Physician Health and Wellness

American Academy of Pediatrics
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Wellness, the Opposite of...

Burnout: the feeling of being overextended and depleted of one's emotional and physical resources.

- Emotional Exhaustion
- Depersonalization
- Loss of a Feeling of Personal Accomplishment

Early predictors of job burnout and engagement. Maslach C, Leiter MP. J Appl Psychol. 2008 May;93(3):498-512.]

Burnout Prevalence and Relevance

Why do we care?

Sobering Statistics: Pediatrics

- Lucille Packard Children's Hospital ~80 residents
- 50% of pediatric interns report symptoms of burnout by February, never recover.
- Increased emotional exhaustion 6% to 44%($p < 0.001$)
- Increased depersonalization 13% to 48% ($p<0.001$)
- Strong associations have been identified between burnout and suicidal ideation.

Acad Pediatr. 2014 Mar-Apr;14(2):167-72. Pantaleoni et al.

Sobering Statistics: JAMA

Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis.

17,560 residents

Depression or depressive symptoms **28.8%**
(4969/17,560 individuals, 95% CI, 25.3%-32.5%)

Range 20.9%- 43.2% , prevalence increased with calendar year.

Mata, et al, JAMA. 2015 Dec 8;314(22):2373-83

Clinician's Mental Health

Stigma, Stoicism, Consequences

Clinician mental health impacts:

- Competency
- Professionalism
- Career satisfaction
- Quality of patient care
- Substance abuse, self prescribing
- Motor vehicle accidents

J Grad Med Educ. 2014 Mar;6(1):78-84. Dyrbye et al

Ability of the physician well-being index to identify residents in distress.

Physician Suicide

Male physician: Relative risk ratio 1.4 to general male population

Female Physician: Relative risk ratio 2.27 to general female population.

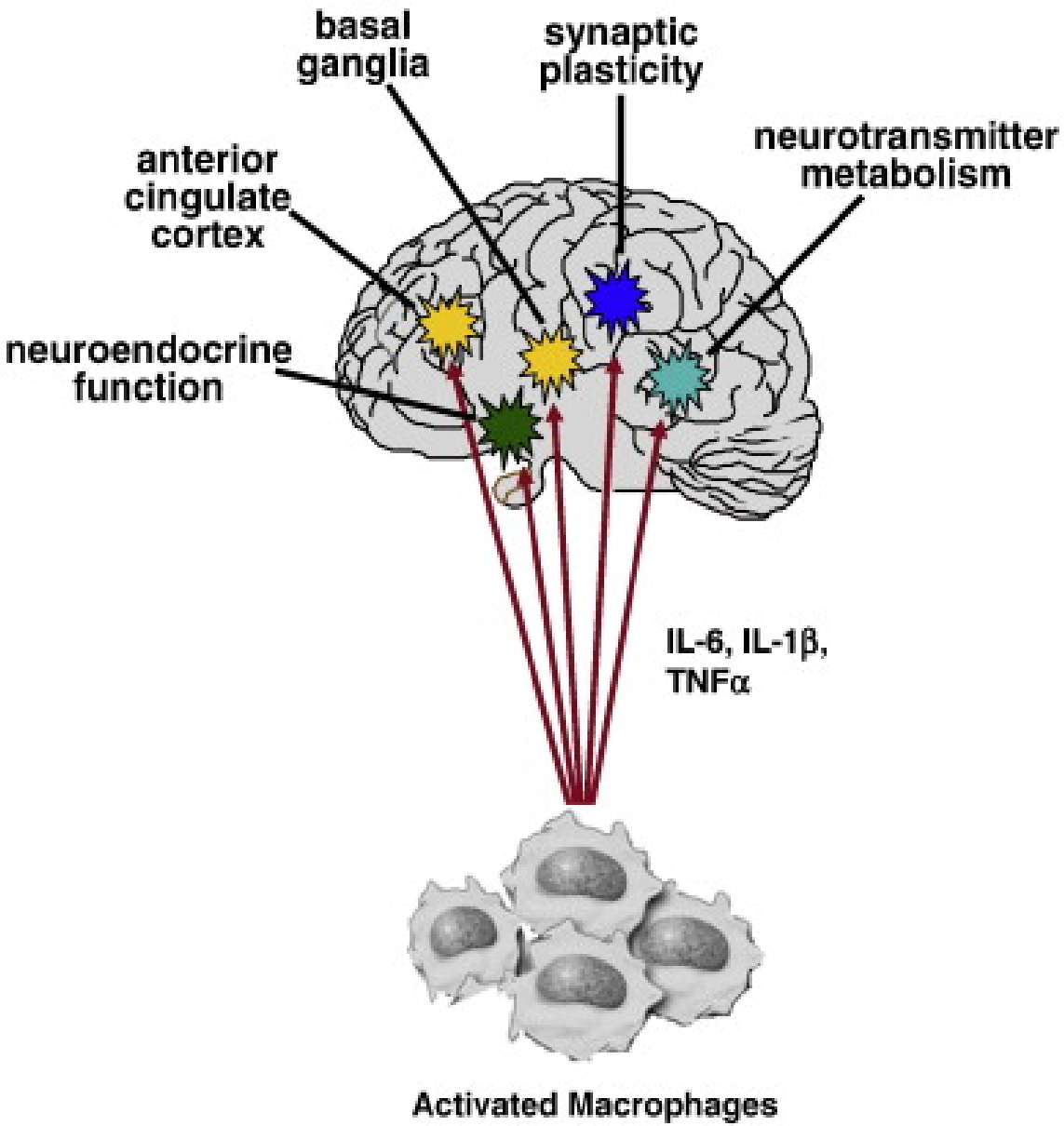
300-400 medical students and physicians complete suicide annually, equivalent to 2 average sized medical school classes.

Moutier et al, Acad Med. 2012 Mar;87(3):320-6.

Recognized Stressors

- Chronic elevated stress
- Patient care demands
- Environmental and infectious exposures, excessive light, noise
- Chronic fatigue, sleep disruption, sleep disorders
- Time constraints, strained relationships – personal and professional
- Lack of exercise
- Frequent exposure to conflict, yet lack of conflict resolution training
- Erratic meals, poor quality nutrition
- Deferred gratification
- Unprocessed emotional or spiritual needs – grief, trauma exposure

Internal Effects of Stress: highly pro-inflammatory.



Immune system to brain signaling: neuropsychopharmacological implications. Capuron L, Miller AH. Pharmacol Ther. 2011 May;130(2):226-38. Epub 2011 Feb 17. Review.

Nature. 2012 Oct 11;490(7419):169-71. doi: 10.1038/490169a.

Telomeres and adversity: Too toxic to ignore.

Blackburn EH[1], Epel ES.

Author information

PMID: 23060172 [PubMed - indexed for MEDLINE]

Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603 838 individuals.

Lancet. 2015 Aug 19. pii: S0140-6736(15)60295-1. Kivimäki, et al

How do we identify those at risk?

Recognizing the Clinician in Distress

- Self reported errors
- Decreased adherence to best practices and changes in clinical reasoning
- Depressed residents made 5 times more medication errors
- Poor mental health affects physical health, personal relationships and ability and motivation to learn
- Disenchanted with demands and stresses of clinical practice

Acad Med. 2015 Sep;90(9):1246-50. Jennings, et al.

Recognizing the Clinician in Distress

- Perfectionism, “not good enough”, anxiety
- Withdrawal, isolation, overvaluing negative feedback
- Irritability, cynicism, loss of broader perspective
- Absenteeism
- Inability to grieve

- Weight changes gain or loss
- New personal or family event or stressor
- May be hard to know if colleague is under unusual stress

Awareness of Second Victim Phenomenon

"Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.

“Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.”

Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall L. The natural history of recovery for the health care provider "second victim" after adverse patient events. Qual Saf Health Care. 2009;18:325-330

Leadership and Burnout

Rate your leader: strong association with burnout and satisfaction at level of individual physician.

(n=2813)

Distinct from salary, workload expectations, specialty, culture, strategic direction of the organization, personality conflicts, opportunities for professional development.

Impact of organizational leadership on physician burnout and satisfaction
Mayo Clin Proc. 2015 Apr;90(4):432-40. Shanafelt, et al.

Barriers to Seeking Help

- Lack of recognition of how one's distress compares to others
- Reluctance to acknowledge personal struggles
- Worried about potential practice and license implications
- Often subordinate in a culture that frowns on weakness

Impact of organizational leadership on physician burnout and satisfaction
Mayo Clin Proc. 2015 Apr;90(4):432-40. Shanafelt, et al.

Positive Progress: Burnout Intervention

Elements associated with lower rates of burnout include:

- Sense of personal control
- Absence of role conflict
- Feeling of being fairly treated
- Social support
- Appropriate reward (financial, institutional, social)
- An alignment of values between individual and workplace

Early predictors of job burnout and engagement. Maslach C, Leiter MP. J Appl Psychol. 2008 May;93(3):498-512. PMID: 18457483
Related citations: http://www.ncbi.nlm.nih.gov/pubmed/18457483

7 Themes for Change

- Workload
- Control
- Balance between effort and reward
- Community
- Fairness
- Values
- [Leadership]

J Appl Psychol. 2008 May;93(3):498-512 Maslach, Leiter
Acad Med. 2015 Sep;90(9):1246-50. Jennings, et al.

Eliminating Burnout: Promoting Wellness

- Personal shifts- normalize self care
- Institutional shifts-engage colleagues
- Cultural shifts-dissolve culture of silence
- Teach “advanced coping skills”

ACGME New Competencies (2012-13)

- Personal awareness
- Reflective practice
- Self-regulation
- Self monitoring
- Development of emotional intelligence
- Mindfulness

ACGME Pediatric Milestones February 2012 p. 102[*http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/320_PedsMilestonesProject.pdf*](http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/320_PedsMilestonesProject.pdf)

Progress to Date

- In 2015 the ACGME hosted Stakeholder Symposium to **better characterize the problem** and to **identify areas of improvement**.

ACGME Recommendations

- **Increase awareness** of stress in training
- **De-stigmatize depression** in trainees
- **Create a safe space** to identify and treat depression
- Confidentiality, reduce barriers to help
- **Enhance mentoring**
- **Promote a supportive culture**
- **Deepen our understanding of the issue**

ACGME Recommendations

- **Foster the efforts of residents**
- **Talk about it- vulnerability is powerful**
- **Include as part of the curriculum**
- **Budget for wellness**
- **Take an honest look at faculty wellbeing**

Culture Change: in the Academy

2010 Physician Health and Wellness SIG

2014 Clinical Policy Statement

2015 ALF Leadership topic

2015 SOIM Section Program, NCE, Washington DC

2015 Physician Wellness Booth Med-Peds SOIM

2015 Resilience in the Face of Grief and Loss curriculum, Hospice and Palliative Care Medicine

2016 ALF Leadership focus

2017 **Peds 21** Program Topic, Chicago, IL

Culture Change: Positive Progress

National Pediatric Burnout and Resilience Research Consortium: APPD LEARN

- Create, test, share solutions
- Research and quality improvement initiatives
- Fund pilot projects
- Guidance on methods
- Multisite studies

Progress to Date

- Stanford Humanism Curriculum
- Stanford Wellness website:
- **http://wellmd.stanford.edu/**
- **http://peds.stanford.edu/Resident_Life/wellness.html**

Stanford University School of Medicine

- Stanford Committee for Professional Satisfaction and Support (SCPSS):
  - Development of Physician Wellness Survey Tool
  - Administration of Wellness Survey and analysis of results
  - Peer Support program (for faculty and trainees involved in unexpected negative clinical outcomes)
  - Litigation Support program
  - Medicine and Literature discussion group program
  - Health for Healers Research collaborative
  - Planning for mindfulness and compassion training offerings

Positive Progress

University of Arizona

Pediatric Integrative Medicine in Residency 2012

- Self Care Curriculum (500 + residents and faculty)
- Nutrition
- Sleep
- Physical Activity
- Mind-Body Approaches, Resiliency
- Mindfulness, Foundations of Mental Health

During Disasters or Emergencies

Pediatricians will deal with:

- Same issues as mentioned earlier; stressors become magnified
- Personal situations
- Effects on family friends
- Austere conditions
- Compromised medical systems

“Emotional Labor” is Strenuous

Pediatricians will:

- Witness distress of others
- Experience repeated exposures to stories/anguish
- Lose some capacity of office staff
- Suffer physical and expense, damage to the practice
- Manage increasing patient needs
  - Mental health services
  - Medical needs
  - Help navigating social services

Do

- Monitor negative thoughts
- Set realistic professional expectations
- Create boundaries professional hours/personal time
- Make conscious effort to reduce compassion fatigue
- Help support colleagues
- Accept help: use professional/social supports

Remember

- Enormous needs – beyond your control
- Acceptable to be upset when situations are distressing
- You ARE making a positive impact
- Helping in a disaster is particularly rewarding
- Recovery is a long-term process

Small Group Discussion

Discrepancy between progress for residents and progress for faculty and those in private practice.

How can current initiatives inform future progress?

What is your group doing?

What do you need from the Academy?

How can the Academy further disseminate or develop tools and resources

Others.....

In Conclusion…

- Recognition of distress in oneself and colleagues.
- Attitudes changing, dispel culture of silence.
- Identify obstacles, personal, professional.
- Pause, re-balance, re-educate.
- Resources, identify what is useful for you.
- Immediate and ongoing steps, personal and professional.