NCC Pediatrics Continuity Clinic Curriculum: **Continuity Patient Case Day- Meeting 3**

Overall Goals & Objectives:

- According to the ACGME, the mission of the continuity experience is to help residents acquire competencies essential for **comprehensive, coordinated longitudinal care** of children with a wide variety of medical, behavioral, and social problems.

Overall Timeline:

Dates	Topic
Week Aug 20	Introduction & Dealing with Difficult Patients
Week Oct 29	Cultural Competency & Healthcare Disparities
Week Feb 18	***Caregiver Fatigue & Work-Life Balance***
Week Apr 15	Follow-up to Home, Therapy, School Visits
Week Jun 17	Medical Home & Continuity Patient Handoff

Pre-Meeting Preparation:

- ***Update*** **the "Continuity Case Day Patient Profile"** for the patient you have been following during Case-Days. *You may report on a different patient, if there are no updates on the one you previously shared with your group.*
- Read "Overcoming Compassion Fatigue" *(Family Practice Management, 2000)*
- Read "Stress & Its Impact on Professionalism" *(ABP & APPD, 2008)*
- Read "So Where's My Medal?" *(NEJM, 2005)*

Conference Agenda:

- *Review* EACH resident's "Patient Profiles" for their selected patients.
- *Discuss* "Continuity Patient Case Day Discussion Prompts".
- *Check-in* with continuity-group members on PI Project

Continuity Case Day: Patient Profile

Select an interesting or challenging patient to follow longitudinally with your continuity group. Solicit feedback and guidance regarding your management or other challenges throughout the academic year.

1. Remind us, who is your patient? (Give a one-liner)

2. What are the issues you've been addressing? Any updates from last Case-Day?

3. What new questions do you have about your patient? Diagnoses? Treatment?

4. What are you plans for following-up with your patient?

5. Any other interesting patient encounters— aside from your selected longitudinal patient(s) — that you'd like to share with your group?

Family Practice Management

Apr 2000 Table of Contents

Overcoming Compassion Fatigue

When practicing medicine feels more like labor than a labor of love, take steps to heal the healer.

John-Henry Pfifferling, PhD, and Kay Gilley, MS

Fam Pract Manag. 2000 Apr;7(4):39-44.

Andy had always been an energetic and dedicated family physician. Now, at 38, he's tired, cynical and lonely. He's angry at the health care system for forcing him to see more patients in less time and annoyed with his patients for what he perceives to be their increasingly demanding natures. Although his relationships with his patients once thrived, they no longer seem to give him the same satisfaction. Even talking to his wife, who's always been a supportive partner, has not relieved his feelings of intense isolation.

Andy has a form of burnout called compassion fatigue, a deep physical, emotional and spiritual exhaustion accompanied by acute emotional pain. Whereas physicians with burnout adapt to their exhaustion by becoming less empathetic and more withdrawn, compassion-fatigued physicians continue to give themselves fully to their patients, finding it difficult to maintain a healthy balance of empathy and objectivity.

Those who have experienced compassion fatigue describe it as being sucked into a vortex that pulls them slowly downward. They have no idea how to stop the downward spiral, so they do what they've done since medical school: They work harder and continue to give to others until they're completely tapped out.

KEY POINTS:

- Compassion fatigue is a form of burnout that manifests itself as physical, emotional and spiritual exhaustion.
- To prevent or recover from compassion fatigue, take time for self-reflection, identify what's important and live in a way that reflects it.
- To sustain yourself at work, develop “principles of practice” — guidelines of personal integrity that articulate the parameters of your personal values. Commit to live and work within these principles.

Causes of compassion fatigue

Compassion fatigue is flourishing today, due in part to the demands of managed care. Physicians see more patients, do more paperwork, negotiate more contracts and have less autonomy than ever before. Add to that self-imposed pressure to live up to their own high standards, and it's no wonder many physicians feel like they're going up in flames.

The medical profession, with its tremendous physical and emotional demands, naturally predisposes physicians to compassion fatigue. (To assess your state of mind, take the “Self-assessment for compassion fatigue” and see “Warning signs of compassion fatigue.”) In the past, the connection that many family physicians shared with their patients gave them the replenishment they needed to cope with the stressors of practicing medicine. But today, increasing demands have caused some physicians to stop taking the time to appreciate the love, respect and appreciation that their patients want to share with them.

SELF-ASSESSMENT FOR COMPASSION FATIGUE

Answering “yes” or “no” to the following nine statements will help you assess your risk for compassion fatigue:

Personal concerns commonly intrude on my professional role.	Yes	No
My colleagues seem to lack understanding.	Yes	No
I find even small changes enormously draining.	Yes	No
I can't seem to recover quickly after association with trauma.	Yes	No
Association with trauma affects me very deeply.	Yes	No
My patients' stress affects me deeply.	Yes	No
I have lost my sense of hopefulness.	Yes	No
I feel vulnerable all the time.	Yes	No

I feel overwhelmed by unfinished personal business. Yes No

Answering “yes” to four or more questions may indicate that you're suffering from compassion fatigue. [This instrument, developed by the authors, has not been validated, but the results should serve as a quick check of your state of mind.] If you're interested in determining your risk for burnout, try taking the Maslach Burnout Inventory. It may be obtained through the Consulting Psychologists Press at 800-624-1765 or through their Web site at www.cpp-db.com.

Time is the enemy

To those who are in the throes of compassion fatigue, time, or more precisely the lack of it, is the enemy. To compensate, many physicians try to do several things at once (e.g., eat lunch while dictating chart notes and returning telephone calls). And to make more time, they tend to eliminate the very things that would help revitalize them: regular exercise, interests outside of medicine, relaxed meals, time with family and friends, prayer and meditation. At this point, they find it easiest to blame others. “If only,” they lament. If only the staff, system, insurance carriers, administration or their colleagues did things differently, they'd have more time. And, no matter how much or how well they sleep, they still awaken exhausted.

Hard data on compassion fatigue is admittedly difficult to come by; however, one survey found that 54 percent of office-based physicians had experienced a time when they felt they no longer had any compassion left to give, even after a restful weekend.[1] Compassion fatigue takes a toll, not only on the physician, but also on the workplace, causing decreased productivity, more sick days and higher turnover.

There is hope

If you see shades of yourself in Andy, don't worry. Relief is actually nearby. To recharge your batteries you must first learn to recognize when you're wearing down and then get into the habit of doing something every day that will replenish you. That's not as easy as it sounds. Old habits are oddly comfortable even when they're bad for us, and real lifestyle changes take time (some experts say six months), energy and desire.

We guided Andy through recovery at the Center for Professional Well-Being. His first step toward overcoming compassion fatigue was to learn how to care for himself. Because physicians with severe compassion fatigue have to learn or re-establish lifestyle habits that increase their emotional resilience, we encouraged Andy to take time off from work. He took a month off and then worked part time for two more months before he began practicing again full time.

During that time, Andy started exercising again and began eliminating the junk food that he often ate while working. He spent time with friends and family he hadn't seen in recent months and took long morning walks with his wife to reconnect to the world. He even made a leisurely visit to his aging parents — a luxury he hadn't allowed himself since he was an undergraduate — and started some projects that he'd fantasized about doing “when I have time.” Never a religious person, Andy took a mindfulness meditation class that taught him how to still his mind and be present in the moment. Through it, he came to feel the presence of a higher being, something bigger than himself that he found reassuring.

Overcoming compassion fatigue means coming to terms with the anger, fear and self-doubt that some physicians have suppressed since medical school. This requires honest self-reflection, a process that some physicians find quite painful. Yet, if you're compassion fatigued, getting back in touch with yourself is perhaps the most important step in the recovery process. Without it, the lifestyle changes you're trying to make may not be enough to sustain you.

It helps to have someone to talk to who is a good listener, understands compassion fatigue, and with whom you feel a connection. This person is usually a professional counselor, but a colleague with firsthand knowledge of compassion fatigue, a pastor, or a spouse or friend who can listen without judging or offering solutions to your problems are other alternatives. A well-facilitated physician support group, although sometimes difficult to find, is also an immensely safe place. Colleagues who have learned to listen deeply can offer you caring and innovative options based on their own experiences. (For more information, see “Physician Support Groups: A Place to Turn,” October 1995, *FPM*, page 26.)

WARNING SIGNS OF COMPASSION FATIGUE

Although symptoms vary, the following red flags may indicate that you have compassion fatigue:

- Abusing drugs, alcohol or food
- Anger
- Blaming
- Chronic lateness
- Depression
- Diminished sense of personal accomplishment
- Exhaustion (physical or emotional)
- Frequent headaches
- Gastrointestinal complaints
- High self-expectations
- Hopelessness
- Hypertension
- Inability to maintain balance of empathy and objectivity
- Increased irritability
- Less ability to feel joy

Low self-esteem
Sleep disturbances
Workaholism

If you're like most physicians, your personal identity is closely tied to your professional role. Try not to attribute compassion fatigue to a character flaw. Negative self-talk about “not having what it takes” serves no one — not you, not your family, not colleagues or patients, and most certainly not your staff members, who have probably already received a fair share of your irritability. Finally, understand that the pain of compassion fatigue is uncomfortable but normal, and that it will dissipate once you start caring for your physical and emotional needs.

Develop your own self-care plan

The lifestyle changes you choose to make will depend on your unique circumstances, but three things can speed your recovery.

1. **Spend plenty of quiet time alone**. Learning mindfulness meditation is an excellent way to ground yourself in the moment and keep your thoughts from pulling you in different directions. The ability to reconnect with a spiritual source will also help you achieve inner balance and can produce an almost miraculous turnaround, even when your world seems its blackest.
2. **Recharge your batteries daily**. Something as simple as committing to eat better and stopping all other activities while eating can have an exponential benefit on both your psyche and your physical body. A regular exercise regimen can reduce stress, help you achieve outer balance and re-energize you for time with family and friends.
3. **Hold one focused, connected and meaningful conversation each day**. This will jump start even the most depleted batteries. Time with family and close friends feeds the soul like nothing else and sadly seems to be the first thing to go when time is scarce.

DO'S AND DON'TS OF RECOVERY

Do:

Find someone to talk to.

Understand that the pain you feel is normal.

Start exercising and eating properly.

Get enough sleep.

Take some time off.

Develop interests outside of medicine.

Identify what's important to you.

Don't:

Blame others.

Look for a new job, buy a new car, get a divorce or have an affair.

Fall into the habit of complaining with your colleagues.

Hire a lawyer.

Work harder and longer.

Self-medicate.

Neglect your own needs and interests.

Words of advice

Compassion fatigue can impair your functioning in ways that you need to keep in mind, so it comes with its own list of “don'ts”:

Don't make big decisions. We advise our compassion-fatigued clients not to make any major life decisions until they've recovered physically, emotionally and spiritually. This is perhaps the most important advice we can give. Don't quit your job, get a divorce, have an affair or spend your money on a lavish trip or a new sports car. It may feel great at the time, but a few days or weeks later you'll find yourself waking up to the same set of problems.

Don't blame others. Similarly, blaming administration, staff, colleagues or the “system” will do you no good. We've worked with several physicians who had hired attorneys and wanted to initiate legal action against their workplace. This is not the right time nor the right answer for compassion fatigue. Being adversarial will only exhaust you further and prevent the deeper healing that needs to take place. If, in the clarity of rejuvenation, you still believe legal action is appropriate, you'll be in a much better place to work with an attorney. For now, hold off. The same goes for looking for another job. Wait until you can see things more clearly and have gotten the stress in your life under control.

Don't spend your energy complaining. We also advise that you avoid commiserating with discontented colleagues. You've heard the old saying “misery loves company.” It's easy to fall into the habit of complaining when you're consumed by compassion fatigue, but it will only make you feel worse. There are other, more constructive environments to share your feelings.

Don't try a quick fix. Compassion fatigue can make you vulnerable to addictive behaviors and substance abuse. We've seen many clients try to deal with compassion fatigue by working longer and harder. Others self-medicate with alcohol and prescription drugs. There are a whole host of other addictive behaviors, including sex, that are used to relieve personal pain. Don't let yourself abuse work, alcohol or drugs and don't fall prey to a quick fix. Just as drugs can be addictive and eventually cause a whole different set of problems, the quick fix almost always ends up complicating an already overburdened life, escalating the downward spiral.

A healthier future

Clients often say to us, “It's pretty easy to take care of myself without the daily stress of work, but what happens when I get back in that pressure cooker?” The single most important thing you can do to sustain yourself once you're back at work is to develop your own “principles of practice,” a type of personal mission statement that articulates your values and identifies the parameters within which you're comfortable practicing medicine.

To create your principles of practice, ask yourself, “What gives my life joy and meaning?” This will help you identify your values and define your priorities. For example, if one of your priorities is to take better care of yourself, one of your principles may be, “I will affiliate with a group of family physicians that have clear guidelines enabling each member to take time off.” Another may be, “I will work for an organization interested in promoting professional health and satisfaction.” (For more information on identifying your personal and professional values, see “Putting ‘Life’ Back Into Your Professional Life,” June 1999, *FPM*.)

Commit to live and work within these principles and use them to guide your decision making. Before making decisions, pause and ask yourself, “How well will this align with my values and priorities?” You can also think of your “principles of practice” as a compass that can help you get back on track if you find that everyday stressors are steering you off course.

Andy's principles of practice described what integrity looked like in his life. Before he went back to work, he shared these principles with his partners in hopes that they would understand and support him. They had rarely talked about anything more than the day-today activities of the practice, but Andy's principles of practice gave them all something to aim toward and clarified thoughts they'd never taken the time to articulate.

Having a clear vision is essential to the next step in caring for yourself — learning to say “no.” Andy's principles of practice identified definite parameters that he knew he needed to stay within to remain healthy. These parameters freed him to start saying no without guilt to requests that didn't align with his vision. (For more information about saying “no,” see “Five Ways to Say ‘No’ Effectively,” July/August 1998, *FPM*.)

Andy has returned to work and continues to do what he needs to do to keep himself emotionally and physically healthy. Making appointments with himself for exercise, meditation and time with his family keeps him committed to his personal program. He treats these appointments as seriously as he does those with his patients, knowing how much his life and profession will benefit.

WHERE TO FIND HELP

The following provide support for physicians with compassion fatigue. Call or visit their Web sites for specific information about the type of help they offer

Center for Professional Well-Being, Durham, N.C. Web site: www.cpwb.org; telephone: 919-489-9167

Professional Renewal Center, Lawrence, Kan. Web site: www.prckansas.org; telephone: 877-978-4772

Institute for the Study of Health and Illness' Detoxifying Death workshop series, Bolinas, Calif. Web site: http://ishiprograms.org/; telephone: 415-868-2642

Ahnna Lake, MD. Stowe, Vt. Telephone: 802-253-9369

MDIntelliNet, LLC, Boston. Web site: www.mdintellinet.com; telephone: 617-713-3688

What's important to you?

Andy's story is the tip of an iceberg that's grown rapidly in the last few years. Ten or 20 years ago, physicians who were tired of medicine and trying to transition out were 45 to 55 years old. Now, we have many 35- to 45-year-olds asking us, “Am I going to have to quit medicine to have a life outside of work?” Our answer is “no.” You can be a family physician without having to compromise your well-being. But living a balanced life does require that you take the time for self-reflection, identify what's most important to you and adopt a healthier lifestyle. This isn't something that's been taught in most medical schools, and it's not something that can wait until changes occur in the health care system.

Whether you want to prevent compassion fatigue or find your way back from it, begin to identify what's important to you. It can help you feel better about your life and your life's work.

Chapter 4
Stress and Its Impact on Professionalism

Stress pervades pediatrics residency programs. Studies indicate that the prevalence of burnout is significant among all residents, ranging from 55% to 76%.[7] Professional behavior is particularly threatened during times of burnout. Stress caused by a combination of factors including sleep deprivation, the pressures of the work environment, the vulnerabilities (lack of knowledge and experience) of residents inherent in the training process, and the acuity and complexity of patients.

The ways in which stress can influence professionalism may include a lack of commitment to one's professional responsibilities or a state of detachment in providing clinical care, a lack of insight and failure to recognize when one is practicing in an impaired state, and a state of tension in attempting to balance one's personal and professional life. In addition to the impact that stress has on the individual, stress within a patient care team can have a substantial impact on team members and team function. The aim of this section is to raise awareness and promote understanding about the impact of stress on professional behavior in individuals and team members.

The *Charter's* preamble contains an explicit statement demanding that the interests of patients be placed above those of the physician. This demand may at times be the basis for the state of tension that exists as an individual attempts to balance personal and professional life. The *Physician Charter* addresses stress and its impact on professionalism in several sections:

- *Principle of primacy of patient welfare*
  One of the fundamental principles of the charter is that physicians are expected to be dedicated to serving the interests of the patient, not allowing market forces, societal pressures, or administrative exigencies to compromise this principle. Implied, but not stated, is the importance of not allowing one's personal life to impact adversely the primacy of patient welfare.

- *Commitment to professional responsibilities*
  This responsibility includes the obligation to participate in the process of self-regulation, including remediation and discipline of members who have failed to meet professional standards. Maintaining high standards for professional behavior even under times of stress is a responsibility that we share for ourselves and for our colleagues. Recognizing and reporting lapses in professional conduct through the appropriate professional channels is an element of this commitment.

Behavioral Statements

The components of professionalism and the impact of stress listed above provide general goals. It may be helpful to identify specific behaviors or practices that would exemplify professional conduct in this domain and some that would represent lapses of professionalism.

Examples of Exemplary Professional Conduct

- Demonstrates a commitment to professional responsibilities, even during periods of stress, by making a personal commitment to a respectful workplace, working collaboratively with other members of the health care team, engaging in self-assessment, and accepting external scrutiny to maintain professional standards
- Maintains poise during difficult interactions with patients/families or colleagues
- Recognizes risk factors and signs of burnout, depression, drug and alcohol abuse, and mental health disorders
- Recognizes the importance of confidential reporting of impaired professionals within their institution
- Accesses support services and treatment for self and others
- Balances personal and professional commitments by discharging professional responsibilities effectively to another practitioner so as to provide continuous and high-quality patient care
- Recognizes the potential for tension and proactively addresses issues before a crisis erupts
- Develops methods for personal self-assessment

Examples of Lapses in Professional Conduct

- Demonstrates disruptive or disrespectful behavior in the workplace: abrupt, dismissive comments to staff; angry interchanges with staff; or gestures or body language that convey frustration or anger
- Communicates with colleagues in a hurried or incomplete manner regarding a patient
- Ignores a colleague's obvious distress or impairment
- Fails to ask for help when too fatigued to complete work

Behaviors That Warrant Immediate Intervention

- Exhibits repeated behaviors that exemplify lapses in professional conduct, such as those described above, despite feedback
- Behaves in a disruptive manner leading to a hostile workplace environment as evidenced by multiple complaints from team members
- Practices with an impairment and is unwilling to seek help or treatment
- Fails to meet professional obligations (duty to a patient) on the basis of an unresolved conflict between personal and professional responsibilities

1. Davies H, Bignell GR, Cox C, et al. Mutations of the BRAF gene in human cancer. Nature 2002;417:949-54.
2. Maldonado JL, Fridlyand J, Patel H, et al. Determinants of BRAF mutations in primary melanomas. J Natl Cancer Inst 2003;95:1878-90.
3. Noonan FP, Recio JA, Takayama H, et al. Neonatal sunburn and melanoma in mice. Nature 2001;413:271-2.
4. Whiteman DC, Watt P, Purdie DM, Hughes MC, Hayward NK, Green AC. Melanocytic nevi, solar keratoses, and divergent pathways to cutaneous melanoma. J Natl Cancer Inst 2003;95:806-12.

So Where's My Medal?

Perri Klass, M.D.

I accepted an invitation to give a talk in Michigan on a Tuesday in April, though the date rang some distant bell. A day or two later, I recognized the bell: that Tuesday was my son's ninth birthday. I called to reschedule the talk, citing the proverbial family complications — not specifying that the real complication was my own spaced-out incompetence. The incident left me feeling like a crummy mother, a rotten visiting lecturer, and a bad person — an apologetic trifecta of self-criticism. I would not be confessing this incident now had a friend not mentioned recently that she had inadvertently agreed to do moonlighting hospital coverage the weekend of her child's birthday. "I guess I was using my work brain instead of my home brain," she sighed guiltily.

My oldest child is 21, which means that I have been an "expert" on family-and-career for more than two decades. I have spoken on the subject to various groups, pontificated on panels and radio shows. And I have no right to complain about this role, because I asked for it — I wrote about having my first baby while I was in medical school, making a fuss in print about the complications of my life.

Even so, I don't like the family-and-career podium. From the first time I found myself standing in front of a room full of women, clutching notes about my life, I have always felt some irritation and embarrassment about the subject. Consider, for example, the serious, note-taking undergraduates who ask earnestly whether the right time to have children is during medical school or residency. I suppress my maternal — and pediatric — inclination to tell them that, at their age, they should concentrate on avoiding unwanted pregnancies. Instead, I tell them, honestly but unhelpfully, that there is never a right time to have a baby. It will always be a lot of work, a tremendous expense, an enormous commitment stretching into the uncertain future — and a big distraction from a medical career. Having a baby isn't something you do for the sake of logic; it's something that happens when the forces of sentiment, emotion, biology, and who knows what else sweep you away. Witness my own decision process about having that first child: I'm in medical school, financially dependent on my parents. . . . You're in graduate school; heaven knows where you'll get a job. . . . We have no money, a tiny apartment, heavy workloads, an uncertain future. . . . Hey! Let's have a baby! Best decision I ever made.

Holding forth about family-and-career does give one a certain egocentric joy in one's own domestic and professional arrangements. Look at all those people listening and nodding and laughing; afterward they'll tell me how helpful it is to hear from women who've really done it. (Why, my life must really be of great interest to all and sundry! Perhaps I really knew what I was doing!) But in the end, other people's domestic and professional arrangements butter not a single parsnip in the complexities of your own busy life. I doubt anyone has ever come away from such a session with a single new or surprising idea. (Wow — that oncologist worked part-time while her kids were young, then went back to work full-time when they were out of the house! Hey — those surgeons put their children in something called a "day-care center"!)

For many years, I had a morning ritual on arriving at the health center. I would greet Eileen, another pediatrician and mother of three. We would stagger in, often a little late, our brains full of the not exactly harmonious noises of siblings in the car together or the sudden discovery that homemade costumes were due on Friday for the spring play. We would take deep breaths, exchange competitive stories to determine whose children had been more problematic, whose drive more encumbered. We would reflect on the logistic mountains already climbed that day, the dramas and tensions

already vanquished — all before we even started work. And our shorthand for all this evolved into a ceremonial inquiry: "So where's my medal?"

Here is the thing about family-and-career: it is not a problem, or an issue especially for women, or a knotty dilemma amenable to clever tips. It's just what my life is: my family and my job and some little, harder-to-classify pieces of myself, floating around the edges. I won't come to any cosmic understanding of how to do it right. I'm simply going to live it day by day and year by year, with some good moments and some bad moments. The decisions, large and small, that I make along the way won't add up to a strategy; they'll add up to who I am. And even though women rarely ask men to expound on family-and-career — maybe because we understand that for a man, this is just another name for a full, busy, everyday life — it's as true for men as it is for women that these decisions will add up to who they are.

Surely we're all past the "either–or"; that approach has been dead and gone for decades. You make your own particular mixture. I could spend all my time and energy on my children, but then I wouldn't have my job, and my life would have less meaning. Or I could spend all my time and energy on my job, but then I wouldn't have my family, and my life would have less meaning. And that's about all there is to say and do about either–or — which leaves me with a lifetime of not-very-interesting logistics to tackle and some insights to glean along the way that I suspect are the kind you have to glean for yourself, the hard way.

For example, medicine attracts people who tend toward the obsessive, the driven, and the competitive. We might sublimate those qualities to altruism, but many physicians approach each new challenge with the secret desire to score well above the class median. And parenthood is yet another opportunity to perform — or an endless series of little opportunities, depending on how carefully you're keeping score. The sweaters and hats and mittens that I knitted for my children when they were young were both an expression of my affection and a hostile gesture toward those parents who might have more time than I to be involved in their children's schools and to go on class trips but who outfitted their children for the New England winter in soulless store-bought garments. Take that!

On the other hand, when you see someone going at the job of being a parent not just full-time but also full-tilt, with that same competitive energy, you have to tremble. I know parents who decided to make full-time vocations of their children, applying the same intensity that they might apply to making partner in a big law firm, going at every day as if to squeeze out as many billable hours as possible. I have inculcated in my children (in sheer self-defense) a wariness about too-attentive parents, a sense that those parents are just the kind who would show up in school to lead a special project or, god forbid, perform at an assembly.

My daughter Josephine, now a high-school student, recently spoke disapprovingly about a dear friend of mine. The friend runs the kind of organized home that I will never even aspire to, cares for her children with delightful spirit, and frequently pitches in to help me over bumps of my own making; she doesn't "work outside the home," as we say, but she clearly works very hard inside it. Josephine's father and I were surprised to hear her sound so disapproving; we had always assumed that she had measured our own household against my friend's and found ours wanting. "I thought you liked her," I said. "I do like her," said my daughter. "I just don't think much of her work ethic." There was a pause, as parental glances were exchanged, and then: "What do you think of our work ethics?" She surveyed us for a second, clearly writing off her father, the professor. "I think Mom has a pretty good work ethic," she said. "But I do think she should see more patients."

The further along I get with my family and my career, the less qualified I feel to talk about family-and-career. Yes, I can talk about all my work-related trips that were complicated by the minor illness of a child at home, of family vacations enlivened by my melting down about some patient and calling the health center from a pay phone in some foreign country to ask that a lab please be double-checked. Or about the predictable, long list of school performances I didn't attend because I had patients scheduled (and the shorter list of school performances I moved heaven and earth to attend, only to watch my son not bother to sing in the big second-grade number because he and another boy were too busy shoving each other and giggling).

And yes, I learned what I know of pediatrics as a mother of young children — and then

as a mother of older children. I was the only resident in my clinic with a kid, and when a speaker about children and pets surveyed us residents about the right age for children to have a pet of their own, I was the only one who said 18. My family experiences inflect my speeches to my patients and my responses to their worries — and sometimes knowing that it's my day to pick up the children from their after-school activities adds an urgency to my last patient visit of the day. My children deal with me mostly as a mother, but they occasionally acknowledge my medical side. When my older son was in high school, I accompanied him to a checkup, and the doctor kicked me out of the room. On the way home, my son said that he was embarrassed to think that I probably knew exactly what his doctor had asked him in private. "Well," I said, "yes, I probably do know — but that doesn't mean I know your answers." "Even so," said my son, "it's kind of embarrassing." Those are the breaks: sometimes it's useful to have a mother who's a doctor, sometimes it's neutral, and sometimes it's a big pain in the neck.

Family-and-career. Every woman I know resents that it is still regarded as a women's issue. Every female doctor I know is aware that, however tricky her own balancing act may be, it can't compare with the difficulties and complexities endured by other women in our workplaces — the clerical staff, the medical assistants, the women juggling lower-paying jobs with much less power and authority but with the same family imperatives. And just as every reasonably wise physician comes eventually to the understanding that not all outcomes are optimal, so every marginally competent parent learns to accept the imperfections in our performance during this most important life assignment. You do your best, you count your blessings, and you try to clean up the spills.

I might have had a different career in medicine if I hadn't had children. I might have reared my children differently, or had children at different junctures, if I hadn't been training to be and then working as a doctor. But if I'd had my children at different moments, then they'd be different children — and I would have just x-ed out the people I love most in the dubious process of x-ing out myself.

In the end, the most difficult things about family life are also its greatest glories: the repetitive small-time daily drudgeries and the unexpected small-time daily joys, the accumulation of small-scale experiences and memories, the frustration of lessons that never get learned, and the occasional thrills of progress and inspiration. Come to think of it, raising a family is a lot like practicing primary care pediatrics, except that there are fewer forms to fill in and you don't have to pretend to be an expert.

Dr. Klass is associate professor of pediatrics at Boston University Medical Center, Boston, and medical director of the Reach Out and Read National Center, Somerville, Mass.

Continuity Case Day: Discussion Prompts

1. What is "compassion fatigue" and how is it different from "burnout"? Have you experienced either (**Hint:** take the self-assessment)? What are the contributing factors?

2. Have you seen the "Warning Signs" of compassion fatigue in others? How about the "Do's & Don'ts of Recovery"? What resources do we have to address these issues?

3. The FPM article recommends combating compassion fatigue with a "personal mission statement" that answers the question, "What gives my life joy & meaning?" If you feel comfortable, share your own personal mission statement or "principles of practice".

4. According to the APPD/ABP chapter, what is the prevalence of burn-out amongst residents? Were you surprised by this number? How does personal stress or burn-out interfere with professional responsibilities?

5. The *Physician Charter (2002)*, referred to in the APPD/ABP chapter includes a statement that the interests of the patient be placed above those of the physician. Do you agree? Are there any instances where you or a colleague had trouble achieving this standard?

6. Dr. Klass writes about her "balancing act" throughout her professional career. Do her experiences resonate with your own? Do you feel as if *your* work-life balance is an "either-or" question or a "make your own particular mixture"?