ATTAINING WELLNESS AS A PHYSICIAN

By Chantal Brazeau, MD

LEARNING OBJECTIVES
AT THE CONCLUSION OF THIS ACTIVITY, PARTICIPANTS WILL BE ABLE TO:

1. Describe current drivers of physician burnout in the healthcare environment
2. Describe at least one strategy for improving personal resilience
3. Describe at least one strategy that can create a culture of wellness in the healthcare workplace
4. Describe a strategy for improving practice efficiency
IN ORDER TO OBTAIN AMA PRA CATEGORY 1 CREDIT™, PARTICIPANTS ARE REQUIRED TO ADHERE TO THE FOLLOWING:

1. Review the CME information along with the learning objectives at the beginning of the CME article. Determine if these objectives match your individual learning needs. If so, read the article carefully.

2. Complete the post-test questions. These have been designed to provide a useful link between the CME article and your everyday practice. Read each question, choose the correct answer and record your answers on the registration form.

3. Complete the evaluation portion of the Registration and Evaluation Form. Forms and tests cannot be processed if the evaluation section is incomplete.

4. Complete the Registration and Evaluation Form online at: www.surveymonkey.com/r/Winter2019CME

If you cannot complete the form online, you may mail it to:
MDAdvisor CME Dept
c/o MDAdvantage Insurance Company
100 Franklin Corner Rd
Lawrenceville, NJ 08648

Or fax to:
978-244-5112

5. Retain a copy of your test answers. Your answer sheet will be graded, and if a passing score of 70% or more is achieved, a CME certificate awarding AMA PRA Category 1 Credit™ and the test answer key will be mailed to you within 4 weeks. Individuals who fail to attain a passing score will be notified and offered the opportunity to reread the article and take the test again.

6. Mail the Registration and Evaluation Form on or before February 1, 2020. Forms received after that date will not be processed.

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Physician wellness is a topic that has received increasing attention in recent years.

It has always been important, of course, for physicians to care for themselves so that they can best care for others. But a recent report of burnout in more than half of the physicians in the United States\textsuperscript{1} has brought the topic of physician wellness to the forefront.

The term “burnout” was first coined in the 1970s. The most recent large-scale studies, each looking at about 7,000 physicians across the United States, found an average of about 45 percent of physicians had at least one symptom of burnout in 2011, which increased to 54 percent in 2014.\textsuperscript{1}

Burned-out physicians mean burned-out care. Burnout has been associated with more medical errors as perceived by physicians, less careful prescribing habits and less satisfying doctor–patient relationships.\textsuperscript{2-5} In addition, burnout can lead to more turnover of physicians in practices, hospitals or organizations and physicians going part-time or retiring early—which is costly to organizations and disrupts the continuity of care for patients.\textsuperscript{2, 6} Burnout can lead to depression, and it is an independent risk factor for physicians thinking about suicide.\textsuperscript{2, 7}

The aviation industry has paid attention to the wellness of its pilots for the safety of passengers; in medicine, we are behind in that regard. But we are catching up.

**BURNOUT AS A WORK-RELATED SYNDROME**

Burnout is not a mental health diagnosis—it is a work-related syndrome that can be explained in three parts that can exist to varying degrees in an individual person.

The first part is emotional exhaustion—feeling depleted, like you have nothing left to give.

The second part is depersonalization—going through the motions at work, being so robotic that you view patients as just another problem to solve, rather than seeing them as people. Depersonalization can also mean feeling cynical about and removed from the work you do.

The third part is a decreased sense of personal accomplishment—no matter how well you may be doing or how many accomplishments you may have, you just don’t feel good enough or worthwhile.\textsuperscript{8}

Various factors drive these elements of physician burnout, including individual coping style and circumstances. However, the extensive number of physicians reporting burnout has led experts to look at organizational factors in the work environment and within the healthcare system\textsuperscript{9} as the main drivers of the current burnout epidemic.

Physicians report administrative burden is the top work-environment factor contributing to burnout. For example, physicians have been faced with increased demands for documentation for reimbursement, quality management monitoring and certification maintenance.\textsuperscript{10} Electronic health records (EHRs) are designed to support comprehensive documentation, but are not necessarily designed to be user friendly.\textsuperscript{11} It has been recently estimated that for each hour of patient care, there are two additional hours of related administrative work. This is time-consuming, leading physicians to log in from home at the end of the day to complete charts and other administrative requirements. Time on the computer during the medical visit itself can also erode meaningful face-to-face quality time that physicians spend with their patients.\textsuperscript{12}

To reduce physician burnout, it is clear that organizational factors at work and within the healthcare system must be addressed.\textsuperscript{6} Some factors, such as documentation requirements for reimbursement, need to be attended at the national level. For example, the Centers for Medicare and Medicaid Services is working to simplify the evaluation and management coding system to reduce provider burden.\textsuperscript{12} National professional organizations, too, are weighing in as this process evolves.\textsuperscript{13} Some medical specialty boards are simplifying requirements for Maintenance of Certification.\textsuperscript{14}

**THREE DOMAINS OF PROFESSIONAL FULFILLMENT**

As these larger systemic changes take place, physicians can proactively work to maintain personal wellness and promote professional fulfillment within their local work environment. One methodical approach for supporting physician wellness is to address the following three domains of professional fulfillment: personal resilience, culture of wellness and efficiency of practice.\textsuperscript{15}

**PERSONAL RESILIENCE**

Approaches for improving personal resilience—the ability to thrive despite adversity—can be divided into three categories: self-care, self-awareness and work–life integration.

**Self-care** includes the basic, but necessary, elements of exercise, good nutrition and adequate sleep. It also includes activities that offset the body’s stress response, such as relaxation techniques, mindfulness meditation, breathing techniques, disciplines such as yoga or tai-chi, or any activity or hobby that has that effect for an individual. In particular, mindfulness meditation has been shown to be effective in physicians.\textsuperscript{16}

**Self-awareness** is multifaceted. Aspects include awareness of one’s personality traits and feelings and knowledge of what is
most meaningful at work. Common traits in physicians include a heightened sense of responsibility, a tendency to doubt and be critical, and a tendency to feel guilty. Although these traits are helpful and important in medicine, they can be draining if they are taken to an extreme. For example, one wants a physician to be critical of the literature and double-check test results, but being overly self-critical can be demoralizing. A physician needs to be mindful and aware of these traits and maintain a healthy balance.

In particular, mindfulness meditation has been shown to be effective in physicians. Noticing one's feelings is another component of self-awareness. Physicians are taught to remain calm and objective in the face of chaos; they are exposed to tragedy and joy in people's lives, and often go from one high-stress situation to another, without time to notice what they feel or to process the emotional impact. Being aware of these feelings and seeking a venue in which to share them is a healthy way to maintain resilience. Mindfulness need not be achieved only during formal mindfulness meditation, but can be done informally in simple moments of awareness during day-to-day experiences. A second or two to appreciate the patient in front of us, a few slow breaths taken before the next meeting or patient session, or a moment to think about a grateful patient can be helpful and remind us of what is most meaningful at work.

Work-life integration can be challenging. One approach is to have a schedule that integrates personal and work activities so that family and personal matters are not simply getting leftover time after work. For example, formally scheduling family or hobby activities on one's calendar may prevent a physician from putting them on hold until the workload improves. When possible, paying for assistance with household chores can help make the time at home more focused on relationships or on more meaningful home activities (keeping in mind that a chore for one person can be fun for another).

CULTURE OF WELLNESS

Physicians are typically viewed as leaders, and thus, they can normalize and model wellness behaviors with their colleagues, co-workers or clinical team members. At the organizational level, support for wellness should include regular measurement of well-being and work fulfillment. A culture of wellness should be more than hosting wellness fairs. It is about how the organization or the practice is run and the values that the leadership projects.

The leadership in an organization should be encouraged to support provider wellness efforts for many reasons. Implementing strategies for improving provider wellness can help the organization save money, improve the quality of care provided to patients, improve morale and maintain satisfied providers. Additionally, a sincere commitment to addressing wellness can foster trust between administrators and providers.

A number of activities can create a culture of wellness. These include regular meetings in which team members have a voice to improve the work environment, recognition of successes, meetings with time for people to share meaningful personal or professional successes, peer support or formal mentoring and gatherings for affinity groups (e.g., women, minorities, physicians with particular clinical or research interests). Providing the opportunity for judgment-free discussion groups in which physicians of all backgrounds can freely share and reflect about work experiences have also been shown to reduce burnout and can give a powerful message that wellness is supported in the work environment.

Physicians who are employers or supervisors can promote a culture of wellness. This can be done through sensitive planning of staff/physician deployment by being mindful to help employees spend at least 20 percent of their time on activities that are meaningful and are a good fit for them while balancing the needs of the practice or organization. Flexible scheduling for those who need it, as well as direct and compassionate feedback about areas that need improvement, also contributes to wellness.

EFFICIENCY OF PRACTICE

Working in an efficient clinical practice with well-organized work flows and team members who work well together and perform at the top of their license is certainly more satisfying than practicing in a chaotic, uncoordinated clinical environment. This domain of wellness often appears more difficult to attain to many physicians who do not feel they have control over their practice setting or over wellness issues impacted by the larger, national healthcare system.

A recommended approach is to hold a meeting or focus group with the clinical team about the work flow, giving every team member a chance to provide ideas for improvement. Then the team can select one achievable change to improve the work flow or the functioning of the practice. The team should then meet again to review outcomes. This is a quality assurance process, or plan-do-study-act cycle, that focuses on practice efficiency centered on the wellness and satisfaction of the providers and clinical team members. The American
The wellness of physicians is an essential part of providing excellent quality care to patients. Wellness initiatives include developing important resilience strategies that physicians can do for themselves, as well as participating in organizational interventions that promote a culture of wellness and an efficient, more satisfying clinical practice. Physicians can join in all these initiatives to attain, improve and maintain their resilience and wellness.22

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1. Which of the following outcomes has been shown to correlate with physician burnout?
   a. Less careful prescribing habits
   b. Suicidal thoughts
   c. Early retirement
   d. Lower cost to organizations where physicians work
   e. Less satisfying doctor–patient relationships

2. Burnout is a mental health diagnosis.
   a. True
   b. False

3. Which of the following is not an aspect of physician burnout?
   a. Depersonalization
   b. Emotional exhaustion
   c. Increased confidence in your abilities as a physician
   d. Decreased sense of personal accomplishment

4. Physician burnout can be addressed only at the personal level, and not at the organizational level.
   a. True
   b. False

5. Physician burnout has been linked to an increase in reports of medical errors.
   a. True
   b. False

6. Resilience means remaining unaffected by stress or discomfort.
   a. True
   b. False

7. Being highly self-critical is not an essential trait for practicing safe medicine.
   a. True
   b. False

8. Providing physicians more vacation time is an essential element of creating a culture of wellness.
   a. True
   b. False

9. The use of electronic health records has been associated with a reduction in stress in the practice environment.
   a. True
   b. False

10. Which of the following is the number one work environment factor that physicians report as a contributor to burnout?
    a. Size of practice
    b. Patient load
    c. Academic or research responsibilities
    d. Administrative burden
**REGISTRATION & EVALUATION FORM**

(Must be completed in order for your CME Quiz to be scored)  Deadline for Response: February 1, 2020

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**ANSWER SHEET**  Circle the correct answer.

1) A  B  C  D  E  
2) A  B  
3) A  B  C  D  
4) A  B  
5) A  B  
6) A  B  
7) A  B  
8) A  B  
9) A  B  
10) A  B  C  D  

Number of hours spent on this activity _______ (reading article and completing quiz)

I attest that I have read the article “Attaining Wellness as a Physician” and am claiming 1 AMA PRA Category 1 Credit.™

**EVALUATION**  Completed by  ☐ Physician  ☐ Non-Physician

1. The content of the article was:  Excellent___  Fair___  Good___  Poor___
2. The author’s writing style was:  Excellent___  Fair___  Good___  Poor___
3. The graphics included in the article were:  Excellent___  Fair___  Good___  Poor___
4. The stated objectives of this program were:  Exceeded___  Met___  Not met___
5. Will the knowledge learned today affect your practice:  Very Much___  Moderately___  Minimally___  None___
6. Based on your participation in the CME activity, describe ways in which you will change the way you practice medicine.
   ☐ Yes  Describe__________________________________________________________
   ☐ No  Why Not____________________________________________________________
   ☐ N/A  Were you the wrong audience for this activity?________________________
7. Did this CME Activity change way you know about:
   • Current drivers of physician burnout in the healthcare environment.  Yes ☐  No ☐
   • Strategies for improving personal resilience.  Yes ☐  No ☐
   • Strategies that can create a culture of wellness in the healthcare workplace. Yes ☐  No ☐
   • Strategies for improving practice efficiency.  Yes ☐  No ☐
8. Based on your participation today, what barriers to the implementation of the strategies or skills taught today have you identified?______________________________________________________________
   Suggested topics for future programs:___________________________________________________________________________

Was this article free of commercial bias?  Yes ☐  No ☐

If not, why not__________________________________________________________

Please share your name and contact information so that we may investigate further.

Participant Name __________________________________________  Telephone/Email:__________________________

I attest that I have read the article “Attaining Wellness as a Physician” and am claiming 1 AMA PRA Category 1 Credit.™

Signature  Date

☐ Yes  Describe__________________________________________________________

☐ No  Why Not____________________________________________________________

☐ N/A  Were you the wrong audience for this activity?________________________

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