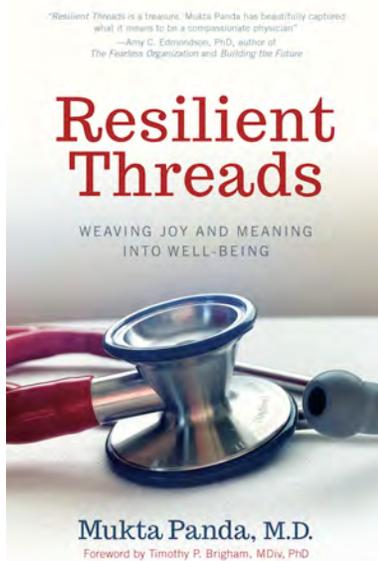


PRESS RELEASE



RESILIENT THREADS

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

March 2020 | US \$28.95, 272 pages, hardcover |
ISBN 978-0-98556-654-8 | Creative Courage Press |
Also available in paperback and ebook.

Resilient Threads is a treasure...Mukta Panda has beautifully captured what it means to be a compassionate physician—one who effortlessly dedicates herself to the well-being of not just patients but also colleagues, students and friends alike.

— Amy C. Edmondson, PhD, Professor, Harvard Business School,
author of *The Fearless Organization* and *Building the Future*

Physician burnout is eating away at the fabric of our healthcare system. But it's not a symptom of the medical profession alone. In a culture that privileges evidence over empathy, technology over touch, and what's measurable over what's meaningful, many of us feel more fragmented and less human than ever.

In **RESILIENT THREADS: WEAVING JOY AND MEANING INTO WELL-BEING**, Mukta Panda gives voice to the exhaustion and gives courage for another way. As a doctor and medical educator, she has fought to return human touch to healthcare. As a mother, she has committed—and sometimes failed—to balance the personal with the professional. As an immigrant, she has clung to the wisdom of her family and faith in the face of discrimination and fear.

By weaving her own story of belonging, as a young girl in India to an East Tennessee transplant, with the stories of her patients, students, and colleagues, she models how each and every one of us can build resilience through self-awareness and story-sharing.

"Ritual, relationships, and reflection are key threads in how I learned to thrive," Panda writes in the introduction. So, too, are they key for the thriving of our world. The well-being of our physicians and patients, teachers and students, parents and children depends on integrating these threads into a new social fabric, one that honors the whole of who we are with what we do.

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 follow her on Twitter [@MuktaPandaMD](https://twitter.com/MuktaPandaMD).

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PRESS RELEASE

PRAISE FOR MUKTA PANDA, M.D.

This is a must-read for learners, educators, and practicing clinicians as they journey on the path of mastery. There are lives at stake and treasures of joy and wonder to be found. With this book, the path is illuminated.

—**Timothy P. Brigham, MDiv, PhD**, Chief of Staff and Chief of Education and Organizational Development, Accreditation Council for Graduate Medical Education (ACGME)

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—**Amy C. Edmondson, PhD**, Professor, Harvard Business School, author of *The Fearless Organization* and *Building the Future*

The external aims to provide better health for society cannot happen without tending to the inner imperatives. We need a holistic approach to individual courage and institutional change, and Dr. Mukta Panda shows us how it can be done.

—**Donald M. Berwick, MD**, President Emeritus and Senior Fellow, Institute for Healthcare Improvement and former Administrator, Centers for Medicare and Medicaid Services

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 and residents to do the same. Internal medicine may be Mukta's clinical specialty, but she is a healer of the inner life as well.

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

A powerful, inspiring example of a physician and mother who reveals the empathy, compassion and self-care needed to get through medical training and to revive the good doctor you hoped to be.

—**Vineet Arora, MD**, MAPP, Associate Chief Medical Officer—Clinical Learning Environment, University of Chicago Medicine

Medical students and residents reading her story will learn some of what to expect in a medical career, and for someone like me, 45-plus years into my medical and surgical career, it was an opportunity to reflect: "Oh yes, I remember feeling like that" and "Yes, this is exactly how it feels to connect to a patient."

—**R. Phillip Burns, MD, FACS**, Professor and Chairman, Department of Surgery, University of Tennessee College of Medicine, Chattanooga

In a modern world of medicine where workload and the expectations of physicians are as great as they have ever been, a reminder of what makes us tick as doctors is sorely needed. This book provides that and more...I am a better physician for reading it.

—**Professor Andrew Goddard, MD, FACP (Hon)**, President of the Royal College of Physicians of London

The book serves as a lesson for all of us. We need to recognize our strengths and weaknesses, focus on what is important, and make sure that we have meaning in our lives.

—**Marc J. Kahn, MD, MBA, MACP, FRCP**—London, Tulane University School of Medicine

An intimate example of how to live and work, *Resilient Threads* offers an inspiring model for others to learn from, resonate with, and be emboldened by.

—**Penelope R. Williamson**, co-author of *Leading Change in Healthcare*, Associate Professor of Medicine, The Johns Hopkins University School of Medicine

AUTHOR Q&A



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— 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

AUTHOR Q&A

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.

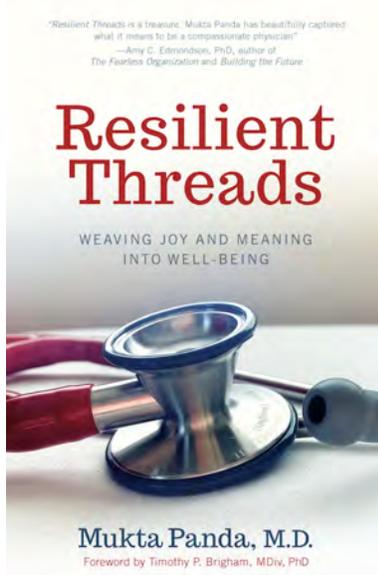
Q: You write, "Self-care starts by diagnosing yourself." What's one small way readers of your book—no matter their role—can begin practicing self-care today?

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.

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BOOK EXCERPT



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— Parker J. Palmer, author of *The Courage to Teach*,
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Recharging in Real Time

— from chapter 17, "A How to Live Curriculum"

I precept on the inpatient wards for a short time every month. The team represents all levels of learners—residents, medical students, pharmacist, and physician-assistant (PA) students. To be able to work as a whole team requires keeping a pulse on the temperature of the team. I say we have to be thermostats, not thermometers. We have to be calm and composed ourselves because we are meeting our patients and families at their worst times.

I like to pick a time when we're not rushed, toward the end of the day when we're winding down. There are big windows on a few of the hospital floors where we can see the bridge over the Tennessee River—it's a beautiful view. I prefer to gather students in this spacious, sunlit lobby so that we can get recharged by looking out into nature. Our physical environment can be a barrier to physician well-being. In the winter, arriving and leaving the hospital in the dark can cause seasonal affective disorder.

I tell them, "You spend most of your time looking at your computers, let's pause for a bit."

The team sits back, discussing what loose ends need tied up, recapping the day. I pass the candy bag around the circle. Depending on the week, at the end of a rotation, I will say, "We've had a good time together and learned a lot. We had the opportunity to take care of patients."

Then I ask them to reflect on three questions. *What gave you hope? What inspired you? What surprised you?"*

We take time to think about those three questions. It's as useful to me as it is for the team. We discuss what helped us, what made us better, and how we were touched by our patients in a way that was unique to this experience?

BOOK EXCERPT

Reflection often works best when you can contrast the positive with the more challenging or negative situations.

A Tale of Two Patients

One week we cared for an 80-year-old gentleman from the countryside of rural Tennessee. He was in the end-stages of his cancer with a lot of pain and discomfort. Every day I'd go in, knowing we were trying to make him comfortable and prepare him for the end-of-life conversations. When I met him, he had already been in the hospital for more than ten days. He was tired and exhausted. With his nearly toothless smile, he was always quick with a joke. He greeted me by saying I was beautiful. We were able to laugh about our respective accents, which were both a little hard for the other to understand.

One day he asked aloud, "How do people find it in themselves to be strong?" It was the day before he was going to be discharged with hospice care, and his daughter was there too. He didn't seem to need an answer. He just looked at me and said, "You've been very kind. I will never forget you."

"Me neither," I said. "I will always remember your smile." His daughter and I were both crying. The team was behind me. I used to be ashamed of and hid my tears, but not anymore. I carry in my pocket small heart-shaped stones I call "healing hearts" and gave him one.

That evening at precept circle, this patient was mentioned many times.

One student said, "I feel so sad that I can't do anything for the patient." Another said, "I wish I had more time to sit and listen to his stories. I bet he had so many fun stories."

Only one resident actually took care of this patient (we divide patients among team), but this 80-year old man also touched those who didn't care for him directly. The residents saw that inspiration not only comes from the patient but the family. Hope comes from giving care not cure. We discussed how to remain positive despite knowing the end is in sight.

The same week we had quite the opposite situation. There was a young man who did everything to jeopardize his own health. He was labeled as a difficult patient because he continued to make lifestyle choices that were detrimental to his health, such as IV drug use, smoking. He required heart surgery due to the damage from IV drug abuse.

The residents voiced complaints about this patient. "He's always wanting pain meds or wanting to go out for a smoke."

I was struck by the different emotions toward our two patients, both very sick but for one there was empathy and the other, frustration. One student noted the cliché question, "why do the worst things happen to the best people?" We often deal with this paradox—some patients we can relate to, others we cannot. How do we overcome our biases and see such a person as a human crying out for help? It's our job and duty, a tenet of our oath, to help irrespective of where the patient comes from.

BOOK EXCERPT

Reflective questions are rarely resolved in a single conversation. If we create a safe space to talk with others about the soul-deep questions of our profession and our lives, we begin to understand that we have these feelings as humans and we can learn to hold the paradoxes. The goal of such conversations is not to find answers, nor to fix or save each other, but to give us permission to be human. Mindful reflection allows us to give voice to our emotions in a meaningful way. Simply hearing the shared thoughts of others helps us look in the mirror for ourselves. That is why reflecting (or being introspective) in a supportive community can nurture our resilience.

What gave you hope? What inspired you? What surprised you? By bringing the team together to find meaning in our work, the conversation reminds us to reconnect our passion to our purpose and recharge each day. I hope my learners ask themselves these questions every day, even if I'm not there. Making time to reclaim meaning in one's work is a vital form of self-care.

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