

PHYSICIAN WELL-BEING: WHAT DO WE KNOW AND WHERE DO WE GO?

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Department of Pediatrics
Grand Rounds
March 19,2021

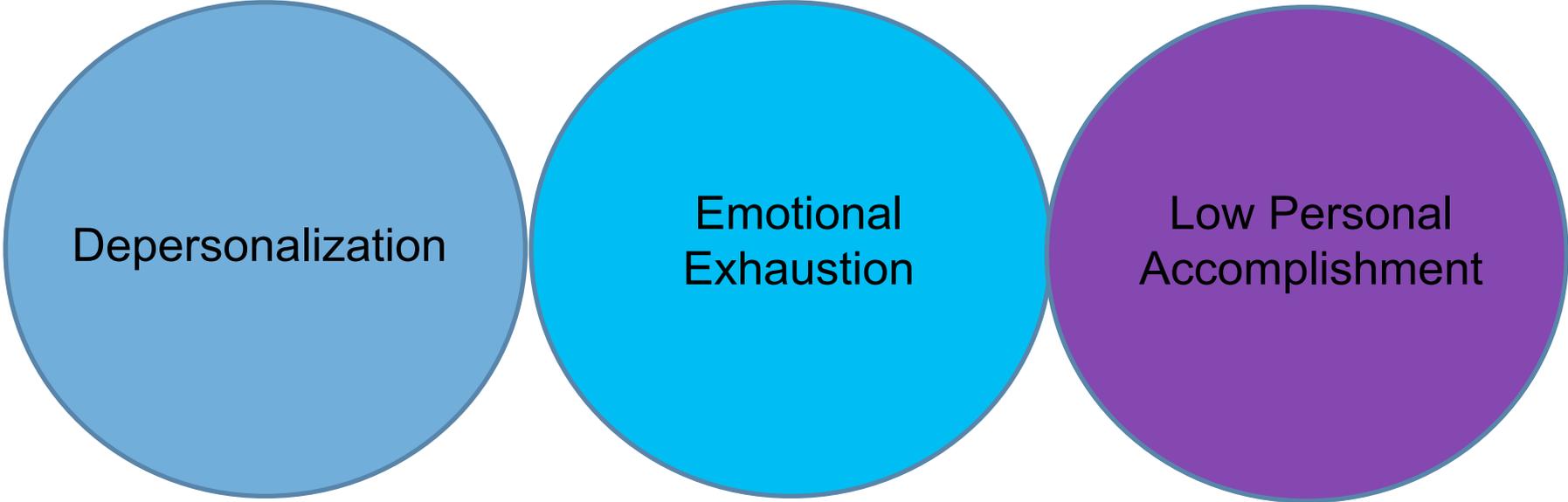
Objectives

- Describe the impact of physician well-being or burnout on physicians, patients and systems
- Learn evidence-based methods to promote well-being
- Identify resources to support and enhance well-being

Disclosures

- I have no disclosures

Burnout



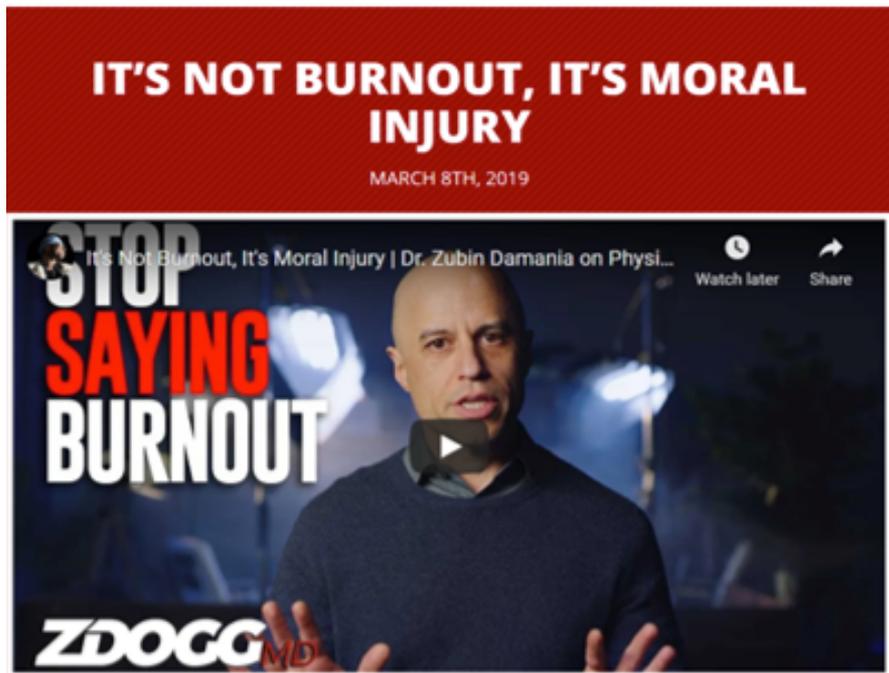
Depersonalization

The diagram consists of three overlapping circles arranged horizontally. The leftmost circle is light blue and contains the text 'Depersonalization'. The middle circle is bright cyan and contains the text 'Emotional Exhaustion'. The rightmost circle is purple and contains the text 'Low Personal Accomplishment'. The circles overlap slightly, with the middle one overlapping the left one, and the right one overlapping the middle one.

Emotional
Exhaustion

Low Personal
Accomplishment

Moral Injury



“The moral injury of health care is not the offense of killing another human in the context of war. It is being unable to provide high-quality care and healing in the context of health care.”

Wellness

“Physician wellness (well-being) is defined by quality of life, which includes the absence of ill-being and the presence of positive physical, mental, social, and integrated well-being experienced in connection with activities and environments that allow physicians to develop their full potentials across personal and work-life domains”



Why Does Physician Well-Being Matter?

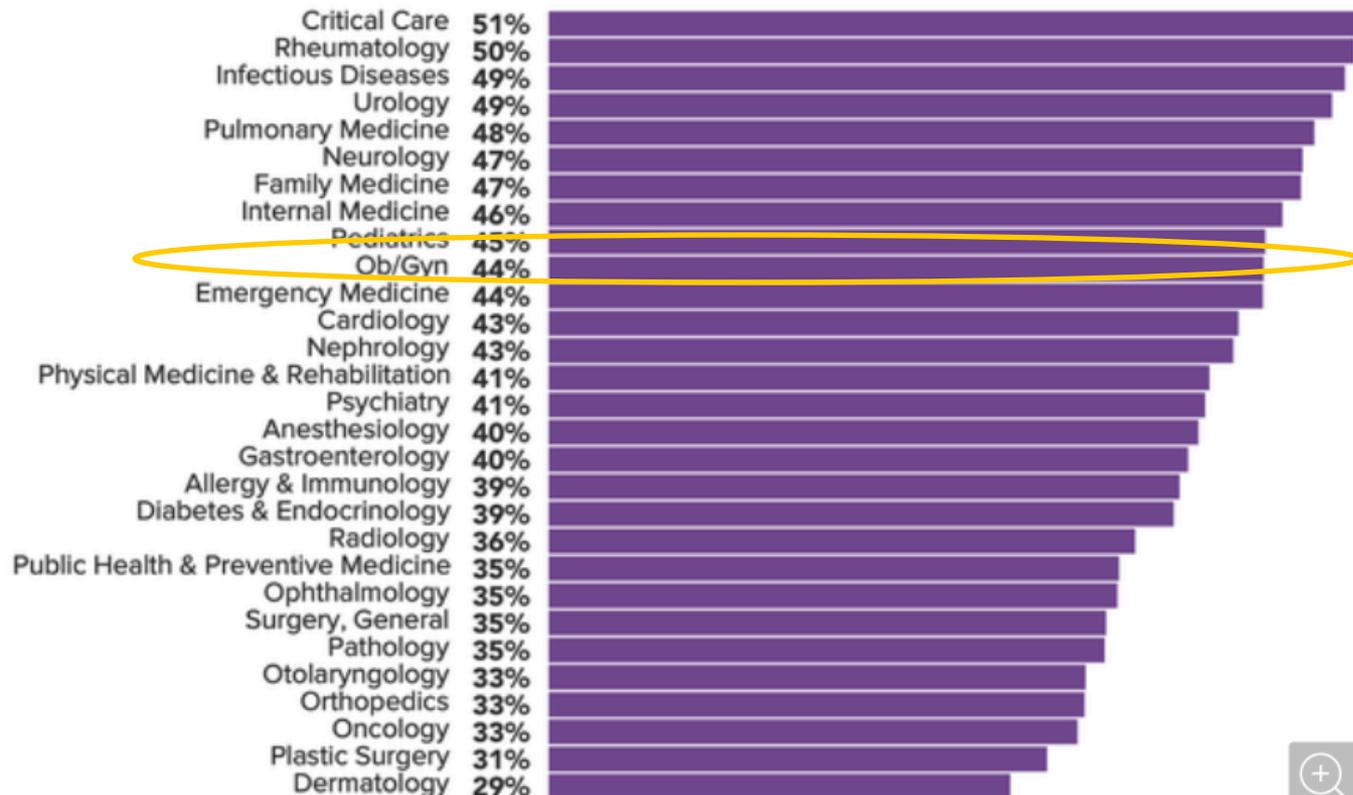
The Missing Aim



Adapted from graphic by Cardiac Interventions Today

Scope of the Problem

Which Physicians Are Most Burned Out?



Scope of the Problem

How Severe Is Your Burnout?



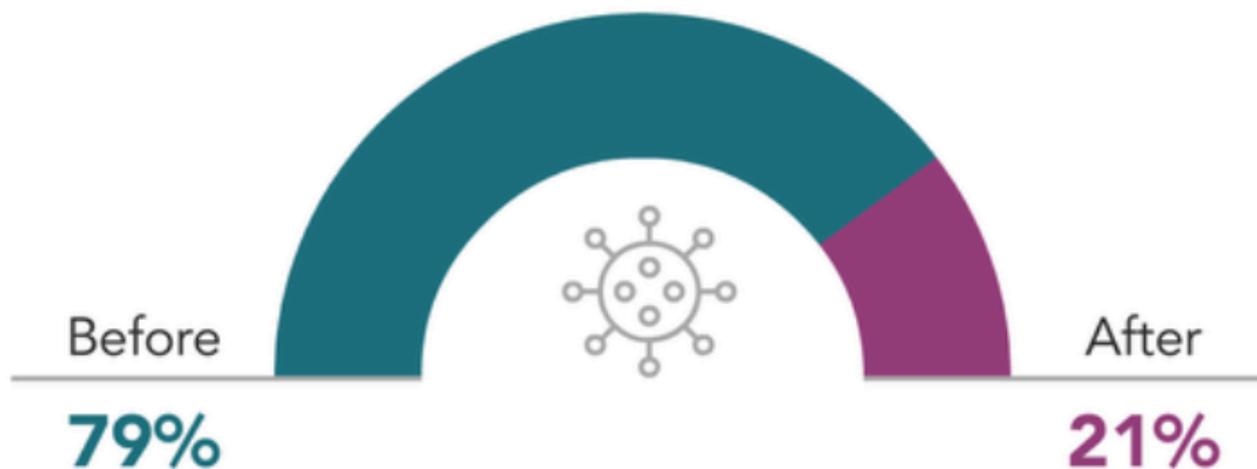
29% ● Has little or no impact on my life

24% ● Has moderate impact on my life

47% ● Has strong/severe impact on my life

But COVID-19!

Did Your Burnout Begin Before or After the Start of the COVID-19 Pandemic?



Gender & Well-Being

- Women physicians experience higher rates of burnout
- Women more likely to have emotional exhaustion
- Burnout sometimes as high as 60%
- Why?
 - Report higher responsibility of duties at home
 - Struggle accessing mentors and leadership positions
 - Experience gender bias and discrimination

Templeton, K. et al 2019.
Gender-based differences in
burnout: Issues faced by
women physicians. NAM
Perspectives. Discussion
Paper, National Academy of
Medicine,



Our Department

EMR & Burnout Survey

I enjoy my work. I have no symptoms of burnout.

I am under stress and don't always have as much energy as I did, but I don't feel burned out

I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion

The symptoms of burnout that I experience are about work frustrations a lot.

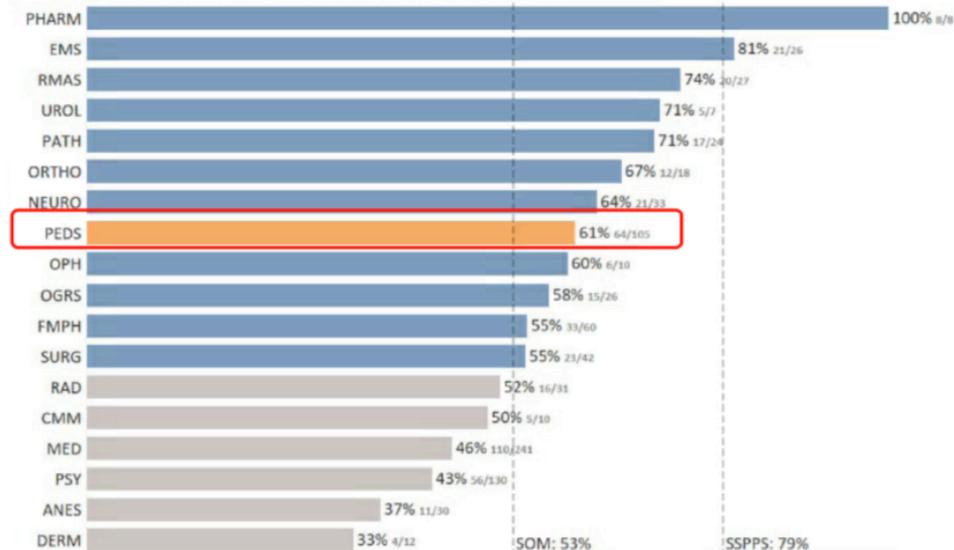
I feel completely burned out. I am seeking help.

→ **52.6%** of respondents self-identified as having some degree of burnout

Morale by School and Department

Overall, 54% of Health Sciences faculty rated their current morale as positive, with 6 departments falling below this benchmark

Percent of faculty reporting "current morale" as excellent or very good



Physician Burnout As A Public Health Crisis



Impact on Physicians



Figure 3. **Consequences of burnout for clinicians**

Physical consequences

- Exhaustion
- Fatigue
- Inattentiveness
- Irritability
- Risk of motor vehicle accidents

Psychological consequences

- Stress
- Substance abuse
- Disruptive behavior
- Mood disorders
- Depression
- Suicidal ideation

Source: Adapted from Patel, Rikinkumar S., et al. "Factors related to physician burnout and its consequences: A review." *Behavioral Sciences* 8, no. 11 (2018): 98.

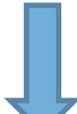
May also reduce academic productivity by approximately 15%

Turner TB, Dilley SE, et al. The impact of physician burnout on clinical and academic productivity of gynecologic oncologists: a decision analysis [published online June 24, 2017]. *Gynecol Oncol*

Impact on Patients

 recovery time post-discharge

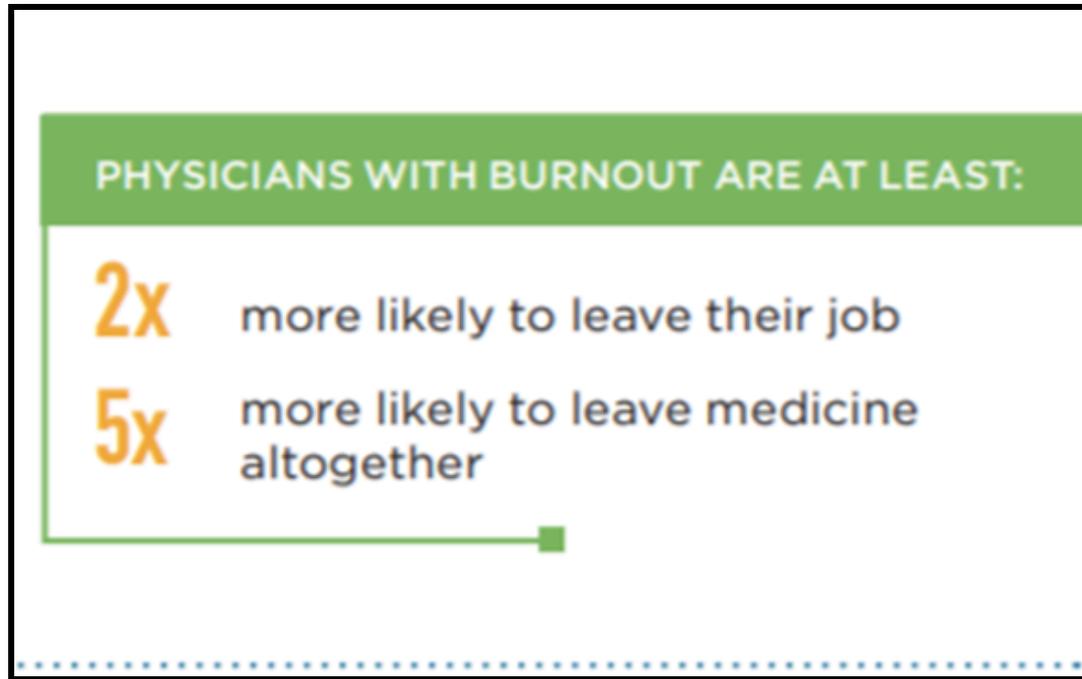
 likelihood of reporting medical errors in prior 3 months

 adherence to treatment plans

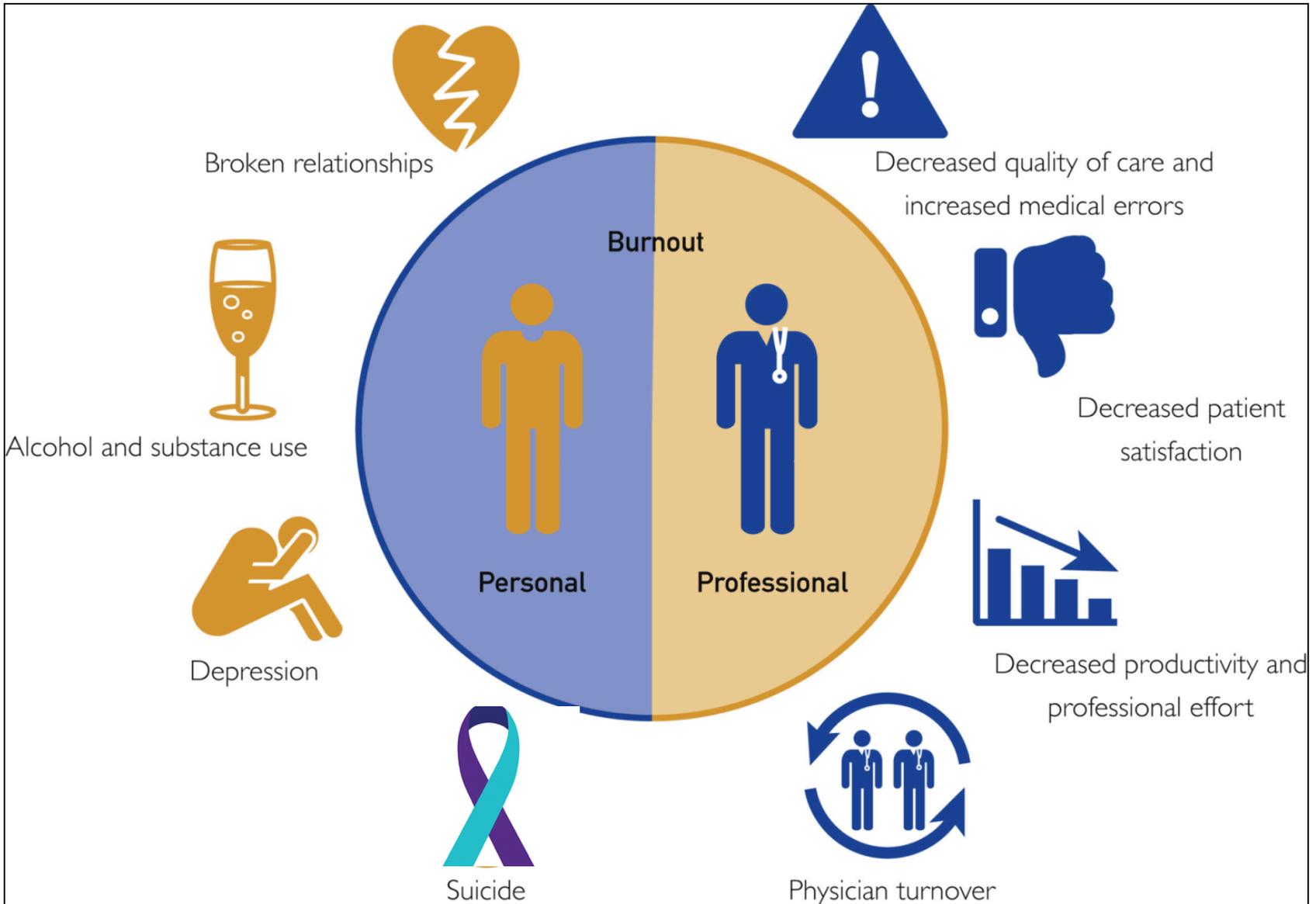
 empathy results in worse clinical outcomes

 patient satisfaction

Financial Impact



- \$250k - \$1 million to replace a physician lost to turnover or reduced hours
- Costs the Healthcare System \$4.6 billion
- May contribute to overuse of resources and thereby increased costs of care

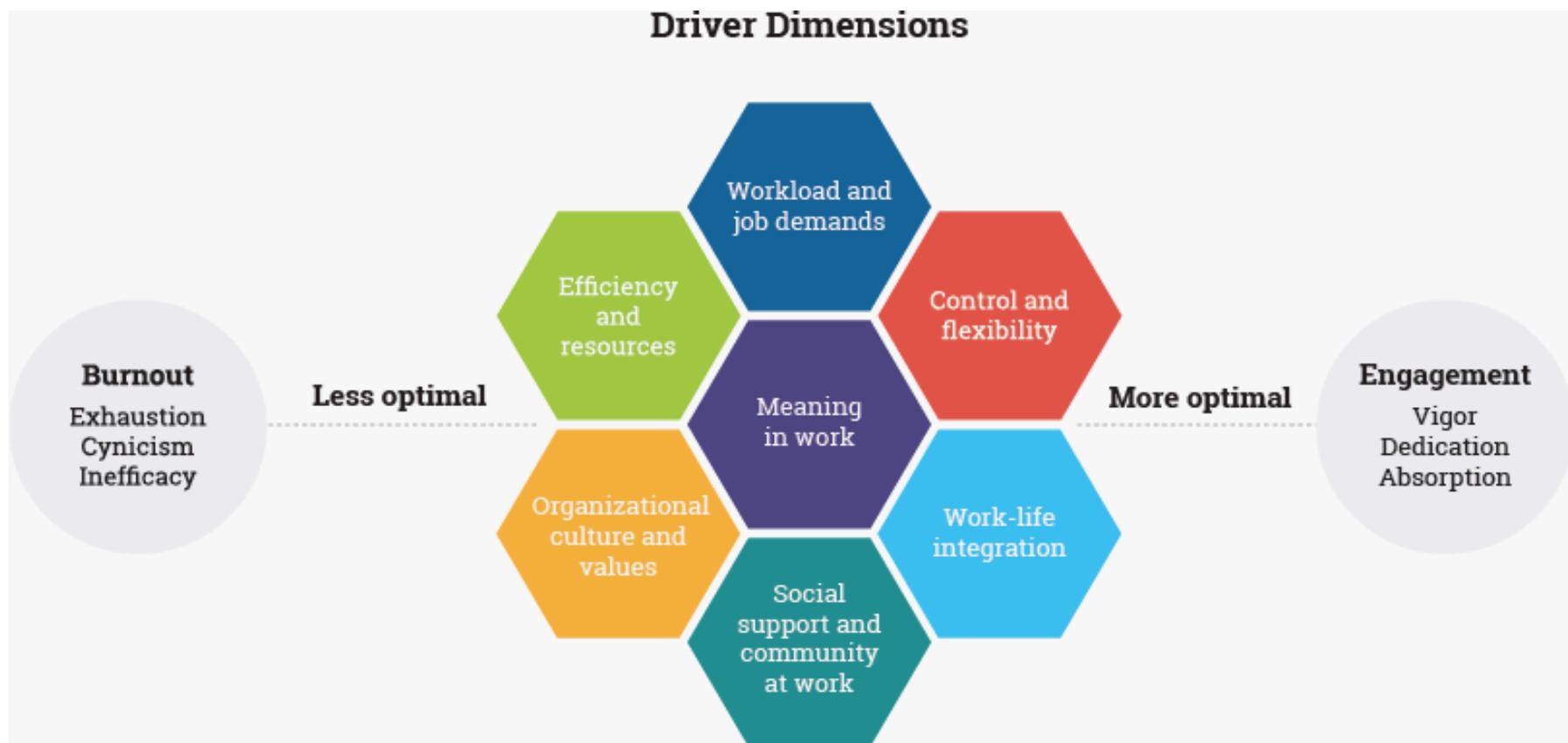


THERE IS HOPE...

Domains of Professional Fulfillment

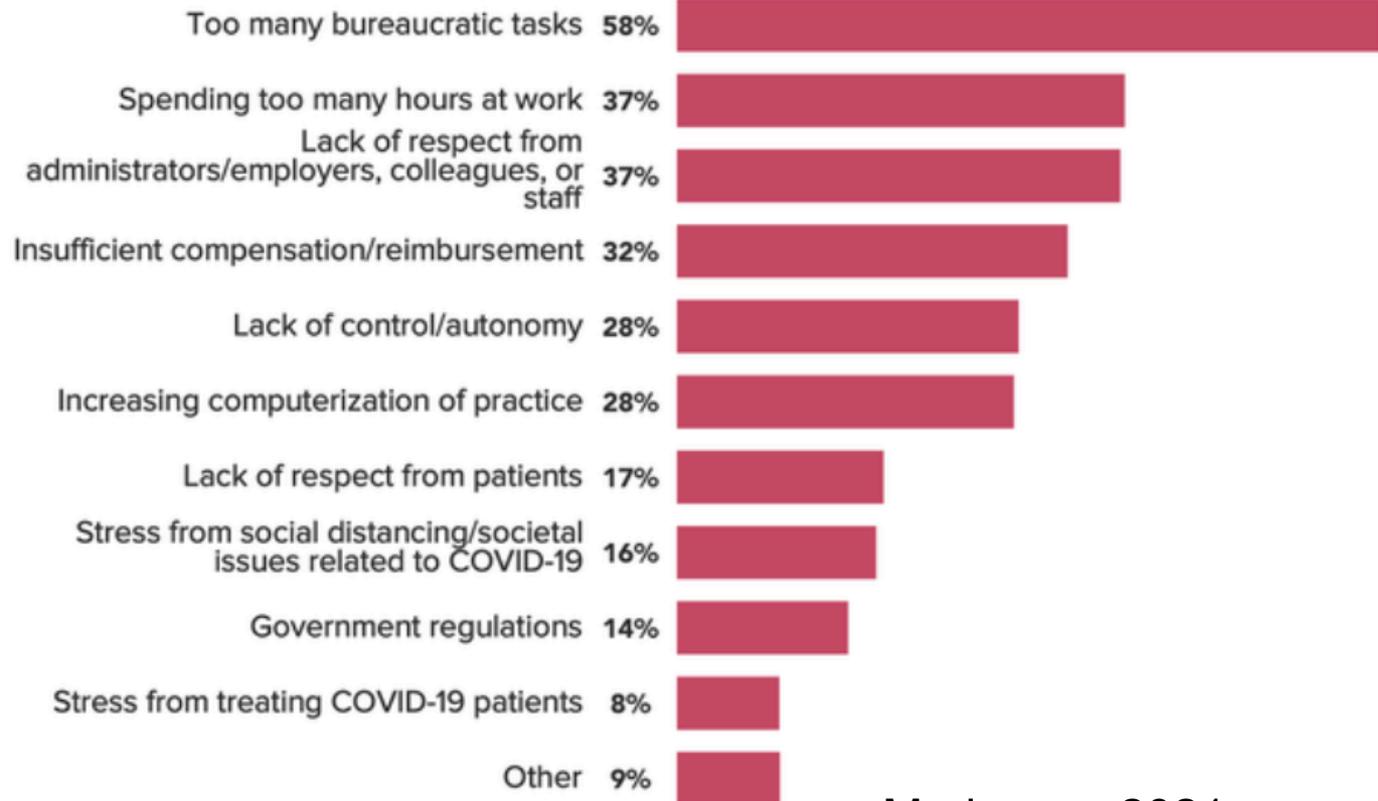


Drivers of Well-Being or Burnout



Drivers From National Physician Survey

What Contributes Most to Your Burnout?



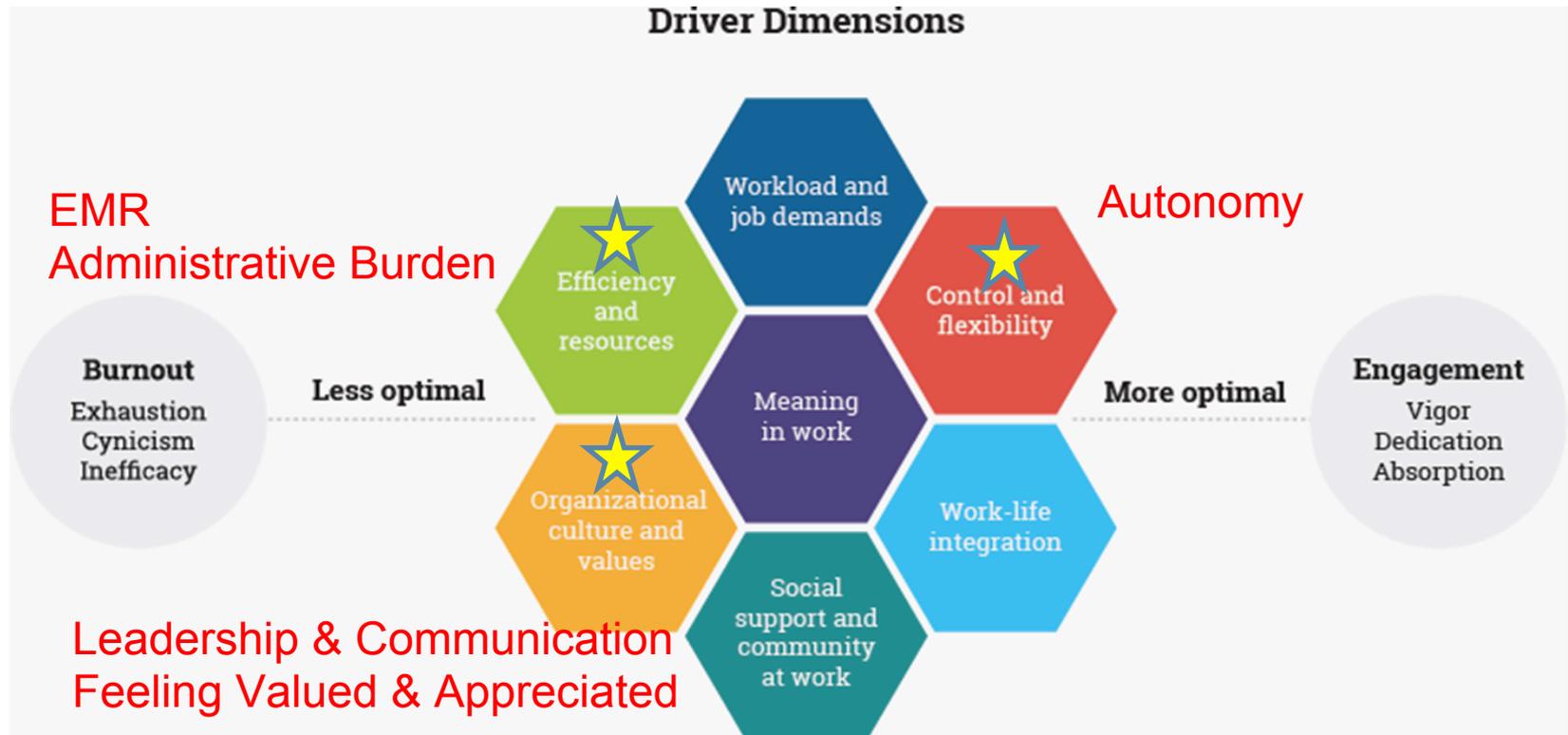
Medscape 2021

In Our Hallways...

- “When we were in training and imagined our working life, we imagined *we would have more of a say*”
- “We have moved *from a culture of value* to a culture of finance”
- “I open my email and learn that there’s *one more thing to do*”
- “My burnout comes from seeing all these patients where we know *what we are doing isn’t right*”
- “For me it’s constantly *being told that we aren’t doing enough*. Being told to make more RVUs, more wRvUs, more rvus.”



Local Drivers



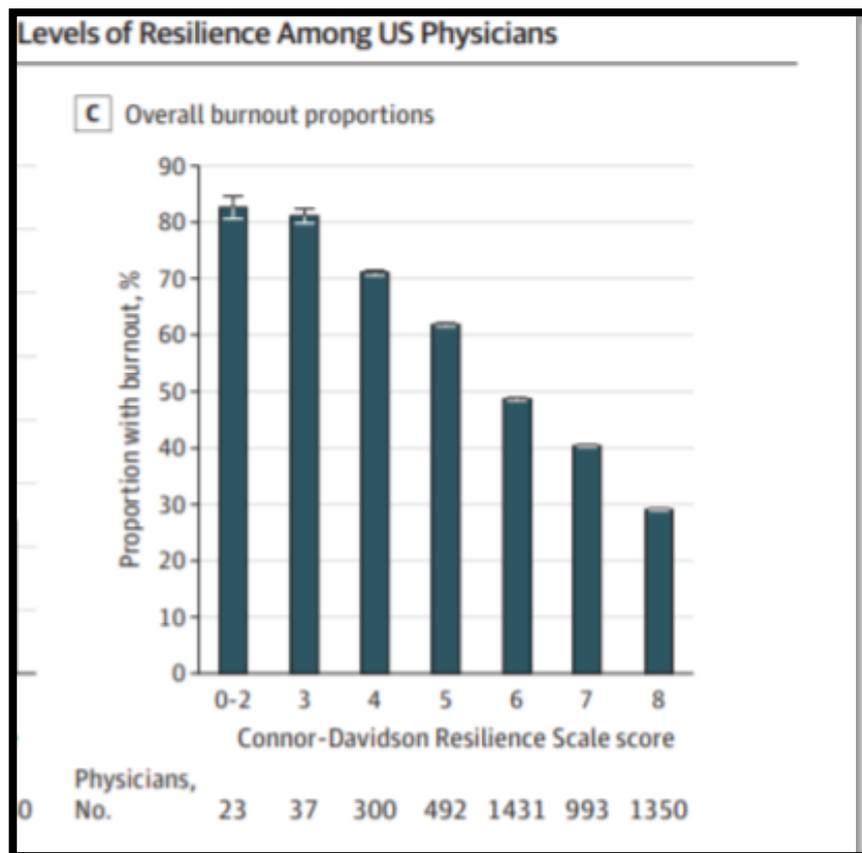
Interventions: Individual or Organization-Level?

- Both are associated with reductions in burnout
- Organization-level interventions were more effective
 - Especially those that combined structural changes, fostering communication, and cultivating a sense of teamwork and job control

Interventions: Individual **AND** Organizations-Level

- Both are associated with reductions in burnout
- Organization-level interventions were more effective
 - Especially those that combined structural changes, fostering communication, and cultivating a sense of teamwork and job control

Resilience is Not the (Sole) Problem



29% of physicians with the *highest possible resilience score* had burnout

Each 1 point increase in resilience score associated with 36% decrease in odds of burnout

Individual Level Interventions

- Necessary but not sufficient
- Can be part of larger organizational strategy

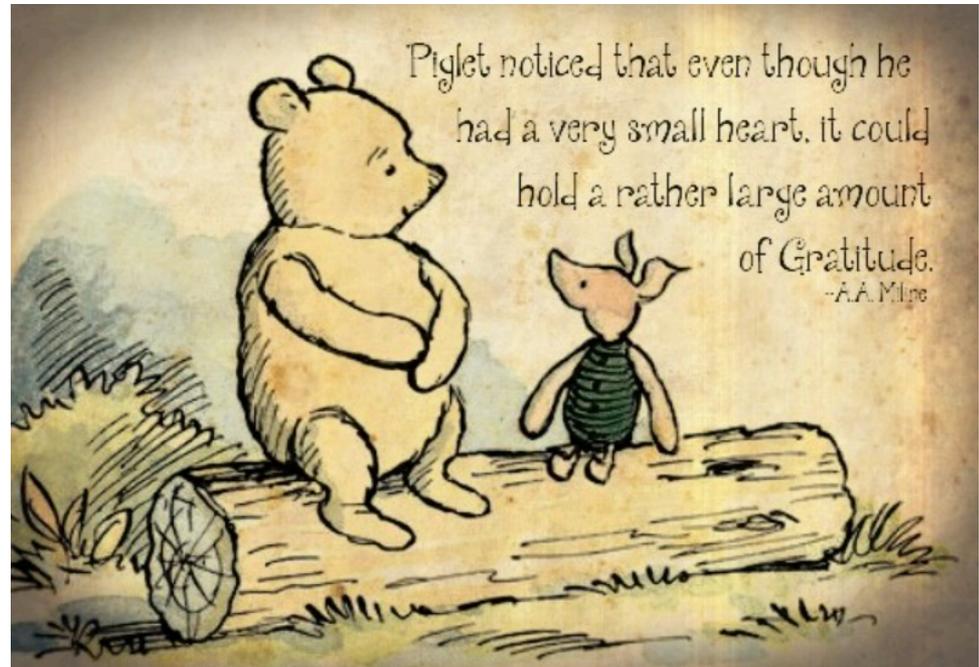
- **Include:**
- *Mindfulness training*
- *Health Coaching*
- *Gratitude Practices*
- *Small group curricula*

Gratitude- An Exercise!

- Rate your mood on a scale of 0 to 10
- Enter into the chat “3 Good Things”
 - One thing you are grateful for that you did or accomplished
 - One thing you are grateful for that someone else did
 - Any other thing you are grateful for
- Re-rate your mood

Gratitude

- Associated with:
 - Overall well-being
 - Improved mood
 - Reduced burnout
 - Decreased stress and depression symptoms
 - Improved resilience
 - Better cardiovascular health
 - Better sleep
 - Better eating habits



Dept. Of Peds Virtual Wall of Fame

Recognize a Colleague

Don't let acts of support go unnoticed! We want to give our faculty and physicians the opportunity to acknowledge and thank one another.

RECOGNIZE A COLLEAGUE!

Virtual Wall-Of-Fame



Aarti Patel

"Aarti continues to be a beacon of light for our division and the Department through her roles for both in Wellness. She has helped us celebrate new babies, and create a calendar and sweatshirt (with Jane and Begem!) that everyone is enjoying. Her effervescent personality is present in all she does." - Erin Fisher



Karen Klein

"Karen is extremely engaged in a variety of efforts to improve our culture of inclusion and to support one another. I appreciate that she is so proactive and comes with new ideas. Grateful for the time she has been spending on these efforts." - Anonymous

Academic & Faculty Resources

Well-Being +

Equity, Diversity and Inclusion

Women in Pediatrics

Recognize a Colleague

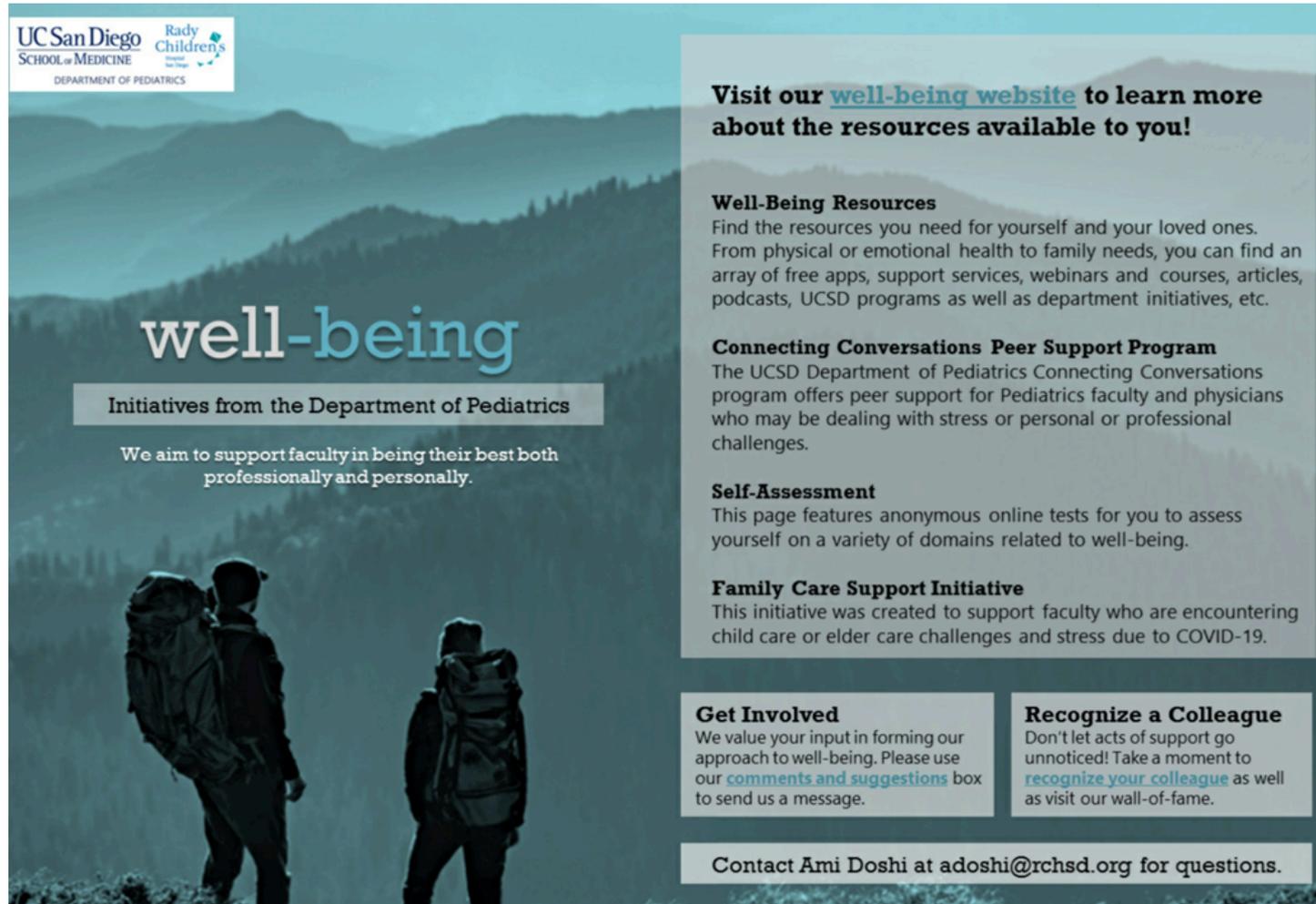
<https://medschool.ucsd.edu/som/pediatrics/academic-faculty-resources/Pages/Recognize-a-Colleague.aspx>

Self-Compassion



- Self-compassion and empathy are associated with lower burnout risk in Pediatric Residents
- Self-Compassion for HealthCare Communities was associated with improved well-being, decreased burnout and decreased secondary traumatic stress

For More Individual Tools

A flyer for well-being resources from the UC San Diego School of Medicine, Department of Pediatrics. The background is a teal-tinted photograph of two hikers with large backpacks standing on a mountain trail, looking out over a forested valley. The text is overlaid on the image in white and light blue. The flyer includes logos for UC San Diego School of Medicine and Rady Children's Hospital, the title 'well-being', a subtitle 'Initiatives from the Department of Pediatrics', a mission statement, and several resource categories with brief descriptions: Well-Being Resources, Connecting Conversations Peer Support Program, Self-Assessment, Family Care Support Initiative, Get Involved, and Recognize a Colleague. A contact email is provided at the bottom.

UC San Diego **Rady Children's**
SCHOOL OF MEDICINE at CHILDREN'S HOSPITAL
DEPARTMENT OF PEDIATRICS

well-being

Initiatives from the Department of Pediatrics

We aim to support faculty in being their best both professionally and personally.

Visit our [well-being website](#) to learn more about the resources available to you!

Well-Being Resources
Find the resources you need for yourself and your loved ones. From physical or emotional health to family needs, you can find an array of free apps, support services, webinars and courses, articles, podcasts, UCSD programs as well as department initiatives, etc.

Connecting Conversations Peer Support Program
The UCSD Department of Pediatrics Connecting Conversations program offers peer support for Pediatrics faculty and physicians who may be dealing with stress or personal or professional challenges.

Self-Assessment
This page features anonymous online tests for you to assess yourself on a variety of domains related to well-being.

Family Care Support Initiative
This initiative was created to support faculty who are encountering child care or elder care challenges and stress due to COVID-19.

Get Involved
We value your input in forming our approach to well-being. Please use our [comments and suggestions](#) box to send us a message.

Recognize a Colleague
Don't let acts of support go unnoticed! Take a moment to [recognize your colleague](#) as well as visit our wall-of-fame.

Contact Ami Doshi at adoshi@rchsd.org for questions.

<https://medschool.ucsd.edu/som/pediatrics/academic-faculty-resources/wellbeing/Pages/Well-being-Resources.aspx>

EHR & Burnout

Family physicians' EHR use by time of day.

Date nights and the EHR



Modified from B. Arndt, et al., *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations*, *Annals of Family Medicine*.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Interventions

EPIC optimization: An at-elbow intervention to improve physician satisfaction and efficiency with EMR use

Corresponding author:

Makrina Shanbour, MD

Confluence Health

Makrina.shanbour@confluencehealth.org

LEARNING OBJECTIVES:

1. Identify EMR use as one factor that increases symptoms of burnout
2. Use tools within the EMR to assess details of where the physician is struggling
3. Developing a personalized strategy to improve EMR efficiency resulted in decreased at home use of EMR and improved provider efficiency and satisfaction

Reducing the burden of EPIC InBasket messages by improving triage of patients calls	Tests of change included building a dedicated RN pool for messages in EPIC, triaging prescription refills directly to the RN, and creating an EPIC Quick action result note to make it easier for providers to communicate their impression of tests results, allowing non-physician staff members to more effectively field calls from parents about test results.	QI advisor and data analyst
Reducing EPIC blues and improving EPIC efficiency grooves	Physicians who self identified as needing help with EPIC efficiency (passengers) spent 2-3 clinic sessions paired with high efficiency EPIC users (pilots) in order to learn about how they integrate EPIC documentation into their workflow.	\$10K to support passenger time



Optimization Sprints: Improving Clinician Satisfaction and Teamwork by Rapidly Reducing Electronic Health Record Burden

Amber Sieja, MD; Katie Markley, MD; Jonathan Pell, MD; Christine Gonzalez, CSM; Brian Redig, MBA; Patrick Kneeland, MD; and Chen-Tan Lin, MD

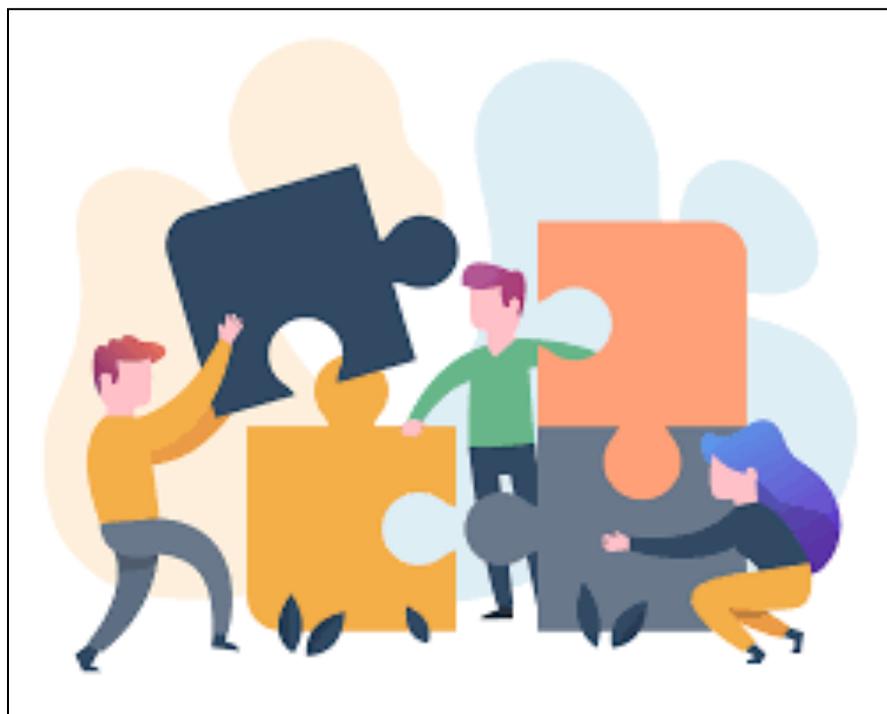
In Our Department: Time2Think

- 59% of respondents attribute some degree of burnout to EHR
- 50% feel their charting practices support work-life integration
- Combine Epic proficiency/efficiency data with burnout and work-life integration data
- CMIO and team developing intervention to support those with EMR-related burnout



Career Fit & Meaning in Work

- Individuals who spend at least 20% of their professional effort dedicated to **the activity they find the most meaningful** are at markedly lower risk for burnout.



Jager AJ, Tutty MA, et al. Mayo Clin Proc. 2017;92(3):415-422

Shanafelt TD, West CP et al Arch Intern Med. 2009;169(10):990-995.

Community Building & Connection

- At Mayo: Structured physician small group meetings
 - Protected time
 - Discuss physician experience
 - Results: improved burnout and meaning in work sustained 1 year later
- Second Phase
 - Physician meetings every other week
 - Paid dinner
 - Review topics related to physician experience
 - Results: Improvement in depersonalization, QOL, likelihood of leaving, depression at 6 months

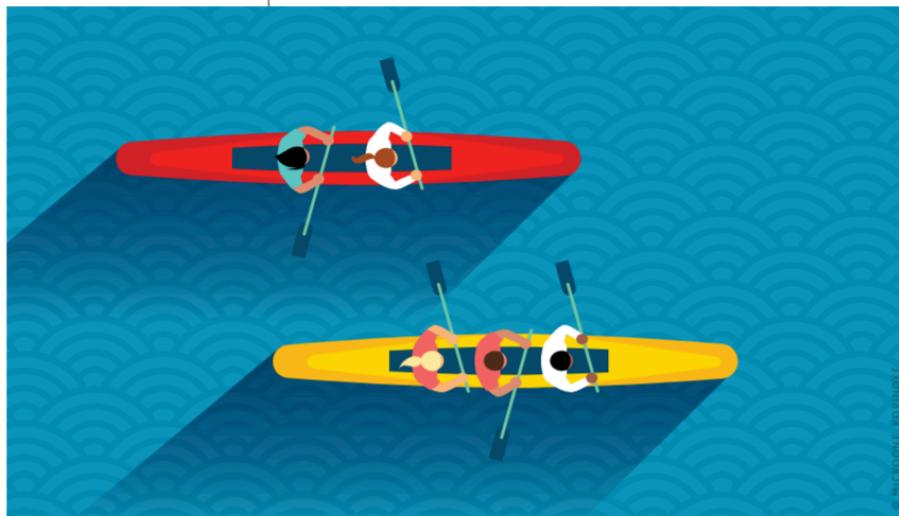


Workflow Optimization

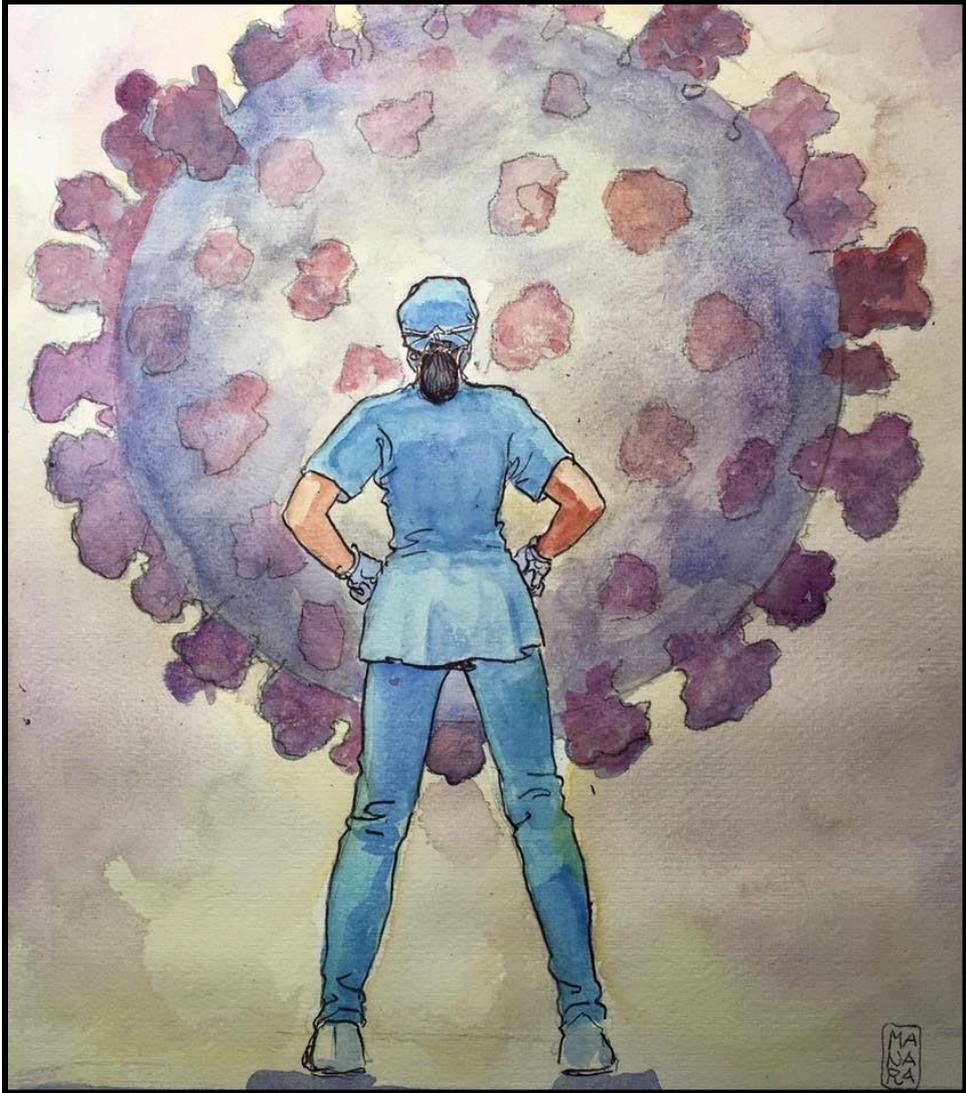
COREY LYON, DO, AIMEE F. ENGLISH, MD, AND PETER CHABOT SMITH, MD

A Team-Based Care Model That Improves Job Satisfaction

Expanding the role of medical assistants to better support providers can improve not only traditional outcomes but also job satisfaction.

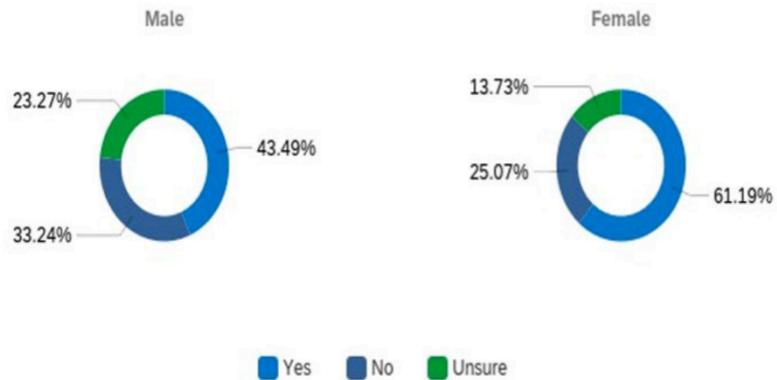


When What We Know Changes



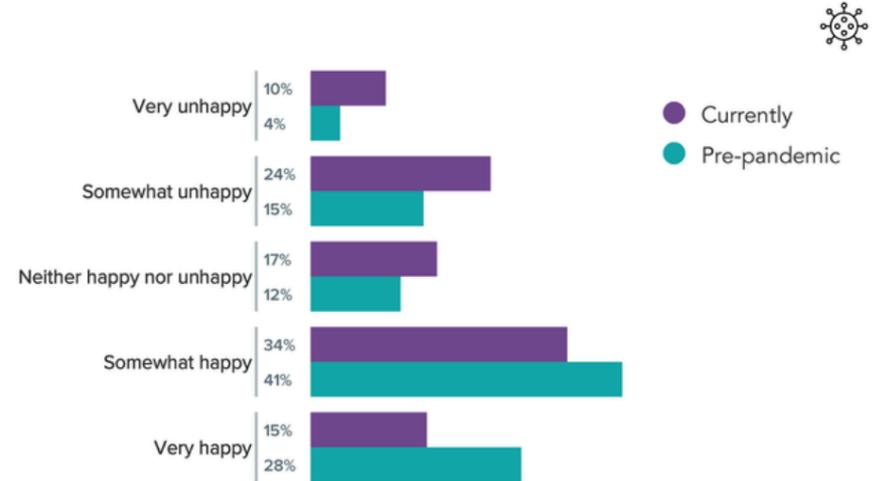
Burnout in the COVID Era

Have experienced increase in stress, burnout or mental health issues (by gender) due to COVID-19:



LocumTenens.com

How Has COVID-19 Affected Your Worklife Happiness?



Added COVID Stressors

- Uncertainty & Loss of Control
- Secondary Traumatic Stress
- Anxiety
- Financial concerns
- Work-life chaos
- Grief



Crumbling Pillars of Support



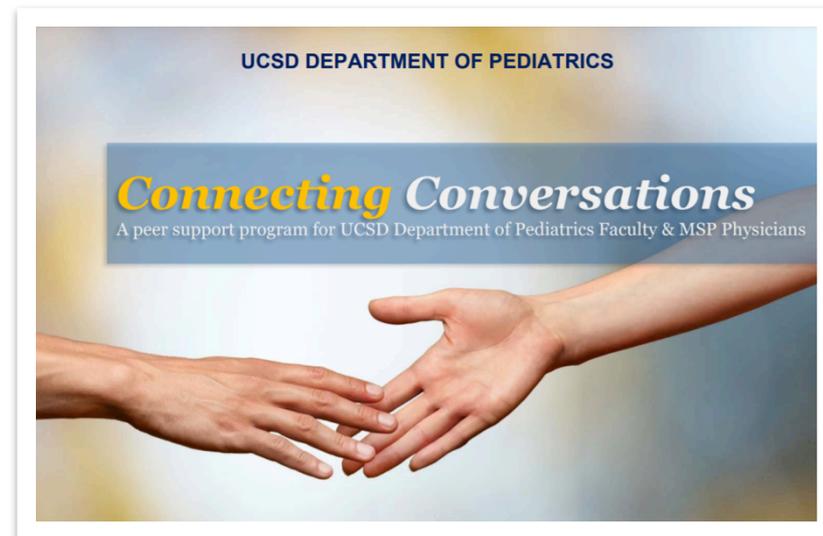
Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Our Department

- Department
 - “Support Me”- Peer Support Program
 - “Care for Me”- Family Care Support Initiative
 - Telemedicine allows some flexibility

- Rady Children’s Hospital
 - Town halls
 - Frequent testing opportunities
 - Secured PPE and vaccines



Where Do We Go?



Organizational Stages of Readiness

Novice	Beginner	Competent	Proficient	Expert
Awareness	Understand Driver Dimensions	Understand Business Case	Understand Impact of Well-Being on Organizational Objectives	Well-Being Influences All Major Operational Decisions
Wellness committee	Peer Support	Practice Redesign	Well-being considered in operational decisions	Chief Wellness Officer
Individual interventions (mindfulness, lifestyle)	Cross-sectional survey	Coaching Resources	Funded well-being program	Strategic Investment
	Identify struggling units	Regularly measure well-being	Leadership training program	Knowledge creation
	Well-being considered in organizational decisions	Work-unit level interventions	Assessment of systems interventions	Culture of wellness
		Opportunities for community building		

Adapted from Shanafelt *JAMA IM* 2017. 77(12):1827

WellMD

WellMD Center 

Test Yourself

Get Healthy 

Get Connected 

Get Help 

Contact



Request an Appointment
Find a Doctor
Find a Job
Give Now

PATIENT CARE & HEALTH INFO | DEPARTMENTS & CENTERS | **RESEARCH** | EDUCATION | FOR MEDICAL PROFESSIONALS | PRODUCT SERVICE

CENTERS AND PROGRAMS
PROGRAM ON PHYSICIAN WELL-BEING

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ABOUT THE SCHOOL | EDUCATION | RESEARCH | PATIENT CARE | FIND FACULTY

Home | Integrate

Integrate Program

Integrated Well-Being Introduction

Well-Being Index

September Well-Being Index this Fall

Invest 5 Million

Home > About the School > The Office of Well-Being and Resilience

Share    

The Office of Well-Being and Resilience

Our mission is to drive change by supporting initiatives that promote well-being and reconnect you with meaning in your work.

The Office of Well-being and Resilience believes that your professional fulfillment is essential to your well-being and the delivery of the best education, research, and patient care. Located within the Office of the Dean, the Office of Well-Being and Resilience is a new initiative dedicated to the

 [Crisis Text Line](#)

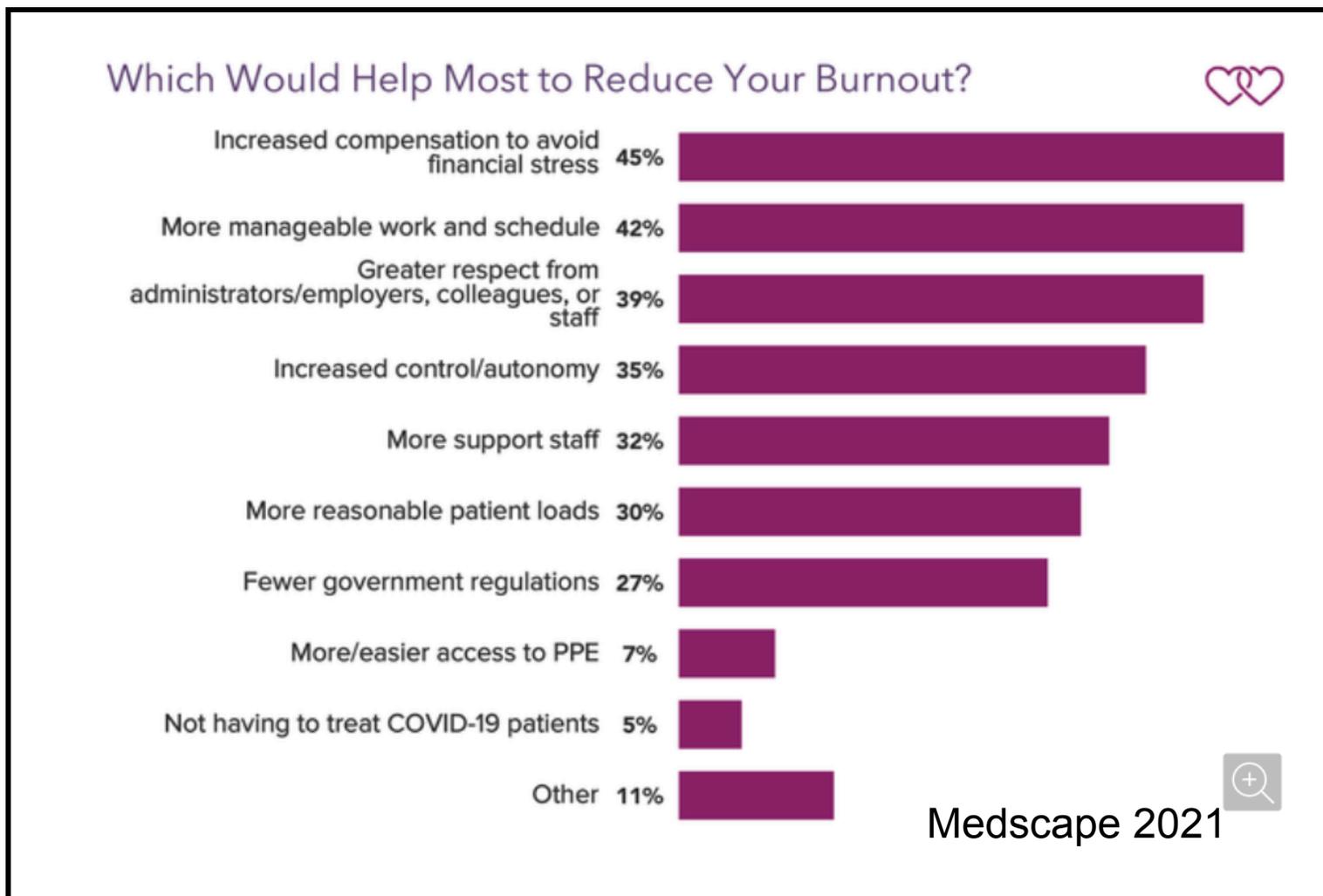
 [Suicide Prevention Lifeline](#)

From the National Academy of Medicine

NAM Goals to Address a Systems-Based Approach to Well-Being

1. Create positive work environments
2. Create positive learning environments
3. Reduce administrative burden
4. Enable technology solutions
5. Support clinicians and learners
6. Invest in research

Direction from Physician Survey



Where Do We Go: UCSD Climate

S Department of Pediatrics Free Responses

- **Value Most**

- Colleagues
 - Collaboration
 - Teaching
 - Research
 - Patients/patient care
 - Academic environment/opportunities
- “the people I work with and the patients we care for”*

- **One Change**

- Compensation (increase, equitable pay – gender, academic level)
- Better Rady/UCSD integration, connection, research,
- Research (improve mentorship, protected time, support, minimum salary support, IT support)
- More time/money/support for teaching/mentoring/academic mission/admin time/career development
- Leadership (more women, diversity, engagement, training, equity, improve communication)

- **Policy Change**

- Transparency of policy & decision making, more faculty input
- Begin educational RVU
- Formal mentorship path for success
- More focus on patient care, teaching, academics and less on productivity
- Reevaluate research requirement for clinician educators
- Less bureaucracy and paperwork

Where Do We Go: Impact of Leadership

- Nearly half of the variation in professional fulfillment is accounted for by leadership behavior scores of the immediate (physician) supervisor
- Leaders' own well-being impacts their effectiveness as leaders
- Leader behavior scores also associated with physicians' perceptions of alignment of their values with the organization's values

JAMA Netw Open. 2021;4(2):e2035622.

JAMA Netw Open. 2020;3(6):e207

[Mayo Clinic Proceedings Volume 90, Issue 4](#), April 2015, Pages 432-440961.

Where Do We Go: Wellness-Centered Leadership

- Care about people always
- Cultivate individual and team relationships
- Inspire change

TABLE 1. Items Evaluating Physician Opinion of the Leadership Qualities of Their Immediate Physician Supervisor

To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?

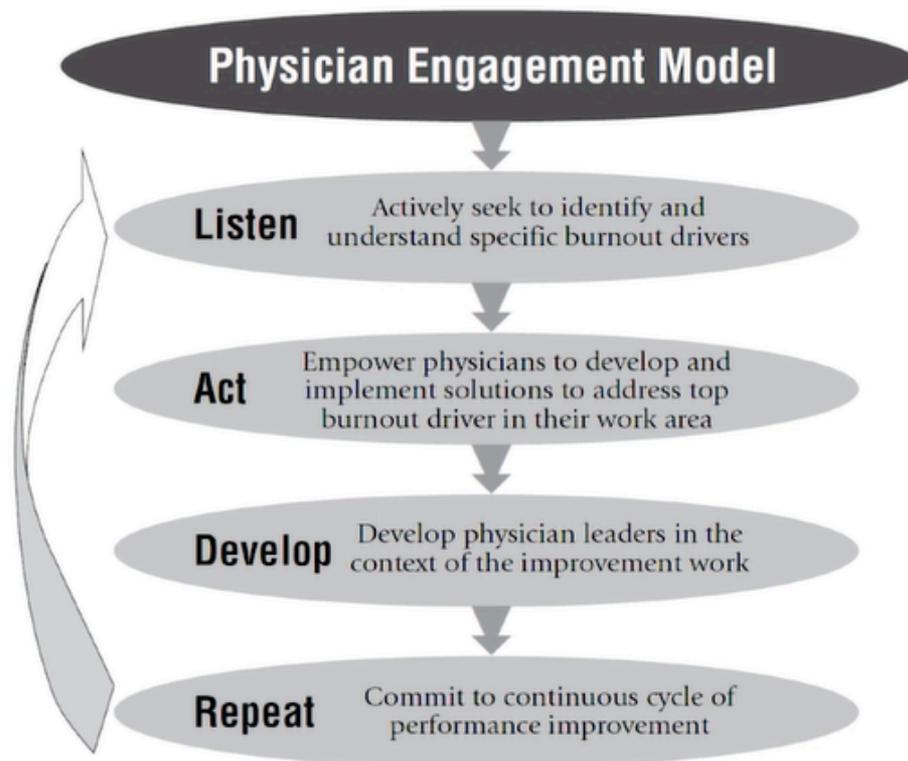
Holds career development conversations with me ^a
Inspires me to do my best ^a
Empowers me to do my job ^a
Is interested in my opinion ^a
Encourages employees to suggest ideas for improvement ^a
Treats me with respect and dignity ^a
Provides helpful feedback and coaching on my performance ^a
Recognizes me for a job well done ^a
Keeps me informed about changes taking place at Mayo Clinic ^a
Encourages me to develop my talents and skills ^a
I would recommend working for (name of immediate supervisor) ^a
Overall, how satisfied are you with (name of immediate supervisor) ^b

^aResponse options: 5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, 1=strongly disagree; NA=do not know/not applicable.

^bResponse options: 5=very satisfied, 4=satisfied, 3=neither satisfied nor dissatisfied, 2=dissatisfied, 1=very dissatisfied.

Where Do We Go: Physician-Organization Collaboration

FIGURE 1
Listen-Act-Develop Model



Swensen S, Shanafelt T. Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience. *J Healthc Manage* 2016;61:105-27.

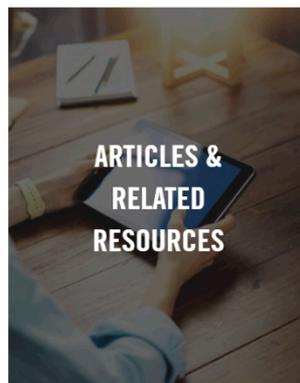
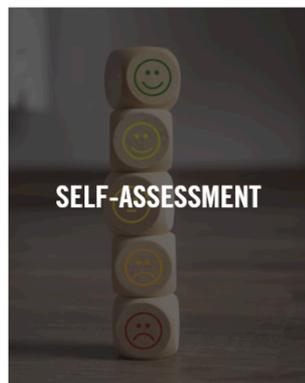
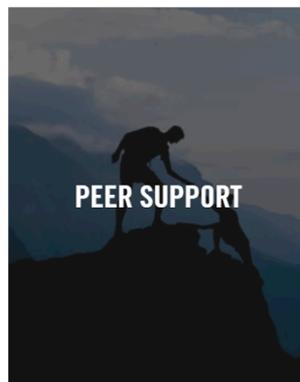
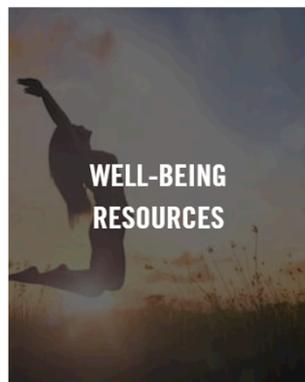
Physician-Organization Collaboration in the Department of Pediatrics

- Divisional Listening Rounds with leadership
- Climate Survey Task Forces
- Other opportunities?

- We want to hear from you!

Resources

We offer a variety of resources here to foster well-being through individual support, connection, gratitude, and education. Please connect with us any time by contacting the Pediatrics Well-Being Director, Dr. Ami Doshi, at adoshi@rchsd.org or _PeerSupport@health.ucsd.edu.



UC San Diego

Center for Mindfulness

In the Department of Family Medicine and Public Health

UC San Diego
School of Medicine

UC San Diego
Health Sciences

HEAR Program

Healer Education Assessment and Referral Program

ABOUT

QUESTIONNAIRE

RESOURCES

Offer
Com

Complete an anonymous screening questionnaire to get confidential feedback and support from our counselors.

Start Questionnaire ▶

<https://empathyandcompassion.ucsd.edu/>

<https://medschool.ucsd.edu/som/hear/Pages/default.aspx>

<https://medschool.ucsd.edu/som/fmph/research/mindfulness/Pages/default.aspx>

AMA Steps Forward Modules

Redesign your practice. Reignite your purpose.

AMA STEPS Forward™ offers a collection of engaging and interactive educational modules that are practical, actionable “how-to” guides to transform and improve your practice.

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PRACTICE TRANSFORMATION

[Burnout and Well-Being \(12\)](#)

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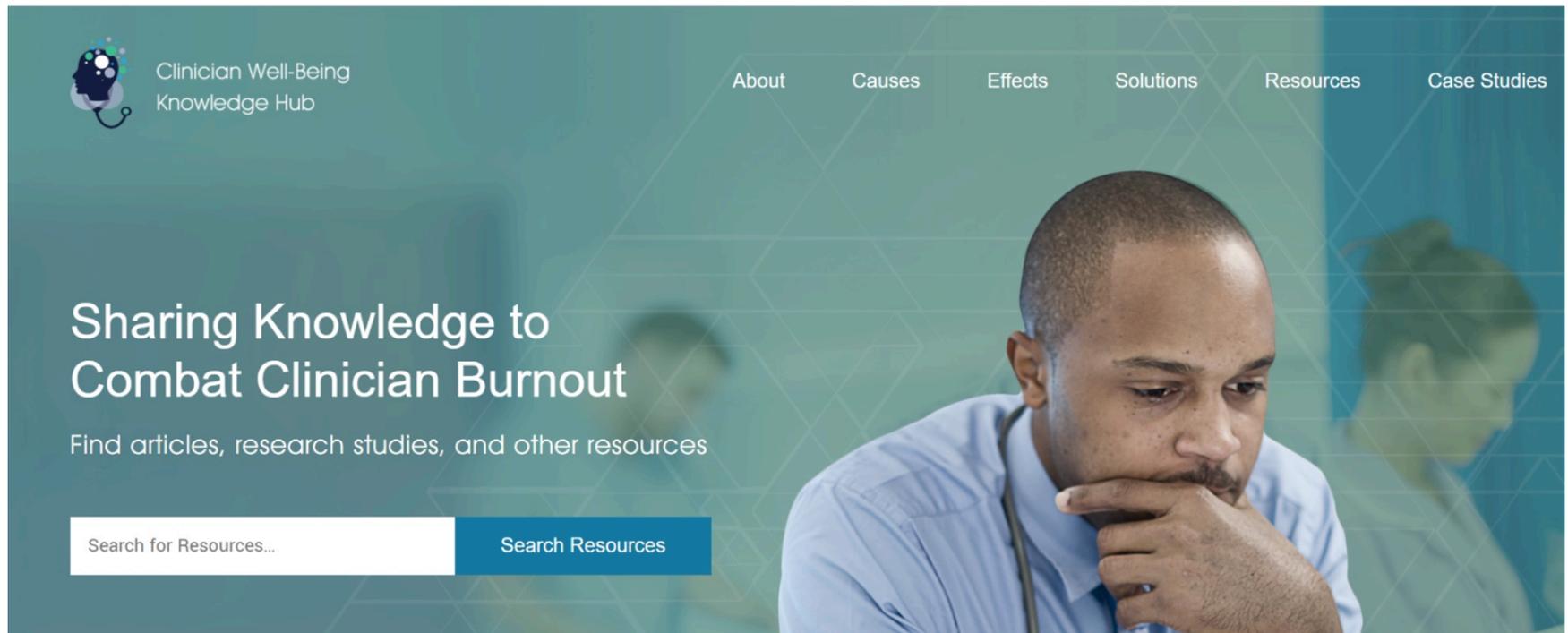
[Organizational Culture \(13\)](#)

[Patient–Physician Experience \(12\)](#)

[Team-Based Care and Workflow \(26\)](#)

<https://edhub.ama-assn.org/steps-forward>

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Clinician Well-Being Knowledge Hub

About Causes Effects Solutions Resources Case Studies

Sharing Knowledge to Combat Clinician Burnout

Find articles, research studies, and other resources

Search for Resources... Search Resources

<https://nam.edu/clinicianwellbeing/>

Greater Good Science Center



Who we are What we do Who we serve

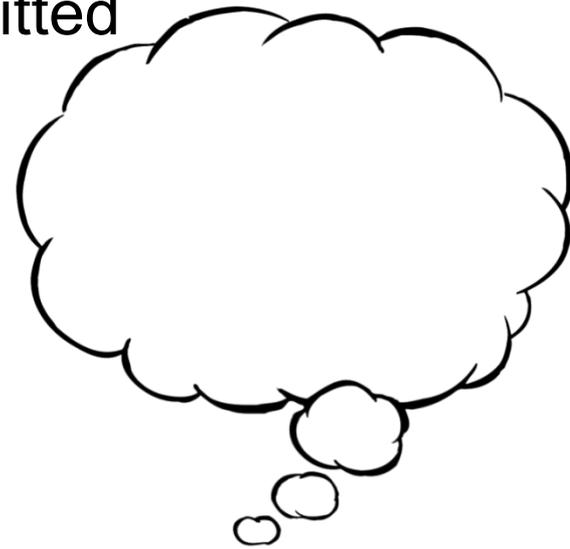


Greater Good
Magazine

Online Courses & Tools

Final Thoughts

- Physician well-being is possible
- Culture change takes time
- When it comes to Well-Being: The Question is Universal, but the Answer is Local
- It Takes a Village: Individual physicians, Front-Line Leaders, Organizations
- Nationally & Locally Institutions are Committed



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Thank You!

- Questions?