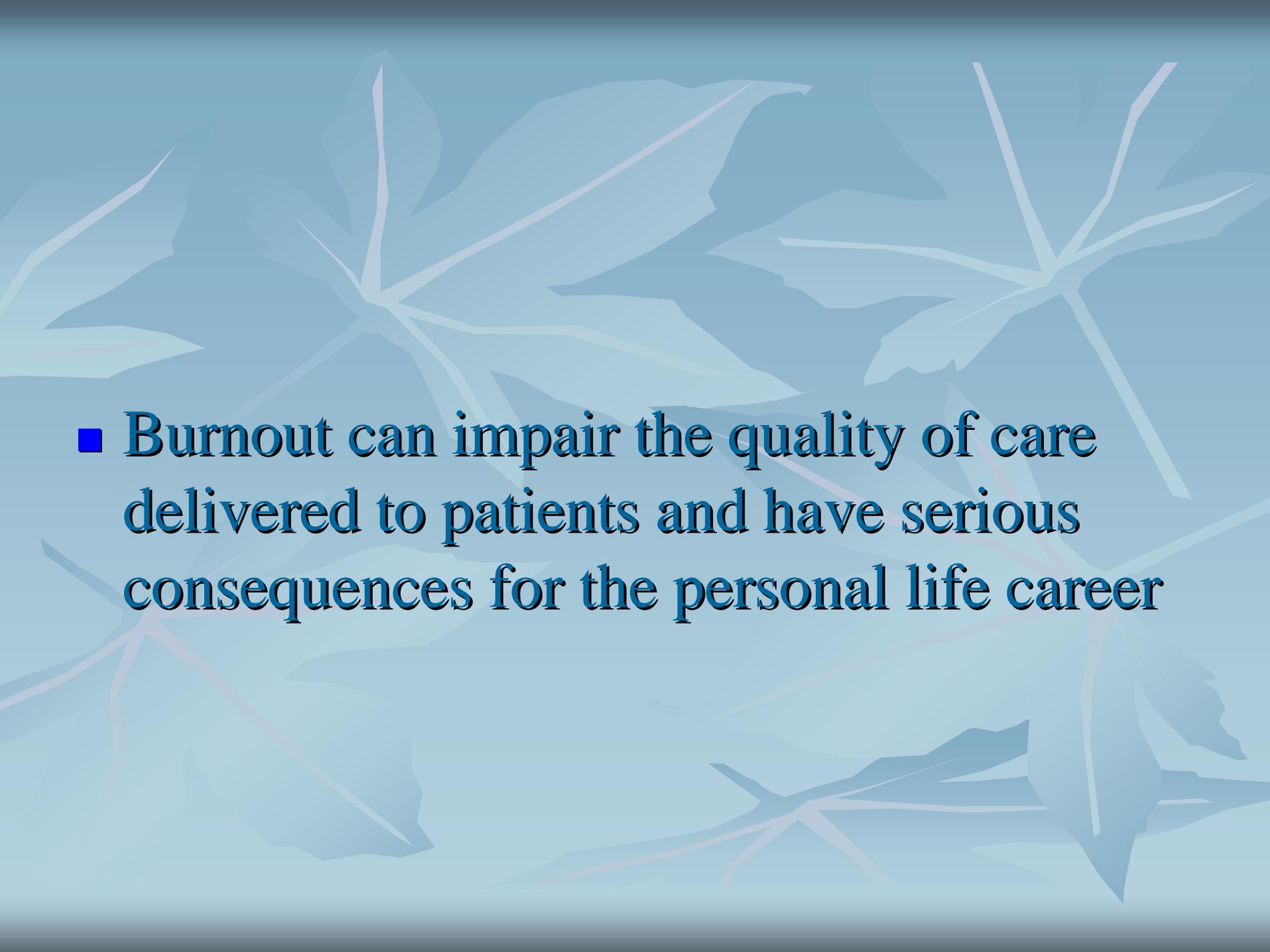




Insights from a pediatric physician working with a heterogeneous population

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- 
- **Burnout can impair the quality of care delivered to patients and have serious consequences for the personal life career**

Sources of burn out

Organizational: low job satisfaction

- Work overload,
- Inadequate communication,
- Impaired supervision,
- Narrowly defined job descriptions
- role ambiguity,
- Interdisciplinary conflicts,

Sources of burn out

- Quality control effectiveness,
- Increased technical requirements,
- Perceived isolation from other staff members,
- Inferior professional status,
- Low salary,
- Few advances opportunities

Sources of burn out

- Problems in team work
- Frustrations surrounding issues in collaboration
- **Feelings of insecurity and frustration with regard to the lack of institutional support and the scarce resources**
- Personal experiences of exhaustion due to heavy work load and feelings of incompetence

- Lack of clearly defined roles for the various team members caused problems in mutual collaboration
- **The race against the clock: which leaves no time for innovation, of for paying extra attention to patient needs.**

Personal

- **Personal: dedication, commitment: people who take on too much for too long, have unrealistic high standards , possess strong dependency and achievements needs**

The adverse effects of burn out

- Lower productivity
- Decrease in team moral
- Increases in absenteeism
- Personnel turn over

FIRST CONVERSATION WITH A NEW PATIENT/ conversation with the parents of a child who developed recurrence

- Breaking bad news
- Communication skills training for physician
- Dealing with the angry parent, the depressed child/parents

Trends in Survival, Children 0-14 Years, All Sites Combined 1974-2001



*5-year relative survival rates, based on follow up of patients through 2002.

Source: Surveillance, Epidemiology, and End Results Program, 1975-2002, Division of Cancer Control and Population Sciences, National Cancer Institute, 2005.

- The pediatric Hematologist Oncologist is a fighter in the war against death, in the battle of life against death
- **Disappointment in the failure is pronounced especially when a child died or failed to achieve remission, suggesting the physician total defeat**

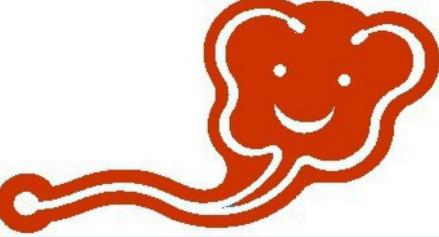
What is a good oncologist?

- A good oncologist : to devote himself completely??
- Go home to his family time
- Family duty to his own family
- Who is the mother/father of the sick child?
- Overriding norm of great involvement with the patient
- The boundaries between the job and the personal realm are often blurred for some of the physicians
- *Recommendations: Set clear boundaries with the patients it is beneficial to physician's functioning and reduces the likelihood of stress and burn out*

Work-Home conflicts

- Over involvement with patients: to give everything of myself?
- To discuss work issues at home??
- To shield our children against the harsh reality of our job?
- Back home: to call the department? The parents, the staff/

Although friends and relatives are also important sources of support, they are unlikely to be able to meet the needs of professional support that were not met in the work setting.



Meyer Children's Hospital

The major pediatric center for Northern Israel

was founded in 1995

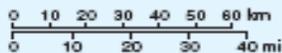
to care for

600,000

**Jewish, Druze, Arab Moslems and Christians
Children**

ISRAEL

- National capital
- District (mehoz) centre
- City, town
- Airport
- International boundary
- Boundary of former Palestine Mandate
- Armistice Demarcation Line
- District (mehoz) boundary
- Main road
- Secondary road
- Railroad
- Oil pipeline



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries.



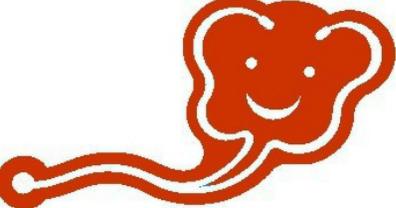




Department of Hemato-Oncology Facilities

Meyer Children's Hospital

- Day care unit (“7 beds”). 1360 hospitalizations /year
- Hospitalization department (9 beds)+ beds in the pediatric departments.(726 hospitalizations per year)
- Bone marrow transplantation unit (4 beds)
- Outpatient clinic (3200 visits a year)
- Hematology, solid tumors, leukemia (70-80 new patients with cancer
•per year)
- Follow up long term survivors clinic (1200 patients). Active follow up # 200 patients per year.
- Hostel for families (5 rooms)



Oncology multi-disciplinary team

Meyer Children's Hospital

**Director &
Medical staff**

10

**Social workers
staff**

5



**Head Nurse &
Nursing Staff**

36

**School
Counselor &
Teachers**

4

**Psychologist
Art therapist
Music Therapist**

5

**National
service
volunteers**

5

**Administrative
staff**

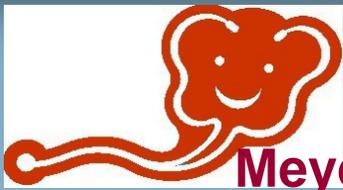
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Meyer Children's Hospital

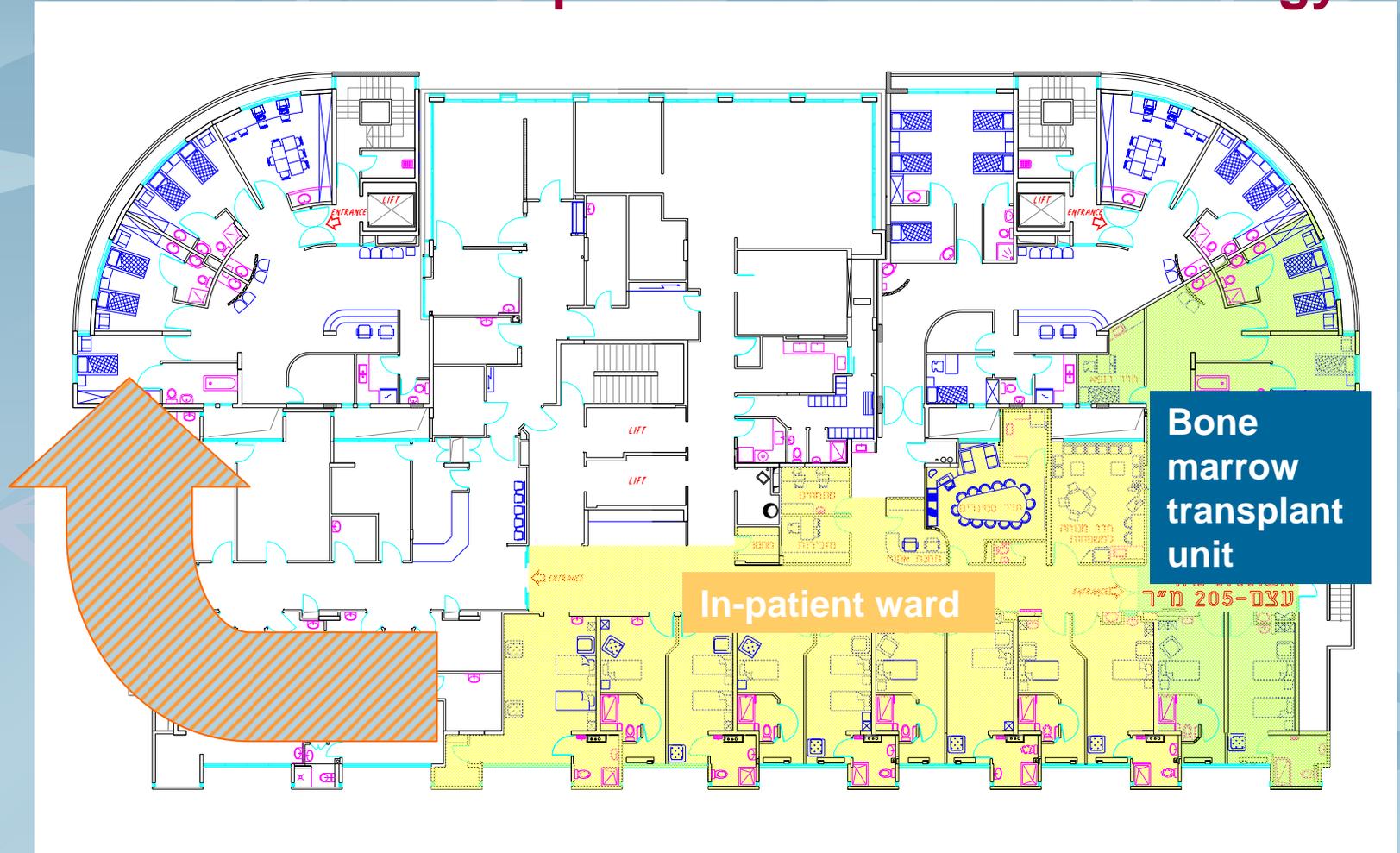
Treatments

- **Chemotherapy**
- **Surgery (general, orthopedic, neurosurgery)**
- **Radiation therapy**
- **Bone marrow transplantation**
- **All the treatments are delivered according international protocols (COG, SIOP)**



Meyer Children's Hospital

Department of Hemato-Oncology





PEDIATRIC HEMATOLOGY ONCOLOGY STAFF



- **Physicians:**
- BMT/Leukemia;
 - *R Elhasid Deputy Director*
 - *I Zaidman*
- Solid Tumors/Palliative care
 - *S Postovsky*
- Solid Tumors/Hematology
 - *A Ben Barak*
- BMT/Hematology
 - *A Halil*
- Long term survivors
 - *M Peretz*
- 3 fellows (*N Arad, D Bachri, D Arlev*)
- 1 family physician (*Lena Vershezka*)
- 35 nurses
 - *R Ofir* nurse in charge
 - *A Levinzon*, vice nurse
- Psychologist : *E Krivoy*
- Social Workers:
 - *A Alt Pacter* in charge
 - *O Polinger, S Mahoul, Grace Yakub, Svetlana Hawkin*
- Art therapists
 - *A Magen, A Kay*
- Pedagogic counsellor:
 - *R Rosenkranz*
- Teachers
 - *Ofira Bar Mashiar, Maha Houri, Hava*
- Secretaries
 - *Y Cohen* in charge
 - *Rachel Abecassis, Hagit Flink, Ilanit Rozen.*
- Volunteers

Organization

- Each physician is in charge of different sort of cancer: decrease work overload
 - Dr Postovsky: Brain tumors, LCH, sarcomas,
 - Dr Ben Barak: Wilms Neuroblastoma, lymphoma and pure hematology
 - Dr Elhasid, Leukemia, BMT
 - Palliative care? Who is in charge? One specialist, every physician?
 - Home care?





Fellows/Senior

- Rotation BMT/Hematology/Research
- My aspirations: Ontario Presentation (ASPHO meeting): Survey current and optimal allocation of pediatrics' oncologist's time: 55% clinical, 20% research, 20% education, 5% administrative.
- The model is:
 - 1 physician for 15 new pts a year and 85 pts in ongoing active FU/long term survivors
- Senior physician: On call 8 days per month

- Formal recognition of career's contributions
- Provision of new challenges
- Job redesign
- Flexible hours
- Better relations with other team members:
better defines roles
- More autonomy in the job
- To incorporate breaks in busy days
- Sabbatical vacation



To be together

- The team: meeting of all the staff on Sunday multidisciplinary
- Monday : nuclear medicine,
- Tuesday: academic training organized by a fellow. Meeting with the seniors (training). Pathology meeting.
- Wednesday: discussion and presentation new and difficult cases. CT / MRI meeting
Staff meeting: to be involved in each decision: to stop curative treatment or not? To start palliative treatment
- Thursday: Hematology.
- Each morning visit on files, afternoon with the attending and physician on call +fellows.



- To focus on accomplishments even if they seem small.
 - Successful management of symptoms
 - Or bigger: remission.....

 - Or bigger:





AFTER THE DEATH OF A CHILD

- Phone call, writing a brief note...
- Funerals ?
- Visit to the deceased child family at home: during the ritual "shiva" (7days of mourning at home)
- Support of parents after the death of the child ?
- Mortality conference

SUPPORT STAFF

- Career assistance programs focused on the ventilation of feelings
- Support Staff with an outsider facilitator (psychologist, counseling services): the aim is to create an atmosphere of openness: mutual support, caring for each other, learning from each other.

- Physically and mentally healthy style
- Regular exercise, adequate rest
- Yoga...
- Hobbies







My role as director higher job satisfaction

- To devote more financial resources for additional staff.
- To find subventions for participation to international meetings: SIOP, ASCO etc..
- To find subventions for more physicians
- To find subventions for multidisciplinary team
- To find subventions for improving the environment

My role as director higher job satisfaction

- Developing research and academic program,
- Define and re-define group goals so that each member of the staff feels engaged in the decision – making process
- Developing training course, encouraging active participation to international meeting, fellowship, improve training in communication skills
- Encouraging the establishment of mentoring program to guide junior staff,
- Improve clinical care facilities



Medical and Pediatric Oncology 35:122–125 (2000)

Guidelines for the Recognition, Prevention, and Remediation of Burnout in Health Care Professionals Participating in the Care of Children With Cancer: Report of the SIOP Working Committee on Psychosocial Issues in Pediatric Oncology

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Tim Eden, MD,⁴ Claudia Epelman, PhD,⁵ Mark L. Greenberg, MD,⁶
Antonio Gentil Martins, MD,⁷ Ray K. Mulhern, PhD,⁸
Daniel Oppenheim, MD, PhD,⁹ and Giuseppe Masera, MD^{2*}

















טיפולים



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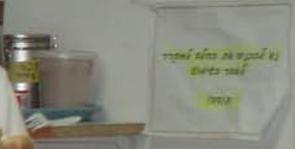
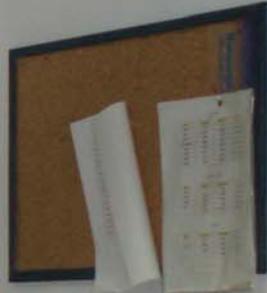


לוח ארועים

אפולוקים
חדר עת 100
חדר המים 5425
מפרת
תל (אולמות)
מפת
412
אופים זר
5025

25	85	175	215	240
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רמל דרד
החברה





When a person is born
 Why is there a birth?
 What is the purpose?
 Why do we have children?
 Why do we have children?

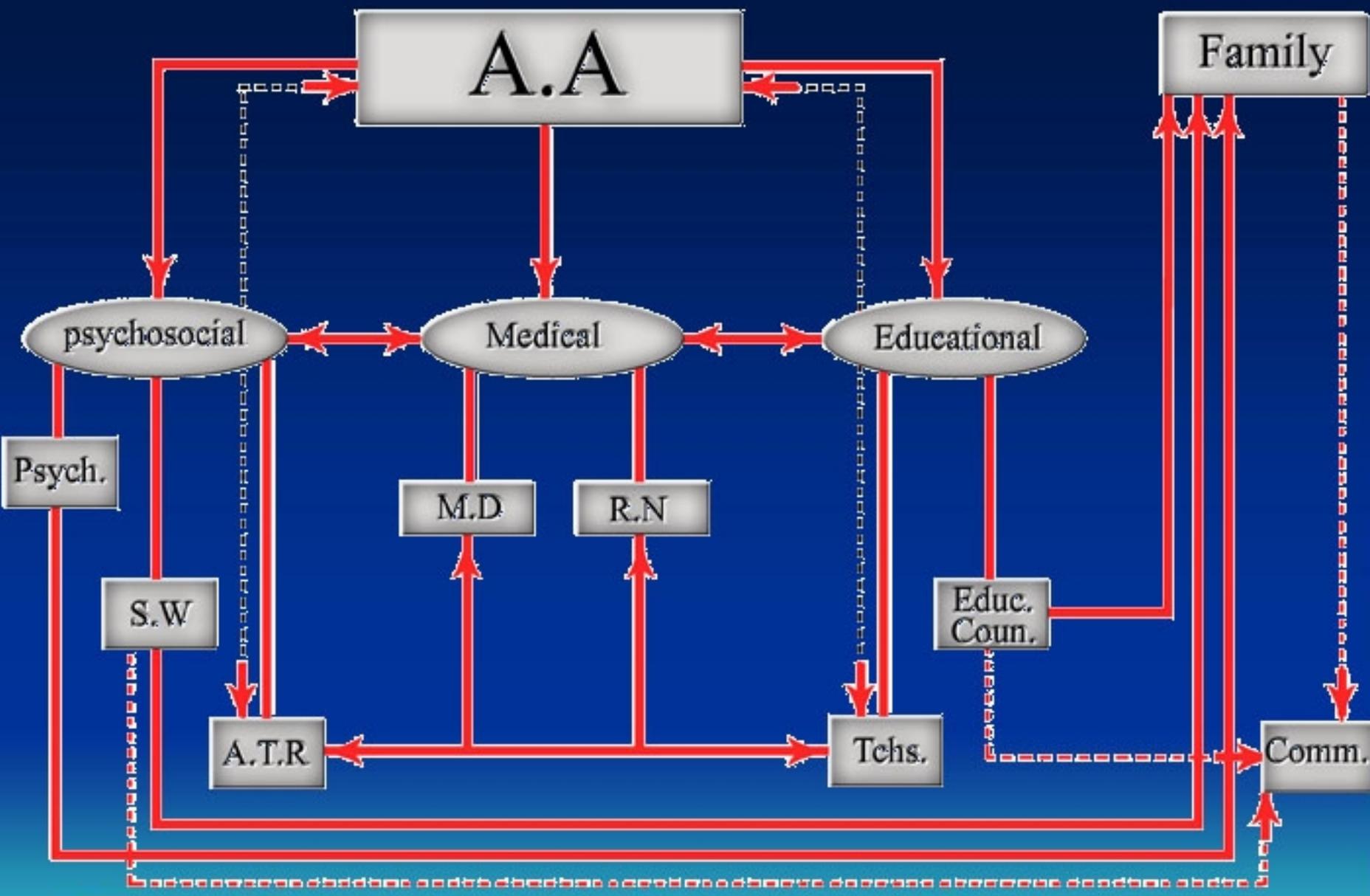
Meaning of death
 Why is it important to know about death?
 Why do we have funerals?
 Why do we have funerals?

The Christian Family
 Why is the family important?
 Why do we have families?
 Why do we have families?

Discussion Intervention Project
 Why is it important to have a discussion intervention project?
 Why do we have discussion intervention projects?
 Why do we have discussion intervention projects?







גדול נהיה"

"יזה הקטן



רינה



אירנה



ציפי



מרינה



רות



פרופסור בן-הרוש



דוג'ית



רחל



רונית



אלון



יעל



שיפורה



רחל



קריסטין



נדה



מירי



דו' בן-זורק



שטיאנה



מהא



אופירה



פנינה



זוהר



אנה



סשה



אריס



ראיסה



יולה



ד' אירנה



זינה



הלנה



אוזלי



יעל



אנליה



דוג'ית



דינה



חני



גאלאל



הישם



בלאל



יוני



מעייין



נדא



רבקה



תקוה



זכרון מנחם 2006



חן נועה פיצוי

לצוות המחלקה הנהדר,

תודה על שבזכותכם
ובעזרתכם חווינו שנה
שלעולם לא נשכח.