Revitalizing After Burnout: Trauma, Healing, and the Path to Integrity Transcript

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Introduction to Heartline and the Revitalization Chapter

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

Hi, friends. I'm really excited that for the next few weeks, I'm going to be sharing excerpts from my book. And if you enjoy listening to the audiobook, then you can head over to Audible and purchase the entire book.

This week, I'm going to be covering a chapter called The Revitalization, and we're going to be talking about trauma and healing. And given how much that's happening in the world right now, I think this is a very good chapter to come to.

So with that, let's go ahead and get started. Part three, the revitalization. Could you accept the burnout?

Burnout, Trauma, and the Path to Revitalization

Could you accept that you're having it and that to get through it, maybe look into what you need and what would get you on the path of integrity to practicing medicine in a way that you would actually feel good and in a way that you could show up as your best self.

This was actually a quote from the podcast back in March of 2024. While I had experienced episodes of burnout before, the episode that occurred at the end of the pandemic was different.

Prior episodes felt temporary and with a few tweaks, I could bounce back. This one was on a soul level and was a clear inflection point in my life. There's no experiencing life or thinking in the old way.

I was changed. During past episodes of burnout, I turned outward. I looked for a solution that would work for someone else and I tried it on me. This time, I felt a pull to go inward.

After several months, I began to feel a clarity emerge and an optimism begin to surface. Here I share a formula, and the formula is inflection point plus inner work plus clarity equals revitalization.

Revitalization is defined as imbuing something with new life and vitality. What I like most about revitalization is the re, emphasizing the past. The past is still there.

no matter how painful it is, it is integral to the revitalization process. Simply going through something terrible or traumatic will not guarantee revitalization.

Many people go through traumatic experiences, get stuck in a trauma loop, and aren't able to move forward. Or they move forward without gaining the insights, and the next time that the trauma occurs, it's like they're going through it for the first time.

What does doing the work look like? I was once asked how long it takes to recover from burnout or moral injury. I can't answer that question. I can share tools that helped me, and I trust that each physician knows their life best and will take what is helpful and craft their revitalization.

Doing the work. This phrase refers to lifelong process of taking intentional steps towards self-improvement. I want

to provide definitions and discuss how different forms of assistance are available to help you do the work or even figure out what doing the work would mean for you.

As healthcare professionals, we refer patients to mental health services, but we don't receive extensive training about the various types of therapy or counseling available.

Therapy, Coaching, and Choosing the Right Support

My friend and colleague, Anna Rainville, a licensed marriage and family therapist, LMFT, and founder of the Grounded Roots Mental Health Therapy, specializes in trauma.

She categorizes therapeutic approaches into two major types. The first is top-down therapy, which includes cognitive behavioral therapy, CBT, a specific type of talk therapy.

Psychodynamic and interpersonal therapy are examples of talk therapy as well. The second type is bottom-up therapy, which utilizes modalities that use body sensations to process memories stored in the nervous system to promote long-term healing.

EMDR, which we talked about before in the podcast, which stands for eye movement desensitization and reprocessing, is an example of this approach. Understanding these options is essential for those seeking a therapist and for those providing referrals.

Talk therapy has become embedded in American pop culture and featured in countless movies, podcasts, TV shows. In contrast, bottom-up modalities like EMDR Somatic experiences such as yoga or dance-based therapy and art-based approaches are just starting to gain more attention.

Despite being viewed as woo-woo, the evidence supporting bottom-up approaches is growing, and large healthcare systems, including the Veterans Administration, are increasingly reimbursing and encouraging those modalities.

If you or someone you know has been trying talk therapy, and has not been improving, especially if trauma is involved, it may be time for a bottom-up approach.

I also talk about coaching. The International Coaching Federation defines coaching as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

Coaching is future-focused, meaning there isn't much looking back at the past. While coaching can be therapeutic, it is not therapy. Coaches don't treat or diagnose mental health disorders.

Coaching assumes that the client can fully manage their own life and through the partnering aspect of coaching, the client can unlock solutions to be more fulfilled and address life challenges.

Do you need a coach or a therapist? This can be a difficult question to unravel. When in doubt, I recommend starting with a therapist. The rate of PTSD in healthcare workers is about 40% and about 30% of healthcare workers meet diagnostic criteria for clinical depression.

Given the rates of mental health conditions, if you have any concerns or others have expressed concerns to you, I highly recommend contacting a therapist.

In addition, as my therapist so brashly stated, we all walk around with our bags of shit. I have yet to meet the person with the perfect childhood from parenting to schooling to friendships.

No one escapes life. Some experiences can lead to maladaptive coping mechanisms. While you may not meet diagnostic criteria in the DSM-5, that isn't the bar we're trying to reach.

We're talking about thriving, not simply the absence of illness. Sadly, If you don't choose to do the work, hospitals and state medical boards refer physicians to extraordinarily punitive programs rooted in culture of shame.

I highly recommend reading If I Betray These Words by Wendy Dean and Simon Talbot. They highlight the story of a physician on call nearly every day and night who was maligned by his organization, eventually referred to the physician health program.

The way he was treated in an intensive residential program was cruel. he ultimately committed suicide. I encourage physicians to reach out for help well before any state medical board or formal actions from employers get involved.

Addiction, Spending, and Therapeutic Travel

Once an outside entity is involved, it takes away the autonomy of the medical professional to choose the approach they prefer and at the time and financial costs they are comfortable with.

Addiction also occurs among doctors, and this can vary from substances such as alcohol or opioids. In addition, shopping, gambling, and even internet usage can become an addiction or have addictive behavioral patterns.

Addiction therapy is beyond this book. I acknowledge it because it's a real problem and doctors face a unique stigma compounded by the ease of access to controlled substances.

Even if it doesn't progress to an addiction that meets clinical criteria, many of us spend in a way to offset the emotional pain of doctoring. I know many miserable doctors.

Returning to the Dr. Tal Ben-Shahar framework, this is living in the hedonism quadrant. It's a fun place to live in. I have designer shoes, purses, first class memories to prove it.

If those items are within your budget and fulfilling, go for it. There was a phase in which I consumed uncomfortably as a reward or treat because I worked hard.

I deserved it or on bad days, my job was terrible and I deserved these fancy things. In the book, Your Money or Your Life, Nine Steps to Transforming Your Relationship with Money and Achieving Independence by Vicki Robin and Joe Dominguez, they share that however much money you make, you have to subtract the money you spend to survive doing it.

For example, if you hate your job and need to take a quarterly all-inclusive vacation to keep you back on track, you need to subtract those vacations from your salary.

I'm not against travel. I love it. And later in this book, I'll talk about therapeutic travel, a more embodied way to travel that doesn't have the hedonistic or scape edge that some travel has when we're miserable in a job.

When done in line with your values, boundaries, and priorities, including finances, travel is a great way to continue to grow as an adult enrich neuroplasticity and connect with people.

Hey friends, Andrea here. There are moments in a doctor's life that mark you forever and for me, they often involve travel. It's where I connect with awe and wonder that helped me see my life and my career differently.

The Heart of Medicine in Uluru, Australia, July 29th through 31st, 2026, is a retreat that is an immersive soul level experience at one of the world's most sacred landscapes.

It's a space to breathe again, to reconnect with your purpose, to hear your own voice without the noise of the busy clinical environments we all work in.

We'll gather a small group of clinicians for thought-provoking sessions, storytelling, cultural learning, and genuine rest. Spots are very limited. If your heart has been asking for something more, this is your invitation.

Learn more and register at coachingfordoctors.net.au or you can email me at andrea at andreaaustinmd.com. As I continue my personal and professional revitalization, I didn't feel the need to make huge designer purchases or constantly travel.

Doing the Work Through Hard Conversations

I found myself more embodied and okay with staying home with less stuff, knowing I already have a beautiful and very comfortable home. Let's return to the question, coach or therapist?

For me, it's both. Different times in my life have required more support from a therapist or a coach. The most important thing is to find coaches and therapists that are well-trained and experienced and keep your interests at heart.

For example, in a session with my coach, I kept her turning to an encounter with a bully. She stopped me and asked permission to give advice and then recommended I bring up this past trauma with my therapist.

As I made strides with my therapist and discussed how ongoing support looked, she agreed that a group coaching program for physicians would be a great source of ongoing development.

It would be a way to continue to do the work. For me, I still check in regularly with my therapist as we've determined at least for now, I work in a high stress job with ongoing exposure to trauma and at least monthly sessions are good for me.

It helps to have one place to go and be assured that what I share is confidential. and I can cry and process the complex parts of life and doctoring. Coaching is particularly beneficial when you feel you need to change and are unsure what you want or need.

Maybe you're feeling bored or otherwise unfulfilled by a job or change gets thrust upon you. Perhaps you're being tagged with a new project or running into an interpersonal or team challenge that is particularly difficult.

My friend, Dr. Amy Vertrice introduced me to the term lifequakes. Lifequakes come in many shapes and sizes and include the death of a loved one, loss of a job, divorce, or a health issue.

And man, I can account for a few lifequakes since writing this book. Definitely breaking my arm and then also moving. Moving is a lifequake. Even when it's a good thing, it's still incredibly disruptive and takes a ton of emotional energy.

In the current world, and especially in healthcare, we are living through a time of VUCA, volatility, uncertainty, complexity, and ambiguity. Healthcare is undergoing horizontal and vertical integration, which means the entity you work for may be acquired.

It can also mean that doctors are caught between various competing interests. For example, you may face competing interests between patient safety and hospital politics to avoid causing conflict, and maintain a contract that keeps your group afloat.

The pandemic was VUCA on steroids. The miss and disinformation that followed were and still is equivalent to hold my beer. How can we make this pandemic even more awful?

How do we navigate the VUCA-ness of it all? I can really relate to that sentence right now. It really feels like VUCA is out of control right now. We do the work.

One afternoon, I called up a doctor friend and shared a vaccine moment on shift. I shared that instead of stifling what I thought, which after years of doing that and caused me to nearly leave medicine, I vocalized my concern.

I had a difficult conversation with two colleagues about how I felt after an earlier interaction in our shift. To this day,

I have a good relationship with both colleagues, mainly due to those conversations.

I lamented that I didn't handle the situation perfectly when talking to my friend. My voice may have quivered and I don't always deliver the message in the most sane way possible.

Resources, Reflection, and Closing Thoughts

She laughed and said, that's what they mean by doing the work. No one said that doing the work is comfortable or easy. Note, I am a process perfectionist discussed more in the chapter on adaptive perfectionism.

Even though I got through the hard conversation, I will get tripped up by how it unfolded. It wasn't perfect. Hard conversations aren't meant to be perfect.

That's why they're hard. Also, while there's a place for emotional regulation, there's a place for emotion. The goal is not to remove emotion from these moments.

It's to convey it in a way that doesn't dampen the message. Reflecting on the hard conversation, I know that my colleagues and I relate better because they saw what happened hurt me.

I showed emotion, which was vulnerable. In this vulnerability, we found a connection. The ability to get vulnerable at that moment was built on years of work.

And my ability to access vulnerability was primarily based on Dr. Brene Brown's books and podcasts. Cautionary note, beware of predatory coaching programs.

Coaching is still an unregulated industry. There are accreditation bodies, including the International Coaching Federation mentioned earlier, with a heavy emphasis on ethical practice.

Many times people will contact coaches when they're at rock bottom. While I believe in the value of coaching, don't let it erode your financial wellbeing.

Read on to crafter revitalization and here's a few reflective questions that I'd like to leave you with this week. What areas would you like to grow more personally and professionally?

What would support look like to grow in the ways that you desire? What action can you take to start the process of more support on your journey? And then I share some resources at the end of this chapter.

Dr. Lorna Breen's death inspired me to be vulnerable and share my story in this book. She died by suicide during the early portion of the pandemic. Her suicide was in part due to her fear that her mental condition would be reported to a medical board or credentialing committee and would derail her career.

I saw myself in Dr. Breen and knew that I could have succumbed to suicide, primarily due to the stigma of reaching out for help. I am a proud ambassador.

of the Dr. Lorna Breen Heroes Foundation, which you can check out their website at drlornabreen.org. Check out their Take Action page for organizational and individual resources, including the toolkit to remove intrusive questions from licensure and credentialing applications.

And that's at drlornabreen.org slash take action. Consider becoming an ambassador. And I'd also encourage you to encourage your organization. to join the All In Caring for Caregivers, which you can find at drlaurenabreen.org slash caring dash four dash caregivers.

And with that, I want to leave you with a final thought this week that if anything that I said struck a chord and you're ready to make a change and you think coaching could be a part of that, I'd love to have a conversation with you.

Just pop over to my website at andreaaustinmd.com and let's talk about how you can craft your own revitalization. Thank you for listening to Heartline, Changemaking, and Healthcare.

If this episode sparked something for you, I'd love for you to share it with a friend or colleague who's walking their own changemaker path. If you're interested in coaching, consulting, or speaking engagements, you can find me at andreaaustinmd.com or connect with me on LinkedIn and Instagram.

I work with individuals and organizations who are ready to build meaningful, sustainable change without losing themselves in the process. The views expressed on this podcast are my own and do not reflect those of any organization I work for or with.

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Until next time, keep following your heartline.