From Burnout Prevention to a Culture of Wellness Through Faculty Development

Janine R. Shapiro, MD
Associate Dean for Faculty Development
Medical Director for Continuing Medical Education
Professor of Anesthesiology and Perioperative Medicine

Michael R Privitera, MD, MS
Medical Director, Medical Faculty and Clinician Wellness Program
Professor of Psychiatry

University of Rochester School of Medicine and Dentistry, Rochester, NY, USA

5th International Conference on Faculty Development in the Health Professions
September 24, 2019
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Physician Burnout

• High incidence of burnout among physicians:
  – 46% in 2011 to 54% in 2014

• Impacts individuals, healthcare systems and the quality and safety of patient care

Training/Work-Induced Changes in Resilience & Performance (examples)

A. Pre-Med → Medical School

Matriculating medical students have lower distress than age-similar college graduates

What happens to distress relative to population after beginning medical school?

Internship year Suicidal Ideation
Before= 2.5%
3 months in= 4.0%
6 months in = 11.1%
9 months in= 9.1%
12 months in= 8.1%


Predictors of Medical Errors

<table>
<thead>
<tr>
<th>Depression</th>
<th></th>
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<tbody>
<tr>
<td>Never-depressed</td>
<td>13.6%</td>
</tr>
<tr>
<td>Acutely depressed</td>
<td>26.2%</td>
</tr>
<tr>
<td>Chronically depressed</td>
<td>32.8%</td>
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Occupational Stressors that Contribute to Burnout

Six categories of Work Stress that can contribute to Burnout

1. **Excessive workload**—physical, cognitive and emotional
2. **Lack of control**—being able to influence work environment
3. **Poor balance between effort and reward**—material and intangible rewards.
4. **Lack of community**—culture of mutual appreciation and teamwork
5. **Lack of fairness**—resources and justice
6. **Value conflict**—moral distress of having to participate in suboptimal, unethical circumstances.

### Top 10 Work Related Stressors in NYS Physicians

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>Description</th>
<th>% Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Length and degree of Documentation Requirements</td>
<td>65.99%</td>
</tr>
<tr>
<td>2</td>
<td>Extension of Workplace into Home Life (E-mail, completion of records, phone calls)</td>
<td>58.27%</td>
</tr>
<tr>
<td>3</td>
<td>Prior Authorizations for: Medications/Procedures/Admissions</td>
<td>54.74%</td>
</tr>
<tr>
<td>4</td>
<td>Dealing with difficult patients</td>
<td>51.89%</td>
</tr>
<tr>
<td>5</td>
<td>EMR functionality problems</td>
<td>51.05%</td>
</tr>
<tr>
<td>6</td>
<td>CMS/State/Federal laws and regulations</td>
<td>44.33%</td>
</tr>
<tr>
<td>7</td>
<td>Lack of voice in being able to decide what good care is</td>
<td>40.39%</td>
</tr>
<tr>
<td>8</td>
<td>Hospital/ Insurance company imposed Quality Metrics</td>
<td>38.87%</td>
</tr>
<tr>
<td>9</td>
<td>Dealing with difficult colleagues</td>
<td>31.49%</td>
</tr>
<tr>
<td>10</td>
<td>Requirement for increased CME/ Maintenance of Certification</td>
<td>31.49%</td>
</tr>
</tbody>
</table>

Strong Forces that Discourage Physician Self-Care in the Culture of Medicine
Physician External and Internal Scripts

External world environment
“Hidden curriculum” in training
Medical Culture of Endurance

Internal world
Altruism, workaholic, perfectionism, obedience
I don’t want them to think I can’t handle this.
Everybody else seems to keep showing up for work, is it just me?
I wonder if anyone else feels this way?

Everybody has to do it
You are a “professional” and supposed to suppress how you feel
You are lucky to be working/training here
Don’t be “weak”
“Those who are at greatest risk for burnout are those who are the most dedicated and committed to their work. ...... (they) are at greatest risk to be consumed by their job and have difficulty drawing healthy boundaries or recognizing work overload.”

Scudder L, Shanafelt T. Two sides to the physician coin: Burnout and Wellbeing. Medscape. 2-9-15
The Impact of Clinician Burnout is Costly

Institutional & Patient Toll

- Increased medical errors and malpractice claims
- Disruptive behavior
- Reduced empathy for patients
- Reduced patient satisfaction

Toker S. et al PsychoSomatic Medicine 74:840-847

Fig. 1 Average patient satisfaction scores together with their standard errors as a function of physician emotional exhaustion levels. J Clin Psychol Med Settings (2012) 19:401–410
The Impact of Clinician Burnout is Costly

Financial Toll

- 27% drop in patient satisfaction scores
- 40% of turnover costs attributed to work stress
- 114% increase of medical claims by employees
- 30% of short-term and long-term disability costs

Toker S. et al Psychosomatic Medicine 74:840-847
The Impact of Clinician Burnout is Costly

Personal Toll

- Depression
- Higher Suicide Rate among physicians- 400/yr
- Substance abuse
- Divorce
- Coronary Heart Disease

Toker S . et al Psychosomatic Medicine 74:840-847)
Clinician Wellness Program

• Not only benefit the clinician but is **vital to the delivery of high quality healthcare**.

• Improving wellness:
  – Must include **Individual and organizational/ healthcare system approaches**

URMC Administrative Evolution Toward Clinician Wellness

Administrative Focus Time Line

- **Patient Experience**
  - 2008/2009 Triple Aim

- **Disruptive Behavior**
  - 2010/2012

- **“ICARE” initiative**
  - 2013

- **Clinician Burnout**
  - 2014

- **Medical Faculty and Clinician Wellness Program (MFCWP)**
  - 7-1-15
  - 0.2 FTE

- **URMC-NAM Commitment to Clinician Wellbeing**
  - 12-13-17
  - Quadruple Aim in Strategic Plan
Medical Faculty and Clinician Wellness Series

• Began Fall 2015.
• One-hour long monthly wellness seminars for faculty and clinicians
• Content:
  o Initial content need analysis: Current literature on factors involved in burnout of physicians.
  o Additional seminars: Based on individual content need analysis from attendees.
• Faculty and staff volunteered their time and expertise.
• Scheduled over lunch time with lunch provided
• Live streaming and selectively recording to facilitate remote viewing.
• CME and credits for the Malpractice Reduction Premium.
Wellness Seminar Series 2015-2019

- Overview of Burnout: Causes, Mechanisms and Reduction
- Put Your Oxygen On First as You Take Care of Others
- The Emotional Life of the Physician
- Being Mindful at Work: Kayaking in Rough Waters and Staying Afloat
- Finding Meaning in Medicine and Healthy Approaches to Physician Stress
- The Second Victim - Cultivating “Engaged Equanimity” in the Face of Errors and Bad Patient Outcomes
- Time Management for Physicians
- Dealing with Difficult Patients
- Cognitive Load Theory in Healthcare/ Neurocognitive Ergonomics to Reduce Stress
- Coaching and Consultation
- eRecord Working for You
- Managing Challenging Patient Situations
- Proactively Managing Our Transitions
- Quiet Rebellions: Building Resilience and Wellbeing into the Workday
- Building Autonomy
- Critical Care for the Clinician
- Overwhelmed! Organizing Your Work, Managing Your Time and Recovering from Overwhelm
- Special mini-series: Reflective Writing for Clinicians (4 Sessions)
- Special Session: Celebrating Frank Sinatra’s 100th Birthday. Creative Resilience & Aging: Frank Sinatra’s Aging in Rhythm
- Special Session: Creative Resilience & Aging: Louis Armstrong, Race & Growing Old in the ’60s
Outcomes

• **First year of implementation:** 612 **participants**
  o Average of 56 attendees per seminar.
• 39 seminars implemented over a four-year period
• **Attendance highly inter-professional:**
  o Physicians: 59%
  o NPs: 22%
  o Other Professions: 16%
  o Students/Residents: 3%
• **Level of satisfaction:**
  o High for **content** (4.4/5)
  o High for **quality** of presentation (4.3/5)
• **Self-reported changes in knowledge, skills and behavior/attitudes**
• **Plans to transfer knowledge and wellness tools to existing roles**
Wellness Series on Flourishing at Work: Cultivating an Undivided Life in Medicine

Co-Sponsored by URSMD Office for Faculty Development and URMC Medical Faculty and Clinician Wellness Program

Presented by
Michael S Krasner, MD
Patricia Lück, MBChB, MPhil PallMed, MSc MedHum
Frederick J. Marshall, MD

Session 1  Mindful Salon: Setting Intention
Session 2  Curiosity and Deep Listening
Session 3  Relationship to Suffering/Compassion in Medicine
Session 4  Our Own Grief: Empathic Self-care
Session 5  Working in Teams: Mindful Collaboration
Session 6  Building Personal and Institutional Resilience
Provider Power

Co-Sponsored by URSMD Office for Faculty Development and URMC Medical Faculty and Clinician Wellness Program

Put the power of eRecord to work for you!
Learn tips, tricks and EHR hacks from provider pros in supercharged hour-long, hands-on sessions – in person or join via Zoom

Google Your Charts

Chart Search and Filters This session will teach you to blaze through charts to get the info you need using Chart Search and Custom Filters – build your tools and make eRecord do the work!

Thursday, October 18
12:00 pm to 1:00 pm
CEL 2-7544
Light lunch provided
The Institute of Medicine (IOM) 1999 Report: *To Err is Human: Building a Safer Health System* emphasized that the majority of errors in healthcare are the result of systems factors.¹

The majority of occupational stressors causing burnout are also the result of systemic factors.²

The paradox: Many of the well-intended interventions to improve specific elements of quality, safety or value, *when taken in toto*, are contributing to health system dysfunction by the cumulative impact on workload and burnout at the point of care.³

Stress at work has been increasing over the last decades as measured by the same instrument over time⁴, yet we do not educate leaders and healthcare decision-makers how to work with this fact in mind.

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Human Factor-Based Leadership For Faculty and Clinician Wellness

- **Module 1. Institute for Healthcare Improvement (IHI) Framework of Improving Joy in Work**
  Review of background concepts that formulated this approach.
  In IHI paper Joy equated with engagement.
  Issues discussed of intrinsic joy from improved experience of providing care.

- **Module 2. Human Factor Relevance in Leadership**
  What’s at stake and why now. Systemic latent factors for error and burnout from upstream factors.

- **Module 3. Biopsychosocial Approach to Wellness**
  Integrative model of patient safety and staff wellbeing.
  Basic neurocognitive affects and ergonomic solutions.

- **Module 4. Human Factor Based Leadership Examples and Applications**
  How leaders are in the examination room. Improving clinician/administrator relationships.

- **Module 5. Self-Determination Theory and Work-Related Outcomes**
  Training managers to be more autonomy supportive which improves productivity.

- **Module 6. Participatory Management Models - Application in Your Department or Division**
  Methods of clinician voice despite the culture of endurance and silence. Anonymous surveys, round table discussion, ombudsman roles. Improve engagement, retention, and recruitment.
Several recommendation themes to organizational leadership emerged to help reduce burnout through individual and institutional interventions:

- Electronic health records improvements
- Department leadership consultation and support
- Coaching
- Leadership in-services
- Wellness representation to all new clinician initiative workgroups
- Resident-specific issue representation
Burnout Interventions: Need Both

**Individual-based Interventions**
- Encourage recognition of Burnout in the face of Medical Culture of Endurance and Silence
- **Individual interventions must be paired with organizational interventions**
- **Wellness Seminar series** as "safe place"
- Avoid blaming the victim
- Normalize self care
- Normalize boundaries between work and home despite technology—by policy and/or culture
- Multiple individual interventions available
  - Mindfulness-based stress reduction
  - Resiliency training
  - Gratefulness
  - 3 Good Things
  - Yoga
  - Coaching
  - **Employee Assistance- Wellness Division**
  - Self Help websites and literature
  - Peer Support program
  - **Clinician ombudsman** to have work/life balance representation
  - Diet, exercise

**Organizational Interventions**

**Most Important single issue:** The Quadruple Aim Framework:
- Costs, Quality, Patient experience (Triple Aim), and Fourth Aim: Experience of providing care.
- Pay attention to human factors in delivery of care and inherent limitations
- Overcome the Medical Culture of Endurance and Silence
- Leadership style and concern is key
  - Message: Organization cares about the wellbeing of employees—(matters and goes a long way)
  - Leadership commitment to action
- Measure Burnout/Wellbeing
  - Use clinician wellness and career satisfaction metrics and tie these into quality of care, reduction of malpractice, errors, and patient satisfaction
- Establish: Wellness Initiative Strategic Planning Work Group
- Attempt to understand the front line problems:
  - Anonymous survey to learn pain points
  - Round table discussion of findings
  - Simplify access points and processes for clinicians to contribute to the organization making improvements
- Encourage stronger administrator/physician partnerships
- Organize and assist completion of all mandatorys, regulations
- Address “Pajama Time” home EMR work.
- Encourage seeking help
  - No reporting of seeking mental health care on licensure, malpractice carrier, credentialing applications or renewals.
  - Confidentiality in seeking help
- Help organize and offer the individual interventions on the left in bold.
1st Stage Project Focus
1. EMR Optimization
2. Support to Chairs, Division Chiefs
3. Coaching (preventative)
4. Wellness seminars
5. Medical Staff Office Project
6. Leadership Training
7. Wellness reps on new initiatives
8. Resident ACGME CLER Initiative
9. Clinician Wellbeing Measurement

2nd Stage Project Focus
1. Chair/Chief Leadership ratings.
2. Integrate wellness efforts with disruptive behavior reduction efforts
3. Scope of Practice committee
4. Other sector Wellbeing measurement
5. Quadruple Aim Focus
6. Mandate management Project
7. Pajama Time EMR Project

3rd Stage Project Focus
1. Wellness as quality indicator
2. Reduce stress on family life
3. Examine Shadow Work (unseen, unpaid jobs that fill your day)
4. Dept. level wellness efforts

4th Stage Project Focus
- Chief Wellness Officer
- AMA Joy in Medicine Award Matrix
- Organizational Health Focus
- Organizational Ergonomics
- Array of wellness programs for all sectors
- Measure burnout impact on medical center operations
- Integration into usual HR operations
- EAP
- Human Factor/Ergonomic Education

Key:
- Active
- Started
- Not started
Professional Development for Wellness and Burnout Reduction

1. Have served as an important **venue to learn what is important to clinicians** to help them in their resilience and sustaining practice.

2. Seminar discussions have helped give **safe places for discussion**

3. Factors affecting the **practice environment** has been noted by hospital leadership.

4. Has **opened the door to continued progress** of our wellness efforts at the **individual level**, but now also at **institutional** level

5. Have emerged as an important **new way of affecting the medical culture** in the institution.
Help us improve. Your input matters.

- Download the ICRE App, or
- Go to: www.royalcollege.ca/icre-evaluations to complete the session evaluation.

Aidez-nous à nous améliorer. Votre opinion compte!

- Téléchargez l’application de la CIFR
- Visitez le www.collegeroyal.ca/evaluationscifr afin de remplir une évaluation de la séance.