Avoiding Burnout In Helping Professions: Treatment and Intervention Strategies

Authored by: Stephen J. Stunder, Ed.D. & Laura Santanna Lonergan, MHS, PA-C

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The Editorial Board Comment: This paper is published under the category of Public Stories of Educators. Public Stories of Educators manuscripts (solicited or unsolicited) undergo double-blind and open peer-review process by the Editorial Board. Manuscripts are evaluated on the basis of their innovation, quality of scholarship, and contribution to our understanding of education in the professional learning communities. These essays intend to provide an intellectual space for K–16 educators (i.e., classroom teachers, teacher educators, and educational researchers and policymakers) to tell their stories as they reflect on and transform their pedagogical philosophies and practices and, in turn, the opportunities to learn for the students they serve.

Abstract

Helping professions tend to take a serious physical and emotional toll on those who work in the profession. To establish a lifestyle of avoiding overextending oneself, professionals should work to not only hone their craft, but also learn techniques and strategies to enable self-care. Learning to deploy treatment and intervention strategies to develop a solid self-care regimen will not only improve the level of service provided, but will maintain a more physically and emotionally healthy workforce. This article will explore the definition of burnout and how to identify and combat it, but also offer the opportunity for the helping profession providers to develop self-care techniques and strategies for themselves. By establishing a system and implementation strategy on the institutional level, providers can address the root of burnout. No single intervention will create a culture where burnout does not exist. However, a combination of strategies and interventions among both the institution and the individual can provide employees with a greater sense of meaning in their work, thus providing the personal investment necessary to control and eliminate burnout tendencies.

Keywords: helping, emotional, burnout, self-care, regimen, techniques, strategies, investment, meaning

Introduction

Helping professionals often provide a great deal of emotional investment in their work. This emotional attachment, in addition to the physical toll that these jobs often take on individuals, can lead to burnout. Maslach and Jackson (1982) defined burnout as an “occupationally based syndrome of emotional exhaustion, depersonalization, and lack of personal accomplishment.” This level of exhaustion is built upon the foundation of lacking the emotional energy required to provide quality service. As an individual in a
helping profession depletes their energy, this concept has a cumulative effect. Helping professionals often become “depleted, overextended, and fatigued” according to Morse et al. (2012).

Over time, a professional’s ability to summon the energy needed to provide quality service decreases, thus leading to depleted resources, emotional exhaustion, and in some cases, leaving the helping professions altogether. This reduced sense of personal accomplishment leads to a negative self-evaluation and ultimately, the lack of job effectiveness (Morse et al., 2012). Because of resultant burnout, quality helping professionals may find themselves stuck in their roles, for financial, personal, or professional reasons without their original passion for a career leading to a lack of personal investment in their work, and ultimately, the welfare of others. As helping professionals depersonalize from their work, individuals receiving services are provided with less “human” service, leading to a lack of personal attention and poor outcomes.

This article explores proactive measures to combat burnout and ways in which ensuring the physical and emotional health of providers creates an institutional commitment to the health and safety of individuals served. By introducing treatment and intervention techniques and strategies to the workforce, helping providers can ensure a quality product and that quality product is people.

**Emotional Exhaustion**

Emotional exhaustion is the absence of energy needed for the emotional requirements of providing services. This type of exhaustion makes a provider question their role in helping others. A helping professional feel depleted, overextended, fatigued and this has a profound effect on the ability to provide service with the highest level of quality (Morse et al., 2012). This level of exhaustion can lead to a lack of efficacy, thus creating self-doubt in the professional’s view of their role in providing services. As emotional exhaustion continues to manifest itself, it takes away a provider’s sense of pride, joy, and creativity when it comes to the quality of services. Often, providers are forced through a decrease in mental clarity and stamina to provide services in a rote manner. This level of service has an adverse effect on client experience, care, and potential for seeking future interaction with other providers.

As provider efficacy decreases, so does the likelihood that a provider will remain in the profession. If they do, their continued efforts can lead to poor judgment, effort, and clarity on future role in any helping profession (Morse et al., 2012). To combat emotional exhaustion, providers must seek means of self-care, and these means are to fulfill the emotional void often left by grueling professional experiences. In doing so, a provider is satisfied personally, and has a greater opportunity to compartmentalize work done in helping professions as well as seeking to hone their craft in such a way that creates focus and professional development.

If a helping professional seeks personal fulfillment in their professional life, this can lead to personalization of professional experiences. This personalization fosters attachment to one’s work, and thus, creates emotional exhaustion and burnout (Rehder et al., 2021).

Emotional exhaustion leads to the confusion of self-worth as a helping professional, which offers a provider a need to work through the worry of how they can serve others. Each professional sees their needs as different, therefore providing each person to be unique and working to prove their self-worth. With this understanding of self-worth, each professional sees their future as a helping professional and questions their continued need to help others.

**Depersonalization**

Depersonalization is a cognitive distance from work that denies the human qualities of service recipients, patients and clients. Negative depersonalization is often an initial reaction to difficult professional
experiences for providers. These reactions may be different for each provider but they all lead toward the same cumulative effect. As negative experiences accumulate, providers look to distance themselves in an effort to decrease responsibility for poor results. This results in lack of leadership, direction, and effort to improve one’s skills (Rehder et al., 2021).

With each cognitive distance, a health care provider offers less of themselves, which creates a distance from their human self. This causes a lack of understanding for providing quality care and the development of their own service, which is what each provider looks to create at the outset of their education. Cynicism is defined as “negative and cynical attitudes toward one’s work” and creates a relative understanding of how one can distance themselves in a negative fashion from professional responsibilities (Morse et al., 2012).

Depersonalization may also create a space between the provider and their work, which leads to creating a defense towards burnout and a path of leaving their respective profession (Yavorsky et al., 2015). Without emotionally processing mistakes, poor choices, negative results or perceived negative experiences on a deeper personal level, a provider depersonalizes themselves from the occurrence of falling farther from understanding what led to that result. This defense mechanism creates poor judgment moving forward, and the likelihood of decreased satisfaction with one’s professional experiences as now the provider has moved further away from their sense of self.

**Personal Accomplishment Level**

Personal accomplishment is a subjective evaluation of the impact of one's work. According to Morse et al. (2012), “A reduced sense of personal accomplishment involves negative self-evaluation….and overall job effectiveness.” The effectiveness of one’s work in a helping profession is often tied to a sense of personal accomplishment, and how an individual feels they are impacting the lives of others.

As providers are tasked with more complicated situations, this sense of accomplishment often gives way to just “getting things done.” As such, a helping professional may feel stuck in their given role, and not feel as though they are able to dedicate the proper amount of energy needed to providing quality service (Rehder et al., 2021). This “stuck” feeling can exist for a variety of reasons, whether they be personal, financial, or professional.

This level of accomplishment provides a helping professional with the need to see their role in the valorization of others, and how their self-care reflects the need to see the value in helping oneself to assist the need to validate their patients’ and clients’ true feelings and values. As helping professionals search for meaning in their work, introducing burnout can lead to a sense of losing the original set of goals that were developed. In doing so, a provider needs to think about their original sense of pride and accomplishment, and why they took this role in the first place.

Helping professionals that are burnout often question their career choices, and maintain their role in their respective field beyond the capability of providing quality service due to burnout, or decide to leave their work altogether. None of these outcomes are positive, and to avoid doing so, it is important to address how an individual’s sense of accomplishment comes from within is based on a person’s individual investment in their work.

A sense of accomplishment can come from a variety of areas with the focus on the “why” as opposed to the “how” (Yavorsky et al., 2015). Helping professionals should focus on their personal strengths, and what unique characteristics they bring to their specific work when addressing their sense of personal accomplishment.
The creation and maintenance of a support system will also assist in fighting burnout, and having a good understanding of how burnout occurs in helping professions provides an individual with the best course of action to protect themselves (Maslach & Jackson, 1982).

The Burnout Syndrome

High levels of emotional exhaustion and depersonalization, along with low levels of personal accomplishment, characterize “The Burnout Syndrome.” Burnout is the impaired ability to experience the restorative effects of positive emotions (Rehder et al., 2021). Burnout is most often felt in environments where there are increasing demands and decreasing resources perpetuating continued strain on the workforce. Burnout is an occupational phenomenon defined in the International Classification of Diseases, 11th edition (ICD-11). It should be noted that burnout refers specifically to a subset of symptoms in the occupational context, not in the personal or social aspects of one’s life.

Burnout Syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by 3 dimensions: first, the feeling of energy depletion or exhaustion. Second, increased mental distance from one’s job or feelings of negativism or cynicism related to one’s job and lastly, reduced professional efficacy (World Health Organization, 2019).

Burnout is typically less associated with stigma than other clinical syndromes such as depression (Rehder et al., 2021). Individuals who suffer from depression are often characterized as “lazy” or “lethargic” as opposed to burnout, which takes on an identity more associated with hard work and tireless efforts in one's profession.

As such, those working in helping professions often view burnout as a rite of passage as if to truly distinguish oneself in these fields, burnout is part of the job. However, this typically leads to exhaustion, less job satisfaction, and poor self-efficacy (Rehder et al., 2021).

As a result of participating in activities that lead to burnout such as multiple jobs, increased job responsibilities, long work hours, and emotionally or medically complex patients those working in helping professions often find themselves unknowingly burning out with a misguided sense of “hard work” being mistaken for signs of burnout. However, burnout makes it hard for persons to notice positive events, emotions and interactions in the workplace. This perpetuates the stream of negative occurrence and thought process, continuing the cycle of burnout.

Burnout is often higher in women than in men by approximately 20 to 60 percent (Yavorsky et al., 2015). This is the result of increased household responsibilities among women as professional women may be expected to maintain their traditional role in the family home as caregivers while continuing to pursue their personal career goals. This added level of responsibility can aid in the feelings of depersonalization and emotional exhaustion. This may lead to greater dissatisfaction regarding work-life balance, as women are expected to adjust to a “professional” role in different ways than men. As a result, it can lead to women viewing their work as taking away from their familial or professional goals and leading to a greater sense of dissatisfaction and personal stress (Yavorsky et al., 2015).

There is an additional burnout sub-type that exists among those in the helping professions. It is that concept of “second victim” of burnout (Seys et al., 2013). Second victim refers to the scenario where in the workplace there may be an adverse event such as an unexpected bad outcome or crisis on the job. These situations may present as medical errors and patient or client death, even if not because of one’s negligence. These helping professionals may report adverse feelings of guilt or professional inadequacy in addition to the other identifiers of burnout. An added concern is that these professionals may fear punitive or litigious action or consider leaving the profession all together.
Prolonged Interactions

Prolonged patient or client interaction is another facet of being a helping professional that may lead to burnout. It could be one specific type of interaction or the combination of several that may lead to professional strain.

One type of prolonged interaction may be defined as the “repeat visit.” This would reflect to the client what the professional is seeing on a consistent basis. There may be some aspect of this interaction that is tiring to the professional, perhaps the client or patient is non-compliant or the interaction is prolonged each time. The patient may not have a good concept of time or boundaries, as well as the professional frustration despite several visits and no patient progress being made (Seys et. al, 2013).

There is also the aspect of prolonged interactions that is seen when patients or clients are in residential facilities or in inpatient care. This prolonged daily interaction with the same patients, as well as the patient feeling they have direct, full access to the provider becomes tiresome.

The third type of prolonged interaction is one in which the same type of adverse patient or client interaction must be dealt with on a consistent basis. Examples of this include consistently dealing with clients who are angry, hostile or entitled despite a provider’s best efforts to emotionally protect themselves (Seys et. al, 2013). These exogenous behaviors will become burdensome over time, thus contributing to the burnout effect.

A fourth type of prolonged interaction that contributes to burnout is working in a field where patient/client death or terminal diagnosis occurs. These careers center around topics such as end of life care, addiction services, or medical oncology. This type of continued sense of sharing poor results with individuals can lead to a provider feeling that progress is not being made, or that their work is not productive because of the negative results that accumulate over time.

Discussion

After defining and recognizing what burnout looks like in the helping professional, we would be remiss if we did not try to identify the root of the problem. As with most complex issues, the problem appears to be multifaceted. When looking at burnout from a macroscopic level, it appears that its largest contributors come from two sources: The Institution and The Individual. It is not one or the other, rather a fine combination of which contributes greatly to the diagnosis of burn out.

Two-Step Problem

When we speak about the Individual, we are talking about the professional and their personal attributes that either help their resistance against burnout or their propensity towards it. One underlying individual trait the professional may exhibit that may either be helpful or a hindrance is their baseline ability to recover emotionally. Emotional recovery is the ability one has to heal from emotional unrest or adversity (Rehder et al., 2021).

This recovery is often based on previous experiences, and the individual's ability to “bounce back” from difficult situations. This ability is typically based on a provider’s experience with that situation, the support that was provided, and whether the person had been able to work through the emotions that stemmed from this occurrence (Rehder et al., 2021).

Proper debriefing is also critical as a provider may have gone through difficult emotions related to a particular situation. This type of debriefing, and the support that should be provided after this situation would lead to appropriate emotional recovery. However, in many cases, this type of debriefing may not be
provided especially if a provider is experiencing patients/clients back to back. These types of settings exist across most helping professions from medical to mental health and are the beginnings of burnout occurring among these types of professionals (Seys et. al, 2013).

As providers ensure that those they interact with are taken care of when negative interactions are not occurring, the assumption cannot be that this is simply enough. The absence of “something bad” does not equate to the presence of “something good.” Providers collect emotional experiences, and in doing so, must process these experiences in such a way that allows them to build emotional stamina. Emotional stamina is what is utilized to combat burnout.

As employers look to develop best practices to avoid burnout, low burnout does not always equate to thriving work environments (Rehder et al., 2021). Employees want to feel that they are using their strengths each day, as well as using what they know to feel emotional satisfaction. While putting measures in place such as debriefing, processing, and support is critical to avoid burnout, the deployment of providers’ strengths, and talents leads to job satisfaction.

Institutional factors also often lead to burnout in providers, as the struggle to affect work culture can lead to areas of role conflict, role ambiguity, and limited feedback. Each of these areas not only confuses a provider, but also can lead to dissatisfaction, lack of interest in their work, and ultimately, an effect on the quality of service.

A great deal of time pressure often leads to feeling emotionally overwhelmed, which can affect recovery. The need to “get things done” often leads to a lack of attention to time especially for recovery. Lack of emotional recovery often skews a provider’s abilities, which can lead to concerns over future opportunities to grow (Maslach & Jackson, 1982).

If a provider has more ability to participate in the decision-making process and culture, this leads to personal investment as well as the ability to emotionally recover in a safer environment. These types of decisions can address needs from those performing the tasks associated with a particular role.

Peer support also plays a part in providers developing a greater sense of worth, and the idea that they are not approaching certain tasks and recovery alone. These types of interactions can also address the need to place more emphasis on well-being and whether or not an employee feels they are being rewarded sufficiently (Yavorsky et al., 2015). In doing so, emotional recovery can take place in a fashion that considers the future needs of a provider, as well as how they can address a similar scenario in the future and pointing less towards burnout with each occurrence.

According to Morse, et. al (2012), “employee burnout has been correlated with a number of negative organizational measures including reduced commitment to the organization, negative attitudes, absenteeism, and turnover.” As emotional recovery wanes, employees often find themselves disenchanted with their work, and the service they are providing. This is how burnout can lead to poor care, and doing harm (Yavorsky et al., 2015). While it is critical for organizations to address these types of burnouts among employees, being sensitive to the overall development of resources for providers in both medical and mental health settings can reduce burnout.

Burnout can also lead to institutional financial strain. If providers are not able to adequately recover from these types of emotional situations and they leave their respective fields, organizations are faced with fewer individuals to do more work leading to more burnout (Morse, et. al, 2012). Investing in opportunities to create resources for employees to properly receive support and skills pointing towards emotional recovery will be an institutional decision that will retain more employees and improve the quality of service (Morse, et. al, 2012).
Interventions and Strategies

The Individual

The strengthening of social connections adds to an individual’s ability to feel job satisfaction and satisfaction with overall commitment to service. Having a strong support system, both personally and professionally, can offer a provider with the tools to expand their need for assistance.

According to Riley (2003), “self-care is a matter of giving oneself permission to take the time, to make the commitment and to negotiate the roadblocks.” Those who work in helping professions often find themselves pushing through difficult feelings because their inclination is to put the needs of others before their own. This, while an inherent positive quality, leads to difficulty with settling boundaries and the limits needed to experience healthy balance.

Taking the chance of giving yourself “permission” to negotiate the roadblock of time for self may feel selfish. However, as difficult cases build and expectations increase, providers can find themselves in situations where there is a cumulative effect on performance. Therefore, finding ways in which to take time is critical by utilizing manners such as meditation, positive self-talk, or even very short breaks to listen to music, take a short walk, have a brief social encounter such as a co-worker or texting a loved one can create a positive cumulative effect. In doing so, a provider can accumulate small doses of positive experiences to counter the negative impact of difficult cases.

Having personal goals or convictions in place as a reminder as to why the individual has entered this profession is important in keeping focus and personal investment in one’s career. In doing this, one can be reminded about their own personal attributes that tied them to this profession initially. These reminders of one’s personal goals that helps re-center their thoughts and bring their mindset back to the helping profession that they chose.

Being part of a strong team allows a provider to develop a sense of belonging as well as support when it comes to difficult tasks. While team building is often a collaboration between the individual and the institution, the individual bears the responsibility to be open to this approach, including contributing to the team formation. Burnout is often an individual concept and it is much more difficult when responsibilities and tasks are spread across a group of people that communicate and collaborate (Yavorsky et al., 2015).

Even if the helping professional has developed healthy coping mechanisms against burnout, being around other co-workers or employees who are suffering from burnout can add to one’s emotional exhaustion. It is this maladaptive behavior of colleagues that may perpetuate one’s burnout or provide a continual reminder of the hard external factors that exist.

Planning is also a manner in which to combat burnout (Yavorsky et al., 2015). While a consistent schedule is not always a possibility, a provider can do their best to work as consistently as possible, as well as manage time in a way that tasks can be completed on an individual basis in a timely fashion. There are areas that are often in one’s control with regard to documentation expectations and individual needs, but controlling and managing as much as possible from an individual provide a standpoint that can lead to less stress and more satisfaction with performance.

Maintaining healthy relationships outside of the workplace is also a way in which to decrease burnout. Finding positive outlets in one’s personal life, and maintaining a work-life balance can lead to more fulfillment in both areas. Strong emotional ties outside of the workplace and ways in which to be personally
satisfied can lead to less likely scenarios where workplace stress intensifies because personal connections are minimal, or this stress manifests itself in both personal and professional settings.

**The Institution**

Providing more breaks for providers is one manner in which to provide the opportunity for emotional recovery. In the event of short staffing, this may be difficult, and in today’s climate of generating revenue it may be difficult to provide “time off” from certain environments. Providers must remember that while seeing more individuals at a time, in both medical and mental health settings can create revenue in the beginning, but individuals may not return for services in the future due to provider depersonalization, therefore leading to the potential financial stress of an organization (Riley, 2003). This form of stress manifests itself in unreasonable expectations of staff and thus, burnout.

Individuals who have a poor experience feel as though no one is helping them, and this creates tension between the provider and the individual leading to high stress for the provider and decreased level of service. This cycle leads an organization to take measures that increase burnout such as unreasonable expectations with regard to the number of patients/clients that need to receive services (Seys et al., 2013).

One manner in which to manage burnout is to put resources into teaching providers to manage their time more appropriately. Completion of documentation can be a barrier to time management and decrease a provider’s capacity to offer quality service including documentation that is often tied to the generation of revenue and billing.

Institutions can simplify documentation expectations in manners in which financial aspects of treatment are tied to provider performance other departments such as billing can bear a greater responsibility when it comes to documentation. The face-to-face service provider can provide basic information, but a greater share of the documentation can be covered by individuals whose primary responsibility is not face-to-face care.

Professionals use their patient access time to ensure that the preset guidelines by administration are being met. It is also prohibitive when providers have to practice in parameters that do not fit the patient case or are denied access to patient treatments or testing that the professional feels the client or the patient needs (Yavorsky et al., 2015).

Consistency in scheduling can also provide individuals with a less stressful environment, and better use of time and energy. While this is not possible in all cases, scheduling providers to work as consistently as possible allows the stress of working in helping professionals to persist based on external factors. If a provider is experiencing stress related to their inconsistent schedule before they even set foot into a setting, this stress can lead to burnout before providing care, and thus increasing job dissatisfaction.

Burnout can also be combated by integrating technology into the workplace. Utilization of programs that can transcribe notes, and simplify documentation with prepopulated chart prompts can offer a provider the ability to focus on the care of the individual, as opposed to the stress of having to create original content for documentation and billing purposes, which takes time, energy, and the ability to focus on all areas that should be reserved for individual care.

Organizationally, making resources available to helping professionals is critical. Institutions can provide employees with access to regular debriefing not just when something “bad” happens to maintain open lines of communication among providers and administrative guidance (Yavorsky et al., 2015). Creating forums for helping professionals such as case reviews or opportunities to hear from experienced colleagues on how to handle difficult situations may provide a provider with the ability to successfully navigate a difficult situation in
the future. Organizations can also consider mandating a certain level of attendance in such forums for providers to continue in a certain line of work or if a highly emotional case were to occur.

As technology evolves, and with many helping professionals working all shifts, telehealth has emerged as a resource that can provide individuals with services on an on-demand basis. In this case, helping professionals should have access to debriefing/counseling across different times of day, which would increase convenience and most likely attendance. This type of “mental offloading” provides employees with the opportunity to share the areas of concern to have a place to feel supported and a greater sense of emotional recovery can take place over time.

The development of tools and inventories to measure provider satisfaction can provide an organization with data to understand how employees are feeling, and if more resources need to be deployed. If a particular incident has occurred, for example, this may be a good time to “check in” with providers or develop a certain interval that would be appropriate (monthly or quarterly) so that not too much time passes in which there can be an understanding of the level of stress that can be building among staff. Emotional exhaustion could also be measured by a test or scoring system. That score can be a strong indicator of safety culture and contentment in the workplace for the individual. When emotional exhaustion levels are high, it indicates for impending professional burnout.

Conclusion

According to Rehder et al. (2021), there is not one single intervention that will be effective in promoting and sustaining well-being in any helping profession. Thoughtful application of multiple interventions can be expected to have an additive effect, particularly when addressing the different organizational and individual factors driving well-being. Existing burnout must be addressed while self-care and protective strategies are integrated into the culture of the organization to achieve well-being sustainability.

A great number of external factors outside of the control of the individual can also lead to burnout. As helping professionals do their best to maintain good work habits, a system of support, and utilizing their time to explore diverse interests including factors can contribute to the rate of burnout. These factors include overscheduling, the behavior of colleagues, quality control measures, and employer expectations. As a provider works to create their own tactics to combat burnout, keeping these factors in mind is critical to the overall development of positive progress.

The development of next steps with regard to combating burnout in helping professions must be a joint effort between individuals and institutions if these methods are going to effect change. As the individual works hand in hand with the system in which they operate, working to maintain positive work habits and self-care routines based on their workplace expectations. The reduction of stress, related to the Burnout Syndrome, is tied to how employees and employers can work together to create positive environments. The future generation of all helping professionals in education, mental health, and the medical field will be asked to do more often with less resources. These fields have been hit with reduced workforces, difficulty in retaining workers, and individuals who have left these professions due to the experience of burnout.

While there will be no future shortage of individuals who need care, if that care is going to be maintained with quality service, it is critical that this collaboration of system and individual begins with an understanding of the needs of the other. There may not be clear solutions for every situation and they may vary from field to field, but maintaining clear boundaries with regard to individual needs including operating within the institutional setting can lead to creating a future for helping professionals where burnout can still occur, but there are pieces in place to rectify it in a more effective fashion.
References


About the Authors

**Stephen J. Stunder, Ed.D.** has worked in the fields of Education and Human Services field for over 17 years. Dr. Stunder received his Doctor of Education degree in Educational Leadership and Management from Drexel University in 2018, with a concentration in Educational Policy. He worked as the Director of Counseling at Holy Ghost Preparatory School in Bensalem, PA for 9 years. Dr. Stunder’s research has focused on the development of learning difference programming for independent secondary schools as well as the development of curriculum for students with learning needs and adults with developmental disabilities. He has also published an Intervention Workbook for Recovery Centers of America. Dr. Stunder is Assistant Professor at Chestnut Hill College in Philadelphia, PA, and the Director of the Human Services Management Graduate program. Dr. Stunder also teaches in the Counseling Psychology Graduate Program at Rosemont College in Rosemont, PA. Dr. Stunder can be reached at Stephen.j.stunder@gmail.com.

**Laura Santanna Lonergan, MHS, PA-C** has been a clinically practicing as a Physician Assistant for 17 years, primarily in the Emergency Medicine setting. Laura attended Physician Assistant School at the Hahnemann PA Program at Drexel University, and graduated in 2005. Laura has held an Adjunct Faculty position in Physician Assistant Education for over 7 years, but most recently took a position as an Assistant Professor at West Chester University in West Chester, PA in the Graduate Physician Assistant Program.