Burnout and Resilience in the Medical Profession
Chaya Prasad, M.D, MBA
AOCP 2017

Objectives
- Definitions
- Statistics
- Journey from Medical school
- Changes in progress
- Resiliency building skills

WCOMP
- What has been started
- How has it worked
- Next steps
- Research

Statements at bottom of screen are my students’ comments, taken from surveys.

My Personal Story of Burnout and journey to Resilience

Great talk, this is a big issue that is rarely discussed. Thank you
Definition of Burnout

A syndrome/emotional condition characterized by
• Loss of enthusiasm for work (emotional exhaustion)
• Feeling of cynicism (depersonalization)
• Low sense of personal accomplishment.

Burnout is usually regarded as the result of prolonged stress.

http://www.aafp.org/about/policies/all/physician-burnout.html

Former Surgeon General Vivek Murthy, M.D, M.B.A on Physician Burnout

4/2016

The suicide and burnout rate is very high
If we have people burning out, it really goes against our needs
If healthcare providers aren’t well, it’s hard for them to heal the people for whom they are caring
How to cultivate emotional well-being for healthcare providers

http://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/57280

I really appreciated how the school took the time to prepare this presentation for us. I know a lot of us are board studying right now, but I felt like this talk was necessary. I personally feel the burnout myself sometimes and I just call my dad and vent to him. But sometimes it can be overwhelming especially in this stressful time, so I feel this talk was very helpful and necessary for us.

Skeleton is Out of the Closet

• ACOM 4/16. Theme for annual conference - “Osteopathic Medical Education: A Focus on Resilience.”
• US News, 4/12/16. Doctor Burnout, Stress and Depression: Not an Easy Fix. Why are a growing number of physicians and trainees going through dark periods of turmoil? By Elaine Cox, M.D.
• Huffington Post, 12/15/2015. Physician Burnout Rates top 50% (and that’s not the worst finding) by Dike Drummond, M.D.
• AAFP, D9/15. Physician Burnout: Its Origin, Symptoms, and Five Main Causes by Dike Drummond, MD
• AMA, 3/4/2015. How to beat burnout: 7 signs physicians should know
• NY Times, 10/7/10. Medical Student Distress and the Risk of Doctor Suicide. By Pauline Chen, M.D.

I consider my self already very able to not let many things stress me out. This sort of lecture was good for me to reach out to classmates at risk of burnout, but was of little benefit to me personally.
I think its great you are trying to help us identify and take steps to prevent burn out. Most of my negative responses to the questions above are because I personally have already been active in identifying burn out in myself and I have already been working ways to distress and deal with those situations. I think this kind of talk is better fit for incoming first years, because for me personally I have learned throughout the course of my first two years how to handle stress, but it would have been nice to hear earlier rather than now when I have already figured this stuff out on my own.

Scholarly Articles on Medical Student Burnout


It was a great lecture to understand burnout. Sometimes it is easy to forget to take care of ourselves.

A Public Health Crisis! Individual or system problem? AAMC 2015

- Burnout in U.S. alone:
  - >40,000 in Medical Students
  - >60,000 in Residents and Fellows
- >490,000 Physicians
  - Burnout 45.8%
  - Emotional exhaustion 37.9%
  - Depersonalization 29.4%

It is very difficult for me to hear the “burn out” excuse for physician depression. It is years of emotional turmoil and sometimes abuse that leads physicians to lose their sense of purpose and self-confidence. When you call it burn out it turns the problem into an individual one rather than a systemic one.
This is a topic that is very relevant to us as future physicians. The lifestyle we live is very stressful and leaves very little time for ourselves and our own personal needs. This presentation showed me how important it is to take time to destress and keep myself mentally and physically healthy.

Depression in the Medical Profession

- Medical students (15 – 30%)
- Interns and residents (30%)
- 9.4% of fourth-year medical students and interns reported having suicidal thoughts in the previous two weeks
- 1 in 16 US physicians had experienced suicidal ideation in the past 12 months, only 26% had sought psychiatric help
- Lifetime rates of depression in women physicians were 39% compared to 30% in age matched women with PhD’s
- Lifetime rates of depression in male physicians (13%) may be similar or slightly elevated in men in the general population


It is great to be able to recognize the early signs of burn out and take measures early on as prevention.

Suicide Rates

AAMC 2015

- Srijan Sen, MD, PhD, University of Michigan Medical School Intern Health Study, a longitudinal study of depression among interns nationwide, estimates “suicide rates among physicians are 40 to 70 percent higher in males and 130 to 300 percent higher in women.”
- Among medical students, suicide is the second most common cause of death, after accidents.
- Academic Medicine, 2/09 reports 13.6 percent of medical students exhibited major depression and 6.6 percent reported suicidal ideation.

Prevention of burnout is the most important thing. I think having lectures like this help students and others recognize the signs and patterns of burnout. Being able to recognize when someone is leading down that pathway is crucial in preventing more devastating issues that may occur.
Burnout Rates by Specialty

Consequences of Burnout

Medical students
- Loss of self esteem
- Sub optimal academic performance
- Drop out from medical school
- Drug and alcohol abuse
- Depression
- Suicidal ideation/suicide
- Continuing behavior in internship/residency

Physicians
- Medical errors
- Impaired professionalism
- Reduced patient satisfaction
- Staff turnover
- Loss of job
- Impaired family dynamics
- Depression and suicidal ideation
- Motor vehicle crashes

If possible, it would be great to hear more stories/experiences/tips from upperclassmen regarding this topic. Overall this was a good presentation!
What is causing the burnout? Why don’t they ask for help?

I think it would be nice if it included a live meditation.

Medical Students

- Overwhelmed by what they do not know.
- Consciousness, compliance, compartmentalization of emotions
- Limited coping skills
- Misconstrued as a weakness or an inability to perform duties.
- Perfectionists
- Until recently this was not an openly discussed or recognized topic.

I believe this topic is very important and should be incorporated into our curriculum more. In particular, it should be added to the ECM curriculum with some guest lecturers.

Are medical educators contributing?

Are we enriching or impoverishing students?
Are we encouraging courage, compassion, wisdom and resilience?
OR
Are we encouraging envy, fear, and destructive competitiveness?
Are we promoting resilient medial communities?

All physicians should be aware of this topic and I appreciate that it is being introduced early into our medical education.
Physician Distress – Key Drivers

- Excessive workload
- Inefficient work environment, inadequate support
- Loss of autonomy/control/flexibility
- Loss of values and meaning in life
- Problems with work-life integration

We are all very aware of burn-out, we've all experienced it. I think if this content was incorporated into ISSM during first and second year it may be more effective. Half-way through third year a lot of us are very much in the grips of burn-out and didactic weeks are very stressful so I think this was the wrong time for this material. The TED talk was pretty great though.
Among practicing physicians, barriers to mental health care include:

- Discrimination in medical licensing
- Hospital privileges
- Health insurance
- Malpractice insurance

Accreditation Council for Graduate Medical Education (ACGME) Efforts

- 3 day symposium in 2015
- Topic - Symposium on Physician Well-Being: Summary and Proposal to the ACGME Board of Directors

Dr. Prasad’s personal story about how burnout impacted her life helped me relate to the topic and pay attention to her wisdom on a more emotional level. Thank you, Dr. Prasad!

Role of Educational Institutions and Educators

- Educating student communities and faculty and administrators, about the importance of work-life balance.
- Educating students and faculty about risk factors and warning signs
- Advising and mentoring structures as “a safety net” for students.
- Establish regular sources of health care, including preventive measures
- Extracurricular activities to create downtime and a chance to socialize.
- Screen for fatigue and burnout throughout the education continuum and during medical practice.

Thanks for taking the time to explain to us how much burnout affects us now and how much it could affect our future. It is certainly an important topic and invaluable for our careers. :)

35 percent of physicians do not have a regular source of health care.
Study from the Mayo Clinic

Faculty mentors should be more proactive, using their own experiences to try to prevent the stress of a medical education.

I think that this was a good presentation and a good start to this topic. I suggest that we have a completely private room where students can go there and shout or whatever they do to relieve stress. Obviously it needs to be a safe environment and someone needs to monitor the room activity (to prevent self-harming dangerous activity) but I know that in some residency programs they offer wellness options like this. Thanks!

AAMC Leadership Forum, 2015, Creating a Culture of Wellbeing and Resilience in Academic Medicine

Individual-focused interventions:

• Meditation techniques - Stress management training, including MBSR (mindfulness based stress reduction)
• Communication skills training
• Self-care workshops, exercise program
• Small group curriculum
• Community connectedness

This presentation was well crafted in that it had information that I had not known before

An Examination of Mindfulness-Based Programs in US Medical Schools -4/17

• Academic mindfulness centers associated with medical schools (AMCAMs)
• Systematic website content search to evaluate mindfulness activities related to wellness, research, clinical use, and education among the 140 accredited US medical schools.
• Surveyed AMCAMS directors to query the type of programs offered, the type of professionals participating at AMCAMS.
• AMCAMS was present at 79% of US medical schools in 2014. Activities for wellness (87/140; 62%) and research (69/140; 49%).
• A potential AMCAMS was identified at 27% (38/140) of medical schools, and 33 of 38 directors at those centers completed our survey (87% response rate).
• AMCAMS directors reported that the most commonly offered program was Mindfulness-Based Stress Reduction (MBSR) followed by Mindful Movement and Mindfulness-Based Cognitive Therapy (MBCT).

Academic focused approaches

- Pass/fail curricula
- Learning and peer communities
- Promote culture of well-being and support

Leaders in this are Georgetown University, Stanford, Vanderbilt University, Mayo Clinic

In terms of question 13, I was taken aback at how much I enjoyed the physician who presented. I wish I had been able to be present for this speaker. She was engaging and brought up subjects and statistics that are a must in terms of knowledge of a medical professional. I will definitely be referencing the articles and videos she mentions in her presentation.

Structural Interventions

- Duty hour requirements for trainees
- Possible negative impact on attendings
- Shorter attending rotations
- Shorter residents shifts in ICU
- Locally developed practice interventions

I'd like to see a presentation on how the school can help reduce burnout inducing curriculum. I understand to a certain extent that we have the ability to destress, but saying that identifying stress and destressing is only half the story. School's have been expecting more of medical students recently, and I don't think that component was addressed.

Physician Well-Being: Recommended Approaches

<table>
<thead>
<tr>
<th>Key Drivers</th>
<th>Individual</th>
<th>Organizational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td>Part-time status</td>
<td>Productivity targets, Duty Hour Requirements, integrated career development</td>
</tr>
<tr>
<td>Work Efficiency/Support</td>
<td>Efficiency/Skills Training</td>
<td>EMR ( +/- ), Staff support</td>
</tr>
<tr>
<td>Work-Life Integration/ Balance</td>
<td>Self-care, Mindfulness</td>
<td>Meeting schedules, Off-hours clinics, Curricula during work hours, Financial support/counseling</td>
</tr>
<tr>
<td>Autonomy/Flexibility/Control</td>
<td>Stress management/Resiliency, Mindfulness, Engagement</td>
<td>Physician/learner engagement</td>
</tr>
<tr>
<td>Meaning/Values</td>
<td>Positive psychology, Reflection/self-awareness, Mindfulness, Small group approaches</td>
<td>Core values, Protect time with patients, Promote community, Work/learning climate</td>
</tr>
</tbody>
</table>
What next ...

Students need to:
• Step back
• Take a deep breath
• Start taking better care of your own personal needs
• Create boundaries for a more balanced life

This is a really important topic. It’s also a really hard thing to try and incorporate into a third and fourth year curriculum where I think it’s needed the most. I spent my first 2 years hearing from everyone around me “it’s ok, it’s ok, these first two years are the hardest, it gets much easier in third and fourth year”. I established a good rhythm in my first two years, did well, and then after step 2 I relaxed. That was a mistake. 3rd year has been harder than anything I’ve ever done in my life. I didn’t feel burned out in my first two years but I do now, and that’s why it is so vital to have these courses at this time and not during our first two years when we’re sheltered by our school. It’s also a huge challenge. To be honest I felt like this course induced burnout when it was first announced as yet another requirement for didactic week, and I know that a lot of my peers felt that way as well. It’s an unfortunate paradox in these two final years of medical school but I have to say that if it’s between giving us an extra hour to study or relax during didactic week and having us watch this video and fill out a questionnaire, I’d say you should continue to supply these courses and make them mandatory. It’s really, really important.

Definition of Resilience
(American Psychological Association)

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress—such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences.
Other programs in place at WCOMP

MEDWELL programs
- Mindful Mondays
- Wellness Wednesdays
- Fitness Fridays
- Nutrition series
- Treadmills at Pomona and Lebanon
- FIRE series – student run
- Student Wellness Task Force
- Faculty Training Lebanon/Pomona

I feel that everybody is different in how they stress and handle stress. Not one formula will work for everyone and the institution needs to recognize that and be more compassionate and listen to the students.

What have I been doing?

I’d like to see a presentation on how the school can help reduce burnout-inducing curriculum. I understand to a certain extent that we have the ability to destress, but saying that identifying stress and destressing is only half the story. School’s have been expecting more of medical students recently, and I don’t think that component was addressed.
• Presentation to 2020 students support groups – parents, siblings, significant others, grandparents - 2016
• Presentation to WCOMP Faculty and staff – 2016
• Presentation to 2019 x 3 and 2020 students – 2016 and 2017
• Presentation to WCOMP Alumni - 2017
• Presentation at MEDWELL annual conference - 2017

It was a good talk and I appreciate bringing burnout into light. I also appreciated that someone who has had physician burnout was sharing the information because it made it that much more relatable.

2020 students

• Lecture series as part of ISSM course – 2020 students
  - didactic talk, with mindfulness activity
  - resilience building tools – time management, power naps, nutrition, exercise
• Data and Statistics
• Resilience building tools
• Sharing of experiences by senior students
• Resource information – on and off campus
• Surveys

Thank you for requiring us to take time to watch this lecture. It was immensely informative and helpful. I highly recommend this lecture to other students, and encourage the issue of physician burnout be incorporated into COMP’s teaching curriculum.

2017, 2018, 2019 students

• Online program
• OMS 2 - Part of ISSM
• OMS 3 – Part of ECM 5 didactic week, mandatory
• OMS 4 – Part of ECM 6 didactic week, optional (working on making it mandatory)
• Resilience building tools
• Sharing of experiences by senior students
• Resource information – on and off campus
• Surveys

I appreciate the concern for burnout in our profession and our school addressing and taking action to improve our emotional resilience.
Meditation (Mindfulness)

In place
- Prior to all exams
- 1 min audio – one minute, pause, breathe
- Students have come to expect it and honor it

Coming this fall
- Prior to all classes
- 1 mins audio
- Faculty buy in essential
- Mindfulness program for students

Thank you for requiring us to take time to watch this lecture. It was immensely informative and helpful. I highly recommend this lecture to other students, and encourage the issue of physician burnout be incorporated into COMP’s teaching curriculum

Mindfulness refers to:

“the awareness that emerges through paying attention in a particular way, on purpose, in the present moment, and without judgment, to the unfolding of experience from moment to moment”

Jon Kabat-Zinn

<table>
<thead>
<tr>
<th>Question</th>
<th>OMS 3 (%)</th>
<th>OMS 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to the presentation: Had you heard or read about burnout in the medical profession?</td>
<td>95</td>
<td>96</td>
</tr>
<tr>
<td>Prior to the presentation: Did you know what resilience meant?</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Prior to the presentation: Did you know that medical professionals were at this high risk for burnout?</td>
<td>94</td>
<td>91</td>
</tr>
<tr>
<td>Prior to the presentation: Were you able to recognize features of burnout in yourself or in your friends?</td>
<td>77</td>
<td>72</td>
</tr>
<tr>
<td>Prior to the presentation: Did you feel you could handle the stress?</td>
<td>84</td>
<td>86</td>
</tr>
<tr>
<td>Prior to the presentation: Did you know who to turn to in the event of an imminent burnout?</td>
<td>60</td>
<td>54</td>
</tr>
<tr>
<td>After the presentation: Is your understanding of burnout in the medical profession improved?</td>
<td>83</td>
<td>93</td>
</tr>
<tr>
<td>After the presentation: Do you think you may be able to recognize the early signs and symptoms of burnout?</td>
<td>94</td>
<td>99</td>
</tr>
<tr>
<td>After the presentation: Are you taking appropriate steps to de-stress?</td>
<td>81</td>
<td>80</td>
</tr>
<tr>
<td>After the presentation: Will you adopt any new measures to de-stress?</td>
<td>79</td>
<td>84</td>
</tr>
<tr>
<td>After the presentation: Do you feel you are better prepared to handle stress?</td>
<td>73</td>
<td>84</td>
</tr>
<tr>
<td>After the presentation: Would you like to see more of this topic incorporated into your curriculum?</td>
<td>55</td>
<td>91</td>
</tr>
</tbody>
</table>
Research

Thus far
• Basic surveys and responses – OMS 2, 3, 4
• OMS 1 students - part of Rancho Los Amigos project.
• Evaluate awareness
• Evaluate need
• Evaluate success

Next steps - robust well planned study
• Control groups
• Implementation of resilience tools
• Surveys that will help monitor effectiveness
• Evaluate intervention with performance
• Role of faculty training

I disagree with the solution to burn out. As medical students (and physicians), we are already resilient from the fact that we have completed 4 years of undergrad, completing our 4 years of medical school, will be completing 3+ years of residency. We are currently pushed out of our comfort zone every day and we sacrifice time with family and friends and the solution is to meditate and do yoga and take a walk at lunch time... The demands on a rotating student/resident/physician does not allow for lunch time or much free time. Physicians and medical students should not be blamed for being human in an inhumane system. It’s not our fault that we work/study 80-100 hours a week and not see family/friends and put all our emotional energy in a career that makes us burned out. How can we take care of ourselves when we often have to choose between studying vs eating vs sleeping for years on end. It’s an inhumane system and we are being taken advantage of. “Practicing mindfulness” or “doing yoga” or “making time for family” is not the ultimate solution because we already want to do these things. Don’t tell us to take a walk or spend time with family - tell the system to allow us the chance to take care of ourselves.
Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?

- Decreased quality of care: 58%
- The need of organizations: 28%
- Turnover: 24%
- Decreased patient satisfaction: 21%
- Decreased productivity: 9%
- Physician suicide: 8%

Base = 570 (multiple responses)
NM Catalyst (catalyst.nm.org) © Massachusetts Medical Society

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Question: Are interventions for reducing burnout in physicians effective?

Findings: This meta-analysis of 20 controlled interventions on 1550 physicians found that existing interventions were associated with small and significant reductions in burnout. The strongest evidence for effectiveness was found for organization-directed interventions, but these interventions were rare.

Meaning: More effective models of interventions are needed to mitigate risk for burnout in physicians. Such models could be organization-directed approaches that promote healthy individual-organization relationships.


What are organizations doing about physician burnout??

- [https://hbr.org/2017/06/how-one-medical-group-is-decreasing-physician-burnout](https://hbr.org/2017/06/how-one-medical-group-is-decreasing-physician-burnout)

I feel that everybody is different in how they stress and handle stress. Not one formula will work for everyone and the institution needs to recognize that and be more compassionate and listen to the students.
Leadership’s Role In Responding To Burnout - 9/16

- Regularly measure the well-being of our physicians using one of several standardized, benchmarked instruments.
- Include measures of physician well-being in performance dashboards along with financial, performance metrics.
- Track the institutional costs of physician turnover, early retirement, and reductions in clinical effort.
- Promote leadership skill development for physicians.
- Address the clerical burden to physicians that is contributing to professional burnout.
- Support collaborative, team-based models of care where physician expertise is maximally utilized for patient benefit, with non-physician tasks delegated to other skilled team members.
- Encourage government/regulation to address the increasing regulatory burden that is driving inefficiency, redundancy, and waste in health care.
- Support AMA and other national organizations to work with regulators and technology vendors to align technology and policy with advanced models of team-based care and to reduce the burden of the EHR.
- Compiling and sharing best practices from institutions that have successfully begun to address burnout.
- Educate stakeholders about the importance of reducing burnout and improving physician well-being.
- Use organizational research to determine effective policies and interventions to improve physician well-being.

The Drop Out Club

In ‘Drop Out Club,’ desperate doctors counsel each other on quitting the field

BY SARAH KWON
MAY 24, 2017

I thought it was really great to hear about a physician’s own story of burnout, because it takes away the stigma and allows for others to come forth if they need help. I am fortunate that I have a wonderful support system among my friends and family and that I have developed hobbies and interests that help alleviate stress, but I do recognize that others may not have a similar support system or have not had an outlet to discuss their stress, so I think it’s important to continue to recognize physician burnout and to incorporate discussions of such in our curriculum so that our colleagues do not feel alone. I think even starting the meetings off with some meditation or quiet reflection could really help. I’ve found that taking even a few moments for deep breathing really takes the edge off of the anxiety I might feel before a test or important event. I think that would be great to have during a support group session or even before a “burnout” talk, such as this one.
Wounded Healers

- Concept from Jungian psychology
- Chiron, a centaur in Greek mythology who was renowned for his skills as a healer. Chiron was wounded by a poisoned arrow, but his immortal status sustained him despite the incurable wound.
- He was thus condemned to spend eternity roaming the earth in agonizing pain, healing everybody but himself.

That was then but does not have to be so today.
We can make a change.
We are making changes.

Useful links

- [http://www.aafp.org/about/policies/all/physician-burnout.html](http://www.aafp.org/about/policies/all/physician-burnout.html)
- [http://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/57280](http://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/57280)
- [http://www.aafp.org/fpm/2015/0900/p42.html](http://www.aafp.org/fpm/2015/0900/p42.html)
- [https://www.aamc.org/download/462612/data/wellbeingpresentations.pdf](https://www.aamc.org/download/462612/data/wellbeingpresentations.pdf)
Thank you