

Burnout and Resilience

NDAFP Big Sky CME
 Wednesday January 19, 2022
 5:15-6
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Objectives

1. Be convinced of the importance of resilience in job satisfaction and quality of care
2. Review motivation and barriers which affect satisfaction and impact connection with patients.
3. Use mindfulness, reframing and self awareness to reduce frustration and increase empathy with even the most difficult patients.

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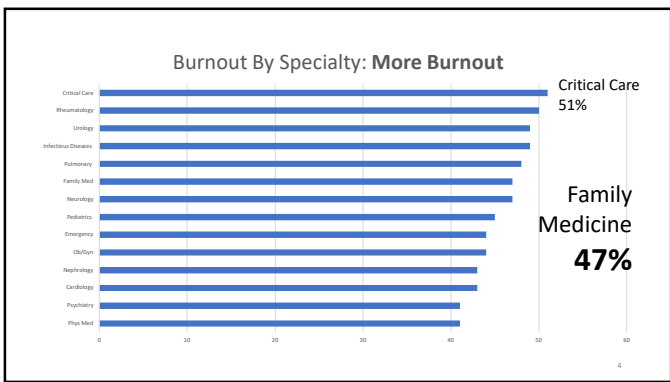
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Overview

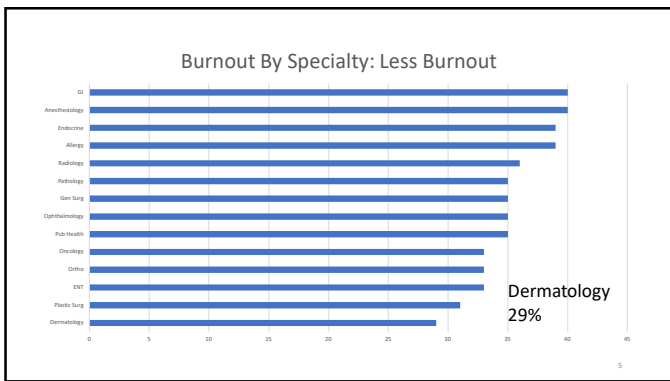
1. Epidemiology of Burnout & Definitions
2. Organizational Factors
3. Personal Factors
4. Mindfulness
5. Reframing
6. Computers/ EMR

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Trends & Hypotheses

- Family Medicine (51.3 2011, 63.0 % 2014, now 47%)
- Men 36% Women 51%
- 79% began before COVID 21% after Covid
 - Lack of PPE, long hours, bereavement, uncertain revenue, telemedicine?
- Bureaucratic Tasks 58%, but Improving?
 - Improved CPD coding requirements for 99213, 99214
- Lack of Respect from Administrators and Colleagues 37% (patients 17%)
- Reimbursement

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Physician Burnout

- Risk factors - individual:
 - Female sex, younger age, single marital status, longer working hours, low job satisfaction, presence of work-home conflict
- Risk factor – Organization:
 - Lack of physician autonomy
 - Lack of a voice within the organization
 - Poor administrative support
 - Work after Clinic
 - Volume pressures

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Physician Burnout: Maslach Inventory (MBI)

- Emotional exhaustion
 - I feel emotionally drained from my work
- Depersonalization
 - I don't care what happens to some patients
- Personal achievement – lack of achievement or recognition
- Cognitive weariness – “Brain fog”
- Physical fatigue – “I feel tired”
- Disengagement
 - Distancing from work and/or speaking negatively about work

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How Burned Out Are You?

A horizontal scale from 1 to 10. At 1 is a snowman icon, and at 10 is a fire icon. There are tick marks at 1, 5, and 10.

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2. Organizational Factors

- The QUADRUPLE AIM (Berwick)
 - Improved care of individuals
 - Improved care of populations
 - Lowering health care costs
 - Wellbeing of health care providers

<https://www.aac.org/membership/sections-and-councils/fellows-in-training/section/section-updates/2018/11/20/08/11/the-quadruple-aim>

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Actions to promote physician wellbeing Organization-focused interventions

<p>1</p> <p>Improving communication</p>	<p>2</p> <p>Reducing work hour requirements</p>	<p>3</p> <p>Streamlining clinical workflows</p> <ul style="list-style-type: none"> • Improving EMIR capability • Improving Physician EMIR skills 	<p>4</p> <p>Promoting quality improvement projects</p>
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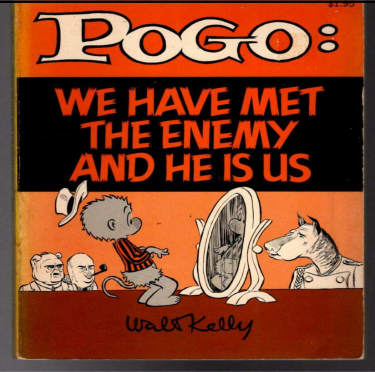
Team Work

- Positive changes to the work environment
 - Work smarter not harder
- PCMH: work at the top of license (delegate)
 - Standing orders
 - Release some control

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3. Personal Factors

- Can I change myself?



Walt Kelly

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Actions to promote physician wellbeing Individual-focus interventions

- 1 Positive changes to the work environment
 - Work smarter not harder
- 2 Resilience activities
 - Exercise, healthy diet, adequate sleep
 - Development of mindfulness skills
- 3 Writing twice weekly in a gratitude journal

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To Be Healthy and More Relaxed

- Eat well and exercise
- Adequate sleep
- Good social support
- Reasonable work schedule and efficient office
- **What else can you do right now?**

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Insomnia: Sleep Hygiene

- Avoid caffeine in the late afternoons or evenings.
- Avoid heavy meals right before bed
- Regular exercise, but not right before bed
- Avoid TV, ipad, phone in late evening
- Bedroom dark, comfortable, cool, quiet and only for sleep, sex and meditation
- Regular routine and go to bed when tired
- If you worry a lot, consider writing your concerns down.
- Don't try too hard

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Obstructive Sleep Apnea?

- Ask your Bed Partner
- Complete the Epworth Inventory
- Sleep Study
- CPAP
- Lose Weight

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Impairment: Yourself or Others

- Self Awareness and Behavior Change
- Awareness of Colleagues/ Partners/ Employees
 - Structuring an Intervention
 - Compelling success of Physician Health Committees of Health Systems and Medical Society

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Seeking Help

- Reach out to
 - Your Primary Care Physician
 - Do you have someone you can give honest revelations to?
 - Your Partner
 - Being willing to be vulnerable?
 - A Program

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Professionalism

- If you want to find yourself, lose yourself in the service of others.
- Putting others needs first
- Balance this by scheduling time for self/family

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Making a Change

- Caution with Rapid Major Change
 - Job Change
 - Retirement
- Incremental Change
- Consider Developing a New Skill
 - Re-invent yourself

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<https://www.aafp.org/cme/subscriptions/fp-essentials/editions/471-ed.html>

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4. MINDFULNESS



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Physicians you will recognize

- **Dr. Adams** is particularly anxious about some issues at home, and is about to go in and see a patient
- **Dr. Burger** just got bad news about one patient and she needs to be focused for her next patient
- **Dr. Cohen** is about to give Grand Rounds and is nervous

Credit to Dr. Eddie Needham

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Mindfulness On the Go

- Use the energy in a different way
- Diaphragmatic breaths with mindful inhalation and relax muscle group with exhalation (such as shoulders, neck, jaw and/or muscles between eyes)
- Fully immerse yourself in the current activity – this one step in front of me now
- If in doubt, slow down
The brakes save lives, not the accelerator

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Other familiar physicians.....

- **Dr. French** is worried about a family member and has trouble getting to sleep.
- **Dr. Dennis** was on call, was awoken by a nurse, and is unable to get back to sleep.
- **Dr. Evans** feels like he needs to relax when he gets home from work, but finds it difficult to do so without a drink.

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Meditation

1. Mindful diaphragmatic breathing
2. Body scan
3. When your mind drifts, focus back on your breath, body sensations, sound, word and/or phrase
4. Later can non-judgmentally notice whatever arises just in this moment (mindfulness meditation)

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Free Guided Meditations

- <http://stressremedy.com/audio/>
- <http://marc.ucla.edu/mindful-meditations>
- <https://health.ucsd.edu/specialties/mindfulness/programs/mbsr/Pages/audio.aspx>

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Times to Remember to Be Mindful in the Office

- Feeling each footstep as you walk from your office to your exam room (brief walking meditation).
- Feel your hand as you open the door.
- Take a mindful breath right before you enter the room.
Set the **intention to connect** with your patient.
- When you listen to heart and breath sounds, just listen.
- When you wash your hands, feel the warm water.
- Between patients, taste your lunch or your tea/coffee.

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Mindful Communication

- Set your intention to be curious about your patient and connect with him/her
- When listening and your mind wanders, patiently return your focus again and again
- When you are able to let go of certain judgmental thoughts, you are more able to connect and empathize

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Mindful Communication

- Doctors feel more fulfilled and effective, with less errors
- Patients feel more satisfied and receive better care
 - Perhaps improved treatment adherence
- Can be enhanced by reframing

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What type of visits do you find frustrating?

- Rude/demanding patients
- Non-compliant patients
- Patients with multiple vague complaints
- Patients inappropriately requesting narcotics
- Seeing patients who are regularly late but want your full attention
- All of the above

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Reframing

- How do we reframe dealing with **rude** people?
- When people are rude they are almost always **suffering**

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Reframing

- Your next patient has been non-compliant with medication, diet and quitting smoking.
 - Not boss/employee relationship so term "compliance" doesn't make sense
 - Be optimistic not fatalistic
 - Lower your expectations
- **Caring consultant:** Your job is to connect with the patient and offer expert counsel.
 - This type of connection is most likely to have the patient *eventually* choose a wise course of action, but not always.

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Question 2 Reframing is

- Looking at something in a different way
- Stopping established patterns
- Finding healthy ways to reconnect with patients
- Updating your art collection

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A. Looking at something in a different way



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Difficult Cases

- Talkative patients with vague complaints?
 - Understand their ideas, feelings and fears?
 - Provide reassurance when appropriate.
- Patients with multiple chronic problems? (Overwhelmed?)
 - Focus on one or two at a time and set return visit.
- Non adherent patients? Just Listen
 - Financial Barriers
 - Unaware of reason for treatment
 - Fear
- You want to be a Fixer
 - Sometimes you have to lower your expectations

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#5 Computer Work



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#5 Computer Work - Reframing

- Realize that instead of “computer work”, it is **patient care** via the computer. (Consider adding patient photos to your EMR.)
- Advantages: can do it at your pace and with music and with a nice cup of coffee or tea
- Instead of “computer work” –
“Relax and Review Time”

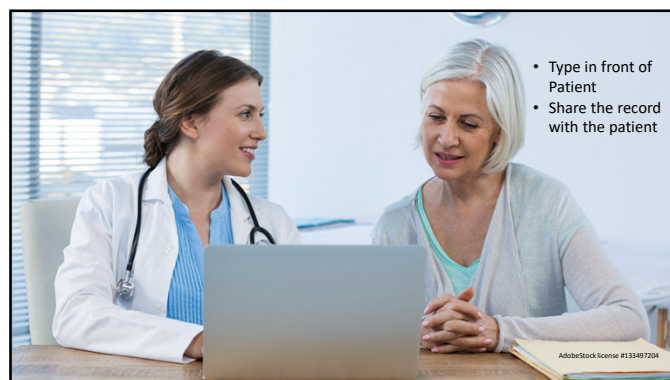
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#5 Computer Work

- Obsessing about trying to get a task over with usually doesn't make it go faster
 - Tolerate spelling errors
 - Cut & paste but don't clone
 - Shortcuts, macros, templates, upgrades
- Target completing work in the office and not bringing it home

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- Type in front of Patient
- Share the record with the patient

AdobeStock license #133497304

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Computer Work: Reframing

- Learn the software: time-saving options
- Work with vendor or institution to enhance efficiency
- Hire a Scribe?
- Advocate with Medical Societies, AAFP and Government to improve this
- Know when to shut the computer and focus on the patient

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Reframing

- Do you get very stressed when you are running late?
- Do you then have trouble listening and connecting with patients?
- In the moment.....take a mindful breath, and reframe
- Later, ask yourself, “do I need a schedule change?”
- Find long-term ways to “take control”

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Scheduling

- Have your team work to the top of their license and ability
- Set up patient data at annual wellness visit
- Value-Based environment, apportion time & visit frequency for acuity
- FFS: Consider having the patient come in for a visit if it will take more than 5 to 10 minutes

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Summary

1. Burnout Risk: do a self evaluation and consider making one change
2. Organization: restructure work, change jobs, advocate for change
3. Personal Factors: perfectionism, sleep, exercise, diet, impairment
4. Mindfulness: stay in the moment, focus on the patient
5. Reframing: Listen to & understand patients
6. Computers/ EMR: tame the beast

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