

How We Make it Work

Profiles of Resilience



Whether reshaping a career, taking more “me” time, or exploring and expanding other meaningful life roles, every professional has a unique route to avoiding burnout and making life work. The following are profiles of a few physicians who wanted to share their stories.

A Life Outside Medicine

“We all have those patient stories which haunt us. We think about them every day.”

This doctor recalls a trial he endured years ago. “Even though the jury returned a unanimous verdict in my favor at trial, I was troubled because I still did not know what had happened—why the patient had died.” The doctor eventually conducted research that revealed exactly what had happened. Procedures are now in place to prevent recurrence of that unfortunate

event. What satisfied the doctor wasn’t the jury verdict; it was a clear understanding of why the event occurred and the knowledge that the research resulted in changes that would probably save many lives.

That specialist, a rising star, enjoyed the recognition and positive reinforcement he was receiving from his local medical community due to his level of expertise. He was referred to as the “cream of the crop.” But his hectic schedule and the resulting stress helped him realize he was living someone else’s dream, and the glory wasn’t worth the steep price. That led him to quit the high-profile

job and choose a path that permitted him to feel challenged and make significant contributions while providing a better balance between his professional and personal life.

“When you’re just starting out, be flexible,” he says. “You might realize that you don’t want to do the thing for which you have for so long prepared yourself, or circumstances might change. If your five-year plan doesn’t pan out, or your choice of specialty isn’t what you thought it would be, make a change—sooner, rather than later. Don’t continue down a track that isn’t making you happy. One of the measures of my professional success has been whether or not I look forward to going to work.”

With a son in medical school, this doctor has concerns about the demands his son will face. He recognizes that residents have considerably more support now than when he was undergoing the training process himself, but he feels there should be a system in place to help physicians beyond their training.

“We have quite a network, but it’s more of a gossip network. Word of bad news spreads fast—we get a call saying ‘did you hear what happened to so-and-so?’ We’re all pretty interested to hear, and I suppose to be glad that it didn’t involve us.” Let us imagine if that network was used for support, rather than sharing someone else’s bad news.

Having an identity outside of medicine can also help physicians remember the many ways they contribute to those around them. This physician found that joining a photography class, full of people doing what they loved, provided an additional outlet. No one knew he was a physician. They related to him as an artist. He found it refreshing and satisfying to be in a group that had a different benchmark for recognition and accolades.

“I tend not to socialize with medical people,” the physician says. “I welcome the opportunity to spend an evening chatting with a crane operator to learn about how he/she assembles massive pieces to build skyscrapers. My curiosity, which brought me to medicine, extends beyond that field.”

A big music fan, he frequently enjoyed concerts at a local venue, where over the years he had lively conversations with both fellow patrons and employees.

“One day at the hospital, I encountered one of the servers who was in for surgery. He knew my face, but couldn’t recall my name. He asked, ‘What are you doing here? Are you a doctor?’ I laughed—it made my day.”

Staying Connected and Mindful

“I love the richness of being a part of people’s lives. Every patient has a unique and fascinating story.”

During medical school she was buoyed by a strong sense of a greater purpose. Yes, there was the basic science information to learn, study, and memorize. But what made all the hard work worthwhile was the strong desire to help people during their greatest times of need. “It’s more about the person than the technical side of medicine for me,” she says.

This desire and sense of patient connectedness is probably what makes so many providers good at what they do. But how does one keep that strong sense of purpose and human connection alive during the stresses of practice? While she is now seasoned enough to be mentoring several others, this doctor acknowledges the importance of her own mentor in

helping shift her perspective. “It is incredibly powerful to just be there with someone, as a witness, and not take on the problem,” she says. “I had to learn that for my own well-being.”

To remain connected to patients while holding clear boundaries, she uses mindfulness practices. “I pick moments for mindfulness during the day. For instance, right before I enter an exam

room, I can stop, breathe, and think before I enter.”

Regular Balint group participation with other physicians has been another way she’s maintained a connection to patients. Balint groups provide monthly touch points of peer connection and support for some of the most challenging—and discouraging—patient relationships.

This physician’s longtime commitment to a church choir also provides a channel

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It’s been said that balance is a point you cross as you swing back and forth along a pendulum between two extremes.

WHAT’S A BALINT GROUP? HOW DO I FIND ONE?

Developed by Dr. Michael Balint in Britain after WWII, Balint Groups meet regularly and confidentially over the course of many years, to better understand their own patient relationships through case discussion. Physicians focus on improving their ability to connect with and care for patients—especially during those interactions that are frustrating, annoying, or unsettling.



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for refueling. “When we’re singing, we breathe together. It is powerful—communication takes place without words.” The essence of a choir group is not about performing; it’s more about using song as a channel of worship. For this physician, it also provides a rejuvenating connection with others outside of work.


She has also benefitted by adjusting her work schedule to accommodate the rest of her life. While raising her children, she cut back to work part-time. Some years that meant getting more involved in administrative work and seeing fewer, if any, patients—and putting her years of medical experience to use in new ways.

“I always get back to the joy in what I do,” she says. “My work is intellectually challenging, spiritually rich, and pays well. Remembering that, I have very little to complain about.”

Layers of Meaning

“Working with medical students keeps me mentally sharp. They question me. It makes me stay in touch with the literature and go with them to find answers. Teaching helps sustain me.”

Initially pursuing a career of social justice, she envisioned herself as a community organizer and educator. But around the age of 25, she realized that as she advanced in her career, she would become farther removed from the person-to-person



“I’m on vacation for the next two weeks and I need this time for my resilience,” replied one of the physicians invited to be interviewed for this article. Saying no—or not right now—can be very important.

work she loved. Then the thought of a medical career occurred to her.

“I realized I wanted to own a skill that no policy could control, that I could use to help people all over the world, whether individually or as an entire community.” Bringing her interests of educating and organizing to her medical career, she now also teaches and has long been an advocate for underserved urban populations by working to fill the pipeline of providers for that community. Bringing her core passions to medicine provides layers of meaning for her and keeps her invigorated.

She is passionate about relationship-centered care. “The reciprocity of this style of care really speaks to me,” she says, “the notion that the physician can also be getting something out of the relationship.” She believes in it so strongly that she has published a book

time off at the insistence of others, but I was thinking, ‘Well, this is backwards!’” She gained a more realistic view of how physicians need to support each other in taking care of their personal lives by covering for each other when necessary.

“Overall, medicine is stressful. But it’s really fun. We just have to set up our own tools to preserve sanity, have lives outside medicine, and remember what components of the career are important to us.”

Rational and Emotional Coping Skills

“Suicide is a hard topic for me.”

Choking back tears this doctor shares that four of her friends, acquaintances, and

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of collected essays on the lessons that patients have taught their physicians. She blogs about meaningful moments she’s had with her patients and finds the creative expression to be invigorating.

“Residents are almost burned out at the thought of constant giving,” she says. That’s why she teaches workshops to help students form doctor/patient relationships that fuel them with meaning, rather than drain them.

She also learned early in her career to take time off when needed and to allow others to cover for her. She recalls the months before her mother died: “I was working full tilt as a second-year resident. After she passed, I finally took

colleagues have taken their lives. “The most recent one helped me realize what’s really important about success, so I can focus on that with my family and in how I’m raising my kids,” she says. Recalling those who took their lives, perhaps because they were living up to someone else’s ideal or were considered a bright star by everyone but themselves, she says, “It’s not building a resume that matters; it’s learning how to manage life’s problems. If you’re doing great by others’ measurement, but not your own, you’re just in pain.”

Her first bad outcome took place after she had performed about 1,500 successful eye surgeries. A patient developed an infection and sustained serious vision loss. Although the physician knew she was a good

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7 Deploy multidisciplinary rapid-response teams, especially in high-risk areas, to reach out to clinicians as part of a formal provider support program. These employees should be specially trained to monitor colleagues for second-victim signs and provide support.

8 Develop external referral networks, which might include employee assistance programs, social workers, chaplains, and clinical psychologists.

After a serious event, one health professional in five will require counseling or other form of support. A provider who lived through an event referred to the experience as “an emotional tsunami.” Another described it as “the darkest hour of my life.” As health care professionals and organizations, we have a responsibility to protect and heal the clinicians on our team. 



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surgeon, she felt depressed for a month. She thought about the case several times a day, wondering how much might have been her fault and what, if anything, she could have done differently.

“I was feeling upset that I could have caused someone to lose sight,” she says. “I was anxious it could happen again. But there was no time to process that. With a surgical schedule that was booked solid for the next month, I had to keep going.” Meanwhile, she received two or three thank-you notes from patients for whom she had made a big difference. “But I couldn’t get excited about it. I was too depressed and feeling so bad about the surgery.”

Coping is a two-pronged process for this provider. Her first defense is emotional support—relying on family relationships, close colleagues, and her strong sense of faith and prayer. Her second is rational support for herself—developing an action plan.

“The responsible physician in me wanted

to make sure I was updated with the latest research to avoid this ever happening again. I did adjust my incision point slightly, based on what I researched, in case it could make a difference. I started scrutinizing the techniques of nurses who were on the team. I adjusted my recommendations for antibiotic use. I’m still not sure how the infection was caused, but having done the research, I know I’m a good surgeon and am using good techniques.”

She acknowledges that not having control is what eats away at a Type A personality like hers. But it’s simply not possible to control all circumstances or outlying factors that could affect a patient.

“I realized I don’t have a very thick skin,” she acknowledges. “I should have gone into a field with less risk! It’s fine for my patients, because I’m making a big difference for a lot of them—but it’s really hard on me. You have to be okay with what could go wrong beyond your control, while knowing that you are doing everything possible.” 