

# CLINICAL WEBINARS

## FOR HEALTH SERVICE PSYCHOLOGISTS

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TRANSLATING RESEARCH TO PRACTICE

# Effectively Supporting the Well-Being of Healthcare Professionals

**Abbie O. Beacham, PhD**

University of Louisville School of Dentistry

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# Abbie O. Beacham, PhD



Dr. Beacham is a Clinical Health Psychologist and the Director of Behavioral Sciences at the University of Louisville (UofL) School of Dentistry. Prior to returning to UofL – her PhD alma mater – she served at the University of Colorado School of Medicine as an Associate Director of the Resilience Program.

Dr. Beacham's research, teaching, and clinical work focuses on interprofessional team-based and integrated care as well as burnout, resilience, and well-being among healthcare professionals.

# Disclosures/Conflicts of Interest

- *Neither I, nor any family members, have financial interests or conflicts of interest to declare regarding the content of this presentation.*

# Learning Objectives

1. Explain key facets and drivers of burnout, well-being, and resilience as they pertain to healthcare professionals.
2. Describe ethical considerations for programming intended to enhance resilience and well-being.
3. Demonstrate effectively and ethically providing support within a healthcare system while protecting your own autonomy and well-being.

# Begin with Case Example: “Dillon”

Following 5 slides  
are brief excerpts  
from Clinical  
Vignette  
“Dillon”

Journal of Health Service Psychology (2023) 49:63–75  
<https://doi.org/10.1007/s42843-023-00083-y>



## Psychologists’ Role in Addressing Healthcare Provider Burnout and Well-Being

Abbie O’Ferrell Beacham · Andrea Westfall King · Brenda F. Nash

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# Case: “Dillon”

Dillon is an **early career psychologist** who, after completing post-doctoral training, started a clinical faculty position in the same department of family and geriatric medicine with a residency training program.

- Works primarily (2.5 days/week) in the family medicine clinic on the Behavioral Health Team.
- Responsibilities: direct and indirect patient care and consultation, training of medical residents and training and supervision of psychology learners (i.e., externs, interns, and postdoctoral fellows).
- Two days per week, Dillon also works in a colocated model within an Anesthesia-based Pain clinic.
  - Many of the **same medical residents and psychology learners also rotate through this clinic.**



# Case: “Dillon”

- Dillon has become a **trusted and valued faculty member** of the clinics in which they work.
  - **Enjoys a warm and positive relationship** among the faculty, residents, psychology learners and patients.
  - Dillon has **worked diligently to cultivate these relationships**
- When opportunities to become more involved in department-wide projects and initiatives arise, **Dillon has always been quick to volunteer.**



# Case: “Dillon”

- Clinic and training directors asked Dillon to help address **Burnout and Well-being among (primarily) the medical residents.**
  - Leadership and attending physicians have noticed that **the residents have seemed increasingly rundown beyond what would be considered normal.**
  - ***A few incidents of residents’ unprofessional behavior and worried about how overall well-being of the residents and attending providers could negatively impact the reputation of the clinics and clinical training programs.***

# Case: “Dillon”

Specifically, **they envision in-house psychologists providing group and individual counseling and programs for residents.**

- They also **offered that this work would become 10% (4 hours each week)** of Dillon’s position responsibilities.\*\*\*
  - The medical director shared that having Dillon oversee this program was a “no brainer” because the residents reported that when Dillon occasionally led Balint support groups, that specific group experience was especially useful.

\*\*\*Happening with increased frequency

# Case: “Dillon”

- The Director of Residency training also mentioned that **it would be helpful if when a resident was distressed or was not behaving professionally, they could immediately be referred to Dillon (or even one of the psychology interns or postdocs) for a few counseling sessions.**
  - *It would also be easy to track in-house (for accreditation purposes) and it would be especially convenient because residents have very little time to seek counseling elsewhere.*



Time  
to Reflect...



## Learning Objective 1:

Explain key facets and drivers of burnout, well-being, and resilience as they pertain to healthcare professionals.



**36,100,000**

*Burnout and Healthcare  
Professionals*

\*\*\*\*\*

3,500,000

*Burnout and Psychologists*

Google

About ~~6,590,000~~ results





*Burnout commonly affects individuals involved in the direct care of and service to others, especially healthcare/mental health practitioners, educators and trainees.*





***“Even before the COVID-19 pandemic, the National Academy of Medicine found that burnout had reached “crisis levels” among the U.S. health workforce, with 35–54% of nurses and physicians and 45–60% of medical students and residents reporting symptoms of burnout.”***



*It is **not** classified as a medical condition.*

*‘Factors influencing health status or contact with health services’ – which includes reasons for which people contact health services but that are not classed as illnesses or health conditions.’*

<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>



**“Burnout” Profile must meet all 3 Dimensions:**

- Exhaustion**
- Cynicism**
- Professional Inefficacy**

*“People experiencing burnout are not simply exhausted or overwhelmed by their workload. They also have lost a psychological connection with their work, which has implications for their motivation and their identity.”*

# Six areas of work life

***Mismatches\****  
are “DRIVERS”  
of Burnout

\*Disproportionate among underrepresented  
providers, staff and learners.

Workload

Control

Reward

Community

Fairness

Values

# Six areas of work life

***Mismatches\****  
are “DRIVERS”  
of Burnout

\*Disproportionate among underrepresented providers, staff and learners.





# Enhance Resilience and Well-being?\*

\*Scores on Measures of Resilience and Well-being often Inversely Associated with Burnout Scores



*'...a real solution is not simply to say, "**If you can't take the heat, get out of the kitchen.**"'*

*It's like, "**Okay, we'll help you cope and do better in this kind of environment, but we're also going to work on the kitchen to make it a better place to do that kind of work.**"*

Christina Maslach, PhD <https://www.apa.org/research/action/speaking-of-psychology/burnout>

Canaries would show visible distress in the presence of gas, swaying before toppling over.

<https://www.abc.net.au/news/2020-05-21/canary-coal-mine-gas-underground-mining-technology-monitoring/12259628>



## Learning Objective 2 & 3:

Describe ethical considerations for programming intended to enhance resilience and well-being.

Demonstrate effectively and ethically providing support within a healthcare system while protecting your own autonomy and well-being.





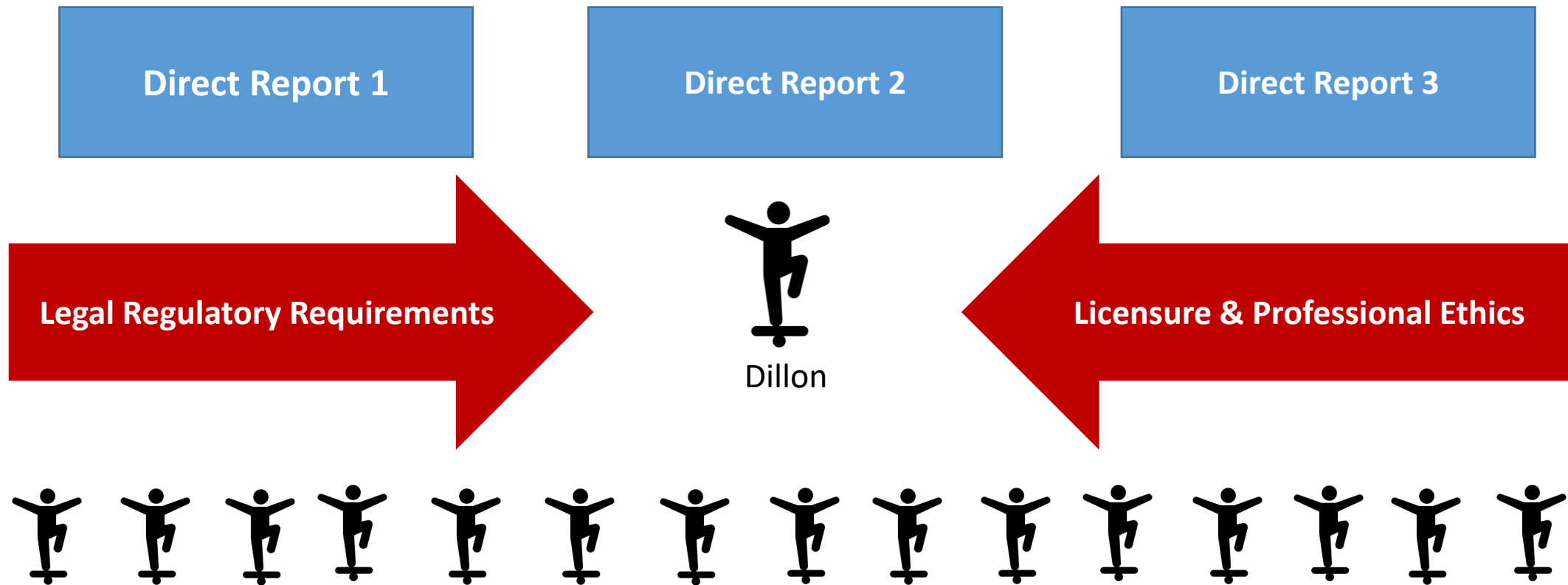
### **Three Models (Dillon Might Consider):**

1. Consultation-Liaison-Intervention Model
2. Manualized/Structured Group Intervention Program Model
3. System Level Interventions Addressing “Drivers” of Burnout

# Consultation-Liaison-Intervention model:

- **Psychologists may offer individual:**
  - Consultation
  - Assessment
  - Intervention
  - Referral
- **Benefits include:**
  - Familiar model of “care” (how most of us are trained)
  - Individualized/tailored approaches
  - Confidentiality (?)

# Consultation-Liaison-Intervention model:



# Consultation-Liaison-Intervention Model

Domain	Potentially Relevant Ethical Principles, Codes of Conduct and Values Related to Interprofessional Competency	RISK
<b>Multiple Roles</b>	APA 3.05: Multiple Relationships APA 3.07: Third-Party Requests for Services APA 3.11: Psychological Services Delivered to or Through Organizations APA 7.04: Student Disclosure of Personal Information APA 7.05: Mandatory Individual or Group Therapy APA 7.06: Assessing Student and Supervisee Performance <b>IPEC VE4:</b> Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions	
<b>Scope of Practice/ Competence</b>	APA 2.01: Boundaries of Competence APA 2.02: Providing Services in Emergencies IPEC VE10: Maintain competence in one's own profession appropriate to scope of practice.	
<b>Confidentiality</b>	APA 4.01: Maintaining Confidentiality APA 4.04: Minimizing Intrusions on Privacy APA 4.05: Disclosures APA 4.06: Consultations <b>IPEC VE2:</b> Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	
<b>Conflict of Interest</b>	APA 3.06: Conflict of Interest	
<b>Professionalism</b>	APA 6.01: Documentation of Professional and Scientific Work and Maintenance of Records APA 6.05: Barter with Clients/Patients APA 6.06: Accuracy in Reports to Payors and Funding Sources <b>IPEC Values and Ethics Competencies:</b> Work with individuals of other professions to maintain a climate of mutual respect and shared values.	

# Manualized/Structured Group Intervention Program model:

- **Facilitators offer formal manualized programs across a variety of topics.**
  - Topics may be unifocal/singular (e.g., stress reduction, Mindfulness) or have multiple components (e.g., Resilience)
  - Groups may be comprised of intact teams, single profession (e.g., medical residents) or interprofessional
  - May also be integrated into a formal curriculum
- **Benefits include:**
  - Extended reach in teams, clinics or systems
  - Non-threatening format familiar to recipients
  - May enhance connectedness in groups/audience
  - Provide contact for potential referral

# Manualized/Structured Group Intervention Program model:

Domain	Potentially Relevant Ethical Principles, Codes of Conduct and Values Related to Interprofessional Competency	RISK
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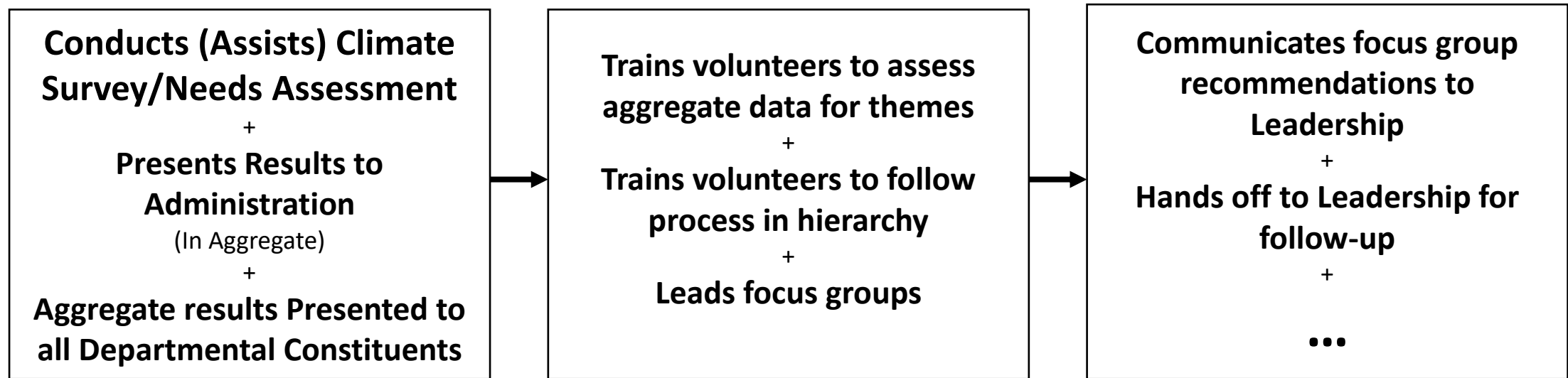
# System Level Interventions Addressing “Drivers” of Burnout



<sup>1</sup> Shapiro et al (2019) Beyond Burnout: A Physician Wellness Hierarchy Designed to Prioritize Interventions at the Systems Level, *The American Journal of Medicine*, 132 (5), 556-562



# System Level Interventions Addressing “Drivers” of Burnout



## Benefits Include:

- Opportunity to impact broad system and policy level change for far reaching meaningful effect
- Ability to be “at the table” with key stakeholders and decision makers
- Opportunity to showcase psychologist skill sets not readily recognized by others

# System Level Intervention

Domain	Potentially Relevant Ethical Principles, Codes of Conduct and Values Related to Interprofessional Competency	RISK
<b>Multiple Roles</b>	APA 3.05: Multiple Relationships APA 3.07: Third-Party Requests for Services APA 3.11: Psychological Services Delivered to or Through Organizations APA 7.04: Student Disclosure of Personal Information APA 7.05: Mandatory Individual or Group Therapy APA 7.06: Assessing Student and Supervisee Performance IPEC VE4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions	
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Time  
to Reflect:  
Desire, Skill Set and  
Opportunity

# Clinical Resources

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# Q&A With Dr. Beacham



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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