




Beauty From Burnout

7 Lessons Learned & How to Move
Forward

Sheri Tate DO EM/IM

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Physician Burnout

Three Diagnostic Symptoms:

- Energy depletion or exhaustion
- Mental distance from one's job or feelings negative towards one's career;
 - Cynicism
 - Sarcasm
 - Compassion Fatigue
 - Depersonalization towards patients*
- Reduced productivity, lack of efficacy
 - Not making a difference
 - Lack of hope

***Moral injury, dehumanization, unrealistic career expectations, hazing, human rights violations, and abuse..... Lead to Burnout.**

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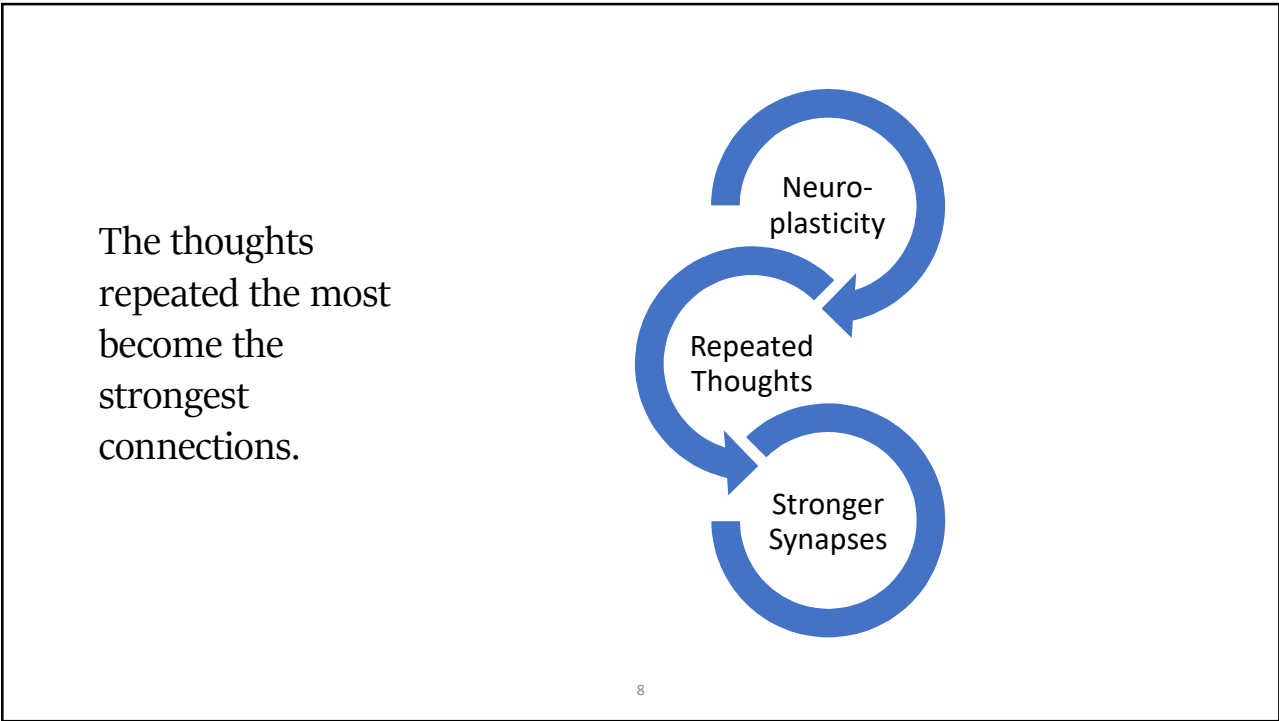
Burnout is NOT an individual problem. It is a System Based problem.
Burnout is NOT Clinical Depression
Burnout can lead to Clinical Depression
Those with a history of Depression may have increased rates of Burnout

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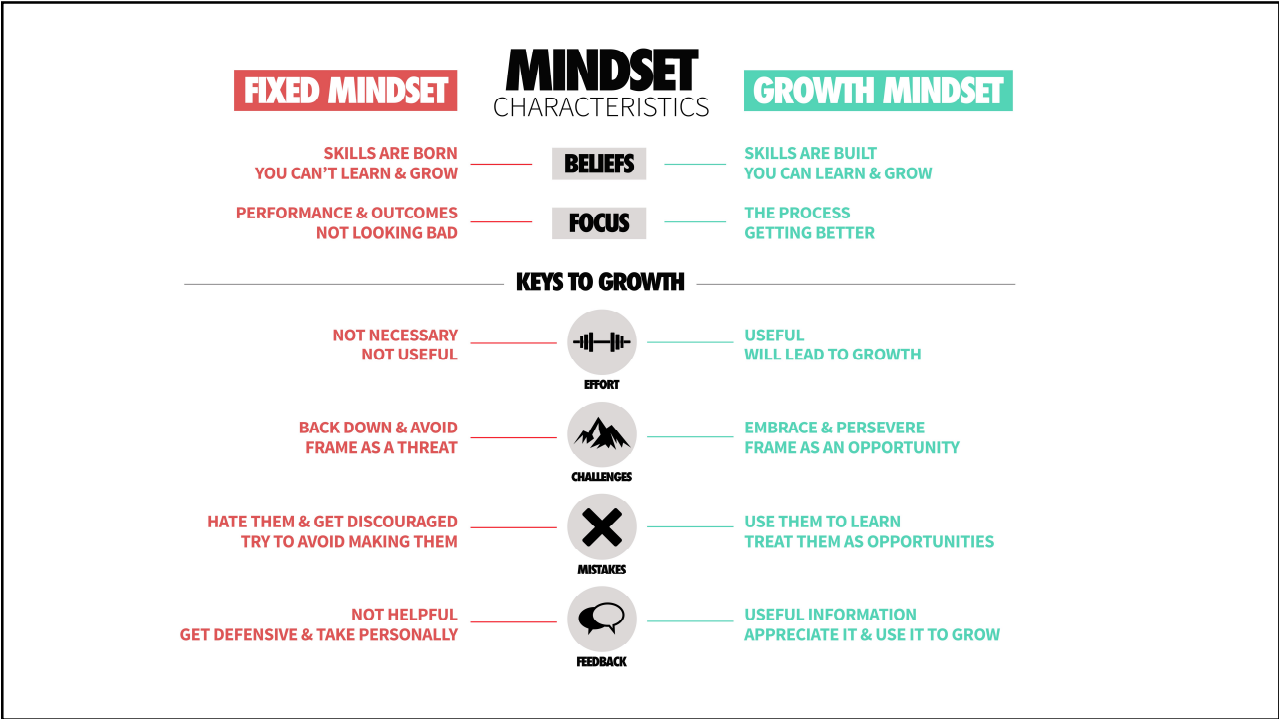
LESSON 1

Change is Inevitable

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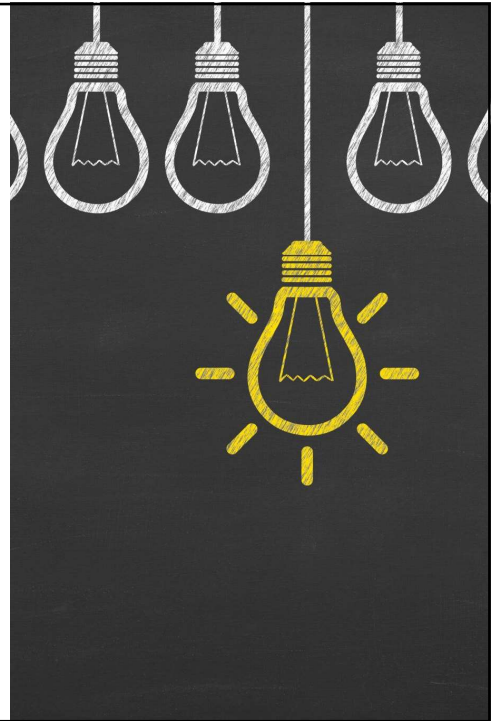
Thinking Patterns

Fixed

- Shame based teaching/thinking
- Perfectionism
- Comparisons(normalizing abnormal)
- Metrics
- Closed to new ideas/innovators
- Our Tests are always correct
- I must do this for the rest of my life
- Certain Physicians have "bad" attitudes

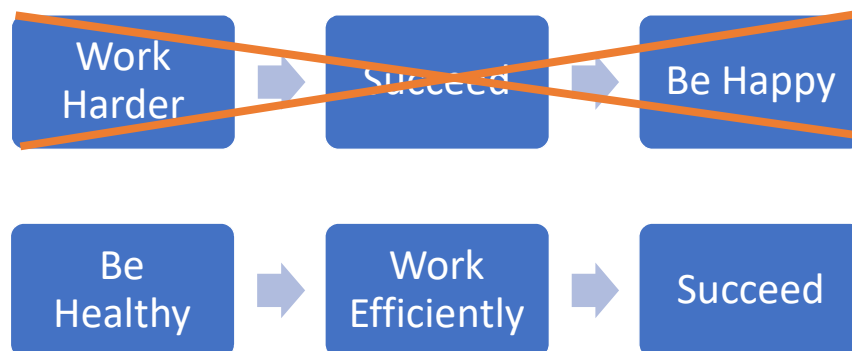
Healthy/Growth

- I can ask for help
- I am enough today and will continue to grow
- Every physician has different gifts
- Every physician can grow
- EBM is not perfect
- Healthy Boundaries (70 hrs/week is not for me)
- Most humans change jobs/directions every 5-7 years
- We go through cycles; all have good and bad days.



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Physician Attitude



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LESSON 2

The Cause



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The Healthcare System

- Too many work hours, intense work
- Lack of training in Residency
- Loss of Value and Meaning in work
- Lack of Resources
- Our Practice Methods/Lifestyle/thought process
- Work Life Integration

- Decreased Autonomy, Flexibility
- EHRs
- Decreased Compensation
- Lack of Support
- Patient Care

- Metrics/Pay-for-Performance
- Rules/Laws
- Dehumanization/Lack of Respect
- Increased Paperwork/Tasks
- Moral Injury
- License and CME Demands
- Insurance Companies
- Big Pharma

Ref. 1, 2, 3.

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Individual & Organization Responsibilities

- Individual Burnout is Managed
 - Multiple studies show burnout is NOT an individual problem.
 - Individual intervention -> some benefits
 - Organizational intervention -> only minimal benefits.
- Organizations Need to find Solutions
 - EHRs, Backing, Communication, Transparency, Realistic Expectations, etc.



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LESSON 3

Everyone, Even You

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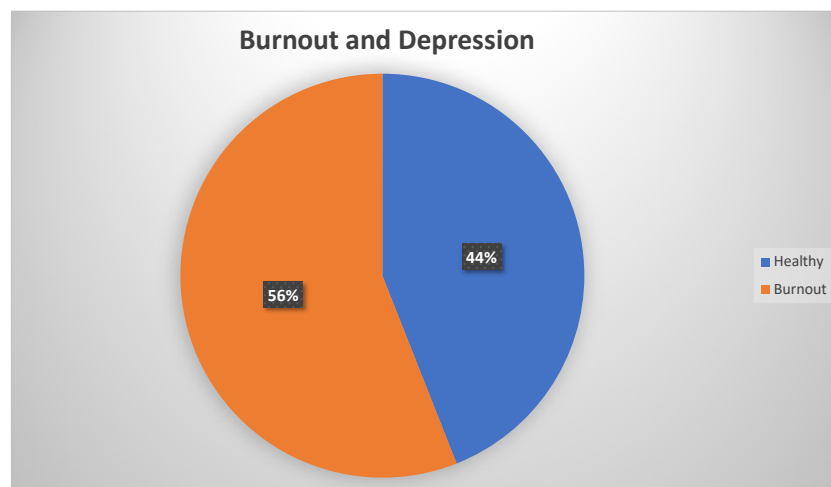
"Okay, Houston, we've had a problem here"! Jack Swigert, 1970 , Apollo 13

- Burnout Studied since the 70s.
- Suicide in Physicians since the 1800s.
- Over 500,000 physicians are burned out, depressed or both.
- Physicians lost to suicide >1/day, 300-400/year.
- 44% of physicians in all specialties reported burnout.
- Stigma stops most from reporting it.

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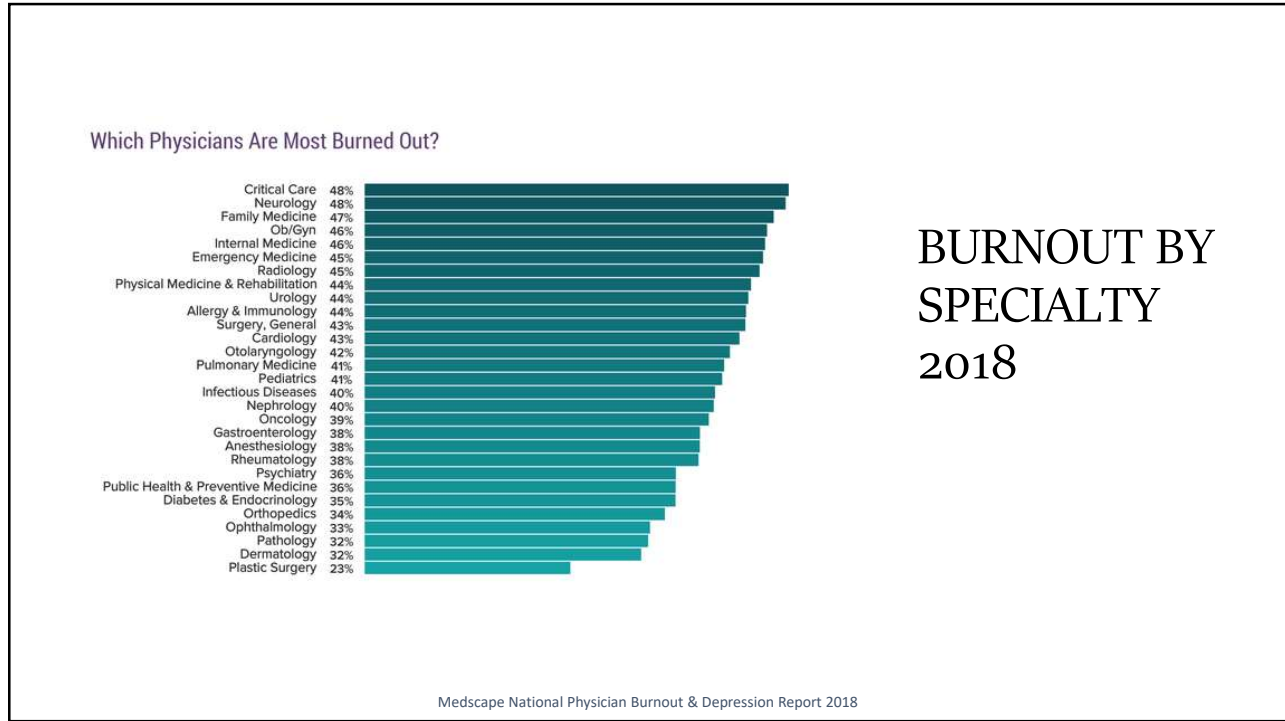
The Crisis

- Total Active Physicians 892,856
- 500,000 physicians are burned out, depressed, or both.

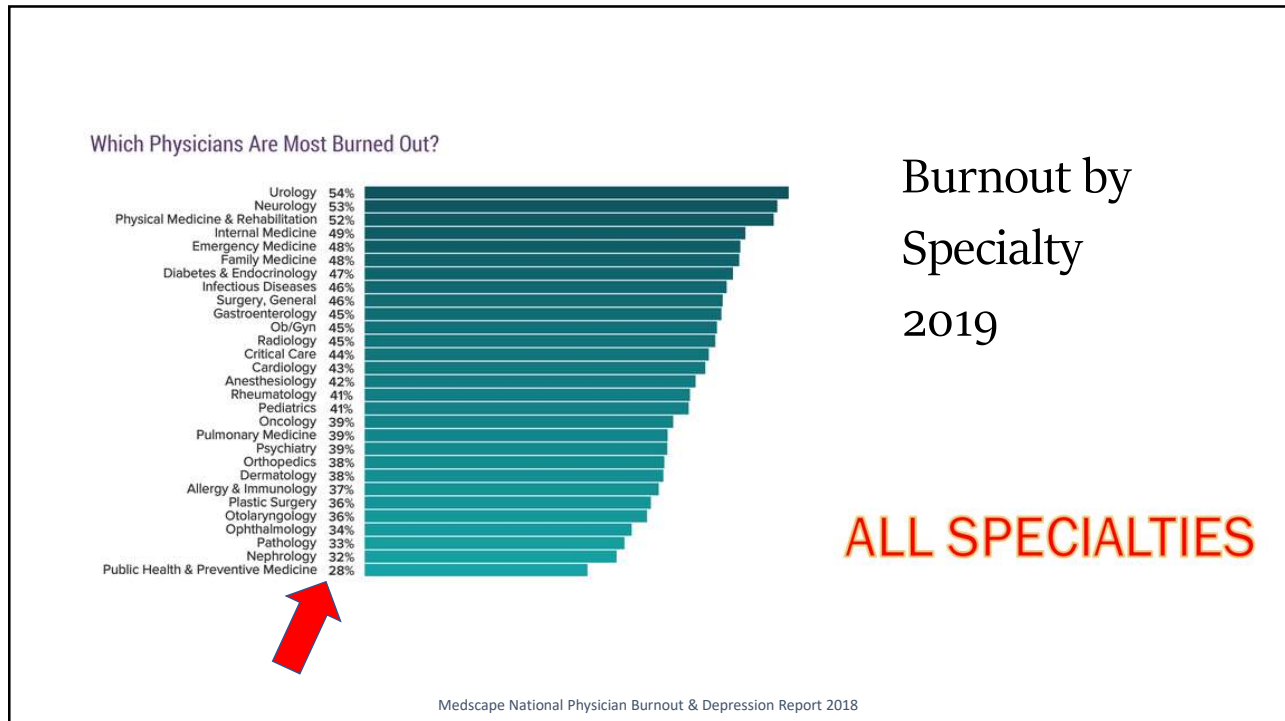


Number of People per Active Physician by Specialty, 2017. AAMC. AMA Physician Masterfile (December 2017) and Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2010, to July 1, 2017, from the U.S. Census Bureau, Population Division.

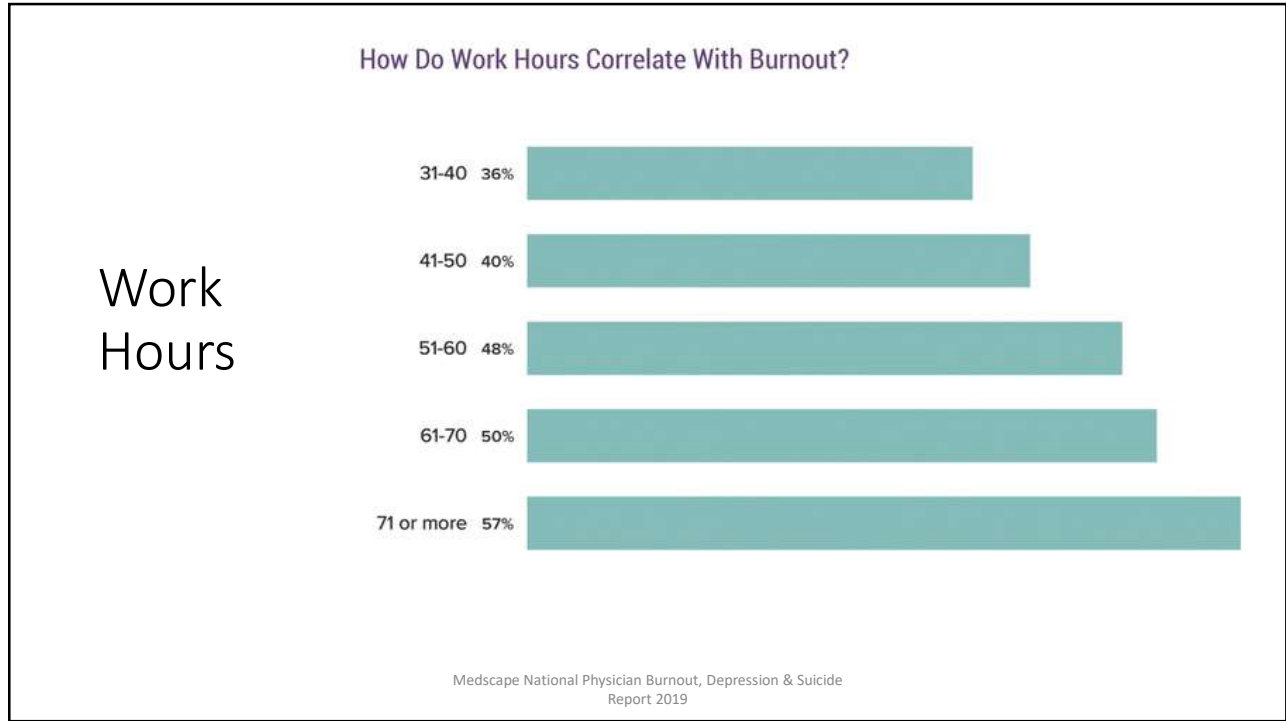
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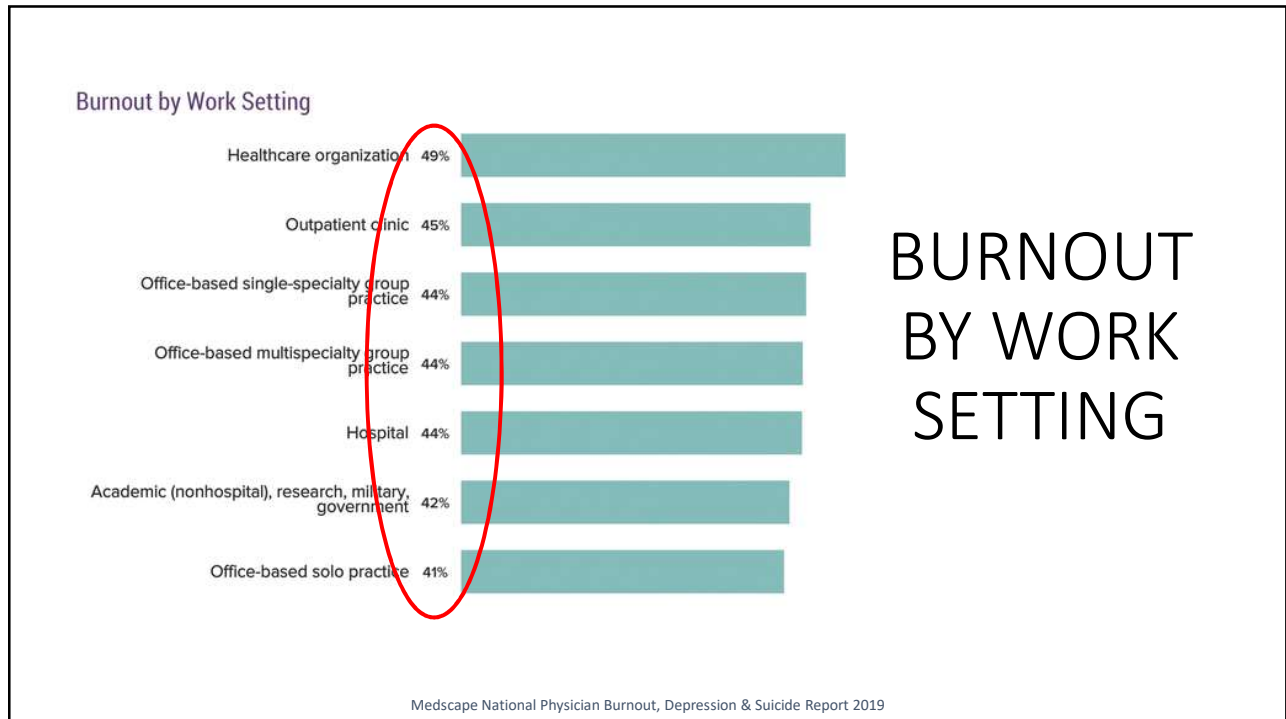
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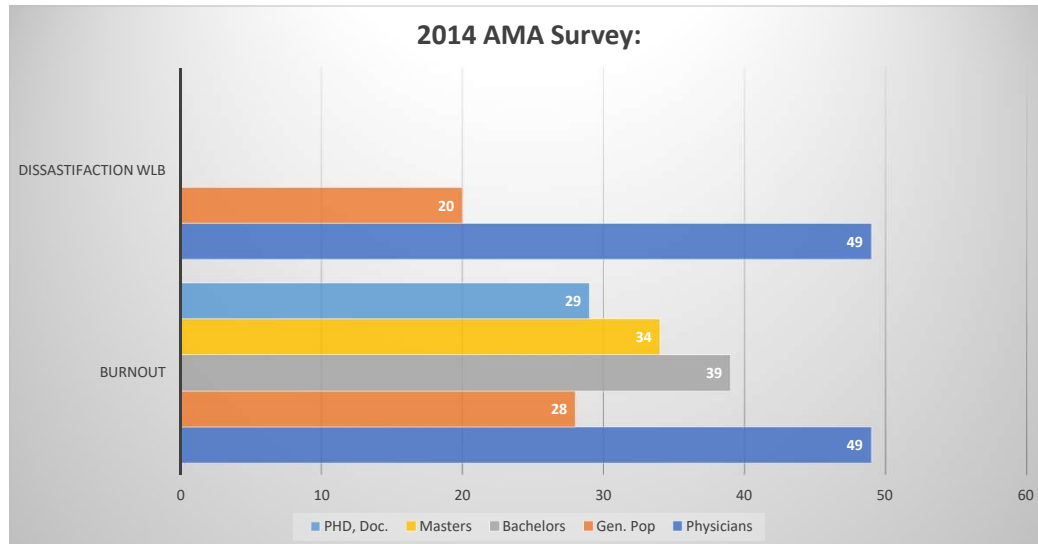


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Physicians vs. Other Career Fields

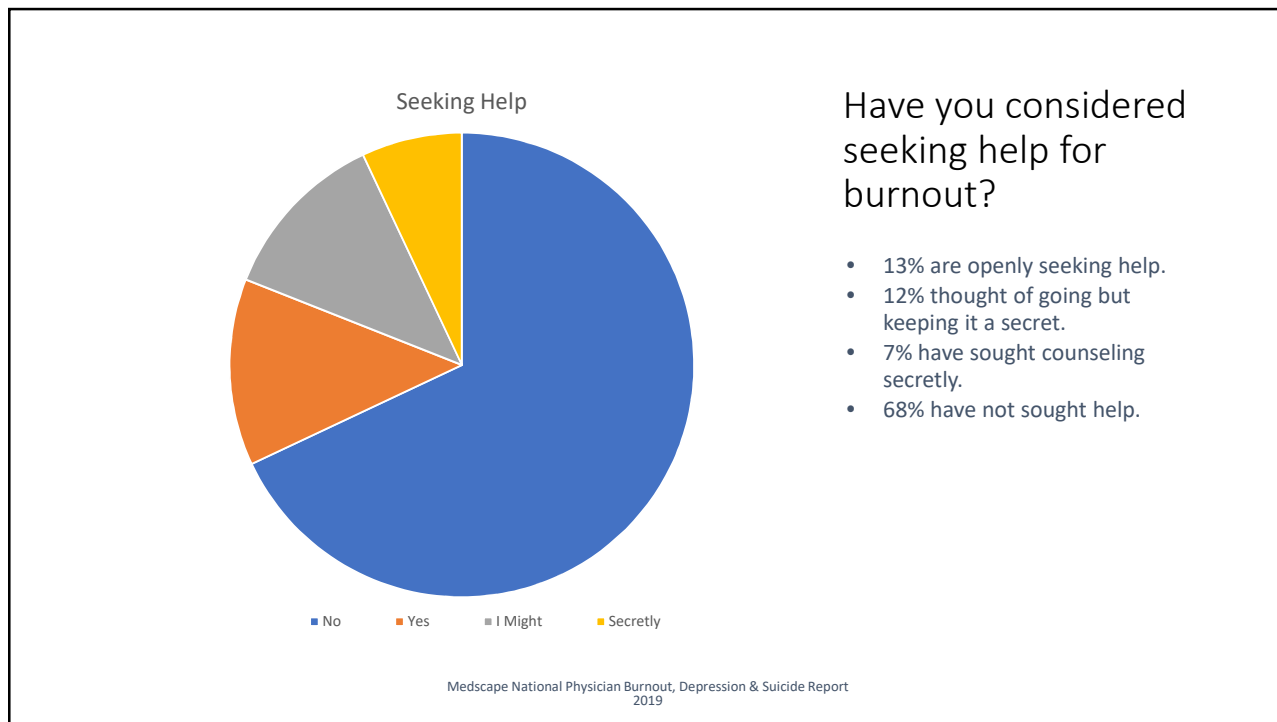


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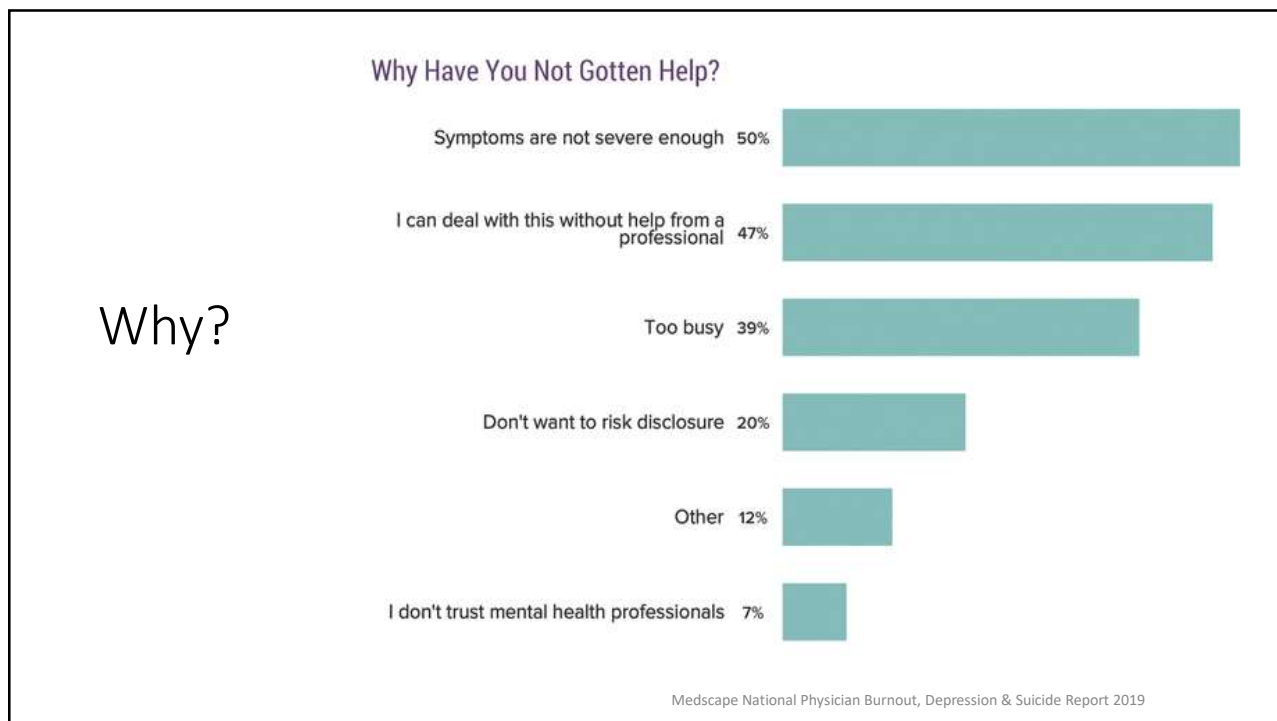
'Extra' Risk Factors

- Work >60hrs/week
- Fixed Thinking Process
- Shame based teaching
- Innovator
- Perfectionist/Overachiever
- Sleep Deprivation
- Isolation
- Medical dx/chronic illness
- Incentive Based Salary
- Lack of backing from Admin./directors
- Lack of support – family/friends/colleagues
- Mistakes/regrets not dealt with
- Malpractice Trial
- Substance abuse
- Previous Depression/Anxiety
- Previous abuse/bullying

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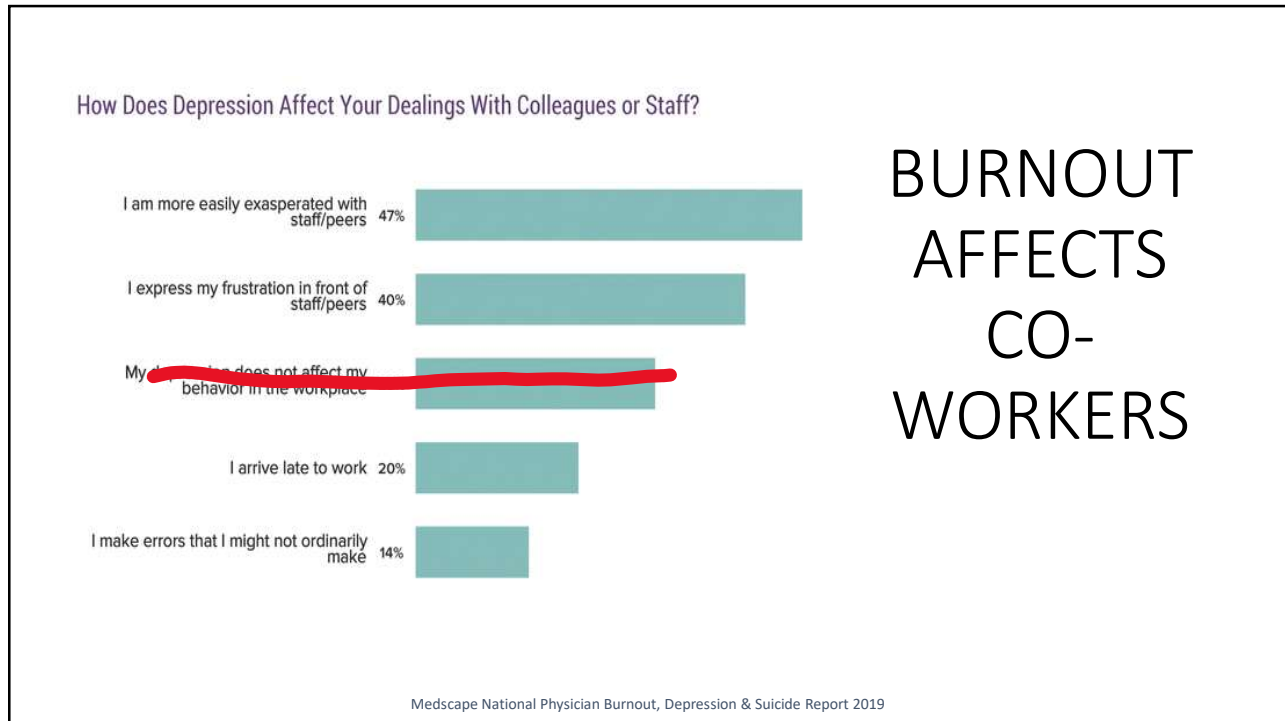
Burnout Costs Your Colleagues

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Your Colleagues are Speaking Out:

- **Burnout exists: cut the fuel and use the fire hose.**
- Declining proportion of physician-owned practices possibly related to increasing burnout.
- Physician burnout: an urgent call for early intervention.
- Regarding Wellness and Burnout Initiatives in Emergency Medicine.
- **Addressing Depression, Burnout, and Suicide in Oncology Physicians.**
- Self-care as a professional imperative: physician burnout, depression, and suicide.
- Physician Burnout: Are We Treating the Symptoms Instead of the Disease?
- Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis.
- **Physician Burnout: The Hidden Health Care Crisis.**
- Listening to depression and suicide risk in medical students: the Healer Education Assessment and Referral (HEAR) Program.
- EHR is a Main Contributor to Physician Burnout.
- **Rethinking EHR interfaces to reduce click fatigue and physician burnout.**
- **Physician suicide too often "brushed under the rug".**
- Practicing Clinicians' Recommendations to Reduce Burden from the Electronic Health Record Inbox: a Mixed-Methods Study.
- **Physician Depression and Suicide: A Shared Responsibility.**
- Physician suicide still shrouded in secrecy.
- A history of physician suicide in America.

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Burnout and Other Jobs

- EMS, Police, First Responders, Nurses, PAs, NP.
 - Highest Burnout/Depression.
 - Highest turnover rates.
- Burnout is a system wide problem

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Patient Costs

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Almost 50% of the physicians that reported depression, stated it did not affect their practice nor patient care.


Medscape National Physician Burnout, Depression & Suicide Report 2019
Leslie Kane, MA | January 16, 2019

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Patient Costs

Burnout Physicians

- Unnecessary tests
- Less face to face interaction
- Increased Medical Errors
- Poorer Patient-Physician relationships
- Have a higher risk of malpractice



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LESSON 4

In the Beginning

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Burnout Begins in Medical School or Residency



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Perhaps if we accepted different students...

- Students go into medical school with higher quality of life(all categories), less depression, and less burnout as other individuals of the same age.
- By the end of year 2, the rate of depression, decreased quality of life, and burnout doubled in medical students but not control groups.
- In 2006, and 2012 studies: By year two:
 - 52% of students reported depression,
 - 48-51% reported burnout
 - 1/3 of students & residents report depersonalization at least once a week.

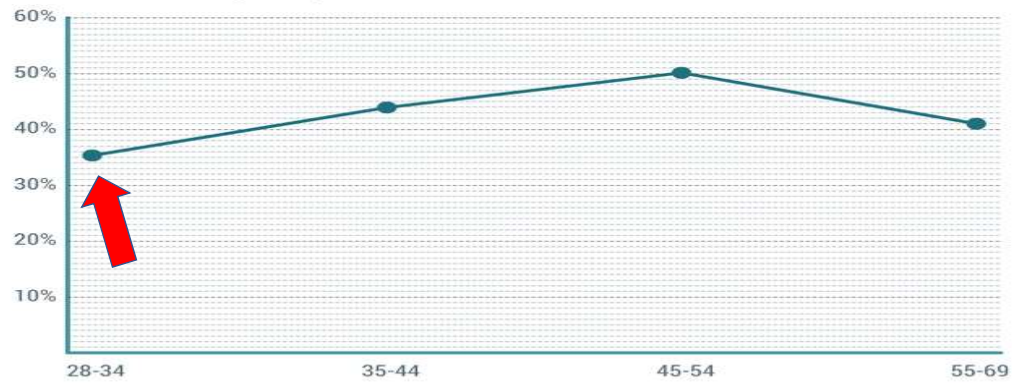
West, Colin P., MD, PHD. *Physician Burnout: Why We Should Care and What We Can Do About It*,
June 2016, Icahn School of Medicine, A Department of Medicine Grand Rounds.

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Are we starting off on a good foot?

Are Older or Younger Physicians More Burned Out?



Peckham, Carol; Medscape National Physician Burnout, Depression & Suicide Report 2018; January 2018.

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Other Studies



Increased rate of suicide begins in medical school!



Suicide is the 2nd leading cause of death for medical students!



Shaming/Hazing have been shown to cause more harm than good.

Depression
Isolation
Imposter Syndrome
Suicide

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CBT

- EBM:
 - As good as pharmacological therapy or slightly better.
 - Can be used alone in mild cases.
 - In Depression/Anxiety, it has advantages over other types of psychotherapy.
- 2015 Study: Suicidal ideation rate amongst interns cut by ½ with the use of CBT.
- One year later the Suicidal ideation rate was still ½ when compared with the control group.

11,12,16

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- Proper financial planning
- Business planning
 - 401K
 - LLC- (S vs C Corp) vs W-2
 - Private vs group
- Proper (honest) Networking
- Malpractice (insurance and lawsuits)
- Mental Health and wellbeing, CBT
- Contracts/Healthy boundaries
- Teaching the next-gen.
- Self care

Classes that Residents Want

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- Transparency & Honesty
- Accountability
- Open ended questions
- Practical advice
- Open discussions
- Safe Rooms

Healthy Networking

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Lesson 5

Moral Injury



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Moral Injury

“Moral injury (MI) involves distress over having transgressed or violated core moral boundaries, accompanied by feelings of guilt, shame, self-condemnation, loss of trust, loss of meaning, and spiritual struggles. “

Front. Psychiatry, *Assessment of Moral Injury in Veterans and Active Duty Military Personnel With PTSD: A Review*. 28 June 2019

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Data & Metrics

Inaccurate Data
Money Driven
Has not decreased M & M
Has not increased quality

- Average Hospital Stay: *Evaluate the amount of time your patients are staying*
- Treatment Costs: *Calculate how much a patient costs to your facility*
- Hospital Readmission Rates: *Track how many patients are coming back*
- Patient Wait Time: *Monitor waiting times to increase patient satisfaction*
- Patient Satisfaction: *Analyze patient satisfaction in detail*
- Patient Safety: *Prevent incidents happening in your facility*
- ER Wait Time: *Identify rush hours in your emergency room*
- Costs by Payer: *Understand the type of health insurance of your patients*
- Press-Ganey: *Pt satisfaction*
- Sepsis Protocol

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The patient is
always right?

5-star physician?

- 50,000 patient satisfaction survey Review, “Best surveys” had
 - Higher health care costs.
 - Hospitalized more frequently.
 - Increased morbidity and mortality.
 - less satisfied patients.
 - More drugs/testing = more side effects and complications.
- > 2/3 of physician pay incentives are based on patient satisfaction scores.
- Medicare withholds millions in payments for metrics.
 - patient satisfaction is a significant component.

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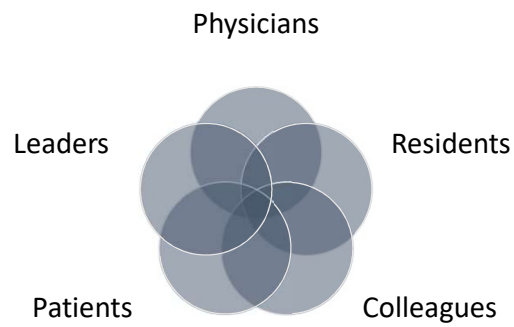
EHRs



- Increase Order Errors
- Slow patient times
- Less personalized/Less face time with each patient
- Increase interruptions
- Difficult to update/change****
- What are some simple fixes for your EHR?

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Human Connection



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LESSON 6

Organizational costs and management.

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The biggest concern for any organization should be when their most passionate people become quiet.



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In this crisis we desperately need free thinkers/innovators and new solutions.

Free thinkers/innovators are not whistle blowers.

Burnout Decreases the Desire to be Innovators.

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The Cost of Turnover

- When physicians leave the field, the practice - \$500,000 to \$1,000,000 of revenue.
- To recruit – an additional \$90,000.
- Every physician who leaves the field adds to the workload of other physicians.
- \$125 billion-\$190billion per year is lost for healthcare in the US.
 - hbr.org, April 6, 2017.

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Decreasing Burnout
Saves Lives and
Money.

\$\$\$

- Decreases Physician Turnover
- Decreases Medical Error & Malpractice.
- Decreases Nursing, Midlevel, & Staff Turnover.
- Increases Patient Satisfaction & Return.
- Retains Residents & Fellows.
- Retains Specialists & Admin

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Solutions for Organizations

- Team approach
- Printers
- Tear down walls
- Agenda before each day/pre-visit plans
- Group communication and problem solving
- Family Culture (eats lunch together)
- Different Pay models- transparent
- Social Clubs (diabetes club)

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Solutions for Organizations

- Team Documentation(RN, Social Worker, Patient)
- Pre-appointment calls, agendas
- Pre-visit Labs/tests
- Paid Meetings during work hours
- Decreased online hospital testing
- Increased grace periods for documentation
- Administration works in each department
- Support group or safe room meetings for physicians
 - Topics of concern
 - New Ideas/solutions

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Onboarding

- Saves money
- Retains physicians
- Costs very little
- Educates staff
- Reduces medical error
- Improves patient care
- Vision
- Need for new ideas
- Backing

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Patient Education Theory:

Expressing weakness and vulnerability with patients leads to increased trust.

- Team Approach
- Realistic Expectations
 - We are human “I don’t know”
 - There are no perfect tests
 - Further work-up is often needed
- Their Responsibilities
 - Follow up
 - Medication Compliance
 - Diet/Exercise
- Boundaries
 - Our health directly impacts their care
 - Our safety
 - Burnout awareness

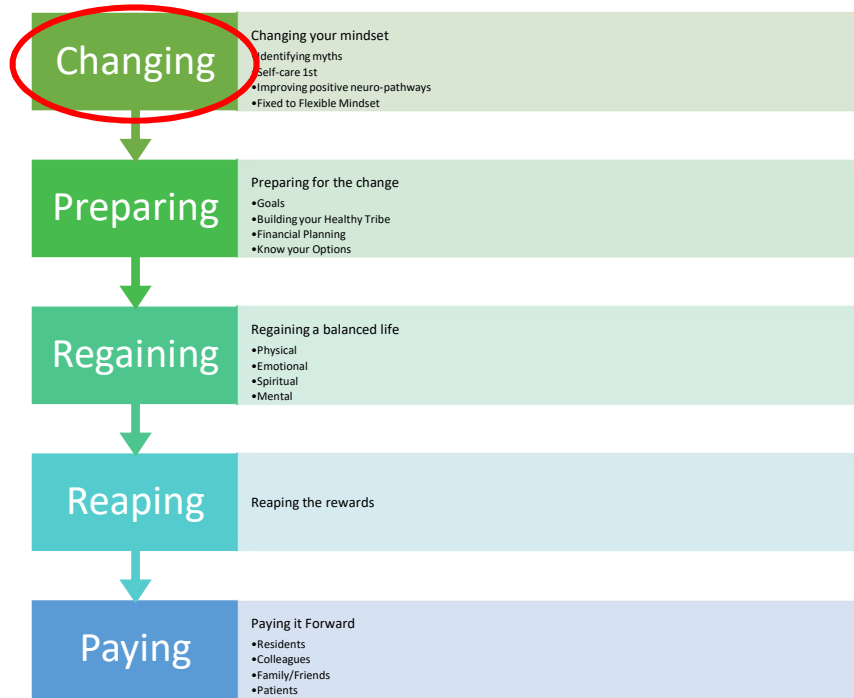
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LESSON 7

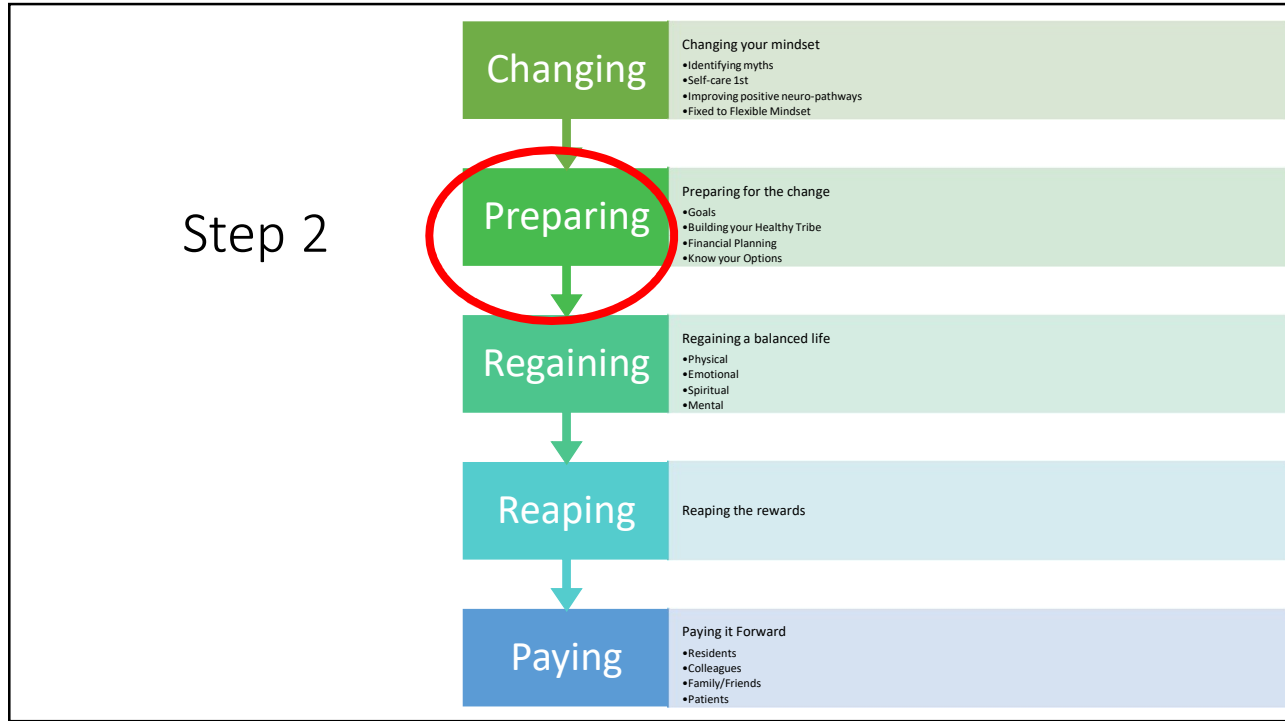
Individual Management Of Burnout

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5 Steps to Managing Burnout



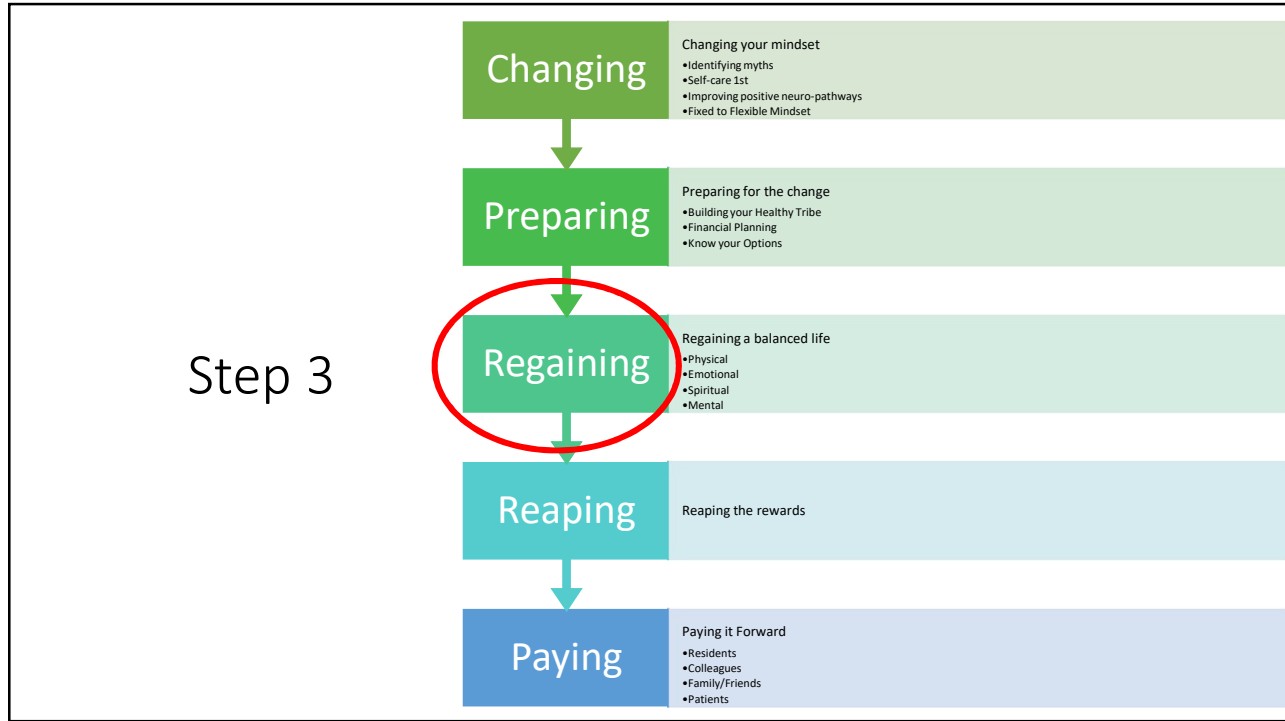
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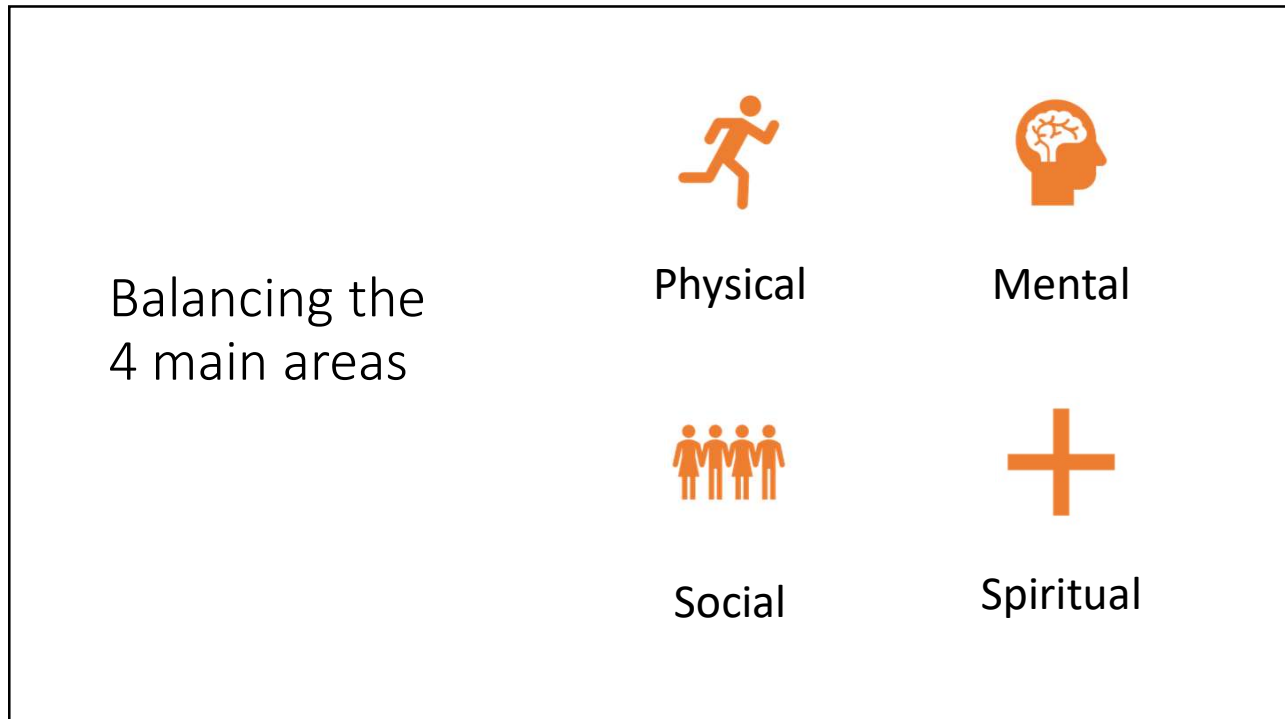
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Physical Health

Sleep

- Reduces accidents
- Improves memory
- Improves judgement
- Improves reaction time
- Stabilizes mood
- Decreases Depression
- DECREASES MEDICAL ERRORS

Healthy Diet

- Increases energy
- May elevate mood
- Decreases risks of disease Diabetes, CAD, etc.

Exercise

- Decreases depression, stabilizes mood
- Decrease disease risks
- Elevates serotonin levels

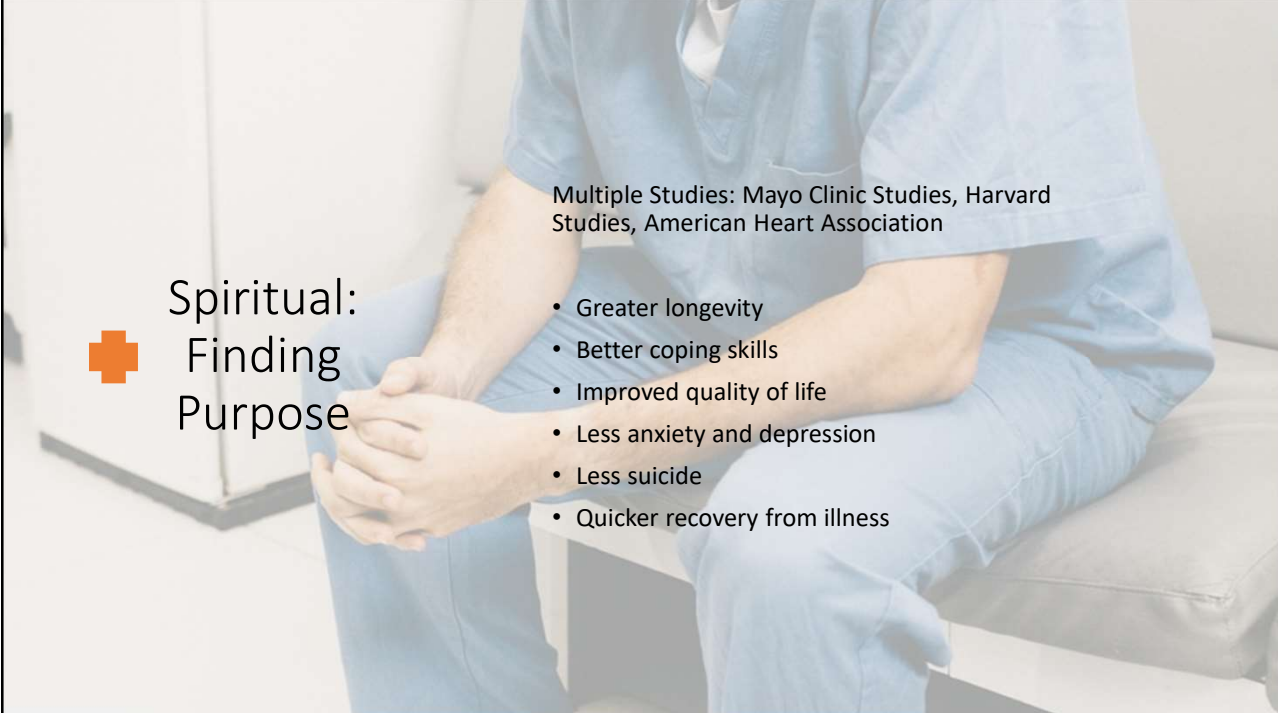
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Social Health

- Healthy relationships
 - Increasing
 - Strengthening
- Healthy networking
- Asking for help/resources
- Support groups

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Spiritual:
 **Finding Purpose**

Multiple Studies: Mayo Clinic Studies, Harvard Studies, American Heart Association

- Greater longevity
- Better coping skills
- Improved quality of life
- Less anxiety and depression
- Less suicide
- Quicker recovery from illness

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EMOTIONAL/MENTAL HEALTH



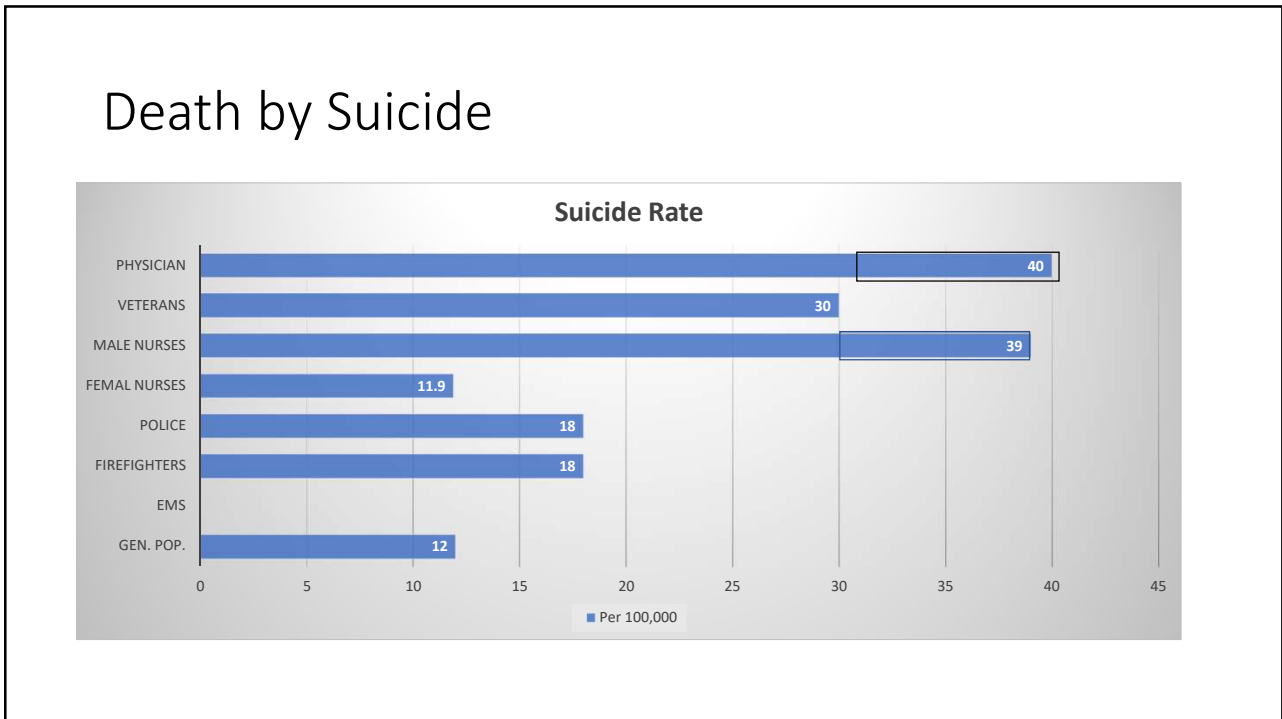
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Death by Suicide


- 300-400 per year
- High Suicide Rates Reported since 1858
- 1:7 Female to Male Ratio
- Poisoning and Hanging
- In Hospitals
- Anesthesiologist & Psychiatrist
- The 'Happiest' Doctors
- Family Members are at High Risks
- 1 Million Patients lose a Physician every Year
- Failing boards, malpractice, patient deaths, assembly line medicine, shaming, sleep deprivation.


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 Emotional/Mental


EBM:

- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Depression/Anxiety Tx(medication)

Other Tx:

- Journaling
- Meditation
- Seminars
- Support Groups
- PHP?

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State
 Physician
 Health
 Programs

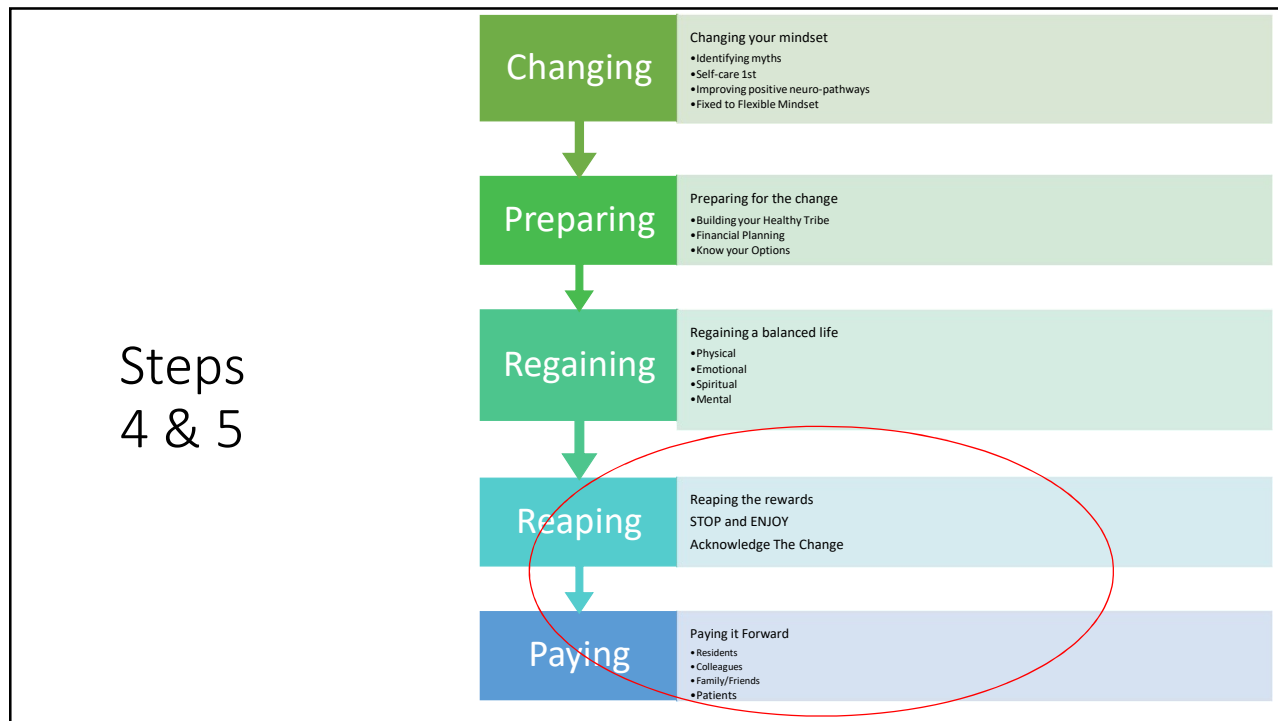
- Alcoholism, Substance abuse, psychiatric dx
- Some are helpful/life saving to individuals
 - "Abstinence rates approaching 90 percent are reported for physicians in PHPs with substance use disorders, at the end of five years."
 - Confidential
- <https://www.fsphp.org/faqs>
- Originally built by physicians
- Non-for-profit to for-profit
- \$\$\$ High costs
- Forced in some states
- Loss of License
- Wrong Dx
- Improper history taking
- From record keepers to Dx/Treatment
- Different Goals?
- Not addressing the problem
- No way to rank them or see if EBM is applied

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THE AMOUNT OF ORGANIZATIONAL 'BURNOUT' PROGRAMS ARE INCREASING.

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Review:

Know your individual role and your organization's responsibility in reducing burnout.

How can you help? How can you heal?

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Steps towards a
"healthy healer" Movement

One Vision
Open Minds
No Shame
No Bullying
Transparency/Trust
Teamwork

Healing4healers.org


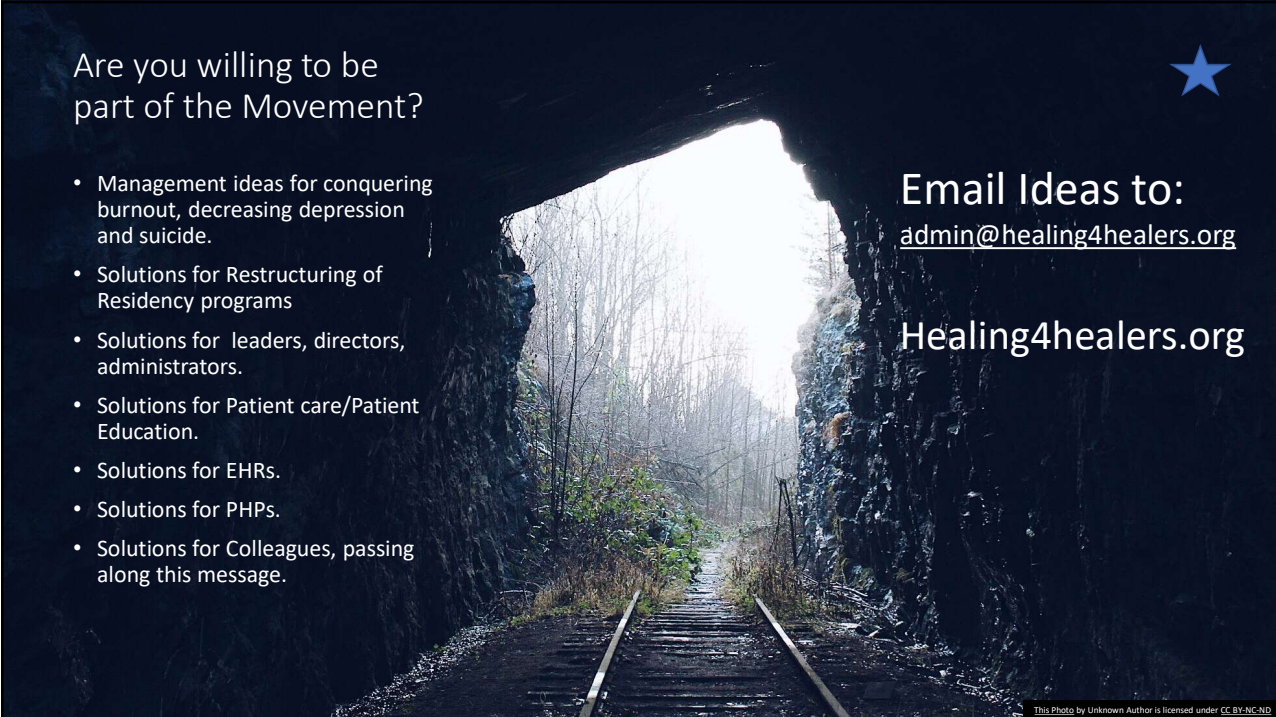
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Are you willing to be part of the Movement?

- Management ideas for conquering burnout, decreasing depression and suicide.
- Solutions for Restructuring of Residency programs
- Solutions for leaders, directors, administrators.
- Solutions for Patient care/Patient Education.
- Solutions for EHRs.
- Solutions for PHPs.
- Solutions for Colleagues, passing along this message.

Email Ideas to:
admin@healing4healers.org

Healing4healers.org

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Restore Humanity to Healthcare

“It takes a lot more courage to be a Clark Kent than to be a Superman!”
unknown



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Important Videos and Trailers

- Do No Harm Trailer:
 - <https://www.youtube.com/watch?v=9YpTZxN-r4k>
 - https://www.youtube.com/watch?v=tyMBxu5_tAo
- Unspoken: Doctor Depression and Suicide
 - Maintaining your license
 - <https://www.youtube.com/watch?v=-YlQxLlg60g>
- Brene Brown; The Power of Vulnerability
 - Shame Research
 - <https://www.youtube.com/watch?v=iCvmsMzIF7o>
- Physician Burnout: Why We Should Care and What We Can Do About It
 - West, Colin, MD Lecture. Statistics on Burnout.
 - <https://www.youtube.com/watch?v=BuA0iyxabt4>
- Physician Suicide
 - <https://www.youtube.com/watch?v=ChGxcYLwKDw>

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DEDICATED TO ALL PHYSICIANS WHO HAVE LOST THEIR JOY, PURPOSE, OR LIVES TO
MEDICINE...
TOO GREAT OF A SACRIFICE FOR THIS CAREER.

National Suicide Prevention Lifeline

1-800-273-8255

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Burnout Surveys

- Maslach Burnout Inventory – Human Services Survey (MBI-HSS)* : Gold Standard
- Oldenburg Burnout Inventory
- Physician’s Work-Life Study’s Single Item
- Copenhagen Burnout Inventory
- The Stanford Professional Fulfillment Index (PFI)
- The 7-item Well-Being Index (WBI)
- Patient Health Questionnaire-9 (PHQ-9)