Professional Development: Maintaining Physician Well-Being

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fl Ebola fo
komot na
Salon
Physician burnout and its impact on patient safety

by Tessie Pollock
Why are we burning out?

• Time demands
• Lack of control
• Workload/intensity
• Financial pressures
• Unmet personal needs
• Lack of a voice in important matters
• Chaotic workplaces
• Personal attributes
For the Young Doctor About to Burn Out

Professional burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.
THE STANFORD MODEL

- Culture of Wellness
- Efficiency of Practice
- Professional Fulfillment
- Personal Resilience

ACP
American College of Physicians
Leading Internal Medicine, Improving Lives
Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

**Importance** Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow recommendations for the management of burnout in physicians.

**Objective** To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

**Data Sources** MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

**Study Selection** Randomized clinical trials and controlled before-after studies of interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

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

**Summary**

**Background** Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

**Methods** In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation score (and high depersonalisation). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

**Findings** We identified 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI −14 to 4], p<0.001; I²=15%; 14 studies), emotional exhaustion score decreased from 23.82 points to 21.17 points...
The Virginia Mason Experience

• *Extended appointment times*
Work place engagement

- Enable control
- Structure rewards
- Build community
- Promote fairness
- Recognize values
  - Use clinician instead of provider (MD, SW, RN, ARNP, MA, PA)
  - Patient instead of consumer
- Leader inclusiveness
- Invite and appreciate contributions

adapted from Dr. Tony Back lecture
5 P’s of organizational change

- **Passion** (for the issue)
- **Persistence**
- **Perseverance**
- **Pilot Program** (or PDSA)
30/30 schedule example

- Main issue of not enough time with patients
- Pilot program: having all 30 minute appts
- No 15-20 minute appts
- Discussed benefits of pilot program
  - More time with patients
  - More time for cognitive reasoning
  - Potential for higher RVU
  - Able to do more preventive care
  - More control over schedule
  - Improved clinician satisfaction
Pilot Program

• Approval for the pilot to start July 2016
• Initially 4 physicians in pilot program
  – September 2016: added 5 additional clinicians
• Monitored individual wRVU, patient visits per month (adjusted for vacation/CME)
• Post pilot questionnaire of participants
• Feedback from Medical Assistants
• Compared Mini-Z of those in 30/30 pilot with other MDs in section
# Mini Z burnout survey

For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.

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<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>1. Overall, I am <strong>satisfied</strong> with my current job:</td>
<td>1 Strongly disagree</td>
</tr>
<tr>
<td>2. I feel a great deal of <strong>stress</strong> because of my job:</td>
<td>1 Strongly disagree</td>
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3. Using your own definition of "burnout," please circle one of the answers below:
   a. I enjoy my work. I have no symptoms of burnout.
   b. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
   c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
   d. The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
   e. I feel completely burned out. I am at the point where I may need to seek help.

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<td>4. My <strong>control</strong> over my workload is:</td>
<td>1 Poor</td>
</tr>
<tr>
<td>5. Sufficiency of <strong>time</strong> for documentation is:</td>
<td>1 Poor</td>
</tr>
<tr>
<td>6. Which number best describes the <strong>atmosphere</strong> in your primary work area?</td>
<td>1 Calm</td>
</tr>
<tr>
<td>7. My professional <strong>values</strong> are well aligned with those of my department leaders:</td>
<td>1 Strongly disagree</td>
</tr>
<tr>
<td>8. The degree to which my care <strong>team</strong> works efficiently together is:</td>
<td>1 Poor</td>
</tr>
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</table>
Lessons learned

• Organizational change can happen
• It takes time and consistent messaging
• Get data
• Monitor the change
• Maintain the gains
San Antonio Military Medical Center Experience

• Creating a resident wellness program
What should a GME Behavioral Health Clinic be?

A self-referral program whose purpose is to provide a confidential, non-stigmatizing pathway for GME and physician providers to improve their behavioral health and occupational functioning without fear of negative impact on their training or careers.
Core Values

- Appropriate help-seeking behavior is destigmatized.
- Confidentiality is assured, or at a minimum, carefully guarded.
- Occupational consequences for seeking behavioral health services are minimized.
- Time away from training for behavioral health treatment is protected time.
- Taking care of one’s behavioral health improves patient safety, reduces medical errors, and enhances resilience and well being.
*HARBOR: A New Wellness Program

**Mission:** To facilitate and promote a culture of greater well being among GME trainees and physicians.

**Core Value:** All medical students, interns, residents, fellows, and physicians possess adaptive capabilities that can be elicited in the service of greater resiliency and well being.

*Harnessing Adaptive Resident Behavior for Occupational Resilience*
Approaches to Resident Wellness

**Active**

- Psychological Tx
  - Individual
  - Group
- Assessment/screening
- Medication Mgmt.
- Coordination of care
- Hospitalization

**Proactive**

- Psychoeducation
  - Lectures, presentations
- Outreach
  - Orientation for interns
  - Brochure, online newsletter
- Prevention
  - Suicide and ISP
- Research
Coordination of Care

- Neuropsychology
- Primary Care
- Psychiatry
- Sleep Studies
- Legal Assistance
- Ombudsmen
- Private BH providers
- Support groups
- Institutional leadership

Develop relationships with other services in your institution and/or community that may be useful in promoting the wellness of residents and physicians.

https://doi.org/10.15766/mep_2374-8265.10508
University of New Mexico Experience

- Grand Rounds
- Office of Physician and Student Wellness
- GME Wellness Director
SOM: Office of Physician and Student Wellness

Self Care Improves Patient Care

The UNM SOM Office of Physician and Medical Student Wellness is dedicated to:

- Promoting deeper understanding of physician well-being and its importance in providing the highest quality of patient care;
- Providing curriculum and resources to enable physicians and trainees to tend their personal well-being;
- Fostering a learning environment that recognizes, supports and responds effectively to peers and colleagues in need of assistance;
- Collaborating with colleagues to develop and assess the impact of individual and institutional wellness interventions.
Activities

• Culture of wellness
• Personal resilience
• Efficiency of practice
We should agree that there is a moral imperative to supporting physician wellness.

We must address physician wellness as systematically as we’ve addressed other public health crises.
Questions?

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