Get a life! Sorting out your work-life balance

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This chapter will start with some words from Jo, who will then handover to Mary. Jo will look at the concept of a *balanced* life and what this really means. Mary will take this further by exploring the concept of a '*balanced* doctor' and what this means for those of us who train GPs.

Let's start with Jo…

You will notice that this half of the chapter contains a lot of questions. As a Life Coach, the way I support the staff and clients I coach is to ask them the questions that allow them to access the answers within themselves, not by telling them what to do, giving them my solutions, which may not be right for them. This is intended to be a guide through the process of examining the balance in your life and redressing it wherever required, rather than a list of instructions in living life the way I believe it 'should' be lived.

Imagine, if you can, a life in which you work hard and effectively at work; work which you enjoy and through meaning gives you emotional reward. And yet you're paid for it too! Your work colleagues are supportive as well as challenging and the team operates effectively. In this life, you also have a rich and fulfilling time outside work, with soul enriching relationships with family and friends. You love the surroundings in which you live and work, and you enjoy an effortlessly healthy lifestyle while having lots of fun with your favourite past-times, and a deep spiritual connection with the important people in your life and your surroundings.

This may be your life already, in which case, congratulations! If it sounds too good to be true, in some ways it is, as it misses out the ups and downs of a normal life (whatever that is!). However, the relationships alluded to would offer a great deal of comfort and support in the event of a crisis.

A mature outlook on life does not expect perfection. However continuously working towards improvement in the quality of life is more likely to bring results than just muddling on in the same old way, hoping that things will change for the better!

I feel enormously privileged to be able to work as a GP – a job that is so much more than a job. It's intellectually stimulating. There are rewarding opportunities to help patients improve their lives. I work with other team members with a similar outlook and values as mine. And it's well recompensed too. Most of my colleagues in General Practice have a similar view, and the temptation may be to feel so grateful that we overcompensate by pouring so much of ourselves into work that we neglect those other aspects of life. This can then lead to burn out, at huge cost to ourselves, our families and ultimately to our patients.

When you have several different work roles, as I do, the edges can often blur into home life. When I log on to my work email on a Sunday evening, my management colleagues are all on there, emailing away furiously, making sure that their inboxes are empty for Monday morning. Is that what Sunday evenings are for?

When Ramesh first asked me to write a chapter on 'Work-Life Balance' for his exciting book project, I was really enthusiastic. Coincidentally, that month I was asked to fill the Medical Director role in the Primary Care Trust on an acting basis, which soon consumed my every waking thought – as well as extending my wakefulness well into the early hours of the morning. Exit balance from my life!

Two years later I was even more absorbed in this crazy way of life when I fell and broke my wrist – three times within 5 months! After the third injury, one of my coaches reminded me of the concept that our bodies keep giving us the same message until we listen to it, and I finally listened.

When I was looking for a book to take into hospital (where I was having my wrist straightened and plated yet again), 'The Art of Extreme Self Care' almost leapt off the shelf at me. The funny thing was that I'd previously skimmed through it and then put it away. The first chapter asks – 'What am I denying myself of?' And the inescapable answer for me? Literally, balance! The metaphorical lack of balance in my life was reflected in the loss of physical balance, which resulted in my injuries. As a Life Coach, I was not 'walking my talk' in any way. The experience prompted me to consider balance somewhat differently and I realised that I need to think about my physical balance as well as emotional and spiritual balance, and the old 'work-life balance' which has become almost a cliche´

We talk about 'work-life balance' as though 'work' and 'life' are mutually exclusive? Surely our work is a vital component of our lives rather than a separate entity? And one person's balanced life is completely out of balance for another. We need to understand our own individual needs in working out what our own particular balance looks like. As doctors, we are used to working long hours and immersing ourselves in our work, often to the detriment of other areas of life, especially family life and fun. The accusation of poor work-life balance may come from one of the people in our lives who would like to have more of us, and it is important to work out what balance is right for you as an individual.

Balance is not static but dynamic. If you are familiar with the old fashioned type of scales with a pan on one side and a platform for the weights on the other, you will have observed that when the substance in the one pan reaches the same weight as the weight on the platform, the scales continue to move very slightly from one side to the other.

When we constantly maintain awareness of how balanced we are, we can make the tiny adjustments necessary to wobble around our 'ideal' balance.

In summary:

- Living a balanced life requires us to take into account our physical, emotional and spiritual balance, as well as understanding our individual personalities and needs.
- We need to maintain continuing awareness of our own balance in order to auto-correct in time to avoid burnout and/or injury.

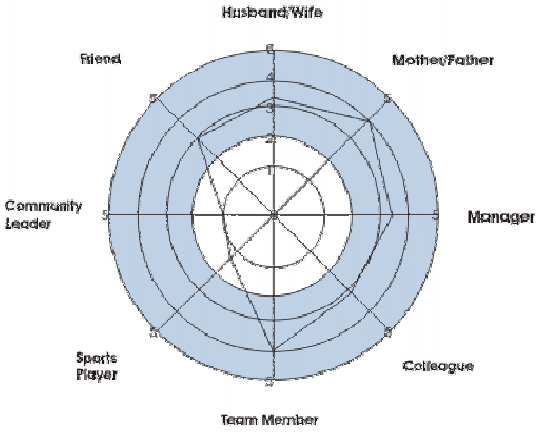
Diagnostics

So, how balanced is your life right now? A favourite coaching tool for working that out is the *Wheel of Life*, which gives a snapshot of how you feel as an individual about the main areas of your life.

Top Tip: An excellent interactive Wheel of Life is available for you to try yourself on the Mind Tools web site: http://www.mindtools.com/pages/article/newHTE_93.htm. They provide a wheel which you can fill in with pre-determined areas of life to consider, or print your own wheel of life template to populate with the areas of life which are most important to you. You can then download a worksheet from the site and follow the instructions to work out which areas require some changes and what actions to take.

The diagram on the below (taken from the Mind Tools site) shows an example of the use of the wheel to check out the balance between all the roles we may fulfil in life. More often, it is used to assess satisfaction with such areas as family and friends, 'significant other', work, spirituality/personal development, finances, living and working environment, health and fitness, fun, and so on.

Figure 1: Wheel of Life Example



As you can see, rating each area out of 5 for yourself and marking the scores out on the spokes of the wheel gives you a picture of the balance between the different areas or roles. In this example the roles that are best represented are those of 'parent', and 'team member'. The least well represented are those of 'community leader' and 'sports player'. And bear in mind that the roles have been chosen as being important to the individual completing the wheel.

If this was you, which roles would you start to work on?

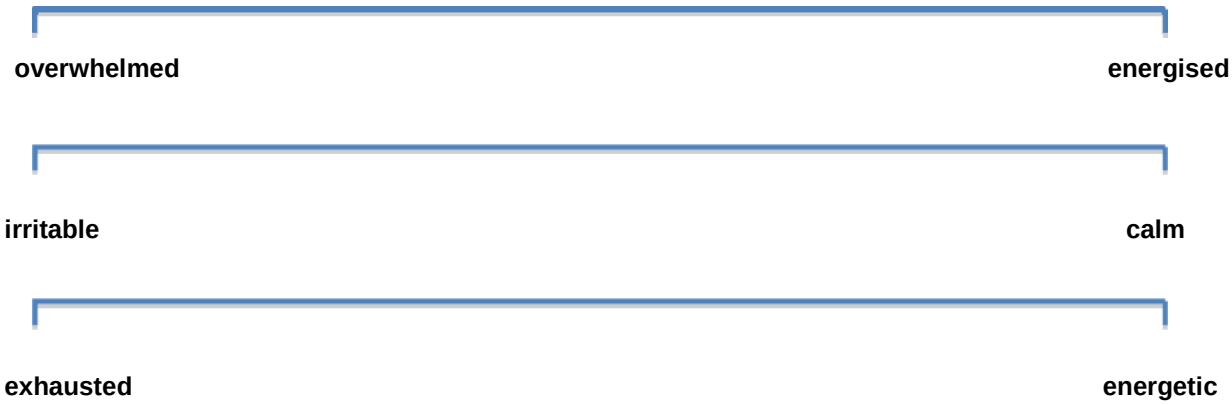
When you have decided, think carefully about what would have to happen to raise your score for that area by 1 point.

- Is that something you would be prepared to commit to?
- How firm is your commitment on a scale of 1 to 5?
- When will you start?
- Who or what do you need to help you?

Top Tip: When you use the wheel to look at the areas of YOUR life consider carefully which areas you use – focus on those that are most important to you. After scoring, look back to see which you score high and low at this moment in your life. What would need to happen for you to raise the score for just one important area by one point? When will you take responsibility for making it happen? How else do we know how our lives are balanced?

The signs are all there if we choose to look for them.

Psychologically, we may be feeling swamped and overwhelmed, irritable and stressed, with insomnia and comfort eating or calm, enthusiastic and energised. Physically, we may be experiencing repeated viral infections, feeling 'tired all the time', sustaining unusual injuries. Alternatively, we might be feeling energetic, healthy and well. Each of these physical and emotional states lies on a spectrum:



At any one time, elements of our state may lie somewhere on each of these spectra, (and probably several others) and the key is to recognise where we are, where would be more appropriate for that moment, and what we might need to change in order to shift our state

Top Tip: Do a quick mind and body scan right now. Close your eyes and slowly scan your body from the top of your head to the tip of your toes, noticing any aches, pains, tensions and stiffness. Then focus on your emotional state, aware of any irritation, fatigue, anxiety, and level of energy. You should now have a sense of how balanced you feel and be able to do a quick scan on a regular basis.

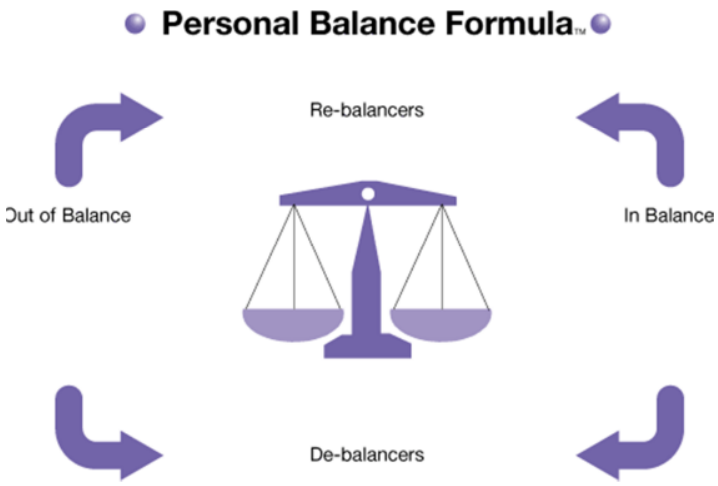
The idea is not to be so 'balanced' that we exclude peak experiences and deep lows related to our life experiences, and Mary Selby's section of this chapter addresses that very issue. Patients sometimes complain that they feel emotionally flat on antidepressant medication, although that feeling is preferable to feeling suicidal to most of them!

Personal Balance Formula

Lisa-Spencer-Arnell, (http://www.lisaspencerarnell.com), a fantastic coach and Trainer, uses her Personal Balance Formula to help her clients to work out what factors can de-rail them and which can restore balance. The next stage of the diagnostic process is to examine the things that 'de-balance' you in your life and those that 're-balance' you. Again, these factors are very individual to you, but examples might include:

De-balancers	Re-balancers
• working longer hours than usual • eating 'on the run' • a lack of control of workload	• Taking proper breaks • Taking time out for lunch • Regular medication • Regular exercise in the fresh air

Once you have worked out what these factors are for you, not only can you look out for the 'de-balancers' as they approach, but you can choose the most appropriate 're-balancer' to mitigate the effects.



Body and Soul

How do you keep body and soul together? What balances these two aspects of your life?

When we are asked that question, it usually refers to how we make our living, but what is much more important is how we make our LIVES. The concept of a healthy body in a healthy mind (mens sana in corpore sano – Juvenal, Roman satirist, 1st–2nd century AD) is one that contributes towards balance in life.

- What are you doing to keep your body sufficiently healthy to be the vehicle of your soul? Do you eat healthily but allow yourself 'treats' regularly? Is your weight within the healthy range for your height? Do you get enough exercise to keep you reasonably fit without overdoing it, or becoming addicted to exercise? Are you a couch potato, a fitness freak, or somewhere in between?
- How is your overall health? If you have any health problems, how do you make sure that they are treated and monitored effectively?
- What do you do to pamper your body so that you feel cared for physically? What more could you do? Would a regular massage or pedicure hit the spot, or just soaking in a hot bath with a glass of wine and a book? How about a hug?
- What are you doing to nourish your soul? You may have a faith that performs this function, or you may have a more general view of spirituality. How often do you meditate or practise mindfulness? Does a walk in the countryside or climbing a mountain do it for you? Listening to amazing music? What does do it for you?
- Do you have soul-nourishing relationships? What could you do to develop some – or even just one? What would a soul-nourishing relationship look like for you? What would it sound like? What would it feel like?

By now, you will be getting used to using these questions to stimulate you to re-examine the way that you are living life. It is easy to just trundle along assuming that the crazy, busy life you are leading right now is the only way to live. As I reiterate frequently, it MAY be okay for you – but

if you follow the suggestions made here to check out how it really feels for you, you may come to a different conclusion.

Top Tip: Start building a picture of what a balanced life could be like for you. It is important to make the 'picture' as rich and multi-sensorial as possible. Adding sound and texture to the vision, brightening the colours and adding movement, all help to make it more vivid and compelling. This will help you start developing an action plan to start redressing some of the areas of imbalance currently in your life (as opposed to what most people do which is to put off acknowledging that you deserve to look after yourself better).

Extreme Self-Care

A very challenging concept for those of us in caring professions is that of *Extreme Self Care*. I mentioned Cheryl Richardson's book, *The Art of Extreme Self-Care*, at the beginning of this chapter and you may have noticed that it was a book whose title had initially attracted me, but the book had been sitting on the shelf until I reached a point when my body would not shut up and let me continue to behave as I had been for so long.

Dealing with the guilt of putting myself first, learning to re-define 'selfishness' as 'enlightened self-interest' and saying no when I really want to, are challenges which are well worth rising to.

The more one practices 'enlightened self-interest', the more it is internalised. Writing in my journal helps with this too. I would like to say that I do this every day, but what I can say is that when I do write in my journal, however banal the entry, I find the rest of the day goes much more smoothly. There is something about the act of writing it down which helps me to embed new thoughts into my unconscious mind.

Cheryl says: *'When you practise Extreme Self Care there will be fall-out, to be sure. In fact, you will lose some relationships that you thought you were important to you. This is bound to happen because if you tend to over-give, you've trained those in your life to expect it and they'll question you once you stop. Remember that by making your needs a priority, you're also changing the rules.'*[1]

- Who do you find yourself giving to endlessly?
- What level of reciprocity is there in the relationship?
- Is that person a 'drain' or a 'radiator'? (I'm sure you know what I mean by that!)

Taking a moment to notice your gut feeling when a friend or relative enters the room, or calls you on the phone, can be very revealing. As can the response of some of those closest to you. How often has your husband or wife said something like *'Oh no, not her/him again..'* and you have silently agreed and gone to the telephone with a sinking feeling inside? Now that you are practising noticing your inner responses to situations you can start to think about changing your responses.

[1] The Art of Extreme Self Care. Richardson, Cheryl. Hay House UK. 2009

The trick to changing your response to those people (in order to free yourself up), is to **do it lovingly**, not angrily. Those who love you and care for you may initially be put out, but they will admire you secretly and will gradually learn to respect your time and space. Your relationships with those who do not come round are well worth examining in the light of those findings. Many of us spend a lot of time avoiding upsetting people so that this change in behaviour can be extremely uncomfortable. It's true though that staying within our comfort zone tends to make the zone contract, whereas pushing the boundaries out gently by stepping outside consistently, tends to enlarge the zone.

Top Tip: It's important to make sure that you have support to help you to get through these difficult moments. Those people you are disappointing will react and the worst thing you can do is to give in to them – it is damaging to your self-esteem as well as reinforcing their behaviour. The less explanation you offer the better. Keep it brief and you will invite less argument. For example: *'I'm sorry, I know you would like me to come shopping with you on Saturday, but I am already committed that day'* is more than enough to say.

Gradually, day by day, you will find that putting your own needs first makes you feel more inclined to act in a truly generous way to others (not less!). Perhaps counter-intuitively, it is as though, by replenishing your own stores of energy and compassion for yourself, you have so much more to give to others. Often we fail to realise that we unconsciously resent the giving we do to others when we are emotionally drained, and that the gratification we do gain from it is more like martyrdom, which causes as much discomfort for the unwitting recipient as it does for us – albeit unconsciously.

So far we've talked about things which I hope will challenge some of your beliefs about your work and your relationships. When you re-examine some of your beliefs, there is one question that I often ask when I am coaching or mentoring that I would like you to consider:

'Is your current belief an <u>empowering</u> belief or a <u>limiting</u> belief?'

Beliefs are only beliefs, usually built up from our life experiences, layered onto ideas handed to us by family, educational, religious and other institutions. They can be changed if and when they fail to support us in living the life we deserve to live. It is rarely a Damascene conversion (i.e. a sudden or complete change in one's beliefs), but is often a gradual process of identifying a more supportive, empowering belief and deliberately looking out for evidence to support that belief. Amazingly, the evidence is out there – you just haven't noticed it yet, because your attention is unconsciously focussed on looking out for evidence to support the current limiting belief.

A good example of a limiting belief is the incredibly common mindset that 'I am not really very good at my job, and it's only a matter of time before somebody finds out'. This is known as 'Imposter Syndrome'. A request for those who secretly held this belief to put up their hands at a conference of GP educators and appraisers yielded a forest of embarrassed, half-raised hands. This was in a room full of some of the most thoughtful and well-educated doctors in the UK! You will be pleased to know that this is not an officially recognised psychological disorder, and does not appear in ICD-10. It is not to be confused with Capgras Syndrome, in which the patient believes that a family member or friend has been replaced by an imposter, whether alien or otherwise (and is usually a result of a psychotic illness or brain injury).

How would you start to change the belief expressed by the imposter that is you? Assuming that you accept that it is a limiting belief, **what would be a more useful belief with which to replace it?** One example would be: *'I am a competent and caring doctor, who takes time to keep myself up-to-date and to practice thoughtfully.'* If I start to consciously notice the instances in which I demonstrate that this belief is true, noting when I have put into practice new clinical learning, or made an unusual and difficult diagnosis, or had an unexpected breakthrough in treating a challenging patient, (and many other examples, I am sure!) especially if I make a written note of each instance, my belief will start to gradually turn around.

If you are worried that this may lead to unwarranted arrogance, fear not. Our arrogant colleagues are those whose fear that they are not good enough doctors is so strong that they need to overcompensate by behaving as though they know more and are more successful than the rest of us.

If I seem to have wandered far from the subject of living a balanced life, I beg to disagree, but I am keen to step back and hand you over to Mary Selby, whose inspiring guide to *'Avoiding the flat line'* is too good to put off further – except for the quotation of Cherie Carter-Scott's *'Rules of Life'*, which seems to me to fit well here:

Rules of Life *(Cherie Carter-Scott)*[2]
Rule 1: You will receive a body.
Whether you love it or hate it, it's yours for life, so accept it. What counts is what's inside.
Rule 2: You will be presented with lessons.
Life is a constant learning experience, which every day provides opportunities for you to learn more. These lessons are specific to you, and learning them 'is the key to discovering and fulfilling the meaning and relevance of your own life'.
Rule 3: There are no mistakes, only lessons.
Your development towards wisdom is a process of experimentation, trial and error, so its inevitable things will not always go to plan or turn out how you'd want. Compassion is the remedy for harsh judgement - of us and others. Forgiveness is not only divine - it's also 'the act of erasing an emotional debt'. Behaving ethically, with integrity, and with humour - especially the ability to laugh at yourself and your own mishaps - are central to the perspective that 'mistakes' are simply lessons we must learn.
Rule 4: The lesson is repeated until learned.
Lessons repeat until learned. What manifest as problems and challenges, irritations and frustrations are more lessons - they will repeat until you see them as such and learn from them. Your own awareness and your ability to change are requisites of executing this rule. Also fundamental is the acceptance that you are not a victim of fate or circumstance - 'causality' must be acknowledged; that is to say: things happen to you because of how you are and what you do. To blame anyone or anything else for your misfortunes is an escape and a denial; you yourself are responsible for you, and what happens to you. Patience is required - change doesn't happen overnight, so give change time to happen.
Rule 5: Learning does not end.
While you are alive there are always lessons to be learned. Surrender to the 'rhythm of life', don't struggle against it. Commit to the process of constant learning and change - be humble enough to always acknowledge your own weaknesses, and be flexible enough to adapt from what you may be accustomed to, because rigidity will deny you the freedom of new possibilities.

[2] If Life is a Game, These are the Rules: Ten Rules for Being Human. Carter-Scott, Cherie. Hodder & Stoughton Ltd. 1998

Rule 6: 'There' is no better than 'here'.

The other side of the hill may be greener than your own, but being there is not the key to endless happiness. Be grateful for and enjoy what you have, and where you are on your journey. Appreciate the abundance of what's good in your life, rather than measure and amass things that do not actually lead to happiness. Living in the present helps you attain peace.

Rule 7: Others are only mirrors of you.

You love or hate something about another person according to what love or hate about yourself. Be tolerant; accept others as they are, and strive for clarity of self-awareness; strive to truly understand and have an objective perception of your own self, your thoughts and feelings. Negative experiences are opportunities to heal the wounds that you carry. Support others, and by doing so you support yourself. Where you are unable to support others it is a sign that you are not adequately attending to your own needs.

Rule 8: What you make of your life is up to you.

You have all the tools and resources you need. What you do with them is up to you. Take responsibility for yourself. Learn to let go when you cannot change things. Don't get angry about things - bitter memories clutter your mind. Courage resides in all of us - use it when you need to do what's right for you. We all possess a strong natural power and adventurous spirit, which you should draw on to embrace what lies ahead.

Rule 9: Your answers lie inside of you.

Trust your instincts and your innermost feelings, whether you hear them as a little voice or a flash of inspiration. Listen to feelings as well as sounds. Look, listen, and trust. Draw on your natural inspiration.

Rule 10: You will forget all this at birth.

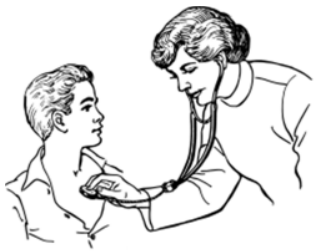
We are all born with all of these capabilities - our early experiences lead us into a physical world, away from our spiritual selves, so that we become doubtful, cynical and lacking belief and confidence. The ten Rules are not commandments; they are universal truths that apply to us all. When you lose your way, call upon them. Have faith in the strength of your spirit. Aspire to be wise - wisdom the ultimate path of your life, and it knows no limits other than those you impose on yourself.

What can I add?

Over to you, Mary……..

Avoiding the flat line: adding spice to your working life

Thanks for that Jo. Hello readers, Mary here. Shall we begin?



Essential ingredients for a doctor's life

In 2002 a variety of responses appeared in the BMJ to the question *'What's a good doctor, and how do you make one?'* [3] The respondents, who were from all over the world, listed a variety of essential ingredients for the good doctor, but amongst all invoked the need for some 'other' quality, beyond that encompassed by knowledge, manner, technical and managerial skill. This 'other' was referred to by one author as 'magic', whilst others referred to 'a balanced life', being 'zestful,', 'being a complete, integrated person,' 'giving yourself the chance to gain relief and regain energy' and being 'a good human being.'

The essence of these responses seemed to be that being a really great doctor, or any sort, needs to encompass finding yourself, not only as a professional but as a human being. In other words, there is more to life than being a doctor, but there is also more to being a doctor than being a doctor. Within this rather trite statement lies one of the greatest challenges our trainees face, and possibly the one where we may (if we don't take care) offer them the least help, the challenge of making sure that general practice, as a skill, takes nothing away of what they once were and wanted to be, but enhances the whole person and makes them more than they were.

A journey of self-discovery does not by definition, you may feel, need help – yet to fail to light the way can be to leave someone in darkness. We may throw our newly fledged trainees into the river of family medicine, and simply hope they discover the person they really are as they swim furiously through the currents of employment, reflective learning, appraisal, revalidation, and the pressures of a busy and demanding patient list. Some will surface not far from where we cast them in, secure and self-assured, their lives, interests and hobbies intact and their commitment unshaken. Others, though, may flounder under the weight of it all, too busy with the very stuff of general practice to rediscover the unique gifted, successful individual that led them through the doors of medical school in the first place.

The training our young doctors undertake has much about it that focuses on the ego and the id (I bet you didn't think this was that type of book), at the expense of the super-ego. The meat of this educators' book concerns the ego, focusing on the development of the necessary skills for competence. This chapter, however, concerns the superego, for without the superego the motivation to address the rest through the long, complex and personally costly route to independent general practice would not exist. Without the superego professionalism would not exist. Without the superego the higher planes of the soul would have no focus, and devoting ten years of early adulthood to hard slog and expensive exams would arguably have little point at all.

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[3] *BMJ 2002;325:711 (28 September) Letters: What's a good doctor and how do you make one?*

What have id, ego and superego got to do with the flat line?

These terms are taken from translations of Freudian psychology, and generally refer to levels of function of the mind. **The id** is the subconscious mind, driven by pleasure and pain, but the pursuit of comfort and safety and the primeval responses of avoidance of discomfort and danger. The id underlies the choices we make but is not conscious. Nevertheless it is the water on which we sail, and is to be ignored at its peril, since the pursuit of pleasure for the id is arguably what drives the rest.

The ego represents reason and common sense, our intellectual and cognitive functions, our perception of self. Vocational training centrally addresses the ego with the basic competencies needed, the minimum set of skills to allow successful function as a GP. The ego is concerned with the reasoned and cautioned route through life which medical training is, it's practical and problem solving and rational.

'*The ego is that part of the id which has been modified by the direct influence of the external world ... The ego represents what may be called reason and common sense, in contrast to the id, which contains the passions ... in its relation to the id it is like a man on horseback, who has to hold in check the superior strength of the horse; with this difference, that the rider tries to do so with his own strength, while the ego uses borrowed forces*' (Freud, *The Ego and the Id* (1923)).

Freud's final component of the intelligent mind, **the superego**, refers to the higher functions, the striving for perfection which brings the individual towards a sense of purpose and direction, of achievement and merit, and with these an acceptance that some discomfort in the form of hard work and difficult battles may be a price worth paying for the greater comfort and self-worth these things will ultimately achieve (thus satisfying the id). For the GP the superego may be perhaps encapsulated in professionalism, the pride of achievement, the understanding that not all that is worthy is also comfortable, that there's more to life than an easy GP post with no extras and plenty of holiday. The musical equivalent of the superego would be the overtones of a note, the thing that makes top C played on the piano sound so utterly different from top C played on the flute. If the ego makes us human, then the superego makes us different, and as educators we must therefore make sure that the superego doesn't get forgotten in a focus on minimum competence.

Apart from allowing me to sound posh by using some short Latin words and quoting Freud though, this framework does remind us of the basic sense of purpose common to those in training for general practice. They are seeking a goal that can, if we're not careful, absorb and utilise only the ego, the practical and problem solving functions of the psyche. The trainee may come to think that their goals are AKT, CSA, CCT, but in fact the word goal itself is misleading. A goal can be a closed structure, a dead end, an end point in itself. After a goal is scored everyone relaxes for a while as the ball goes out of play. Is that what we want our trainees to do? Or shouldn't they be more like the sprinter, who aims his focus on the horizon when he runs lest he slow imperceptible when he reaches the finish. The finish, for the new entrant to a GP scheme, may look an inordinately long way off, but unless the aim is well beyond it the trainee risks slowing down before they get there. So perhaps the aim needs to be life! The problem for us as educators in our e-portfolio driven world is that we too can become convinced that the focus is on data entry on a minimum data set and a tick- boxing of DOPS and CBDs.

Top Tip: We need to remind ourselves, and our trainees, that the purpose of the e-portfolio is to document progress and competency, not to represent the sum total of all that a young doctor IS. A least as important is a focus on where they go from here and *what GP training can do for them* - the holistic approach to training that we should all, as educators be striving for.

Holistic education

This phrase is usually used regarding the education of young children, and is perhaps best known in the UK for the Steiner schools whose philosophy revolves to a certain extent around children discovering for themselves what they need to learn. This is a little anathematous to those of us well versed in the Johari window and the dreaded things we don't know we don't know, but nevertheless the view that education should involve much more than simply moulding future workers seems one we should all aspire to. Holistic educators such as Steiner and Montessori said that education should involve *'cultivating the moral, emotional, physical, psychological and spiritual dimensions of the developing child.'* Holistic education seeks to use connections to the community, to the world, and to moral, spiritual and ethical values as a part of the education of the learner, aiming to instil the discovery of and passionate love of learning.

It all sounds splendid, put like that, and you may be forgiven for indulging in a brief fantasy of yourself sitting alone at your desk smoking a pipe enjoying a more than usually restful tutorial, whilst your trainee runs around the surgery car-park in pursuit of a rather charming family of squirrels, acquiring in the process a newfound zest for the world and everything in it.

Top Tip: Inspire your learner through what they discover. See them as a whole person, not just a doctor, and remind them to see themselves in the same way. Actually, this is something we can all learn from. There's a lot to be gained from taking the blinkers off.

The de-structuring of the individual

So why don't we just open the doors of our GP training schemes to the graduates of Montessori schools and let the squirrels do the rest? After all, if we take holistic education in its purest sense, couldn't we just put the trainees into a room at the surgery and let them work it out for themselves? To an extent we do just that, recognising the need for learner-led education and offering guidance on what needs to be understood, through the curriculum.

However there is more to general practice than the curriculum, and our learners, who did not in the first instance lack ambition (or they wouldn't be here), drive (or they wouldn't be here) or imagination (or they wouldn't be here) may nevertheless need a helping hand. They may have forgotten who they were in the rush to be a good doctor – and if so, how can they possibly have any idea at all of who they might be?

Medical school is possibly where this loss of self begins. Students arrive enthusiastic, thrilled and successful, united, generally by pride, achievement, and a feeling that they are on the way to being professionals. These students were granted the precious, limited quota places not only because of their academic ability but also because of their 'other', their 'magic', the many other gifts they were able to highlight on their personal statements. School success, the glowing head's

report, is built on more than just the academic; school heads are proudest of those with open, questioning minds, with a broad range of interests and abilities, those who ran youth clubs, rode horses, sailed dinghies, took Duke of Edinburgh awards... those who displayed a passion for education, a holistic approach to life itself.

Medical school, alas, has a habit of breaking own those students into scientists and learners, in order to build them back again into a 'proper doctor.' Their university years often lack opportunities for extracurricular activity due to long hours of timetabled learning activities and, at some medical schools, early integration into a hospital-based environment. They become doctors in spirit before they are ready to be doctors in practice and in their enthusiasm for this new passion may allow their old hobbies and ambitions to drift away on the wind. Before they know it they no longer have time to train with a team, play in an orchestra or work shifts at a volunteer centre, and their foundation years only pile on the pressure. By the time they reach us at the start of vocational training they may have completely lost sight of the person they once were. They have reached the point of least resistance when shift work, responsibility, and endlessly moving on have reduced them to simply being doctors, and all of the magic is put on hold.

As you like it: the seven stages of man (or woman)

Shakespeare, contrary to popular belief, did not invent his famous metaphorical view of the seven ages of man, expressed so beautifully by Jaques in *As You Like It*. The view of man as having seven ages was widespread in the sixteenth century, and Shakespeare was simply more eloquent than most when he wrote:

'All the world's a stage,
And all the men and women merely players;
They have their exits and their entrances;
And one man in his time plays many parts,
His acts being seven ages. At first the infant,
Mewling and puking in the nurse's arms;
And then the whining school-boy, with his satchel
And shining morning face, creeping like snail
Unwillingly to school. And then the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress' brow. Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honour, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth. And then the justice,
In fair round belly with good capon lin'd,
With eyes severe and beard of formal cut,
Full of wise saws and modern instances;
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose and pouch on side;
His youthful hose, well sav'd, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything.'

Explaining Shakespeare in medical educator terms....

Infancy and the ascent of Mont Blanc

The first stage, of babyhood, here represents the beginnings of ambition. Most medical students have had a few other ambitions along the way. A straw poll of our GP trainees one evening revealed early ambitions in the field of pop star, model, astronaut, mountaineer, author, ice cream man, Olympic gymnast, lion tamer and Queen, not to mention the perhaps more predictable doctor, nurse and Doctor Who (okay, that was me).

These may sound like childish ambitions, but the child is father to the man and one does not have to search very deeply within the hopes of a young child to find the personality of the man they will become. I often ask my trainees what they wanted to do when they were children, for the answers are enlightening and you can, I believe, read a great deal into the knowledge that Dr Jones, who struggled with the group task at Deanery selection but who performs excellently under pressure and whose communication skills are already second to none, wanted to be a mountaineer. Dr Jones sets himself targets you can see, and likes to push himself. One of his motivations may be visible achievement, and he is prepared to take risks with himself to get there. And would he still like to be a mountaineer? It turns out that he would, if he only had the time.

Here I can admit to a little inside knowledge, since mountaineering is a hobby of mine too, and one that I put aside for some years, owing to the many and varied demands of career and family. But when I do climb I discover, in those snow bound climbers huts high in the Alps, people from all walks of life doing the thing I also love to do. I find doctors and dentists, teachers and musicians, writers and factory workers, engineers and actors. They have little in common other than a love of hills and a passion to climb them even at risk of frostbite, avalanches and hypothermia. *They found the time.* Time may be a finite resource (unless you actually are Dr Who), but it's amazing what you can squeeze into it if you want to. Our job as educators may not be to persuade Dr Jones to climb a mountain – particularly not against his better judgement, which would be an awesome responsibility indeed. Our job, instead, is to remind him that the possibility exists, that entering general practice is not the same thing as entering a closed order of monks or nuns, that there can be and should be a life outside medicine, and that it's up to him to decide how to live it.

This may seem obvious – indeed, perhaps we think it is already obvious to Dr Jones – but as educators we can add something yet more. We can point out to Dr Jones the enormous value he brings not only to himself but to his patients, to his peers and to us, the rest of his profession, if he does climb that mountain. It is no small coincidence that the first man to summit Mont Blanc was Michel Gabriel Paccard, a local doctor, and he had made several attempts before finally succeeding in 1786. He developed his passion to climb through his twin interests in botany and minerals – he was no one-dimensional man. How do we manage this kind of motivational encouragement? It depends, perhaps, on how you, as an individual, relate to the trainees you meet – and perhaps also on how they relate to each other.

Top Tip: Trainees need a little down time with each other and with you, to talk of ambitions, their lives, to formulate plans and discuss dreams; this will help draw out 'the magic' and whatever lurks beneath the earnest doctor exterior. As educators we can perhaps facilitate such conversations – which may come naturally to some trainees, but which others may find harder to participate in. It is part of our role, I believe, to make sure that they not only have room and opportunity for that to happen, but that they are slightly difficult to avoid.

Childhood – the unfamiliar sweeps them away

Shakespeare's metaphorical child was leaving the securities of home, lacking confidence, beginning to explore the world. For our trainees, this is medical school. Here they found themselves wrenched from the familiar into the unfamiliar, a place where the evocative words of childhood - death and dying and blood were words of their new trade. They had cast off an old world and entered a new, had been reborn. It is a moment to forget the old self, and there is a risk they may do so very effectively, not to find it again for many years..

As they enter GP vocational training, another stride step further into our unusual world, we may find the trainee just getting to grips their new persona, the letters after the name, the awesome sense of responsibility in being allowed to write a prescription. They must now get to grips with the e-portfolio in all its glory, struggling to log their DOPs and CBDs, worrying so much about process that they may actually be losing sight of reality.

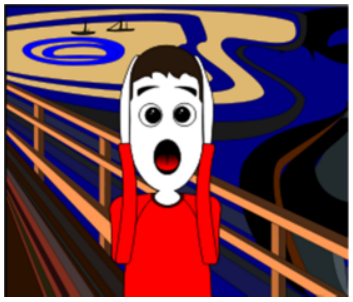
This is where we need to sit down with our trainees and ask them why they're here. They may have long since lost any tendency to ask themselves that question, or, at least, to ask it and answer it in any other than the most basic way. One could ask: *'What do you hope to achieve from this GP training scheme? Where do you hope to be when we reach the end, whenever the end is?* The answers are predictable, and not always wholly genuine – in that they tend to talk about getting their CCT, finding a job, passing CSA, and occasionally getting married, having a baby, finding a house – the practicalities of a medical life. They are huge ambitions indeed, and in the context of sitting down to plan where we are going at our GP training sessions one can hardly blame them for trotting out the obvious. The good educator though will draw out more.

Top Tip: There is more to life than doctoring, just as there is more to life than buying a house. We should find out what hobbies they have and where they would like to take those hobbies over the next three years. If they weren't a doctor, what would they be? Where would their ego take them, and how would the superego be satisfied by it? Where do they go when they escape for the day? Do they write poetry? Can they sing?

A brief personal survey of the gatherings of GPs of which I have been a part during my professional life has revealed an extraordinarily rich talent of musical ability amongst my fellows, from Roger Neighbour's remarkable skill with a violin to Dr Jim Bartlett's skill as a choirmaster. If someone were to set up an X-Factor for Doctors the competition would be stiff indeed – if, that is, we could throw off self-deprecating bashfulness for long enough to enter.

A good doctor, as the BMJ letters page of September 2002 reminded us is a rounded individual. I believe that a good doctor is even more than that. Just as he/she needs a passion for patients, and for good practice, probity and ethics, he/she needs a passion for life. How can one be as passionate as we hope about high quality care without also feeling some passion for art, politics, sport or religion? The superego may be rather unattractively named, but even the superego of a doctor needs something else to do from time to time.

The lover – loss of confidence



For Shakespeare this is the stage of the remorseful man, always trying to atone for what has gone before. Perhaps for the trainee the parallel might be the huge awareness of risk which gradually dawns as they begin to see the level of exposure that will be theirs in general practice.

Helping them face the uncertainty and manage risk is a part of the skill of the educator. We are accustomed to this and have probably discussed it into the point of curing all insomnia forever. We do need to stop sometimes, though, to remind them of the other side. Whilst it's true that they must learn to manage risk they must also go out with joy (Isaiah 55 *For ye shall go out with joy, and be led forth with peace: the mountains and the hills shall break forth before you into singing, and all the trees of the field shall clap their hands*.)

We want them, surely, first and foremost, to enjoy it. This GP training scheme is the culmination of the ambitions of these trainees and their families over many years. Behind many, if not all of them are proud relatives and friends – *'my child is a doctor'*. How sad it would be if those proud relatives, some of whom will have sacrificed a great deal to see their child reach this point, felt that the goal was not as glowing and fulfilling as once it seemed. Wouldn't that be a terrific waste?

We need to show our trainees at every point that medicine is not just about minimising risk – that medicine can also open doors which they may never otherwise have dreamed of. Our mountaineer can become an expedition doctor, can travel the world and share his joy in the mountains, our singer can specialise in looking after singers and actors whose voices are their trade. Our community worker may find the perfect role acting as a GP to asylum seekers or the prison population, our violinist may place himself firmly in a university town and join every orchestra under the sun. Our politician may find a seat on one of the many bodies that represent us – the LMC, the RCGP – and our sportsman may, like a good friend of mine, put himself forward as the on-call doc for the local football team. I wish I had known more about the sort of opportunities others had found, and that I have since found, when I first entered general practice. If I had I would have entered it far sooner.

Top Tip: Training Programme Directors can and should make trainees aware of the types of opportunities that exist. Bring in external speakers. Compile a list for your scheme's website of interesting GPs and their roles. Get them talking.

A final year trainee is akin to a parachutist preparing to make their first jump – except that it's up to them where the plane flies, and it's up to them when they jump and how fast they descend.

Indeed they can steer on the way down. The role of the educator is to take them to the proverbial door of the plane, check their parachute is properly packed, then open the door and make sure that they can see the many possible places where they may land.

Shakespeare's soldier – reputation and professionalism

The soldier works towards reputation and recognition. In this perhaps we see ourselves and our trainees together. The status of GP is a prized one, and we remain amongst the most trusted professions in the UK.

Our trainees are aware of this – but are they aware of the vast array of choices one can make within general practice when it comes to choosing 'areas of interest'? They imagine they have to know everything, even though we know that knowing everything is simply not possible. It is our job to make sure that they understand how GPs really are, that we may have a broad spectrum of knowledge seasoned with a hefty dollop of self-doubt (the purpose of Roger Neighbour's safety-netting was originally to introduce that self-doubt in at the end of the consultation, reminding us we are not infallible but that our patients may believe that we are).

I am not referring to GPwSIs here, but simply to the ability we all have to choose what to be particularly interested in and to make ourselves particularly good at it. When my practice last interviewed for a new partner several candidates could not tell us what areas of medicine particularly interested them. It suggested that nobody had ever suggested that they ask themselves that question.

If I ask myself which areas I feel a particular affinity for I can list about ten, not all of which are purely curricular. They are an eclectic mixture of areas united by only two things – firstly that they are all useful to me as a jobbing GP and secondly that I am free to add to and change them almost as I wish - it suits my partners that I take a particular interest in one or two areas – but for the most part they are my choice alone.

Top Tip: Talk to trainees about your own areas of interest. Get them to talk to the partners in the surgeries where they are placed, about theirs. Suggest that they look at practice leaflets and websites too, where GPs commonly list their interests, and start getting them to think about what they would like to make their own.

I ask mine to start by thinking which kinds of consultations they feel most at home with – and then which they would like to be better equipped for. In my experience, I tell them, there are two ways to deal with the bits you don't like so much: one is to tackle it and make it a special interest, the other is to make sure someone else in your practice covers it and get them to do a teaching session one lunchtime.

For trainees, finding out what makes other GPs tick, what keeps them getting up and coming into work every day for thirty years of what an anaesthetist friend of mine once described as a 'flat-line career' is entertaining, interesting and even fascinating. I set mine the task of finding out what other GPs specialise in, and why. I ask them how they would sell themselves to a practice that particularly wanted a partner with an interest in diabetes, or whether indeed they would want to do so. I tell them how I got drawn into drug misuse work because I felt I was too much of a push-over for the drug seeking temporary resident, and became the practice's 'drug misuse doc' through choice as a result, on a crusade to persuade others to do the same. I explain to them **the**

sheer joy of discovering that an area where you felt weak and disempowered can be the area where you feel, eventually, the most able and useful of all. And I tell them to prepare to enthuse about something at interview, because prospective employers like enthusiasm. I'm one, after all, and so are you.

Shakespeare's justice

Shakespeare means this as the stage of wisdom, prosperity and social status. In terms of GP training this must surely represent the Trainer or Training Programme Director. This is something that our trainees should aspire to. The good master, remember, does himself out of a job as the young, strong apprentice takes over. The master-apprentice model may be a bad one in medical training, but if we can inspire our trainees then they will aspire to be us. Didn't you have a teacher at school who really thrilled you with their subject? And if you did, wasn't that then one of your favourite subjects? Didn't you want to be just like them?

Inspiration isn't a gift given to a few, but a skill available to many. You inspire your students through enthusiasm and passion, through an ability to see the world through their eyes, through that sense of returning to childhood and describing the adult world with wonder, as if for the first time.

Top Tip: Why did you become an educator? Discuss this with your learners. Your career development could, after all, be mirrored by theirs. Be prepared to be frank. How did we get to where we are? What does it give us? What prompted us to do it? What qualifications did we need? Have they stood us in good stead in any other aspect of our lives? How does one develop a career once a GP? Give them opportunities to consider what you do. Would they like to attend the Deanery Selection Days? Would they like to sit in at RCGP council, or to attend one of the RCGP's familiarisation days? Would they like to be you?

As one of my fellow examiners said to me once after a particularly difficult candidate during the old MRCGP orals, *'I sometimes worry who on earth's going to look after me when I'm old.'* Guys, it's our job to make sure there's someone there for us. That is the task.

And then comes old age

As we move towards the last few years of general practice this is what we risk – becoming tired in our jobs, less ambitious in our hopes for our patients and our practice, less assertive in our plans for the future. This is a form of burn-out. Perhaps we can't help it - perhaps life and the demands of family and health have got us down – but it is important that our trainees understand this possible end point so that they can make their choices early. Worried about running out of steam as a partner? Retire early, become an assistant and take up a new hobby. There is always reason to refresh the mind.

Infirmity – the time of retirement

Sixty, as they say in the newspapers, is the new forty. There comes a point when we need to bow out of GP education and pass on the baton. When the fire of enthusiasm has left you – whether you are thirty or seventy - then, if you have done a good job there should be lots who are longing to fill your shoes.

So what did general practice ever do for us?

The demands of general practice training are extraordinarily broad, as we have seen from the many chapters of *The Essential Handbook for GP Training and Education*. The years of GP vocational training must enable an understanding of, familiarity with and knowledge of the curriculum. They must lead to the attainment and demonstration of competence as a communicator, a diagnostician, as a learner, as a leader and as a self-educator. They must focus on the practice of general practice as an art as much as a science, on learning to become a reflective learner with a lifelong commitment to personal development, to probity, to teamwork. The GP trainee in the twenty-first century is meant to enter a training system fresh from foundation training and leave it ready for independent practice, as safe to work alone in an isolated rural practice as in a large supportive practice.

As a result GP vocational training is becoming a very process-driven environment and it can be very hard for our trainees to see the wood for the trees. The risk of losing sight of one's true life purpose, one's holistic self, is very real, and without the guiding light of those who see clearly from the outside what the scheme is actually for, there is a risk of the trainees becoming lost in the dark.

A good educator should perhaps think of themselves as a lamp, held high above the trees of the forest, lighting the way so that the trainees on the path within may see a route through and follow it bravely. They should always be on the lookout for the Other Things - the embracing of life which is seen in the trainee who has not only learned enough but has made general practice their own and incorporated these news skills into a life that is being well lived. General Practice is an art and a skill and should equip young doctors to open doors. Their profession should not be their master, when it has so much potential as the doorway to a multitude of unique opportunities which might otherwise pass them by.

Dr Livingstone, I presume

David Livingstone, perhaps one of the most popular national heroes in Victorian Britain was a doctor, missionary, explorer and an educator. He was one of a few men to survive being mauled by a lion and was a great campaigner against the slave trade. Livingstone was also a hero in Africa, where his heart is buried, and in England, where the rest of his mortal remains are entombed in Westminster Abbey. He, as a doctor, pursed a true voyage of discovery, at obvious personal risk, and his thoughts and ideas were enlightened for his time. His journey through life was often literally into the unknown, and he followed his passion. Livingstone was in many ways the embodiment of what we should strive for, in the sense that he was not a uni-dimensional man.

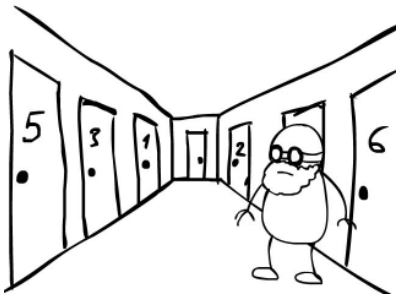
It does all of us no harm to remember Livingstone, and reflect that we inherit his title, and we need to be worthy of it. Educators don't always inspire - some, alas, focus on minimum competence at the expense of some of the sexy stuff. Some are so taken up by the joys of the modern assessment process that they can be quite blinkered to the world of opportunity that the trainees inhabit.

I believe that if we don't turn out a doctor who could manage a stint in Darfur, a health centre in Nepal, as a single handed locum on the Isle of Skye or answer a call to deal with an unexpected rupture of membranes in a full-term woman on a cross channel ferry, then we haven't managed to produce a true GP. Some of you may disagree and may feel that my definition of a GP is old fashioned and unnecessarily broad in these days of on-call co-ops, midwifery teams and nurse practitioners. Interestingly, though, the trainees I have spoken to do agree. They want to feel competent to face the world, not just our corner of the PCT. The bottom line, perhaps, is that they don't want to look foolish faced with the woman in labour or the diabetic whose blood sugar is unexpectedly high on the transatlantic flight. They want to do more than the minimum. They want to be great.

So how do we inspire?

If there was a formula for being inspiring people believe me I'd have put it in a bottle and you could buy it on E-bay. But there are some basic rules of the game…

First you must be enthusiastic; you must display, as it were, your passion for the game. If you are non-committal or bored how can you expect your learners to feel otherwise? If the most they can hope to aspire to is a job like yours and you don't really seem to like it very much, what kind of a message are you giving them? So **show them your enthusiasm and demonstrate your passion**. Make sure they know what it is you love about your job – not just the bit with the patients but the management, the teaching, the political swordsmanship, the deanery work. Show them that yours is a job worth fighting for. Train your own replacement and make them want it.



Secondly you must **shine a light upon the myriad of doors that exist** for the developing doctor. You don't need to know what's through the doors, you don't even necessarily need to know where they are, you just need to know that they exist and that if your might is bright enough *and* your trainees eyes are wide open, they will be able to find them. I have found doors that have led to medical writing, journalism, political work, charity work in the third world, expedition and high altitude medicine, teaching first aid and music, leading school trips, sitting on RCGP Council, working as an examiner, writing CSA cases, cycling from Cairo to Jerusalem, writing textbooks, being a Trainer and a Course Organiser, writing novels, being a church organist, running a church choir, singing in a cathedral, keeping chickens and… getting involved in practice based commissioning. Every one of those doors has been opened to me through general practice. Within my practice, my areas of interest expand and change – and I still have ambitions plans, hopes and dreams - I'm not done yet! There are plenty more doors I haven't opened.

The day I sat at a College reunion and my anaesthetist friend and former co-medical student said, *'Are you on the flat-line too?'* was the day I vowed that my line would be far from flat. But the day I became an educator was the day I took at least a modicum of responsibility for other people's lines, so that they wouldn't be flat either.

When I think of all of those thrilled, excited, achieving youngsters who this year will get a letter telling them they've been accepted into medical school I remember yet again what it is that we need help them retain. When we take them up to make that parachute jump we are sadly mistaken if we think our only duty is to make sure that the safety harness is on correctly. It's up to us to make sure that they not only can see where they're going and choose when to jump, but that they haven't lost sight of why they got into the plane in the first place and that they've got some idea of how to steer the darned canopy on the way down.

Let's finish with a quote

It's always best to finish with a quote, on the basis that someone else's words are always going to be better than mine. This particular quote is one of my favourites, a phrase all educators must know. It comes from *Jonathan Livingstone Seagull**.

Come to the edge, he said.
They said: We are afraid.
Come to the edge, he said.
They came.
He pushed them and they flew.

Guillaume Apollinaire (1880-1918)
A French writer of Italian birth and Polish descent, hugely influential as a Modernist poet.

**Jonathan Livingston Seagull*, written by Richard Bach, is a fable about a seagull learning about life, flight, and self-perfection. A fable is a short imaginary tale that teaches a moral or a lesson, usually in verse or prose, and often through talking animals who act like people. In this particular fable, Jonathon Livingston Seagull is bored with daily squabbles over food and refuses to conform. Instead, he pursues his passion for flight, but in doing so, is expelled from his flock. He continues to pursue his passion, and becomes increasingly pleased with his abilities as he leads an idyllic life. Eventually, he joins other gulls who also love to fly and one of them (Chiang) helps take him beyond is previous abilities. Chiang teaches him to move instantaneously to anywhere in the Universe. The secret Chiang reveals is to *'begin by knowing that you have already arrived'*. Sometime later he gets bored of his new world and he goes back to Earth to seek others who have been rejected like he was. He spreads his love and passion for flight with them. When his first student, Fletcher Lynd Seagull, becomes a teacher, Jonathon moves on to teach other flocks.

It was first published in 1970 and it became a best seller. Want to read it in full?
Click here: http://lossofsoul.com/LIFE_IS/Story/Jonathan_Livingston_Seagull-en.htm