

Physician Assistance Program Newsletter

Spring 2009

Who Takes Care of the Caretaker?

The Price Paid For Attending Too Closely

As a physician, you've most likely heard your colleagues and coworkers talk, or you may have experienced for yourself the burnout-like disenchantment of *Compassion Fatigue*. Physicians, nurses, police officers, employees of the humane society, members of the clergy, counselors, and other emergency responders are reporting feelings of disillusionment with their work and are leaving their occupations in alarming numbers. Burnout can be a factor for all of these occupations, however it would be entirely imprudent to forget about the effects that Compassion Fatigue can have on any given individual. Rather than changing jobs somewhere in the middle of the stream, there could be a possibility that by changing only a small number of behaviors, a person's interest can become revitalized toward the occupation which drew them in.

The concept of *Compassion Fatigue* emerged only in the last several years in professional literature. It represents the cost of caring about and for traumatized

people. It's the emotional residue of exposure to working with people who are suffering, particularly those suffering from the consequences of traumatic events, and has been described as a secondary Post Traumatic Stress Disorder. CF is the state of preoccupation and tension associated with the trauma of one's clients. It has the ability to manifest itself in many ways such as avoidance, emotionally experiencing the event - time and again, and numbing one's self to the reminders of such events. CF differs slightly from what is the customary perception of burnout, which is usually experienced by those in most other lines of work.

The individuals dealing with traditional burnout will likely withdraw from their usual work activities because of intense feelings of physical, spiritual and emotional exhaustion. They might easily refuse to take on more responsibility when asked, lose enthusiasm for the type of work that they've done for years, or will often times quit their jobs in search of something they can find which

proves more fulfilling. The reverse is often true for the individuals who find themselves experiencing Compassion Fatigue. These are the Professionals who listen to the stories of fear, pain and suffering of others, and may feel similar fear, pain and suffering because they care. Once they realize what it is they're doing, these individuals will be able to see themselves being even more drawn-in and attentive to their work, their patients, or duties. The result of which is a steadily increasing feeling of being pulled downward toward exhaustion. If you ever feel as though you are losing your sense of self to the clients you serve, you may be suffering from CF.

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Who Takes Care of the Caretaker?

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We will often equate this phenomenon with the pressure of providing more services with fewer resources, responding to more incidents and accidents, seeing more trauma in the ER, including neglected and severely abused elderly patients, the death and abuse of an increasing number of children, as well as the more frequent scenarios that physician need to deal with on a daily basis. As difficult as all of these issues seem to be, they don't even to begin to scratch the surface of daily responsibilities. As a physician you also have to deal with the effects of having to complete more and more documentation just to stay in business, and withstand the stress of increased demands from patients, and your community. You have a great deal of responsibility and a colossal amount of duties and responsibilities that you feel must be accomplished at the end of the day. Care-giving professionals with the significant emotional and physical demands will frequently express a

feeling of dissatisfaction and burnout, but may be, in fact, predisposed to Compassion Fatigue.

People try to compensate for Compassion Fatigue by multi-tasking or doing several things at once. They eliminate healthy activities such as exercise or spend less time with the family to make the workday more "productive" by extending their time at work. When doing any of these things without practicing self-care, there is a very high risk that destructive behaviors will present themselves. Without learning to recognize and manage its symptoms, CF can cause pain and suffering leading to apathy, suppressed emotions isolation, and issues of substance abuse.

If you're interested in learning more about Compassion Fatigue, there are numerous books available for your convenience, at your local public library, bookstore or through any online retailer. In addition, if you feel you may have some form of CF, there are a number of self-tests available to you online, simply by accessing your favorite search engine and typing in "Compassion Fatigue Self-Test."

The solutions to CF are individualized and multileveled, however, we can point out that the first step in finding relief is to recognize the symptoms and put a plan

in place to regain balance. Remember that old habits are hard to change even when they are bad for us. Call the PAP with your questions or concerns; we can provide expertise and confidential services to assist you, and we're available anytime, day or night, seven days per week.



Potential Symptoms of Compassion Fatigue:

- Difficulty separating work from personal life
- Increased negative arousal
- Hyper-vigilance
- Intrusive thoughts of client trauma
- Loss of hope
- Diminished ego
- Being easily angered
- Lowered career satisfaction
- Self destructive behaviors
- Depression
- Lowered functioning in personal situations
- Perception of "victims vs. predators"
- Decrease in feelings of safety
- Dread working with specific individuals



Four Steps That Can Help You Fight Burnout:

Schedule time for yourself: Set up a plan to schedule in several appointments with yourself for the next 3 months and do some things that you really enjoy. These should be non-cancelable. Make yourself accountable to keep your appointment.

Seek out resources to avoid burnout: Add specific resources to be preventative in your own stress management program. One excellent resource is an on-line course, Coping with Stress in the Practice of Medicine www.texmed.org/Template.aspx?id=4460.

Manage accessibility: Evaluate your practice and see where you need to draw the line. Perhaps you need to change your hours, your patient load or the number of committees that you are on. Reevaluate contracts that are unprofitable or otherwise onerous.

Create a support system: Physicians burn out for a number of reasons, but perhaps the most common is a lack of balance in one's work life. Getting through medical school, residency and the setting up of a private practice often creates isolation for many reasons. Select three colleagues and form a support group and meet regularly. ■

Practice-Management Strategies: Recruiting The Right Person

Shortages of nurses and allied health professionals are predicted to last for several decades. In today's tight medical staff employment market, finding a skilled new employee with "the right fit" can be a challenge; so the process of recruiting and selecting an employee must be effective and efficient.

There is no method for hiring that completely eliminates the risk of a candidate being a poor fit. To increase the likelihood of positive outcomes, always start with an assessment of the position (roles, scope, and responsibilities). Establish educational & experience qualifications (formal training & skills), and identify the interpersonal communication skills necessary for successful integration with your current staff. Finally, be sure to establish a written job description for the position you intend to fill.



Recruitment strategies vary, with the least expensive and frequently most successful method being word of mouth. One of your current employees or a trusted peer may know someone looking for an opportunity similar to the position you seek to fill. Always let colleagues and professional contacts know that you're searching.

The process of listing the position in local newspapers or online employment portals can be costly and inefficient, and you should expect a wide range of responses to your ad – many of which will be from people lacking the basic skills, training, or qualifications necessary. You will need to screen the responses, including only the most qualified individuals based on the criteria established in the job description.

Working with a local or regional placement agency that specializes in medical staffing may appear to be the most expensive course of action, but the advantage is that applicants are prescreened, with backgrounds, qualifications, and experience verified prior to the candidate being referred to you for consideration. Online portals specializing in medical staffing are also increasing in number. The process of interviewing a candidate can be as straightforward or as complicated as you prefer. In general, you will want to:

1. Screen the applicants and identify the top four candidates.
2. Conduct a telephone interview to get an idea of the applicant's personality and interpersonal skills, to confirm education & experience, and to determine whether or not the applicant's salary requirements are in your range. Be sure to take notes.

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3. For the face-to-face interview, meeting in a location where the candidate will be working is usually best. Conduct the interviews with a predetermined written set of questions, and be sure you've left space for the candidate's name. Be consistent about recording each candidate's response to all questions. This will help you recall or differentiate specific candidates, and limit your potential for exposure to any discrimination based legal action.
4. REMEMBER you cannot ask questions related to race, religion, age, ethnic background, gender, marital status, or national origin. Questions in these areas are "off limits." Stick to questions that are relevant to filling the position consistent with the requirements and qualifications listed in the job description.
5. Review the applicant's information prior to the interview, and allow plenty of time for completion. Having your Clinic Manager or trusted staff participate in the interview, for a second opinion, is a very good idea.
6. Interviewing is subjective. Once you decide on a candidate, we recommend doing a thorough education, employment, reference and license verification, if applicable. In addition to providing a professional resume, the candidate should also have completed an "Employment Application" with name, address, phone, and other pertinent data, along with a list of personal and professional references. Many employers have the candidate complete the application before the face-to-face interview, and should request permission to contact the current employer.
7. Many employers also require the top candidate to successfully complete a pre-employment drug screen. Achieving a successful outcome in the process of screening & hiring a new employee requires you to be diligent, focused, and consistent. Now more than ever, it pays to be wise in spending time hiring, rather than firing.

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