PALLIATIVE CARE CASE OF THE MONTH

"The Art of Medicine": Using the Visual Arts to Move Away from Burn Out and Towards Resiliency in Medical Training

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Case: CG was mid-way through her palliative care fellowship and was working with me during her inpatient consultation month at Shadyside Hospital. Together we saw a patient, Mr. S; a 68-year-old man with recently recurrent lymphoma who was admitted to the intensive care unit with respiratory distress. Imaging showed that his disease had progressed more rapidly than expected and that he also now had multifocal pneumonia. He required intubation and was on maximum ventilatory support. We were asked to hold a family meeting with his wife and three adult children. CG and I jointly conducted the meeting, gathering information regarding what the family understood, relaying information regarding disease course and prognosis, and eliciting what they felt Mr. S would want if he could speak for himself. The family was very realistic about his condition, ultimately deciding to extubate and focus on comfort. They were understandably emotional and were able to express their emotion in healthy ways which clearly conveyed their love for Mr. S and each other. CG did an excellent job navigating their emotion and together we were able to help them with their decision to focus on comfort. After the meeting, I asked CG what she thought went well about the meeting. Expecting her to say that she was pleased with how it went, I was surprised when she became tearful and stated, "I'm not sure I can do [palliative care]".

Although this case is specific to Palliative Care, as medical professionals we all have encountered patients and families that stir up strong personal emotional responses. Additionally, as clinician educators, we frequently work with learners who are themselves greatly affected by patient stories and often need guidance on how to deal with these challenges in a way that promotes resiliency.

Background: Physician burnout is approaching an epidemic. In a recent survey of 15,000 physicians, 44% reported experiencing burnout.[1] The prevalence of burnout among Hospice and Palliative Medicine (HPM) clinicians is even higher, recently reported at 62%.[2]

Burnout is a combination of individual factors and system deficiencies that lead to negative outcomes, including poorer-quality patient care and a lack of clinician empathy.[3] Individual factors include emotional exhaustion, cynicism, and lack of meaning. In Palliative Care, burnout has been compared to heart failure: "it's chronic, and…it will kill you."[4]

Women physicians are 60% more likely to report burnout than male physicians.[5] Driving factors for this discrepancy seem to be work–family conflict and negative self-perception.

Despite growing numbers of female physicians, women continue to manage most household and child-rearing duties.[6] Women with children under the age of 21 report much higher levels of burnout.[7] Although women may cope with work-related stress by using adaptive skills like support from others, some fall back on maladaptive measures such as self-blame.[8] This is particularly relevant to Palliative Care as the majority of trainees are female.

The impact of burnout affects health systems and individual physicians. Health systems experience decreased productivity and increased physician turnover leading to increased costs. More importantly, physicians experiencing burnout are at a 25% increased risk of substance abuse and a doubled risk of suicidal ideation.[7] As a profession, we must implement strategies to proactively counteract burnout and promote long fulfilling careers in medicine.

As physician burn out has been increasingly recognized and researched, many strategies to combat it have been discussed. These range from ideas on broad systemic changes in healthcare delivery to smaller changes such as increasing physician autonomy and flexibility to help promote work-life balance. There is also a growing focus on the usefulness of mindfulness, meditation, and peer work groups to help combat burnout. Although there is a growing body of literature on burnout in medical trainees, achieving work-life balance and promoting self-care is still generally considered a luxury reserved for attending physicians who have already "survived" their medical training. Not only is it erroneous to assume that all attending physicians have the insight or skills to foster their own resilience, but it is a dangerous oversight not to dedicate time and resources to trainee resiliency skills if we wish to have a healthy and successful workforce for years to come.

Resiliency is the capacity to withstand and bounce back from repeated episodes of emotional distress over time. Key components of resiliency include self-awareness, positive psychology, and mentorship. Self-awareness is crucial to being able to manage high levels of stress that can ultimately lead to burnout. Positive psychology, "the scientific study of the strengths that enable individuals and communities to thrive," involves gratitude and self-compassion. Finally, effective mentoring relationships can foster both professional and personal growth. Despite the importance of these issues, finding protected time to develop and sustain these practices can be difficult within the constraints of a demanding medical training program and subsequent career.

Discussion: "The Third Thing" is a concept described by educator and author Palmer Parker. 9 Described as a metaphorical embodiment of truth within a piece of art, literature, or music,

Discussion Continued

"The Third Thing" is a way for people to learn truths about themselves "on a slant" rather than in a direct, confrontational, way. This concept has been shown to be a useful tool of reflection and self-awareness for medical students and residents. A weekly structured educational session dedicated to trainees reflecting on a professional experience using this concept was conducted at Cambridge Health Alliance. [10] Overwhelmingly, participants indicated that these sessions provided a useful opportunity for professional reflection, fostered empathy for patients and peers, facilitated development of collegial relationships, modeled the importance of reflection as a professional skill, and renewed a sense of meaning in clinical practice and training.

Museum-based experiences for health professionals also is a feasible and effective curriculum to foster resiliency.[11] Museum-based education (MBE) is any form of education that takes place within a museum and uses art as the primary educational tool. MBE has been shown to enhance meaningful reflection including awareness of biases, increase empathy, and strengthen one's capacity to tolerate ambiguity.[11-12]

Several modalities used in MBE to help foster these skills are Visual Thinking Strategies and Personal Responses Tours. Visual Thinking Strategies is a collection of teaching methods that seek to improve critical thinking skills, communication skills, and visual literacy through facilitated discussions and group problem-solving sessions. A Personal Responses Tour allows learners to spread out in the museum and find pieces of art that answer specific prompts such as "find a work of art that has something to tell you about life as someone in the medical field" or "find an image that speaks to you of a difficult emotion in your medical work. How do you understand it?" Both models utilize the principle of "The Third Thing."

Conclusion: During my debriefing with CG after our family meeting, I was able to support her through her emotional reaction to our difficult case by providing empathy. However, modeling professional reflection could have been a more effective teaching method and may have provided the basis of more sustainable skill building in resiliency. In addition, a curriculum in MBE will provide CG the opportunity to reflect on her experience "on a slant" through the means of visual art in a safe non-hierarchical setting. If we as educators want to do our part to combat physician burnout in the future workforce of our chosen field, we must first recognize that skills of resilience must be regarded just as highly as other clinical skills.

References:

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