.25 = $5 625 000 \]

\[ \text{a National mean, approximately 54\%.} \]
\[ \text{b National mean, approximately 7\%.} \]
\[ \text{c Mean cost of$500 000 to $1 000 000 per physician.} \]
\[ \text{d Assumes that burned out physicians are approximately 2 times as likely to turn over as non-burned out physicians.} \]
This is not what I’m talking about for clinician well-being....

“You know, we’re just not reaching that guy.”

Credit: Gary Larson
Engagement and Flow

• Strict “Work-Life Balance” is a loaded term and not the goal
  – Set up for disappointment
• More useful goals are:
  – Self care
  – Engagement with meaningful work in systems that value people
  – Flow

Workplace engagement
• Positive, fulfilling state of mind
• Vigor
• Dedication
• Absorption
  (Utrecht Definition)
Well-Being is Multifactorial

The Reciprocal Domains of Physician Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.

Source: Patty Purpur de Vries
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

If you want to change the world, start with yourself. — Mahatma Gandhi
We Are Human

• Individual traits*
  – Type A
  – High Achievers
    • workaholics
  – Judgmental
  – Self-conscious
  – Ineffective coping
  – Humans have limits

• Career traits
  – Stress
  – Mistakes
  – Bad outcomes
  – Tragedy
  – Suffering

Yerkes-Dodson Law

The human function curve: Peter Nixon

Image accessed from http://www.back2health4you.com/looking-at-stress-from-a-cellular-perspective/the-human-function-curve-4-1 on 1/16/19
Clinician Wellness Toolkit

1. Systems of Care Matter Most
2. Basic Self Care
3. The tools you already have

**NOTICE**

Read and understand operator’s manual and all other safety instructions before using this equipment.
Make Room for Self Care

• Sleep
  – 7-8 hours, limit screen time before bed
• Exercise
  – Moderate intensity, 30-45 min, 3-5 x week
• Nutrition
  – Eat the food groups, get outside help if needed
• This is harder than it sounds
  – Make a plan, make changes, get a partner

Image accessed from https://www.simplypsychology.org
Clinician Wellness Toolkit

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5. Mindfulness/Meditation
6. Self-Development/Emotional Intelligence
7. Positive psychology/Gratitude
8. Have a plan
Your Energy Battery

- **Drain**
- **Recharge**
Your Energy Battery

• **Drain**
  - Conflict at work
  - Angry patients
  - Too many long days
  - Arguments at home
  - Lack of sleep/exercise
  - Too many drinks

• **Recharge**
  - Exercise
  - Quality time with loved ones
  - Community connection
  - Rewarding work/Flow
  - Hobbies
  - Passion projects
  - Meditation/Spirituality
  - Learning new things
  - Sharing messages I care about
  - Gratitude
  - Nature
Clinician Wellness Toolkit

1. Systems of Care Matter Most
2. Basic Self Care
3. The tools you already have
4. **Understanding stress response**
5. Mindfulness/Meditation
6. Self-Development/Emotional Intelligence
7. Positive psychology/Gratitude
8. Have a plan
Prefrontal regulation during alert, non-stress conditions

Dorsal Medial Pre Frontal Cortex (DMPFC)
- Reality testing
- Error monitoring

Dorsal Lateral PFC (DLPFC)
- Top-down guidance of attention and thought

Right Inferior PFC (RIPFC)
- Inhibits inappropriate motor actions

Ventral Medial PFC (VMPFC)
- Regulates emotion

Amygdala control during stress conditions

Arnsten et al. Neurobiol Stress 2015
Fight or Flight...Sometimes Useful
Fight or Flight...Sometimes Not

YEAH...

I’M GONNA NEED YOU TO COME IN ON SATURDAY
Chronic Stress

Allostatic Load

Image accessed from https://www.wsj.com/articles/hospitals-address-widespread-doctor-burnout-1528542121

Szelenyi and Vizi. Ann NY Acad 2007
Our Stress Response

• Individual specific, but general themes are:
  • Physical Signs
    – Sweaty palms, stomach/chest tightness, rapid/shallow breathing etc
  • Negative emotions
    – Anger, irritability, anxiety
  • Negative automatic thoughts
    – “They don’t like me” “I don’t like them” “Us v Them”
    – “This is going to fail”
Our Stress Response

• Just being aware of the feelings in the body is helpful
• Mindfulness is a great tool for this (more later)
Relaxation Response:

- Focused, Receptive Awareness - Our Best Self
- Positive conditioning: optimism, gratitude
- Higher level thinking, collaboration
- Reward and motivation; move towards desired state
- Allostasis: restores mind-body balance in support of resilience
- Parasympathetic versus sympathetic nervous system

Arnsten et al. Neurobiol Stress 2015
Clinician Wellness Toolkit

1. Systems of Care Matter Most
2. Basic Self Care
3. The tools you already have
4. Understanding stress response
5. Mindfulness/Meditation
6. Self-Development/Emotional Intelligence
7. Positive psychology/Gratitude
8. Have a plan
D.B. Rielly

Mindfulness
and Snake Oil

Meditation that appears to benefit CEOs more than recreation or relaxation do alone.

As CEO of the TLEX Institute, Johann Berlin specializes in bringing mindfulness training to CEOs and corporate teams. He says he’s seeing a growing interest among leaders in meditation as a way to build leadership skills - and achieve better focus, emotional intelligence and stress reduction.

Harvard Business Review

How Meditation Can Make for Better Doctors

October 14, 2015

Emma Seppälä
Mindfulness

• Jon Kabat-Zin definition: paying attention in a particular way, on purpose, in the present moment, with non-judgement

• Meditation and other contemplative practices are methods of training our brains for mindfulness
Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

(Viktor E. Frankl)
Meditation

- Meditation refers to a variety of techniques – secular and religious
- Meditation is not dependent on specific thoughts – it is awareness and experience
- Meditation reinforces the neural pathways associated with Relaxation Response (RR)
Cortical Thickness

Lazar, 2005

Jacobs, 2011

Dusek, 2008
Meditation/Mindfulness Benefits

- Stress management
- Equanimity
- Self-compassion/Compassion
- Mood regulation
- Attention/Focus
- Anxiety management
- Empathy

Few keep meditating because of this list, they do it because life feels better when they practice.

References:
- Zanesco. Progress in Brain Research 2019
- Krasner. JAMA. 2009
- Debarnot. Frontiers Human Neuroscience 2014
- Gotink. PlosOne 2014
- West. JAMA Int Med 2014
Meditation

• Practice begins with attention regulation

• When the mind wanders, simply return to chosen focus and begin again
  – “Not thinking” is not the goal
  – Returning to the chosen focus is the goal and the “Workout” of meditation
Let’s take a moment
RR Eliciting Techniques

• Single-pointed Focus (see; hear; and/or feel)
• Body Scan/Yoga Nidra
• Mindful Awareness
• Guided Imagery: safe or joyful place; behavior change; and insight
• Loving Kindness
• Contemplation
• Tonglen
• Yoga
• Certain types of prayer
• So many more
Tips for Starting a Practice

- Start with the basics: Breath awareness
- Find time for a daily practice
  - Consistent place and time
  - Chair, cushion, lying down
- 5 minutes counts
- Avoid “Doing it wrong” thoughts
  - The goal is not to stop thinking (that only happens when we are dead 😊).
Additional Meditation Resources

• **Apps**
  – 10% Happier
  – Insight Timer
  – Headspace
  – Calm

• **Instruction**
  – Find a local practice center
  – Retreats
  – MBSR courses
  – SMART-3RP
Additional Meditation Books

1. *10% Happier* by Dan Harris (Fifth Anniversary Edition)
2. *Attending Medicine, Mindfulness, and Humanity* by Ronald Epstein, M.D.
3. *Search Inside Yourself* by Chade-Meng Tan
4. *The Miracle of Mindfulness* by Thich Nhat Hanh
5. *Meditation for Fidgety Skeptics* by Dan Harris

[Images of the book covers]
Mini’s

• You don’t need to wait for formal
• Just one breath
• Hand washing
• Breath counting
• Key phrases with the breath  
  • Just This, Peace/Joy, Compassion etc
• Walking meditation mini’s
  • Just feel your feet while you are walking
**Breath-Box Mini**

- Inhale on a slow 4 count
- Hold for 4 count
- Exhale on a slow 4 count
- Hold for 4 count
- Repeat as desired
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Self Development

- If you want to maintain your well-being, start with how you lead yourself.
Emotional Intelligence

- Choose to manage emotions, or choose to be run by them.
Emotional Intelligence

• Choose to manage emotions, or choose to be run by them.
Communication

• Much of the inter-personal suffering that occurs in our lives is due to miscommunication. This can change.
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Negativity Bias
Cognitive Reframing

- The stories we tell ourselves matter, we can change them

- Common Distortions
  - Fortune telling
  - Mind reading
  - Catastrophizing
  - Should statements
  - Personalization
  - All or nothing
  - Overgeneralization

Seligman, Steen, Park & Peterson (July-August 2005) Positive Psychology Progress; Empirical Validation of Intervention. *American Psychologist*
Positive Psychology: Well-Being

Positive Emotions
- Feeling good

Achievement
- Sense of Accomplishment

Engagement
- Finding flow

Relationships
- Authentic Connections

Meaning
- Purposeful Existence

Meaning

• We are humans who are experts in helping other humans who are in trouble (Compassion)
• Cultivate that meaning in your work
  – Reflection/Narrative/Journal
  – Make meaning an intentional part of your workplace and your day
  – Connection to the whole team

West, Dyrbye, Rabatin. Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. *JAMA Intern Med.* 2014
Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment

Authentic Happiness

Martin E. P. Seligman, Ph.D.
Bestselling author of Learned Optimism

A Visionary New Understanding of Happiness and Well-being

Flourish

MARTIN E. P. SELIGMAN
BESTSELLING AUTHOR OF AUTHENTIC HAPPINESS

"At last, psychology gets serious about gloom, fun, and happiness. Martin Seligman has given us a gift."
—Diane Rehm, author of Stronger Than It Looks: Conquering the Mind with the Power of the Brain

national bestseller

flow

mihaly csikszentmihalyi

flow: the psychology of optimal experience

MARTIN SELIGMAN
NEW YORK TIMES BESTSELLING AUTHOR

The Hope Circuit

A Psychologist’s Journey from Helplessness to Optimism

Martin Seligman

NEW YORK TIMES BESTSELLING AUTHOR

Updated Edition

mindset

CAROL S. DWECK, Ph.D.

How We Can Learn to Fulfill Our Potential

GRIT

ANGELA DUCKWORTH

The Power of Passion and Perseverance
Have a Plan

- Experiencing burnout during your career is common but not inevitable
- If you do experience burnout, it can get better
- Have a plan for who you will talk to if you find yourself burned out: Emotional exhausted, Depersonalization, Low sense of accomplishment
  - OHSU: RFWP
  - Other practices: Consider asking your HR department about EAP resources
    - Family/Friends/Counselling
- Be a part of making changes in your system or make a change for yourself

AMC | STEPS forward
Now that you have heard this talk...

- Understand that clinician wellness is influenced by a combination of systemic and individual drivers
  - Joy in practice through room for compassion.
    - In our systems and ourselves
- Relate the importance of wellness habits to well-being
- Choose at least one individual wellness habit to regularly incorporate into your wellness toolkit
- Get out your phones
  - Send yourself an email with the one thing (or more). For extra accountability, CC a friend, significant other, co-worker...
Thank You!
Email: clemenja@ohsu.edu

Love and compassion are necessities, not luxuries. Without them humanity cannot survive.

-The Dalai Lama

"The purpose of human life is to serve and to show compassion and the will to help others."
- Albert Schweitzer