CLINICAL COMMENTARY

Triggered! Developing Self-Awareness and Resilience to Combat Distress

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Physician burnout is "a work-related syndrome involving emotional exhaustion, depersonalization and a sense of reduced personal accomplishment".[1] In the United States, studies have shown burnout symptoms in approximately 50% of physicians.[2,3] Burnout not only impacts practicing physicians, but also on average half of physicians-in-training report symptoms consistent with burnout.[4,5] This epidemic can negatively impact patients, physicians, and the health care system. More specifically, adverse effects include lower quality of care, higher medical errors, lower patient satisfaction, higher clinician mental health problems, higher physician turnover, and increased costs.[6]

The contributors to burnout are many—the most common ones being heavy workloads, clerical tasks, poor work-life balance, and feeling undervalued.[7,8] Patel *et al.* discusses one of the drivers of burnout "workload stress…working in proximity of terminal illness, trauma, and deaths".[9] In other words, chronic exposure to traumatic or stressful experiences as physicians can lead to burnout, and more specifically depersonalization or *compassion fatigue.* This can be seen when a physician approaches the patient in a *numb* or callous way. One potential solution would be to start to teach our medical students that there are inherently difficult topics in medicine that can provoke distressing emotions, also referred to as triggers. As professionals, with the commitment to provide patient-centered care, we should all learn how to identify and learn to cope with the triggers that we may face in our daily practices.

As clinical educators, we are also charged with fostering curiosity and learning in a safe and empowering environment. Some undergraduate and graduate students have expressed that *trigger warnings* can be key to ensuring a *protected* and non-threatening space for education. According to Merriam-Webster, *trigger warnings* are defined as verbal or written "statements cautioning that content may be disturbing or upsetting". *Trigger warnings* are rooted in the psychological stimulus known as *triggers* that can cause trauma survivors to re-experience distressing situations and become avoidant, anxious, irritable, angry or numb as a result.

Whether faculty should provide trigger warnings is a much-debated topic in medical schools. There seems to be a spectrum of beliefs. While some speculate that trigger warnings may be useful in certain settings, they insist that in the medical arena, where the clinician has to be able to calmly and confidently manage the most unexpected and devastating of conditions or circumstances, trigger warning are unnecessary. In fact, some believe that if students need trigger warnings in the classroom, then perhaps they are not *"cut out"* to handle the demands of physicians.

In a cross-sectional study on preclinical medical education, 31% of 259 medical students surveyed stated that they would support use of trigger warnings in their curriculum, 39% voted *maybe*, and 29% said *no*.[10] Further evaluation of the *maybe* cohort of students showed they had a positive impression of trigger warnings, and thought a warning statement about distressing information may be beneficial. While there is no definitive answer to whether faculty should include trigger warnings in medical school, it is clear that students are asking for strategies to help cope with distressing content and experiences in medical school.

At this time, the psychological impact of trigger warnings has not been well studied.[11] Exposure therapy is accepted as the most effective treatment for trauma-related disorders. Trigger warnings can be viewed as a form of acknowledging an upcoming distressful encounter, so that an individual can prepare for emotionally heightened content or experiences, i.e. prepare to respond *less emotionally* to the feared stimuli.[12] In the classroom setting, whether trigger warnings are given or not, students will be facing somewhat distressing content alone and without expert support. And yet, we as educators the onus is upon us to help them manage these emotional reactions so they can continue functioning at their highest level with empathy towards their patients and self-awareness.

One could argue that a trigger warning in the classroom can serve quite a useful tool if used appropriately. Since medical students are often faced with *triggering* content, it would help students (1) identify their personal triggers, (2) recognize and predict their typical reactions, (3) understand underlying reasons for their reaction(s), (4) develop strategies to cope with their emotions, and (5) navigate their reaction in the clinical setting. We created a workshop for first-year medical students that allowed for an interactive discussion on these very topics.

Providing *trigger warnings* without any training about healthy coping strategies for triggers is not optimal. The first step is to teach students the psychological background of triggers and the contexts in which they may face distressing or difficult

emotions. This is introduced by teaching students about the "triangle of conflict" involving emotions, anxiety and defense mechanisms. It is important to recognize how maladaptive or underdeveloped coping strategies can lead to poor functioning, burnout, "compassion fatigue", mental health problems, or negative emotions. Discussing triggering situations, especially in the clinical setting, can also help students identify future triggers that may arise during their training, for instance, learning to manage the angry patient or the *demanding* patient. Once educated about triggers, students can then reflect and identify possible triggers for themselves so that they can start to work on appropriate coping strategies.

The next step is to discuss the role of triggers in the context of the triangle of conflict. In other words, it is critical to be aware of how one manifests and manages anxiety when triggered, one's defense mechanisms and emotional reactions, which are usually rooted in prior emotional experiences earlier in their lives. An example of the importance of personally reflecting on coping strategies is demonstrated in the case of a first-year medical student. While interviewing a victim of intimate partner violence, he starts to cry, stands up, and without permission or warning hugs the patient. The patient is both surprised and touched. The student is overwhelmed with his own emotions and *involuntary* reaction to learning about the patient's intimate partner violence. It is important to help this student explore why this patient scenario triggered him and help manage his emotions and behaviors so future encounters remain patient-centered. Also, it is relevant to highlight that as a male medical student hugging a female patient with a history of trauma without her permission or assessing the patient's needs may actually trigger the patient, and possibly worsen the patient's well-being. Moreover, because of the medical student's behavior, the patient has unwittingly been placed in a position where she now has to console the medical student, which deters from her own needs in seeking medical care and can lead to an altered rapport and possibly worsened patient satisfaction. While some students may be able to identify sources of their triggers without much assistance, others may need professional help to process these issues.

A practical way to teach students how to immediately cope with being triggered is "S.T.O.P.", a Mindfulness-Based Stress Reduction (MBSR) technique. "S.T.O.P." stands for **Stop, Take a breath, Observe, and Proceed**. Once triggered, the first step is to stop what one is doing (e.g., if you are moving, stop moving, if your mind is racing, tell yourself to stop, etc.), then take a breath and pause. The "O" involves observing one's experience (e.g., noticing anger, frustration, pain, etc.), and finally the "P" suggests you proceed with a next step that you see fit after pausing and checking in with yourself. Using this MBSR coping skill can help reduce maladaptive coping when faced with triggering situations.

In medical school, we should not only teach basic and clinical sciences, but also healthy coping strategies for distressing scenarios that we encounter when caring for our patients. Studies on improving resilience and coping strategies in medical students have shown the following are beneficial: 1) getting adequate sleep and nutrition, 2) fostering connections with friends, family and peers, 3) engaging in self-care, e.g., hobbies, activities, exercise, medication, etc., and 4) mindfulness/ meditation.[13-19] A group discussion on unhealthy coping strategies, such as self-isolation, substance use, unprofessional or reckless behaviors, and mistreating others is also a useful way to for students to identify early signs of maladaptive coping.

It is key for clinicians, both practicing and in-training, to learn to appreciate the complex ways triggers influence our individual emotional well-being as well as our patient interactions. It is important to dedicate curriculum to discussing the impact of the chronic stress or distress that clinicians face by associating with patient suffering, illness, and death on a daily basis. It is our professional responsibility to help our students develop habits to identify their own personal triggers, recognize inappropriate defense mechanisms, and develop healthy coping strategies early on in their medical training to decrease chances of burnout and to improve resilience.

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