Extinguishing the Flame: A Guide to Resiliency and Well-being

Micah Beachy, DO, FACP
Chair, Council of Early Career Physicians

Nebraska Chapter ACP Meeting
October 28, 2017
Disclosures / Disclaimers

• Disclosures: None

• Disclaimer
  • I’m not an expert nor do I have all of the answers
  • I care very much about the profession and my colleagues
Objectives

• Review Nebraska Chapter ACP Mini-Z results
• Identify the components of wellbeing
• Explore how organizations factor into wellbeing
• Explain resiliency and how it contributes to wellbeing
Nebraska ACP Chapter Mini-Z

<table>
<thead>
<tr>
<th>Item</th>
<th>ACP</th>
<th>National GIM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfied with job</td>
<td>85%</td>
<td>76%</td>
</tr>
<tr>
<td>Great deal of stress w/ job</td>
<td>48%</td>
<td>67%</td>
</tr>
<tr>
<td>Symptoms of Burnout</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>Control over workload</td>
<td>67%</td>
<td>49%</td>
</tr>
<tr>
<td>Lack of time for documentation</td>
<td>39%</td>
<td>62%</td>
</tr>
<tr>
<td>Values aligned with leadership</td>
<td>64%</td>
<td>65%</td>
</tr>
<tr>
<td>Teams work efficiently together</td>
<td>79%</td>
<td>74%</td>
</tr>
<tr>
<td>Excessive time doing EMR at home</td>
<td>33%</td>
<td>57%</td>
</tr>
<tr>
<td>Proficiency with EMR use</td>
<td>94%</td>
<td>89%</td>
</tr>
</tbody>
</table>

* Linzer et al.: Worklife and Wellness in Academic GIM, JGIM May ’16
Mini-Z with Individual Scoring

1. Overall, I am satisfied with my current job:
   5=Agree strongly    4=Agree    3=Neither agree nor disagree    2=Disagree    1=Strongly disagree

2. Using your own definition of “burnout”, please choose one of the numbers below:
   5=I enjoy my work. I have no symptoms of burnout.
   4=I am beginning to burn out and have one or more symptoms of burnout, e.g. emotional exhaustion.
   2=I feel completely burned out. I am at the point where I may need to seek help.
   1=Strongly disagree

3. My professional values are well aligned with those of my clinical leaders:
   5=Agree strongly    4=Agree    3=Neither agree nor disagree    2=Disagree    1=Strongly disagree

4. The degree to which my care team works efficiently together is:
   1=Poor    2=Marginal    3=Satisfactory    4=Good    5=Optimal

5. My control over my workload is:
   1 = Poor    2 = Marginal    3 = Satisfactory    4 = Good    5 = Optimal
Mini-Z with Individual Scoring

6. I feel a great deal of stress because of my job
1=Agree strongly  2=Agree  3=Neither agree nor disagree  4=Disagree  5=Strongly disagree

7. Sufficiency of time for documentation is:
1 = Poor  2 = Marginal  3 = Satisfactory  4 = Good  5 = Optimal

8. The amount of time I spend on the electronic medical record (EMR) at home is:
1=Excessive  2=Moderately high  3=Satisfactory  4=Modest  5=Minimal/none

9. The EMR adds to the frustration of my day:
1=Agree strongly  2=Agree  3=Neither agree nor disagree  4=Disagree  5=Strongly disagree

10. Which number best describes the atmosphere in your primary work area?
Calm  5  Busy, but reasonable  4  Hectic, chaotic  3  2  1
Mini-Z with Individual Scoring

**Total Score**
- Add all the numbered responses (range 10-50)
- >= 40 is a joyful workplace

**Subscale 1 (supportive work environment)**
- Add the numbered responses to questions 1-5
- >= 20 is a highly supportive practice

**Subscale 2 (work pace and EMR stress)**
- Add the numbered responses to questions 6-10
- >= 20 is a workplace with reasonable pace and manageable EMR stress
Drivers of Burnout & Engagement

Driver dimensions

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Efficiency and resources

Workload and job demands

Control and flexibility

Meaning in work

Organizational culture and Values

Social support and community at work

Work-life integration

More optimal

Engagement
- Vigor
- Dedication
- Absorption

Shanafelt, Mayo Clinic Proceedings 2017
Mitigation of Burnout

Organization/Unit Factors

Wellbeing

Individual Factors
Why Should Leaders Care?

Basic Human Decency
- Loss of professionalism, disruptive behaviors

Clinical Performance
- Increased medical errors/worse patient outcomes
- Decreased patient satisfaction/adherence
- Decreased productivity

Recruitment and Retention
- Estimated $250K to $1 million to replace a single physician

Care Transformation
Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science
<table>
<thead>
<tr>
<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work unit factors</th>
<th>Organization factors</th>
<th>National factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workload and job demands</strong></td>
<td>Specialty</td>
<td>Productivity expectations</td>
<td>Productivity targets</td>
<td>Structure reimbursement</td>
</tr>
<tr>
<td></td>
<td>Practice location</td>
<td>Team structure</td>
<td>Method of compensation</td>
<td>- Medicare/Medicaid</td>
</tr>
<tr>
<td></td>
<td>Decision to increase work to increase income</td>
<td>Efficiency</td>
<td>- Salary</td>
<td>- Bundled payments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of allied health professionals</td>
<td>- Productivity based</td>
<td>- Documentation requirements</td>
</tr>
<tr>
<td><strong>Efficiency and resources</strong></td>
<td>Experience</td>
<td>Availability of support staff and their experience</td>
<td>Integration of care</td>
<td>Integration of care</td>
</tr>
<tr>
<td></td>
<td>Ability to prioritize</td>
<td>Patient check-in efficiency/process</td>
<td>Use of patient portal</td>
<td>Requirements for:</td>
</tr>
<tr>
<td></td>
<td>Personal efficiency</td>
<td>Use of scribes</td>
<td>Institutional efficiency:</td>
<td>- Electronic prescribing</td>
</tr>
<tr>
<td></td>
<td>Organizational skills</td>
<td>Team huddles</td>
<td>- EHR</td>
<td>- Medication reconciliation</td>
</tr>
<tr>
<td></td>
<td>Willingness to delegate</td>
<td>Use of allied health professionals</td>
<td>- Appointment system</td>
<td>- Meaningful use of EHR</td>
</tr>
<tr>
<td></td>
<td>Ability to say “no”</td>
<td></td>
<td>- Ordering systems</td>
<td>- Certification agency facility regulations (JCAHO)</td>
</tr>
<tr>
<td><strong>Meaning in work</strong></td>
<td>Self-awareness of most personally meaningful aspect of work</td>
<td>Match of work to talents and interests of individuals</td>
<td>Organizational culture</td>
<td>Evolving supervisory role of physicians (potentially less direct patient contact)</td>
</tr>
<tr>
<td></td>
<td>Ability to shape career to focus on interests</td>
<td>Opportunities for involvement</td>
<td>Practice environment</td>
<td>Reduced funding</td>
</tr>
<tr>
<td></td>
<td>Doctor–patient relationships</td>
<td>- Education</td>
<td>Opportunities for professional development</td>
<td>- Research</td>
</tr>
<tr>
<td></td>
<td>Personal recognition of positive events at work</td>
<td>- Research</td>
<td></td>
<td>- Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Leadership</td>
<td></td>
<td>Regulations that increase clerical work</td>
</tr>
<tr>
<td>Culture and values</td>
<td>Control and flexibility</td>
<td>Social support and community at work</td>
<td>Work-life integration</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------</td>
<td>------------------------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>• Personal values</td>
<td>• Personality</td>
<td>• Personality traits</td>
<td>• Priorities and values</td>
<td></td>
</tr>
<tr>
<td>• Professional values</td>
<td>• Assertiveness</td>
<td>• Length of service</td>
<td>• Personal characteristics</td>
<td></td>
</tr>
<tr>
<td>• Level of altruism</td>
<td>• Intentionality</td>
<td>• Relationship-building skills</td>
<td>- Spouse/partner</td>
<td></td>
</tr>
<tr>
<td>• Moral compass/ethics</td>
<td></td>
<td></td>
<td>- Children/dependents</td>
<td></td>
</tr>
<tr>
<td>• Commitment to organization</td>
<td></td>
<td></td>
<td>- Health issues</td>
<td></td>
</tr>
<tr>
<td>• Behavior of work unit leader</td>
<td>• Degree of flexibility:</td>
<td>• Collegiality in practice environment</td>
<td>• Call schedule</td>
<td></td>
</tr>
<tr>
<td>• Work unit norms and expectations</td>
<td>- Control of physician calendars</td>
<td>• Physical configuration of work unit space</td>
<td>• Structure night/weekend coverage</td>
<td></td>
</tr>
<tr>
<td>• Equity/fairness</td>
<td>• Clinic start/end times</td>
<td>• Social gatherings to promote community</td>
<td>• Cross-coverage for time away</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vacation scheduling</td>
<td>• Team structure</td>
<td>• Expectations/role models</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Call schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Vacation policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Sick/medical leave</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Part-time work</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Flexible scheduling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Expectations/role models</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Requirements for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Maintenance certification</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Licensing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Regulations that increase clerical work</td>
<td></td>
</tr>
<tr>
<td>• Organization’s mission</td>
<td>• Scheduling system</td>
<td>• Collegiality across the organization</td>
<td>• Precertifications for tests/treatments</td>
<td></td>
</tr>
<tr>
<td>• Service/quality vs profit</td>
<td>• Policies</td>
<td>• Physician lounge</td>
<td>• Insurance networks that restrict referrals</td>
<td></td>
</tr>
<tr>
<td>• Organization’s values</td>
<td>• Affiliations that restrict referrals</td>
<td>• Strategies to build community</td>
<td>• Practice guidelines</td>
<td></td>
</tr>
<tr>
<td>• Behavior of senior leaders</td>
<td>• Rigid application practice guidelines</td>
<td>• Social gatherings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communication/ messaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Organizational norms and expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Just culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• System of coverage for uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Structure reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What is rewarded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Regulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Steps for Leaders

4. Use improvement science to test approaches to improving joy in work in your organization

3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization

2. Identify unique impediments to joy in work in the local context

1. Ask staff, “What matters to you?”

White Paper: IHI Framework for Improving Joy in Work
Improving Joy in Work
In a first for U.S. academic medical center, Stanford Medicine hires chief physician wellness officer
Identify Stress Points and Implement Change

10 Bold Steps to Prevent Burnout in General Internal Medicine

Mark Linzer, MD, Rachel Levine, MD, MPH, David Meltzer, MD, PhD, Sara Poplau, BA, Carole Warde, MD, and Colin P. West, MD, PhD
Institutional Metrics

- Inclusion of physician satisfaction/wellness into institutional success
- Incorporate mindfulness and teamwork
  - Protected time: reflection, teamwork building, communication coaching
- Reduce EHR stress
  - Desktop slots
  - Measure workload (Direct and indirect pt care)
  - Use of scribes
  - Longer visits
Work Conditions

- Appropriate resources for patient care
  - Exam rooms, computers
  - HM: Team room
- Clinician float pool
  - Most divisions have 10% less FTE than needed because of predictable life events
- Preserve physician work control
- Support manageable pt panels, time slots, and staffing ratios
  - HM: Pt census, CM support, SW support
Career Development

• Protected time
  • 10-20% of FTE to work on personal project
  • Promote career advancement opportunities for part-timers
What did we do to…

- Measure the problem?
  - Mini-Z

- Identify stress points?
  - Guided group activity

- Do something about it!?  
  - Prioritize stress points and engage leadership to make real change
## Measuring the Problem: Mini-Z Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Natl GIM</th>
<th>NE 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate</td>
<td>47%</td>
<td>74%</td>
</tr>
<tr>
<td>Overall satisfied with job</td>
<td>76%</td>
<td>70%</td>
</tr>
<tr>
<td>Great deal of stress w/ job</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Symptoms of Burnout</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Control over workload</td>
<td>49%</td>
<td>40%</td>
</tr>
<tr>
<td>Time for documentation</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Values aligned with leadership</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Teams work efficiently together</td>
<td>74%</td>
<td>83%</td>
</tr>
<tr>
<td>Excessive time doing EMR at home</td>
<td>57%</td>
<td>40%</td>
</tr>
<tr>
<td>Proficiency with EMR use</td>
<td>89%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Identifying Stress Points

Small Group Activity: GIM Wellness Workshop

- Brainstorm with group regarding your day to day activities and their relationship to your personal wellness

- What kinds of changes to your job/workplace/schedule/etc. would make maintaining wellness HARDER?

- Highlight (as a group) 2-4 top priorities

- Do not focus on finding solutions yet - IDENTIFY PROBLEMS first
Problem Solving

Choose 1-2 priorities from your list to address

• What is needed for you to solve this problem?
• Identify barriers - people, locations, resources ($$, time)
• Identify key personnel who could take responsibility
Feedback Process

- All written notes and verbal suggestions recorded and organized by theme
- Ideas presented and discussed with division and section leadership
- Ideas sorted into categories based on feasibility
Red Light (“Not now, but here’s why”)

Yellow Light (“a work in progress”)

Green Light (“low-hanging fruit”)

American College of Physicians
Leading Internal Medicine, Improving Lives
## Mini-Z Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Natl GIM</th>
<th>NE 2015</th>
<th>NE 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate</td>
<td>47%</td>
<td>74%</td>
<td>62%</td>
</tr>
<tr>
<td>Overall satisfied with job</td>
<td>76%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Great deal of stress w/ job</td>
<td>67%</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Symptoms of Burnout</td>
<td>38%</td>
<td>33%</td>
<td>18%</td>
</tr>
<tr>
<td>Control over workload</td>
<td>49%</td>
<td>40%</td>
<td>82%</td>
</tr>
<tr>
<td>Time for documentation</td>
<td>62%</td>
<td>58%</td>
<td>64%</td>
</tr>
<tr>
<td>Values aligned with leadership</td>
<td>65%</td>
<td>73%</td>
<td>78%</td>
</tr>
<tr>
<td>Teams work efficiently together</td>
<td>74%</td>
<td>83%</td>
<td>87%</td>
</tr>
<tr>
<td>Excessive time doing EMR at home</td>
<td>57%</td>
<td>40%</td>
<td>29%</td>
</tr>
<tr>
<td>Proficiency with EMR use</td>
<td>89%</td>
<td>95%</td>
<td>87%</td>
</tr>
</tbody>
</table>
GIM Wellness Mini-Retreat: The Sequel

- **Unit Domain**
  - Troika
  - What are the *barriers to wellness* that exist within your unit?

- **Institutional Domain**
  - Crowdsourcing
  - How can UNMC/NM *contribute* to a *culture* of workplace satisfaction?
  - Score each idea on a 1-5 scale

- **National Domain**
  - Highlighted GIM involved with national efforts
GIM Wellness Mini-Retreat: The Sequel

- Retreat Follow up
  - Unit Domain: red/yellow/green
  - Institutional Domain: Nebraska Medicine CEO at next meeting
  - National Domain: reach out to individuals in various roles
Mitigation of Burnout

Organization/Unit Factors

Wellbeing

Individual Factors
Resilience

The ability to adjust difficulty, negativity, or hardship into positivity or strength
What Does Resilience Look Like

- Acceptance
- Gratitude
- Reflection
- Empathy
- Attention
- Joy
Rubber band designed to be resilient

- Hold things together
- Withstand some stress
- Return to its normal, relaxed state when demand is removed
Resilient to a point...

- If stretched for a long time and held under constant stress, it will lose its elastic properties AND SNAP!
Manage Your Energy, Not Your Time

by Tony Schwartz and Catherine McCarthy

FROM THE OCTOBER 2007 ISSUE

4 questions in each energy dimension: body, emotions, mind, and spirit.  [https://hbr.org/2007/10/manage-your-energy-not-your-time](https://hbr.org/2007/10/manage-your-energy-not-your-time)

7-10 questions = significant energy management deficits (i.e. skipping breakfast, failing to express appreciation to others, struggling to focus, easily distracted, not sleeping enough)
Four Quadrants of Energy

- **Body = Quantity**
- **Spirit = Power**
- **Emotion = Quality**
- **Mind = Focus**
ONE NEW CHANGE AT A TIME.  
Pick what fits you.  
Fully integrate it before another change.
Body

- Sleep: at least 7-8 hours of uninterrupted sleep
- Eating: one study showed that doctors who were made to eat every 4-5 hours were more productive than those who worked through meals
- Minimize quick fixes: caffeine, sugar, nutrient poor foods
- Listen to your body: eye twitch, grinding teeth, GI symptoms
- Incorporate regular exercise, movement (e.g., yoga), laughter
Mind

- Multitasking undermines productivity
- Temporary shift in attention from one task to another (e.g., answer an e-mail or take a phone call) increases the amount of time necessary to finish task by as much as 25%
- Fully focus for 90 to 120 minutes, take a true break, and then fully focus on the next activity or “Renewal Room” for an uninterrupted stretch
Emotion

- Learn to regulate emotions and work through “Thinking Traps”
- Amplify positive energy: express appreciation to others (make it a ritual), practice gratitude, change the narrative you tell yourself
- Interpret setbacks as temporary, local, and changeable
Emotion: Square Breathing

- Do each step for 4 sec
- Try this each time you touch the doorknob of the next pt’s room
- Try this as you gel your hands before entering a room
Spirit

- Everyday work and activities are consistent with your values
- Feel a sense of meaning and purpose leads to positive energy
- Seek each day for moments or interactions that tie you to your purpose vs. viewing everyday as a "survival challenge"
“Burnout, at its core, is the impaired ability to experience positive emotion.”

— Dr. J. Bryan Sexton

“Your perceptions are influenced by how you feel. A lot of times when we are burned out, we forget that it changes what we notice and don’t notice about the world around us.”
Positive Psychology Coaching
Coaching Helps Physicians:

- Develop, function and grow to the best of their abilities
- Prioritize what THEY want to work on and set their own learning goals
- Explore what is RIGHT with them
- Identify strengths and use them to overcome barriers
- Identify effective coping skills and how/when to employ them
- Articulate their development over time
- Connect with what gives them meaning and purpose
Three Good Things Project

• End of the day write down 3 good things that happened today

• Label each item with an emotion that is strongly associated with burnout prevention

  Joy                Pride
  Gratitude          Amusement
  Serenity           Inspiration
  Interest           Awe
  Hope               Love
Three Good Things Project

148 IM resident 15% decrease in burnout in 2 weeks

• 65% baseline to 50% post intervention

• Residents reported
  • Feeling less depressed
  • Fewer Delays
  • Less conflict
  • Better work-life balance
Positive Psychology: Duke Study

- Set of 5 brief videos and positive psychology tools that reflect on the science of resilience, relationships, gratitude, and awe
- Videos are spaced over a 15 day time period
- Surveys administered

https://duke.qualtrics.com/SE/?SID=SV_08mJn4kdiUQzUep&Q_JFE=0
Do Interventions Help?

Controlled Interventions (1,550 physicians)
- Assess effectiveness of burnout interventions
- Organizational or physician directed more beneficial
- Effect on different settings and physician experience

Flowchart of the inclusion of studies in the review.
<table>
<thead>
<tr>
<th>Study ID</th>
<th>SMD (95% CI)</th>
<th>Favors Intervention</th>
<th>Favors Control</th>
<th>Weight, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>All et al.\textsuperscript{37} 2011</td>
<td>-0.68 (-1.41 to 0.05)</td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
<tr>
<td>Amutio et al.\textsuperscript{38} 2015</td>
<td>-0.61 (-1.24 to 0.02)</td>
<td></td>
<td></td>
<td>3.51</td>
</tr>
<tr>
<td>Asuero et al.\textsuperscript{39} 2014</td>
<td>-0.60 (-1.11 to -0.09)</td>
<td></td>
<td></td>
<td>4.86</td>
</tr>
<tr>
<td>Braggard et al.\textsuperscript{40} 2010</td>
<td>-0.06 (-0.45 to 0.33)</td>
<td></td>
<td></td>
<td>6.99</td>
</tr>
<tr>
<td>Butow et al.\textsuperscript{41} 2015</td>
<td>0.16 (-0.19 to 0.51)</td>
<td></td>
<td></td>
<td>7.95</td>
</tr>
<tr>
<td>Butow et al.\textsuperscript{42} 2008</td>
<td>0.19 (-0.54 to 0.92)</td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
<tr>
<td>Garland et al.\textsuperscript{43} 2012</td>
<td>-0.95 (-1.79 to -0.11)</td>
<td></td>
<td></td>
<td>2.11</td>
</tr>
<tr>
<td>Gunasingam et al.\textsuperscript{44} 2015</td>
<td>0.09 (-0.62 to 0.80)</td>
<td></td>
<td></td>
<td>2.88</td>
</tr>
<tr>
<td>Linzer et al.\textsuperscript{45} 2015a</td>
<td>-0.87 (-1.60 to -0.14)</td>
<td></td>
<td></td>
<td>2.75</td>
</tr>
<tr>
<td>Linzer et al.\textsuperscript{45} 2015b</td>
<td>-0.98 (-1.76 to -0.20)</td>
<td></td>
<td></td>
<td>2.40</td>
</tr>
<tr>
<td>Lucas et al.\textsuperscript{46} 2012</td>
<td>-0.44 (-0.64 to -0.24)</td>
<td></td>
<td></td>
<td>13.38</td>
</tr>
<tr>
<td>Margalit et al.\textsuperscript{47} 2005</td>
<td>-0.42 (-0.85 to 0.01)</td>
<td></td>
<td></td>
<td>6.16</td>
</tr>
<tr>
<td>Martins et al.\textsuperscript{48} 2011</td>
<td>-0.43 (-0.90 to 0.04)</td>
<td></td>
<td></td>
<td>5.46</td>
</tr>
<tr>
<td>Milstein et al.\textsuperscript{49} 2009</td>
<td>-0.16 (-0.83 to 0.51)</td>
<td></td>
<td></td>
<td>3.17</td>
</tr>
<tr>
<td>Parshuram et al.\textsuperscript{50} 2015</td>
<td>-0.10 (-0.79 to 0.59)</td>
<td></td>
<td></td>
<td>3.02</td>
</tr>
<tr>
<td>Ripp et al.\textsuperscript{51} 2016</td>
<td>-0.21 (-0.95 to 0.53)</td>
<td></td>
<td></td>
<td>2.63</td>
</tr>
<tr>
<td>Shea et al.\textsuperscript{52} 2014</td>
<td>-0.24 (-0.69 to 0.21)</td>
<td></td>
<td></td>
<td>5.80</td>
</tr>
<tr>
<td>Verweij et al.\textsuperscript{53} 2016</td>
<td>-0.06 (-0.59 to 0.47)</td>
<td></td>
<td></td>
<td>4.59</td>
</tr>
<tr>
<td>Weight et al.\textsuperscript{54} 2013</td>
<td>-0.16 (-0.41 to 0.09)</td>
<td></td>
<td></td>
<td>11.05</td>
</tr>
<tr>
<td>West et al.\textsuperscript{55} 2014</td>
<td>-0.22 (-0.67 to 0.23)</td>
<td></td>
<td></td>
<td>5.80</td>
</tr>
<tr>
<td>Overall (I\textsuperscript{2} = 30%, P = .10)</td>
<td>-0.29 (-0.42 to -0.16)</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
JAMA: Organizational vs. Individual
Summary

- Wellbeing interventions should focus on organizational and individual factors to mitigate burnout
- Identify stress points and implement change
- Manage your ENERGY not your time
- Reconnect with your purpose regularly and amplify positive energy
MOC Questions

According to a systemic review and meta-analysis published in Feb 2017 which intervention(s) lead to a reduction in burnout?

- Organization-directed intervention
- Physician-directed intervention
- Both organization and physician directed interventions
- Neither interventions

A 2015 article compared changes in burnout and satisfaction with work-life balance in physicians between 2011 and 2014. What percentage of general internists reported feeling burned out?

- 45%
- 35%
- 60%
- 75%
Acknowledgements

- Mark Linzer, MD, FACP and Sara Paplau
- ACP Wellness Taskforce
- Tom Tape, MD
- Rachel Thompson, MD
- GIM Wellness Committee
  - Shannon Boerner, MD
  - Jennifer Harsch, PhD
  - Sarah Richards