The Death Spiral

Managing Change Fatigue, Burnout, and Faculty Well Being

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Faculty Physician Burnout: What is it?

Dr. Geiger

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Burnout

Burnout is a chronic problem that results from long-term conditions in which we don't have enough sense of accomplishment in or control over our work, or where expectations and capabilities don't match well enough.

Dr. Laurie Pearlman, Senior Consulting Psychologist, Headington Institute
October 2012

Three Components

- **Emotional exhaustion,**
- **Depersonalization, and**
- **Diminished feelings of personal accomplishment.**
  - **Unlike major depressive disorder, which pervades all aspects of a patient's life, burnout is a distinct work-related syndrome.**
  - **Burnout is most likely to occur in jobs that require extensive care of other people.**

Annu Rev Psychol. 2001

Six Sources of Burnout at Work

- Lack of Control
- Values Conflict
- Insufficient Reward
- Work Overload
- Unfairness
- Breakdown of Community

- Leiter and Maslach

QUESTIONS??

Personal Strategies to Manage Burnout

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The Top Ten

10. Good *self-care* – exercise, nutrition, sleep

9. Prioritize *relationships*

8. Revisit root *values*

7. Establish greater *control*

6. Avoid trying to be *"super-person"*

No Super People!!

- Medical training perpetuates the myth that we are "super people"
- When we discover we can't, we feel shame, blame, humiliation and a sense of failure
- Must accept our human limitations
- Self compassion phrases – "I am doing the best I can."
- Self-forgiveness

The Top Ten

5. *Laugh* more
4. Be more *grateful*
3. Develop *hobbies*
2. Establish *boundaries*
1. Learn *resilience*

Set Healthy Boundaries

- Just say "NO!!"
- Daily take 1-2 items off your "To Do" list
- Eliminate activities that do not advance your personal mission or do not fit with your prime values
- Plan regular times to be "unavailable" professionally
- Realize that "every bag on the baggage claim carousel does not have your name on it."

"Exhaustion sets in when we are too accessible too much of the time"

- Ruth Haley Barton in *Sacred Rhythms*

Resilience

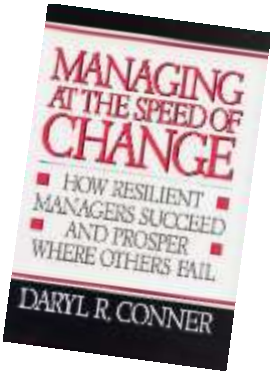
Definition

"the ability of an individual to respond to stress in a healthy, adaptive way."

- Ronald Epstein, MD

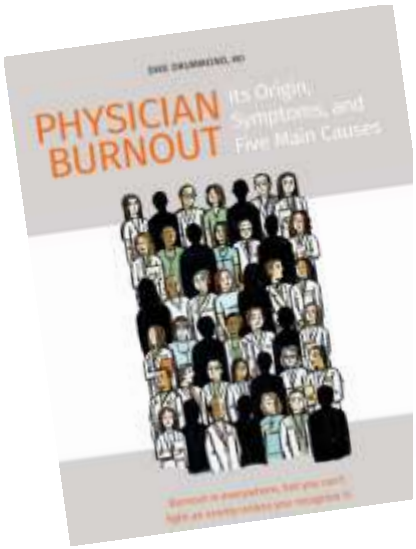
Resilience

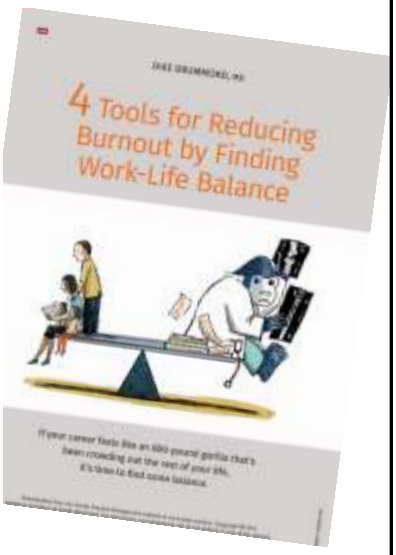
- **Change is filled with both *dangers* and *opportunities***
- **Resilient people look more on the *opportunity* side – Conner**



Characteristics of Resilient People

- ***Positive*** **– views life as challenging but opportunity filled**
- ***Focused*** **– a clear vision of what is to be achieved**
- ***Flexible*** **– Pliable when responding to uncertainty**
- ***Organized*** **– Applies structures to help manage ambiguity**
- ***Proactive*** **– engages change instead of evading it**



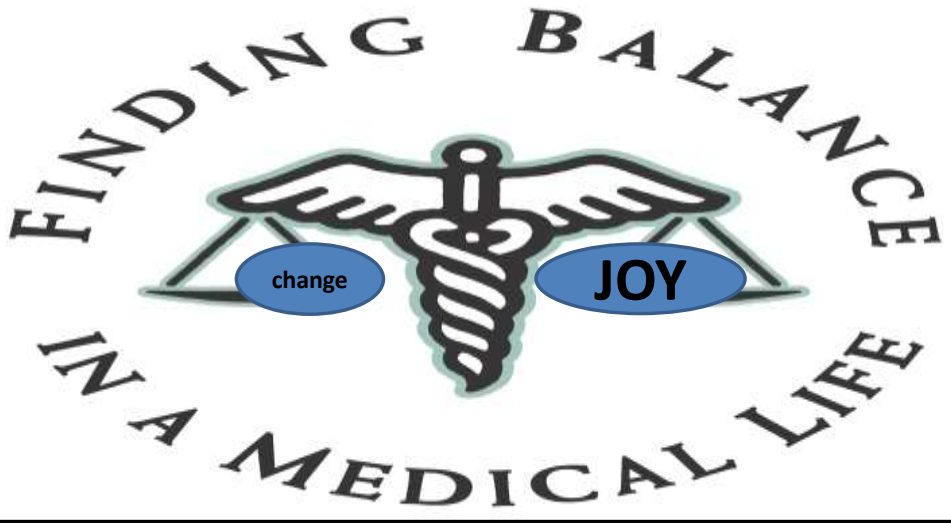


QUESTIONS??

Institutional and Cultural Support to Prevent Burnout: A Systems Approach

Dr. Mills

Lee Lipsenthal, MD 1957-2012
Author, Speaker



Systems Approach

- **Some of the problem**
- **Some solutions**
- **New ACGME and CLER "support"**
- **Developing your program checklist for "Wellbeing"**

ACGME Physician Well-Being Task Force

"Where practicing medicine must be "hard", lets train physicians to be resilient. Where the *system* makes it hard, but re-design and process improvement can improve the physician experience….we must."

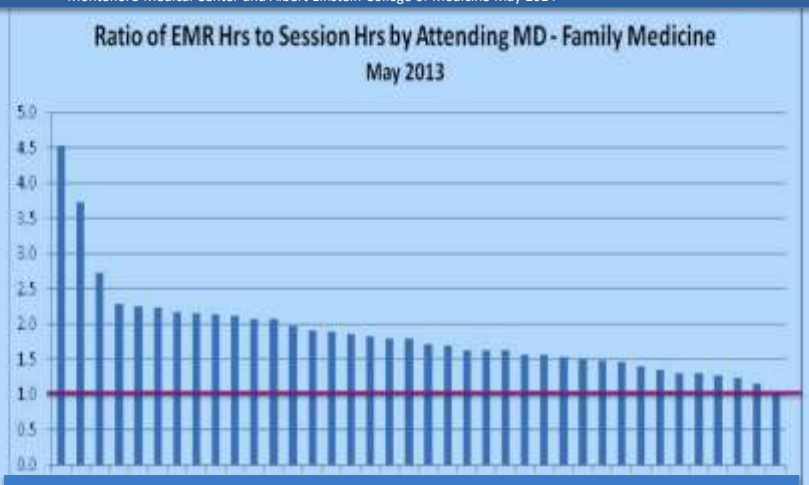
Timothy P. Brigham, MDiv, PhD, Senior Vice President, Education at the ACGME. Co-Chair of the Physician Well-Being Task Force

Art of Medicine: The Suffering of Physicians
One Faculty Day

Time	Work	Real Work
7:00	Attending	1 Desktop Med; Email
8:00	Morning Report	(2) 0.5 hr w 1.5 h prep
8:30	Attending Rounds	3
11:30	Leadership Mtg	1
12:30-2	"Social Determinants" Presentation	(6) 1.5 hr direct; 4.5 hr prep
2-5	Clinic PCP (12 pts)	(5) 3.5 h face to face; 1.5 h Work After Clinic (WAC)
5-7 Work 12 hours	Attending Hospital	2 h Unplanned admit/teaching "Real Work" = 20 hours

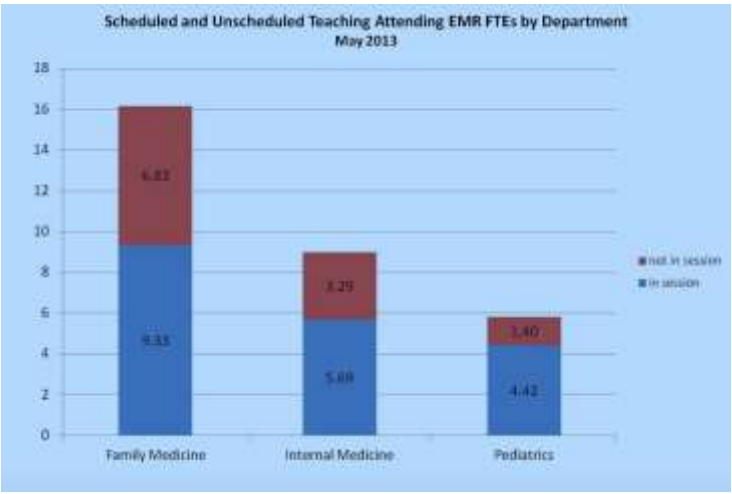
Faculty Morale and Workload : The Impact of the EMR and PCMH Transformation

Bruce Soloway, MD, Vice-Chair
M. Diane McKee, MD, Director, Division of Research Department of Family and Social Medicine
Montefiore Medical Center and Albert Einstein College of Medicine May 2014

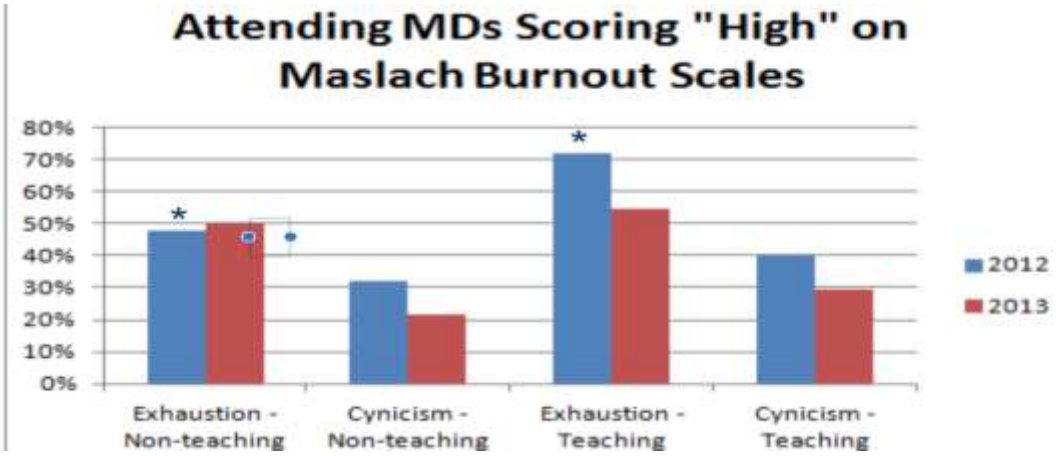


37 Attending Faculty Ratio of EMR hours per 4 hour Clinic Session

More work for FP Faculty?



Higher Burnout for Faculty?



Chief Resident Quote:

"Honestly Dr Mills, its hard for me to watch most of our faculty struggle in the clinic, getting their charts done…..I'm not sure why residents are required to complete them on time…..who is supposed to teach us?"

December 2016

"Every system is perfectly designed to get the results it gets."

Learning Organization

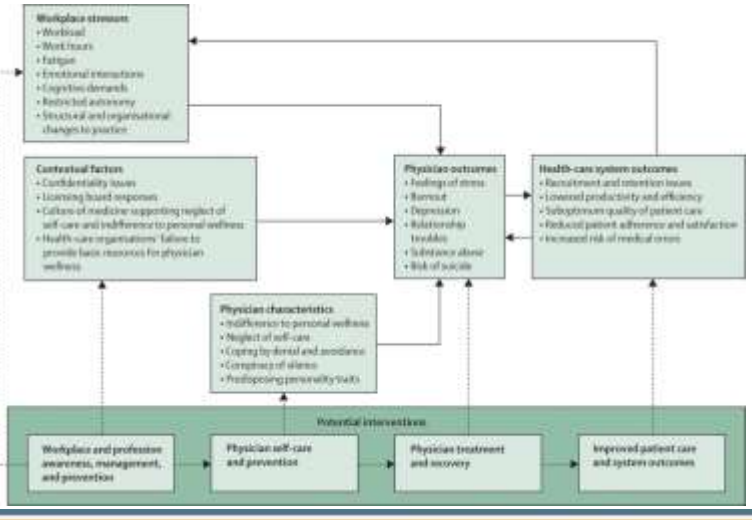
"If there is one single thing a learning organization does well, it is helping people embrace change.

Change and Learning are inextricably linked."

"5th Discipline" Peter Senge

A model of physician ill health and the links with health-care system outcomes, and potential interventions to improve physician and system outcomes

Solid lines are empirically supported; broken lines are potential links.

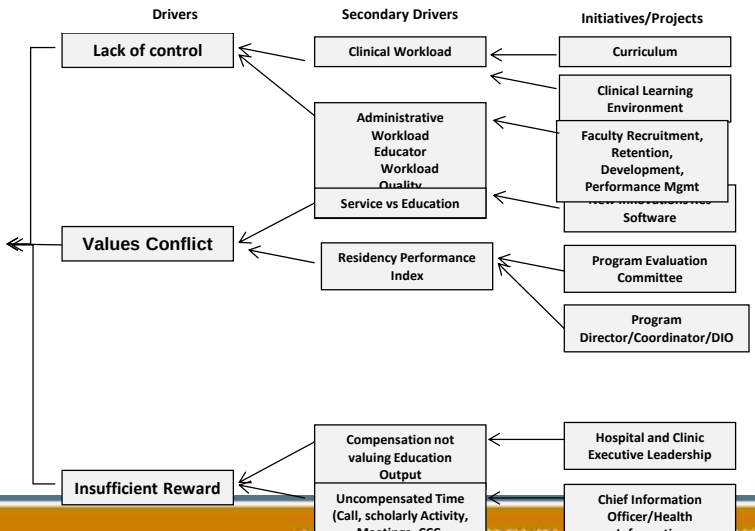


"Every system is perfectly designed to get the results it gets"

Example Driver Diagram For A Faculty Wellness Program

Its Complicated!

Faculty Burn Out



Example of ACGME required Annual Action Plan

Residency Action Plan using Systems Approach to Reducing Faculty Burnout

- **Measure Burn-out, staffing ratios, physician EMR hours as PCMH outcomes**
- **Build enhanced teams with collaborative workflows**
  - **Maximize delegation of non-physician tasks**
- **Schedule adequate desktop time for Faculty/Residents**
- **Use PCMH/Primary Care Transformation to support teams and physician "non-visit work"**

Program Evaluation Committee: Action Plan to Reduce Faculty Burnout "Map"

Performance Improvement Primer for Residency Education. Mills, W. UCSF Natividad FMR

Appendix A

Project Map

Project Title:

Process Owner (Champion):
Physician Champion:
Executive Sponsor:
Clinic Team Leads:
Improvement Facilitator:
Team Members:

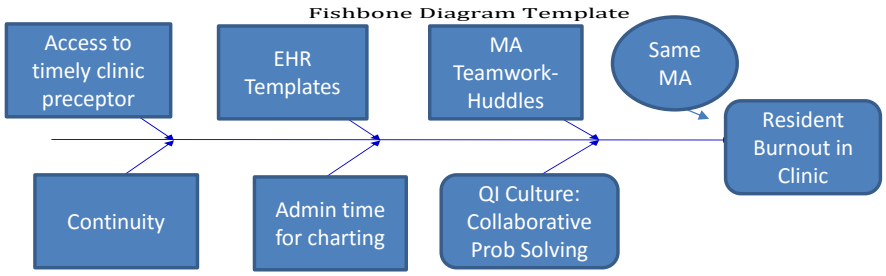
Start Date:
Proposed End Date:

Boxes 1-3: Leadership defines the problem and aim	Boxes 4-6: Team finds new ways to work	Boxes 7-9: Leadership spreads and sustains
1.Reason for Action (Problem Statement)	4.Gap Analysis (Why is there a gap between 2 & 3?)	7. Completion Plan (Spread from test area to rest of units. Who, what, when?)
2. Initial State (Go from "hunch" to "Data." Gather process map and other baseline data. Is this really a problem that we should work on?)	5.Solutions (Brainstorm. Gather many potential ideas)	8. Sustain (Who will audit, who follows the data? Who owns responsibility for tracking and taking action if missing target?)
3.TargetState (SMART Aim. How good? By When?)	6.Rapid Experiments (Multiple PDSA Cycles)	9.Insights (What did we learn? How do these lessons apply to the rest of the Orgsnization?)

Root Cause Analysis

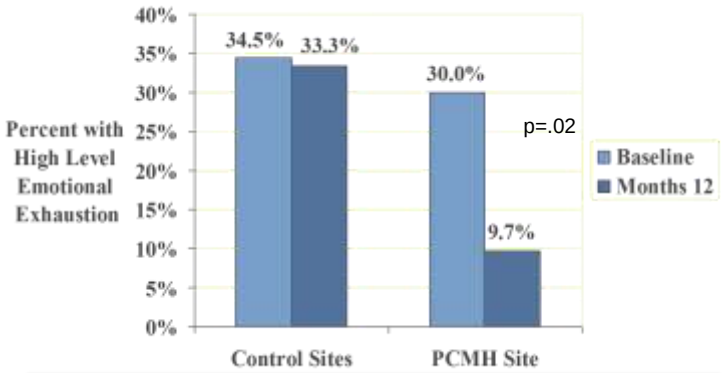
Performance Improvement Primer for Residency Education. Mills, W. UCSF Natividad FMR

Appendix I
The Fishbone Diagram



Institutions must understand the "Evidence" Systems Matter

Group Health PCMH Pilot: Effect on FPs "Joy" and "Balance"



Reid, Robert et al; Medical Home: A Solution? The Group Health Medical Home at Year Two: Cost Savings, Higher Patient Satisfaction, and Less Burn Out for Providers. Health Affairs 29, NO. 5 (2010): 835–843

Mindful Practice Programs

Create

Mindful Organizations

that support

Teamwork

Krasner, M et al. "*Association of an Educational Program in Mindful Communication with Burnout, Empathy, and Attitudes among Primary Care Physicians*" JAMA, Sept 23/30, 2009; Vol 302, No. 12

Physician Wellbeing as Quality Metric

- **When physicians are unwell, the performance of health-care systems can be suboptimum.**
- **Physician wellness benefits the individual physician,**
- **It is vital to the delivery of high-quality health care.**
- **Health systems should routinely measure physician wellness**

Measures of physician wellness are actionable

Wallace, J et al. "*Physician Wellness: a missing quality indicator*" Lancet 2009:374:1714-21

Study Findings

- Physician Burnout is measurable
  - May be Higher in Teaching Institutions
- Staffing ratios are measurable
  - Important to assure adequate support staff for effective teamwork
  - Collaboration as part of robust team may help prevent physician burnout
- EMR Log-on time is a measurable marker of physician clinical workload
  - May be in excess of scheduled clinical hours (WAC)
  - Documentation and other “non-visit” clinical work invade time allocated for academic and personal pursuits

Successful Interventions

- **Enhance physicians’ control over their work environment**
- **Improve efficiency in office design and quality of staff**
- **Contribute to a sense of satisfaction and meaning derived from patient care**

Rowe MM. Teaching health-care providers coping: results of a two-year study. *J Behav Med* 1999; 22: 511–51.
Rø KEI, Gude T, Tyssen R, Aasland OG. Counseling for burnout in Norwegian doctors: one year cohort study. *BMJ* 2008; 337:2004.

ACGME Common Program Requirements

Major Revision to Section VI (Proposed – July 1, 2017)

VI: The Learning and Working Environment

(Formerly "Resident Duty Hrs")

Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- ***Commitment to the well-being of the residents, faculty members, students, and all members of the health care team***

ACGME Common Program Requirements

Major Revision to Section VI (Proposed – July 1, 2017)

VI.C. Well-Being

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, resilient physician. Self-care is an important component of professionalism; it is also **a skill that must be learned** and nurtured in the context of other aspects of residency training. Programs have the same responsibility to address well-being as they do to ensure other aspects of **resident competence**.

- **VI.C.1.b) Attention to scheduling, work intensity, and work compression that impacts resident well-being.**

- **VI.C.1.a) efforts to enhance the meaning that the resident finds in the experience of being a physician, including protecting time with patients, minimization of non-physician obligations, provision of administrative support, promotion of progressive autonomy, flexibility, enhancement of professional relationships.**

Work After Clinic (WAC)

VI.F.1

Clinical and educational work **(formerly "duty") hours must be limited to 80 hours per week…inclusive of all in-house clinical and educational activities, clinical work done from home*, and moonlighting.**

***referring to call from home; it is not clear if charting at home counts**

- **The CLER Program is creating a new focus area to address well-being**
- **Will hold Sponsoring Institutions responsible for Systems supporting well-being.**

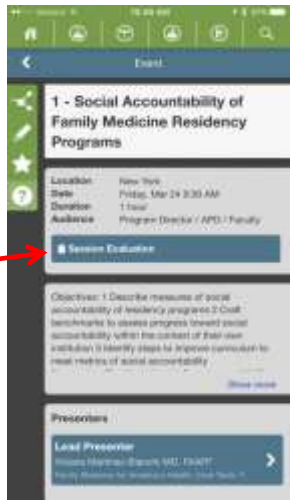
Develop Program Wellbeing Checklist

- Use new Wellbeing Common Program Requirements
- Use new Wellbeing CLER Requirements
- Use Annual Program Evaluation (and Action Plan) to improve areas related to Wellbeing
- Form a Wellbeing Committee; Curriculum (block, didactics, longitudinal)
- What ideas do you have to share?

QUESTIONS??

Please…

Complete the session evaluation.



Thank you.

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