

finding joy in the work we do

Rehabilitation of the TBI and SCI Population

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Disclosure

- 2nd MD consultant
- PI – SPRING study

- **



Academy of
Spinal Cord Injury
Professionals, Inc.

2018 Educational Conference and Expo
September 2-5, 2018 New Orleans Marriott



Stronger Together

Passion, Purpose and Possibilities in SCI/D

James J. Peters

Pioneer in Advocacy

- James J Peters Memorial lectureship instituted in 2004
- Army veteran - injured in 1967
- Confronted SCI as a patient, not Clinician
- Founded and nurtured the United Spinal Association , APS, American Associations of SCI nurses and the AASCIPSW
- Convinced LIFE magazine to cover his story
- Instrumental in bring change to the care of veterans with SCI
- His quest was to better the lives of veterans with SCI
- Focused on clinic care, education, research and a tireless advocate for legislation to promote the rights of the disabled
- Died in 2002 at age 57
- Bronx VA renamed the James J. Peters VA Medial Center





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Stronger Together

Passion, Purpose and Possibilities in SCI/D

- ? *Title/Topic* -





- Dr Amy Wilson says “I would try to include wine (not WHINE) in the title "or something with “Pushy Pants” or something with “Big girl panties”



Dr Simon Driver says” “Bringing a little Arkansasassy into SCI care”



Dr Seema Sikka says “ Digging through the crap and finding Joy in Medicine “

Or maybe “Sorting thru the absurdity and finding the Joy in Medicine”

finding joy in the work we do

Rehabilitation of the TBI and SCI Population



Objectives

- Recognize signs and symptoms of → **burnout /moral injury/compassion fatigue /emotional collapse**
- Develop habits to prevent “IT”
- Become familiar with your hierarchy of needs
- Understand how to develop your framework for wellness

- **To Move us from Moral Injury to Fulfillment**

Question?

- So I asked myself “What makes Hami Happy?”
- “How do I find joy in what I do each day?”

- Happy

Pharrell Williams



Clap along
if you know what
happiness
is to you.

Because
I'm **happy.**

- Pharrell Williams

A black and white photograph of Pharrell Williams, wearing a dark fedora hat and a patterned shirt, smiling slightly. The background is a solid yellow color.

UNITED NATIONS
FOUNDATION

International Day of Happiness
#HappyDay

finding joy in the work we do





If you love what you do you will never work a day in your life

- Choose a Job You Love, and You Will Never Have To Work a Day in Your Life
- Confucius? Arthur Szathmary? An Old-Timer? Janet Lambert-Moore? Harvey Mackay? Anonymous?





Burnout

So what happened ?

- 45% of all health care providers demonstrates one sign of burnout
- Estimates of prevalence of burnout among practicing physicians exceeds 50% in the US
- More common among physicians than US workers in other fields (54% and 28 %)
- 400 practicing physicians per year committee suicide *
- Trainees prevalence rates of burnout and depression are higher than attending physicians –between 45-70% in training – they have less suicides and there is a theory why--

This happened

- Increased workload- chaotic work environment, time pressure
- Expectations regarding productivity
- Reduced autonomy/loss of control
- More onerous maintenance of certification requirements
- Increased clerical burden –EHR , patient portals
- Regulatory requirements –meaningful use , med reconciliation
- Unprecedented levels of scrutiny – quality metrics , patient satisfaction
- Insufficient reward
- Brake down of communication /community
- Absence of fairness
- Conflicting values

And This

- The System placed *highly motivated professionals* into a *dysfunctional workplace* in which we are unable to succeed without constant vigilance and focus
- This is **NOT** sustainable
- And this not being able to sustain leads to the *toxicity* that causes our “beat down “



Medscape 2017

What Are the Causes of Burnout?



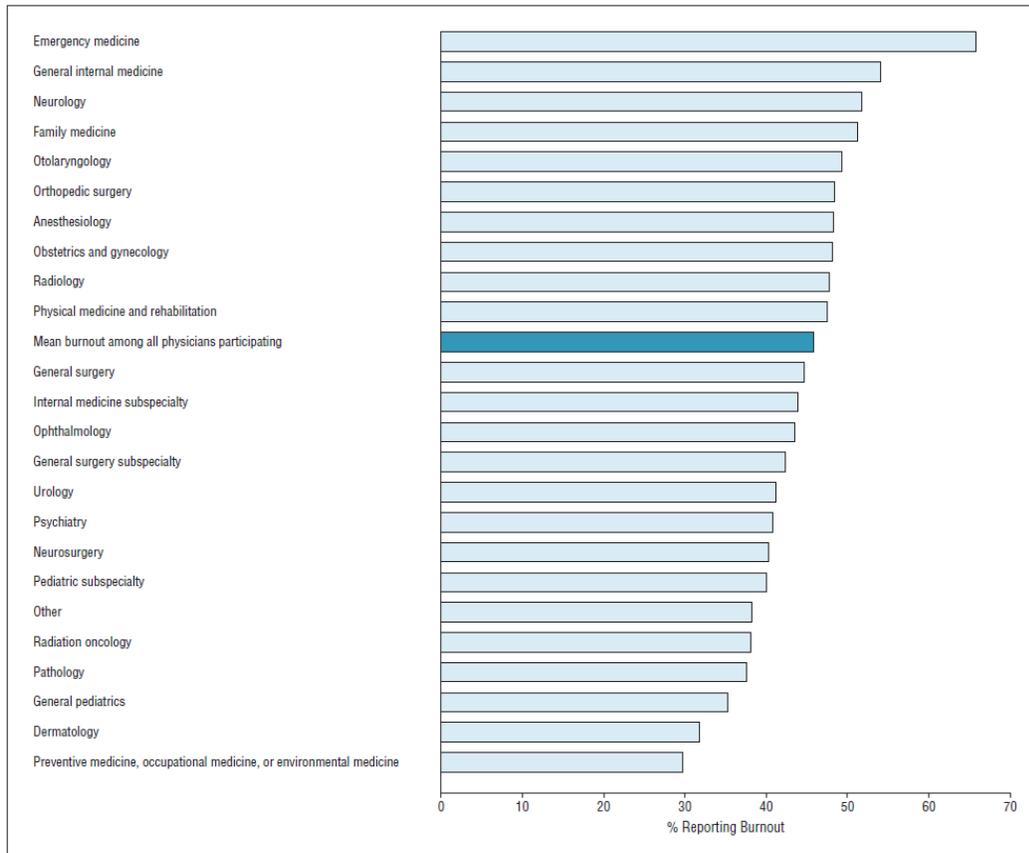
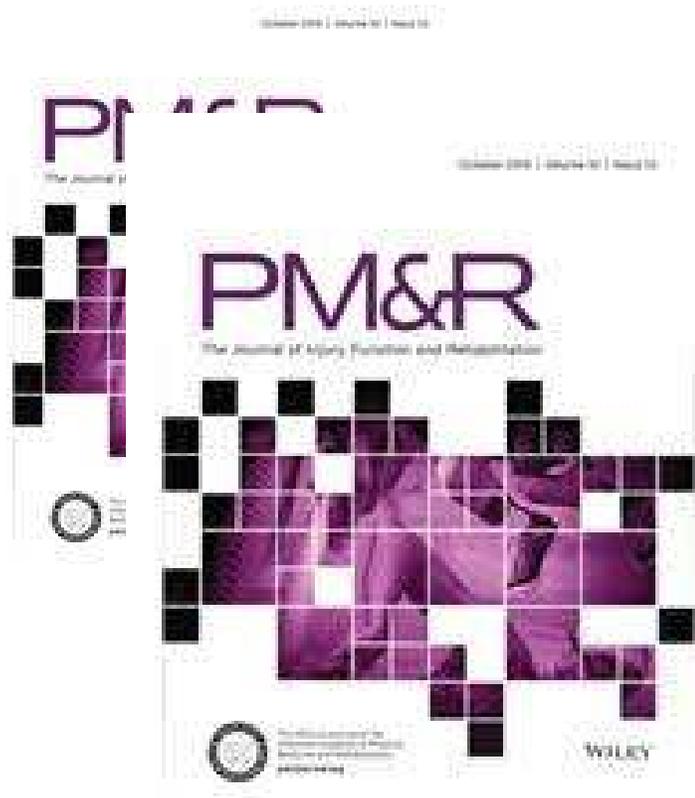


Figure 1. Burnout by specialty.

- Tait Shanafelt , MD and others from Mayo
- Oct 2012

Shanafelt, TD, Hasan, O, Dyrbye, LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015; **90**: 1600- 1613.



- [PM R](#). 2019 Jan;11(1):83-89. doi: 10.1016/j.pmrj.2018.07.013.
- **Burnout in Diplomates of the American Board of Physical Medicine and Rehabilitation-Prevalence and Potential Drivers: A Prospective Cross-Sectional Survey.**
- [Sliwa JA](#)¹, [Clark GS](#)², [Chiodo A](#)³, [Kinney CL](#)⁴, [Raddatz MM](#)⁵, [Francisco GE](#)⁶, [Micheo W](#)⁷, [Robinson LR](#)⁸.

Burned out



On BURNOUT



What is Burnout?

- First described in humans in the 1970s by psychiatrist Herbert Freudenberger to describe the status of overworked mental health clinic volunteers
- ***“progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the condition of their work”***

What is Burnout?

- Burnout is a form of mental distress manifested in normal individuals who experienced ***decline in performance*** resulting from negative attitudes and behaviors
- ***Emotional exhaustion***, cynicism, detachment from job, sense of ineffectiveness, lack of personal accomplishment

Flight 320 Chesley “Sully” Sullenberger



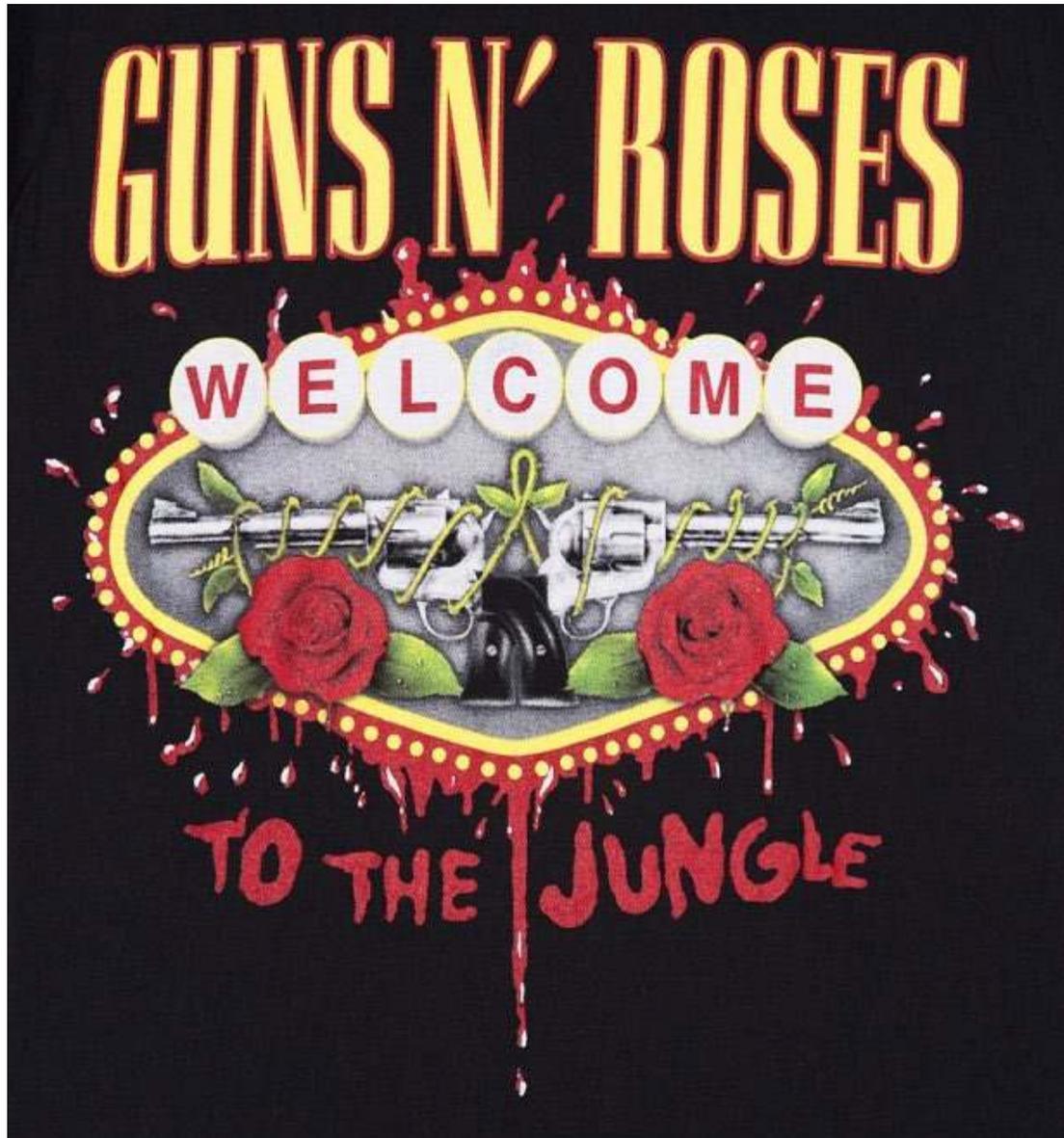
Why does Burnout/Moral Injury resonate poorly with Healthcare Providers?

- Suggest failure
- Suggest lack of being resourceful
- Suggest not being resilient

- “victim shaming”

Maybe Burnout/Moral Injury is a symptom of something larger?

- Our **mangled** Health Care System
- To severely injure, to spoil, ruin or mar badly



- Welcome to the jungle it gets worse here every day

In the jungle, welcome to the jungle

Watch it bring you to your knnn knne knees, knees



Moral Injury *

- In combat veterans it is called – **post-traumatic stress**
- Among physicians it is called **burnout** (as burnout is not a diagnosis)

- Those who work and have intense interactions with people
- Described as going into battle as the “front line”

- We as health care providers have a profound and unrecognized threat to our well being

- * as described by Talbot and Dean in a STAT news release

Burnout

- Exhaustion
- Cynicisms
- Decreased productivity

Moral Injury

- Used to describe soldiers 'response to actions or war'
- ***A deep soul wound that pierces a person's identity, since of morality and relationships to society ****
- *Diane Silver

- Being unable to provide the quality of care you as a health care provider followed with your decision to go into medicine
- We fail to meet our patients needs *
- We are caught between –
 - Ethics and economy –caring for the pt and caring for the system
 - Press Ganey and the truth –
 - The computer and the patient
 - Practicing to avoid lawsuits
 - **Intrinsic pressures - Pressure you place on your self or strive to be perfect**

When does this all start

- Maslach
 - **Energy** turns to **exhaustion**
 - **Involvement** turns into **cynicism**
 - **Efficacy** turns into **ineffectiveness**
- **3 Signs**
 1. Physical and Emotional Exhaustion
 2. Depersonalization
 3. Reduced Accomplishment

3 Signs of Burnout

1. Physical and Emotional Exhaustion

- You are emotionally drained , depleted , and worn-out
- You are NOT able to recover in your non-work hours

2. Depersonalization

- You have developed a negative or callous attitude toward patient and their concerns
- **Cardinal signs:**
 - Cynicism, sarcasm feeling put upon by patients

3. Reduced Accomplishment

- Tendency to see your work negatively , without value , or meaningless
- You see yourself as incompetent

“Blow out of burnout”

- Decreases productivity
- Affects patient care
- Patient dissatisfaction
- Decline in professionalism
- Change in health care personals own care and safety
- Decline in the health care system
- Decrease in work effort
- Increases medical errors
- Lawsuits
- Decrease work hours
- Substance abuse
- Automobile accidents
- Increased suicidal ideation
- Decline in health care work force /increased heath care turnover

Does the thought cross your mind “ I’m not sure how much longer I can keep going like this.”



What is Burnout?



1. Fatigue/exhaustion
2. Irritability
3. Physical Complaints
4. Depersonalization (cynicism)*
5. Loss of sense of self – efficacy

- **Burnout is NOT a clinical diagnosis**
- **ICD-10 lists it as a contributing cause NOT a primary cause**
- **ICD-5 does not acknowledge the term**

How can we combat burnout ?

- **Use your Calendar to set healthy boundaries**
 - Schedule NON-work priorities on your calendar
 - This includes activities you find enjoyable and restful
 - Examples
 - Dinner with friends
 - Vacation
 - Date night
 - Exercise
- Say “NO” when work threatens and activity on your calendar

How can we combat burnout ?

- **Delegate to protect your time**
 - What chores/errands are not enjoyable and eat up your personal time ?
 - Can you delegate the job by hiring someone or asking family/friends for help?
 - Examples:
 - Grocery shopping
 - House cleaning
 - Lawn care

How can we combat burnout ?

- **Seek professional experiences that are energizing**
 - When was the last patient encounter that left you saying “ Oh yeah, THAT is why I became a doctor or nurse or therapist “
 - How can you have more of these types of interactions?





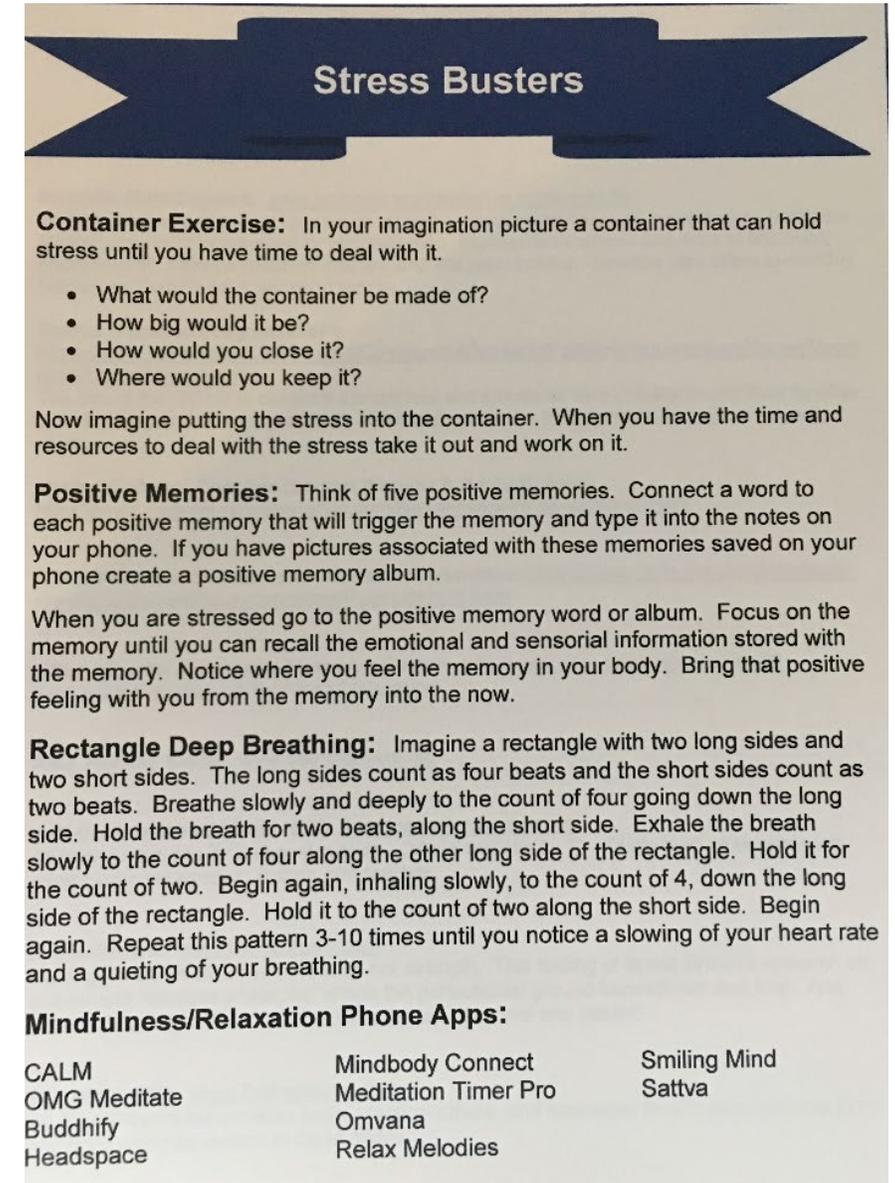
Stress Busters

Container Exercise

Positive Memories

Rectangle Deep Breathing

Mindfulness/Relaxation Phone Apps



Stress Busters

Container Exercise: In your imagination picture a container that can hold stress until you have time to deal with it.

- What would the container be made of?
- How big would it be?
- How would you close it?
- Where would you keep it?

Now imagine putting the stress into the container. When you have the time and resources to deal with the stress take it out and work on it.

Positive Memories: Think of five positive memories. Connect a word to each positive memory that will trigger the memory and type it into the notes on your phone. If you have pictures associated with these memories saved on your phone create a positive memory album.

When you are stressed go to the positive memory word or album. Focus on the memory until you can recall the emotional and sensorial information stored with the memory. Notice where you feel the memory in your body. Bring that positive feeling with you from the memory into the now.

Rectangle Deep Breathing: Imagine a rectangle with two long sides and two short sides. The long sides count as four beats and the short sides count as two beats. Breathe slowly and deeply to the count of four going down the long side. Hold the breath for two beats, along the short side. Exhale the breath slowly to the count of four along the other long side of the rectangle. Hold it for the count of two. Begin again, inhaling slowly, to the count of 4, down the long side of the rectangle. Hold it to the count of two along the short side. Begin again. Repeat this pattern 3-10 times until you notice a slowing of your heart rate and a quieting of your breathing.

Mindfulness/Relaxation Phone Apps:

CALM	Mindbody Connect	Smiling Mind
OMG Meditate	Meditation Timer Pro	Sattva
Buddhify	Omvana	
Headspace	Relax Melodies	

Gratitude

- 1. to start your day, think about 2 things you are looking forward to
- 2. to end your day, reflect on 3 things you are thankful for
- 3. trouble sleeping ? Gratitude can help
- 4. have a mentor ? + influenced your life
- 5. savor the past
- 6. gather a few thankfulness pictures



ACGME common program requirements

- **Well-Being**

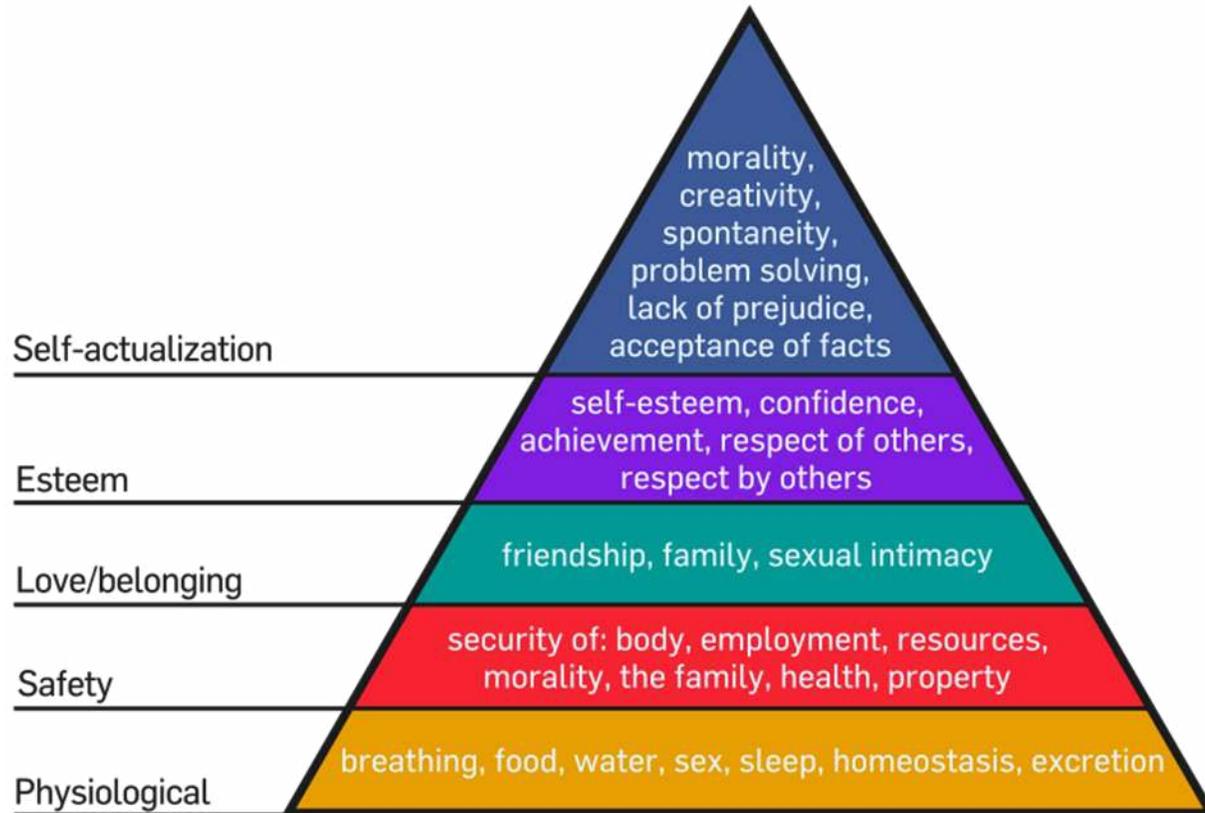
*In the current health care environment, residents and faculty members are at **increased risk for burnout and depression**. **Psychological, emotional, and physical well-being are critical** in the development of the competent, caring, and resilient physician. **Self-care** is an important component of professionalism; it is also a skill that must be **learned and nurtured** in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same **responsibility to address well-being** as they do to evaluate other aspects of resident competence.*

VI.C.1 the responsibility includes

- *V1.C.a) efforts to **enhance the meaning that each resident finds in the experience of being a physician**, including **protecting time with patients**, **minimizing non-physician obligations**, **providing administrative support**, **promoting progressive autonomy and flexibility**, and **enhancing professional relationships**; (Core)*
- *I.C.1.b) attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)*
- *VI.C.1.c) evaluating workplace safety data and addressing the safety of residents and faculty members*
- *VI.C.1.d) policies and programs that encourage optimal resident and faculty member well-being; and, (Core)*
- *VI.C.1.d).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)*
- *VI.C.1.e) **attention to resident and faculty member burnout, depression, and substance abuse**. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: (Core)*



Maslow's original hierarchy of needs



- Abraham Maslow – 1943
- From “ A theory of human motivation”
- Still relevant after 75 years

Physiological needs

- Food
- Sleep
- Physical health and activity
- Mental health
- Safety
- Personal security
- Financial security

Love and belonging

- Group gatherings
- Supporting family and relationships
- Shared reflection

Esteem

- Respect
- Fairness
- Control *

Self-actualization

- Mentorship
- Support for academic flexibility
- Fellowship and job support
- Track programs

Maslow's original hierarchy of needs

- Despite criticism , it still remains a common application for sociology, management, Psychology, and education
- It offers a framework to support wellness and preventing wellness burnout
- Enacting wellness that covers all levels of Maslow's model will seem difficult

“healthy citizens are the greatest assets any country can have”

Sir Winston Churchill



What do you have at your institution ?

- Swaddle
 - Provider Wellness Program
 - BSWH Wellbeing Institute
- Therapy lead exercise class q day

- Individual –focused
- Structural and or organizational interventions
- **STEPS Forward Campaign by the AMA**

- No specific interventions has shown to be better
 - Mindfulness
 - Stress management
 - Small group discussion

RESOURCES

Swaddle Staff Support: www.mybaylorscottandwhite.com/swaddle
Website contains a toolbox for second victim/healthcare adversity and burnout along with peer support volunteer bios posted by region/facility. Burnout tab contains web links to MBI/AWL assessments, relevant research articles, and this resource list. Swaddle also offers bi-monthly Resilience Rounds on a variety of topics.

Sacred Vocation Program (SVP): <https://www.baylorhealth.com/About/Community/Outreach/FaithInActionInitiatives/SacredVocations/Pages/Default.aspx>
The aim of the SVP is to enhance the spiritual and emotional care of patients and their families by cultivating and renewing a sense of sacred vocation in those who work most closely with them.

Thrive Wellness Coaches (Lauren Warwas & Kevin Reese): <https://www.mybaylorscottandwhite.com/News/Pages/thrive-wellness.aspx>

HTPN Provider Wellness and Resource Committee: <https://www.mybaylor.com/htpn/team-sites/provider-wellness-committee/Pages/default.aspx>

UCLA Mindful Awareness Research Center: <http://marc.ucla.edu/body.cfm?id=22>
Free guided meditations for mindful relaxation.

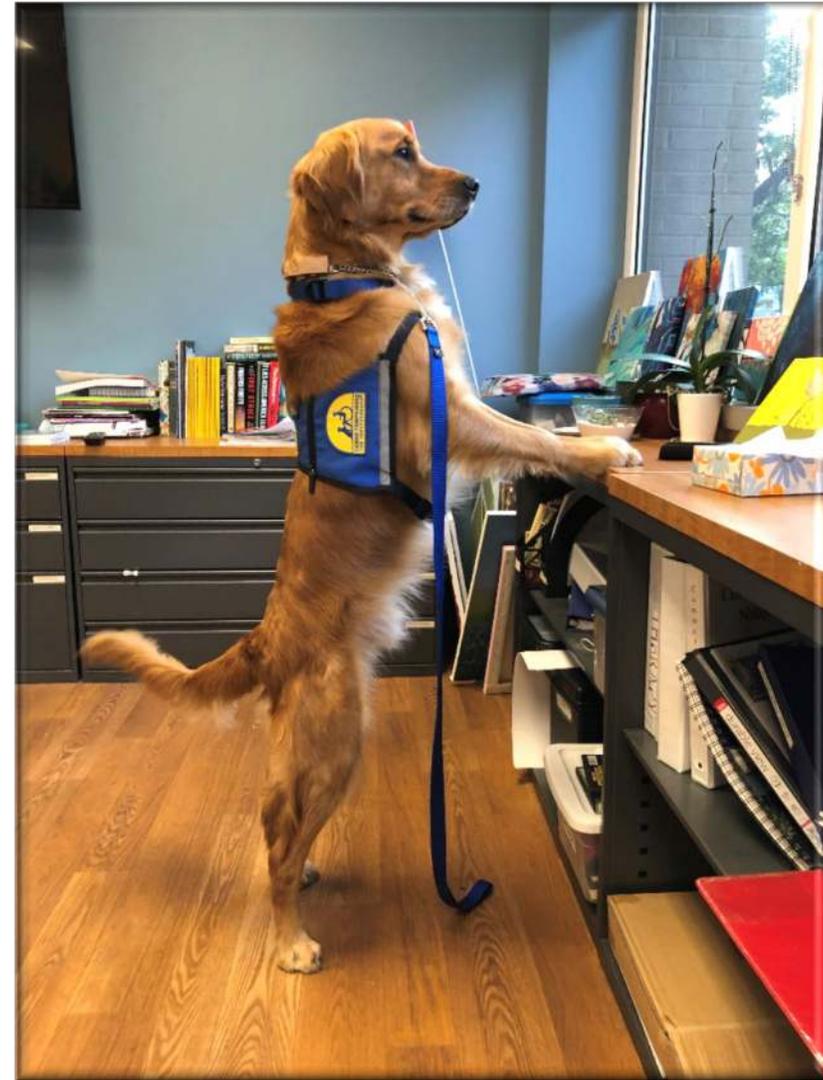
AMA Healthy Steps: www.stepsforward.org

Self-Compassion (Kristin Neff): <http://self-compassion.org>
All in one resource for self-compassion. Official website for Dr. Kristin Neff, pioneering self-compassion researcher, author, and teacher.

Brene Brown: <http://brenebrown.com>
Courage is borne out of vulnerability, not strength. This finding of Brené Brown's research on shame and "wholeheartedness" shook the perfectionist ground beneath her own feet. And now it's inspiring millions to reconsider the way they live and parent.

The Happy MD: www.thehappymd.com
Dr. Dike Drummond provides tools, practical advice, and resources for physician burnout from someone who has walked in those shoes.





Wellness

- Goes beyond the absence of distress
- It includes being
 - Challenged
 - Thriving
 - Achieving success in various aspects of personal and professional life

Tips to Stress – Proof Your Job

- Changes that can make work less stressful
 - 1. **Monotask**
 - Multitasking is very stressful
 - Set aside time to tackle important projects
 - 2. **Work in spurts**
 - Cyclical brainwave changes allow us to focus for about 90-120 min
 - Try working in spurts say 90 mins then a 15min break
 - 3. **Ignore Email**
 - Checking email boost your HR, BP and cortisol levels
 - More frequent = more stressed
 - Schedule times to check this
 - 4. **Clean up**
 - Just looking at clutter can prompt cortisol to spike
 - We feel we have more control in an ordered environment



Take Home

- Burnout
 - **Moral injury**
 - Compassion fatigue
 - Emotional collapse
- How to we begin to move as health care providers to FULFILLMENT
 - How can I make changes with myself
 - How can I help change the system

Michael Jackson



- I'm starting with the man in the mirror
I'm asking him to change his ways
And no message could have been any clearer
If you want to make the world a better place
Take a look at yourself, and then make a change

- *“The expectation that we can be **immersed** in suffering and loss daily and not be touched by it – is as unrealistic as expecting to be able to walk through water without getting wet”*

- Remen, 1996



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