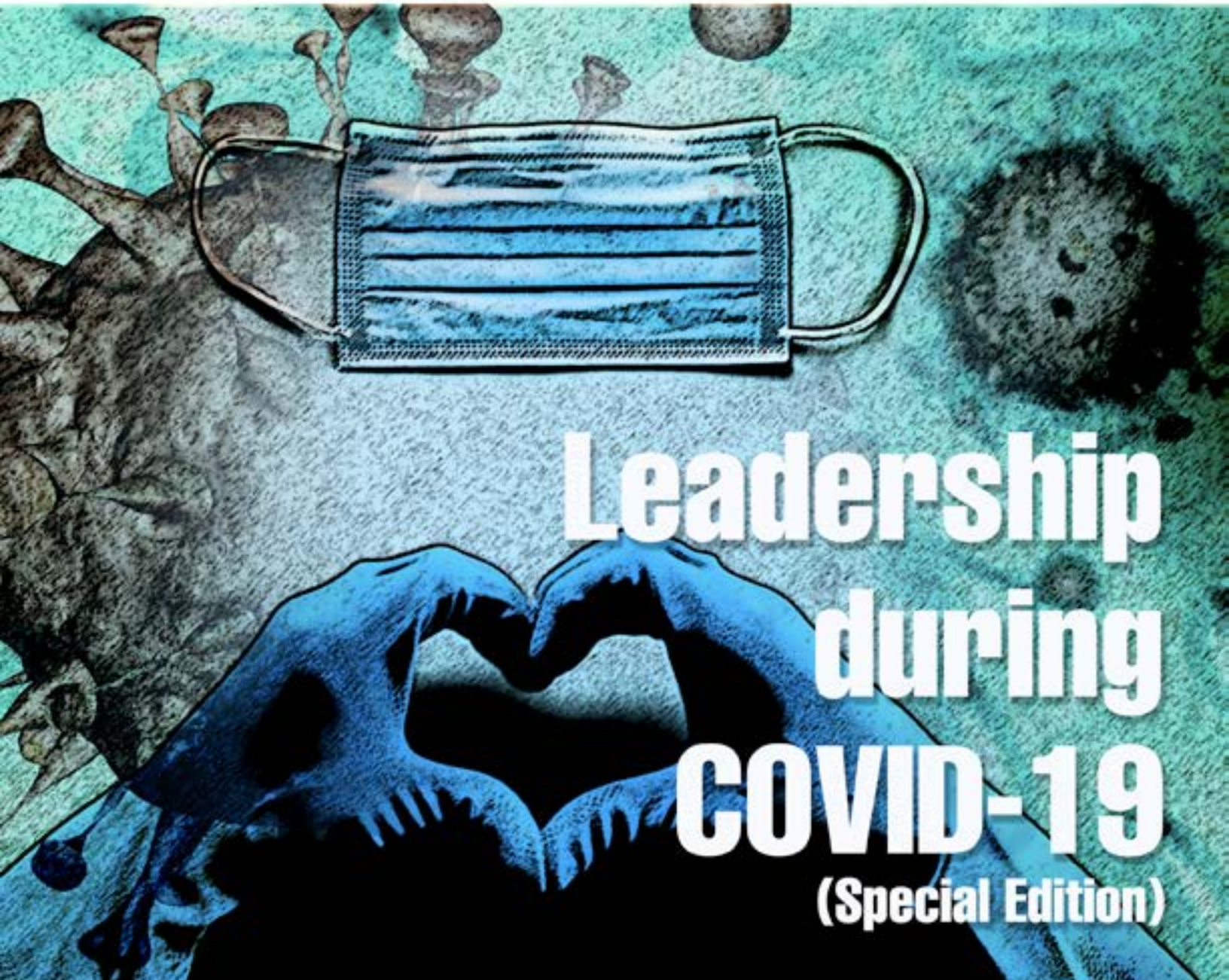


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# Physician Leadership

THE OFFICIAL JOURNAL OF THE CANADIAN SOCIETY OF PHYSICIAN LEADERS



Leadership  
during  
COVID-19  
(Special Edition)

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## EDITORIAL

## COVID-19



Johny Van Aerde, MD, PhD

In this special issue of CJPL, you will find some of the COVID-19 related work that the Canadian Society of Physician Leaders (CSPL) has been doing and continues to do for you. Within days after the pandemic had been declared, and even before British Columbia imposed its restrictions on conferences, the CSPL was one of the first non-profit organizations to cancel its annual meeting, which was to be held in Vancouver.

From previous surveys, we knew how much this annual gathering means to members: a place and a time to reconnect with peers, friends, and the organization. With that in mind, we decided quickly to develop and deliver resources for members, not only to maintain some of that connection, but also

to offer tools and information they might use during this time of uncertainty, volatility, and chaos. Whatever was offered had to be short and practical.

*Leading the Way* is a series of 19 podcasts, based on the pandemic experiences of medical and other health care leaders across Canada. Included are leaders for patient advocacy, virtual care, supply chain management, medical students, and physicians who are a CEO, minister of health, astronaut, innovator, and more. The interviews connect us across the nation and address approaches to various aspects of the crisis in different areas. At less than 12 minutes each, they are short (see [physicianleaders.ca/podcasts.html](https://physicianleaders.ca/podcasts.html)). We intend to continue this series, but change the frequency of release and switch up the content by adding leadership development topics, keeping to a maximum length of 15 minutes.

In this special issue, we've compiled the short bulletins that we produced over the last three months, each including a quick overview, framework, or skill that is useful to physician leaders in the current chaotic world (see [physicianleaders.ca/bulletins.html](https://physicianleaders.ca/bulletins.html)). Written by CSPL members or Physician Leadership Institute faculty, these bulletins are based on evidence and relate to the L, E, and S domains of the LEADS framework. The CSPL is grateful to the contributors: Dr. Marc Bilodeau, Dr. Andrew Downes, Dr. Mamta Gautam, Dr. Paul Mohapel, and Monica Olsen. We hope that

having all 12 documents together in one publication is useful to our members.

In addition to these offerings for busy physicians, we also delivered several targeted webinars early on. Dr. Dan Diamond, who was to be a keynote speaker at our annual conference, delivered a shortened version of his address in the form of three workshops on "Thriving during crisis." Another workshop, on "Everyday resilience" by Dr. Robyne Hanley-Dafoe, is available for viewing until 13 August. Please email Deirdre at [deirdre@physicianleaders.ca](mailto:deirdre@physicianleaders.ca) for the URL and password.

Because we are all affected by the pandemic, because "we are in this together," CSPL made many its resources open source from the beginning. Our tiny team is grateful that it was able to pull together 35 offerings for our members in a short time. However, our society has also incurred a large financial loss because of the cancellation of our annual conference. We continue to offer value for your membership fees during COVID19, and we hope we can also continue to count on your support. **Be kind, be well, do good.**

### Author

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## Ensuring our own wellbeing as we care for others during the COVID-19 Crisis

Mamta Gautam, MD, MBA, FRCPC, CCPE, CPE

As individual physicians, we can practice strategies to increase and maintain our personal resilience. Feeling stress does not mean we are not coping well or not able to do our job. In fact, it is a normal human response, and may be useful in allowing us to function during this difficult time. The important thing is to manage it effectively so that stress does not become distress. Using the 5 Cs of Resilience framework,<sup>1</sup> there are tangible things we can do to remain well.

**1. Control:** There is a lot of uncertainty, with the COVID-19 situation changing daily, even hourly.

**Can control:** We can identify what we can control – such as following guidelines, enjoying time at home, being positive and kind – so we can focus on this.

**Cannot control:** It is helpful to identify things that we cannot control – such as trying to predict what is ahead, knowing how long this will last, or whether other people are practising social distancing – so we can let go of them.

**We can control** how much time and energy we spend thinking about COVID-19. It is helpful to limit your time on social media and be discerning about what you read, and for how long. Stick with trusted sources of information such as your hospital or clinical department, your medical association, Public Health Agency of Canada, Government of Canada COVID-19 Updates, and reputable news sources such as CBC or the *New York Times*.

**2. Commitment:** The work we do is difficult and intense. Yet we have made a commitment to this vocation. We also need to balance this with our personal commitments.

**It is not easy** to establish meaning in our work when it feels overwhelming and futile, when we are frustrated that we do not have enough resources to do our work properly, or when we are dealing with losses.

**We need to remember** what it was about medicine that drew us to it, how our work aligns with our inherent values, and how it gives us personal meaning and satisfaction.

**3. Connections:** We cannot do this alone. We need to establish and maintain caring connections, both at work and in our personal lives.

**In your workplace,** take time to say hello to your colleagues, ask how they are doing. Offer to help as needed, and reach out to ask for help. Share resources and useful information.

**Upon arrival at home,** ensure that you have sanitized and decontaminated from work effectively, taking off your clothes from work, washing them in hot water, showering, and dressing comfortably to spend an evening at home.

**Plan to spend time together** with your family after work, enjoy family meals together, watch movies, dance together, play board games.

**If you live alone** or are in isolation, stay connected to family and friends by phone calls, emails, text, Skype or Zoom.

**We are being asked to practise social distancing,** but this does not mean social isolation. Reach out to people you love and who love you. Reach out to those you know are alone and isolated. Stay connected as above.

**Offer to help others if you can** – buy groceries, pick up something at the pharmacy, listen, reassure.

**4. Calming:** Many of us are experiencing COVID-19-related anxiety and fears and associated insomnia. You are not alone. Consider the ABC's of calming: Allow It, Burn It Off, Calm Down.

**Allow your feelings.** It is natural to feel anxiety and a sense of panic, and have fears such as: being afraid to treat sick patients; worry about getting sick with COVID-19, passing it on to your family, or worrying about your baby if you are pregnant or nursing; being concerned about being drafted into doing something in medicine that you have not done for a long time or are not trained for; struggling with social distancing when you just want to see family and friends; feeling guilty because you are not in the front lines (or are relieved because you are not); or worrying about your finances. These feelings are normal.

**i. Vent your feelings** - Share how you feel with a trusted friend or colleague, in a closed FaceBook group, or join (or start!) a COVID-19 support group.

**ii. Write out your feelings in a journal**, so you can validate them.

**iii. Studies show that if you allow a feeling**, and sit with it for 20 minutes, that is long enough to express it, process it and let it go.

**iv. Use cognitive therapy** to allow and reframe your thinking.

**v. Use gratitude** to identify positive aspects and shift away from negative thinking.

**b. Burn off the energy.** When we are upset or anxious, we often feel the need to physically burn off energy. Exercise at home, go for a run outside by yourself, do some housework, do yoga, get up and dance.

**c. Calm down.** Now, it may be easier and more effective to use calming techniques. These can include self-affirmations, breathing exercises, positivity, gratitude, spirituality, visualization, relaxation exercises, mindfulness meditation.

**d. Use apps** to help you calm such as Calm and Headspace.

**5. Care for self:** We know this is going to be a difficult time. Self-care is a necessary investment. When we take care of ourselves, we are better able to meet the needs of our patients, colleagues, family and community. Take breaks. Pace yourself at work. This is a marathon, not a sprint.

**Nutrition:** Eat healthy foods, drink lots of water. Eat regularly to maintain your energy. Enjoy a moderate amount of alcohol.

**Exercise:** Exercise is beneficial for both our both physical and our mental health. Move your body, do something that you enjoy.

**Sleep:** Try to get enough sleep at night, so you have the energy to go back to it the next day. Establish a bedtime routine, restrict screen time, take a warm bath. If you are having trouble falling asleep, just relax and enjoy resting in bed without pressuring yourself to fall asleep. Focus instead on what is good about being in bed: having your feet up, your nice pillow, your soft sheets, the lack of responsibility. Often, letting go of the worry of not falling asleep helps you fall asleep.

**Learn to enjoy down time:** Social distancing offers an opportunity to take and enjoy time at home. Identify activities that you enjoy or want to try now that you have more time: cooking, baking, phoning friends, board games and puzzles, reading, knitting, listening to music, learning something new.

**Laugh:** Laughter is therapeutic. Enjoy the COVID-19 jokes going around; many of them are funny. Tell a funny story. Look for a chance to laugh out loud; share with people around you.

**Remain optimistic.** We will get through this

**Be kind.**

These are difficult times, with a lot of uncertainty. Let's stay connected, and look out for each other. We will get through this together. We are stronger together.

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## Leadership agility in chaotic systems

Johny Van Aerde, MD, PhD, FRCPC, and Mamta Gautam, MD, MBA, FRCPC, CCPE, CPE



What are physician leaders to do in a chaotic system? Be agile in swiftly changing leadership style in response to what is needed and when. Although it might feel uncomfortable for those familiar with distributed leadership, there will be moments during the COVID-19 crisis when one will have to be a “control and command” leader. At those moments, remain honest and admit that you don’t know when you don’t know.

What other skills are needed by physician leaders during the pandemic? Imagine physician leaders as buckets (Figure 1) that hold support resources (right side of bucket) that others can take out as needed (left side of bucket).

**Practice compassionate leadership:** Show empathy, but also take compassionate action, which might include:

- being visible and available
- walking around and/or sending texts or emails to colleagues, acknowledging their difficult work and associated stress
- asking “How can I support you right now?”
- listening

**Figure 1. The physician leader’s bucket of resources for chaotic times**

Source: McCloud and Messing.<sup>1</sup>



- offering encouragement, expressing appreciation, and asking how people are doing
- ensuring that fellow physicians are able to get the rest they need
- being kind – even though your patience might be challenged, the people you lead are worried and anxious

**Communicate:** Be honest and consistent in your communications. Three decades of research show that honesty is by far the number 1 leadership trait that inspires people to follow you. Provide reliable information on COVID-19 regularly – testing stations, changes in processes, closures and cancellations, clinical screening, diagnosis and management – and how to deal with the associated stress.

**Advocate:** Ensure that physicians have the necessary resources to do their job properly and safely: personal protective equipment, regularly updated policies and protocols, and staff support.

**Provide personal support:** Ensure that physicians have access to resources, such as child care while kids are out of school, grocery shopping, walking pets, so that they can be at work or recover from work.

**Ensure emotional support and counseling:** Organize multiple sources of support for physicians, including access to online mindfulness, yoga, and cognitive behavioural therapy sessions; peer support programs and groups; access to family physicians for self-care; access to psychologists and psychiatrists for assessment, counseling, and medical treatment.

**Lead self:** Monitor your own psychological reactions and responses to ensure effective self-care; maintain your own physical health by taking appropriate precautions.

**Maintain humour:** Humour facilitates divergent thinking leading to creativity and viable solutions, while a somber mood leads to convergent thinking and blocked vision.

**Keep your sense of purpose:** Maintain your vow to care and to get your team, yourself, and Canada out of this chaotic state and through the pandemic.

*If you have time, please also read the following pages which explain the difference between complex systems (such as the health care system with which physicians are familiar) and chaotic systems (in which physicians are not used to working) and the different leadership styles needed. Below, we summarize the literature and provide a simple explanation of the Cynefin framework, which is being applied by several Canadian health organizations in the context of COVID-19. It is also part of the PLI course on Social Complexity.*

### The Cynefin framework

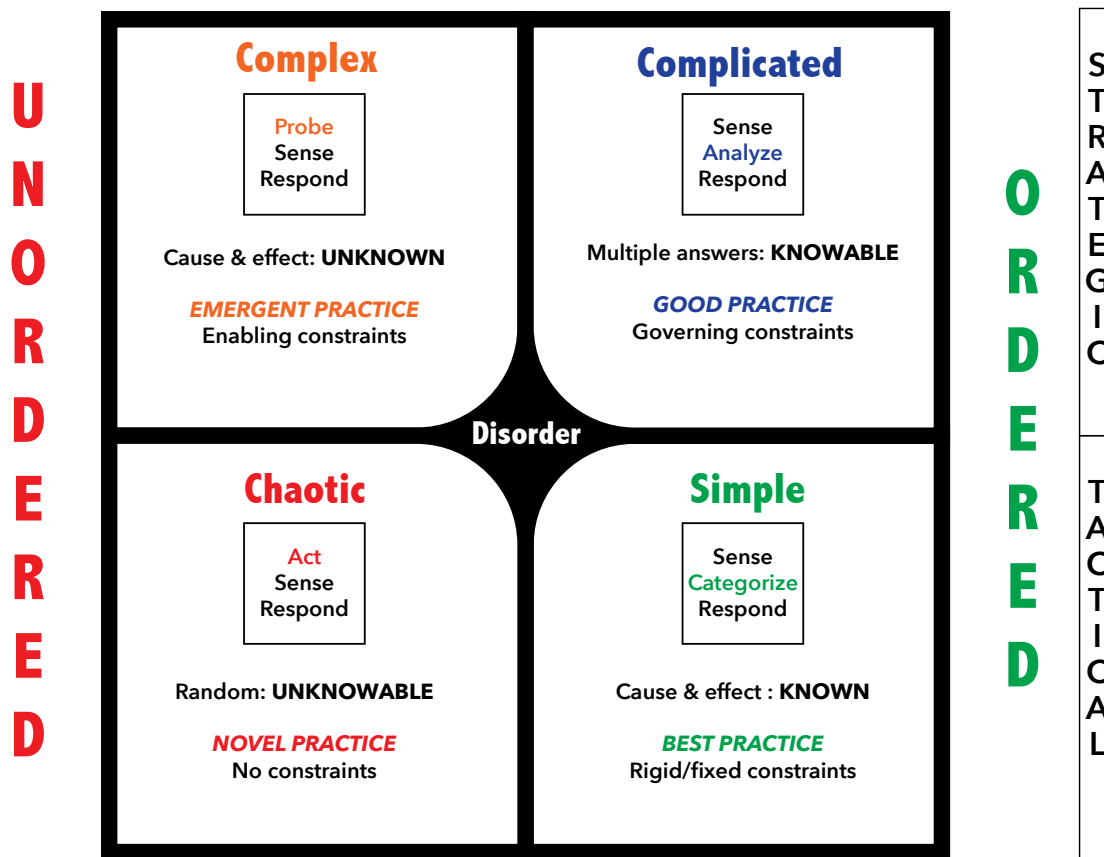
The COVID-19 crisis has quickly changed all our systems, including health care, the economy, finance, education, and supply chains, from complex to chaotic. Chaotic systems require agility to navigate a wide range of leadership styles from “command and control” to “distributive,” and everything in between. Physicians have been trained as experts, meaning that they are very good at making decisions in the ordered world. The Cynefin framework (Figure 2)<sup>2</sup> describes four systems – simple, complicated, complex, and chaotic – and the leadership styles needed in each case, including the COVID-19 crisis.

In simple systems (lower right quadrant), there is a high degree of evidence-informed certainty about what needs to be done and a high level of agreement among all stakeholders. The cause-and-effect relationship is well known and decisions are made and agreed on based on **best practice**. An example would be the execution of a protocol for a specific condition. In such a simple system, one senses (observes, measures), then categorizes what is observed, and makes the appropriate response.

Complicated issues (upper right quadrant) require groups of experts. For example, when a patient with multiple comorbidities needs cancer surgery, several specialists must do the sensing, each in their own field of expertise, then analyze as a team and respond with one of multiple possible answers, resulting in **good practice**. As physicians, we are comfortable and skilled at working in the ordered world, dealing with one patient at a time.

**Figure 2. Cynefin framework for decision-making**

Source: Modified from Snowden and Boone.<sup>2</sup>



We are less comfortable in the unordered world (Figure 2, left side)<sup>2</sup>, where there is less evidence and agreement on how to do things. Under normal conditions, the health care system is complex (upper left quadrant) and in constant flux because of the many moving elements with many known and unknown interactions. Because there is no clear relationship between cause and effect, we understand why things happen only in retrospect. As a result, there is no best practice, only **emergent practice** that can be tested and adjusted based on ongoing sensing (measuring) and learning. In complex systems, leaders probe first, perhaps by doing a small pilot trial, sense by observing what the emerging patterns might be, and then respond by amplifying or damping the returning signal or launching a different probe. In complex systems, we often have some luxury of waiting while we sense.

In a chaotic system (lower left quadrant), there is little time to act, particularly in a crisis situation, such as that precipitated by COVID-19. Overall randomness makes the relationship between cause and effect unknowable. Because of the lack of patterns and system constraints, a leader must act quickly to (hopefully) “stop the bleeding.” The leader then senses what is happening in the system, where any type of pattern or stability might be present, or where it might be absent. Finally, a response will try to move the system from chaotic to complex. Because of all the randomness and the unknowable, practice is novel.

### Leadership in different systems

To determine the type of leadership needed for different systems, we need to know the constraints of each. For **simple systems**, the constraints are rigid or fixed. One shall follow the established protocol to resuscitate a preterm infant in the delivery room, for example. Although the orchestrated resuscitation was simulated and practiced beforehand using collaborative and distributed leadership, the actual execution of the resuscitation protocol requires one person to be in command and control.



**Complicated and complex systems** have less rigid constraints, allowing for and actually requiring distributed leadership. This type of leadership maximizes diversity of input in a collaborative fashion, and trust fosters creativity.

Because a **chaotic system** has no constraints, the leader needs to act quickly, with little time for consultation or collaboration in that first step. As a result, a chaotic system requires command and control leadership at the beginning, the only way to try and push the chaotic system into complexity and then sense what patterns might be emerging. In disaster situations, draconian imposition of order is (and must be) accepted by people as the price to pay for survival, even if that price is high.

Unfortunately, the sense of urgency over COVID-19 felt by the public at the beginning of March 2020 was not great enough to allow such action. Creating a feeling of urgency is in itself a fine balance between enticing people to accept civic responsibility and creating panic. That is where transparent, consistent, and frequent information is very important, for example, as demonstrated by British Columbia from the beginning. Initial inconsistencies between provinces worked against creating a sense of urgency. In addition, some provinces continued to lead from a complicated or complex perspective, while some moved to a chaotic leadership style faster.

What does that mean in practice? Immediately after planes hit downtown buildings in New York, Mayor Rudy Giuliani was effective in issuing directives and taking action to re-establish some degree of order. The COVID-19 crisis is a similar attack, except it is not initiated by people, there is a latency period between the attack and deaths, and it is less visible, all of which decrease urgency. Therefore, a command and control style may be needed and should be maintained until some stability or recognizable pattern emerges.

Once the system moves back to the constraints of a complex or complicated system, leaders must quickly adapt to a distributed leadership style or they will lose people's trust and collaboration. Mayor Giuliani continued to use the command and control style and now fails miserably. His example clarifies the important need for leadership **agility**, being able to move swiftly from one leadership style to another by recognizing which style is needed and when.

BE KIND  
BE WELL AND STAY WELL  
DO GOOD  
TOGETHER WE CAN BEAT COVID-19

**Your CSPL**

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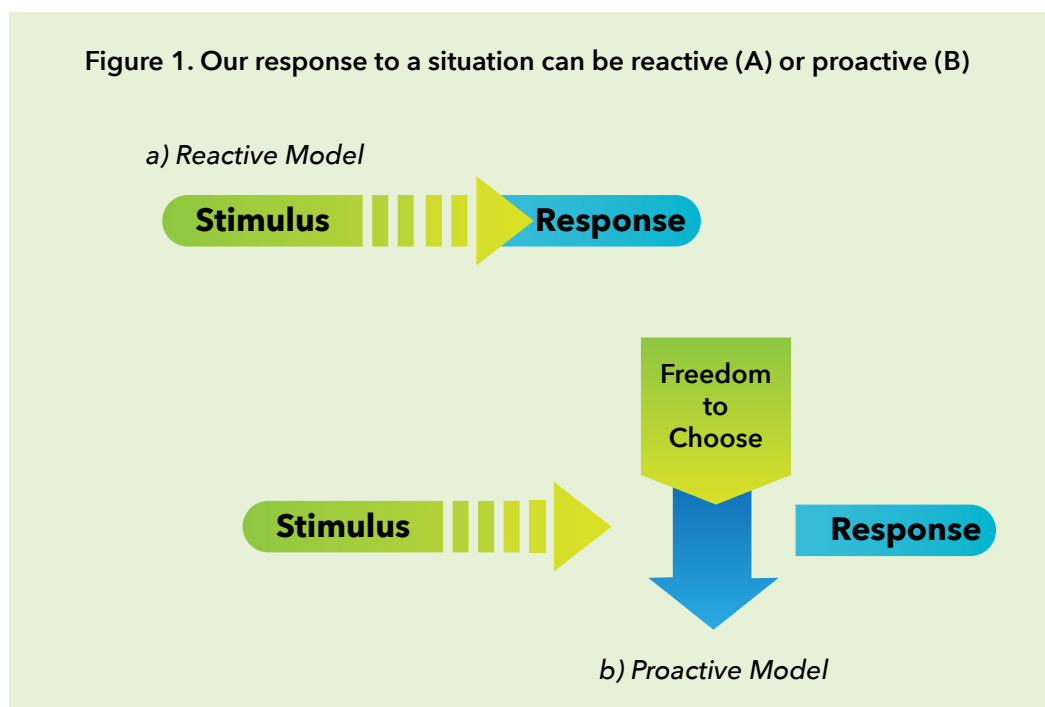
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**COVID-19 cannot take away our freedom to choose**

Johny Van Aerde, MD, PhD, FRCPC

In *Man's Search for Meaning*, Victor Frankl<sup>1</sup> explains that, although Nazi captors could control his entire environment, only he could decide how it was going to affect him. Despite the external situation (stimulus), he had the freedom and power to choose his response (Fig. 1). He had response-ability, the ability to choose, the human freedom that no one can take away. This short bulletin explains how we can apply this concept during the COVID-19 crisis.



As leaders, we can be proactive or reactive. Proactive leaders consciously choose their response-ability. Reactive people do not recognize that ability and are often affected by their physical environment, including what others might think about them. External conditions or stimuli control them, their thinking, feelings, and behaviour.

The behaviour of proactive people is the result of their own conscious choice, based on their values and purpose. Proactive people are still influenced by external stimuli (physical, social, or psychological), but their self-awareness and self-management create a space between stimulus and response in which a choice can be made. In crisis situations, such as a pandemic, particularly a long-lasting one, we risk losing that freedom of choice and become reactive in our thinking, feelings, and actions. That in turn inhibits our creativity as the executive part of our brain, the pre-frontal cortex, is short circuited.

Reactivity and proactivity are often reflected in our language (Table 1). Reactive people seem to talk as if they are absolved from any response-ability, while proactive leaders use language that encourages self and others to look at other possibilities.

Table 1. Proactive versus reactive language

Proactive language	Reactive language
What else is possible?	There is nothing I can do.
I control my own feelings and am curious as to why he behaves that way.	He makes me so angry.
I will...	That's just the way I am.
Where does the feeling of guilt come from and how do I deal with it?	I can't get rid of my feeling of guilt.

Source: Van Aerde, CJPL<sup>2</sup>

Reactive language can become self-fulfilling when people believe they are trapped in a particular paradigm or situation and then produce the evidence (in their mind) to support that belief. This increases a sense of inadequacy and helplessness and a feeling of being victimized, without control over one's life and destiny. As a result of reactive language and behaviour, people blame themselves or others for the situation and adopt accusing attitudes.

In contrast, proactive people subordinate those feelings to values and purpose, creating possibilities for action. It is important that we use proactive language, not only for ourselves, but also for those we work and interact with during this COVID-19 crisis. Only then will we continue to see creatively what else is possible.

How to discover what you can control, what you can influence, and what you should let go of is the content of bulletin 4.

If CSPL can help you in any way, please contact us.

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BE WELL AND STAY WELL  
DO GOOD  
TOGETHER WE CAN BEAT COVID-19

**Your CSPL**

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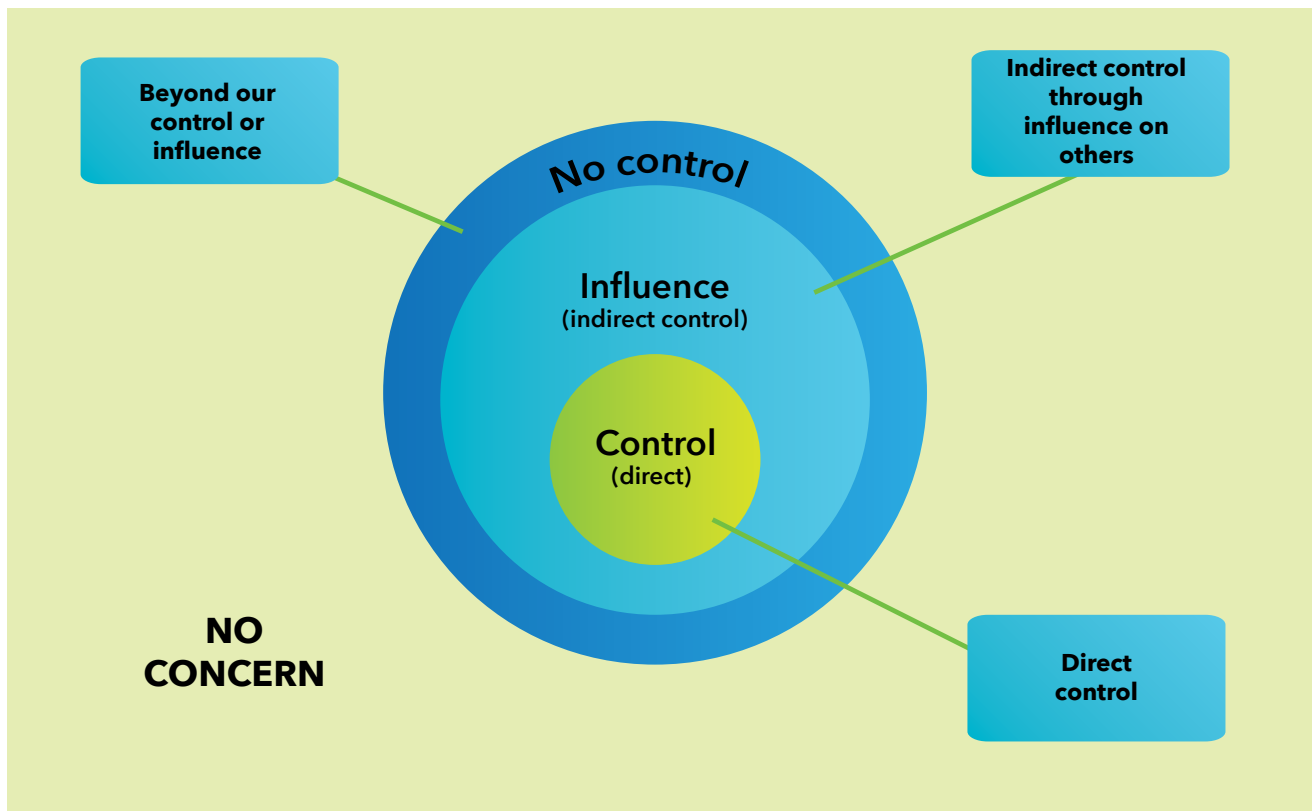
## Control and influence, let go of the rest

Johny Van Aerde, MD, PhD, FRCPC

In bulletin 3, “COVID-19 cannot take away our freedom to choose,”<sup>1</sup> we described how leaders can take advantage of their freedom of choice between COVID-19 stimuli, which are coming at us quickly, and their response, which can be reactive or proactive. In that space between stimulus and response, in that moment of self-awareness, we can discover what we have control over, what we can influence, and what we cannot control.

Imagine three concentric circles. Outside the circles is everything that is of no concern to us; for example, as physicians dealing with COVID-19, we have no concern about how many tractors are produced in China. Inside the circles are all our concerns – our health, our family, the Canadian economy, our debt, our health care system, COVID-19, and more (Fig. 1). The two inner circles hold issues that we can do something about and control directly or influence indirectly.

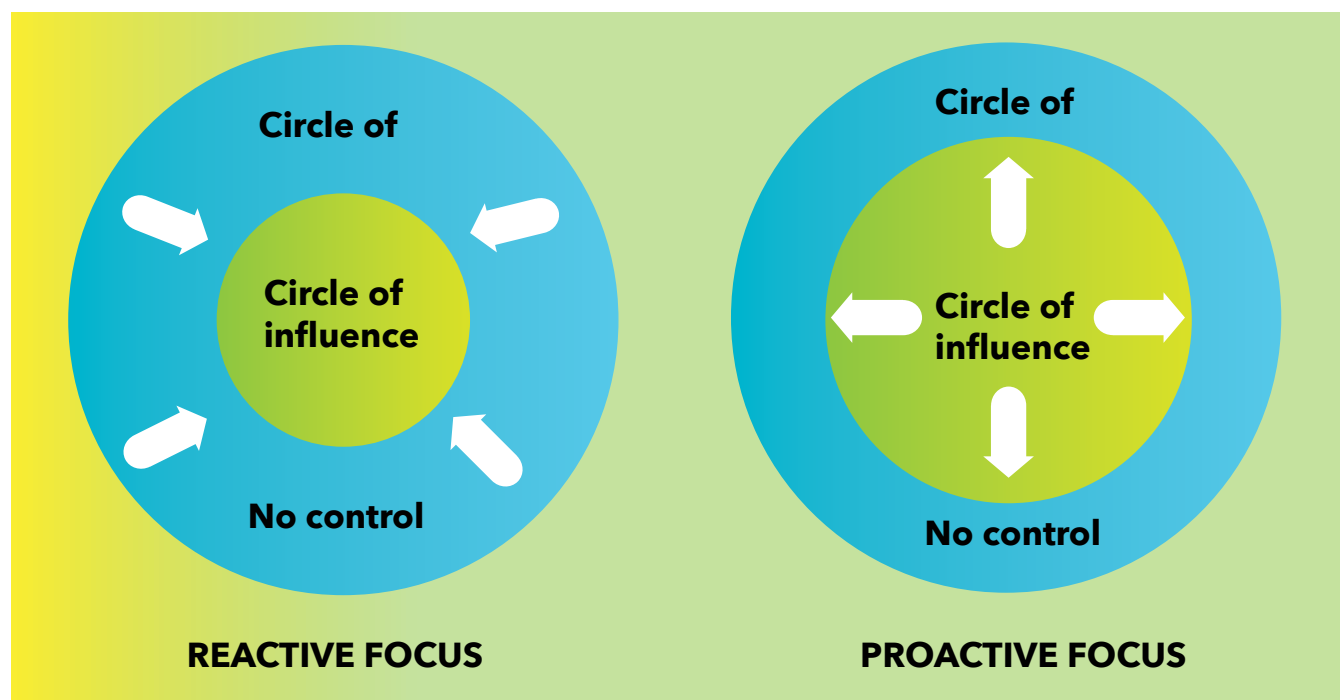
Figure 1. Circles of concern



Determining how much time and energy we spend in the outer circle, where we worry and have no control, versus the two inner circles gives us insight into our level of proactivity. If we spend too much time and energy on issues over which we have little or no control, we empower those issues to control us. This increases our own feelings of inadequacy and helplessness, and we become victims of our own thoughts. We blame ourselves or others, adopt accusing attitudes, use reactive language, and feel victimized. It also compresses our circle of influence (Fig. 2). How can we increase it instead?

**Figure 2. Negative energy reduces possibilities; proactive focus increases your influence**

Source: Covey.<sup>2</sup>



As a first step in a proactive approach, we determine what is beyond our control or influence, things we cannot do anything about (Fig. 1; Table 1, column 3). Accepting this lack of control and focusing on our values and purpose as physicians and physician leaders will help reduce the control those conditions have on us.

Once we let go of these areas, we get some sense of empowerment by listing those we have direct control over (Table 1, column 1), including our own thoughts and behaviour. For example, you have control over how you project your energy and mood, which will affect your team, your department, and your approach to patients.

In the final step, we determine where we have influence or indirect control (Fig. 1; Table 1, column 2), including others' thinking and actions. For example, we can have a positive influence by encouraging curiosity, which enables creativity. By leading with honesty, transparency, and vulnerability, we enable trust. As leaders, our mood is contagious among the entire team or department. We can influence others' actions by creating and maintaining psychological safety, by practising distributed leadership, and by living compassionate leadership.

### Pandemic examples

You are at the front line with limited resources for staff and patients. You feel guilty.

**Guilt** – You feel guilty and your reactive response might be that this feeling is beyond your control. As a result, the concern compresses your circles of influence and control.

Proactive people are aware that they have the freedom to control such feelings, rather than let the guilt control them. They can do so by being aware that guilt can be expected, by acknowledging the feeling, and by accepting it and, thus, letting it go. They gain control by understanding where the guilt comes from.

Guilt is triggered when we don't live up to our accepted responsibilities. However, those responsibilities were accepted under normal conditions; they shift when resources are exhausted and we have no more options. Once we realize that our responsibilities cannot be upheld under the new conditions, we can let go. This is a good example of self-awareness and self-management.

Table 1. Examine what you control, influence, and cannot control by thinking creatively with others about what else is possible

	Control (direct)	Influence (indirect)	No control
Budget cuts			
Commute time			
Happiness			
Delayed flight			
PPE scarcity			
Feeling guilty			
Other			

Note: PPE = personal protective equipment

**Scarcity of resources** – Although you might feel a lack of control, the following examples might help you see possibilities for control and influence.

**Direct control:** Do you have all the facts regarding available personal protective equipment (PPE) locally, provincially, and nationally? Do you know the latest policies and procedures, not only on the use of PPE and available patient equipment, but also on ethical decision-making when those resources run out? Do you need a timely update or training on new items that might have become available? Are you engaging your network appropriately? Do you allow yourself time to think creatively? Do you take enough time to sleep, eat, exercise, and think?

**Influence:** Avoid isolation and create opportunities for creativity with others. For example, across Canada, innovative alternative modes of ventilation are being co-created and shared. Create safe spaces in which to share experiences and feelings. Accept help and support. Rely on the diversity and trust in your team, create team huddles. As a physician leader, show vulnerability by sharing what you don't know and by having the courage to make difficult decisions despite uncertainty. Although we have been trained as experts, accept that there will be times when decisions have to be made in light of limited information and increasing complexity.

BE KIND  
 BE WELL AND STAY WELL  
 DO GOOD  
 TOGETHER WE CAN BEAT COVID-19

**Your CSPL**

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*Johny Van Aerde, MD, PhD, FRCPC, is editor-in-chief of the Canadian Journal of Physician Leadership and executive medical director of the Canadian Society of Physician Leaders.*

*This article has been peer reviewed.*

## Top up your tank

Mamta Gautam, MD, MBA, FRCPC, CCPE, CPE



Imagine your dream car – sleek lines, high performance, total luxury. You finally get to drive it, racing around in it as long as you can, impressing yourself and everyone else as you pass by. Until it runs out of gas. Then, regardless of its potential, your amazing car grinds to a halt and is not going anywhere!

Luckily, cars come with a gas gauge, usually mounted in a highly visible location that allows us to keep track of the amount of gas in the tank. We can easily see when we are getting low and make plans to fill up the tank so we do not run out of gas.

We are like that dream car – seemingly full of limitless potential. We all have an energy tank, a repository of energy that allows us to achieve our goals, meet our responsibilities, and get through our day. Unfortunately, unlike that car, we do not come with an energy gauge. We have to keep track of the level of our energy in other ways and recognize when we are running low, so that we can take action to “fill up our tank.”

### Create a “gas” gauge

For us physicians, keeping track of our energy level is difficult at the best of times. During a pandemic, it can seem impossible. There is too much to do. We are busy, conscientious, and highly responsible. We sacrifice our needs to meet those of others. This is part of who we are. This behaviour is also reinforced by the culture of medicine, our training, our colleagues, and our patients.

Because we don't have a meter to indicate our level of energy, we often don't recognize a problem until we are almost “running on empty.” We must proactively stop to consider our level of energy and ask ourselves how full our tank is.

**Is your energy tank full?** What are you feeling that supports this conclusion? Take a moment to define how you feel. Think about how you feel when you are full of energy. For example, you might feel positive and optimistic, confident, have good self-esteem, a high sense of satisfaction, healthy fulfilling relationships.

**Are you at empty?** What are the signs and symptoms? They could include feeling physically unwell, fatigue, insomnia, and anxiety. You might feel negative and irritable, experience problems in relationships and the onset of bad habits, such as overeating, drinking too much, or not exercising.

**Try to identify a key early sign of low energy, watch for it regularly, and address it as early as possible.**

### Input and output

Let's consider the energy tank further. Imagine that it has holes in the bottom through which your energy drains away. Think about what activities, situations, or people are energy drains for you? Can you let go of these activities or relationships and “plug up” these drains? That will help maintain your level of energy.

At the top of the tank is a large opening through which you can pour in energy. What activities, situations, and people create energy for you? Identify these and do them more, so that you can top up your tank.

If possible, identify four groups of activities: those that take 10-30 minutes to do, those that take 1-2 hours, those that you can do in a half day, and those that you can enjoy in a full day. Keep a running list and add to it as new ideas come up.

## The Tarzan rule

The Tarzan rule<sup>1</sup> is a simple, yet brilliant, concept based on how Tarzan swings through the jungle, never letting go of one vine until he has another one in hand. Similarly, do not let go of something that is good for you without arranging for the next one. For example,

- Don't end a holiday without booking another one.
- Don't end a run without knowing when you are going for another.
- Don't end an evening with good friends without knowing when you will be seeing them again.
- Don't end a visit to the spa without booking your next visit.
- Don't end date night without knowing when you can go out again without the kids.
- Don't end the golf game without booking the next tee-off time.
- Don't uncurl yourself from that chair and stop reading without knowing when you are coming back for the next chapter.
- Don't end that telephone or Skype call with your older parent without pinning down when you will call next.

Continue this list on your own and personalize it. Focus on what you can do, realistically, during this time of social distancing. Identify the things that make you feel re-energized, and make a commitment to booking one more before you end the current one. Follow the Tarzan rule to maintain healthy behaviour and remain strong and resilient, especially during this pandemic.

## Key questions

- How full is my energy tank?
- How do I know that; what is a key sign that it is full or empty?
- What drains my tank that I could stop doing?
- What can I do to top up my tank?
- How can I use the Tarzan rule to maintain positive activities on an ongoing basis?

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*This article has been peer reviewed.*

**Energy in, energy out**  
**What could you do to top up your tank?**



**What drains your energy tank?**



## Narrative influences change: the COVID-19 experience

Johny Van Aerde, MD, PhD, FRCPC

### COVID-19 is as much about the narrative as it is about the facts.

The way the pandemic evolves is mostly determined by human behaviour. Facts alone don't motivate humans into action, particularly in the face of limited data and uncertainty. That's why some provincial and federal public health medical officers (PHMOs) are connecting, not only with people's brains, but also with their hearts and emotions. Aimed at physician leaders who need to motivate the public at other levels of the Canadian health system, this short paper explains the importance of the narrative and how it can motivate Canadians to take action and change their behaviour.

We interpret the world in two ways: the analytic or knowledge part and the narrative or emotive part. The public's skepticism toward science and government means we can no longer just give facts and expect people to listen; the emotive part is more important than ever.

Our readiness and ability to act depend a lot on how we feel. During times of crisis and uncertainty, people experience emotions that inhibit the required action. However, using public narrative, leaders can engage others in purposeful action by tipping the balance from emotions that inhibit action to emotions that motivate action. (Fig. 1).<sup>1</sup>

### Countering action inhibitors

Two major action inhibitors are inertia and apathy. We process most of the information that comes our way on "autopilot," and respond as "programmed." *Inertia* causes us to operate by habit and not pay attention because we think "it won't be that bad" or "this too shall pass." As a result, we may miss a pending threat and end up in real trouble. In the current COVID-19 crisis, that happened in Italy and the United States. Apathy adds the feeling and belief that this doesn't pertain to us, that the problem is far away, in China or Vancouver.

We can counter inertia with urgency to capture attention and get commitment. Creating urgency is a matter of priority and timing: it is about what is happening tomorrow or next week, not what could happen next year. It is about today's shortage of personal protective equipment (PPE) or tomorrow's need for ICU beds. Removing any feeling of time latency or geographic distance helps create urgency. A sense of urgency is particularly important when new rules require commitment and intense effort.

*Apathy* can be countered with outrage over injustice. Outrage often grows from experiencing the contrast between the world as it is and what it ought to be – how we feel when our moral order has been violated. As Canadians, we are concerned for the weak and the physically, mentally, or socioeconomically disadvantaged. We also believe in universal health care. Failing to live up to those cultural values, as we did in long-term care facilities for example, should enrage us, because our Canadian society believes that inequity is unjust. Our values, moral traditions, and sense of personal dignity create emotions that motivate us to act. That's what we witnessed when Dr. Bonnie Henry, PHMO for British Columbia,\* teared up while reporting the deaths of elderly patients in hospices.

What can we do about *fear*? To act in the face of fear requires courage, and hope is an emotion that helps us find that courage. For many people, a source of hope is their belief in their personal values, cultural traditions, and moral understanding. Relationships offer another source of hope. Relationships, cultural traditions, and societal values are embedded in the COVID-19 slogans, "We are in this together" and "We have your back."

The same slogans counter feelings of *isolation* by affirming solidarity. Fear creates silo thinking, a focus on "me" rather than "we," on "us" versus "them." It makes people hoard toilet paper. Developing relationships with people we hope to

**Figure 1. Use narrative to promote enabling emotions and motivate action**Source: Modified from Ganz.<sup>1</sup>

mobilize or with people who are in the same predicament as us creates a sense of solidarity. For example, people make music or noise on their balconies at night to collectively thank first-line workers, groups are set up for seniors who need help with shopping, medical students coordinate initiatives to cover a variety of community needs.

Finally, one of the biggest inhibitors of action is **self-doubt**: I cannot do it. When we feel isolated, we fail to appreciate the interests we share with others, we are unable to access our common resources, and we feel powerless. We can counter self-doubt with the belief that YCMAD: you can make a difference. Focus on what you do and what people can do, not what they cannot do. During the COVID-19 crisis, many people have been creative in making a difference. Examples include supporting health care and food supply workers, changing production lines to produce PPE and ventilators, and so much more.

### How the public narrative facilitates action

The art of public narrative helps flip the balance from inhibiting to facilitating action motivators (Fig. 1). Public narrative is a leadership skill that translates values into action and is based on the fact that values are experienced emotionally. It empowers us with the courage to make choices under conditions of uncertainty, and it creates hope. A good public narrative is made up of three elements: self, us, and now.

Telling the **story of self** is a way to share the values of the narrator – in lived experience. We construct stories of self around moments when we faced a challenge, made a choice, experienced an outcome, and learned a moral. We communicate values that motivate us by selecting from among those moments and recounting what happened. Because storytelling is a social transaction, the listener can empathize and is more likely to view the narrator as authentic. We need to share the stories of our experiences and feelings as health care professionals, as family members, as humans, as defenders of the common good and health. This means stories of both pain and fear, but also hope. Not only does Dr. Bonnie Henry's personal story include living through epidemics like SARS, but she also displays humanity and authenticity with messages like, "I'm feeling for the families and the people dealing with this right now."

Learning to tell a **story of us** requires deciding who the "us" is: which values shape our identity and which are most relevant to the present situation. Community stories about challenges we have faced, why we stood up to them – our values and shared goals – and how we overcame them are woven throughout our traditions, identity, and culture. Once our core values have been articulated, they can be drawn on to motivate and set shared goals. By using "we" instead of "you" in briefings, Dr. Henry called on us and our values to protect the weak, our aging parents, and elderly grandparents.

The **story of now** articulates the urgent challenges and choices we face here and now. The protagonists shape the outcome and create hope by making the right choices. For example, acknowledging fear and creating a sense of urgency and hope rather than despair and panic is a skill Dr. Henry has displayed by balancing calmness with clear direction.

Public narrative is not talking about values, but rather embodies and communicates those values and the emotions they generate. It is through the shared experience of our values that we can engage others, motivate them to act by changing their behaviour and to find the courage to take risks in the face of urgent challenges. Public narrative is an unexpected skill that physician leaders need in the fight against COVID-19.

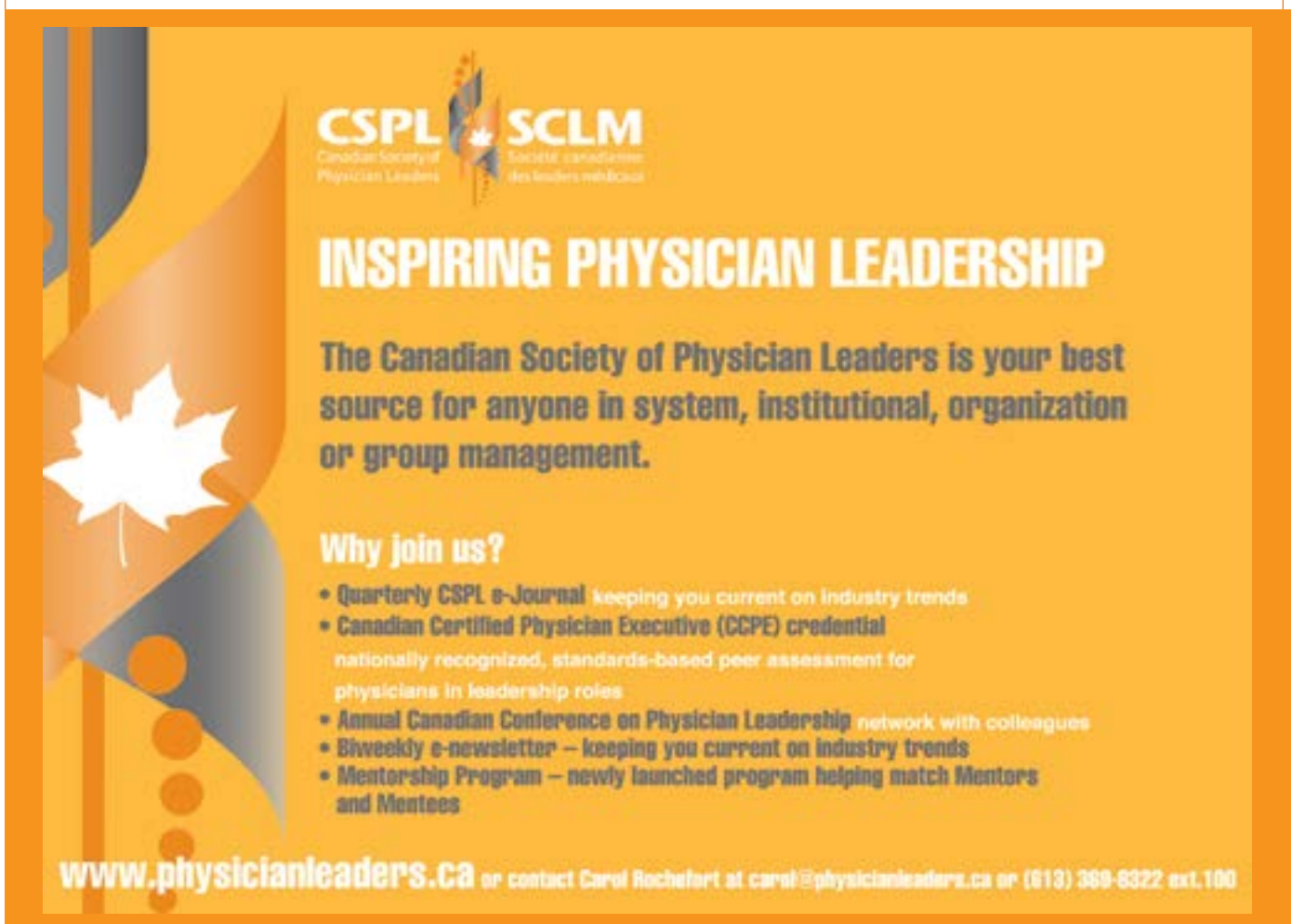
*\*CSPL applauds all the provincial and federal public health medical officers and their teams. This bulletin uses examples from British Columbia, based solely on the geographic location of the author.*

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*This article has been peer reviewed.*



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## Self-compassion: cultivating physician resilience during the pandemic

Paul Mohapel, PhD

As the current COVID-19 pandemic rages on, physicians are facing increasing risk of stress and burnout. Various conditions have been linked to the onset of physician burnout: repeated exposure to patients' pain and suffering; shouldering the burden of responsibility to help patients; limited control over patient outcomes; frustration in navigating the health care system; the intensity and duration of work; and the lack of sufficient emotional and psychological skills to cope with ongoing stressors.

A crucial issue related to physician burnout that is gaining more attention is self-compassion, i.e., extending the same compassion to yourself as you would give to others. In fact, it's been argued that genuine compassion for others first requires compassion for oneself.



Compassion is often confused with empathy and these terms are used interchangeably. However, there are important distinctions. Empathy relates to an awareness of another's experience, both their cognitive and emotional states. Compassion relates specifically to contexts of suffering and the alleviation of it; in other words, take action. One's empathy in response to others' suffering could be a source of distress and inaction, if it is not accompanied by a compassionate wish to act. This has been supported by research on functional neural plasticity using fMRI. Multiple studies suggest that increasing compassion may reflect a novel way to overcome empathic distress and strengthen

resilience. Excessive empathy can indeed cause *compassion fatigue* and distance clinicians from their patients, whereas compassion is better understood as a potential therapeutic intervention for such fatigue.

A growing body of literature on self-compassion highlights its benefits to clinicians' well-being and its potential to enhance care for patients. Compassion and self-compassion are skills that must be cultivated and practised regularly. For example, compassion training with medical students can significantly improve resiliency, wellness, and happiness, while decreasing worry and emotional suppression. Self-compassion may also serve as a protective factor against stress-induced inflammation and inflammation-related disease. As such, self-compassion may act as a positive emotional counter to the negative aspects of stress and burnout.

Dr. Kristin Neff,<sup>1,2</sup> who has studied the processes and benefits of self-compassion extensively, has developed a set of practices to enhance compassion skills. She identifies three core components: *self-kindness*, *common humanity*, and *mindfulness*.

**Self-kindness** refers to extending the same kind of support and encouragement to ourselves as we would toward others we care about. Some physician cultural patterns lend themselves to harsh self-criticism, self-judgement, feelings of inadequacy, focus on shortcomings, and self-berating. Self-kindness counters these tendencies. Instead of attacking and berating ourselves for being

less than perfect, we can offer ourselves warmth and unconditional acceptance. When external life circumstances are challenging and feel too difficult to bear, we can engage in active soothing to comfort ourselves – much like a parent may extend to their child or a loved one, who is suffering.

Unfortunately, self-kindness is not a culturally valued response, particularly among physicians, who are often taught to be stoic and silent in their own suffering. Self-kindness requires us to understand our foibles and failures instead of condemning them. It entails clearly seeing the extent to which we harm ourselves through relentless self-criticism. The next time you catch yourself in self-criticism, try giving yourself a gentle hug, or simply holding or stroking your own hand or arm. These kinds of simple embraces have been shown to make suffering more bearable and even release oxytocin – the neurochemical involved in the calming reflex.

**Common humanity** refers to the sense of interconnectedness we feel with others. All humans are flawed works-in-progress, everyone fails, makes mistakes, and experiences hardship in life. Connecting to our common humanity honours the unavoidable fact that life entails suffering for everyone, without exception. When things go wrong or not the way we expected them to go, we often think we are at fault. We forget that this is perfectly normal and natural. In addition, physicians often isolate themselves when they are struggling. Instead of reaching out for support, they will often blame themselves for not being able to cope better with stress.

Remembering that pain and failure are part of the shared human experience and normalizing that allows us to feel more connected with others. Tapping into our common humanity is a reminder that there are forces beyond our control. It requires accepting what you can change and having the wisdom to let go of what you cannot change or directly impact. Dr. Neff suggests that, when we find ourselves suffering or feeling disconnected from others, we repeat the following phrases to ourselves: *“We all make mistakes. We all fail. This is part of the human experience. May I be safe, may I be peaceful, may I be kind to myself. May I accept myself as I am.”*<sup>2</sup>

**Mindfulness** involves being aware of moment-to-moment experience in a clear and balanced manner. It means being open to the reality of the present moment, allowing all thoughts, emotions, and sensations to enter awareness without resistance or avoidance. Often, when we are stressed or challenged, we get so caught up with problem-solving that we don’t pause and consider just how difficult the moment is for us. However, when we mindfully observe our condition, we can acknowledge the struggle and suffering without contributing to it, thus allowing us to adopt a more constructive and objective perspective on ourselves and the situation. In fact, being mindful is the first step toward self-compassion.

A useful way to develop mindfulness is to practice noticing. Take a few moments throughout the day to make a mental note of the thoughts, emotions, and sensations that arise in the moment. At first, try to do this for about two minutes, starting with observing your breath, then noticing any thoughts that arise, feelings, or body sensations without getting wrapped up in them. This noticing practice has been shown to be effective in dealing with challenging situations by reducing stress, and it can be used in any situation.

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*This article has been peer reviewed.*

## ***Preventing and managing fear***

MGen Andrew Downes, OMM, CD, QHP, MD, Surgeon General

BGen Marc Bilodeau, CD, MD, Deputy Surgeon General, Canadian Armed Forces



Fear is a powerful emotion that can arise in response to a real or perceived danger or threat. It induces a physiological response and can trigger fight, flight, or freeze behaviour. The threat may be to oneself or others and may include multiple dimensions, such as health, safety, finances, and reputation.

The degree of fear felt in the face of a given threat varies among individuals and can also fluctuate over time with such changing factors as their resilience and stress level, understanding of the threat, experience, confidence in leadership, and support from colleagues.

Fear is part of the human condition, but it can negatively impact and even disable individual and team performance. Further, fear can be contagious. Therefore, it is important that leaders at all levels of an organization, especially during a crisis, be vigilant and consider how they can prevent and manage fear on their team.

### **Managing fear with understanding and compassion**

About 10 years ago, while deployed in Afghanistan, a medical technician (med tech) was overcome with fear when tasked one day to be medic on a convoy to one of the forward operating bases.

The med tech had been on convoys before without incident, and the level of risk was no higher this time, so what had changed? It turned out that their child's birthday was that day, and the fear revolved around the risk of dying on that special day.

We managed this situation with understanding and compassion, and we were very cautious to not label the person negatively. We established a principle that, where possible, we would not send med techs out on their "special days," as long as they still did their share of convoy duty. The med tech was excused that day, but went out two days later.

This case is instructive for leaders of people who are in harm's way. The risk of dying was probably the same for any convoy, but the emotion of fear was higher on the special day. This highlights the possibility of unexplored opportunities available to leaders to help manage fear, beyond just reducing personal danger.

### **The leader's responsibility**

Preventing and managing fear requires the leader to apply skills in two LEADS domains: Lead self and Engage others.<sup>1</sup>

#### ***Lead self***

Before leading people out of their fear, leaders must first assess and manage themselves. Leaders are not immune from fear and, in fact, may face the same threat as everyone else and then have the additional burden of leadership responsibility. People expect their leader to be calm and reassuring and to be able to make the right decisions in a timely fashion. This can be difficult, especially as the level of fear increases.

- Leaders must recognize their own fears and resulting biases and be aware of how these could affect situational assessment and decision-making. Leaders must also recognize when their effectiveness is becoming compromised and be ready to ask for help or advice. Self-awareness is essential. The Mental Health Continuum Model can be helpful in such self-assessment (Figure 1).
- In times of crisis, the best leaders remain composed, without being dismissive of the threat or the emotion. Managing one's own emotions is essential before trying to manage those of others.
- Being resilient is an important element of leadership and can significantly influence the ability to react appropriately to stressors. Eating properly, exercising, sleeping well, having good supportive relationships, etc., all favour success when a crisis situation arises.
- Learn from these situations, capitalizing on the rich development opportunity. Observing key lessons and applying them in future leadership situations is an invaluable element of leadership development.

### Engage others

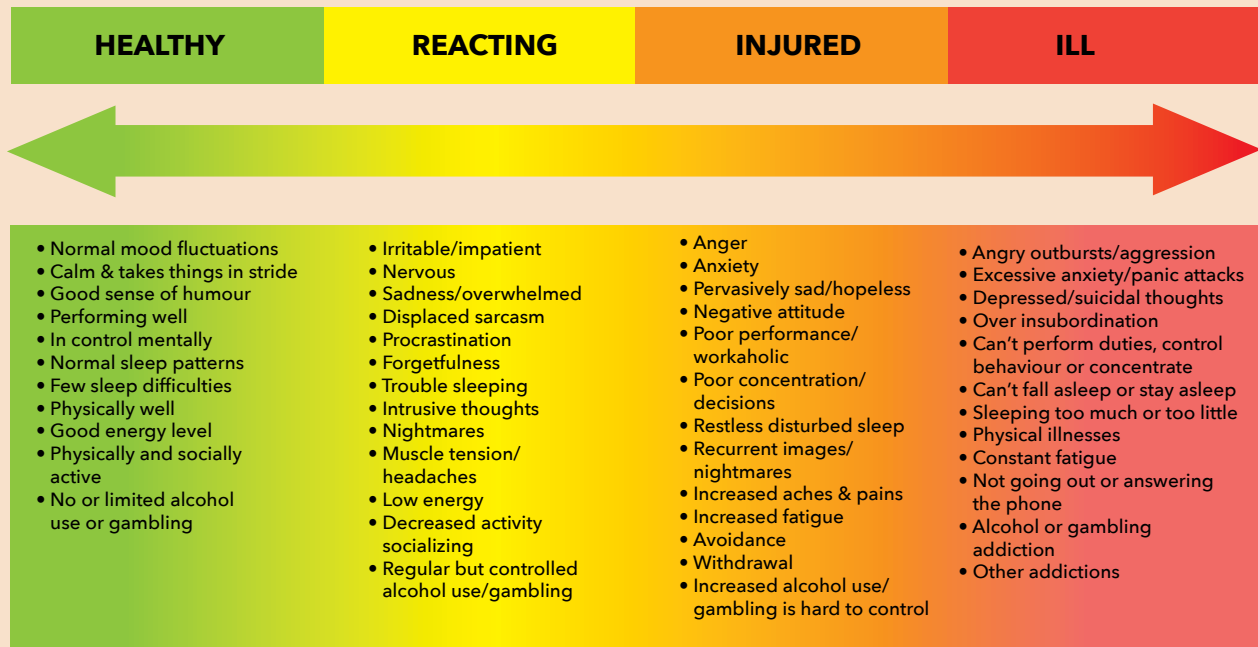
In the LEADS framework, Engaging others is about getting down to business and leading people. It is about building teams and culture, communicating, and facilitating collaboration and cooperation. Fear among team members can be difficult to prevent and manage in crisis situations, but leaders may find the following points useful.

- Leaders build trust when they anticipate threats and take proactive measures to manage the risk. People want to be reassured that everything possible has been done to reduce the threat.
- Leaders must engage in good and realistic risk communication. Without this, people's imagination may magnify the threat out of proportion to reality.
- Leaders should give people an opportunity to be engaged in mitigating the threat. This will improve the level of acceptance of measures taken.
- Leaders must try to understand the unique circumstances and stressors of their people to anticipate how a threat might be perceived. This requires empathy and intuition. Good emotional intelligence is key and will help leaders recognize where on the Mental Health Continuum their subordinates are, and then react accordingly (Figure 2).
- Leaders must compassionately acknowledge fear when it occurs, even if it seems out of proportion with the threat. Leaders can take the opportunity to listen to concerns and to find ways to reduce the magnitude of the emotion.
- Finally, people face fear best if:
  - they are rested and not cognitively overburdened
  - they have a sense of purpose and duty
  - they are part of a highly functional and supportive team
  - they feel confident in their own abilities (requires preparation and training)
  - they feel supported by the organization, its leaders, and their colleagues
  - they worry less about impact on what they value most, e.g. health, family, etc.
  - they have some level of control or influence over the situation
  - they are recognized for their courage, even informally

### The Canadian Armed Forces' Mental Health Continuum Model

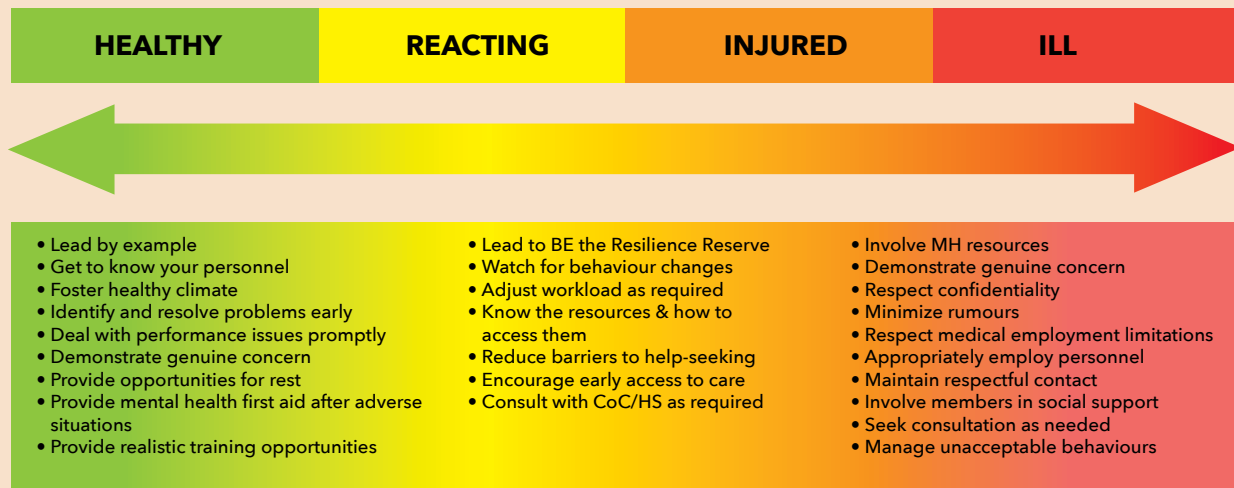
The Mental Health Continuum Model (Figure 1)<sup>2</sup> is a helpful self-assessment tool for gauging the impact of stress on mental health and, by extension, on work performance. During times of stress, it is common for people to move toward the right on the scale. People who find themselves toward the right side of the continuum could benefit from help from a peer, a supervisor, or a professional (Figure 2).

## Mental Health Continuum Model



Source: Road to Mental Readiness Program, Canadian Armed Forces

## Leader Actions



Source: Road to Mental Readiness Program, Canadian Armed Forces

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 BGen Marc Bilodeau, CD, MD, Deputy Surgeon General, Canadian Armed Forces

This article has been peer reviewed.



## Personality styles under stress: leading through the crisis

Monica Olsen, BScN BA, MHRD

Given the uncertain timeline of the COVID-19 pandemic, leaders will increasingly need to tune into what they need to remain calm and focused, so that they are in a better position to influence and calm others. As mentioned in an earlier bulletin by Dr. Paul Mohapel<sup>1</sup> on self-compassion and resilience, this is not the time for leaders to give free rein to unhealthy behavioural manifestations: workaholic, superhero, perfectionist, and Lone Ranger. Rather, learning to notice one's thoughts, emotions, and sensations without judgement can help overcome unhelpful habitual reactions to stress and, thoughtfully, choose different responses.

In *Dealing with People You Can't Stand*<sup>2</sup>, Dr. Rick Brinkman and Dr. Rick Kirschner discuss how every behaviour is trying to fulfill a purpose or intent. People engage in behaviours based on their intent and do what they do based on what seems to be most important at the moment. As a broad frame of reference, we will discuss four general intents that determine how people will behave and their key stressor.

Behaviour changes as priorities or intents change. It is helpful for leaders to identify these intents in themselves and recognize the connection to their own behaviour in various situations. Mindfully mastering this practice makes it easier for leaders to observe and understand how these intents manifest in others and, thus, help defuse unhelpful behaviours by providing the most appropriate remedies.

The Insights Discovery personality assessment associates four colour energies with corresponding intents, stressors, stress signals, and remedies.

An emergency physician recently said, "We are used to dealing with unknowns, but COVID is an exercise in vulnerability and loss of control that is beyond anything we've ever experienced." To help alleviate that anxiety, this ED physician maintains a calm home life and before coming into work, establishes a regular practice.

"I have the same routine each time. I eat a huge meal in case I have to skip lunch or dinner. Then, I give my husband and children a kiss before I leave. I always turn back and watch them wave to me from the window. My son makes a little heart sign with his thumbs and index fingers to remind me to be brave. After that, I can handle anything."

In a recent interview, Dr. Brené Brown<sup>3</sup>, a research professor who has spent the past two decades studying courage, vulnerability, shame, and empathy, offered three pieces of advice.

- Recognize how new and unusual the situation is: this is hard, this is new, this is why it feels awkward and terrible and vulnerable.
- Remind yourself that the pandemic won't last forever and try to keep that perspective.
- Reality-check your expectations: we're not going to do this well.

To ensure that you can deal with the many uncertainties and lead others through this pandemic wilderness, you must take care of yourself first. That cannot be delegated! Here are a few powerful questions to help you identify what you need, regardless of personality, to renew your internal battery and deal more effectively with stress.

- What is essential for your emotional, mental, physical, and spiritual well-being? What practices should you engage into best take care of yourself to be in a better position to care for others during these trying times?
- Write yourself a letter from the point of view of a kind, understanding, and encouraging friend or loved one. What would that friend say to you right now as you are going through this unprecedented time?

- How can you use this time to develop more authentic and caring connections with the people in your personal and professional worlds?
- How do you demonstrate courage and vulnerability with yourself and others?
- What can you learn and reinvent for yourself during this time that will continue to serve you, your team and potentially our system?
- What new possibilities are now presenting themselves that you may never have noticed before?
- Despite the circumstances, who do you consciously choose to be, for yourself and others, in each moment?
- How can you keep your sense of humour intact in the midst of it all?



Source: Adapted from Insights Group Ltd, 2010-2016.<sup>4</sup>

Intentionally notice “where you are at” throughout your day, when you are feeling challenged, and work to reduce your stress. By doing so, you will be in a better position to notice where others are at and help them stay more in control. We will get through this together!

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## Anger in the time of COVID-19

Mamta Gautam, MD, MBA, FRCPC, CCPE, CPE



If you've been feeling surrounded by more angry people lately, you are not alone. As the initial intensity of preparing for the COVID-19 pandemic and the associated enthusiasm and adrenaline settles, I am also noticing a rise in anger. In the past week, I have been approached by five hospitals across the country to help deal with conflicts. Surgeons are angry in the OR because it is taking longer to prepare, set up the OR, and don PPE. Colleagues are angry with peers who fear exposure to the virus and are resisting return to work.

Physicians are angry because the new schedule appears to favour the scheduler and their friends.

There seems to be more tension as frustrations turns into anger, as if people are "fraying at the edges." To some extent, anger is normal, natural, and perhaps even necessary. However, it is not always helpful or healthy.

### Understanding the anger

There are many reasons why people are feeling angry during the current pandemic. It helps to understand that physicians may be experiencing any or all of the following.

- **Grief** – Anger is a normal stage in grieving. Because of COVID-19, we have experienced many losses: loss of normalcy, control, routines, workflow, finances, valued activities, our health or that of loved ones, the ability to see friends and family, travel. And the losses continue, with no firm end in sight.
- **Burnout** – Before the pandemic, the level of burnout among physicians was already high, and it is likely exacerbated now as physicians are working under heightened stress for longer periods. This can appear as irritability, negativity, cynicism.
- **Fatigue** – Our threshold has changed: we are tired, have less reserves, are less patient and tolerant, and are more reactive.
- **Underlying emotions** – Anger is usually a secondary response caused by underlying fear, uncertainty, or concern, all of which are common features of our current situation.
- **Resentment** – Physicians are feeling anger or indignation as a result of unfair treatment. Some feel unsupported or unprotected, when lacking personal protective equipment, and unvalued. Others feel it is unfair that they cannot work and are not getting paid, while colleagues are working or others are not working but still getting paid.
- **Rescue triangle** – This triangle describes movement between the roles of rescuer, victim, and persecutor, and back. Physicians are classic rescuers, jumping in to fix things and feeling guilty if they do not. However, over time, they start to feel victimized and resentful, and this can lead to anger, blaming, and criticism as persecutor.
- **Displacement** – Bright people use intellectual defenses, such as displacement, to protect themselves from unpleasant feelings, subconsciously transferring emotions such as anger from the original source to other people or situations.

## Managing your anger

Although anger is an understandable response to the pandemic, too much is damaging and disruptive to you and those around you. Use my ABCs – allow, burn, calm – to settle down.

- Allow your feelings.
  - Understand where they might be coming from.
  - Give yourself permission to be angry. Studies show that 20 minutes is long enough to feel emotions, process them, and let them go.
  - Express feelings safely, by “venting” to a trusted person or privately writing them out.
  - Try the four-letter technique. Write a letter (that you will not send) to whomever you are angry at to let out your feelings. When the feelings bubble up again, write a second letter as if you had not written the first, then a third and fourth as needed. Remember, these are not letters that you will ever send.
  - Resist the urge to express your anger on social media.
- Burn off the energy. Do some physical activity or exercise.
- Calm yourself with a restorative activity, such as deep breathing, visualization, mindfulness meditation, active or passive relaxation, gratitude, positivity, and spirituality.

## Managing the anger of others

As a leader, people come to you to share how they feel and to seek your help when they are frustrated or angry. The following tips may help you approach this situation effectively.

- Expect it. Normalize it. Allow it.
- Be respectful and compassionate.
- Listen actively. People want, and deserve, to be heard.
- Try to understand their perspective without judging. You do not know their situation or what they are going through.
- Do not take it personally or become defensive. This is not about you. The fact that they are telling you means that you have been successful in creating a safe space for them to do so.
- Understand there is a difference between being medically safe and feeling psychologically safe.
- Focus on needs, not solutions. Look for the hidden need and understand what the person is trying to gain or avoid.
- Use the 4As<sup>1</sup> to de-escalate the situation:
  - Agree with what you can; find a fact that is true or agree that they are feeling.
  - Acknowledge the impact of this on them.
  - Apologize for the situation they are experiencing.
  - Act with compassion to help address the underlying issues or need.
- Share the ABCs that have helped you remain calm.

As leaders, the ability to manage our anger and that of others, master our responses, and lead in a thoughtful and balanced manner helps our team feel supported and secure and creates a culture of safety that is especially critical during this time of uncertainty.

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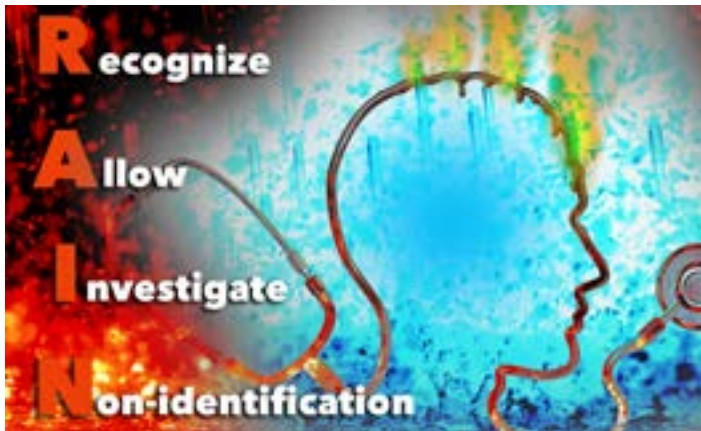
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*This article has been peer reviewed.*

## Mindfulness-based approaches to reduce stress and burnout

Paul Mohapel, PhD



As the COVID-19 pandemic rages on, physicians are facing increasing risk of stress and burnout, including physical and emotional exhaustion, compassion fatigue that leads to depersonalization, and a loss of meaning and efficacy in their work.<sup>1</sup>

Mindfulness initially gained popularity as treatment for patients, but, more recently, it's been shown to have numerous personal benefits for clinicians. Studies have shown that it reduces psychological distress and burnout, while increasing emotional stability, well-being, psychosocial orientation, and empathy among

practising physicians.<sup>2</sup>

Mindfulness is a form of mental training that enables one to pay attention to aspects of one's experience in a non-judgemental and nonreactive way. The goal is to maintain awareness in a way that generates a greater sense of emotional balance and well-being. Through mindfulness practice, unhelpful habitual thoughts and behaviours can be recognized, allowing for new and creative ways of responding.

One of the main contributors to stress is over-identifying with our strong, negative emotional states. Once strong emotions are triggered, we invariably engage in distorted thinking that manifests as "stories" we tell ourselves. If these stories are sufficiently repeated, they begin to be perceived as truth. The issue is not with the content of the stories, per se – sometimes they can be accurate and many other times they are distortions – but rather with the emotional attachments we form with them.

Mindfulness can be an effective way to break our emotional attachment to our stories. It can help us create a space between a strong emotion and our actions, allowing us to learn how to deal with negative and stressful experiences more calmly. The acronym RAIN, coined by mindfulness teacher Michele McDonald, is a technique that can help us deal more effectively with strong emotions when they seem to be too much to handle.

### Here are the four steps in the process:

- R** – Recognize what is happening
- A** – Allow life to be just as it is
- I** – Investigate inner experience
- N** – Non-identification

## How to use the RAIN method in a difficult time

### R: Recognize

When you feel a strong emotion, take a moment to recognize it. Gently turn toward what you're experiencing in an open and non-judgemental way. Tune in to the direct experience of what is happening in your body and mind. Notice your emotions, thoughts, and sensations. It can be helpful to name these in your mind; for example, "I am feeling stressed" or "I am feeling overwhelmed." This recognition of what you are feeling opens up inner space and brings you into full contact with yourself and the actuality of the present moment.

### A: Allow

Allowing means letting the experience be what it is. It is the acknowledgement and acceptance of the reality of your present moment. Allowing doesn't mean you have to like the situation. It means "softening" your mental resistance to what is currently happening. The reason this is so important is because we often have the unconscious impulse to push away, suppress, or ignore difficult emotions. This kind of inner struggle creates more suffering and tension. In this unconscious struggle, we tend to get "caught up" in our thoughts and emotions and are more likely to simply react. By "allowing," we're able to make a more conscious choice as to how we want to orient ourselves to the current experience.

### I: Investigate

Sometimes just recognition and acceptance of an emotion is enough. At other times, you may choose to proceed further by investigating the emotion to help resolve it. Investigation requires open mindedness and a state of curiosity. In this step, mentally ask such questions as "Why do I feel the way I do?" "What events happened ahead of the emotion that might have influenced it?" "What do I really need right now?" "What actions could I take to nurture and support myself (and/or others) in this difficult time?" These questions can help you form a wiser relationship with emotions and thoughts. They can also help you choose a better conscious response in the moment.

### N: Non-identification

In the final step, RAIN requires simple acknowledgement that you are not your emotions or your thoughts. Non-identification is the ability to step out of and stand beside your emotions and thoughts and simply observe them for what they are rather than becoming entangled with them. It is a state of pure awareness that is always there under every thought, emotion, and perception. This can bring about a natural sense of freedom and ease, even in the midst of a challenging emotion. No matter how intense and painful the emotional storm, there is always a part of you that is still, silent, and untouched.

Use the RAIN method any time you are feeling stressed, overwhelmed, or triggered. It's a powerful way to centre yourself in a challenging time and a powerful technique for breaking the downward spiral of intensifying emotions. Try practising it at least once a day. It only takes a few minutes and it can make a significant difference in breaking your attachment to unhelpful emotional stress and its accompanying distorted stories.

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# COVID-19 Bulletin #12

## Agile, servant, and compassionate leadership: antidotes to perfectionism during uncertainty

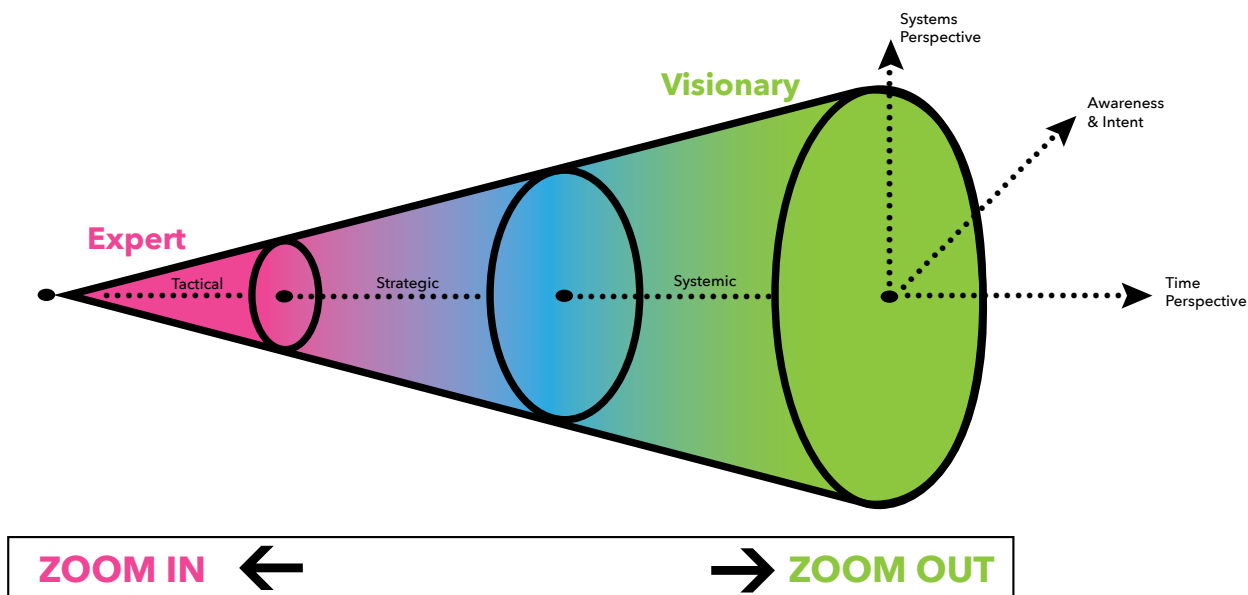
Johnny Van Aerde, MD, PhD, FRCPC

Many innate survival behaviours that served us well as cavemen work against us during the uncertainty created by the current crisis. Evolution wired us to be cautious about new situations and potential threats. However, that neurological wiring increases our distractibility, as continuing changes and the daily onslaught of COVID19-related information shift our attention frequently. Other evolutionary tendencies include both self-preservation and the need for social connectivity and empathy. Finally, our brains prefer the safety of the known and the certainty and predictability of ordered systems.

Unfortunately, the analytical mind set of experts and perfectionists, who thrive in the ordered world, is a liability in complex and chaotic systems and can jeopardize decision-making in the disordered world of a crisis. Three leadership styles can help to counteract our innate behavioural tendencies: agile, compassionate, and servant leadership.

### Agile leadership<sup>1</sup>

Figure 1. Agile leadership involves “zooming out” from expert systemic thinking to a broader perspective



Leadership agility is the ability to zoom out from a focus on the details of the expert into wide-angle mode to increase our awareness of context (Figure 1). Although attention to the detail in front of us that requires immediate action is important, zooming out allows us to see the bigger picture, the connections between the details. As physicians, we move quickly from one problem to the next, driven by the large number of patients and their needs. Or, as part of a group of physicians,

we are involved in one aspect of a patient's care, often without seeing the entire patient or the connections with the patient's living conditions.

Our tendency toward perfectionism, so important in medical school, isn't that useful in a time of crisis. Perfectionism keeps our surveillance in close up mode, and we jerk shakily from one detail to the next without seeing the big picture. While we focus the danger in front of us, we don't see things in the periphery that might be threatening or might provide a solution to what is in front of us. This can happen easily during a crisis, with the deluge of real and false information and the excessive number of emails and meetings.

Shifting our focus from decisive action to the meta-view counteracts the chances of being constantly distracted while trying to handle everything with the mindset of a perfectionist. Attenuating distractibility and separating noise from the signal that is trying to emerge can be helped by inserting small pauses for reflection into the day. Asking ourselves what else is going on and re-imagining the future will deepen our ability to practise agility by shifting the focus of our zoom lens.

## Servant leadership<sup>2</sup>

Before the pandemic, people might have viewed us as experts with knowledge in a certain domain and with successes to prove it. However, in a chaotic and fast-changing environment, past successes are irrelevant and previous approaches might be unusable. Yet, our personal insecurity and our fear of the unknown will make us cling to the world we knew, even if it no longer exists. We are tempted to hold onto our ego, to the image people have of us (looking to "the doctor" for answers and guidance).

In conditions of uncertainty and chaos, selflessness helps us serve the common good and the community by making us part of the cause and by turning passion into compassion. We need to see beyond ourselves, place the good of others first, and embrace health as a common good. The difference between ego-centric and servant leadership could not be more strikingly illustrated than the case of US president, Donald Trump, versus New Zealand's prime minister, Jacinda Ardern, as well as some of our Canadian public health officers.

Letting go of the ego also means showing vulnerability by having the courage to acknowledge what we don't know and to ask for collective wisdom. When those around us, team or community, see a balance between our selflessness and honesty, on one hand, and competence and confidence in what needs to be executed, on the other, psychological safety and trust will increase.

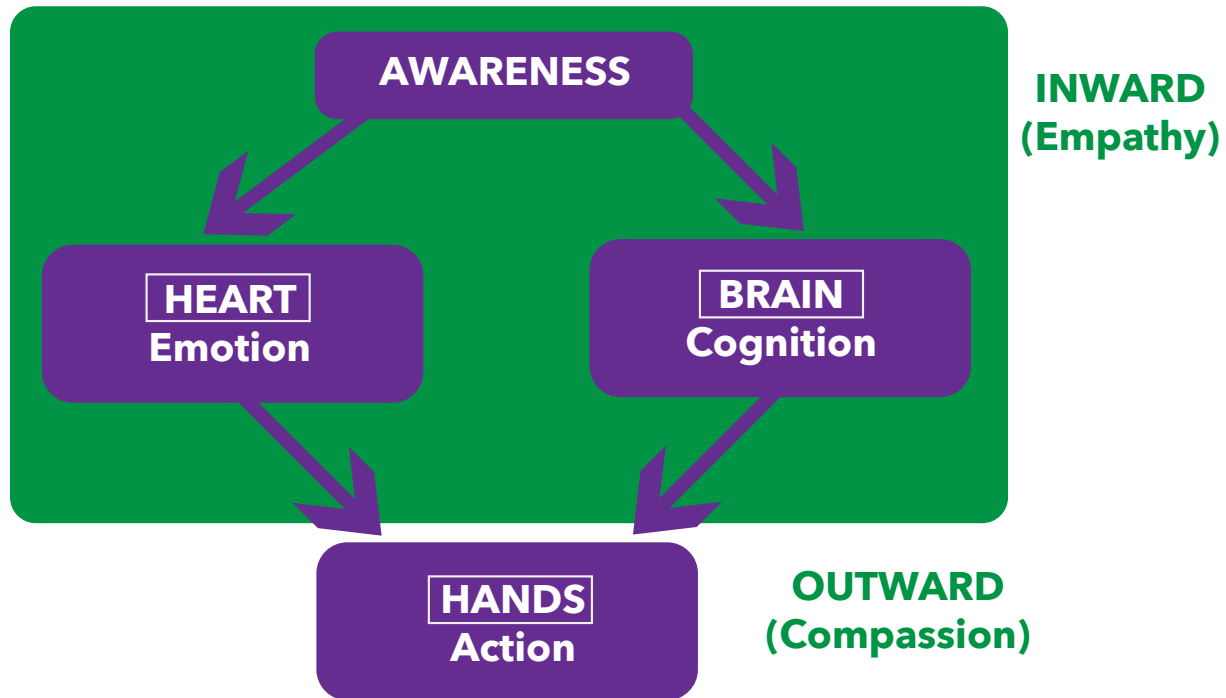
## Compassionate leadership<sup>3</sup>

The traits of a compassionate leader and a servant leader overlap. The four elements of compassion are awareness, emotion, cognition, and action (Figure 2). We must become aware of a person's pain or suffering, before understanding and an emotive response can follow. These three elements constitute empathy, which is the inner feeling and understanding we have of others' suffering.

However, empathy without action doesn't help anyone. We may express our feelings, but only by adding action and willingness to help and relieve the suffering of others do we turn compassion outward. In times of crisis, empathy alone might actually paralyze our decision-making. Imagine how little Mother Theresa would have accomplished if she had shown empathy for all the suffering without living up to her actionable vow of wholehearted free service to the poorest of the poor.



Figure 2. Compassion requires empathy but must include the outward-looking element of action



Compassion extends beyond empathy. Because compassion is empathy turned outward by action, it is motivating and energizing. Evidence also shows that compassionate leadership is an antidote to burnout. Pausing briefly and asking ourselves how we can be of benefit to this person or to that cause will help us move from empathy to compassion.

In summary, evolution has wired us to be distracted, to preserve our ego, and to engage in social interaction and empathy. This might work in the ordered, predictable world of experts and perfectionists, but it will disadvantage us in the uncertainty and volatility of a crisis. Leadership agility, compassionate and servant leadership will serve the common purpose during the current pandemic.

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