

Looking In: Addressing Loss & Wellness in our Programs as Educational Leaders, Personally and Professionally

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Our stories



Weill Cornell
Medicine




INDIANA UNIVERSITY
SCHOOL OF MEDICINE



Objectives

Participants will:

1. Explore experiences and reactions to death and loss in one's professional world.
2. Consider tools to address the range of self-care needs of oneself and your varied trainees when experiencing loss.
3. Create plans for proactive wellness rather than reactive care for self and trainees.



When a Loss Hits: Immediate Tasks



What do we do?

- Hug a friend
- Check in with the family to express your sympathy, and ask about their needs and preferences for disclosure and next steps
- Plan announcement to educational community
 - Anticipate diverse reactions, provide space for different needs
 - Chaplaincy, mental health resources
- Maintain connection with community for check in and support



And next...

- Funeral and family support
- Foundation and/or family memorial fund
- Institutional memorial service
- Self care and check in


Institution's Memorial

- Assigning tasks
- Appropriate day, time, place
- Invitations – family, colleagues, others
- Pictures & music
- Chaplaincy
- Speakers – readings, reflections
- Open invitation to speak
- Dedication
- Pamphlet
- Refreshments
- Virtual participation – i.e. videostream, social media



“Making Sense”

Adele Ryan McDowell, Ph.D.

- 
- Be gentle with yourself.
 - It is hard, exhausting work to make sense of the un-sensible loss and to unpack and repack a life.
 - Take the time you need
 - to feel what you need to feel.
 - to remember and revisit what you experienced and shared with the one you lost.
 - There will be a day
 - when you do not weep.
 - when you surprise yourself with a small laugh.
 - when your heart’s heaviness will lift.
 - And until that day, **allow your family, friends, coworkers to walk with you** and share the loss



Next Steps

Be authentic to what
each person needs

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Action: Journaling

Physician heal thyself. This phrase appears in the ancient writings of Luke, Genesis Rabba, Euripides, Aeschylus, and Cicero. The ancient proverb warns physicians to avoid carrying the practice of doctoring too far. Implicit is the risk that we might allow the needs of others to become so consuming that we do not hear a primary call to adequately care for ourselves. Is this the cause of the current rates of physician suicide? Or does this merely simplify the complexity of the issue? Is it that we are so consumed with patient care that we can't pay attention to ourselves? Is it that we learn to ignore ourselves in the culture of medicine? Are we so narcissistic that we can't believe it could happen to us? Do we experience too much death to fear it? Is it that we believe that we can't ask for or get help without serious professional repercussions?

In today's world of medicine, we physicians fall short in adequately caring for ourselves and each other. We talk theoretically about stresses and burnout in professional circles. Many acknowledge that their own workload is stressful. We even talk specifically about wellness and particularly how to care for our learners and trainees. But we still maintain a professional culture that halts our conversations short of truthfully sharing of our own weaknesses.

I recently experienced the death of a dear friend. Many knew he was struggling with major transitions in his life, and tried to support him. Yet he was able to isolate himself and end his life. Why was this the only path forward that he could see? Can we speak this out loud? Can we say that he ended his life by suicide and not have a stigma of judgment or shame thrown at his memory? This event was terrible and feels like it threatens us right at the heart of our healthcare community. If it could happen to him, then maybe it really could happen to me?

I don't want this to ever happen to anyone again. For starters, I promise myself that I will strive not to answer "I am fine" when I am not. Right now I am sad. But I am not despairing. I am functional. I am safe within myself. I am reaching out to the people who are my circle of support so that they can share this with me.....



Action: Memorializing

The Journey

- Dedicated in memory of Dr. Alexander M. Djuricich (November 25, 1968 - June 14, 2016)
 - For his service to Indiana University School of Medicine and Riley Hospital for Children from 2001-2015. His tireless work in medical education and quality improvement shaped the hearts and clinical skills of scores of medical students, residents and faculty peers, subsequently impacting the care of children and adults across future generations.
- Donated by Laura LaForge and Eta Delta Chapter of Psi Iota Xi
 - The Journey represents the different journeys in our lives. For the artist, this Journey began after her daughter was born prematurely and developed seizures. The artist started the painting while staying awake watching her daughter sleep. The mother looks at the road to come. Although there may be bears in the forest, snakes in the grass and steepness of the hills along the way, there are also flowers and red tulips in the Journey to where the future is bright and dreams fly.

Action: Advocating



OUT OF THE DARKNESS



**OUT OF THE
DARKNESS
COMMUNITY
WALKS**

AFSP's signature fundraising event brings together friends, family, and supporters in nearly 350 communities nationwide.

**BE THE
DIFFERENCE**
WALK TO
FIGHT SUICIDE

FIND A WALK NEAR YOU



Action: Petitioning for less stigmatizing wording on credentialing forms

Accreditation and Licensure Issues

Acad Med. 2009; 84:776–781.

Do State Medical Board Applications Violate the Americans With Disabilities Act?

Robin Schroeder, MD, Chantal M.L.R. Brazeau, MD, Freda Zackin, Esq, Sue Rovi, PhD, John Dickey, MD, Mark S. Johnson, MD, MPH, and Steven E. Keller, PhD

From reference form question:

- *“Are you aware of or been informed of any physical, mental, emotional, or behavioral issues that the practitioner has or had that could potentially affect his/her ability to exercise all of any of the privileges requested or to perform the duties of medical staff appointment that would require an accommodation to exercise those privileges safely and competently?”*

To:

- *“Are you aware if the practitioner is unable to safely and competently exercise the clinical privileges requested and perform the duties and responsibilities of their medical staff appointment?”*

The new language came after credentialing office consulted with health care law firm, then reviewed by IU Health legal counsel, and approved by board. Effective immediately in mid-December 2016 on all questionnaires for initial appointments and reappointment.



Action: Researching the problem

- IU Center for Excellence in Women's Health
- Funded by AMA Joan F. Giambalvo Fund for the Advancement of Women

"Save a Life" Research Study - Please Participate

Female physicians are encouraged to participate in the "Save a Life" research study. The Center's first IRB study looks at reasons for an increased rate of suicide among female physicians and what mechanisms exist to provide support, treatment and management of emotional distress aimed at suicide prevention. American Medical Association's Giambalvo research grant funded the study. [Take the survey!](#)



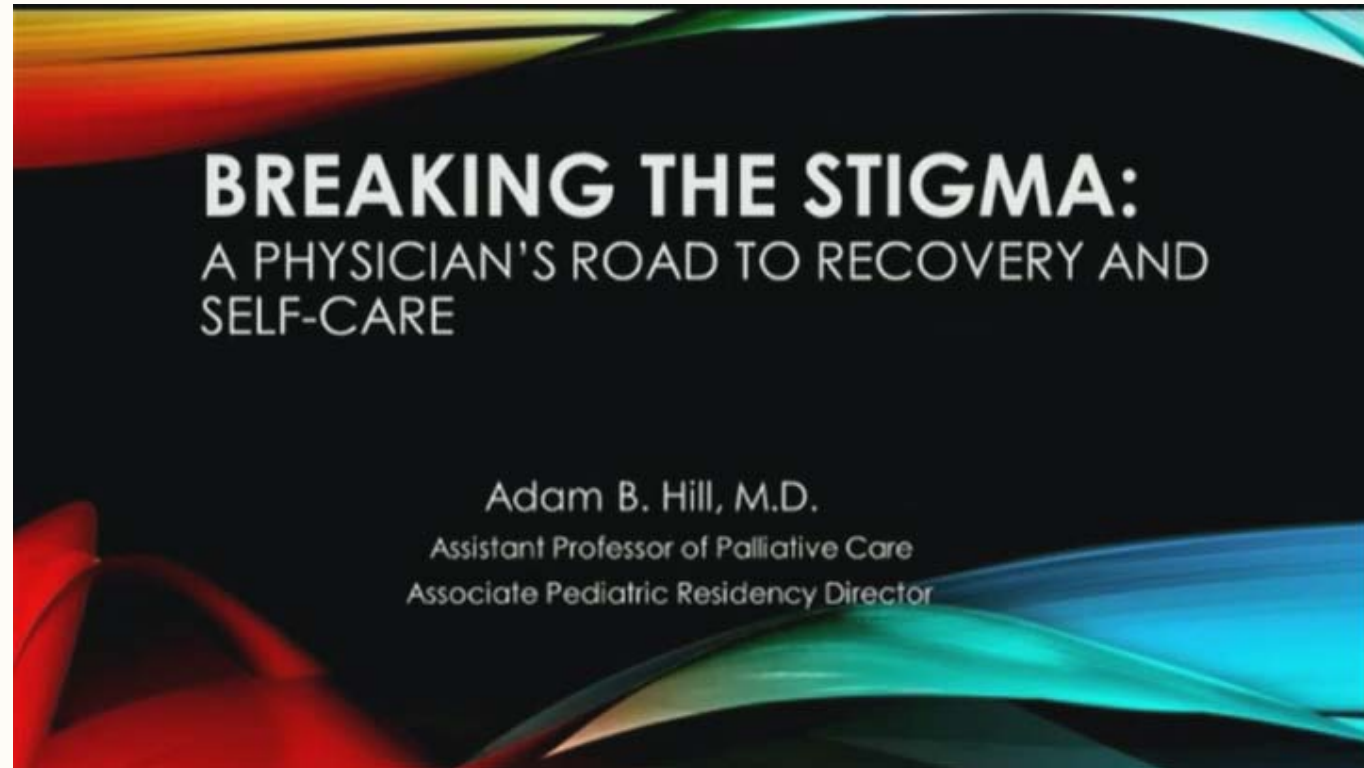
Wellness & Prevention

Mental Wellness





Group Debriefs & Grand Rounds





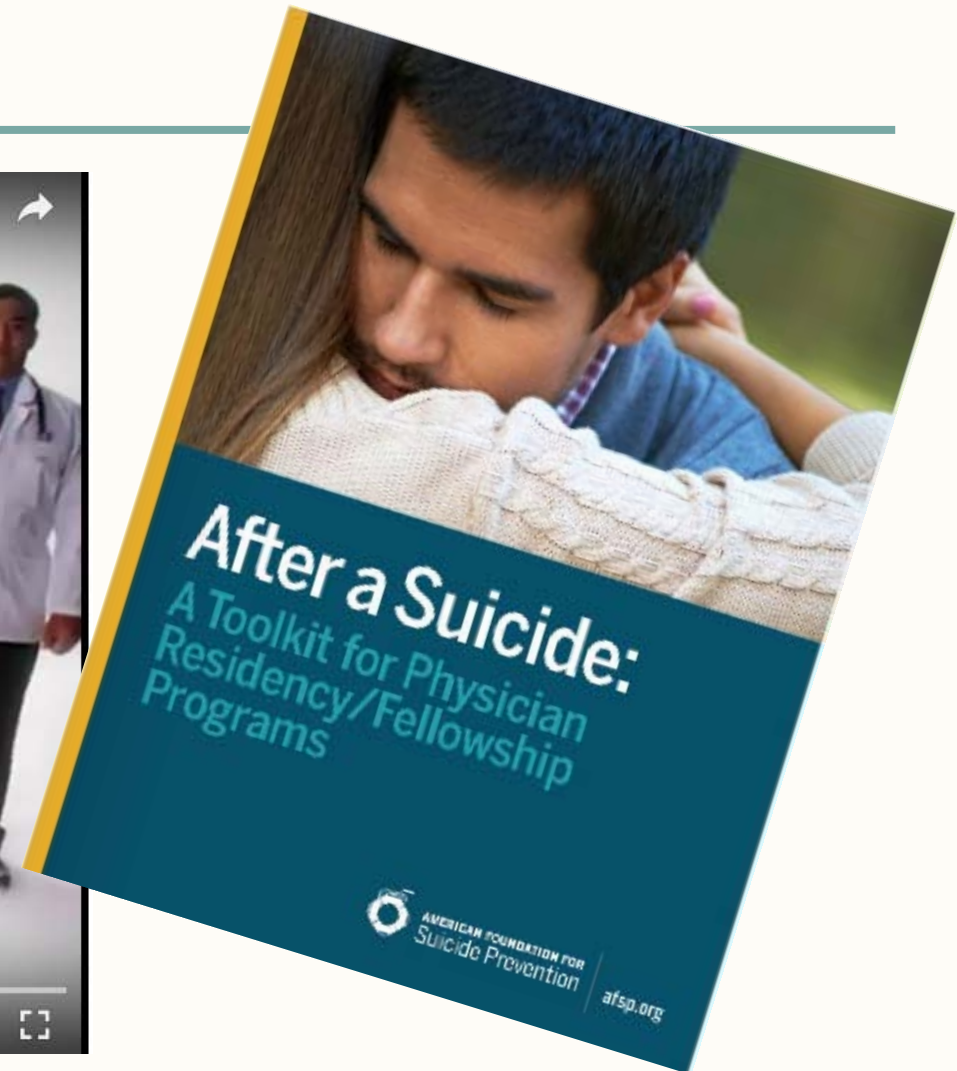
Physician suicide

- ~ 300–400 physicians die by suicide in the U.S. per year *- Schernhammer ES. Amer J Psych, 2003*
- Male physician suicide rate 1.41X higher than general male population vs. female physician suicide rate 2.27X higher than general female population
- 28% residents experience major depressive episode during training vs. 7–8 % of similarly aged in U.S. general population *– Mata DA. JAMA, 2015*
- Suicide caused generally by convergence of multiple risk factors —most commonly untreated or inadequately managed mental health conditions *– Gold KJ. Gen Hosp Psych, 2013*
- Physicians who die of suicide were less likely to be receiving mental health treatment compared with nonphysicians who die of suicide

American Foundation for Suicide Prevention

<https://afsp.org/our-work/education/physician-medical-student-depression-suicide-prevention/>

<https://youtu.be/I9GRxF9qEBA>





Responses to colleague's mental health concerns

- Are you thinking about killing yourself?
- I am sorry that you are feeling so bad
- How can I help?
- We'll get through this together
- Let's get you some help
- Getting help is the strong, professional thing to do.
- We shouldn't be ashamed of getting help
- There are options – hotlines, counselors, emergency rooms
- You can come to me any time



Toolkit:

Proactively Developing a Suicide Crisis Plan	3
Checklist for After a Suicide	4
Crisis Response Team	5
Crisis Response Communication Plan.....	6
Get the Facts First	7
Missing Resident.....	7
Informing the Emergency Contact Person	8
Sharing the News	10
Helping Residents Cope.....	14
Supporting Faculty and Staff	15
Working with the Community	16
Memorialization.....	17
Online Memorial Pages and Social Media.....	18
Media and the Press	19
Moving Forward	19
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Crisis Response Planning

- Ensuring that emergency contact list is updated yearly
- Reinforcing importance of timely arrival and notification of absences during orientation
- Addressing a missing resident
- Confirming a death
- Developing a Crisis Response Team following any critical incident
 - Consider key individuals such as: DIO, PDs, other key faculty, chief residents, mental health professionals, other key staff from primary care and hospital (also nursing or other services).
 - Use checklist from AFSP toolkit



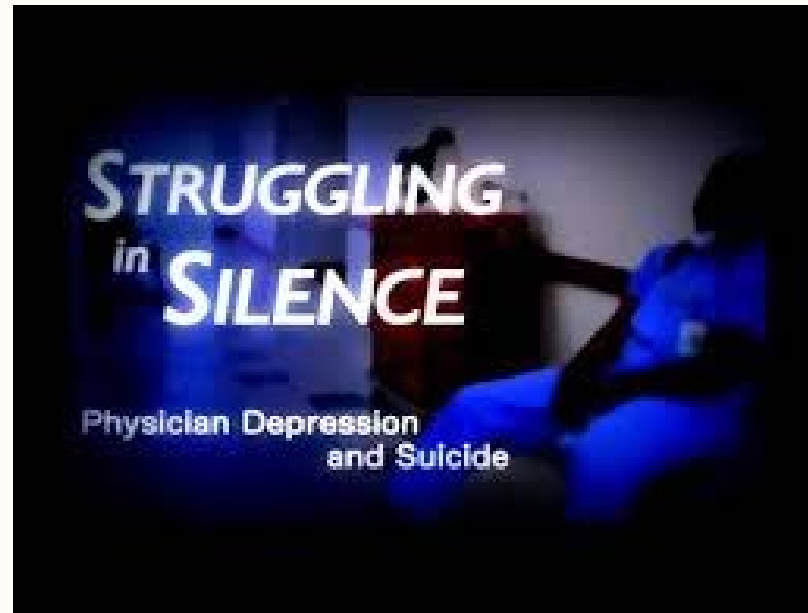
Address acute barriers to self care

- Explain the process for taking time off and how program helps arrange coverage
 - Colleagues are happy to cover for them just as they would cover for others when they would need it
- PDs don't know who is receiving mental health care; people in the audience can speak about their own experience seeking mental health care, many people who have never sought mental health services find speaking with mental health for crises is very helpful
- Some residents worry about negative ramifications of getting mental health care on future credentialing;
 - Unaddressed mental health problems are much more likely to negatively impact safe practice or medical licensure than appropriate help-seeking behaviors
- Remind residents if they have struggled with mental illness, they may want to check-in with their therapist
- Give a clear mechanism to help identify anyone they are concerned about (e.g., who should they tell if concerned)
- Share info about local suicide bereavement groups
- Ask if there are others who should be notified; eg. the resident may have a significant other who is not known to the family
- As applicable, inform the residents about the funeral and time-off to attend the funeral
- Discuss plans for a memorial service

Educate each other

- Struggling in Silence: Physician Depression & Suicide (2008 documentary)

- <https://www.youtube.com/watch?v=i1Sz-3GnvGI>



Physician wellness module : Preventing resident and fellow burnout



- Wellness consists of multi-dimensional aspects that in combination lead to optimal levels of health and emotional and social functioning.
- Physician burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients.
- <https://www.stepsforward.org/>



STEPS*forward*

Another module:

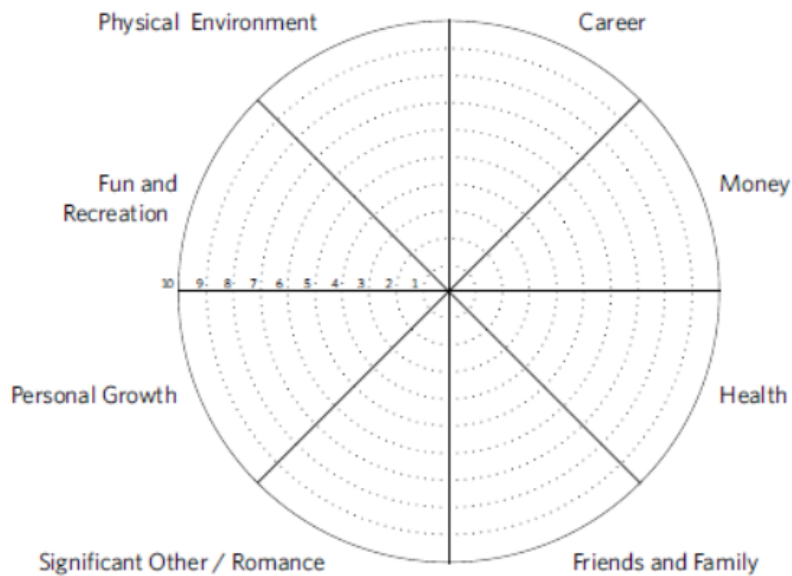


Improving physician resiliency


Foster stress hardiness and protect against physician burnout.

A culture of wellness

- Create a framework
 - Wellness champions, program support
- Develop a program
 - Define wellness, current state, regular meetings
- Foster at individual level
 - Program buddies, work hour adjustments, social events, education on wellness
 - Six areas: nutrition, fitness, emotional health, preventive care, financial health, adaptability skills
- Empower faculty and trainees to confront burnout
- Create a sustainable culture of wellness and resiliency





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- A large, stylized, light green feather graphic is positioned on the left side of the slide, extending from the bottom towards the top.
-
- Need to maintain own health and wellness, in order to sustain a life of service to others, sometimes under duress.
 - Addresses cognitive, occupational, emotional, interpersonal, spiritual and self-care strategies that can enhance personal resilience under both happy and stressful circumstances.



Rewarding aspects of our work

Concept of Dual Intelligence

“The practice of medicine combines the life sciences with humanism. The science and art are not antagonistic, but supplementary.”

– Robichaud, *Bioethics*, 2003

- Provide a service to others
- Partner with patients and families
- Work as part of a team
- Identify the correct diagnosis
- Help patients/families get better, adapt, thrive
- Contribute to something greater than self

Strategies for Immediately Following an Event

- Walk away to gain some perspective
- Reach out to a colleague to discuss
- Play a favorite song
- Do something nice for yourself

Immediate, In the Moment Strategies

- Develop self insight
- If you become frustrated or worry that you won't perform in best way:
 - Step away
 - Take a few minutes
 - Go outside or to bathroom and scream
 - Splash water on face
 - Take time to rethink strategies

Long Term Strategies

- Occupational Strategies
- Approaches to life
- Emotional/cognitive strategies
- Relationships with others
- Spirituality
- Promotion of self care




Individual Wellness Learning Plan

Note: Be sure to include “in the moment”, “after an event”, and long-term strategies.



Strategy	Goals	How will I achieve my goals?	Indicators of success	Notes on progress (with dates)
Occupational Strategies				
Approaches to Life				
Emotional and cognitive approaches				
Relationships to others				
Spirituality				
Promotion of self-care				





Resiliency - the ability to adapt to and bounce back from the stress of the clinical environment

<http://www.apa.org/helpcenter/road-resilience.aspx>

1. Practice optimism – Reframe an annoying experience to find the silver lining
2. Practice humor – Tell a funny story to the person next to you
3. Practice positive affect – Write down 3 things you are grateful for each day for a week
4. Practice meditation - Loving kindness meditation
– *May I be happy, may I be well, may I be safe, may I be peaceful and at ease*
5. Practice physical activity – Stand and do 5 chair poses
6. Practice coping – Serenity prayer by Reinhold Niebuhr
- *God, grant me the serenity to accept the things I cannot change, Courage to change the things I can, And wisdom to know the difference.*
7. Practice finding your purpose/values – Tell one thing that is important in your life
- *Values in action* www.viacharacter.org/
8. Strengthen social supports – Text a friend your gratitude for their friendship

LIA's MOTTO:

VIA Character (Values In Action) www.viacharacter.org/



Share a sign....

- “Walk the Dog” buttons for all to wear
- I need to take a walk.....



Medice, cura te ipsum
