Slaying the Three-Headed Monster,
Part 2: Physician Well-Being

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Objectives

1. Describe the prevalence of burnout, depression, suicide & other symptoms related to residency

2. Discover elements to change the culture & promote resident wellness

3. Identify steps & solutions to creating resident well-being within your department
Why now?

Section VI of the ACGME’s Common Program Requirements

The requirements emphasize that psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.
Make the Difference: Preventing Medical Trainee Suicide (Mayo Clinic)

https://www.youtube.com/watch?v=I9GRxF9qEBA

We have a systemic problem... But we also have solutions.
Objective 1

Describe the prevalence of burnout, depression, suicide & other symptoms related to residency
Occupational Hazards!

- Medical students enter medical school with mental health on par or better than peers
  - Burnout
  - Depression
  - Suicide
  - Other issues…
Physician Burnout

- Depersonalization
- Emotional exhaustion
- ↓ personal achievement
- Lack of empathy

3 Types of Burnout:
1. Personal
2. Work-related
3. Patient-related
Why Burnout Matters

- ↑ clinician errors
- ↓ empathy for patients
- ↓ patient satisfaction
- ↓ patient adherence to treatment recommendations
- ↑ physician intent to leave the practice

- Other negative impacts...
Burnout Causes

**AMA “Big 4”:**
1. Lack of control over work conditions.
2. Time pressure.
3. Chaotic workplaces.
4. Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders.

**Others:**
1. Too many bureaucratic tasks
2. Too many hours at work
3. Feeling like a “cog in the wheel”
4. Increase computerization of practice
Depression & Suicide

- **Depression:**
  - 22-35% (vs. 17% general public)

- **Physician Suicide:**
  - ~400 annually

  - Male = 40% higher
  - Female = 130% higher
Recognize...

- Increased substance (alcohol or drug) use
- Feeling or expressing that there is no reason for living; no sense of purpose in life
- Anxiety, agitation, difficulty sleeping, or sleeping all the time
- Hopelessness
- Withdrawal from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Mood changes

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills or other means
- Talking or writing about death, dying or suicide when these actions are unusual for the person
Name it...

- Need to strip away the stigma
- Do NOT make your residents feel guilty
- Acknowledge and help them take steps
What Helps Burnout & Depression?

1. Cognitive-behavioral training: learning to think about things differently
2. Mental & physical relaxation
3. Massage, meditation
4. The practice of mindfulness
Objective 2

Identify the elements to changing the culture
A Broken Culture

- Culture of residency...
  - Little sleep
  - Poor health
  - Long hours
  - Hard family/personal life balance
  - “Suck it up”
  - Life & death work
  - Isolating
  - Debt
Medical students face enormous stress …and are afraid to seek help for fear of retaliation or discrimination

“We need a medical culture that supports emotional health, that normalizes our need for comfort & non-punitive help when in pain.”

(Wible, 2016, p. 166)
ACGME is promoting wellness & mental health amongst residents

- Council of Review Committee Residents (CRCR)

1. Increasing awareness of the risk of depression during training & destigmatizing it
2. Building systems to confidentially identify & treat depression in trainees
3. Establishing a more formal system of peer & faculty mentoring
4. Promoting a supportive culture during training
5. Fostering efforts to learn more about resident wellness
Objective 3

Identify steps & solutions to creating resident well-being within your department
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<tr>
<th>Resource/Intervention</th>
<th>Check-In Question</th>
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| **1. Institutional Resources**            | • Does your institution’s Wellbeing programs address residents?  
• Do your residents use your Workforce Health and Safety or EAP services?  
• Does your institution require each department to develop a well-being plan? |
| **2. Departmental Culture & Leadership**  | • Is your departmental culture supportive of physician wellbeing?  
• Does the chairman articulate support of faculty and resident well-being? |
<p>| <strong>3. Departmental/ Program Model of Well-being</strong> | • Do you have a group of faculty and residents to shape this view? |</p>
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| 4. Departmental Orientation          | • Do you describe institutional and program specific resources and policies related to resident wellbeing?  
• Do you address residents’ well-being explicitly? |
| 5. Written Policies                  |                                                                                                                                                  |
| 5.1. Duty Hour                       | • Do you have written policies which are known by both residents and faculty?                                                                      |
| 5.2. Fatigue Management              |                                                                                                                                                  |
| 5.3. Sick Call/Health Care           |                                                                                                                                                  |
| 5.4. Supervision                     |                                                                                                                                                  |
| 5.5. Maternity/Paternity leave       |                                                                                                                                                  |
| 6. Program Elements                  |                                                                                                                                                  |
| 6.1. Small group sessions            | • Have you included sessions in your formal curriculum which explicitly address resident well-being?  
• Can you make time for these? |
<p>| 6.2. Professionalism Case Discussions|                                                                                                                                                  |</p>
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| 7. Clinical Care Challenges                                | • Are trainees encouraged to discuss workflow issues?  
• How do you get feedback on this?  
• Have you identified supervision vulnerabilities? |
| 8. Mentorship/Advising                                    | • Have trainees been assigned to mentors and advisors?  
• Have mentors and mentees been oriented to expectations? |
| 8.1. Peer Buddy Systems                                   |                                                                                                                                                   |
| 8.2. Coaching                                              |                                                                                                                                                   |
| 9. Faculty Development                                     | • Do you have faculty development sessions? Are they attended?  
• Are sessions focused on improving training?  
• Are sessions directed to improving faculty wellbeing? |
| 9.1. Identifying trainee Burn Out/Mental Health Issues     |                                                                                                                                                   |
| 9.2. Learning Environment, Assessment, Feedback            |                                                                                                                                                   |
| 9.3. Faculty Well-Being                                    |                                                                                                                                                   |
Department Solutions & Steps

- Take the ACGME Inventory
- Identify a group or team of trainees & faculty members who can serve as wellness champions
- Secure leadership support
- Survey
- Wellness Activities
Resident Well-Being

1. Nutrition:
   - Healthful food options & scheduled time to eat
2. Fitness
3. Emotional health
4. Preventive care
   - Dental care, provisions to see a PCP
5. Financial health
   - Debt management, retirement planning & emergency fund support
6. Mindset and behavior adaptability
How to Help a Resident

1. Assess & Monitor
2. Connect
3. Validate
4. Offer support
5. Refer
6. Follow-up!
Role of the Faculty:
Create Culture of Care & Well-Being... Everyday

- You be the Mentor!
  - Balance support & intense learning
  - Be available
  - Support a balanced work & personal life
  - Normalize experiences & give advice

- Be good role models!
ACGME Tools & Resources for Resident & Faculty Member Well-Being

• https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

• Identifying & Addressing Burnout
• Promote Well-Being
• Assessing & Addressing Emotional & Psychological Distress/Depression/Suicide
• Improving the Learning & Working Environment
• Coping with Tragedy
THANK YOU