Wellness Newsletter Announcements

Please make plans to attend the **ACEP Wellness Section** meeting at **ACEP14 (Scientific Assembly)** in Chicago, IL.

**Wellness Section**
Tuesday, October 28, 2014
4:00 pm – 5:00 pm
McCormick Place Convention Center, W 186 B, Level 1

**Well-being Committee**
Monday, October 27, 2014
4:00 pm – 5:30 pm
McCormick Place Convention Center, Room W 186 C, Level 1

**Quiet Room**
McCormick Place Convention Center, W 473, Level 4
Monday, Tuesday, Wednesday
7:00 am – 5:00 pm

**Parents with Infants Lounge**
McCormick Place Convention Center, W 472, Level 4
Monday, Tuesday and Wednesday
8:00 am – 5:00 pm

Alcoholics Anonymous and Narcotics Anonymous meetings will be held at the Convention Center on Monday and Tuesday morning. Please check the on-site schedule for meeting locations.

**The ACEP Wellness Center is part of the Resource Center adjacent to the ACEP Bookstore in the exhibit hall.**

**ACEP Wellness Center**
- Monday | 9:30 a.m.–3:30 p.m.
- Tuesday | 9:30 a.m.–3:30 p.m.
- Wednesday | 9:30 a.m.–3:30 p.m.
- Booth 1423, Exhibit Hall, McCormick Place Convention Center

ACEP members — visit the ACEP Wellness Center and assess your level of well-being.

The Wellness Center offers services to ACEP members including blood pressure checks, a comprehensive hematology and chemistry screening panel including HgbA1c, lipid profile, and CBC, body composition screening, flu vaccine, wellness-related resource materials, and a burnout questionnaire with personalized feedback. This is a $160 value but only $40 for ACEP members. Members may preregister for the Wellness Center along with ACEP14 meeting registration. Onsite, admission tickets to the Wellness Center may be obtained at the **ACEP14 registration area** or at the nearby ACEP Bookstore.
Part II Yes, There is Such a Place: Healing Work Environment Allowing the Healthcare Team to Be True Caring Healers
Randall M. Levin, MD, FACEP

In our Spring newsletter, I wrote (Part I) about my personal journey through the medical system as I was being evaluated and treated for idiopathic peripheral neuropathy. It dealt with what can happen to patient care when there is a disconnect between the provider and the patient. This disconnect (real or patient perceived, it does not matter) can lead to overlooking potential worsening of a treatable co-morbid condition. In the case, I described how this disconnect interfered with the normal communication between myself and my provider, ultimately blocking critical thinking. The provider was not sensing/seeing/hearing my concern with the one question that I was repeating - tell me why my condition (peripheral neuropathy with increasing radicular symptoms) was not related to a treatable worsening of a co-morbid condition (spinal stenosis).

I have been promoting wellness and healing work environments to bring out our strengths throughout my practice years and now afterward. I still believe that professional skills (the Art of Medicine) and work environments can and do exist allowing for the healing connection between patient and provider.

The purpose of the essay was to highlight the potential for misdiagnosis or missed diagnosis when we are not present and well. I have been championing along with many of my colleagues to continue to help create those work environments which allow us to be present and connected to our strengths, while improving inter and intra-disciplinary communication to avoid medical errors.

Let the healing journey begin. We hear about how the changing medical culture is moving away from empathy and compassion, but I know that it is JUST being blocked. The medical care team members have gone into the field because of their altruistic beliefs exercised through their empathy and compassion. Indeed, recent studies find that, in some individuals (Tony Buchanan, Stephanie D. Preston; Stress Leads to Prosocial Action in Immediate Need Situations, Frontiers in Behavioral Neuroscience, Frontiers Media S.A), stress actually can lead to altruistic behavior through neurophysiological pathways. If this is true, then when those pathways are blocked due to internal and external “antigens,” we are blocked from being who we are and the reasons why we entered the medical field - leading to UnWellness and Burnout.

Though the emphasis of my comments in Part I was related to how multi-tasking and unhealthy work environments and demands can negatively affect our true connection with our patients and ultimately not “being there” for the patient during the exact time we need to be present, to be actively listening and to never stop using our critical thinking. In emergency medicine, this is critical if we are to be the “Heroes” whom our patients, the team, and indeed we need in order to be caring and healthy providers - enhancing the healing process in our patients even when there is no cure. I purposefully used this “Hero” term, because it is a segue to the main theme of this edition of the Wellness Newsletter - What is a “hero” and how does it fit into the definition of what we strive to be. Are there “good” heroes and “bad” heroes? I will address this further a bit later.

Part II: THERE IS SUCH A PLACE (THERE IS NO PLACE LIKE HOME)

I needed to have trust that those individuals on the care team caring for me “WERE” my Heroes (my definition of someone WHO is there for me) during my pre-surgery evaluation, pre-surgery care, the surgery and the dreaded post-op care. I elected to choose the one hospital within the system where my surgeon had privileges, because I knew that the hospital had been built based on both a healing physical work environment and patient-centered care. I needed to believe that what I have been championing for could actually exist.
I started on my healing journey (YELLOW BRICK ROAD) on my first visit to the physician's office based on his reputation and skills. He and his staff were THERE for me, whether by having eye-to-eye contact in his office, or by the doctor saying that he understood my concerns and saying that he could help me with my progressing symptoms and ongoing concerns. Yes the EHR was being utilized, but before “typing” he sat back in his chair face-to-face and interacted with me, he actively listened to me. I needed to know that someone was acknowledging my concerns that someone was there and would be there for me during my care. Again, I had been previously cared for by a specialist who progressively became less interactive and more the “typist” - leading to missing important verbal and non-verbal cues of my increasing concerns. The surgeon said that he would be there for me during all of the stages of care. His words: “I look at myself as a shepherd as “we” go through your care.” He started my “healing” right there and then. Indeed, his approach to his practice was that he scheduled himself so that he could spend as “much time as it took” for the patient (an unfortunately rare concept in today's medical environment). The philosophy of the medical center (the office was on the campus) allowed this to happen.

The hospital setting itself also provided for the type of team members who were empathetic and compassionate at all levels. The nursing care provided was at the level of compassionate care on the weekend as occurred during the week; the same type of care that was provided during the third shift as it was during the first shift. The ancillary team members also exhibited the same level of human interaction and compassionate care. I couldn't believe it, there indeed existed the type of provider, medical-team care and hospital care which I have been championing for throughout my career. I was receiving it, it did exist. As I was going through the healing post-op process, the post-hospital care and follow-up exhibited the same understanding and compassion in an environment which always answered my concerns and questions.

Communication was such that I never felt that I was being unreasonable or over concerned about my post-op course and symptoms. The surgeon would say when some of the parathesias were exacerbated after surgery, “that is expected, that came from the work and dissection I preformed and it is all part of the healing.” My physical therapist also was very supportive and reinforced that my progress was all within what was normal. They were actively listening and didn't belittle my concerns.

I contacted the hospital administrator afterwards and complemented the administration (and him specifically) for having the mission for creating a work environment and supporting the staff to allow them to be “true caregivers” - allowing all of their staff to excel and be connected to their altruistic traits of empathy and compassion. When I asked how this was accomplished, he mentioned it was easy. Since it was a new hospital (built on the concept of a creating a non-toxic, healing work environment combined with patient centered care) and not an existing hospital with imbedded toxic behavior and interactions. Therefore, when the staff was hired, it was based on their personalities, emotional intelligence and intra/interpersonal professional skills. He hired applicants based on their “Art of Medicine” traits which they exhibited, knowing that the manual and technical skills were already present. And, those manual skills, when needing to be reinforced or new ones learned, that could easily be done.

Another hospital within the same medical system with long history of its medical culture, struggles to obtain the same thresholds of staff and provider satisfaction. Changing an existing culture is much more difficult than creating a new culture. Our challenge is not to give up on the old guard (attrition, pre-mature retirement, burnout), but to support and assist them as we regain our connection to our empathy and compassion. Changing medical culture doesn't mean becoming only left-sided brain robots, but helping us to stay connected to or to reconnect to the reason we chose to become medical care providers. Create the processes for healthy work environments to through addressing the extrinsic and intrinsic factors which affect staff well-being.
I would like to now turn to the concept of “Hero” and what it means to medicine. Do we risk patient injury and medical errors because we look at ourselves as the “only one who has the ability to treat patients correctly” as Brian D. Wong, MD portrays in his book “Heroes Need Not Apply” or do we look at ourselves as heroes when we connect to our compassion and empathy as Frank Gabrin, MD so compassionately relates to in his journey from burnout and back in “Back from Burnout: Seven Steps to Healing from Compassion Fatigue and Rediscovering (Y)our Heart of Care,” Clear2Care Inc, 2013.

How you define the term “hero” can have significance, because if we need someone to label us as a hero, then we are not heroes. It then is about us and not the patient. This would be egotistic and not altruistic. We would be performing for ourselves not for others. Subsequently, if we are not looked upon as heroes by others, does this not lead us down the pathway to UnWellness and Burnout? It turns over control of our well-being to others. Do we have to know that others think of us as a hero to feel good, or does our well-being come from knowing that we are doing our best with all of our competencies? Again, the previous puts someone else in control of our well-being and the latter gives us the ability to take ownership of our well-being.

I have always postulated that the term hero is a third person definition. In other words, do we think of ourselves as heroes because of what we can do; or do we only do what we do because of our altruistic approach to society. The third person gives us that honor of being called a hero because society needs to know that there are people out there who will come to their aid, who will take care of them in time of crisis whether or not they are in the medical field, a first responder, in the armed forces or a layperson. When asked the question: Do you think that you are a hero?, the most common response is, no I was only doing what I was trained to do. I was only doing what any human being would do - I was being a human being. What they are exhibiting by their actions is the connection to their altruistic being, exhibiting empathy and exercising compassion. Instead of fight or flight response, they are drawn to their altruistic being.

Tony Buchanan, et al from St. Louis University has found that certain people respond to stress by “running” toward the disaster/stress. They have an altruistic approach when exposed to stress. Can we take this a bit further to say that those of us in medicine and especially emergency medicine have this innate reaction? This obviously may be seen in first responders, armed forces, etc. But this may not be the case for all members of any specific group. You can ask the question of why some doctors do not do well in emergencies. Or, how many doctors actually run to an apparent medical need when asked - is there a doctor in the house/plane/theater, etc. It is not just because we are trained to respond. We “need” to respond because we want to be true to ourselves and connect to the reason why we entered the field of medicine. Dr. Frank Gabrin describes this as being true caregivers. We have a sense of well-being not because we think we are heroes but because we are connected to our empathy and compassion as we utilize the skills we do have. One of the reasons for UnWellness is the inability to be truly connected to our altruistic being. Burnout strips us of the connection and ability to be who we are as healers.

When the “heroes” of our society (3rd person definition) perform at a disaster or terrorist attack, we see what they can do. Blockage to their altruistic being does not exist; they perform their skills (sometimes super human skills such as lifting cars) because they aren't blocked by the multi-factors which may block them in daily activity and daily practice. I postulate that if burnout is the loss of connection to oneself and one's purpose, it must be blocking the normal neurophysiological response (oxytocin) that those of us who have in exercising our altruistic behavior, as noted by Tony Buchanan and his group.

Therefore, with the scientific studies pointing to this response, lets now study ways to not only enhance these pathways to improve wellness but also to bring it into our everyday less stressful encounters.
(professionally and personally). This will allow us, on a daily basis, to nurture and maintain our connection to our true selves, our purpose, and our well-being to prevent burnout.
From the Editor
Randall M. Levin, MD, FACEP

Review of: Gabrin F. Back from Burnout: Seven Steps to Healing from Compassion Fatigue and Rediscovering (Y)our Heart of Care, Clear2Care Inc, 2013.

Like stress, can there be good and bad heroes. I have previously reviewed Dr. Brian D. Wong’s book on Heroes Need Not Apply, where the emphasis was on creating healing work environments and patient-centered health care teams in order to change medical culture, improving communication competencies, decreasing medical errors while moving away from the “I can do everything” philosophy. (Please see accompanying essay by Dr. Wong regarding his distinction between a good and bad hero in medicine). In the following book review of Dr. Frank Gabrin’s, Back from Burnout: Seven Steps to Healing from Compassion Fatigue and Rediscovering (Y)our Heart of Care, we find another definition of the word “Hero.”

As I started to read his story, I personally was wondering why would a seasoned emergency physician who appeared to “have it all” (manual competencies, staff connection, loving to be “in the emergency,” etc.) find himself burned out. Dr. Gabrin's journey from an efficient, well-trained and competent emergency physician to burnout and back is a personal story of triumph over those “antigens” which block us from being ourselves. Some of us, who have gone through burnout, know all too well, that there are many reasons why we are no longer connected to our true purpose. Some of those obstacles are external and some our internal. This is a story about internal barriers. How can you fix that which is not known to be broken?

He describes his epiphany as he relates a most unsettling experience in the department which almost cost him his life. What followed afterward was most moving as he realized that he was not a “true caregiver.” Something was missing, something was blocked. He was not the “hero” he thought he was and that he wanted to be (see Dr. Gabrin’s accompanying essay of being a hero). You are invited into his world, as Dr. Gabrin describes his personal journey, epiphany and the ultimate healing which allowed him to truly connect to that part of himself which was being blocked, that part of him which patients were really looking to being connected to when they came to receive their care.

There was something else beyond the science of medicine. He movingly takes us through the steps of his recovery as he develops his unique approach to wellness through his R.E.F.L.E.C.T. concept, allowing him to return back to practice. The story evolves from one which could describe any of our daily practices, through the “crash of burnout,” and ultimately to healing with an altruistic approach to helping others to heal in their professional and personal lives.

There is a light at the end of the tunnel and Dr. Gabrin’s acts as our mentor. He guides us through the doorway to a healing pathway. He gives us tools to achieve true caring and wellness. This is a must read for those of us who are finding our connection to our true purpose being challenged or blocked.
Author Interview with Dr. Frank Gabrin, DO

*Back from Burnout: Seven Steps to Healing from Compassion Fatigue and Rediscovering (Y)our Heart of Care*

To help members benefit from his message, in this section of the newsletter I would like to post some questions and responses from Dr. Frank Gabrin, author of the book “Back from Burnout. I will use excerpts (bolded), from his book, as a background for the questions being asked.

**Back from Burnout:** “We want to be someone’s hero. What is so great about this is that our patients want and desperately need someone to be their hero too... Better yet, when you return home at the end of your incredible day, you can look into the same mirror and say: What I did today mattered. Today was a good day.”

**Question:** What is your definition of “being the hero” and do the patients want us to be their heroes? Or do they want us to be humane and be connected to our healing spirit, our empathy, our compassion, our honesty, our caring. Dr. Wong in his book, “Heroes Need Not Apply,” would suggest that being the wrong kind of “hero” is one of the root causes of medical errors and hostile work environments.

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**Editor’s Note:** In every encounter you have, there is an opportunity to make a difference in someone’s life (personal and/or professional), and to say, I did make a difference; I did matter to someone else. We never know when our journey opens doors to complete our connection with another human being. Whether that person is the patient you are seeing, the family of the patient, the co-worker, or another team member.

**Example** of this occurred recently as I was a recent provider for healthcare assessments and physicals in the homes of new members to the Medicare Advantage. I was working with the plan members in the city of my first “gig” (37 years ago) as an emergency physician. As a way to connect with the members, I usually mentioned that I was one of the ED docs at the old hospital down the road. Most people just recognized the name of the hospital and mentioned that it was interesting that I worked there. But on one occasion one member actually worked at the hospital in the housekeeping department and remembers tidying up in the docs’ sleep room (24 hour shifts). When I realized that, I thanked her for being “her” for being there for the docs and making it “tolerable and welcoming.” It made a difference for us; it made it a healing welcoming environment. She indeed made a difference for me. She mattered. She couldn't thank me enough for those comments. The words truly made a difference to her, as I saw a smile come to her face.

**Dr. Gabrin:** My definition of a hero is counter to, or diametrically opposed to the sort of personality Dr. Wong speaks of. The part of the hero that I am speaking of is the basic altruistic desire to care for others. That personality that is driven to help where help is needed not for the accolades, the admiration or the fame. Unlike doctors, patients have no desire to be patients, but doctors, have the desire to be a doctor, to be the one who comforts, consoles and heals. Patients are looking for this when they find themselves in need of help.

The type of heroes I am thinking of all have two things in common. They are all just people (their special powers lie dormant, they have yet to reach their full human potential) and they come with a built in unselfish desire to care. These people then go through a process like the intense pressure that is applied to coal that causes the production of a beautiful diamond. Heroes have to go through a process to realize their powers.

These heroes only want to care and make a difference, in the process of caring, they change the world,
they make the world a better place, and they save the day. They are not victims, they never say, hey, what about me- you did not say thank you, you took me for granted, you did not give me a pat on the back or an accolade. Heroes don’t have a hidden agenda! That is the reason we all love them, for they can do what we cannot do. They can do what we really want to do. It is the selflessness. It’s all about the other guy. It’s the heroes, YOU YOU YOU, mentality, that fascinates us, inspires us, motivates us to do better, be better, feel better by using our thoughts, words, and deeds, to care, change things, and save the day for another.

Becoming a hero is a process, and that process has a predictable series of steps. From the time that humans could tell stories, one of their very favorites, is the heroes journey. There are examples of the heroes’ journey that cross all cultures, backgrounds, and religions. We are fascinated with real life and fictional heroes off all shapes, sizes and varieties. Who has not heard of Superman, Spiderman, Wonder Woman, or the Hulk?

Batman is one of my favorites because he, like all of us in medicine, does not possess any superpowers; he makes use of intellect, mental and physical skills, science and technology and his indomitable will to wage war on criminals. All this occurs after he was forced to witness the murder of his parents as a child. All heroes have a personal experience they have to overcome on their journey.

All of these stories follow a cycle of sorts and that cycle has been named the heroes journey. We can see the journey in George Lucas’ work on the Star Wars Trilogies. Who of us is not familiar with Luke and Anakin Skywalker, Yoda, Obi-Wan Kenobi or Princess Leah? Each of these characters was a hero of sorts and each takes their own journey.

It depends on what source you use, but when you do the research you will find that there is a predictable series of steps on the heroes journey, and that any of us can use this archetypal formula to find whatever it is we are looking for in life. In my case, I was looking for a place where being a doctor was rewarding and emotionally fulfilling. I just knew it had to exist- and where I found it became my seven step R.E.F.L.E.C.T. process.

The heroes journey actually refers to a basic pattern found in many narratives or stories from all times and all places in/on our earth. This pattern is universal and contains many fundamental principles and moves through very prescribed stages or transitions. The one thing that has us all hooked into this story, is that, the hero is always triumphant. In other words, things become way better once our hero moves through all the stages of the cycle or pattern.

The most curious or paradoxical thing about the process is that frequently heroes end up right where they started, just as I have. In the end, everything is better, and everyone in that place benefits. It is clear that moving through the cycle, improves us, transforms us and changes us permanently and forever.

When we actually walk the steps on the heroes’ journey, we return from the journey as better versions of our former limited selves. Probably the best example for us of this phenomenon is the individual story lines contained within the “Wizard of Oz.” The tin man realized the power of his heart, the lion realized the power of his own courage, and the scarecrow realized he always had a brain! I looked at my situation, our bleak situation in medicine today, and saw my own journey as the health care heroes journey.

Once I took that journey, I realized that I always had the power to care, but I did not really know what care was!

The classic heroes journey always starts with the hero in the ordinary, mundane, world. For me this was the land of compassion fatigue, burnout and generally not enough satisfaction in health care. Heroes
receive a call to enter an unknown world of strange powers and events. That world for me was none other than Einstein’s quantum world of unseen intangible energies; the energies of human thought and emotion.

The hero, who accepts the call to enter the strange world, must face tests and trials, either alone or with assistance. In the most intense versions of this narrative, the hero must survive a severe challenge, often with help. In my case, after nearly being killed by one of my patients, I had to put that stethoscope around my neck and walk back on to the floor of the emergency department and ask- how can I help, how can I make it better? My friends or allies, those that helped me in the beginning were: kindness, compassion, tolerance, sharing, caring, giving, love for no reason, grace, and most importantly, human dignity.

If the hero survives the challenge, the hero may receive a great gift or power. The hero must then decide whether to return to the ordinary world, with their new found power. Going on the journey by itself causes an internal change within the person taking the journey, the would-be hero. If the would-be hero does decide to return, he or she will face challenges on the return journey. If, and only if, they can return successfully, then they are privileged to use their special power to improve their ordinary world. In my case, I received the power to focus squarely on the intangible of care, no matter how toxic the tangible situation or physical clinical environment.

My call to action was the intense emptiness and emotional pain I felt after I was wrestled to the ground and nearly choked to death by my emotionally distressed psychiatric patient. It was a sad cold day in you know where when I realized that after 20 years of the practice of medicine, I did not really know what care was.

The first thing that I realized was that long ago when I decided to become a physician, I said in the simplest of terms, that I wanted to care and have that care make a difference for someone. Next I had to define care for myself. Only by knowing exactly what care was would I be able to find it or create it. Giving care was why I went to medical school, and I will bet, if you are really honest with yourself, it is why you did the same. What I learned was that, what you and I really want is to become our patient’s hero. Being our patient’s hero, caring, making a difference, saving the limb, the life, or the day, well, this gives us intense satisfaction.

That is why my desire to feel better in the process was the driving force, the primary reason I went on my own journey. When it was all said and done, when I came back to the ordinary world, I found that the land that I left where fatigue, frustration, burnout and emptiness are the norm that unhappy landscape was still there. The difference was that I now had the power to transform that place into the land where we, as doctors, nurses, mid-level providers, care givers of all stripes and colors, can find ways to always get what we wanted in the first place.

But rising above our stress-filled environment does not happen automatically. It requires intense effort and real tools to work with the blends of quantum energies that can lift us, and those we care for out of that bleak and sometimes even toxic physical reality. For me, I have discovered there is always a way to care for others, no matter who, what, or when. I now find there are no limits to the amount of satisfaction I can create in this new land where Einstein’s Quantum rules of energy apply. The seven steps I describe in Back from Burnout, when used consistently, allow me to do what I came here to do in the first place.

When I realize that what I really want to do is to care for my patients, I am empowered regardless of the circumstance or the clinical environment. The seven step R.E.F.L.E.C.T. process helps us remove the barriers that keep us from reconnecting with our pure and simple desire to care. With these steps we can all learn how to overcome these obstacles to become our patient’s hero.

Our clinical environments do not naturally support this process, except on those special occasions where
we are invited to step inside the emergency. But we do have the power with the steps of the R.E.F.L.E.C.T. framework to overcome these obstacles and generate true care. This is what will make everyone involved, including ourselves, feel like they matter.

**Back from Burnout:** “…I was passionate about being a doctor, but I was even more passionate about being an emergency physician. I so LOVE the EMERGENCY. Caring for cases that aren’t emergencies can be frustrating, especially when the patient is needy or demanding. But inside the emergency, the angel of death is in the room. The pressure is intense, yet there is a calm, a peace, like being in the eye of the storm. Everything becomes crystal clear to me, and the problems and priorities are obvious. I know exactly what needs to be done and the order in which it needs to be done.” Page 21-22

**Question:** It appears (prior to your epiphany) that you chose this career for the science of medicine and what it can do for your patient, yet you haven't mentioned the Art of Medicine of caring (as of page 22). What would you advise young students about the importance of the Art of Medicine, the Art of Being?

**Dr. Gabrin:** I chose medicine as a career because I wanted to care. The science and technology I learned in medical school were what I thought I needed to care. I started down the path to burnout because I had become confused as to what care was. Today I define the art of medicine as reconnection to the compassion that originally brought me to the field. I believe that it is this compassion that is the soul of the art of medicine. By connecting young residents to the process of true care, I am helping them stay connected to their own primary desire and focus more on the healing art of medicine.

My decision to go to medical school came shortly after I had spent the summer of my freshman year of college working as an orderly. I loved what I did; bathing patients, taking vitals, grooming, walking and feeding the elderly. I thought I could do so much more as a doctor than I could do as an orderly. Through the years I forgot how much I was able to do as an orderly, and actually did less caring as a doctor- especially by the time I was suffering from the devastating effects of burnout.

I tell students now, that care has nothing to do with the diagnosis, the chart, the prescription or the treatment. All of those things are tangible and care is not a tangible thing. Care happens at the bedside within the interpersonal interactions we have with our patients, their family or loved ones. Care, first and foremost, requires that we get present and we connect. Once we are connected, we have the opportunity to move deep into the experience of empathy where we actually feel what our patient is feeling. We suffer with them, and from there we can mindfully move into the experience of compassion.

Our compassion- our desire that things be better for our patient- is where we actually get the juice we are looking for. It is within the experience of compassion that our patients actually get that we care. It is here, in our compassionate connection to our patient, that we find the antidote for empathetic overload and burnout. It is here that we make the difference that saves the day.

These are the stories we need to tell, the stories that make what we do worthwhile. For this is where we get to feel, on a visceral level, that what we do matters, that what we are doing is significant, and that what we do on a daily basis - is healing for others and ourselves. This is the Holy Grail that everyone is looking for in health care today.

**Back from Burnout:** “...Call it compassion fatigue, call it burnout, call it secondary PTSD, but whatever you call it, the fact is clear that our humanity is being taken from us as a result of our working in healthcare today.”

**Question:** You, as I have, experienced the practice of medicine when it was a rewarding, self-satisfying
field where you could connect with your healing spirit on a regular basis - even within the most difficult
case scenarios. In your opinion, what has changed in medicine so that the above statement is
heartbreakingly true? Has the metamorphosis of the practice of medicine from a caring, compassionate
and empathetic field into the business model been the root cause?

Dr. Gabrin: In my opinion, Dr. Levin, what has changed in medicine is our focus. Our industry has
become so driven to diagnose and cure, and we have added so much in the way of diagnostic laboratory
tests, imaging and procedures, that we have given more priority to the science of medicine and nearly
forgotten about the art, the emotional processes and the intangibles. While the emergence of compassion
fatigue and the development of burn out is personal and complex for each physician, the root cause of the
epidemic of burnout we are seeing in medicine today is that the things we focus on and measure,
productivity, accuracy, speed, and so on, are not the components of the job that feed the doctor’s soul, and
they are not the “care” our patients are looking for.

Healthcare is unique and different from any other business or industry. Healthcare is not a pure business
in the fact that dollars are not exchanged solely for goods and services. Dollars are exchanged for goods,
services and most importantly the intangible commodity of True Care. In the beginning of my practice,
we did not have so much technology. We did not even have CT scanners.

Over the years we have become fascinated with technology and as a result, we have focused on the
technology and the science and we have all but forgotten the core of the healing art. While science is
generally tangible, art is intangible, art is emotional and dare I say sometimes spiritual. If I have said it
once, I have said it a million times; they did not come for the x-ray, the splint, the crutch, the prescription
or the referral; they came for care!

To illustrate this point, when I began to practice, when one of my patients was having a heart attack, I
would spend lots of time at the bedside, watching the monitor, listening to their heart and lungs, giving
them nitroglycerin intravenously and working hard to keep them pain free. And, that was pretty much all I
had to offer them. They suffered damage to their heart muscle, and they left the hospital with
compromised cardiovascular function, often being prone to congestive heart failure, and did not have the
physical endurance or capacity they had prior to their heart attack.

These patients never complained. As a matter of fact, they brought gifts to the office when they saw their
cardiologist and were happy that we were able to save their life, give them a second chance, even if they
had physical challenges now. Today, when my patients are having a heart attack, we activate the STEMI
pagers, and we alert the heart cath lab. Our goal is to get our patients to the lab quickly, open up the
cardiac vessel, remove the blockage and prevent any damage.

This process happens so quickly that the patient often does not even realize that they are having a heart
attack, or that I am their doctor. They sail through the process of moving to the Cath Lab, having the
vessel opened, recovering in intensive care and generally they are home in a day or so, with no heart
damage and able to enjoy the same level of physical health they had before their heart attack.

These patients often complain and are unhappy with their care. Often times they do not even realize how
much we have done for them, or even how much pain and suffering we have spared them. I find however,
that just sitting down with my patient, and telling them, look, you are having a heart attack, and I am your
doctor and I am going to do everything I can to reverse this process for you and prevent any heat damage
from happening to you.

I then quickly tell them what to expect to happen over the next couple of days, while my nurses and the
interventional cardiologist work quickly to execute the technical details of the process. But just taking a
moment empathize and express compassion; to say to my patient “you are in a very bad situation, but we have the technology that can help you and I am going to see to it that you get the very best possible treatment” allows my patient and their family to feel my care- and this changes the whole experience for both of us.

To feel good, especially while working clinically, I need to remember this. I have to make the effort to focus on the intangibles and realize that only I can create and deliver these intangibles within the transaction of care with our patients, their families and loved ones. Practicing this way transforms our shared experience, on either of the stethoscope!

**Back from Burnout:** “…If you give only so that you can get, you will never ever allow yourself to be the superhero you are destined to be. Think about what motivates a superhero: a new cape, front-page coverage in the Daily Planet, the bonus that pays for the exotic vacation, a raise so that they can afford the latest model of the Batmobile? None of these would matter to a superhero. The superhero knows that ultimate satisfaction lies in caring, making a difference, changing the world and saving the day. We will come to find that it is in the process of our giving that all of our needs and wants will be fulfilled.” Page 87

**Question:** Are you asking us to be perfect and ignore the imperfect world?

**Dr. Gabrin:** No Dr. Levin, I believe that we live in an imperfect world, and unfortunately I don’t see imperfection disappearing anytime soon. I believe that we want things to be better, for ourselves and our patients. Once we have a desire for something better, then we will have to activate the will to do whatever it takes to achieve it. This will require us to have a keen appreciation for the irony of life, the paradox of being human.

We may not be able to change our external environment, but we can change internally in ways that allow us to overcome our external environment. It is always true that if you do the work of inner change, what seems to be the biggest curse can be transformed into the most awesome blessing.

I believe that if you find yourself in a place where you have less than you desire, you can chose to refuse to be a victim of circumstance. See the better situation you want for yourself and commit to doing whatever it takes to get there. This will require you to do something different. You will need to take action to become someone different.

I believe that there is a disparity between what we have and what we want, and who we are and who we want to be. This is a disparity between who we are now and who we would be if we were to actualize our full potential. Almost all of the sadness, depression or emptiness we feel in our lives exists because of this disparity—because of the fact that we are not yet who we aspire to be.

Humans have known about this for quite a long time. There is a Native American legend about a grandfather speaking to his grandson who is angry because a friend hurt him. He tells his grandson that he has been angry too. This wise elder goes on to tell the boy that there is a “fight” going on inside of him, a terrible fight between two wolves. One wolf is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority and ego. The other wolf is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith. He tells his grandson that the same fight is going on inside the boy and each and every other person too. His grandson asks him, “Which wolf wins, Grandfather?” He replies, “The wolf you choose to feed.”

None of us wants to feed the wrong wolf. We all want to be great doctors, great nurses, great mothers, great fathers, great brothers and sisters. We all want to be great people. We all want to be the best
possible version of ourselves in any given moment. No one gets out of bed in the morning, looks in the mirror and says, I am going to hold back today, do less than I am capable of.

Man as a species is evolving. The times they are a-changing. To many, it is becoming obvious that the purpose of our lives is to bring these two selves, the present limited self and the best possible self that we aspire to be, closer together in any given moment and over time. This is the process of becoming self-actualized, happy, and powerful and satisfied with who we are.

We all know we should exercise, but we don’t. When it comes to exercise, then, we have fallen into the knowing-doing gap. Simply talking about it does nothing, changes nothing and definitely creates nothing. Brooding about how messed up things are, or how messed up we are, fat, unhealthy, stuck in a bad job or relationship—this is not action. Thinking or dreaming about change is not change. Action is the only way out of where we are now. Action is the only way out of who we are now.

Our dissatisfaction comes from the fact that we are not living our highest life, that there is still a disparity between who we are now and who we want to be. We have the opportunity to ask ourselves: Who is it that I want to be and what actions do I need to take to get me there? It is in engaging in the process of becoming our best self that we find our joy and satisfaction.

Back from Burnout: “...What blocks us from being “able” - the silos that we build to protect ourselves from our spirit from being battered as we try to survive - the me who allows me to be me (my healing soul). This is not about putting the blame onto others. This is about having me recognize that part of me that needs healing to open the door to true soul healing - that is my work. Having the support and empathy from the group and the hospital will help my own work...” Page 82

Questions: What happens when you have the “right” neuro-pathways already in place but you are not able to open the door to them. What happens when an empathetic and compassionate care giver is working in an uncompassionate and caring work situation. Is it only about getting our act together; or, when do we feel that there are too many blockages which we can’t control, before we reach the next fork in the road - to the left is the path to destruction, to the right is the path to our true healing soul but not in active medical practice?

How can we support ourselves and our colleagues and team members to maintain their active careers before that final fork in the road? How do we keep those clinicians in the work force, the ones which the patients are looking to being there for them? It is more than “are we willing to,” the real question is “are we able to;” are we being taught the coping skills in training and are we refreshing them in our practicing years?

Dr. Gabrin: Dr. Levin, the answer is no. We are not being taught the coping skills in training and we are not refreshing them in our practicing years the way that we are taught the scientific information with required CME, certification and re-certification. We pretty much ignore the art of medicine in our training and in our practice. The reason I wrote Back from Burnout was to create a platform to support my colleagues and team members. My mission is to save those clinicians from ever getting close to that final fork in the road, where they leave medicine all together.

The good news is that I believe that we are born hardwired to care. I believe that our caring software is flawed. One of the other concepts included in Back from Burnout is my idea of what the software for generating true care might look like. I describe a six step process that includes: Presence, Connection, Focus, Empathy, Compassion and Action: Each stage of the process depends on successful completion of the preceding stage. While this process we go through is the verb, the substance generated is the noun,
True Care. The best part of this concept is that this is a win-win solution for both the patient and the caregiver.

It turns out, that caring for others is in our own best interest. I believe that humans are hard-wired to care. Actively engaging in and moving through each of the six stages of this process changes the neurochemistry in our brains and our bodies. The new neurochemical state that we create for ourselves, actually feels incredibly good. The experience is emotionally rich and rewarding for us. Turning on our own compassion for our patients makes us happy! Compassion does not fatigue. Compassion energizes, empowers and enlarges us as human beings.

This process is fully human and actually quite natural – as it automatically happens when we step “inside the emergency.” Look at some eloquent, exciting neuroscience from researchers Matthieu Ricard and Tania Singer. They clearly show that practicing compassion generates the experience of happiness. It should be obvious from this and from the images they produced in the real time MRI scanner that humans like us are hardwired to care.

It is our software that is flawed and contains a bug. That virus puts up an error message each time we are invited to come close and connect with our patients. Stop, don’t do it! You will die! Connection will destroy you, consume you and impair you. Stay professional, stay clinical, stay objective, stay detached; but whatever you do, don’t connect!

We need to debug our program and get rid of that virus, “Medicine’s Big Lie,” for we can now see that the logic that generated it is flawed. Engaging in the process of true care is the only way we can take advantage of our human hard wiring so that we can once again become fully alive and emotionally competent.

This process of internal change allows us to become the heroes of healthcare that our patients so desperately want to show up at their bedside when the unthinkable happens. When we employ this six-stage protocol for generating and delivering the intangible stuff of True Care we cure our own dis-ease of compassion fatigue and wipe burnout from the face of our professions and our healthcare system.

I believe that we will be amazed at the effects that incorporating the intangible process of True Care will have on us personally. We will once again find our own passion for the profession we felt called to. We will no longer be stuck and feel bad about all the suffering we see.

We won’t be overloaded by stand-alone empathy; our own compassion will erase all of the negative effects of resonating with another’s suffering on our own emotional system. We will no longer feel like or behave like a victim of circumstance. We will find our way back to a full and emotionally rich, wholesome, rewarding experience of life itself.

**Question:** How has your approach to the residents helped them to deal with their everyday practice and stay connected to the reasons they entered into the medical professional.

**Dr. Gabrin:** My approach to the students and residents is to remind them that they are spending these few hours working with me to learn how to care for patients, so there is no time like the present to jump right in. I tell them that they already know how to write a note and does an exam, but today we are reconnect them to their desire to help people, the reason they entered medical school in the first place.

I talk to them about the six step process I go through to generate true care and ask them to immediately begin to apply it to the next patient they evaluate for me. I ask them to connect, to establish a partnership with the patient, and let the patient know they will do everything they can to make things better for them.
I have found that when they begin to use the true care process these young doctors are now smiling and excited to tell me what they have found at the bedside.

I can see that they are emotionally engaged with the work they are doing with me. They suddenly feel emotionally energized rather than depleted. I let them know that they have physically changed the mix of neurotransmitters in their pre-frontal cortex, and they have done the same for their patient. They think that is really cool.

In my experience, even medical students, interns and residents are all feeling some degree of burnout. When I start to talk about connecting to patients, they get really excited. I believe most of the time, students especially are too afraid to get connected with their patients. Afraid they may say something wrong. When I encourage them to get involved and just be honest, tell the patient they don’t know but they will check with me and get right back to them- suddenly they are empowered and feel like what they are doing matters. I find this means the world to them and it changes their entire experience of the rotation.

Dr. Frank Gabrin received his medical degree from the Philadelphia College of Osteopathic Medicine. He is a certified Emergency Physician, having practiced for 29 years. In addition to his classic medical training, he has also been trained in alternative therapies and spiritual healing completing the four year curriculum and receiving certification in Professional Healing Sciences from the Barbara Brennan’ School of Healing.

While serving in the Medical Corps of the United States Navy, he received a Navy Achievement Medal, as the Director of the Emergency Department at Millington Naval Hospital. Besides being a resident trainer for the NEO Consortium Emergency Residency Program, he has served at the Cleveland Free Clinic and as a clinical professor of medicine for Case Western Reserve University and Ohio State University. Dr. Gabrin is a two time cancer survivor. His personal journeys have helped him help others. He has authored three books on the topic of burnout and its’ recovery.
The Soul of Heroism
Brian D. Wong, MD, MPH

Dr. Frank Gibran extols the virtues of everyday heroes in his book, “Back from Burnout” while I decry them in my book, “Heroes Need Not Apply.” Yet upon closer examination, our respective points of view are remarkably much more similar than different.

The essence of the difference lies in the portrayal of heroism as an act of “doing” or as an act of “being.” Both of us agree that it is in the “being” part that true heroism resides.

In my original research, I spent over 5 years asking over 5,000 physicians, “Who do you trust among your physician peers, and why?” The answer came back to me in two waves – further, the pattern of the response has never changed. The initial blurt, centered around “talent, execution and dedication” while the delayed, and more thoughtful responses added, “teamwork, respect, listening and feeling safe around them” to the mix. Thus, the birth of the T.R.U.S.T.E.D. acronym: Team player, Respectful & responsive, Understanding & listening, Safe, open & approachable, Talented, Executes and Dedicated. In many respects, T.R.U. & S. suggest guidelines in how to be, in how to show up. I’ve chosen to call it “the role we play.” T.E.& D. on the other hand are all about getting things done, as in “the jobs we do.”

In today’s healthcare environment there is a pervasive sense of “hurry, hurry, hurry, more, more, more.” This creates an environment where everyone feels overwhelmed, inefficient and fragmented. The focus shifts in the extreme to task fixation and getting things done… to doing our jobs. We mutter to ourselves, “If you want it done right, do it yourself.” We might even be tempted to say, “I don’t care how you do it, just do it.” From here, it becomes easy to say, “I don’t need to be a teammate or to treat others with respect, or to listen & understand, or to be safe and inviting, I have a job to do and I’ve got to put my head down, put the blinders on, plow ahead and get things done.” Both of us agree that this is a recipe for burnout.

Dr. Gabrin’s prescription for burnout urges us “to take a step forward and connect more fully with the hurting human in front of us.” This is an act of being, not doing. It is all about the role we play (T.R.U.S.) and not in the jobs we do (T.E.D.). Both are required, but it is the lack of the T.R.U.S. (and worse the opposite of these attributes) that is literally killing our patients and prematurely ending our careers. In my opinion, there is nothing more heroic than for us to create space between stimulus and response, to focus more on the being than the doing and to reconnect with our patients as not only the first step to doing good, but also the first step in doing no harm to our patients and ourselves. In this regard, Dr. Gabrin and I are in complete alignment.
What is a Hero in Medicine?
H. Steven Moffic, MD

Some years back, I and a few other psychiatrists were given a one-time award by the American Psychiatric Association for being “Heroes of Public Psychiatry.” “Who, me!?” After I got through the shock and surprise, I accepted the award, though something was uncomfortable about it. I had never thought about being a hero. Heroes to me were those who dramatically put their life at risk to save people in danger. Me? I suppose that could have happened to me, say disarming a patient about to shoot someone else or themselves, but I never had to do that. I had just been doing the best I could year by year as part of a system trying to help the poor and underserved with mental health problems.

In commenting on behalf of us in accepting the award at a ceremony, my fellow psychiatrist said that the patients were the real heroes, not us. Again, I felt a bit uneasy. Could they be considered heroes just because they had to cope with their mental illness, as hard as that might be?

From my perspective, if I ever thought there were heroes in medicine, it was physicians in other specialties, especially some surgeons and/or emergency room physicians. Not only did they have skills that I never had, but they could produce dramatic cures or medical breakthroughs that I could never imagine happening in psychiatry for now. About the only psychiatrist I could consider to be a real hero was Robert Jay Lifton, a Jew who went to Germany to interview Nazi doctors and was thrown in jail for protesting the Vietnam War as part of a career in researching, confronting, and responding to the manifestations and ramifications of what he deems is evil.

So, what then, if anything, is a hero in medicine? Is it certain kinds of physicians, patients, the team, really no one, or potentially everyone involved?

To attempt to answer this question, perhaps we have to look to who are considered heroes in society and what possibly goes into making a hero. After all, it is clear throughout history and literature that we humans have a deep and understandable psychological need for heroes in a world of acute and chronic danger to our vulnerable selves.

The most well-known writer on heroism is Joseph Campbell, as exemplified best in one of his many books, *The Hero With a Thousand Faces*. More than just describing mythical heroes, he describes the heroic journey. This journey includes:
- an acute or chronic high-risk danger;
- a willingness, sometimes after a brief hesitancy, to heed the call and calling to respond;
- a guide or mentor to help;
- venturing into the unknown;
- responding to tests and temptations;
- discovering who you are in the deepest sense, including what you are best at;
- and then returning to everyday life.

Historically, such leaders as Abraham Lincoln, Gandhi, and Martin Luther King have been viewed as heroes who went on lifelong heroic journeys. They knew their life could be in danger, and indeed they were all eventually assassinated. Many more everyday people are considered heroes for responding to a one-time only crisis, like saving people in a burning building, being a first responder on 9/11, or saving one’s fellow soldiers in a firefight. In the realm of fiction, such heroic journeys are portrayed in movies, in particular the Star Wars films by George Lucas.
It is rare, if not ever, that you find someone who sets out deliberately to become a hero and then is considered one by society. Being considered a hero seems to be a byproduct of other values and actions in the right circumstances.

Not surprisingly, such theories as those of Joseph Campbell have been criticized, leading to psychological and social research on the topic. It has not been easy to discover verifiable answers, though much of what Campbell hypothesized seems to have merit.

The psychologist Frank Farley concluded that heroism was really on a spectrum, going from the dramatic and dangerous acts of heroism that we often think of, but also extending to everyday heroism, where helping others is usually not connected to the significant risk of serious harm. Heroes, according to Farley, are likely to have the personal characteristics of generosity, courage, and altruism. The situations they find themselves in then allow those traits to translate into acts of heroism.

In so many ways, and in line with Campbell’s portraits, medicine offers an ideal environment for heroism of all kinds. Patient’s lives and health are at stake, sometimes acutely like in emergency medicine, and sometimes more chronically and delayed. There needs to be a willingness and desire to confront the challenges of patients needs. One needs teachers, guides, guides, and mentors. Demands infringe on personal times and loved ones. Temptations must be ignored and tests must be passed. Over time, to be at your best, medical healers must connect with a deep desire to connect with and care for the patient, and then be able to put that into action.

Although such heroism can reside in individual physicians, in our age of increasingly complexities in care, it often has to reside in a team and in an organization that will set up a setting that will allow the team to thrive. In the Harvard Business Review interview, Atul Gawande said that “health care needs a new kind of hero.” He illustrated this point by discussing Sully Sullenberger, the pilot who landed the endangered plane on the Hudson River. The public tended to view him as it tends to view doctors, and that doctors often want to view themselves, as a lone hero. However, Sullenberger kept saying no, that it was adherence to protocol and teamwork that allowed the plane to land safely. Similarly, in medicine it is teamwork that can so often provide the best care.

A hero in medicine, then, I would consider to be both much more and much less than the traditional image of a hero. It is an individual, team, or organization of caregivers that through a healing relationship and skillful application of the tools of healing puts the needs of patients right in front of you first, even if that is at risk to other personal or organizational needs. How often that really happens is yet to be known.

Perhaps what the tennis star and breaker of racial barriers, Arthur Ashe, once said gets the closest to what is a hero in medicine:

“True heroism is remarkably sober, very undramatic. It is not the urge to surpass all others at whatever cost, but the urge to serve others at whatever cost.”

H. Steven Moffic, MD
Lead blogger for Psychiatric Times, Behavioral Healthcare, and the Hastings Center “Over 65”
Reflections on being “Inside the Emergency” from my book, CARE 101
Frank Gabrin, DO

I was working in an inner-city hospital while an unfortunate young man was walking down the street outside the hospital when he was hit in the neck by a stray bullet. I remember walking alongside his gurney as they rolled him into the big bay at the front of the department. He looked terrified, wondering if he was going to live. I immediately got his attention, telling him that I was his doctor and that I was going to take great care of him, that he was not going to die but things were about to happen very quickly and I needed his full, undivided attention and complete cooperation.

A look of relief washed across his face as he nodded that he understood. I asked him his name and demographic information as the staff got him registered and into the computer system. There was no chart or computer for me to deal with in this moment of crisis. Although there were many team members with me in the room, starting IVs, drawing blood, hooking him up to the monitor, shoving XR plates behind his back, cutting his clothes from his body, placing bandages over the bullet hole in the front left side of his neck and looking for the exit wound that could not be found, it seemed as if it was only the two of us, my patient and me. Our attention was firmly focused on each other. We were most definitely connected.

As I quickly performed the history and physical exam, I told him that I was worried about the swelling happening in his neck and that he would lose his airway. I told him that I was going to have to put a breathing tube through his mouth into his lungs and that I would have to take his consciousness away from him so that he would not feel any of this.

I asked him who we should call to come and be with him. I told him that when he woke up, he would be at a different hospital and I would not be there, but to trust the doctors and nurses who would in the room with him when he woke up. I let him know that he most probably would be going into surgery to repair the damage done by the gunshot. I could see in his eyes that he knew I understood what he was going through in that moment, and knew I was acting out of intense compassion for him. He could most definitely feel my care.

Thankfully, he did well and the bullet did not strike any important structures in his neck. He went on to enjoy the same quality of life, at least physically, that he’d enjoyed before the unexpected and unthinkable trauma occurred. I loved this experience, and I remember it, because I knew that by connecting with him, I had made a difference.

The other thing I loved about the experience was how, even though I was not focused on my team, my team was focused on me while I focused on my patient. They anticipated my every need. They executed flawless teamwork as they notified the nearby trauma center and the helicopter service, called his family, got the two units of blood up and helped with the intubation and the conscious sedation.

They were connected to him through me: everyone, even the secretary at the desk making the calls, was feeling empathy and compassion for this poor guy. Everyone knew his or her place on the team. Everyone performed his or her duties flawlessly. Everyone was totally engaged with this case and everyone felt incredibly good as a result of his or her efforts in this case. When they talked to each other about it, smiles filled the room. This is what happens in a real emergency; this is the very best of Emergency Medicine.

Editors Note:
Do you have an experience to share which demonstrates how you feel when you are connected to your altruistic purpose and your patient? What allows you to block those antigens/obstacles which may be limiting your strengths? What gives you the ability to truly be there for yourself and others during times of being “in the moment,” “being in the flow,” or “being connected to your true healing spirit.”
In this post I will show you a shortcut to more happiness in your busy life as a physician ... by teaching you how to overcome your doctor programming and build your own personal Venn Diagram of Physician Happiness.

The happiest doctors I know understand there is a Venn Diagram for career satisfaction. By conscious planning or sheer luck, they have maximized the overlap of the two circles of the Venn. Right now you probably only see one of the circles. Let me show you the second circle that will serve as a springboard to more happiness in your career.

Most physicians do not know this Venn Diagram even exists because of the programming of our medical education. This hole in our collective awareness is one of the big reasons for physician burnout rates of 33-80% in recent surveys.

We are trained to see problems and react to them. We diagnose and treat ... and have spent decades perfecting this thought process. It is the basis of what we do as a physician ... however it is not a solid foundation to build your life on. It is no way to become one of the happiest doctors.

Our reactive problem solving mode means we only see one circle ... it looks like this.

Knowing all the things you don't like about your current position is important ... and the happiest doctors don't stop there. You can solve every one of these issues and still not build your ideal job. Here is the main point I want you to see.

Our reactive, problem solving mode creates a huge blind spot that blocks most doctors from more career/job satisfaction. Our focus on finding and fixing problems walks right into Einstein's famous quote, “No problem can be solved from the same level of consciousness that created it.”
Fixing a problem won't necessarily get you what you really want. To get what you really want you will need to rise to a new level of consciousness and create the second circle of the Venn. Circle #2 looks like this ...

![Diagram](image)

**Proactive Awareness**

IDEAL

Job Description

I know this seems obvious now that I point it out. And I have worked with hundreds of overstressed physicians now and not one of them has ever had a written Ideal Job Description, until I gave that to them as a coaching assignment.

“You can't get what you want ... until you know what you want.” ~ Joe Jackson

Notice that this is a 180 degree shift in your focus -- from solving a problem with our doctor skills, experience and programming -- to clarifying what you REALLY WANT.

Writing down your Ideal Job Description is the first step to making it real. You may have to overcome a bunch of inner “gremlin chatter” to give yourself permission to make this list. That is normal. We are programmed as doctors to put our needs/desires/wants/preferences dead last. You can change that right now.

I encourage you to grab a pen and paper right now and begin your first pass at your Ideal Job Description ... and be as specific as possible.

How many hours a week
How many patients a day
What kinds of diagnoses and problems
Do you round in the hospital
What are your colleagues and the culture of your group like
Where do you live
How much money do you make
Write it ALL down and keep the document handy so you can add to it in the days and weeks ahead.

Once you know what you REALLY WANT you can create your own Venn Diagram of Physician Happiness and take the next step ... work to maximize the overlap in the two circles. That is exactly what the happiest doctors have done.

If you are getting ready to interview for a new position:

This is the task of the interview - for you to ask the questions you need to understand how much overlap there is between this position and your ideal job description.

If you are in a position currently:

Once you understand your Ideal Job Description and can clearly see the amount of overlap between it and your current job/career ... you can begin to take simple steps to increase the overlap week by week.

- Notice where your current job is out of alignment with your ideal description
- Make a list
- Pick one area you would like to address
- Brainstorm steps you can take to increase the alignment/overlap
- Get started

BTW, the smaller your initial steps, the better ... until you get some momentum going.
It all starts with giving yourself permission to ask this question:”In an ideal world, what would my job/career look and feel like?"

ACTION STEPS:  
Ask the question  
Make your Ideal Job/Career Description  
Notice your Venn Diagram overlap and areas where you are not aligned  
Pick actions to increase the overlap in your own Venn Diagram of Physician Happiness

PLEASE LEAVE A COMMENT and let us know what your level of overlap is now and what you intend to do about it.

Dike Drummond MD is a Mayo Trained Family Practice Physician, Executive Coach and author of the Burnout Prevention MATRIX Report. He provides burnout prevention and leadership development coaching and training through his website at TheHappyMD.com.