Supplementary Online Content


eAppendix 1. Physician Well-Being Study Facilitated Small-Group Session Topics
eAppendix 2. Sample Facilitated Small-Group Session Guide

This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix 1. Physician Well-Being Study Facilitated Small-Group Session Topics

Module I: Self

1. Introduction and overview of curriculum, group development

2. Physician well-being
   a. Preventive care: e.g., screening, physicians’ physical health practices
   b. Assessing well-being (mainly mental side): honesty, reflective practice, mindfulness

3. Physician distress
   a. Physical and psychological distress (illness, disability)
   b. The wounded healer: moral distress, burnout, fear, anger, (other emotions)

4. Meaning in work: Part I
   a. Definitions of meaning: group question – why do you work doing what you do?
   b. Sources of meaning: influence of personal values, identity

5. Meaning in work: Part II
   a. Protecting meaning: meaning though the professional life cycle
   b. Promoting meaning: approaches may vary over time, need to be flexible

6. Personal Resources
   a. Mindfulness/resiliency (internal resources)
   b. Spirituality/religion, community, friendships, activities (links to external resources)

7. Thriving
   a. Definitions: the spectrum of well-being, with distress on one end, what is on the other end?
   b. What is needed to flourish/thrive?

Module II: Patient

8. Patient connectedness
   a. Compassion in the face of personal disengagement
   b. Deep versus surface acting and empathy

9. Barriers to Care: Part I (patient-based)
   a. The challenging patient
   b. Expectations from patients and families

10. Barriers to Care: Part II (provider-based)
    a. Physician assumptions and biases (stereotypes, prejudices)
    b. Insight into personal cognitive patterns and how these may represent barriers to the patient-
        physician relationship, recognizing personal limitations

11. Bad News
    a. Effect of suffering and death on physicians (the grieving healer)
    b. Physician as source of hope

12. Medical mistakes and errors
    a. Experiences of error and reactions from peers/system
    b. Impact on physicians

13. Being present
    a. Definitions, relevance to practice
    b. Skills for being present: reflective listening, listening to self and listening to others
Module III: Balance

14. Personal/professional balance
   a. Work-home interference
   b. Balancing external pressures (societal and professional expectations)

15. Personal/professional identity
   a. Professional and personal expectations and self
   b. The role of choices (intentional or not)

16. Personal/professional relationships
   a. Relationships beyond work and within work (healthy and unhealthy)
   b. Power differentials as a barrier to healthy relationships

17. Gender and generational differences
   a. Male-female roles at work and home
   b. Priorities across generations, barriers to communication (e.g., mindfulness and acknowledgment of personal perspectives and biases)

18. Resiliency
   a. Mindfulness/resiliency
   b. Resiliency skills training

19. Closure of curriculum
   a. Orientation to resources, ongoing relationships
   b. Closure process (reflections on course)
eAppendix 2. Sample Facilitated Small-Group Session Guide

Session Topic: Physician Well-being

Specific Themes to Address:

a. Preventive care: e.g., screening, physicians’ physical health practices
b. Assessing well-being (mainly mental side): honesty, reflective practice, mindfulness

elements of session:

a. 12:45-12:50: Check-in/Welcome

b. 12:50-1:05: Prepare the Environment (cueing exercise):
   Data slide projected on screen.
   i. 35% of physicians have no regular care provider
   ii. 66% of eligible physicians with colon cancer screening
   iii. 71% of eligible physicians with mammogram
   iv. 71% of eligible physicians with influenza vaccination

Facilitator to prompt attendees to personally reflect (on a piece of paper or through thought) on their own health practices, both physical and mental.

Note that the data above do not report on mental well-being activities – we will introduce these in greater detail in Session 3.

Questions for participants to consider: Are these data surprising to you? How do you reflect on your own well-being practices (both physical and mental) in light of these data on other physicians?

c. 1:05-1:25: Group Discussion:
   a. Voluntary shared journal reflections
      i. If discussion is difficult to engage, ask group to reflect on why this may be a difficult topic to openly discuss
      ii. Manage discussion to allow all to participate who wish to
   b. Are there common themes that emerge?
   c. Possible discussion points:
      i. Do physicians take good care of themselves? Why or why not?
      ii. How do we monitor our own well-being? Should we be doing this?
      iii. What do participants do to promote their own well-being? Are these behaviors intentional or not?

Strategies to Promote Physician Well-Being

1. Invest in your relationships
2. Nurture religious aspects/spirituality
3. Take care of yourself
4. Approach to work
5. Life Philosophy

d. 1:25-1:40: Skills/Solutions:
   a. Note existing data on physician wellness practices if not already introduced in Group Discussion (see Weiner paper, full handout, and abbreviated list of items above).
   b. Briefly introduce Resources.
      i. Approaches to well-being from the literature
      ii. Additional discussion of the literature
      iii. Website: http://www.pgme.utoronto.ca/wellness/physician.htm
      iv. Mindful practice in Epstein paper
   c. Introduce role of reflection, mindfulness (mainly definitions, topics to be discussed much more later in the curriculum).
      i. Reflection: personal examination of actions, belief systems, values, feelings, conflicts
      ii. Mindfulness: “attending, in a nonjudgmental way, to one’s own physical and mental processes during ordinary everyday tasks to act with clarity and insight” (adapted from Epstein paper)
      iii. Productive self-reflection requires mindfulness
   e. 1:40-1:45: Check-out/Summary

   Key topics addressed during session:
      i. Physicians often do not take care of themselves as well as we would like our patients to take care of themselves
      ii. Greater personal awareness may be helpful, facilitated by reflection and mindfulness (we will talk about these much more as the curriculum continues)
      iii. There are several approaches to promoting well-being that have been proposed in the literature. These include attention to relationships, positive life philosophies, and attention to self.
      iv. Introduce resources for interested participants.

Resources:

i) Physician, Heal Thyself? Article from Arch Intern Med
ii) Handout on strategies to promote physician well-being, adapted from Weiner et al.
iii) A qualitative study of physicians’ own wellness-promotion practices. Article from West J Med
iv) A checklist for making good choices in trying – or tranquil – times. Article from West J Med
v) Physician well-being. Article from Am J Med
vi) http://www.pgme.utoronto.ca/wellness/physician.htm
vii) Mindful practice. Article from JAMA.