

# Applying Compassion

Mini-but-Mighty Skill Workshop

# Learning Objectives



Define compassion for your own practice



Describe the benefits of applying compassion



Explore techniques to clinically apply compassion



# Meet Our Lead Faculty



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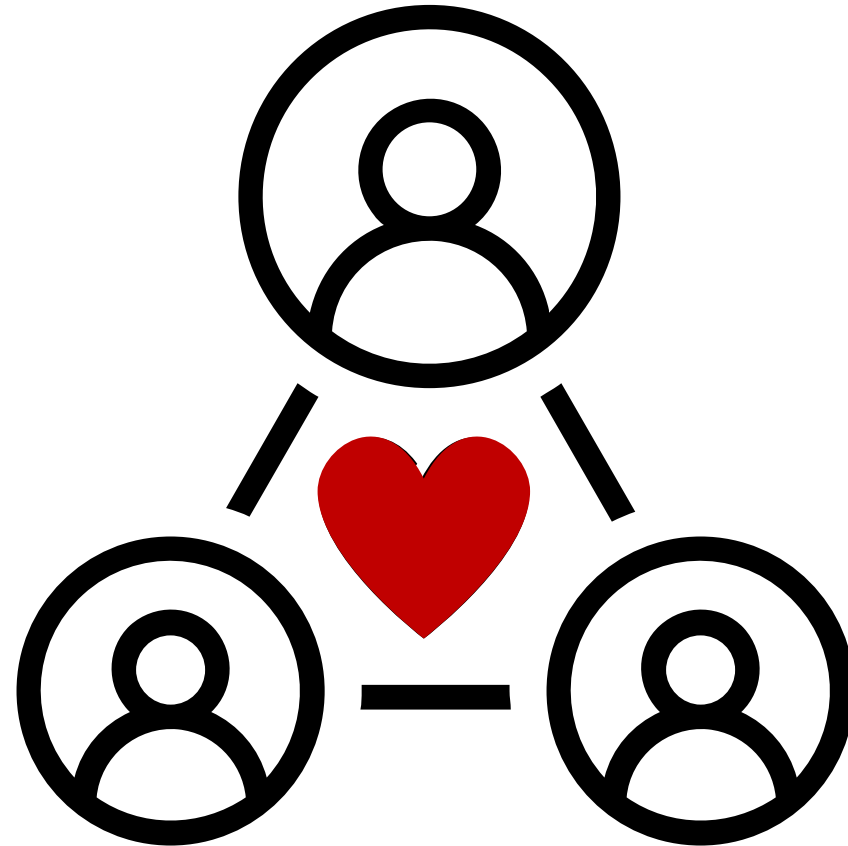
# What is Compassion, Really?

Breaking it down



# Components of Compassion

1. Interconnectedness
2. Recognize suffering in others
3. Take action to alleviate it



# Woah, woah, woah...



- Our brains are wired for it.
- Empathy ≠ Compassion
  - Action is key!
  - But what if environment doesn't let us take action?
    - Mini-acts of radical compassion
- It's less about “winning”, more about “swimming”



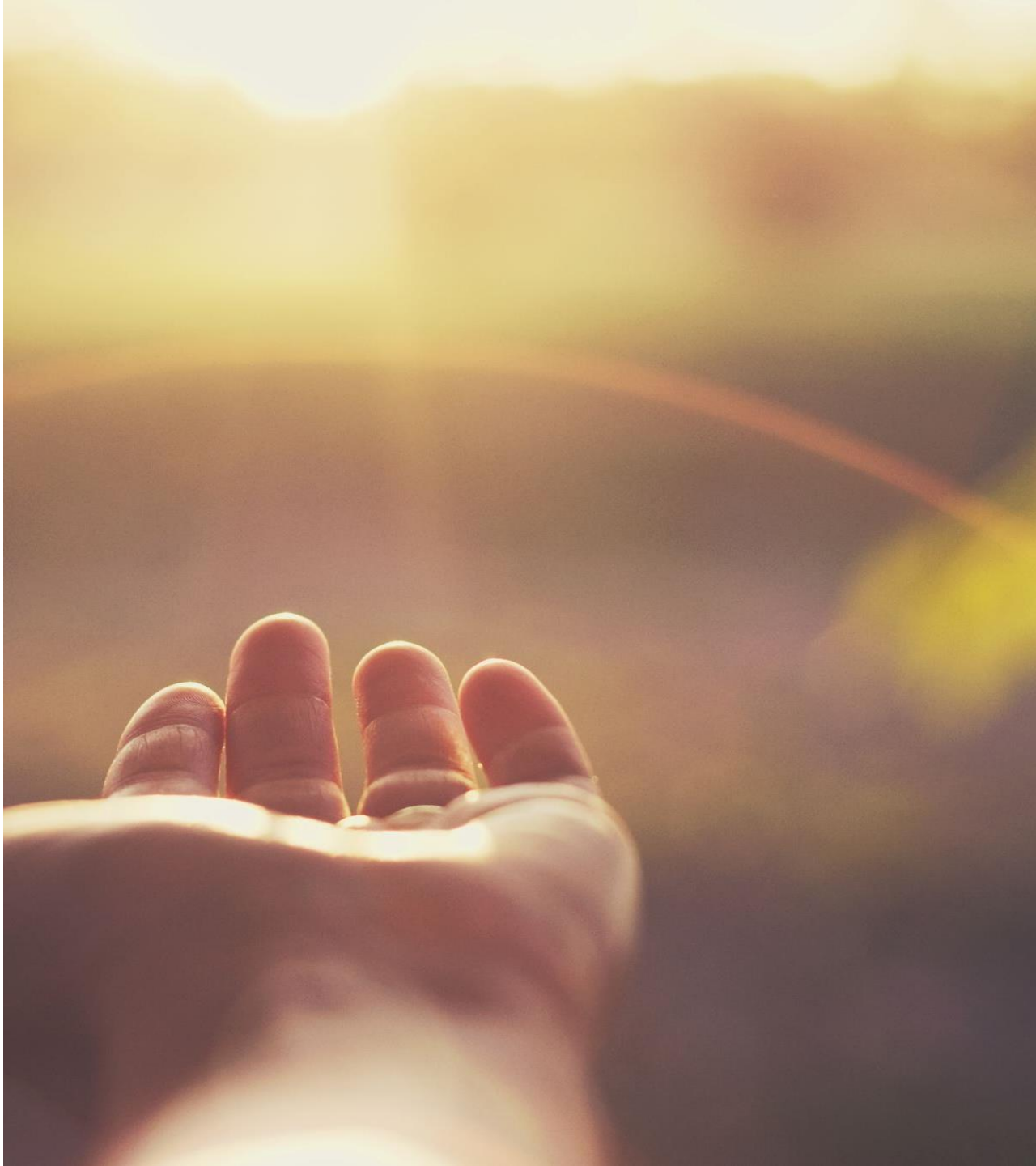
## Pause and Reflect

When was the last time you received compassion?

When was the last time you gave compassion?

Now...

How would you define compassion in your day to day practice?



# Benefits of Compassion

The power of compassionate focus





# Power of Compassion

- For patients...
  - Lack of compassion
    - “compassion fatigue”, correlated with sub-standard care... A LOT of data on this
  - But, applying compassion
    - Lessens need for sedation in anesthesia and decreases response to painful stimuli (*JAMA* 185(7):553-5 ; *Patient Education and Counseling* 90(2):220-5)
    - Increases medication adherence and better glucose control in diabetic patients (*Acad Med* 86(3):359-64)
    - Increases patient trust
    - Decreased inappropriate use of healthcare resources (*Lancet* 1995;345(8958):1131-4.)
    - Many more! (See *Compassionomics*)



# Power of Compassion

- For ourselves...
  - For many physicians, correlation of:
    - Low compassion satisfaction with higher levels of burnout
    - High compassion fatigue with higher levels of burnout
    - (*Palliative Medicine* 2013;27(2):172-8, *Acad Ed Med* 2019;26(7):732-743, *Journal of Ped Heme/Onc* 2020; 42(1):e50-e55)
  - Strengthens interpersonal interactions with patients (*BMC Medical Education* 2019;19:139.)
  - Compassion can be used as tool for acquiring information from patients to improve their care (*JGIM* 1999; 14(1):49-55.)
  - Practice of compassion associated with increased job satisfaction (*Holist Nurs Pract.* 2004;18(2):87-94.)



# Practices of Compassion

Breaking it down

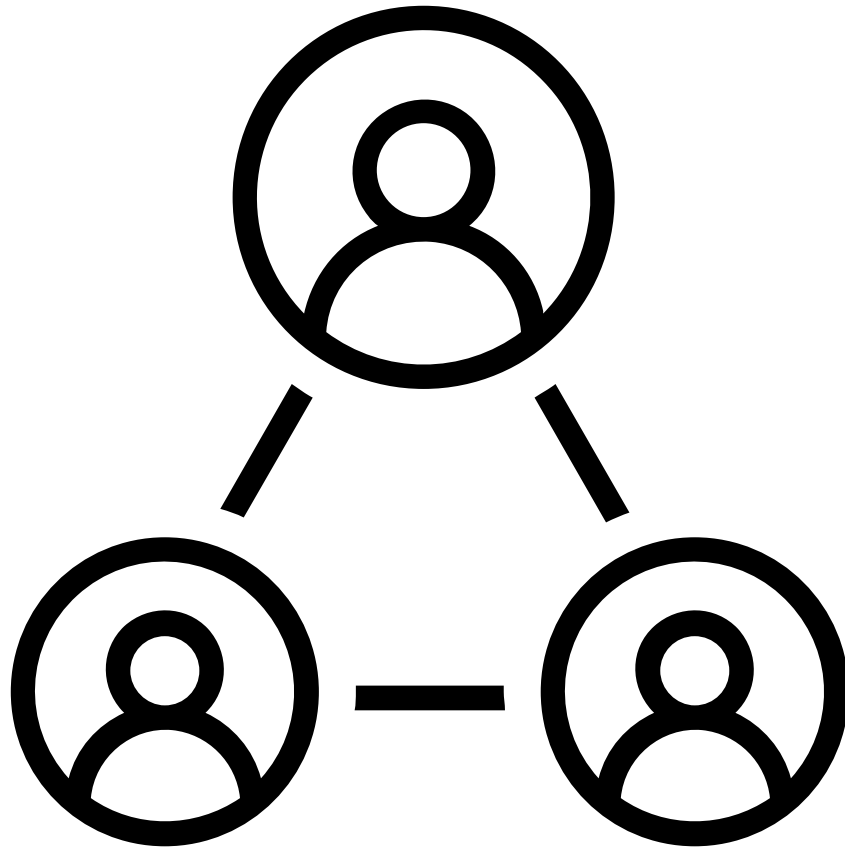


# Awareness

- Practice of mindfulness will help.
- Remember, this is not about “having a brain that is calm”
  - It’s about recognizing the state of your mind
- Explore:
  - TenPercentHappier
  - Headspace
  - Calm
  - Waking Up
  - InsightTimer
  - Buddhify
  - The work of Dr. Ronald Epstein
  - Many, many more



# Explore the Breadth of the Human Experience



- We all suffer AND we all suffer uniquely.
- Every problem, every constellation of symptoms are a unique experience for your patient.
- Rule #1: “We treat patients, not numbers or diseases.”
- Before encounter, recall the name and medical condition of your patient. Get curious about their unique experience. How can you help as an internist?



# Action

- What do we do when the suffering seems too much for us to do anything?
- Step 1: Build a well of “hope/joy” to tap into
  - End of rounds/clinic: “What is one good thing you experienced?”
  - Bonus: “What acts of compassion did I receive?”
- Step 2: Phrase for yourself
  - “May I be of benefit”
  - “May they be free from suffering”
- Step 3: Ask your patient
  - “What is your priority today?”
  - “What questions can I help with?”



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# Thank you!

- *“Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion into the condition of being human.”*
  - – McNeill, Morrison, & Nouwen, 1982, p. 4





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