Combating Burn Out, Promoting Physician Well-Being: Building Blocks for a Healthy Learning Environment in GME

Lyuba Konopasek, MD
DIO, NYP

December 12, 2016
Quality of Care and Physician Well-Being

• Physicians who care for themselves provide better care for others
  – They are less likely to make errors or leave the profession
• Habits of practice to promote well-being and resilience need to be cultivated across the continuum
• A healthy learning environment will lead to improved health care for all, physicians and patients
• The ACGME’s Clinical Learning Environment Review will evaluate Physician Well-Being and Well-Being is now a part of our proposed new Common Program Requirements
  – Not only the well-being of the trainees but also the well-being of those who train them
Objectives

• Describe the key factors contributing to burnout, strategies for improving resilience and approaches to identifying those at risk
• Identify stressors and supports in your own learning environment
• Discuss the use of a structured tool for assessment purposes (program evaluation)
Disclosures

• Lyuba Konopasek has nothing to disclose
NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for healing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did.

The statistics on physician suicide are frightening: Physicians are more than twice as likely to kill themselves as nonphysicians (and female physicians three times more likely than their male counterparts). Some 400 doctors commit suicide every year. Young physicians at the beginning of their training are particularly vulnerable: In a recent study, 9.4 percent of Sinha, P. New York Times, Sept 4, 2014
Physician Completed Suicides

- Approximately 400 per year
  - Men 170
  - Women 238

This represents 3-3.5 graduating medical school classes that are lost annually to suicide

Frank, AJ Prev Med 2000:19(3);155
SUICIDE

depression

stress

lost

anger
disappointment

overwhelmed

overthinking

_perfectionism

nausea

MDD

useless

headaches

self-hate

quit

overworked

life

guilt

self-loathing

emptiness

work

school

anxiety

helpless

tired
ACGME Call To Action

• Acknowledgement of the epidemic
• Unanimous approval to move Well Being to an ongoing imperative for all organizational planning
• Agreement that this is an issue that spans the continuum
• First Symposium on Physician Well-Being, November 2015
First Symposium on Physician Well-Being: Outcomes

• National awareness
  – Create cadre of ‘message ambassadors’
• New Expectations for Institutions & Programs
  – Requirements/CLER/Milestones
• Collaboration
  – AAMC, IOM
• Ongoing dissemination
  – Continuous communication/Nurture scholarly investigation/Annual Symposium
• Research
  – Enhanced data and improved validated identification tools
• Establishment of Task Force on Physician Well-Being
Second Symposium on Physician Well-Being: Focus

• Interventions
  – Examples - OHSU and Stanford
  – Building a comprehensive well-being program

• Engaging the C-Suite

• New Program Requirements

• New CLER domain
Why Are We Talking About This?

• We need to better understand burnout, depression and suicide...and resilience
• To try and give real meaning to what the term “Physician Well Being” means for our profession
• It effects us AND our patients
Burnout

- Pathologic condition which develops in response to prolonged occupational stress
  - Workers in High stress, Low autonomy environments are particularly at risk
- Maslach described three dimensions:
  - Emotional exhaustion
  - Depersonalization and cynicism
  - Inefficacy/lack of personal achievement
- Maslach Burnout Inventory (MBI) is 22-item tool which evaluates the three dimensions above
  - Two MBI items can stratify high risk of burnout
    - Emotional exhaustion - I feel burned out from my work
    - Depersonalization - I have become more callous toward people since I took this job

Thomas, JAMA, 2004; West JGME 2009
Physician burnout compared to general US population

• The prevalence of burnout is at an alarming level – almost one of two at any time
• Physicians in specialties at the front line of access are at increased risk
• Physicians work longer hours and have greater struggles with work-home integration
• After adjusting for hours worked per week, higher levels of education and professional degrees decrease level of burnout in other fields, but increase level in physicians

Shanafelt et al, Arch Int Med, 2012
Burnout Among US Physicians (N=7,288)

Shanafelt et al, Arch Int Med, 2012
Burnout in Training

• Highly prevalent among medical students, residents and physicians
  – In residents, studies show burnout rates of 41-90%
• In residency, levels rise quickly within the first few months of residency
  – During training – exhaustion decreases, cynicism increases
• ACGME work hour changes do not appear to have improved sleep, burnout, depression symptoms or errors
• Resident distress (e.g. burnout and depression) associated with medical errors and lower quality patient care


### Table 1. Consequences of Physician Stress and Burnout

<table>
<thead>
<tr>
<th>Professional</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor judgment in patient care decision making</td>
<td>Depression</td>
</tr>
<tr>
<td>Hostility toward patients</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Medical errors</td>
<td>Sleep disturbances and fatigue</td>
</tr>
<tr>
<td>Adverse patient events</td>
<td>Broken relationships</td>
</tr>
<tr>
<td>Diminished commitment and dedication to productive, safe, and optimal patient care</td>
<td>Alcohol and drug addictions</td>
</tr>
<tr>
<td>Difficult relationships with coworkers</td>
<td>Marital dysfunction and divorce</td>
</tr>
<tr>
<td>Disengagement</td>
<td>Early retirement</td>
</tr>
</tbody>
</table>

Balch, Arch Surg, 2009
Table 2. Partial List of Contributing Causes to Physician Burnout

Length of training and delayed gratification
Limited control over the provision of medical services
Long working hours and enormous workloads
Imbalance between career and family
Feeling isolated or loss of time to connect with colleagues
Financial issues (salary, budgets, managed care, etc)
Grief and guilt about patient death or unsatisfactory outcome
Insufficient protected research time and funding
Sex- and age-related issues
Inefficient and/or hostile workplace environment
Setting unrealistic goals or having them imposed on oneself
Causes of burnout in residents

- Lack of control over time and work planning
  - Little time off
- Excessive work load
- Lack of meaning in work
- Interpersonal relationship conflicts (at work)
- Lack of clear management
- Decreased opportunities for learning
- Inadequate feedback on performance
- Debt
- Conflicts between work and home
- Demographics – equal in men and women, being an IMG and having children seems protective

Thomas, JAMA, 2004
Baseline Stressors

• Medical/Mental Health
• Relationship
• Family
• Financial
• Psychological make-up of medical students
  – Maladaptive perfectionism, imposter syndrome
• Ambivalence about career choice
New Stressors in Joining a Residency Program

• Your first job
• Joining a professional family
  – Is it the right one?
• Challenges to circadian rhythms
• Less control over schedule
• Increased responsibility and need for executive functioning
• Calibrating uncertainty
  – Needing to make decisions about care and supervision
• Formatively focused assessment system
  – Milestones assessments rather than “Honors”
  – Assessment within your profession
Potential Learning Environment Stressors

- Stressed faculty and staff
- Stressed colleagues
- Lack of support services
- Fractured care
- Poor geographic localization of care
- Decreased LOS, increasing acuity
- The EHR
- Conflict in the work place
Burnout in Your Environment

• What are your stressors?
• What are your supports?
Turning towards the positive: Burnout vs. Engagement

• Burnout
  – Emotional Exhaustion
  – Cynicism
  – Inefficacy

• Engagement
  – High energy
  – Strong involvement
  – Sense of efficacy

Factors Associated with Resident Well-Being

• Autonomy
• Building competence
• Relatedness
  – Meaningful conversation
  – Feeling understood
  – Feeling appreciated

Raj KS, JGME, December 21016
Resilience Defined

• The ability of an individual to respond to stress in a healthy adaptive way such that goals are achieved at minimal psychological and physical cost
• The capacity to bounce back, to withstand hardship, and to repair yourself, even grow
• Positive adaptation in the face of stress or disruptive change

Resilience Strategies of Experienced Physicians

- Job-related sources of gratification
  - Doctor-patient relationship
  - Medical efficacy

- Practices and routines
  - Leisure time activities (exercise, music, theatre)
  - Cultivation of contact with colleagues
  - Cultivation of relations with family and friends
  - Proactive engagement with limits of skills, complications and errors
  - Ritualized time out periods
  - Self-organization
  - Cultivation of one’s own professionalism
  - Spiritual practices/meditation

Zwack, Schweitzer, Acad Med 2013
Resilience Strategies of Experienced Physicians

• Useful attitudes
  – Acceptance and realism
  – Self-awareness and reflection
  – Accepting professional boundaries
  – Recognizing when change is necessary
  – Appreciating the good things
  – Interest in the person behind the symptom

Zwack, Schweitzer, Acad Med 2013
Interns’ Positive Experiences

• Non-depressed interns said the year was stressful BUT gained self-confidence and competence

• Strong social support networks
  – Family
  – Friends
  – Peers Support Group

• Patient contact

One size does not fit all when designing interventions to promote well-being (especially when time is limited)
What can we do? The literature says...

• Systematic review and meta-analysis for interventions to prevent and reduce burnout (overall, emotional exhaustion and depersonalization)
  – 15 RCTs and 37 observational studies
• Both individual focused and organizational strategies can decrease burnout in physicians
  – Organizational
    • Shortened shifts and work process changes
  – Individual
    • Facilitated small groups
    • Stress management and self-care training
    • Communication skills training

West, Dyrbye, Erwin, Shanafelt, Lancet, 2016
Program Well-Being Inventory

- Leadership
- House staff mental health resources
- Crisis management
- Orientation
- Policies
  - Duty Hour, Fatigue, Sick call, Supervision, Grievance
- Curriculum
  - Making space for reflection - Process groups
  - Building skills - Mindfulness, Resiliency
- Clinical care challenge discussions
- Mentorship and advising
- Creating community
- Faculty development
- Other?

Why leadership is important?

• Burnout and physician well-being are both physician responsibility and a systems issue
• Leadership qualities of physician supervisors impact the well-being and satisfaction of individual physicians working in healthcare organizations
• There is a correlation between burnout and rating of immediate physician supervisor’s leadership qualities which are measurable and actionable

TABLE 1. Items Evaluating Physician Opinion of the Leadership Qualities of Their Immediate Physician Supervisor

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?</td>
<td></td>
</tr>
<tr>
<td>Holds career development conversations with me</td>
<td>5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, 1=strongly disagree; NA=do not know/not applicable.</td>
</tr>
<tr>
<td>Inspires me to do my best</td>
<td></td>
</tr>
<tr>
<td>Empowers me to do my job</td>
<td></td>
</tr>
<tr>
<td>Is interested in my opinion</td>
<td></td>
</tr>
<tr>
<td>Encourages employees to suggest ideas for improvement</td>
<td></td>
</tr>
<tr>
<td>Treats me with respect and dignity</td>
<td></td>
</tr>
<tr>
<td>Provides helpful feedback and coaching on my performance</td>
<td></td>
</tr>
<tr>
<td>Recognizes me for a job well done</td>
<td></td>
</tr>
<tr>
<td>Keeps me informed about changes taking place at Mayo Clinic</td>
<td></td>
</tr>
<tr>
<td>Encourages me to develop my talents and skills</td>
<td></td>
</tr>
<tr>
<td>I would recommend working for (name of immediate supervisor)</td>
<td></td>
</tr>
<tr>
<td>Overall, how satisfied are you with (name of immediate supervisor)</td>
<td></td>
</tr>
</tbody>
</table>

*a*Response options: 5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, 1=strongly disagree; NA=do not know/not applicable.

*b*Response options: 5=very satisfied, 4=satisfied, 3=neither satisfied nor dissatisfied, 2=dissatisfied, 1=very dissatisfied.
Program Well-Being Plan: Components of Inventory

- Leadership
- House staff mental health resources
- Crisis management
- Orientation
- Policies
  - Duty Hour, Fatigue, Sick call, Supervision, Grievance
- Curriculum
  - Making space for reflection - Process groups
  - Building skills - Mindfulness, Resiliency
- Clinical care challenge discussions
- Mentorship and advising
- Creating community
- Faculty development

After a Suicide:
A Toolkit for Residency/Fellowship Programs
Crisis Management

• After a Suicide: A Toolkit for Residency and Fellowship Programs
  – American Foundation for Suicide Prevention and Mayo (Dyrbye, Konopasek, Moutier)

• Resource document for preparation and response
  – Checklists for activities, talking points, written communication
  – Addresses contagion
Program Well-Being Plan: Components of Inventory

- Leadership
- House staff mental health resources
- Crisis management
- Orientation
- Policies
  - Duty Hour, Fatigue, Sick call, Supervision, Grievance
- Curriculum
  - Making space for reflection - Process groups
  - Building skills - Mindfulness, Resiliency
- Clinical care challenge discussions
- Mentorship and advising
- Creating community
- Faculty development

Balint/Process groups

• Small group work
• Promote reflection on professional life and physician-patient challenges and deconstruction of the hidden curriculum
• Facilitated by psychiatrist, chaplain, or faculty member/resident from another program
• Within department, part of curriculum of program
• Monthly sessions during work hours (usually lunch)
Additional Curricular Approaches

• Sentinel event debriefs
  – Structured team debrief

• Difficult encounters
  – Pediatric Bereavement Retreat
  – Conflict Resolution Module

• AFSP Suicide Prevention Video
Program Well-Being Plan: Components of Inventory

• Leadership
• House staff mental health resources
• Crisis management
• Orientation
• Policies
  – Duty Hour, Fatigue, Sick call, Supervision, Grievance
• Curriculum
  – Making space for reflection - Process groups
  – Building skills - Mindfulness, Resiliency
• **Clinical care challenge discussions**
• Mentorship and advising
• Creating community
• Faculty development

Clinical Care Challenges

• Work Flow/Compression issues
  – Forum to discuss problems and solutions
  – Report back to residency on progress is critical
  – Engage Operations leaders

• Engage with IT to address EHR issues
Program Well-Being Plan: Components of Inventory

- Leadership
- House staff mental health resources
- Crisis management
- Orientation
- Policies
  - Duty Hour, Fatigue, Sick call, Supervision, Grievance
- Curriculum
  - Making space for reflection - Process groups
  - Building skills - Mindfulness, Resiliency
- Clinical care challenge discussions
- Mentorship and advising
- Creating community
- Faculty development

Positive Psychology Coaching

• One resident paired with one faculty member
• 3-4 structured sessions per year
• 2-hour faculty training session
• Goal: promote self-reflection, leading to personal and professional growth
• Focus on the positive and self-assessment rather than evaluation by others
  – Strengths
  – Meaningful experiences in training

Palamara K. et al. JGME. 2015
Program Well-Being Plan: Components of Inventory

- Leadership
- House staff mental health resources
- Crisis management
- Orientation
- Policies
  - Duty Hour, Fatigue, Sick call, Supervision, Grievance
- Curriculum
  - Making space for reflection - Process groups
  - Building skills - Mindfulness, Resiliency
- Clinical care challenge discussions
- Mentorship and advising
- Creating community
- Faculty development

PD Development

• The PD’s role in prevention and management of trainees’ issues related to well-being
• Topics:
  – Creating a program specific well-being plan
  – Recognizing burn out
  – Recognizing stressors in the learning environment
  – Endorsing self-care
  – Diagnosing the learner with problems
  – Identifying resources
  – Feedback strategies
Causes of Burnout in residents

• Lack of control over time and work planning
  – Little time off
• Excessive work load
• Lack of meaning in work
• Interpersonal relationship conflicts (at work)
• Lack of clear management
• Decreased opportunities for learning
• Inadequate feedback on performance
• Debt
• Conflicts between work and home
• Demographics – equal in mean and women, being an IMG and having children seems protective

Thomas, JAMA, 2004
Workplace-Based Assessment

• Shift towards a coaching culture
• Direct observation with checklist and documentation
  – Com skills – Mini-CEX, Structured Clinical Observation
  – Direct Observation of Procedural Skills
  – Chart Stimulated Recall
• Now available in smartphone friendly format in MedHub
Working Together

- Department Chairs
- Program Coordinators
- Chief Residents
- Nurses
- Trainees
- Dept of psychiatry
- Hospital/college human resources
- Medical schools
  - Results of GQs
  - Coaching for transition to residency
  - Promoting curricular innovations which support wellness

Slavin et al. Acad Med 2014
Complete your inventory
Your Action Plan

• Discuss what you would like to do
• What are short term goals and long term goals?
• Who do you need to get buy in from?
  – How will you engage your stakeholders in this action plan formation and implementation?
  – How will you engage leadership?
• What are opportunities?
• Are there barriers you anticipate?
• Do you need resources?
• Are there resource-free interventions?
Self-Care, Resilience, and Professionalism

• Important elements of professionalism
• Habits of practice are formed early
• Role modeling/demonstrating self-care is as important as modeling other aspects of professionalism
• Deliberate practice is essential to promote self-care and resilience
Self-care is not at odds with altruism

"Secure your own oxygen mask before assisting others"
Quality of Care and Physician Well-Being

• Physicians who care for themselves do a better job of caring for others
• They are less likely to make errors or leave the profession
• Habits of practice to promote well-being and resilience need to be cultivated across the continuum
• A healthy learning environment will lead to improved health care for all, physicians and patients
What about you?

• What do you do to maintain resilience?
• 2 positive psychology questions – at the end of the day think of:
  – One person you helped
  – One thing you learned
Questions?
Thank You

• Carol Bernstein
• Wally Carter
• Lotte Dyrbye
• Stuart Slavin