

Put Your Own Mask On First

A Resilience Review for Physicians

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Disclosures: None

Premise

We know what burnout looks and feels like

We know what it costs

We care and want to help—ourselves and others

We have what it takes to make a difference

We need one another to do it best

Goal

Take away one practice,
to implement in your next encounter
with a patient or colleague,
that will help you suffer less in your work.

Burnout

1. Emotional Exhaustion
 - Overwhelming work demands deplete an individual's energy
2. Depersonalization (cynicism)
 - Individual detaches from job
3. Low sense of personal accomplishment

Burnout

Maslach – “index of dislocation between what people are doing versus what they are expected to do...an erosion of the soul”

-antithesis of “engagement” (energy, efficacy, involvement)

Newsweek – “the silent anguish of healers”

ICD-10 – “state of vital exhaustion” (listed under “problems related to life-management difficulty”)

Maslach Burnout Inventory (abbreviated)

	<i>Every day</i>	<i>A few times a week</i>	<i>Once a week</i>	<i>A few times a month</i>	<i>Once a month or less</i>	<i>A few times a year</i>	<i>Never</i>
I deal very effectively with the problems of my patients							
I feel I treat some patients as if they were impersonal objects							
I feel emotionally drained from my work							
I feel fatigued when I get up in the morning and have to face another day on the job							
I've become more callous towards people since I took this job							
I feel I'm positively influencing other people's lives through my work							
Working with people all day is really a strain for me							
<u>I don't really care what happens to some patients</u>							
I feel exhilarated after working closely with my patients							
<u>I think of giving up medicine for another career</u>							
I reflect on the satisfaction I get from being a doctor							
<u>I regret my decision to have become a doctor</u>							

Taking Our Own Pulse

Definition of Burnout | Average physician

Emotional Exhaustion	>27	22.19,
Depersonalization	>10	7.12
Personal Accomplishment	<33	36.53

Contributors to Burnout

- Excessive workload
 - Lack of control to which the extent of the workload exceeds the capacity (believed to be the single greatest predictor)
- Financial burdens of loans/practice costs
- Administrative burden (inefficiency)
- Low autonomy

Contributors to Burnout

- Low “sense of meaning”
- Difficulty integrating personal/professional life
- Difficulty setting limits
- Personality

Effects of Burnout

- Increased turnover
 - Cost of replacing a physician is estimated to be \$150,000-300,000
- Reduced practice revenue
- Increased medical errors
- Increased probability of ordering unnecessary tests or procedures

Effects of Burnout

- Decreased productivity
 - Increased sick leave or absenteeism
- Decreased job satisfaction
- Decreased sense of personal satisfaction
- Decreased patient satisfaction
 - The Downward Spiral

Scary Statistics

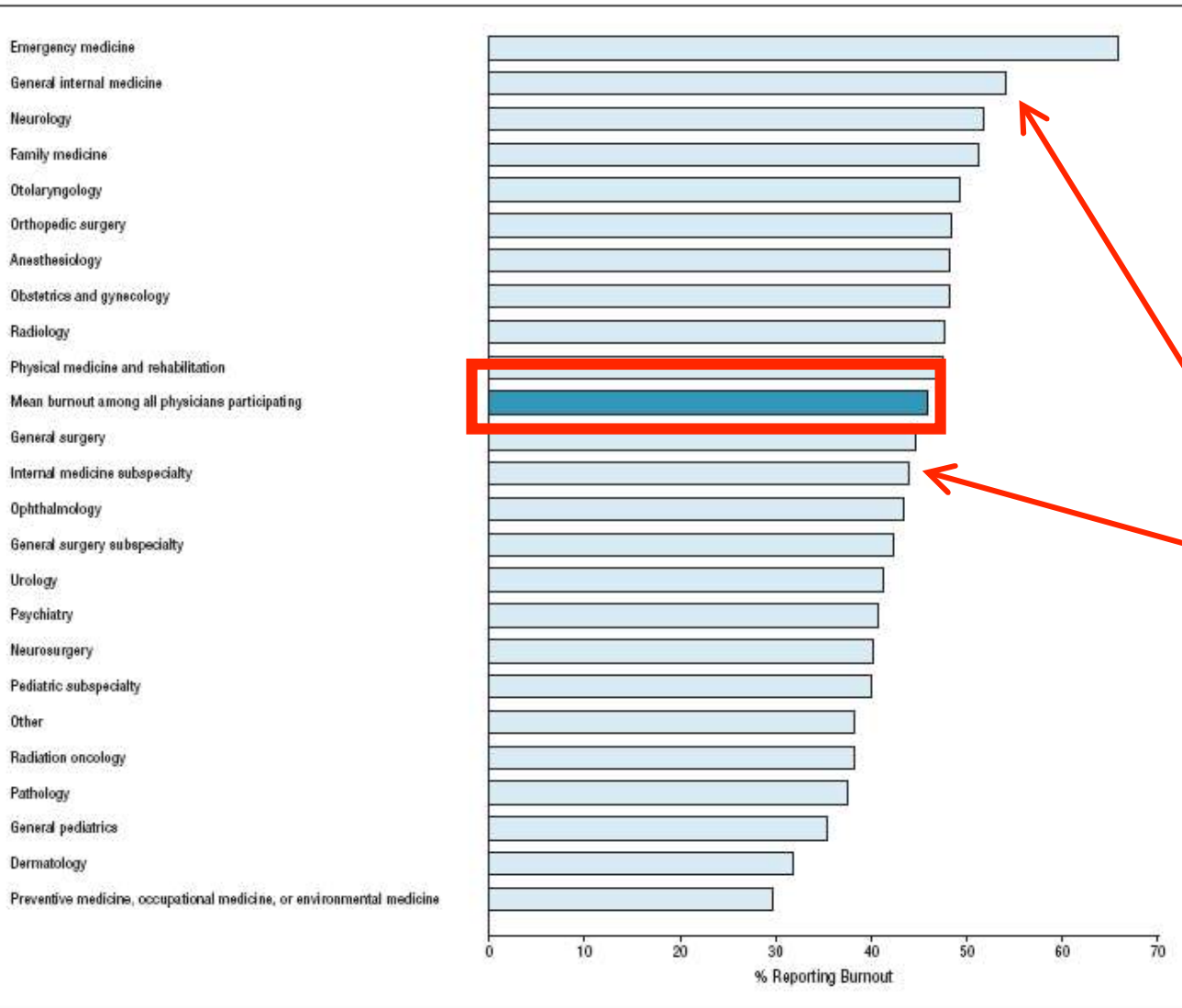
Suicide rate among male physicians is 40%
higher than among men in the general
population

130% higher among female physicians

Scary Statistics

- Medical students:
 - Substantially lower mental quality of life than age-matched general population
 - Between 3% and 15% of have contemplated suicide

Burnout by Specialty



Highest Burnout %:

- 1) Emergency Medicine
- 2) Internal Medicine
- 3) Neurology
- 4) Family Medicine

We are here.

Lowest Burnout %:

- 1) General Pediatrics
- 2) Dermatology
- 3) Preventative Medicine

Burnout: The Summary

- >50% of internists feel burned out.
- The costs are high
 - Personal
 - Clinical
 - Financial
- It's bad for our patients' health
- It's bad for our relationships, with patients and with each other



The Evidence: Resilience

Fulfillment related to

Practice environment organization

Relief from paperwork/administrative hassles

Ability to provide high quality care to patients

Opportunity to form meaningful [relationships](#)
with patients and colleagues

The Evidence: Resilience

- Physician satisfaction strongly linked to patient satisfaction
- Physicians' sense of professional fulfillment correlates with patients' adherence to medication, exercise, and diet
 - The Upward Spiral

Top 10 questions most highly correlated with Likelihood To Recommend Practice:

1. Likelihood to recommend Care provider
2. How well staff worked together to care for you
3. Your confidence in this care provider
4. Our sensitivity to your needs
5. Concern the care provider showed for your questions or worries
6. Care provider's efforts to include you in decisions about your treatment
7. Explanations the care provider gave about your problem or condition
8. Instructions the Care provider gave you about your follow-up care (if any)
9. Information the care provider gave you about medications (if any)
10. Friendliness/courtesy of care provider

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THE CORE

PRIVILEGE
CALLING
FIRE
SPARK

Physician, Heal Thyself

Awareness

Behaviors

Outcomes

Awareness



FEBRUARY 3, 2014

Fleeing Syria Photographs by James Nachtwey / Peyton Power / Steve McQueen

TIME

THE MINDFUL REVOLUTION

The science of finding focus in a
stressed-out, multitasking culture

BY KATE PICKERT

time.com

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD

Ronald M. Epstein, MD

Howard Beckman, MD

Anthony L. Suchman, MD, MA

Benjamin Chapman, PhD

Christopher J. Mooney, MA

Timothy E. Quill, MD

P RIMARY CARE PHYSICIANS REPORT alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of *burnout*,¹⁻⁴ defined as emotional exhaustion, deper-

Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Mindfulness

- 70 primary care physician volunteers
- 8 weeks, 2.5 hours per week, one full day
- 10 monthly maintenance sessions, 2.5 hours each
- Didactic material: e.g. awareness, bias, boundaries
- Formal mindfulness meditation
- Narrative and Appreciative Inquiry exercises
- Group discussion

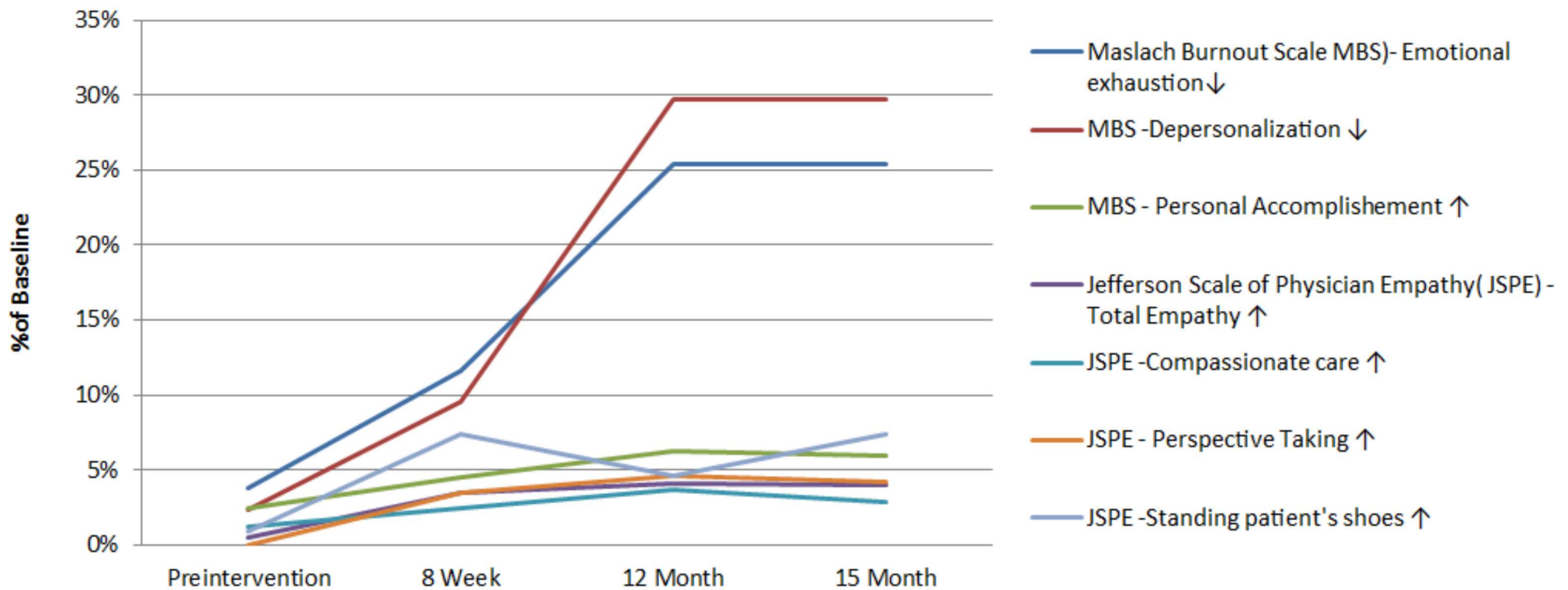
Mindfulness

Table 3. Outcomes Scores at Each Assessment Point With Comparisons to Baseline^a

Subscale	Mean Score (95% CI)					Standardized Mean Difference of Change From Baseline to 15 mo (95% CI)
	Baseline	Preintervention	8 Week	12 Month	15 Month	
Maslach Burnout Scale ^b						
Emotional exhaustion	26.8 (24.1 to 29.6)	27.8 (25.1 to 30.5)	23.7 (21.0 to 26.5) ^c	20.0 (17.2 to 22.8) ^c	20.0 (17.2 to 22.9) ^c	0.62 (0.42 to 0.82)
<i>P</i> value		.34	.003 ^c	<.001 ^c	<.001 ^c	
Depersonalization	8.4 (7.1 to 9.7)	8.6 (7.3 to 9.9)	7.6 (6.3 to 8.9)	5.9 (4.5 to 7.2) ^c	5.9 (4.5 to 7.2) ^c	0.45 (0.24 to 0.66)
<i>P</i> value		.68	.15	<.001 ^c	<.001 ^c	
Personal accomplishment	40.2 (38.9 to 41.6)	41.2 (39.8 to 42.5)	42.0 (40.6 to 43.4) ^{c,d}	42.7 (41.3 to 44.1) ^b	42.6 (41.2 to 44.1) ^c	0.44 (0.19 to 0.68)
<i>P</i> value		.14	.006 ^c	<.001 ^c	<.001 ^c	
Jefferson Scale of Physician Empathy						
Total empathy	116.6 (114.2 to 118.9)	117.2 (114.9 to 119.5)	120.6 (118.2 to 123.0) ^c	121.4 (119.0 to 123.8) ^{c,d}	121.2 (118.7 to 123.8) ^c	0.45 (0.24 to 0.66)
<i>P</i> value		.54	<.001 ^c	<.001 ^c	<.001 ^c	
Compassionate care	48.6 (47.5 to 49.7)	49.2 (48.2 to 50.3)	49.8 (48.7 to 50.9)	50.4 (49.3 to 51.5) ^c	50.0 (48.8 to 51.1)	0.30 (0.04 to 0.57)
<i>P</i> value		.3	.03	.003 ^c	.02	
Perspective taking	57.1 (55.6 to 58.6)	57.1 (55.7 to 58.6)	59.1 (57.6 to 60.6) ^c	59.7 (58.2 to 61.2) ^c	59.5 (58.0 to 61.1) ^c	0.38 (0.16 to 0.60)
<i>P</i> value		.99	.003 ^c	<.002 ^c	.001 ^c	
Standing in patient's shoes	10.9 (10.4 to 11.5)	10.8 (10.3 to 11.3)	11.7 (11.1 to 12.2) ^c	11.4 (10.9 to 11.9)	11.7 (11.2 to 12.3) ^c	0.36 (0.11 to 0.60)
<i>P</i> value		.66	.005 ^c	.07	.003 ^c	

Mindfulness

Rochester Study



Abbreviated Mindfulness Intervention for Job Satisfaction, Quality of Life, and Compassion in Primary Care Clinicians: A Pilot Study

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ABSTRACT

PURPOSE Burnout, attrition, and low work satisfaction of primary care physicians are growing concerns and can have a negative influence on health care. Interventions for clinicians that improve work-life balance are few and poorly understood. We undertook this study as a first step in investigating whether an abbreviated mindfulness intervention could increase job satisfaction, quality of life, and compassion among primary care clinicians.

METHODS A total of 30 primary care clinicians participated in an abbreviated mindfulness course. We used a single-sample, pre-post design. At 4 points in time (baseline, and 1 day, 8 weeks, and 9 months postintervention), participants completed a set of online measures assessing burnout, anxiety, stress, resilience, and compassion. We used a linear mixed-effects model analysis to assess changes in outcome measures.

RESULTS Participants had improvements compared with baseline at all 3 follow-up time points. At 9 months postintervention, they had significantly better scores (1) on all Maslach Burnout Inventory burnout subscales—Emotional Exhaustion ($P = .009$), Depersonalization ($P = .005$), and Personal Accomplishment ($P < .001$); (2) on the Depression ($P = .001$), Anxiety ($P = .006$), and Stress ($P = .002$) subscales of the Depression Anxiety Stress Scales-21; and (3) for perceived stress ($P = .002$) assessed with the Perceived Stress Scale. There were no significant changes on the 14-item Resilience Scale and the Santa Clara Brief Compassion Scale.

Mindfulness

Table 1. Comparison of Modified MBSR Training With Typical MBSR Course

Feature	Modified MBSR Training	Typical MBSR Course
Length	18 hours	29-33 hours
Training schedule	Friday evening: 3 hours Saturday: 7 hours Sunday: 4 hours Follow-up sessions: two 2-hour evening sessions	Introduction: 2.5 hours Eight weekly sessions lasting 2.5-3 hours each Day of mindfulness lasting 6.5 hours
Content	Training in mindfulness practices (sitting, movement, speaking, listening, and compassion for self and others) and their application to practicing medicine and everyday life	Training in mindfulness practices (sitting, movement, speaking, listening, and compassion for self and others) and their application to everyday life
Length of encouraged mindfulness practice	10-20 minutes daily	≥45 minutes daily
Participants	Primary care clinicians working ≥50% time in direct care of patients	General public (may include clinicians)
Class size	15	8-17
Instructors	Instructors from the UW-Health Mindfulness Program MD Family/Integrative Medicine faculty physicians	Instructors from the UW-Health Mindfulness Program
Resources provided	Audio CDs for practice (<i>Fourteen Essential Practices</i> by S. Salzberg) Mindfulness Web site designed specifically for this study (www.fammed.wisc.edu/mindfulness)	Audio CDs for practice (<i>Guided Mindfulness Meditation, Series 1 and 2</i>) and <i>Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness</i> by J. Kabat-Zinn, PhD
Cost to participants	None	\$475 at time of study with scholarships or partial rebates available from some insurers

CD = compact disc; MD = medical doctor; MBSR = mindfulness-based-stress-reduction; UW = University of Wisconsin.

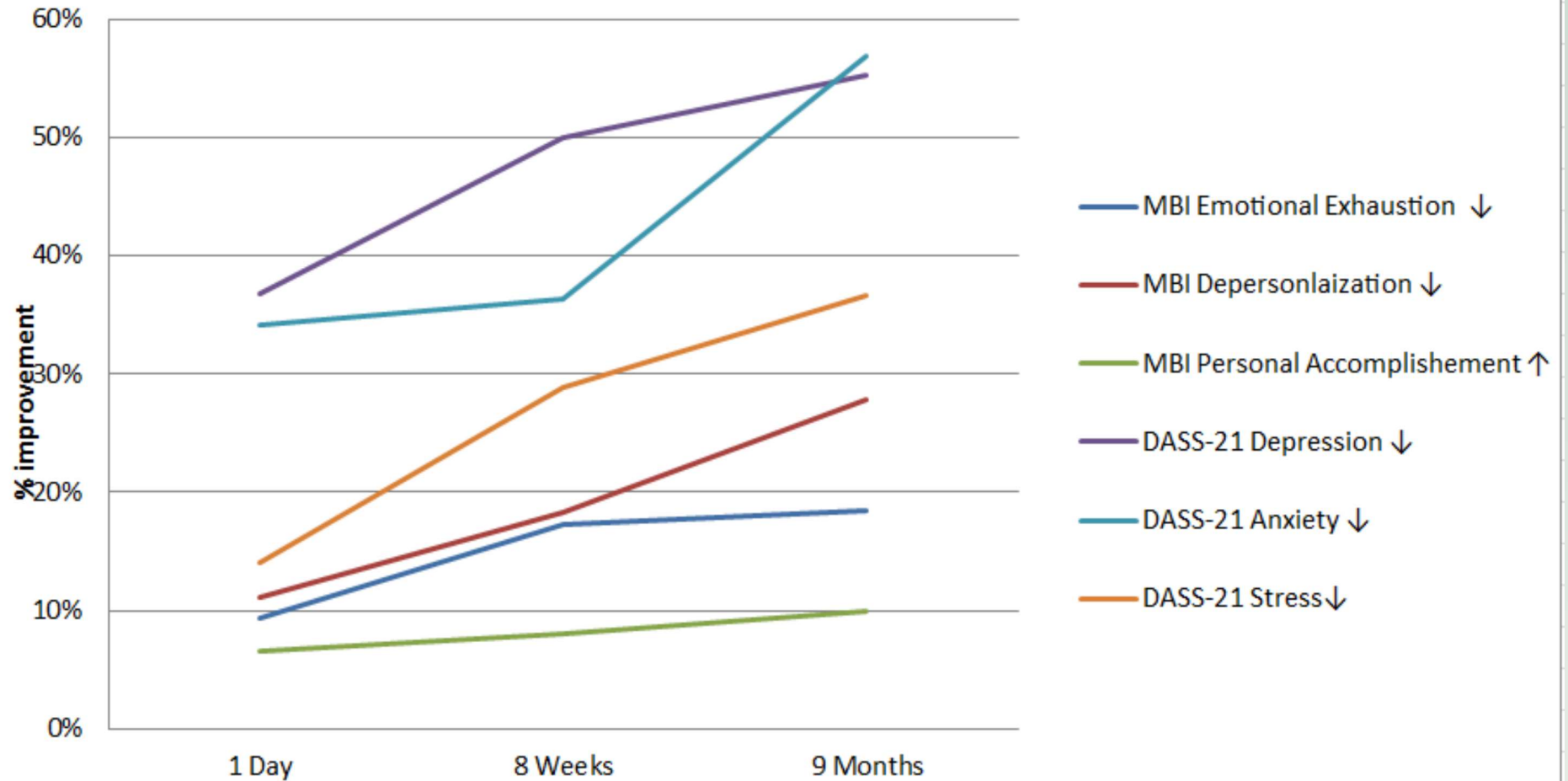
Mindfulness

Table 3. Outcomes Scores at Each Survey With Comparison to Baseline (N = 30)

Subscale (Possible Range)	Time Point ^a				Change, ^b Mean Difference (95% CI)
	Baseline (N = 30)	1 Day (n = 28)	8 Weeks (n = 23)	9 Months (n = 23)	
MBI Emotional Exhaustion (0-54) ^c	31.9 (28.4-35.4) –	28.9 (25.3-32.5) [.046]	26.4 (22.6-30.1) [.006]	26.0 (22.2-29.8) [.009]	–5.90 (–10.29 to –1.52)
MBI Depersonalization (0-30) ^c	12.6 (10.4-14.8) –	11.2 (9.0-13.5) [.07]	10.3 (8.0-12.7) [.03]	9.1 (6.8-11.5) [.005]	–3.51 (–5.91 to –1.11)
MBI Personal Accomplishment (0-48) ^c	38.5 (36.8-40.3) –	41.0 (39.2-42.8) [<.001]	41.6 (39.7-43.5) [<.001]	42.3 (40.4-44.2) [<.001]	3.76 (1.70 to 5.82)
DASS-21 Depression (0-21)	7.6 (5.7-9.5) –	4.8 (2.9-6.8) [<.001]	3.8 (1.8-5.8) [<.001]	3.4 (1.3-5.5) [.001]	–4.16 (–6.56 to –1.77)
DASS-21 Anxiety (0-21)	4.4 (3.2-5.6) –	2.9 (1.6-4.1) [.02]	2.8 (1.5-4.1) [.052]	1.9 (0.5-3.3) [.006]	–2.51 (–4.27 to –0.76)
DASS-21 Stress (0-21)	14.2 (11.8-16.6) –	12.2 (9.7-14.7) [.09]	10.1 (7.5-12.7) [.007]	9.0 (6.3-11.7) [.002]	–5.20 (–8.47 to –1.92)
PSS (0-40)	19.0 (16.9-21.0) –	16.0 (13.9-18.2) [.001]	14.1 (11.9-16.4) [<.001]	14.7 (12.4-17.0) [.002]	–4.29 (–6.91 to –1.67)
RS-14 (14-98)	79.9 (75.2-84.6) –	82.0 (77.1-86.8) [.35]	83.2 (78.1-88.4) [.26]	81.4 (76.2-86.6) [.63]	1.51 (–4.79 to 7.81)
SCBC (5-35)	27.6 (25.9-29.3) –	27.4 (25.6-29.1) [.59]	27.9 (26.1-29.6) [.77]	28.3 (26.5-30.1) [.44]	0.67 (–1.06 to 2.39)

Mindfulness

Madison Study



Who has time for...

One Deep Breath

RESILIENCE.

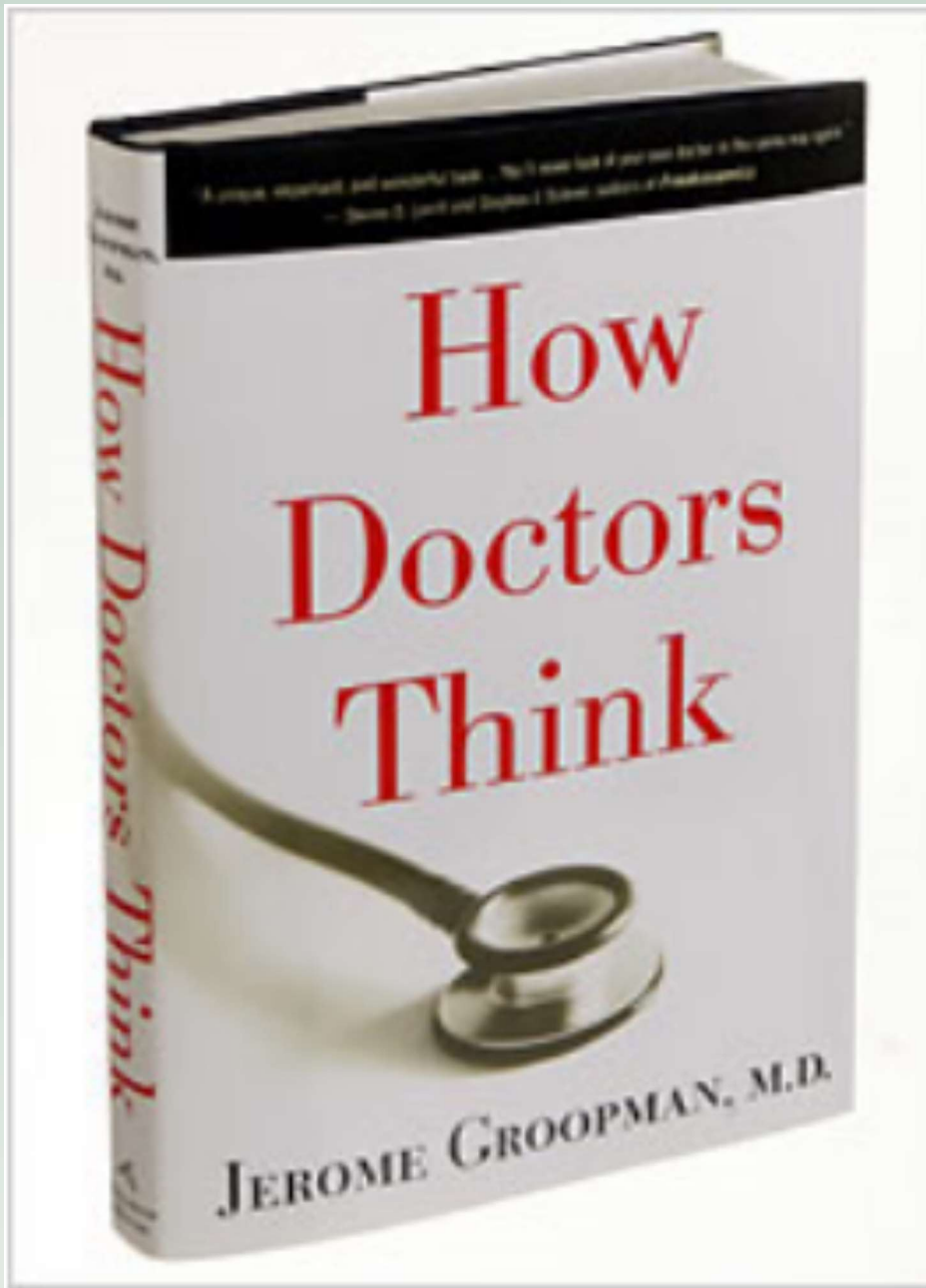
This, too,
shall pass.



Heuristics

Early Closure

Diagnosis
Momentum



Jerk

Adversity



Belief



Consequence

Jerk?

Withholding Judgment

Adversity

Belief

Consequence



Jerk?

Withholding Judgment

Adversity

The UNjerk

Consequence





FREAK
OUT
AND
THROW
STUFF

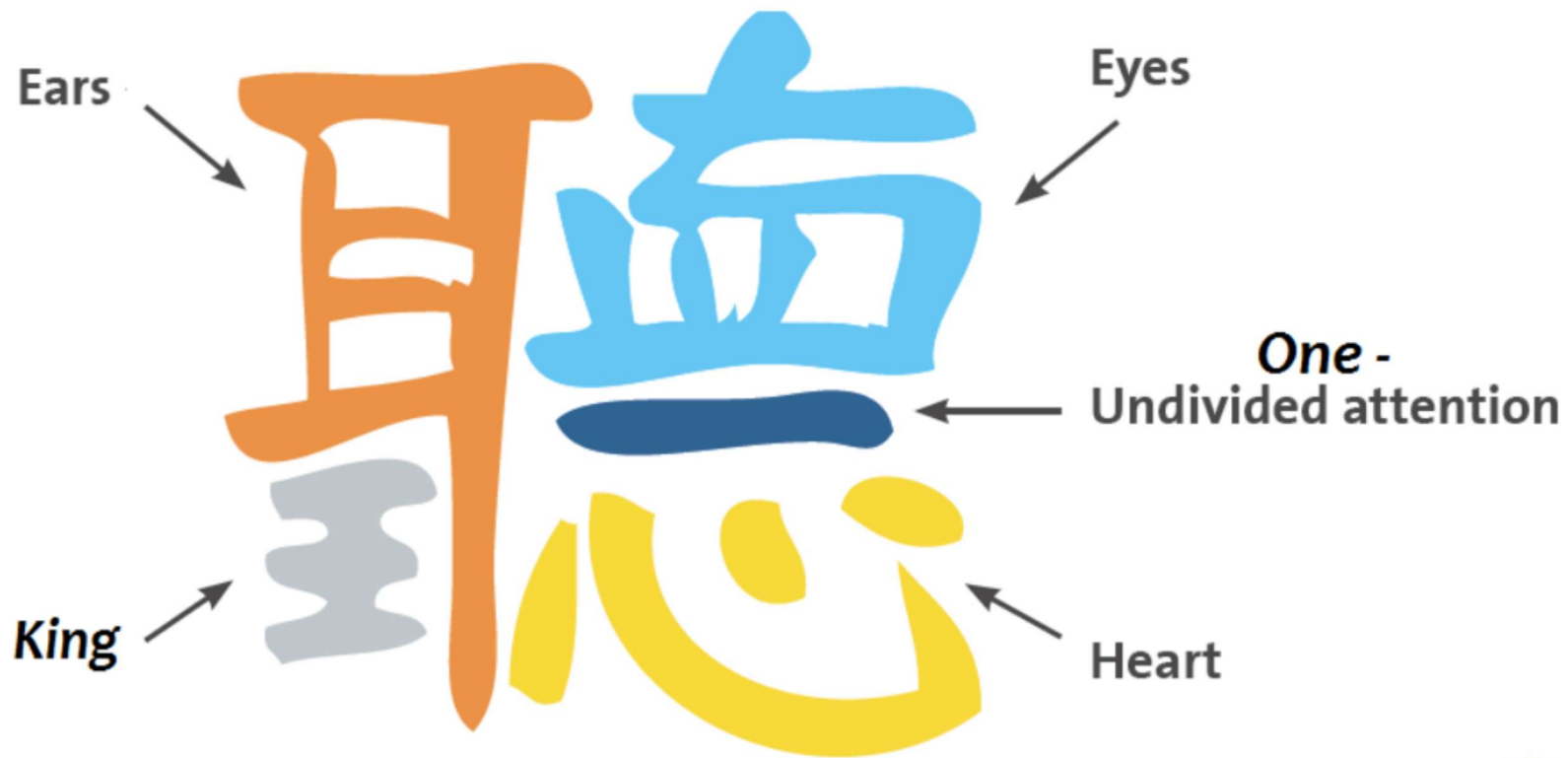
Behavior: The Practices

One Deep Breath

Withhold judgment

Listen through the rant

The word "*LISTEN*" in Chinese



Behavior: The Practices

One Deep Breath

Withhold judgment

Listen through the rant

Validate the core values

Be present



2-13

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THIS
CARTOON
FIRST
APPEARED
IN 1992.

Bill
Keane

"The reason they can play that good
is their parents aren't yelling at them
from the sidelines."

Behavior: The Practices

One Deep Breath

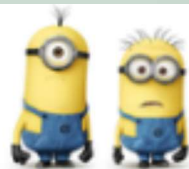
Withhold judgment

Listen through the rant

Validate the core values

Be present

Bring what ya got



**ANYONE
CAN BE
COOL BUT AWESOME
TAKES
PRACTICE**

Behavior: The Practices

One Deep Breath

Withhold judgment

Listen through the rant

Validate the core values

Be present

Bring what ya got

Repeat



Outcome: The Tribe

Cultural Map The Five Stages of Culture

Stage	%	Behavior	Relationship to people	Language
5	2%	Innocent Wonderment	Team	"Life is great"
4	22%	Tribal Pride	Stable Partnership	"We're great"
3	49%	Lone Warrior	Personal Domination	"I'm great"
2	25%	Apathetic Victim	Separate	"My life sucks"
1	2%	Undermining	Alienated	"Life Sucks"

From *Tribal Leadership*, Logan, King & Fischer-Wright, 2008, HarperCollins

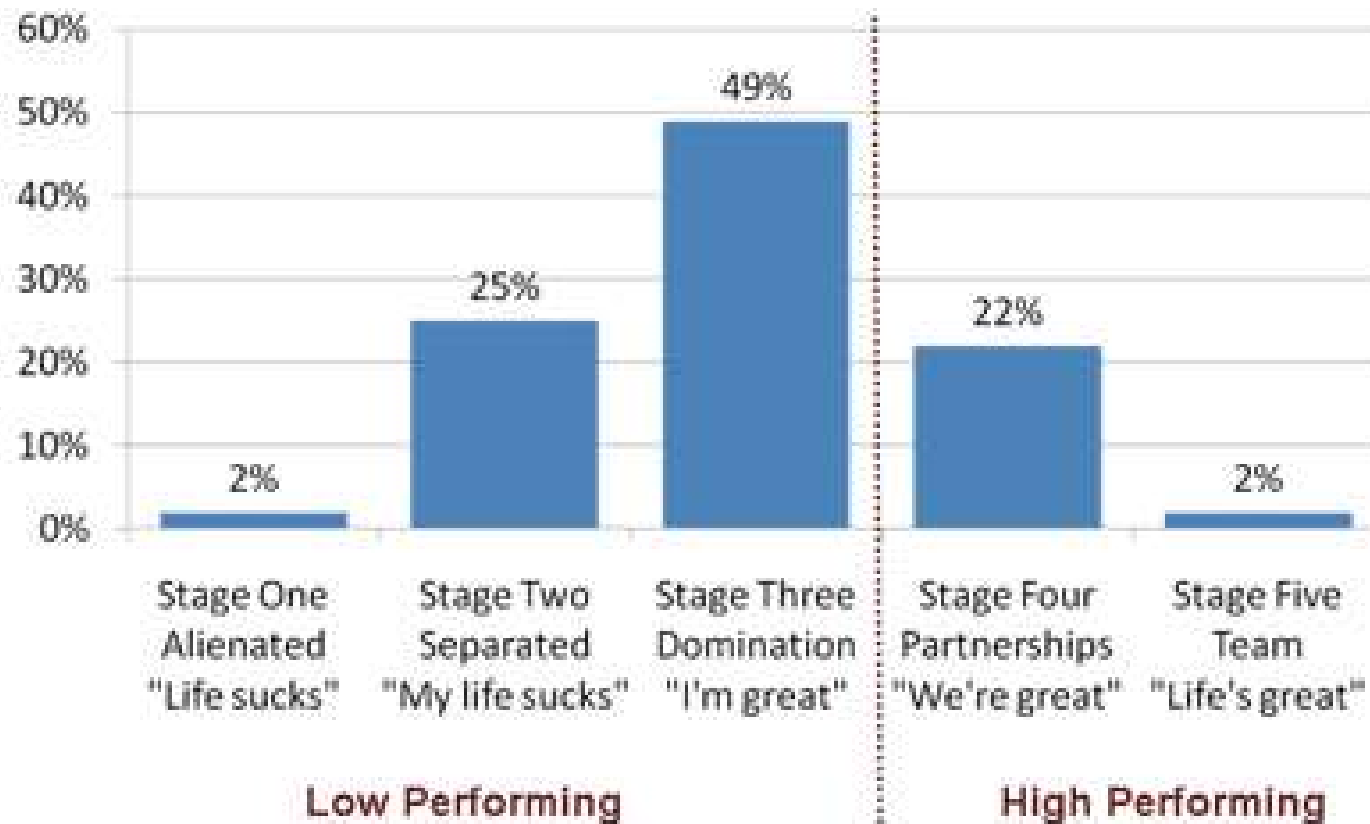
Three doctors walk into an elevator...

Stage 3: I'm great, you're not.

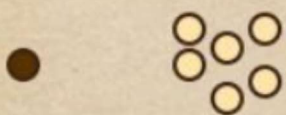
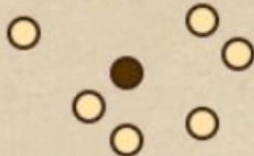
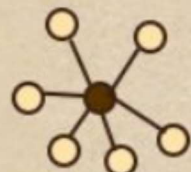
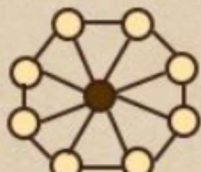
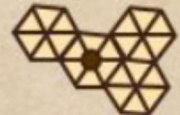
It's all  out me.

5 Stages of Culture

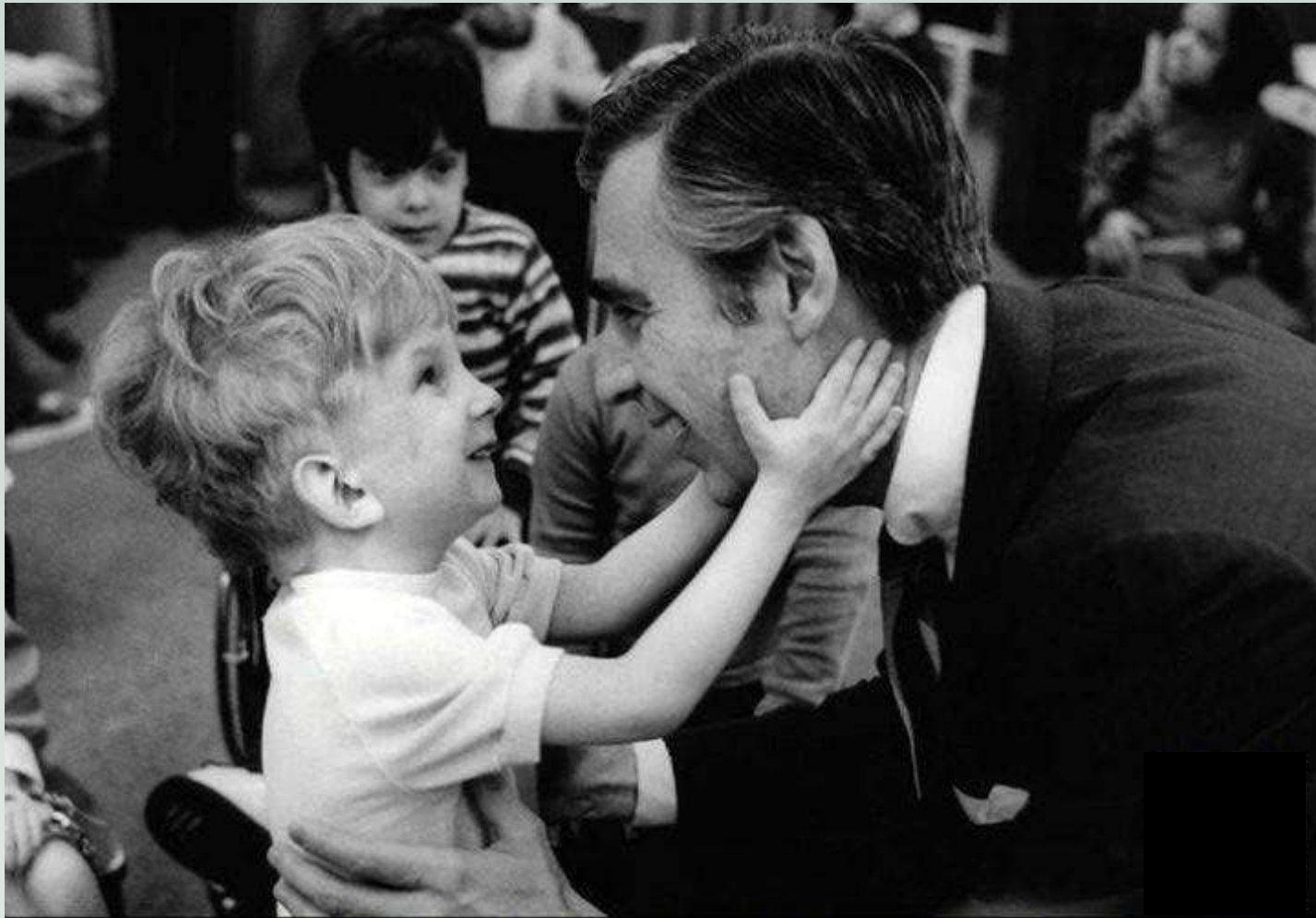
% of Tribes at each Stage



CHANGE THE WORLD

<p>Despairing Hostility</p>  <p>"Life sucks"</p>	<p>Apathetic Victim</p>  <p>"My life sucks"</p>	<p>Lone Warrior</p>  <p>"I'm great you're not"</p>	<p>Tribal Pride</p>  <p>"We're great they're not"</p>	<p>Innocent Wonderment</p>  <p>"We great so are they!"</p>
<p>Stage I</p> <p>Life, sucks, f-----, break, can't, cut, whatever</p>	<p>Stage II</p> <p>Boss, life, try, can't give up, quit, sucks</p>	<p>Stage III</p> <p>I, me, my, job, did, do, have, went</p>	<p>Stage IV</p> <p>We, our, team, do, them, have, did it, commit, value</p>	<p>Stage V</p> <p>Same team, common goal, greater good</p>

With permission from
(c) Tribal Leadership by Dave Logan, John King & Halle Fisher-Wright



"WE LIVE IN A WORLD IN WHICH WE NEED TO SHARE RESPONSIBILITY. IT'S EASY TO SAY IT'S NOT MY CHILD, NOT MY COMMUNITY, NOT MY WORLD, NOT MY PROBLEM. THEN THERE ARE THOSE WHO SEE THE NEED AND RESPOND. I CONSIDER THOSE PEOPLE MY HEROES."

Fred Rogers

Physician, Heal Thyself and Us

One deep breath

Withhold judgment

Listen through the rant

Validate the core values

Be present

Bring what ya got

Repeat

Lead your tribe to higher functioning

***PRIVILEGE
CALLING
FIRE
SPARK***

Thank You

