

Medical Student and Resident Wellness: Sharing the Responsibility

Dr Jane B Lemaire

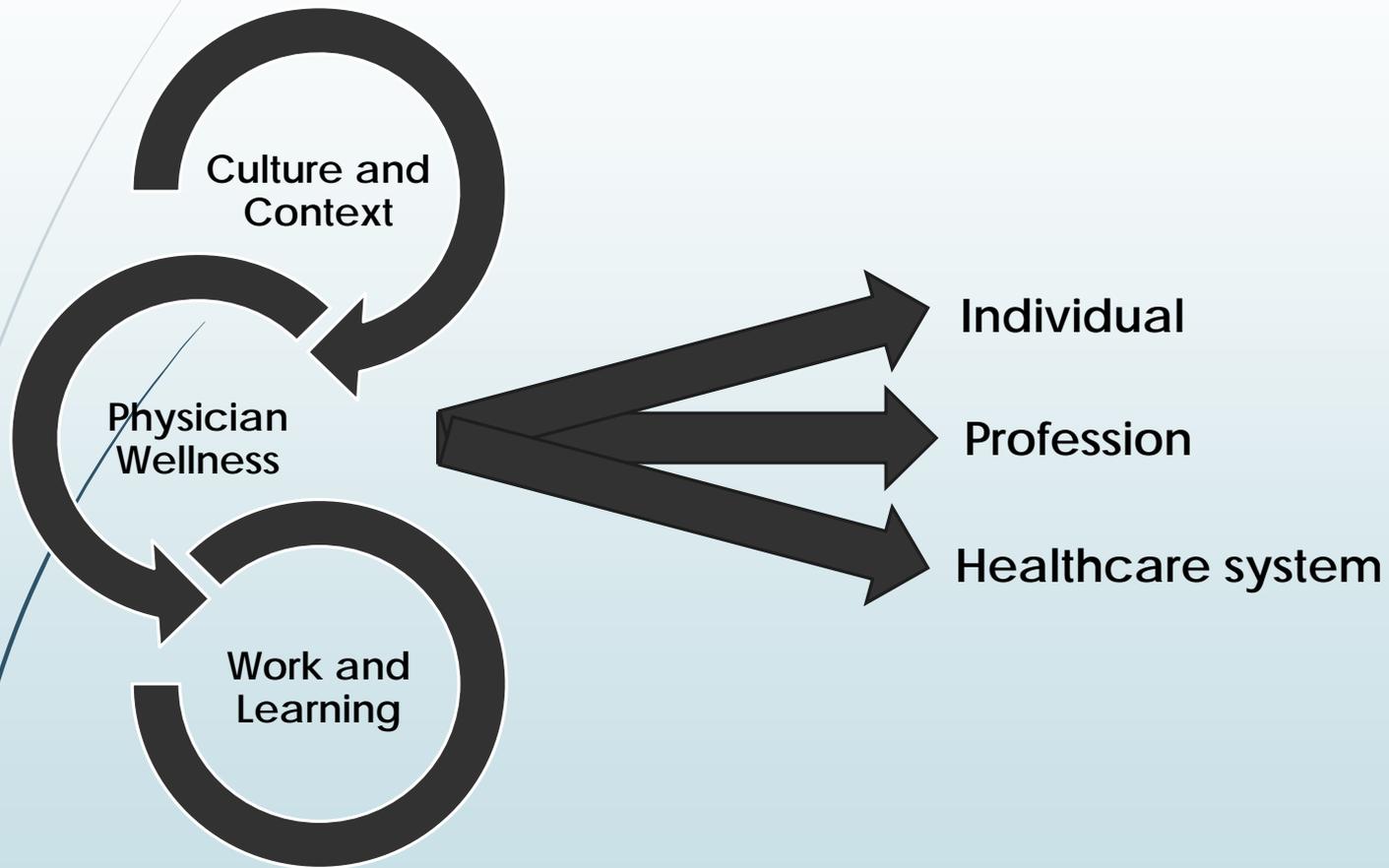
Research Club, University of Antwerp

Antwerp, Belgium

November 15, 2017



Objectives



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28, FN. Preceptor (P) and senior resident (R3) state: "We should sit down while waiting for [multidisciplinary] rounds and review the list." They head to the classroom and sit down. It's quiet, calm, no distractions, lots of space. "Oh man, look at my list (sigh/whew)." P stops and looks at R3 as if realizing/sensing the hectic pace of the morning, and appears to consciously slow down and asks R3, "You doing okay?" R3: "Just tired, need my midmorning snack." P: "Do you want to grab it?" R3: "I will eat at some point." P: "Okay."



Burnout

- Emotional exhaustion
 - Depersonalization
 - Reduced sense of accomplishment
- **I am tired**
 - **I do not care**
(cynicism and detachment towards patients and work)
 - **I am useless**



“Wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life”

Shanafelt 2003





Burnout Quiz!



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How do you start out? True or False

- ▶ Medical students **begin** medical school with mental health profiles worse than peers who pursue other careers

FALSE

- ▶ Medical students begin medical school with mental health profiles similar or better than peers who pursue other careers... Lower burnout and higher quality of life



How do Medical Trainees Compare to Other Demanding Fields?

True or False

- Burnout in medical students and residents is substantially higher than burnout in age-matched college graduates not studying medicine (USA)

TRUE

- And this holds true for staff physicians as well



How Does Burnout Change During Residency Training? True or False

- Residents continue to have high rates of emotional exhaustion but the prevalence of high depersonalization increases

TRUE

- And depersonalization is most strongly associated with negative effects on professionalism

Why is Burnout in Medical Trainees Important?

Personal

- ▶ Suicidal ideation
- ▶ Substance abuse
- ▶ Relationship stress

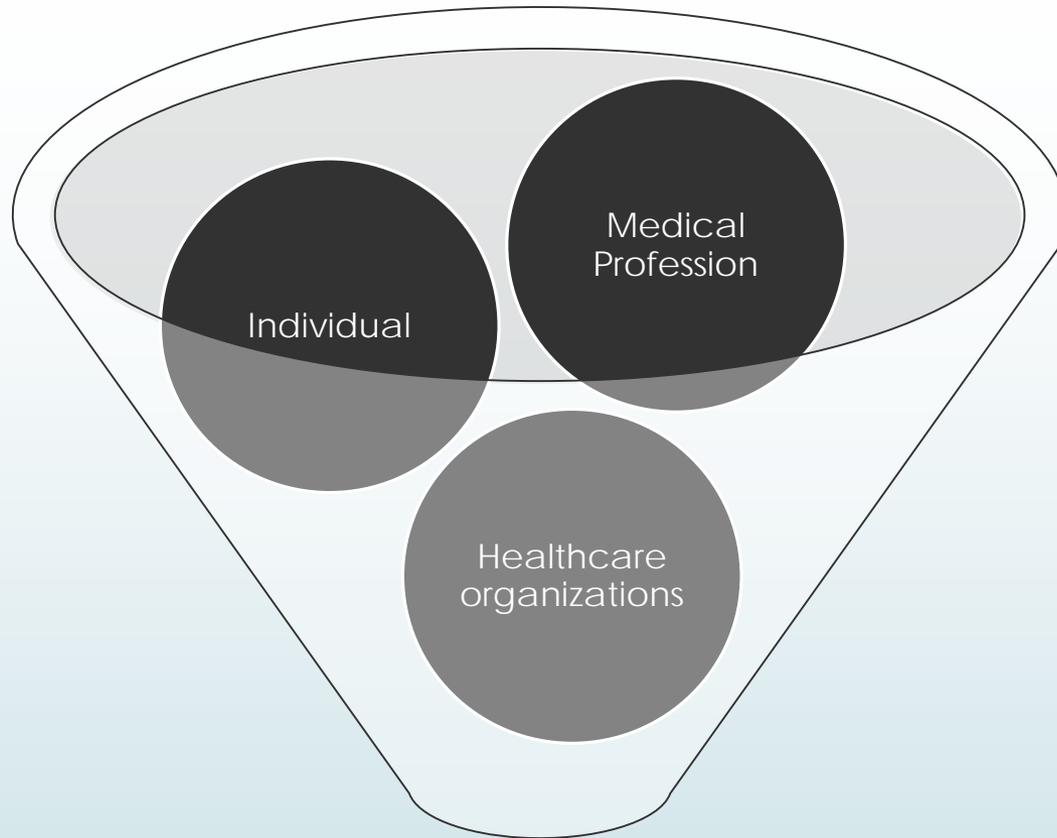
Professional

- ▶ Decreased empathy and altruistic professional values
- ▶ Cheating, dishonest behaviors including around patient care
- ▶ Suboptimal patient care and medical errors
- ▶ Decreased medical knowledge
- ▶ Dropping out of med school

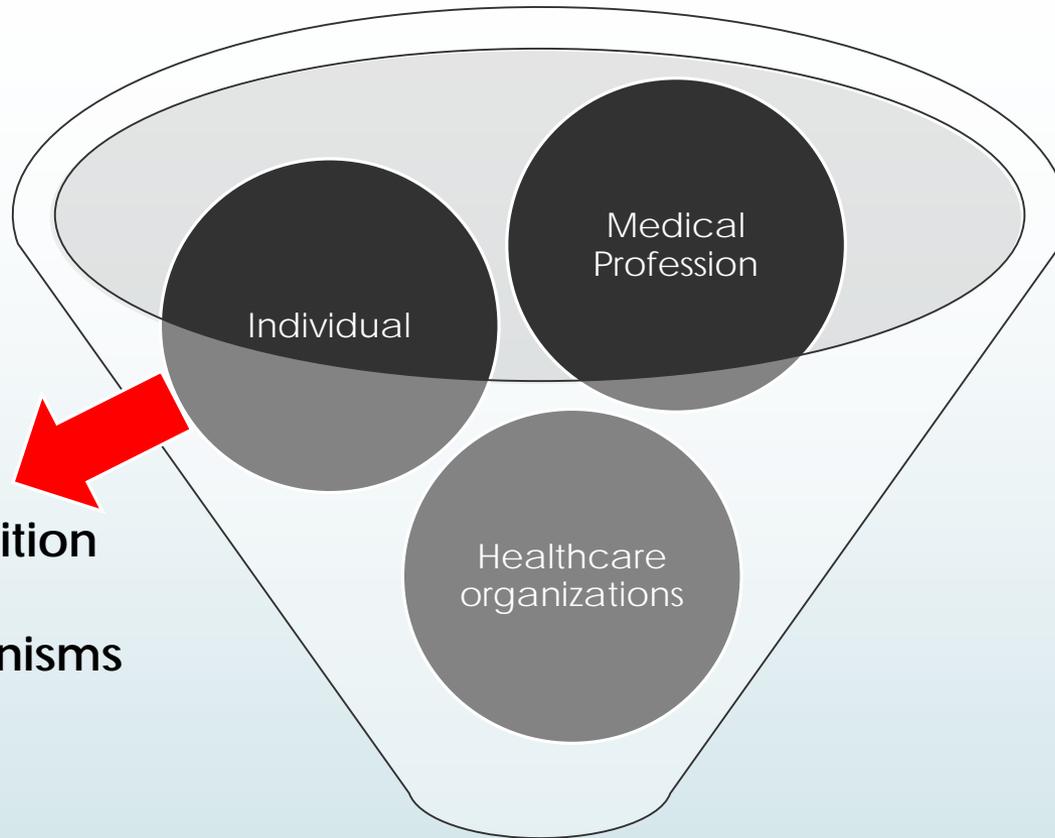


What Drives Burnout For Medical Trainees?



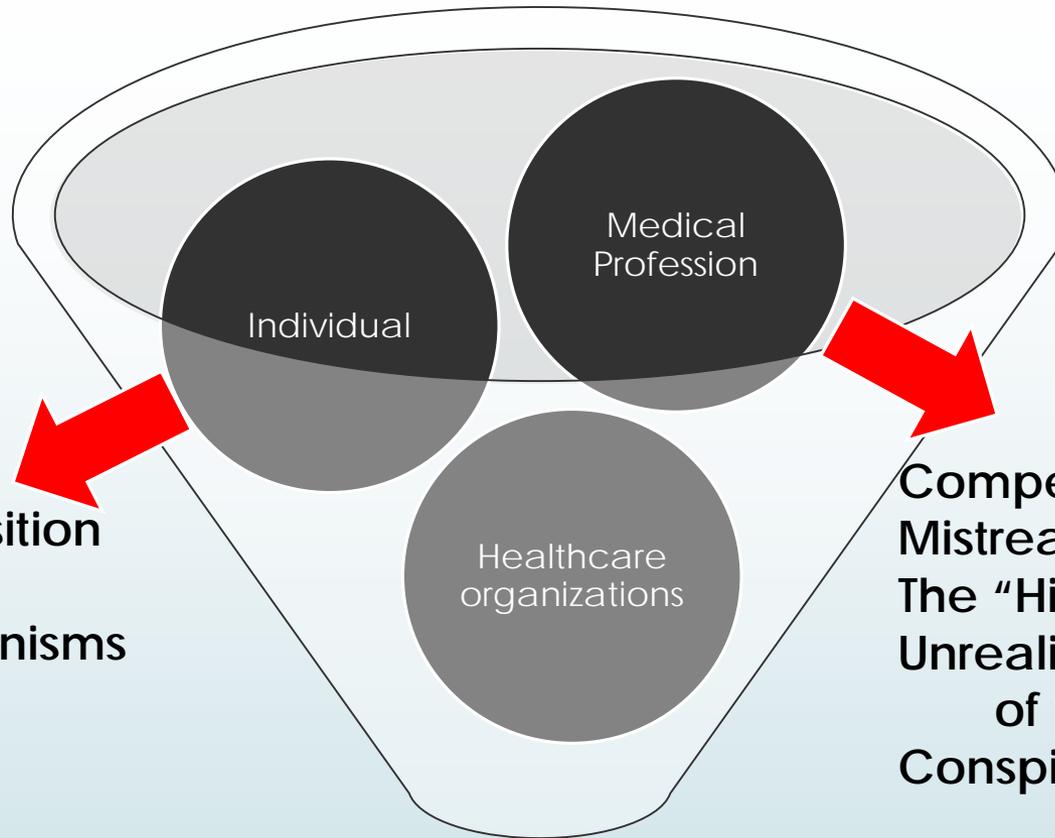


Burnout



Personal disposition
Social support
Coping mechanisms
Life stressors

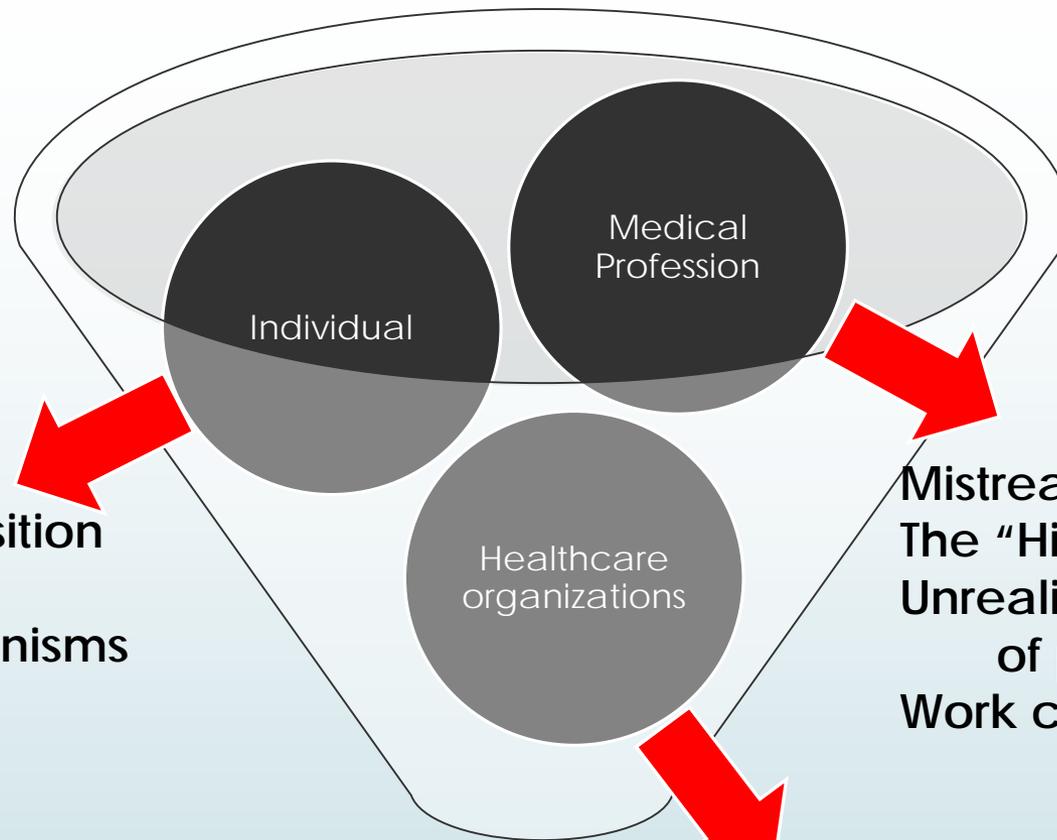
Burnout



Personal disposition
Social support
Coping mechanisms
Life stressors

Competition
Mistreatment
The "Hidden Curriculum"
Unrealistic expectations
of perfectionism
Conspiracy of silence

Burnout



Personal disposition
Social support
Coping mechanisms
Life stressors

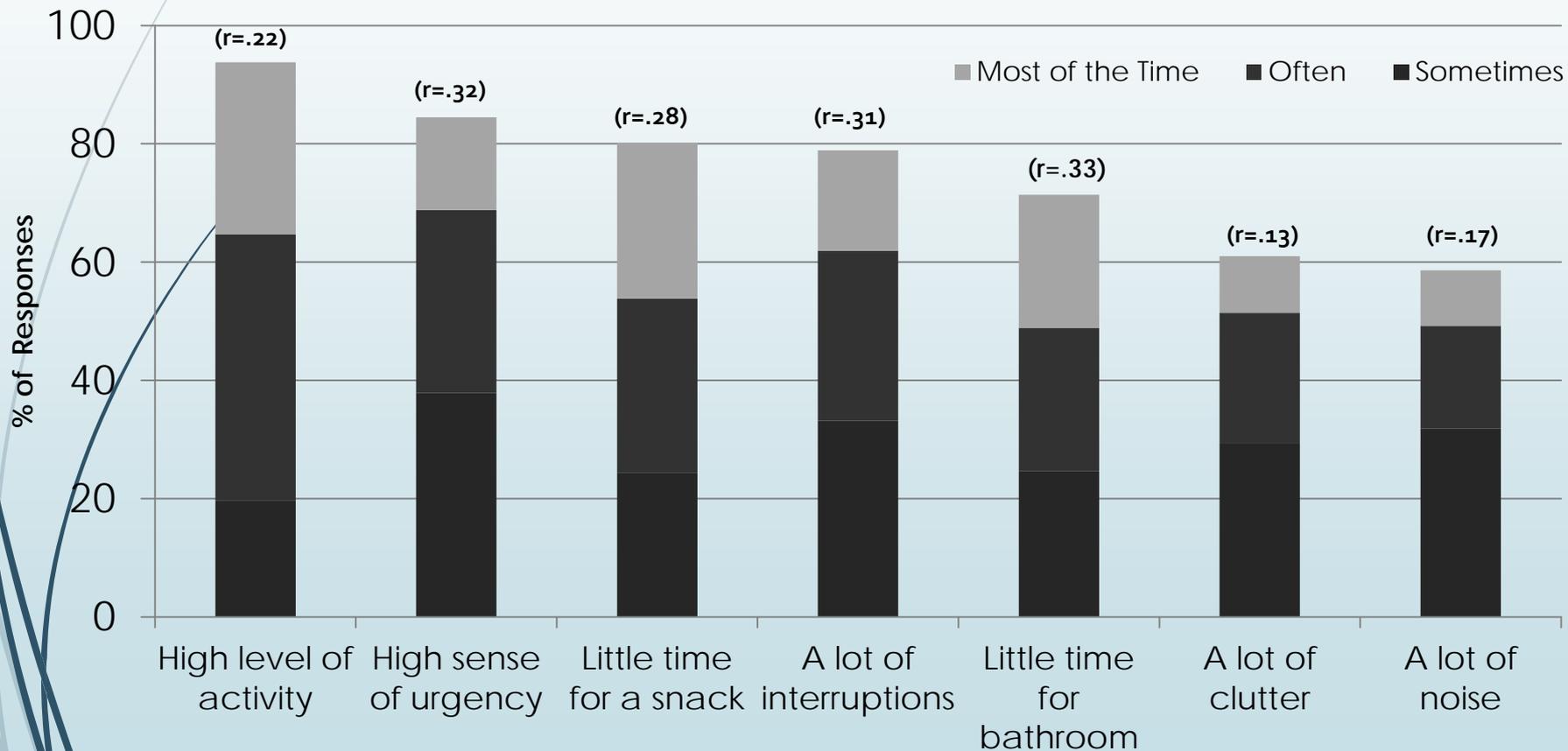
Mistreatment
The "Hidden Curriculum"
Unrealistic expectations
of perfectionism
Work compression

Work and Learning
environments
Disorganized rotations
Poor supervision
Excessive workloads
Lack of control

Burnout

Work Environment

Frequency of stressful work environment characteristics and correlations with emotional exhaustion (N=1178)





What About Solutions?

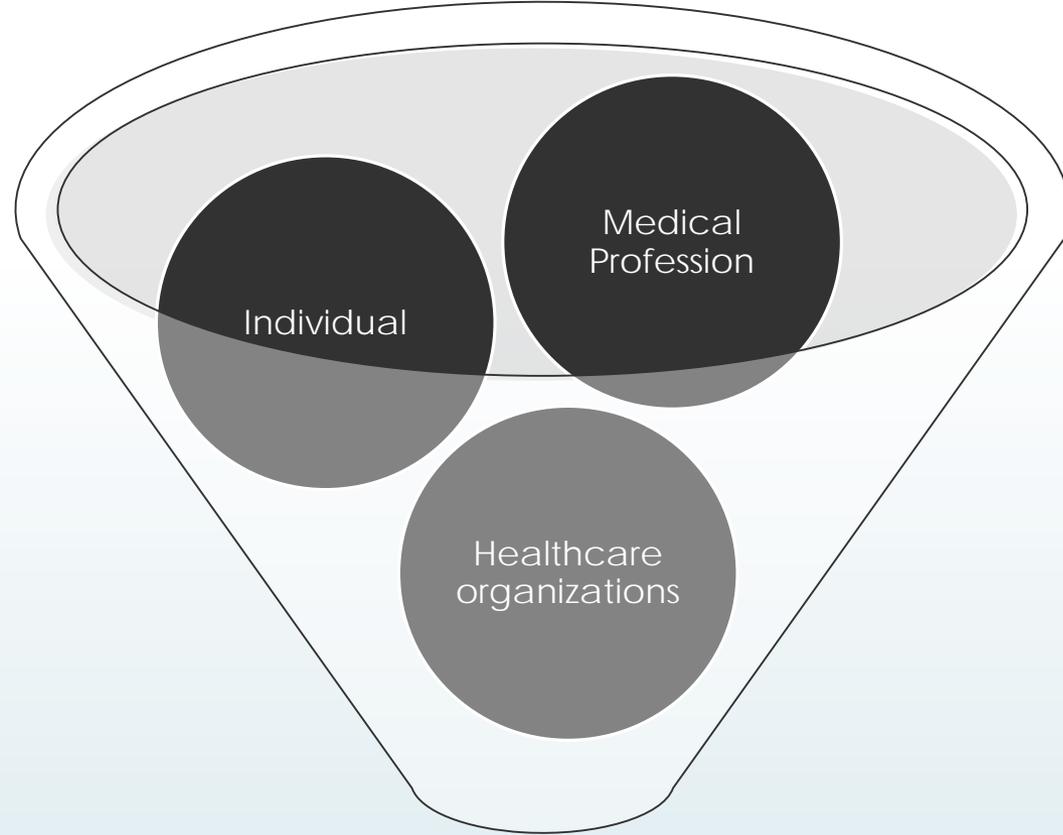


Resilience



Is it all up to me?

What About Solutions?



~~Burnout~~

Wellness/Engagement/Satisfaction

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28, FN. Preceptor (P) and senior resident (R3) state: "We should sit down while waiting for [multidisciplinary] rounds and review the list." They head to the classroom and sit down. It's quiet, calm, no distractions, lots of space. "Oh man, look at my list (sigh/whew)." P stops and looks at R3 as if realizing/sensing the hectic pace of the morning, and appears to consciously slow down and asks R3, "You doing okay?" R3: "Just tired, need my midmorning snack." P: "Do you want to grab it?" R3: "I will eat at some point." P: "Okay."

What Would you Like to See Done Differently?

- Choose a partner

- Person #1

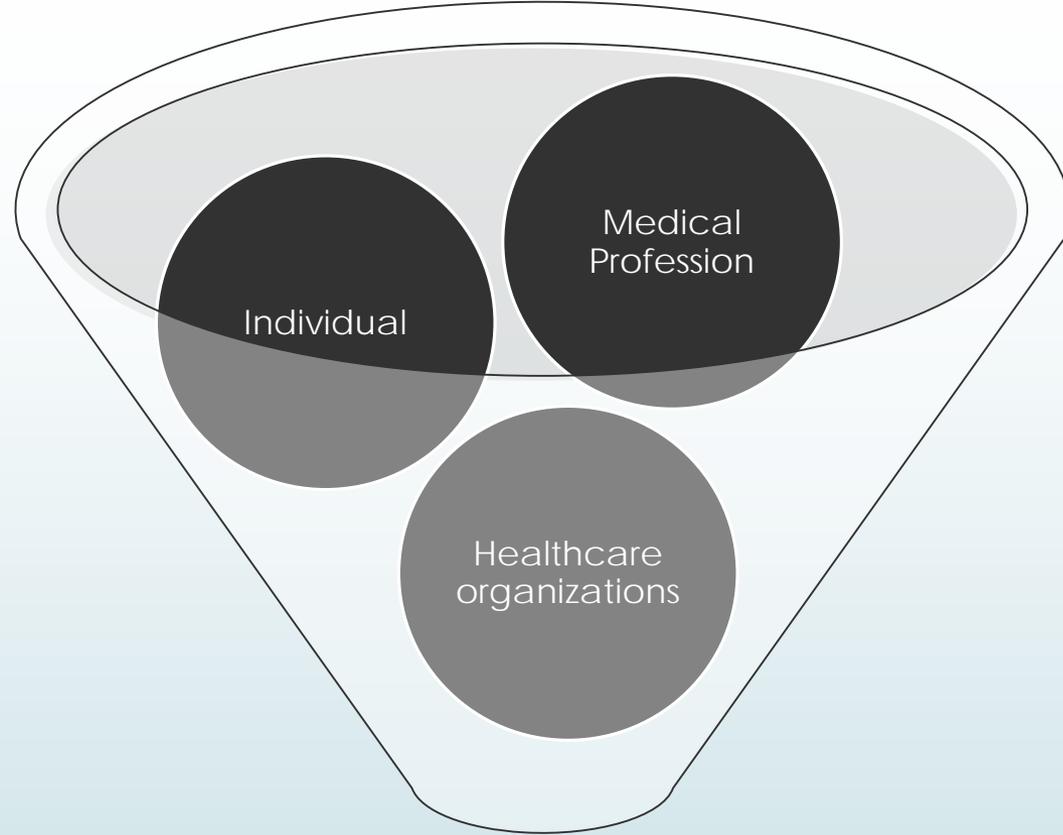
" I would like to see ..."

- Person #2 Listens and probes with open-ended questions...

...that must start with the words
WHAT, WHY, HOW, or DESCRIBE

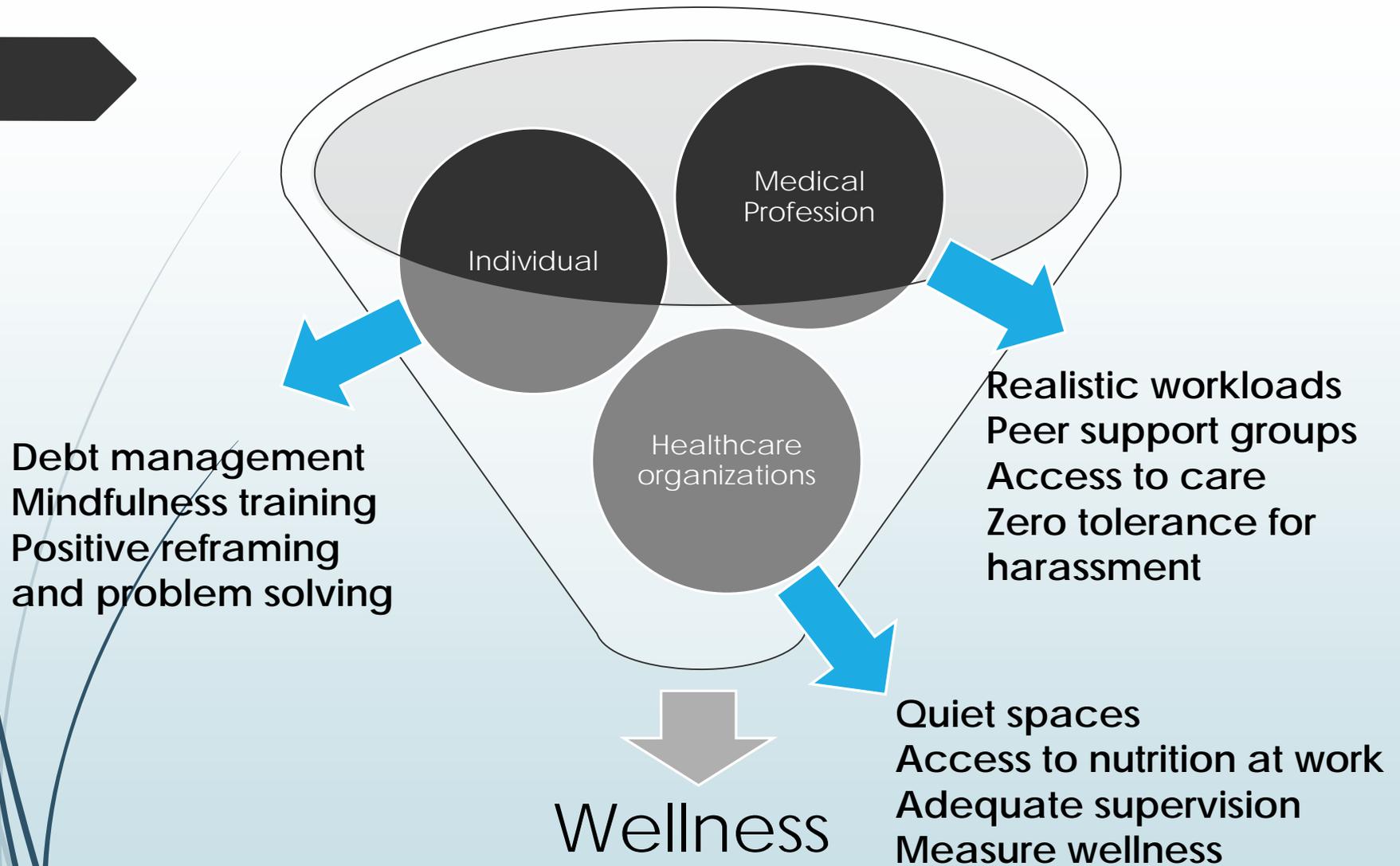
- Switch roles

What About Solutions?



~~Burnout~~

Wellness/Engagement/Satisfaction



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A narrative review on burnout experienced by medical students and residents

Liselotte Dyrbye and Tait Shanafelt
Medical Education 2016



Embed Physician Wellness Within Professional and Medical Education Organizations

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How Can Medical Students and Residents Drive Change at the Organizational level?

- Be present and vocal about wellness on Faculty and Hospital committees
- Use evidence to support your comments

Controlled Interventions to Reduce Burnout in Physicians

A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (prim

DATA SOURCES MED
Trials were searched
other relevant system

← Editorial

+ Supplemental content



Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Summary

Lancet 2016; 388: 2272-81

Published Online

September 28, 2016

[http://dx.doi.org/10.1016/S0140-6736\(16\)31279-X](http://dx.doi.org/10.1016/S0140-6736(16)31279-X)

See [Comment](#) page 2216

Division of General Internal Medicine and Division of Biomedical Statistics and Informatics (Prof CP West MD), Division of Primary Care Internal Medicine (Prof L N Dyrbye MD), Medical Library (P J Erwin MLS), and

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation

Individual Targeted Interventions

- ▶ Mindfulness
- ▶ Stress reduction techniques
- ▶ Education around communication skills, exercise, nutrition, and self-confidence



+ Organizational Targeted Interventions

- Rescheduling shifts
- Reducing workload
- Enhancing teamwork
- Enhancing leadership





Quality Improvement Model

► Plan, Do, Study, Act



- 
- Create a wellness committee
 - Measure wellness
 - Meet with leaders to discuss results
 - Test an intervention
 - Measure again

Measure Wellness

Review

Physician wellness: a missing quality indicator

Jean E Wallace, Jane B Lemaire, William A Ghali

Lancet 2009; 374: 1714-21

See Editorial page 1653

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When physicians are unwell, the performance of health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to health-care systems. We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

Introduction

“Healthy citizens are the greatest asset any country can have.”

Sir Winston Churchill

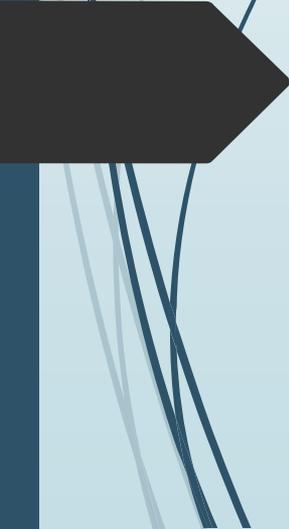
Physicians are important citizens of health-care systems, and evidence indicates that many physicians are unwell. Physicians who are affected by the stresses of their work may go on to experience substance abuse, relationship troubles, depression, or even death.¹⁻⁴ Results of emerging research show that physicians' stress, fatigue, burnout, depression, or general psychological distress negatively affects health-care systems and patient care.⁵⁻¹² Thus when physicians are unwell, the performance of the health-care system can be suboptimum. The corollary is that physician wellness might not only benefit the individual physician, but also be vital to the delivery of high-quality health care.^{5,8}

review the potential consequences of self-neglect by physicians, both individually and at the level of health-care systems. We also address why health systems should routinely measure physician wellness as an indicator of health-system quality in view of the growing recognition that suboptimum physician wellness adversely affects system performance. We discuss some of the measurement and operational challenges associated with implementation of this missing quality indicator, and raise several issues that will need to be addressed to achieve the desired outcomes of improved physician wellness and system quality.

Risk of physician ill health

Practising medicine is stressful to many physicians. For example, authors of a Canadian study reported that 64% of physicians feel that their workload is too heavy, and 48%

Physician Wellness: A Shared Responsibility



The individual

The medical profession

Healthcare organizations

World Medical Association Declaration of Geneva: The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION,

- ▶ I SOLEMNLY PLEDGE to dedicate my life to the service of humanity.
- ▶ I WILL PROMOTE the health and well-being of my patients.
- ▶ I WILL RESPECT the autonomy and dignity of my patients.
- ▶ I WILL MAINTAIN the utmost respect for human life from its beginning to its natural end.
- ▶ I WILL NOT PERMIT considerations of religion, race, social standing, or political affiliation to interfere with my judgment.
- ▶ I WILL RESPECT the secrets that are confided to me.
- ▶ I WILL PRACTISE my profession with conscience and integrity.
- ▶ I WILL FOSTER the honour and noble traditions of the medical profession.
- ▶ I WILL GIVE to my teachers, colleagues, and students the best of my knowledge and skill.
- ▶ I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.

I will advocate to change the toxic aspects of the culture of medicine that contribute to burnout and impede our wellness

I will advocate within leadership of our healthcare organizations to identify and incorporate positive change at the systems level

