PREVENTING BURNOUT AND FOSTERING RESIDENT RESILIENCY
Burnout among Trainees and Faculty: The Road to Resilience

PAS Topic Symposium (2 hr)

Explored burnout among physicians (trainees and faculty) including how to recognize burnout, the approach and mitigation of burnout, and how to foster resilience

Burnout Among Physicians

Recognizing Burnout

Approach and Mitigation of Burnout

Fostering Resiliency in Training Programs
**BURNOUT IS AN EPIDEMIC**

- Medical students matriculate with **better** well-being than their age-group peers, but early in medical school, this **reverses**. Poor well-being persists through medical school and residency into practice.

- Review (IsHak 2009): Burnout in resident physicians ranges between **27% and 76%**, depending on the specialty and the criteria used to define the condition.

- **Higher levels of burnout** in resident physicians have been associated with self-reported **suboptimal patient care practices** and self-reported **errors**.

- Somber fact: 400 physicians commit suicide annually
BURN OUT

• State of **mental and physical exhaustion** related to work or caregiving activities

• Work-related syndrome characterized by emotional exhaustion (EE), depersonalization (DP), and lack of personal accomplishment (PA) observed in individuals whose profession involves contact with people in some capacity.

• Depletion of emotional resources (EE) can lead to negative, cynical attitudes and feelings about one's patients (DP). Workers may feel unhappy about their efficacy or achievements, and they may evaluate themselves poorly (PA).
Significant increase in the components of burnout among pediatric residents between the start of residency and mid-intern year, which persisted through the PGY2 and PGY3 years.

Mean values of Maslach Burnout Inventory (MBI) components for the pediatric residents at Lucile Packard Children’s Hospital, February 2010 to February 2012. Bars represent mean values. Error bars represent standard error. Statistically significant differences seen with asterisks.
KEY DRIVERS TO BURNOUT

• Excessive workload
• Inefficient work environment, inadequate support
• Problems with work-life integration and balance
• Loss autonomy/flexibility/control
• Loss of meaning in work
ADDRESSING BURNOUT THROUGH WELLNESS
WHAT IS WELLNESS?

• Wellness is a **conscious, self-directed** and **evolving** process of achieving full potential

• Wellness is **multidimensional** and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment

• Wellness is **positive and affirming**
ORGANIZATIONAL SOLUTIONS

- CULTURE in INSTITUTIONS (Is well-being valued?)
  - ACGME
  - Formal policies on well-being for learners and faculty

- CURRICULUM (is well-being taught?)
  - Training in stress management, well-being, recognition of distress
ACGME SYMPOSIUM ON PHYSICIAN WELL-BEING (NOV 2015)

Recognize that this is both an individual and system issue, this has to be addressed on both levels.

All programs must have a systematic screening process for burnout/depression linked to automatic actions and resources for positive screenings.

Alignment between institutional leadership and faculty in the learning environment in order to facilitate a commitment to establish a culture of respect and accountability for maintaining it in the context of patient care and resident learning.
WHAT CAN WE DO TO PROMOTE WELLNESS?

- UCSF Fresno Wellness Committee
- Shared Hobbies: birding, painting, dance, pottery
- Wellness Curriculum
- Individualized Wellness Plan
- Medical Humanities Magazine
WHAT CAN WE DO?

DISCUSSION