Topic Short Description: Directing limited cognitive resources towards what matters most is at the core of medical practice. Distractions from the external world (e.g. EHRs) and our own minds (e.g. anxiety) affect quality of care, safety, teamwork, relationships with patients and colleagues, learning environments, and clinician well-being. In this session, we discuss individual, team and organizational means for reducing distractions and mitigating their effects, such as focused attention training, organizational restructuring, cognitive ergonomics and learning communities.

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Caring for the tribe: Attention, distraction and communities of care

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Facilitator: Ronald Epstein, MD

Learning Objectives: 1. Describe and characterize external (e.g. electronic health records, multiple demands, interruptions) and internal (e.g. anxiety, daydreaming, rumination) sources of distraction in clinical work and education
2. Articulate the social, cognitive and neurobiological underpinnings of distraction and attention
3. Identify the major consequences of distraction in terms of quality of care, patient-clinician relationships, educational environments and clinician well-being
4. Assess proposed means for reducing distraction and mitigating its effects through focused attention training, organizational restructuring, cognitive ergonomics and learning communities
Session Plan: Introduction: The imperative of focusing attention and reducing and mitigating the effects of distractions

(Attending: Medicine, Mindfulness and Humanity). Attending – directing our limited attention towards what really matters – is at the core of medical practice. By cultivating focused attention, clinicians can enhance their diagnostic acumen, become more technically adept in the operating room or the procedure suite and honor the intrinsic value of patients as people while attending their psychosocial and existential needs. When they help patients feel whole despite even if parts of them are malfunctioning, clinicians, too, can feel a sense of purpose and fulfillment by having offered the best of themselves and their skills to the care of each patient. (7 minutes)

The nature of distractions: the structure of the clinic and clinical education (Dr. Toll, pediatrician/internist, co-director of The Patient, the Practitioner, and the Computer Conference, Brown University, 3/2017). Clinical environments are rife with distractions. Even before the dissemination of electronic health records, interruptions were frequent. Although the EHRs can strengthen patient care through consolidating medical information, facilitating communication, and enhancing education, the additional cognitive load often diminishes clinicians’ ability to give their patients full attention, and diverts nuanced thinking about patients’ problems to the completion of checklists and templates. Furthermore, by diminishing eye contact and non-verbal mirroring, computer use may have an impact on the satisfaction that patients and clinicians derive from their interactions. The segment will conclude with key findings from the March conference. (15 minutes)

Attending to the mind: attention, daydreaming, multitasking and distractions (Dr Schuman-Olivier, Psychiatrist and director of mindfulness programs at the Cambridge Health Alliance) Attention is not something that “happens to us” but rather something and individuals – and social groups – can self-regulate. Cognitive and social neuroscience research has elucidated mechanisms of attention that are relevant for high-stress, high-cognitive-load professions. Basic modes of attention, the “default mode” and mind wandering will be discussed in relation to clinical acumen and cognitive and technical errors. Sustained attention and inhibitory control can be reinforced by individual focused attention training, affective education (eliciting positive and pro-social emotions and reducing self-judgment) and positive social interactions. These findings have relevance for clinical training environments, in which stresses may be inhibiting learning, socialization, clinical performance and relationships with patients and colleagues. Methods for attention training and mitigating the effects of distractions currently employed at medical schools in North America will be referenced. (15 minutes)

Caring for the tribe: attention, distraction and communities of care (Dr Loxterkamp, primary care physician, and author of What Matters in Medicine). A twin peril to distraction is physician burnout, which leads to (and results from) disengagement from community involvement, organizational leadership, and the intimacy of the therapeutic relationship. One remedy lies in our ability to refocus on the fundamental purposes of medicine, and to provide a truly connected work environment where “community” is at the heart of our interactions. (15 minutes)

Summary: Distracted doctoring, is there hope? Mindful, effective clinicians regulate their limited attentional resources, are critically curious, employ a “beginner’s mind” and are present to their patients, their colleagues and themselves. These qualities are mutable in students and experienced practicing clinicians and form the “hardware” and “software” of the clinician’s mind, his or her most precious resource. Attentive clinicians have the potential to be true adaptive experts rather than mere experienced non-experts. On the individual level, clinicians can learn to be self-aware and self-monitor and self-regulate their own attentional processes while also learning to elicit positive, pro-social emotions that facilitate learning and cooperation. Health care teams can collectively enact the same qualities. Team training should go beyond mere protocols and checklists to address cognitive and emotional overload that may impair team performance. With the increasing centralization, bureaucratization, production-orientation and informatization of health care, health care organizations increasingly set the parameters and constraints within human cognitive and social functioning must occur. Health care organizations can employ cognitive ergonomics and other strategies intelligently to limit distractions and mitigate their effects. (7 minutes)

Audience engagement and discussion: During each of the topic presentations, speakers will present images and
questions to the audience to stimulate brief discussions. During the final 15 minutes of the session, a structured
discussion will focus on the nature of distraction and offer solutions means to address the distraction epidemic in
health care and training. (15 minutes)

References: Epstein RM. Attending: Medicine, Mindfulness, and Humanity (Scribner 2017)
Loxterkamp, D. Humanism in the time of metrics—an essay by David Loxterkamp. BMJ 2013; 347

Level of Audience: Mid-career

Focus of Presentation: Continuum

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