"Being a good doctor requires an understanding of people, not just science."
Meaning is not something you stumble across, like the answer to a riddle or the prize in a treasure hunt. Meaning is something you build into your life. You build it out of your own past, out of your affections and loyalties, out of the experience of humankind as it is passed on to you, out of your own talent and understanding, out of the things you believe in, out of the things and people you love, out of the values for which you are willing to sacrifice something. The ingredients are there. You are the only one who can put them together into that unique pattern that will be your life. Let it be a life that has dignity and meaning for you. If it does, then the particular balance of success or failure is of less account.
“There is a strange machismo that pervades medicine. Doctors, especially fledgling doctors like me, feel pressure to project intellectual, emotional and physical prowess beyond what we truly possess”

“Some stoics may invoke Osler's creed to argue that physicians must push aside our personal burdens to care for the sick. But a tired and depressed doctor who is an island of self-doubt simply isn't as likely to improve the outcomes of his or her patients -- or ever truly care for them”
Why isn’t it this simple?

- Expertise
- Caring
- Desire to Help
“Physicians are made, not born”
Figure 1. The Institute for Healthcare Improvement’s Triple Aim Initiative.

Figure 2. The Fourth (missing) Aim is improved clinician experience.
“We are what we repeatedly do.” – Aristotle

Culture is consistent, observable patterns of behavior in organizations.

Culture is the organization’s immune system

Culture touches everything

True culture is what goes on when no one is watching
To promote a culture of support, trust and respect
WELL-BEING RESILIENCY

Culture of Compassion and Support
Engagement
Joy in the Practice of Medicine
Work-Life Balance
Connections
Health
Culture of Professionalism

What is it?

altruism, accountability, humanism, commitment to excellence, duty and commitment to service, honor and respect for others, clinical competence, empathy, communication skills, ethical and legal understanding
Culture of professionalism

✓ Am I treated with dignity and respect?

✓ Do I have the things I need: education, training, tools, financial support, encouragement, so I can make a contribution that gives meaning to my life?

✓ Am I recognized and thanked for what I do?
Culture of Safety

Helmreich’s observation on building a safety culture in organizations.

✓ Positive aspects of professional culture
  ✓ Strong desire to do what is right with great pride in our profession
  ✓ Basic desire to do an excellent job

✓ Negative aspects of professional culture
  ✓ Training that stresses the need for perfection and a deep perception of personal invulnerability and resistance to human failings, such as fatigue
  ✓ Our own unrealistic beliefs about effects on performance by fatigue, high pressure situations/emergencies, existing personal problems
  ✓ Suppressing discussion of medical errors, tolerating unprofessional behaviors
Culture of Safety vs. Infallibility

➢ Patient safety culture preparedness
  ➢ What type of response plan is in place for patient safety events
  ➢ Are event investigations clearly outlined
  ➢ Do you review events openly and share case findings and lessons learned?
  ➢ What is the reporting culture?
Resilience & Burnout
“Resilience”

the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress
On March 9, of 2016, my colleagues and I unclipped our pagers from our belts, scrub tops, and white coats to read, en masse, “Important announcement at noon conference today.”

At that noon conference, we found out that one of our fellow residents had committed suicide by jumping from the hospital housing building. This intelligent, dedicated, accomplished young physician was the third internal medicine resident in our 22 square mile city to perform this act with identical detail in just under 2 years. We were dismissed to return to our pagers…The work did not stop.

https://resident360.nejm.org/content_items/what-is-resilience
After more than 3 weeks of waiting for the institutional silence to be broken, we were again called to an important noon conference. We were addressed by a senior physician lecturer. He spoke about depression and suicide, and how these things can often be inevitable, unpreventable. We were reminded that we are in a high-risk profession. A stack of handouts made its way around the auditorium, offering a prescription for resilience. We were advised to train ourselves to develop a positive attitude, to face our fears and find a resilient role model. This was followed by an anecdote, highlighting the speaker’s ability to receive terribly tragic news involving one of his family members and to walk directly into a patient’s room to resume work after hanging up the phone. The lecturer proceeded to present his research on resilience, largely based on studies involving military personnel and prisoners of war suffering from post-traumatic stress disorder. Correlations were made between entering the practice of medicine and entering the battlefield.

As the lecture proceeded, I began to realize that the traumatic event to which we were referring was not only our colleague’s suicide, it was our residency training.

https://resident360.nejm.org/content_items/what-is-resilience
Resilience

✓ The capacity to bounce back, withstand hardship, repair yourself
✓ Positive adaptation in the face of stress or disruptive change

✓ Based on a combination of factors
  ✓ Internal attributes (genetics, optimism) - Individual
  ✓ External (modeling, trauma) - Community
  ✓ Skills (problem solving, finding meaning/purpose) - Institutional
Emotional (affective) vs Cognitive empathy
Emotional empathy

I think you'll find I'm one of the most empathetic doctors around.
https://www.youtube.com/watch?v=xqEtxdT4hPM
“Empathy is a cognitive attribute, not a personality trait”
Cognitive empathy

✓ Can be protective against burn out
✓ Can be honed and refined
✓ Critical in times of stress for accurate decision making
✓ Essential for our emotional intelligence, ability to interact with our peers and our patients
Cognitive empathy

Clinical empathy or “good bedside manner” traditionally regarded as less important than technical acumen.

Increasingly, empathy is considered essential to establishing trust, the foundation of a good doctor-patient relationship.

Studies have linked empathy to:

- greater patient satisfaction
- better outcomes
- decreased physician burnout
- lower risk of malpractice suits and errors

Kim et al., 2004
Wensing et al., 1998
Cape et al., 2000
Vedsted and Heje, 2008
Empathy training

focuses on **self-monitoring** by doctors

- reduce defensiveness
- improve listening skills (doctors interrupt patients within 18 seconds)
- decode facial expressions and body language
- consider one's own emotional responses to patients or situations
Physician resilience: what it means, why it matters, and how to promote it.
Epstein, RM et al. Acad Med 2013

Considerations
✓ Self-monitoring
  ✓ Mindfulness (informal and formal practices such as a pause, knowing when to slow down in the moment/asking about affective biases/Balint groups)
  ✓ Awareness of adverse affects and our responses to stress
✓ Self-regulation and limit setting
✓ Attitudes that promote constructive and healthy engagement with (rather than withdrawal from) work challenges
✓ Need for community
Real world examples

Make eye contact with the patient, not the computer

Don't stand over a hospitalized patient, pull up a chair.

Don't conduct a monologue in off-putting medical talk

Pay attention to tone of voice, which can be more important than what is said.

When delivering bad news do not allow interruptions

Find out what the patient is most concerned about and figure out how best to address that
Relationships Between Medical Student Burnout, Empathy, and Professionalism Climate. Brazeau et al. Acad Med 2010

✓ Administered the MBI, Jefferson empathy tool and Professionalism climate instrument to 4th year med students

✓ Higher burnout scores associated with lower empathy scores and lower professionalism scores
Burnout
I have been a nurse for 7 years now, 5 of which have been in the Emergency Department. **When I started, I was a different person. Though it may seem like a stretch, there was a point where I was actually nice to everyone and a lot less cynical.** Being a nurse, especially in the ER environment, has really taken a lot out of me. Some of you are probably shaking your heads because you have been grinding it out for much longer, and I commend you. You possess a strength that I don't have. You nurses, techs, docs, EVS, unit secretaries, care coordinators, social workers, and anyone else I missed who show up everyday and take a beating with a smile on your face have my deepest respect. **I simply can't do it anymore.**

I want to get my mojo back. To do so, I am going to step away from the bedside for a while. I think we work in a great Emergency Department. I have nothing negative to say about our management or my co-workers. In fact, I would argue that across the board the staff and management here are the cream of the crop. **The problems we face on a daily basis are everywhere, so that isn't what is motivating this change.** Somewhere along the line I lost many of the qualities you look for in a good nurse, co-worker, friend, and frankly...person. My hope is that this change will help me get some of them back.
Burnout

Emotional exhaustion

• Emotionally overextended and exhausted by work

Depersonalization

• Negative cynical attitude, treating others as objects

Sense of low personal accomplishment

• Feelings of incompetency, inefficiency and inadequacy
Burnout is a systems & public health issue

✓ lowers quality of care
✓ limits access to care
✓ reduces patient satisfaction

Compared to the general population:
✓ Physicians have almost 2x the rate of emotional exhaustion
✓ Significantly lower satisfaction with work-life balance
Burnout Risks

Provider
Patient
Organization
How do physicians compare to the general population?

Emotional Exhaustion: 43% vs 25%
Depersonalization: 23% vs 14%
Overall: 49% vs. 28%
<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>51 %</td>
<td>63 %</td>
</tr>
<tr>
<td>General Pediatrics</td>
<td>35 %</td>
<td>46 %</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>~50 %</td>
<td>~58 %</td>
</tr>
<tr>
<td>All physicians burnout / depression</td>
<td>45.5 %/ 38.2 %</td>
<td>54.4 %/ 39.8 % (OR = 1.97)</td>
</tr>
<tr>
<td>Other working adults</td>
<td>28.4 %</td>
<td>28.6 %</td>
</tr>
</tbody>
</table>

### Which Physicians Are Most Burned Out?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Burnout Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>59%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>56%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>55%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>55%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>55%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>54%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>53%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>53%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>53%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>52%</td>
</tr>
<tr>
<td>Urology</td>
<td>52%</td>
</tr>
<tr>
<td>Neurology</td>
<td>51%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>51%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>51%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>50%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>50%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>49%</td>
</tr>
<tr>
<td>Surgery</td>
<td>49%</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>49%</td>
</tr>
<tr>
<td>Radiology</td>
<td>49%</td>
</tr>
<tr>
<td>Oncology</td>
<td>47%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>46%</td>
</tr>
<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>46%</td>
</tr>
<tr>
<td>Pathology</td>
<td>43%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>43%</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>43%</td>
</tr>
<tr>
<td>Psychiatry &amp; Mental Health</td>
<td>42%</td>
</tr>
</tbody>
</table>
What Are the Causes of Burnout?

- Too many bureaucratic tasks: 5.3
- Spending too many hours at work: 4.7
- Feeling like just a cog in a wheel: 4.6
- Increasing computerization of practice (EHRs): 4.5
- Income not high enough: 4.1
- Too many difficult patients: 4.0
- Insurance issues: 4.0
- Maintenance of certification requirements: 4.0
- Lack of professional fulfillment: 3.9
- Threat of malpractice: 3.9
- Too many patient appointments in a day: 3.9
- Difficult employer, colleagues, or staff: 3.7
- The impact of the Affordable Care Act: 3.7
- Inability to provide patients with the quality care that they need: 3.7
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 3.5
- Family stress: 3.1
- Inability to keep up with current research and recommendations: 3.1
It’s not the substrate

➢ Med students entering school have lower rates of burnout and depression than college grads the same age not enrolled in med school
➢ By the time of graduation, approx 50% of med students had burnout
➢ Burnout has been associated with depression & suicidal ideation

✓ 50% of students reported burnout
✓ 11% with suicidal ideation within prior year

✓ Burnout, quality of life, and depressive symptoms predicted suicidal ideation over the following year
✓ Recovery from burnout was associated with decreased suicidal ideation

300-400 PHYSICIANS COMMIT SUICIDE EACH YEAR IN THE UNITED STATES
Why are physicians so vulnerable to burnout?

- **Work is often in emotionally-charged situations** - suffering, fear, failures, and death
  - Difficult interactions with patients, families, and other medical personnel
  - Excessive cognitive demands caused by the need for quick processing of overwhelming amounts of information with adverse impact on work quality

- **Isolation, loss of autonomy, misaligned values** with our systems
  - Longer workload, less contributive

- **Recent changes to the practice of medicine**
  - Increased patient-care demands, remuneration issues, EHRs, growing bureaucracy associated with medical practice, increased accountability, and conflict between the needs of the organization and patients—are all potential threats to physician wellness.
We are tested every single day. Our knowledge, our patience, our compassion, our skill, our determination, and our stamina need to be demonstrated, examined, and verified. We struggle to find ways to work within a system that often feels punitive for its own faults. It can be lonely. It can be exhausting. It can be traumatic.

We struggle to balance quality of care with quantity of care. We carry the underlying responsibility for the most vulnerable, most intimate moments of many people’s lives. This can feel like both a blessing and a burden. We not only carry people’s lives in our hands, we feel responsible for their deaths.
Who is impacted?
“Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed—seized by the instinct to see if anyone has noticed. You agonize about what to do, whether to tell anyone, what to say. Later, the event replays itself over and over in your mind. You question your competence but fear being discovered. You know you should confess, but dread the prospect of potential punishment and of the patient's anger. You may become overly attentive to the patient or family, lamenting the failure to do so earlier and, if you haven't told them, wondering if they know”
Second victim syndrome

Health care provider involved in an unanticipated adverse event, who feels traumatized by the event, personally responsible for the patient’s pain and suffering, and questions their clinical skills and knowledge.
Typical Responses

**Emotions**: guilt, shame, embarrassment, fear, sadness, anger, isolation.

**Physical**: poor sleep, inability to concentrate/focus, muscle tension, headaches, digestive upset.
Suffering in Silence

Need to move on to next patient

Guilt, anxiety, anger, embarrassment

Doubt clinical skills, worry about colleagues perceptions

Social withdrawal, intrusive thoughts, insomnia, depression

Needs go unrecognized or are ignored
Peer support is so valuable because it combats:

Culture of invulnerability: human factors
Shame and blame
Expectation of emotional denial: normalizes wide variety of reactions
Solely personal responsibility: systems issues
Isolation: community/solidarity
“Self care is selfish”
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>Effect on BURNOUT</th>
<th>BUFFERS</th>
<th>Healthcare Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competing Demands</td>
<td></td>
<td>Well-being</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td>Resilience</td>
<td>Health</td>
</tr>
<tr>
<td>Cumulative Grief</td>
<td></td>
<td>Awareness</td>
<td>Culture of Compassion</td>
</tr>
<tr>
<td>Vicarious Trauma</td>
<td></td>
<td>Compassion</td>
<td>Patient &amp; Staff satisfaction</td>
</tr>
<tr>
<td>Secondary Trauma</td>
<td></td>
<td>Connection</td>
<td>Productivity</td>
</tr>
<tr>
<td>Empathy/compassion fatigue</td>
<td></td>
<td>Meaning</td>
<td></td>
</tr>
<tr>
<td>Work-life balance</td>
<td></td>
<td>Equanimity</td>
<td>Medical Errors</td>
</tr>
<tr>
<td>Moral Distress</td>
<td></td>
<td>Gratitude</td>
<td>Staff Turnover</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joy</td>
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</tr>
</tbody>
</table>

C Sinsky, ICPH 2016
If Every 5\textsuperscript{th} Physician is affected by burnout, What about the other Four? Zwack, Schweitzer et al. Acad Med March 2013.

Job related sources of gratification

- Doctor-Patient relationship “person behind the symptoms”
- **Narrative Medicine**
- Gratification from successes/healing

Resilience Practices

- Activities to reduce stress away from work
- Exercise “freeing myself physically”, music, art, literature

Relationships

- Family, friends and colleagues

Personality characteristics

- Proactive engagements with limits/errors, reflection, self-demarcation, acceptance & realism, professionalism, embrace change, appreciation
Individual Strategies to Enhance Resiliency

➢ Individual Interventions
   ➢ Optimize career fit
   ➢ Enhance skills for difficult tasks esp. communication
   ➢ Set goals more than expectations
   ➢ Generous listening / conflict management / delivering bad news

➢ Build Resilience strategies & skills
   ➢ Self-compassion, Connections with others
   ➢ Cognitive, behavioral, mindfulness interventions

➢ Identifying values & integrating them into work & personal life
   ➢ Identify gratitude in daily life & for other members of team
   ➢ Through reflection / peer-peer conversations
What does this look like?

Remove barriers

Connect with patients, colleagues, yourself

Practice Gratitude

When was your last joyful moment with a patient?

How do you preserve these moments despite all the external pressures?

Community of Medicine

Conversations with each other

Connections outside of work

Lean in with adverse events

Eliminate survival mode
“How can we care for others if no one cares for us?”
"Being a good doctor requires an understanding of people, not just science."