

AUTHOR Q&A



RESILIENT THREADS

Weaving Joy and Meaning into Well-Being
by Mukta Panda, M.D., with foreword
by Timothy P. Brigham, MDiv, PhD

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I'm grateful to Mukta for having the courage to share how she keeps her heart open despite heartbreak, and is teaching her medical students to do the same. Internal medicine may be Mukta's clinical speciality, but she is a healer of the inner life as well.

— Parker J. Palmer, author of *The Courage to Teach*,
A Hidden Wholeness, and *Let Your Life Speak*

Q: You wrote RESILIENT THREADS so that exhausted healthcare professionals—but also, more broadly, women and immigrants—might grow in self-awareness and story-sharing. Why is this skillset more important than ever?

In our rapidly changing environment, technology is at our fingertips, but human connection is so distant. Health care professionals are isolated by virtue of working long hours; we work together but not always in a meaningful way. Women still seem to take disproportionate ownership for raising families and doing domestic work. Immigrants are searching for a commonality of culture. What connects us in community is a sense of belonging. It requires getting to know another person. What better way to do that than to invite reflection and receive someone's story?

Q: You've lived and practiced medicine in places as varied as India, London, Saudi Arabia, and now East Tennessee. How does where you're from shape who you are?

I have globe-trotted for the past 35 years. I have been influenced by my experiences with people, cultures, food, clothing, even with my work in healthcare as a clinician and educator. All these contribute to the fabric of who I am, how I show up, and where I am called to serve. I've learned the importance of embracing my own Indian culture, the faith I carry, and my spiritual roots, which are so embedded in who I am. My ability to live in the world, accepting differences, has been influenced by being in other cultures. I am richer for having had those experiences.

Q: There's a tension throughout your story between what is measured and what is meaningful. How do you navigate the need for Evidence Based Medicine (EBM) with your call for empathy based medicine?

I don't want to negate the importance of evidence. But evidence is not valuable until you consider the whole patient in front of you. Evidence has its maximum impact when applied in the context of these other E's that make up the whole of empathy-based medicine: emotions, expectations, ethics, engagement, empowerment, effort, education, experience, error, environment, and equity. Sometimes

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sufficient evidence isn't available, but these other E's provide a viable way forward. You may not always know what to do to cure the patient, but your heartfelt care will go a very long way.

Q: You started a number of initiatives over the years for your residents: Bringing Back the Black Bag project, Walking in a Patient's Shoes programs, and the Relaxing, Rejuvenating, and Rejoicing in Residency sessions. What have you learned from your residents and medical students over the years?

My learners and patients have been my best teachers. They've taught me a lot about myself and the environment in which we function as learners. I say "You are all so creative;" so I'm going to give you my expectations and let you come up with ideas. The best compliment I ever got was that I was strict but fair. If you allow people to be creative, innovative, and give them a space that is open and bounded to learn in, it helps a great deal. It also helped me be a better parent at home. That, to me, was enlightening.

Q: The issue of physician burnout is a personal one for you. You cite a former surgeon general that said it should be considered an epidemic on par with the opioid crisis. What can be done about it?

First, accepting there is no one magic answer. It is a convoluted issue. It's like peeling an onion. You will take steps forward and backward, and that is okay. But it starts with the self. The second thing is to build your community. Being in community requires courage and the ability to communicate and care deeply about the shared covenant. The word covenant feels sacred, as if there's ownership. I prefer that over mission or goal. It addresses the loneliness, but if we are working together on the same thing, there is unity that builds community.

Q: You write, "Self-care starts by diagnosing yourself." What's one small way readers of your book—no matter their role—can begin practicing self-care today?

Know what makes you feel warm and fuzzy inside. I try to start my morning with a smile as soon as I get up. The physical act of having a smile in the morning does something for me. "I'm awake. Thank you, God." I can just be thankful without anything specific. I try to think about something positive every morning.

About the Author:

Mukta Panda, MD, MACP, FRCP-London, is an award-winning physician, speaker, and facilitator whose work seeks to transform the heart of patient care and medical education. She serves as the Assistant Dean for Well-Being and Medical Student Education and a Professor of Medicine at the University of Tennessee College of Medicine at Chattanooga. To rejuvenate, Mukta likes to take long walks, cook good Indian meals, and plan surprise parties for loved ones. Visit her online at www.MuktaPandaMD.com and Twitter @MuktaPandaMD.