Individual Approaches to Identifying Burnout and Building Resilience as a Pediatrician

Presented by Nelly Burdette, Psy.D.
Senior Director, Integrated Behavioral Health (CTC-RI)/Associate VP, Integrated Behavioral Health (PCHC)
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THANK YOU to our project sponsor and funder
Dr. Nelly Burdette: Senior Integrated Behavioral Health Program Leader

Dr. Nelly Burdette has **15 years of experience within integrated behavioral health clinical and leadership roles**. She has created, implemented, led, and shown sustainability of integrated care programs at federally qualified health centers, community mental health centers, and the Veteran’s Administration for pediatric, family medicine and adult populations.

In her current roles, **Dr. Burdette is the Associate Vice President of Integrated Behavioral Health at Providence Community Health Centers**, the largest federally qualified health center in Rhode Island and serves in both a leadership and clinical role.

She also serves as the **Senior Director of Integrated Behavioral Health for the Care Transformation Collaborative of Rhode Island (CTC-RI)**, a multi-disciplinary, multi-payor collaborative seeking to transform primary care in the State and is convened by the Office of the Health Insurance Commissioner and EOHHS. In her CTC-RI role for the past 6 years, Dr. Burdette provides IBH leadership for the State, while also creating and publishing the first of its’ kind virtual self-paced training for IBH Practice Facilitators.

Dr. Nelly Burdette received her doctorate degree in Health Psychology from Spalding University and completed her internship at Cherokee Health Systems, focusing on behavioral health services within a primary care safety net population. Her post-doctorate was completed at University of Massachusetts Medical School in Primary Care Psychology.
Conflict of Interest Statement and CME

Planners:
- The following *planners/speakers have indicated that they have no relevant financial relationships with ineligible companies.
  - Jennifer Mann, MPH; Allison Brindle, MD; Patricia Flanagan, MD; Susanne Campbell, RN; Carolyn Karner, MBA

Speakers:
- Nelly Burdette, PsyD has indicated that she has no relevant financial relationships with ineligible companies

To claim CME, please complete link by October 5, 2022:
https://www.surveymonkey.com/r/NFXGP2S
Coming up in the series

**September 21st 8-9am**
Organizational Approaches for Pediatricians to Impact Changing Systems around Burnout and Resilience

**September 29th 8-9am**
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REGISTER NOW!
https://www.eventbrite.com/e/burnout-and-resiliency-for-pediatricianstickets-390450737667
Objectives

1) Define **burnout** from the **individual** perspective as a pediatrician
2) Identify ways to manage **burnout** and foster **resiliency** that are **evidence-based**
3) Apply the learning to **specific situations** participants will share and problem solve in break-out groups
Stigma Compounds the Consequences of Clinician Burnout During COVID-19: A Call to Action to Break the Culture of Silence

An NAM Perspectives Commentary

nam.edu/Perspectives
#ClinicianWellBeing

The World Health Organisation defines burn-out as “a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed”. PHOTO: ST FILE

PUBLISHED MAY 27, 2019, 7:12 PM SGT
What is burnout?

Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.  

• 3 Dimensions of Burnout  
  • Exhaustion  
  • Depersonalization/Cynicism  
  • Reduced Personal Accomplishment
Dimensions of Burnout

Emotional Exhaustion

Stress dimension when providers’ work drains emotional and physical resources. 6,7

Depersonalization

Interpersonal dimension when providers put distance between themselves and their patient. 6,7

Diminished Personal Accomplishment

Self-evaluative component when providers lose sense of effectiveness due to overwhelming demands + lack of resources 6,7
Emotional Exhaustion

INSIGHTS FROM THE FRONTLINES OF CARE

"There is not a layer of my world that has not been changed by the diminished human connection in the past year: less connected to my husband and children due to increased work demands, to key friendships, to my leadership for support and mentoring due to time and proximity demands, to my colleagues, and to my patients."

#CLINICIANWELLBEING
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• Wearing out
• Loss of energy
• Depletion
• Debilitation
• Fatigue
Depersonalization

- Negative or inappropriate attitudes towards patients
- Irritability
- Loss of idealism
- Withdrawal

*INSIGHTS FROM THE FRONTLINES OF CARE*

"I am left feeling not just overworked, but incompetent in my ability to help my patients."

#CLINICIANWELLBEING
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Diminished Personal Accomplishment

• Reduced productivity or capability
• Low morale
• Inability to cope

"It's hard to support coworkers, be flexible with constant changes, keep up with ever-flowing new information, and still feel like things weren't getting better."

#CLINICIANWELLBEING
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Burnout can look like...

- Emotional Exhaustion
- Depersonalization
- Diminished Personal Accomplishment
Burnout can also look like...
Or burnout can look like...

Emotional Exhaustion

Diminished Personal Accomplishment
Or burnout can look like...

- Depersonalization
- Diminished Personal Accomplishment
Or even burnout can look like...

- Emotional Exhaustion
- Depersonalization
- Diminished Personal Accomplishment

Emotional Exhaustion
No matter how you slice it...
What Burnout is NOT

• The fault of the person experiencing it
• Able to be fixed alone by the person experiencing it through a wellness program
• Synonymous with Depression but can lead to mental health issues
Pediatricians and Burnout

• Pediatrician burnout rates are increasing faster than other specialties 11

• Pediatricians are especially vulnerable given that many traits that are highly valued and socially expected of them (eg, compassion, altruism) are risk factors of burnout 12
Pediatrician Burnout Impacts

• Burnout is a concern for pediatricians who are taking on more responsibility for screening and monitoring depression among their adolescent patients. 
  • Pediatricians report that low comfort managing depression, insufficient time, and a lack of clinical training are barriers to adequately managing depression during medical visits.

• Higher interpersonal stress (depersonalization) among pediatricians was associated with less comfort managing depression in adolescents.
Health worker burnout can have many negative consequences

Behaviors Associated with Burnout

- Calling out of work more frequently
- Not wanting to come to work
- Feeling sicker without concrete symptoms
- Irritability with co-workers
- Pessimism
- Decreased involvement in work activities or social activities outside of work
Individual Approaches to Burnout Management

Evidence currently seems to support **organizational-driven** vs individual-driven interventions, there is likely little chance of harm and potential for individual benefit.⁹

If burnout is a **system** problem, it is also less likely to be mitigated at the individual level.⁹
Uncertainty Tolerance and Building Resilience

**WHAT DO I FEEL?**
Draw a line to show where you feel this feeling in your body

- WORRIED
- SAD
- ANGRY
- CALM
- HAPPY

**EVERYONE GETS STRONG FEELINGS SOMETIMES.**

Strong feelings come and go. They get bigger. They get smaller. They get louder. They get quieter.

*It is Ok to feel strong feelings.*

Sometimes we can calm our bodies when we don’t like how we feel.

There are things we can do to make ourselves feel better.

Let’s learn about some of the things you can do.
Uncertainty Tolerance and Building Resilience

FIGURE 2  Conceptual model linking ambiguity tolerance to psychological well-being. Abbreviations: ED, emergency department; GHQ-12, General Health Questionnaire-12; MBI, Maslach Burnout Inventory; PHQ-9, Patient Health Questionnaire-9; PRU, Physicians' Reactions to Uncertainty Scale; TAMSAD, Tolerance of Ambiguity in Medical Students and Doctors Scale [Colour figure can be viewed at wileyonlinelibrary.com]
Individual Approaches to Building Resilience

Or in other words growing your **UNCERTAINTY TOLERANCE**
Poll Question

Please let us know

How would you rate your tolerance level to uncertainty??
3 Individual Approaches to Building Resilience

1. Mindfulness
2. Gratitude Journaling
3. Boundary Ritual
Mindfulness Approach to Building Resilience

• Asuero and colleagues delivered a comprehensive mindfulness program consisting of one 8-hour program followed by 8 weekly 2.5-hour sessions. ¹
  • Activities included mindfulness-based coping strategies, mindfulness practice, and yoga.
  • There were didactic presentations, group discussions, direct practice, and exercises.
  • Didactic topics included: dealing with pleasant and unpleasant events, conflict management, burnout prevention, setting boundaries, exploring self-care, caring for suffering patients, and end-of-life care.
  • Participants also participated in narrative exercises where they wrote brief stories about personal experiences in medical practice focusing on the current educational topics.
  • The intervention group showed improvements in all outcome measurements (mood disturbance [difference between groups, -7.1; standardized effect-size (SES), 1.15]; mindfulness [difference between groups, 11; SES, 0.9]; burnout [difference between groups, -7; SES, 0.74]; and empathy scales [difference between groups, 5.2; SES, 0.71]) compared with the control group. The intervention group also reported feeling better and having more energy after the intervention.
Mindfulness Resources

• Free 8-week *Mindfulness-Based Stress Reduction* online
  https://palousemindfulness.com/index.html

• Five free *mindfulness apps*
  https://www.mindful.org/free-mindfulness-apps-worthy-of-your-attention/

• **Brown Center for Mindfulness**: Offers free daily Zoom/Telephone Mindfulness as well as many other structured offerings
  https://www.brown.edu/public-health/mindfulness/class/three-community-mindfulness-meditation-sessions-available-zoom-and-telephone
Gratitude Journaling to Building Resilience

• Although not well studied in burnout, evidence base for journaling/expressive writing well known in positive psychology.
• Gratitude Journaling can provide many benefits that might decrease physician burnout, even if performed only on a weekly basis, such as:
  i. Improved immune function;
  ii. Lower blood pressure and improved cardiovascular health;
  iii. Improved sleep;
  iv. More positive emotions, optimism, and happiness;
  v. Less feelings of isolation; and
  vi. Becoming more outgoing and forgiving. 10
Gratitude Journaling Ideas

What I can control and what I can't

OUT OF MY CONTROL

The past

What happens around me

IN MY CONTROL

The future

What other people think of me

The actions of others

The goals I set

The opinions of others

How I speak to myself

How others take care of themselves

How I handle challenges

What I give my energy to

My boundaries

My thoughts & actions

The outcome of my efforts

What the people of others

The past

What the people of others
Boundary Rituals to Building Resilience

• This is like an off switch that creates a boundary between work and home.
• It signifies the turning off of medical practice and is the equivalent of “No Doctoring Beyond This Point.”
• This will allow one to drop his/her day-to-day practice concerns and truly focus on family and other important matters in one’s life.
• Successful boundary rituals involve 3 components:
  a. An intention to let go of work;
  b. A release of breath; and
  c. An action such as changing clothes.
Break out rooms: What fills you up?
Resources

Health and Human Services (HHS) Office of the Surgeon General

• [https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html](https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html)

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

• [https://nam.edu/initiatives/clinician-resilience-and-well-being/](https://nam.edu/initiatives/clinician-resilience-and-well-being/)

Stress First Aid (SFA) is a framework for peer support and self-care for health care professionals
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References


Questions? Leadership Team and Contact Info.

Debra Hurwitz, MBA, BSN, RN
Executive Director
dhurstitz@ctc-ri.org

Patricia Flanagan, MD
Clinical Director and PCMH Kids Co-Chair
pflanagan@ctc-ri.org

Linda Cabral, MM
Senior Program Manager
lcabral@ctc-ri.org

Liz Cantor, PhD
Pediatric IBH Practice Facilitator
liz.cantor@gmail.com

Pano Yeracaris, MD, MPH
Chief Clinical Strategist
pyeracaris@ctc-ri.org

Nelly Burdette, PsyD
Senior Integrated Behavioral Health Program Leader
nellyburdette@gmail.com

Susanne Campbell, RN, MS, PCMH CCE
Senior Program Administrator
scampbell@ctc-ri.org

Sue Dettling, BS
Program Manager & Practice Facilitator
sdeettling@ctc-ri.org
THANK YOU

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Nelly Burdette, PsyD
nellyburdette@gmail.com