Q&A: After experiencing burnout, she helps others persevere

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Like most physicians, Patricia Wooden, MD, has a burnout story. When she experienced burnout, Dr. Wooden, a family physician, learned to recover in place without changing careers.

She had to figure out how to function differently to make her job feel fulfilling again. Through that experience, though, Dr. Wooden determined that she didn’t want others to go at it alone. Instead, she wanted to normalize the conversation about burnout to improve well-being and enhance resilience.

Dr. Wooden is now system director for clinician well-being at PeaceHealth Medical Group (PHMG) in Vancouver, Washington. PHMG is part of the nonprofit health system, PeaceHealth, and is comprised of more than 1,100 physicians and other health professionals from dozens of clinics and hospitals across the Pacific Northwest.

During a recent interview, Dr. Wooden discussed her role, how her personal burnout story inspired her, and how the pandemic shifted her well-being efforts.

AMA: The idea of having top leaders whose focus within the health care organization is well-being is still fairly new. Explain for our readers how your role differs from that of the chief wellness officer?

Dr. Wooden: A chief wellness officer often takes a wider lens and really looks at all clinicians that practice at all of our facilities. That would include a lot of clinicians who are self-employed or who are employed by other groups, but who practice medicine in our facilities. It would include what I do plus this other group.

A chief wellness officer also has more of the purview of the staff and the other people on the team in terms of looking at wellness more globally for the organization and maybe with a focus on the clinicians, but to still have that as part of their assignment or part of their duties.

For me, I still practice medicine 70% of the time so I’m still very clinical and I enjoy clinical practice. I’m not really looking to leave clinical practice, so having my time be focused on a subset of that is a manageable enough chunk that I can actually drive initiatives and programs that are going to make a

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real difference for people that are in that group. And then if we find things that work really well, we can take those and start to scale those up as we go along.

AMA: Why did you want to get involved in addressing clinician well-being?

Dr. Wooden: At the time I was a medical director for our local family medicine department, and I was in a position where I could see it happening in my partners. Like—you just would watch it. It's almost like watching a train wreck in slow motion.

And as a leader, it was really frustrating and upsetting to try to help these lovely people who were working really hard, trying to do the right thing and not really understand it and not really have good resources to be able to help them through that situation. And so that's really what prompted my interest in it and why I'm so passionate about it.

AMA: What was your personal experience with physician burnout?

Dr. Wooden: It had a lot of the classic features of a burnout story, which is too much work and thinking it had to all be done a certain way, combined with some stresses that happened that were completely outside of work—family stresses, health issues, just life in general sort of landing on top of an already busy and demanding career.

I knew I had a problem when I would say, “I want to move to Belize.” That was my code word. I was like, “I think that I would be much better served if we moved to Belize and just chucked it all.” And I was fantasizing about leaving practice. I was fantasizing about running away. I dreaded coming to work every day, I would come home exhausted, and I couldn't show up and be a mom or a wife or do any of the other things that I really wanted to do.

That, to varying degrees, went on for a long time—it probably started about seven or eight years into my career and lasted probably off and on for seven to eight years. My burnout got really bad in about 2013, 2014, 2015 when we had organizational change, we implemented a new EMR in our health care system, and I was a new leader in our place.

I found, a book by Dike Drummond, MD, Stop Physician Burnout: What to Do When Working Harder Isn't Working, and that was really a transformational moment for me where I was like, oh, wait, I can do this differently. I started to implement some of the things for me personally, and that's when I started to feel a lot better.

As I started to feel better, that's when I started to notice other people are really struggling too, but I couldn't figure out how we could help position our organization to be able to allow people to deal with
that very internal, very personal struggle of burnout differently.

**AMA:** As you began your new position, how did you determine what steps you were going to take?

**Dr. Wooden:** The first thing we did was we put together a system team that had representation from a lot of different clinical areas—primary care, specialty care—all of the different communities that our organization serves. It was mostly clinicians, but we also had someone from our spiritual care team, human resources team and marketing and communication, as well as some people who helped with informatics.

All of these people come together once a month and look at our overall work. Then we realized, well, the first thing we need to do is learn about what this is and what we need to do. And so, I attended the chief wellness officer training course that Tait Shanafelt, MD, puts on at Stanford. That helped me get a perspective about what an organization could—and potentially should—be doing. It also gave me the Stanford model to be able to bring back to our organization and start planning how we would address it.

Then it was really a process of looking at the needs of the medical group and what were the things that really bubbled up to the surface. The first thing that bubbled up was our onboarding process really was not friendly—we didn’t set people up to do a great job.

So we looked at that and then we looked at what our organization uses to do process improvement because we are a lean organization. We use those tools to design, as they call it, an A3, which is basically a road map for what we thought we wanted to do for improving well-being.

With that, improving the new clinician experience would be our first project. We worked on that for most of 2019. It was a huge project that’s now mostly done and we’re starting to see some successes from that.

**AMA:** How did the COVID-19 pandemic affect how you approached your role?

**Dr. Wooden:** Everything became electronic overnight, so all of our programming that we did face to face immediately changed to electronic communication. Some of it just got put on hold. Our system did a remarkable job of responding to COVID—in terms of the leadership and the accountability from our senior leaders was fantastic.

My role wasn’t really back seat, but there were so many other organizational priorities that were happening that needed to happen that we kind of did what we could with what we had at the time.

And then as the intensity of COVID wore off and we started to see some of the stressors and some of the effects that it was having on our clinicians, that's when we were able to
ramp up some of the personal resilience resources that we have available, push those and help educate about those. Now we're—like everybody—just kind of monitoring closely to try to figure out what this is going to look like long term for the health of our clinicians.

**AMA:** What have you heard from clinicians at your health system about burnout and the added stress of the pandemic?

**Dr. Wooden:** It was high before. There are stresses, but I don't know that my experience is reflective and the people that I interact with most closely are not terribly impacted in ways that others have been. Has it been stressful? Absolutely. Have we had patients calling in very stressed about how they're going to get their vaccination? Oh, my goodness, yes.

We're still in that feeling-it-out phase for what it's going to look like long-term, and that's not to diminish the fact that I'm sure there are clinicians in our health system who have been pretty profoundly impacted. We've been monitoring their use of resources for counseling and coaching, and those have all increased pretty impressively. I'm very happy that clinicians are at least finally reaching out and saying: Hey, I need some help here.

**AMA:** What are your well-being plans for the next year?

**Dr. Wooden:** We are doing a practice-efficiency pilot program right now. It is a small group cohort that meets weekly to talk about their goals for their practice and to give them time and space to plan and work on improving their practice.

We have patient-experience experts, lean experts, an Epic expert and me as a well-being expert. Together we talk about how all of those various disciplines feed into running an effective, efficient practice. We have about 12 to 15 clinicians at a time, but that is not going to get us to the place that we want to be fast enough—we will have to figure that out.

Then my second goal is to try to figure out what type of programming will help our work after work, which is also called “pajama time” and is the time that physicians spend documenting or conducting mostly administrative tasks outside of normal work or clinic hours. I have some thoughts and some ideas about where we might start with that.

And then the last thing is to really start climbing the hurdle of improving community within our clinician group—how do we help connect people together and how do we help build a sense of support and community? For example, there will be a doctor's lounge, but most of us won't go to the doctor's lounge. So how do we help connect people digitally and help them feel connected to our organization, the medical community and each other.

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AMA: Why is it important to do this work to improve well-being?

Dr. Wooden: I just really love doing this. It's really fun for me to do. And I feel so passionately about this primarily because it improves my life—which is really nice—and it really helps improve the life of my partners, which is fantastic. It's so important for our profession because it is really struggling right now, so it needs lots of people doing this work to be able to help move our profession in a better direction.

But most importantly, it's just for my patients. I have these lovely people that I want to try to take the best possible care of and if they're working and having to interact in a system where 50% of the clinicians are experiencing burnout, that's not great for their care. There's such an imperative to do this work on so many different levels that there's not anything else I'd rather be working on right now.