Improving cancer clinician well-being & resilience

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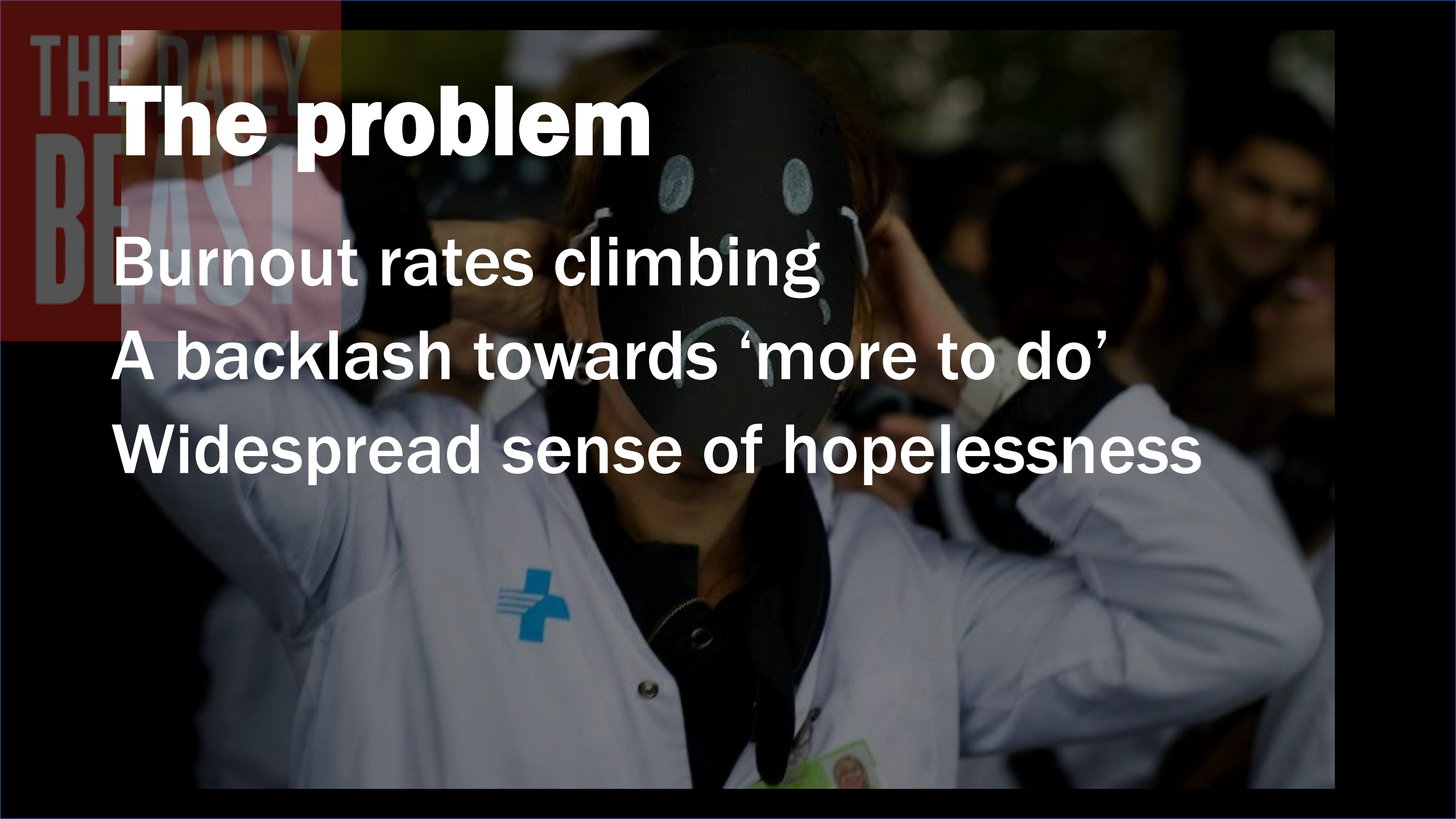
THE DAILY BEAST

How Being A Doctor Became the Most Miserable Profession



The problem

Burnout rates climbing

A backlash towards ‘more to do’

Widespread sense of hopelessness

Journal of Oncology Practice®
An American Society of Clinical Oncology Journal

Inpatient Hematology-Oncology Rotation Is Associated With a Decreased Interest in Pursuing an Oncology Career Among Internal Medicine Residents

Daniel C. McFarland, DO , Jimmie Holland, MD , Randall F. Holcombe, MD

Show Less

Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai; and Memorial Sloan-Kettering Cancer Center, New York, NY

How residents experience oncology

96 medicine residents on inpatient heme/onc

Pre-post measurements

Empathy	PTSD symptoms	Career interest in oncology
Self-report		
p=.018	p=NS	p=.04

1.43 *pre*

1.24 *post*

J Oncol Pract 2015 June

“We’re just order monkeys”

–3rd year resident

A conceptual frame

Physician skills

Workplace factors

J Pain Symp Manage 2016; 52:284

Resilience skills

Managing **energy**

Using **attention** mindfully

Finding healthy **boundaries**

Reframing cognitive **distortions**

Regulating **emotions**

Discovering **meaning** daily

J Pain Symp Manage 2016; 52:284

Workplace factors

Optimize **workload**

Enhance **efficiency**

Enable **autonomy**

Integration of **work-life**

Uphold **values**

Create **community**

J Pain Symp Manage 2016; 52:284

“They [our C-suite] **would like someone else to fix this.”**

–Oncologist

ORIGINAL ARTICLE

MAYO CLINIC

Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Gorringe, MS; Ronald Menaker, EdD; Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD; and Stephen J. Swensen, MD

Abstract

Objective: To evaluate the impact of organizational leadership on the professional satisfaction and burnout of individual physicians working for a large health care organization.

Participants and Methods: We surveyed physicians and scientists working for a large health care organization in October 2013. Validated tools were used to assess burnout. Physicians also rated the leadership qualities of their immediate supervisor in 12 specific dimensions on a 5-point Likert scale. All supervisors were themselves physicians/scientists. A composite leadership score was calculated by summing scores for the 12 individual items (range, 12-60; higher scores indicate more effective leadership).

ORIGINAL ARTICLE

Leadership has a powerful effect

MAYO CLINIC

3896 physicians surveyed, 72% responded

Supervisor leadership scores correlated with burnout [p<.001]

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Leadership score

1 point

Burnout score

3.3% decrease

[p<.001]

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Mayo Clin Proc 2015 April

“My favorite day at work is when Epic goes down.”

–Physician CEO

ORIGINAL ARTICLE

MAYO CLINIC

Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction

Tait D. Shanafelt, MD; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Omar Hasan, MBBS, MPH; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD

Abstract

Objective: To evaluate associations between the electronic environment, clerical burden, and burnout in US physicians.

Participants and Methods: Physicians across all specialties in the United States were surveyed between August and October 2014. Physicians provided information regarding use of electronic health records (EHRs), computerized physician order entry (CPOE), and electronic patient portals. Burnout was measured using validated metrics.

ORIGINAL ARTICLE

Electronic health records now are bad for clinician well-being

MAYO CLINIC

Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction

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- 6560 physicians included, many specialties
- 84.5% used an EHR
- EHR use: lower satisfaction with time spent on clerical tasks [p<.001]
- Computerized order entry: higher risk of burnout [p<.001]

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Mayo Clin Proc 2016 July

“Realizing I was burned out was harder than having cancer.”

–Oncologist who recovered

ANNALS OF
SURGERY
A MONTHLY REVIEW OF SURGICAL SCIENCE SINCE 1885

An Interactive Individualized Intervention to Promote Behavioral Change to Increase Personal Well-Being in US Surgeons

Tait D. Shanafelt, MD, Krista L. Kaups, MD, MSc,† Heidi Nelson, MD,* Daniel V. Satele, BS,* Jeff A. Sloan, PhD,* Michael R. Oreskovich, MD,‡ and Lotte N. Dyrbye, MD**

Objective: Evaluate the utility of a computer-based, interactive, and individualized intervention for promoting well-being in US surgeons.

Background: Distress and burnout are common among US surgeons. Surgeons experiencing distress are unlikely to seek help on their own initiative. A belief that distress and burnout are a normal part of being a physician and lack of awareness of distress level relative to colleagues may contribute to this problem.

Methods: Surgeons who were members of the American College of Surgeons were invited to participate in an intervention study. Participating surgeons completed a 3-step, interactive, electronic intervention. First, surgeons subjectively assessed their well-being relative to colleagues. Second, surgeons

one of the most common manifestations of distress, with recent studies indicating that 30% to 45% of US physicians are experiencing burnout.[2–5,7,8] Burnout is a syndrome of emotional exhaustion and depersonalization that leads to decreased effectiveness at work.[9] In addition to potential personal consequences, physician distress can affect physicians' satisfaction with their work and the quality of medical care they provide.[10–15]

A series of studies conducted by the American College of Surgeons (ACS) since 2008 have provided insight into the experience and repercussions of distress among US surgeons.[2,15–24] This effort has characterized the prevalence of burnout and distress among

JAMA

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

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.

Individual clinicians could close gaps in resilience skills

70 primary care physicians, pre-post

Mindfulness, self-awareness, community building

Burnout scores declined [EE p<.001 at 12 mth]

Empathy scores increased [total p<.001]

Mood disturbance scores declined [POMS p<.001]

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JAMA 2009 September 23/30

A CRISIS IN HEALTH CARE: A CALL TO ACTION ON PHYSICIAN BURNOUT

Partnership with the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute

MHA
MASSACHUSETTS
Health & Hospital
ASSOCIATION

MASSACHUSETTS
MEDICAL SOCIETY
Every physician matters, each patient counts.

HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

HARVARD Global Health Institute

A CRISIS IN HEALTH CARE: A CALL TO ACTION ON PHYSICIAN BURNOUT

1. Proactive mental health treatment
2. EHR standards: usability, open APIs
3. Chief wellness officers

Policies that would improve the worklives of cancer clinicians

1. New certification requirements for electronic records
   - Decision-critical info is ≤1 click away
   - Complete interoperability for key treatment goals, eg DNR
   - ASCO + AMIA to identify ‘decision-critical’ and ‘key goals’

2. New publicly reported institutional measurements
   - Clinician time spent on clerical activity
   - Clinician turnover
   - Clinician ratings of leadership commitment to well-being

More policy proposals…

3. **New incentives & rewards for collaboration & teamwork**
   - Measure psychological safety at the team level
   - Measure patient & family perceptions of ‘teamwork’, fragmentation

4. **Create opportunities for renewal that are ‘built-in’**
   - Individualized online well-being self-assessment
   - Normalize professional development on work time
   - Establish a variety of programs to fit diverse interests