PHYSICIAN WELLBEING IN HOSPITAL MEDICINE

ACP WASHINGTON CHAPTER MEETING 2019

Carmen McDermott, MD, FACP
ACP Wellbeing Champion 2019
ACP Washington Chapter Meeting 2019
WHY AM I HERE?

- Emerging knowledge of physician burnout, distress, depression
- Medical Society Initiatives
- ACM Wellbeing Champion Training
  - 2 days intense training at annual meeting.
WHAT WILL WE BE DOING?

- Review Demographics, Causes, Consequences of Burnout
- Review Organizational and Individual Strategies to improve wellbeing, reduce burnout
  - Hospital Medicine focused
- Self assessment: Mini-Z
- PERMA exercise to evaluate meaning
- WHEEL of LIFE
WHAT IS BURNOUT?

- Emotional exhaustion
  - Loss of enthusiasm
  - Feeling of being overwhelmed

- Feelings of cynicism and callousness
  - “Depersonalization”

- Disconnect with sense of personal accomplishment

Tait D. Shanafelt et al…Mayo Clinic Proceedings

September 2019
GENERAL INTERNAL MEDICINE:

Burned out
2011 2014 2017
54% 58% 48%

Satisfied with work life integration
2011 2014 2017
43.8% 38.3% 39.8%

Shanafelt et al. Mayo Clin Preced 2019
Female vs male OR 1.2 (p<0.001) of burnout

The proportion of physicians screening positive for depression also saw a modest, but steady increase with 41.7 percent in 2017 and 39.8 percent in 2014.
Burnout is a major issue among physicians, and recent tragedies of physician suicide show just how extreme and how devastating this situation remains. More than 15,000 physicians in over 29 specialties told Medscape about their degree of burnout and depression, how they cope with it, and whether they've had thoughts of suicide.

Some totals in this presentation do not equal 100% due to rounding.
Which Physicians Are Happiest at Work?

- Plastic Surgery: 41%
- Public Health & Preventive Medicine: 40%
- Ophthalmology: 39%
- Dermatology: 34%
- Pathology: 31%
- Pediatrics: 31%
- Critical Care: 30%
- Pulmonary Medicine: 30%
- Otolaryngology: 30%
- Psychiatry: 29%
- Orthopedics: 29%
- Oncology: 29%
- Rheumatology: 28%
- Surgery, General: 27%
- Cardiology: 27%
- Ob/Gyn: 27%
- Nephrology: 26%
- Diabetes & Endocrinology: 26%
- Infectious Diseases: 26%
- Radiology: 25%
- Anesthesiology: 25%
- Allergy & Immunology: 24%
- Urology: 24%
- Family Medicine: 23%
- Neurology: 23%
- Gastroenterology: 22%
- Internal Medicine: 21%
- Emergency Medicine: 21%
- Physical Medicine & Rehabilitation: 19%
<table>
<thead>
<tr>
<th>Variable</th>
<th>Hospitalists (n=130)</th>
<th>Outpatient General Internists (n=448)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High burnout (EE27 or DP10)</td>
<td>68/130 (52.3%)</td>
<td>244/448 (54.5%)</td>
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<tr>
<td>Depression</td>
<td></td>
<td></td>
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<tr>
<td>Depression screen +</td>
<td>52/129 (40.3%)</td>
<td>176/440 (40.0%)</td>
</tr>
<tr>
<td>Suicidal thoughts in past 12 months</td>
<td>12/130 (9.2%)</td>
<td>26/445 (5.8%)</td>
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<tr>
<td>Likelihood of leaving current practice</td>
<td></td>
<td>0.002</td>
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<td>--------------------------------------</td>
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<tr>
<td><strong>Definite</strong></td>
<td>17 (13.1%)</td>
<td>34 (7.6%)</td>
</tr>
<tr>
<td><strong>Likely</strong></td>
<td>21 (16.2%)</td>
<td>53 (11.9%)</td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td>21 (16.2%)</td>
<td>67 (15.0%)</td>
</tr>
<tr>
<td><strong>Slight</strong></td>
<td>38 (29.2%)</td>
<td>128 (28.7%)</td>
</tr>
<tr>
<td><strong>None</strong></td>
<td>33 (25.4%)</td>
<td>164 (36.8%)</td>
</tr>
<tr>
<td><strong>Missing</strong></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Would choose to become physician again</strong></td>
<td>81/130 (62.3%)</td>
<td>306/441 (69.4%)</td>
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BURNOUT IN INPATIENT-BASED VERSUS OUTPATIENT-BASED PHYSICIANS: A SYSTEMATIC REVIEW AND META-ANALYSIS

By: Daniel L. Roberts, MD, Keith J. Cannon, MD, Kay E. Wellik, MLS, AHIP, FMLA, Qing Wu, ScD, Adriane I. Budavari, MD
ROOT CAUSES

- Regulatory
- System
- Professional/Individual
ROOT CAUSES

• Evolving landscape of medicine
  • Business oriented model
  • Consolidation of healthcare practices
  • Admin burdens

• EHR effect: Documentation pressures

• Physician culture and internal qualities
  • Culture of self sacrifice and delayed gratification
  • Negativity
  • Perfectionism
SYSTEM FACTORS

• Pressure for Productivity
• Increased Scrutiny
• Added Metrics
• Changing compensation models: decreasing salaries
• Mergers: ever changing leadership
• Burnout of other providers—nurses, SWs, pharmacists, everyone?
"Dr. Singh's the third E.R. burnout we've lost this week."
• Cumbersome software, poorly functioning
• Degradation of meaningful relationships: patients and colleagues
• Taken over clerical work—order entry and billing
• Increased pressure for documentation to boost revenue
• Every 1 hour with patients = 2 hours in documentation
• Loss of control
WHY DOCTORS HATE THEIR COMPUTERS

Digitization promises to make medical care easier and more efficient. But are screens coming between doctors and patients?

By Atul Gawande  November 5, 2018
Moral injury
Moral Injury

- Lack of personal professional congruence: culture clash
- Loss of control, self determination
- Sicker patients, increasing affected by social circumstances. Unable to provide high quality care for vulnerable patients
Physician factors: cultural and individual

- Overly sacrifice our own health and needs
- Delayed gratification
- Boundaries
- Perfectionism, Comparisonism
- Self critical and critical of others
- In-trained thought process: assess the negative, "problem list"
Perfect storm of negativity

- System factors
- Regulatory factors
- Physician characteristics and culture
- Patient factors

Have these collided for a vortex of negativity? REFLECT
Consequences

• Increased attrition
• Morale of non-physician staff
• Adverse outcomes
  • Empathy—affects patient outcomes
  • Medical Errors (add a slide/reference)
Consequences

- Strained relationships
- Substance abuse
- Depression, Suicide ideation/Suicide
- MV accidents
- Impaired lifestyle choices
- Emotional Suffering
Organizational Strategies

- Organizational Culture Change
- Physician Leadership
- Work-flow changes, Practice Transformations
- Reducing documentation pressures—"patients before paperwork (screen work)"
- Supporting growth and autonomy
Resilience/Positive Psychology Science

• What do we do in the face of external circumstances
• Boosting ourselves while advocating for change
• Maximize our response
Professional Health and Wellness Spectrum

Review the wellness spectrum below. Circle the letter that best represents where you feel you are at this particular time in your life.

A  B  C  D  E  F  G
CULTIVATE MEANING:
POSITIVE PSYCHOLOGY/PERMA
CULTIVATE MEANING: POSITIVE PSYCHOLOGY
WHEEL OF LIFE
CULTIVATE MEANING: REFLECTION
CULTIVATE POSITIVITY: MINI BUT MIGHTY HABITS
CULTIVATE POSITIVITY: MINDFULNESS

- Lancet meta-analysis 2016 burnout interventions
- Mindful practice: JAMA. Epstein
Hacks for Hospitalist

- Side Hustles: go part time and start a side gig
- Creative outlets
  - Writing, Music, Art
- Travel
- Don’t fight it, change it. Educate and advocate, make a change
- Advocate, Lead, Teach
- Blog, podcast
FIND YOUR HACK:
The end!

BE WELL!