LCC Session: Stress, Distress, Compassion Fatigue, Burnout and Depression

CanMEDS Competency: Professional

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GOAL: *The purpose of this session is to review the continuum from stress through depression in physicians. We will all experience stress and distress throughout our careers, most experience some degree of compassion fatigue and burnout at various times, and a not insignificant number struggle with depression. The residents are encouraged to reflect on their own experiences, and their personal/professional strategies to proactively manage risk for burnout and compassion fatigue. Differentiating burnout from depression will be considered and discussed.*

PRE-SESSION MATERIALS *(most critical/mandatory elements marked with *)*

1. ***Stress/Distress***
   - You Tube Dr. Mike Evans – how to think of and manage stress (generic): https://www.youtube.com/watch?v=I6402QJp52M

2. ***Compassion Fatigue & Burnout***
   - Basic comparison of different terms (from Meadors, et al. SECONDARY TRAUMATIZATION IN PEDIATRIC HEALTHCARE PROVIDERS. *Omega*. Vol. 60(2) 103-128, 2009-2010) *

Table 1. Comparative Definitions of Concepts

Term	Definition
Primary Traumatization	Primary traumatization is the process that can occur from having direct contact with a traumatic event (Peebles-Kleiger, 2000).
Secondary Traumatization	Secondary traumatization (ST), via an indirect exposure, may develop from hearing about a traumatic event or caring for someone who has experienced such an event (Peebles-Kleiger, 2000).
Burnout	Burnout is a "defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support" (Jenkins & Baird, 2002, p. 424).
Compassion Fatigue	The consequence of working with a significant number of traumatized individuals in combination with a strong empathic orientation (Figley, 1995) or a formal caregiver's reduced capacity and interest in being empathetic for a suffering individual (Adams, Boscarino, & Figley, 2006).
Secondary Traumatic Stress	The distress and emotional disruption connected to an encounter with an individual who has experienced a primary traumatization (Bride, 2007).
Post-Traumatic Stress Disorder	A psychological disorder associated with a stress response from directly experiencing a traumatic event (APA, 2002).
Compassion Satisfaction	Satisfaction with work by helping others (Stamm, 2002).

Box 1. Common symptoms of compassion fatigue across three domains

Psychologic
- Strong emotions (sadness, anger, guilt, worry)
- Intrusive thoughts or images/nightmares
- Feeling numb or frozen
- Avoiding the patient/family or situation
- Somatic complaints (gastrointestinal distress, headaches, fatigue)
- Anxiety or agitation
- Compulsive or addictive behaviors (drinking, smoking, shopping sprees)
- Feeling isolated or personally responsible, with no back-up

Cognitive
- Mistrust of others (family, patient, other staff)
- Increased personal vulnerability or lack of safety
- Belief that others aren't competent to handle the problem
- Increased or decreased sense of power or control
- Increased cynicism
- Increased sense of personal responsibility or blame
- Belief that others don't understand the work that you do

Interpersonal
- Withdrawal from the larger treatment team
- Withdrawal from personal relationships (because people "don't understand")
- Difficulty trusting others personally and professionally
- Overidentifying with the distress of others leading to skewed boundaries in relationships
- Detachment from emotional situations or experiences (including the patient/family)
- Becoming easily irritated with others

- Burn-out Quiz *: (pick one)
  - Short version: https://www.mindtools.com/pages/article/newTCS_08.htm
  - Longer version: http://psychologytoday.tests.psychtests.com/bin/transfer?req=MTF8MTMwMnwxNTM5MDY5NHwxfDE=&refempt=

- How to manage burnout:
  - YouTube Dr. Mike Evans * – How to get through a bad day/week: https://www.youtube.com/watch?v=o_X0K4ZrvFQ

  - Personal and Professional strategies * (list from the above article):
    - Getting appropriate amounts of sleep, good nutrition, and regular exercise.
    - Building relaxation and a moderate pace into most days, including the regular use of tools such as meditation, deep breathing, visual imagery, and massage [7]
    - Engaging regularly in a non–work-related activity to rejuvenate and restore energy, commitment, and focus [7,12,13]
    - Maintaining a good balance between work, family, and non-obligatory events to defuse the tension and monotony that come from an intense caseload [7,12,13]
    - Finding and allowing adequate personal time to grieve the inevitable losses that come with losing a patient [12]
    - Developing a specific set of coping skills, including assertiveness, stress management, organization, time management, communication, and cognitive restructuring, to ease the challenges of day-to-day issues [7,10]
    - Relying on psychotherapy, particularly for caregivers who are experiencing very strong emotional reactions to their work, who are strongly reminded of their own personal losses frequently, or who have no clear confidante in their daily lives [5,13]
    - Attending to one's spiritual needs and existential understanding to build a personal meaning system through which daily professional experiences can be understood [13]
    - Recognize and accept that some children will die from their disease or injury, and health care providers are limited in their ability to relieve a patient's and family's suffering [7]. Having acknowledged that reality, health care providers can find it easier to identify the many ways in which they can help.
    - Engaging in peer consultation, which is most helpful if it occurs regularly and predictably in a safe, confidential, and nonjudgmental environment [13]
    - Being clear and consistent with oneself and others about boundaries and personal limit-setting [7,13]
    - Diversifying one's workload, so that not all professional time involves providing care to the most distressed patients. This strategy should include mixing more and less acute cases; having clear limits around time on service (for all professionals on the team, not only the physicians), adding research, teaching, or other activities

to round out clinical service, and having coverage schedules that accommodate work-life balance for providers as much as possible [7,11,13]
  - Identifying the one or two scenarios that are most difficult and exhausting for a professional, and identifying and reviewing potential responses to use when these situations arise [12]
  - Finding and focusing on the positive features of one's own and one's patients' experiences.
  - Connecting regularly with a respectful team of professionals that meets regularly and shares a common goal or mission [13]

3. *Depression*

- Depression TEDTalk Video * - The opposite of depression is not happiness, but is vitality: https://www.ted.com/talks/andrew_solomon_depression_the_secret_we_share

- Narratives from physicians regarding depression (supplemental material):
  - http://www.kevinmd.com/blog/2011/08/absence-joy-doctors-journey-depression.html
  - http://www.kevinmd.com/blog/2016/01/surgeon-loves-job-killing.html
  - http://www.kevinmd.com/blog/2016/03/a-medical-resident-commits-suicide-heres-how-one-colleague-mourns.html

- Online resources: https://www.macpeds.com/documents/Wellness%20Resources%202019-2020.pdf