MITE Monthly Tip
September 2023
Kristine Pleacher, MD

Surgery was my first clinical rotation. I have a clear memory of my surgical chief resident dressing down the interns:

> "I know it seems like I'm being hard on you, but some patients have already died this year because of mistakes made by interns."

There is nothing about this situation that was handled well. We were in the middle of the hall on a patient unit, the whole team was there, no constructive ways to improve were offered, there was no psychological safety.

A few months later I was on my medicine rotation at the VA. My senior asked the attending if he wanted to be called overnight if a patient died. I don't remember the answer, only my surprise that death could be dealt with so frankly. One of our patients did die that month. I came in one morning to learn he had been transferred to the intensive care unit overnight. Several days later, we heard he had died. If there was a debrief about the case the students weren't included.

These anecdotes highlight some of the ways that the climate of medicine has changed in the last 20 years. Psychological safety is considered an important part of the learning environment. We recognize the benefit of debriefing on both a clinical and an emotional level. Attendings regularly lead debriefs after challenging patient encounters. Maine Health offers the peer to peer program to help providers process difficult events.

We are continuing to make progress. Burnout was first described by Herbert Freudenberger in 1974.[1] Understanding of the etiology and seriousness of burnout continues to grow. In ICD-11, burnout is considered a problem with employment rather than a mental health diagnosis.[2] Self-valuation, prioritization of well-being coupled with a growth mindset, has begun to garner attention.[3] Shame has recently been a hot topic, even featuring in a ten-episode series from The Nocturnists.[4]

Shanafelt, in Healing the Professional Culture of Medicine,[5] neatly lays out how our espoused values do not align with our behaviors and suggests alternatives. Shanafelt is clear that the onus is on employers, health systems, and regulatory agencies to make the necessary changes. On an individual level, I suggest that faculty, managers, and supervisors can participate by explicitly sharing how we prioritize self-care, practice resilience, and ask for help.

Think about sharing with those you train:

- How you cope with challenging patient encounters
- How you find work-life balance
- How you recover from medical errors
- How you maintain compassion

[1] Rajvinder, S. Brief History of Burnout. *BMJ* 2018;363:k5268.
[2] ICD-11 for Mortality and Morbidity Statistics (who.int) Accessed 5/11/2023.
[3] Trockel, MT. Self-valuation:Attending to the most important instrument in the practice of medicine. *Mayo Clin Proc.* 2019;94:2022-2031.
[4] the NOCTURNISTS - Shame in Medicine: The Lost Forest Accessed 5/10/2023.
[5] Shanafelt, TD et al. *Healing the Professional Culture of Medicine*. Mayo Clin Proc. 2019; 94:1556-66.