



How clinical documentation integrity and coaching pulled me out of burnout

BY NATALIA DORF-BIDERMANN, MD

I know this will likely not be the first article you read about burnout, but it might be the first one you read about how a career in operations, clinical documentation integrity (CDI) and coaching helped a physician love her career again.

I had always wanted to be a doctor. The kind of calling that starts when you are in kindergarten. So, I followed my passion across the globe even after moving to the United States with my new husband. After years of USMLE test-taking and another residency under my belt, I became a hospitalist—and loved it. I loved every minute of it ... until I didn't. Little did I know then that after years of personal work, learning

about burnout and the science of wellness and getting curious about myself and my career, I would be loving most of it again.

You don't need to get deep in the well of sorrow and despair to start actively pursuing change. I recognized I was not in a place of complete emotional exhaustion, depersonalization or cynicism but somewhere right before that. It wasn't a "sudden breaking with everything I had loved before," it was more of a slow sense of "something has to change."

To say that CDI had always been a passion would be a misrepresentation. The truth is, I fell into it. I had been in hospital medicine operations leadership when I was asked to lead this work within our department. At the time, I did not imagine that years later, I would credit my involvement with many of these aspects of healthcare delivery with reigniting my passion for patient care. I was experienced in hospital operations, and as I became more proficient in claims-based data analytics and quality reporting, I further understood our healthcare ecosystem.

As I lead this work in my campus, I am now in a position to impact the inefficiencies that create friction on the system and lead change for and with my colleagues. I can also help teams and individual clinicians improve their efficiency around documentation, and reporting that, ultimately, improves their experience at work. Unexpectedly, the motivation and interest of this kind of work beyond the bedside has spilled over to my experience with patient care and I feel re-invigorated and re-connected.

I didn't have to change my specialty or my organization or to leave medicine to make this happen. The way I traversed this part of my road to well-being was with peer and leadership coaching. Engaging with a trained coach offers you an opportunity to see the tremendous power we all inherently have to thrive in most situations. With focused time exploring my circumstances over the years and a framework to help me navigate my op-

tions, I could review and rewrite my place in my career. It gave me the opportunity to understand what brings me meaning and purpose and how to achieve it. Peer coaching is not only for the distressed, ready-to-leave, in-trouble clinician. It is also for those who are doing an okay job, productive and handling things, but who want a richer experience.



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There's been a lot of writing on how burnout and well-being are our system's issue; it's absolutely true. This means the problem has many different facets, including technology and tools, policies and regulations, incentives in the payment and reporting systems, leadership and our opportunities to make human connections.

The challenge with this approach to burnout as the only approach for us as individuals, the people who work in clinics, hospital units, in small or big teams, is that we give away the agency of our thriving. Our technology, policies and regulations need to change and to improve, but this will take time—and it certainly won't happen this week or this month. But there are many things we can do for ourselves.

As individuals and teams, in addition to working on and advocating for the kind of change we need in the system, we also can work on things that will make our days better right now, things we have some influence or control over. My work on caregiver well-being has demonstrated that one constant thing for many who are struggling is the sense of loss of autonomy.

If you look at all the models of impact on physician well-being, there is usually not one thing that changes our experience, it is the sum of small—and sometimes big—incremental changes that significantly affect our lives.

What has made my life abundant in these last several years is owning my story, becoming a change agent for myself and not allowing external circumstances to define my experience. I connect with the deep knowing that I have the answers for possibly unprecedented ways to move forward.

Do I love and enjoy every single thing about my career now? Certainly not, but I am in a dramatically different place than a few years ago and I'm genuinely thriving. This kind of change is available to all of us. We can all find some degree or some areas of autonomy in our lives and careers. Finding a way to reconnect with your agency and exercising it is the path to reclaiming the sense of joy, meaning and purpose of medicine. **MM**

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