

Turning Toward Dissonance: Being Present & Robust in Times of Fear

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disclosure

All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

Uncertainty

stochastic

$$q_e = \frac{1}{N} \sum_{i=1}^N q_i \quad ,$$
$$u(q_e) = \sqrt{\frac{1}{N-1} \sum_{i=1}^N (q_i - q_e)^2} \quad .$$

epistemic



Terror management theory

- Mortality salience
- Reinforcement of self-esteem

Terror Management Theory

Denial



Affiliation



Symbolic immortality



The down side of terror management

- Reinforcement of belief systems
- Conformity to group expectations
- Tribalism
- Closing off

A radical proposal



Imagine...

Imagine...

...it is 2 years from now, and you realize that you had navigated the current crisis to the best of your abilities in such a way that you were able to be attentive, energetic, creative, resourceful and robust.

Consider:

- Consider a few words that would describe your quality of mind when you are working at your best.
- What about *who you are* – your skills, beliefs, qualities and virtues – enables you to be at your best?
- What qualities have you had to learn?

Your thoughts?

**We miss more by
not seeing than by
not knowing.**

William Osler

*How are your perceptions affected by
expectation, uncertainty, fear and
doubt?*



Curiosity...

*in the face of threat,
loss and doubt*



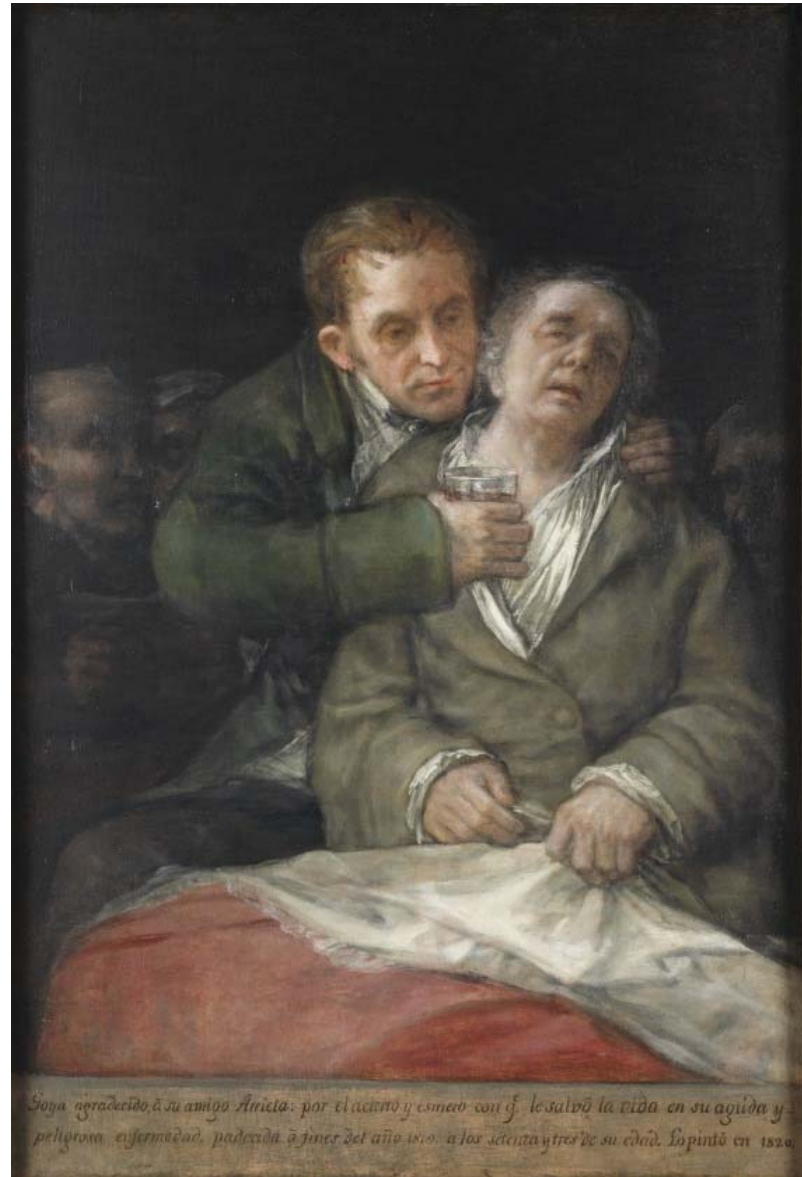


In the beginner's mind the possibilities are many, in the expert's mind they are few.

Shunryu Suzuki

*Expanding the possible
Holding contradictory ideas simultaneously
Listening more deeply especially when you feel
you're the expert.*

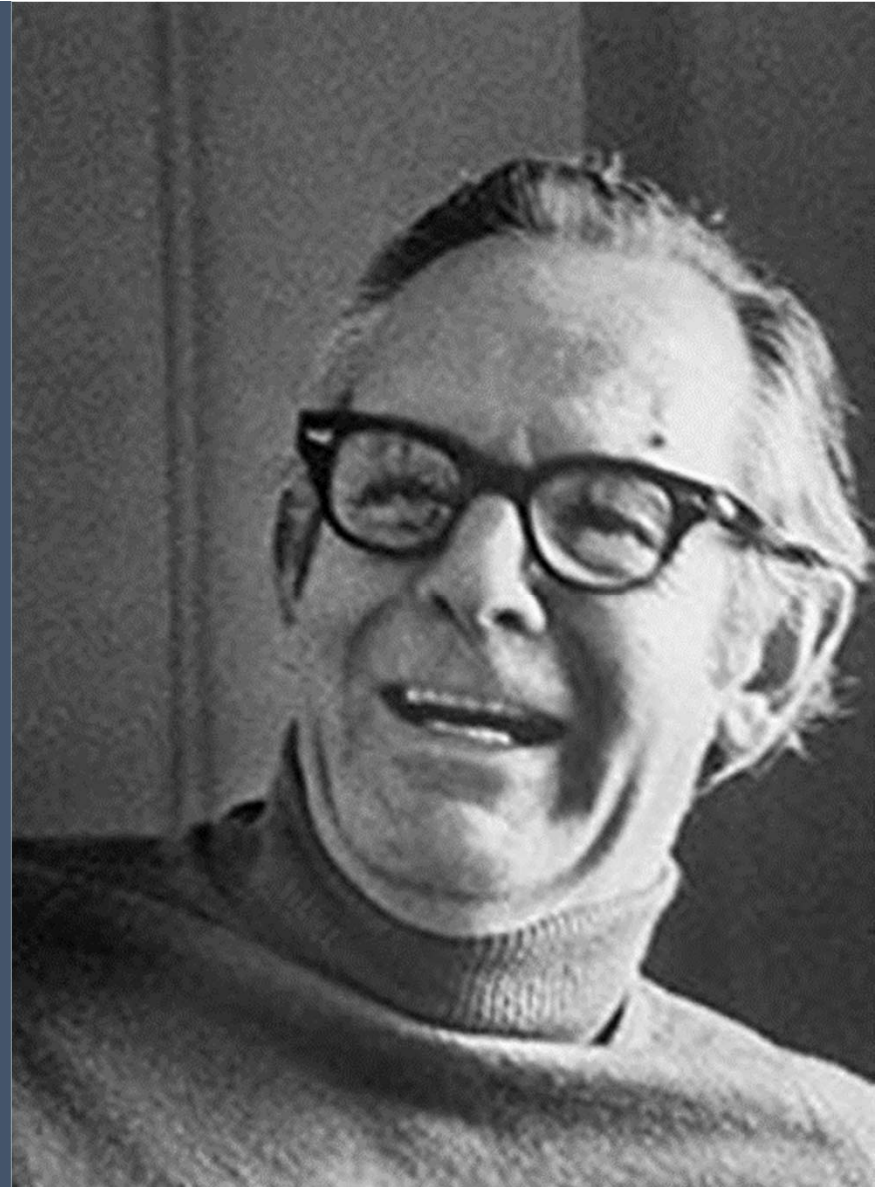
..my friend, Dr. Arietta...



“Human freedom involves our capacity to pause between stimulus and response and, in that pause, to choose the one response toward which we wish to throw our weight.

The capacity to create ourselves, based upon this freedom, is inseparable from consciousness or self-awareness.”

Rollo May (1975)



Mindful Practice

Ronald M. Epstein, MD

REFLECTION AND SELF-AWARENESS help physicians to examine belief systems and values, deal with strong feelings, make difficult decisions, and resolve interpersonal conflict.^{1,2} Organized activities to foster self-awareness are part of many family medicine residency programs³ and some other residency^{4,5} and medical school curricula.⁵⁻⁸ Exemplary physicians seem to have a capacity for critical self-reflection that pervades all aspects of practice, including being present with the patient,⁹ solving problems, eliciting and transmitting information, making evidence-based decisions, performing technical skills, and defining their own values.¹⁰

This process of critical self-reflection depends on the presence of mindfulness. A mindful practitioner attends, in a nonjudgmental way, to his or her own physical and mental processes dur-

Mindful practitioners attend in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks. This critical self-reflection enables physicians to listen attentively to patients' distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence, and insight. Mindfulness informs all types of professionally relevant knowledge, including propositional facts, personal experiences, processes, and know-how, each of which may be tacit or explicit. Explicit knowledge is readily taught, accessible to awareness, quantifiable and easily translated into evidence-based guidelines. Tacit knowledge is usually learned during observation and practice, includes prior experiences, theories-in-action, and deeply held values, and is usually applied more inductively. Mindful practitioners use a variety of means to enhance their ability to engage in moment-to-moment self-monitoring, bring to consciousness their tacit personal knowledge and deeply held values, use peripheral vision and subsidiary awareness to become aware of new information and perspectives, and adopt curiosity in both ordinary and novel situations. In contrast, mindlessness may account for some deviations from professionalism and errors in judgment and technique. Although mindfulness cannot be taught explicitly, it can be modeled by mentors and cultivated in learners. As a link between relationship-centered care and evidence-based medicine, mindfulness should be considered a characteristic of good clinical practice.

JAMA. 1999;282:833-839

www.jama.com

**Moment-to-moment
purposeful
attentiveness to one's
own physical and
mental processes
during every day work
with the goal of
practicing with clarity
and compassion...**

Epstein RM JAMA 1999







Why mindfulness matters

- Reduced clinician stress and burnout
 - Improved attentiveness
 - Increased positive emotion and energy
 - Cognitive de-biasing and flexibility → more accurate dx
 - Greater comfort with uncertainty
- Improved safety (falls, needlesticks, errors)
 - Improved clinician empathy and patient-centered orientation
 - Better patient ratings of communication, relationship
 - Greater sense of community
 - Less implicit bias



**Why aren't we mindful all
of the time?**

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<https://jamanetwork.com/journals/jama/fullarticle/1187932>.



The work environment

- Distractions / multitasking
- Frequent interruptions
- Emotional intensity and unpredictability
- Productivity/time pressures
- Dysfunctional computer systems
- Meaningless administrative tasks
- ↓ control / ↑ responsibility
- Isolation





**Most people do not listen
with the intent to
understand;
they listen with the intent
to reply.**

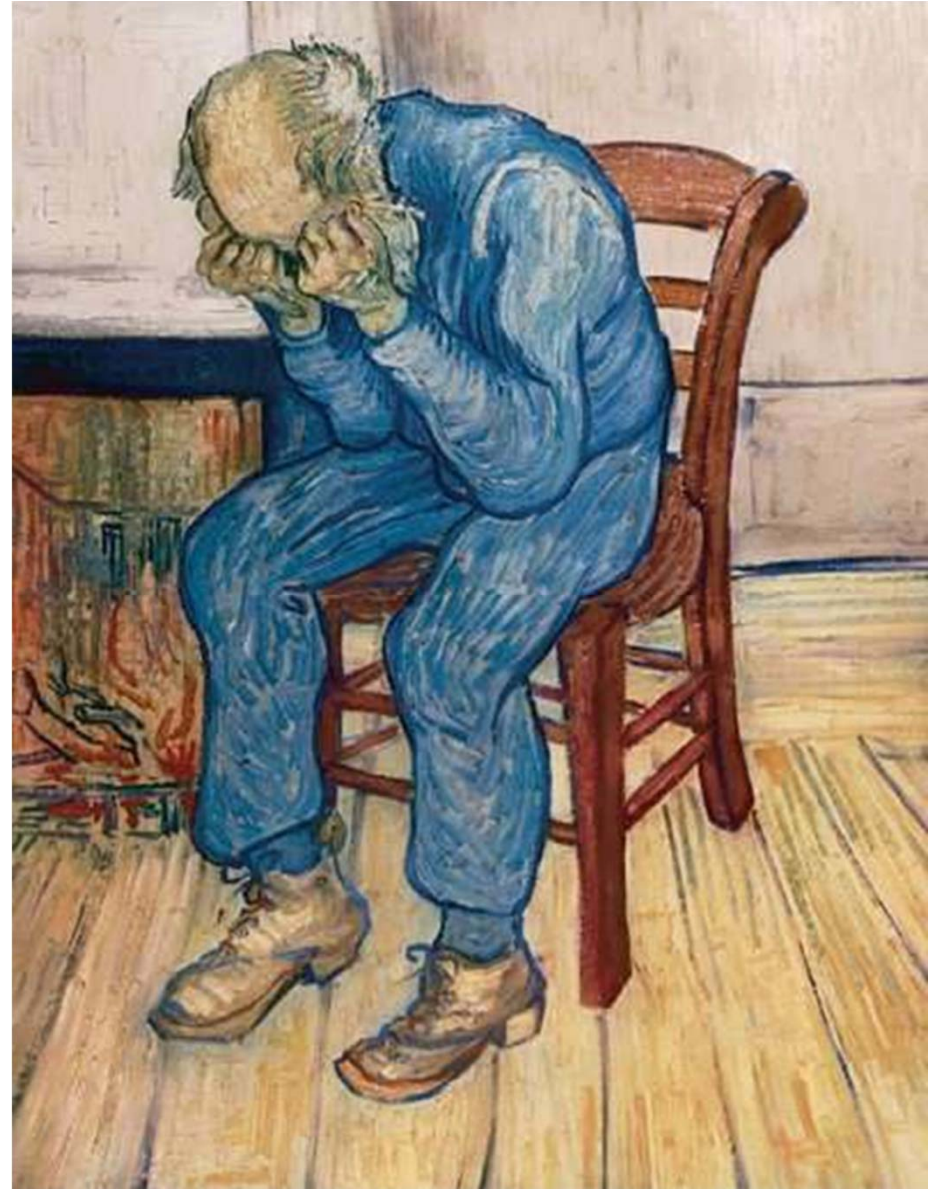
Stephen R. Covey,
Seven habits of highly effective people

Empathy

... as “exquisite” → leading to shared mind, communion, community, ‘being-with’

“Highly present, sensitively attuned, well-boundaried, heartfelt ... engagement”

Kearney et al, JAMA 2009





... as a source of distress

... as “emotional labor”

“... willingness to subject one’s mind to the patient’s world...”

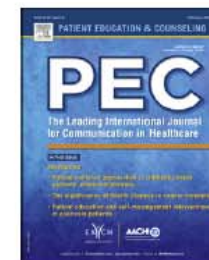
Larson et al, JAMA 2006



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Patient Education and Counseling

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Discussion

Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients



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- Lower likelihood of activation of IB
- Greater awareness when IB activated
- Lowered emotional reactivity
- Regulate cognitive load
- Reduced activation of stereotypes
- Sees others as persons “like me” (not objects)
- Nonjudgmental acceptance

Work-related distress

...a problem of *the relationship between* your sense of calling and meaning – and the environment in which you work

burnout

“Erosion of the soul... deterioration of values, dignity, spirit and will”

Maslach C 1976

Why clinician distress matters

Quality of care

- Lower quality of technical care
- Riskier prescribing practices
- Medication errors
- Lower adherence

Patient experience

- Poor relationships
- Poor communication
- Low satisfaction

Clinician experience

- Moral injury
- Erosion of altruism and empathy
- “Why am I doing this?”

Safety

- Unsafe behaviors
- Not following protocols

Professionalism

- Unprofessional conduct
- Poor relationships with staff
- Substance abuse

Costs

- Attrition and job turnover
- Recruitment costs

Fahrenkopf et al. 2008; DiMatteo et al. 1991; Williams et al. 2009; Shanafelt et al. (multiple); Dyrbye et al. 2010; Haas et al 2000; Sundquist et al 2000; Krasner et al. 2009; Buchbinder et al. 2001; Shannon et al 2015; Privitera 2014; Lyndon et al 2014; etc....


Steps to a mindful health care workforce

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REVIEW ARTICLE

The impact of mindfulness-based interventions on doctors' well-being and performance: A systematic review

Renée A. Scheepers^{1,2}  | Helga Emke^{2,3} | Ronald M. Epstein⁴ |
Kiki M. J. M. H. Lombarts²

Scheepers RA et al. Med Education 2020

	<i>p-value</i>	Standardized Mean Difference of Change
Burnout		
MBI Personal Accomplishment	$p=0.525$	-0.015
MBI Emotional Exhaustion	$p=0.0018$	-0.298
MBI Depersonalization/Cynicism	$p=0.0005$	-0.352
Professional Well-being	$p<0.0001$	-0.433
Patient-centered Compassionate Care	$p<0.0001$	0.609
Job Engagement	$p=0.0018$	0.267
Job Satisfaction	$p=0.0020$	0.243
Teamwork	$p=0.0308^*$	0.185
Positive Emotion - contentment, happiness, compassion, flourishing	$p=0.0001$	0.348
Somatic Symptoms (PHQ-15, range 14-28), mean (SD)		
Men (14 items)	$p=0.0014$	-0.238
Women (15 items)	$p=0.0016$	-0.269

Being mindful is easy and natural. And, being mindful is hard work.

- Mindfulness is a vector
- Deep listening in the face of conflict and distress
- Practice leads to resilience and growth
- Commitment to change
- Community

Becoming aware

- What are some **early warning signs** of stress?
- What do you **feel in the body** at those times?
- What **emotions** accompany these signs of stress?
- What **thoughts**?
- Discuss with a partner

Look inside yourself

Positive Values	The Dark Side	Flourishing
Service, altruism		
Excellence		
Competence		
Knowledge		
Empathy		
Caring		
Equanimity		

Look inside yourself

Positive Values	The Dark Side	Flourishing
Service, altruism	Over-commitment, self-deprivation, entitlement	Reframing, balance, gratitude
Excellence	Perfectionism, invincibility, hiding errors	Self-compassion, reflective self-questioning
Competence	Omnipotence, imposter syndrome, self-deprecation	Knowing one's limitations
Knowledge	Need for certainty	Knowing what's unknown, comfort with uncertainty
Empathy	Personal distress	Compassionate action
Caring	Neglecting oneself and family	Self-care
Equanimity	Distancing, "othering"	Engagement

Contemplative Practices

Two minutes twice daily

Increase as tolerated



Reflective questions

Attentive Observation

- “What did you notice?”
- “If there was something that you ignored, what might it be?”

Beginner’s Mind

- “What would a trusted peer say?”
- “Can you see the same situation with new eyes?”

Critical Curiosity

- “What are you assuming that might not be true?”
- “What was surprising or unexpected?”

Presence

- “What do you notice about yourself when you are at your best?”
- “What moved you most about this situation?”

Deep listening

Focus on your partner's experience

Set your intention to:

- Spend most of the time listening
- Be curious about your partner's experience
- Ask questions that aim to deepen understanding

Don't:

- Interrupt or tell your own story... even if it may seem uncomfortable to wait until your partner is finished

...and be aware of your own responses

Set your intention to:

- Note what is attracting your attention about the story
- Observe – but not act on – your urge to comment, interpret, give advice or talk about your own experiences

Don't:

- Make interpretations
- Give advice
- Talk about yourself

Narrative exercise

- **Take a few minutes to write about a time** when you had a particularly meaningful experience ...
- **Describe** what you felt in your body and the emotions and thoughts that you had at the time.
- **Take a few minutes to write about that experience.** Pay attention to what you are feeling in your body and your emotions and thoughts as you recall that experience.
- **Share that experience with a partner.**

Appreciative interviews

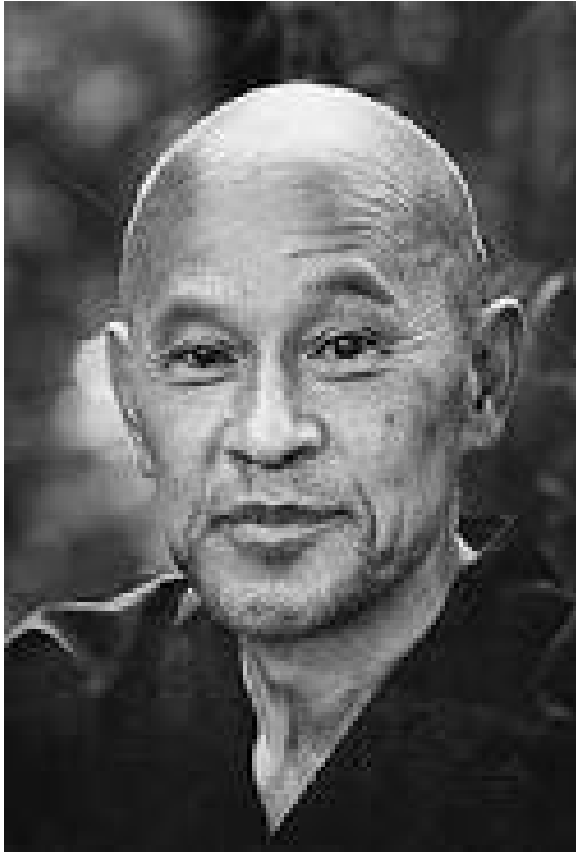
Focus on a difficult moment in which you were at your best...

Describe the event in detail, including personal attributes and contextual factors

Reflect on how those attributes will be applied in future situations

Commit to change

- **Consider one practice** that might help you to be more present, attentive, mindful, compassionate or grateful.
- **Choose something small** – that you'd realistically be able to do, with little effort.
- **Consider how you'll remind yourself.** Write a note to yourself, tell a friend or colleague, set an alarm on a mobile device.



*"You are perfect just as
you are,
and you can use a little
improvement."*

Shunryu Suzuki-Roshi

www.ronaldepstein.com