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Wellness Integration Newsletter

WELCOME

Many medical professionals experience stress under the unique demands of working in an academic medical environment. Sometimes, we can be resilient in the face of severe stress, but at other times we can become overwhelmed and may benefit from additional support. The Wellness Wednesday Newsletter seeks to provide a foundation curriculum with an array of tools to support and expand your current wellness efforts thereby facilitating a strong and thriving workforce.

► The Micros: The Good, Bad & Ugly — By Brenda Lovegrove Lepisto, PsyD

I bet you are wondering what are "the micros" and what this has to do with wellness? How good, bad, or ugly can a "micro-anything" be? Read on, and you will discover how micro-level behaviors affect our wellness and the wellness of our clinical learning environments. By the end of this article, I hope you appreciate the connection between inclusion and well-being, and you learn tips to create an inclusive environment.

I am sure you have heard of the term "microaggressions," those comments and behaviors that unintentionally harm and marginalize people. Have you heard of micro-kindnesses and micro-affirmations? We can use these two concepts in our journey toward a state of well-being in our daily lives. Interpersonal awareness and behavior aimed at positive attention and intention toward equity, inclusion, and anti-racism impact our state of well-being and those with whom we interact. Through the practice of recognizing and minimizing microaggressions as we increase recognition and magnification of micro-kindnesses with micro-affirmations, we can improve the well-being of our learners, staff, and faculty.

First, I will define the term microaggression briefly as the definition has crept over time to include more global interactions than initially intended. Second, I will provide keys that aid in the prevention of microaggressions. Third and finally, proactive steps can consist of micro-kindnesses and micro-affirmations as an antidote.

In the 1970's Dr. Chester Middlebrook Pierce, a Harvard psychiatrist, coined the term "microaggression" that described insults and dismissals which Dr. Pierce regularly witnessed non-black Americans inflicting on African Americans. The term microaggression has been extended to additional marginalized groups, including women and LGBT populations.

Derald W. Sue, Ph.D.'s provides a thorough description of microaggressions here. Microaggressions occur due to the various implicit biases that we all hold. Good people with good intentions unknowingly say microaggressive comments. Being aware and open to exploring the impact of our words on others can uncover biases, assumptions, inference, and cultural stereotypes incorporated through living in a society. Through research, we have learned that seemingly minor and sometimes unintentional offenses can take a toll on the mental health of others. Not only a toll on mental health by resulting in depression and anxiety, but microaggressions also produce unhealthy, toxic work environments where productivity and problem-solving abilities decrease

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Now that we know what microaggressions are let's take a look at proactive measures of micro-kindnesses. Another researcher, Judson Laughter, PhD., suggested examining and increasing our micro-kindness behavior. He defines micro-kindness as brief verbal, behavioral, or environmental acts of respect, consciously intended to provide potential space for positive and humanizing interaction. Just as with microaggressions, micro-kindnesses add up to affect the clinical learning environment. Here are a few suggestions that you can implement.

1. Smile and acknowledge a learner when walking down the street or in the cafeteria.

2. Do not move to the other side of the hall or street to avoid walking past a learner, even if it means going out of your way. Recognition of others and a willingness to share space indicates acknowledgment and acceptance.

3. Spend time noticing the words and actions that make you and others feel welcome and respected, as well as those actions that lead to feelings of disrespect. In other words, monitor your emotions and the feelings of others.

4. When speaking to others, use appreciative inquiry, open-ended questions, and positively-framed, generative conversation.

5. Do not allow inflammatory language or posts on social media to go unchallenged.

6. Practice self-compassion when you make mistakes, as well as compassion for others who may not be as far on the learning curve as you are.

7. Use generous language--give compliments, say what is going right, offer gratitude for others' contribution

These micro-kindnessses positively influence others' lives and your own life. Increasing micro-kindnesses as we decrease microaggressions positively impact our well-being, others' well-being, and the climate of the clinical learning environment.

What do you think? I would love to hear what you are doing to ensure an inclusive clinical learning environment with positive relationships among learners, faculty, and staff. brenda.lepisto@mclcaren.org

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Resiliency Tips

By Heather Kirkpatrick, PhD

Resilience is defined as the process to recover after a stressful event. Some are surprised to learn that resiliency is something that can be learned and refined. Improving your resiliency is a key tactic in surviving residency. The communication theory of resilience is a theory that describes 5 communication processes that can facilitate our attempts to regain equilibrium when stressed. Research indicates that when people engage in these tactics, they report greater levels of resiliency. In our ongoing series exploring resilience, we have explored **crafting normalcy,** and **backgrounding negative affect while foregrounding positive action**. This month, we will focus on **Affirming identity anchors.**

Identity anchors are enduring ways of answering "who we are" to other people.
A parent. A Christian. A doctor. A son. A soccer player. A musician. A foodie.

Q: Thinking about how you often explain who you are to others. What do you say?

Q: Does that answer change depending on your group or the context?

This strategy encourages us to consider ourselves as the same people we always have been despite a current struggle. We can ask ourselves,

"how does your identity as a _____ help you cope with this?" or
"How does being a _____ affect how you will deal with this difficulty?"

So, too, can we use our identities as self-talk. For instance, if I am overwhelmed with all I have to do, I can say to myself, "You are a professional, and are good at multitasking" or during a long day in the ICU or the OR, "You are an athlete, and are used to willing your body to do things it doesn't want to do."

See if you can try to pull on identities *other than your medical professional identity* to help you with struggles you face at work. You may be surprised at how those other facets of who we are help broaden the skills we bring to work stress.

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Do More of What You Love

By Regina Carey, M.Ed.

When my father died suddenly from a massive heart attack; when my husband had cancer; when my child was going through addiction; when my mother was emergently hospitalized for congestive heart failure; and when I had knee surgery, the world and those closest to me were kind and supportive and forgiving.

“How can I help you?”
“Take the time you need to heal”
“Whatever we can do, just say the word.”
“Don’t worry about missing the meeting. It’s okay!”

Those were some tough times. Hard. Unpleasant. Painful. With the help and support of those around us, we made it through. As a result of that outpouring of support, we find ourselves strong and poised to help others in need. Grateful.

When I wanted to quit my job because I was burned out; when I thought about getting my motorcycle license so I could steer instead of hold on; when I tossed around the idea of getting a tattoo; when I learned about the Camino de Santiago in Spain and wanted to walk it alone; and when I considered stepping down from volunteer positions, the world and those closest to me were scared and critical and disapproving.

“What are you thinking?”
“You’re letting people down.”
“Don’t do that! It’s way too risky!”
“You could get injured or worse – killed!”
“That decision will be permanent for the rest of your life!”

I did all those things, and I loved ALL OF THEM! I made it through because I believed in my capabilities **despite** what those around me thought or said. I quit my job and started my own company, I drove that motorcycle, I got that tattoo, I walked alone through Spain, and I let go of service so someone else could step in and help. Making those decisions inspired me, rejuvenated me, and made me stronger **so I could more easily help someone else**.

We have to do more of what we love to fuel our thoughts, heal our bodies, and feed our spirits! When we proclaim a GLORIOUS YES to what we love to do, we are more clearly able to see how the NO’s set us free and keep us healthy. The world will never catch up to an enlightened human. Those who are meant to heal and serve and teach are also meant to act as role models of self-love and brilliant self-care.

If you are someone who says, I can do that as soon as I get the promotion, finish the book, find the cure, complete the research, make the income, have the right partner, or get the degree, STOP! Take a deep breath and start living YOUR life. Let’s start being kind and supportive and forgiving to those we love who are following their hearts instead of the expectations of those around them. Let’s celebrate people who are in the business of saving lives while they actually LIVE THEIRS!

Speak to yourself with compassion on the inside and you will radiate peace on the outside
-Amy Leigh Mercree

Prepare for Next Month:

Personal Reflection on the word:

COMFORT

▶ "On Call" Reflections

By Stephanie West, DO

Even if you did not read the book, you can still reflect on these questions as they relate to your own experiences.

1. In the prologue, Dr. Transue divulges that writing about her patient encounters helped her through medical school, residency, and beyond. What is your outlet to unpack the good, the bad and the ugly of practicing medicine?

2. This book, among many other attributes, can help patients understand the process of becoming a physician -- humanizing us. If there was one thing you could tell 'patients' as a whole, what would that be?

3. What is the very first patient encounter you remember? Why do you think it stuck with you?

4. What was the last patient encounter that made you smile? Why?

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