Physician Wellbeing: Current Efforts in Medical Education

American Academy of Pediatrics
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Carol A. Bernstein, MD
Objectives

• Identify Effectiveness Strategies Targeting:
  ➢ Individual Wellness
  ➢ Organizational Support
  ➢ Cultural Awareness
Disclosures

None
Patient Care and Clinician Well-Being

- Clinicians who care for themselves provide better care for others
- They are less likely to make errors or leave the profession
- Habits of practice to promote well-being and resilience need to be cultivated across the continuum
- A healthy learning environment will lead to improved health care for all, both providers and patients
NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for healing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did.
Poor Stress Response $\rightarrow$ Burnout

Yerkes-Dodson Curve 1908
Specific Stressors in the Learning Environment
Baseline Stressors

- Medical issues
- Mental health issues
- Relationships
- Family
- Financial
- Psychological make-up of medical students
  - Maladaptive perfectionism, imposter syndrome
- Ambivalence about career choice
Beginning Residency

- First job
- Joining a professional family
  - Is it the right one?
- Challenges to circadian rhythms
- Less control over schedule
- Calibrating uncertainty
  - Needing to make decisions about care and supervision
- Formatively focused assessment system
- Assessment of learning for the development of competence
Academic Health Centers

• Stressed faculty and staff - RVUs
• Work compression
• Fractured care
• Decreasing LOS, increasing acuity
• Focus on efficiency and metrics as outcome measures
• Difficult Physician-Patient Encounters
• The EHR
Barriers to Treatment
Major Challenges

- Stigma
- Lack of time
- Preference for self-management
- Concerns regarding confidentiality
- Concerns about cost
- Belief that treatment does not work
Potential Protective Factors
Resilience

• The capacity to bounce back, to withstand hardship, and to repair yourself
• Positive adaptation in the face of stress or disruptive change

Based on a combination of factors

• Internal attributes (genetics, optimism)
• External (modeling, trauma)
• Skills (problem solving, finding meaning/purpose)

Wolin 1993, Werner & Smith, 1992
Can We Build Resilience?

- Realistic recognition (Overcoming denial/culture)
- Exercise, sleep, nutrition
- Supportive professional relationships
- Talking things out with others
- Hobbies outside medicine
- Personal relationships
- Boundaries
- Humor
- Time away from work
- Passion for one’s work

Swetz, J Palliative Med 2009
Building Resilience

How to Build Resilience:

- Educating residents and program directors about physician impairment
- Countering the stress of residency

Programs such as:

- US Air Force Suicide Prevention Program
- Resident Wellness Programs/Strategies:
  - Oregon Health Sciences Center
  - Stanford Department of Emergency Medicine
  - UCSD Healer Education Assessment and Referral Program (HEAR)
  - Web Based CBT Intervention (Sen study 2015)
  - ACGME Symposium on Resident Well-Being
One Size Does Not Fit All
Potential Interventions
Program Well-Being Plan: Components of Inventory

- Leadership
- Mental health resources and crisis management
- Clinical care challenge discussions
- Institutional Policies
- Coaching
- Mentoring
- Creating Community/Faculty Development

Self-care is not in conflict with altruism

"Secure your own oxygen mask before assisting others"
Oregon Health Sciences University

- Wellness and Suicide Prevention Program (2300 trainees and faculty)
- Two psychologists and 2 psychiatrists (2.4 FTEs)

**DESIGN:**
- Wellness promotion workshops
- Orientation presentations
- Suicide prevention screening offered
- Resident support groups
- Records stored in encrypted database in secure location – not documented in EHR
- 85% of expense is for clinicians
- $200,000 estimated start up cost

Ey et al, JGME, 2016
OHSU Continued

INTERVENTIONS:
• Individual coaching and CBT, mindfulness, brief insight-oriented treatments
• Psychiatric evaluation and medication management
• Consultation with GME, program leaders and chief residents about distressed trainees and faculty
• Referrals to the community for fitness for duty, neuropsychological testing, hospitalization
• 25% increase in utilization of services over 10 years

Ey et al, JGME, 2016
MGH – SMART-R Curriculum

• Stress Management and Resiliency Training for Residents

• Adapted from Benson Henry Institute’s “Relaxation Response and Resiliency Program”

• Basic Tenets
  - Relaxation Techniques and Meditation
  - Stress Awareness and Cognitive Reframing
  - Positive Perspective Taking and Meaning Finding
  - During Protected Time
### SMART-R Curriculum Outline

| Session 1 | Mindful Practice: Body Awareness meditation  
Stress Awareness: Energy battery, Stress warning signals, Social supports  
Adaptive Strategies: Goal setting, Appreciation journal |
|-----------|--------------------------------------------------|
| Session 2 | Mindful Practice: Body scan  
Stress Awareness: Negative automatic thoughts  
Adaptive Strategies: Acceptance vs. problem solving coping model |
| Session 3 | Mindful Practice: Authentic self meditation  
Stress Awareness: Humor and coping  
Adaptive Strategies: Mindful awareness of another, Creative expression |
Balint/Process groups

- Promote reflection on professional life and physician-patient challenges and deconstruction of the hidden curriculum
- May be facilitated by psychiatrist, chaplain, or peer
- Within department, part of curriculum of program
- Monthly sessions during work hours (usually lunch)
Positive Psychology Coaching

• One resident paired with one faculty member
• 3-4 structured sessions per year
• 2-hour faculty training session
• Goal: promote self-reflection, leading to personal and professional growth
• Focus on the positive and self-assessment rather than evaluation by others
  • Strengths
  • Meaningful experiences in training

Palamara K. et al. JGME. 2015
Change Stress Response Through Coaching

Stressors

Focus

Positive Thinking

Motivation

Facilitated Responses

Perceived Social Support

Challenge Appraisal and Meta-Cognition

Confidence
Schwartz Center Rounds

- Interdisciplinary dialogue across disciplines
- Regularly scheduled time built in to the work week.
- Brief presentation of a case
- Panel discussion
- 425 health care organizations throughout the US
- Increased insight into emotional aspects of patient care; decreased feelings of stress and isolation; improved teamwork and interdisciplinary collaboration
Where Do We Go From Here?
# Physician Wellbeing is a Public Health Problem

| Primary Prevention | • Education and Awareness
|                    | • Skill building and stress mitigation: time management, sleep hygiene, mindfulness, cognitive behavioral skills, positive psychology
|                    | • Learning environment interventions that facilitate culture change, work-life balance, emphasize meaning
|                    | • Concrete supports: child care & family support; PCP availability
| Secondary Screening| • Fostering recognition of burnout (peer leader or “buddy programs”)
|                    | • Anonymous third-party screening (i.e. UCSD HEAR program)
| Tertiary Intervention| • Stigma free access to counseling (Resident Wellness Program at OHSU)
Depression and Suicide Among Physician Trainees

Recommendations for a National Response

Box. Guidelines to Promote Mental Health Among Residents and Fellows

Education
Devote curricular time (grand rounds, didactic conferences) to educating trainees about the continuum of distress, from burnout to depression to suicide, and the potential consequences these states have on physicians and their patients. Ensure that residents and fellows are aware of all local treatment options and hotline-based mental health care resources available to them. Assure trainees that mental health treatment is confidential just like other medical treatments.

Address concerns about the potential repercussions of receiving mental health care on job security, regional licensure, malpractice insurance, and disability coverage.

Engage program leadership (training directors, department chairs, teaching faculty) in educational workshops aimed at promoting resident wellness and identifying struggling and at-risk trainees.

Screening
Include a psychiatric and substance abuse history during required annual occupational health history and physical examinations to identify those at risk.

Screen for depression and substance abuse using validated scales (Patient Health Questionnaire-9, Quick Inventory of Depressive Symptomatology, and Modified Simple Screening Instrument for Substance Abuse) within the first 3 months of training programs, given that this is known to be a high-risk period.

Ensure appropriate, confidential, and timely follow-up with mental health care professionals to trainees whose screening results are positive for depression and/or substance abuse.

Treatment
Ensure that trainees have access to mental health treatment that is on par with what is available for all other medical conditions.

Provide recurring opportunities for trainees to discuss the challenges of their experiences in a confidential setting. Sharing vulnerabilities diminishes isolation by fostering connection with peers.

Require programs to develop protocols for team debriefings when a seminal event occurs, including a patient’s death, a code situation, or a serious medical error.
Monitoring Risks

- Identifying sources of stress
- Education about stress and burnout
- Assessing the impact of stress on clinical performance
- Chronic severe stress and its relationship to physical health
- Stress associated with perceived medical errors
- Depressive symptoms
- Anonymous screening for depression and burnout linked to resources
- Substance abuse
“Back-end” Solutions

- **Education and awareness** re: burnout/depression
- **Fostering recognition**: screening, “buddy” system, mentorship
- **Management**: stigma-free access to counseling, treatment
- **Stress mitigation**: reflection, mindfulness, coaching, exercise, nutrition, etc.
“Front-end” Solutions

• **Culture change**: leadership/physician engagement, feedback, community building, professionalism training/accountability, support in adverse events,

• **Stress reduction**, including evaluating work hours and intensity, monitoring fatigue for all providers

• **Enhance meaning**: protecting time with patients

• **Work-life balance**: team-based care, better scheduling, financial support/counseling
Factors Impacting Wellbeing
Controlled Interventions to Reduce Burnout in Physicians

• 20 independent comparisons from 19 studies (1550 physicians)

• Used the emotional exhaustion domain of the Maslach

• Organization-directed interventions more likely to lead to reductions in burnout than physician-directed interventions
  ➢ Structural changes
  ➢ Fostering communication between members of the health care team
  ➢ Cultivating teamwork

• Interventions targeting experienced physicians showed greater evidence of effectiveness

Panagioti, et.al., *JAMA Internal Medicine*, December, 2016
Controlled Interventions to Reduce Burnout in Physicians

- 2617 articles including 15 randomized trials of 716 physicians and 37 cohort studies of 2914 physicians
- 230 articles met criteria for full review
- Most studies reported on changes in burnout domain score
- Both individually-focused and organizational interventions can reduce burnout
- Which interventions offer the greatest value is unclear
- Also unclear whether involving physicians in developing and deploying interventions could influence effectiveness
- Both individual and organizational strategies are probably necessary, but not studies to date which include both.

West, et.al., Lancet, November, 2016
Progress at ACGME
The Beginning at the ACGME

- Intern Suicides in New York City, 2014
- Accreditation Council for Graduate Medical Education (ACGME) Board of Directors Meeting, September, 2014
- First Symposium, November, 2015
- ACGME Board of Directors Meeting, February, 2016
- Second Symposium, December, 2016
Initial Areas of Focus

- To build awareness
- To understand the differences between burnout and depression
- To understand the problem across the continuum
- To use ACGME “Levers” to influence change
- To begin a national dialogue to change the learning environment and the culture of medicine
- To begin ongoing collaborations with other organizations inside and outside the house of medicine
- To foster research
- To promote large scale culture and system change
Other General Recommendations

- To understand individual and systemic factors
- To develop interventions at both the individual and organizational level
- To ensure access to treatment
- To help grieving communities heal
- To create a “safe environment” for trainees and patients in which these issues can be addressed
Well Being Task Force

• To monitor ACGME progress in this area
• To provide input and direction for the ACGME website on Wellbeing
• To plan for ongoing symposia
• To develop processes for sharing resources (tool box)
• To develop processes for promoting and disseminating research findings.
• Annual assessment of the learning “culture”
ACGME Common Program Requirements
Revisions

• New requirements for resident and faculty well being
• Promotion of meaning in work with patients
• Policies and programs that encourage optimal resident and faculty well being
• Education of faculty and residents in identification of burnout, depression and substance abuse including the means to assist those who experience these conditions
• Access to confidential affordable treatment 24/7
Progress Across the Continuum
Current Initiatives (a sample)

• Coalition for Physician Accountability
• APA Workgroup on Psychiatrist Wellbeing and Burnout
• AMA
• AAMC
• FSMB
• Emergency Medicine
• CHARM
• Osteopathic Community
• Nursing Community
APA Work Group on Psychiatrist Wellbeing and Burnout

- Appointed by President, Anita Everett – February 2017
- Review prevalence, incidence, causes for burnout, depression and suicidality and evidence based interventions
- Develop web portal/app for self assessment, education and resources
- Recommend actions for the APA to take to support and educate other physicians, including other specialty societies
- Develop an annotated list of assessment tools for burnout and depression
Action Collaborative on Clinician Wellbeing
National Academy of Medicine

• First Meeting, January 6, 2017
• Chair: Victor Dzau, MD
• Co-Chairs: Thomas Nasca, MD and Darrell Kirch, MD
• More than 30 organizations and institutions
• Vivek Murthy, US Surgeon General
• Discussion of opportunities through NAM
• Benchmarks and how to define success
• 3 meetings/year for two years
Progress at the NAM

- Establishment of Four Working Groups
- 37 Organizations Directly Involved with More than 50 additionally participating
- Across the medical spectrum, multidisciplinary, including regulators and insurers
- Public Meeting on July 14th – live streamed as well to present progress
- Next working meeting, December, 2017
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<tr>
<th>Working Group Title</th>
<th>Co-leads</th>
<th>Working Group Members</th>
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<tr>
<td>Research, Data and Metrics</td>
<td>Steve Bird (Society for Academic Emergency Medicine)</td>
<td>Lotte Dyrbye (Mayo Clinic)</td>
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<td>Robert Harbaugh (Society of Neurological Surgeons)</td>
<td>Lorna Lynn (American Board of Internal Medicine and Hospital Medicine)</td>
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<td>Bernadette Mazurek Melnyk (Ohio State University)</td>
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<td>Kenya McRae (American Osteopathic Association)</td>
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<td>David Meyers (Agency for Healthcare Research and Quality)</td>
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<td>Robert Phillips (American Board of Family Medicine)</td>
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<td>Javeed Sukhera (Schulich School of Medicine and Dentistry, University of British Columbia)</td>
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<td>Messaging and Communications</td>
<td>Neil Busis (American Academy of Neurology)</td>
<td>Carol Bernstein (New York University School of Medicine)</td>
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<td>Clifton Knight (American Academy of Family Physicians)</td>
<td>Jay Bhatt (American Hospital Association)</td>
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<td>Lynne Chafetz (Alliance of Independent Academic Medical Centers)</td>
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<td>Saul Levin (American Psychiatric Association)</td>
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<td>Aditi Mallick (Centers for Medicare and Medicaid Services)</td>
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<td>Graham McMahon (Accreditation Council for Continuing Medical Education)</td>
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<td>Stephen Shannon (American Association of Colleges of Medicine)</td>
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<td>Peter Slavin (Massachusetts General Hospital)</td>
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<td>Johnese Spisso (UCLA Hospital System)</td>
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<td>Deborah Trautman (American Association of College Physicians)</td>
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| Conceptual Model   | Arthur Hengerer (Federation of State Medical Boards)  
Laís Nora (American Board of Medical Specialties) | Connie Barden (American Association of Critical-Care Nurses)  
Timothy Brigham (Accreditation Council for Graduate Medical Education)  
Anna Dopp (American Society of Health System Pharmacists)  
Jay Kaplan (American College of Emergency Physicians)  
Sandeep Kishore (Icahn School of Medicine at Mount Sinai)  
Beverly Malone (National League for Nursing)  
LaVonne Ortega (Centers for Disease Control and Prevention)  
Joe Rotella (Council of Medical Specialty Societies)  
Paul Rothman (Johns Hopkins Medicine)  
Fan Tait (American Academy of Pediatrics)  
Baligh Yehia (Department of Veterans Affairs) |
| External Factors and Workflow | Pamela Cipriano (American Nurses Association)  
Cynthia Smith (American College of Physicians) | Sam Butler (Epic)  
Mark DeFrancesco (American Congress of Obstetricians and Gynecologists)  
Theodore Delbridge (Association of Academic Chair of Medicine)  
Jessica Fried (Hospital of the University of Pennsylvania)  
Tejal Gandhi (National Patient Safety Foundation at Leapfrog Group)  
Ron Harter (American Society of Anesthesiologists)  
David Hoyt (American College of Surgeons)  
Seth Landefeld (UAB Medicine)  
Alex Ommaya (Association of American Medical Colleges)  
Hal Paz (Aetna)  
Lewis Sandy (UnitedHealth Group) |
Potential Conceptual Frameworks
When you come to a fork in the road, take it.

Y. Berra
Questions?

Don't go through life,
GROW through life
Thank You

Lyuba Konopasek, MD
Wally Carter, MD
Deanna Chaukos, MD
Kelli Palamara, MD
Srijan Sen, MD