



*A publication of the*

**AMERICAN ASSOCIATION OF DIRECTORS OF  
CHILD AND ADOLESCENT PSYCHIATRY**

**JOIN US FOR THE 54<sup>TH</sup> ANNUAL MEETING**



**Fall/Winter 2018**

# American Association of Directors of Child and Adolescent Psychiatry

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# PRESIDENT'S MESSAGE



Autumn has come and gone and the holiday season is upon us. I was personally so pleased to greet many of you at our annual Dessert Reception at the Sheraton on Thursday, October 25 during AACAP's Annual Meeting in Seattle and to see so many of the child division directors in attendance.

AACAP's meeting always provides a wonderful opportunity to meet with colleagues and to learn from distinguished speakers on a wide range of important topics. The program was very rich and offered a wide range of institutes, workshops, symposia, breakfasts, posters and plenary talks. The Town Hall Meeting devoted to the Recruitment Crisis provided a lively discussion about ways in which we may continue to solve the recruitment dilemma.

While we are immersed in recruitment of our incoming class of residents in child & adolescent psychiatry for July 1, 2019, we can look ahead to the [2019 Annual Meeting](#) of AACAP, April 25-27, 2019 at [Deer Valley Resort](#), Park City, Utah. We are grateful to Drs. Rich Martini & Phil Baese for helping to coordinate the local arrangements and to Earl Magee for always helping to organize our meeting in an exemplary fashion. I encourage each of you to attend this meeting. For those of you acquainted with Park City and the surrounding area, you are familiar with the natural beauty. For those of you who have not been to Park City before, let me assure you it's an incredibly beautiful place. Please consider extending your stay by arriving a few days early and/or remaining a few days beyond the meeting in order to take advantage of what the region has to offer. We are very fortunate that the Deer Valley Resort will honor the conference rates up to three days before and after the meeting.

The Park City area offers a full array of activities including skiing for the whole family (in higher elevations), hiking, biking, fly fishing, shopping, restaurants, ice skating, horseback riding, trap shooting, and more. Plus, Deer Valley offers a state-licensed [Children's Center](#) for ages 2 months to 12 years! We are researching group events and hope to poll members on activities of interest in order to organize group outings. Bring your family and have a blast!

The theme of the 2019 meeting is the [Early Identification of Youth at Risk](#). We have a distinguished group of speakers to help inform us of the importance of this topic. AACAP President **Karen Dineen Wagner, MD, PhD** will speak about the Early Identification of Youth at Risk for Depression. **Melissa Delbello, MD, MS** will review the Early Identification of Youth at Risk for Bipolar Disorder. **Christoph Correll, MD** will present Early Identification of Youth at Risk for Psychosis. In addition, we are very fortunate to have **Josh Gordon, MD**, Director of National Institute of Mental Health (NIMH), speak with us about research at NIMH.

As many of you are aware, AACAP's Annual Meeting has been in Washington, DC for the past three consecutive years. I am delighted the meeting will be held in Park City, and I encourage all members to attend. The meeting is a very valuable opportunity to make connections with colleagues, learn from one another, and to learn from our invited speakers.

Wishing you a Happy Holiday Season.

Victor Fornari, MD, MS  
*AACAP President*

## Some Things Director's of Child and Adolescent Psychiatry Programs Might Need To Know Concerning Burnout



Marty Drell, MD

It is clear that things in medicine have been changing for some time, that the pace of these changes appears to be intensifying and will continue.

Despite change being ever-present, it is clear that many doctors do not like the process, nor how it makes them feel and act.

Studies tend to confirm this overall. Stress levels are up, along with burnout and suicide. If the studies are to be believed (and I believe them), up to 50% of physicians and 2 out of 5 psychiatrists suffer from burnout, which is defined by Dzau, Kirch, and Nasca, as a syndrome characterized by emotional exhaustion (which includes negativity, cynicism, and the inability to express empathy or grief), a feeling of reduced personal accomplishment, loss of work fulfillment, and reduced effectiveness. Burnout, which can be measured by the Maslach Burnout Inventory which consists of three major components (physical exhaustion, depersonalization (which manifests in being cynical and sarcastic towards patients) and lack of efficacy with a loss of meaning and purpose. High Maslach scores have been correlated with decreased job satisfaction, system inefficiency, increased medical errors, decreased patient

safety, and increased malpractice lawsuits. It seems logical to wonder if it is also correlated with statistics, indicating an increase in suicide in doctors, although the literature suggests that major depression may be an intervening variable (Schonfeld, 2018). The statistics for such suicides are estimated at 400 per year! This is equivalent to eliminating the graduating classes of several medical schools each year. This certainly does not help the well-known doctor shortage.

A Mayo Clinic handout on burnout lists the following stressful contributing factors. As leaders, it is incumbent on us to realize how many of these factors we have some indirect and direct control over.

- Lack of control. An inability to influence decisions that affect your job—such as your schedule, assignments, or workload — could lead to job burnout. So could a lack of the resources you need to do your work.
- Unclear job expectations. If you're unclear about the degree of authority you have or what your supervisor or others expect from you, you're not likely to feel comfortable at work.
- Dysfunctional workplace dynamics. Perhaps you work with an office bully, or you feel undermined by colleagues, or your boss micromanages your work. This can contribute to job stress.
- Mismatch in values. If your

values differ from the way your employer does business or handles grievances, the mismatch can eventually take a toll.

- Poor job fit. If your job doesn't fit your interests and skills, it might become increasingly stressful over time.
- Extremes of activity. When a job is monotonous or chaotic, you need constant energy to remain focused — which can lead to fatigue and job burnout.
- Lack of social support. If you feel isolated at work and in your personal life, you might feel more stressed.
- Work-life imbalance. If your work takes up so much of your time and effort that you don't have the energy to spend time with your family and friends, you might burn out quickly.

To this list, I would add being incessantly exposed to the pain and suffering of our patients. How many people, upon hearing you are a child psychiatrist, come up to you and say, "I don't know how you do what you do?" Burnout is when you ask yourself the same question and have a hard time answering.

My latest example was a few weeks ago when my secretary, after typing up a column concerning a very affect laden case, said that simply typing it had made her anxious. I luckily, in this case, was able to answer her questions as to how I am able to do what I do. In retrospect, I wonder if I deny or

*(continued on page 12)*

# 54<sup>TH</sup> ANNUAL MEETING: PARK CITY, UTAH



The American Association of Directors of Child and Adolescent Psychiatry's 54th Annual Meeting will be held April 25-27, 2019 at the Deer Valley Resort, 2250 Deer Valley Dr S, Park City, UT 84060. Our 2019 Annual Meeting is themed, Early Identification of Youth At Risk, and promises to be one of our best conferences ever!

Our [Program Schedule](#) is online and includes a great line-up of speakers (right). We are honored to host our keynote speaker Josh Gordon, MD, PhD, Director of the National Institute of Mental Health (NIMH). Dr. Gordon will be speaking on Friday morning, April 26. Immediately after, he will be our guest of honor during our Member Forum: "Lunch with Dr. Gordon." He will be fielding questions from members and guests.

Dr. Wagner, AACAP President, will present on her Presidential Initiative: Depression. Dr. DelBello will be focusing on Bipolar Disorders and Dr. Correll will join the conference via remote access to present on Psychosis.

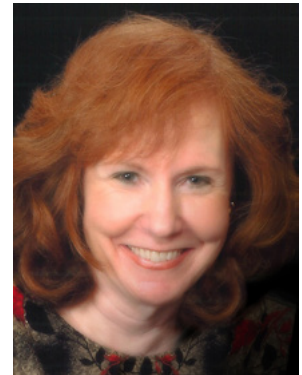
The meeting also includes our annual sessions: New Division Directors Roundtable moderated by Drs. Marty Drell, Allan Josephson, and Victor Fornari; Program Consultations in which a panel of experts answer "burning" questions submitted by members; and our Business Meeting that includes reports by officers and allied organizations such as AACAP, JAACAP, AADPRT, ABPN, and APA.

What's changing this year is the committee meetings' session. In the past, committees met individually to discuss potential topics for the next year's meeting. Instead, we will hold an open discussion about the 2020 Annual Meeting that will be held in Washington, DC.

Sounds exciting, right? What an opportunity AND you can take advantage of the resort's rates 3 days before and 3 days after the meeting. Why not make it a vacation too! The Park City area has a vast array of activities for you, your friends/colleagues, and the whole family. Review our activities section to find your lots of fun and exciting activities. AACAP will be polling members on activities of interest to organize group outings.



**Joshua A. Gordon, MD, PhD**  
Director, National Institute of Mental Health  
(NIMH)



**Karen Dineen Wagner, MD, PhD**  
Early Identification of Youth at Risk:  
DEPRESSION



**Melissa DelBello, MD**  
Early Identification of Youth at Risk: BIPOLAR  
DISORDER



**Christoph Correll, MD**  
Early Identification of Youth at Risk:  
PSYCHOSIS

## AADCAP SEEKS SPEAKER QUESTIONS

AADCAP is highly anticipating the upcoming AADCAP Annual Meeting. The scientific program is outstanding, with three prominent physician-scientists presenting and leading our educational discussions. We invite ALL MEMBERS to submit questions or areas of interest that committee chairs will share with the speakers prior to the meeting. We want to hear from you so send us your questions by February 1, 2019. Your questions/comments will help lead the discussion and will further enrich the experience. Please send your responses to Earl Magee at [info@aadcaps.org](mailto:info@aadcaps.org).

The committees shared their thoughts on each speaker's topic.

### Clinical

*Chaired by Matt Biel, MD and Mike Sorter, MD*

The Clinical Care Committee wants YOUR questions!

Dr. Christoph Correll will present his research in the early identification, characterization, and treatment of children and adolescents with psychotic disorders. Additionally, we look forward to hearing his suggestions regarding best strategies for population-based screening, the latest findings on early intervention programs, and methods to achieve optimal outcomes for young people with psychotic illness.

Dr. Karen Dineen Wagner will discuss her research in youth with major depression and her AACAP Presidential Initiative that is focused on increasing depression awareness and screening in children and ad-

olescents. We look forward to her comments on the potential roles of child and adolescent psychiatry divisions and academic institutions in promoting the prevention, early detection, and treatment of major depression. We look forward to her discussion of the most successful strategies in treatment of individuals with depression, as well as her suggestions regarding population health strategies to preventing and treating this disabling illness.

Dr. Melissa Delbello will discuss her work with identification of early onset bipolar disorder. We anticipate discussion around the challenges of appropriate diagnosis in children, identification of youth at high risk for the illness, management strategies after accurate diagnosis, and the role of the child psychiatrist in directing treatment systems to promote the highest levels of functioning.

### Research

*Chaired by Judith Crowell, MD and Charley Zeanah, MD*

The Research Committee is excited to learn from our speakers about screening youth for depression, bipolar disorder, and psychotic disor-

ders. Particularly, we are interested in the developmental course of these disorders, as this is critical for identifying windows for the most effective and efficient screening opportunities. From Dr. Wagner, we wonder what distinguishes the presentation of depression at different developmental stages so as to target screening efforts appropriately. From Dr. DelBello, we wonder how DMDD and Bipolar disorder can be distinguished from one another regarding course, correlates and clinical presentation—especially in younger children. From Dr. Correll, we would like to learn about risk factors for pre-pubertal psychosis. From Dr. Gordon, we wonder what the NIMH's current thinking is about RDOCs. And for all the speakers, can we develop screening programs and protocols that compare screening effectiveness across the disorders, and is there a role for RDOCs in this effort.

### Administration

*Chaired by Felicity Adams, MD and David Axelson, MD*

The Administration Committee is interested in the speakers addressing the issue of how to obtain the



# 54<sup>TH</sup> ANNUAL MEETING: YOU CAN HELP!

resources or funding to implement programs for prodromal or high-risk youth, particularly in rural or less densely populated areas. We also are interested in the pros and cons of screening for prodromal or high-risk youth in non-behavioral health settings such as schools and primary care clinics, as many of them may not present in specialty mental health programs. Screening in these settings raise the administrative concerns of funding for this activity, and the design of systems to manage those youth who screen positive.

## Training and Education

*Chaired by Sandra Sexson, MD  
and Sheila Marcus, MD*

The Training and Education Committee would like the speakers to discuss ways to integrate into training the methodology for early identification of youth at risk for major psychiatric disorders including psychosis, bipolar disorder, and depression. How should training programs introduce the best practice screening instruments for the various disorders as well as educate trainees on the interpretation of these instruments? Could each speaker suggest types of programs in which trainees could implement services for those identified as at-risk through early screening, particularly in small programs with limited resources?

## PROGRAM CONSULTATIONS

Once again, AADCAP will have a panel of experts answering YOUR questions about issues within your department.

How do you handle . . . ?

What happens if . . . ?

Where do I go if . . . ?

Who does this . . . ?

When should I . . . ?

Submit your questions anonymously at:

<http://www.aadcap.org/Survey.aspx>



## GIVE US YOUR QUESTIONS, YOUR COMMENTS, EVEN YOUR OPINION!

If you're thinking it, **ASK!**

What burning questions would you like answered from Drs. Correll, Wagner, and DelBello in regards to psychosis, depression, and bipolar disorder and how they affect your department? **ASK!**

The Director of NIMH, **Dr. Josh Gordon**, will be joining us in Park City. What a great opportunity! If you absolutely want him to address a specific topic or respond about an issue, **ASK!**

Don't wait until you get there. There's a good chance, speakers may not know the answer. By asking now, you can ensure you'll get a response.

**HOW?** Simply send an email with your questions/comments/opinions to Earl Magee at [info@aadcap.org](mailto:info@aadcap.org). He's compiling speaker questions.



# ACTIVITES: Park City Area

*Rich Martini, MD and Phil Baese, MD, Local Arrangements Committee*

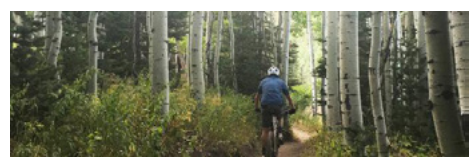
With AADCAP meeting in Park City, Deer Valley Resort and the Park City area has many outdoor and indoor activities that members and their families can enjoy during their time in Utah. We've even scheduled time in the program for members and families to enjoy a wide range of activities. Take advantage of the group room rates available 3 days prior to the meeting and 3 days after its conclusion. The Deer Valley Lodge works with "All Seasons Adventures," an outdoor adventure organization that arranges activities for groups and individuals.

Here's are some activities to get you excited:

- **Snowshoeing:** Guides will take individuals on a snowshoeing track in Deer Valley, one that is not challenging and very scenic.
- **Trap Shooting:** Shooting facilities are available in and around Park City and staff will accompany members and their families.
- **Snowmobiling:** Available at higher altitudes if the snow is deep enough.
- **Team Building:** All Seasons Adventures has team building activities that are based on a GPS adventure race. Members and families will be divided into teams and driven around town in vans with clues that will guide them to historical and scenic locations in and around Park city.
- **Fly Fishing:** Guides and equipment are provided with sites along the Provo River in Heber, Utah near Park City. Members and families will need to purchase a fishing license, something that can be done in minutes online.

And there's **MORE** activities that members and families can pursue individually or in groups:

- The [High West](#) on Park Ave (just off Main Street) for a distillery tour, whiskey tastings, and dining. Only those older than 21 are admitted to bar/restaurant and can participate in the tours.
- **Blue Sky Ranch** is associated with High West and has distillery tours. It also has various "west activities" including horseback riding, hiking and biking, and "Cowboy for a Day." Call them for details of what's available.
- The [Utah Olympic Park](#) is great for tours of the bobsled, skeleton, luge runs, and, in warmer weather, has bobsled runs and ziplines for visitors.
- The [Park City Indoor Ice Rink](#) has skating, curling lessons, and sled hockey.
- "[The Crater](#)" in Midway, Utah is a hot springs and offers scuba diving and underground swimming.
- **Horseback riding** is also available in Midway.
- **Road bike rentals** are available in Park City at [White Pine Touring](#) when the roads are dry.



# ACTIVITES: Park City Area

- **Excellent spas** are available for a daytime retreat at Stein Eriksen Lodge and the Montage in Deer Valley.
- **Skiing/Snowshoeing:** If there is little snow in Park City, head to the **Cottonwoods** (Big and Little) south of Salt Lake with great skiing later in the year at Alta and Snowbird (the latter location for snowboarders). Great snowshoeing in Alta at Grizzly Gulch.
- **Live Shows:** Scheduled at the [Egyptian Theatre](#) on Main Street, or Eccles Performing Arts Center at Park City High School (check online).
- [Park City food tours](#) can be arranged in advance.

AADCAP will work to organize activities and can organize group outings based on members' interests. We will be polling members to learn of your interests.



# Child & Adolescent Psychiatry Division Directors and Our Role Regarding Vulnerable Trauma At-Risk Youth

By *Tahia Haque, MD and Victor Fornari, MD*



The American Association of Directors of Child and Adolescent Psychiatry (AADCAP) comprises physician leaders who aim to strengthen and advance the field

of child and adolescent psychiatry through education, advocacy, leadership, and collaboration. There has been a rising concern in the mental health of immigrant children in the U.S. who have fled from violence and trauma. This especially vulnerable population now faces the uncertainty of separation from one or both parents. In an already chaotic and unstable atmosphere, this sudden disruption in caregiving lends way to children who are highly susceptible to developing anxiety, depression, PTSD, and other psychiatric illnesses. Separating children from their families during crucial periods of development creates deleterious effects on children's growth and wellbeing. As leaders and advocates, AADCAP can promote mental health models of support and safety in the community.

Below are questions that division directors can ask to facilitate care.

1. What is the population of immigrant youth in my community?
2. What organizations or services already exist in the community?

3. What services does my facility provide?
4. Are these issues being discussed in various meetings? i.e. faculty meetings, grand rounds, medical and resident education
5. Does my facility participate in advocacy activities? If not, what are ways in which we can do so?
6. How are other medical specialties in the area (e.g. pediatrics) involved in providing care for immigrant youth? If so, how can we collaborate with them?
7. What resources are available for professionals eager to contribute and help? Can we consider grant or other funding to address these issues?

This list is just the beginning of opportunities and ways that AADCAP can guide the community in tackling barriers to care. This is a time to focus on those most vulnerable in our communities and to oppose the separation of at-risk youth from their families.

*Tahia Haque, MD is an R 3 Resident in General Psychiatry at the Zucker Hillside Hospital in Glen Oaks, New York*



## Annual Dessert Reception



AADCAP's 2018 Dessert Reception held annually in conjunction with AACAP's annual meeting in Seattle took place Thursday, October 25 at the Sheraton Seattle Hotel, Seattle, Washington. Many members, colleagues, and friends stopped by the Greenwood Room to mix and mingle professionally and personally over a glass of wine, beer, and other beverages while enjoying decadent desserts.

This event is held each year as a way for members to catch up with their colleagues between annual meetings.



# Need to Know Concerning Burnout *(continued from page 5)*

make light of the stresses involved in my job and am like the proverbial frog who gets used to the water as it is heated up until he boils to death.

In summary, people who are “burnt out” are not “happy campers” and are cynical and critical about what they do. They are often involved in downward escalating cycles of grief and woe. When at work, they are irritable, impatient, and/or withdrawn. Their productivity is usually decreased. They can have somatic complaints and may compensate with poor lifestyle choices (drugs, alcohol, eating disorders) that have subsequent physical consequences (diabetes mellitus, obesity, heart disease, high blood pressure), and emotional consequences (adjustment disorders, depression, anxiety, suicide, etc.). Their feelings can impact their interpersonal relations both at work and outside of work.

It is noted that that ACGME has in the past years focused on protecting trainees. It has focused on work hours with more prescriptive requirements and more monitoring, etc. In my estimation, these actions have increased the stresses on faculty who have often had to compensate in response to the actions taken to improve the wellness of the trainees in what appeared to be a non-systemic “zero-sum” game. I believe the ACGME now agrees with this and now thinks that something needs to be done to assist the faculty also. They probably will not admit that their well-meaning past actions in protecting trainees may have played a part in creating a problem of burnout in many faculty. The ACGME has now announced systemic initiatives that put the medical schools in charge of the wellness of their faculty and staff, in addition to the wellness of trainees.

This will force the medical schools to try and figure out how to enhance the wellness of their faculty. I cynically (n.b., one of the signs of burnout) await future emails ordering me to perform mandatory computer-based training modules on wellness and burnout complete with accompanying warnings that failure to complete the modules in a timely manner will potentially lead to dire consequences for myself, my school, and the human race in general.

I have been struck, while reading on the subject, that the burn out articles are often population-based and stay away from the uniqueness of the individual’s involved and the reality that there are thousands of variables that can lead to stress and burnout. Many of the articles do not mention developmental, biological, psychological, and social issues in those they are doing research on. To me, the devil is in the details. I suspect, for instance, that having a mental illness does not improve one’s stress tolerance nor resilience in the face of a problematic workplace.

In my own case, I have a long running over-personalized, anxious battle with electronic medical records that seem to be invented specifically to show how stupid I am. The fact that research shows that I am not alone in my “EMR phobia,” as judged by the surveys that show that 20% of psychiatrists feel that EMR’s contribute to their burnout, does not make one whit of difference to how I feel. The same survey shows that 60% of psychiatrists said that the main contributor in burnout for them was having too many bureaucratic tasks, which include EMR’s. All these tasks have added 20% more work for doctors. A recent talk I heard mentioned that these extra hours have been lovingly

referred to as “pajama time.”

The fact that I currently have a different EMR for each of the two clinics I work at, and may have a third EMR in my future, does not reduce my stress levels. At one of the clinics, I found myself reluctant to go to work. After some soul searching, I realized it was not the clinic, nor its patient load, nor the short appointment times, but my slow mastery of the prescription writing portion of the EMR that I was suddenly forced to use. One gets used to one’s prescription pad after 40 years! Things are better now that I have all but mastered this completely non-intuitive prescription writing program, except for how to write two months’ worth of stimulant scripts for stabilized patients. When asked what all this anxiety is about, I liken it to being an immigrant (n.b., digital immigrant) lost in a foreign city where no one speaks my language. It is nothing rational, but who said things involving stress and burnout need to be rational? Another example involves compliance modules that I have to do in the various health delivery systems I work at. The fact that I need to do ethics modules every year at various sites in addition to doing a similar module, as I am on a State mandated board, does not put me in a good mood. The fact that there is no reciprocity between systems is unfortunate. To make matters worse, these modules evolve over time. At one clinic they send out mock phishing scam emails to catch the staff. If one clicks on the scam email, one is forced to retake the compliance module on phishing scams. The same clinic now also sends out “pop” quizzes on the content in the modules to reinforce knowledge gain. And so it goes...

Still another recent example of the

need to identify individual variables came from a recent “sensitivity” group I attended which discussed work/life balance. One of the members of the group mentioned that she liked to go to work on weekends. This precipitated another well-meaning member of the “wellness police” to chide her for doing so. This apparently was a work-life balance violation! This irritated me so much that I broke in to say that I also liked to work on the weekends, as I love the quiet and I have access to all the resources I need for what I’m working on. I championed the “different strokes for different folks” philosophy and mentioned that I can work endlessly if I can change activities and have not been ordered to do the work in the first place.

An article by Siva seems to back me up. It notes that work-life balance is “gobbledygook” in that it “artificially and deliberately compartmentalizes work and life with life being equated to fun and work as “not fun.” He quotes, in his article, a reference by Dr. Epstein on mindful practice that indicates that those physicians who find meaning in their work, if only for 20% of their work, are much less prone to burnout. We certainly all know friends who prefer work to their less than happy lives outside of work.

While writing this AADCAP column, my mind wondered to my beginning efforts to think about my future retirement. I do so with a modicum of anxiety. I certainly have heard of similar anxieties in persons at all points along the continuum of activities from being fully employed to being fully retired. The question arises as to whether one can become burned out with retirement, which seems, with a few major changes in context, to involve many, if not all, of the factors from the Mayo Clinic

handout listed in the beginning of the column. Surely, retirement can be a shock to one’s work/life balance.

In truth, different people respond to stresses differently based on their individual developmental, bio, psycho, social determinants. This would seem to lead to a variety of responses along a continuum of first degree, second degree, and third degree burn-out. This continuum, which hopefully can be mitigated by a strength-based wellness and resiliency program which must include multiple specific interventions. I will address these in a future column.

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# PHOTO GALLERY

## 2018 Dessert Reception



# PHOTO GALLERY



## 2018 Annual Meeting

