

## Maryland ACEP Chapter Educational Conference & Annual Meeting March 12, 2020

#### FACULTY: Jay Kaplan, MD, FACEP

#### PRESENTATION

Burnout 3.0 Your Road to Recovery

#### DESCRIPTION

Today's healthcare environment (especially the Emergency Department) is a pressure cooker. Whether delivering care within the walls of a hospital or in the outpatient setting, clinicians and staff work in an intense and unpredictable environment where the demands for clinical perfection and service excellence abound. Creating a balance between one's personal needs and the mandates of work is a difficult task. This talk focuses specifically on simple approaches to avoid burnout and regain fulfillment in our lives as well as our work.

#### **OBJECTIVES**

- Understand the concept of stress and how it affects our daily lives.
- Define wellness and define burnout and how the two differ.
- Define best practices and simple tactics to promote resilience and come back from burnout.

#### DISCLOSURE

No significant financial relationships to disclose.





# **Upfront Questions for You – Burned Out?**

- Do you feel connected to your purpose in your work? How often do you feel joy in your work?
- Do you feel that you are delivering the excellence that you have come to expect of yourself?
- How much of your day do you spend doing work that gives you a positive charge?
- Are you looking at the way your relationships at work and your perception of what you do create meaning for others?



	Which Dhusisians Are Mast Runned Out?
	Which Physicians Are Most Burned Out?
Medscape Survey 2019	Urology 54% Neurology 53% Physical Medicine & Rehabilitation 52% Emergency Medicine 48% Family Medicine 48% Diabetes & Endocrinology 47% Infectious Diseases 46% Surgery, General 46% Gastroenterology 45% Ob/Gyn 45% Critical Care 44% Cardiology 45% Critical Care 44% Cardiology 43% Anesthesiology 42% Rheumatology 42% Rheumatology 41% Pediatrics 41% Oncology 39% Pulmonary Medicine 39% Dermatology 38% Dermatology 33% Platic Surgery 36% Otolaryngology 36% Ophthalmology 33% Nephrology 33%



Association of Clinical Specialty With Symptoms of Burnout and Career Choice Regret Among US Resident Physicians JAMA 2018;320(11):1114-1130

	Burnout Status		_	
	No. With Burnout <sup>a</sup>	No. Without Burnout	Burnout Prevaler	
pecialty <sup>c</sup>		ſ		
Internal medicine	346	466	42.6	
Dermatology	21	50	29.6	
Radiology	70	128	35.4	
Emergency medicine	161	138	53.8	
Family medicine	113	191	37.2	
Anesthesiology	107	145	42.5	
Neurology	53	33	61.6	
Obstetrics and gynecology	114	119	48.9	
Pathology	17	32	34.7	
Pediatrics	178	234	43.2	
Physical medicine and rehabilitation	15	15	50.0	
Psychiatry	65	83	43.9	
Surgery (general)	107	92	53.8	
Other surgery	27	29	48.2	
Ophthalmology	53	42	55.8	
Orthopedic surgery	76	77	49.7	
Otolaryngology	30	37	44.8	
Plastic surgery	12	15	44.4	
Neurological surgery	13	12	52.0	
Urology	37	21	63.8	

Nursing Morale Survey 2017			
<ul> <li>Work is physically and mentally demanding</li> </ul>	98%		
Their nursing jobs make them fatigued	85%		
▼ Nurse burnout	63%		
<ul> <li>Worry their patient care will suffer because they are so tired</li> </ul>	44%		
<ul> <li>Have considered changing hospitals during the past year due to burnout</li> </ul>	41%		

# **Burnout Defined**

- Loss of work fulfillment
- Emotional exhaustion
- Depersonalization (negativity/cynicism)
- Disempowerment (loss of autonomy)
- Loss of connection to purpose
- Loss of joy in practice



## **Burnout Further Defined**

- "Burnout is the chronic condition of perceived demands outweighing perceived resources."
   Gentry & Baranowsky 1998
- "Compassion fatigue is burnout + secondary traumatization."
   Figley 1995



# For the Young Doctor About to Burn Out

"Burnout at its deepest level is not the result of some train wreck of examinations, long call shifts, or poor clinical evaluations. It is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice."

> Richard Gunderman Atlantic Monthly, February 21, 2014

# **A Recent Conversation**

- Huge time pressures to do more with less.
- "Don't be weak. You can be arrogant, dumb, lazy . . . just don't be weak."
- "We are good at being non-disclosers we know how to hide it. We know what not to say."
- "It's not part of our culture. We are fearful of being lumped into 'them' and not a part of 'us."
- "People die from isolation They can't reach out, and we don't know enough to reach in."

# What Can We Do?

- We need to normalize the conversation we practice tough medicine with great stressors. Not having it all together and handling it needs to be okay. We must share our stories of "failure".
- We are not Superwomen/Supermen . . .



We are excellent diagnosticians when it comes to our patients. We need practice re ourselves and colleagues.











# Parasympathetic v. Sympathetic

Parasympathetic	Sympathetic Dominance		
<ul><li>Dominance</li><li>Maximal Cognitive &amp; Motor</li></ul>	Compromised Cognitive and Motor Functioning		
Functioning	Reactive		
<ul><li>Intentional</li><li>Creative Problem Solving</li></ul>	Repeating Same Mistakes		
<ul> <li>Transformative Leader</li> </ul>	Coercive or Hesitant Leader		

# Perceived Threat → Sympathetic Outflow

Physiological	Brain Mechanics	Other Effects	
▲ Heart Rate	A Basal Ganglia & Thalamic Fx	▲ Obsession	
Breathing Rate	▼ Neo-cortical Fx	▲ Compulsion	
<ul> <li>Breathing Volume</li> </ul>	▼Frontal Lobe activity ▼Executive Fx ▼Fine motor control	▼ Speed & Agility	
Centralized Circulation	▼Emotional regulation		
▲ Muscle Tension	<ul> <li>▼Temporal Lobe Activity</li> <li>▼Language (Werneke's)</li> <li>▼Speech (Broca's)</li> </ul>	▼ Strength	
▲ Energy	<ul> <li>Anterior Cingulate</li> </ul>	Constricted thoughts & behaviors	
▲ DIS-EASE		Fatigue	





#### EVTEDNAL EACTORS

# INDIVIDUAL FACTORS

#### PERSONAL FACTORS

- Access to a personal mentor
   Inclusion and connectivity

- Family dynamics
   Financial stressors/economic vitality
- Flexibility and ability to respond
- Level of engagement/connection to meaning and purpose in work
   Personality traits
- Personal values, ethics and
- morals
- Physical, mental, and spiritual well-being
   Relationships and social support
- Sense of meaning
- Work-life integration

#### SKILLS & ABILITIES

- Clinical Competency
- level/experience
- Communication skills
- Coping skills
- Delegation
- Empäthy
- Management and leadership
- Mastering new technologies or proficient use of technology
   Optimizing work flow
- Organizational skills
- Resilience skills/practices
- Teamwork skills

### Simple Model: Stanford WellMD



#### **Culture of Wellness**

Organizational work environment, values and behaviors that promote self-care, personal and professional growth, and compassion for ourselves, our colleagues and our patients.

#### Efficiency of Practice

Workplace systems, processes and practices that promote safety, quality, effectiveness, positive patient and colleague interactions and work-life balance.

#### Personal Resilience

Individual skills, behaviors and attitudes that contribute to physical, emotional and professional well-being.

# Tactics for Well-Being Learned From Noah

- 1. Don't miss the boat.
- 2. Remember we are all in the same boat.
- 3. Plan ahead. It wasn't raining when Noah built the Ark.
- 4. Stay fit. When you're 600 years old, someone may ask you to do something very big.
- 5. Don't listen to critics. Just get on with the job that needs to be done.
- 6. Build your future on high ground.

## Lessons

- 7. For safety's sake, travel in pairs.
- 8. Speed isn't always an advantage. The snails were on board with the cheetahs.
- 9. When you're stressed, float a while.
- 10. Remember the Ark was built by amateurs, the Titanic by professionals.
- 11. When you're in a storm, if you feel connected, there will always be a rainbow after the storm.



# 2. Remember We're All in the Same Boat



It is about the people who surround you, and choosing those who will support your strengths and help you with your opportunities .... It is about everyone on board, paddling together ....

Tactic: Re-look at your team and ask if everyone is on board. If not ...

# 3. Plan Ahead . . . It Wasn't Raining When Noah Built the Ark

- Determine your key metrics
- Define where you are/Set goals for where you want to be



# **Tactics**

- Write out a "Joy List"
- ▼ Define Your KPI's
- Create a formal
   "Renewal Investment Plan"

Indicator	Threshold	Target	Exemplary
Exercise – <sub>X/Week</sub>	3	4	5
Sleep - Hours	5	6 ½	8
Relationship –	3	5	7
Knowledge - Reading	1	2	3
Revenue - Growth	2%	4%	6%

# 4. Stay Fit – When You're 600 years Old, Someone May Ask You To Do Something Really Big . . .

- ✓ Get enough rest If you get < 6 hours of sleep a night, your risk of coronary heart disease is increased 48% and risk of stroke 15% → set an alarm for when to go to bed
- Eat whatever diet works for your body especially breakfast.
- Exercise is a great drug doesn't have to be at one time during the day.



# 5. Don't Listen to Critics . . . Just Get On with the Job that Needs to be Done



Dr. Whiner, c. 2000

- There's a difference between being a "Winner" and a "Whiner"
- ▼ Glass Half-Full v. Half-Empty



 It's a choice we make every day, or several times a day



# 6. Build Your Future on High Ground

- Integrity
- Always act in the best interest of the patient.
- We need to be willing to be honest with ourselves and hold ourselves accountable to standards.
- Courageous humility acknowledge and apologize when appropriate . . . and quickly . . .

# **Courageous Humility**





# **Improve Your Team-Player Quotient**





Say "Thank you" at the end of the day (shift)

"What can I do to help you have a great day in working with me today?"

## 8. Speed Isn't Always an Advantage . . . The Snails Were On Board with the Cheetahs

"There is more to life than merely increasing its speed."

--Gandhi



# **Tactics to Let Down**

- Smartphone in airplane mode on vacation or turned off completely. Leave the phone number where you will be . . .
- Disconnect electronically (automatic email & text message response)
- Vacations of at least 10 days/at least 1 day in between vacation and a clinical shift.











# 11. When You're in a Storm, if You Feel Connected . . . There's Always a Rainbow Waiting



# Gratitude Journal S things for which you feel grateful One sentence for each Do once a week Gratitude visit Write a 300 word letter to someone who changed your life for the better Deliver it in person preferably without advanced notice When you get there, read the whole thing





"The antidote to exhaustion is not necessarily rest . . . It's whole-heartedness"

-Brother David Steindl-Rast



Connect back to purpose . . .

Never under-estimate the difference you make . . .

Thank you.

Jay Kaplan, M.D., FACEP jaykaplanmd@gmail.com