

Perspective: a step back and a look ahead

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Scenario

- You are a general internist in a community two hours from a major teaching hospital.
- It is Saturday; your child is scheduled to graduate from high school this afternoon. As you are completing your morning hospital rounds and are preparing to sign out to a colleague, one of your long-time patients enters the emergency room with severe substernal pain. The ER physician suspects this is an acute MI.
- You enter the ER and a partner in your group is already there evaluating the situation. Because you know him to be competent and conscientious, you have no compunction about proceeding ahead with your personal plans.

Adapted from ABIM's Project Professionalism

Scenario continued

When you see the patient to reassure him that the problem will be handled well by someone in whom you have complete trust, your patient pleads with you to stay and see the matter through. "I will feel so much better if you are here," he tells you with evident apprehension. What should you do?

Adapted from ABIM's Project Professionalism

Caveats of this talk

- Much of this is opinion based
- "People who live in glass houses shouldn't throw stones"
- Most of what I will do is attempt to raise awareness and encourage you to reflect...

What you should be able to do by the end of the talk...

- Define burnout
- Recognize the symptoms and predisposing factors of burnout
- Recognize the potential link between burnout and unprofessional behavior
- Define balance
- Recognize strategies to promote balance in your own life

Road map

- Challenges to professionalism: the current landscape of medicine
- Burnout
- Balance
- Closing thoughts

What is professionalism?

ABIM project professionalism

- Professionalism in medicine requires the physician to serve the interests of the patient above his or her self interest. Elements encompassed:
 - A commitment to excellence in the practice of medicine and in the generation and dissemination of knowledge
 - A commitment to sustain the interests and welfare of patients
 - A commitment to be responsive to the health needs of society

www.professionalism.org

Why professionalism now?

- A time of unprecedented change in medicine and the practice of medicine
- A questioning society
- Lost status of our profession
- Undermining of the physician-patient relationship
- Medicine's shortcomings in fulfilling the social contract

Why now?

System challenges to professionalism

- The "business" of medicine
- Erosion of trust in physicians
- Inequality of access to care (social contract)
- Conflicts of interest
- Failure of medicine to regulate itself effectively ("Dateline phenomenon")

Why now?

Individual challenges to professionalism

- Dissatisfaction
 - Loss of autonomy
 - Loss of time and income
 - Loss of respect
 - More frustration and paperwork
- Erosion of the physician-patient relationship
- Patient expectations

Medical Education: a paradox for some students

- | | |
|----------------------------|-------------------------------|
| ■ <u>Entering students</u> | ■ <u>Fourth Year students</u> |
| ■ Idealistic | ■ Cynical |
| ■ Impressionable | ■ Resistant |
| ■ Dedicated | ■ Self preservation |
| ■ Altruistic | ■ Conflicted values |
| ■ Empathic | ■ Detached |
| ■ Well rounded | ■ Imbalanced |

The "Hidden Curriculum"

- a.k.a. the informal curriculum
- The socialization of medical students that occurs in the daily context of clinical medicine
- Tacit vs. explicit learning
 - "Do what I say, not what I do"
 - "Tacit learning is more powerful than explicit learning not only because it is reinforced more frequently but because it relates to *doing* rather than *saying*."

Coulehan J and Williams P. *Academic Medicine*. 2001;76(6):598-605

The conflict of medical education

<u>Explicit values</u>	<u>Tacit Values</u>
Empathy	Detachment
Compassion	Self interest/preservation
Altruism	Entitlement
The "art of medicine"	Technical skill

Adapted from *Academic Medicine*. 2001;76(6):598-605

The evolution of one student

- Well rounded, altruistic, idealistic at the beginning
- Excerpts from pre-graduation essay:
 - "Medical school is an utter drain."
 - "People are able to change very little...In some sense I think activism is futile."
 - "So much of what I do as a student is stuff that I don't fully believe in."
 - "So I regret not having spoken up more on issues. But I was often too tired."

Coulehan J and Williams P. *Academic Medicine*. 2001;76(6):598-605

The reality of medicine

<u>Ideal</u>	<u>Reality</u>
Evidence	Uncertainty
Caring, healing	Risk, harming
Open minded	Arrogant, unmoved
Error free	Mistake prone
Analytic	Knee jerk
Self sacrificing	Avaricious

Adapted from a talk by Thomas Inui at SGIM 2002

SNAPSHOTS at jasonlove.com



"Sometimes I think this is the best part of my day."

Burnout: the symptoms

- Fatigue or exhaustion
- Inability to concentrate
- Depression and/or anxiety
- Insomnia
- Irritability

Burnout: the syndrome

- Key features:
 - Depersonalization
 - Emotional exhaustion
 - Sense of low personal accomplishment
 - Loss of interest in one's work or personal life, a feeling of "just going through the motions"

Burnout: the consequences

- Decreased job performance
- Reduced job commitment
- Increased risk for:
 - Stress related health problems
 - Low career satisfaction
 - Damaged personal relationships
 - Alcohol and drug abuse

Burnout: physicians

- Rates in practicing physicians range from 25-60%
- Few reports have looked at burnout in residents

Burnout and self reported patient care in an Internal Medicine residency program

- Mailed surveys to all residents in the program at University of Washington in Feb. 2001
 - Voluntary, anonymous
 - Participants blinded to the study's purpose
- 76% response rate

Shanafelt TD et al. *Ann Intern Med.* 2002;136:358-367.

Burnout and self reported patient care in an Internal Medicine residency program

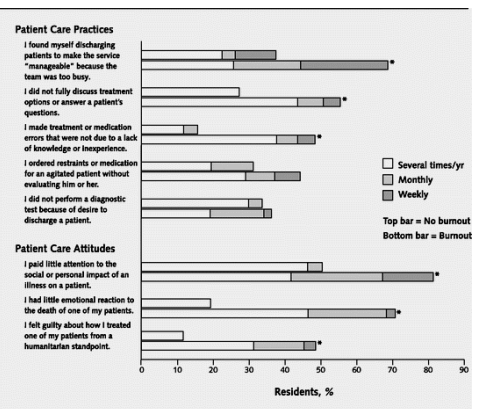
- Survey consisted of:
 - A validated burnout questionnaire (MBI)
 - Screening for depression
 - Screening for substance abuse
 - Assessment of "suboptimal patient care practices and attitudes"

Shanafelt TD et al. *Ann Intern Med.* 2002;136:358-367.

Burnout and self reported patient care in an Internal Medicine residency program

- Results:
 - 76% of responding residents met the criteria for burnout. Of these:
 - 51% had positive result on depression screening
 - 9% had at risk alcohol use
 - Burned out residents were more likely to report career dissatisfaction and suboptimal patient care practices

Shanafelt TD et al. *Ann Intern Med.* 2002;136:358-367.



Shanafelt TD et al. *Ann Intern Med.* 2002;136:358-367.

Burnout and self reported patient care in an Internal Medicine residency program

- Conclusions:
 - Burnout amongst house staff is common
 - It appears to be associated with suboptimal patient care practices and attitudes
 - Burned out residents' interactions with students and fellow residents may play a significant role in the hidden curriculum

Shanafelt TD et al. *Ann Intern Med.* 2002;136:358-367.

Burnout: the disease

- Accompanying editorial suggests it be considered a malignancy
 - Starting with exhaustion
 - Followed by cynicism and ineffectiveness
 - Spreading from residents to students, to other residents, patients and family
- Dr. Clever makes several suggestions to prevent "valuable, competent people [from] feeling angry and weary"

Clever, L. *Ann Intern Med.* 2002;136:391-393.

Factors leading to burnout in medicine

- Individual
 - Compulsiveness
 - Goal oriented
 - Driven to excel
- Profession related
 - Delayed gratification
 - Competition
 - Lack of control
 - Emotional burden of what we do

"[Physicians'] own achievement orientation, our drive to excel, and our exaggerated sense of responsibility and self importance may lead us to think that we are helpless victims of awesome and uncontrollable stresses...We as physicians need to cultivate a life that is not only "dedicated" but also balanced and healthy in mind, body and spirit."

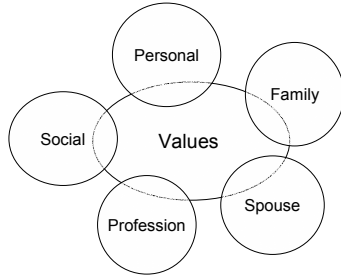
Collins. *Cleveland Clinic J Med.* 1998;65:106.

"It is improper for us to sacrifice our own health, family, and community in order to care for others. Part of our calling is to relieve suffering. We cannot relieve the suffering of others if we, ourselves are suffering."

Clever, L. *Ann Intern Med.* 2002;136:391-393.

"We need to reflect, plan, arrange, choose and demand a *whole* life. This goes beyond choosing to be 'excellent' in our profession. It extends to the rest of our lives-to our souls and to our loved ones and society."

Clever, L. *Ann Intern Med.* 2002;136:391-393.



Your current situation

- Resident stresses:
 - Work load
 - Sleep deprivation
 - Lack of authority/autonomy
 - Lack of balance (work supersedes)
 - Financial struggles

Planning for the future

- Many of these stresses will end with residency
- You must prepare for new ones...

What no one told me...

- Where to draw the line
 - Saying No (to patients, superiors)
 - Vacation and days off
- How to delegate
- How to deal with the new authority
- That it's ok to leave work early sometimes
- How to focus on the whole life and not just work life

Physician well being

- Five major categories of self protection
 - Relationships
 - Religion or spirituality
 - Self care
 - Work (limiting hours, choosing certain types of practice)
 - Approaches to life (being positive and maintaining balance in life)

“The most important thing is to know that taking care of yourself isn't selfish, it's self-preservation.”

Linda Clever

Balance

- Does not imply perfection, rather resilience and adaptability
- It is not static, constantly changing as life brings new challenges
- It is wholeness, based on individual values
- It allows perseverance in uncertain times

Balance

- “Joe Louis said ‘Everyone has to figure to get beat sometime.’ The question is not did you fail but did you pick yourself up and move ahead?”
 - John Gardner, former Sec. of Health, Education and Welfare

West J Med 1992 Oct;157:457-459

How can we promote excellence outside work without compromising excellence at work?

- Societal changes support the need for a paradigm shift
- “For a long time, physicians have given up a really important part of their lives, and it’s affected their ability to be good physicians.”

Linda Clever

Gunderson, L. Physician Burnout. *Ann Intern Med.* 2001;135: 145-148.

“We are all jugglers. What we need to know is which ones are glass, and which ones are rubber. And which are cement and we shouldn’t pick up in the first place.”

Linda Clever

SGIM workshop on Balance. Vancouver 2003

Promoting your own balance

- Define your values
- Review them with those who are important to you
- Set aside time for yourself
 - Time for reflection
 - Time to reevaluate
 - Time to reinvigorate
 - Time to be creative

Promoting your own balance

- Relationships with others
 - Family
 - Friends and colleagues
- Religion or Spirituality
- Derive meaning from your work
- Be positive

What have I found useful?

- Family time
- Reflection on the daily struggles
- Talking with colleagues, friends and family
- Trying to avoid criticism of others
- Learning to deal with pressures and frustrations
- Admitting limitations

What have I found useful?

- Connection with patients (resisting detachment)
- Personal enrichment
 - Reading/writing
 - Conferences
 - Travel/Time away
 - Exercise
- Trying to maintain a positive outlook
- Finding meaning in my work

Halvorsen J. *Arch Fam Med*. 1999;8:173-176.

No greater opportunity, responsibility, or obligation is given to an individual than that of serving as a physician. In treating the suffering he needs technical skill, scientific knowledge, and human understanding. He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellowman, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this; he should be content with no less.

Tinsley Harrison M.D.
Harrison's Textbook of Internal Medicine

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Selected References

- ABIM Project Professionalism: <http://www.abim.org/pubs/profess.pdf>
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