



WELLNESS

Strategies to Promote Professional Re-Engagement For You, For Us, For Our Patients

Angela Yerdon McLeod, DO



NH DARTMOUTH
FAMILY MEDICINE RESIDENCY
AT CONCORD HOSPITAL



No disclosures

- Financial or otherwise



Objectives

Understand

Understand the current state of healthcare burnout & its driving contributions



Use

Use interactive tools to expand wellness growth in self, team & institutional culture



Prepare

Prepare to engage colleagues and promote these wellness strategies

DOCTOR ON CALL

Life in residency means long days, longer nights

► As a young doctor in Concord Hospital's family practice residency program, Angela Yerdon works 100-hour weeks and cares for hundreds of patients. But you won't hear her complain.

By every reasonable standard, Dr. Angela Yerdon ought to be at her wits' end by now. For the past 36 hours, she has cared for an unending stream of patients at Concord Hospital, from a tiny newborn to a drunken accident victim to an elderly woman wavering at death's door.

What little food she's consumed has been cold, cheap and eaten on the fly as she scurries between hospital floors. Her feet ache. Her head pounds. Piles of paperwork need her attention. And sleep, blessed sleep – a rare commodity for doctors in training – tugs hard at her eyelids.

Yet Yerdon, who's 27, brightens when asked how many babies she's delivered.

"Twenty-five," she says without hesitation, "including 12 when I was a medical student." At the close of another long shift, such reminders are satisfying confirmation of what being a family practice doctor is all about.

Yerdon doesn't count the deaths she's attended, although she can't forget them, either. Instead, she remembers them quietly, considering her time with the terminally ill and their families to be as honorable, even as fulfilling, as the ushering in of new life.

"How many people get to be the first person to hold a baby when it's being born, and then hold someone's hand when they're dying?" Yerdon says. "I tell people when they're pregnant, and I tell them when they have cancer. . . . And if things like that don't deeply affect you in some way, then what kind of doctor are you going to be?"

■ See **RESIDENCY PROGRAM** – Page A-4



Red eye

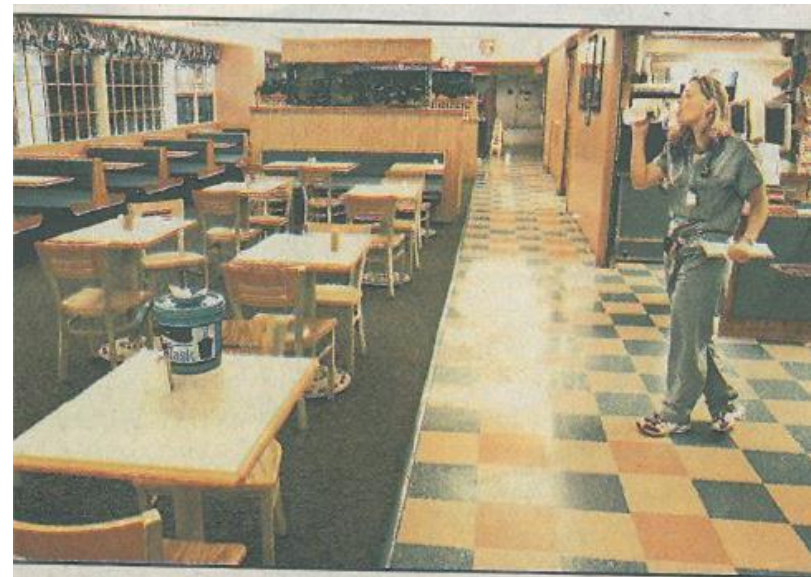
Dr. Angela Yerdon, a second-year resident, freezes warts off a teen's arm. She had slept just three of the past 72 hours.

STORY BY JIM GRAHAM

PHOTOS BY DAN HABIB



DAN HABIB / Monitor staff



ighter? Late one evening while on call, Yerdon has the cafeteria to her-
It is fairly common for a resident to work for 36 hours straight



A typical day? L-O-N-G

Residents average
100hrs/wk.

Critics charge the
exhausting pace hinders
decision making and
learning- some programs
cut back to **100hrs/wk**

Typical Day: clinic all day,
lecture at lunch, on-call
admission doc overnight w/
phone calls from office, then
clinic again (36hr shift, if OB
patient does not go into labor)

Craving simple things:
hot showers, 8hrs of
sleep, warm food, time
alone, time w/loved
ones

“People think you’ll
have it easy if you’re a
doctor, but it isn’t that
simple.”

The Past: The Era of Distress

Pre 2005

- ❖ “Burnout comes with the territory”
- ❖ Long hours/days with limited self care are a “rite of passage”
- ❖ “Keep working no matter how you feel”
- ❖ Predominantly male workforce with partners “managing things at home”
- ❖ Pt satisfaction and metrics not tracked



How has the
culture of medicine
impacted the
healthcare
workforce?

Three Related Conditions

Burnout

Syndrome from chronic work-related stress

- Energy depletion
- Job-related negativism/cynicism
- Mental distance from job
- reduced professional efficacy

- ICD-11 QD85 - "classified as an occupational phenomenon.
It is *not* a medical condition."

Compassion Fatigue

Emotional and physical exhaustion leading to diminished empathy

- lowered concentration
- numbness or feelings of helplessness
- irritability
- withdrawal
- "aches and pains" or work absenteeism

Moral Injury

Injury to one's moral conscience and values

- Results from an act of perceived moral transgression
- Produces feelings of guilt and shame
- Sometimes feelings of betrayal and anger

More than half of US physicians have experienced at least one symptom of burnout. This is largely due to system inefficiencies, administrative burdens, workplace chaos, and reporting requirements.

NEARLY
2 HOURS

Amount of administrative time a physician spends for every hour of direct patient care¹.

43%

The chance of a physician reducing their clinical time in the next two years for every 1% increase in burnout².

200%

Increase in self-perceived medical errors related to burnout³.

\$4.6_B

Cost of burnout to the US health system each year due to turnover, reduction in productivity, and effects on patient safety and satisfaction⁴.

¹<https://www.acpjournals.org/doi/10.7326/M16-0961> Allocation of physician time in ambulatory practice: a time motion study in four specialties

²Sinsky, C.A. et al., Professional satisfaction and the career plans of U.S. physicians. Mayo Clinic Proceedings. November 2017; 92(11):1625–1635.

³Goh, J. et. al, An economic Shanafelt Tait D., et al., Burnout and medical errors among American surgeons. National Center for Biotechnology Information. 2010; 251(6):995–1000.

⁴<https://www.acpjournals.org/doi/10.7326/M18-1422>

Physician Well-Being



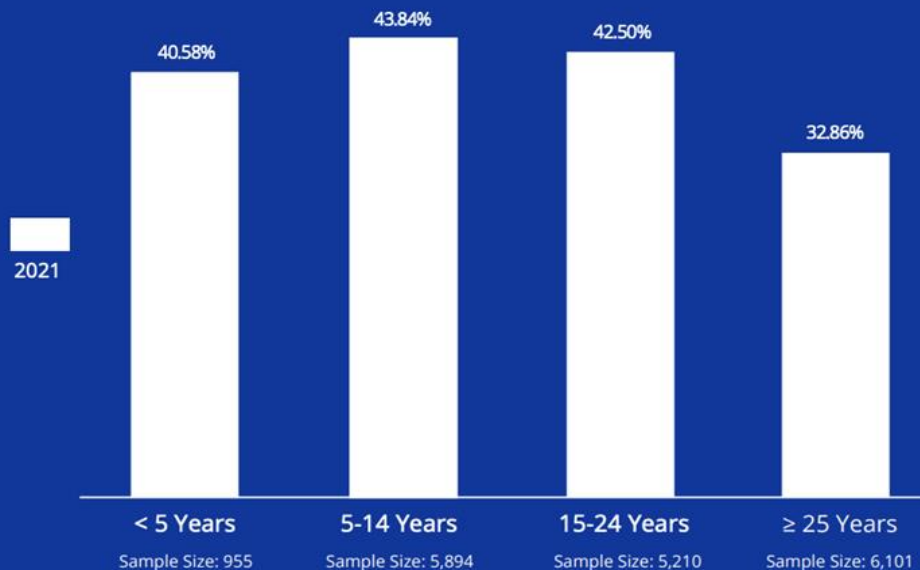
WELL-BEING
index

Number of physicians who assessed in 2021: **34,058**

Percentage of physicians at a high level of distress: **39.40%**

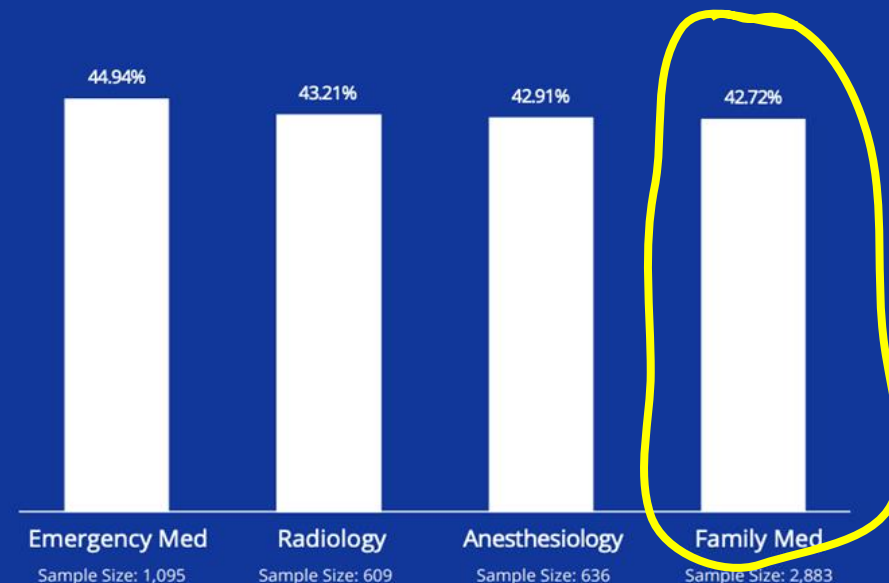
Physicians with over 25 years of practice were less likely to experience high levels of distress.

Physicians at a high level of distress by years in practice:



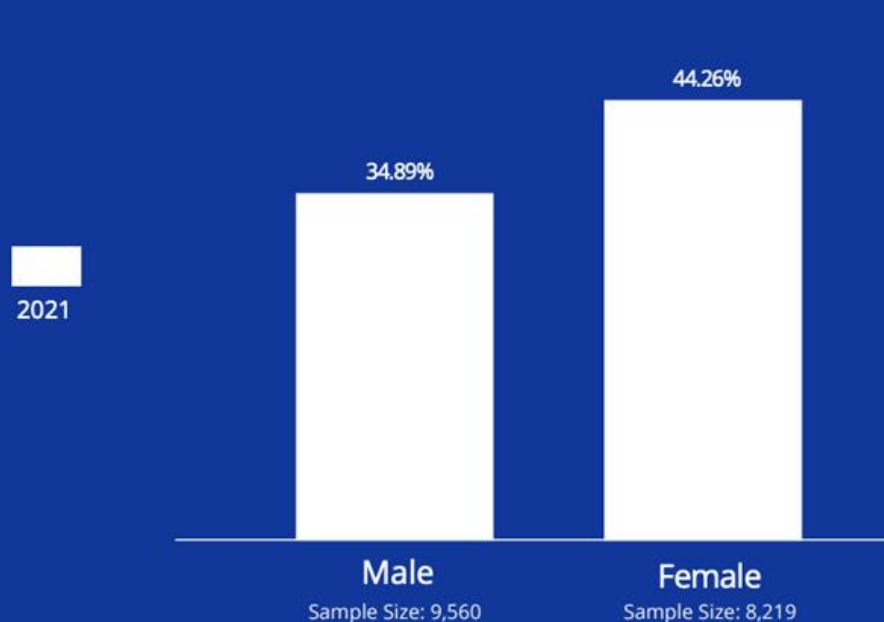
Of all physician specialties, Emergency Medicine was the most likely to experience high levels of distress.

4 specialties with the highest percentages of distress:



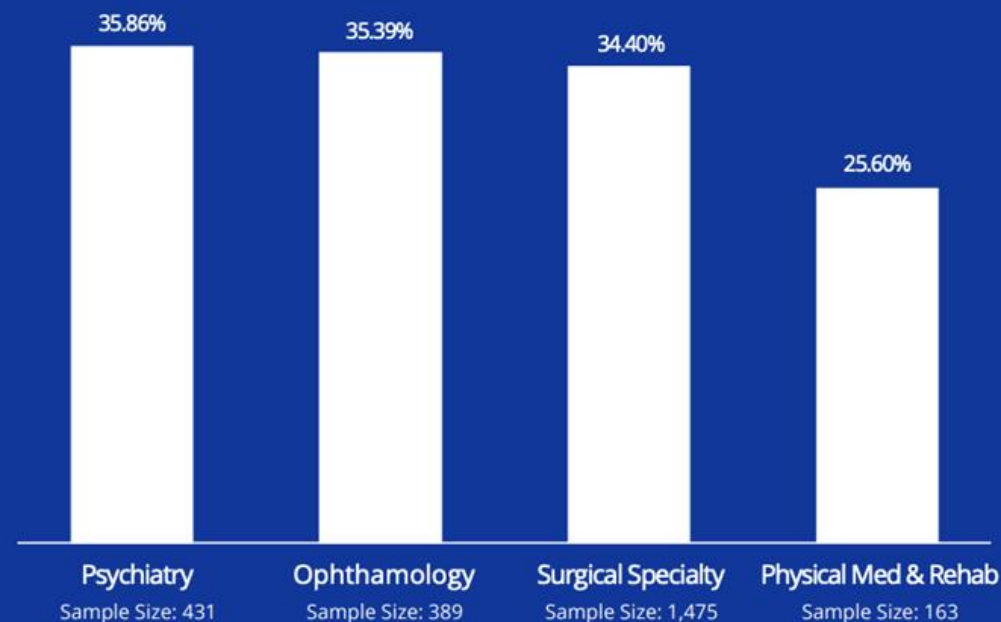
Female physicians were more likely to experience distress than their male colleagues.

Physicians at a high level of distress by gender identity:

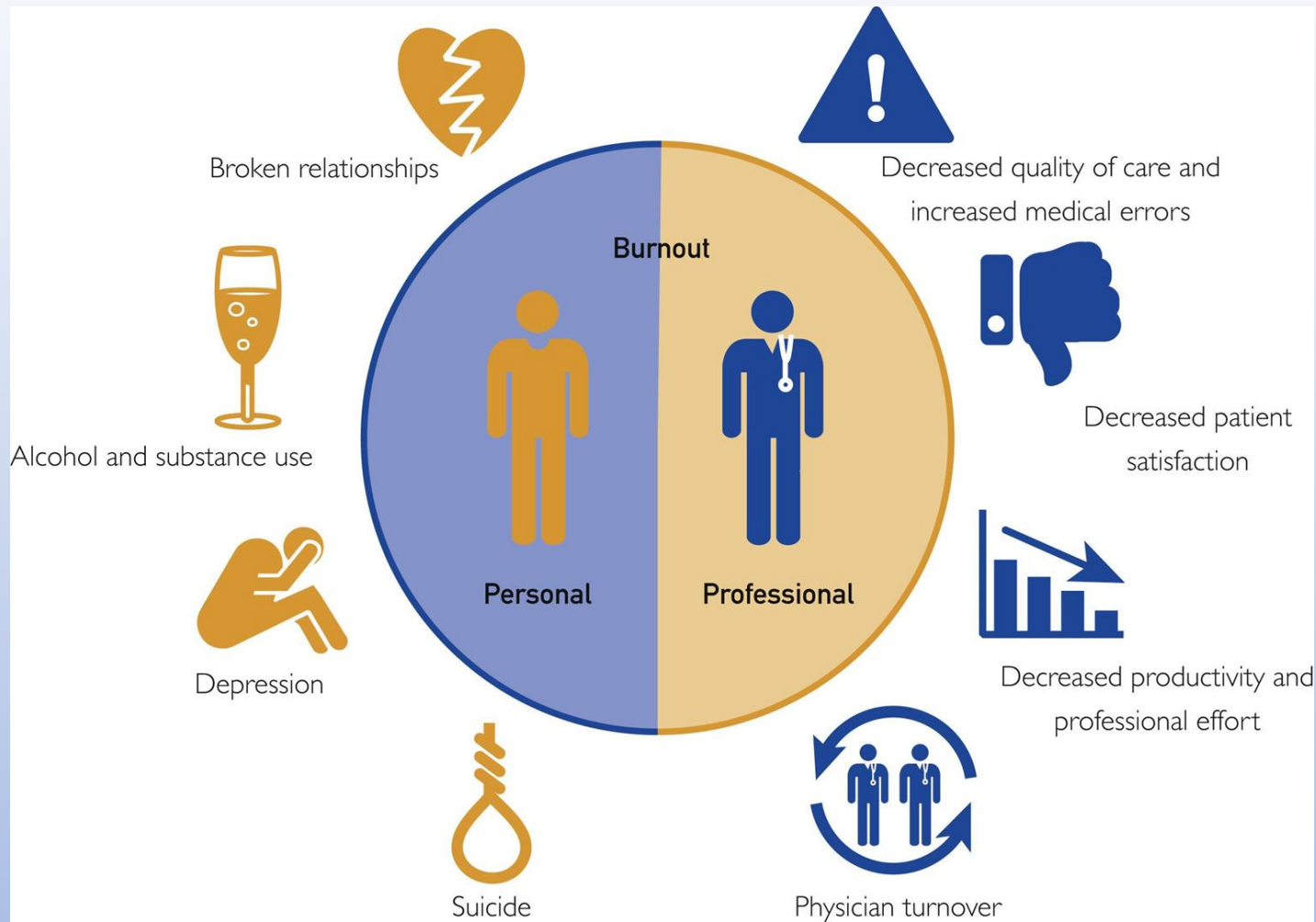


Physical Medicine & Rehabilitation practitioners were least likely to experience high levels of distress.

4 specialties with the lowest percentages of distress:



Note: Gender Diverse and No Answer categories have been omitted due to low sample size of less than 100 participants.



Personal and Organizational Consequences of Burnout

Shanafelt, Mayo Clinic Proc 2016

**Reducing
burnout is
essential to
high-quality
patient care and
a sustainable
health system.**





The Present: 2005- today

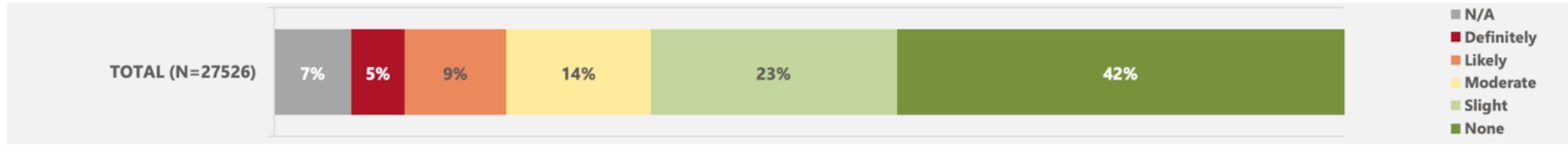
- Knowledge and awareness
- Resident work hour limits
- Changing demographics
- EHR
- IHI Quadruple Aim
(reduced cost, better health outcomes, improved patient experience, joy in work/equity)
- Metrics

Enter COVID-19

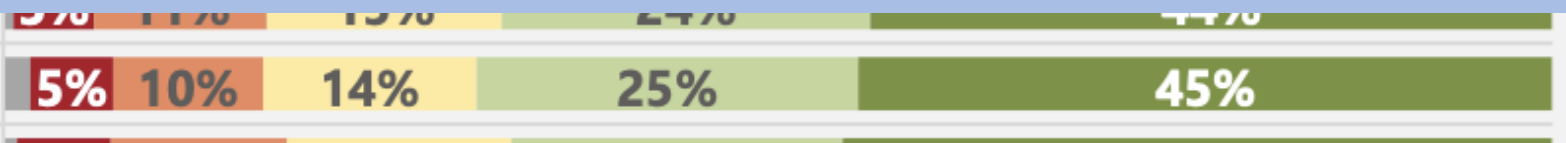


AMA COVID-19 Coping Survey 2021

What is the likelihood that you would leave your practice within two years?

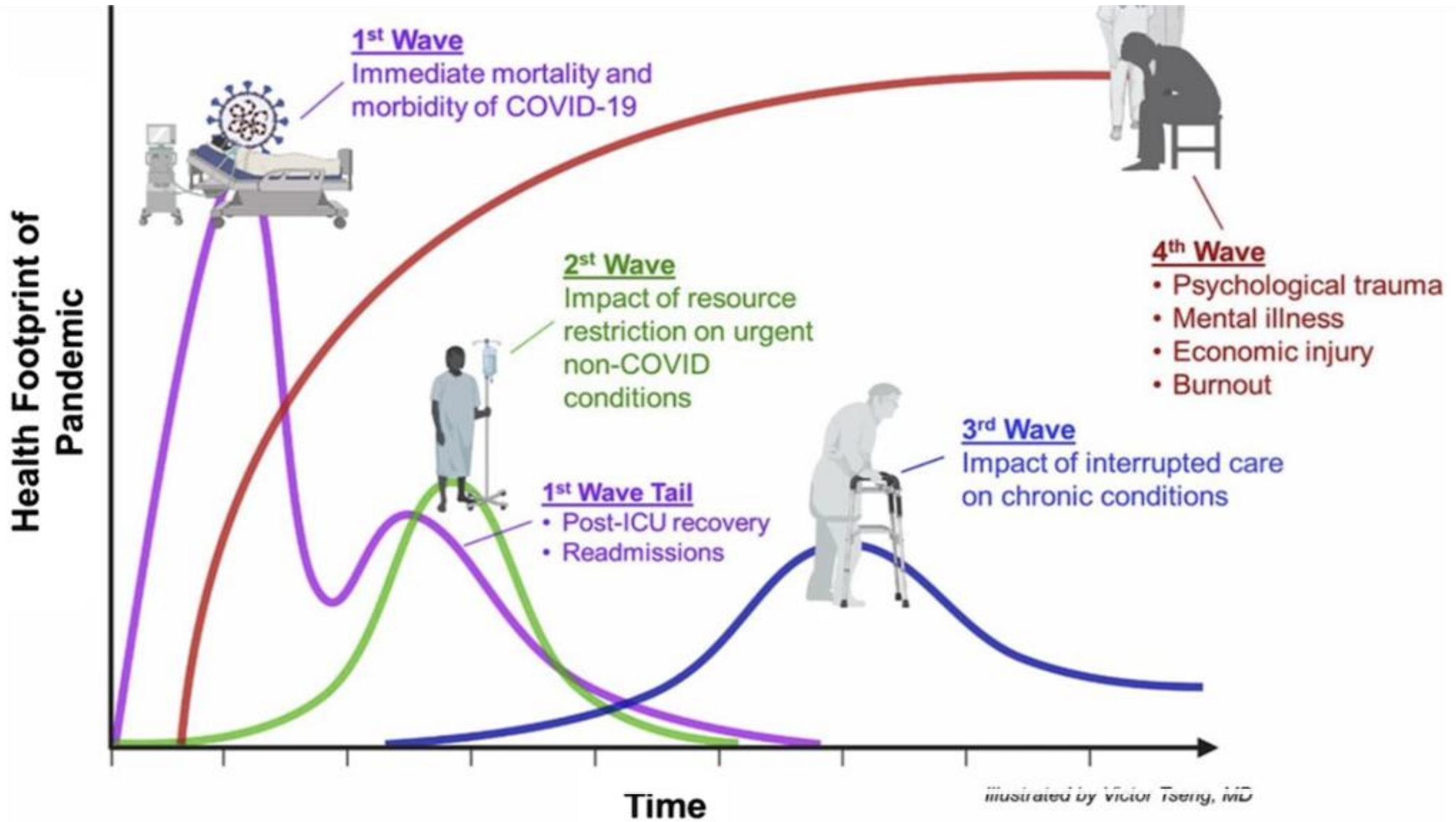


FAMILY MEDICINE (N=2880)









The Four waves of a pandemic, Dr. Victor Tseng; reprinted with permission

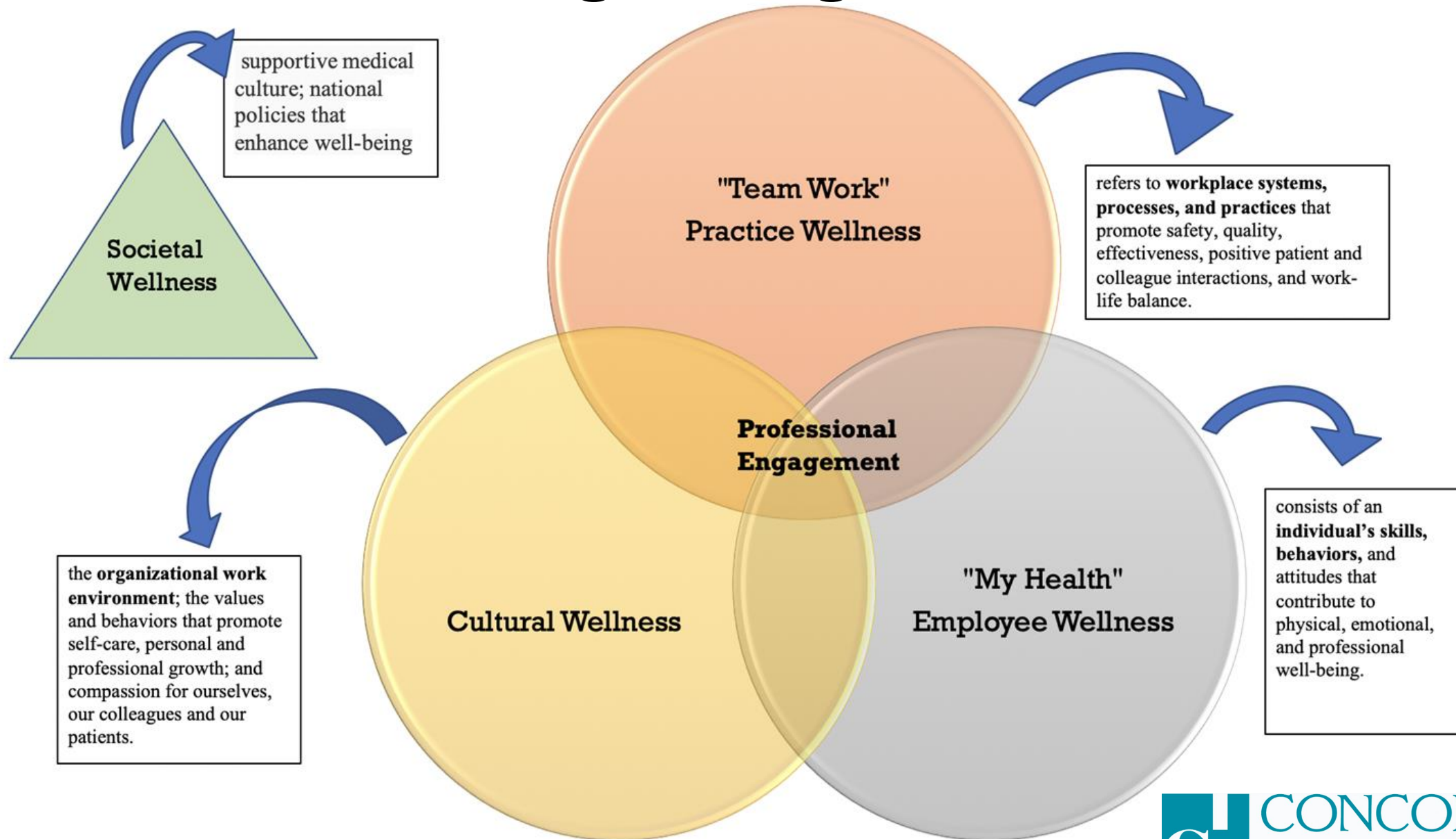
Pandemic Flux

What Matters in *Our* Work?

Values as a Catalyst: Uniting Forces



Use an Organizing Framework



Employee Wellness:

Individual Skills, Attitude, Behaviors



- Contributes to:
 - Physical
 - Emotional
 - Psychological well-being
- Functioning Optimally
- Engaged Individual



Ref: Mayo Clin Proc.2017. Jan ;92[1]:129-46 [This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Can Physician Wellness Be Improved?

Research

JAMA Internal Medicine | [Original Investigation](#) | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

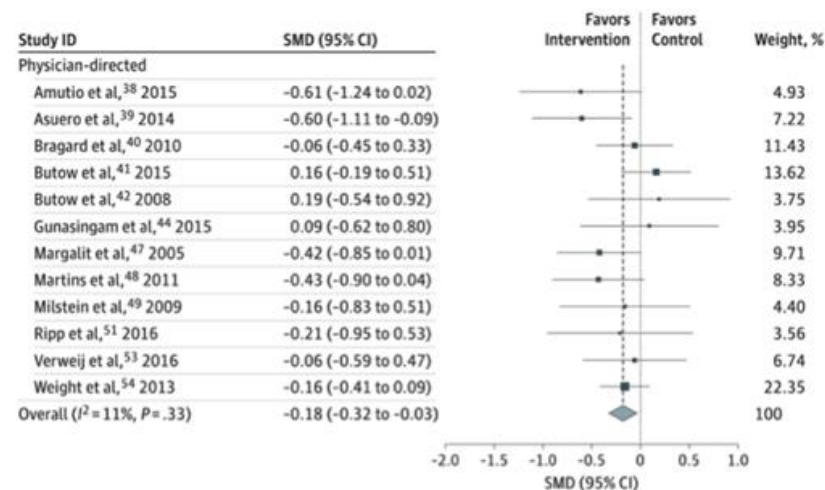
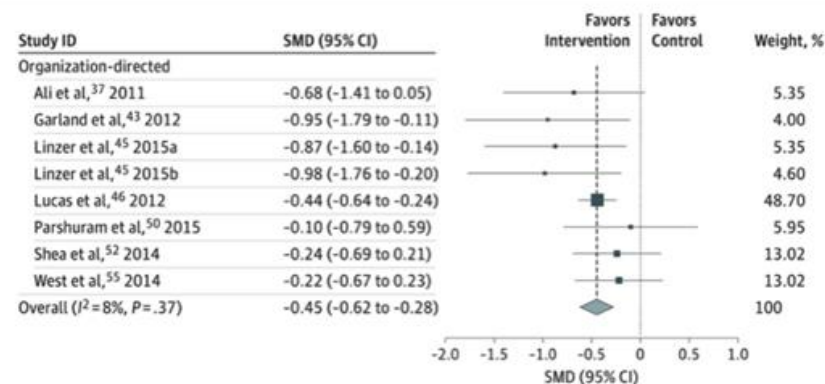
[Editorial page 164](#)

[Supplemental content](#)

[CME Quiz at
jamanetworkcme.com](#)

- Controlled interventions only
- Effective, but relatively small effect sizes
- Organization-directed > physician-directed

Figure 3. Forest Plot of the Effects of Different Types of Interventions on Burnout Scores



Practice/Team Wellness: Workplace Efficiency in Systems, Processes

Practices that promote:

- safety and quality
- engagement and effectiveness
- positive patient and colleague interaction & work-life integration



Ref: Mayo Clin Proc.2017. Jan ;92[1]:129-46

Can Physician Wellness Be Improved? Organizational Focus

REVIEW



Effect of Organization-Directed Workplace Interventions on Physician Burnout: A Systematic Review

Paul F. DeChant, MD; Annabel Acs, MPH; Kyu B. Rhee, MD; Talia S. Boulanger, MS; Jane L. Snowdon, PhD; Michael A. Tutty, PhD; Christine A. Sinsky, MD; and Kelly J. Thomas Craig, PhD

Abstract

To assess the impact of organization-directed workplace interventions on physician burnout, including stress or job satisfaction in all settings, we conducted a systematic review of the literature published from January 1, 2007, to October 3, 2018, from multiple databases. Manual searches of grey literature and bibliographies were also performed. Of the 633 identified citations, 50 met inclusion criteria. Four unique categories of organization-directed workplace interventions were identified. *Teamwork* involved initiatives to incorporate scribes or medical assistants into electronic health record (EHR) processes, expand team responsibilities, and improve communication among physicians. *Time* studies evaluated the impact of schedule adjustments, duty hour restrictions, and time-banking initiatives. *Transitions* referred to workflow changes such as process improvement initiatives or policy changes within the organization. *Technology* related to the implementation or improvement of EHRs. Of the 50 included studies, 35 (70.0%) reported interventions that successfully improved the 3 measures of physician burnout, job satisfaction, and/or stress. The largest benefits resulted from interventions that improved processes, promoted team-based care, and incorporated the use of scribes/medical assistants to complete EHR documentation and tasks. Implementation of EHR interventions to improve clinical workflows worsened burnout, but EHR improvements had positive effects. Time interventions had mixed effects on burnout. The results of our study suggest that organization-directed workplace interventions that improve processes, optimize EHRs, reduce clerical burden by the use of scribes, and implement team-based care can lessen physician burnout. Benefits of process changes can enhance physician resiliency, augment care provided by the team, and optimize the coordination and communication of patient care and health information.

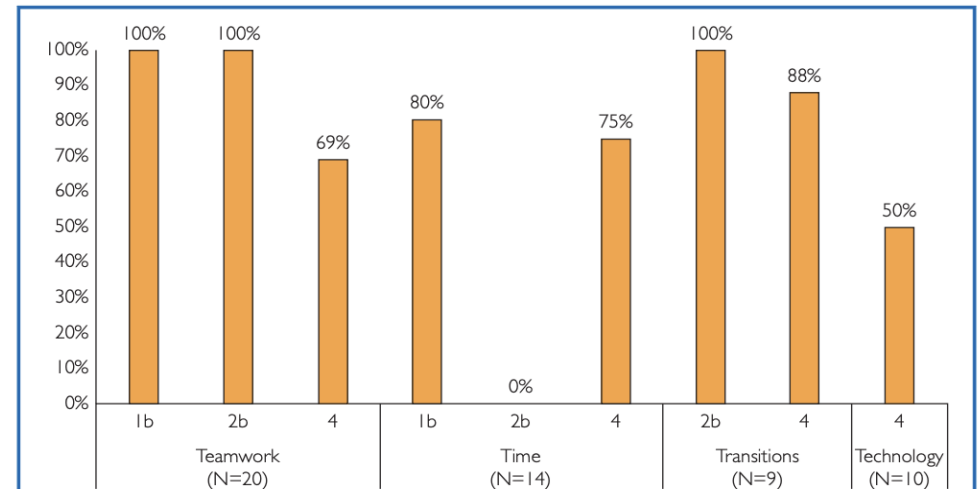
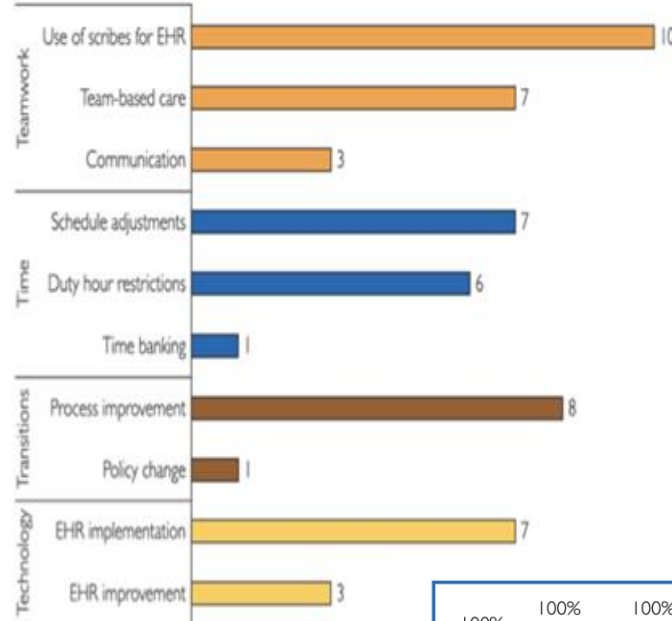


FIGURE 3. Proportion of interventions with a positive impact on burnout, stratified by intervention type and quality of evidence. The x-axis represents the category of intervention and the study quality; the y-axis represents the proportion of articles with a positive impact on reducing physician burnout or related



Culture of Organizational Wellness

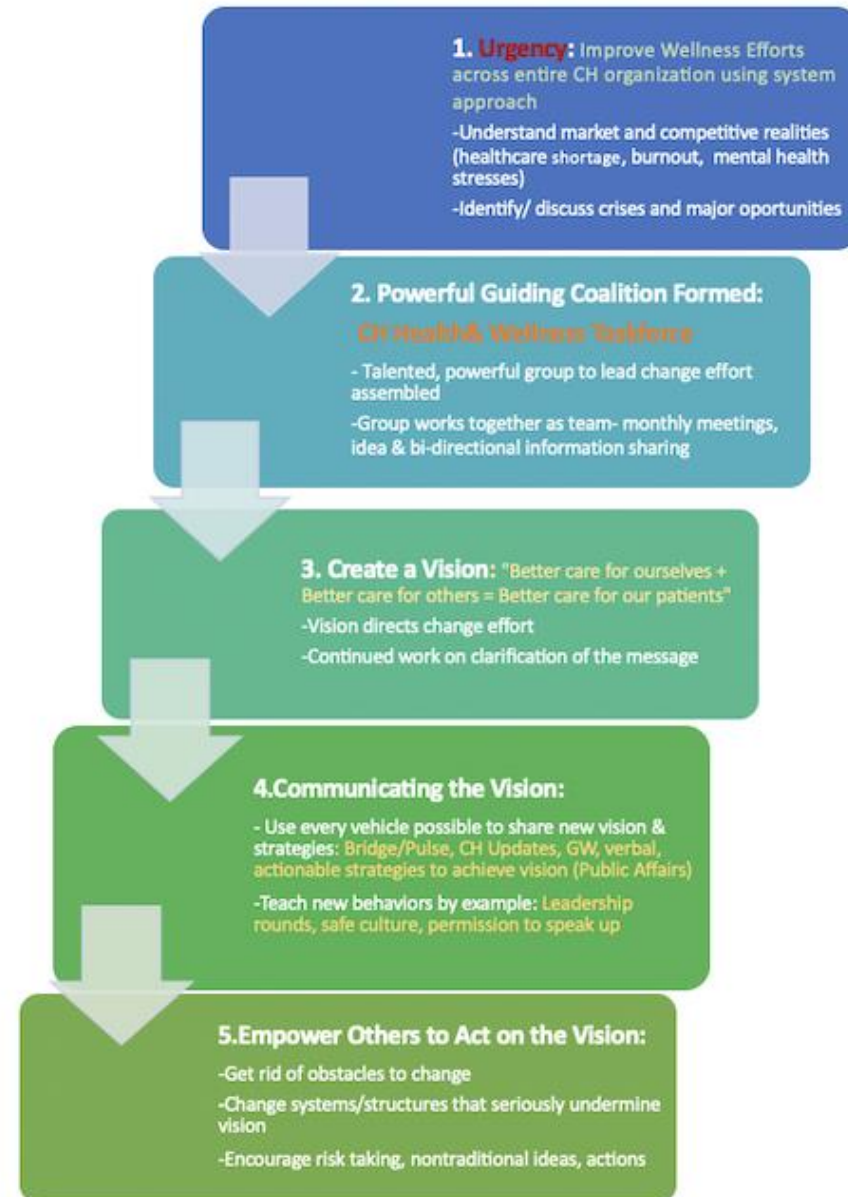
Values and behaviors that promote:

- Personal and professional growth
- Compassion for ourselves, our colleagues, and our patients

Aligned values between individuals & organization

Health & Wellness Taskforce

Actionable Strategies to
Reduce Burnout and
Promote Professional
Engagement





1. Urgency: Improve Wellness Efforts across entire CH organization using system approach

- Understand market and competitive realities (healthcare shortage, burnout, mental health stresses)


- Identify/ discuss crises and major opportunities

2. Powerful Guiding Coalition Formed:

CH Health& Wellness Taskforce

- Talented, powerful group to lead change effort assembled

- Group works together as team- monthly meetings, idea & bi-directional information sharing




3. Create a Vision: "Better care for ourselves + Better care for others = Better care for our patients"

- Vision directs change effort
- Continued work on clarification of the message



4. Communicating the Vision:

- Use every vehicle possible to share new vision & strategies: Bridge/Pulse, CH Updates, GW, verbal, actionable strategies to achieve vision (Public Affairs)
 - Teach new behaviors by example: Leadership rounds, safe culture, permission to speak up
- 



5. Empower Others to Act on the Vision:

- Get rid of obstacles to change
- Change systems/structures that seriously undermine vision
- Encourage risk taking, nontraditional ideas, actions

Think about what you are currently doing

6. Plan for & Create Short Term Wins

- Create visible performance improvements

 - Recognition & Appreciation efforts- update & education (TQM, ShoutOuts, STAR, Daisy...)

 - Leadership Rounds

 - Expanded Wellness on Wheels Carts,OASIS

- Recognizing and rewarding employees that are engaging in the Wellness improvements

7. Consolidate Improvements & Spirale

More Change -Use increased credibility to change system, (Embed wellness actions into Service Behaviors & Performance Review process)

- Revise policies that don't fit wellness vision

- Hire, promote, develop employees that engage and implement the wellness vision

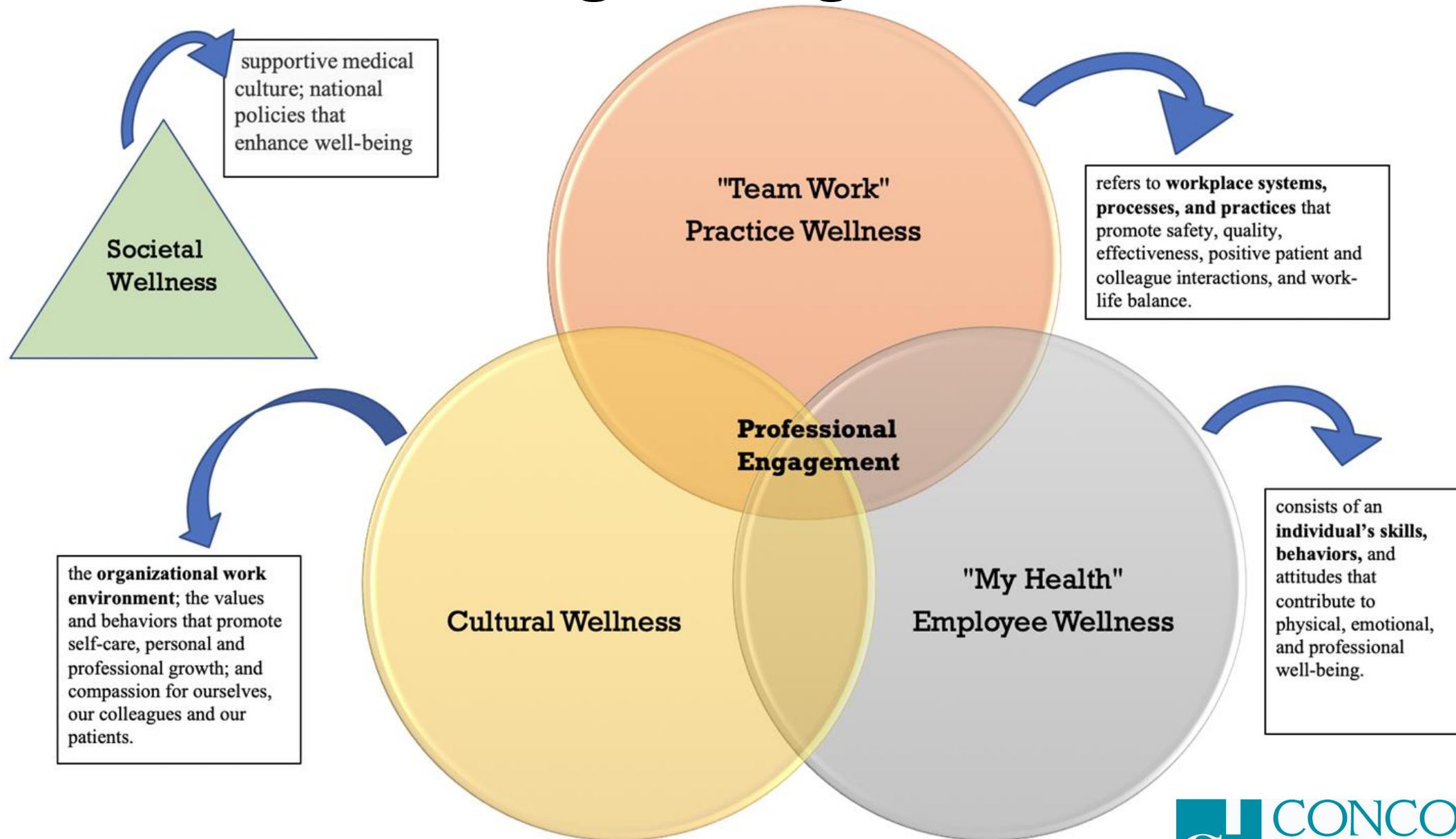
- Reinvigorate the process with new projects, themes, change agents (Riverbend, Peer Support, Virtual Debrief series, Anthem)

Next Steps:

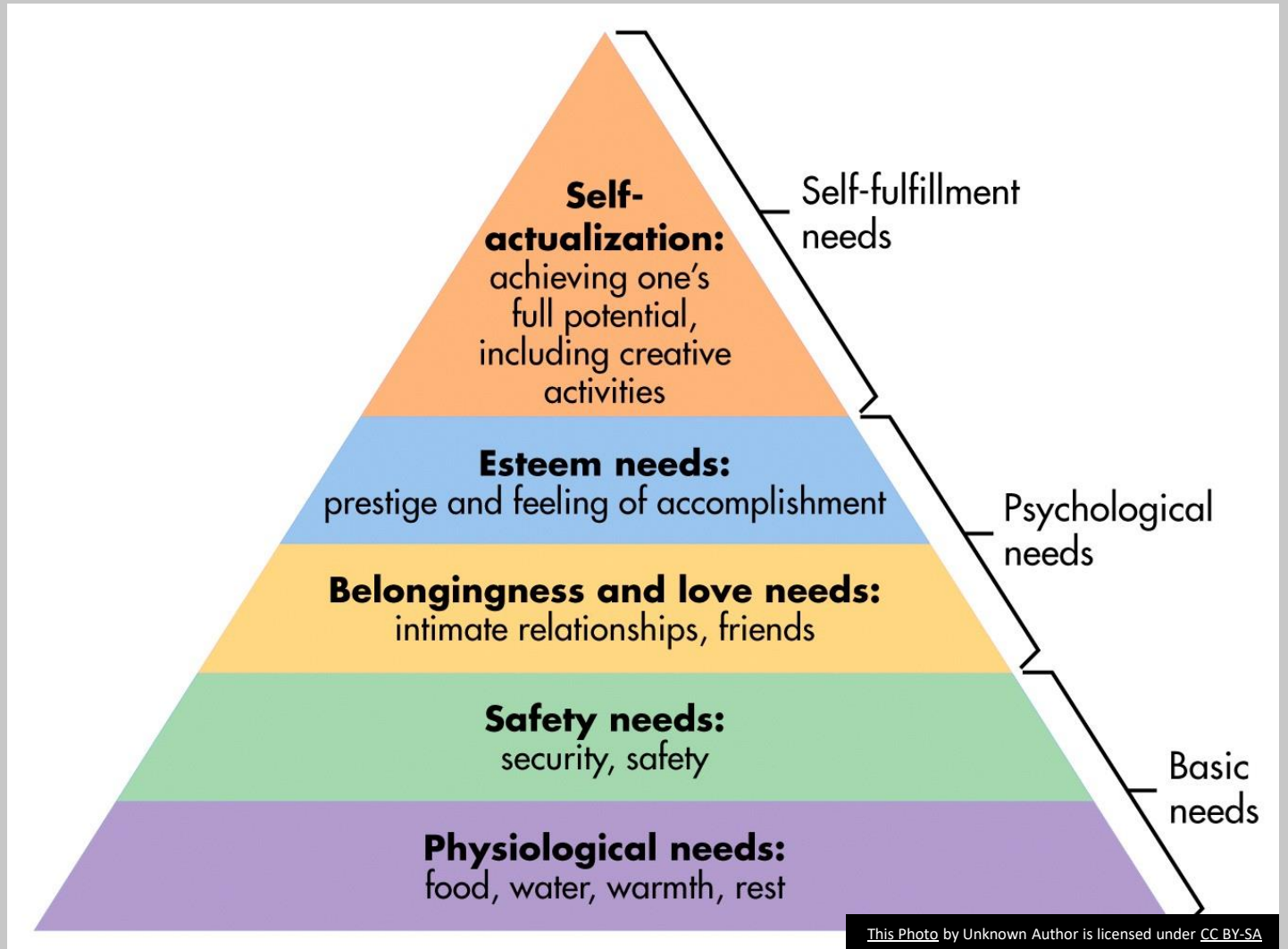
8. Institutionalize Wellness "People Strategy" into new approaches

- Articulate connections between wellness of employees= corporate success
- Develop plan for leadership development and succession
- Collaborate w/external partners
(NHMS, NHDS, NHHA, NHHPA)

Use an Organizing Framework



Individual Wellness



Practice/Team Wellness

- Governance structured leadership
- LEAN workflow
- E.H.R. *optimization*/usability
- Appropriate staffing
- Triage
- Scheduling
- Team based care
- Turn-over time (office and OR)

Cultural Wellness

- Values alignment
- Recognition
- Appreciation
- Voice/input
- Collegiality/connections
- Meaning in work
- OASIS room
- Leadership Rounds
- Service Excellence Award
- “Connect for Wellness” virtual debriefs
- Peer Support
- Battle Buddies

OASIS

Opportunity to Achieve Staff Inspiration and Strength



OASIS room provides space for hospital staff to refocus and reenergize

What Matters in Our Work?

Values: Call for Action



What actions can you take to make a difference....

For you as an Individual?

*In collaboration with your Colleagues
and your Team?*

Within your Organization?

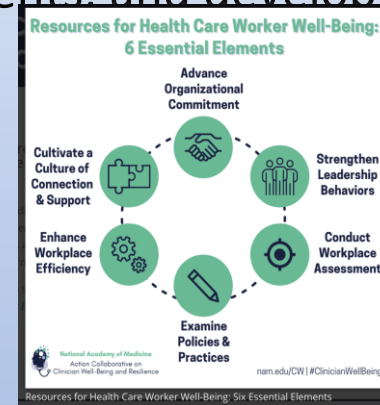
SUMMARY



- ❖ The Culture of Medicine and other factors are causing burnout
- ❖ Recognizing and addressing Individual, Team and Cultural factors is essential
- ❖ We must all work *together* to move forward

Resources

- [2022 Healthcare Workforce Rescue Package](#) ALL IN Campaign
- 3 key articles:
 - The business case for investing in physician wellbeing *JAMA Intern Med.* 2017;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340
 - Building a program on wellbeing *Academic Medicine*, Vol. 94, No. 2 / February 2019
 - Physician wellbeing 2.0: [https://www.mayoclinicproceedings.org/article/S0025-6196\(21\)00480-8/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(21)00480-8/fulltext)
- AMA steps forward site re CWO role, wellness rounds for residents, and developing a peer support program:
 - <https://edhub.ama-assn.org/steps-forward/module/2767740>
 - <https://edhub.ama-assn.org/steps-forward/module/2770927>
 - <https://edhub.ama-assn.org/steps-forward/module/2768877>
 - <https://edhub.ama-assn.org/steps-forward/module/2768109>
- National Academy of Medicine resources:
 - <https://nam.edu/compendium-of-key-resources-for-improving-clinician-well-being/>
 - Action collaborative website: <https://nam.edu/initiatives/clinician-resilience-and-well-being/>
 - Knowledge hub: <https://nam.edu/clinicianwellbeing/>
 - Metrics resource: <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>
- Christina Care [Center for WorkLife Wellbeing](#)



If you are in need of support or would like to support your colleagues in healthcare...

- National Suicide Hotline
 - 1-800-273-TALK (8255) for free 24/7 support
- NH Physicians Health Program
 - Molly Rossignol, Medical Director mrossignol@nhphp.org
- Riverbend Mental Health
 - 24/7 CRISIS SUPPORT 1-833-710-6477

THANK
YOU



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Additional Information



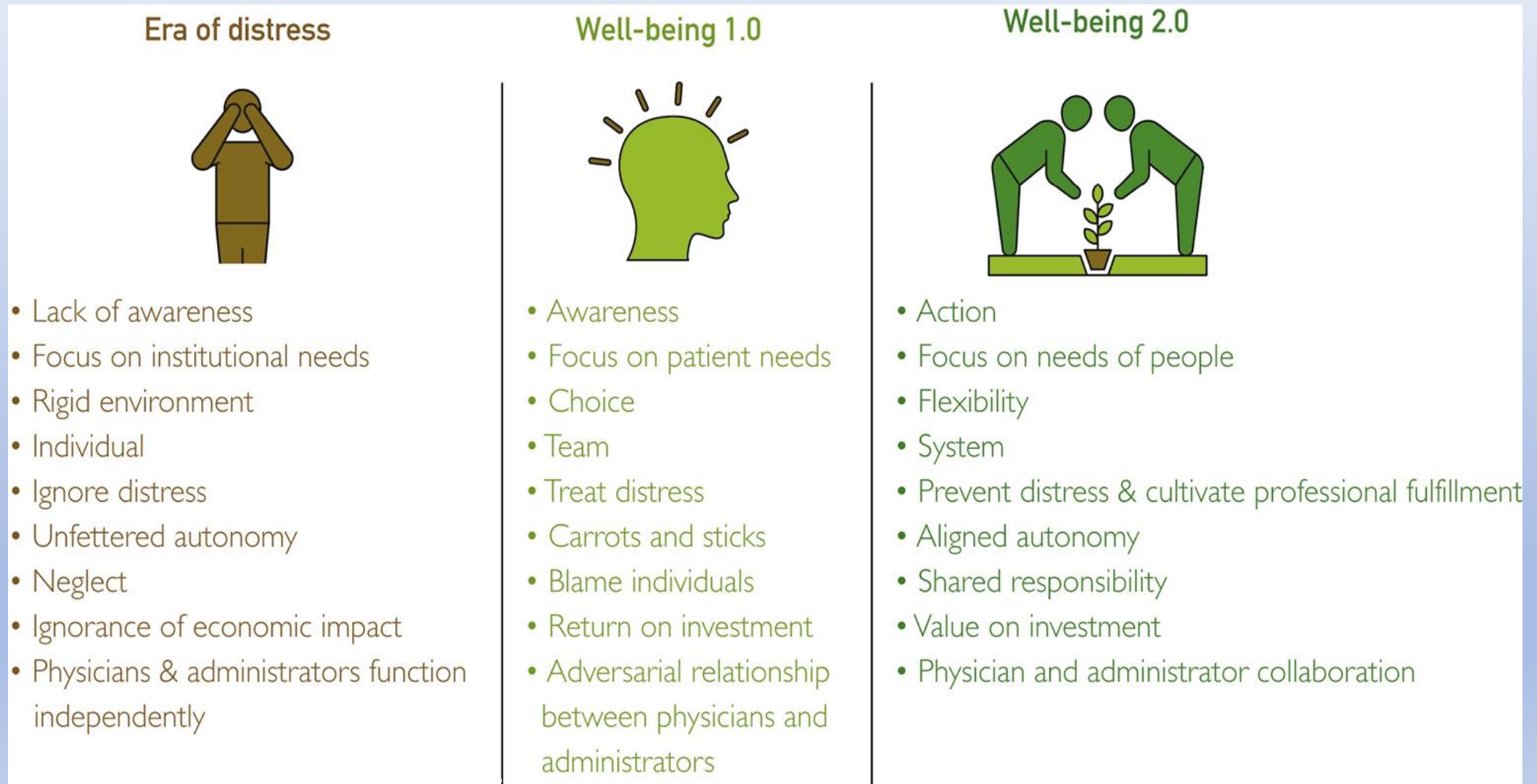
Professional Characteristics

Mindset of the 3 eras of physician well-being



Organizational characteristics

Mindset of the 3 eras of physician well-being



Physician Well-being and Adequacy of the Physician Workforce



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