

LIFE OUTSIDE RESIDENCY 3/7/06

- I. Isn't this an oxymoron?**
- II. Residency can be all-consuming**
 - A. Too much to do, not enough time to do it**
 - B. No sleep**
 - C. Challenging relationships with peers**
 - D. Concerns about knowledge base and skills**
 - E. Dealing with difficult patients**
 - F. Dealing with paperwork and the bureaucracy of medicine**
- III. Don't panic completely**
 - A. Internship only last 365 days**
 - B. But it's not a good coping strategy to just grit your teeth and try to hang on (me: "How's it going?" Resident: "Only 358 days to go")**
- IV. How can you hold on to the most important part of who you are?**
- V. Spheres of personal life**
 - A. Physical health:**
 - 1. You're going to be asking a lot of your body**
 - 2. Do something nice for it (working out, massage, jogging, healthy eating)**
 - 3. Don't set all-or-nothing goals (commit 10 -15 minutes)**
 - 4. Anticipate the ways you'll sabotage yourself**
 - B. Relational: Spouse, significant other, family**
 - 1. You see them as your support system, and they are**
 - 2. Give them some support – no matter how tired you are, remember to tell them you love them and appreciate them**
 - C. Emotional/spiritual health:**
 - 1. Watch out for signs of burn-out, compassion fatigue**
 - a. Begin to compromise your work**
 - b. Blame the system or your patients**
 - c. Abandon your humanistic ideals**
 - d. Whine and complain**
 - e. Become detached from patients**
 - f. Become isolated and withdrawn from everyone**
 - 2. Since you must spend so much time at work, learn how to cultivate a positive involvement with everyday clinical practice**
 - a. At the end of each day, remind yourself of one thing you did that you're proud of**
 - b. Focus on patients, not on self**
 - c. Accept patients' "gifts" (both positive and negative)**
 - d. Rediscover medicine as a calling**
 - e. Look for examples of awe and wonder**
 - f. Don't whine, but be open about your feelings and share stories with colleagues**

- 3. Here are some general strategies, to consider either inside or outside of residency**
- 4. Practice gratitude – it's easy to find things to complain about; what makes you grateful to be alive each day?**
- 5. Practice forgiveness –**
 - a. learn to let go of grudges, resentment, and anger**
 - b. Ask forgiveness of yourself and others; and extend forgiveness toward yourself and others**
 - c. Remember what's really important to you**
 - 1. Learn how to shift perspective – glance at the sky, listen to a child laughing**
 - 2. Focus on your values – flash cards of wise sayings**
- 6. Find places of refuge and sanctuary**
 - a. Traditionally might be church or place of worship**
 - b. Might be nature, might be a place in your mind or heart**
- 7. Practice centering, connecting with your core**
 - a. Meditation, prayer, relaxation techniques**
- 8. Take time for self-reflection**
 - a. Keep a journal**
 - b. Write a poem**
 - c. Talk to a trusted friend**

BURN-OUT AND WHAT TO DO ABOUT IT

PD IV MARCH 10, 2005

I. INTRODUCTION

- A. For those of you who have already heard me tell this story, I apologize. But I think it's a story worth hearing again, and I think it is a good way to start us thinking about burn-out.**
- B. In the movie version of the musical Jesus Christ Superstar, there is a scene where Jesus is wandering alone in the desert, a stark landscape filled with boulders and caves. Suddenly, from behind a rock a man appears. He is ravaged by disease – his skin is covered with lesions, his nose is eaten away, his hands are stumps, he is filled with suffering. It looks like he has Hansen's disease, or (ask class). He walks painfully toward Jesus, who reaches out his hand and touches the leper. Miraculously, the man is healed!**
- C. Jesus is happy and the man is really happy, and he runs off, presumably to reunite with his soon-to-be-very-happy family.**
- D. Jesus keeps walking and a couple more lepers appear from the rocks. Jesus touches them and they too are healed. Everyone is still pretty happy.**
- E. But then more and more lepers start pouring out from the caves and crevices. You can see that Jesus is getting a little tense. He has to touch more and faster. Pretty soon we're down to the 12 minute patient encounter. The lepers are getting annoyed that they have to wait in line to see Jesus, and Jesus is starting to feel frustrated and overwhelmed.**
- F. Then the camera pulls back, and we see the entire desert filled with thousands of people, the halt, the lame, and the blind, all coming toward Jesus, and beseeching his help.**
- G. At the end of the scene Jesus throws up his hands, and gives a cry of despair.**
- H. So what's wrong with Jesus? (He has burn-out).**

II. Who gets burn-out?

- A. I've always liked this story, because it reminds me that if even Jesus Christ Superstar can get burn-out, mere mortals like me – and you – and probably not immune.**
- B. I've been around a lot longer than you, and looking back over a 26 year career I can easily say that I have "burned-out" at least 4 or 5 times. Probably some of you (I won't ask for a show of hands) feels burned-out already.**
- C. So it does happen, and it happens to a lot of people, especially people in the helping professions.**

III. Stigma and Other Reasons Not to Talk about Burn-out

- A. Talking about burn-out is not quite as embarrassing as talking about sex, but it's up there.**
- B. There seems something kind of wimpy about saying you're burned out**

- C. The machismo ethic in medicine, which unfortunately is still alive and well, says that real doctors should be too tough, too dedicated, to feel burned-out.**
- D. Then there's the boomerang effect – talking about burn-out will just make it worse**
- E. Finally, there's the time constraint – who has time to worry about burn-out?**
- F. These statements are all signs that you're burned-out, and you really need to talk about it and pay attention to what's going on with you**

IV. What is Burn-Out?

- A. It really is one of those “you know it when you see it” or “feel it” kind of things**
- B. Elements include emotional exhaustion, depersonalization and emotional distancing, a lowered sense of accomplishment, chronic irritability, negativity, and pessimism**

V. Are You at Risk For Burn-Out?

- A. The more questions you answer yes to, the greater your risk.**
- B. When I read these questions, at least some of them sound like a lot of people – a lot of doctors and residents, and even some medical students – I know**
- C. So stand in line behind Jesus Christ Superstar.**

VI. Warning Signs of Burn-Out

- A. If you begin to see these signs, you know you are in trouble.**
- B. Especially pay attention to the last one, “Workaholism.” This is my favorite response to burn-out – just work harder, sleep less – and believe me, in the end it doesn't work.**

VII. Sources of Burn-out

- A. You know for residents (and medical students) what causes burn-out**
- B. Too much to do, not enough time to do it; no sleep; abrasive relationships with peers; concerns about one's own knowledge base and skills; dealing with difficult patients; dealing with the paperwork, the bureaucracy of medicine (this one should be underlined as the straw that seems to break more than a few residents); and of course, problems on the home front**
- C. Basically, it is the life of the intern, so the fact that interns burn out shouldn't be so surprising**

VIII. Responses to Burn-out

- A. When people are burned out, we see them do the following**
- B. Begin to compromise their work; blame the system or their patients; abandon their humanistic ideals; whine and complain; become detached from patients, and increasingly isolated and withdrawn from everyone else**
- C. Being burned-out is not a happy place. Being burned-out sucks.**

IX. Study of Resident Burn-out

- A. Because we are an academic institution, I wanted to throw some research at you.**
- B. A qualitative study of family practice residents done at the Santa Rosa Family Practice residency by Rich Addison came to the following conclusions:**
- C. Survival became the overriding theme of residents' existence**
- D. Residents alternated between covering-over and over-reflection**
- E. There was "decomposition" in each important sphere of life**
 - 1. Work went from caring for patients to getting done so could leave**
 - 2. Education deteriorated from learning family medicine to mastering knowledge and procedures**
 - 3. Outside life devolved from maintaining quality to going through the motions**

X. Coping with Burn-Out – What Doesn't Help

- A. Don't blame others; make big decisions; quit residency; become a complainer; work harder and longer; self-medicate; neglect your own needs and concerns**

XI. Coping with Burn-Out – What Helps

- A. Positive involvement with everyday practice**
 - 1. Looked at from a different perspective, what's killing you can also heal you**
 - 2. Focus on patient, not self**
 - 3. Accept patients' gifts (most of us are given more blessings than we receive)**
 - 4. Rediscover medicine as a calling**
 - 5. Look for examples of awe and wonder**
- B. Reduce personal and professional isolation**
 - 1. Don't whine and complain, but be open about your feelings**
 - 2. Share stories with colleagues**
- C. Find places of refuge and sanctuary**
 - 1. Traditionally church or place of worship**
 - 2. Might be nature, might be a place in your mind or heart**
- D. Self-care**
 - 1. Exercise, diet, sleep**
 - 2. Breathing and relaxation techniques**
 - 3. Renewal through nature**
 - 4. Reconnect with joy and meaning**
 - 5. Practice being grateful**
 - 6. Learn self- and other-forgiveness**
- E. Do something fun (this should be self-explanatory, but for those who have forgotten what fun is, see me after class and I'll be glad to explain**
- F. Remember you have options**
 - 1. Take time off**
 - 2. Reach out for help – professional societies, family, friends, colleagues**

