

K-Club

Reviving the Healer: Confronting Burnout in Academia with Coaching

3/10/2025



Survey Drawing



Survey Drawing



**February
Winner:
Najeah
Okashah**





K-Club Special: Pediatric Research Alliance JFF Grants

- These grant opportunities are designed to prepare junior faculty to move from mentored research to independent researcher status. Each award is \$50,000.

Eligibility:

- The principal investigator (PI) must have a current rank of Instructor, Assistant Professor, or Staff Scientist in the Emory Department of Pediatrics or a member of the Pediatric Institute and be no more than 7 years into their faculty appointment. Please note that adjunct faculty appointments do not meet this requirement.
- The PI must have NIH New Investigator status, meaning they have not previously competed successfully as PD/PI for a substantial NIH independent research award such as an R01.
- The PI cannot be PI on any grant with more than \$200,000 of direct costs per year (this limit applies to the award or sub-award for which the PI is directly responsible).
- The PI must be on a trajectory to become independently funded, meaning they expect to successfully compete as PI for career development or R level or equivalent funding (government or foundation) within the next three years. Submitting an extramural grant proposal (of any level) as PI within 1 year of the end date of a funded pilot is a firm requirement.
- The application must include a mentor, as with any career development award.

Deadline: April 10, 2025

More Information [Here](#)



K-Club Special: The Damon Runyon-Rachleff Innovation Award

- The Innovation Award is specifically designed to provide funding to extraordinary **early career researchers** who have an innovative new idea but lack sufficient preliminary data to obtain traditional funding. It is not designed to fund incremental advances. The research supported by the award must be novel, exceptionally creative and, if successful, have the strong potential for high impact in the cancer field.
- The Stage 1 award will be for two years, \$200,000 per year (\$400,000 total) with the opportunity for up to two additional years of funding (up to four years total for \$800,000). Stage 2 support for years three and four will be granted to those awardees who demonstrate progress on their proposed research during years one and two of the award.

Deadline: July 1, 2025

More Information [Here](#)

February K-Club

Reviving the Healer: Confronting Burnout in Academia with Coaching



Associate Professor,
Medicine-Internal Medicine,
University of Colorado

Reviving the Healer: Confronting Burnout In Academia



Tyra Fainstad, MD
Associate Professor of Medicine
Resident Director, Lowry Internal Medicine
Co-Director of Better Together Physician Coaching
Tyra.fainstad@cuanschutz.edu



University of Colorado
Denver | Anschutz Medical Campus



Disclosures

- No financial disclosures.
- Better Together Physician Coaching is a curriculum under the University of Colorado School of Medicine (a non-profit SoM).
- I am a professional physician coach, but I do not make any money or other gains from coaching in or outside of this program.



Mission:

Positively affect the
culture of medicine,
particularly in academia

Through addressing
burnout and toxic beliefs
we all hold

Outline: Medical culture



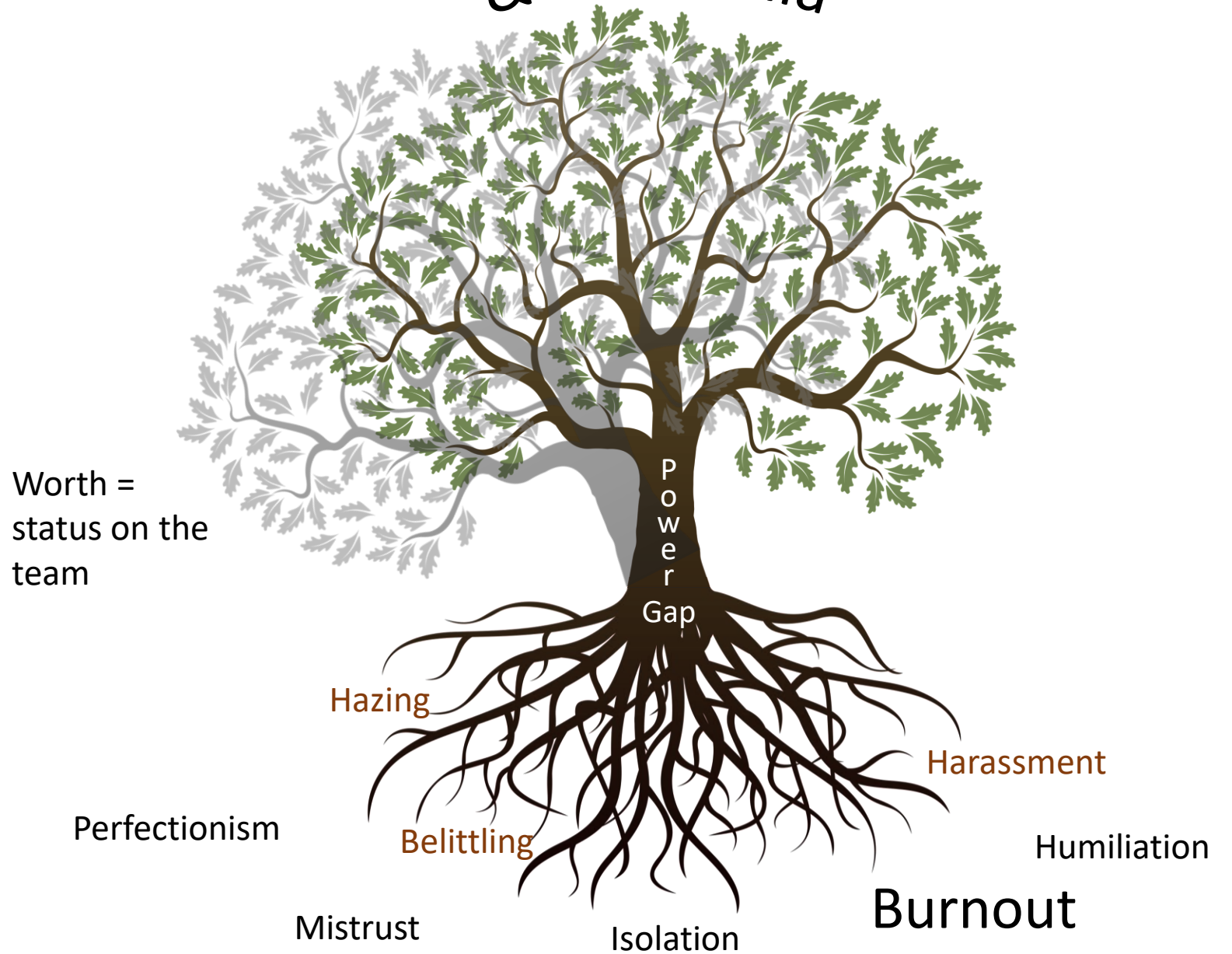
Where we've been

Where we are

Where we could go

Where we've
been

Hierarchy of Medicine & Academia



Resisting or ignoring emotions was an attractive option



When the field was (even) more homogenous

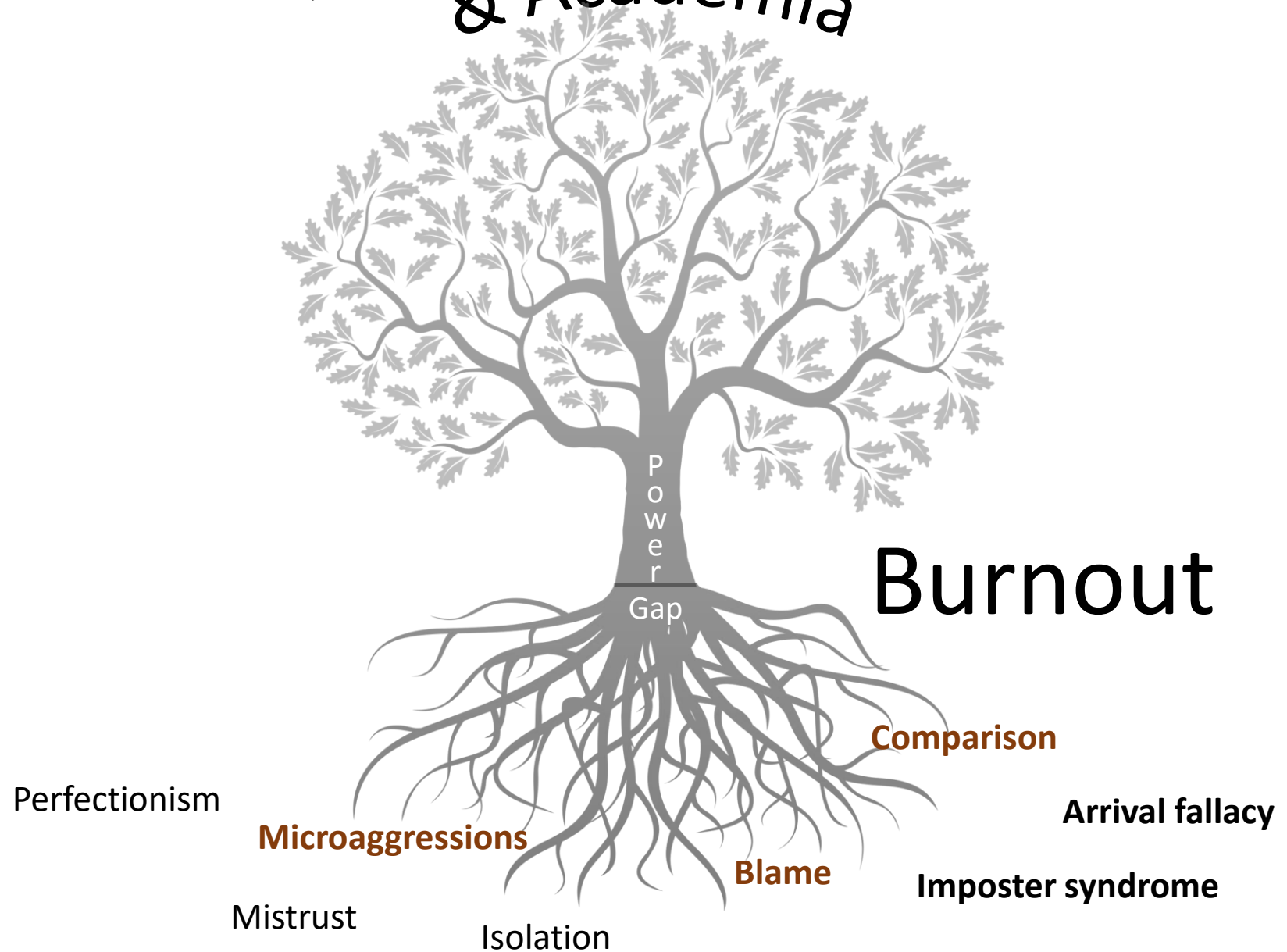
When physicians were willing **and able** to sacrifice self-care/other priorities for work

When many downstream effects (substance abuse, divorce, depression, and suicide) were covered up/not talked about



Where we are

Hierarchy of Medicine & Academia





“To be
successful,
productive,
and worthy I
must be
hard on
myself.”

Still, no emotional education and very limited attention to culture

"To be successful, productive & worthy, I must be hard on myself."



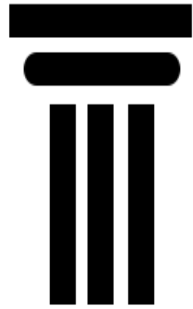
No formal training for emotional naming, processing or agility... Self-compassion seen as a “soft skill” and hard feelings continue to be resisted.

Trainees still learn to equate their worth with their status on the team.

McClintock et al JGIM 2022, Shrestha et al 2002.

Standard of being “faultless and flawless leaves trainees with the feeling that they are constantly falling short” Yanes AF “The Culture of Perfection” Acad Med 2017

Institution



Burnout



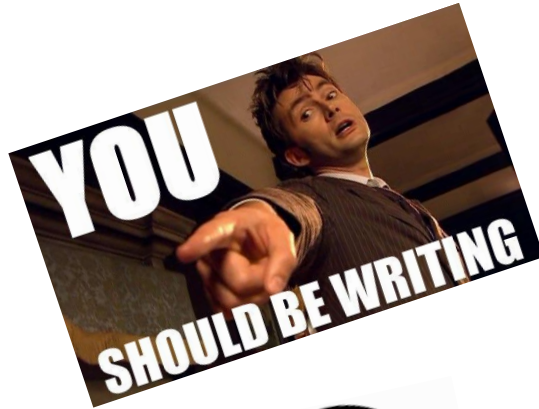
Individual



Martyrdom

MINDSET

"To be successful & productive, I must be hard on myself."



perfectionism

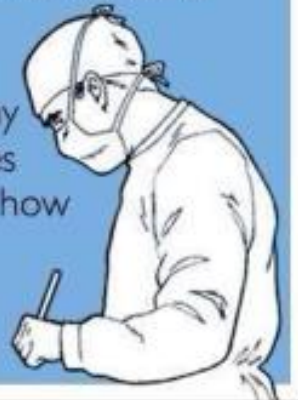


overworking



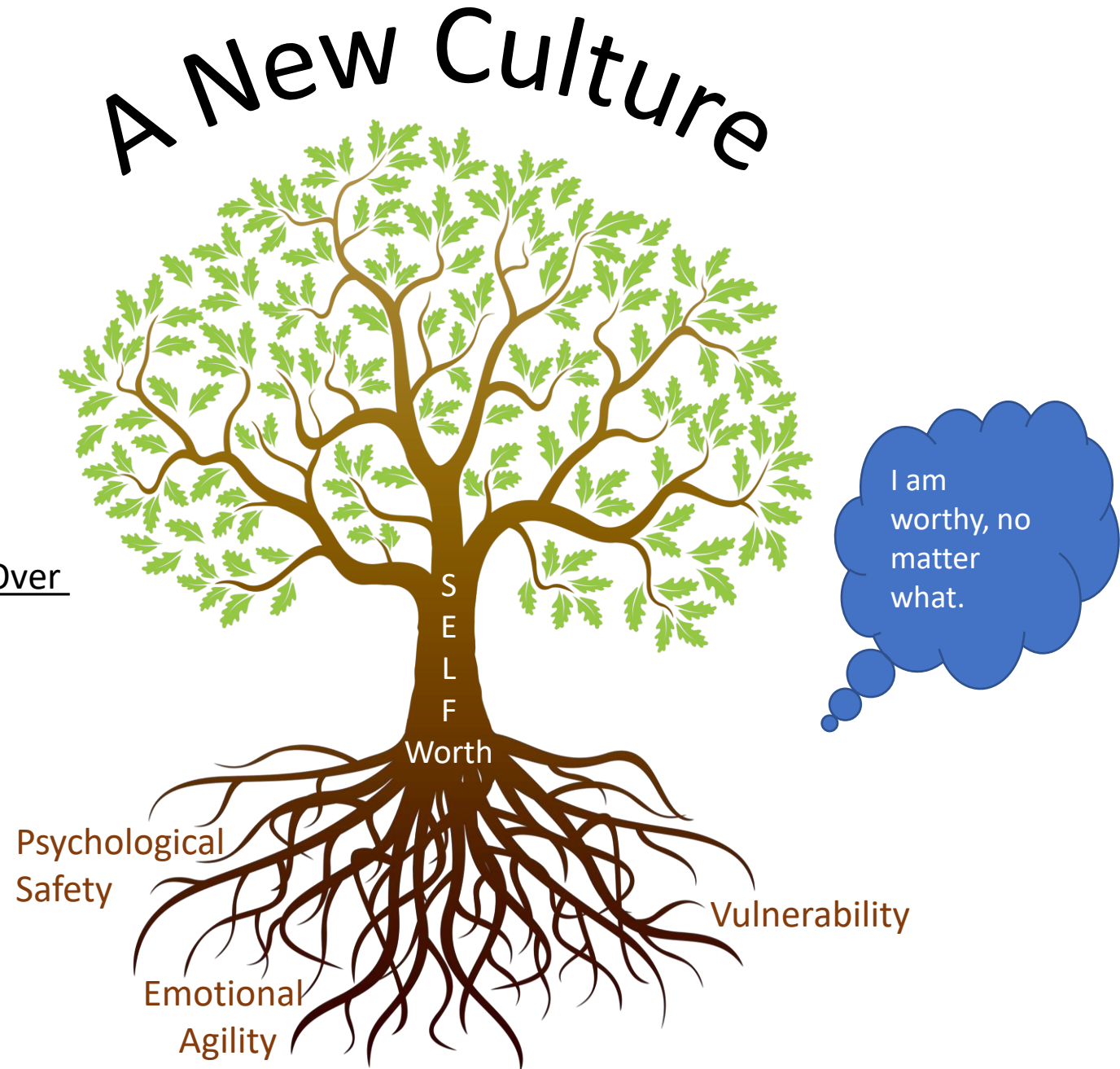
I wear bodily fluids that aren't mine, I work weekends & holidays, I get screamed at & have my hands in other peoples orifices. Tell me again how hard you work?

someecards
user card



Where we
could go

Replace Power Over
w/ Power With



How can we untangle and rewrite these cultural mindsets? Coaching.

Increased success (pt outcomes, job satisfaction, career ascension)

Decreased burnout, imposter syndrome, moral injury, Increased quality of life, self compassion, flourishing

Less stigma and potential of greater accessibility* than other mental health resources

Dyrbye, *JAMA Intern Med* 2019

Palamera, *JGIM* 2018, *Annals of Surgery* 2023

Fainstad, *JAMAOpen* 2022, and Mann, *JAMAOpen* 2023



Coach: “To help a person change in the way *they* wish and go in the direction *they* want.”

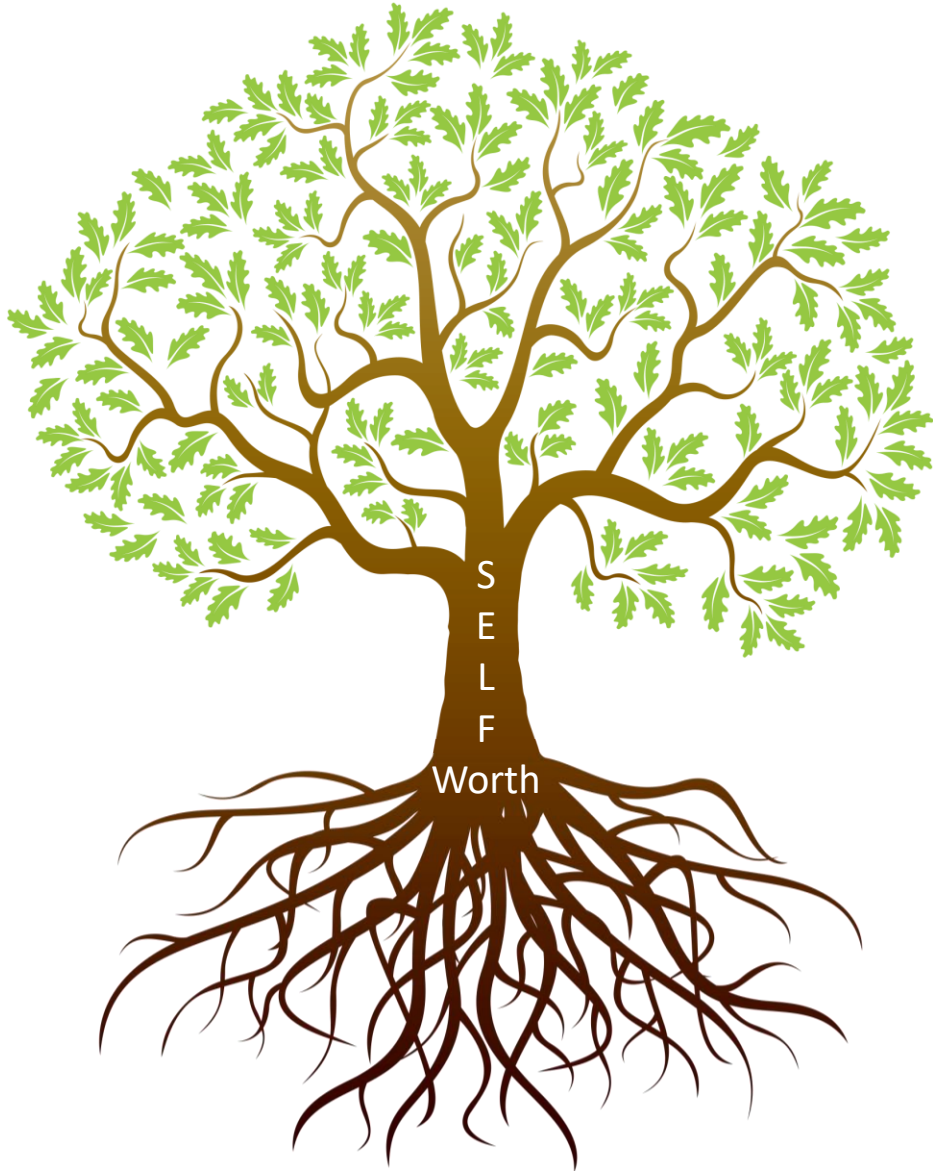
-International Coaching Community



Better Together Physician Coaching

Institutionally Supported, Individually Harnessed Tool to Mitigate Burnout

Theory Informed



SELF-DETERMINATION THEORY:

3 core psychological needs must be satisfied for wellbeing and intrinsic motivation

- Autonomy
- Competence
- Relatedness

Many of these are actively destroyed in academia. Our aim is to help participants become aware of areas they already have these three & build more where needed

Better Together Coaching



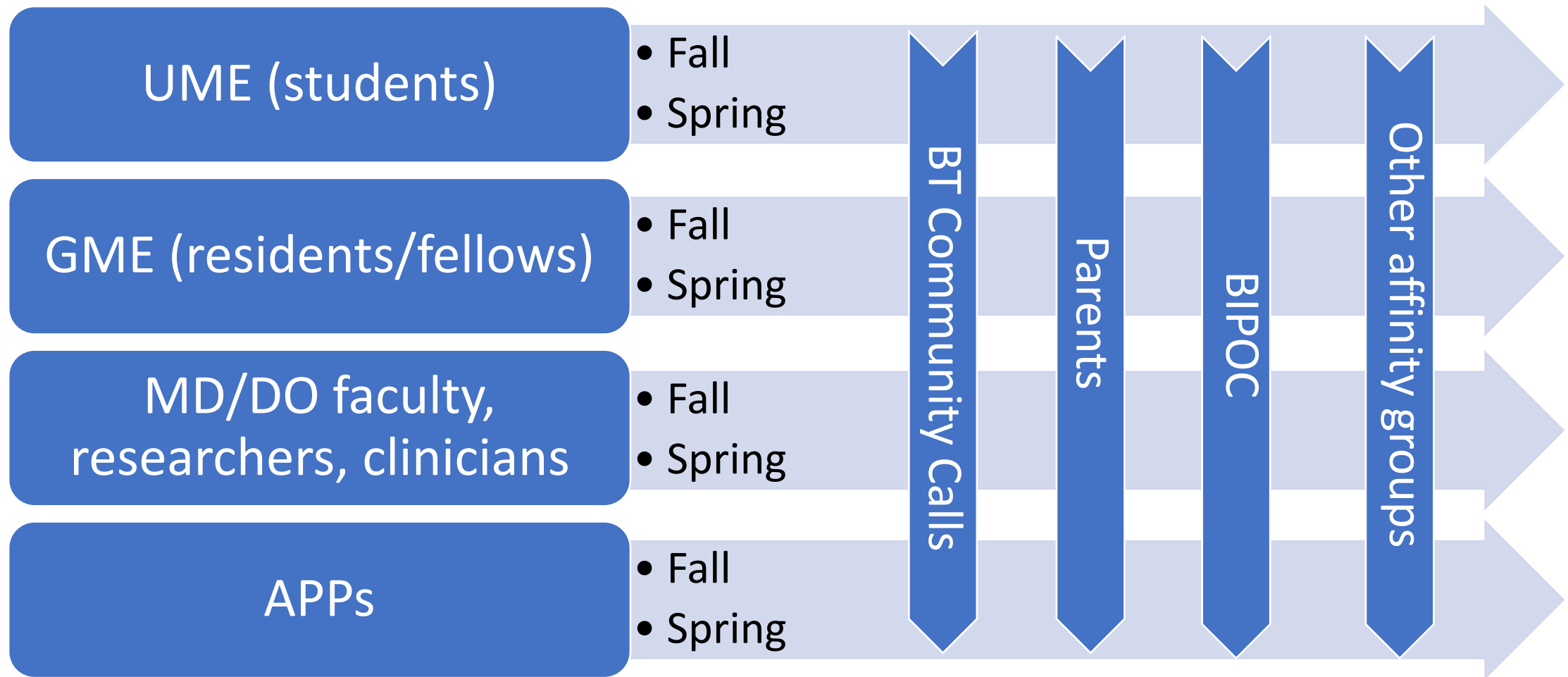
1) Self-Guided Coaching: Prompted by weekly webinars and worksheets

2) 2-5 Weekly Group Coaching Calls

3) Anonymous Written Coaching

4) 1:1 Coaching (4, 30-min sessions with a certified BT coach)

4 Concurrent groups



Better
Together
Coaching

1) Self-Guided Coaching:
Prompted by weekly
webinars and worksheets

Better Together Curriculum

Month 1: COACHING 101

Week 1 Introduction to the Thought Model (CBT/ACT based),

Week 2: Feelings (emotional agility)

Week 3: Goals, Values and Purpose

Week 4: Being your best at work

Month 2: You and your external world

Week 1: Leveraging a Growth Mindset FOR you

Week 2: Receiving Challenging Feedback

Week 3: Dealing with Bias at work

Week 4: Choosing how you show up

Month 3: You and your internal world

Week 1: Imposter Syndrome

Week 2: Approval Addiction

Week 3: Perfectionism

Week 4: How to change your thoughts about yourself

Month 4: THE NEW YOU

Week 1: Confidence

Week 2: Navigating Transitions

Week 3: Self appreciation and Self compassion

Week 4: Your future self: launching back into life

1) Self-Guided Coaching: Prompted by weekly webinars and worksheets

Better Together Previous Section Next Lesson Customize and control Google C

Month 3
80% COMPLETE

Download the Month 3 Workbook
Download the Workbook

Watch the Month 3 Materials
Imposter Syndrome
Perfectionism
Approval Addiction
How to Change Your Thoughts

Imposter Syndrome

STEP 1: Make sure you have your [Month 3 Workbook](#)

STEP 2: Watch the video below

STEP 3: Click "Complete and Continue" above or "Complete Lesson" button below to access your next lesson

Impostor Syndrome - With Tyra
Better Together
physician coaching

Watch later Share

Impostor Syndrome

Understanding your Perfectionism

This worksheet is adapted from the work of Dr. Jennifer Hunt.

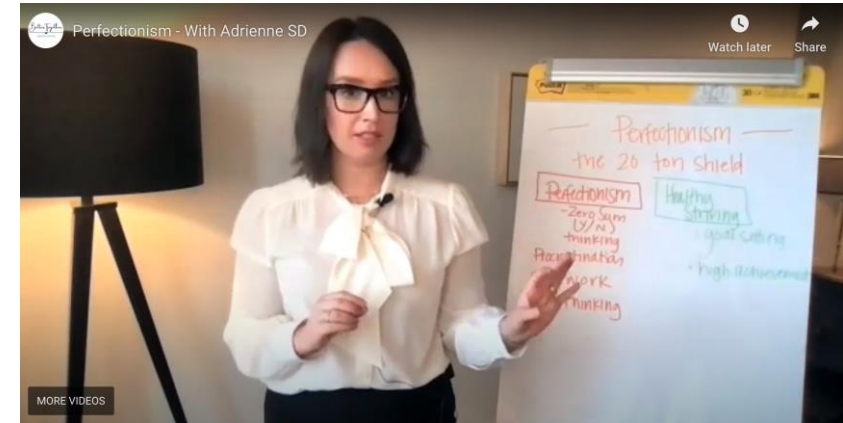
What's keeping you stuck? Imagine a person who's overcome perfectionism. What thoughts or judgments do you have about them? Who do you think would criticize you if you got rid of your perfectionism? What would they say?

Now that you have insight into perfectionism, is there any part you may want to change?

Tips when working with your perfectionism

1. Get really clear on your own definition of success.
2. Understand your standards for yourself. Do you know what you mean when you say you want to be a "good doctor"? How will you know when you get there?
3. Challenge any beliefs that are not serving you. Ask yourself what you are making it mean about you when other people think, feel, or do things?

Better Together



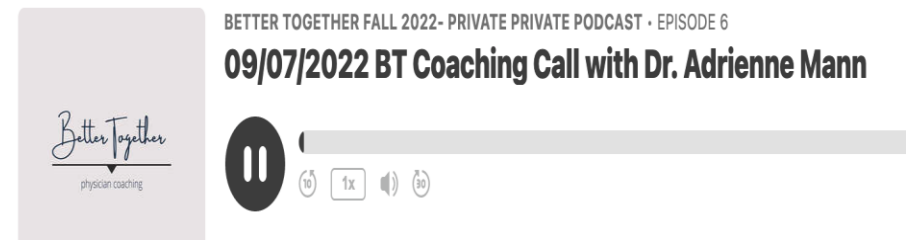
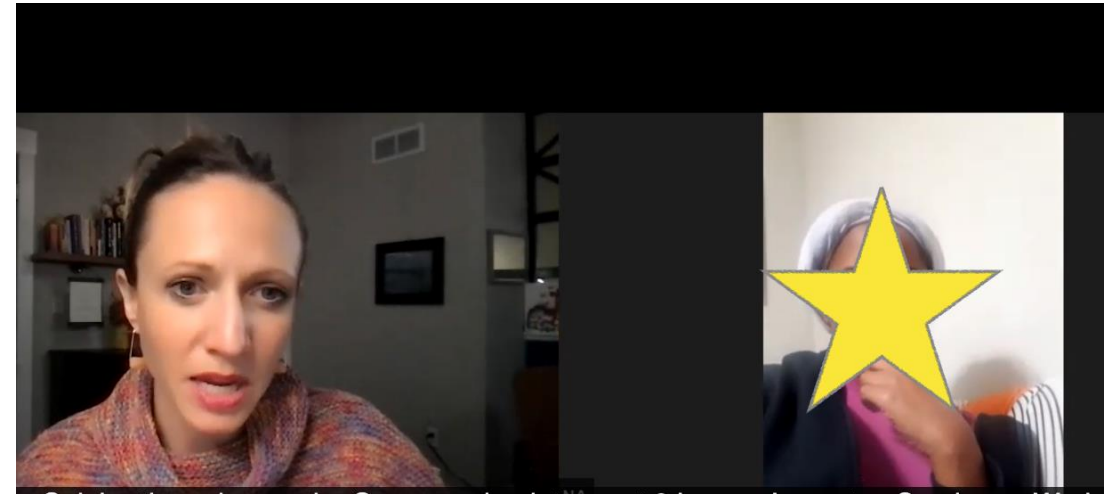
Better Together Physician Coaching

1) Self-Guided Coaching:
Prompted by weekly
webinars and worksheet

2) 2-5 Weekly Group
Coaching Calls

2) 2-5 Weekly Group Coaching Calls

- Zoom Webinar – 1 hour
- Separate calls for UME, GME, Faculty, APP
- Community Calls where ALL are invited
- Unlimited audience; Participants choose their level of anonymity
- Host is a certified BT coach
- Coach coaches 2-6 participants within the hour, in front of the audience (each ~10-30 mins)
- There is activity in the chat and Q&A (including some coaching)



Calls recorded on a private podcast

Better Together Physician Coaching

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3) Anonymous Written Coaching

BETTER TOGETHER

physician coaching

DASHBOARD

INTRODUCTION

COACHING

BONUSES

Howdy, E

CLINIC STRESS

Hello! I have made the shift from internal medicine residency, with minimal clinic experience, to a mainly outpatient based specialty. Residency clinic used to stress me out a lot, and it was mostly centered around timing, running late, not wanting to miss anything, and having complex patients. I think I had a lot of negative loops in my head tied to clinic coming into fellowship and not surprisingly, now that I do more clinic those didnt magically disappear. Now it is mostly centered around lateness. Ie my patient showing up late and throwing off my whole schedule. Me running late and making a bad impression on my patients, throwing off their schedule. My attendings not being immediately available to staff and throwing off my schedule. I have to actively try to calm myself down to not spiral about it in clinic, and I often have a physical feeling of stress/anxiety. I find myself comparing to my other fellows and how late or not-late they are running, and use that to feel better or worse about myself. I worry that the medical assistants secretly hate me because I'm the late one (I realize this is likely not true). All of those thoughts take up a lot of energy and take away from my patient in front of me. On really bad days, it makes me think I'm not cut out for clinic, and feel unsure of how I will do this my whole life.

for a model

C: Patient is late/ I am late

T: UGH. I can't believe they didn't show up on time/I can't believe I am taking this long with this patient. Everyone is annoyed that I'm running behind

F: anxious, rushed, judged, annoyed. frazzled

A: Fight urge to rush the next visit, Skip over things I would like to talk about. Apologize. Speed walk.

R: Every action is shaded by worrying about the time it will take. Perseverate on how late I am. Not be fully present with patient. Feel bad about myself.

ANSWER:

Hi friend 😊 First of all- serious congratulations on your insight and ongoing work. I'm going to add to your A line just so it's even more clear that this thought is getting in your way (and I'm going to pick just one thought for the model for now):

C: Patient is late

T: UGH. I can't believe they didn't show up on time

F: anxious

A: Fight urge to rush the next visit, skip over things I would like to talk about. Apologize. Use brute force to return to my breath. Speed walk. Compare myself to my other fellows and how late or not-late they are running, (and use that to feel better or worse about myself). Worry that MAS secretly hate me. Every action is shaded by worrying about the time it will take. Perseverate on how late I am. Not be fully present with patient. Feel bad about myself. Question how I will do this my whole life.

R: You don't show up at all for YOURSELF. (All of those thoughts take up a lot of energy and sometimes create the narrative that you're not "cut out" for clinic)

Whew. Ok - the fortunate thing here is that you already see that it's your thoughts causing this, and not your circumstance (at least in retrospect when you write about it - it may be a different story in the moment). The next step to get out of your thought loop that is not serving you is to get curious about your so-called "throwing off my schedule" situations.

Your cue to do this work is probably going to be when you notice your anxiety and feel some urge (or "should yourself") to fix it using forceful deep breaths. I want you to STOP trying to fix it. No more brute forced breaths for now, ok?

Instead, I want you to just simply notice the anxiety and actually let it exist for you. Watch yourself move through the day WITH the anxiety instead of despite it and resisting it. Write down

Better Together Coaching

1) Self-Guided Coaching: Prompted by weekly webinars and worksheet

2) 2-5 Weekly Group Coaching Calls

3) Anonymous Written Coaching

4) 1:1 Coaching (4, 30-min sessions with a certified BT coach)

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- Up to 4 per cohort (or one monthly)
- Total of 8 per year
- Participant chooses either the coach that they want, or the time that works (or both!)

As a Better Together program participant, you have access to **one 30-minute 1:1 coaching session per month** included with your membership.

Use the button below to be matched with a coach at the session time of your choosing.

[SCHEDULE A 1:1 SESSION](#)

If you would like a specific coach, click "View" on their photo and then use the button on their profile to schedule a time.

**Because our coaches are volunteers, individual coach availability is limited. For more options, click the "Schedule a 1:1 Session" button above to view the collective 1:1 availability for our entire team of dedicated and talented coaches!*



[Adrienne Mann, MD](#)
LCS Certified Coach, Master
Certified Coach



[Tyra Fainstad, MD](#)
LCS Certified Coach



[Michael Hersh, MD](#)
LCS Certified Coach



[Ami Shah, MD, FACS](#)
LCS Certified Coach



[Yashika Dooley, MD, MS,
FACOG](#)
LCS Certified Coach



[Tonya Caylor, MD, FAAFP](#)
LCS Certified Coach



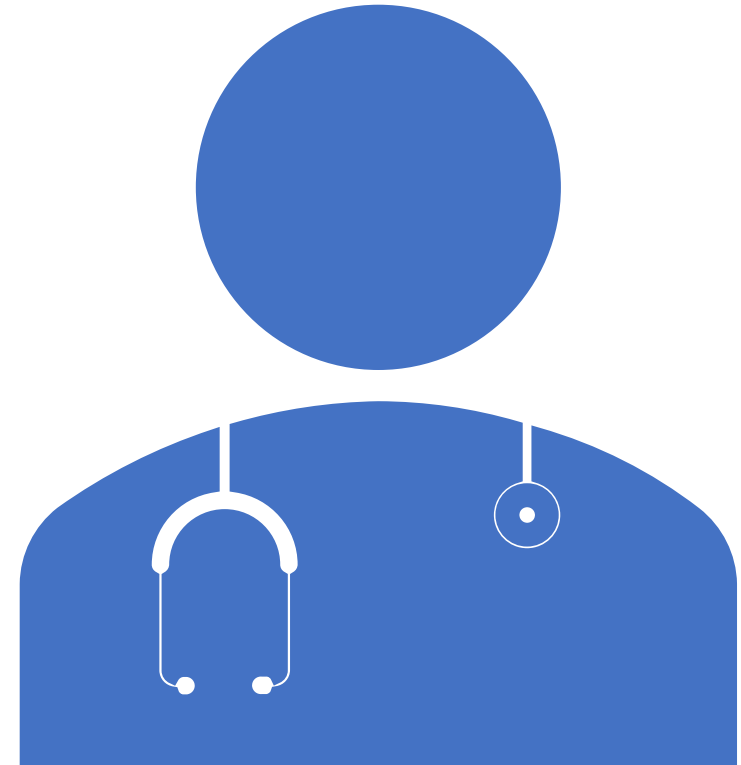
[Rachel Swigris, DO](#)
LCS Certified Coach



[Wendy Schofer, MD](#)
LCS Certified Coach

-Our Research-

Does a digital, group-based, multi-modal coaching program improve wellbeing in clinicians? How?



RCT: Effect of a Novel Online Group-Coaching Program to Reduce Burnout in Female Resident Physicians**POPULATION****101 Women**Female resident physicians in any specialty
Mean age, 29.4 y**INTERVENTION****101 Participants randomized****50 Coaching program**

6-mo Online group-coaching program with video conferences, written feedback, and self-study modules

51 Control

Residency training as usual without intervention

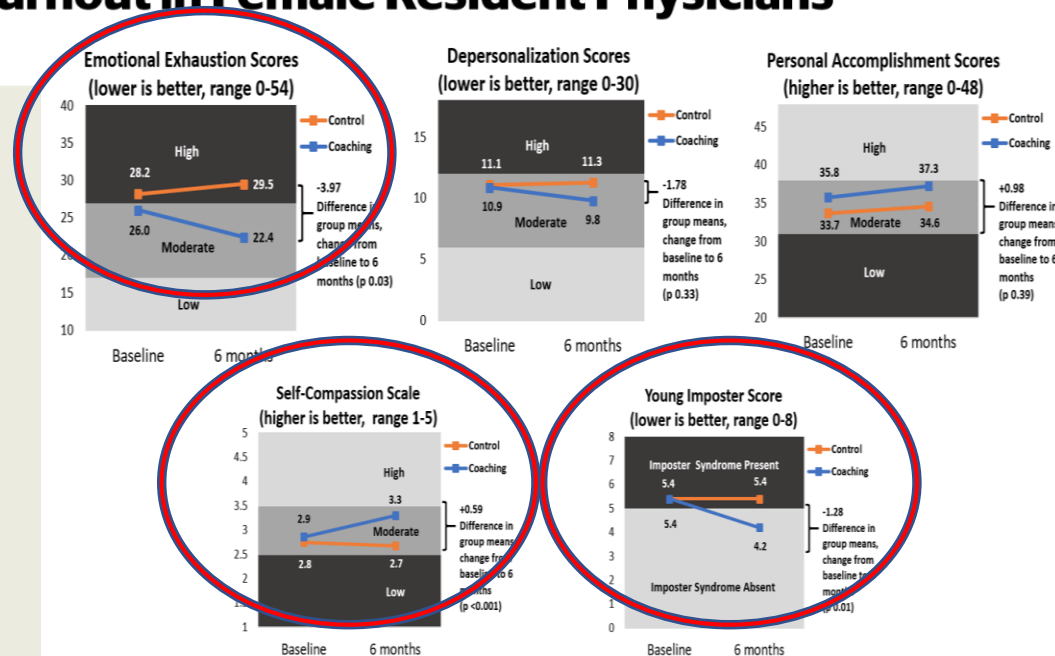
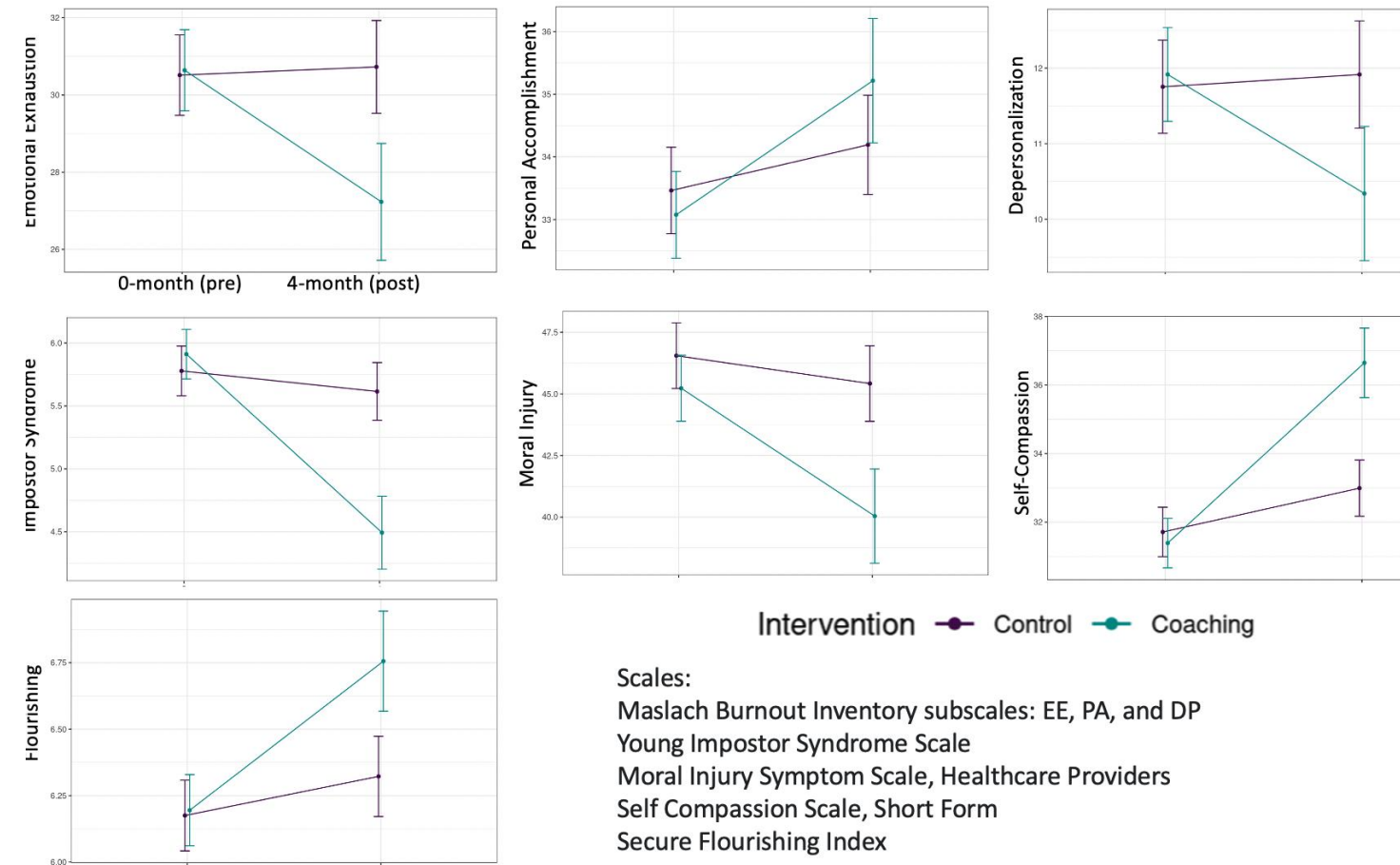
SETTINGS / LOCATIONS**An academic graduate medical education program, University of Colorado, Aurora****PRIMARY OUTCOME**Maslach Burnout Inventory subscale scores: emotional exhaustion (EE; range, 0-54; ≥ 27 indicates burnout), depersonalization (DP; range, 0-30; ≥ 10 indicates burnout), and personal accomplishment (PA; range, 0-48; ≤ 33 indicates burnout)**Differences in change in burnout, coaching vs control:**EE subscale score: -4.33 (95% CI, -7.64 to -1.01); $P = .01$ DP subscale score: -1.03 (95% CI, -2.73 to 0.67); $P = .23$ PA subscale score: 0.91 (95% CI, -1.29 to 3.12); $P = .41$

Fig 1: Mean change in response from baseline visit, estimated from linear mixed-effects model:



Outcome	Mean change from baseline (95% CI)	p
Burnout Total	-7.71 (-11.29, -4.13)	<0.001
Burnout Emotional Exhaustion	-4.17 (-6.27, -2.07)	<0.001
Burnout Personal Accomplishment	0.96 (-0.37, 2.30)	0.157
Burnout Depersonalization	-1.74 (-2.95, -0.54)	0.005
Young Impostor Scale Total	-1.26 (-1.67, -0.86)	<0.001
Moral Injury Scale	-5.24 (-7.83, -2.65)	<0.001
Self-compassion Scale	3.75 (2.39, 5.11)	<0.001
Flourishing Scale	0.32 (0.05, 0.59)	0.020

NNT between 9-11 to “cure” burnout and imposter syndrome

Adrienne Mann, MD^{1,2}; Ami N. Shah, MD³; Pari Shah Thibodeau, PhD, MSW, LCSW⁴;
 Liselotte Dyrbye, MD, MHPE⁵; Adnan Syed, BS^{6,7}; Maria A. Woodward, MD, MSc⁸;
 Kerri Thurmon, MD, MPH⁹; Christine D. Jones, MD, MS^{1,2,10}; Kimiko S. Dunbar, MD¹¹;
 Tyra Fainstad, MD⁵

RCT in 160 CU faculty

(In press- *J of Am Board of Fam Med*: Fainstad et al 2024)

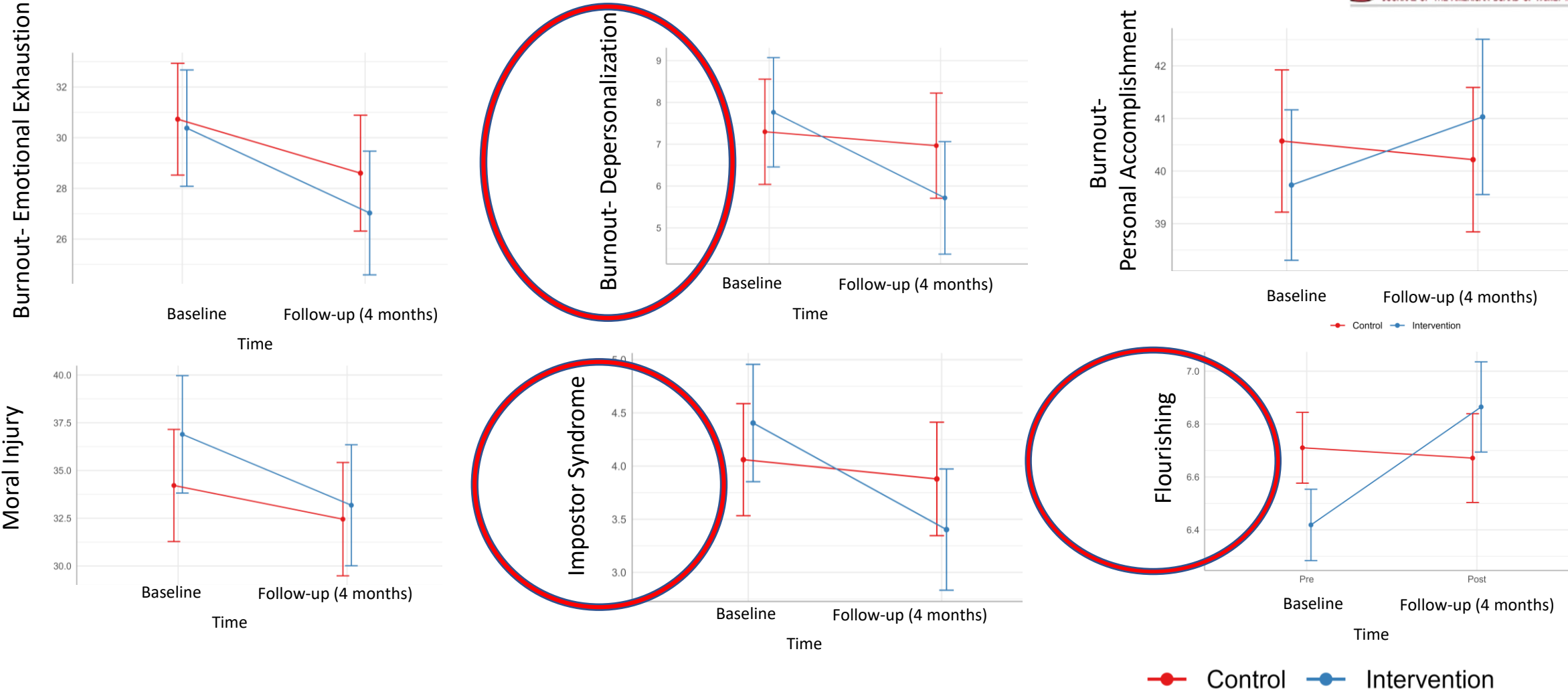


Fig 2: Outcomes: Mean change in response from baseline visit estimated from linear mixed-effects models

Scales:
Burnout: Maslach Burnout Inventory
Impostor Syndrome: Young Impostor Syndrome Scale
Moral Injury: Moral Injury Symptom Scale
Flourishing: Secure Flourishing Index

Qualitative Analysis: 60 min interviews → 3 main themes

N=17 (of 50) from 7 specialties



“We’re all going through it”: impact of an online group coaching program for medical trainees: a qualitative analysis

Benefit from coaching model

Community

Flexible, multi-modal model

3 BIG Myths we bust



1. Self-compassion is not useful...and might be on par with pity
2. Self-confidence = arrogance, and is the opposite of humility
3. Rest is unproductive

"If I 'let myself off the hook,' I may become arrogant, lazy, or worthless"

"To be successful and productive, I must be hard on myself."

Autonomy

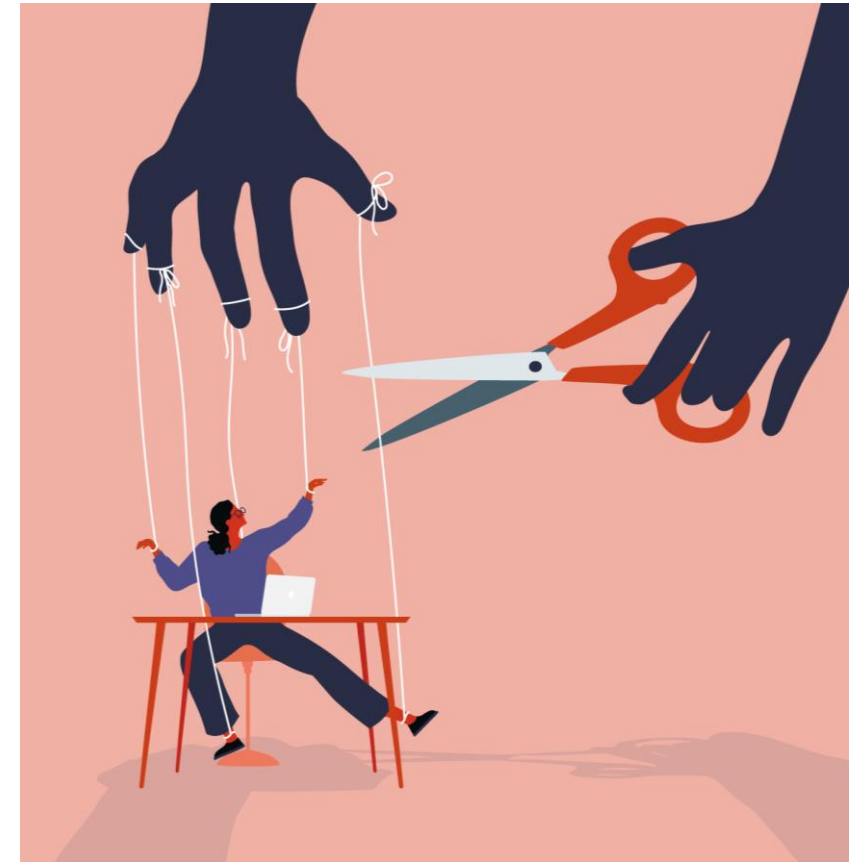
- Sense of control over what you do
- You CHOOSE to show up every day within your constraints (often forgotten in training)
- However, many in academia have little control (over your schedule, patients you see, deadlines you have, and things that you learn).
 - Tyra's theory: lacking this contributes to moral injury

Qs for participants:

What **do** you choose?

Where can you exert more control?

Where does your power have the greatest impact? (hint- not trying to control someone or something else)



Competence

- Sense of capability in what you do
- The deficit-focus of evaluators (and an over-active inner critic) destroys this
 - Tyra's theory: lacking this contributes to impostor syndrome

Qs for participants:

What would “capable/success/good enough” look like?

What personal growth goals do you want to set and measure?



Relatedness

- Sense of community and connection in what you do
- The competitive and comparative nature of academia can lead to isolating thoughts (“I’m the only one who....” , “everyone else”...)
 - Tyra’s theory: having this contribute to low self-compassion

Qs for participants:

How can you combat the urge to compare yourself?

Where can you cultivate relationships?


In what ways can you allow yourself to be seen by others?



Group Coaching = Myth Busting + Normalization



“It’s Nice to Know I’m Not Alone”: The Impact of an Online Life Coaching Program on Wellness in Graduate Medical Education: A Qualitative Analysis

 Mann, Adrienne MD¹; Leigh Fainstad, Tyra MD¹; Shah, Pari LCSW¹; Dieujuste, Nathalie¹; Jones, Christine D. MD¹

Academic Medicine 97(11S):p S166, November 2022.

**“The cure for burnout is
not self-care; it is all of
us caring for each other.
We can’t do it alone.
We need each other.”**

AMELIA NAGOSKI
CONDUCTOR & AUTHOR



We are Better Together



Thank you!

Questions?

