



Faculty Burnout Are there Solutions?

Faculty Senate Meeting
May 10, 2017



My Interest and Experience

- ❖ **Pediatric Critical Care for 22 years**
- ❖ **Vice Chair for Education and Training in Pediatrics**
- ❖ **Chair of the Institutional GME Wellness and Resident Work Life Standing Committee**
- ❖ **Attended the Inaugural ACGME Symposium on Wellness in 2015 and follow up in 2016**
- ❖ **Article in San Antonio Medicine April 2017 on Physician Burnout**



ACGME Symposium

- ❖ **More than 120 attendees from across the country**
 - ◆ **Top researchers in field of resident burnout, depression and suicide along with highly engaged individuals making significant changes in their home programs**

- ❖ **Organizations present ***
 - ◆ **Majority of ACGME Leadership, CLER Site Visitors**
 - ◆ **Liaison Committee on Medical Education (LCME)**
 - ◆ **NCAA (burnout, depression, suicide high among elite athletes)**
 - ◆ **American Hospital Association**
 - ◆ **Veteran's Administration**
 - ◆ **American Association of Medical Colleges**
 - ◆ **Center for Disease Control and Prevention**
 - ◆ **National Institute of Health**
 - ◆ **Federation of State Medical Boards**
 - ◆ **National Board of Medical Examiners**
 - ◆ **American Board of Medical Specialties**
 - ◆ **American Medical Association**
 - ◆ **AACOM: American Association of Colleges of Osteopathic Medicine**
 - ◆ **Arthur P. Gold Foundation President**
 - ◆ **American Federation of Suicide Prevention**

* House of Medicine



ACGME Wellness Symposium

November 2016

- ❖ Continued focus on Resident Suicide
- ❖ Mandating implementation of a Resident Screening Process and Mental Health Services
- ❖ Major Revision to Section VI – Common Program Requirements
 - ◆ Understanding that Resident Well-being depends upon Faculty Well-being (New territory for the ACGME)
- ❖ Enhanced Wellness focus in Clinical Learning Environment (CLER)
 - ◆ 5-focus areas “Pathways”
 - ◆ Includes Residents, Fellows and Faculty

Burnout Definition*

❖ Emotional exhaustion

- ◆ “I can’t face going back to work”

❖ Depersonalization

- ◆ “I really don’t care about my patients”

❖ Low sense of personal accomplishment

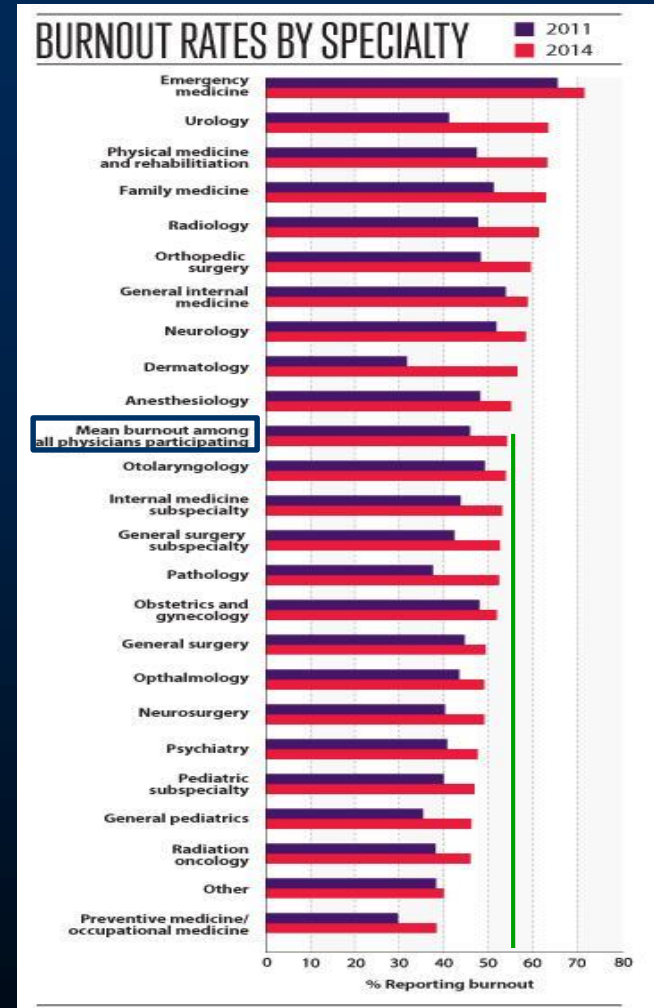
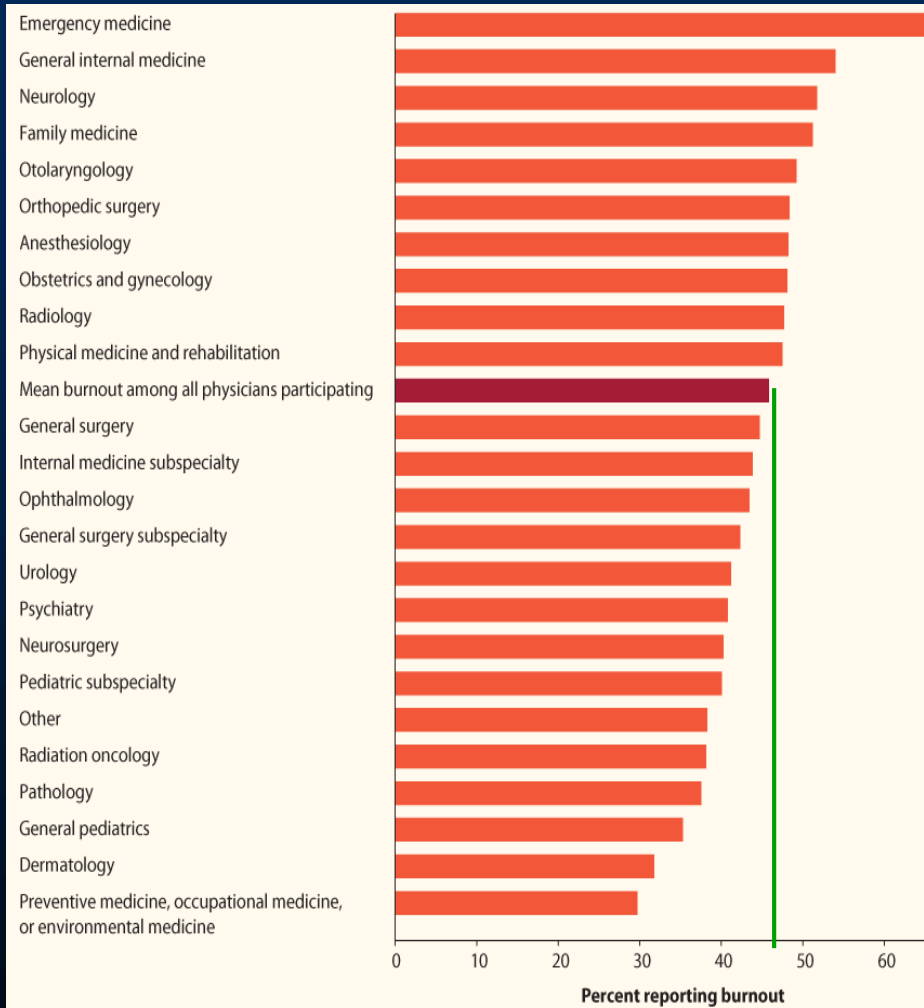
- ◆ “Nothing I do seems to matter”

*As measured on the Maslach Burnout Inventory.





Burnout by Specialty



Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012;172:1377-1385.

Mayo Clinic Proceeding December 2015



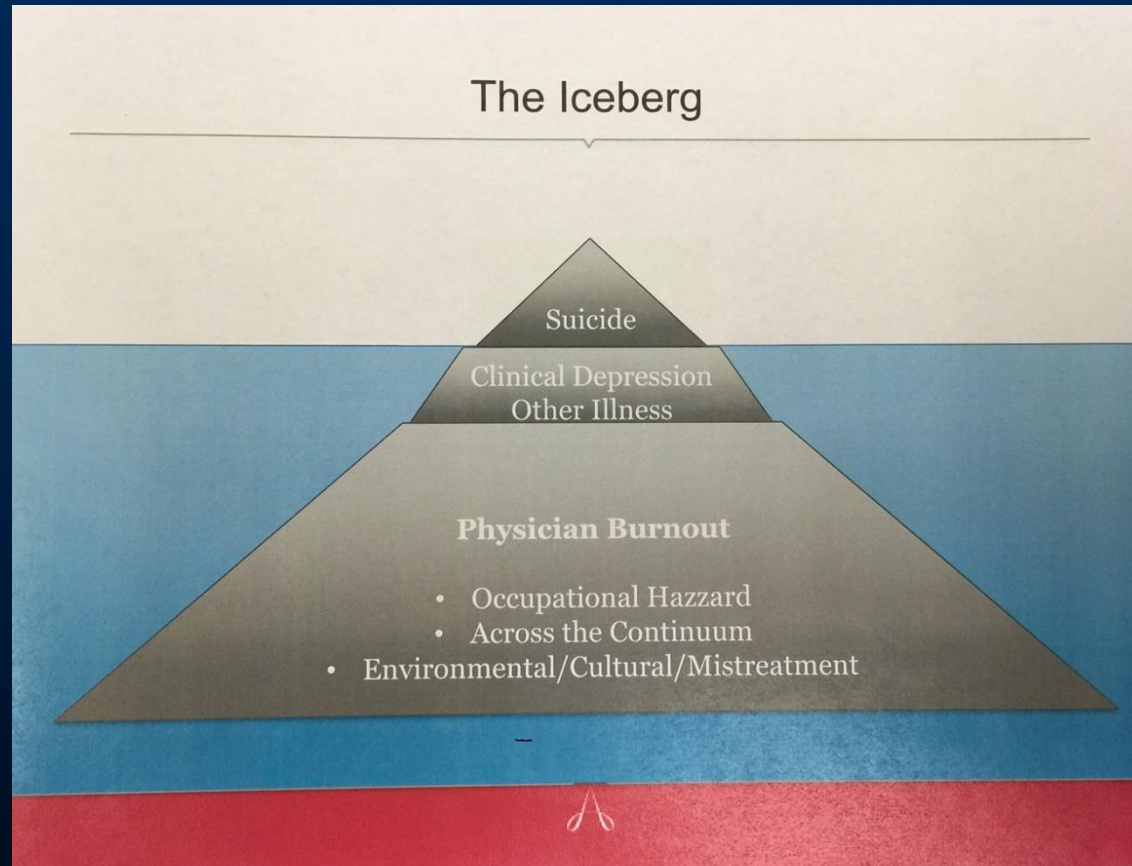
Other Disciplines

- ❖ **Systematic review: factors contributing to burnout in dentistry.**
P. Singh¹ et al. *Occupational Medicine* 2016;**66**:27–31
 - ◆ Identified 33 papers for their Systematic Review
 - ◆ Burnout rates 26% to 84% depending upon group surveyed, survey used and severity of burnout.

- ❖ **Nursing literature describes different aspects that have overlap:**
 - ◆ Burnout – workplace chronicity, acuity and complexity beyond the provider’s capacity to manage (seems to mirror physicians)
 - ◆ Compassion Fatigue – profound emotional / physical erosion where the provider cannot refuel or regenerate (40-80%)
 - ◆ Vicarious Traumatization - cumulative exposure to traumatic events common in Prehospital workers, Emergency Medicine, Intensive Care, Palliative Care, Protective Services



Why Does This Matter?

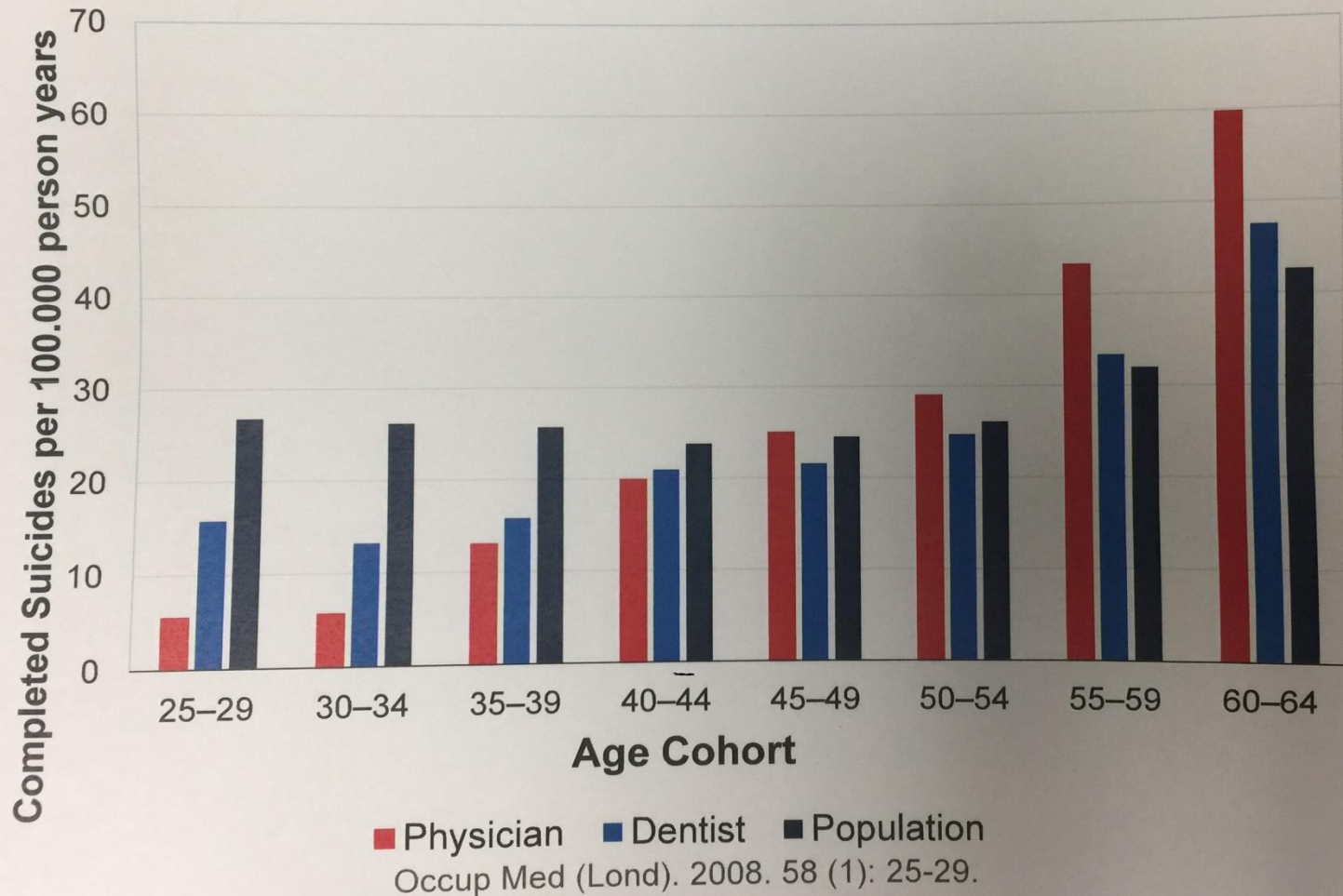


Presentation at the National ACGME Symposium on Physician Wellness, November 2014



2015 ACGME Presentation by Dr Thomas Nasca

Incidence of Suicide Among White Male Physicians, Dentists, and General Population





Work Pressures

- ❖ **Workload** – physical, cognitive and emotional demands exceeds an individuals resources to meet them
- ❖ **Control** – decisions made without input from those it affects.
- ❖ **Balance** – effort does not correlate with financial benefits and does not produce a sense of accomplishment
- ❖ **Community** – Lack of cohesive structure, unsupportive environment, isolation and under appreciation
- ❖ **Fairness** – when an individual perceives they are being treated differently, receiving less support or disrespected
- ❖ **Values** – individual values at odds with the work environment leads to a moral distress, or demoralization

Maslach C, Leiter M. *The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It.* San Francisco, Calif Jossey-Bass 1997

Jennings, M, Slavin S. *Resident Wellness Matters: Optimizing Resident Education and Wellness Through the Learning Environment.* Acad Med. 2015, Sept; 90 (9): pages 1-5



Moving Toward Solutions

- ❖ **Addressing already IMPAIRED individuals**
- ❖ **Improving the Clinical Environment**
 - ◆ **MEMO Study**
 - ◆ **Health Workplace Study**
- ❖ **Promoting Wellbeing, Developing Resilience**
 - ◆ **Groups and Individuals**
- ❖ **National Efforts**



The Impaired Provider

- ❖ **At this moment in this institution assume:**
 - ◆ 55% are Burned Out
 - ◆ 30% meet criteria for Clinical Depression
 - ◆ 7% have suicidal ideation in past 2 months
 - ◆ 7% have active problems with substance abuse

- ❖ **Physicians do not access personal health care compared to demographically similar peers**
 - Primary care provider **44%** vs 83%
 - Routine health care visits **39%** vs 63%
 - Routine dental care visits **53%** vs 79%



Resources

- ❖ **For Residents and Fellows**
 - ◆ Hiring two part-time PhD Behavior Health providers
 - ◆ Total of 1 FTE of counseling and coaching

- ❖ **Interactive Screening Program (ISP) Activation**
 - ◆ Secure, Anonymous and Voluntary
 - ◆ Allows anonymous counseling, face to face counseling and when needed appropriate referrals
 - ◆ Currently operational at SAMMC

- ❖ **Experience nationally for these programs**
 - ◆ Rapid increase to 2 FTE providers
 - ◆ Those at risk tend to come forward, severity lessens over time



Resources – Faculty

- ❖ **Employee Assistance Program (Deer Oaks)***
- ❖ **Department of Psychiatry***
- ❖ **Community Psychiatry Providers***
- ❖ **Substance Abuse Programs***
- ❖ **Texas Medical Board – Physician Health Program**

* Concern for Stigma and Medical Board Reporting Requirements



Potential Resources

❖ Adventist Healthcare System

- ◆ Headquartered in Florida, currently in 10 states
- ◆ 2000 bed flagship hospital with 1000 physicians

❖ Physician Support Service

- ◆ Began 2004 with a Part-time Psychologist and Chaplain
- ◆ Now staffed by two full-time Psychologists

❖ Experience over 10 years

- ◆ 600 physicians have accessed counseling
- ◆ 10,000 visits, 90% voluntary and self-initiated
- ◆ Anxiety, depression, marital and family stress, anger, boundary issues, addiction and substance abuse



Clinical Environment

- ❖ **Mark Linzer, MD Director of General Internal Medicine at Hennepin County Medical Center**
Nationally recognized authority on physician burnout
 - ◆ **“Work life isn’t everything, but it is almost everything”**
 - ◆ **“Preventing burnout, it is always tempting to limit demands, but good luck trying to do that”! “On the other hand give people control of the work environment, give them support and all of the sudden they are back in balance” ***

- ❖ **MEMO Study**

*Presented at the Stanford Wellness Center - Medical Staff Quarterly series May 2013



MEMO Study

- ❖ **MEMO (Minimizing Errors, Maximizing Outcomes) sponsored by AHRQ (Agency for Healthcare Research and Quality)**
 - ◆ 422 Primary care physicians in 119 practices
 - ◆ 40% perceived their practice as chaotic or toward chaotic
 - ◆ Those in chaotic practices 2.5 times more likely to suffer burnout and leave their practices within two years.
 - ◆ Turnover impacting continuity of care, patient safety, cost

- ❖ **Four Key Variables to Physician Satisfaction**
 - ◆ Work Control
 - ◆ Time pressure (ratio time allotted versus time needed)
 - ◆ Work pace (chaotic or not)
 - ◆ Organizational culture



Healthy Workplace Study

- ❖ **Study done in 34 Primary Care Clinics in New York and the Midwest involving 166 clinicians**
- ❖ **Diverse Interventions but falling into three categories:**
 - ◆ **Communication, Work flow and Targeted QI Projects based on clinician concerns**
- ❖ **Outcomes – Burnout Reduction**
 - ◆ workflow interventions versus controls Odds Ratio 5.9, $p=0.02$
 - ◆ targeted QI projects versus controls OR 4.8, $p=0.02$
 - ◆ interventions in communication or workflow led to greater improvements in clinician satisfaction OR 3.1, $p=0.04$



Promoting Wellness and Building Resilience

- ❖ Residents that often means clean, safe call rooms, functional work spaces, on call food and time off to access care/services
- ❖ Faculty need a supportive Community, Collegiality, Realistic Expectations
 - ◆ Best handled on a Departmental or Division Level
- ❖ Opportunities to Evaluate the Institution, the School, or individual Department
 - ◆ Faculty Forward Survey is assisting in identifying areas of concern to focus upon



Individual Tools

- ❖ **Exercise Opportunities- easily accessed**
 - ◆ **Gold's Gym, on-campus yoga, walking or running circuits (USAA is a leader in this)**
- ❖ **Quiet areas for Reflection, Meditation Rooms**
- ❖ **Mindfulness Training for Providers**
- ❖ **Healthy eating options in cafeterias**
- ❖ **Sleep Hygiene**



National Initiatives

❖ Electronic Health Record

- ◆ ACGME meeting with major providers of EHR platforms to promote improvement of the end-user experience

❖ Federation of State Medical Boards

- ◆ Removing Stigma and Fear

❖ Back to Bedside Initiatives

- ◆ Abraham Verghese, MD, Stanford University: Society of Bedside Medicine



Questions

