Burnout

Jimmy: Thank you guys and welcome to another Pharm So Hard Phun in the Sun event. Of course. It's just one of the much of this as much of the boring part I should say, or the more talkative part, but we're gonna try to make it very interactive and fun and just have a good time. Again, we've talked much before. We don't want this to be anything that's like, you're sitting a lecture.

It's more of us just having a good time having a few beers talking and then we'll figure out other things we can get into after this. So of course for you guys, who I haven't met before I'm Jimmy Pruitt, uh, founder and, uh, the host of Pharm So Hard and I've come all the way from Charleston, South Carolina.

A three hour drive to Charlotte to come out here to sunny, very surprisingly hot Denver.

So super excited. Everyone that's joining us and, uh, and zoom, thank you guys for coming. And anyone's watching us after welcome, and we're super excited to be here, but we're gonna talk about something a little unique, but before we jump into the episode, we're gonna introduce everyone on a panel.

I'm I'm a guest here. These are, these are the men who's, you know, been here for a while taking care of things. So Lance, go ahead and kick us off.

Lance: Lance Ray, clinical pharmacy specialist at Denver health. Just I've been there two years. I'm the residency program director for the PGY emergency medicine program.

Uh, I was at university of college, university of Colorado, uh, the emergency department for about four years before that. And then, uh, out for nine years in Texas, um, emergency medicine, as well as a sort of other things, um, trained in university of Texas and the health science center, San Antonio .

Andy: I'll go next.

My name's Andy Kim. I'm also a clinical pharmacy specialist at Denver health. Um, [00:02:00] but I practice in the medical ICU there. Um, I'm originally from the Kansas City Metro area. Born and raised, um, did my undergraduate at the

university of Kansas pharmacy school at university of Minnesota and residency training at medical college of Wisconsin.

So both first and second year critical care residency, um, in terms of, uh, my role, obviously at Denver health, I'm the primary pharmacist in our ICU, and also serve as the PGY two critical care residency program director. And we've had our program since 2016.

Tony: All right. So I'm Tony Mixon. Um, I grew up in Lansing, Michigan made famous by mike magic Johnson, uh, who went to my high school.

Um, I did a PGY one here in Denver at Presbyterian St. Luke's and then went out and did a PGY two at the university of Chicago medicine. My PGY two was in infectious diseases. So a little atypical for the ed setting, which I'm now an ed pharmacist for UC health. I rotate through a couple of places, Greeley hospital, uh, medical center of Rockies, which is our new level one and then puter valley hospital.

Jimmy: Perfect. So let's jump into it. The first topic we're gonna talk about today is burnout. This is something that everyone's talking about with what, 14 or so days left the residency this year. Everyone's prob probably feeling, um, even from the preceptor side of things. I think part we are pretty burned out as well, but let's just go through a few of the questions.

And again, if you guys have different questions, please reach out. If you guys are on, on zoom in the chat, please reach out to us as well. But I, I wanna talk about next to everyone here. What does the term burnout mean to you? Cause every it it's a cool thing to say now. But what does it actually mean, uh, for you and Lance?

You can start us off and go.

Lance: I think of days when I just energy to put forward and I, I think that that sums it up just kinda tired and tired in the wrong way. Right. Tired to where you're not interested. And I, I told somebody this, uh, that year I told Gabby over I was like, no, I wasn't interested in teaching.

Much that means to me, how, and I just lost a drive for, for like a week there. And I had never done that before. Right. And, and, um, and so I don’t know that that's big, that's big for me to lose a drive for some I'm so passionate

about. Um, and I had to kind of step back for so. So it's an example of burnout out for me.

Andy: Yeah, I think you nailed it right on the head Lance. Um, it's, it's sort of that thing where you have this passion to do all these things, you know, in your job and for whatever reason, you just don't wanna do those things anymore. You know, you're stressed out. Maybe it's from work, maybe it's from outside things and.

Um, you know, I'm glad that we're talking about this today, cuz it's obviously something that we're hearing more and more of obviously the pandemic sort of accelerated those things. And these were obviously issues, um, prior to that, uh, but certainly, uh, to me, I, I think of burnout, like, you know, I'm, it's like this metaphor where I'm this like candle, you know, out in nature and there's all this wind trying to like, you know, put you out and you're kind of just like hanging on by a thread and trying to figure out how do I balance.

You know, all of these things that I'm juggling in order to like, you know, do well in my career, but also do well in my personal life as well. And kind of balance balance all those things.

Tony: So when I started thinking about what burnout meant to me, Jimmy, like first thing that came up was just sick of the bullshit at work.

figured that wouldn't be great for this podcast. Oh. So I went and looked up the I CT 11 definition of it and. Basically, what they talk about is this is an occupational phenomenon. Um, and it's a syndrome conceptualized by chronic workplace stress. That's not being managed well or appropriately, and it can manifest in all the ways that we've already talked about the things that we see in each other, in our colleagues.

So feeling completely depleted of energy. Increased mental distance from your job, which is one I've definitely been guilty of in the past. And then third one they talk about is reduced professional efficiency. Um, so just to bring a little science to the, uh, the original comment,

Jimmy: I think, uh, For me a lot of, because my job and my hobbies are all pharmacy related so it makes it to where there's times where I feel initially it was like, I felt guilty all the time for not doing something.

So I think as residents, as you guys graduate, um, the first few months are always tough. Like, you feel like you should be operating on that standpoint, but after, while it goes away. Unfortunately for me, I kept that going for like three or four years after residency, but I think COVID really took a big hit on me and I worked at two EDs.

So I worked at Grady and also in MUSC, in Charleston. So there was a period of time where prior to going to sales in Augusta, which is a two hour drive, I had a seven on seven off shift and I would do my seven on gust stuff and I would go to Grady and do like five on. And when COVID came, there was a lot of people who were getting sick and they needed more help.

So I remember the month of July, I worked every single day and after July, 2020, I worked every single day. And I think back to that, and I know it aged me in dark years, it absolutely aged me in dark years to the point to where I didn't look back. And it was like, okay, I'm definitely not doing this anymore, but I still, I, I never recover.

Never recovered mentally, physically from that. And now it's to the point to where. I try my best to completely cut off at times from pharmacy. Um, and the bad thing is like, I don't have one hobby as pharmacy. I don't have two hobbies, three, four, if you include all the other components. And now it's like, how can I still provide value in the things I do outside of work?

And what I've noticed is that. Sometimes at work, I'm just not as excited to teach. I'm not excited to be, to be there. And little things aggregate me. The patient that comes in every day, at least it frustrates me so much more at this point of the year, compared to, you know, a year or two ago before I really start getting to this point.

Lance: You know, it's interesting to said you, you never recovered. Cause I was gonna ask like, well, you're fine. You're here now. You're fine. Now you're probably doing fine. Right? You said like never quite recovered from that. Um, and, and I think that's something that we think, and, and I see younger pharmacists that, that, that do, you know, seven on seven off schedule.

We go PRM, uh, different job a few days a week. And, and I think it's important to remember. Yes, we're resilient. Yes. When you're young, you're resilient, but I think it. Important to realize that can still happen, it can stick with, right. I've seen that happen from some of our, our learners here in town that, you

know, they graduate, they don't go go, and they're excited if they wanna, you know, fulfill, you know, the full clinical pharmacy role and all that.

And, uh, my advice for you to watch out, right. Take it easy.

Tony: Absolutely. I think it's pretty common for residents to work like 12 on two off kind of situation. So you get out and then you're making a significant amount of money. And you're like, well, this 10 on four days off is the life. I've got plenty of money. I got double the time off. And I think we could do a better job of educating people on the fact that that's just not sustainable. Most likely.

Jimmy: It carries over, you know, it carries over are all aspects of your life. You know, I was an athlete and I remember doing PGY two. I think I got the smallest I've ever, I lost like 20 pounds and I deprived myself on just working out, eating well, doing these different things.

And I remember we was always only a picture like. Oh, that was a residency. Huh? and we get so used. And I think as a community, there's some things we have to do as, as pharmacist. And I really wanna go around is one of the things, part of the tour. I wanna ask you, well, how can we get better at this?

And that's like the next step I want to go into. It's figuring out, like we talked about some, well, before I get there, I wanna ask what are some contributing factors, because I think different things hit us and maybe sometimes working at the bedside is it, but the things that really grind my ears is like some of the things that are non patient care related.

So, and the best way we can say it while having a job, when we go back to work on Monday, what's some, what are some contributing factors to burnout for us?

Tony: I can get started off on this one. Um, so I think we go through a lot of the things that all healthcare workers do, especially the ones in the emergency department and the critical care.

We leave. We work in a very high stress, high pressure environment where we're making life and death decisions very, very quickly. Um, we're also. There's gotta be a certain amount of trauma for all of the horrible things we see. And I think part of COVID contributing to a lot of our burnout is that was increased by magnitudes.

Right. Um, but then there are some specific things to pharmacists and acute care pharmacists. And I would point out Megan Rech's, um, publication. I think it was the premature attrition of clinical Pharmacists. Um, as a really good reference for things like that. So she pointed out things like the inability to generate revenue for services that we provide, which is absolutely true.

Um, I also look at public perception and I always remember the story of like one of my worst days of PGY two. So my program had a 24 hour in-house on call program. So I was the oncall resident. I was expected around with the immunosuppressed ID team. I had the antimicrobial approval pager for those things, and I just got rocked that day mm-hmm and I talked to my dad and he's like, So you're two years in, you make less than other pharmacists. What are you doing? and it's not like I had not told him a million times the plan and the idea behind this. And if we can't convince our parents of this, what does the public think in general? And then you move that up the chain and I mean, administration doesn't always have a great idea of what clinical pharmacists do, and that includes pharmacy administration.

Um, sadly, I think we could definitely do a better job of getting that perception up. Um, there's also Megan pointed out and I totally agree with this little upward mobility. We get all this training land in these jobs and we do all this great stuff, but where do we go from there? And I think historically, We see people who do well go upward and I'm not sure I'm willing to be a manager.

I'm not sure if anybody here wants to go that route. So there's not much of that. And then lastly, just work life balance. I mean, in pharmacy school, I was taught, you're a pharmacist. It's who you are. It's what you are. It's what you do. Residency got even worse. And I got outta school or not a residency and thought like, what are my hobbies?

Yeah. What else is out there? Who am I exactly? Who am I? No, I'm a pharmacist, but there's some cool stuff around here. I really wanna explore.

What are you thinking?

Andy: Yeah. You know, I, I echo a lot of the things that you said, Tony, and, uh, you know, for me, you know, kind of going through that list that you, that you kind of laid out there before, you know, it's like, you know, how do I get it all done?

Right. You know, Lance can probably talk to this too. It's like, okay. You know, we have our normal areas that we work in. Then we also direct residency programs. And where do you get time by down for that? So making sure that, you know, you have adequate time sort of off service in order to be able to juggle all these things is super important.

And when you don't, you just feel super stressed out and you know, that just builds on top of each other. And that probably just accelerates sort of that burnout feeling. Um, you kind of talked about, you know, mobility as well. Yeah, totally. Like who says that, you know, as pharmacists, there's this like track of mobility that you have to go.

You know, a bedside clinician to a manager. Yeah. Maybe that's not the right way. Maybe there's like other. Things within pharmacy that we can sort of branch out to, you know, obviously pharmacists have like tons of skills that, you know, we, um, train in and learn, and these are things that we can definitely apply to outside of just, you know, those finite types of positions.

Lance: Yeah. And, and I think, you know, something about the model and, and just kind of what we do as pharmacists in, in, in healthcare and, and lots of other spots within healthcare are sort of financial revenue generating and, and pharmacists have always been sort of passive avoidance centered. Uh, and gosh, that, I think that, that as your mode is sort of just, just is built for burnout, right?

Like, all I do is avoid costs, save money and enhance patient care. But in all these ways that you can't really, I mean, think about the things that we do every day. You can't document them. If you do document. You'll be spending hours charting every night after we at home. , that's not what we do. Right. But, um, so, so, so it's this kind of adherence kind of like, like kind of trenched that we're in, uh, to, to where we, you know, we, we kind of.

Along with kind of public perception. What a pharmacist does. You can't go. I don't have a pharmacist said, oh, well, God, you're saving lives, left to cry. It's like, you know, the, this and that paper too. They think that you're, you know, um, counting pills and, and, and doing certain things. but, um, but yeah. Okay.

So on top of all the, the clinical duties right now, okay. Now you have a teaching role. You take students precep team, there's a pressure to, to do

research and scholarship. Um, and so it's very, uh, feel a lot of it's inherently a tough overall.

Jimmy: I think you, you look at all that and you realize, you know, I put myself in a unique role where, you know, I'm a residency mentor, I'm a residency preceptor.

I'm a coordinator in doing these things for my, my job. And then I think about my role for the wait ed acute care community and the things that I do in podcasts and trying to advocate for us, where does it stop? You know, where does it stop? What are the things we have to do? What, what are other things I have to do?

And who respects that? I remember the, the funniest story. I. I was talking to someone. I was like, I work in the ER, I try to make it as simple as possible. So they don't ask because it's gonna be wrong every single time. And I remember, I was like, what are you doing in ER, I was like, I'm a pharmacist. Oh, so you must count pills like really fast I'm like, okay.

And I remember I was out with one of my, one of the ER residents and his wife was a nurse and I'm like, oh, obviously, you know what? I. Like you keep those crash carts filled. Don't you? I was like, I don't replace the crash carts. Like you're a __ nurse. I'm like, he's like, no, he doesn't do that at all.

Like he, he like, , that's what he does. Like it is. So it's so challenging to have that as a perception, I have a certain level of frustration from a. Advocacy standpoint, to be honest, I've been getting that same email about providers status. Since I was a student, uh, if we can't build, we can't do the things that show the value, unfortunately for the greater public in the C-suite, uh, dollars matter.

And if we are not able to produce that, I'm thinking about culture callbacks. I'm thinking at the time we put at the bedside from a toxicology standpoint, all the things that we're doing that are like consults that we get all the kinetics, all the things that we do. Everyone else in the hospital system deal, for thess things.

Tony: We just say we avoided some costs,

Jimmy: like cost avoidance is like, it's great. Like how many studies? I, I can count off my hand again, people here have Purdue studies that. 1 million, 2

million, 6 million. We we've saved this. Our mortality has decreased. We've done all these things. Our compliance with gotten are better in every disease state, every pharmacist in every, every position in acute care.

Uh, you start adding on pharmacist and specialty pharmacy everywhere. Everywhere else is. They're finding a way to do these things, but we are just hanging on by a thread so that that's frustrating. Um, And that's what made me really wanna focus on how can I push from a different perspective? Like, should I publish research or should I travel the country and figure out what people are doing and highlight what we're doing at ED pharmacist as acute care pharmacist and really show what we can really do if given opportunity, like what should I spend my time doing?

Um, if I publish a hundred podcasts on things that are valuable, getting guests all over, is that just as important as a review paper? So it is frustrating. And then when you speak with administration, some people have administration that understands most that I've been able to communicate with. Do not, they don't know what I do in the ER, they don't know what, what I do to say you, you verified this many well.

I, I can, I can point to you a patient that I made a recommendation on, in a cardiac arrest and they walked outta the hospital a week later. And the entire team said that that recommendation cause the one thing that changed the patient from being dead versus being allowed, walking out, like how do you, how you put that on paper?

So it's frustrating when the things that you got into this profession for what really makes you feel good at night? When I went home that night, you know, the provider said, make sure you tell your family that you save someone life today. And I'd never forget that. But I tell my, my, my administration that like, well, how would you do that?

The, the, the physician knows it's like, And so long story short, that's a few different things. Just misconception, not advocating, and we need to get paid for these things. We need to have an additional ladder to be able to go, not just within pharmacy. And just do bedside manager. Yeah. Cause now the, the, the admin residents and I don't it's admin resident give me, but you're not getting to be like the assistant director, a director for, for the most part, any bigger healthcare assistant that.

Most acute care pharmacists are in, most acute care. Pharmacists are associated with the university of X, Y, Z. Yeah. And most of the places have administration resident, and they're gonna get those positions with, you know, 12 rotations of experience.

Tony: I'd be interested to know. So a public perception's really bad.

Does anybody have any ideas on how we can fix that outside of what's been tried just spitball in here.

Andy: You know, I don't, I'm not sure there's a magic bullet here. I mean, we clearly have all these studies that say, wow, pharmacists are really burned out, but no clear guidance of, well, how do we fix that?

And you know, it it's a multifactorial problem. And I think from like an acute care perspective, it has to start from the top. But it has to start at the top of your leadership has to trickle down that this, like, we have to change the culture, right? The culture of trying to do too many things with limited time with not enough resources is not the best model to do these things.

And so, you know, how do you do that? You know, logistically I don't know, but it, I think it's multifactorial and it has to start with, you know, your management or leadership team and, uh, or from your department from the top down.

Lance: Yeah, it's, it's certainly multifactor and, and Jimmy mentioned, you know, provider status and it's saying, you know, I'm, for even more years, I've listened for even more years on a promise provider status, some say, oh, got it.

In the state. And that, you know, it's just, just really there, there's a, there's a lack of it overall. Right? There's, there's a lack of legislation and, and. We're so confined by, by regulatory statutes, you know, that's the nature of our, of our, our business. Um, but, uh, I think, I think that would be one super helpful thing.

Um, but also, you know, this is public media, uh, perception, just hospital pharmacist, clinical pharmacists are, are sort of hidden. Um, you know, Jimmy, I was just thinking, you say you've got a lot of energy focused. Media, you've got a lot of, what does it create? Like a, like an ER, reality show, like reality show or ER, for just, we forget the physician reports to pharmacists.

Everybody else does. And it's you somebody, but it could really highlight you on that. Um, No, no, no, it should work on that.

Jimmy: It's just intriguing. Cause I think about this, I'm gonna put it, I'm gonna try my best to not ruffle some thoughts. There's papers that are written in design by pharmacists 90%. And we're not a primary author, that paper.

Someone hands us this, well, I need your help with this. And you do all of the work and that attention, that credit, those awards, those, those research dollars and funding goes to other groups that happens quite often. I spoke about this at SCCM last year, about how, again, we're doing all this work and we're the group.

That's like the we're the nerd that does the homework for the jock in terms of inform, that's what we are like, we're actually doing all this stuff, but then now is getting to the point to where, okay. I want, I want my recognition too. And, and unfortunately I should say fortunately recognition is gonna be recognition for services billing.

One, the second part is we need more lobbying to the right people. Cause obviously that's where all is going. So I there's certain organizations that a lot of people are paying, paying dues to every year. And I want to know where those dues are going and, or I would like to see how can we push those dues to wherever everyone, what AMA is doing. Mm-hmm you can't do anything without an AMA publishing the record report. I remember they paxlovid. They said that they are best suited that, Hey care, the 52 pages of drug direction. If there's any clinical pharmacist or any physician that's here, I've never heard them say, Jimmy, you can sit this one out.

I'm gonna take care of this drug. I've never heard that before. I've never heard them say that. And now I'm looking myself like. Why wasn't there something big done. We wrote a letter to them. We told them we don't stand by that. It's all inclusive. And it's like, when something happens from the nursing association, they knock that down.

Something happens in the medical association, they shut it down. We're the only one who wait a week or two, and it is a very kumbaya message about what should happen. And. The way I'm looking at things. And we've talked about this at the empower conference, is that I'm I wanna start again, at least

with an ed pharmacy, organize ourself into a position, make sure we're we're, we're punching where everyone else is punching.

We're putting our, our, our mouths and our dollars where everyone else is doing it to get us the, the, the respect, and then put us where we deserve to be. We're not trying to overtake anyone in their position, but where we, we need to be, where if there's medications involved, I believe the pharmacist should be there.

Every guideline. That has a significant amount of drugs involved. A pharmacist should be there. So that's one thing for me.

Lance: Yeah. And be a proactive. Some initiative.

Tony: You kind of named those two organizations that have a ton of lobbying power and how do we, you know, combat that is the big question.

Jimmy: They come together, have one focus like every, everyone should just say, okay, no matter the, the national association of blank, blank, blank, pharmacists, everyone come together.

We won't provide a status. How can we do that? Not in rural areas, only where the majority of our resources are not there. We won't provide ourselves across the. Across the board. And if you look at that provider status list, there's people who are in a variety of professions that I say that with our training and our skillset and the things that we provide at the bedside to be as well, I'll keep it simple as that.

All right. I don't, I want to go from there. Let's talk about some things that we've, we've done to help. Um, some ways that to prevent burnout for ourselves, we all have different things. That, again, this is not, uh, an ending cycle for me. Burnout means like, what can I do for this week? How can I make it better for this week?

What are some things you guys are doing in your personal lives or what are things you guys are gonna recommend to your learners? Some strategies to help them, you know, make this a marathon and, and not get burnt out halfway.

Lance: Yeah, stop taking students. absolutely not. Right. So we can, we can't stop taking learners.

I think, you know, there's an art to, to precepting in creative fashion. Right. And I think we all know that we should teach that too. Um, but, but, but, but precepting can be, can be tough. It can be, um, uh, you know, time commitment, talk about, um, You know this, uh, yeah, it can be a time commitment. So it's, it's I think being creative about it and, um, you know, picking tasks and just trying, try to integrate integrate learners, um, in the department giving them lot a lot more capability, I guess, uh, for lack of better term, uh, uh, giving the, uh, takes the initiative on some stuff. But, um, but, but aside from, aside from that, I mentioned that earlier, but, um, I think, uh, mentorship is really important and I, uh, in terms of, you know, gun pharmacists and even senior pharmacists kind.

Mentors finding friends, uh, to, to talk about burnout, talk about how it's tough, how can we fix things now, Andy and I talk you on a somewhat regular basis, more and more, uh, about, about this and like this and that things. Keep ourselves better and, and, and keep ourselves sane.

Andy: I think there's some pretty, I don't know, easy, small things that you can do on a practical basis. Like, you know, if you're not at work or you're on PTO or you're on vacation somewhere, like don't check your email, don't respond to things that you don't have to urgently respond to.

Um, you know, I think that's an easy way to sort of keep yourself sane and separate your personal life from your work life. Uh, you know, additionally, It's okay to say no to some things, you know, we're all busy people here. And like, I know we get asked a bunch of different requests, say, Hey, can you help work on this protocol or this guideline?

Or, Hey, can you, uh, do some of this research? Can you look at this data? You know, we're all human here. And I think it's, you know, we're, we all have our limits and it's okay to say like, you know, I kind of have too much on my plate right now and I, I'm not sure I get to this, you know, maybe in the future we can revisit, you know, doing these things.

Tony: So I've got kind of a tangential story, but stick with me here. I'm gonna bring it back. All right. Uh, because it did, it was one of the things that really helped me with burnout ultimately. Um, so year out, out of PGY two, I'm

reading the book. Um, I think it was outliers by Gladwell, but, uh, has a section in it about Alaskan sled dogs.

Right? So for the longest time for decades, they're breeding these sled dogs, the ones that pull a sled to win, like the they're breeding them for six size. Speed strength. All the things you'd think of. And they did this for decades and the best breeders typically won. Um, they got to a point where they were having kind of incremental increases in how strong these dogs are and how well they would pull a sled, but the, some of the best breeders.

And I don't know, you call 'em mushers sled, Dog drivers, whatever you wanna call 'em notice. There were still differences in these dogs. Um, and it was more of a psyche. There were some dogs that were just very high motor that wanted to pull that sled that needed to pull that sled that were uncomfortable, not pulling that sled and those mushers tended to win.

Cause they started breeding for that aspect. And it was at that moment when I thought like, holy hell, I'm that dog? Like I need to go. Um, and when I experience burnout and when I experience anxiety and things like that, it's because I'm somewhat idle and not really working towards anything. I feel like a lot of obviously you, but a lot of us in this profession have that issue and we have a hard time being idle versus working on something meaningful. So not only is it something that's very important to me. So I, I do this in a very literal reas or way I tend to Mount bike ski, a ton trail, run a ton. And that's one of the big things for me, but it doesn't necessarily need to be something physical. It. It can even be tied into work to a degree.

I've had times where preventing burnout for me has been working on a study in a reasonable timeframe, knowing like, Hey, I've got patient care duties, but in the background I've got this study that ultimately helps me to feel a little more well rounded. Feel like I'm doing something meaningful and not feel idle most importantly, because that's a sign of burnout for me.

So talk to my learners, colleagues, things like that, about that quite a bit.

Jimmy: Those are big things. I, I Jo a few things now, as you guys were talking. And a few things came up for me. Cuz if you guys haven't noticed I have, shocker, and I have to go, I've always had to go. I've always. When I, when I played football, that was just one of the things like, well, he, this guy's gonna, he's not gonna get tired.

He's gonna be very aggressive. He's gonna do his thing. And I've always wanted to just strive after something. So it was normal. When I came from football at the pharmacy, I was like, oh, okay. People here are not the same. They're they don't know what it's like to wake up at three o'clock in the morning and do these different things.

Like I'm really gonna crush this. And I'm, I'm noted to myself like, Year after year. Like I'm still keeping in mind. I'm I'm still keeping up. I'm okay. And then of course COVID changed a few things and I noticed I can't continue to do this and spend time in my family. I can't continue to do this and not spend time.

So I think one of the things that I've noticed spending time and being there is different. I can be there and. On Twitter. Oh yeah. You can go run around and do those different things. I, I can do that, but like, I've now gotten to the point to where I'm just not doing anything, but what's in front of me and that's helped me significantly.

Like, oh, I forgot. I have to go to work today. Cuz I'm so involved in something else. And now not compartmentalized, all these things to where I'm not checking my email. I'm not, I'm not gonna do anything. And one of the things I've learned to do is that I get very excited when I have an interesting project and I notice the timeframe that I think I can do it in.

Now. I double it. So if I think I can get this done in a, in a week, I double it, or if I, if I, if I wanna meet with you next week, I meet with you the week after that. So I push, I keep pushing these things back, cuz notice I noticed that my excitement where off and then like the reality kicks in, then I notice what, whether I wanna do that or not.

And I've now got to the point to where. A lot of people ask me to do stuff. Now, the, the more people have, the more of the, of the brand has grown. The more stuff has happened. It's like, oh, can you make this for me? Can you visit here? Can you come there? And I now say, I'll get back to you in a week. And I, I put a pause between the need to act and not because we're, we're great at acting right now.

Like my, my best moments is like Jimmy. Oh my God. Go to room one. Patients came in there. We don't know what's going on, get in, do those. I'm phenomenal at that. And I now I'm like, okay, now let's, let's take that and pause and leave. Leave that skill where it needs to be. Now let's figure out

what's gonna be sustainable because I, I don't think the way I, I was practicing last year.

Especially in 2020. I don't think that I can continue that for 10 years and I love this. I wanna be a pharmacist. I was 16 years old. Um, I knew within one hour of my first like station Iist so I just, I'm one of those guys where that's it. I know it. This is it. For my wife, that's it. There we go. That's it.

so it's like one of those things. So now I'm looking at all those things. So like making sure you don't take these things too far and separate. So where, when I, when I, when I'm at MUSC, MUSC, you get it all as soon as 11 o'clock comes, that's it. That's it. Mm-hmm that's it. I'm not working on a project at home, I'm not answering the email and you may think I'm uncertain, whatever you wanna call me for that.

But that is it. When I'm working on my platform, I've now got accepted to work Pharm So Hard. You get this period of time and that's it. When it's time to relax your things. I try to give myself these timeframes and block those things out and work in certain blocks. Cause if you don't, you're always going.

You're always going and we're not built that way. Yeah.

Lance: Protecting time your own times, but mention, I know it's common being here, but, but also, you know, Jimmy, you mentioned so, and I think it's realistic time management. Right. And it's, it's kind of a learned skill. We all want please. Right. And it's sort of a nature of the, the clinical pharmacy school.

Like kinda. We want, do we want perform. We wanna make everyone in the room happy. And, um, and I think that that carries over to project management and, and it's, and, and I like your strategy there, you, right? I think I can do it a week. Let's say three weeks. Give yourself some breathing room. Right. And I think too, And, and then it puts pressure on ourselves.

And a lot of us are sort of perfectionist

Jimmy: and it doesn't matter really at the end of the day, I think about it is someone gonna, we get to see this author is someone gonna die because of us not having this project this time? No.

Tony: I think we get locked into that residency timeframe, you know, it's like, well,

Jimmy: I haven't, I haven't been residency in years, but I still like, oh my God, how academics gonna get you?

so a lot of times I have to take a step back and access, like, does this really matter? Yeah. Like we', we are expert at, uh, identifying something and figuring out what's the impact gonna be to our, our patients, to our teams, else. But realistically. Does it matter? And then does it matter the way you think it does?

Does it matter the time you're spending in office doing that versus time you can be spending with your family? Does it matter? Like not going on vacation for years? Like, I think back now it's like, COVID taught me. Cause I was like, I, I had never been on a vacation my own until I went, I went to Vegas for two days in 2019, and I told myself after that, I'm gonna go on vacation and do all these things and COVID happened and I couldn't go anywhere.

And then it was like, okay, now I'm nervous. All right now I have a, and have I have another kid it's like, okay, wow. One, one, couple months can turn into three years. Like, like that. So don't push it back. The things that you can see and do now, and like, does it again, does it matter at the end of the day? And I think it's different now.

And I think that's things that help help burnout for me. And I tell my residents, give yourself time. And grace like complete the project. Yes. If we, if it has to be done. Yes. But outside of that, I think, I think pharmacy is made this fake world. Where, none of our other colleagues have to go through like other residency programs that are doctorial in, in nature.

Um, they don't do the type of research projects that we're required to do and push out the stuff that we required. I think, uh, Frank in Chicago, we talked about this many people have me opinions about our work required research projects and manuscripts. I think research is important. I think the manner in which we do certain things is interesting.

Andy: I, I totally agree with you there. And it's like, maybe we need to take, you know, a deeper look in, you know, our residency training requirements. It's like, what are the things that are really important? Like when your resident

comes out, are they just gonna do projects all day long? Mm-hmm no, they're gonna take care of patients, right?

So they wanna be, you wanna provide them with the most meaningful experiences in a very short period of time. That may not be, you know, do five MUEs.

Jimmy: Yeah, I know it's one girl on Twitter. I don't know her name. She's like one of those like honest people, like she's famous for complaining about residency.

Shout out to flawless, pharm, shout out to her, like she's like built a platform based. Whatever, whatever residency you go to, I feel bad for . Cause it is like, it must be, but it's like you think about that and like part, part of those things are like true. Like part of how it makes you feel is that way. And I think about the things from residency that I really value and it's like, I never remember, like, oh my God, I'm so happy that it's I remember being at the bedside and like someone saying, Hey, do this.

I'm like, I don't know what I'm doing, but okay.

Tony: Okay, didn't enjoy sitting next to like a half done poster at midyear. Well, nobody comes by.

Jimmy: Yeah, she looks great. Yeah, we can't reimburse. You got whole five page for registration. Yeah.

Lance: Yeah. The emphasis on project and research is, is sort of disproportionate, right?

Yeah. It's like, you know, okay. Take all 70 or 80 PGY two em programs. Right. You know, maybe, it would be cool. Few good. You know? Uh, split off, like maybe, maybe you could choose to whether your PGY two program is more of a research, academic focus, one mm-hmm or not. Cause we all know there's a lot of community based ones and yeah.

And, and you might want to apply to a program that's a little less research based or you want to apply to one that's more research based. Right. But you know, how many other professions that have a one year residency or a two

year, you know, postgrad residency program. Are required to do this many projects and publish and all this stuff, right?

The four year emergency medicine residents is one of the best in the country, right in the street throughout their four years, they're encouraged to do a, you know, a major project. They don't have to they're, you know, can get involved with research if they want to, but you can go through the whole four, four years of focus on something else.

Yeah. It's four years. Right. And we, we mandated all of our residents. Doing, you know, major research project and get published and all that. And that's great, but it's, it's disproportionate and I don't think it should be required

Jimmy: and correct me if I'm wrong. Cause I, again, I'm, I've chosen to do podcasting and not research.

So how many, what is the percentage of all residents research by all resonance research project gets published

Tony: for two.

Lance: They'll they'll a publication

Jimmy: suit. Tried. I submitted my PGY2 project three times. I'm like,

I thought it was pretty good is actually pretty solid for me. Like I'm actually proud of this deny. Deny. Yeah. How

Lance: many, how many years sit on a shelf somewhere? Yeah. Where you get dusted off. It has to be

Jimmy: less than five percent's, you know, that's saying,

Tony: I, I would've accept that.

Jimmy: Yeah. I'll say it has to be less than 5%.

And our focus think I have, I have a academic evaluation right now ready for me for a research project. And then another project that was, but all the bedside stuff, I don't know, even where to put that. So it's the truth.

Lance: Well, and if, and if Frank is here

Jimmy:, oh yeah. We we'll see him in two weeks.

Lance: So tell you that, you know, a lot of those research projects are doomed and projects are sort of doomed because, uh, people and residents and researchers aren't asking the right research question.

And, and I, and I I've seen that I've done that. I, I, I think one year you got 12 months to do a full, you know, thing. It's, it's, it's a tough timeline, tough project

Jimmy: and I'm just, most of it let's do it. We have to, we submit this stuff. You absolutely have to.

Tony: There's no option. This is,

Jimmy: I'm not gonna read this.

I I'm gonna be honest. Like, I feel bad. I'm just gonna put it out there and you guys maybe hate me and somebody who's like really big in a research may hate me, but most of these studies are like,

Tony: it's. Cause that's what you can get done in 12 months.

Jimmy: Yeah. And that's the why you're gonna get okay. We're we're gonna digs.

We, we definitely tackle. Burnout and how poor research is. And then interesting enough, we'll be talking about research and pharmacy education at Chicago in a couple weeks. So we'll, we'll continue that conversation there,

Tony: making me wanna get my co-listed PGY two project published. Now I just need a few drugs to go out of favor.

Jimmy: Alright. Any, any last words on burnout guys? There's a few things we can do. Um, just summarize everything. We've kind of talked. It's just focusing on the things that really matter to us saying no to things that you have to time. Management's gonna be key and focusing on the things that you really want to, that gives you passion.

Um, there's a lot of things that we, again, I'm now looking more into real estate, I've gotten into stocks. I've got into all this amazing. I knew nothing about, cause I did not have time. Like the only thing I had time to do is understand the history of a 1906 when F was first to because that's,

Tony: there is a big world outside of pharmacy.

We get wrapped up in it and it certainly

Andy: is. Yeah. And I think, you know, us as like, you know, preceptors. Or, you know, RPDs or, you know, what have you, your association with your residents is like, you know, we can model good behavior mm-hmm and we can teach like, what is good balance. Yeah. And encourage residents to, you know, go take, take a PTO, you know, take all the PTO that you're allowed to during your residents year, you know, like go have fun too.

This is like, you know, this is a short period of time. We're gonna learn lots of stuff, but at the same time, You should have fun too.

Jimmy: I think we spent all this time and I think you really go through most of your, your twenties preparing and training. It's always one thing out to the next and what I usually see, no one talks about is the, I call it post graduation, depression.

Who am I? What I to do when I was in, when, when I was in undergrad, I wanted get to pharmacy school. I went to pharmacy school. Wanna get PGY1? So one you two, and then you like you supposed to get a job. And then you're like, oh, I have no house.