

## SELF-CARE TECHNIQUES

Dr Low Lian Leng

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Physicians are susceptible to burnout due to the demands and nature of our work. Solar et al and F. Joseph Lee et al found that 54% of English GPs and 47% of Canadian family physicians reported high levels of emotional exhaustion respectively. Locally, 37% of doctors surveyed in Singapore were at high risk of burnout. Various work-related risk factors, the perfectionistic and competitive nature of physicians to pursue academic and clinical excellence predispose us to burnout. Burnout results in emotional exhaustion, loss of interest and motivation in one's life and work despite experiencing no obvious difficulties or major problems. There are negative consequences on patient care outcomes, physician well-being and that of his family and colleagues. While many physicians are resilient by nature and can recover quickly from burnout, there are evidence-based skill sets to enhance resilience in the face of enormous work stress. Organised support and support groups for physicians experiencing burnout are also essential.

The upcoming Family Practice Skills Course on Self-Care Techniques and this issue of the Singapore Family Physician will touch on recognising the signs and symptoms of physician burnout and its predisposing factors; imparting various evidenced-based self-care techniques to reduce burnout and improve resilience, including workshops on mindfulness-based stress reduction techniques and emotional regulation. The College of Family Physicians and the Institute of Family Medicine would like to put on record our thanks to the authors for contributing to this issue of the Singapore Family Physician and speaking for the Skills Course.

Unit 1 on "Physician Well-Being and Burnout" by Dr Lawrence Ng covers the definition of physician burnout and emphasises the importance of recognising the signs and symptoms of burnout; sources of stress and predisposing factors to burnout; building self-resilience and collegial support for fellow professional colleagues.

Unit 2 on "Mindfulness and Self-Compassion for Primary Care Physicians (PCP)" by Dr Tan Wee Chong and Dr Tan Wee Hong covers what mindfulness and self-compassion are, and review the evidence base for these skill sets that can be used to enhance PCPs' resilience and buffer against the negative emotions associated with burnout. The article also covers the common techniques to foster mindfulness and self-compassion that can be weaved into the busy primary care practice.

Unit 3 on "Enhancing Physician Well-Being: Strategies from Positive Psychology" by Ms. Janet Chang and Dr Tan Wee Chong covers what positive psychology is; its importance to promoting well-being and optimal functioning; and discusses the concepts and strategies of using positive psychology to cultivate well-being in the context of burnout in primary care physicians.

Unit 4 on "Emotion Regulation Skills for Primary Care Physicians" by Dr Jean Cheng and Dr Tan Wee Hong covers what emotional regulation and dysregulation are; details the role of emotional regulation in a physician's workplace; provides a model for understanding the processes underlying emotion regulation and the theorised pathways to emotion dysregulation. The article also provides strategies to assist the physician in practicing regular adaptive emotion regulation at the workplace to reduce burnout and promote work longevity.

Unit 5 on "Behavioural Strategies for Sleep and Burnout Amongst Primary Care Physicians" by Dr Tan Wee Hong and Dr Tan Wee Chong touches on the importance of improving sleep quality for the amelioration of burnout. Their article details some of the evidence-based behavioural strategies that PCPs can use to improve their own sleep quality if used consistently.

Unit 6 on "Social Connectedness in Physical, Mental and Social Health" by Ms. Lim Hui Khim touches on the definition of social connection; the critical role of social connectedness to our physical and mental well-being; and using compassion interventions to achieve social connectedness between human beings.

The ten readings selected by A/Prof Goh Lee Gan from current literature related to self-care techniques will reinforce the various modules on the skills course. The first 5 readings are on mental and physical training (MAP) to enhance health and well-being, focused attention and receptive attention to reduce rumination, interventions to mitigate burnout, and two papers covering perceptions on how to take care of doctors' own health. The second 5 readings are on skills that will enhance patient care and, in the process, increase caregivers' satisfaction and meaning in their work.

This issue of the Singapore Family Physician concludes with 2 PRISM articles by family medicine residents from the National University Health System and a review article on the use of aspirin for the primary prevention of colorectal cancer in the general population. Under the PRISM section is a case study by Dr Laura Lim, Dr Victor Loh and Dr Chew Swee Seow on a patient presenting to primary care with coarse facies and skin changes. The patient was suspected to have Hansen's disease and the diagnosis of lepromatous leprosy was confirmed by histology at the National Skin Centre. Although Hansen's

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LOW LIAN LENG  
Associate Honorary Editor  
Singapore Family Physician

disease is rare in our highly urbanised setting, it still exists in our community and imported cases can also occur. Family physicians need to stay vigilant to recognise the features of leprosy and have a high index of suspicion especially when patients do not present with all the classical signs and symptoms. Prompt treatment can avoid potentially severe neurological sequelae. As family physicians, we must not forget to address the impact of socioeconomic status and health literacy on disease presentation and management in our patients.

Another case study is by Dr Sheena Han and A/Prof Goh Lee Gan on an elderly patient with unsteadiness and recurrent falls presenting to the primary care setting. The presentation and physical findings were initially subtle and the family physician needs to perform a systematic review to exclude red-flag conditions that would warrant referral for further evaluation.

Even when a referral is not indicated, the family physician should perform a good falls assessment to identify risk factors, take corroborative history from family members and follow up the patient closely for changes, including giving clear advice on when to return for review. Both cases were seen by residents during their training who then translated good learning points for the community family physician. The College would like to encourage residents and family physicians to contribute case studies with valuable learning points to the PRISM section of the Singapore Family Physician. Patient details should be de-identified and consent obtained for publication of the case study. Finally, Dr Ruth Zheng reviews the evidence of aspirin for the primary prevention of colorectal cancer. There has been great interest in extending indications for aspirin due to its low cost and proven benefits in cardiovascular protection. Find out from her review if aspirin was effective or whether the harms outweigh any potential benefits in the long term.