Addressing What’s Missing from Our Conversations About Resilience:
How Cognitive Biases Interfere with Our Ability to Cope,
Adapt to Stressful Events, and Achieve Our Highest Potential
as Physicians and Trainees

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### List of Cognitive Biases

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<th>Bias</th>
<th>Description</th>
<th>Example</th>
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| 1. All or nothing thinking                | • You look at things in absolute, black and white categories.  
• If a situation is not perfect, you see it as a complete failure.  
• Either you do it right or not at all.                                                                                     | When a first year resident offers an incorrect diagnosis on rounds, he reasons that he’s a “horrible doctor” and should “consider other professions.”                                                   |
| 2. Overgeneralization                      | • You view a single negative event as a never-ending pattern of defeat.  
• If the day starts out badly, the whole day is ruined.                                                                          | Your mentee has her first manuscript rejected and responds, “I will never publish anything!”                                                                                                         |
| 3. Mental filter                           | • You dwell on the negatives and ignore the positives.  
• It is easy for you to see your weaknesses or mistakes and difficult for you to see your strengths.                                | You present to your division about your research. One colleague makes a critical comment and you ruminate about this for days after, ignoring the positive feedback you received from your other colleagues. |
| 4. Discounting the positives               | • You reject positive feedback or experiences by insisting it “doesn’t count” or “doesn’t matter.”                                             | Your mentee struggles to efficiently complete notes, but is compassionate and takes time to get to know all his patients. When you provide this feedback, he gets down on himself and tells you his compassion “doesn’t really matter.” |
| 5. Jumping to conclusions                  | You interpret things negatively when there are no facts to support your conclusion.  
• **Mind reading** – you assume that people are reacting negatively to you when there’s no definite evidence for this  
• **Fortune telling** – you arbitrarily predict things will turn out badly                                                   | **Mind reading** - You receive a call from your Department Chair and immediately assume bad news before answering.                                                                                       |
|                                           |                                                                                                                                                   | **Fortune telling** - You are late to a meeting with your supervisor and predict this will lead to a negative performance review that is scheduled for later that week.                |
| 6. Magnification (catastrophizing) or minimization | • You exaggerate the importance of your shortcomings or blow things out of proportion.  
• You minimize the importance of your desirable qualities, or shrink something to make it seem less important.                        | A patient you sent home from the ER returns with worsened symptoms and needs to be admitted. You don’t think anything of it or pause to consider what you may have originally missed. |

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<th><strong>Emotional reasoning</strong></th>
<th>You assume your negative emotions reflect the way things really are.</th>
<th>A resident comments to her co-resident, “I feel so inferior to everyone else on the team. I must not be as good as they are.”</th>
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<td>8.</td>
<td><strong>“Should” statements</strong></td>
<td>You criticize yourself or others with “shoulds” and “musts.”</td>
<td>You “should” already know the key to being resilient.</td>
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<td></td>
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<td>• Should statements directed towards oneself may lead to guilt, anxiety and shame.</td>
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<td>• Should statements directed towards others may lead to anger and frustration.</td>
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<td>9.</td>
<td><strong>Labeling</strong></td>
<td>An extreme form of all-or-nothing thinking where you attach a negative label to yourself or others.</td>
<td>Instead of saying “I made a mistake,” you attach a negative label to yourself such as, “I’m a failure.”</td>
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<td>• Directed towards oneself, labeling can lead to poor self-esteem, anxiety and anger.</td>
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<td>• Directed towards others, it interferes with teamwork and productive relationships.</td>
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<td>10.</td>
<td><strong>Personalization and blame</strong></td>
<td>You hold yourself personally responsible for an event that is not entirely under your control.</td>
<td>You believe you’re at fault for a rejected grant application that you and your research team submitted.</td>
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<td>• Personalization leads to poor self-esteem, shame, guilt and anxiety.</td>
<td>You reason that your supervisor is being “unfairly critical” of you when she tells you she’s disappointed you haven’t provided timely responses to emails; you don’t acknowledge that you purposefully avoided your inbox for a few days.</td>
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<td>• Blame occurs when you blame others and overlook ways your own attitudes and behavior might contribute to a problem.</td>
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Activity 1: How Do Cognitive Biases Operate in Our Daily Lives?

1. Think back on a time when an event or interpersonal encounter left you or a trainee feeling stressed, anxious or discouraged. Briefly describe what happened in the space below.

2. What were your/your trainee’s immediate thoughts when the event happened? What thoughts did you/your trainee have about yourself/him or herself? What thoughts arose about the others involved?

3. How did you/your trainee respond to those thoughts? What emotions did you/your trainee feel?

4. What cognitive biases (from the list of 10) can you identify from your response or your trainee’s response? How could this response have differed if biases weren’t relied on? Share this with your small group.

## Addressing Cognitive Biases: 
### A 5-Step Approach for Coaches and Advisors

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<th>Cognitive Reframing Steps</th>
<th>Sample Statements</th>
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<td><strong>1. Reflect on the triggering event</strong>&lt;br&gt;Reflect on and describe the situation that triggered the response. How did you/your trainee feel about the situation?</td>
<td>• Let’s talk about the stressful situation. Tell me what happened. What was said? Who was involved?&lt;br&gt;• What feelings arose for you in that situation?&lt;br&gt;• How might others feel in the same situation?</td>
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<td><strong>2. Identify the negative thoughts that arose and any cognitive biases</strong>&lt;br&gt;Make a list or discuss what thoughts arose in response to the situation. Were any cognitive biases operating? What were they?</td>
<td>• All of our feelings – positive and negative – arise from our thoughts and the messages we tell ourselves.&lt;br&gt;• When we feel stressed or anxious, this is often because we are telling ourselves something negative. These negative thoughts are often automatic and can be hard to identify, but they are there. Let’s think about what thoughts emerged for you in that situation that could have resulted in that feeling of stress or anxiety.</td>
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<td><strong>3. Evaluate the evidence for and against your thoughts</strong>&lt;br&gt;Discuss evidence that supports and contradicts the thoughts listed in Step 2. Evidence may include previous similar experiences, feedback from colleagues, family or friends, or similar experiences encountered by others.</td>
<td>• The thought you had was that you are a “failure.” What experiences have you had that support that thought. When have you really “failed”? How did you know?&lt;br&gt;• Now tell me about some experiences that contradict or disprove that thought. When have you proven to yourself or others that you’re not a “failure”? When have you succeeded or excelled at something? How did you know?&lt;br&gt;• Is there any other evidence for or against the thought that you’re a “failure”?</td>
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<td><strong>4. Take a fair and balanced view</strong>&lt;br&gt;Identify a more realistic view of the situation, yourself and/or others in light of the supporting and contradictory evidence. Assess your mood with this balanced view in mind. How do you feel about yourself and/or others now?</td>
<td>• Talking through your experiences, do you see how the thought “I’m a failure” doesn’t quite add up?&lt;br&gt;• Is there a different way you can think about the situation with this in mind? What other possibilities are there?&lt;br&gt;• How might you view the situation differently if you had this more balanced view of yourself?</td>
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<td><strong>5. Develop an action plan</strong>&lt;br&gt;Do you need to take action? If so, what can you do? How can you use this knowledge in the future to help yourself and/or others?</td>
<td>• How can you apply this knowledge the next time you feel like a “failure”?&lt;br&gt;• What’s a new thought you could use that is more helpful and balanced? Is this thought consistent with the evidence you identified earlier?&lt;br&gt;• How is this thought aligned with the outcomes you want to achieve? How does this new thought feel?</td>
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Activity 2: Helping Others Identify and Address Their Cognitive Biases
Case Discussions

Resident Case

Mark is an intern who has been struggling on his inpatient rotations. You are notified by his supervising resident about concerns with Mark’s clinical performance and efficiency. The supervising resident notes that Mark has trouble getting his work done and routinely stays late. The supervising resident also expresses concern with Mark’s ability to obtain an accurate History & Physical and create an appropriate patient assessment.

Mark has previously discussed with you his worries about being in the correct profession. He once stated that he “feels like a failure” and that there must be something wrong with him for not being able to keep up with the workload. During your conversation with him he exclaims, “I know I should be able to handle all of the tasks, I should be able to do this, but I get so overwhelmed! My senior always has to help me because I’m so slow getting orders in. I guess I’m not as good of a doctor as everyone else. I feel like such a failure.”

1. **Identify at least two cognitive biases Mark has used. Where do you see evidence of these?**

2. **Discuss with your small group how you would counsel Mark as his Coach using the 5-step framework for cognitive reframing. Consider listing below what you would say to him.**
Activity 2: Helping Others Identify and Address Their Cognitive Biases
Case Discussions

Fellow Case

Ashley is a first year endocrinology fellow and is following a newly diagnosed type 1 diabetic with DKA (diabetic ketoacidosis) in the ICU. She is reporting events overnight to Dr. Johnson, her endocrinology attending, and is frustrated that the patient didn’t get transitioned from subcutaneous insulin before breakfast as instructed despite doing a teaching session on DKA with the residents earlier that week.

In reviewing how this happened, Dr. Johnson comments on the importance of looking at each situation individually and on a systems-level to prevent similar instances in the future. She praised Ashley for taking the initiative to do a teaching session on DKA management, yet she reinforced the importance of closed-loop communication and ensuring the team’s understanding of one’s recommendations. For the following week, Ashley perseverates about being perceived as a bad communicator.

When you meet with Ashley for your advising meeting, you notice that she dwells on being a “bad communicator” and discounts the positive feedback she received from Dr. Johnson stating, “oh, that doesn’t matter.”

1. Identify at least two cognitive biases Ashley has used. Where do you see evidence of these?

2. Discuss with your small group how you would counsel Ashley as her advisor using the 5-step framework for cognitive reframing. Consider listing below what you would say to her.
Activity 2: Helping Others Identify and Address Their Cognitive Biases
Case Discussions

Faculty Case

Helen is a rotation director for one of the subspecialty rotations at your institution. To improve the evaluations process for residents, your program has decided to increase the number of faculty members assigned to evaluate residents each block. This decision did not come easily, taking several months of discussion with faculty and the GME office. The residency program director and coordinator email the rotation directors to inform them of this change.

Helen sends the residency program director and coordinator an immediate email response: “I can’t believe this decision was made without any discussion with faculty. We are essential to resident education, but your decision makes it clear that the program doesn’t desire input from rotation directors. This decision is undermining and invalidating. My opinion must not matter.”

1. Identify at least two cognitive biases Helen has used. Where do you see evidence of these?

2. Discuss with you small group how you would counsel Helen as her career advisor using the 5-step framework for cognitive reframing. Consider listing below what you would say to her.
Activity 3: Your Personal Action Plan

1. What did today’s workshop reveal about you and/or your trainees?

2. Please list 1-2 SMART goals for implementing the strategies you learned today in your own life. How can you use the information discussed today to support your own wellness?

3. Please list 1-2 SMART goals for implementing the strategies you learned today with your trainees. How can you use the information discussed today to support your trainees’ wellness?

4. What obstacles do you anticipate facing in implementing these strategies, either with your trainees or personally? How can you overcome them? Who can help you with this?
Helpful References

Resilience


Wellness and Burnout Prevention


Ey, S., Moffit, M., Kinzie, J. M., Choi, D., & Girard, D. E. (2013). “If you build it, they will come”: Attitudes of medical residents and fellows about seeking services in a resident wellness program. *J Grad Med Educ, 5*(3), 486-492. doi:10.4300/jgme-d-12-00048.1


*Bogetz et al. Addressing what’s missing from our conversations about resilience. Association of Pediatric Program Directors (APPD) Conference, Anaheim, CA, 2017*


**Mindfulness**


**Curricular Materials**


