

# Honor Self: The Key to Provider Stress Reduction and a Thriving Practice

IFM Annual International  
Conference  
San Antonio, TX  
May-June 2019



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# Financial Disclosures

- ▶ **Georgia Tetlow, MD** disclosed no relevant financial relationships with any commercial interest.



# Our Goal

Conventional



Functional  
Medicine



My cup is full!



# Getting to goal

Charging \$\$

Get right patients

I don't know  
what I'm doing

New tools

New medicine

I Need Help!



# FM addresses conventional burnout but creates its own



- ▶ Identity
- ▶ Financials
- ▶ Logistics
- ▶ Starting anew

# Agenda

- ▶ **Burnout**
- ▶ **Challenges, solutions and potential of a healthy FM provider**
- ▶ **Provider cases**
- ▶ **Self-Assessment**

# Conventional Burnout



**"Physician burnout is a syndrome defined by the triad of emotional exhaustion, depersonalization, and low sense of personal accomplishment related to one's work."**

## **What is Conventional Burnout?**

Rothenberger, D. A. (2017). Physician Burnout and Well-Being. *Diseases of the Colon & Rectum*, 60(6), 567-576. doi:10.1097/dcr.0000000000000844.  
Available from: <https://www.ncbi.nlm.nih.gov/pubmed/28935298>

# Conventional Medicine Burnout



## EMOTIONAL EXHAUSTION

Overwhelming demand  
and/ or  
insufficient resources

# Conventional Medicine Burnout

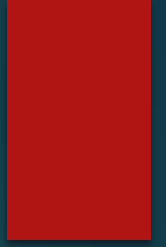


## DEPERSONALIZATION

Disconnected from self,  
body, job

Anyone can provide this  
care, doesn't matter if it's  
me

# Conventional Medicine Burnout



## LOW PERSONAL ACCOMPLISHMENT

Despite high work  
output, tremendous  
work ethic...

I am not nourished

# Root Causes

- ▶ Medical bureaucracy
- ▶ Fix the patient
- ▶ No time
- ▶ Ego-based relationships
- ▶ No room for personal needs

(Squiers, 2017)

# What Causes Conventional Burnout?

- ▶ Too much work
- ▶ Work-home interference
- ▶ Low personal autonomy
- ▶ Less control over flow
- ▶ Frequent interruptions

**Many of these challenges continue after transition to FM**

(Brown et al, 2009)

# Conventional Burnout Statistics I

- ▶ 700 physicians, self-report
- ▶ 31% reported excessive anxiety
- ▶ 60% experienced exhaustion and stress
- ▶ 48% suffered sleep disturbance

(Brown, 2009)

# Conventional Burnout Statistics II

- ▶ **One-third to one-half of physician trainees suffer from depression, and up to three-quarters of residents experience burnout**

(Brown, 2009)

# Conventional Burnout Statistics III

- ▶ Physician burnout → physician impairment, suicide
  - ▶ *25% increased odds of alcohol abuse*
  - ▶ *100% increase in suicidal ideation*
- ▶ Increased risk of motor vehicle crashes and near-miss events

(West, 2018)

# Conventional Medicine Interventions

- ▶ **Self-care workshops, meditation interventions, work hour limits**

-- Busireddy et al, 2017

- ▶ **Devote 20% of work to more meaningful activities**

-- Rothenberger et al, 2017

# Conventional Medicine--Burnout

## Interventions: **MBSR**

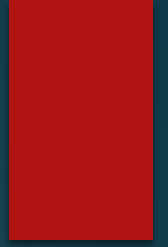
- ▶ Research needed for practicing clinicians
- ▶ Includes reflection/down time, sharing, time away from clinic: stand alone benefits
- ▶ “Learning to stay” vs leaving dysfunctional situation
  - ▶ Time and place for both

# Provider Health Influences Patient Health



- Healthier physicians more able to counsel
- If trying to be healthier, provider counsels more

# Old Challenges → New Challenges



Conventional burnout →

FM addresses conventional burnout but creates new challenges

- ▶ New medicine
- ▶ Established provider starts 'anew'

# Cases

- ▶ In transition
- ▶ Maintenance



# Case: In transition to FM

- ▶ Established primary care physician >10-15 years experience
- ▶ Successful
- ▶ Believer, IFMCP certified
- ▶ Big challenges integrating FM at conventional practice
  - ▶ Logistics, time, openness, buy-in from conventional colleagues

# Case: In transition to FM

## Challenge I

- ▶ Wants to commit but afraid of losing financial security and investment

# Case: In transition to FM

## Challenge II

- ▶ Joins established FM practice, excited/overwhelmed by new approach/tools
  - ▶ Lacks trust that he'll have patients
  - ▶ Not confident

# Case: In transition to FM

## Challenge II

- ▶ “Why are you leaving medicine?”
  - ▶ Continues to work (hard) in primary care
    - ▶ Too busy
    - ▶ Interferes with ability to gain experience in FM
    - ▶ Painful, prolonged ‘transition’





# Case: In transition to FM

## -- Solution

- ▶ Commit! Be in practice/ gain experience/ see results so fear goes away



# Case: Maintaining FM practice

- ▶ Established specialty physician
- ▶ Very knowledgeable in application of FM
- ▶ Challenge/opportunities:
  - ▶ Resists feedback from colleagues, mentors
    - ▶ Harder to adapt and grow
  - ▶ Lack self confidence, lacks faith in the tools

# Case: Maintaining FM practice

## -- Challenge



- ▶ Am I enough? Is FM enough?
  - ▶ Must give more
  - ▶ Am I worth it?
- ▶ Provider doubts model, self



## ► Consequences

- Unable to trust process, needs to prove worth in every appointment
- To compensate, provider unnaturally extends appointment time
- Over preparation

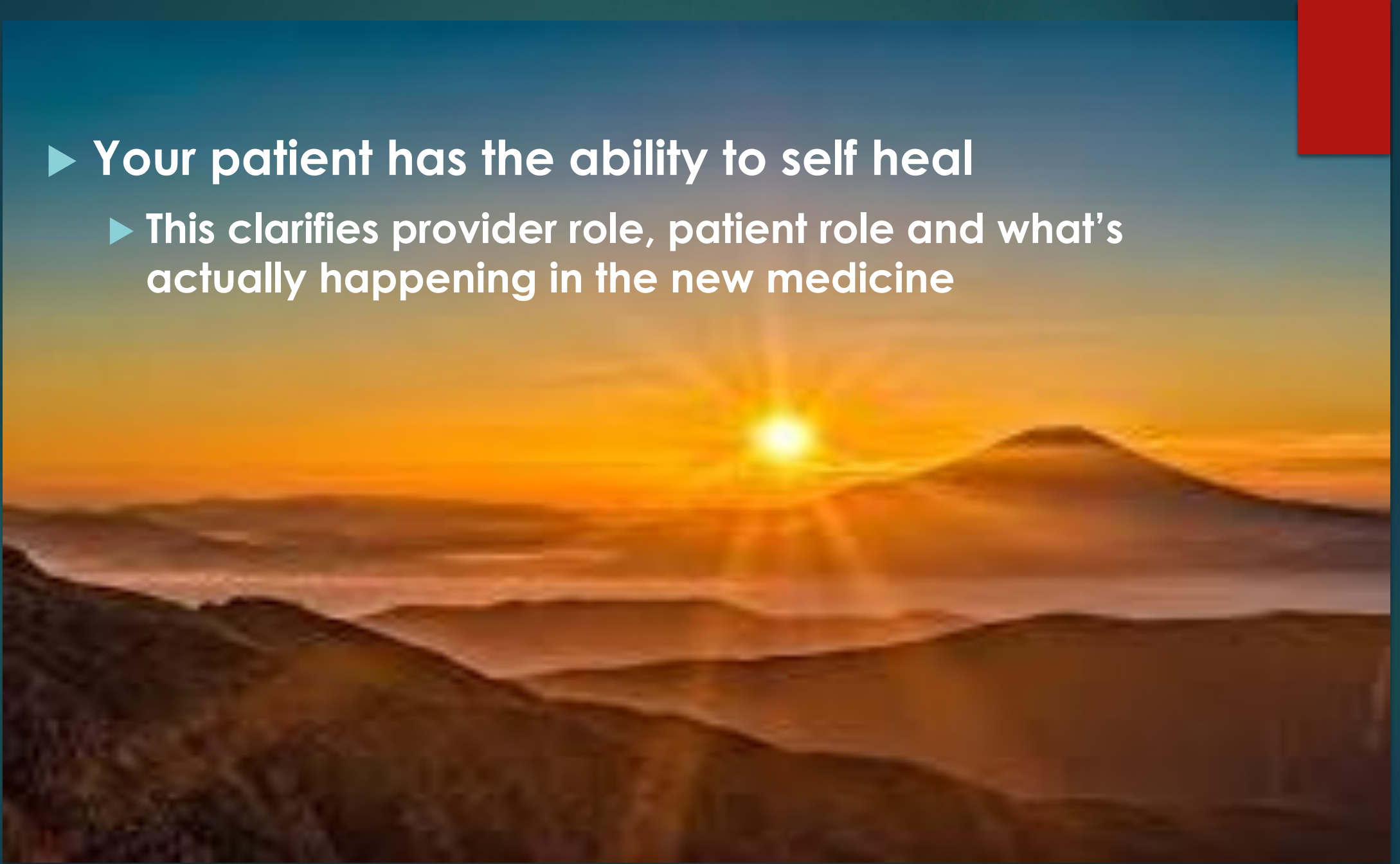
# Case: Maintaining FM practice

## -- Solution

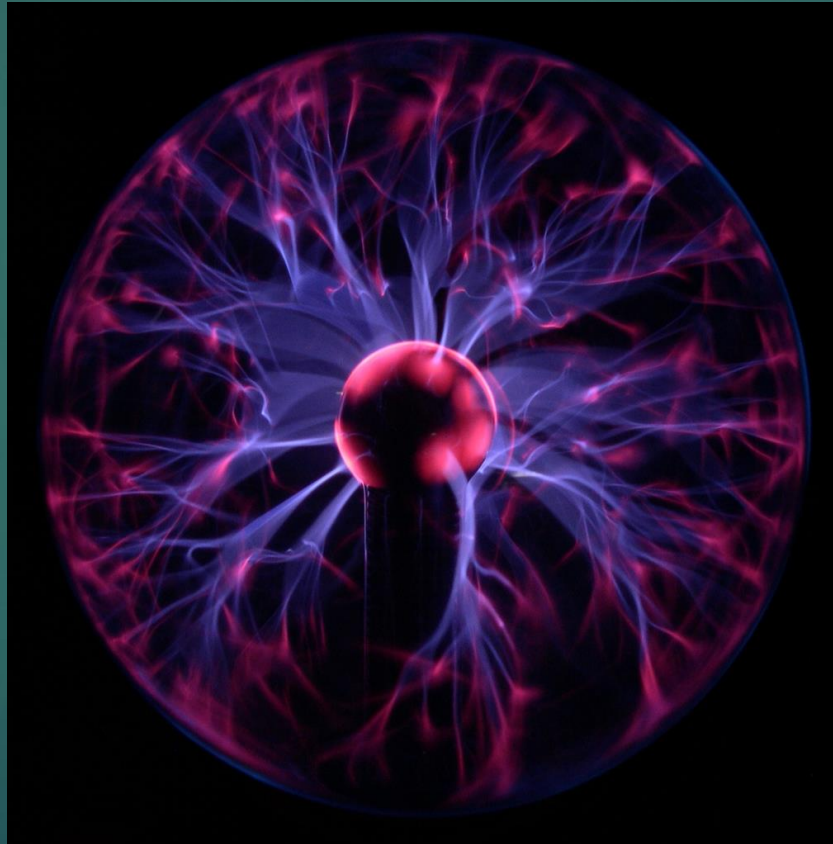


- ▶ Know your value, own your expertise, you are worth it:
  - ▶ See the value of your care
  - ▶ Acknowledge patient's successes

- ▶ **Your patient has the ability to self heal**
  - ▶ This clarifies provider role, patient role and what's actually happening in the new medicine



# Honor Self: naming challenges, solutions and the potential



# New Patient Care Model:

-- Provider inspires and educates

- ✓ Healing not cure
- ✓ New patient criteria:
  - ✓ 1) readiness and 2) self motivation
- ✓ Process heals the patient, not provider, not drug
- ✓ New tools, knowledge base



# New Patient Care Model:

## -- What's hard

- ✓ Field is so rapidly evolving
- ✓ High expectations/ challenging patients
- ✓ Patient contact often needs more conscious management

# New Patient Care Model:

## -- What's hard

- ✓ Relationship-based/comprehensive care
- ✓ Harder to stay on time
- ✓ Care is more intimate
- ✓ Some patients do not understand their role in their own healing and that it takes time

# New Patient Care Model:

## -- What's hard

- ✓ Tense/driven/over-productive = no longer as cool
- ✓ More control, but emotional patterns may more easily sabotage provider



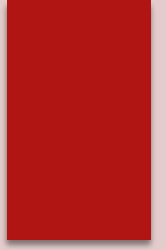
# Solutions: Take the leap, Be in Practice, Mentoring, Community

- ✓ **Commit**—make the transition, have two jobs for the least time/but be realistic
- ✓ **Learn to manage time, expectations (yours and patients') in this new model**
- ✓ **Training**

# **Solutions: Take the leap, Be in Practice, Mentoring, Community**

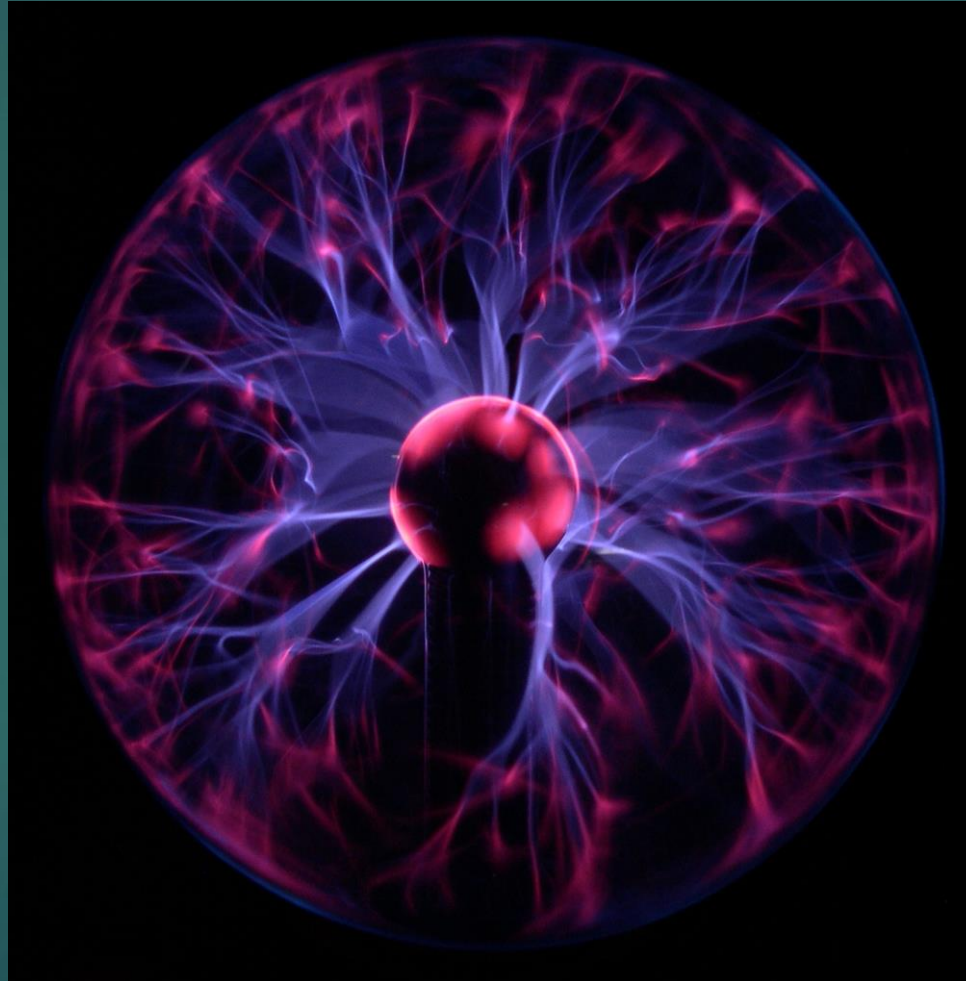
- ✓ **Gather oneself: mindful provider. Time log, gratitude journal, end of day ritual**
- ✓ **Body centered awareness, with compassion; turning towards self, rather than turning away**

# Solutions: Take the leap, Be in Practice, Mentoring, Community



- ✓ Continue to see symptoms as clues, not problems.
- ✓ I love these clues because I'm confident in my approach to understand them
- ✓ I appreciate the mystery

# The Potential



# New Patient Care Model:

## -- The Potential

- ✓ Embodiment, emotional health, boundaries, “yes to the now”
- ✓ Identify needs, give to self
- ✓ Space and time to re-center during the day. Kindness, tenderness

# New Patient Care Model:

## -- The Potential

- ✓ Excitement and belief in the FM model
  - ✓ My patients are getting well
- ✓ I do not fear judgment or criticism



# New Business Model:

## -- What's Different

- ✓ Fear of the dollar sign
- ✓ Increased expectations: \$\$ !
- ✓ May need to create: business entity, marketing funnel, multiple revenue streams

# New Business Model:

-- What's Different



# New Business Model:

## -- What's Hard

- ✓ Am I enough? Is FM enough?
- ✓ Will I have patients? Am I worth the money?
- ✓ You are (often) your own boss – both business AND provider role

# New Business Model:

## -- Solutions

- ✓ Be in practice/ gain experience/ see results
- ✓ Knowing your value, own your good results (take credit)
- ✓ Practice healthy self-promotion

# New Business Model:

## -- Solutions

- ✓ Create support structure: staff, office space, regulatory and educational organizations, insurances, consultants (HR, legal, accounting, etc.)



# New Business Model:

## -- Potential

- ✓ I know my value
- ✓ I am worth it
- ✓ The right amount of work, healthy relationship with time
- ✓ Well-run medical clinic or system



# New Business Care Model:

## -- The Potential

- ✓ Know your value—own your expertise, who you are
- ✓ I am worth my fees
- ✓ Peace and mental stability

# In Transition...

- ▶ New model/ don't know what to do
- ▶ Uncomfortable with charging money
- ▶ Identify fears



# ...to Happiness

## Challenges

- Rapidly advancing field
- Lots to learn
- Identify fears



## What's Needed

- Confidence!
  - In self
  - In model/tools

## How to become confident?

- Commit
- Go through discomfort
- Learn by doing



# Self-Assessment

**Honor Self**  
**Self Assessment**

1. Complete the form by circling the best answer for you.  
2. After, view the live audience response to see how your personal responses fit in with others' responses.

I have loving relationships.	Stuck	Doing ok	I'm there/Its great
I see my role in creating my life. I can change.	Stuck	Doing ok	I'm there/Its great
I know how to relax and I do it daily.	Stuck	Doing ok	I'm there/Its great
I make time to eat.	Stuck	Doing ok	I'm there/Its great
I eat nourishing foods.	Stuck	Doing ok	I'm there/Its great
I exercise on a daily basis.	Stuck	Doing ok	I'm there/Its great
I am confident at work.	Stuck	Doing ok	I'm there/Its great
I sleep enough and it is good sleep.	Stuck	Doing ok	I'm there/Its great
I have fun. I laugh. I smile.	Stuck	Doing ok	I'm there/Its great
I make time to be in nature.	Stuck	Doing ok	I'm there/Its great
I respond to my body's needs and my body feels healthy.	Stuck	Doing ok	I'm there/Its great

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1. Complete form (3 mins).
2. Then view live responses to see how you fit with others

# LIVE AUDIENCE RESPONSE

I have loving relationships.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I see my role in creating my life. I can change.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I know how to relax and I do it daily.

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I make time to eat.

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I exercise on a daily basis.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I am confident at work.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I sleep enough and it is good sleep.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I have fun. I laugh. I smile.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I respond to my body's needs and my body feels healthy.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

My body has time and interest in sexuality.

Stuck

Doing ok

I'm there/Its great

# LIVE AUDIENCE RESPONSE

I trust the universe is kind.

Stuck

Doing ok

I'm there/Its great

# NEXT STEPS-INSTRUCTIONS

- ▶ What is the single most important thing to address? Circle it.



# NEXT STEPS -- Partner up



1. Single most important thing: Do you know your next step? Share.
2. Can you visualize it? Share.

Can't visualize? It's ok. Meditate, call a friend or a mentor.

# Visualize the Outcome



# Summary

- ▶ **Burnout**
- ▶ **Challenges, solutions and potential of a healthy FM provider**
- ▶ **Provider cases**
- ▶ **Self-Assessment**



Rebecca  
Cohen



Herdley Paolinii



Al  
Short



Dani



Alexa



Pat, Lauren and Annmarie



Chris Cocuzzi Cox



Karin Tetlow



My  
husband



Denise



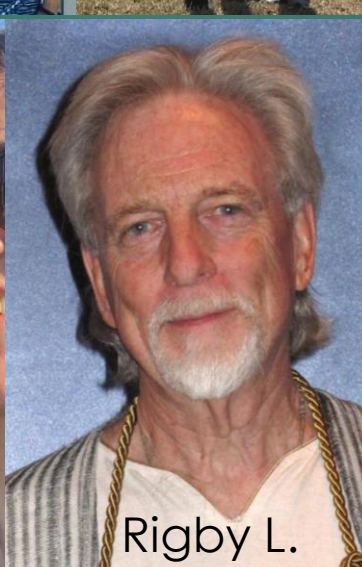
Claudia, Jill and  
Rachel



Rachel H.



Tim Tetlow



Rigby L.



Sam Tetlow



Susan Harrington,  
Andrew Lee

# Free Resources



- ▶ 10 min meditations
- ▶ Handouts
  - ▶ Create your Practice
  - ▶ Art/music therapy, breath, energy medicine, more
  - ▶ <https://philly-im.com/provider-mentoring>
- ▶ Be mentored
  - ▶ Be a friend, encourage peers
  - ▶ Truth teller

# Q & A



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## Walk the Talk: Creating Balance for Clinicians

### Manage Your Daily Stress

On average, healthcare professionals tend to exercise more regularly than people working in other professions, but the full range of self-care and restorative activities is less commonly practiced. Clinicians are at increased risk of substance abuse, depression, suicide, and burnout, compared with the general population. Only 28% of family practice physicians report feeling happy with their work.<sup>1</sup> Yet the benefits of stress management practices are well-known and validated.

Take charge—determine your own mental state! You can reach equilibrium and sustain change.

### The Balance Point

Movement and rest are both required to maintain a healthy body composition, support regeneration and repair, and increase immune and mental resilience. Striving for fitness and finding time to be mentally active improves mental acuity and happiness. Balance can be achieved in the most dynamic of situations, with greater awareness and enhanced calming techniques.

The practice of self-awareness, mindfulness, or gratitude can quickly shift a challenging experience into a more centered, calm response. Take advantage of your neural plasticity.



#### Creating balance requires adequate time and energy directed towards four aims:

- **MOVEMENT**—Remaining active throughout the daily routine
- **FITNESS**—striving for optimal fitness through a comprehensive exercise prescription
- **SLEEP**—allowing for and experiencing regenerative sleep
- **RESTORATION**—self-guided implementation of calming and restorative practices

### Be the Example

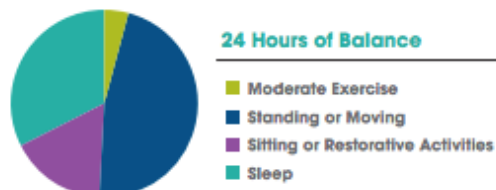
In studies, clinicians have been found to be somewhat healthier than the general population. For physicians, restful sleep and exercise have powerfully positive mental effects. Yet many clinicians have not actually implemented evidence-based lifestyle changes. Modeling healthy habits not only provides deep knowledge of what is required, but also increases the likelihood that you will counsel patients successfully. Improving your own health practices increases your efficacy at lifestyle counseling, and practicing your own preventative, healthy behaviors increases patient adherence to recommendations.<sup>2,3</sup>

### What to Do

Balancing your work stress with effective coping strategies increases your cognitive and emotional capacity. Commit to trying movement and restoration activities not only to improve your lifestyle counseling skills, but also to feel better and strengthen your overall satisfaction.



Activity levels and time spent being sedentary are independent variables that each affect mortality. Because there is only a limited amount of time in each day, adopting new behaviors usually means displacing old behaviors. As a result, increases in physical activity can decrease sedentary time and improve outcomes. In fact, replacing as little as 30 minutes a day of sedentary activity with even light activity decreases mortality.<sup>4</sup>



**Key Tip:** Consider not just the quantity of restorative activities, movement, and sleep, but also the quality. For instance, watching TV is not as restorative as meditation or gratitude journaling.

### When you adopt healthy practices, you and your patients will benefit.

#### Incremental Recommendations:

- Gather appropriate exercise clothes and shoes
- Walk and stand more
- Decrease screen-focused leisure time
- Use a pedometer or fitness app
- Improve sleep environment
- Practice deep breathing once a day
- Participate in group classes for restoration and/or fitness

#### Specific Recommendations:

- Sleep and movement diaries
- Consistent restorative activities
- Tailored exercise prescription
- Gratitude journal
- Sleep disorder evaluation and sleep prescription

#### Overall Recommendations:

- Exercise and movement goals and tracking
- Habitual restorative activities (yoga, meditation, prayer, journaling, walking)
- Mindfulness practice
- Stress management skill development

### References

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