

Practical Tips for Pathologists Wellness and Resilience in The Face of Added Stress and Burnout

Questions Asked	Answer Given	Answerer
<p>How to deal with staff burnout when most of their problems is systematic and are not easy to change?</p>	<p>JM: Just because a problem is systemic doesn't mean you should give up and not try to change it. It just means you have to work with a team to recognize what the system failures are - because it is generally more than one thing.</p> <p>GD: Getting involved at an institutional level as a pathologist and working toward better conditions for the staff is critical. Advocate, advocate, advocate for yourself, your colleagues, your staff and your patients. Sometimes, even if things don't change, just knowing someone has your back and is fighting for you makes a difference. I like the article (for myself and to give to those higher in administration) "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout" written by Shnafelt and Noseworthy (https://pubmed.ncbi.nlm.nih.gov/27871627/). On a personal level, I try to do little things (using my own funds) to brighten the days and lives of others like bringing fruit or coffee for the breakroom, recognizing birthdays, cheering peoples successes and empathizing with them in difficult times.</p>	<p>Dr. Judy Melinek and Dr. Gina Drobeno</p>
<p>Any suggestions/tips for how to deal with the 'when I was your age we walked up the hill both ways in snow' mentality: this is used to ignore/minimize feelings of overwhelm regarding workload.</p>	<p>JM: Lead with empathy - by asking the person who is saying this what it was like "back then" and what they wished their supervisors did, they might come to realize that they don't have to follow the same path, and can actually lead you out of the misery. Sometimes the supervisor might actually be overwhelmed with demands coming from management and is not minimizing your complaints because they don't want to address them, but because they aren't being given the money/staff to be able to help you out. In that case, you can work together to try to do the best you can with the situation you are given and manage the expectations of management.</p> <p>GD: I agree to lead with empathy and then end with something like "thankfully we know better now so we can do better", or if you want to be more neutral and engage them in further conversation "it is interesting how people's viewpoints on work-life integration have evolved over time". Then, find your common goal and engage the person so that you both can get there.</p>	<p>Dr. Judy Melinek and Dr. Gina Drobeno</p>
<p>I think we should applaud the inclusion of a discussion of organizational factors in this discussion. I would like to know if CAP has any projects in development to revisit the extremely difficult but worthwhile concepts of assessing pathologist staffing levels.</p>	<p>GD: This is not pathology specific, but an article I like: "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout" written by Shanafelt and Noseworthy (https://pubmed.ncbi.nlm.nih.gov/27871627/).</p> <p>M: This question is also being considered in ongoing projects of the CAP Practice Management Committee, and other committees concerned with it.</p>	<p>Dr. Gina Drobeno and Moderator</p>
<p>One good project I am aware of is a county medical society Wellness program in which the county medical society funded confidential Mental Health services (6 visits per year per member.) Preventive mental health care that is kept off your insurance record is a great service.</p>	<p>I would never be afraid to visit a mental health practitioner, though. I've seen mental health professionals essentially my entire life and never had any difficulty with state licensure or credentialing. The most difficult hoop I've ever had to jump through was an in-person interview with an evaluator before my FL medical license was granted. I would say go early and go often and that way you don't get to the point of being hospitalized or forced to go by your employer.</p>	<p>Dr. Gina Drobeno</p>
<p>Would you please include a link to the essay site that Dr. M mentioned when you email the recording?</p>	<p>https://www.medpagetoday.com/blogs/working-stiff/90914</p>	<p>Dr. Judy Melinek</p>
<p>Given the confidentiality agreements that forensic examiners must agree to, in the absence of an in-house counselor, where can MEs turn to in order to sort through their secondary trauma from difficult cases?</p>	<p>Confidentiality agreements don't preclude us from getting counselling from other experts in the field or other doctors, so I generally first turn to my colleagues at my office; then to colleagues outside the office; to my health care providers (who are protected by HIPAA) and to my husband (spousal privilege)</p>	<p>Dr. Judy Melinek</p>
<p>You have a lot of suggestions for practice leaders, but what about when the leaders are the problem? Is the only answer to leave?</p>	<p>No it isn't. If the leader is toxic then I recommend the approach in the MedPage Today article in the link above.</p>	<p>Dr. Judy Melinek</p>
<p>Our lab staff and pathologists are at the receiving end of the burnout and stress of our clinical colleagues handling COVID- how do we get the recognition that even though we are not seeing patients face to face, we are stressed too?</p>	<p>I strongly believe in elevating the lab to the attention of hospital leadership, especially when it comes to our role in COVID testing and treatment. Celebrating milestones from the lab, like 10,000th COVID test issued is just as important as celebrating milestones like 100th COVID patient discharged.</p>	<p>Dr. Gina Drobeno</p>
<p>A suggestion- we have set up wellness or recharge stations in the lab- a room with snacks and drinks, along with literature to refer to employee assistance counselors, child care options, etc. The staff feel appreciated and supported with this simple measure.</p>	<p>Love it!</p>	<p>Dr. Gina Drobeno</p>
<p>How does one effectively broach the subject of feeling overworked?</p>	<p>JM: Sometimes the best approach is just to check in during a break and ask someone "How are you doing?" "What are you doing after work?" And other open-ended questions to see if they will take it as an opportunity to vent.</p> <p>GD: If you are feeling overworked, I would approach a trusted mentor and discuss. Someone who has been through it can offer advice on practical ways to deal with it and when you should take it up the chain to lab leadership. If you do decide to broach it with leadership, the mentor can also help you formulate a discussion plan so you are well prepared with data and a strategy that might appeal to the decision makers. If you go to a leader with a problem, it is important to also offer them potential solutions so that it doesn't come off as just complaining and wanting them to solve all your problems for you.</p>	<p>Dr. Judy Melinek and Dr. Gina Drobeno</p>
<p>Thank you for doing this webinar. Malpractice issues are a huge stressor. How can we deal with this, because when one has to see more cases, the liability increases. Additional stress of doing everything electronically without additional secretarial support makes it worse.</p>	<p>Completely agree that liability issues add to the stresses which is why it is so important for you to manage your supervisors expectations. You have to put in writing how many cases or hours you can work before you need to check out in order to maintain your productivity and avoid errors. If a boss is giving you unreasonable expectations of what you should be accomplishing within a given period of time, then you should respond in writing. When I worked at the San Francisco Medical Examiner I would get reprimanded frequently for "falling behind" in closing my cases although we were understaffed and I wasn't allowed to take overtime without approval. So every letter I got that said "you are behind" I responded with a letter explaining how many hours I worked, how many cases I did, and that I would not be able to catch up unless I was paid to do overtime, or they hired another staff member to address the workload. Saved all the copies of all correspondence. This is how I covered my ass and made it clear that the expectations were unreasonable.</p>	<p>Dr. Judy Melinek</p>
<p>What are the % for very overwhelmed & moderately overwhelmed. I missed that on the slides. thanks</p>	<p>Moderately overwhelmed 29% and very overwhelmed 14%</p>	<p>The College of American Pathologists</p>

great presentation. will we be able to get the slide deck?	Yes	The College of American Pathologists
We had a couple of pathologists very difficult to deal with. That caused a lot of stress in the group. Please address on coping with such staff members.	I can recommend two books about dealing with difficult people in the workplace. One is "The Sociopath Next Door" by Martha Stout Ph.D. (https://www.amazon.com/Sociopath-Next-Door-Martha-Stout/dp/0767915828) and the other is "The No-Asshole Rule" by Robert I. Sutton (https://www.amazon.com/Asshole-Rule-Civilized-Workplace-Surviving-ebook/dp/B000OT8GV2/ref=sr_1_1?dchild=1&keywords=The+no+asshole+rule&qid=1611891505&sr=8-1)	Dr. Judy Melinek
Can you expound on the difference between depression and burnout?	They do go hand in hand but there are key differences. Depression is not necessarily situational. It can occur organically due to intrinsic psychiatric disease even when you are not overworked. When you are depressed though, a normal workload can feel overwhelming. Burnout occurs as a result of an external situation usually the result of chronic understaffing and long work hours. Burnout occurs when you are overworked and overwhelmed and can lead to situational depression. Generally one way to tell the difference is that burnout gets better when you go on vacation and take a prolonged rest from the work situation, or when you switch jobs, while depression does not and needs medical attention. GD Starts here: Burnout is a syndrome of psychological distress that is work related, though it may sometimes spill over into home life. Depression is a medical diagnosis and generally pervades all areas of life, with the depressed person finding little interest or pleasure in doing things they previously enjoyed, feeling a sense of hopelessness, feeling like a failure and in more severe cases, that they might be better off dead. Burnout alone should not cause suicidal ideation. People can experience both burnout and depression though and I believe each can contribute to the other. For a depression screener, I like phqscreeners.com and choose PHQ 9.	Dr. Judy Melinek and Dr. Gina Drobeno