

Mind the Moment While Working in the Emergency Room

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Mindfulness is a way of being in which an individual maintains attitudes such as, openness, curiosity, patience, and acceptance while focusing attention on a situation as it unfolds. Mindfulness is influenced by one's intention, for example to act with kindness, and attention, i.e. awareness of what is occurring in the present moment. It is an innate universal human capacity that can be cultivated with specific practices (e.g. meditation, journaling); it fosters and is fostered by insight, presence, and reflection.

Is mindfulness simply a fad? [1] Or, does it have something to offer health care professionals working in a high-intensity, demanding, high-stakes environment, such as the emergency room (ER)? Might mindfulness prevent burnout in the professionals working there? [2] Can it help multidisciplinary teams work together effectively? Is it realistic to aspire to have an inherently stressful, sometimes chaotic, situation be transformed into one in which the patient/family is treated well?

Clinicians need to be skilled in listening fully to and being totally present to their patients to foster healing [3]. Even the most seasoned professionals face ongoing challenges relative to shifting between the automaticity demanded by fast-paced environments which require multi-tasking and deliberate, focused attention necessary for monitoring and clinical decision-making [4]. To make mindfulness relevant to these specific concerns and constraints, as well as to engage clinicians more fully in the process the Mindful Medical Practice (MMP) course was developed 13 years ago at the University of McGill Medical School.

Mindful Medical Practice [5,6] is based on the standardized Mindfulness-Based Stress Reduction course designed 34 years ago at the University of Massachusetts Medical School, where I trained and became a certified teacher. The main difference between the two courses is that we place more weight on promoting resilience in clinicians and fine-tuning communication in health care professionals. Thus, when a few ER doctors registered for the course my first thought was, 'they see so many patients, often briefly and only once - how can they build rapport and use the doctor-patient relationship as a critical component of health care?'

They answered that question for me. In fact, upon reflection, it was clear that personnel in the ER must mind the moment. They have only now to make the right diagnosis and correct decision; only now to connect with the patient and family members; only now to work effectively with their colleagues. If they are preoccupied by the past or projecting into the future, they may miss what is most salient to the task at hand.

What the psychiatrist and Holocaust survivor Dr. Victor Frankl said, "Between stimulus and response there lies a space. In that space is our power to choose our response." can be applied to all encounters that take place in the ER.

Here is an example from an ER doctor who took my MMP course.

Being mindful has helped me in two ways. First, while carrying out administrative duties, I am more patient and less ill-tempered. Second, it impacts my clinical work. For instance, I walked into the overcrowded waiting room early one morning and was accosted by

an older woman who complained that she had been there all night, had chest pain, and was threatening to go home. My first (automatic) reaction was anger. I did not want to hear this and continued... but then, thanks to my Awareness of Breath meditation practice, I observed how I was becoming increasingly irritated. I asked myself, 'What should I do with this emotion? Do I let it ruin my morning rounds? Forget what I heard?' Then, I stopped for a moment (i.e. made space) and recalled that I was in the ER for the patients. I reconsidered, 'Maybe she really has something.' I looked at the nurse's triage note: 'arrived at 4 am, 75-year-old woman with central pain in her abdomen, left shoulder and scapula' and decided to see her first. It turned out that she had a pulmonary embolism.

As Dr. Coles, another ER doctor, wrote, "At first glance, the Emergency Department might seem like the least opportune environment for mindfulness practice. Unlike the cocooning silence of a Buddhist zendo or the focused peacefulness of a guided meditation, the ER is a constant cacophony of human and mechanical sounds, an enclosed space lit by bright lights and defined by the non-stop movement of patients and providers. It is by its nature and mission not a relaxing atmosphere. Anyone who arrives for care is experiencing some perceived version of urgency or threat to their health - whether emotional, psychological, or physical and sometimes all three at once" [7]. Nonetheless, she went on to describe how her regular meditation practice enabled her to offer care to Mr. Y who was escorted by police into the ER, his wrists handcuffed, one hand wrapped in gauze. She determined the injury was superficial and proceeded to clean it. She took a moment (i.e. made space) and imagined the movement of her hand, piercing of the skin with the needle, pulling, and knotting the suture. As instructed, Mr. Y sat perfectly still. When she began stitching, Dr. Cole had a fleeting thought about the violence this hand may have done, the crimes it committed. Then the quiet monotony of suturing took over until her job was done. In another example, Mr. W, an agitated middle-aged male patient scheduled for a pacemaker that afternoon was arguing with his wife. He demanded to be discharged. Dr. Cole sat near him and listened. She remained silent (made space) and felt his anger wash over her like a wave - nothing personal, just his fear and hunger and impatience and craving for a cigarette. She then made him more comfortable, elucidated the consequences of refusing treatment and benefits of accepting it. "Just one person helping another person in one moment" [7].

Who is a mindful medical practitioner? [8]. One who is self-aware (e.g. knows s/he is overtired, feeling impatient, or calm and ready for action); takes in what is important about the patient (e.g. father died of MI, fear of needles, dehydrated); while considering the context (e.g. came to ER in a taxi, alone) - all in real time. Equal valence is given to competency and compassion. Being mindful enables one to act with awareness rather than react in a conditioned/automatic manner. The clinician can question cognitive biases when determining a diagnosis or reaching a decision. S/he can partner with the patient to share decision making, when appropriate. Importantly, the practitioner respects colleagues and communicates with them in an open, honest manner.

What are some practical ways of minding the moment in the ER?

Dr. Braganza makes some interesting suggestions [9]:

- A four-minute pause at morning clinical handover, the time in the morning when the night-shift team transfers care of patients to the early-shift team. Up to 45 of us gather in one room to listen to a senior doctor, who might play a video about mindfulness or share a reflective thought about stress management or attention. Then, the doctor guides us through a 90-second sitting meditation. One senior colleague used the four-minute pause one morning to share her approach of "always looking for rainbows" at intervals during her shift: a laughing child, a relieved parent, a reassuring investigation result, a helpful colleague. She encouraged the team to see rainbows in each other, so that together we could work to serve the patient.
- Moments of mindfulness throughout the workday, when staff become overwhelmed or need to enhance their focus. We post mindfulness-themed flyers around the ER, which feature simple thoughts and reflections as reminders of this.
- A weekly drop-in 30-minute session whereby those who are interested and available can gather for journaling, partner exercises, and sharing of experiences

I would add:

- Do one thing fully at a time.
- While washing hands, notice the sensations associated with the water, soap and scrubbing.
- As you move out of one room, let go of what you just did by taking a deep breath and exhaling as you enter the next room.
- When listening to a colleague or patient observe if you are planning what to say next. Rather than allow your mind to wander, key in on the voice tone, pace of speech, diction, or length of silence.
- Notice body language. Is the person fidgeting? Are you signaling that it's time to end?
- Be curious and open-minded.
- Practice 'beginner's mind' i.e. seeing something as if it were the first time.
- Let go of judgmental ways of labeling people.
- When you exit the ER, leave it behind. Pay attention to the sounds, smells, and sights around you as you walk or drive.
- If you are on call, each time the phone rings, take a breath before answering it.
- When you feel stressed, practice the 3-minute breathing space exercise (in Appendix).



Figure 1

The three-minute breathing space is a brief practice and can be used when we find our thoughts or mood spiralling in a negative direction. The first thing we do with this practice because we want to come into the present moment quickly is to take a very definite posture. The back is erect, but not stiff, letting the body express a sense of being present and awake.

Now, closing your eyes, if this feels comfortable, take the first step of becoming aware of what is going on with you right now. Becoming conscious of what is going through your mind: what thoughts are around? Here again, as best you can, just noting thoughts as mental events...so we note them, and then we note the feelings that are around at the moment...in particular, turning toward any sense of discomfort or unpleasant feelings. So, rather than try to push them away or shut them out just notice them, perhaps saying "Ah there you are; that's how it is right now." Similarly, with sensations in the body... are there sensations of tensions, of holding, of letting go? And again, becoming aware of them, simply noting whatever is arising in this moment

So, you have a sense of what is going on right now, having stepped out of automatic pilot. The second step is to collect your awareness by focusing on a single act—the movement of the breath. So now really gather yourself, focusing your attention down in the movements of the abdomen, the rise and fall of the belly as the breath moves in and out...spending a minute or so to focus on the motion of the abdominal wall, moment by moment breath by breath, as best you can right here, right now. Noticing when the breath is moving in, and when the breath is moving out being with the breath as it moves into your body and out binding your awareness to this process, to be present right now.

And now, the third step, is allowing your awareness to expand to the entire body, bringing a more spacious awareness to your experience, letting the breath be present but in the background. Bringing attention to the entire length of the body from head to toe, including any tightness or sensations related to holding or bracing. In this moment holding your awareness in this spaciousness place, breathing in and breathing out (Silence) And when you are ready, opening your eyes, letting go of this brief practice

It may be helpful to reflect on your attitudes and ability to care for yourself. Training in medicine is demanding and there is little room allotted to nurturing what makes you feel alive and whole. Unspoken expectations are transferred from house staff to trainees, such as coming to work even when ill. Personality characteristics, such as perfectionism, ambitiousness, and competitiveness are rewarded to the point that they can drive a person beyond her or his limits to exhaustion. Self-care can be likened to the heart: it must pump blood to itself first, or the rest of the body will wither. Being kind and considerate towards oneself is not selfish. Rather, by taking your legitimate needs into account you will be able to serve others better without becoming burned out.

Identify a few activities you can do throughout the work day that may refresh you. For example, take a brisk walk outside for 10 minutes, do a few chair yoga exercises while at the computer, or eat with your full attention on the taste, texture and colour of your food.

To conclude, one does not have to do more to be mindful. In MMP we use two teaching tools. The Triangle of Awareness (in Appendix) and S_T_O_P. When you ask, what need I be aware of? Your thoughts (e.g. I am not sure what is wrong with this child.), emotions (e.g. confused, anxious) and body sensations (e.g. tense shoulders and neck). Use these data to inform your choice regarding what the moment calls for (e.g. consult with a colleague, take a short break). Notice the bidirectional lines on the figure. What you think elicits emotions; what you feel in your body may influence how you think, and so on.

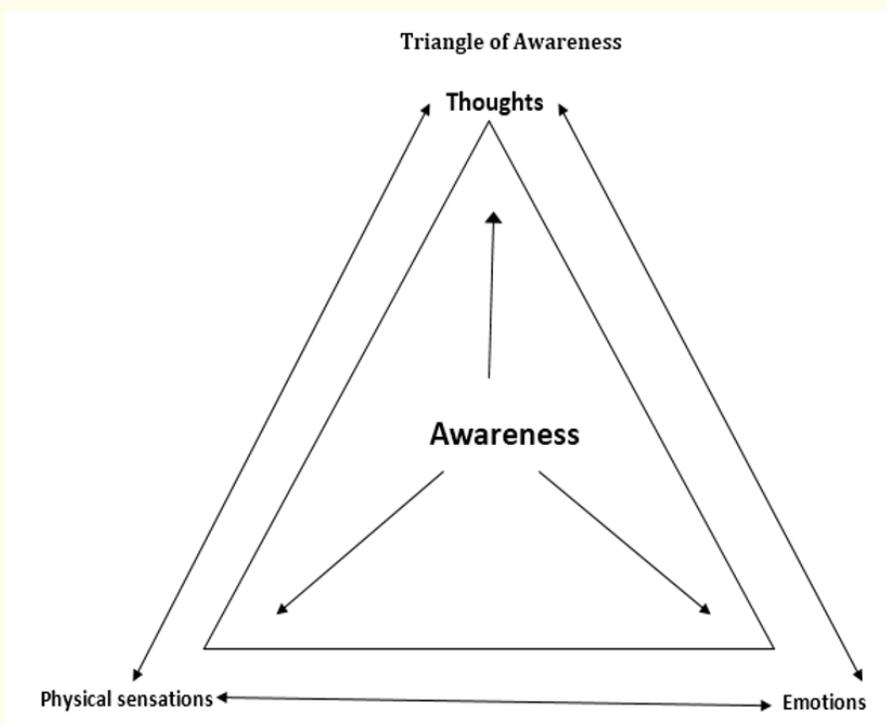


Figure 2

As for S_T_O_P. When feeling un-at-ease, for any reason, S_ slow down or stop for a moment; T - take a breath (i.e. make space), O_ observe - use the Triangle of Awareness, and then P- proceed to the best choice regarding how to respond, rather than react as if on automatic pilot.

Finally, what is true for the ER applies equally to critical care units.

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