



Track: Physician Wellness		
Body System: Patient-Based Care		
Session Topic: Physician Wellness		
Educational Format		Faculty Expertise Required
REQUIRED	3 Interactive Lectures	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> Physicians are often unaware of major life factors affecting their well-being and health. Physicians often overlook signs of professional exhaustion, or are ill-equipped to effectively mitigate the challenges that lead to burnout. Physicians are in need of specialized training that will help them to develop a professional self-care plan that fosters and maintains personal and professional satisfaction and well-being. 	<p><u>Session 1</u> Burnout: Are You at Risk?</p> <ol style="list-style-type: none"> Understand burnout’s effects, complications, pathophysiology and five main causes. Be able to recognize burnout in yourself and others. Understand the structure of an effective burnout prevention strategy. <p><u>Session 2</u> Reduce the Overwhelm, Build Life Balance</p> <ol style="list-style-type: none"> Build an effective EMR management strategy. Set up a weekly scheduling system to maintain life balance. Optimize office efficiency - two simple tools. <p><u>Session 3</u> Become a More Relaxed, Healthier Physician</p> <ol style="list-style-type: none"> Utilize simple mindfulness skills to reduce stress, increase satisfaction and improve 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



	<p>connection with patients.</p> <p>2. Use reframing to increase empathy with even the most difficult patients.</p> <p>3. Apply techniques to deal effectively with difficult emotions and regain a healthy perspective even during the tough days.</p>	
ACGME Core Competencies Addressed (select all that apply)		
	Medical Knowledge	Patient Care
X	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
X	Professionalism	Systems-Based Practice
Faculty Instructional Goals		
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> • Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations • Facilitate learner engagement during the session • Address related practice barriers to foster optimal patient management • Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> ○ Visit http://www.aafp.org/journals for additional resources ○ Visit http://familydoctor.org for patient education and resources 		

Needs Assessment

Approximately two-thirds of physicians meet the criteria for burnout.¹ Some studies suggest that burnout may begin as early as medical school or residency.² It is imperative that physicians learn to recognize the signs of professional exhaustion before it leads to burnout, attrition, low work satisfaction, or worse. Continuous professional development and reflection in peer groups, resiliency training, and mindfulness training can improve job satisfaction and support clinician health and well-being.³⁻⁹

The importance of identifying and addressing the root causes of physician burnout cannot be overemphasized. Despite much research, a lack of definitive data on causes of physician burnout still exists. Studies indicate that common drivers of family physician burnout include the following: paperwork; feeling undervalued; frustrations with referral networks; difficult patients; medicolegal issues; and challenges in finding work-life balance. These factors have varying



impact at different stages of a physician's career, with inability to resolve work-life conflict having the greatest impact for physicians early in their careers. Long hours, frequent call, frustration with administrative burden, and reimbursement issues strongly impact physicians in the middle of their careers.

There is growing understanding of how physician burnout directly affects patient health outcomes. New research shows that symptoms of physician burnout can be connected with increased rates of medical errors, riskier prescribing patterns, and lower patient adherence to chronic disease management plans. Middle-career physicians report long hours and frequent call, resulting in greater burnout and dissatisfaction among these physicians compared with physicians in other career stages and making them more likely to leave clinical practice. This is a notable concern because the middle of a physician's career typically is the most productive phase in terms of providing patient care, serving as a leader and mentor, and assuming important administrative roles. The fact that burnout causes some physicians to leave practice early may explain why reported levels of satisfaction are highest among older physicians.

The U.S. health care system needs physicians to lead the transition to new methods of health care delivery and to sustain effective participation. However, almost half of U.S. physicians report symptoms of burnout, which compromises their ability to be effective in leading and sustaining change. Reducing physician burnout is critical to achieving the goals of redesigning the health care system and improving the health of patients, families, and communities in the United States.

Understanding the drivers of physician burnout informs the ongoing development of intervention models to prevent burnout and support services to help physicians cope with the symptoms. Historically, most programs to address burnout focused on the treatment of individual physicians (e.g., counseling services). Studies have found that self-awareness and mindfulness training can reduce physician burnout and increase both physician well-being and patient-centered qualities. There is a growing trend among health systems and other employers of physicians to adopt more system-level interventions, such as implementing institutional success metrics that include physician satisfaction and well-being, and developing practice models that preserve the decision-making autonomy of physicians.¹⁰ Implementing coping strategies appears to be protective against burnout.²

Data from the recent AAFP CME Needs Assessment Survey indicates that family physicians identify professional self-care as an area of educational need.⁹ Key findings from the recent AAFP member Physician Wellness, Resiliency, and Burnout Study are as follow:¹¹

- When respondents were asked how common or prevalent they thought family physician burnout was among their colleagues, most of the respondents (93%) said either very common/prevalent (45%) or somewhat common/prevalent (48%).
- Respondents estimated that four in 10 (42%) family physicians are currently being impacted with physician burnout.
- Most of the respondents feel the AAFP should place a high priority (39%) or moderate priority (47%) of providing resources on the topic of physician burnout, resiliency, and wellness. Significantly fewer respondents said either low priority (12%) or zero priority (2%).



- Nearly six in 10 (58%) said they would be interested in obtaining information on these topics via self-study resources. Close behind was a self-assessment tool (54%).
- More than half cited the following resources: a self-assessment tool (54%), AAFP partner with AAFP chapters (53%), and tracks at AAFP live meetings (52%).

References

1. Drummond D. Four Tools for Reducing Burnout by Finding Work-Life Balance. *Family practice management*. Jan-Feb 2016;23(1):28-33.
2. Doolittle BR, Windish DM. Correlation of burnout syndrome with specific coping strategies, behaviors, and spiritual attitudes among interns at Yale University, New Haven, USA. *Journal of educational evaluation for health professions*. 2015;12:41.
3. Nedrow A, Steckler NA, Hardman J. Physician resilience and burnout: can you make the switch? *Family practice management*. Jan-Feb 2013;20(1):25-30.
4. Kjeldmand D, Holmstrom I. Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Annals of family medicine*. Mar-Apr 2008;6(2):138-145.
5. Fortney L, Luchterhand C, Zakletskaia L, Zgierska A, Rakel D. Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. *Annals of family medicine*. Sep-Oct 2013;11(5):412-420.
6. Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In search of joy in practice: a report of 23 high-functioning primary care practices. *Annals of family medicine*. May-Jun 2013;11(3):272-278.
7. Beach MC, Roter D, Korthuis PT, et al. A multicenter study of physician mindfulness and health care quality. *Annals of family medicine*. Sep-Oct 2013;11(5):421-428.
8. Congress of Delegates, American Academy of Family Physicians (AAFP). Resolution No. 606 - Physician Burnout. 2013.
9. AAFP. 2012 CME Needs Assessment: Clinical Topics. American Academy of Family Physicians; 2012.
10. American Academy of Family Physicians (AAFP). Physician Burnout (Position Paper). 2014; <http://www.aafp.org/about/policies/all/physician-burnout.html>. Accessed Mar, 2015.
11. Physician Wellness, Resiliency, and Burnout Study. *MEMBER Insight Exchange*. Leawood KS: AAFP; 2015.