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Hospital and Trauma Center

Beating Burnout:

*Wellness for Students, Residents and Fellows,
and Practicing Physicians, and Why It Is
Important*

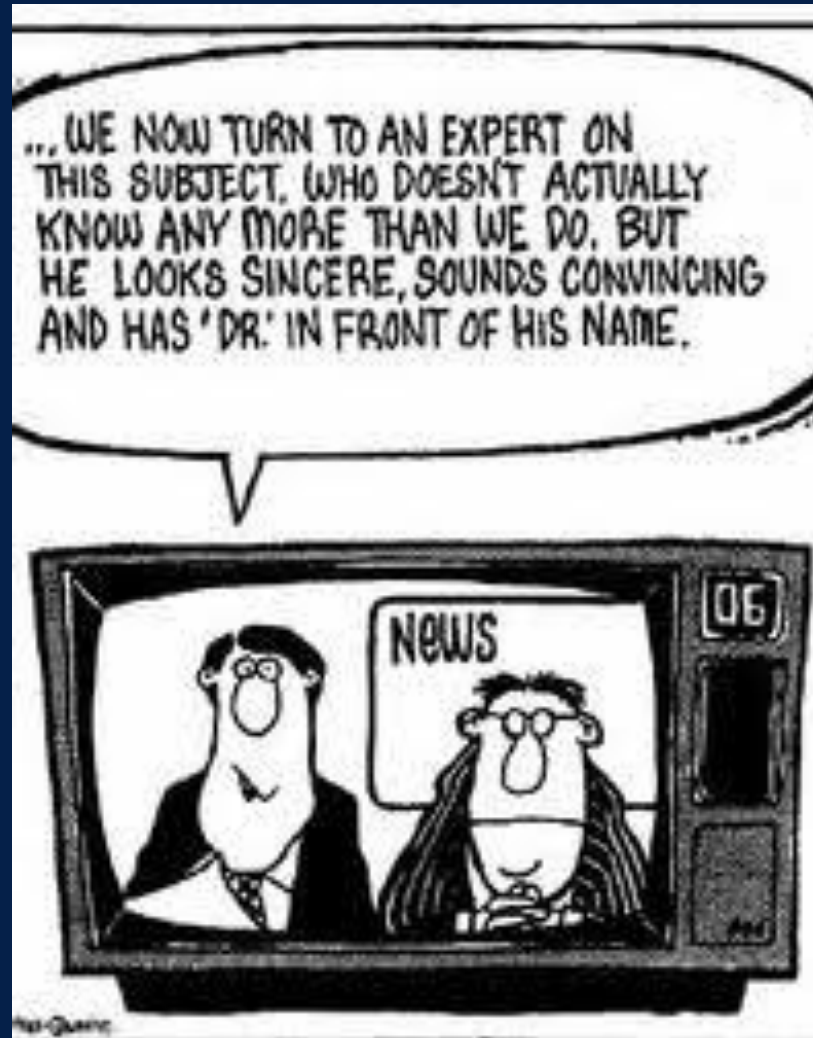
Larissa Thomas MD, MPH

Associate Clinical Professor, UCSF Department of Medicine

Well-being Roadmap

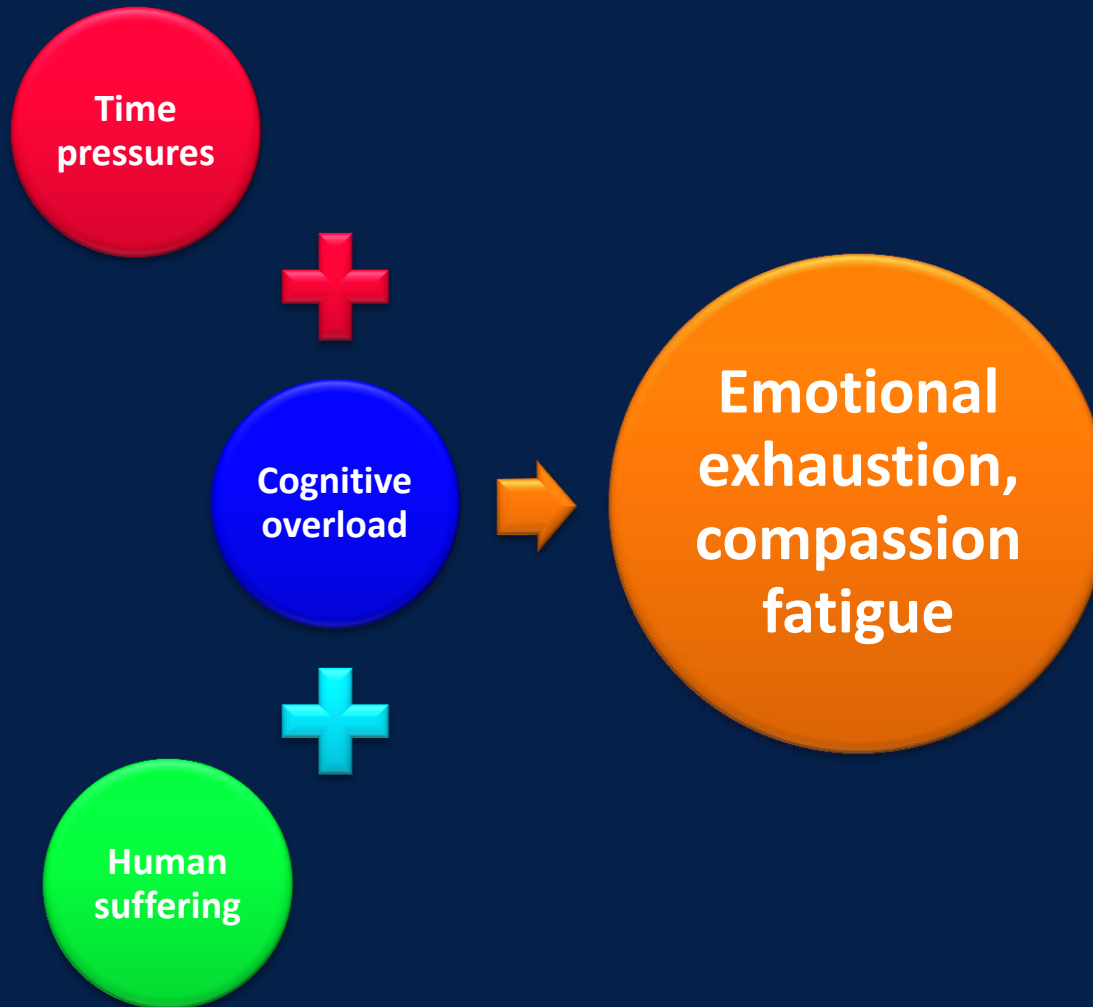


Disclaimer (no disclosures)



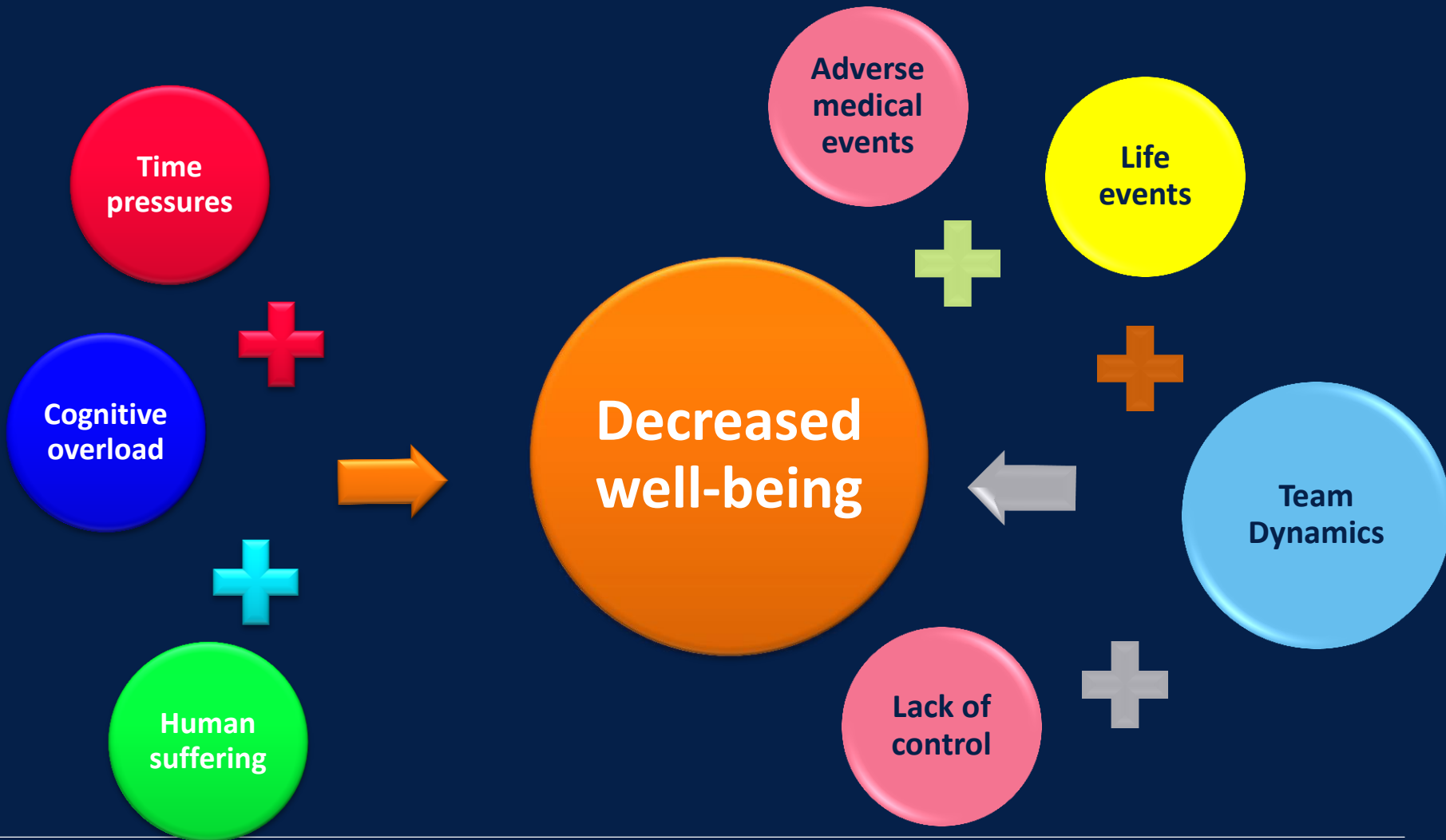


Hard Under the Best Circumstances

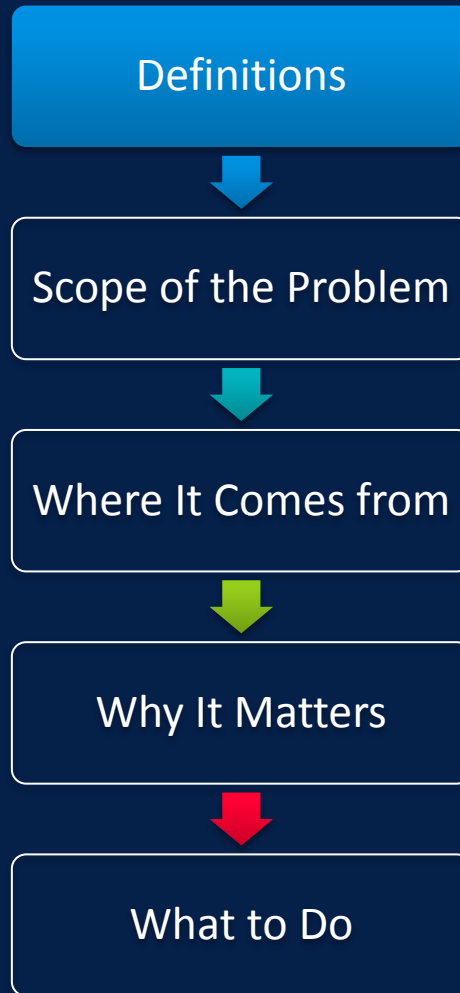




Even Harder When Things Happen



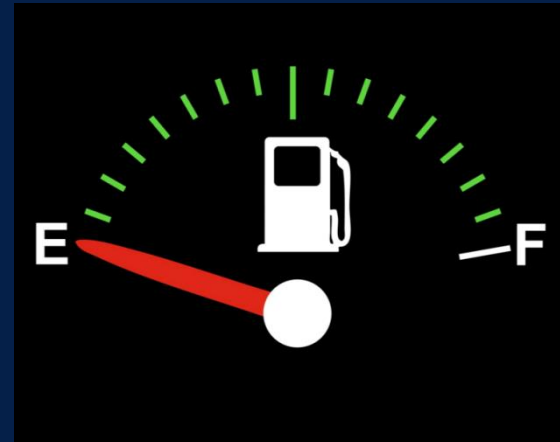
Roadmap



Compassion fatigue

- “Vicarious trauma”
- Repeatedly seeing/working with human suffering → emotional depletion
- Often temporary, but can contribute to burnout

The “cost of caring”



Burnout

3 components of burnout:

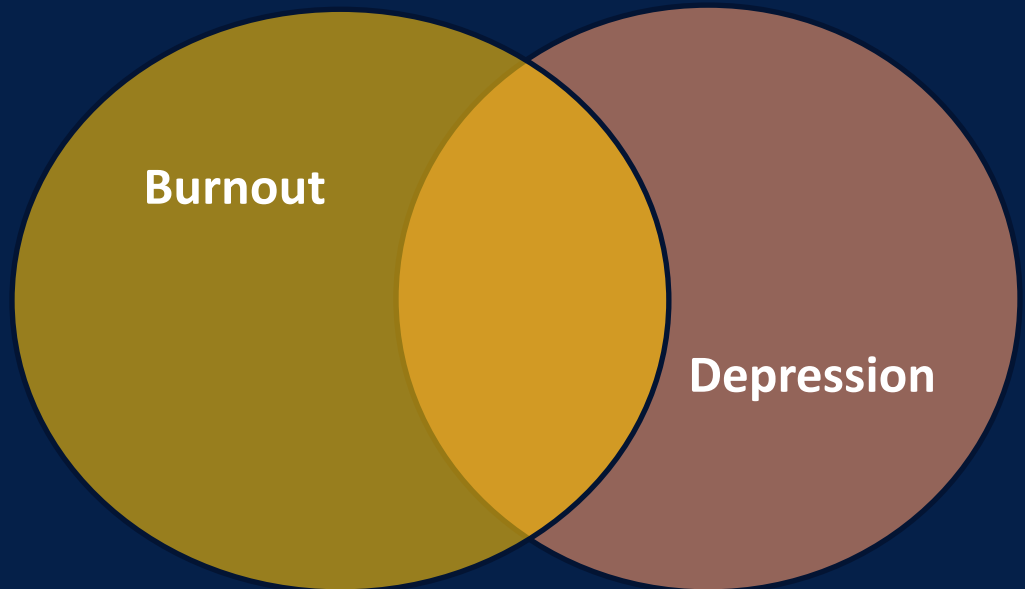
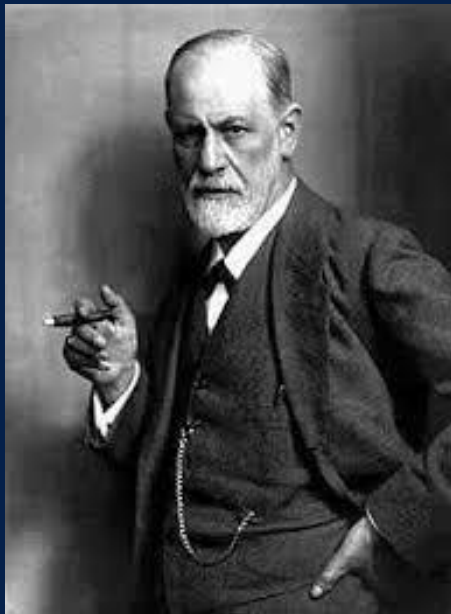
1. Emotional exhaustion
2. Cynicism and depersonalization
3. Feeling of ineffectiveness

Mismatch in the workplace between
desired state and reality



Burnout vs. Depression

Depression also prevalent in physicians...



...but burnout mostly affects *work* life.

Doctors Fire up the Obamacare Waaambulance

By Matthew Yglesias



Next step, replace doctors with iPads.

Photo by David McNew/Getty Images

Medical doctors are highly paid professionals. They earn more money—a lot, more money—than your average American. What's more, American doctors get paid more than doctors in any other country. Given how much of health care is financed either directly (Medicare, Medicaid, Veterans Affairs, public-sector workers) or indirectly (tax subsidy for employer-provided insurance) by the federal government, it's natural to make restraining doctors' income part of any program for making health care more affordable. So when you read stories about doctors whining that Affordable Care Act exchange plans don't pay them enough, please throw up a little in your mouth and proceed to ignore the doctors' complaints. The only practical reason to worry about low

Rampage

The Washington Post

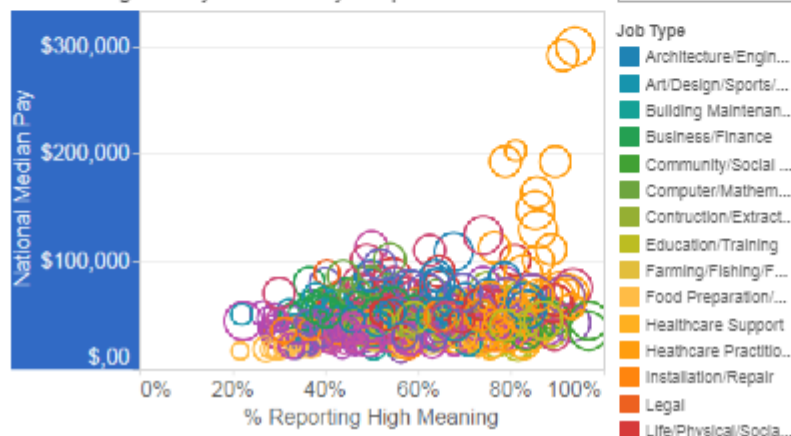
Doctors have it pretty good

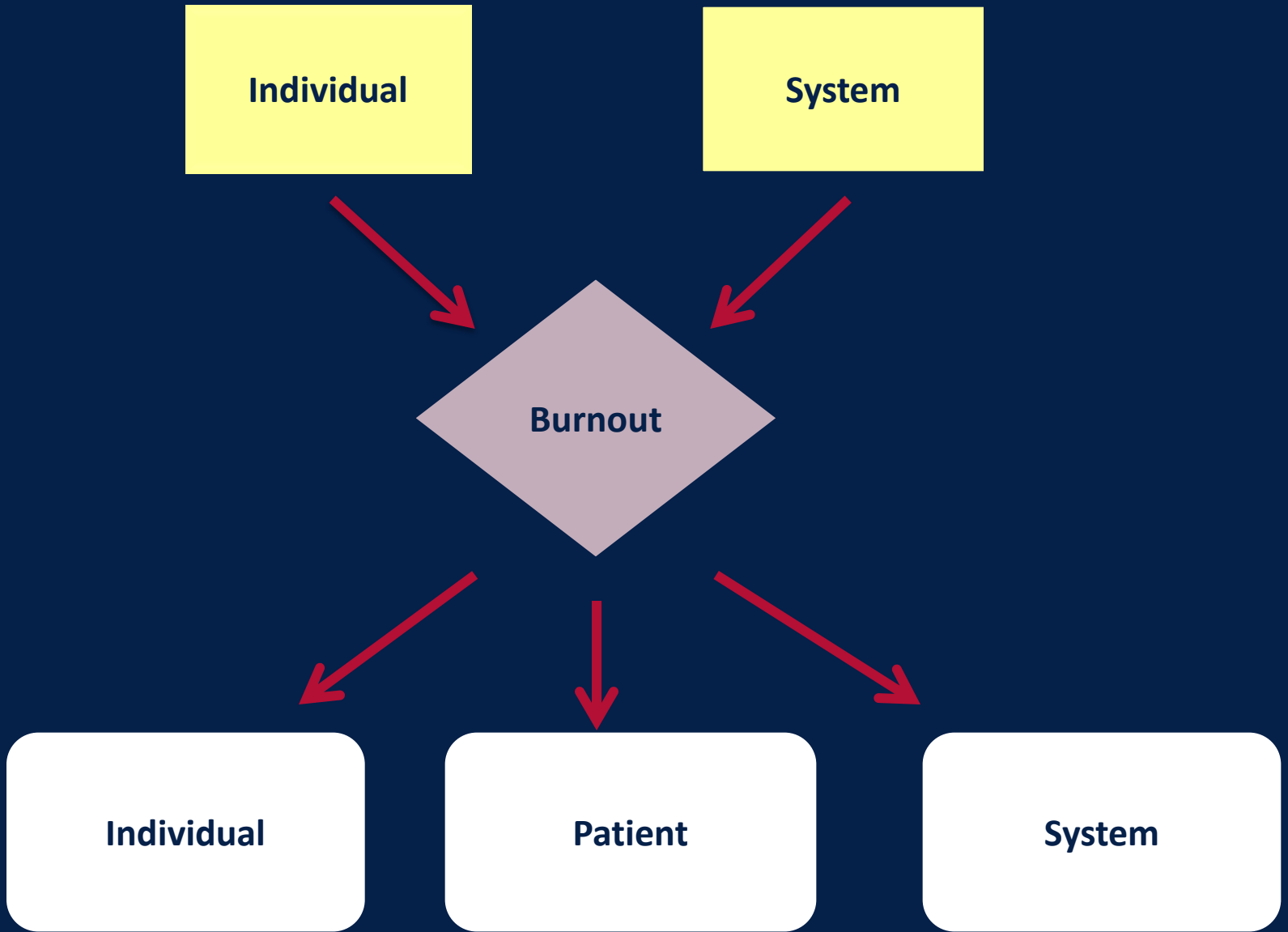
By Catherine Rampell June 26, 2014

I've seen a bunch of whiny [op-eds and essays from doctors](#) recently, complaining that it's a physician these days and that every M.D. wants out.

I've seen some good rebuttals to these complaints, including [this one](#) from Aaron Carroll. takedown the chart below, from [PayScale](#):

Job Meaning and Pay: How do they compare?





Roadmap

Definitions



Scope of the Problem



Where It Comes from



Why It Matters



What to Do About It

How Serious Is the Problem?



(Not a zebra)

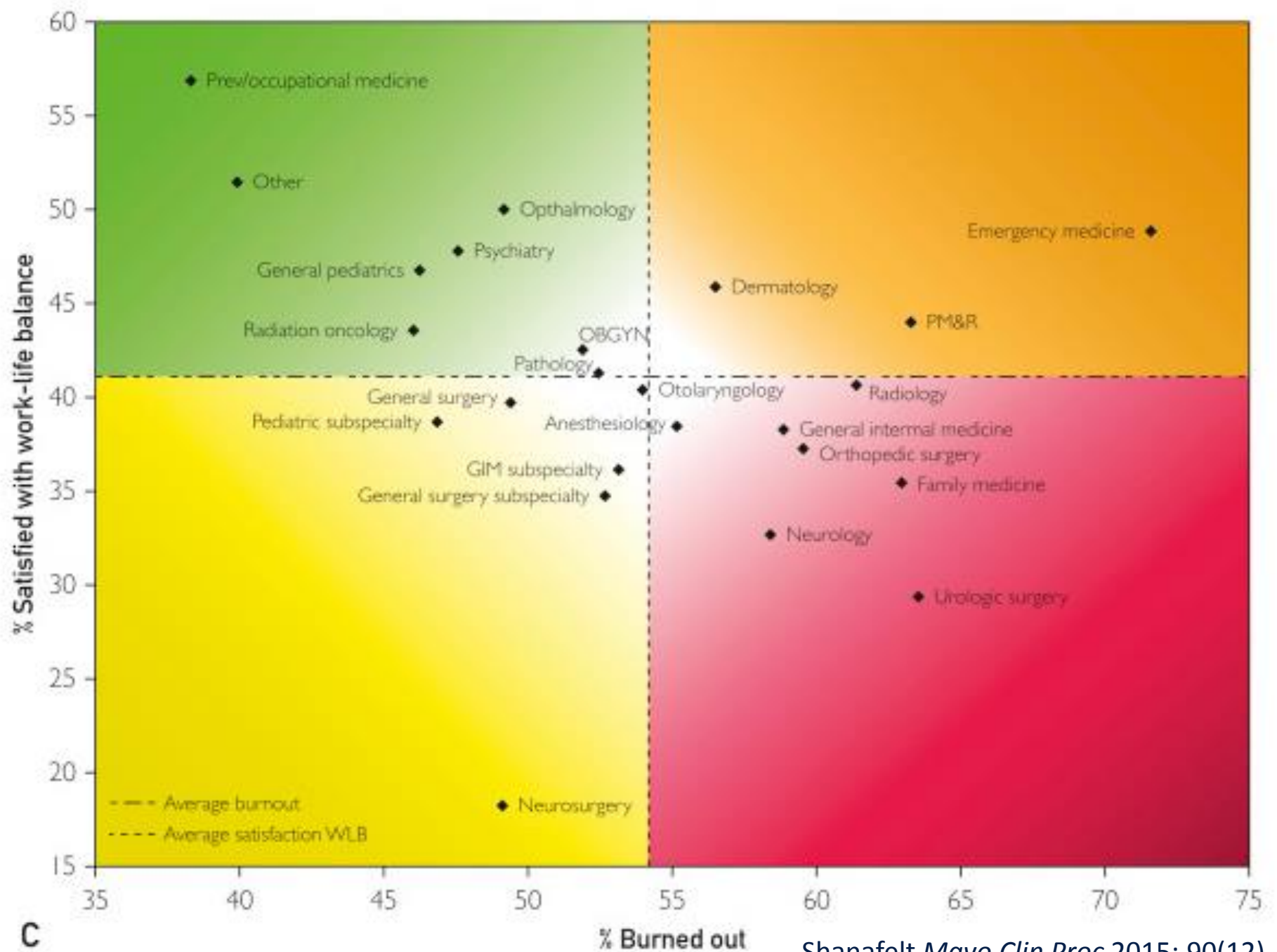
Burnout prevalence	
Medical students	Up to 50%
Residents	50-80%
Practicing physicians	20-60%

Drybye et al. *Ann Int Med.* 2008; 149(5).

Drybye et al. *Acad Med.* 2015; 89(3).

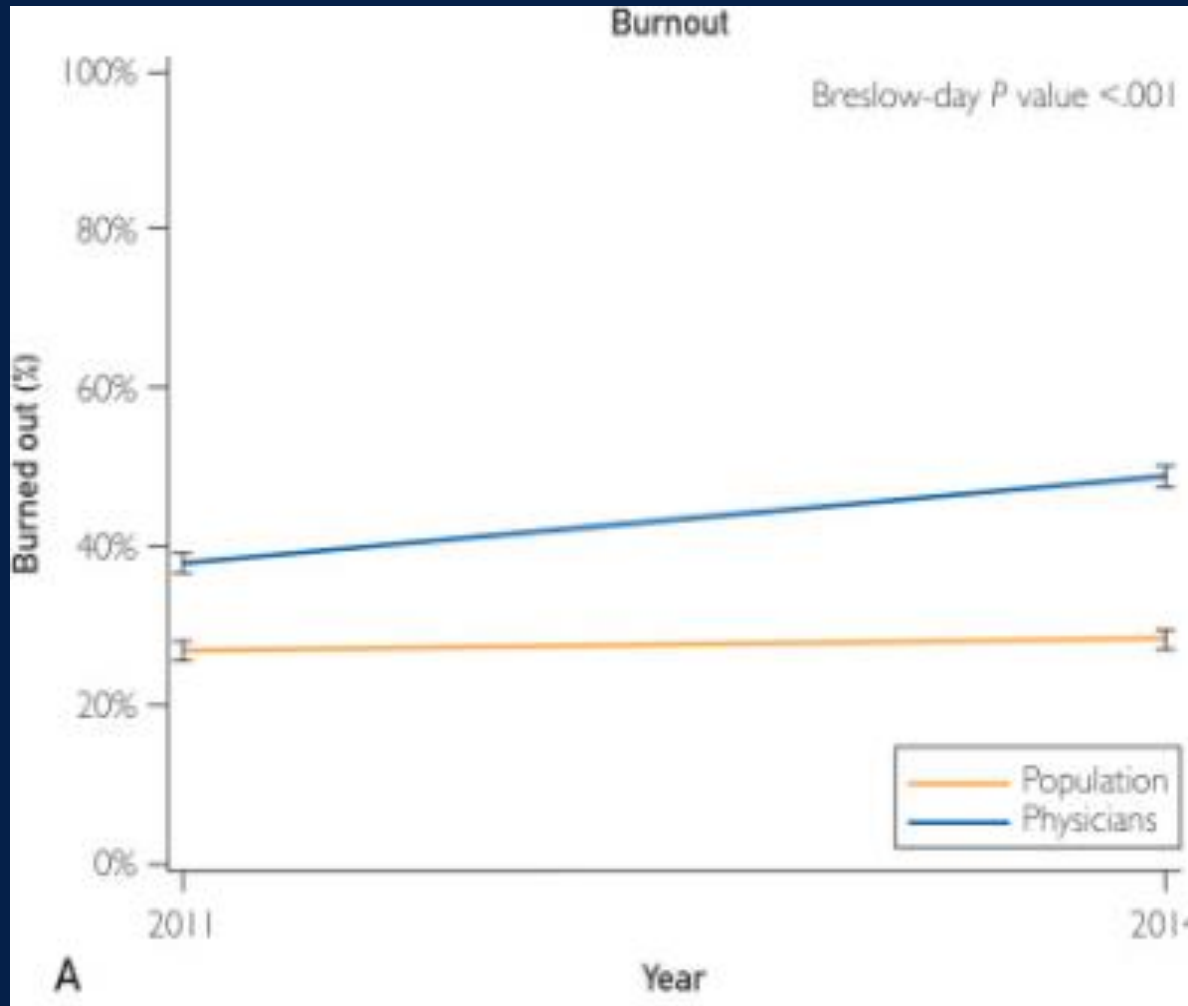
Ishak et al. *J Grad Med Educ.* 2009; 1(2).

<https://funnyfur.com/dog-clothes/costumes/zebra-dog-costume/>



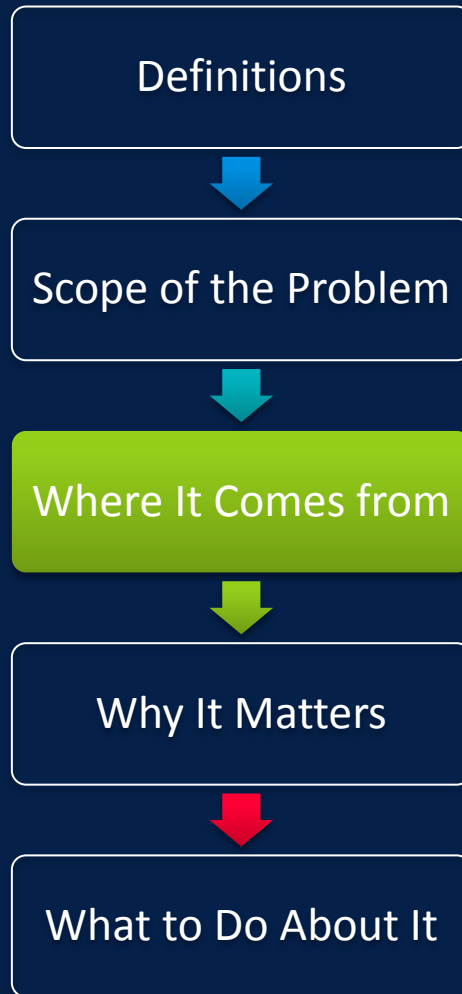
C

Is Burnout Worse in Physicians?



	Physicians	All U. S.
Burnout	54.4%	28.4%
Satisfaction with work-life balance	40.9%	61.3%
Trend	Worsening	Stable

Roadmap

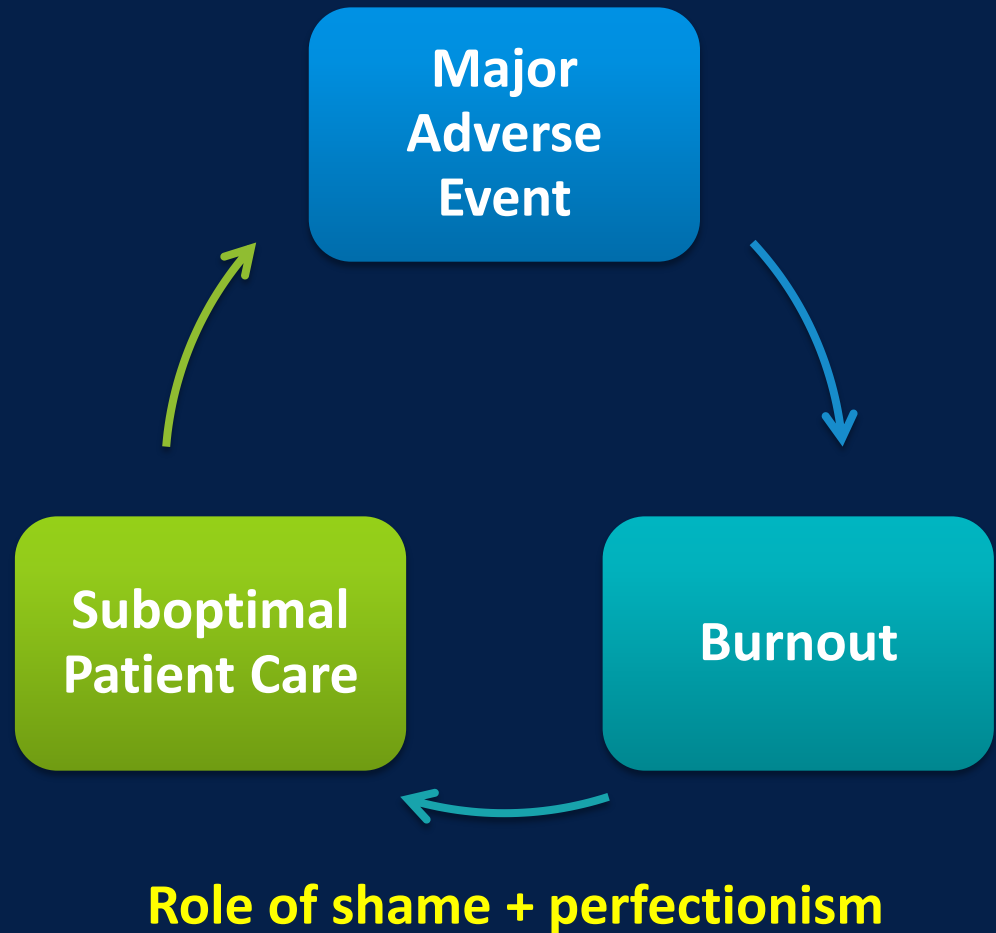
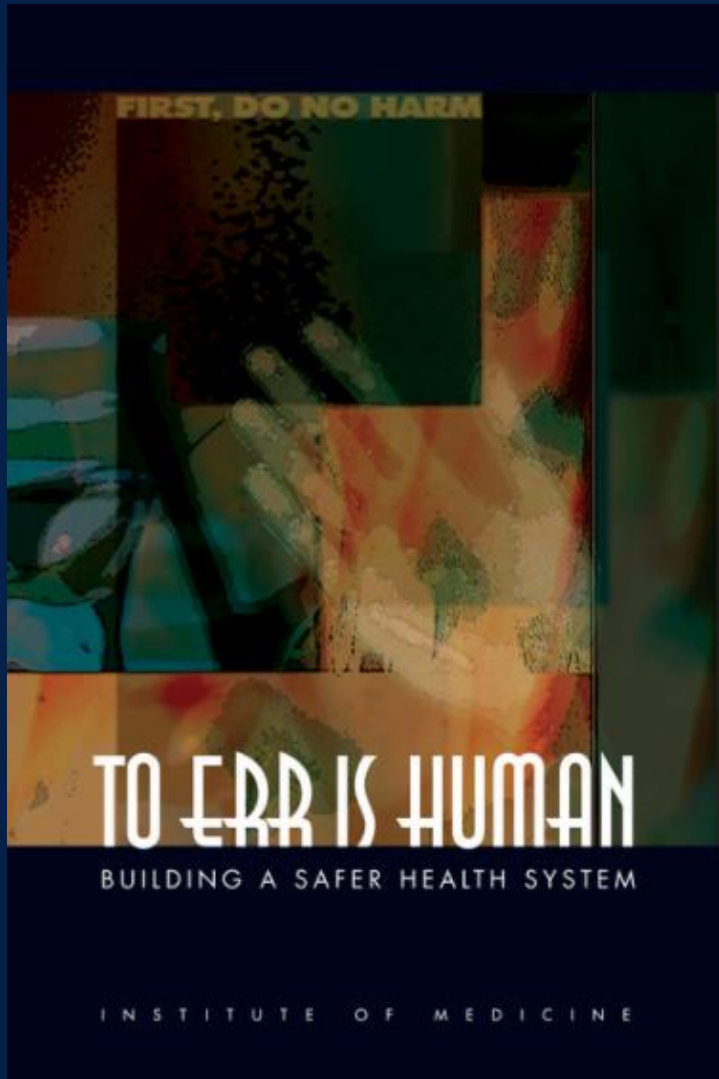


Burnout: What's the evidence?

Individual Contributors

No Consistent Association	Possible Association
Demographics	Major error or adverse event
Personality factors	Low tolerance of ambiguity
	? Depression

Adverse Events and Well-being



West et al. *JAMA* 2006; 206(9)
Shanafelt et al. *Ann Int Med* 2002; 136(5)

What's the evidence?

Workplace structures matter



Doctors and Patients, Lost in Paperwork

By PALLINE W. CHEN, M.D. APRIL 8, 2010

The New York Times



EP/productions/Getty Images

In "The Hostile Hospital," from the Lemony Snicket "Series of Unfortunate Events" books, the three young orphans at the center of the story visit the fictitious Heimlich Hospital, where Babs, the head of human resources, asks them if they know what the most important work done in a hospital is.

"Healing sick people?" one of the children asks innocently.

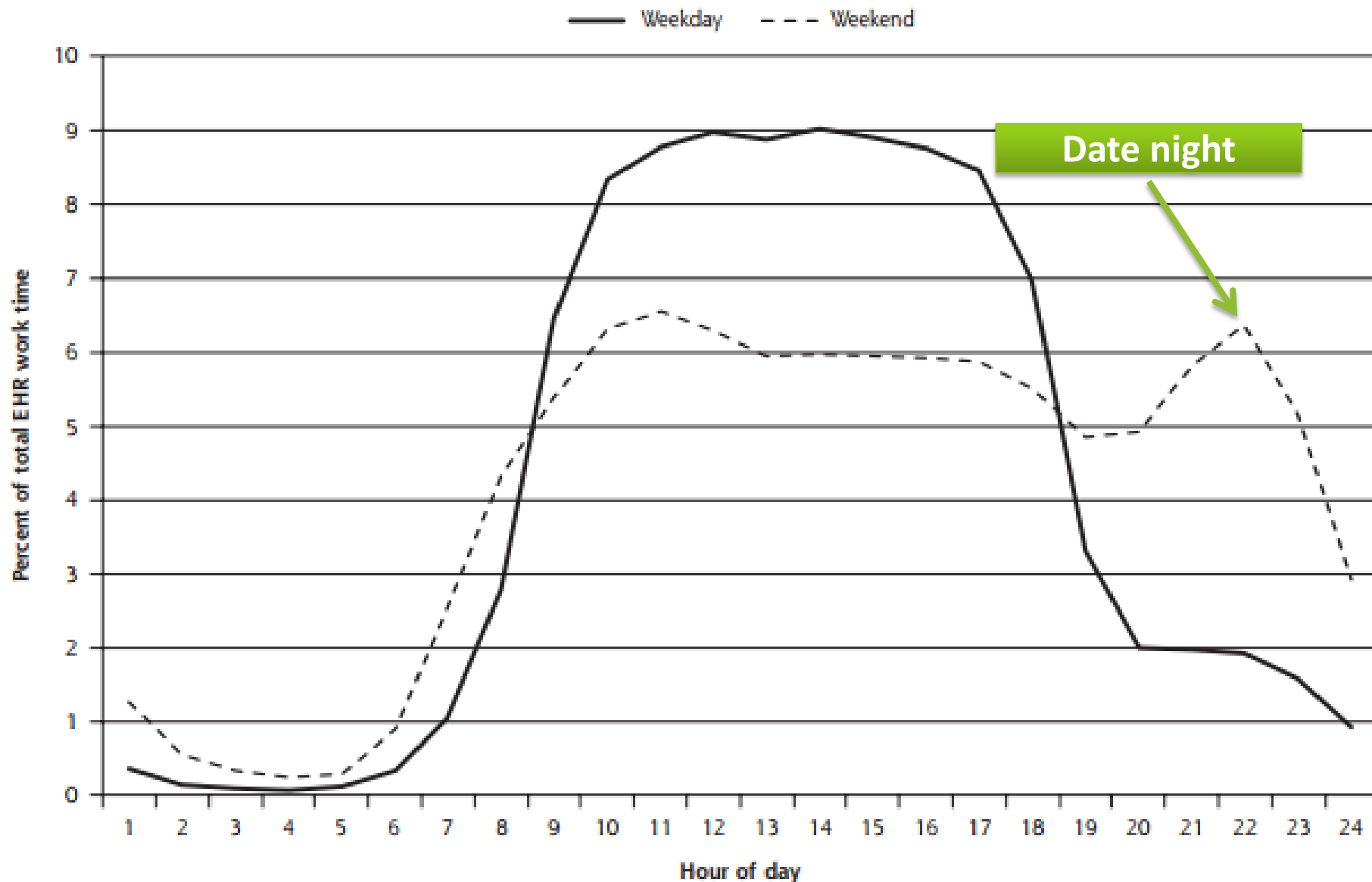
"You're wrong," Babs growls, silencing the children. "The most important thing we do at the hospital," she continues without flinching, "is paperwork."

It's a satirical stab that comes uncomfortably close to the truth.

Modern Medicine's Administrative Burden

- 57 physicians observed across 4 specialties.
- 2 hours of administrative work for every hour of patient care.
- Only half of an in-person visit spent on "face time."
- 1-2 hours of work after hours.

Figure 2. Family physicians' EHR use by time of day.



EHR = electronic health record.

Just Work Less?

Work hours reforms alone don't fix burnout

Research Report

The Impact of Duty Hours Restrictions on Job Burnout in Internal Medicine Residents: A Three-Institution Comparison Study

Jonathan A. Ripp, MD, MPH, Lisa Bellini, MD, Robert Fallar, PhD, Hasan Bazari, MD, Joel T. Katz, MD, and Deborah Korenstein, MD

Abstract

Purpose

Internal medicine (IM) residents commonly develop job burnout, which may lead to poor academic performance, depression, and medical errors. The extent to which duty hours restrictions (DHRs) can mitigate job burnout remains uncertain. The July 2011 DHRs created an opportunity to measure the impact of decreased work hours on developing burnout in IM residents.

Method

A survey was administered twice to first-year IM residents at three academic medical centers between June 2011 and July 2012. To estimate the impact of the 2011 DHRs, data from this

cohort, including demographics, sleepiness, hospital-based patient service characteristics, and burnout measures, were compared with data from 2008–2009 from first-year IM residents at the same institutions.

Results

Of eligible residents, 128/188 (68%) from the 2011–2012 cohort and 111/180 (62%) from the 2008–2009 cohort completed both surveys. Year-end burnout prevalence (92/123 [75%] versus 91/108 [84%], $P = .08$) and incidence (59/87 [68%] versus 55/68 [81%], $P = .07$) did not differ significantly between cohorts. There was no difference in year-end prevalence of

Interns in 3 large IM programs pre- vs. post- 2011:

- No difference in burnout scores
- Similar self-reported sleepiness
- Increased compression of same amount of work → increased intensity

Leadership and Culture

Harvard
Business
Review

ORGANIZATIONAL CULTURE


What Is Organizational Culture? And Why Should We Care?

by Michael D. Watkins

MAY 15, 2013

If you want to provoke a vigorous debate, start a conversation on organizational culture. While there is universal agreement that (1) it exists, and (2) that it plays a crucial role in shaping behavior in organizations, there is little consensus on what organizational culture actually is, never mind how it influences behavior and whether it is something leaders can change.

- Burnout and satisfaction influenced by effectiveness of organizational leaders
- Values mismatch at work exacerbates burnout
- Trainees especially vulnerable.

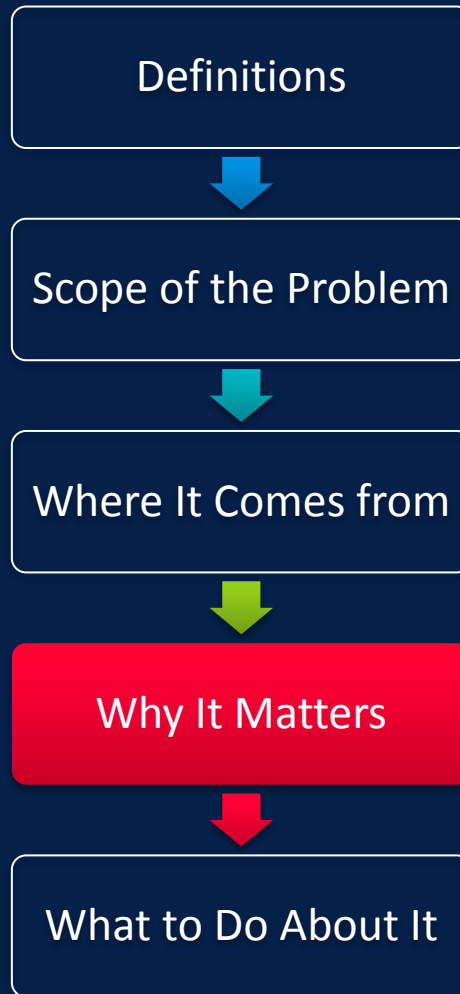


WORK AND THE LONELINESS EPIDEMIC

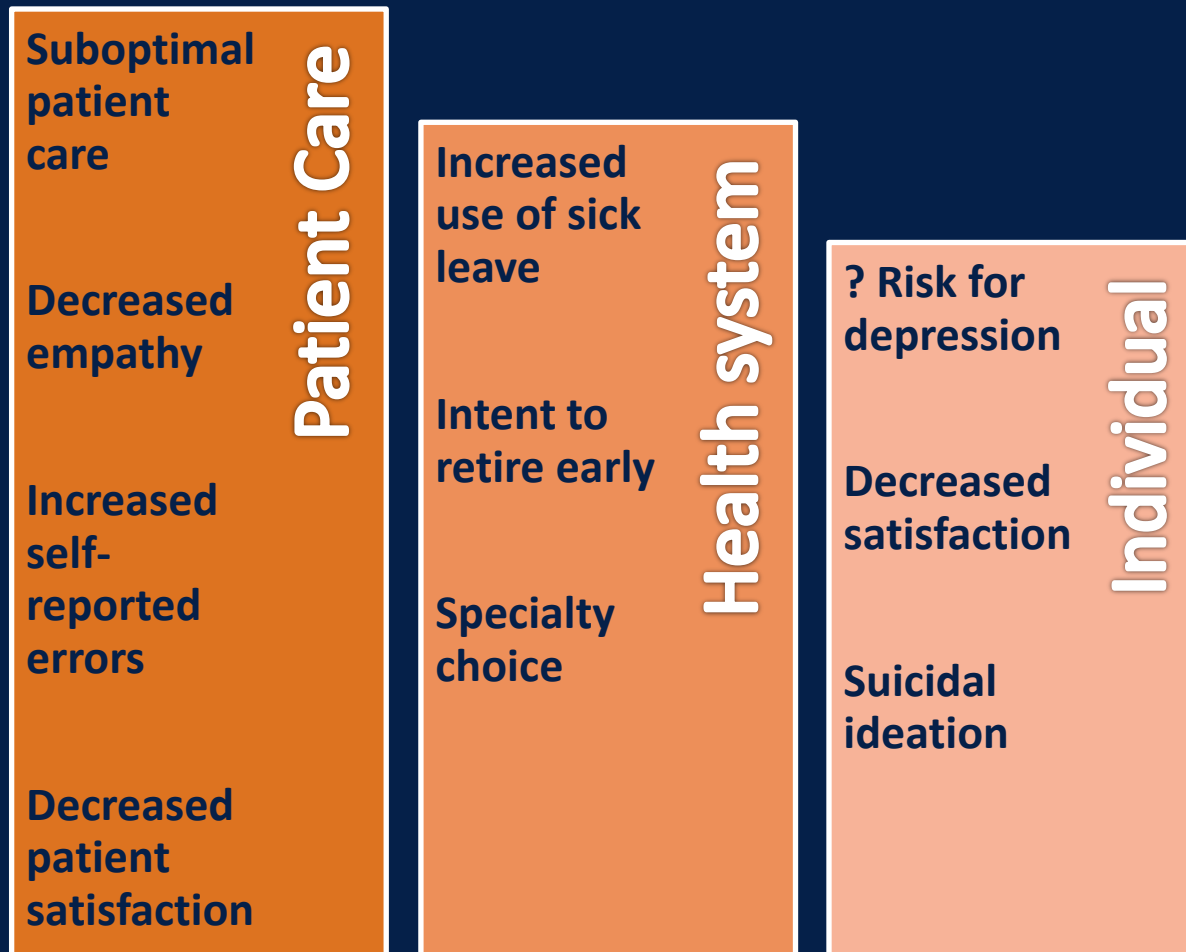
Reducing isolation at work is good for business.

 **THE LINEUP**

Roadmap

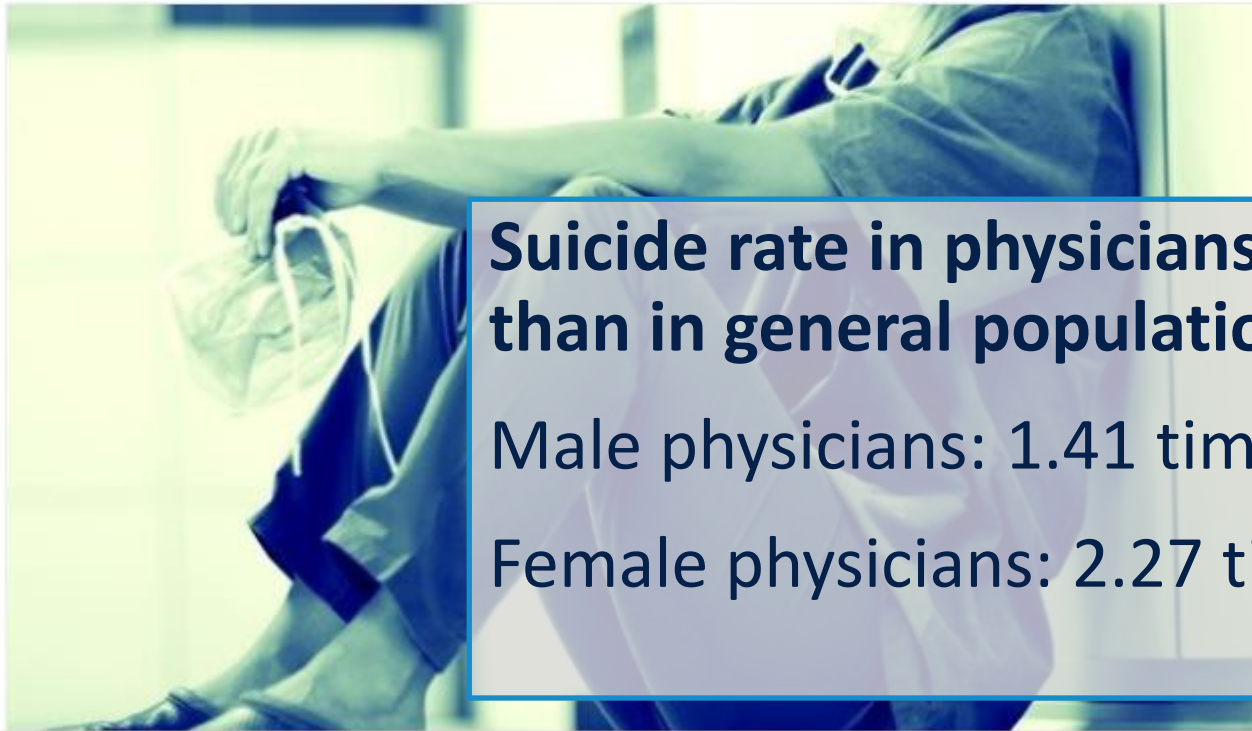


Consequences of Burnout



Suicide and the Young Physician

The medical community can help the young doctor to continue saving lives, instead of taking his own.



Suicide rate in physicians higher than in general population:

Male physicians: 1.41 times higher.

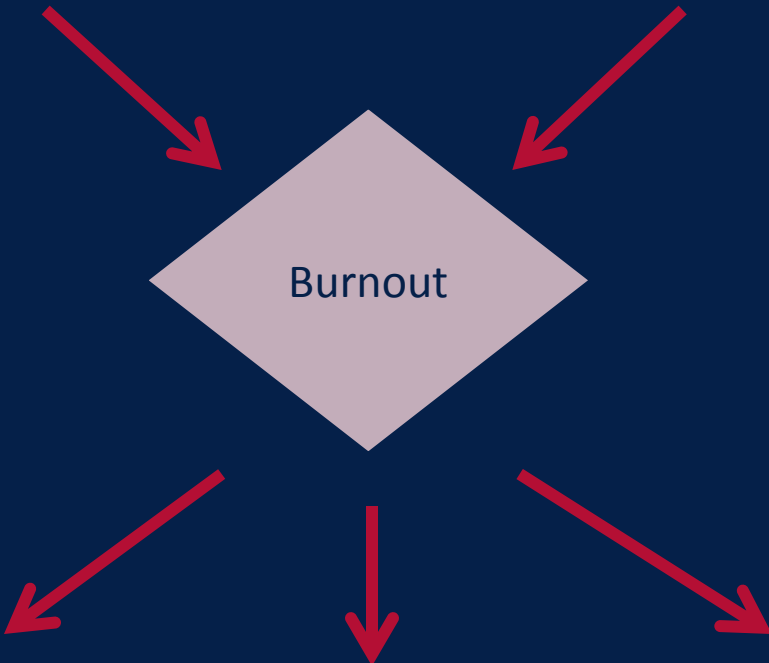
Female physicians: 2.27 times higher.

Shared Humanity



Individual
Tolerance of ambiguity
Secondary trauma

System
Rigid structures
Administrative burden



Individual
Specialty choice
?Depression/suicidality
Professionalism
Empathy

Patient
Suboptimal care
Lower patient satisfaction
Adverse events

System
Physician workforce
Primary care



Thanks Larissa...

Hearing this is burning me out.

Roadmap

Definitions



Scope of the Problem



Where It Comes from

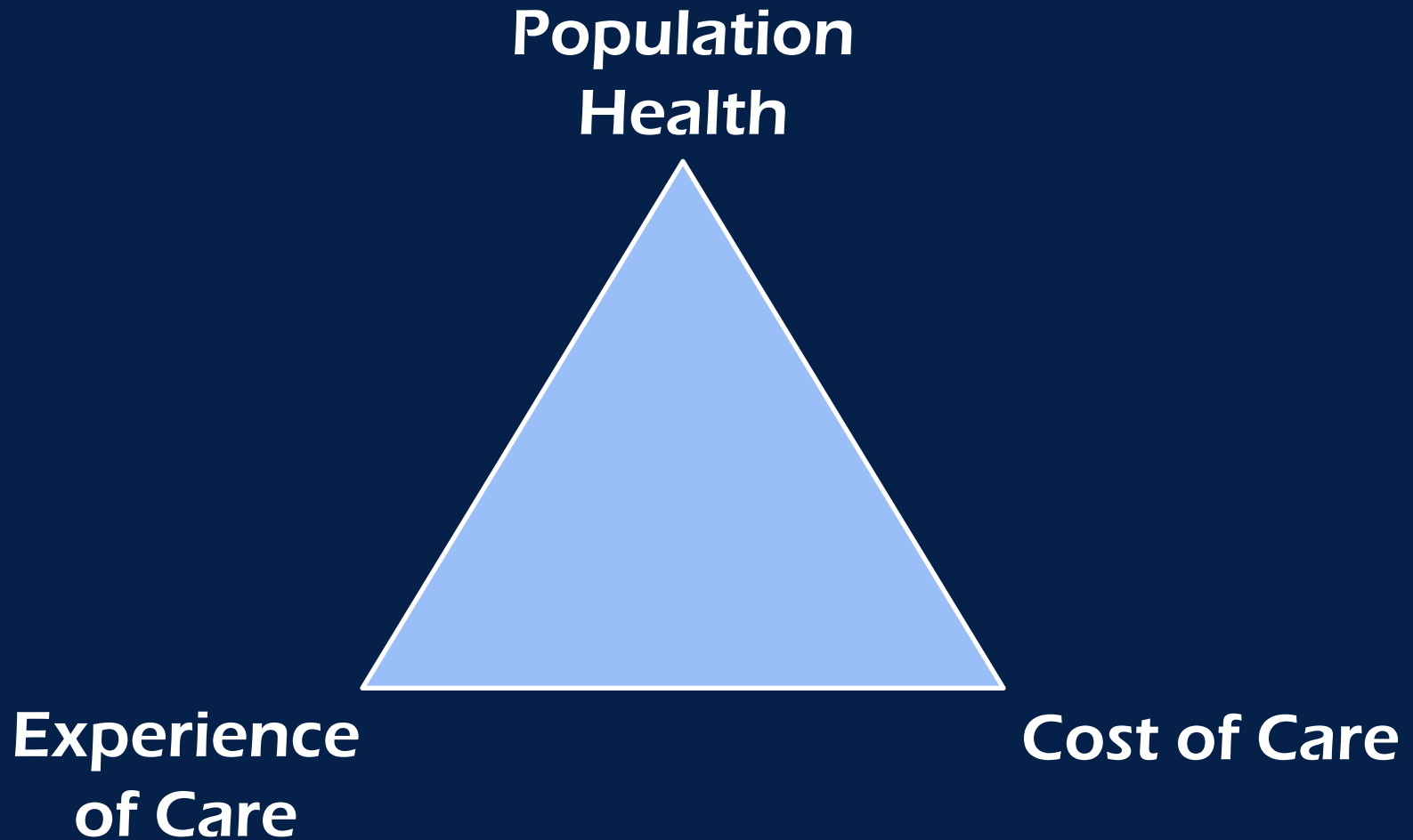


Why It Matters

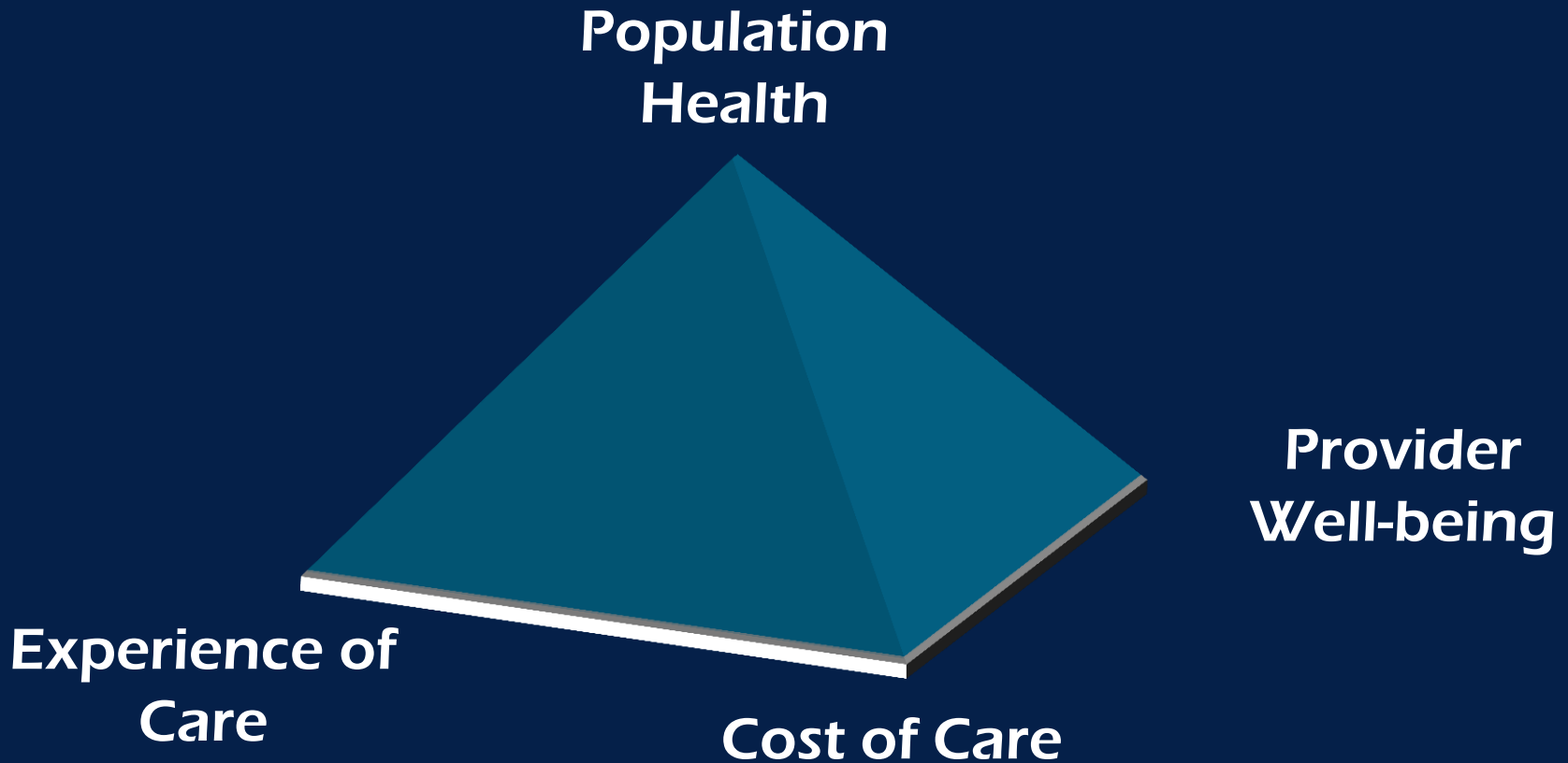


What to Do About It

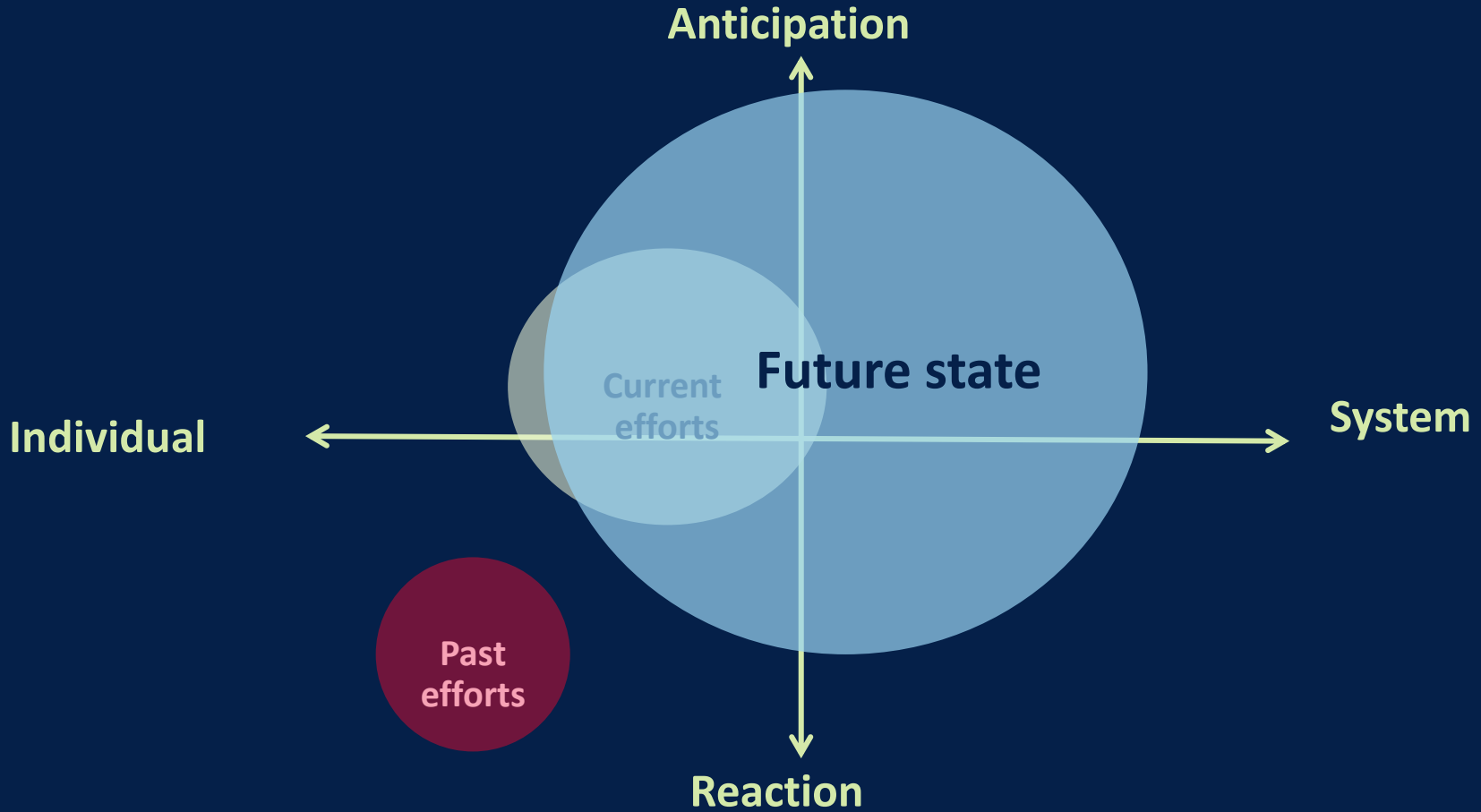
Institute for Healthcare Improvement Triple Aim



The “Quadruple Aim”



The Next Frontier



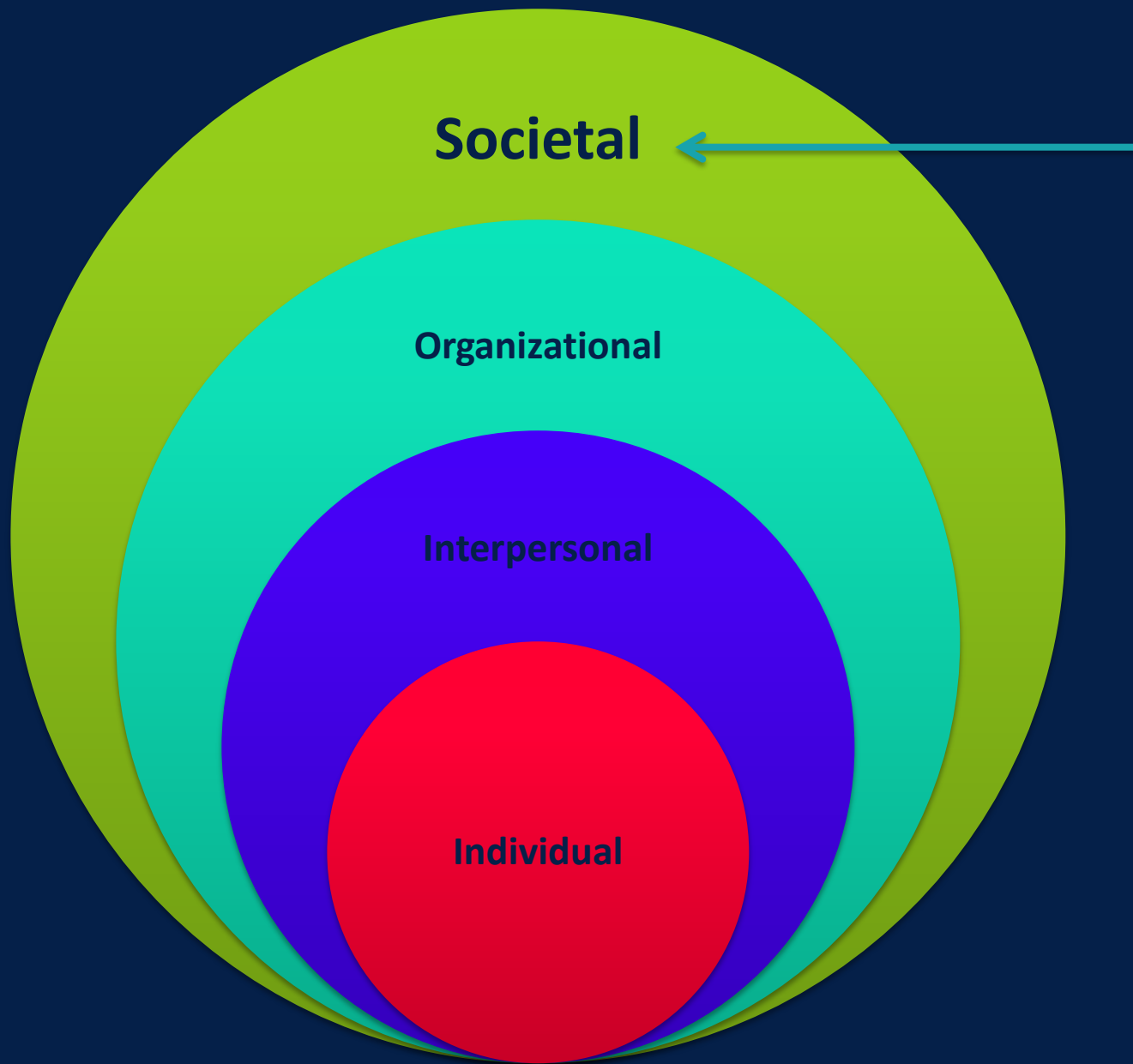


Societal

Organizational

Interpersonal

Individual



Society: Policies and Culture

Former Surgeon General: I'm Worried About America's Stress

A stigma around mental illness has caused Vivek Murthy to advocate for emotional well-being.



PHOTOGRAPH BY MARTIN SCHOELLER

Examples:

Licensing requirements:

Requiring disclosure of mental only if actively impaired → more willingness to seek care

ACGME: Programs mandated to monitor burnout starting July 2017

Dyrbye Mayo Clin Proc 2017;92(10)
<http://www.acgme.org/tabid/116/about.aspx>
<https://www.nationalgeographic.com/magazine/2017/09/three-questions-vivek-murthy/>



What's the evidence?

Workplace structures matter



Organizational Interventions

Rightsizing workload and workflow:

Job and schedule structure

Adequate staffing
Schedule flexibility
Coverage for illness
Variety in practice

Reduce admin burden:

Scribes
In-box support
Verbal orders/order sets

Improve teamwork

Task sharing
Enhanced communication

Workplace redesign

Co-locating teams



Looking for a Lesson in Google's Perks

Common Sense

By JAMES B. STEWART MARCH 15, 2013



The so-called Truck Pit, one of the four cafeterias in Google's East Coast headquarters.
Karsten Moran for The New York Times

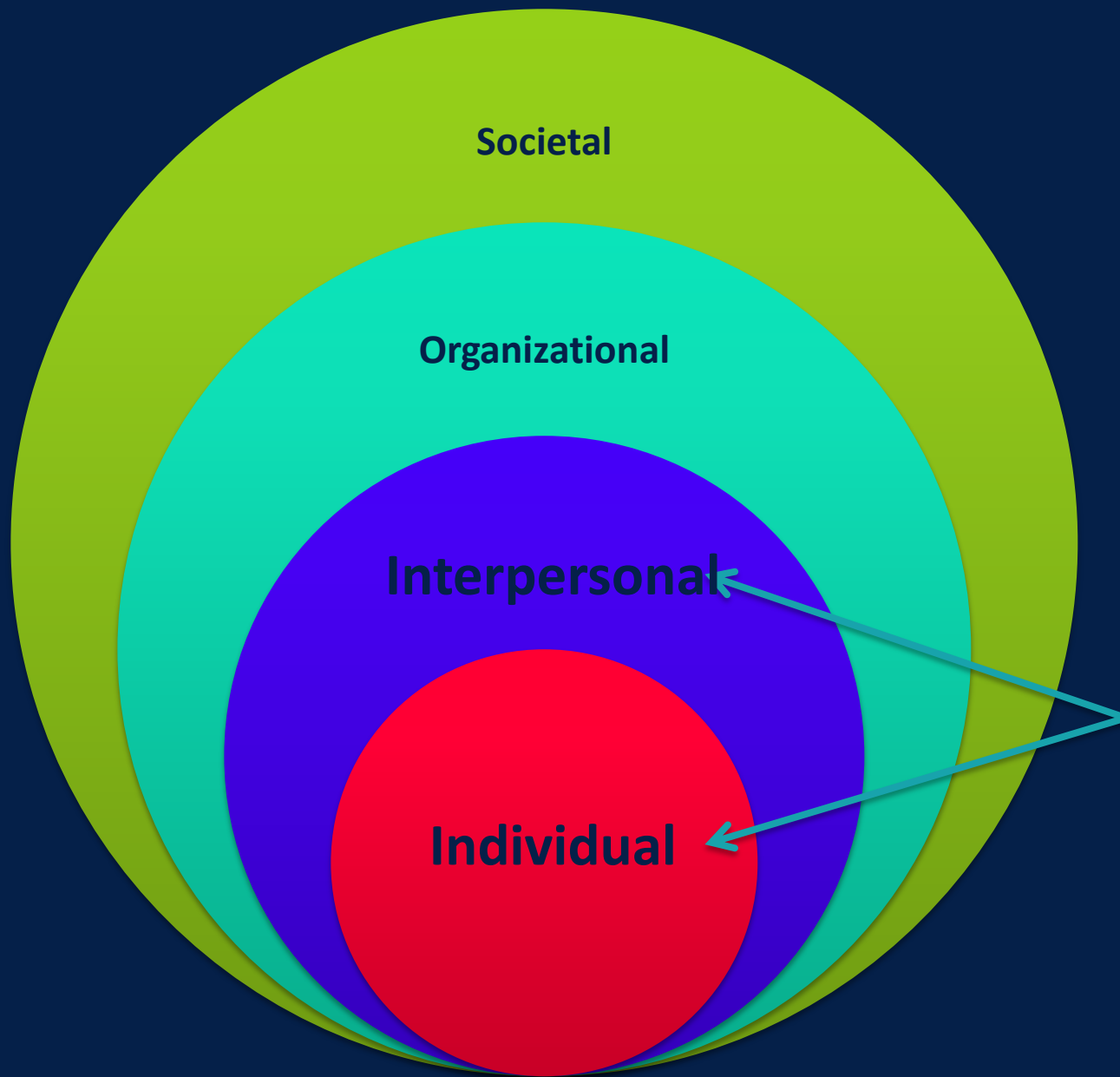
Stanford: WellMD time-banking program

Mayo Clinic: Protected time for well-being: decreased burnout, persistent effects 12 months after study end

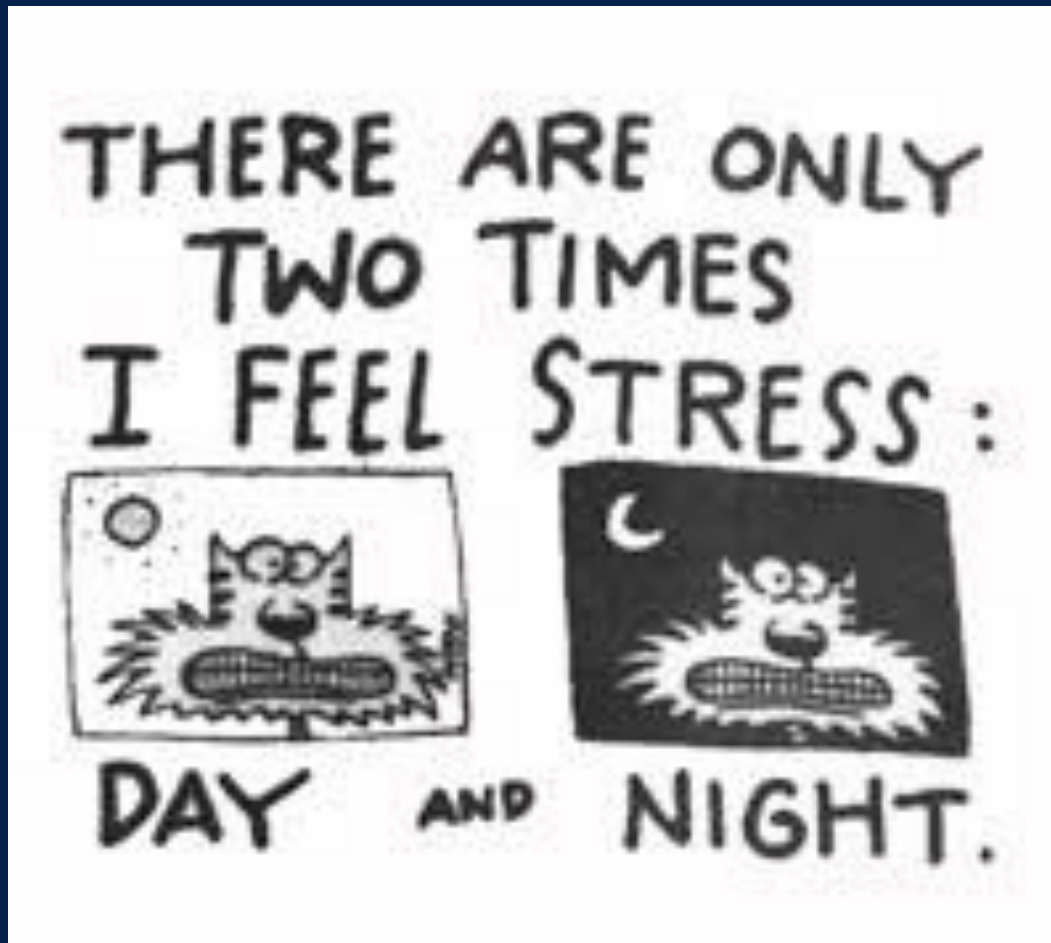
West et al. JAMA IM 2014; 174(4)

https://www.washingtonpost.com/news/inspired-life/wp/2015/08/20/the-innovative-stanford-program-thats-saving-emergency-room-doctors-from-burnout/?utm_term=.c8e46ace4bdd

<http://www.nytimes.com/2013/03/16/business/at-google-a-place-to-work-and-play.html>



Supporting Each Other and Ourselves



Interventions at the Individual Level Promoting Meaning and Engagement

Intervention	Evidence
Mindfulness	Decreased burnout, persistent effect
CBT training	Less SI when done proactively
Group reflection	Decreased burnout, improved satisfaction
Positive psychology/ gratitude practice	Higher satisfaction

Individual-level Interventions

Mindfulness

- From Buddhist tradition emphasizing remaining in the present.
- 2009 JAMA Study:
 - Decreased burnout in physicians
 - Persistent after end of intervention
- Lower intensity intervention in residents (weekend training) also successful
- However, *mandatory* training may not be effective.



Krasner et al. *JAMA* 2009; 302(12)
Fortney L. *Ann Fam Med* 2013; 11(5): 412-20
Drybye *JGIM* 2017 [epub ahead of print 31 Aug]

Individual-level Interventions

Online CBT training

Mood Gym: free web-based CBT

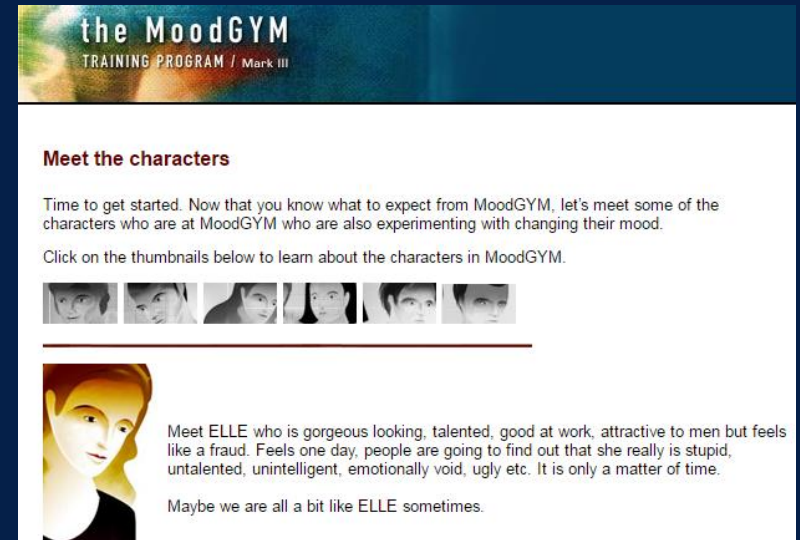
Interns randomized to web-based CBT vs weekly resource emails

4 modules 4 weeks (30 mins each):

Understanding connection between thoughts, emotions, behaviors

Cognitive restructuring techniques

Problem-solving strategies





the MoodGYM
TRAINING PROGRAM / Mark III

Meet the characters

Time to get started. Now that you know what to expect from MoodGYM, let's meet some of the characters who are at MoodGYM who are also experimenting with changing their mood.

Click on the thumbnails below to learn about the characters in MoodGYM.





Meet ELLE who is gorgeous looking, talented, good at work, attractive to men but feels like a fraud. Feels one day, people are going to find out that she really is stupid, untalented, unintelligent, emotionally void, ugly etc. It is only a matter of time.

Maybe we are all a bit like ELLE sometimes.

CBT group: 60% less likely to have thoughts of death/passive SI on PHQ-9 (P=0.03)

Individual-level Interventions

Reflection



Balint-type support groups

Clinical case conferences on physician-patient relationship

Personal reflection/reflective writing

“Doctoring to Heal”
(Rabow/McPhee)

Reflection: Prompts

Medical Errors	Self-care for the Caregiver
<p data-bbox="131 491 935 772">Write a brief narrative describing a mistake you made or witnessed in clinical practice.</p> <p data-bbox="131 869 884 1150">Describe the nature of the mistake, how you discovered it, and its outcome for the patient.</p>	<p data-bbox="977 491 1707 772">Write about something that surprised, distressed, or moved you in your care of a patient at the end of life.</p>

Individual-level Interventions Resilience and Positive Psychology

Positive adaptation in the face of stressors (strong, not tough)
Psychological principles: positive psychology, appreciative inquiry

Practices and skills:

Gratitude

Engaging in difficulties

Self-awareness/self-acceptance

Goal and limit-setting

Intellectual stimulation

**i.e. not simply “bouncing back” or
“turning that frown upside down”!**

Individual-level Interventions Resilience and Positive Psychology

- The “good life”: how do you get it?
- The “experiencing self” vs. the “remembering self”: influence of memory on final impressions of an experience (Kahneman)
- Evidence for benefit of coaching using this approach in residents



My strategy: Gold in the
mental treasure box

Individual-level Interventions Resilience and Positive Psychology

Try it on: boosting resilience with everyday work

Three good things	Each day (or week or month), think back to three things you are thankful for.
Low-high reflection	Each member of the team discusses something that was frustrating or disappointing and something that went well or they are proud of
Walk in their shoes	Think back to a frustrating in interaction with a [patient] [team member] and reimagine it from the other person's perspective
Goal setting	At start of each rotation (or week), set a personal well-being goal in addition to clinical learning goals.
Your “best possible self”	Visualize yourself 20 years from now if everything works out as well as it possibly can.

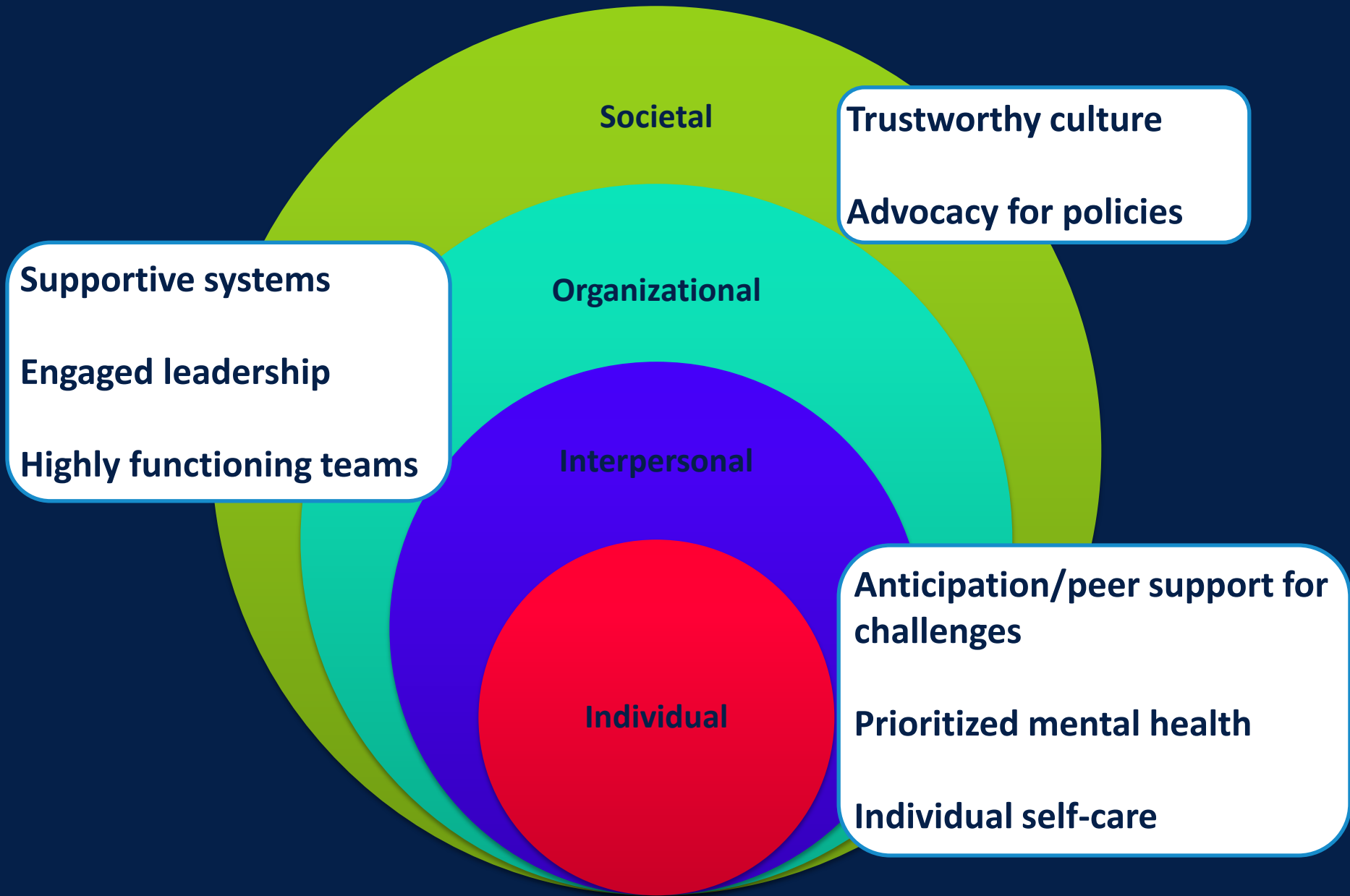
Interventions at the Individual Level

Summary

Intervention	Example	Evidence
Mindfulness	MBSR courses	Decreased burnout, persistent effect
CBT training	MoodGym program	Less SI
Group reflection	Doctoring to Heal Balint Groups	Decreased burnout, improved satisfaction
Positive psychology/ gratitude practice	3 good things, “high-low” Coaching	Higher satisfaction Possibly decreased burnout

Well-being Roadmap





Thank you!

Email larissa.thomas@ucsf.edu