

Educational Enhancement for Academic Physicians:

Stress Management and Resiliency: Preventing Burnout



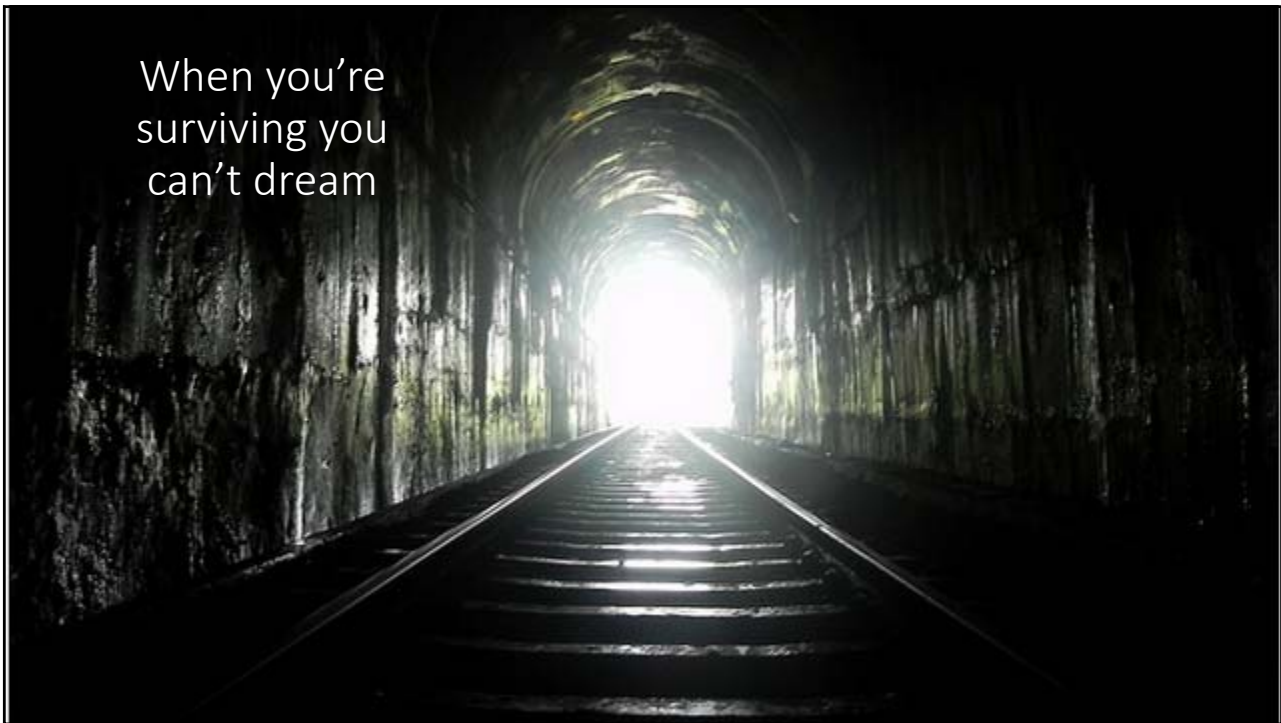
Objectives

- At the completion of the educational session participants will be able to explain the difference between internal drivers of burnout/resilience and systemic drivers of burnout/resilience.
- At the completion of the educational session participants will share and discuss an article from the literature focusing on wellness officers, systemic causes of burnout, or systemic options to improve clinician wellness.
- At the completion of the educational session participants will have actively participated in discussion that results in at least 3 strategies to reduce systemic effects of clinician burnout.

Health Care Provider

- A person who helps in identifying or preventing or treating illness or disability
- H.C.P. in United States: 12,219,330
- H.C.P. in Tennessee: 266,690
- Nurses in United States: 3,916,967
- Nurses in Tennessee: 301,806
- Physicians in United States: 897,420
- Physicians in Tennessee: 17,691

Surviving or Thriving?



Medical News & Perspectives

Recent Suicides Highlight Need to Address Depression in Medical Students and Residents

Rita Rubin, MA

Nurse's suicide highlights twin tragedies of medical errors



Photo courtesy Lyn Hiatt

Kimberly Hiatt, a longtime critical care nurse at Seattle Children's Hospital, committed suicide in April, seven months after accidentally overdosing a fragile baby.



How did we get here?

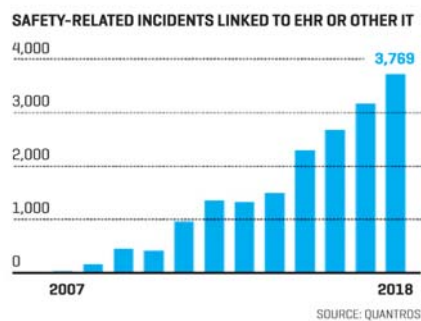
Internal Risk Factors

- Based on Minnesota Multiphasic Personality Inventory (McCraine & Brandsma)
 - Low Self Esteem
 - Feelings of Inadequacy
 - Dysphoria
 - Obsessive Worry
 - Passivity
 - Social Anxiety
 - Withdrawal



DANGER SIGNS

- Safety events owing to EHR and other health IT issues have been steadily rising. Even so, experts say cases are widely underreported.



DIGITAL HEALTH INVESTIGATION

DEATH BY A THOUSAND CLICKS

THE U.S. GOVERNMENT CLAIMED that turning American medical charts into electronic records would make health care better, safer, and cheaper. Ten years and \$36 billion later, the system is an unholy mess. Inside a digital revolution gone wrong.

BY ERIKA FRY AND FRED SCHULTE

A PIONEER OF THE BUSINESS

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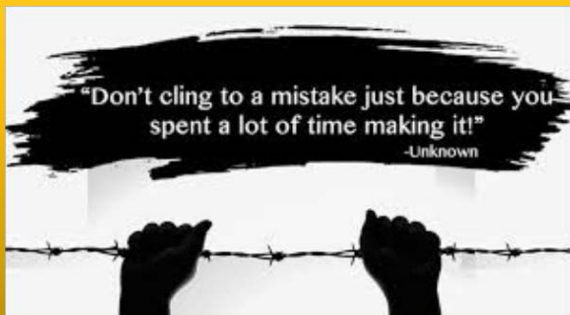
He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS
THAN ANY OTHER CIGARETTE

Hope is the currency of delayed gratification



sunk cost fallacy

noun [S]

the idea that a company or organization is more likely to continue with a project if they have already invested a lot of money, time, or effort in it, even when continuing is not the best thing to do:

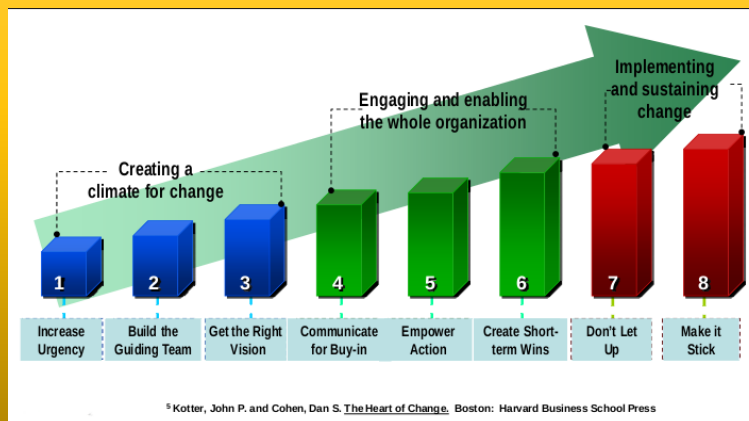
Economists would point out that the sunk cost fallacy is irrational, and could be described as "throwing good money after bad".

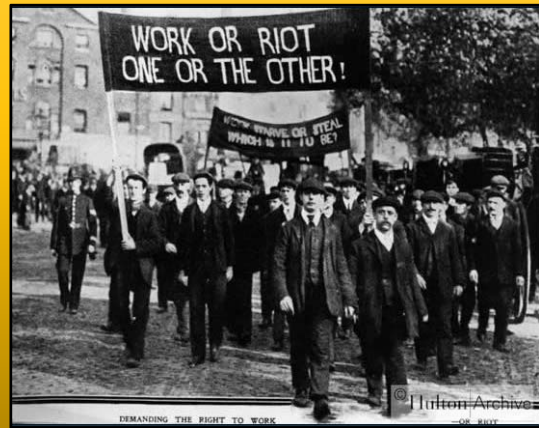
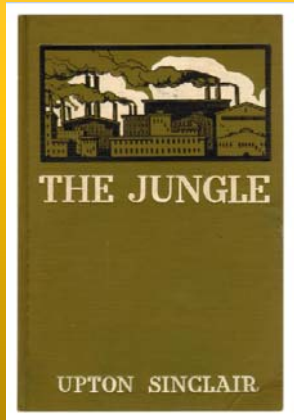
Loss Aversion

- Refers to people's tendency to prefer avoiding losses to acquiring equivalent gains
- It is better to not lose \$5 than to find \$5

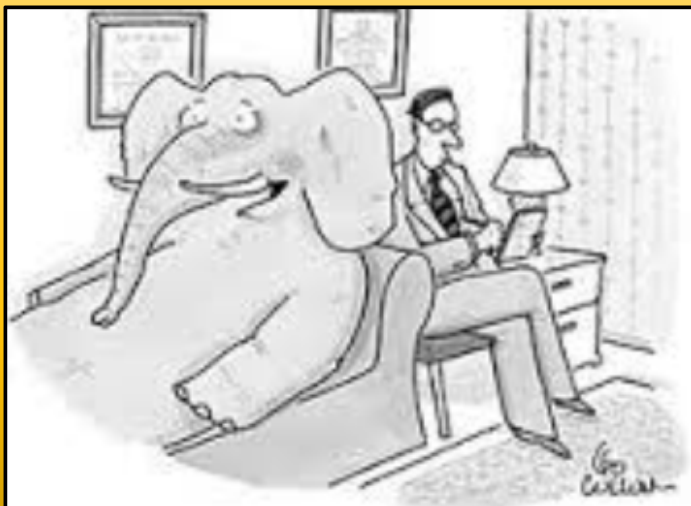


Change Theory

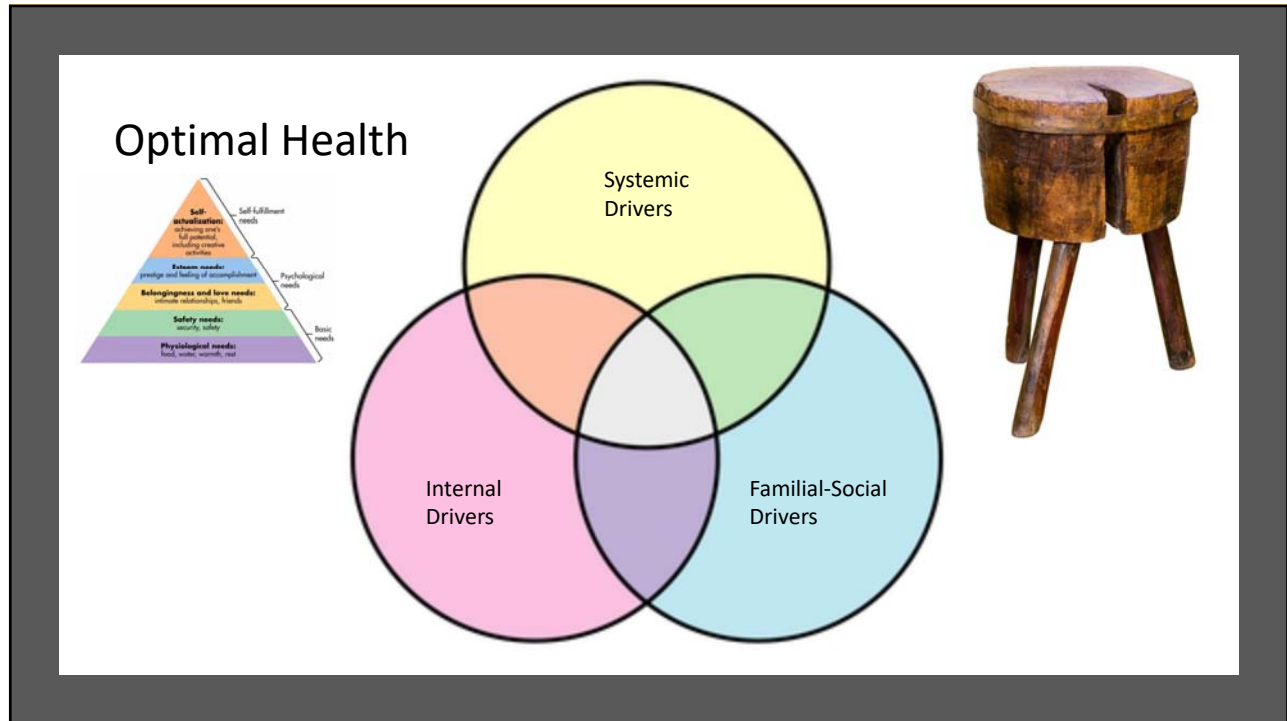




Health Care Providers



"I'm right there in the room, and no one even acknowledges me."



ACGME Common Program Requirements



CLER Focus Areas



WELLNESS WHEEL

Within the wheel that you see above, you'll rank the different areas of your life on a scale of 1-10 based on how satisfied you feel with them. You'll be ranking the following areas of your life:

- **Physical Health** - sleep, self-care, eating habits, exercise
- **Mental Health** - quality of thoughts, level of positivity, attitude toward the world
- **Financial Status** - sticking to a budget, savings, tendency to overspend
- **Social Life** - interactions with family, friends, partners, colleagues, etc.
- **Occupational** - productivity levels, attitude toward work, fulfillment with position
- **Environmental/Home** - level of comfort in your living space, cleanliness/cleanliness, organization
- **Recreational** - hobbies, activities, fun, downtime
- **Spiritual/Personal Growth** - connecting with yourself or a higher power, learning new skills

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Introduction

Physician burnout, a work-related syndrome involving emotional exhaustion, depersonalisation, and a sense of reduced personal accomplishment,¹ has reached epidemic levels, with prevalences near or exceeding 50%, as documented in national studies of both physicians in training^{2,3} and practising physicians.⁴⁻⁶ Consequences are negative effects on patient care,⁷⁻⁹ professionalism,^{10,11} physicians' own care and safety (including diverse issues such as mental health concerns and motor vehicle crashes),^{12,13} and the viability of health-care systems, including reductions in physicians' professional work effort.^{14,15} Evidence has linked 1 point changes in burnout scores with meaningful differences in self-perceived major medical errors,^{8,9} reductions in work hours,¹⁵ and suicidal ideation.¹⁸ These concerns have prompted calls for increased attention to physician wellbeing, including efforts targeting burnout.¹⁶⁻¹⁸ Both individual-focused and structural or organisational solutions are required.¹⁶

JAMA Internal Medicine | Special Communication | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

The Business Case for Investing in Physician Well-being


Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD

Figure 1. Typical Steps in an Organization's Journey Toward Expertise in Physician Well-being



^a Finances, turnover, safety/quality, patient satisfaction.

^b Strategy, priorities, resource allocation, new initiatives.



List the ongoing OPTIMAL HEALTH efforts at UTMC

NEWS

Medical leaders propose appointing wellness officers to address physician burnout

■ Cite as: *CMAJ* 2019 March 4;191:E267. doi: 10.1503/cmaj.109-5719

Posted on cmajnews.com on Feb. 12, 2019.

Medical leaders in the United States are urging health organizations to appoint executive-level wellness officers to lead reforms to reduce physician burnout.

One recent report from Harvard University, the Massachusetts Medical Society, and the Massachusetts Health and Hospital Association warned that care is being compromised by "critical levels" of burnout among doctors. According to coauthor Dr. Alain Chaoui, "we need our health care institutions to recognize burnout at the highest level and to take active steps to survey physicians for burnout and then identify and implement solutions."

The report calls on major health organizations to hire chief wellness officers to lead these efforts. According to the authors, "successful interventions require senior, visible leadership equipped with a mandate and authority to work systemically across departments, portfolios and other silos."

Several health organizations, including Stanford Medicine and Kaiser Permanente, have appointed chief wellness officers in the past few years. In *Health Affairs*, authors from Stanford University

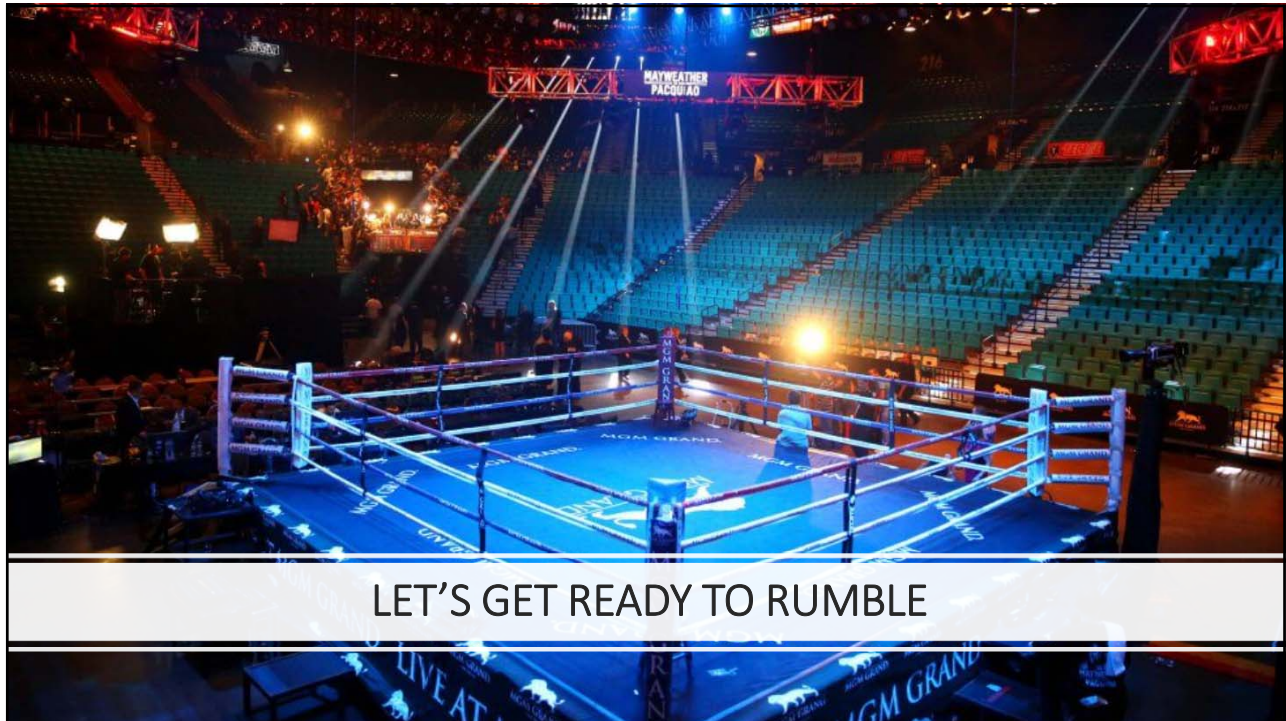
authors of the *Health Affairs* paper, "unless there is a concerted focus on clinician wellbeing from the executive level, dramatic changes will not occur."

Some front-line physicians are skeptical of this claim. Recent comments on a *Medscape* article described the role as "another empty suit job." Several of those who posted argued that increases to administrative control and oversight are contributing to burnout. Others ques-

and reduced health care use among employees.

Part of the challenge is that health organizations have only recently recognized the role they play in physician burnout. "We just didn't appreciate the magnitude of the problem," said Dr. Caroline Gérin-Lajoie, recently appointed as the Canadian Medical Association's first vice-president of physician health and wellness. "Many initiatives were really geared to the individual phys-





Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout (Shanafelt, 2017)

1. Acknowledge and assess the problem
2. Harness the power of leadership
3. Develop and implement targeted interventions
4. Cultivate community at work
5. Use rewards and incentives wisely
6. Align values and strengthen culture
7. Promote flexibility and work-life integration
8. Provide resources to promote resilience and self-care
9. Facilitate and fund organizational science

An Organizational Framework to Reduce Professional Burnout and Bring Back Joy in Practice

Stephen J. Swensen, MD, MMM; Tait Shanafelt, MD

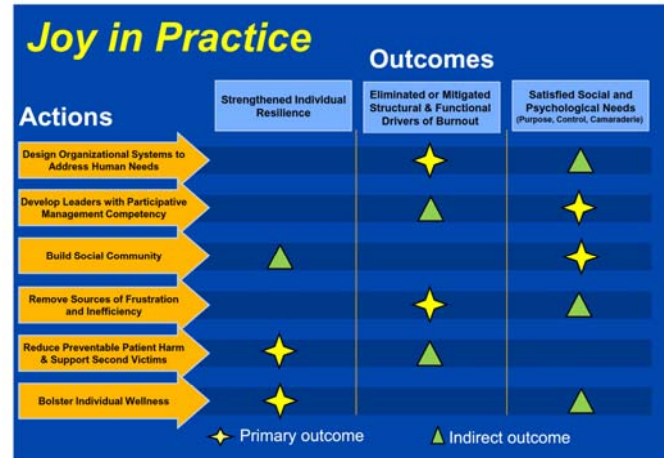


Figure 1: To reduce professional burnout and bring back Joy in Practice, leaders can take six evidence-based actions to achieve three primary outcomes.