



CAEP WELLNESS TOOLKITS

# SHAME RESILIENCE FOR PHYSICIANS

*5 exercises  
to build habits for  
you & your team*

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*Based on the work  
of Dr. Brené Brown*



*Content Prepared by Dr. Dawn Lim  
Graphics: Dr. Louise Rang*

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We all experience shame, and shame-based behaviours are pervasive in medicine

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Reflecting on shame– how it feels, what triggers it, how we react to it-- helps us manage it

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Managing shame creates a sense of belonging & safety amongst ourselves & our teams

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# The Emerg Doc Version

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to explore shame

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# What is the effort : benefit of these exercises?



## Time

This requires some thought on your part

Team: these exercises could fill a dedicated half day. Because they require reflection, it is better to allow adequate time, rather than break the exercises into bite-sized chunks.



## Cost

None!



## Impact

Large if regularly practiced and explored

Supports teams to be their best even in hard times

Fosters learning from errors & bad outcomes

# What does this program cultivate?



## *Personal Resilience*

Connects us with our feelings & thoughts during hard moments at work and at home; creates new habits to avoid shame spiral.

## *Culture of Wellness*

Creates connection and understanding amongst team members; creates a culture where shame is acknowledged and spoken about.

## *Efficiency of Practice*

Physicians & teams with shame resilient- practice are more likely to learn from errors & bad outcomes

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# What is Shame?

"an intensely painful feeling or experience of believing we are flawed and therefore *unworthy of acceptance* and belonging"

This comes from the work of Dr. Brené Brown.

Dr. Brené Brown is a research professor at the University of Houston, where she holds the Huffington Foundation Endowed Chair at the Graduate College of Social Work. She also holds the position of visiting professor in management at the University of Texas at Austin McCombs School of Business. She has researched shame, empathy & vulnerability for 20 years.

(from LinkedIn)

- Shame is universal
- It's not easy to talk about it
- Talking about shame brings a sense of common humanity and self-compassion

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## Definitions

Brené Brown, *I Thought It Was Just Me (But It Isn't)*. Making the Journey from "What Will People Think?" to "I Am Enough." (New York, NY: Penguin Random House, 2007), p. 5.

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# Shame & Medicine

## What does shame look like in medicine?

Error, bad outcomes and difficult interactions are inevitable parts of medical practice. A common reaction to all of these situations is feeling a sense of shame.

Medical culture has a history of encouraging maladaptive responses to shame. We can all remember times that we have been bullied, teased or blamed.

More subtle aspects of shame-based behaviours are imposter syndrome, perfectionism and the pervasive belief that our worth is solely tied to our productivity.

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# Shame Resilience Model



Recognise the shame trigger



Practice critical awareness



Connect with the underlying emotion & offer empathy



Speak shame

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# 1. recognise shame triggers



## What are your shame triggers?

Shame triggers are the areas where we feel more sensitive to criticism or judgement.

Think of times you have experienced shame in medicine, or in other situations during your life. What was the situation? What was happening?

Make 2 lists:

- How do you want to be perceived by others?
- How do you not want to be perceived by others?

Consider: What do these wanted and unwanted identities represent for you

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## 2. Cultivate Critical Awareness

4 exercises for you

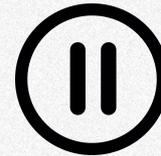


### The body knows before the mind

Think back to a time when you felt shame. How did it feel in your body?

Eg my face turns red hot, I feel thirsty, I notice a bitter metallic taste in the back of my mouth. I can't make eye contact.

*What does it feel like for you? How does it feel in different places in your body?*



### Pause & work through the feelings

You've identified your shame triggers & how it feels in your body. Learn to pause here, not write nasty emails. What can you do during this pause? Try this:

Write down the emotions you are feeling, without editing. This is precious data.

*Reflect on it. What is underlying the source of shame? How might this have affected you in the past?*

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## 2. Cultivate Critical Awareness

4 exercises for you, continued



### Discover your armour

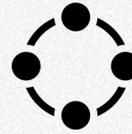
Often we choose to deflect shame with "armour." Consider, do you:

Move *toward* shame: try to fit in, please, change to match status quo?

Move *against* shame: puff up, get big or loud, yell, fight, try to gain power?

Move *away* from shame: withdrawing, staying silent, keeping secrets

*What is your preferred armour?*



### Cultivate a sense of belonging

"Fitting in" means changing who you are to meet approval, garner praise or please others. In contrast, "Belonging" means presenting yourself as you are & feeling that you have a place at the table.

*Do you try to fit in or do you belong?*

*With others, do you foster a culture of fitting in or belonging?*

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## 2. Cultivate Critical Awareness

### 1 exercise for your team\*

*\*Your "team" might be your friends, your family, your ED colleagues, your co-residents... It may be easier to try this exercise first with people you know very well.*

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When you have a quiet space and an agreed-upon time to do some group work, answer this questionnaire with your team:

- 1. What behaviours are rewarded in your team? Punished?*
- 2. What rules and expectations are followed, enforced and ignored?*
- 3. Do people feel safe & supported talking openly about how they feel & asking for what they need?*
- 4. What happens when someone fails, disappoints, or makes a mistake?*
- 5. What is the collective tolerance for discomfort? Is the discomfort of learning, trying new things, giving/receiving feedback normalised? Or is there a high premium on comfort (and how does that look?)*
- 6. How is vulnerability (uncertainty, risk, emotional exposure) perceived?*
- 7. How prevalent are shame & blame? How do they show up in daily interactions (eg gossip, sarcasm, win/lose mentality, the dirty yes, perfectionism)*
- 8. Who benefits if the culture stays the way it is?*

**LISTEN.** Really listen to what people say and understand that their point of view is valid for them and deserves respect. You should expect others to respect your point of view too.

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(adapted from Brené Brown's interview on team culture).

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### 3. Connect with the underlying emotion & offer empathy

#### What does empathy feel like for you?

When we decide to speak up about something shameful, we need to be clear about what we are asking of the other person. Empathy feels different for different people. Some want help fixing their problems. Others want to be heard without interruption. Some people want a hug. Others might want little eye contact.

*Decide what empathy feels like to you. When you're sharing your story, or when someone wants to share their story with you, ask "what is it you need from me now?" Be clear with others about what it is you need too.*

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## 4. Speak shame

### Who deserves to hear your story?

Have you ever shared something shameful, only to have the other person not really understand your bid for connection? Sometimes, we even feel worse and wish we hadn't shared at all. Most people, even those who care about us, do not know how to listen with empathy and compassion. Those who deserve to hear our story do so with empathy. Because empathy is what counteracts shame.

*Find the 1 or 2 people you trust who can listen to your story with empathy. This may be a friend, a family member, or a trusted helping professional.*

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Shame-based behaviours are pervasive in medicine, and shape our behaviour in both large and subtle ways

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Shame manifests differently for everyone: both in how it feels & how we respond to it in ourselves & others

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The reflection activities in this toolkit can help you develop shame resilience

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Developing shame resilience is important for ourselves, our colleagues and our patients

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# Summary



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# Contacts



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# References

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# THANK YOU

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*Contact Information*

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