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## **TRANSCRIPT - GR 02 10 23 "Connective Tissue Disease and Vasculature" Randy Ramcharitar, MD, from the University of Virginia**

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### **Medicine Grand Rounds**

- All right, everyone. We're gonna go ahead and get started. Thank you all for coming in person today. Thank you for those joining via zoom as well. It's my distinct honor and privilege
- to introduce our speaker for today's Medicine Grand Rounds, Dr. Whose Mom Bashir.
- a native Virginian, Dr. Bashir, was born and raised in Chesapeake, Virginia.
- He then complete his undergraduate studies at the College of William and Mary, where he received a bachelors of science and neuroscience.
- He attended medical school at Vcu, in Richmond, and graduated in 2,014 before waiting to Rochester, Minnesota, to complete his Residency and internal medicine at the Mayo Clinic.
- Dr. Bashir subsequently came to Uva toward begin his work as an academic hospitalist in July of 2,018. His impact here has been felt in multiple domains, including most prominently the realm of medical education, where he served as a founder of a a leader of the foundations of Clinical Medicine coach for medical students.
- a coach for the Internal Medicine Residency program, a General medicine, awards attending, and he's also given multiple other various lectures for the Medical school on the words he's known for his passion for teaching.
- his positive and upbeat attitude, as well as his approach ability. Dr. Bashir will be speaking on the concept of burnout today, and what trainees and season attendings alike can do to combat this all too common problem that we frequently face within the field of medicine.
- His talk is all the more timely and pertinent. As we know this time of year can be particularly tough for trainees and burnout. We find ourselves in year. 3 of the COVID-19 pandemic. Please join me in giving Dr. Bashir a warm welcome.
- Thanks, everybody for having me.
- You hear me. Okay.
- right.
- So let's get started. First of all, I don't have any disclosures, but I am in the market, so feel free to reach out. If you have any opportunities.
- I'd like to start off with a poll
- when you think of coming to a
- presentation like this.
- How many of you were looking forward to getting something out of it. And if so, what?
- Yes, Raise your hands. Ch: out in Zoom. Whatever you want.
- excellent at how to get through the rest of intern year. Absolutely
- anybody else
- create a discussion that continues after today.

- Absolutely. Yes, starting a conversation, because this is not something that's going to be solved by somebody standing and talking at you for an hour.
- It's a it needs to be a discussion in a dialogue.
- but I'll. It's not about ways to sort of normalize

### **Unknown Speaker**

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and how we can.

### **Medicine Grand Rounds**

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What about this?

- Absolutely, yeah, we want to talk a little bit about how common it is. We want to normalize discussing these kinds of issues because they face all of us. But we don't talk about them very often.
- and it can be exceedingly helpful to have our feelings validated.
- So I'll call you guys my optimist.
- How about the rest of you when you come to a talk like this? What makes you roll your eyes.
- Oh, man, another wellness, Module.
- tell me about that.

### **Unknown Speaker**

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We are.

### **Medicine Grand Rounds**

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Yes, unrealistic expectations. How do you do? An hour of yoga a day for your own wellness when you're trying to survive interior. Excellent

### **Unknown Speaker**

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bye.

## Medicine Grand Rounds

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right? So it's another check box. It's everyone can feel better if they just tell you. Hey, go! Do this and figure it out for yourself, which doesn't really feel like a useful solution.

- Anybody else
- in the lecture, or somebody in the out now so disconnected from the trenches, and they they're talking down to the
- Exactly. So somebody from on high telling you what you need to be doing when they've got no experience in the trenches dealing with it themselves.
- Fortunately for you, I'm a hospitalist who worked in the COVID-19 pandemic, so I think I know a little bit about the trenches, but it is it's uba so touch of an ivory tower.
- All right.
- so let's see how much of that I can cover.
- So objectives I'd love to discuss, burn out its causes, and how it impacts us.
- I'd like to look at a novel way to Look at Burnout.
- I want to look at selected evidence-based approaches for addressing Burnout, and I want to focus at the individual level.
- And then I want you all to reflect
- on this conceptual framework, to figure out something that works for you, because I don't want to be the guy in the ivory tower
- talking down and saying, You need to do an hour, yoga a day if that's not realistic.
- So
- to discuss what is
- so multi-factorial
- and heterogeneous syndrome that results in decreased effectiveness and satisfaction.
- particularly as it relates to work.
- That's a distinction from mental illnesses, like depression and anxiety, which are often conflated. But related
- it's characterized by
- 3 things.
- emotional exhaustion.
- We're feeling used up or spent at the end of the day.
- the personalization
- or feeling that other people.
- patients or colleagues or
- people that work together with you are objects rather than individuals.
- and a diminished sense of personal accomplishment.
- i. E. Not feeling like you're able to do something meaningful at your job.
- What are some of the causes?
- There's a host
- Increasing

- demands
- at work.
- decreasing support and resources
- to address those increasing demands.
- No one here knows anything about inefficiency in work processes, because we have the most streamlined system known to man.
- No one here has experienced any sorts of rapidly changing policies that are inefficient, that increase your demands and decrease your resources.
- Loss of autonomy. My interns probably know nothing about loss of autonomy. Right? No control over your job
- work-life integration so challenges with that this is the the new name for work-life balance
- Finally.
- overall a loss of sense of meaning and purpose.
- So how common is this?
- First of all, physicians in general
- are more likely to experience burnout than our non-physician cohort?
- And those of you in this audience who are considered on the front line. So I am. Em and family medicine are at increased risk among the higher risk position, population, Anyway.
- Old studies have shown up to almost half of positions are affected.
- and Covid made it worse.
- This study from our neighborhood, friendly neighbor to the north shows that
- burnout will increase from 30% in 2,017
- to over half in 2,021,
- and they're super nice in Canada
- up to half we're considering reducing their clinical work.
- What is it about us doctors that makes us at increased risk for developing burnout?
- There's an interesting paper from 1,985,
- describing the physician personality, and what we call the triad of compulsiveness.
- excessive doubt.
- excessive guilt.
- and an exaggerated sense of responsibility.
- Now those things probably got you into these seats.
- but it cuts both ways.
- Interesting Quote from this paper. Here in lies the grand paradox.
- compulsiveness, and excessive conscientiousness are character traits that are socially valuable, but personally expensive
- societies, meat or lentils are physicians poison.
- How bad is this poison?
- What does this mean for us in terms of outcomes that we care about.
- Well, i'd argue that we all care about patient care.
- We all care about the health system.
- and i'm willing to hold that we care about ourselves.
- Burn out hugely, impactful.
- More medical errors, lower quality of care, lower, patient satisfaction.

- increase, position, turnover, decreased, patient access.
- Look here.
- increase substance, abuse.
- depression, and suicide Even increased motor vehicle crashes has been associated with burnout
- So, just like any good internist. I looked at the evidence.
- this systematic review, and that analysis was done by my Ipd and one of my old attendings.
- And it basically came out the results for ways to address Burnout
- relatively mixed.
- The things that we did identify is that both individual
- and systems level solutions are necessary.
- So why am I up here blaming you guys, when we know there are systems components that are a problem.
- Well, a couple of reasons.
- one. I want this to be about empowerment
- rather than blame.
- We know all the way back from Marty Seligman and his dogs, and learned helplessness. That feeling like you, Don't, have a sense of control, can result in increased anxiety and depression.
- whereas if you have an internal locus of control, it's the opposite.
- As I mentioned before, things move
- at a race car space here in terms of making systems level changes right?
- Usually not.
- It's hard
- to scare a big shadow.
- We can't necessarily sit around and wait.
- That does not mean
- that I'm telling you need to accept the status quo.
- Many of you in this room and listening are leaders of some sort
- you have access to control. While this may not be CEO of the hospital. You do have influence, and
- there's a bit of a spectrum.
- and you can do something to make a difference, not only in your life, but in those of others.
- Another question is, do I have to?
- Because I don't want to add another hour of yoga on your life.
- I'm not here
- to add another unfunded mandate onto your already overtaxed time and energy.
- I mean, how many of you already tell yourselves.
- But you should
- eat a bit healthier.
- Maybe you should
- sleep a bit more. Look at my interns.
- Maybe you should
- exercise a bit more.
- Yeah.
- you're shooting all over the place.

- You can resist this. Try out of convulsiveness
- and give yourselves a break.
- You can choose to choose to do something
- or don't.
- You have permission not to do anything, because sometimes that's all we really need
- is somebody to use up our back, even if it's ourselves.
- Yeah.
- you choose to choose.
- I'd say, start here.
- Many of you might be familiar with Maslow's hierarchy of needs.
- drawn some fire. It's not necessarily the most best explanatory model for human motivation. But
- you can't address higher level needs like job satisfaction and performance. If you're not eating,
- not drinking, not sleeping, not exercising, or importantly
- not feeling safe.
- And that was a huge component
- of 2021 in 2,020.
- Once you get to be a bit more okay with the lower levels, we can talk about a bit more
- sophisticated needs.
- But before we do, we have to talk about the challenges.
- for now it's been a problem for a while hasn't gone anywhere. Maybe it's only gotten worse.
- Remember, the problem is more pronounced multi-factorial and heterogeneous
- it's resistant to blanket solutions
- I e
- there's no snuggly for burnout.
- So how do you choose with this big, smartest board?
- We'll talk about that.
- In reading about Burnout I came across this wonderful theory that some of you may know.
- You may have heard of self determination theory.
- So Richard Ryan and Edward Deci
- did some research into what it takes to improve workplace performance.
- and they identified what they call 3 needs or nutrients for improved workplace performance and
- increased job satisfaction.
- And then they were able to validate this across cultures.
- What are those core psychological nutrients?
- One
- relatedness.
- connectedness.
- autonomy.
- control this. You guys might see some echoes from the drivers of burnout
- mastery feeling like you're able to get better
- or
- achieve somebody.
- and finally purpose. This wasn't originally identified in Edward and Deci's, or research, but it has
- been shown to be an important component of burnout.

- and
- it makes for a really cool acronym.
- These
- can serve as your burnout, offer it.
- and I think.
- But let's talk about how they're connected.
- so obviously decrease relatedness can result in a sense of deep personalization.
- Lack of control
- can lead to emotional exhaustion. Again, you talked about silicon
- finally, feeling like you're not able to accomplish something meaningful.
- Makes you feel like you're not able to accomplish something meaningful.
- And
- an important component, I think, is identifying
- what issues You're having the most trouble with.
- and addressing that as opposed to trying to find some sort of blanket solution.
- Let's treat psychological barry, Barry the way you treat psychological barry Very. Not the way you treat psychological costs your work.
- So in my review of the research I found some
- interventions that do have some evidence that i'd like to review.
- So facilitated. Small group sessions
- have been shown
- to address a burnout, and I think it's because it improves a sense of connectedness and relatedness with colleagues
- mindfulness. Meditation
- has been.
- has been shown to improve Burnout.
- and it can be from a sense of feeling like you have an increased sense of control over your life.
- Finally, communication Skills training can address Burnout as well, and I think part of it's related to an increased sense of mastery.
- And I pick these 3 because they have research support supporting them, and also because they all work together.
- and because they honor the humanity of the patients and the and you.
- So it wouldn't be a medical talk unless we had a case
- to your night hospitalist, and you walk into your shift
- the first thing you get
- an overflowing inbox unless your mo is empty it on the rag.
- 3 pages from the LED, with admission, requests
- a page from the transfer center to discuss the possible transfer.
- a met call.
- and a
- how do you feel
- totally ready to handle it?
- This is
- actual, an actual case from one of my colleagues.

- You probably feel something like this. You don't even know where to start and how to triage
- my entrance. You probably call like this on day one right?
- So we're going to focus first
- on increasing
- your sense of autonomy or control.
- I love Victor Frankel. This is a wonderful book. If you haven't read it. But everything can be taken from a man but one thing a woman but one thing.
- the last of the human freedoms
- to choose one's attitude in any given set of circumstances
- to choose one's own way.
- We'll see how that relates here shortly.
- First thing I want to do a little bit of definition of terms.
- Many of you may have heard of mindfulness. Many of you heard of meditation. Many of you may have heard of mindfulness, meditation, and often probably conflate the 2.
- Mindfulness is actually a state of awareness in which you can pay attention to the present moment without judgment.
- and choose your actions.
- Meditation, on the other hand, is a formal set of practices or practicable practices meant to train particular cognitive qualities.
- Meditation is the training that can help you shift into a more mindful state
- and ideally stay that way
- to talk about how mindfulness and mood are related.
- Many of you might experience mine wandering.
- That's okay. It's normal.
- Our minds wander anywhere from a third to half of our lives.
- We're spent somewhere else.
- and, regardless of what your mind is wandering to
- it decreases your subject of well being and happiness.
- That means if you were thinking about wow, I really screwed that up, and I put my foot in my for that patient.
- or I'm really looking for that trip to Tahiti. It doesn't matter. The act of being out of the moment. Hint decreases your subject of experience.
- Additionally.
- there's a bit of a negative cost to re-entry. So you come back to the present moment, from Tahiti.
- and that also drops you down a bit.
- This is not Tahiti.
- It's writing your notes.
- So
- how does mood relate from my to mindfulness?
- Well.
- stress impairs your mindfulness.
- threats real or perceived.
- Remember that inbox



- and poor move.
- Lack of mindfulness makes us unhappy.
- Unhappiness makes us less mindful.
- What do you do when you're feeling bad?
- Oh, I need to look at the silver lining I need to reframe this situation.
- I need to think about the good, right.
- unfortunately active reframing requires you to use those same attentional resources that are already depleted.
- You remember, from first aid back when back when I was a medical student, Suppression
- is one of the mature defense mechanisms.
- But we know that suppressing negative thoughts or expressions can actually be counterproductive.
- It takes additional attentional resources to hold things down, and if your attention flags for even a second.
- It all comes back.
- Fortunately the masks help a little bit, so you don't have to suppress the facial
- anyways.
- Another thing is, we can't often tell that our performance is impaired. In the first place.
- all right, we talked about mindfulness and mood. We let's talk about performance.
- So you finish rounding
- you go sit down at your computer and start working on your notes.
- Then you started thinking about lunch.
- Then you've it's harder to focus on your notes because you're worried about lunch
- that gets you a little bit emotionally dysregulated.
- It's harder to pay attention, more likely to make mistakes
- that impairs your mood, which, as we know, impairs your ability to direct and sustain your attention.
- and you get into this vicious cycle.
- Let's recap
- you. My wanders like crazy at baseline
- when you're stressed or you feel bad, it's worse.
- This results in more wine, wondering worse in performance, which just drops you down even further.
- You don't even know how bad it's gotten.
- and the things you're going to do about it are going to make it worse.
- Everyone thoroughly depressed.
- Excellent! All right. So what? Where does meditation play a role in this?
- Well, it can improve your ability to direct and sustain your attention. Even under stressful situations.
- It can enhance the effectiveness of your working memory.
- It can help with your emotional regulation and identifying the needs for emotional regulation. In the first place.
- it can help you drop the story.
- You don't need to reframe

- when there's no story. In the first place.
- you're just in the present moment.
- and
- it's there's good evidence that sports program. Thank you. Dr. Goodman and Dr. Schult.
- All right, let's talk about a couple of misconceptions about mindfulness and meditation.
- First of all.
- when you think of meditation? What do you think?
- Everyone put their hands together like this and close their eyes? It's a trope at this point
- it's meditation is only supposed to look a certain way.
- You sit down, eyes close, sit on probably a cushion or something, and there's incense there, and you maybe there's a mantra right?
- And that's not true. Remember, I said meditation. It could be a suite of cognitive practices, a better description for meditation isn't this one thing, but actually a word like sports, because there's a whole host of different types of meditations, and the goal is to train particular cognitive qualities.
- We'll delve into that in a bit
- blank is my meditation.
- So running is my meditation. Gardening is my meditation.
- I'm not going to stand here and tell you that you're running and your gardening, isn't hope but it doesn't have a whole host of benefits for you.
- but it's important to distinguish that from what meditation is doing which is training certain cognitive qualities, and it' to pay attention in a certain particular type of way.
- Yes, you can garden meditatively, and you can run meditatively, but not all. Running is meditation, and not all gardening is meditation.
- Who here thinks this
- right?
- You can't clear your mind enough to meditate.
- neither can I, and neither can people that have been doing this for hundreds of hours.
- Your job and meditation isn't to clear your mind. That is a common misconception.
- We'll talk about what you can do Instead.
- another one who hears Buddhist
- not seeing a lot of hands.
- So what are you doing this Buddhist practice?
- I have a better question for you.
- Do you think the Uva lacrosse players subscribe to the native American beliefs of the sport? No.
- probably not.
- They're able to play that sport in a secular way, and there you can practice meditation in a secular way as well.
- So
- to elaborate a little bit on the notion that meditation is like sports. Remember, meditation is training certain cognitive qualities, like certain sports train certain physical qualities.
- couple of physical qualities.
- strength or endurance.
- This is Heidel and Diaz.

- She's the first Philippine Filipino person to ever win a gold medal.
- and she did an Olympic weightlifting.
- while I'm sure she has some level of endurance. The sport that she engages in
- is
- far, far along the spectrum of strength.
- This
- is Dean Karnazis.
- He's an ultra marathon runner.
- If you're not familiar with what an ultra marathon is. They start at 26 miles, and can go upwards of 50 to 100 miles, Some are even done via time, and can be up to 24 h a day to see whoever gets the furthest.
- Well, i'm sure he's got strong enough legs to carry him those 50 miles.
- His work
- biases him toward developing
- endurance.
- Now we all probably know some supports that may not
- develop some of those physical qualities
- that's not to denigrate curling. I'm sure they have a ton of qualities, but they're probably not developing these other qualities in the same way.
- Some of the cognitive calls you can develop
- mindfulness.
- the act of being able to be aware in the present moment without judgment.
- concentration which I think is pretty self evident.
- equanimity.
- So, being acceptance, accepting of your internal and external experience, just as it is
- finally
- compassion.
- You may not know what you can actually train compassion, and there are monks that have been meditating for years that are doing a specific style of compassion meditation that on Eeg can have the same electro encephalographic picture as someone having a seizure in the areas responsible for compassion.

### **Unknown Speaker**

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Okay.

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I know I'm doing it. Mine full of sanitation. Give it right? The

- Yeah. Those of you who are interested in learning about mindfulness. Meditation. Again, this is meditation aimed at trying to develop mindfulness.
- Here's a Here's a
- small Sam.
- It's probably one of the easiest path to the forms of meditation you can learn.
- but you pick a meditation object that can be your subjective experience of your senses, or the sense of breathing at your nose or your abdomen.
- and you focus on that.
- And the cognitive qualities you're trying to develop are concentration and awareness.
- You can also develop the equanimity, as it relates to thoughts and sensations that arise.
- Here's what that looks like.
- This is essentially a meditation cycle.
- Start off with your attention on the breath at the news
- at some point. Inevitably you start thinking about
- what's going to be for lunch.
- You forget that you're meditating.
- Your mind does all over the place, and you get on to tangent after tangent after tangent
- at some point you wake up
- and you realize
- oh, Crap, I was supposed to be meditating.
- and if you're anything like me, then you'll beate yourself about being a terrible meditator, and how you never get anything out of this right.
- That's the wrong idea.
- That's not the important part.
- The important part
- is this: Here.
- When you wake up, you recognize.
- and then you shift your attention back to the meditation object that right there is the cognitive push up.
- So the if you think about it, the more times you wander the better
- because you're getting more reps. No, my residence, like you're the reps to
- all right.
- Another even easier approach to meditation is called the relaxation response.
- So Dr. Herbert Benson is a position at Harvard
- who underwent transcendental meditation training.
- then tried to strip that of all sorts of
- you know all the wound and try to come out with the basic instructions.
- The goal was less on developing concentration and more on developing equanimity.
- and it's probably the simplest, simplest form of meditation. You can do.
- You essentially pick some sort of word.
- It can be a nonsense where it could be a meaningful word. Dr. Benson chose the word one because it is pretty neutral.
- and you basically repeat it in your head
- once about every second or so.

- And just let your mind do whatever
- interesting that thing that you know.
- is it actually results in an increase in your vagal tone, and what was later dubbed the relaxation response.
- So from my, do it yourself first. Those are a couple of options for you to get to to try.
- but I also recognize this is the century.
- and somebody probably wants that.
- So
- the 2, probably most famous are headspace and column, which are very nicely done apps which have a whole host of different options, and all these gadgets that you can check out.
- They cost money, so
- not so useful for my residence. Right insight. Timer is also another really valuable resource. It is a free meditation app with thousands of guided meditations on it. The center for contemplative sciences here at Uva also has specific meditations that they've created and put on there.
- But it can actually be a little bit overwhelming with the amount of choice that's available there.
- But it's free. It has a paid version, but you can get all the benefits on the free version.
- But I want to point out this one right here.
- This app is called the Healthy Minds App. It's created by the center for healthy minds at the University of Wisconsin, in Madison. Ritchie Davidson is a neuroscientist there
- who has done a lot of research looking into what they call the science of well being this paper it was describing what they were able to uncover in their research.
- Essentially, what they came up with. Is well-being is a skill that can be cultivated. They have their own conceptual framework for how it works, and then various components, and they've got neuroscientific research to show how those skills can be grown in a systematic way.
- This paper is actually published in the Proceedings for National Academy of Sciences. So no shrub of a of a paper for those of you want to check out the impact factor.
- aside from monetary cost. How much does this cost my limited time residence?
- Well, some studies have shown that 3 cumulative hours can improve your self control and your attention span.
- Other studies have shown anywhere from 6 to 12 h can improve high-stress decision making
- attention, memory, and mood.
- And there's other papers that show that even briefer interventions can be helpful
- 6 h, 12 h. It seems like a really long time, right?
- Who does anything for 6 h except Netflix.
- The point is.
- it only needs to be about 1% of your day.
- The study is here.
- We're looking at interventions that were 12 and 13 min long, done on anywhere from 5 to 7 days a week anywhere from 4 to 8 weeks.
- so not a ton of time.
- And when you want to talk about the high stress decision making the decision making stuff was actually done in military recruits that were pre deployment.
- They taught them these skills, and then tested their ability to
- sustain and direct their attention while on deployment. So if you make your job hard.

- All right.
- Peace continues
- shortly after addressing the previous pressing concerns, you get an urgent come now, page patient 81. B. Is angry at Uva for giving him Covid.
- He wants to speak to a doctor now, or he will leave against medical advice.
- This is real.
- This happened.
- What's your response?
- How thrilled that you guys to go Talk to this patient.
- right?
- Yeah. What's your approach? Gonna be?
- These situations are essentially
- a set up for burnout.
- They're time consuming
- unpleasant and often emotionally draining.
- and they feel like a poor return on your time invested.
- But they don't have to be.
- So we're gonna talk a little bit about communication skills.
- But first the evidence.
- unfortunately, the evidence is mixed.
- Some studies showed an improvement in burnout in certain populations. I believe it was IC. And nurses.
- Some studies showed improved communication, improved communication skills, but didn't change burnout.
- Other studies showed
- actually worsened to burn out, but people still felt like their communication skills. Intensive self advocacy improved. This was, I think, in oncologist one of the big things that the paper authors mentioned was
- they really liked it, but it felt like it was adding more
- like things to focus on during their already challenging encounters.
- What does this mean for you
- of select?
- If you find that this is going to be too much?
- Maybe this is not the intervention for you.
- On the other hand, if you think this is area which I really struggle might be worth delving into a bit
- disclaimer. When I talk about empathic communication, it's not a precise term
- in the research that I saw, and there's anywhere from 8 to 9 different definitions for empathy.
- What i'm talking about is referring to the effective and cognitive components of communication.
- This is not
- like what Wikipedia says, putting yourself in someone else's shoes and trying to feel what they feel. The study show that's actually makes burn out worse. So don't do that.
- That doesn't mean you mean to be unfeeling. It just means to be that you don't need to feel everything

- all right. First step
- plan. If you have a chance. Sometimes you get bombarded with these kinds of situations, but if you get a page like that you can get yourself in the right mind state
- what is important about this interaction? What are you hoping to accomplish?
- Sarah Palin got a ton of black for writing down these 3 things in a speech to give to the the people.
- and I really don't think she deserved it. She wrote. Energy text cuts left American spirits, but sometimes you need a little crib, she to keep on task and keep on target in some of these challenging conversations, because, believe it or not, patients can meander, and these conversations can be challenging, and it's hard to keep it all in mind.
- Nothing is. Take your own emotional temperature and take steps to address, if you can.
- You know what works for you? And if you know you're not in the right head space, find a way to get yourself at least a little bit closer before it'll put you in a much better chance to have a successful conversation.
- All right.
- First step. The second step is to get all the information.
- No, you guys know all this stuff.
- It's the stuff you tell the medical students do
- open it in questions and statements.
- Sit open body language. Be quiet.
- Obviously try to avoid the computer.
- but sooner or later
- you're going to run into a crucial conversation.
- This is an excellent book right by Kerry Patterson and others talking about how to deal with these high stakes conversations. It was originally written for the business world, but super valuable in medicine.
- They define a crucial conversation as one in which opinions differ.
- The stakes are high.
- and there are strong emotions.
- One tool you can do in situations like this
- is to try to get more information.
- Our colleagues in negotiations have this term positions versus interests.
- positions, or what we say. We want
- interests.
- or what that thing that we say we want is truly meant to to fulfill. What need that that position is truly meant to fulfill? Right?
- I really want lunch is to
- feed my sense of hunger
- right? It doesn't matter if it's a sandwich or a pizza.
- The thing is when we focus too much on what someone says. The stated position.
- it might hide an interest that you could uncover. That can result in a mutually agreeable solution.
- Some example, positions.
- real example, my patient said. I, need to be discharged immediately.
- My response.

- He was here for a Lord Heartfield exacerbation, probably 40 plus pounds overweight.
- decided to take a step back.
- Figure out what was going on.
- His response was, Someone needs to feed my cat, and my phone is dead.
- and the thought never crossed his mind
- to get someone to charge it at the nursing station, so we had a real quick conversation. We charge the phone cat got fed and he stayed and got diaries, but he was able to discharge home.
- At some point
- the content
- stops flowing.
- Once the conversation becomes crucial, dialogue shuts down, people get all up in their limbic system, and they can't have the kinds of conversations that you're trying to have.
- Another really useful heuristic that came from crucial conversations is, how do you identify when that's the situation.
- Well, they came up with this 2.
- These 2 things watch out for silence and violence. So you're in a conversation. Things are going great. And then, all of a sudden.
- you sense the temperature, emotional temperature of the room is rising. The things you want to look for are silence and violence.
- Silence is when people are hiding what their true opinions are.
- avoiding topics, sometimes even leaving the room or leaving conversation.
- Violence
- is with so silence is when people stop adding information.
- violence is when people are blocking additional information.
- So that's cutting people off calling it stupid names, labeling your ideas all that sort of stuff.
- So what do you do when you notice things are getting out of control?
- You see some silence or violence.
- Your job is to make it safe.
- How do you make it safe?
- Touch your pros
- So Pearls is a lovely mnemonic that
- can give you ideas on how you can increase the safety and increase that flow of information again, so you can get back. Moving to a shared, mutually agreeable solution.
- I got pearls from this wonderful book Communication Rx. By Dr. Cho and Cooley.
- and some of Colonel stands for partnership. So you want to get back on the side of your patient, addressing a problem.
- You may want to address the emotions that they're experiencing.
- showing some appreciation for what they're going through, or what they're working on.
- or apologize for situations at which you've aired
- demonstrate respect for what they're going through, and how much this is taking, how much of a toll this is taking on them
- and legitimize their experience. An important component think is
- you can legitimize someone's experience without agreeing with it.
- offer support.



- Finally
- summarizing.
- I think summary is a really important thing, and it's hard to do Well.
- ideally. A summary
- should include both a cognitive and effective component. You want to repeat back to the patient what they said to you in your own words, and describe how they makes them feel.
- The goal is for you to have them say that's right.
- Somewhat related is if they say you're right, and if they say you're right, you're wrong.
- You probably messed up and switched into counseling mode and persuasion mode, and there is a time and place for counseling and persuasion. But it's not When there is psychological safety at risk
- you need to focus, step back and try to show them that you're willing to take their perspective. And again, I want to emphasize that doesn't mean you're agreeing with their perspective. It just means you're showing them. You're doing a lot to take theirs.
- People's natural sense of reciprocity will lead them to be more okay with taking your side as well.
- So an example is so you're concerned about how rapidly the vaccine was developed and are worried about the potential for long-term side effects.
- Some of you might be at a loss for how to describe an emotion.
- and you might want to skip that whole piece. It's messy.
- It might lead you down to Rabbit Hole. You might get you into territory you don't want to enter into like more complaints. More time in your visit.
- I would argue that you shouldn't.
- It can decrease aggression, and it's been shown to decreased activity in the amygdala. It also doesn't Change the number of complaints. A patient will say in their encounter, and also won't increase meaningfully the length of time of your encounter. So it is worth it.
- Now, if you're like me, and you have the emotional vocabulary of a potato, I have a tool for you.
- This is called a feelings wheel.
- so what I would say is sad, mad, bad, Glad
- might be a lot more impactful for the patient. It said you were really indignant about having been made to wait that long in the waiting room, even though you had an appointment for 3 h.
- right?
- It's a lot more impactful when you can really have that level of granularity.
- So my
- metaphor is being an emotional archaeologist.
- I want you to take great care.
- withhold judgment.
- and only interpret once you uncovered everything, and can appropriately contextualize it.
- A related
- metaphor that I often use of my residence is.
- these things are like emotional absences, and what you need is source control.
- And how do you get source control? You gotta poke at it, and you gotta break up all those locations by continually poking at it until you get it all out.
- All right.
- That's the case for communication.

- Talk about how our case presents.
- So
- finally finish your shift.
- Sign out to everyone.
- Take a look at your inbox
- compliance Modules.
- Guess I'm doing that today.
- My conference is now virtual
- that sucks
- no Tahiti for me.
- and health care heroes
- socially distance pizza party.
- Now I see 2 red flag signs that are path, though mnemonic, for They're more things going to be on my plate than pizza. I see pizza and I see health areas.
- We know
- that connection is vital
- for workplace, satisfaction.
- social distancing and work from home has been increasingly valuable in that it helps us keep the tide going. Keep work happening.
- but it doesn't come without its own cost.
- I'm sure everyone in this room, at some point has experienced some former fashion of zoom, fatigue.
- or some sense of loss or meeting and purpose, or shared meaning and purpose, I think, is a big component.
- What about the evidence on this for burnout?
- Oh.
- we've seen that small group sessions where we get colleagues together to talk about work. Related issues can be impactful.
- It can show substantial improvements in burnout
- and with sustained effects. This is probably one of the best interventions that I've seen this in mindfulness. Probably the best.
- What
- is that work-related talk Look like
- Well, it's pretty variable.
- Some can be facilitated
- Some can be self-led discussions of shared experiences.
- some focus on patient care.
- others have redefined curricula that they address.
- Some even use media
- in 2,021. There was this paper that came out by Holds call on others where they had residents get together and watch scrubs.
- and then discuss it after over lunch, and while there was it was. It was a pretty small study. It was not statistically significant. It was widely well received.
- so it can look a whole lot of different ways.

- and we can be.
- you know, ingenious about how we deal with it.
- Some of the topics these kinds of things might include, or what scrolls pretty much everything under the sun, but
- finding a sense of meaning
- and satisfaction in your job
- relationships.
- Again, there's that work life balance for the new under a new moniker.
- Importantly, you can get skills from your colleagues. What works for other people?
- How are they thriving
- under the similar workload?
- Honestly, it's sometimes it's just helpful to vent and get some stress out.
- and to have your feelings validated. Have your emotions legitimized. Have some support from your colleagues.
- The important component is
- those studies all had protected time
- again.
- I know there are leaders in this room with access to dollars.

### **Unknown Speaker**

01:05:38

Oh.

### **Medicine Grand Rounds**

01:05:39

I made hopefully made the case for for not being important.

- What we need, the budget
- we are worth the investment
- I love this quote from my angelou: I've learned that people will forget what you said. People will forget what you did, but they'll never forget how you made them feel.
- Mattering
- is a construct that we're borrowing from social psychology in that people have improved performance at work
- and honestly within education
- when they feel like they're valued.
- and when they feel like they're adding value.
- and Dr. Hayeslip
- is a pediatric intensivist here, who works in the school of Nursing, has found that higher levels of mattering at work are associated with lower burnout and higher engagement.

- The nice thing is this can be implemented at all levels. You don't have to have any power or authority
- to make someone feel like they matter.
- You can be working with Jose on 3 Central and say, thanks for cleaning up this room so quickly.
- or
- the the chargers
- on the unit for
- making some event switches that was really helpful for a patient care.
- And the thing is
- culture, despite what everyone will try to tell you, is often trying to
- built from the top down, but I think it's much more impactful when it comes from the ground up. It's these hundreds and thousands of interactions with other, with others that create an ultimate culture, and we can work together to create an overall culture of mattering to one another.
- There's also research that says it only takes getting psychosocial support from one person
- to have an increased sense of job satisfaction.
- Now, I've talked to you a lot about things that you guys can do.
- But this still might be overwhelming, or you might not be in a place where you can do something about it.
- If you need help. We have a few different resources.
- I'm. Sure you all have heard about the and how they can offer assistance
- for a whole host of different things.
- But another one you might not be familiar with is Karen Warburton heads the Clinician wellness program
- in which they can offer
- a range of support. Services, whether you're mildly in distress too severely in distress. They work together with faculty assistance program.
- and
- they can get you a coach to help you in various areas of practicing, whether it's mental health or just not feel on it.

### **Unknown Speaker**

01:08:21

So that's an opportunity you can always self-

### **Medicine Grand Rounds**

01:08:25

and at the systemic level

- here at Uba. I know a big problem. We talked a bit about how
- it's not all your fault.

- Dr. Pluzogan and Dr. Westfall
- just got 2 million dollars
- to look at
- burnout and health care. Well there in the
- center for wisdom and well being
- they're looking at how they can impact change on a huge scale
- that's really locally effective to us.
- Primarily it's going to be in Central Virginia so useful to us.
- but even bigger on the horizon
- is Surgeon General Vivek. Murphy just released
- his.
- a report a couple of months ago, in which he wants a priority of his administration to be focusing on health care worker, burnout and well being.
- And this is the framework that he came up with
- for the things that we need to focus on at a national level, to deal with this pandemic of the pandemic.
- you might notice some familiar themes.
- So I see
- not
- It's. Okay, Safety
- security
- belonging
- autonomy
- mattering is a big one
- accomplishment
- growth.
- So what do you think about that?
- Take a minute.
- Reflect on your experience.
- What nutrient
- are you missing the most.
- and
- what is a behavior that you can engage in that actually addresses
- that chord efficiency.
- You can create your own smart goal. You can get as granular as possible, but I think it's important to figure out what you can do to have some control over your experience.
- Figure out when and how you're going to engage in that behavior.
- The idea is to create an inflammation implementation intention.
- Peter Gal, with Sir, as a psychologist who wrote this met analysis looking at implementations, and essentially this tool can be really valuable in addressing behavior change as disparate as eating healthier
- to working on your Cv.
- And it looks like this.
- After I insert activity. I am going to

- 2 X.
- So after I brush my teeth, I'm gonna do a brief mindful of this meditation for 5 min in my favorite gliding chair.
- It might even be. I'm gonna take 5 min when I get back to my work room and set a time where I can give this the kind of do that. It needs
- so just to recap
- burnouts prevalent, and it's impactful
- figure out what you need
- any Moslow
- you need ramp.
- Please stay at a break.
- Come up with a plan that works for you and get your own implementation intention.
- Give yourself a break when things don't go according to plan.
- Leaders
- can push for system, change.
- Everyone
- can make someone else feel like they matter.
- I'm ready to create a really really important presentation.
- As I was looking at my cell phone while you were talking and getting 3 or 4 more emails
- seriously in the
- so universal phone. Use 360. Now.
- something you can do to

### **Unknown Speaker**

01:12:25

Actually.

### **Medicine Grand Rounds**

01:12:28

your inbox is full all the things you can mention

- absolutely. I I do think that sense of concept connectedness and never really feeling like you're able to turn off because you need to check your emails at 100'clock at night and make sure nothing urgent didn't just come up. That's that is a huge contributor. I think there's a big blurring between
- work at home nowadays that there didn't used to be. You were residents in the hospital, and you lived in the hospital. But when you left you left, and you left it all here, and that's not the case anymore, and we do need to find ways to make stricter boundaries between home and work.
- And unfortunately, there's not going to be a blanket solution, I can, I? There is some research on that. But

- about how decreasing or limited email can actually be really impactful on that. But the key thing is.
- I can't provide a blanket solution for you, but I will say that it is something it's important. So if you look at your inbox, and you think oh, you probably may need to come up with a strategy that works for you so you can get the work done, but also not feel like you're tethered.
- Yeah.
- thank you.
- See, I can ask you a question, though
- I'm curious if there is a
- any data on sort of I've seen the concept of like a therapeutic pause before difficult encounters, and whether or not that can or helps like enhance our communication skills, I think it's often used in the context of like pausing after, whether it's a
- a code and a cardiac arrest, or before surgery. Do you ever implement like a pause before you
- go and talk to that patient who wants to leave Ama, or I know others that do, just instituting like a personal pause for kind of a a group
- kind of shared mental model kind of thing. I think we're so just like the personal pause before you before you enter the room. But yeah, the group model would be oh, absolutely. Sometimes I know that I'm not in the head space, and I need to do something to get myself together. And sometimes I Those questions are actually really useful for me. It's

### **Unknown Speaker**

01:14:44

2 questions I often ask myself, or what am I hoping to get out of this encounter? And who am I trying to be?

- Those things can be really helpful and trying to reorient yourself. Doesn't always work, you know. I screw up, and you know I'm not perfect by any stretch of the imagination. But I I agree, taking a pause, and giving yourself that intentional moment to figure out what you're trying to do, and come up with a plan for how you deal with it.
- Thank you
- pretty far.
- One question for you, so
- we'll give them what it's.
- and only because there is so, I think
- great break out, and this is the portfolio of things that you use.
- and so
- budget
- that's the right in terms of just in terms of describing what?
- Yeah, are we talking to the leadership? Are we talking about trainees?
- It's up. But how much you would you say? Or in a

- Yeah, actually, that analysis didn't come up with any sort of really good solutions. One of the things they actually noticed a lot was Duty Hours was the most of the institutional interventions that they came up with, and honestly trying to find ways in which we can try to mitigate work.
- or at least spread the love a little bit would be the kinds of ideal solutions.
- A big thing might just be
- any more support
- on the kinds of things that detract from our job. So I think
- there's a lot of there. There's not a ton of rcts on what interventions so a lot of them have to have been natural experiments, which is where they come up with. The duty Hour changes. but a couple of things that they are looking at right now are the establishment of chief wellness officers to look into things.
- Another thing that they're they've semi Recent paper is looking into describing the business case for addressing Burnout, and I think those are the kinds of things that are gonna tell the people who do have power and authority. Hey? This is worth it.
- Any other questions.
- Devin: yeah, go ahead. Go.
- Honestly, I was pretty burnt out from LED school, and so I was a huge backlash in Residency, and I pulled back really hard, and I think
- I I shifted my focus so it was all strive, achieve, learn, do everything, do the best, and I think I shifted focus on a different aspect that I wanted to develop, and the one of the things I really ported into was medical education. How can I continue to contribute
- in a way that was a little bit more on my own terms. More recently, I actually think that framework is really helpful. So from an autonomy standpoint is figuring out what are the big draws of my time, and how am I apportioning time for them, but also discreetly creating time for myself that I can do things.
- I think the communication skills extremely valuable it that increased sense of self efficacy, and, like you, can go in the room and you can address the needs of a patient and not be worried about doing a good job. There is really helpful. It's also really valuable
- outside
- working with colleagues working with the you know, other members of the health care administration. Even at home it can be really useful. And honestly, I I don't think I think the meditation stuff is really good, too. It
- it actually builds in a little bit of that pause. So you can make a decision to do something rather than blindly react to it.
- I mean, honestly, other basic stuff is try to
- eat. Well sleep. Well get some exercise. Those are probably the biggest core interventions you can do if those aren't right, and they probably aren't. If you're in turn like, how can you maximize those before we're focusing on
- some of those like smaller percentage returns.
- Sure. I think we can make a case for them. But I think if they want to get some of that benefit, there's a concept in Qi. I'm. A. Hospital. So Q. As a thing it's get to the Genba right.
- You want to get at the place where the work is happening, and if your presence Isn't, felt as a leader, you can't know about problems when they happen, and you can address root causes. We



talk a lot about a threes and qi and that sort of thing, but just showing your face and saying, hey, I care about You would matter immensely.

- just like it probably mattered a lot when you're attending, remembered your name, and asked about your day and asked about things that matter to you.
- And certain leader here did that for me. It would mean a lot.

### **Unknown Speaker**

01:21:12

Those to maybe more like honestly from a blanket solution. I think systemic level change would be idea like. We need leadership to recognize that this is a problem. We need leadership to say we are going to do something about it we're looking into the evidence-based strategies to try to make it better, which is why I appreciate things like Dr. To Jen's work. But but I think her work is also focusing a lot on the individual level. And that's why I think it's really important for us to kind of create the business solution. And when you're in leadership positions, or you're shooting for leadership positions to remember what it's like when you're practicing on the clients. But I honestly, I think systemic solutions are probably going to be more impactful, but from a pragmatic standpoint we can't ignore the individual ones.

- All right.
- Well, thank you very much, Dr. Michelle. Those phenomenal talk appreciate you having.