ABA Mission Statement
The American Burn Association is dedicated to improving the lives of everyone affected by burn injury.

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Did You Know?
ALL MEMBERSHIP ARE INVITED
2014 ABA BUSINESS MEETING
Friday, March 28, 2014
4:15-5:15 pm
Independence Ballroom
• Opportunity to Meet the ABA Board of Trustees
• Hear about the Initiatives and Projects of the ABA Committees

Letter from the President
Members of the burn care team,

What’s in a name? This newsletter from the Membership Advisory Committee, or MAC, is named “A Burn Team: Fitting the Pieces Together.” On one hand, that might seem to refer to the task of the Burn Team, which is putting the patient back together, not only closing the wounds, but restoring function and purpose and meaning to his or her life, and nurturing it. On the other hand, it could also refer to fitting the components of the Burn Team together (medical and nursing care, rehabilitation, nutrition, psycho-social supports, reintegration, prevention, firefighters), and keeping them all in good, functioning order to assure they can do their task on behalf of the burned patient. The focus of the MAC, indeed, is on all of us, the Burn Team.

This edition of the newsletter features an article on burnout. Drs. Peck and Wiechman tell us that burnout is something that affects a good many of us who work in high-stress jobs, like burn care. There is good news, too. Surveys sent out in advance of the Educating the Burn Team Workforce symposium this winter, showed that most of us still find our work on the burn team fulfilling and worthwhile. But we all are subject to annoyances, moments of frustration, and disappointments. The article gives some advice on techniques to avoid or minimize those annoyances and frustrations, so that we can maintain pride and enthusiasm in what we do and minimize the odds for burnout.

We hope you will be able to be with other members of your Burn Team this Spring at the Annual Meeting in Boston in March. The MAC, once again, will host the member’s Resource Center in the Registration Area. Be sure to stop by and learn more about ABA membership, new project initiatives, and network with your team.

Thanks for all you do for your patients and your colleagues.

Best Regards,

Joe Bessey, MD, FACS, MS
President, American Burn Association, 2013-2014

w w w . a m e r i b u r n . o r g
"Burnout on the Burn Unit"

Submitted By: Michael D. Peck, MD, ScD, FACS, Arizona Burn Center, Phoenix, AZ and Shelley A. Wiechman, PhD, ABPP, UW Medicine Regional Burn Center at Harborview Medical Center, Seattle, WA

"Burnout" is an emotional condition marked by fatigue, apathy, and frustration, which can progress to exhaustion, depression, disillusionment, suspiciousness, and defensiveness. It is the end result from prolonged stress, and can interfere with job performance and life satisfaction. Burnout has received wide spread attention in the last decade. Many studies have been conducted documenting rates of burnout among medical practitioners and virtually every discipline in medicine has addressed this concept within their professional organizations.

Drs. Melissa Pressman and Michael Peck conducted a recent survey of burnout amongst ABA members of all disciplines. Of the approximately 1500 ABA members sampled, 411 (27%) returned surveys and 45% indicated that they have been in burn care for 10 years or more. About half of respondents said that they spend more than 2/3 of their time in patient care activities. The large majority (72%) have taken 15 or fewer days of personal leave in the last year and 75% spend less than 5 hours per week taking care of their educational needs.

Over half of the respondents (52%) feel they are experiencing signs of burnout, and that their level of burnout has increased over the last three to five years. Surprisingly, almost all of the respondents believe that one or more of their colleagues has shown or is showing signs of burnout. The three most common characteristics of burnout observed are feelings of frustration (84%), emotional exhaustion (79%), and lack of sense of achievement or work satisfaction (61%). The four most common causes of burnout are reimbursement uncertainties, lack of intellectual stimulation, frustration because of limited therapeutic success, and inadequate pay or compensation. In contrast, by far the least common cause of burnout was overwork. These adverse effects impact relationships with children, spouses and other family members, as well as friendships and finances.

Many articles have been written providing strategies for preventing and addressing burnout amongst health care professionals. Strategies fall into two categories: those that can be done by administrative and management, and those requiring action by the individual provider.

Common strategies for preventing and addressing burnout at the administrative level include:
1. Having a mentor program
2. Providing recognition for exemplary work
3. Creating an award program for length of service
4. Fostering feelings of support by management and administration
5. Offering opportunities for continuing education or research
6. Supporting attendance at professional meetings
7. Scheduling shorter work days

Strategies for the Individual:
1. Recognizing the signs of burnout and seeking help before it worsens
2. Spending time with family and friends
3. Maintaining physical self-care through exercise and attention to nutrition
4. Preserving emotional and mental self-care through relaxation, hobbies, and meditation
5. Sustaining a sense of humor
6. Setting goals and priorities, and creating boundaries to protect those priorities.

Burn Care providers are not alone. This is an issue that needs to be addressed throughout all areas of health care. Most Human Resource departments at large medical centers will have resources through the Employee Assistance Programs to manage burnout. Check out the resources at your hospital.

How We Do It . . .

"Procedural Sedation During Dressing Changes for Prevention of Secondary Trauma"

Submitted by: Sandra J. Yovino, RN, Community Regional Leon S. Peters Burn Center, Fresno, CA

Posttraumatic stress disorder (PTSD) is associated with an "increased risk for a number of deleterious mental and physical health outcomes that if untreated may persist throughout the life cycle" (Maccani, Delahanty, Nugent, and Berkowit, 2012, p. 543). Burn patients requiring multiple dressing changes are a vulnerable population for secondary trauma. Studies have demonstrated interventions applied after the initial traumatic event (burn) can reduce or prevent the development of PTSD behavioral and physical symptoms.

A review of our burn center’s employee satisfaction surveys in 2012 highlighted nurses’ dissatisfaction and concerns for patients’ inability to cope with painful dressing changes and the long-term outcomes for their patients. Dressing changes under procedural sedation, when ordered, were dependent on the burn physician’s availability creating challenges in patient flow, staffing patterns, and interruptions in the unit’s efficiencies. Dressing changes are currently performed under procedural sedation with an anesthesia provider (CRNA), as a result of our PDSA performance improvement project. Additionally, a Certified Wound Specialist (CWS) is scheduled during the week, improving efficiency and wound management hand-off communication. Patients are able to tolerate aggressive wound management under procedural sedation to decrease bioburden on the burn wound. The CWS coordinates the dressing schedule with the anesthesia provider and facilitates the transition from deep sedation to light sedation, working toward the goal of dressings without sedation. The burn center’s social worker prepares the patient to see their wounds and cope with body image issues during dressing changes without sedation. Our Child Life Specialist uses medical therapy with the young adults and children.

Prevention of secondary trauma utilizing procedural sedation during dressing changes is one intervention for the reduction and prevention of secondary trauma causing PTSD. Our interdisciplinary team, led by our Child Psychiatrist, is developing strategies for risk factor evaluation, psychosocial interventions, and standardization of pharmacological agents for treatment of pain and anxiety and prevention of PTSD.


Future editions of “Burn Team” can be found online at www.ameriburn.org
ABA Member – Brad Wiggins, RN, BSN

Submitted by: Lezli Matthews, RN, BSN, University of Utah Hospital Burn Center, Salt Lake City, UT

The ABA membership is made up of many disciplines with nursing being the largest group among the ABA members. Nursing has many roles in burn care and some of these roles include: clinical, leadership, research, ambulatory, outreach and aftercare. Nurses that spend their career in burn care often transition between several of these roles. We chose to highlight an outstanding nurse, Brad Wiggins, RN, BSN, from the University of Utah’s Burn Center. He is actively involved in many aspects of burn care, both clinically, and as part of the leadership team. He is also very involved with outreach and his true passion is participating in Burn Camp.

Brad began his journey in burn care as an orderly 22 years ago, December 1998. He continued his education from LPN to BSN and has spent his entire nursing career in Burn Care. He defines a great day in the Burn Center as working with the entire team in order to provide the best care for the patients. Brad is very proud of his team for their teamwork, especially during times of heightened stress. He consistently witnesses every interdisciplinary team member giving their absolute best performance to make sure that a patient gets the best possible care to become a survivor rather than a victim.

Brad has remained engaged, and has avoided burnout over the years, by contributing to Burn Camp. This has given him the energy to stay focused in burn care for his entire career. "When I see new burn patients arrive on our unit, I no longer wonder if they will be successful. My goal and focus becomes getting them to Burn Camp. A burn patient has to transition to being a survivor, and it is an amazing journey to take with them. I am always inspired by watching them heal so they can survive and thrive."

When asked about the future of burn care, Brad believes we are just really starting to understand the healing process of a burn patient and survivor. Understanding how the brain and body work to heal the burn allows us to develop better programming for the survivor in the hospital and throughout the healing process. Brad feels that teaching families, care providers, and survivors how to manage the effects of the injury will only improve the patient outcomes. He also wonders how genetics will impact our ability to grow dermis or re-generate skin so that a patient can survive without so many complicated processes.

Brad credits the incredible burn team that he works with as contributing to his passion for burn care. "I consider myself so lucky to have the Utah Burn Center Team to learn and grow. The commitment to burn patients instilled upon me by Dr. Saffle, Dr. Morris, Dr. Cochran, Dr. Lewis and my management team, consisting of Lezli, Annette, Kristy, Lois and Colby, has only enhanced my burn career. I get up every day loving my job, my co-workers, and the patient’s lives we impact. It is a true pleasure to work with the best of the best."

Brad is very active in the ABA and has been a member of the Organization and Delivery of Burn Care Committee, the Program Committee, Burn Camp Sig (including Chair). He has also participated as a moderator for the Post Grad Course A: Protocols in ICU: A Pro/Con Debate and for various breakfast and lunch symposiums. He has presented on various topics at the ABA Annual meeting including: Hand Hygiene, Quality Improvement in Infection Prevention Practices, Competency burn nursing tool, parent support and education program at burn camp, and young adult burn survivor programs.

Brad is outstanding as he is always creating new ways to help more survivors and develop new camp programs for various age groups (including preschoolers). He also works with young adults to help them with job preparation. Brad is always energetic and contributes positively to the burn team at the University of Utah. He lives in Layton, Utah with a very busy wife and two children that keep him occupied with projects, school, work and hobbies. Brad is an involved and supportive father.

We appreciate Brad and all that he does in the burn field!

If you would like to nominate someone for “Member Profile,” please contact Jill Sproul at jill.sproul@hhs.sccgov.org
**Verification Report**  
**General Information**

Burn Center Verification is a joint program of the American Burn Association (ABA) and the American College of Surgeons (ACS). To achieve Verification, a burn center must meet the rigorous standards for organizational structure, personnel qualifications, facilities resources and medical care services set out in the in the ABA chapter on Guidelines for the Operation of Burn Centers, in the ACS publication on *Resources For Optimal Care Of The Injured Patient 2006*. *(The updated ABA Chapter on Guidelines for the Operation of Burn Centers will be forthcoming in the near term.)* Elements of this voluntary program include completion of a pre-review questionnaire and an in-depth on-site review by members of the ABA Verification Committee. A written report by the site visit team is reviewed by the ABA Verification Committee and by the Committee on Trauma of the ACS.

Burn Center Verification provides a true mark of distinction for a burn center and is an indicator to government, third-party payers, patients and their families, and accreditation organizations that the center provides high quality patient care to burn patients from time of injury through rehabilitation.

There are currently 67 Verified Burn Centers in the U.S. and 3 outside the U.S., including Royal Adelaide Hospital in Adelaide, Australia, The Ross Tilley Burn Centre at Sunnybrook Health Sciences Centre, and The Hospital for Sick Children in Toronto, Canada. The number of Verified Burn Centers continues to grow on regular basis. For information on Burn Center Verification, please contact the ABA Central Office, Alice Zemelko, zemelko@ameriburn.org.

**New Online Interactive Verification PRQ!**

**Coming soon…** A beta version of a new interactive online Verification Pre-Review Questionnaire will be introduced. This new online PRQ allows burn centers the ease of real time access, convenience for respondents, flexibility, and database collection. Another valuable feature of this online system will be a built in resource tool that provides a direct reference to the current ABA Verification Criteria.

**MAC – Who are we**

This newsletter is produced by the Membership Advisory Committee (MAC), made up of multidisciplinary ABA members who come together to: 1) serve as a resource for the membership of the American Burn Association, 2) disseminate information to the membership, 3) facilitate communication between the ABA Board of Trustees and the membership regarding needs and issues, and 4) support and participate in the recruitment and retention of members of the ABA.

**MAC Committee:** Kathleen Hollowed, RN, BSN, Chair; Jill L. Sproul, RN, MS, Vice Chair; Sara E. Bills, DPT, Kathe M. Conlon, RN, BSN, MSHS, Maggie L. Dylewski, PhD, RD, Jane Faris, Pharm D, BCPS, Vincent Gabriel, MD, Linda Gibbons, RN, MS, Elizabeth D. Hess, LCSW, Shari Honari, RN, BSN, Lezli Matthews, RN, BSN, Kuzhali Muthu, PhD, Dana Y. Nakamura, BS, Ingrid S. Parry, MS, PT, Shelley A. Wiechman, PhD, Jason Woods, Fire Fighter.

**Ex Officio Members:** Agnes M. Burrell, RN, Tammy L. Coffee, MSN, RN, ACNP, Michael A. Serghiou, OT, Edward E. Tredget, MD, MSc.

**Editor:** Jill L. Sproul, RN, MS, Santa Clara Valley Medical Center, San Jose, CA.

**Contributing Editors:** Palmer O. Bessey, MD, FACS, MS, ABA President, Lezli Matthews, RN, BSN, Michael D. Peck, MD, ScD, FACS, Shelley A. Wiechman, PhD, Jason Woods, Fire Fighter, Sandra J. Yovino, RN, Alice Zemelko, ABA Program Manager.

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*If you would like to submit content for the ABA newsletter, please contact Jill Sproul at jill.sproul@hhs.sccgov.org*