REFLECTION

The Difficulty, and Power, of Slowing Down

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ABSTRACT

Primary care physicians often feel pressure to rush through the seemingly endless patient care and administrative work we are faced with daily. In residency, I learned how to be efficient, how to juggle multiple things at once, and how to think quickly: all valuable skills. I received positive reinforcement for taking on more responsibilities and roles. By the end of residency, I had forgotten how to slow myself down. When I started my first job, my developing relationship with a new patient showed me just how crucial slowing down can be. In this essay, I reflect on my post-residency efforts to be more deliberate, patient, and mindful. I think about why, in our current medical landscape, it can feel so hard to slow down.

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It was my first Wednesday morning at my new job as a family physician on the Navajo Nation, and the team of family medicine clinicians was gathered in the physician's office to hear the weekly inpatient sign out. As patient's names were announced, their primary care physician would often take over the responsibility of rounding on them, making time in their busy clinic day. This old-school practice was one of many things that drew me to this job, my first out of residency.

On that first day, I was surprised to learn that one of my own patients was in the hospital. I was scheduled to be in orientation all day and had not yet learned how to navigate the clunky new EHR system, but told the inpatient team I would stop by in the afternoon to introduce myself.

As I walked down the short hospital corridor later that day, I was excited, and a little nervous, to meet my first patient as an attending. I was even more excited to have this rare opportunity to talk with a patient without a laundry list of other tasks to complete, or the incessant pager beeping I was so used to from residency.

Rushing through hospital visits was something I had grown to accept as normal during residency. I could easily get in and out of a room in 5 minutes having interviewed, examined the patient, and communicated a plan. Speed was the name of the game: at any moment a new admission could come in or a sick patient could decompensate. My co-residents and I frequently bemoaned interns who had not yet learned a "sense of urgency." During residency, we talked a lot about the importance of rapport and relationship building. Despite these lessons, the need for speed was always there. There were so many external pressures—all the patients to see, the notes to write, the tasks to do. We learned how to shortcut empathy with a laundry list of acronyms like BATHE, SPIKES, PEARLS. As someone who is naturally efficient, I excelled in this context and received positive reinforcement for moving through clinic or rounds quickly, leaving room to take on more responsibilities. This sense of urgency bled into my personal life as well. I ate faster, slept fewer hours, and speedily multitasked my way through cooking or calling family. In medical school I enjoyed writing poems and stories about my patients. Now my journal entries were brief lines, sometimes bullet points, of things I was saving to reflect on later.

Standing outside my patient's room, I took a deep breath and reminded myself that, for once, I actually wasn't in a hurry.

I was greeted by a small man sitting in a chair next to his hospital bed, dressed in his own button-down shirt and pajama pants. A newspaper was folded neatly in front of him. He had kind eyes and an easy smile. He was 80 and healthy except for pulmonary fibrosis, an exacerbation of which had landed him in the hospital.

After introducing myself, my mind immediately jumped to a rote list of review of systems questions. "How's your breathing?" "Moving your bowels?" Questions

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honed to elicit brief responses, but always with eye contact and an empathetic tone so as not to come off hurried or curt. I paused and reminded myself that this was a social visit; I didn't need to ask those questions. I had been told many times that for many Navajo (Dine) people it is important to share where you came from, which often means sharing your clans and your family history. I took a deep breath and resisted the urge to look at the clock. I smiled and asked J.S. to tell me about where he was from.

A few weeks later, I saw J.S. again in clinic. We had a 30-minute appointment, a luxury from the 20 minutes I had in residency. Despite the added time, I still hadn't shaken the urge to rush through every visit as quickly as possible, the anxious voice in my head urging me to wrap up and move on so as not to keep the next patient waiting.

He had shown up a few minutes late and I had double-booked myself that morning, something I was doing with increasing frequency in an effort to get to know all my new patients. I stood outside the door and tried to take a deep breath. When I entered the room, his twinkling eyes met mine. He slowly started to tell me about a recent emergency department trip and his troubles breathing at home, and I realized that this was not going to be a quick visit.

In medical school, a friend gifted me the book "Slow Medicine" by Victoria Sweet.[1] As a student, I was enthralled by her stories of patients healing with time, of the deep power of listening and being present, and how relationships themselves can have a profound effect on healing. I imagined myself being the kind of doctor who solved mysterious illnesses with thorough history taking, who helped cure her patient's chronic disease by slowly working with them on lifestyle changes. It was this yearning for long-term relationships and connection that drew me to primary care.

In the months after residency, my co-residents and I traded stories of the ways in which we were "recovering." "I sleep 12 hours!" or "I lay in bed for hours doing nothing!" To the surprise of no one who knows me, I did not experience the same cathartic release. Instead, I threw myself into planning my time off, unable to shake off the incessant need to be productive. There were trips to plan, urgent care shifts to work, wedding thank yous to write. I filled my days with checklists and schedules, searching for that same sense of accomplishment that came at the end of a productive clinic day. When the time came to start my new job, I felt rejuvenated by the time off, but had I slowed myself down? Not at all.

Now, I am settling into post-residency life as a primary care doctor on the Navajo Nation. I have 30-minute appointments and around 400 patients on my panel, something I feel guilty confessing to former co-residents. I often ask myself if I should shorten my appointments to 20 minutes, and I frequently double- or overbook myself. It's easy to say I do this to meet the needs of my patients and community, which has a shortage of primary care clinicians and resources. But I also wonder, if I'm being honest, if I've become so accustomed to the speed and productivity of medicine that it is increasingly harder for me to just slow down.

In today's world, primary care doctors are called on to see more patients, churn through more notes, and increase productivity. The average length of a primary care appointment in the United States is less than 20 minutes.[2] Primary care clinicians cite an increasing quantity of work, much of it administrative and not direct patient care, as primary reasons for burnout.[3] And yet, even as we lament about burnout and stress, I notice myself and so many of my colleagues leaning into the pressure to take on more responsibility, see more patients, do more.

I suspect that many of us are driven by our own observations of the inadequacy of the current primary care system, and a complicated mixture of guilt, frustration, and optimism that we can meet the needs of our communities. We want to help solve our nation's primary care crisis. We were trained to be able to do it all, and so if the system keeps asking more of us, we will keep giving. But at what cost to the patient sitting in front of us?

Back in the room with J.S., I tried not to think about the next patient who was likely being roomed. J.S. spoke in a slow, rhythmic tone that reminded me of sitting in church as a child. He was telling me about his job working in the uranium mines as a young man and wondering if this was the cause for his lung disease. We had strayed far from the agenda I had set out at the beginning of the visit, but this story was clearly an important part of who he was, and likely an important part of his disease, too. I turned from my computer screen to face him completely and settled in to listen.

There will always be times in medicine when I need to move quickly and accomplish tasks efficiently, for which medical school and residency has prepared me well. What I am trying to learn now is that there are probably more times when I will be a better doctor because I have moved slowly, listened carefully, acted deliberately. Our medical system is not set up to reward this type of practice, and sadly, there are few external incentives for practicing slow medicine. I hope one day there can be larger structural changes that will reward this type of practice. In the meantime, I enjoy the small reward of knowing that, by slowing down just a little, I have earned a new patient's trust.

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Key words: mindfulness; education/curriculum; continuing medical education

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