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Dr. Hawkins practices family medicine at a federally qualified health center in Houston, Texas and works in outpatient Palliative Care. He has been teaching for 29 years. He serves on the AAFP Commission on the Health of the Public and Science and the subcommittee on Clinical Practice Guidelines. His topics of specialty include patient-physician relationships and patient-centered communication; physician work-life balance; pulmonary conditions; palliative care; health care reform; and sexually transmitted infections. Dr. Hawkins believes the greatest challenge facing family physicians is communicating the value of family medicine to the public, legislators, and colleagues in other specialties.

Dr. Hawkins has disclosed that he has no actual or potential conflict of interest in relation to this topic.
LEARNING OBJECTIVES

By completing this educational activity, the participant should be better able to:

1. Define physician burnout and recognize the symptoms.
2. Create a personal treatment plan of action that includes routine self-assessments for physician burnout.
3. Review the effects of physician burnout on personal and professional relationships and discuss ways to prevent burnout in routine practice.
QUESTIONS

• Are you burned out?
• Would you recognize someone in your practice who is?
• What can you do to make yourself more “Burn Out Proof”?
• What can you do tomorrow?
• You try to be everything to everyone
• You get to the end of a hard day at work, and feel like you have not made a meaningful difference
• You feel like the work you are doing is not recognized
• You identify so strongly with work that you lack a reasonable balance between work and your personal life
• You are emotionally exhausted at the end of the day
• You feel you have little or no control over your work
• ..........................You must be a doctor!
STAGES OF BURNOUT

- A compulsion to prove oneself - perfectionism
- Working harder - violating boundaries
- Neglecting one’s own needs - physical/emotional exhaustion
- Conflicts - interpersonal
- Denial of Emerging Problems - cynicism/aggression
- Withdrawal - reducing social contacts
- Behavioral Changes
- Inner Emptiness
- Depression

North and Freudenberger
EPIDEMIOLOGY OF BURNOUT

- Burnout affects an estimated 25 to 60 percent of all physicians.
- A study recently published in Academic Medicine found that approximately 15 to 20 percent of physicians will have mental health problems at some point in their careers.
DEVELOPING BURNOUT

• The 2015 Medscape Physician Lifestyle Survey reports an overall 46% physician burn-out rate across all specialties – up from 39.8% in 2013

• The most affected were:
  • Critical care – 53%
  • Emergency medicine – 52%
  • General Internal Medicine, Family Medicine, General Surgery and HIV/Infectious Disease – 50% (up from 43% in 2013)
WHAT AREAS DO BEST?

• The lowest rates of burnout occur in:
  • Dermatology (37%)
  • Psychiatry & Mental Health (38%)
  • Pathology (39%)
POLLING QUESTION 1
EMOTIONAL EXHAUSTION

What do you think is the #1 cause?

1. The Affordable Care Act
2. Increased use of computerization
3. Too many bureaucratic tasks
4. Too many difficult patients
#3 – Too many bureaucratic tasks!
The affordable care act was #5
Increased computerization was #4
Too many difficult patients was #7

- According to a study from the CUNY School of Public Health, the “average” physician spends 8.7 hours per week on paperwork and administrative tasks, for 16.6% of total time
- This increases to 19.7% of time if working for a large group with electronic medical records.
OCCUPATIONAL SYSTEM

- Colleagues
- Patients
- Staff
- Family Physician
## OCCUPATIONAL SYSTEM

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<th>Negative Inputs (Stresses)</th>
<th>Positive Inputs (Strategies)</th>
<th>Examples</th>
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<td>Time Limitations</td>
<td>Setting Limits</td>
<td>Population mgmt.</td>
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<td>Demanding Patients</td>
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<td>Staff</td>
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<td></td>
<td></td>
<td>Mutual Support</td>
<td></td>
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<tr>
<td>Family Physicians</td>
<td>High Responsibility</td>
<td>CME, technology</td>
<td>Better EMR</td>
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<td>Colleagues</td>
<td>Lack of Support</td>
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<td></td>
<td>Collegiality</td>
<td>TAFP</td>
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</table>
HEALTH CARE SYSTEM

- Regulatory Bodies
- ACOs
- Health Plans
- Academic Institutions
- Support Staff
- Specialists
- Family
SITUATIONAL PROBLEMS: PROFESSIONAL OPTIONS

• Adapt to your EMR, or get a new one
• Change Jobs (Is the grass greener?)
• Retire (will you still feel fulfilled)
• Volunteer
• Become Employed (reduce admin burden in exchange for loss of autonomy)
• Reduce financial expectations (downsize)
NOT JUST A U.S. PROBLEM

- Burnout is almost as prevalent in Europe –
- The EG PRN Study in 2008
- 43% scored high on emotional exhaustion
- 35% on depersonalization
- 32% scored poorly on professional accomplishment
- 12% at burnout level in all three
Herbert J. Freudenberger coined the term “burnout” and, with his colleague Gail North, described its general progression as following 12 stages:

- A Compulsion to Prove Oneself
- Working Harder
- Neglecting One’s Needs
- Displacement of Conflicts
- Revision of Values
- Denial of Emerging Problems
- Withdrawal From Social Contacts
- Obvious Behavioral Changes
- Depersonalization
- Inner Emptiness
- Depression
- Burnout Syndrome
DEFINITION

"... an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will."

• Loss of enthusiasm for work
• Cynicism
• Low sense of personal accomplishment
1. **Emotional exhaustion** - feelings of being over-extended or exhausted by one’s work

2. **Depersonalization** - unfeeling and impersonal response to persons receiving treatment

3. **Personal accomplishment** - feelings of competence and success at one’s work
MAJOR FACTORS AFFECTING WELL BEING

- Personal System
- Occupational System
- Healthcare System
# Personal System

## Domain Negative Inputs (Stresses) Positive Inputs (Strategies) Examples

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<td>Biological Stresses</td>
<td>Biological Strategies</td>
<td>Exercise, nutrition</td>
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<td>Personality</td>
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<td>Acceptance of Limitations</td>
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<td>Use of High-Level Defense Mechanisms (Humor)</td>
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<td>Connectedness</td>
<td>Social Stresses</td>
<td>Social Strategies</td>
<td>Family, friends, Outside Interests</td>
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<td>Values</td>
<td>Spiritual Stresses</td>
<td>Spiritual Strategies</td>
<td>Self Reflection, Self Awareness</td>
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<td>Prioritizing values</td>
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<td>Positive Value</td>
<td>Negative Potential</td>
<td>Burnout Factors</td>
<td>Potential mental Training Interventions</td>
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<tr>
<td>Service</td>
<td>Deprivation</td>
<td>Compass Fatigue Entitlement</td>
<td>Reframing Appreciation &amp; Gratitude</td>
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<tr>
<td>Excellence</td>
<td>Invincibility</td>
<td>Emotional Exhaustion</td>
<td>Mindful Self-Compassion Inner Critic Awareness</td>
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<tr>
<td>Curative Competence</td>
<td>Omnipotence</td>
<td>Ineffectiveness Cynicism</td>
<td>Self Awareness Generous Listening</td>
</tr>
<tr>
<td>Compassion</td>
<td>Isolation</td>
<td>Depersonalization</td>
<td>Connection and community Silence as energizing</td>
</tr>
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DEPERSONALIZATION

Is almost trained into us as medical students

- Day-to-day examples:
  - “GOMERS”
  - “Train wrecks”
  - “Whiny”
  - The general attitude of “what now?” instead of “how can I help you?”
DEPERSONALIZATION

- Pervasive and generally accepted
- Promoted by the general attitude that physicians take death and disease for granted and “just get on with it”
- Attitude promotes keeping everyone at a distance, and becoming callus in all situations, even personal interactions with loved ones
OBJECTIVE #2 IMPACT OF BURNOUT

- Decreased Care Quality
  - (Physician health a NCQA benchmark?)
- Increased Medical Errors
- Relationship Dysfunction
- Adverse Health Outcomes
- Chemical Dependency
- Other Impairments
- Suicide
Recognize signs of potential burnout in yourself, fellow physicians, and patients

• Self-Evaluate
• Be vigilant for colleagues in trouble, and support them
• Also apply this to your patient care
  • Especially if your patient is a physician
ACGME MILESTONES

PROFESSIONALISM

#2  LEVEL 2

• Consistently recognizes limits of knowledge and asks for assistance
• Has **insight into his or her own behavior** and **likely triggers for professionalism lapses**, and is able to use this information to be professional
• Completes all clinical and administrative tasks promptly
• Identifies appropriate channels to report unprofessional behavior
ACGME MILESTONES
PROFESSIONALISM
#2  LEVEL 3

- **Recognizes** professionalism lapses in self and others
- **Reports** professionalism lapses using appropriate reporting procedures
PROFESSIONALISM
#2  LEVEL 4

• Maintains appropriate professional behavior without external guidance
• Exhibits self-awareness, self-management, social awareness, and relationship management
• Negotiates professional lapses of the medical team
OVERWORK?

• Treadmill Stress Test
  • Doing more
  • Moving faster
  • Spending less time with patients
• Enjoy time with patients but getting to do less and less of it
• How can you change this?
1. Others have said that, on occasion, I drink too much
2. Others have said that, on occasion, I work too hard
3. I worry that, when I retire, I will regret not having spent quality time with family
4. I have a reasonable work, life, health balance
ARE YOU DRINKING TOO MUCH?

• Alcohol, more than drugs, is a problem for physicians
• Self-assess
• Listen to family/colleagues
ALCOHOL SCREENING OR INTERVENTION

- **CAGE Questionnaire**
  - Have you ever felt you needed to **Cut down** on your drinking?
  - Have people **Annoyed** you by criticizing your drinking?
  - Have you ever felt **Guilty** about drinking?
  - Have you ever felt you needed a drink first thing in the morning (**Eye-opener**) to steady your nerves or to get rid of a hangover?
PRIMARY PREVENTION

• Accountability in your office
  • Controlled substance access
  • Controlled substance prescription pads
  • Chart audits
  • Compliance with prescribing rules
    • (i.e., Texas Medical Board Rule 170)
• Identifying if you are “at risk”
  • Overwork, burnout, relationship dysfunction
TO WHOM TO REPORT

• To State Licensing Board
• Hospital Peer Review Committee
• State or Local Medical Society
• Physicians who receive reports of inappropriate behavior, including reports submitted anonymously, have an ethical duty to critically, objectively, and confidentially evaluate, then report
OBJECTIVE #3 PERSONAL HEALTH PLAN

• Build Physical Capacity
• Develop Internal Capacity
  • Self-directedness
  • Cooperativeness
  • Harm Avoidance
  • Persistence
  • Self-awareness

Eley, D Wilkinson D, Cloninger CR. Physician understand thyself, and develop your resilience. BMJ Careers April 18, 2013
ROLE MODEL?

• You don’t need to find a doctor to tell you to live and eat right
• You already know that
PERSONAL WELLNESS: NUTRITION

- Physicians **Smoke** Less
- Physicians don’t necessarily **Weigh** less
- Understanding your food consumption
  - Why do you eat?
  - When do you eat? How much? How Fast?
  - Sugared Beverages = 3 miles of walking
- Getting help with weight
  - Weight management programs (accountability)
PERSONAL WELLNESS: EXERCISE

• Graduated Exercise
• Pedometer or other calculator/motivator
• Take the stairs
• Join a gym
• Walk a dog
• More engagement with fitness & nutrition translates to better health coaching of patients
PERSONAL WELLNESS: SLEEP

- **Sleep Hygiene**
  - Limit screen time in evening
  - No TV in bedroom
  - Limit caffeine beverages
  - Save bedroom for sleep & sex
  - Wake up at same time daily
  - Take Epworth Test and consider sleep study

- 57% participants believed tiredness affected their patient care (Lancet ’09)
The Importance of Play

- **The importance of Play**
- **Play** allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength.

- **Play is important** to healthy brain development.

- Unfortunately when we become adults - we think it's time to 'get serious' and the only 'play' we value is competitive play.

- **Play brings joy**. It is vital for problem solving, creativity, and relationships.
SELF-DIRECTEDNESS

• Conscientious
• Resourceful
• Goal Oriented
• Accept responsibility for Mistakes
• Learn from Mistakes
• “Move On”

• Or lose sight of responsibilities
• Or blame others

COOPERATIVENESS

- Accept the opinions and behaviors of colleagues
- Don’t lose sight of your own principles
- Work out solutions to achieve the best outcome for everyone
- This will increase empathy, tolerance, and reduce frustration
REDUCE FEAR – CHALLENGE YOURSELF

- Pessimism in anticipation of problems
- Accept uncertainty
- Accept a degree of risk
  - Generates confidence for decision making
  - Prepares for medical emergencies
  - Increase confidence & help manage uncertainty in future
- “Harm Avoidance” can be moderated by identifying the cues that trigger anxiety
- ACTION
  - Seek supervision to work outside their comfort zone

BMJ Careers - Physician understand thyself, and develop your resilience
PERSISTENCE

Maintaining behavior with stamina despite frustration, fatigue, or discouragement

- **Persistence**: Developed by sticking with a task until it is completely resolved
- High persistence can also be associated with perfectionism, which can lead to burnout or depression
- Consciously reflecting on what you have learned from them
- Avoid perfectionism by:
  - Identifying and accepting your limitations
  - Learning from failures
  - Setting realistic goals for yourself and others
  - Accepting mistakes
SELF-AWARENESS

• Be aware of your own trait pattern
• Reflecting on the realities of your working
  • Are your expectations of yourself and others realistic?
  • Are you constantly annoyed by the work behaviors of others?
• Do you have very high standards and expectations?
SELF-AWARENESS

Exercises

• Recognize the positive outcomes of your day
• Re-analyze a situation that caused you annoyance or dissatisfaction & think about what you can gain from it
• Take control over some part of your day, Allow for "time-outs," no matter how short
• Share an experience or problem with colleagues, friends, or family. Often just talking about a challenging event can be a powerful way to put your situation in perspective, learn from it, and move on
THANKFULNESS

- Write down 3 things you are grateful for each day/week then share them
- Gratitude Exercise
  - Think of an experience that recently occurred
  - Take 2 minutes to describe it to your partner
  - Partner – active listening, no talking
  - Switch roles
DIAGNOSTIC QUESTIONS

1. How can I take care of myself so that I can be of service to others?

2. How can I strive for excellence and at the same time have compassion for myself when I don’t have all the answers or I make a mistake?
DIAGNOSTIC QUESTIONS

3. How can I offer my expertise in order to cure illness and at the same time stay open to what my patients have to teach me about their own healing?

4. How can I maintain an empathetic connection with my patients and at the same time protect myself?
1. I have gone to work while feeling ill
2. I have prescribed for myself in order to go to work
3. I have ordered lab tests and imaging studies for myself
4. I have gone to work even though impaired by vomiting, sleeplessness or other illness
5. None of the above
A. POLLING SLIDE

1. I have a Family Physician
2. I do not have a Family Physician
SUMMARY: DEVELOP A PROFESSIONAL SELF-CARE PLAN THAT FOSTERS AND MAINTAINS PERSONAL WELL-BEING AND RESILIENCE

- Schedule time for reflection
- Make one small change per month
  - Graduated exercise
  - Progressive nutritional changes
- Find a mentor/confidant
- Get a Family Physician (and allow yourself to be a patient)