FMCH Faculty Wellness Update

Ginny Van Duyne, MD
Tina Runyan, PhD
Overview

- No Disclosures
- FMCH Wellness Committee
- Needs Assessment
- Burnout Assessment
- Skills and Practice
“Meditation can bring you peace and serenity.
It also gives you an excuse to look busy doing nothing.”
REFLECTION

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD
Christine Sinsky, MD

1Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California
2Medical Associates Clinic and Health Plan, Dubuque, Iowa
3American Medical Association, Chicago, Illinois

ABSTRACT

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Burnout
Wellness
Physician Wellness = Burnout prevention + Building Resiliency
FMCH Wellness Committee

Chair (HFHC)  Tina Runyan, PhD, ABPP
Co-Chair (FHCW)  Ginny Van Duyne, MD
Fitchburg FMR  Beth Mazyck, MD, FAAFP
Celeste Gordon (MA)

Commonwealth Medicine  Monica Le, MD
Plumley Village  Mary Flynn, MD
Hanneman Family Health Center  Stephanie Carter-Henry, MD

Community HealthLink  Joyce Landers, FNP
UMass Library (Med, Psych library)  Len Levin MS LIS, MA, AHIP

Family Health Center of Worcester  Amy Feeley (QI manager)

Worcester FMR  Sherrilyn Sethi, DMH
Martha Duffy, MD PGY3
Neha Wacks, MD PGY3
Hilary Mislan, MD PGY3

Barre Family Health Center  Cynthia Jeremiah, MD

Preventive Med Residency/MPH program  Heather Alker, MD

Benedict  Frank Domino, MD
Dept Chair/EMK  Dan Lasser, MD
Wellness Committee Activities

- Needs Assessment
- Burnout Assessment
- Mindfulness Champions and meditations at sites
- Site specific needs and implementation; $ from department to support sites
- Library guide for online resources
Wellness in Family Practice

- Resilience
- Good Nutrition
- Mind Full, or Mindful?
- Social Engagement
- Movement
- Spirituality
- Social Engagement
- Building Resilience
- Nutrition
- Movement
- Maintaining Empathy
- Spirituality
- Social Engagement

What is Wellness?

A state of complete well-being is not just the absence of disease. It encompasses physical, mental, and emotional well-being. This includes a strong sense of purpose, meaningful relationships, and a balanced lifestyle. Wellness is not just about health but also about meeting personal goals and enjoying life to the fullest.
Wellness Committee Activities

- Needs Assessment
- Burnout Assessment
- Mindfulness Champions and meditations at sites
- Site specific needs and implementation; $ from department to support sites
- Library guide for online resources
- Annual faculty review to address wellness
- Faculty Development CME in Winter 2017
- Grand rounds on wellness annually
- Monday Morning memo wellness moments
Needs Assessment RESULTS: 55% response rate (56 out of 102 faculty)

<table>
<thead>
<tr>
<th>Sex (n=56)</th>
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<tbody>
<tr>
<td>Female</td>
<td>69% (39)</td>
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<td>Compared to Dept faculty: 62% female (63/102)</td>
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<table>
<thead>
<tr>
<th>Faculty Appointment (n=56)</th>
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<tbody>
<tr>
<td>Instructor</td>
<td>18% (10)</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>41% (23)</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>23% (13)</td>
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<tr>
<td>Professor</td>
<td>16% (9)</td>
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<tr>
<th>Years as faculty (n=56)</th>
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<tr>
<td>1-3</td>
<td>14% (8)</td>
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<tr>
<td>4-10</td>
<td>36% (20)</td>
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<tr>
<td>11-15</td>
<td>14% (8)</td>
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<tr>
<td>16-20</td>
<td>14% (8)</td>
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<td>20+</td>
<td>21% (12)</td>
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Q4 Primary Employment/Practice Site

Answered: 56  Skipped: 0

- Fitchburg FMR
- Community Healthlink
- Commonwealth Medicine
- Plumley Village
- Hahnemann Family Health Center
- Barre Family Health Center
- Worcester Family Medicine Residency
- Benedict Faculty
- Central Benedict Faculty
- Edward M Kennedy CHC Hospitalist

Family Health Center of Worcester
Happy Positive Emotional Content
Life Resiliency Balance
Optimal Health Self Feeling
Fluid Well-being Mind and Body
“thoughtful workflow design....shared reflection about individual and collective efforts to maintain joy in the work itself”

“being able to take breaks and leave work at a reasonable time”

“actively working to make the day more doable rather than simply learning to cope with the un-doable-ness of it”

16% respondents
Physician Wellness = Burnout prevention + Building Resiliency
"The doctor will see you now, Mrs. Perkins. Please try not to upset him."
The Burnout Assessment: Survey Results

- 48 Participants (of 141 faculty)
  - 34% response rate
- Gender
  - 17 Males (35.4%)
  - 30 Females (62.5%)
- FTE Status
  - 34 Full-Time (70%)
  - 13 Part-Time (27%)
Rank (number per category, n=48 total)
Emotional Exhaustion

Depersonalization

Decreased Efficacy & Personal Accomplishment

In gratitude to Judith Savageau for data analysis
Burnout Mean Scores (n=48)

- **Emotional Exhaustion**: 26.61
  - 17-26 = MODERATE
  - ≥ 27 = HIGH

- **Depersonalization**: 6.22
  - 0-6 = LOW
  - 7-12 MODERATE

- **Personal Accomplishment**: 39.50
  - ≥ 39 = LOW BURNOUT
  - HIGH PERSONAL ACCOMPLISHMENT
Burnout and Perceived Stress

Mean Scores by Gender

Norms:
12.1 for Males
13.7 for Females
Level of Burnout: % of Faculty per Category

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment
Emotional Exhaustion:
% of Faculty per Category by Gender

- LOW BURNOUT
- MODERATE BURNOUT
- HIGH BURNOUT

Males | Females
Depersonalization:
% of Faculty per Category by Gender

- Low Burnout
- Moderate Burnout
- High Burnout

Males | Females
Personal Accomplishment:
% of Faculty per Category by Gender
Burnout Mean Scores Compared to National Norms

- Emotional Exhaustion Norms based on 1,104 medical providers
- Depersonalization
- Personal Accomplishment

- FMCH
- Norm
Areas of Worklife Scale

Range 1-5
(1= strong mismatch between person and work and 5= strong match)
Areas of Work Scale

Range 1-5
(1= strong mismatch between person and work and 5= strong match)

Values
Fairness *
Community *
Reward *
Control
Workload *

* = P < .05
DOCTORS

What my friends think I do
What my Mom thinks I do
What society thinks I do

What the government thinks I do
What I think I do
What I really do
The “big 4” factors known to contribute to stress and burnout include:

1. Lack of control over work conditions
2. Time pressure
3. Chaotic workplaces / visits
4. Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders

Physician Lifestyle Report, 2015
PATIENT-CENTERED CARE

Concept by Sachin Jain, Art by Matthew Hayward © 2014 All Rights Reserved
## Burnout Prevention Organizational Drivers and Buffers

<table>
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<tr>
<th>Causes</th>
<th>Buffers</th>
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<tr>
<td>Work Overload</td>
<td>Sustainable Workload</td>
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<tr>
<td>Lack of Control</td>
<td>Choice and Control</td>
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<tr>
<td>Insufficient Rewards</td>
<td>Recognition and Reward</td>
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<tr>
<td>Breakdown of Community</td>
<td>Supportive Work Community</td>
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<tr>
<td>Absence of Fairness</td>
<td>Fairness, Respect, Justice</td>
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<tr>
<td>Value Conflicts</td>
<td>Clear Values and Meaningful Work</td>
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<tr>
<td>➢ Scribes</td>
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<tr>
<td>➢ Co-Location</td>
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<tr>
<td>➢ Team Based Care with BH and Pharmacy</td>
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</tr>
<tr>
<td>➢ Health Center Initiatives (Walking Path at Barre, etc.)</td>
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Individual Risk Factors for Burnout

Being female

Perfectionism & Overachievement – Type A, fear of failure/inadequacy

Compulsiveness & need for control

“Physicians don’t have needs”
“Emotions = weakness”

Introversion

Rigid thinking

Reluctance to ask for help
Effectiveness of Individual Targeted Interventions

- **West et al (2014)**
  - Interventional study to promote well-being
  - Physicians randomly assigned to facilitated small groups 1 hour every 2 weeks vs. control group of unstructured time free from clinical duties
  - 12-month follow-up effect in decreased depersonalization
  - Initial impact on Emotional exhaustion but not sustained at 3 months
  - Greater reported empowerment and engagement at work

- **Sood et al, 2014**
  - Interventional study to promote Stress Management and Resiliency Training
  - Radiology physicians randomly assigned to one 90-minute group program with 2 follow-up phone calls vs. 12 week wait list control
  - Improved quality of life, mindfulness and reduced stress at 12-week follow-up compared to controls
Effectiveness of Individual Targeted Interventions

- **Goodman & Schorling (2012)**
  - Offered CE course on mindfulness to 93 practitioners
  - Met 2.5 hours week + one 7-hour session
  - MBI given pre- and post-intervention
  - Significant reduction in burnout

- **Saadat et al (2012)**
  - Residents randomly assigned to
    - wellness intervention group or
    - No treatment but with release time or
    - No treatment with regular duties
  - Beneficial effect with respect to
    - Lower parental stress
    - Increased social support from work
    - Significant reduction in anxiety
    - Decreased use of avoidance coping
    - Decreased use of alcohol
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

Primary care physicians report alarmingly high levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy. Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the most common consequences reported. Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout and there are strong associations between medical student burnout and suicidal ideation.

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.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.0; Δ = 6.8; 95% CI, 4.8 to 8.8; depersonalization, 8.4 to 5.9; Δ = 2.5; 95% CI, 1.4 to 3.6; and personal accomplishment, 40.2 to 42.6; Δ = 2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ = 4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ = 4.1; 95% CI, 1.8 to 6.4); total mood disturbance (33.2 to 16.1; Δ = 17.1; 95% CI, 11 to 23.2); and personality (conscientiousness, 6.5 to 6.8; Δ = 0.3; 95% CI, 0.1 to 0.5 and emotional stability, 6.1 to 6.6; Δ = 0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance (r = −0.39, P < .001), perspective taking subscale of physician empathy (r = 0.31, P < .001), burnout (emotional exhaustion and personal accomplishment subscales, r = −0.32 and 0.33, respectively; P < .001), and personality factors (conscientiousness and emotional stability, r = 0.29 and 0.25, respectively; P < .001).

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.
The Impact of a Program in Mindful Communication on Primary Care Physicians
Howard B. Beckman, MD, Melissa Wendland, Christopher Mooney, MA, Michael S. Krasner, MD, Timothy E. Quill, MD, Anthony L. Suchman, MD, and Ronald M. Epstein, MD

Abstract

Purpose
In addition to structural transformations, deeper changes are needed to enhance physicians’ sense of meaning and satisfaction with their work and their ability to respond creatively to a dynamically changing practice environment. The purpose of this research was to understand what aspects of a successful continuing education program in mindful communication contributed to physicians’ well-being and the care they provide.

Method
In 2008, the authors conducted in-depth, semistructured interviews with primary care physicians who had recently completed a 52-hour mindful communication program demonstrated to reduce psychological distress and burnout while improving empathy. Interviews with a random sample of 20 of the 46 physicians in the Rochester, New York, area who attended at least four of eight weekly sessions and four of eight monthly sessions were audio-recorded, transcribed, and analyzed qualitatively. The authors identified salient themes from the interviews.

Results
Participants reported three main themes: (1) sharing personal experiences from medical practice with colleagues reduced professional isolation, (2) mindfulness skills improved the participants’ ability to be attentive and listen deeply to patients’ concerns, respond to patients more effectively, and develop adaptive reserve, and (3) developing greater self-awareness was positive and transformative, yet participants struggled to give themselves permission to attend to their own personal growth.

Conclusions
Interventions to improve the quality of primary care practice and practitioner well-being should promote a sense of community, specific mindfulness skills, and permission and time devoted to personal growth.
Skills: Building Resilience, Distress Relief and Health Behaviors

- Mind Body Skills – meditation, mindfulness, mindful movement
- Build positive nurturing professional relationship
- Balint, Meaning in Medicine Groups
- Maintain positivity / Humor
- Develop emotional insight and cognitive flexibility
- Setting Boundaries
- Cultivate Spirituality
- Personal Reflection – writing, TMM, Journaling
- Gratitude and Appreciative Inquiry
- Health Habits – sleep, nutrition, exercise, social support
- Self-Compassion (Kristen Neff’s work)
- Values Clarification and Finding Purpose and Meaning