

# ***Role Modeling Well-Being***

## ***Ending the Spiral of Change Fatigue and Burnout for Faculty and Staff***

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## ***Poll Question #1***

**Which job title best describes your current position in your residency program?**

- 1. Program Director**
- 2. Associate Program Director**
- 3. Physician Faculty**
- 4. Program Coordinator/Administrator**
- 5. Behavioral Scientist**
- 6. Nursing Staff**

## Poll Question #2

Your primary interest in this topic is related to:

1. I know someone in our program who is burned out
2. I am/have been burned out
3. I have no idea how to promote well being or mitigate burnout
4. None of the other workshops interested me
5. I heard the presenters were cool guys



# *Faculty Physician Burnout: What is it?*

*Dr. Geiger*



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## SECOND OPINION

BY ROB ROGERS



# Video

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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

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## ***Three Components***

- Emotional exhaustion
- Depersonalization
- 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

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## ***Six Sources of Burnout at Work***

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

- Leiter and Maslach

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# ***QUESTIONS??***



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## ***Poll Question #3***

**Your most effective personal strategy to prevent burnout is:**

- 1. Prioritizing valued relationships**
- 2. Establishing healthy boundaries**
- 3. Laugh more and take myself less seriously**
- 4. Actively learning to be resilient**
- 5. Eat well and exercise regularly**

# *Personal Strategies to Manage Burnout*

*Dr. Geiger*



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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*”



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## ***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

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## ***The Top Ten***

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



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## ***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.”

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***“Exhaustion sets in when we are too accessible too much of the time”***

- Ruth Haley Barton in  
*Sacred Rhythms*

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# ***Resilience***

## **Definition**

**“the ability of an individual to respond to stress  
in a healthy, adaptive way.”**

- Ronald Epstein, MD

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# ***Resilience***

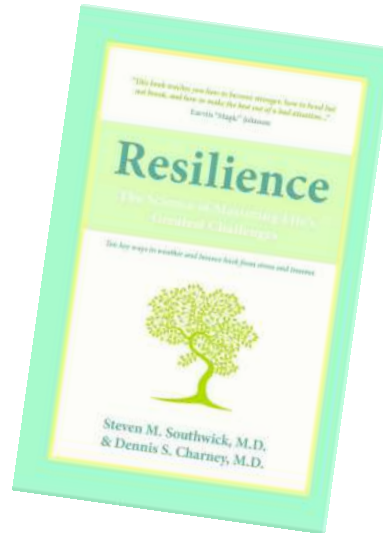
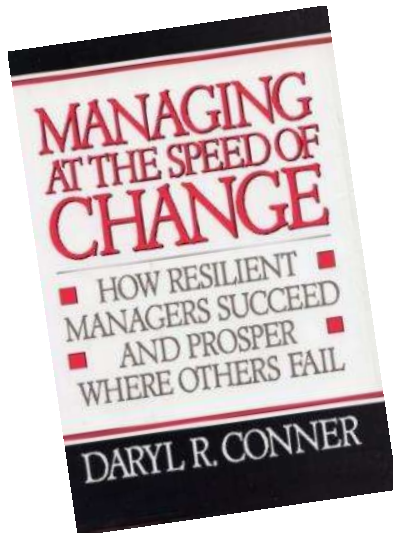
- Change is filled with both ***dangers*** and ***opportunities***
- Resilient people look more on the ***opportunity*** side –  
Conner

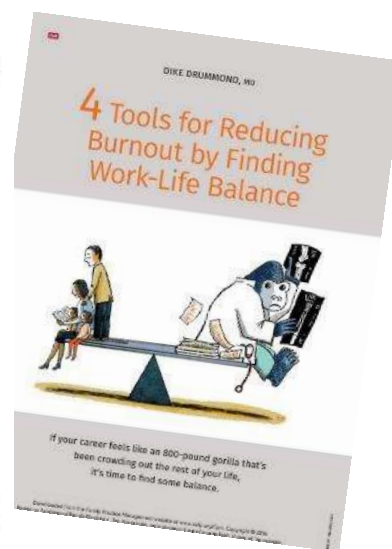
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# ***Characteristics of Resilient People***

- **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

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## QUESTIONS??



# *Addressing Burnout and Wellbeing: A Systems Approach*

*Dr. Mills*



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## **CRITERIA FOR EXCELLENCE:** **New Chapter in 10<sup>th</sup> Edition**

- Highlight insights in new chapter on Wellbeing in RPS Criteria for Excellence (“published” March 2018)
- Group exercise experience in Program Self-Assessment

## The Burning Platform

- **60%** respondents of MD survey are considering leaving practice
- **70%** knew at least one MD who left practice due to poor morale
- **37%** of newly licensed RNs are thinking of leaving their job
- **13%** vacancy rate for RNs
- Few CEOs have taken up the challenge to transform their organizations
- Health care work force injuries are **30x** greater than other industries

Lucian Leape Institute. 2013. *Through the eyes of the workforce: creating joy, meaning and safer health care*. Boston, MA: National Patient Safety Foundation.



***“Every system is perfectly designed to get the results it gets”***



## ACGME COMMON PROGRAM REQUIREMENTS

July 1, 2017: Major Revision to Section VI

### VI: The Learning and Working Environment

(Formerly “Resident Duty Hours”)

*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

July 1, 2017: Major Revision to Section VI

### **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**.

## ***ACGME COMMON PROGRAM REQUIREMENTS***

**July 1, 2017: Major Revision to Section VI**

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

## ***ACGME COMMON PROGRAM REQUIREMENTS***

**July 1, 2017: Major Revision to Section VI**

**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.



## ***ACGME Physician Well-Being Task Force***

**“Where practicing medicine must be “hard”, lets train physicians to be resilient.**

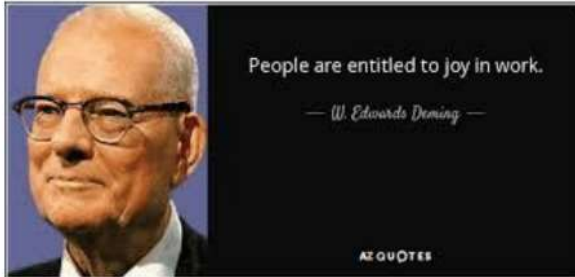
**Where the system makes it hard, but re-design and process improvement can improve the physician experience....we must.”**

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

## ***ACGME CLER VISITS***

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

## Deming and Joy



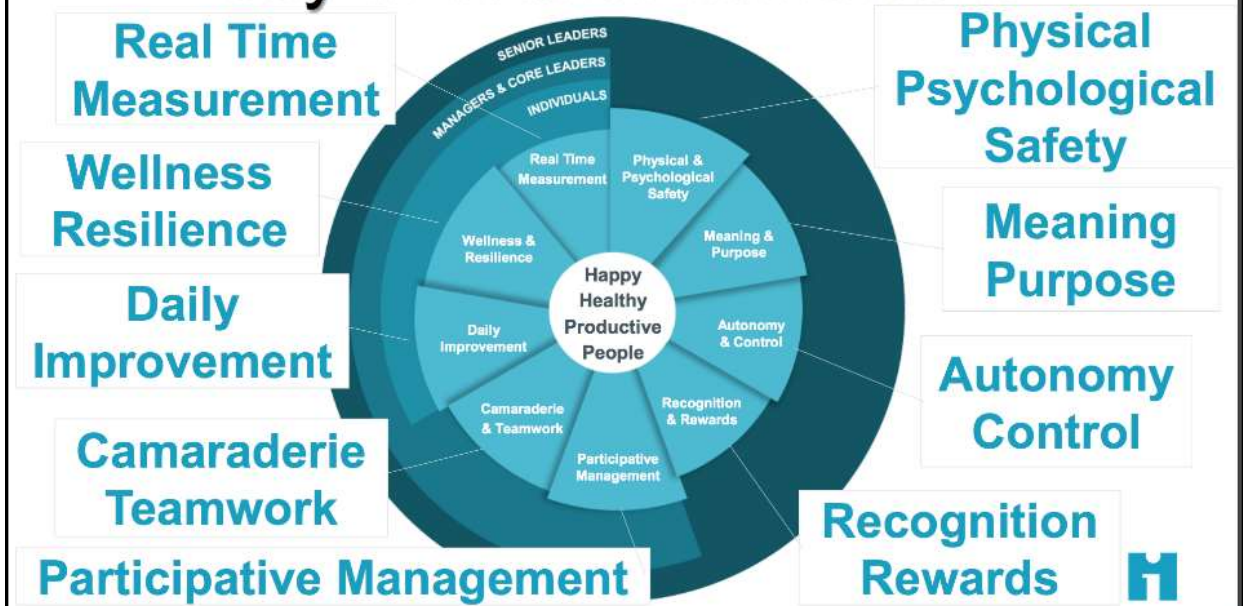
*“Management’s overall aim should be to create a system in which everybody may take joy in his work.”*

— Dr. W. Edwards Deming

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## Joy in Work Framework



## Group Exercise

- **Use the Audience Response System to assess your program's Well-being program**
- **We will assess 6 (of the 13) measures from Chapter 21 of the RPS Criteria for Excellence**

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## *Group Exercise*

### **Rating System for Self-Assessment**

**1=poor/non-existent**

**2=plans but not occurring**

**3=good plan, some program**

**4=recognized program by GMEC, outside experts**

**5=recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

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## ***CRITERIA FOR EXCELLENCE***

### **Self-Assessment**

1. The Program completes annual **Wellness Inventory** which includes work-life balance and burnout for **faculty members** using a standardized tool, and the assessment reviewed and discussed individually with their supervisors.

When wellbeing is at risk, an agreed upon **individual action plan** should be developed and faculty held accountable to implement the plan.

\*This process should be distinct and different from the faculty evaluation process with assurance and trust that there will be no reprisals for gaps in wellbeing.

## ***Poll Question #4***

### **Faculty Wellness Inventory and Individual Action Plans**

1. **poor/non-existent**
2. **plans but not occurring**
3. **good plan, some program**
4. **recognized program by GMEC, outside experts**
5. **recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

## ***CRITERIA FOR EXCELLENCE***

### **Self-Assessment**

2. The Program addresses resilience and well-being by incorporating **faculty viewpoint** on **system issues that would mitigate stress and burnout**, which is sought and addressed annually.

\*The DIO and GMEC is held accountable for addressing these suggestions.

## ***Poll Question #5***

### **Addressing System Issues Identified by Faculty**

1. **poor/non-existent**
2. **plans but not occurring**
3. **good plan, some program**
4. **recognized program by GMEC, outside experts**
5. **recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

## ***CRITERIA FOR EXCELLENCE***

### **Self-Assessment**

3. Faculty are required to participate in **effective resilience training** annually.

## ***Poll Question #6***

### **Annual Faculty Resilience Training**

1. **poor/non-existent**
2. **plans but not occurring**
3. **good plan, some program**
4. **recognized program by GMEC, outside experts**
5. **recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

## ***CRITERIA FOR EXCELLENCE***

### **Self-Assessment**

**5. Faculty development** includes training for faculty concerning recognizing burnout and wellbeing gaps and skills to address them and support residents with wellbeing issues.

## ***Poll Question #7***

### **Faculty Development to Address Resident Wellness Issues**

- 1. poor/non-existent**
- 2. plans but not occurring**
- 3. good plan, some program**
- 4. recognized program by GMEC, outside experts**
- 5. recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

## ***Poll Question #8***

### **Resident Wellness Inventory and Individual Action Plans**

1. **poor/non-existent**
2. **plans but not occurring**
3. **good plan, some program**
4. **recognized program by GMEC, outside experts**
5. **recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

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## ***CRITERIA FOR EXCELLENCE***

### **Self-Assessment**

13. The program engages residents in **mentorship and advising** that actively supports wellbeing and resiliency skill building.

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## ***Poll Question #9***

**Faculty Mentoring to support Resident Well-being**

- 1. poor/non-existent**
- 2. plans but not occurring**
- 3. good plan, some program**
- 4. recognized program by GMEC, outside experts**
- 5. recognized as model of excellence in this aspect of promoting resiliency and wellbeing**

## ***CRITERIA FOR EXCELLENCE*** **Self-Assessment**

**What did you learn in the exercise?**

# ***QUESTIONS??***



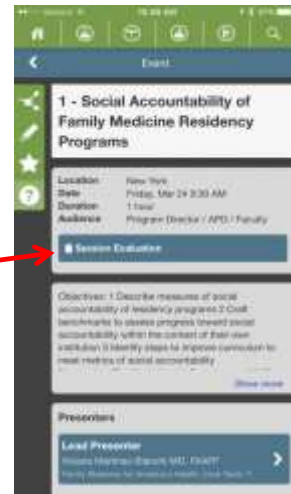
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## **Poll Question:**

Enter your email address to be included in any follow-up communication from the presenter(s).

Please...  
Complete the  
session evaluation.

Thank you.



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