

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/battling-burnout-tips-tricks-to-stay-engaged-at-work/10845/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

## Battling Burnout: Tips & Tricks to Stay Engaged at Work

### Dr. Caudle:

Between the constant pressure of racing against the clock, a lack of control over processes, and just the overall emotional intensity and strain that comes with the job, it's no wonder why more and more healthcare professionals are battling burnout. In fact, an estimated 30–50% of all healthcare professionals will experience burnout at some point during their career. So, how can we combat this overwhelming health threat and bring joy back into our lives and career?

Welcome to Clinician's Roundtable on ReachMD. I am Dr. Jennifer Caudle, your host, and joining me today is Dr. John Bielinski, an emergency medicine physician assistant whose passion for teaching led him to create CME4Life. John will be joining us to talk about the topic near and dear to him, which is career burnout.

John, thank you so much for joining us today.

### Dr. Bielinski:

Dr. Caudle, thank you so much for having me. It's an actual honor to be on this program. I really appreciate it.

### Dr. Caudle:

Absolutely. Well, we're happy that you're here as well. So, let's start, and let's start by setting the stage for our listeners. Can you explain what clinical burnout is and how you have experienced this in your own career?

### Dr. Bielinski:

Yes. When I look at burnout, I feel like there's 2 distinct definitions. I mean, there's this clinical definition, a pliable definition of this decreased engagement in our job or the depersonalization when we go into a room and you feel disconnected from the people that we're caring for. We feel a cynicism, this resentment, this fatigue, this lack of empathy and this draw that I personally felt in my career, and I can look at that as like this clinical definition, all of those things that I identify with, but I also think it's way more personal. And when I work with physicians, nurse practitioners, PAs, and I see how it is for them, overall they have just lost that spark. They have lost the enthusiasm to go to work and really serve patients. So I look at it sometimes abstractly, which is an abstract definition, but it's very personal to even clinicians about how they feel burnt out during the workday. They just don't have that same enthusiasm they had when they first started the practice.

### Dr. Caudle:

And do you feel that there's an overlap between clinical burnout and professional or medical burnout?

### Dr. Bielinski:

Yeah, that's been my experience. What I found about 10 years ago—and that's when I felt this burnout was the most in my life, and it was absolutely an overlap. Now, for some clinicians, some doctors, PAs, nurse practitioners, who can kind of pigeonhole their life or compartmentalize their life where they go to work and that's just their job and they go home and then they go to their family, that was never my experience, and that's not been the experience with most of the people that I work with. It's one in the same. When we feel that burnout at work, when we start questioning: Why did I get into this profession? that carries over, and that carried over into my life, and that affected my family, it affected my health, how I took care of myself, so absolutely. And that's a question that I would ask our listeners: How do you feel burnout or the lack thereof? How do you feel your professional life overlaps into your personal life? And for me it was tremendously overlapped. They were one in the same.

### Dr. Caudle:

Understood. I think that your story and what you're talking about, I think so many who are listening will absolutely relate to this. What are

some of the modifiable factors that can contribute to burnout?

Dr. Bielinski:

Yeah, I've been working on burnout for a long time, and my experience, Dr. Caudle, it actually came out of like a clinical necessity. And when I say that, I mean I do a lot of teaching, like emergency medicine, EKG and critical care stuff, but that was out of a clinical necessity. I worked autonomous emergency medicine, so I had to learn that at a very high level so I could teach it, and that's the same thing that happened with burnout and where I was 8 to 10 years ago in my life, and I needed to learn how to better cope with my professional satisfaction.

So the 5 major modifiable factors... And this is something that is really important. This isn't theory. This is what I did to really turn my life around to a point now that 8 years ago I didn't know if I could keep practicing medicine. Now I love my job. So the 5 modifiable factors for me have been, number 1 is—and I normally kind of use this metaphorically—the beat of my heart, and then I have 2 hands and 2 feet. Okay? So, heart, 2 hands and 2 feet. So my heart stands for my locus of control. I have to know that I'm in control of my destiny. I'm in control of the choices that I make when I go to work and when I go home. I choose how I engage in my practice, and I'm not a victim of my practice. And I absolutely understand we're in a time where charting is a heavy burden. The electronic medical record is a tremendous burden, and this patient satisfaction model where we have to get these high patient scores, patient satisfaction scores, Press Ganey scores, or else our reimbursement drops. But I am in control of my life. I am in control of my practice. So number 1 is locus of control, and that's my heart.

My right hand, that stands for humility. It's humility. It's humility. It's humility. I have to realize that medicine is not about me. And I feel like this has been a really lost conversation. I get the privilege of going to a number of entrepreneurial conferences and hearing these really high-powered speakers speak, and ego is a huge chokehold in any business, and we don't talk a lot about that in medicine. And for me, I had to realize medicine is not about me. It's not about me. It's not about me. It's always about the patients, and I'm there to serve them, and I have to remind myself of that. So my right hand stands for my humility.

Left hand stands for honesty. I have to be very deeply personal and honest with how I look at my job, how I look at my role within my job. I have to look at what are the things that maybe are blocking me, do I have prejudices, and that was a real heavy burden. I was in the Marine Corps in Desert Storm, and we were in a combat unit, and we were taught to depersonalize the enemy, and that rolled over into clinical practice. I had to acknowledge that because I didn't want to treat anybody with anything but a fiduciary relationship.

So we have locus of control, humility, honesty, and the 2 feet stand for—number 1 is your focus: How do I focus on patient care? What do I think with about? Where does my mind go? And that has a lot to do with the questions that I ask. And my left foot, modifiable, are my feelings. I can constantly check in on how I'm feeling.

Now, these 5 tools, Dr. Caudle, have been really helpful to help me have a barometer for where I was and burnout, and when I found those scores low, when I found I wasn't engaging in a high level, that's when I felt most frustrated. So those are the 5 modifiable factors to help decrease burnout. At least that's helped me and a number of people that I have helped over the years teaching emergency medicine and critical care classes.

Dr. Caudle:

That's excellent, and I really appreciate your examples and kind of breaking it down into steps. I think this will be very helpful for our listeners and trying to compartmentalize and understand ways to make changes, so this is great.

For those of you who are just tuning in, this is Clinician's Roundtable on ReachMD. I am your host, Dr. Jennifer Caudle, and today I'm speaking with John Bielinski about the prevalence of burnout in the healthcare industry.

So, John, let's continue. I'm sure that you'll agree that clinical burnout has been a really hot topic in our industry, and rightfully so, and one that institutions have been trying to address. But considering how common burnout is, what are these conversations lacking? What are we missing? And what are some of the things that organizations can do to better help their staff?

Dr. Bielinski:

What an excellent question. First off, it's got to be we've got to acknowledge the issue. We have to acknowledge the fact that there's a number of clinicians who are in practice who aren't engaged anymore. It's got to be absolutely acknowledged, and I think we're not focusing on that. But number 1 is to identify the issue, and this really has to do with emotional intelligence. Emotional intelligence training, that needs to be part of continuing medical education programs; it needs to be part of the education in med schools and PA schools and nurse practitioner schools. And everything I studied as emotional intelligence, it can be a little bit confusing, but I can simplify it. There are really 4 factors of emotional intelligence. It's, number 1, self-awareness. You have to know who you are and your motivations. The second part is self-management. You've got to know how to manage your emotions. You've got to know how to manage how you treat your staff. Are you disciplined? Are you treating your staff with respect and courtesy, or is there this ego-based

“I’m the boss” kind of mentality? And you’ve just got to be honest about that. So we have self-awareness, self-management, and then there’s social awareness. Do you have empathy for your patients? Are you practicing empathy-based listening techniques, or are you going with your own agenda because you’ve got (unintelligible)\*8:39 today; you’ve got a time frame; you’ve got a patient every 15 minutes? And then it’s social management. How well can you actually interact with these patient’s feelings?

So I believe the first thing is just awareness of the issue, how big of an issue it is, but then how it’s personal to different clinicians. Then emotional intelligence training and awareness, that’s what I feel is most lacking and could most benefit people who are struggling from burnout.

Dr. Caudle:

As someone who has experienced burnout themselves, can you share some tips to help your peers combat burnout?

Dr. Bielinski:

One of the things that I would challenge people to do is remember your essay. That’s what I would challenge you to do—remember your essay. And if you can go back and find your essay, the essay that you wrote to get into medical school or PA school or nurse practitioner school, the essay that you wrote, go back and look at that and remember that child in you, that young adult that said, “Do you know what? I really want to embrace health care. I really want to serve others.” And I know that everybody wrote, because I wrote the same thing, you’re saying, “I want to learn the skill set to be able to serve, to be a servant, to be a servant-based healthcare practitioner.” And that’s what I encourage people to do is go back and look, because I think we can lift the forest from the trees at times. I think what happens is we get too focused on outcomes, outcomes of patients, or our paychecks, or our benefits. We get too focused on the outcome and we miss the process. It’s like Machiavelli, “the end justifies the means.” Well, that’s not true. That is absolutely not true. It’s the opposite. The means, every patient that we see, that’s the blessings we get. That’s how we get to serve.

Anybody who may be struggling a little bit with burnout, be honest about it. Just be honest. “Hey, I’m struggling.” And anybody who is listening to this radio broadcast, anybody who is listening, I would say, “On a scale from 1 to 10, how much do you love your job? How much do you enjoy going to work and serving others? Or, are you really fried?” So look at yourself honestly and grade yourself on a scale from 1 to 10 where 10 is you love your job. You love being a service-based healthcare practitioner. If you’re a 1 and you’re like you’re already out the door, just be honest about it. And I would encourage you to go back, look at your essay; or if you can’t find it, think, “What did I believe was going to be true before I got into med school, before I got into my higher educational program?” And start there. That’s what I would recommend.

Dr. Caudle:

I like all of those suggestions, but I really love the idea of going back and rethinking and rereading our essays that we wrote. I think that’s a really great suggestion and one that will likely bring us all back to why we initially wanted to become healthcare providers, so I think that’s really wonderful. Before we wrap up... By the way, this has been a really great conversation. But before we close, I’d love to open up the floor to you. Is there anything that we haven’t covered that you’d like to share with our listeners?

Dr. Bielinski:

I really think it comes down to there are 3 major strategies. You have to think about your personal wellness. Sick people can’t take care of sick people. That’s the first thing is your personal wellness, your personal health, whether that’s emotional, physical, spiritual, intellectual. You constantly have to focus on the patient experience: How am I serving others? and, How do you optimize your systems? And these are conversations for another time, but you have to look at strategies of overall burnout, those 3, and then the modifiable factors.

I love talking to people like you, Dr. Caudle, people who are really engaged and interested and people who want to become better and they want to serve others to be better. And anybody who’s listening, you’ve got to ask that question: Where are you now and as a servant-based healthcare practitioner? And just be honest about that. So take proactive steps to improve that because it can easily be improved if you put the effort forth.

Dr. Caudle:

Absolutely, I completely agree, and I really love talking with you too. I know this is going to be so helpful for our listeners, and I also know that many of our audience members will really be able to relate to your story. So, once again, John, I’d really like to thank you for sharing your views and your recommendations with us. It was great having you on the program today. Thank you.

Dr. Bielinski:

It was an honor to be on the program. Good luck and God bless.

Dr. Caudle:

I’m Dr. Jennifer Caudle, and you’ve been listening to Clinician’s Roundtable on ReachMD. To access this episode and others in the

series, please visit us at [ReachMD.com/cliniciansroundtable](https://ReachMD.com/cliniciansroundtable) where you can Be Part of the Knowledge.