Burned out? Tools For Promoting Wellness in Residency Education

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PDW/RPS
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Learning Objectives
1. Define burnout and its key drivers and consequences
2. Become familiar with the ACGME common program requirements for well being (Section VI)
3. Learn evidence-based tools to promote wellness
Burnout: Definition

- State of emotional exhaustion and depletion from work-related stress.
  - 3 components
    - Emotional exhaustion
    - Depersonalization
    - Low sense of personal accomplishment
- Physicians at higher risk than other professionals
  - Professional degree: Odds ratio for burnout is 0.64
  - DO or MD: Odds ratio for burnout is 1.36

(Maslach, 1979) (Shanafelt, 2012)

Burnout: Epidemiology

- Medical students
  - 50% burned out
    - 27.2% depression, 11.1% suicidal ideation (JAMA)

- Resident physicians
  - 50%- 75% burned out
    - 28.8% depression

- Practicing physicians
  - Mean 54%, varies by specialty
  - FM PDs less burnout out (27.3%) and are more resilient

Changes in Burnout in Physicians Between 2011 and 2014

(Shanafelt Mayo Clinic Proc., 2015)

Burnout: Causes

- Lack of autonomy
- Workload
- EHR
- Work compression
- Administrative tasks
Key Drivers of Burnout

- Preparedness for residency
  - Impact of changes in medical school curriculum
    - Less hands-on procedural training? Note writing?
    - More flexible schedules, autonomy? Impact of TBL?
  - Transition in feedback
    - Test-based to formative competency-based assessment
    - Pass/fail
Medical error and cognition
  – Quality of patient care
  – ITE scores

Mood disturbance
  – Depression
  – Suicide (burnout independent RF- OR 2.33)*
  – Anxiety

ETOH and substance abuse
  – 13% men and 21% women physicians in AMA study

(West, 2011) (Dyrbye, 2008)
Are we in crisis mode?

Physician depression and suicide

- Depression
  - Not new (30% in 1986), similar to current estimates (25%)
- Suicide
  - 20-28 residents per year (15/100,000)
  - Current estimates: 380 – 420 physician suicides per year:
    - Male MDs 1.7 times more likely than non-MDs
    - Female MDs 2.4 times more likely than non-MDs
  - Age range 45-64: 18/100,000

National suicide rate: 12.57/100,000

Physician risk

- System
  - Excessive work load/work compression
  - Loss of autonomy in larger systems
  - Loss of meaning
- Couple with stigma
  - Only 22% of those at risk seek help
    - (85% with depression have no treatment!)
  - Only 25% of those with suicidal ideation seek help
  - Barriers- licensing, state boards*, lack of time
    - 33% states have question about MH on license app

(AMA Consensus statement 2003*- not much has changed!) (Ey, 2013) (Guille, 2010) (Shanafelt, 2015)

Consequences cont.

- Faculty retention
  - Burnout associated with:
    - OR 2.5 intent to leave practice within next 2 years
    - Increased likelihood reducing FTE
      - 1 point change in EE assoc. with 43% increase
      - Regardless of age or specialty

(Arch Surgery 2008, Shanafelt, 2016)
“We are frogs in the pot and the water is boiling”

- Tom Nasca (ACGME CEO)
  2017 ACGME conference

Think, Pair, Share (5 minutes)

• Think of one resident who you believe is burned-out.
  – What makes you think the resident is burned out?
  – Do you see any consequences?

• Pair, share
ACGME- Call to Action

• ACGME task force on well being
• Revision Common Program Requirements
  – Section VI.C
  • The Learning and Work Environment: Well Being
  • Went into effect 7/1/2017
  • CLER visit focus

CPR VI.C: Well Being

Summary:
• Protect time with patients
• Minimize non-physician obligations and tasks
• Attention to work intensity/compression
• Monitor workplace safety data

Background and Intent: The requirement emphasizes the responsibility shared by the Sponsoring Institution and the program to gather information and utilize systems that monitor and enhance resident and faculty well-being, including physical safety, factors to be addressed include, but are not limited to, monitoring of workplace injuries, physical or emotional violence, vehicle collisions, and emotional well-being after adverse events.
CPR VI.C: Well Being

VI.C.1.d) policies and programs that encourage optimal resident and faculty member well-being; and.

Background and Intent: Well-being includes having time away from work to engage with family and friends, as well as to attend to personal needs and to one’s own health, including adequate rest, healthy diet, and regular exercise.

VI.C.1.d)(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

Background and Intent: The intent of this requirement is to ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.

Summary:
• Need programs and policies that encourage well-being
• Residents must be allowed to go to doctor’s visits during work hours

CPR VI.C: Well Being

VI.C.1.e) attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience those conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must.

Background and Intent: Programs and Sponsoring institutions are encouraged to review materials in order to create systems for identification of burnout, depression, and substance abuse. Materials and more information are available on the Physician Well-being section of the ACGME website (http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being).

VI.C.1.e)(1) encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Summary:
• Educate faculty and residents on identifying burnout, depression, and substance abuse
• Alert PD or faculty if concern
CPR VI.C: Well Being

Summary:
• Must provide access to screening tools
  – Free: Well Being Index (Mayo Clinic)
  – https://www.mededwebs.com/well-being-index
• Provide access to mental health resources, including 24 hour access

Screening Tool: Well Being Index
CPR VI.C: Well Being, Last Section

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (cont)

Summary:
- Provide emergency back-up for patient care

Think, Pair, Share (5 minutes)

- After reviewing the new CPRs on well-being, name:
  - 1 requirement you are doing well
  - 1 requirement you could improve upon
- Pair, share
Toolbox- Evidence Based Strategies For Reducing Burnout

• Evidence for:
  – Mindfulness techniques, MBSR
  – Self-development/coping skills groups
  – Conversion to P/F grading system for medical schools

• Mixed data:
  – Self-care
  – Stress management didactics
  – Resiliency training
  – Duty hours

(McCray, 2008) (Shiralkar, 2013) (Williams, 2015)
Toolbox - Mindfulness

• Many resources
  – Krasner and Epstein Mindful Practice Curriculum (Rochester)
  – MSBR - Online CME (UMass) - Jon Kabat-Zinn
  – ROM method
  – Calm.com

• Mindfulness exercise
  – UVM Center for Health and Wellbeing online meditation
    – https://soundcloud.com/user-658944755

(Krasner, JAMA 2009) (Ospina-Kammerer 2003)
Self-care

- Plummets in medical school
  - Decrease in exercise and socialization
  - Increase in ETOH use
- Worse in residency

Self care and burnout (UVM study)

- Eating well, sleep, exercise, going outdoors, time with family and friends - protective
- All other factors - not statistically significant

Toolbox - Self Care

(Ball, 2002) (McCray & Rosen, 2015)
Toolbox- Resiliency

• Resiliency
  – Capacity to bounce back, withstand hardship
  – Positive adaptation in the face of stress

• Resiliency training
  – Based on coping, self-care, and personal relationships
  – Professional Provider Resiliency Training (PPRT)
    • Armed forces- controversial and expensive
  – FM curriculum (University of Toledo)


Toolbox- Resiliency

– SMART training- MGH Benson Henry Institute (BHI)
  • Stress Management and Resiliency Training
  • Mind-body focus, EBM based

– SMART-R
  • Abbreviated version of full 16 hour curriculum
  • Three 2-hour sessions

– SMART-R in FM and OB/GYN residents at UVM
Toolbox- Well Being

• Well-being not absence of “disease” or burnout
  – Positive emotional state
  – Related to autonomy, competence, and social relatedness
• Sleep, physical activity, time in nature, PTA (personal time availability) associated with well being
• Interventions-
  – gym access, coping skills, advising system

(Raj, 2016)

Toolbox- Organizational Approaches

“We’re not going to resilience our way out of this”- Stuart Slavin
Toolbox- Organizational Approaches

- Measure current state, compare to national norms
- Leadership
  - Leadership scores independently associated with burnout (1 point increase assoc. with 3% reduction in burnout)

35 (Shanafelt, 2015)

Toolbox-Organizational Approaches

- Decrease work hours -> decrease burnout
- Outpatient work flow improvements
- Advanced care team models
- Scribes
- COMPASS groups
  - Facilitated small groups

(Gidwani, 2017)
Think, Pair, Share

- Think about the individual and organizational tools available.
  - Pick one tool you would like to implement.
  - Name the first step in implementing that tool in your program.
  - Pair, share.

Summary

- Defined burnout and its key drivers and consequences
- Became familiar with the ACGME common program requirements for well being (Section VI)
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Please complete the session evaluation.

Thank you.

References

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References


Additional resources- Mindfulness

- **Mindfulness Based Stress Reduction**
  - Umass online course
  - [http://www.umassmed.edu/cfm/stress-reduction/mbsr-online/](http://www.umassmed.edu/cfm/stress-reduction/mbsr-online/)
- **Books**
  - *Wherever you go, There you are: Mindfulness Meditation in Every Day Life*. Jon Kabat-Zinn, PhD. Hyperion, 1994.
- **Curriculum- University of Rochester (Krasner and Epstein)**
  - [https://www.urmc.rochester.edu/family-medicine/mindful-practice/presentations-workshops.aspx](https://www.urmc.rochester.edu/family-medicine/mindful-practice/presentations-workshops.aspx)
  - [www.calm.com](http://www.calm.com)
- **Evans Health Lab**