

Voice of a Shadow:

Reflections on Wellbeing

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Abstract

A psychologist shares his observations shadowing resident, fellow and attending physicians, and the unexpected impacts on culture, health, and wellbeing.

Tension was growing in the operating room. A team of physicians, nurses, techs, and medical students treated a middle-aged man undergoing emergency surgery for a mysterious abdominal bleed. Hour after hour, the attending and resident physicians painstakingly examined each organ. A second look, then a third, and a fourth. Frustration was growing as the surgeons felt thwarted and unable to help. No one was leaving until the problem was resolved. The surgeons' dedication and investment were on full display.

I am a psychologist dedicated to fostering physician health and wellbeing.¹ For the past six years, I have shadowed resident, fellow, and attending physicians across different specialties. Having spent most of my professional career at universities, I now get an informal education by witnessing healthcare in action, with a deep and intimate window into the work and lives of physicians. I have seen the chaos of the emergency department, the pressure and high stakes in labor and delivery and the neonatology intensive care unit, the intimate conversations between patients and physicians during inpatient stays or outpatient visits, stressful codes on inpatient floors, and intricate, delicate work in the catheterization lab. Each time I shadow, I am inspired by physicians' work—the individual and collective problem-solving around clinical concerns and cases, the attentive, compassionate care, the hard work of holistically taking care of others in pain, and the caring for patients in our well-intentioned, but sometimes, imperfect healthcare systems. Diagnoses, treatments, and observations are discussed in depth while rounding. What does this symptom mean? Could an alternate explanation be at play? What does the research suggest for this presenting concern? Could we be wrong? What are we missing? Clinical reasoning happening in action, the teamwork of medicine, is brought into full view.

Shadowing is an activity often discussed as a pre-health career exercise, typically for pre-med undergraduate students or medical students²; much less is written about how shadowing can be beneficial, and indeed, even impactful, on personal wellness, occupational well-being, and organizational culture. While shadowing for early career professionals is often performative, contributing and demonstrating ability and interest, and ultimately a step in the process of becoming a physician, my shadowing is different—more about observation, curiosity, openness, and often, rapport-building while witnessing physicians in the clinical environment. In fact, shadowing has impacted me as well as the wellbeing of physicians.

The Stanford Model of Occupational Wellbeing³ theorizes that three broad domains influence physician wellbeing—a culture of wellness that promotes personal and professional growth and compassion, efficiency of operations and practices that promote safety, quality and effectiveness,

and individual factors such as resiliency and personal resources. Individual and organizational efforts are both necessary to prevent burnout and promote workplace wellbeing.^{4,5} High job demands must be matched by high job resources to promote thriving and fulfillment.⁶

Shadowing physicians gives an insider view of the drivers of engagement and burnout.⁷ Drivers of burnout include low autonomy or lack of input for physicians' work lives, clerical and documentation burdens, inefficient work processes, and excessive workloads. In contrast, organizational supports, such as increased support for clinical work and locally-developed practice modifications, as well as accessible, effective and responsive leadership, promote health and engagement at work.

Shadowing also provides for intimate encounters between physicians and wellbeing professionals. Being an observer often gives me fresh new insights into wellbeing work. Shadowing, during these uniquely personal moments, is enriched by bringing a beginner's mind, that is, seeing phenomena as if it has never been seen before.⁸ Typical procedures or practices may become routine over time, a victim to the daily grind, nonstop busyness, and work compression. A nonmedical perspective may bring back the sense of awe about the practice of healthcare—a wonder about the human body, about the nature of pain, suffering, healing, and recovery, and our roles. Maybe having someone bear witness reminds us about the fragility of life or the gifts of being with someone who is suffering during what is likely the most difficult day, or maybe the most memorable moment of their life—the gifts, and sometimes the costs, of having a front row seat to the human condition. One time in the operating room, several medical students approached me after an entire day of surgeries. “Will you be returning tomorrow, maybe for the entire rotation?” Both appreciated my basic, uninformed questions over the course of the day. Many of the same inquiries were on their mind, but they were balancing curiosity with the need to appear competent and capable as medical students.

Shadowing has provided many learning lessons for me, but more often, stimulated additional questions. How can wellbeing psychologists be helpful collaborators to promote health and wellbeing, both at the individual and collective levels? How do we bring psychology to busy healthcare professionals who routinely give more than their 100% capacity? What needs to be adapted to be meaningful to those providing care to others? How do we honor what clinicians already know about health and wellbeing, even mental health, ensuring that we do not minimize or invalidate their own knowledge, experiences, and inner wisdom? What is our general role in serving those who serve others?

Shadowing moments unite physicians and those working to serve them. In fact, research reveals much reluctance and stigma around healthcare professionals seeking help.⁹ Many barriers also interfere with help seeking and acceptance.¹⁰ Yet, shadowing allows for proximity, mutual understanding, and relatability. There is even a sense of being on the “front lines” together that gives my role a sense of credibility. Shadowing deepens a sense of teamwork—we are in this together—and helps to build many strong collaborative relationships.

There is something deeply profound about sharing one's work—maybe shadowing contributes to feeling seen, heard, appreciated, and cared for. Physicians often reach out following my shadowing. How might one connect to psychotherapy? What are the benefits of talking to a professional listener and communicator? On one occasion in the operating room, an attending surgeon shared openly about how meaningful therapy has been in his life. On a different shadowing experience, an attending physician brought up the philosophical question of how

close, metaphorically, should physicians get to patients—what is a healthy, appropriate level of attachment? Too detached from patients, maybe there is not enough opportunity to find joy, meaning, and connection at work; too involved, maybe we are more at risk for emotional exhaustion and burnout? I feel honored to witness the openness and vulnerability in these moments. These micro-moments seem to have great impact on the culture of the team. Shadowing seems to break down barriers, humanize all of us, and maybe even destigmatize mental health professionals and seeking help.

Shadowing has become a deeply meaningful joy of my work. I often leave motivated, inspired, and grateful to work with physicians. Initially, just like a real shadow, I worked to stay out of the way. I did not want to interrupt or distract from clinical work, but simply to observe and learn. But physicians are inquisitive—deeply curious and eager to learn. What is physician wellbeing? What are interventions to promote health and wellbeing individually and organizationally? Attending physicians with decades of experience would sometimes even ask for feedback about precepting. “This shadowing experience isn’t free,” one attending physician joked. How might she improve as a clinical educator? What strengths and areas of growth were observed today during rounds? Maybe shadowing contributes to becoming more skillful medical educators.

Once, upon entering the operating room, an attending surgeon asked, “Who sent you?” Did someone report that he was mistreating the residents? Research suggests more than 40% of residents experience mistreatment during training.¹¹ He seemingly could not be reassured that my shadowing was simply random, an assignment simply by chance or luck, not something planned or purposeful. At the end of the day, several residents commented that he seemed to be on his best behavior. Typically direct, and at times gruff or even mean, he took extra time that shift to teach, ask medical knowledge questions, and demonstrate surgical techniques. Yet, with so many competing demands, balancing clinical care of patients and the educational needs of physicians in training can certainly be tricky. In hindsight, however, I had made a mistake. Surgical residents had asked me to join and shadow this unique case, but I had forgotten to request permission from the attending physician and team. Since then, I routinely ask all involved before shadowing.

Over time, shadowing has become a regular, if not frequent enough, part of my work—each shadowing experience full of rewards, surprises, connections, lessons, and stories. In the case at the beginning of this essay, the patient made a remarkable full recovery to everyone’s delight; at other times, I’m left guessing how everything turned out, both for the patient and the physicians, often mirroring the treatment team’s experience. Frequently, though, at the end of a shadowing day, I now hear, “When are you coming back?” Sometimes physicians contact me, months or even years later, seeking help while experiencing distress after an unexpected clinical outcome or a personal challenge. Maybe shadowing is more mutually beneficial than I realized. Shadowing certainly has helped me become a better, more knowledgeable resource to physicians—not just hearing about physicians’ work, but also witnessing physicians in vivo. Time for this shadow to speak up and share, and certainly, to keep returning to the places where physicians work.

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