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We also treat the human spirit.


Physician Wellness Moving Beyond the Burnout Conversation

SAAAPM November 3, 2017

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Disclosures

- None

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Introduction


- NOT an Anesthesiologist
 - Internal Medicine-Pediatrics
- Recovering Program Director (1999-2014)
- VP & Assistant Dean Graduate Medical Education (*est.* 2014)
- Burnout/ Resiliency interest

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Objectives

- To review the new 2017 ACGME Common Program Requirements as they pertain to Well-Being
- To define and relate the concepts of “burnout”, “stress” and “resiliency”
- To understand the scope of burnout amongst physicians and know who is at risk
- To offer some considerations to implementing well-being into your department and training programs
- To encourage dialogue about well-being with your colleagues and trainees

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Section VI. C Well-Being

THE 2017 ACGME COMMON PROGRAM REQUIREMENTS (CPR)

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VI. The Learning and Working Environment

- Residency education must occur in the context of a learning and working environment that emphasizes the following principles:*
 - ..., and
 - Commitment to the well-being of the students, residents, faculty members, and all members of the health care team**

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ACGME CPR: VI.C. Well-Being



- *In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the **same responsibility to address well-being as they do to evaluate other aspects of resident competence.***

ACGME CPR: VI.C. Well-Being



- **VI.C.1. This responsibility must include:**
 - *efforts to enhance the **meaning** that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)*
 - *attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)*

ACGME CPR: VI.C. Well-Being



- *policies and programs that encourage **optimal resident and faculty member well-being**; and, (Core)*
 - *Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)*
- *attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care*

ACGME CPR: VI.C. Well-Being



- *...The program, in partnership with its Sponsoring Institution, must: (Core)*
 - *encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)*
 - *provide access to appropriate tools for self-screening; and, (Core)*
 - *provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)*

Common Program Requirements



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THE BURNOUT OF TALKING ABOUT BURNOUT

Stress is good... to a point

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Stress \neq Burnout

- Stress**
 - Over-engaged
 - Over-reactive emotions
 - Produces urgency and hyperactivity
 - Loss of energy
 - Leads to anxiety
 - Primary damage is physical
 - May kill you prematurely
- Burnout**
 - Disengagement
 - Emotions are blunted
 - Produces helplessness and hopelessness
 - Loss of motivation, ideals, hope
 - Leads to detachment/ depression
 - Primary damage is emotional
 - May make life seem not worth living

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Spectrum of Physician Resiliency

400 (Violet) 450 Blue 500 Cyan 550 Green 600 Yellow 650 Orange 700 Red 750 Magenta (800)

Engaged, Satisfied Stress Overwhelmed
Dissatisfied
Unengaged
Burnout

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Burnout is...

- Emotional exhaustion**
 - feelings of being emotionally overextended and exhausted by one's work
- Depersonalization**
 - unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction
- Decreased feelings of personal accomplishment**
 - lack of feelings of competence and successful achievement in one's work

Maslach, 1997

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Burnout...

- is the index of the dissociation between what people *are* and what they *have to do*
- represents an erosion in values, dignity, spirit and will
- can lead to a spiral of chronic exhaustion, cynicism, and feelings of ineffectiveness
- True "burnout" can be a medical emergency.

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Changes in burnout by specialty 2013-2017

Specialty	% in 2013	% in 2017	Change
Emergency Medicine	45%	55%	Increase
OB/Gyn	40%	40%	No change
Family Medicine	40%	40%	No change
Internal Medicine	40%	40%	No change
Infectious Disease	40%	40%	No change
Rheumatology	40%	40%	No change
Critical Care	40%	40%	No change
Cardiology	40%	40%	No change
Urology	40%	40%	No change
Neurology	40%	40%	No change
Pediatrics	40%	40%	No change
Anesthesiology	40%	40%	No change
Gastroenterology	40%	40%	No change
Nephrology	40%	40%	No change
Orthopedics	40%	40%	No change
General Surgery	40%	40%	No change
Pulmonary Medicine	40%	40%	No change
Radiology	40%	40%	No change
Oncology	40%	40%	No change
Neurosurgeon	40%	40%	No change
Endocrinology	40%	40%	No change
Pathology	40%	40%	No change
Ophthalmology	40%	40%	No change
Psychiatry & Mental Health	40%	40%	No change

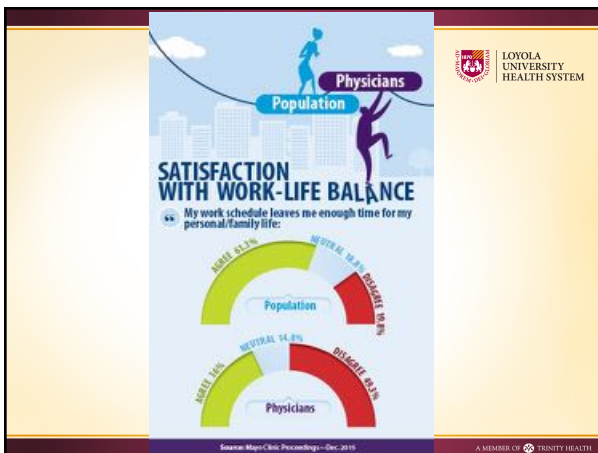
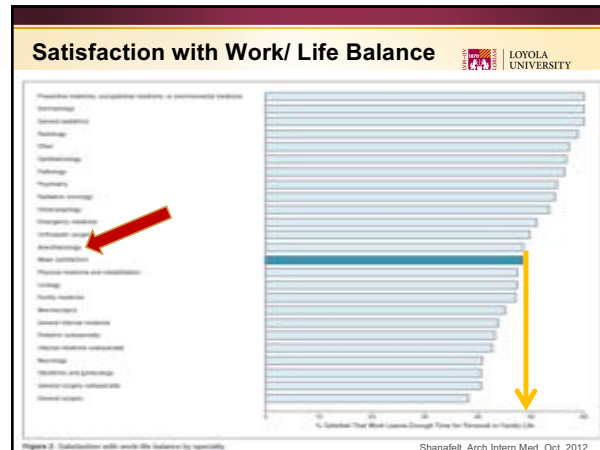
Parks, AMA Wire, January 31, 2017

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Comparison of Medical Student, Resident/Fellow, and Early Career Physician (< 5 Years in Practice) Respondents to a Survey About Burnout and Distress With Probability-Based, Age-Matched Samples of U.S. College Graduates, 2011-2012

Characteristic	Medical students, ages 21-32 (n = 4,932)	Population, college graduates, ages 21-32 (n = 790)	Resident/fellow, ages 27-49 (n = 1,481)	Population, college graduates, ages 27-49 (n = 932)	Early career physicians, ages 21-47 (n = 980)	Population, employed, ages 21-47 (n = 1,832)
Burnout index, no. (%)^a						
Emotional exhaustion, high score	1,647 (41.1)	511 (31.8) < .0001	557 (37.6)	260 (26.4) < .0001	243 (28.5)	462 (25.3) .01
Depersonalization, high score	1,084 (27.2)	297 (18.5) < .0001	528 (35.7)	164 (16.8) < .0001	181 (22.8)	352 (16.6) < .001
Burned out ^b	1,976 (49.4)	579 (36.7) < .0001	729 (50.0)	310 (31.4) < .0001	297 (37.3)	545 (29.8) < .001
Screened positive for depression, no. (%)	2,337 (58.5)	761 (47.5) < .0001	753 (50.7)	406 (41.1) < .0001	319 (39.8)	601 (33.9) .06
Suicidal ideation in the last 12 months, no. (%)	375 (9.3)	171 (10.6) .25	120 (8.1)	66 (8.7) .58	53 (6.6)	132 (7.2) .53

Dyrbye, Acad Medicine, Jan 2014. A MEMBER OF TRINITY HEALTH



Why are physicians at such risk or burnout?

- The Environment**
 - Productivity driven
 - Cog in a wheel
 - 24/7 access and demands
 - High stakes
 - Competitive
- The Person**
 - Driven
 - Goal directed
 - Not self-forgiving
 - Trained to be independent and not ask for help
 - "M.D." is *what we are*, not what we *do*.

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Burnout Realities

- 50% of your peers are NOT "burned out"
 - There is burnout about talking about burnout
 - This is a spectrum
- It is a complicated discussion
 - But, it is a worthwhile one

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Physician Well-being Program

STARTING THE PROCESS

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Principles of Wellness and Burnout Prevention



- **Reflection**
 - Maintaining alignment consistent with your values and ideals
 - Taking time to assess where you are/ where you are going
- **Humanism**
 - Taking time to connect with each person
 - Self- reflection and evaluation
 - Maintaining balance/ establishing boundaries
- **Mindfulness**
 - slowing down, being in the moment
 - understanding importance of each interaction

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Creating a Resiliency Program



- **Leadership Engagement (!)**
- **Open discussions on defining the issues (specific)**
 - Venting (some)
 - Problem solving
 - Communication and Engagement
- **Create a “Physician Resiliency Group”**
 - Choose members carefully
 - Time capacity
 - Emotional Intelligence
 - Direct Resiliency group focus
 - Give them the tools they need

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Establish Safety Nets



- Employee Assistance Program
- Psychiatry/ Psychology resources
- Offering Coaches
- Know your Policies
 - HR policies
 - absences
 - medical leaves
 - Understand your Hospital and GME policies
 - Fit for Duty
 - Probation
 - milestones
 - Progressive Disciplinary Action

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Prepare for Difficult Conversations



- Fit for Duty
- Medical Leaves
- Interventions for Professionalism Lapses
 - Conversations
 - Discipline
 - Remediation
 - Termination
- Confidentiality
- Future work application disclosures
 - State variance
 - Legal input

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Offering Options and Enforcing the Effort



- Education on Stress, Burnout, and Resiliency
- Resiliency related options
 - Pragmatic vs “fluffy”
 - Benefits of both
 - Educational material covering the “Mindfulness Spectrum”
 - Books
 - *Attending*, Ronald Epstein, M.D.
 - *Peak Performance*, Brad Stulberg and Steve Magness
 - Lectures/ small group discussions
- ACGME CLER visit emphasis can focus leadership

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The Medical Community: Doomed to not learn from history?



- 1966 Millis report of the AMA
- 1965 Coggeshal report of AAMC
 - urged universities to assume control of the content and conduct of all of medical education.
- Lessons (not) learned
 - Supervision
 - Duty Hours
 - Burnout and self-care

For any licensed profession there are two alternatives to the existing structure of practice and education. Responsibility can be assumed by society as a whole, supported through government, or can be assumed by the regulated profession through a voluntarily accepted self-discipline. There are no other alternatives, for if the profession does not take responsibility, society will surely demand that the nation be held and the government assume the responsibility. It is the conviction of the Commission that the profession of medicine should assume the responsibility for its standards of education and should have a mechanism alternate to the full discharge of these responsibilities. The recommendations of the Commission are laid in the following pages and designed to provide such a mechanism. The conviction, we believe, is inescapable of assuming clearly and effectively the necessary responsibilities, and in all such independence that it can be free of special interests and serve both the interests of the profession and the public welfare.



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Can we save ourselves from ourselves?



■ The Individual

- Can we see ourselves at risk?
- Do we recognize our pathology?
 - Motivated
 - Driven
 - Over achieving
 - Competitive
 - Goal Oriented
- Can we recognize the symptoms?
- Can we practice self-care?
- Can we set and maintain boundaries?

■ The Profession

- Can we recognize and support those struggling?
- Can we lead by example?
- Can we encourage/develop resiliency behavior?
- Can we listen to and understand our teams?
- Can we make some real changes?

