

Reflections

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Guitar lessons

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Recently, I retired after 45 years as a medical school faculty member in infectious diseases. During all of that time I kept a guitar in my office. Experiences with the guitar provided me with some valuable lessons.

Experience 1—I love music, but I don't have any particular musical talent. However, I am persistent, and through many years of sticking with it, I've achieved a certain level of competence on the guitar, at least enough to satisfy me when I play.

Lesson 1—As a child we were all told, "Practice makes perfect." Practice may not make perfect, but persistence and stick-to-it-iveness are ways to gain some mastery, whether it is playing an instrument or improving medical knowledge and clinical skills.

Experience 2—My thought when I first brought the guitar to my office was that playing for a few minutes when time permitted would be a good way to relax. It was. I found that during stressful days if I closed my office door and played for less than five minutes I felt restored, my equanimity returned, and I was ready to immerse myself in the rest of the day's work.

Lesson 2—We all need things in our lives that are fun, refreshing, restorative,

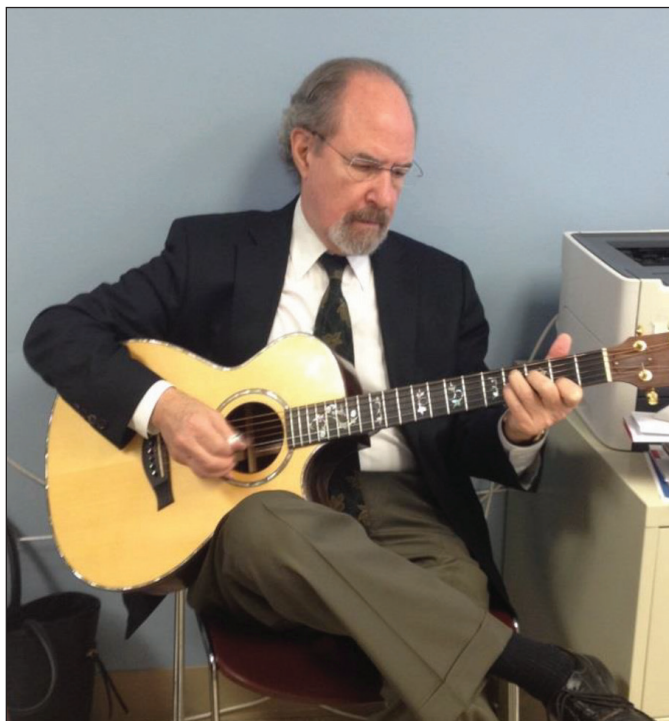
relaxing, regenerative, and energizing. Don't be afraid to close your office door or put down your medical book or journal for five minutes to read a favorite poet, to listen to some music, to knit, or to close your eyes and silently reflect. The activity doesn't matter as long as it is pleasing.

Experience 3—Each weekday morning at 8:30 a.m. our section had a teaching conference. The students taking our elective attended these conferences. Early in my career, I occasionally began to show up for the conference a few minutes early with guitar in hand. I found that quietly playing as the students arrived had a dramatic effect on the dynamic in the conference room. If I were present without guitar, the students would politely say good morning and then sit quietly awaiting the beginning of the conference. When I was playing there were smiles, and the students talked with one another about school, the latest *Game of Thrones* episode, or a new restaurant they tried. They were engaged.

Several years after I began to play the guitar at morning conference, I began to get phone calls from former students. "Dr. Lorber, you probably don't remember me, my name is Susan Smith and I graduated in 1986. I'm in practice in South Carolina. I've got a really tough infectious disease case and was hoping you'd have a few minutes to discuss it," was the start of the conversation.

After I said I would be happy to try to help with the case, they almost invariably would ask, "Before we discuss the case, are you still playing the guitar?"

Lesson 3—I learned that my guitar playing provided students, residents, and fellows a model of at



Dr. Lorber playing prior to the daily infectious diseases conference, 2017.

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least one way to strike a balance between work and play. A model that encouraged them to engage in aspects of their lives outside of medicine. All too often, we convey a message to medical students, trainees, and junior colleagues that if they are not engaged in “doing medicine” every minute they are somehow “cheating” or being “bad.” I believe we have a responsibility to share our interests with our students, trainees, and junior colleagues.

Sharing humanizes us and provides models that may lead to fuller and more meaningful lives, lives that will enable us as physicians to attend to our patients with interest and joy.

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Reflection and change for resilience

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As an internist, who for decades cared for medical students, physicians, and faculty, and as director of medical student, resident, fellow, and faculty development programs, I was not aware of burnout in the medical profession until reading about burnout beginning in the 1980s. I now wonder what changed and how I developed resilience and prevented my own burnout.

When I reflect back, I realize that I intuitively knew that doing the same thing all day, day after day was not for me. I had a passion for teaching as well as being a doctor, so I prepared for work that would include both caring for patients and teaching students, residents, fellows, and colleagues. This insight led me to a career in academic medicine that would provide great diversity in caring, teaching, scholarship, and leadership, which is something I needed in my clinical practice to keep from burning out.

Starting in elementary school and throughout medical school and residency, I was continually on a three to five year cycle of reflection, thinking, and planning based on a structured academic year cycle. I gave a great deal of thought to my career path as a physician.

General internal medicine as an academic discipline was rapidly developing nationally. I was fortunate to have a mentor who, along with my first chairman, persuaded me to pursue a career as an academic general internist at the University of Chicago. Along with caring for patients, I had administrative responsibilities, teaching and ongoing scholarly pursuits, which provided me opportunities for continuous education and learning.

After six years, I began to think about what I might do next that would be challenging and professionally rewarding. I had an opportunity to move to a new position at the University of Colorado where I would start a new Division of Internal Medicine. This new role provided me the opportunity to care for patients; lead faculty, residents, fellows, and others; teach; conduct research; participate in scholarly activities; and work in the medical school and hospital administration. I had excellent mentors, role models, and coaches, and learned how to teach, learn, work, and find the joy in caring and contributing.

Following the excellent advice of my mentors, I decided to evaluate what I was doing professionally and personally about every five years. I developed a five-year experiential learning and practice plan. Much of the focus in this plan was on learning, developing education and learning experiences and programs, and descriptive scholarship wherein I published articles on what I had learned and experienced. I regularly reflected on and evaluated new opportunities to care, learn, develop, and contribute.

My decision to consciously re-evaluate my role in medicine and how I might become a more effective and enthusiastic clinician seemed to help me to be resilient in the face of adversity and challenges in medicine.

In my first five-year evaluation, I realized that my greatest shortcoming as a clinician and teacher was clinical pharmacology. I volunteered to teach on the clinical pharmacology consult service, went to their conferences, worked with clinical pharmacists on service and in the clinic, and read the literature. I became a more knowledgeable clinician and teacher related to pharmacologic therapy.

After five years, I asked the same question and realized that high risk obstetric consultations were often medical issues, including asthma, hypertension, pre-eclampsia, diabetes, thyroid disease, and pharmacology. I volunteered to attend the weekly high-risk obstetrics clinic and clinical conference. This new concept was accepted, supported, and very successful in patient care, teaching, and for my professional development.

After another five years, my focus moved to clinical epidemiology and internal medicine. I completed course work and applied the principles in clinical care, teaching, and scholarly work. I also began to do phase I pharmaceutical clinical trials related mostly to cardiovascular disease and prevention, including obesity, lipids, and hypertension. Once again, this helped me to become a more effective clinician, teacher, and scholar, with no burnout.

At this point, one of my patients, a university president, asked me what I wanted to do next in my career. I

answered, "I don't know since I work every day to be a better teacher, clinician, and scholar." He then asked, "What did you want to do before you were professionalized?"

I thought for a moment, and then explained to him that I was an undergraduate history major and thought I would get a PhD in history and teach in a university or college, write books as my scholarly work, and perhaps one day become president of a small college. He responded with, "Why don't you do that?"

Again, I took a few seconds and told him, "Because I have been professionalized." I thought that was the end of it, but he then nominated me for the American Council on Education Fellowship in Leadership. I was accepted and spent one year at the University of Virginia with President John Casteen as my mentor.

After that year, I returned to the University of Colorado and served and provided leadership in several positions, including serving for eight years as the Chancellor of the University of Colorado Boulder. Throughout my time outside of the hospital and clinic, I continued to care for patients at least one-half day each week, since I knew that this was what truly provided joy for me. It was critical to my health and well-being, and for my patients.

I believe my ongoing reflection and periodic changes in the focus of my work and career is what kept me from burning out. I share this story with the hope that some who read it will use similar reflection to adapt to change and opportunities as a strategy for resilience.

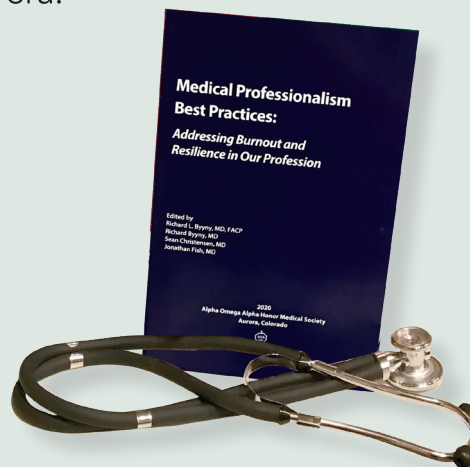
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Professionalism has been a core tenet of the AΩA mission for more than 115 years. Now, more than ever, we must take a leading role in ensuring that professionalism is the foundation of our covenant with society.

AΩA will continue its commitment to medical professionalism, and it is our hope that all medical educators will work with us to promote best practices in medical professionalism in the modern era.



**2020 Medical Professionalism
Best Practices:
Burnout and Resilience in
Our Profession**



An electronic version of the 2020 monograph can be accessed at <http://alphaomegaalpha.org/medprof2015.html>; or to receive a hardcopy, please email lori@alphaomegaalpha.org.