

## Emergency medicine well-being week: Stress, burn-out and 'resilience'

Emergency medicine will always include stress, dealing as we do with unwell patients arriving at short (or without) notice and making critical decisions with limited information. So if you feel stressed, you're probably right. If not, well, the American College of Emergency Physicians (@ACEPNow) have an excellent summary including pointers to recognise stress in yourself or your colleagues: <https://www.acep.org/content.aspx?id=22722>

The physiology of acute stress and its effect on situational awareness, cognition and performance is summarised by Dr Scott Weingart (@EMCrit) in his review of On Combat by Dave Grossman: <https://emcrit.org/emcrit/emcrit-book-club-on-combat-by-grossman>. I'll apologise now for a couple of links which have been criticised for playing to an outdated, 'masculine' club. Having felt overwhelmed in a medical emergency and experienced the threat of serious violence I believe there is significant crossover. Individual's reactions vary, but there is value in considering the nature of stress so we can be better prepared for it. This is something I am very interested in but I freely admit I'm not an expert.

Mr Karim Brohi, trauma and vascular surgeon, gave this talk at SMACC Dub which includes, I think, important points about calmness, focus and mental preparation:

<https://www.acast.com/smacc/after-smacc-zen-and-the-art-of-trauma-surgery---karim-brohi>.

Reading Dr Robert Lloyd's (@PonderingEM) account of EM in South Africa, <http://stemlynsblog.org/englishman-south-africa-robert-lloyd-st-emlyns>, I was struck by the intensity but also that he chose to regroup and take on the challenge. Use of the terms for resilience, mental toughness etc varies but there is something noble in choosing to contend with a challenge whether that is a packed ED, an exam, or a difficult referral.

'Resilience' and resilience training is very fashionable currently. In my opinion, it is part of solution but can't replace adequate training, support or self-care. Dr Simon McCormick (@DrSimonMc) gives a balanced view the place of resilience: <https://brokentoydotblog.wordpress.com/2017/07/18/a-dirty-secret/amp>

Mental toughness is a model that has potential to clarify areas for development, whether in yourself or as a mentor. <https://www.mentaltoughness.partners/the-4-c/> Prof Peter Clough spoke on this at EMTA's 2016 annual conference. The system is applied to medicine in more depth by Mike Lauria (@ResusPadawan) here <https://emcrit.org/emcrit/imperturbability-william-osler-resilience-and-redefining-mental-toughness>.

Burnout is a term used loosely, but as termed by Prof Christina Maslach (@CMaslach) it is a combination of exhaustion, cynicism and perceived inefficiency as a result of chronic stress. The nature of burnout, recognition and recommendations for employers are described at:

<https://blog.kissmetrics.com/prevent-employee-burnout>.

Colleagues who find themselves burnt-out, or depressed - whether or not related to work stress - should be encouraged to seek help. Speak to your supervisor or a trusted colleague. See your own GP, or occupational health. Or contact the Doctors support network (dsn.org.uk). Mindtools also offer guidance on recovery <https://www.mindtools.com/pages/article/recovering-from-burnout.htm>

I'm in two minds about sharing the final link. Having made all the points and brought together my favourite resources on these matters, I have to say that Dr Justin Morgenstern (@first10EM) has done a better and more comprehensive job of it: <https://first10em.com/2017/03/13/performance-under-pressure/amp>