

Physician Well-Being: Doctor Heal Thyself

**Dean's Rounds
September 2018**



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

First, a story

On Wednesday, August 17, 2016, at about 5:15 in the morning, Kathryn, one of our fourth-year medical students, ended her life by jumping out of her apartment window. She was found minutes later by a small group of surgical interns who were headed to the hospital to attend rounds for their patients. One of her classmates, on his surgery sub-internship, was with them. They began an effort to resuscitate her that continued, and ultimately ended, in our emergency department (ED). The classmate who had participated in the initial resuscitation efforts called Kathryn's father as soon as she arrived in the ED to let him know that something terrible had happened. By the time her father called back, the resuscitation efforts were over and his daughter was dead.

David Muller, M.D, NEJM 2017; 376:1101-1103, [March 23, 2017](#)
Icahn School of Medicine

A National Crisis

FIRST OPINION

Fighting the silent crisis of physician burnout



STAT | Reporting from the frontiers
of health and medicine

APSTOCK

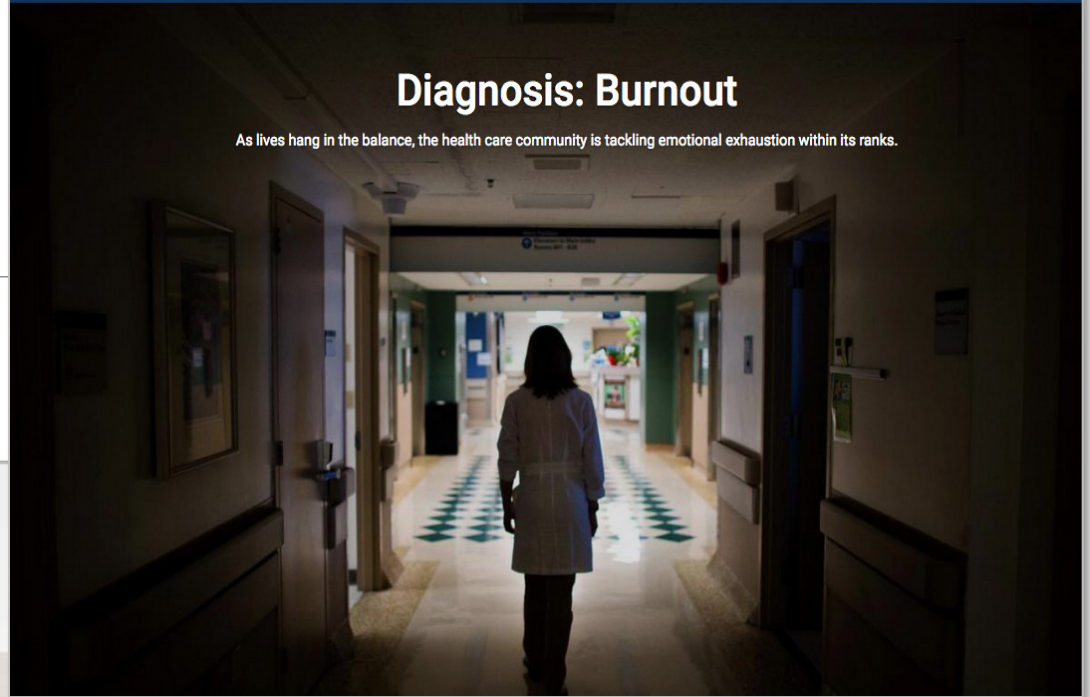
By TOM JENIKE
JUNE 29, 2016

U.S. News & World Report News



Diagnosis: Burnout

As lives hang in the balance, the health care community is tackling emotional exhaustion within its ranks.



Objectives



- Overview of the problem
- Epidemiology of burnout
- A Florida Med Student Study
- The “Why”
- The Consequences
- Recognizing Burnout
- Resources and tools

The Facts



- Physicians - high rates of depression, burnout, and poor work-life balance.
- Affects all ages / stages, and careers — from trainees to senior practitioners.
- These challenges are not unique to physicians.
- Nurses and other clinicians experience similar effects on performance, health, and well-being.

Each year more than 1 million Americans lose their doctors to suicide



Not a New Problem!!

AMA Consensus Statement on Physician Well-Being (2003)

- Panel formed to evaluate state of knowledge about physician depression and suicide
- Reviewed abstracts, presentations and publications
- Conclusion:
 - ❖ The culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and burden of suicide
 - ❖ Barriers to treatment include discrimination in licensing, hospital privileges, and advancement.
 - ❖ Recommended transforming attitudes and changing policies

Burnout: What does it look like?

- **Emotional exhaustion:** frustrated, tired of going to work, hard to deal with others at work
- **Detachment/cynicism:** less empathic detached from work, seeing patients as diagnoses / objects / sources of frustration – “lack of caring”
- **Low personal achievement:** experiencing work as unrewarding, “going through the motions”
- **Depersonalization:** thoughts and feelings seem unreal or not belonging to oneself

Epidemiology in Students

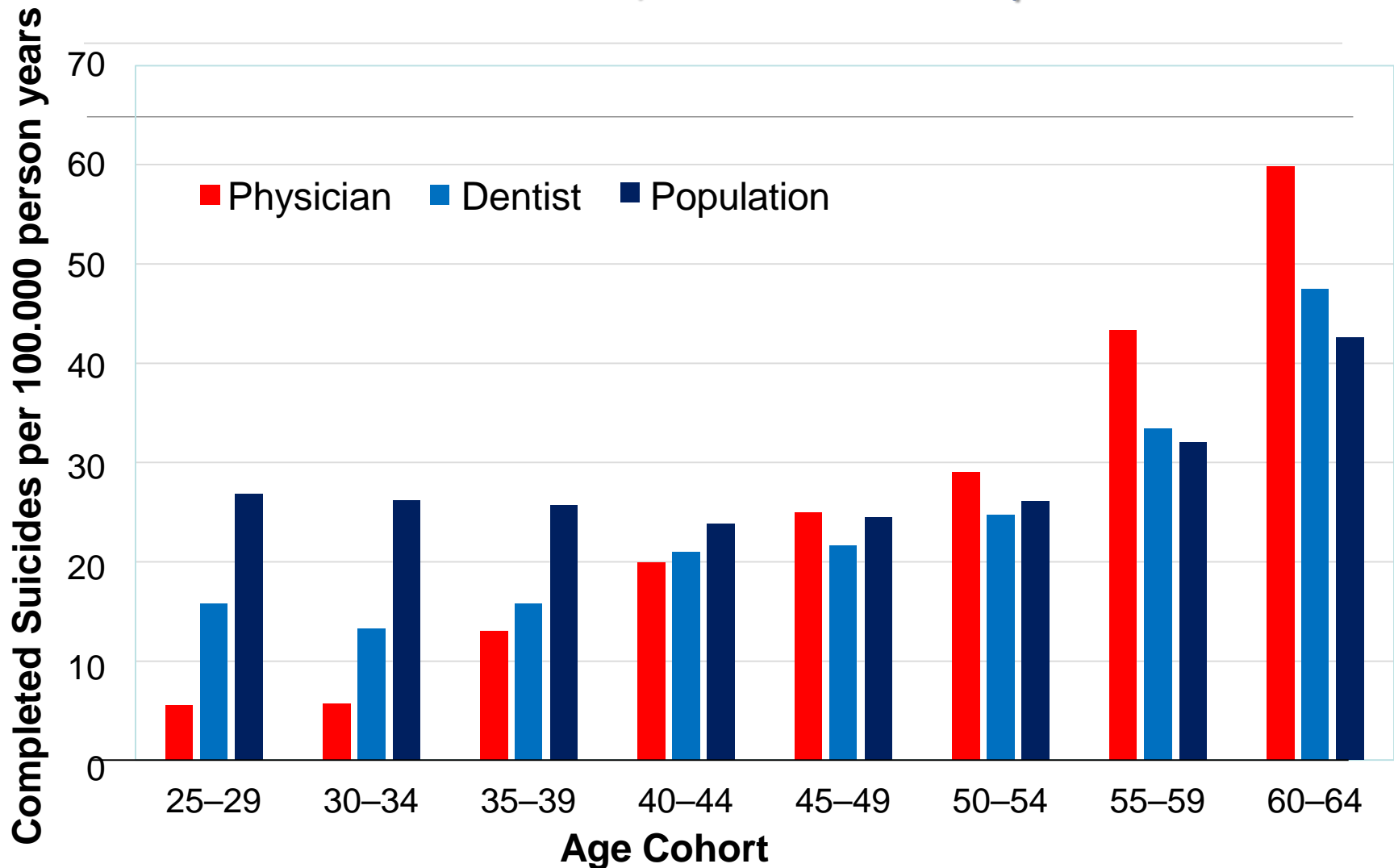
- Medical students matriculate with BETTER well-being scores than their age-group peers
 - Lower burnout
 - Less depression
 - Higher QOL scores
- Pattern reverses early in medical school
- Poor well-being persists through medical school and residency into practice:
 - National physician burnout rate exceeds 54%
 - Affects all specialties, perhaps worst in “front line” areas of medicine

Burnout in Training

- Highly prevalent among medical students, residents and physicians
 - In residents, studies show burnout rates of 41-90%
- In residency, levels rise quickly **within the first few months**
- ACGME work hour changes do not appear to have improved sleep, burnout, depression symptoms, or errors
- Resident distress (e.g. burnout and depression) associated with medical errors and lower quality patient care

West, CP et al, JAMA 2006; Desai et al, JAMA 2013; Sen S, JAMA Intern Med 2013

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



...And the Problem is Worsening!

Physicians experiencing symptoms in the last 12 months	2011	2014
Burnout	45.5%	54.4%
Depression	38.2%	39.8%
Suicidal Ideation	6.4%	6.4%

Source: Shanafelt et al. Mayo Clinic Proc. Dec 2015

You never know – it can happen to us!



- Matt Wittman (1990-2017) FSU COM 2019
- Died 2 February 2017, took his own life
- Class of 2019, had started with 2018 as freshman, failed his first course, took LOA
- Shock to classmates, advisor, course directors and clinical psychologist
- At his memorial service on 19 February, all described him as compassionate, caring always ready with a smile, no hints
- “Anyone who knew Matt can attest to the fact that he could effortlessly brighten anyone’s day”

Comprehensive Statewide Evaluation of Medical Student Wellness in Florida

Lisa J. Merlo, PhD, MPE , John S. Curran, MD , Penny Ziegler, MD

- Collaboration between the Florida Physician Resource Network (PRN) program, the FMA, and the Council of Florida Medical School Deans
- Participation from all 9 schools in FL (MD & DO)
- Students invited by peer student leaders
- Initial response rate of 22.5% (1,137 / 5,053 students)
- 862 students (17.1% of eligible students) completed all the way to the final question

General Well-Being

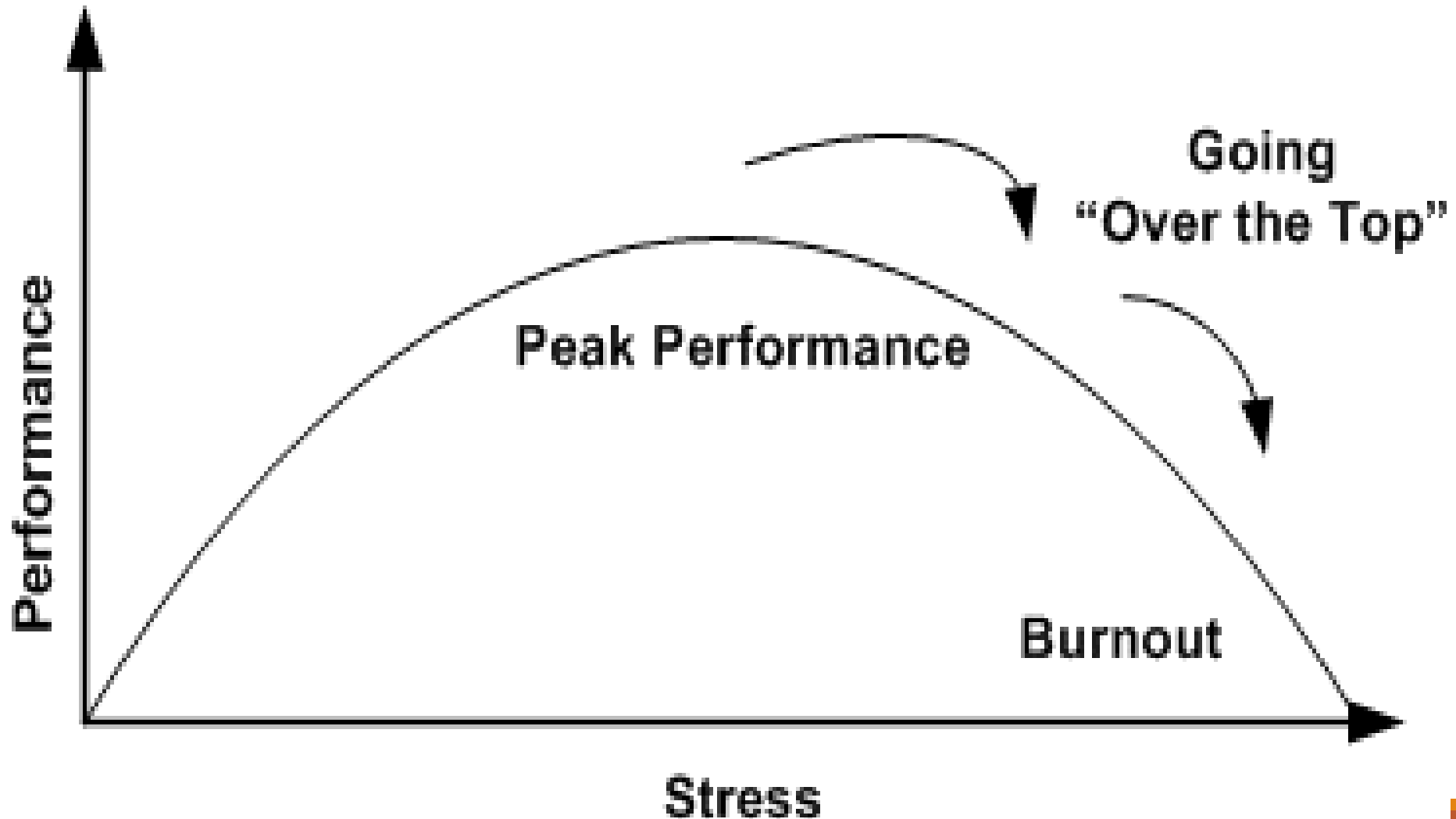
- 83.2% reported being satisfied with their medical training, but:
 - ❖ 63.0% reported their physical health had worsened since beginning medical school
 - ❖ 60.6% reported their psychological health had worsened
- 71.3% reported not getting enough sleep
- 79.8% Described their stress level as “significant” or “severe”

Psychological Distress

- Over 10% (n = 102) endorsed “thoughts of committing suicide” during medical school
- 15.88% (n = 156) report believing “it would be better if they were dead” during medical school
- Though 70.1% indicated feeling they would benefit from psychological resources, 60.2% admitted they had never utilized any
- 46.27% have recently questioned whether they really want to become a doctor

The “Why”

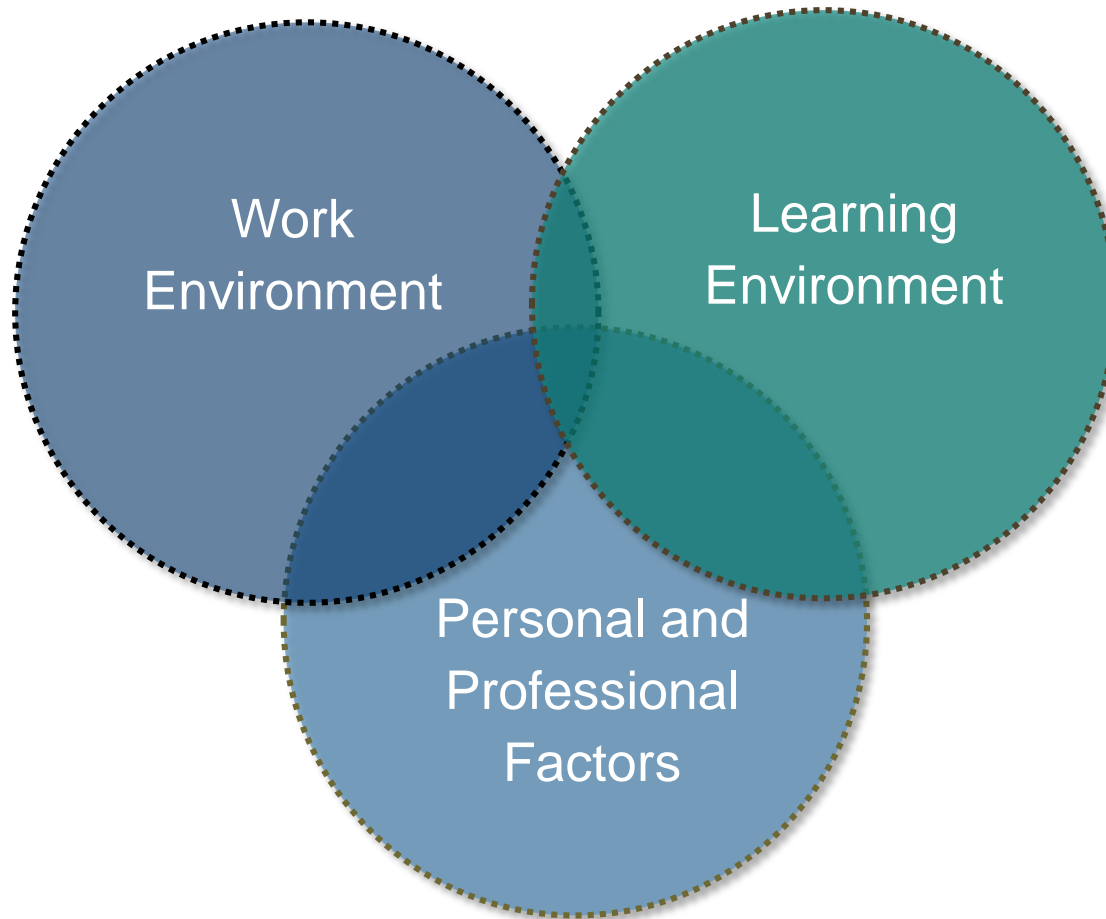
Yerkes Dodson Performance Curve (1908)



Day in the Life of a Medical Student



Domains Influencing Clinician Well-Being

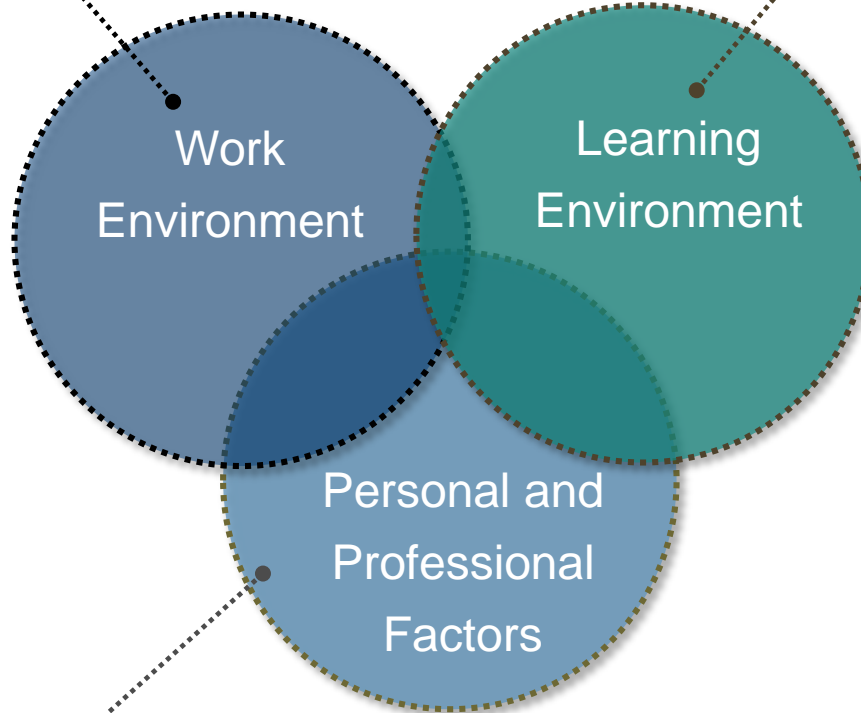


Domains Influencing Clinician Well-Being

Negative Forces

- Administrative and regulatory burden
- Decreased time with patients
- EHR inefficiency
- Productivity pressure
- Staffing shortages

- Biopsychosocial vulnerability
- Personal isolation
- Work-life imbalance
- Stigma regarding help-seeking
- Licensure concerns



- Suppression of the humanistic dimension of medicine
- Power differentials and mistreatment
- Increasing clinical intensity in learning venues
- Inadequate faculty time for teaching
- Rising tuition and debt burden

Causes of MD Burnout

- Increased clinical demands / work overload
- Decreased autonomy / lack of control
- Increased government / reimbursement issues
- Decreased time with patients
- Balancing personal / professional lives
- Inefficiency / intrusion of EHR
- Isolation / Breakdown of community

EHR and Burnout

The electronic health record (EHR): A major cause of burnout

More EHR time
than face time⁶



Distracted doctoring
in the exam room⁶



After-work
hours⁶



Up to **2 hours** of
EHR work at home

For Medical Students

- Getting in to medical school
- Keeping up / test anxiety / the “right stuff”
- Stigma / reluctance to ask for help
- Meeting expectations
- Step 1 USMLE = the “best residency”
- The “Match” (the interview process)

Why physicians are less likely to seek support

- Fear of licensure problems
- The “physician personality”
- Programmed to cope alone
- A survival mentality
- Self-doubt, imposter syndrome



[Sara Berg](#), Senior Staff Writer, AMA Wire, Jul 30, 2018

Consequences

- Professionalism
- Decreased patient satisfaction and adherence
- Medical errors
- Depression and suicidal ideation

Professional Duty

Recent BMJ:

“Doctors have a professional responsibility to be at their best”

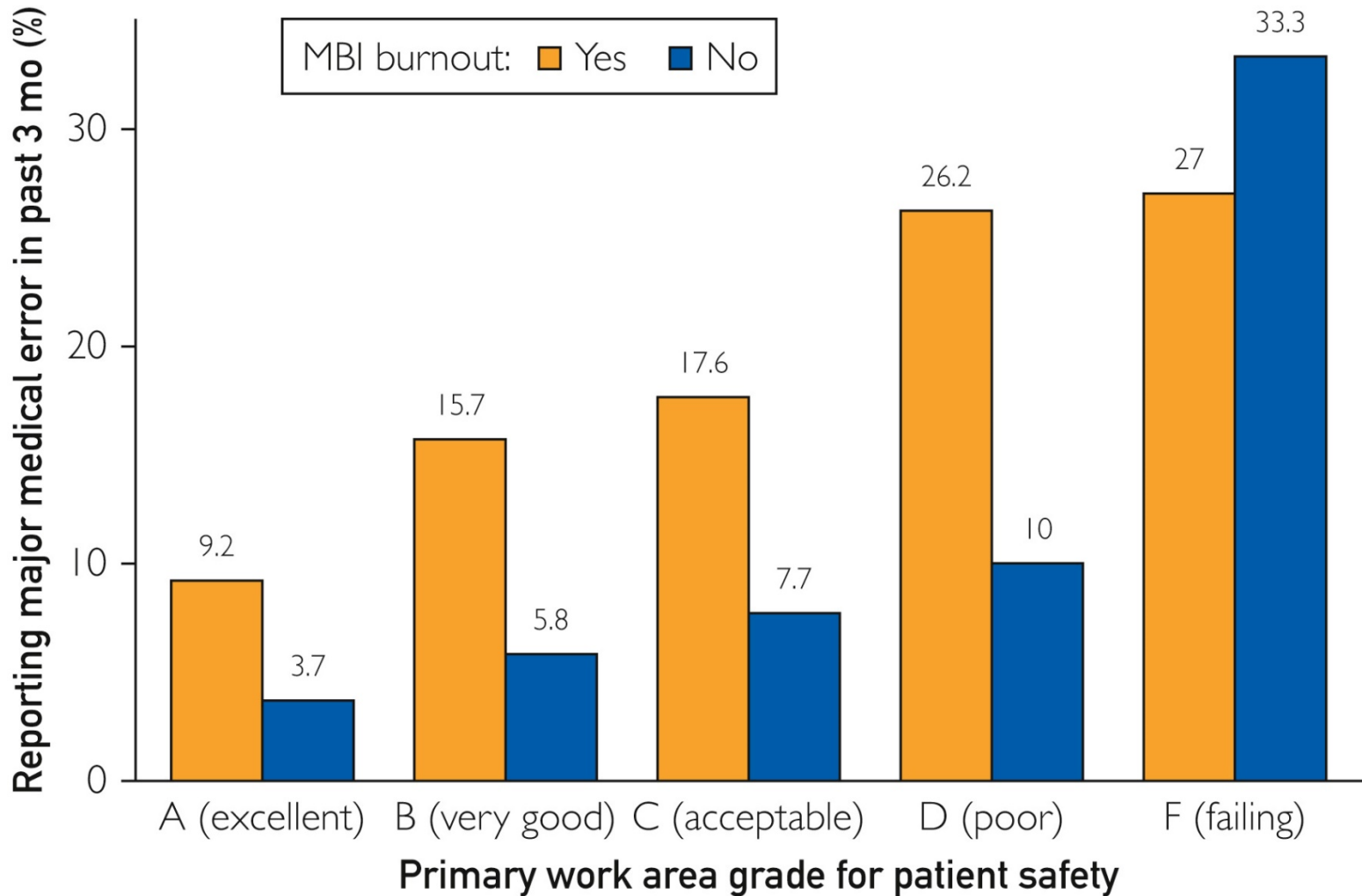
Hippocrates:

“In purity and holiness, I will guard my life and my art”

Costs of Burnout

Quality	Patient satisfaction / safety, outcomes, cost of denials	\$\$\$
Turnover	Cost of replacing one physician	\$500 K to \$1M
Productivity	Lost visits, cases	Decrease 10%
Human toll	Time away from family, depression, suicide	Priceless

Impacts of Burnout on Patient Safety



Work unit safety grade and prevalence of perceived major medical error, stratified by respondent burnout status. MBI = Maslach Burnout Inventory.

National Responses

Well Being Symposium

November 17-18, 2015

A planning committee was formed by the ACGME to create a national symposium to address issues related to physician well-being such as:

- Building resilience
- Fostering/nurturing well-being
- Promoting recognition
- Developing interventions
- Reducing stigma
- Helping grieving communities heal

Take Away Points: Promoting Well Being

-
- Build resilience
 - ID stress, burnout, depression and anxiety and appreciating how they are different
 - Understand individual and systemic factors
 - Develop interventions (individual and organizational)
 - Ensure access to treatment
 - Helping grieving communities heal
 - Create a “safe environment” for trainees and patients in which these issues can be addressed

AAMC Response

“Our well-being, and the well-being of our teams, ultimately affects the health and well-being of our patients and communities.”

Marsha Rappley, MD
AAMC Chair Elect

June 2016



Tomorrow's Doctors, Tomorrow's Cures®

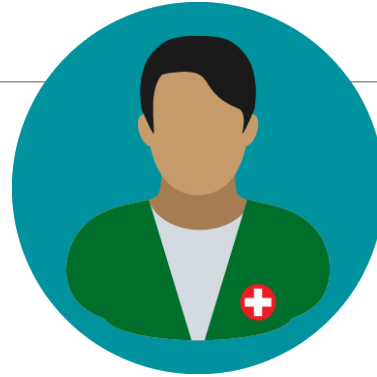
AAMC Response

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- June 2016, Sponsored a Leadership Forum "Creating a Culture of Wellbeing and Resilience in Academic Medicine."
 - Approximately 80 academic medicine leaders, representing all AAMC affinity groups, were there for a moving discussion about wellness and burnout in our profession.
 - Similar findings of other groups
 - Impacts on institutions (decreased productivity, staff turnover, and increased potential for medical errors)
 - A new AAMC webpage dedicated to wellness
<https://www.aamc.org/initiatives/462280/wellbeingacademicmedicine.html>

National Academy of Medicine

400

physicians commit
suicide each year,
a rate more than



23-31%

Prevalence
of emotional
exhaustion among
primary nurses

2X

that of the
general
population



Garnez-Urquiza et al, 2016

Andrew & Brenner, 2015

<https://nam.edu/initiatives/clinician-resilience-and-well-being>



National Academy of Medicine

Healthcare Provider Heal Thyself – January 10, 2017

- Responding to alarming high rates of depression and suicide among U.S. healthcare workers, the NAM launched a wide-ranging "action collaborative" to promote clinician well-being and resilience.
- Collaborative began January 2017 - Public workshops and meetings
- <https://nam.edu/initiatives/clinician-resilience-and-well-being>.



Action Collaborative on Clinician Well-Being and Resilience

Launched in 2017, a network of more than 60 organizations committed to reversing trends in clinician burnout.

The Collaborative has three goals:

- Improve baseline understanding of challenges to clinician well-being;
- Raise the visibility of clinician stress and burnout; and
- Elevate evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver.



Addressing Physician Burnout The Way Forward

JAMA

MARCH 07, 2017 TD Shanafelt; LN Dyrbye; CP West

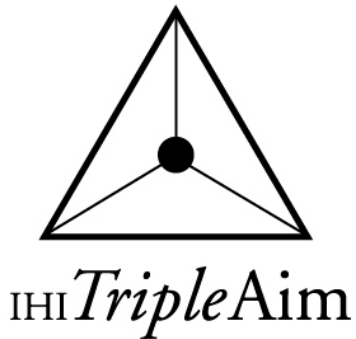
“Meaningful progress will require collaborative efforts by national bodies, health care organizations, leaders, and individual physicians, as each is responsible for factors that contribute to the problem and must own their part of the solution.

National Quality Strategy 2014

- Better Care
- Healthy People/Healthy Communities
- Affordable Care

Perhaps add:

- **Maintain and promote the wellness of health care professionals**



West CP. Physician Well-Being: Expanding the Triple Aim. J Gen Intern Med.
2016 May;31(5):458-9

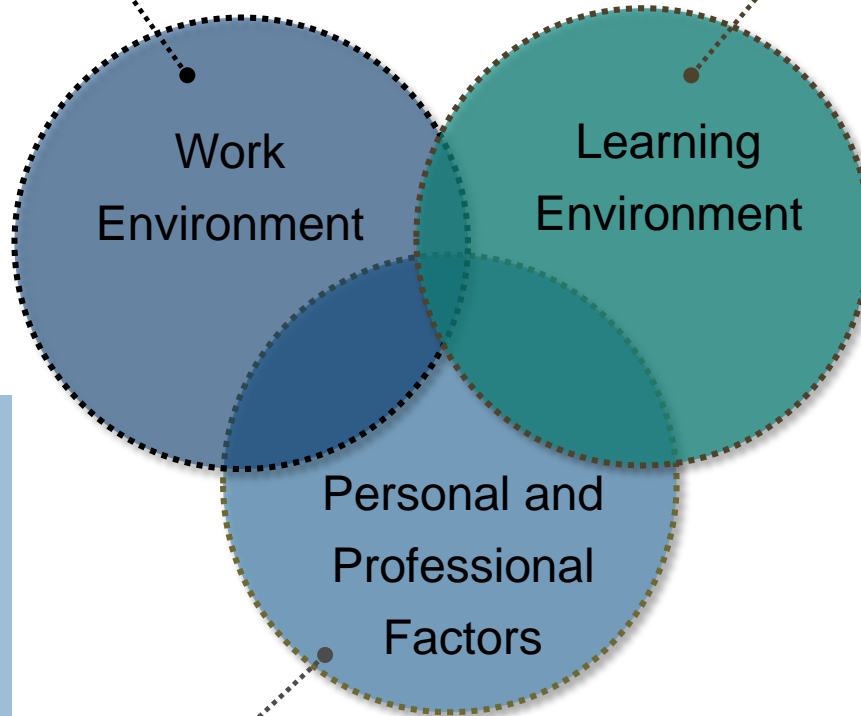
Potential Protective Factors

Domains Influencing Clinician Well-Being

Positive Interventions

- Balanced work load expectations and adequate staffing
- Off-loading administrative tasks
- EHR redesign for user-friendliness
- Supportive inter-professional teams

- De-stigmatization
- Confidential screening and counseling
- Strengthened social networks and time for personal renewal
- Appropriate licensure health inquiries



- Protected time for teaching and learning
- Creation of supportive learner community support systems
- Redesign of faculty reward systems to support academic activities
- Tuition containment and improved financial aid and debt relief programs

Resilience

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

Based on a combination of factors

- Internal attributes (genetics, optimism)
- External (modeling, trauma)
- Skills (problem solving, finding meaning / purpose)

Wolin 1993, Werner & Smith, 1992

Factors Contributing to Resilience?

- Exercise, sleep, nutrition
- Mental Exercise
- Humor
- Time away from work
- Passion and Purpose
- Optimism
- Facing Fear
- Moral Compass
- Religion and Spirituality
- Social Support

Swetz, J Palliative Med 2009

Building Resilience

Building Resilience:

- Educating students, residents and program directors about physician impairment
- Countering the stress of medical school and residency – self care
- Develop programs, team emphasis, after action reviews, coaching
- Emphasize community awareness

Prevention - Adopting standards:

- ACGME Common Program Requirements: *Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.*
- LCME – standards / elements on wellness and the “environment of learning”
- Address the “stigma” in licensure applications

American Foundation for Suicide Prevention



Recognizing Burnout

- ❖ Be a friend / work with others
- ❖ Know yourself / seek help
- ❖ Pay attention to those around you
- ❖ Look for signs
 - Cynicism – loss of caring
 - Exhaustion
 - Lack of joy / loss of humor
 - Feelings of worthlessness / lack of value / loss of meaning

FSU COM Wellness



Purpose

- Create a culture that promotes wellness,
- Assess students, staff and faculty regarding wellness
- Improve knowledge of the science of wellness
- Identify efforts to reduce stress / increase wellness in our community
- Develop wellness programs with curricular and extra-curricular options.
- Work to build and enhance a culture of wellness

FSU COM Wellness



Wellness website

- Resources around campus
- Resources around the state
- Free tools
- Community programs / activities for engagement
- Medical library resources

med.fsu.edu/index.cfm?page=wellnessCommittee.home



The FSU Student Resilience Project



Welcome to the FSU Student Resilience Project!

<https://strong.fsu.edu/>

TABLE The AMA STEPS Forward program's 7 steps to prevent burnout⁵

1. Establish wellness as a quality indicator for your practice
 2. Start a wellness committee and/or choose a wellness champion
 3. Distribute an annual wellness survey
 4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
 5. Initiate selected interventions
 6. Repeat the survey within the year to reevaluate wellness
 7. Seek answers within the data, refine the interventions, and continue to make improvements
-

Kathryn

David Muller, M.D, NEJM 2017; 376:1101-1103, [March 23, 2017](#)
Icahn School of Medicine

All our efforts will fall far short of addressing one of the root causes of this national epidemic of burnout, depression, and suicide: a culture of performance and achievement that for most of our students begins in middle school and relentlessly intensifies for the remainder of their adult lives. Every time students achieve what looks to the rest of us like a successful milestone — getting into a great college, the medical school of their choice, a residency in a competitive clinical specialty — it is to some of them the opening of another door to a haunted house, behind which lie demons, suffocating uncertainty, and unimaginable challenges. Students bravely meet these challenges head-on while we continue to blindly ratchet up our expectations.

From their very first shadowing experience to their first foray in the lab; from high school advanced-placement courses and college admissions tests to grade point averages and the Medical College Admissions Test (MCAT); with helicopter parents, peer pressure, violins and varsity soccer, college rankings, medical school rankings, medical licensing exams, and the residency Match, we never let up on them — and it's killing them.

“Somebody has to do something, and it's just incredibly pathetic that it has to be us.”



Jerry Garcia
(1942-1995)

Resources for healthcare professionals and medical educators

Accreditation Council for Graduate Medical Education (ACGME.org)– Physician Well Being

National Academy of Medicine (NAM.edu) - Clinician Resilience and Well-being

Association of American Medical Colleges (AAMC.org) – Strategic Initiatives “Well-Being in Academic Medicine”

American Medical Association (AMA-assn.org) [Preventing Physician Distress and Suicide](#) – Tools for identifying at-risk physicians and facilitating access to care from the

American Foundation for Suicide Prevention (afsp.org) [Make the Difference: Preventing Medical Trainee Suicide \(Video\)](#)