Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

OFFICE OF ALTERNATIVE & COMMUNITY RESPONSES

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Building Resiliency Among Healthcare & Addiction Professionals

November 14, 2024

Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

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American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

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Other members of the care team will receive a certificate of participation.

Additional Continuing Education Credit

EMT

This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

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Partnership for a Drug-Free New Jersey (BOC AP#: P12171) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of one (1) Category A hours/CEUs.

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.

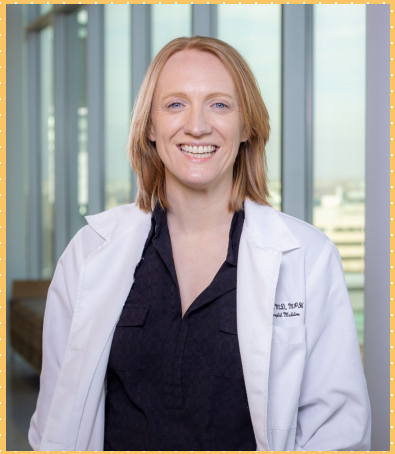
- WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?
  - The last slide of this webinar
  - The chat at the end of the program
  - The follow-up email you will receive tomorrow

- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.

- The links will be active for 30 days after today's event.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson.

Featured Presenters

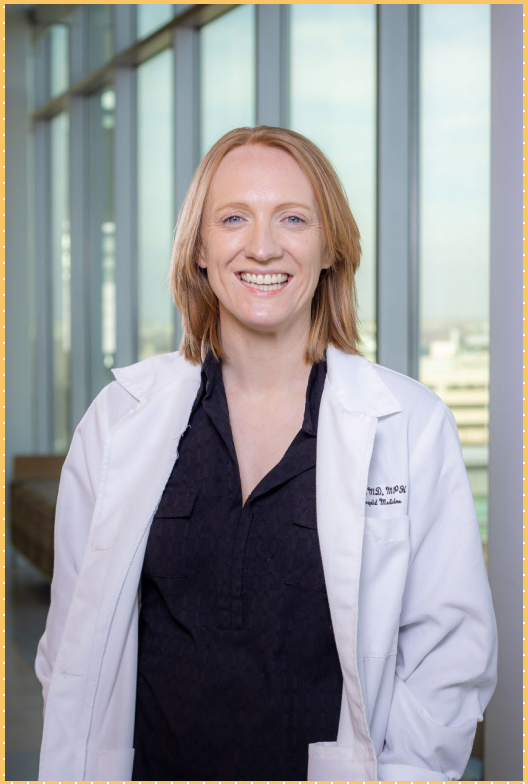


Erin Bredenberg, MD MPH
Division of Hospital Medicine
Assistant Professor of Medicine,
University of Colorado Anschutz Medical Campus
Assistant Director of the Addiction Consult Service,
University of Colorado Hospital
Co-Director of the Health Equity, Policy, and Advocacy Pathway, IM Residency

Dr. Erin Bredenberg is a hospital medicine physician and board-certified addiction medicine provider at the University of Colorado Hospital. Her clinical and research interests revolve around improving hospital-based care for vulnerable populations, specifically those with substance use disorders and those experiencing homelessness.

Shuvendu Sen, MD
Vice Chair, Research and Faculty
Jersey Shore University Medical Center
Hackensack Meridian Health

Dr. Shuvendu Sen is the vice chair of research and faculty at Jersey Shore University Medical Center, Hackensack Meridian Health. He has been honored by the United Nations and is a recipient of the Men of Distinction Award from New York State Senate, the Oscar E. Edwards Award from American College of Physicians and the Castle Connolly Top Doctors Award. Dr. Sen is a prolific writer of both fiction and nonfiction works. Thrice nominated for the United States Pushcart Literary Award, Dr. Sen has also authored, “Principles of Clinical Diagnosis,” and the Nautilus Award Winner “Why Buddha Never Had Alzheimer's,” which has been made into a documentary selected at the Cannes Film Festival. As a speaker, Dr. Sen has been featured at the United Nations, CNN (India), World Parliament of Religions, Harvard University, Duke University and the New Jersey State Senate.



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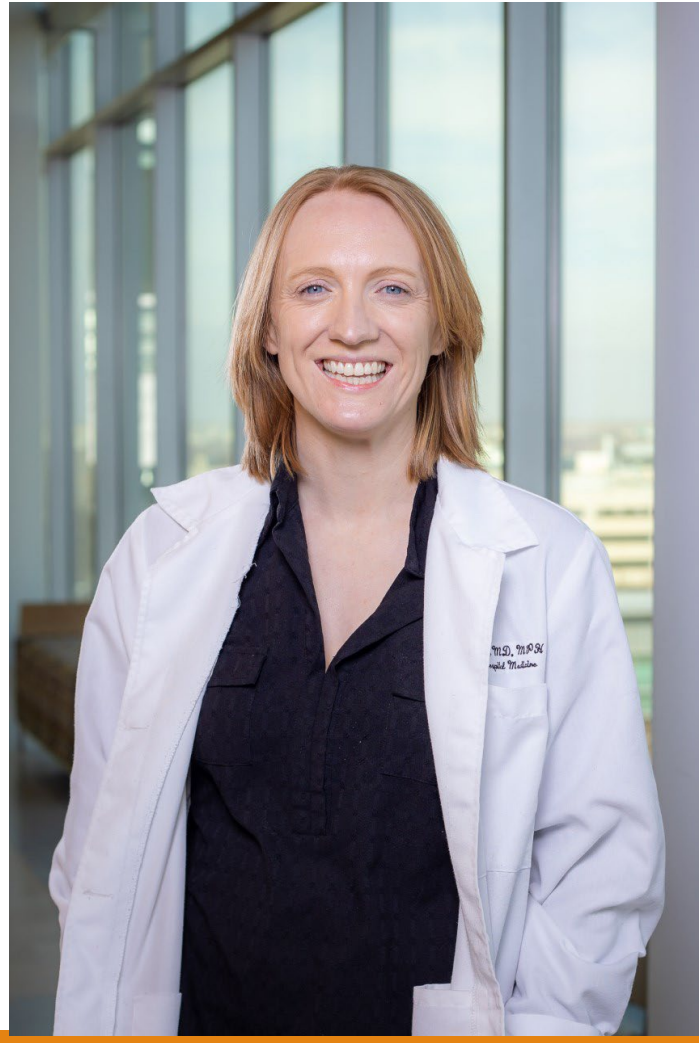
Identifying Factors that Contribute to Burnout and Resiliency among Hospital-Based Addiction Medicine Providers



ERIN BREDENBERG, MD, MPH

LINDSAY THURMAN, MD

SUSAN CALCATERRA, MD, MPH

CAROLINE TIETBOHL, PHD

ASHLEY DAFOE, MA

University of Colorado
Anschutz Medical Campus

Disclosures

- Nothing to disclose

Background

High rates of substance use disorder (SUD) among hospitalized patients

Hospital-based addiction medicine consultation services can fill a SUD treatment gap

Hospital-based addiction medicine providers may be at risk for burnout due to systemic and patient-related factors

Study Aim

Among providers working on an addiction consultation service, we aimed to identify factors associated with:

- Burnout
- Compassion fatigue
- Engagement
- Resiliency

Methods

Design: Qualitative study using semi-structured ~1h Zoom interviews

Participants: Addiction Medicine physicians, APPs, and social workers from hospital-based addiction medicine services across the United States

Recruitment: Email solicitation to consultation service directors and chain referral

Coding and Data Analysis: Inductive coding – all team members were involved in creation of the codebook

- Coding was completed by 2 coders
- Discrepancies with coding were resolved by consensus
- Coding followed by thematic analysis

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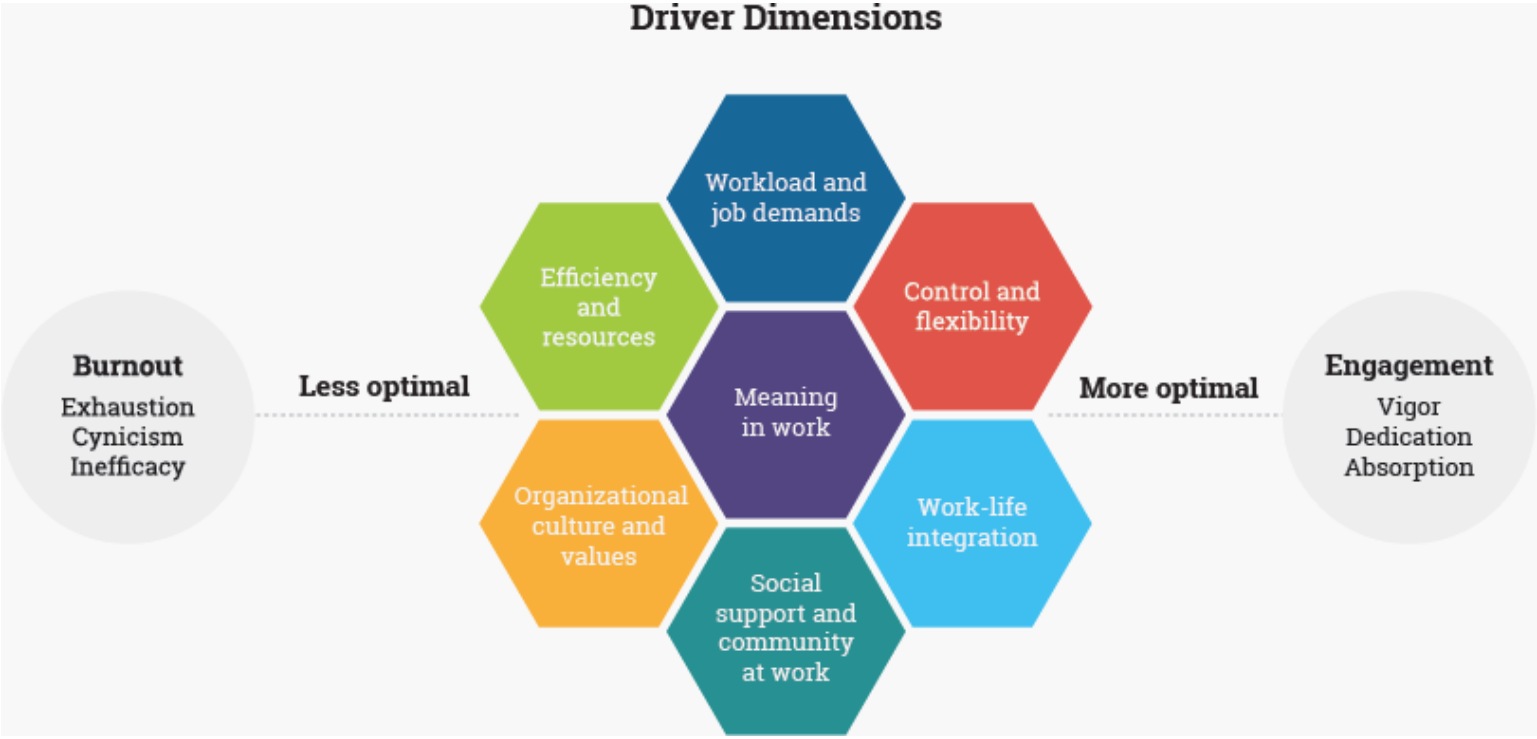
Shanafelt model



Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. Mayo Clin Proc. 2017;92(1):129–146.

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Results

- 26 interviews completed between 10/2020-03/2021
- 12 institutions across the country represented
- 16 MDs, 7 SWs, 3 APPs

Results: Participant Characteristics

Physician participants:
~70% Internal Medicine,
~15% Family Medicine,
~15% Psychiatry trained

25% of participants worked exclusively on the Addiction Medicine service

Most participants reported working with learners on the Addiction Medicine consultation service at least some of the time

Results: Three themes with six subthemes

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Theme 1: Systemic barriers contributed to provider burnout

Subtheme 1a: Barriers at an institutional level

- Misalignment between hospital-based medicine and long-term patient care needs
- Hospital policies limiting use of methadone and buprenorphine

“You can feel that pressure from many levels higher in the administration of ‘get them out, they're uninsured, they're taking up bed space.’ At least one meeting per day, ‘why aren’t they out.’” – Participant #24, SW

“I'm tired after a clinical day, I feel like I need to go sit outside or take a nap. But I don't feel … completely burnt out, completely fried like I can't care about anything anymore. It doesn't tend to happen to me too much from direct clinical care. [Burnout is] more from trying to move the needle at the institution or trying to make sure that all of our patients across the board are getting good care.” – Participant #7, MD

Subtheme 2a: Barriers at a broader local, regional, and national level

- Community-based resources are lacking
- Federal policies limiting use of methadone negatively affect patient care

“The limited access to community resources [is a barrier] specifically when it comes to addiction medicine. We have lengthy waits for residential treatment programs, that is a national crisis. … The barriers to the barriers. Some of those system dynamics - just like the access to services, and in the pandemic they're even further limited.” – Participant #12, SW

“The walls that you run up against over and over again, clinically, are institutional, cultural and policy walls. Your sickest patients are always the patients who can't get into a methadone treatment program. I mean, that makes no sense, why we have high bar access to a lifesaving medication. That is, in the siloed programs, due to bad federal policy is a perfect example of -- It's endlessly frustrating.” – Participant #18, MD

Theme 2: Engaging in meaningful work increased resilience

Subtheme 2a: Role as a provider to individual patients

- Providing non-judgmental care is satisfying
- Stigmatized patients feel appreciative
- "Small victories" are meaningful

"A lot of these patients, they do say … some of it is hyperbole, but some of it is stigma of just like, 'Oh, you're the first doctor, or the first person in this entire hospital, who's talked to me about that, and not judged me.' And so, I think the judgment that patients feel is still there for sure." – Participant #1, MD

"I am continuously humbled that someone allows me into their life with such vulnerability. I really truly believe that it's all ripple effect work. And even one small interaction is a pebble in that pond. I know I couldn't keep showing up with that work if I didn't believe and know that to be true." – Participant #12, SW

Subtheme 2b: Role as an educator and advocate

- Working with like-minded peers is empowering
- Being able to influence the next generation of providers is meaningful
- Enacting systemic change is satisfying

"I feel like [addiction medicine providers] are people who have a very, very strong sense of social justice, which is a pleasure and really important to me to work with people who are thinking about that in their work. And then also people who are interested in questioning the system and rules and trying to change it, which is also a very special group of people." – Participant #18, MD

"I think having particularly early learners or with our interns, who are open to learning and … teaching moments around management, then you get to see it later on that they're actually going on and with hospitalists and with surgeons as well, working across the disciplines, that's nice." – Participant #4, MD

“I strive to be an **advocate** for the patient in front of me. I don't always do a great job of it but I think that's our goal, that our role is to say like, how can we make this work, like between this patient and this medical team and this patient’s goals? And so, I really like see it much more as an **advocacy** role than I do in my general medical practice. I also see myself as having to set an example, mostly for the other medical, for the trainees and for the other medical teams.”

“I think feeling like I'm an **advocate** for patients who don't normally get that makes me feel very satisfied.”

“And to know when patients who are often discriminating, experiencing a lot of discrimination, when you can come in and be an **advocate** for them, I find that’s a big, big role.”

“I feel like our role as providers is to be their **advocates**. They don't have **advocates** anymore.”

“It was really, I think, satisfying to be able to be an **advocate** for our patient population within the hospital and be able to teach others kind of what comes along with substance use disorders.”

“I make it clear to most patients I'm not there to push anything on 'em. I'm there to be their **advocate.**”

Theme 3: Team dynamics influenced perceptions of burnout and resilience

Subtheme 3a: Dynamics within the team

- Working with an interdisciplinary team is enjoyable
- Debriefing challenging encounters with teammates helps mitigate the negative effects of these encounters

Subtheme 3b: Effects of being in a consultant role

- Being in a consultant role, rather than primary provider, can be gratifying
- However, there can be conflict between specialties
- This can lead addiction providers to feel undervalued

“It's really nice to be the consultant. We rarely get to do that, where you just get to drop in and weigh in on this one problem and then leave.” – Participant #9, MD

“They're not going to necessarily take your recommendations, but then they might call you to clean up the mess when it doesn't go well.” – Participant #4, MD

Implications

- These results involve hospital-based addiction providers only, but have implications for a broad range of addiction care providers
- Stigma and advocacy are closely related concepts that contribute to both burnout and resiliency among inpatient Addiction Medicine providers
- Opportunities to engage in advocacy have the potential to protect clinicians against burnout
  - Institutional level – education of learners and peers, quality improvement projects
  - Systems level – engagement with community and national organizations to promote policy-level change

Conclusion

Addiction medicine providers derive a deep sense of purpose through working with stigmatized, marginalized populations and are strongly motivated advocates.

While many providers find meaning in their consult, education, and advocacy work, it is also a main source of burnout, particularly when consult recommendations are ignored, patients feel stigmatized, and education and advocacy work fails to “move the needle”.

Results are published

Bredenberg E, Tietbohl C, Dafoe A, Thurman L, Calcaterra S. Identifying factors that contribute to burnout and resilience among hospital-based addiction medicine providers: A qualitative study. J Subst Abuse Treat. 2023 Jan;144:108924. doi: 10.1016/j.jsat.2022.108924. Epub 2022 Oct 26. PMID: 36327617.

Shuvendu Sen, MD
Vice Chair, Research and Faculty
Jersey Shore University Medical Center
Hackensack Meridian Health

Beating Burnout

20/20

SHUVENDU SEN, MD, MASTER OF SCIENCE (BIOLOGY), MASTER OF SCIENCE (PHARMACOLOGY), FACP, M-MBA

Resilience is an expression of Peace

Already In Mind

Burnout

A tri-dimensional Syndrome

Emotional Exhaustion

Depersonalization

Personal Accomplishment

Burden Burnout relationship

Subjective Burden
{consequences of caregiving}

Physical

Psychological

Emotional

Social

And/or financial

Understanding Stress

- Lazarus and Folkman's stress theory
- Stress process model
- Appraisal model
- Model of Carer Stress and Burden

Pathways of Stress

Primary Stressors

Secondary Stressors

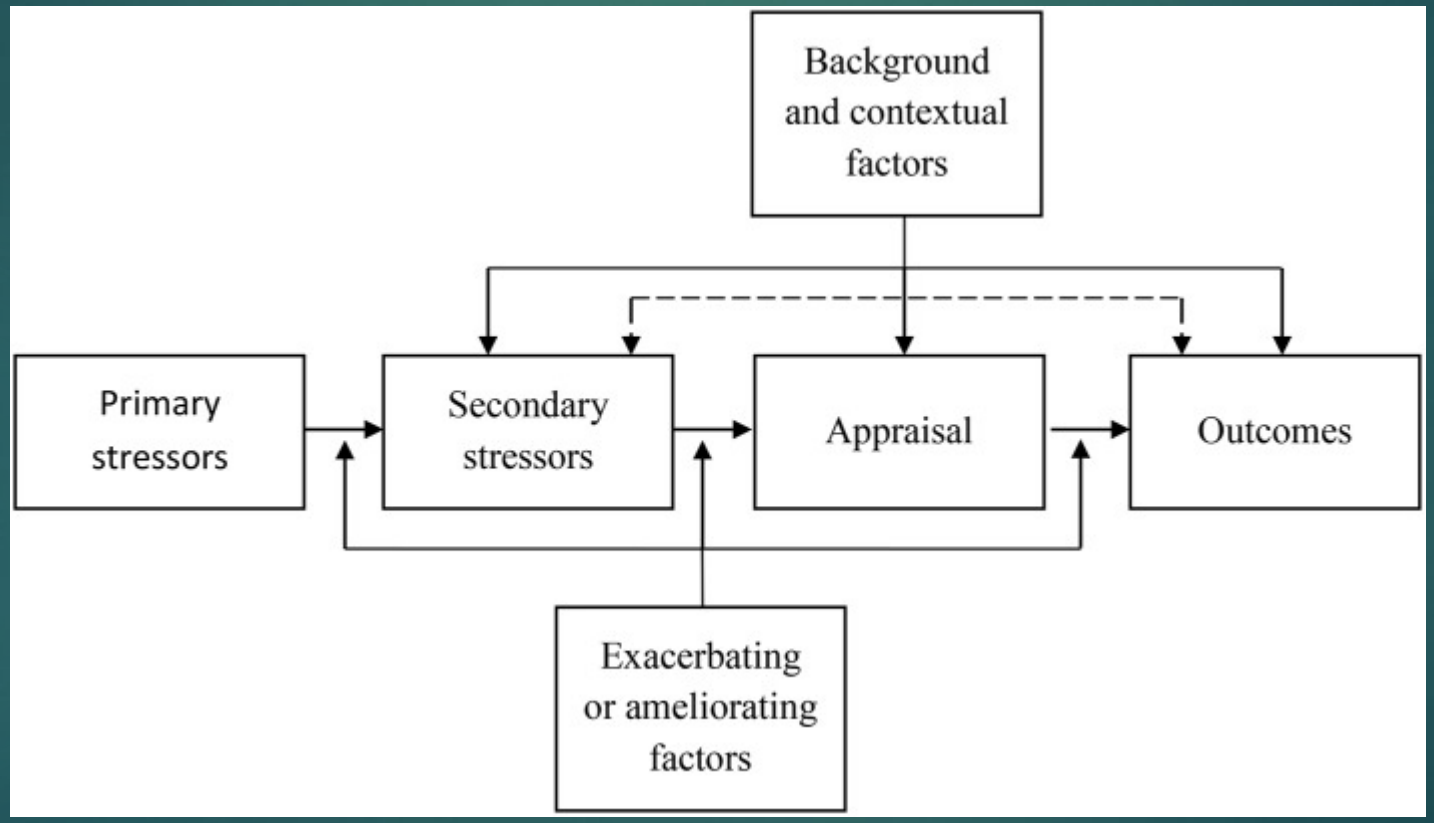
Appraisal

Outcomes

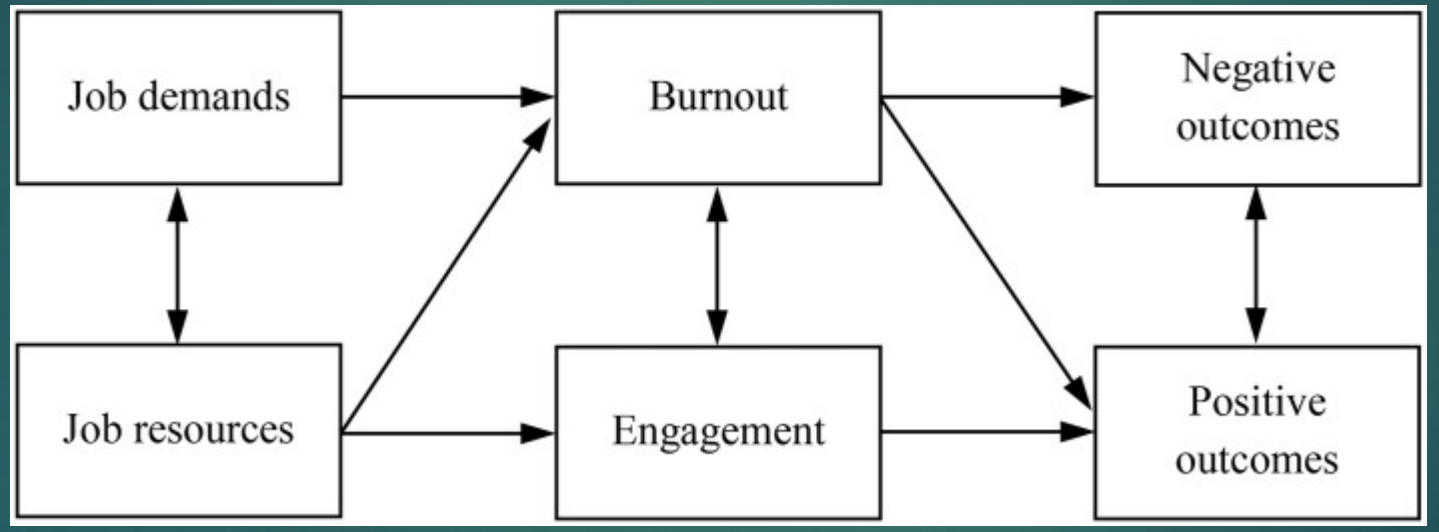
Exacerbating and Mitigating Factors

Background and Contextual Factors

Model of Carer Stress And Burden [adapted from Sörensen et al., 2006 Copyright (2006), with permission from Elsevier].



The Job Demands-Resources Model [adapted by permission from Springer Nature, Springer ebook by Schaufeli and Taris, 2014].



What exactly is a Burn-Out?

- Feeling exhausted, overwhelmed, or anxious
- Becoming easily angered or impatient
- Feeling lonely or disconnected from others
- Having trouble sleeping or not getting enough sleep
- Feeling sad or hopeless, or losing interest in activities you used to enjoy
- Having frequent headaches, pain, or other physical problems
- Not having enough time to exercise or prepare healthy food for yourself
- Skipping showers or other personal care tasks such as brushing your teeth
- Misusing alcohol or drugs, including prescription medications

The First Few Brave Steps

- Ask for small things at first, if that makes it easier for you. Many large jobs can be broken down into simpler tasks.
- If you aren't comfortable asking face-to-face, send a text or email with your request.
- Consider a person's skills and interests when thinking about how they could help.
- Be prepared with a list of things that need to be done, and let the other person choose what they'd like to do.
- If someone offers to help, practice saying, "Thanks for asking. Here's what you can do."
- Be honest about what you need and what you don't need. Not every offer is going to be helpful.
- Be prepared for some people to say "no," and don't take it personally.

Formal Coping Steps

- Talk to your Primary
- Counselor or Mental Health Professional
- Human Resource
- Faith Community

Formal Coping Strategies

- Be active.
- Eat well.
- Prioritize sleep.
- ***Reduce stress***.
- Make time to relax.
- Take a break if you need it.

Stepping Outside The Box

- Respite Care
- Thank You Diary
- Write Yourself a Love Letter
- Be Subjective

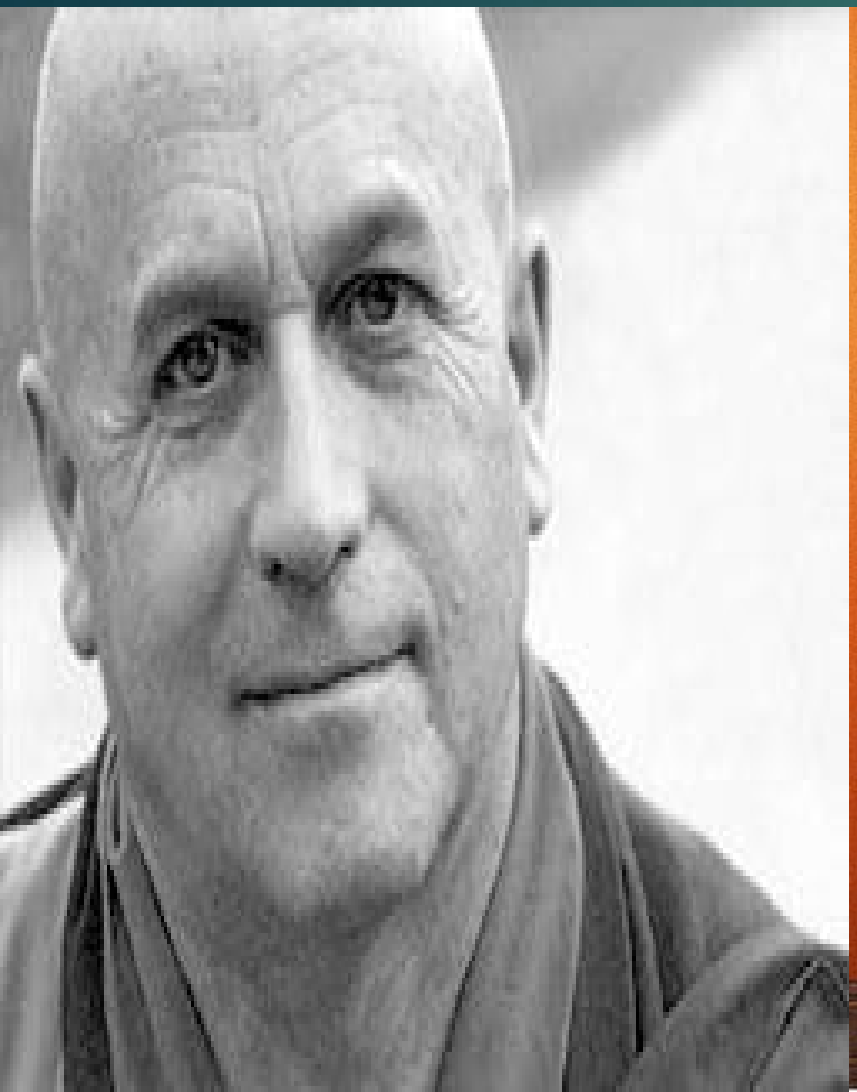
Harvard Breathing Technique

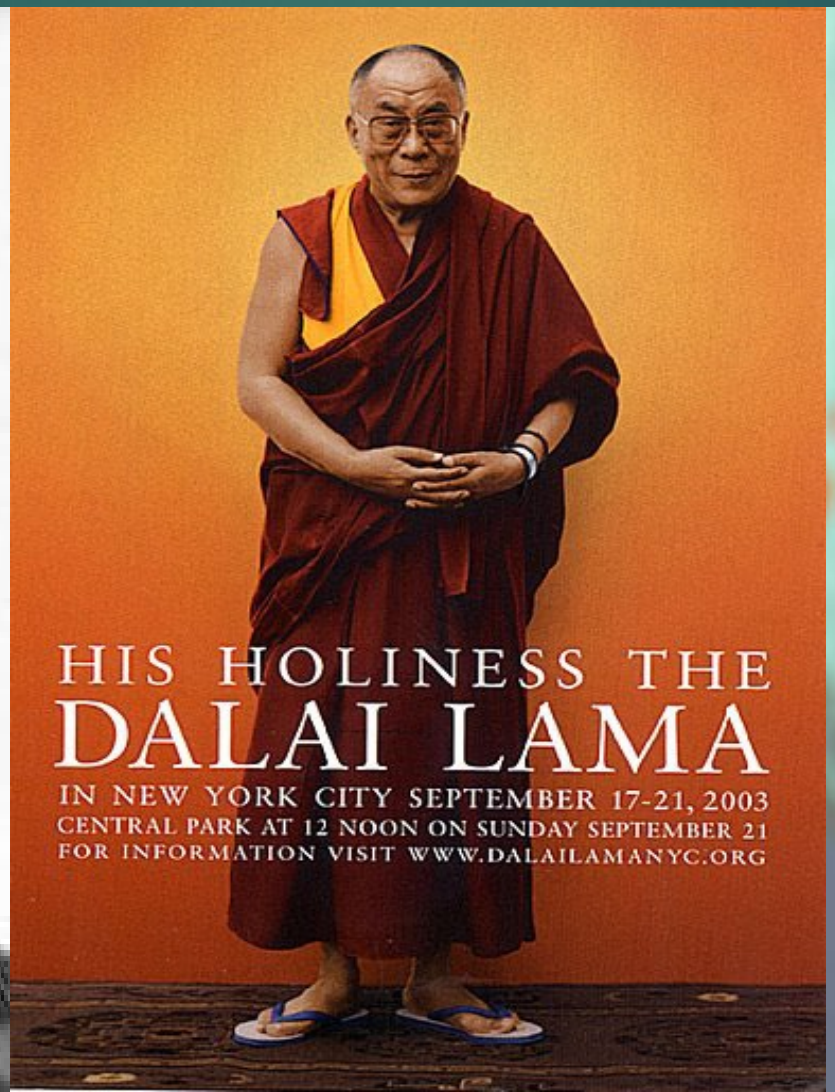
- Lie on your back on a flat surface (or in bed) with your knees bent. You can use a pillow under your head and your knees for support, if that's more comfortable.
- Place one hand on your upper chest and the other on your belly, just below your rib cage.
- Breathe in slowly through your nose, letting the air in deeply, towards your lower belly. The hand on your chest should remain still, while the one on your belly should rise.
- Tighten your abdominal muscles and let them fall inward as you exhale through pursed lips. The hand on your belly should move down to its original position.

Mindfulness Meditation

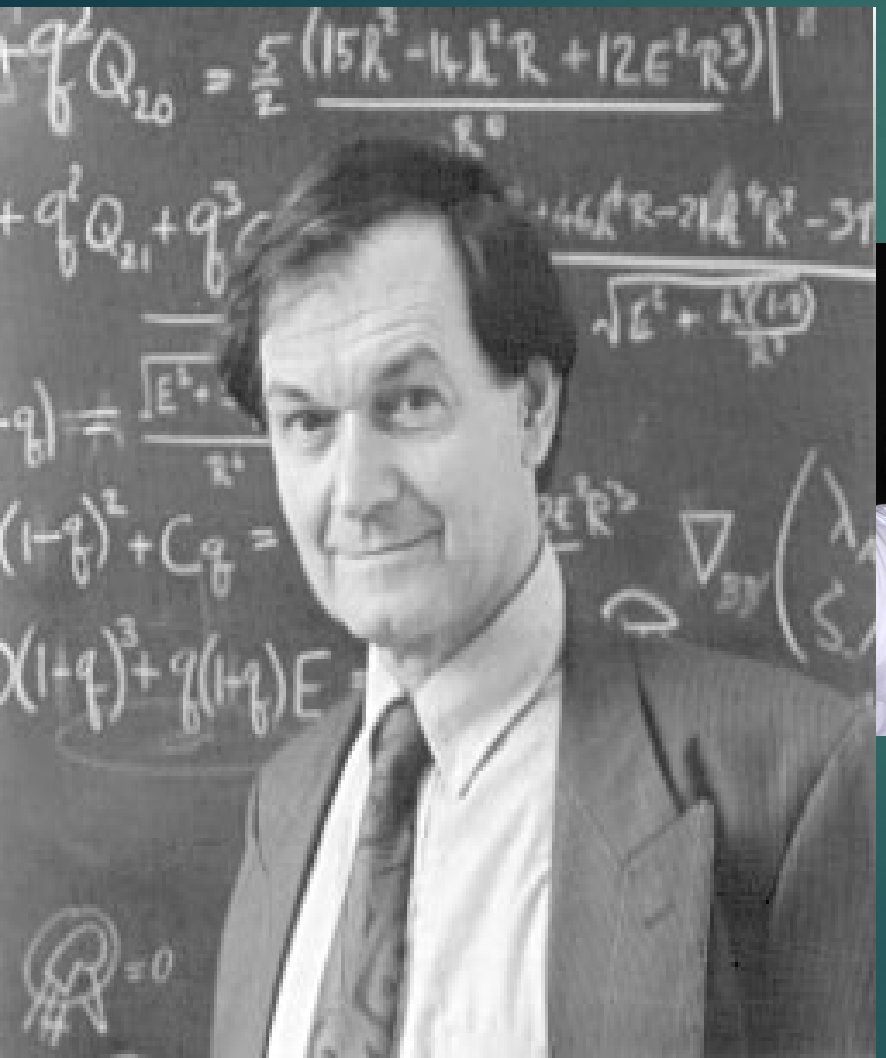
- Passive
- Relaxed Awareness
- Non judgmental Thoughts
- Unopposed Stream
- Vacant Equilibrium

THE HOLY TRIAD I





THE HOLY TRIAD II



Transcendental Meditation

- Active
- Concentration
- Repetition
- Focus
- Elimination

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THANK YOU

https://youtu.be/tF4z5kntXAA

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UPCOMING WEBINAR

The Opioid Crisis – Where We Stand as 2024 Concludes

11 a.m. Thursday, December 12, 2024

Register at KnockOutDay.DrugFreeNJ.org/events

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