



## Annotated Facilitator Guide

### Resilience

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#### **Case Stem**

An intern attempts to place a central line under general anesthesia for a morbidly obese patient undergoing a partial liver resection, but the catheter kinks. After thirty minutes pass with multiple attempts at placement, a CA-3 comes to offer a break, and instead helps the intern, and rescues the line placement easily and without complication. After extubating the patient, the intern transports the patient to the ICU, without any vasoactive drips. The intern has a quick break and is then assigned to start a short outpatient case and “blows the IV” in holding. The nurse assists and places the IV and the case ensues uneventfully. The patient is discharged from PACU without incident. When the intern is relieved of clinical obligations, a buddy asks them to join them for a drink at their local hangout. The intern, feeling down on themselves, decides to head home and texts their partner to tell them that they are just going to go to sleep early because of a rough day. The intern lays in bed questioning if they have made the right decision to pursue anesthesia and wondering if a less hands-on specialty would have been a better fit.

#### **What is resilience? In the scenario above, how is the intern’s resilience challenged?**

- Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. It can more simply be thought of as your ability to “bounce back” from difficult experiences.
- The intern in this scenario is challenged by their perceived clinical “failures” of difficulty with line placement. The intern struggles to recognize and value other aspects of their clinical care that were excellent and led to good outcomes. The intern questions their ability to be a good doctor due to lack of familiarity and training at procedural skills. The intern has high standards and expects that they “should” be proficient at manual skills such as line placement, despite being early in their training.
- The hierarchical nature of medicine, coupled with its high standards, creates a structural system where trainees perceive that they are an imposter, when really their experience is no different than all those that came before them. As a specialty we need to foster and encourage growth by normalizing these learning struggles. The attending and senior

resident could have discussed the procedural difficulties with the intern (debrief) and shared their prior learning processes. It would be beneficial for the more senior members of the team (resident and attending) to share stories with the intern of their prior line placement difficulties and other challenges to normalize this aspect of the learning process.

### **What are the elements of Greg Eel's SAVES model to support and strengthen resilience and foster learned optimism?<sup>1</sup>**

- S – Social Connection
  - Humans are pro-social beings, and as such thrive off social connections and communities. These social connections build community and acceptance that help foster resilience. Social connections lead to oxytocin release which inhibits the amygdala and dampens the stress response.
- Attitude – The 3 “P”’s Permanence, Pervasiveness, Personalization
  - **Permanence** is thinking a bad situation will last forever. **Pervasiveness** is thinking that a bad event affects all areas of your life and can cause hopelessness and a victim attitude. **Personalization** is the inability to see that there are external causes and factors that play a part in our own challenge and problems. Personalization focuses on the self as the source of the problem, without consideration of outside factors. For example, the intern was blaming themselves for their difficulty with line placement rather than lack of training and adequate instruction.
- V – Values
  - Find what provides and supports a life filled with meaning and purpose. Pursue what matters to *you*. When we engage in meaningful work and activities, we lean towards a more whole life that aligns with our core values.
- E – Emotions
  - As complex beings, with a wide range of emotions, negative emotions are part of our emotional gamut and are part of human nature. Rather than pushing negative emotions away, we should work to notice these emotions without passing judgement and then move towards acceptance. This type of mindfulness and enhanced self-awareness is an initial step toward increased resilience.
- S- Silliness
  - Humor can be used to bring balance to our lives to help integrate opposing perspectives and to find meaning in suffering. Numerous studies have shown that laughter helps relieve pain, increases happiness ratings, and strengthens the immune response. Our personal and work lives are not immune to life’s struggles and difficulties, which include sadness, traumas, experience of death and illness. It is, therefore, important to incorporate laughter and silliness to bring greater balance into our everyday experiences.

**When considering the “S” of social connection, how could the intern have tapped into their social connections for support?**

- Hang out with friends after work to share in his day and feel connection to co-residents.
- Instead of coming home at night and choosing to disconnect from loved ones, they could have chosen to spend time with their partner.
- Find the resident who helped them in the OR, to lean on them for support.

**The Harvard Business Review<sup>2</sup> article discusses “compartmentalizing your cognitive load.” What does that mean?**

- We receive 11 million bits on information every second, but our executive thinking centers can only process about 40 bits. We can’t decrease the amount of information we receive; however, we can compartmentalize our cognitive tasks to optimize our processing of information. One approach to compartmentalizing tasks could include dedicating certain times of the day to check and respond to emails, rather than constantly switching between e-mail tasks and other work tasks. This approach can easily be applied to those individuals who have scholarly works to write; for example, if you are writing an abstract, consider blocking out time in your day without clinical work interruptions.

**What is “serial monotasking?” How might that be applied in the OR? How might that be used to strengthen resiliency?**

- Multitasking is a myth<sup>3</sup>. When we switch from task to task, we decrease our productivity by at least 40%. For example, switching from writing an email to editing a paper.
- In the OR it is easy to get overwhelmed by the number of tasks at the start of a big case. For example, when positioning a patient prone for spine surgery there are so many tasks that need to be addressed expeditiously; the anesthesiologist needs to straighten the IV lines, check body positioning, ensure adequate depth of anesthesia, etc. Almost simultaneously, the anesthesiologist is often distracted by many other tasks, such as antibiotic administration, tidying up the anesthesia station and cart, and charting. It is important to prioritize each task, and approach them one at a time. It will be possible to complete each task faster and more efficiently when focusing on each micro-step.
- Serial monotasking will eliminate distractions and help you accomplish your goals more effectively. This can improve your feeling of efficacy and strengthen resilience.

**When considering the “A” for attitude, how might permanence, pervasiveness and personalization play out in this scenario?**

- P – Permanence – The resident approaches this scenario with a dooming sense of permanence. They believe that their dexterity challenges throughout the day will continue to plague them. One can easily argue that tomorrow the intern would not encounter similar IV or central line difficulties. As humans we need to remember that challenges and failures are impermanent and not character traits. The only thing that is constant is change, so tomorrow will bring on different successes and different challenges.

- P – Pervasiveness – How might the intern have shifted his mindset to recognize that the two difficult moments aren't pervasive and that they ALSO had successes that could outshine their two challenges. What were some of these successes/positives and wins?
- P - Personalization – Rather than recognizing that we all have vulnerabilities and limitations and moments of challenge, and that this is tenet of common humanity, the intern likely assumed that the CA-3 was looking down at their performance and judging them as inferior because of their skills. Could the CA-3 have recalled a time when they struggled in a similar fashion?

**Reframing Technique Exercise: After discussing the 3 P's in relationship to the case, now using the pre-learning worksheet have the participants share their professional/personal experience and how they reframed the uncomfortable situation they experienced.**

- Break off group into pairs.
- Have the participants access their worksheet for discussion
- Instructions for participants:
  - Based on your completed prelearning reframing technique worksheet, please share with your partner your situation experience and possible reframed responses
- Following the exercise, groups should share their insights about this experience with the group.

**Discussion points for facilitators:**

- How was the exercise experience?
- Was it challenging to consider reframing of the 3 P's, was there a specific P that more difficult than the others?
- Could you see how this may apply in situations?

**Return the participants to the case and close out this section with discussion of attitude of learned optimism versus hopelessness.**

**How could the intern have used *curiosity* about the events in his day in a way that would have fostered an attitude of learned optimism versus hopelessness?**

**The intern could have:**

- Asked the CA-3 to glove-up during the central line placement to provide him with hands-on help and guidance.
- Approached the RN, or others in the department to get tips on PIV placement.

**Can you remember a time when you might have responded to a similar instance of “failure” How did you explain that to yourself? How might you incorporate the concept of Growth Mindset vs. Fixed Mindset in this scenario?**

Carol Dweck, a renowned psychologist, introduced the concepts of "growth mindset" and "fixed mindset" to explain different attitudes individuals may have towards learning, intelligence, and personal development. **“Growth mindset”** is the belief that individuals' abilities can be

developed through effort and learning from failures. Those with a “growth mindset” embrace challenges and persist through setbacks, seeing them as opportunities for growth. This “growth mindset” leads to higher achievement and resilience. A “fixed mindset” is the belief that abilities are fixed and innate. Individuals with a fixed mindset avoid challenges, fear failure, and feel discouraged by setbacks. Their personal development and potential for success is stymied.

**How does shame play into the intern’s emotional state? What self-directed approaches could the intern employ to face his challenge and emotions in a more accepting way?**

Shame is a natural emotion that stems from our desire to feel loved and accepted and is antithetical to the act of self-compassion. Self-compassion is the process of turning kindness inward. It is comprised of:

1. Mindfulness
2. Self-kindness
3. Common humanity

A great way to think of self-compassion is thinking of how you might treat a friend who is going through hard times. What would you say to them? How would you hold space for them? We often neglect ourselves and don’t treat ourselves in the same way we wish to be treated when we ourselves experience hardship.

**Self-Compassion Break Exercise<sup>5</sup>**

1. Think of a situation in life that is causing you stress, not too much stress, and not something that is charged or extremely difficult. In this instance, the intern can think of their difficulty with the line placement. Visualize the problem.
2. Mindfulness – acknowledge the suffering and pain “this is stressful”. Acknowledge without judgement the emotion associated with not getting the IV.
3. Common humanity- “everyone experiences suffering, just like me”. Remember that most, if not all anesthesiologists, have trouble with procedures at some point.
4. Offer a gesture of soothing touch: “may I be kind to myself.”

If you are struggling with the exact words, imagine how you would like to be approached by a friend who is offering you kindness and support during a time of suffering. What would the intern want their closest friend to say to them after struggling with that case?

**How can this resident cultivate optimism and positivity?**

Re-framing is a powerful tool. In any situation, there are always elements to be grateful for. Asking “what am I grateful for?” brings attention to the positive in the situation and can help with reality testing and prevent catastrophizing.

**How can you bring gratitude into your workday and life to increase your resilience? What are you grateful for?**

Facilitator: Introduce the concept of “three good things” to the group and consider having them share one good thing with the group.

**Three Good Things<sup>6</sup>:** Martin Seligman, a prominent psychologist and one of the founders of positive psychology, developed a gratitude practice known as "Three Good Things." This exercise is designed to enhance well-being and cultivate a positive outlook by focusing on the positive aspects of one's life.

**The Exercise:**

- At the end of each day, take a few moments to reflect on the positive experiences or things that occurred during the day. Choose three specific good things from your day that stood out to you. These can be simple or significant events, achievements, moments of joy, acts of kindness, or anything else that brought you some level of happiness or satisfaction.
- Consider writing down your three good things and reflecting on the causes or factors that contributed to each positive experience. Consider the actions you took, the people involved, or the circumstances that led to these positive outcomes.
- Finally, take a moment to savor and appreciate the positive aspects of your day. Express gratitude for these experiences, recognizing their value and impact on your well-being. You can do this silently or verbally, acknowledging the people or circumstances that brought about these positive moments.

By practicing "Three Good Things" regularly, you train your mind to focus on the positive aspects of your life, fostering a sense of gratitude and well-being. This exercise helps shift your attention away from negative thoughts or experiences, leading to a more optimistic and appreciative outlook. Over time, it can contribute to increased happiness and overall life satisfaction.

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