Physician Burnout

Improve Physician Satisfaction and Patient Outcomes

AMA IN PARTNERSHIP WITH

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CME CREDITS: 0.5

How will this module help me?

1. Provides key steps to help you prevent physician burnout in your practice.
2. Offers strategies to construct a process to measure and improve physician well-being.
3. Presents examples of successful burnout prevention programs in a variety of settings.
**Introduction**

What is physician burnout?
Burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement, and a lack of empathy for patients. By measuring and responding to burnout you will be able to:

- Reduce sources of stress.
- Intervene with programs and policies that support professional well-being.
- Prevent burnout.

Recent studies show a national burnout rate of 43.9 percent among physicians in practice, including private practice, academic medical centers, and the Department of Veterans Affairs (VA). With almost half of U.S. doctors showing signs of burnout, and numerous adverse outcomes for physicians linked to burnout, it is an important issue for organizations to address. Reducing burnout can have a positive impact on your practice, including improved patient satisfaction, higher physician retention rates, better morale in the office, and improved recruitment.

**Seven STEPS to prevent physician burnout:**

1. Establish wellness as a quality indicator for your practice.
2. Start a wellness committee and/or choose a wellness champion.
3. Conduct an annual wellness survey.
4. Meet regularly with leaders and/or team members to discuss data and interventions to promote well-being.
5. Initiate selected interventions.
6. Repeat the survey within the year to reevaluate well-being.
7. Seek answers within the data, refine the interventions, and continue to make improvements.

**Establish wellness as a quality indicator for your practice.**

Encourage your practice or organization to recognize the impact of burnout on physicians as well as patients, the quality of care delivered, and the financial impact (e.g., through turnover). Establish well-being—the inverse of burnout—as a quality indicator that you regularly measure in your practice. Consider using annual burnout scores as a sign of the health of the practitioner workforce within your organization; if scores should slide, use the interventions described in STEP 5 to turn things around.

**Q&A**

Why does burnout matter?

Stressful work conditions and burnout can lead to the following practice issues:
• Increased errors.
• Reduced empathy for patients.
• Reduced patient satisfaction.
• Decreased patient adherence to treatment recommendations.
• Increased physician intent to leave the practice.

What are the benefits of addressing burnout?

By addressing burnout, practices and health systems are more likely to achieve other organizational goals, such as better quality of care, improved patient safety, more effective physician recruitment, and higher retention rates.

What factors can contribute to burnout?

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.
4. Lack of alignment of values (around mission, purpose, and compensation) between physicians and their leaders.

Why does control over the work environment matter and how does it contribute to burnout?

Physicians who are unable to control their work are not able to balance the competing demands of the practice with their personal commitments. This results in increased stress and eventual burnout.

When work demands are balanced by the ability to control one’s schedule, burnout is less prevalent. When demands are heavy, workers (in this case, physicians) use work control to mitigate stress and avoid burnout. For example, physicians who are also parents often need to adjust end-of-day and start-of-day schedules to allow for dropping off or picking up children at child care. Having control over their workday reduces the likelihood of burnout.

“Burnout makes it nearly impossible for individuals to provide compassionate care for their patients.”

Steven Lockman, MD, Senior Medical Director, Neurosciences, Orthopedics and Rehabilitation Service Line/Chief, Physical Medicine and Rehabilitation Hennepin County Medical Center, Minneapolis, MN
Start a wellness committee and/or choose a wellness champion.

If you have a solo or small practice, a wellness champion may be a better option than a committee. Wellness champions are individuals within an organization who promote the use of wellness resources, model positive behaviors such as leaving work on time, and encourage employees to complete the annual wellness survey.

A wellness committee should be made up of practitioners (MDs, DOs, NPs, and PAs) from various disciplines and administrators from different departments (e.g., finance, management) who can work with your practice or organizational leaders to measure burnout periodically. Committee members can then present data to practitioners and brainstorm solutions to challenges. The committee should plan to meet for about one hour each month to review current projects, plan new initiatives, discuss survey data, and respond to new opportunities or stresses.

Talking points for leaders

You can use this document to help you develop talking points to encourage your organizational leadership to support wellness efforts.

(Q&A, MS WORD, 38 KB)

Who should be on the wellness committee in my organization?

All relevant practice stakeholders should be involved in wellness initiatives. This approach can work for many types of practitioners, including hospital-based physicians, surgeons, non-office-based physicians, and advanced practice providers (APPs), such as nurse practitioners (NPs) and physician assistants (PAs). Depending on the size of the practice or organization, representatives can be drawn from different functional areas. Practice professionals will learn from each other and be able to spread findings and news throughout the organization.

Conduct an annual wellness survey.

The importance of conducting an annual wellness survey cannot be overstated. There are many benefits to conducting a wellness survey, including:
• **It is a great predictor of behavior.** For example, asking people directly about their intention to leave an organization is more than twice as accurate than many predictive analytics models.\(^4\)

• **It gives people the chance to feel heard.** The act of completing a survey gives people a specific channel for expressing themselves, even when the results are anonymous.

• **It can be a vehicle for change.** Once practice and organizational leaders are aware of the results, specific interventions can be chosen to address concerns that are discovered in the survey.

With physician burnout itself attributed to organizational factors, solutions can be found—and should be made—at the organizational level. That’s why it is crucial to recognize physician well-being challenges in your organization and to understand the types of solutions that can be tailored to the needs of your health system, its physicians, and its care teams. It is important to (1) select a validated assessment tool, (2) integrate measurement into your overall organizational strategy to improve physician well-being, and (3) act on any significant findings that may serve to reduce burnout and increase professional satisfaction.

The American Medical Association (AMA) can help you measure—and support—physician well-being.

The AMA recognizes that a healthy, stable workforce translates directly to healthy care systems—and a healthier nation. Rigorous research and practice science is the foundation of the work we do to inform practice transformation efforts. Our ongoing research is advancing evidence-based solutions designed to increase *Joy in Medicine*.\(^6\)

The AMA uses the Mini-Z burnout assessment, which is derived from work performed by Mark Linzer, MD, in the Physician Worklife Survey.\(^5\) The Mini-Z comprises 10 items and one open-ended question which assess satisfaction, stress, burnout, work control, chaos, values alignment, teamwork, documentation, time pressure, excess electronic health record (EHR) use at home, and EHR proficiency.

Our team of practice transformation experts can help you assess your workforce’s well-being and offer guidance and targeted solutions that empower you to succeed in supporting their well-being and improving your bottom line.

To learn more, please contact us directly at stepsforward@ama-assn.org and we will respond to your request within one business day.

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**Q&A**

**Why should my practice measure stress and burnout?**

Recent studies show a national burnout rate of 43.9 percent among physicians in practice,\(^2\) including private practice, academic medical centers, and the Department of Veterans Affairs (VA). With almost
half of U.S. doctors showing signs of burnout, and numerous adverse outcomes for physicians linked to burnout, it is an important issue for organizations to address. Reducing burnout can have a positive impact on your practice, including improved patient satisfaction, higher physician retention rates, better morale in the office, and improved recruitment.

Meet regularly with leaders and/or team members to discuss data and interventions to promote well-being.

Share burnout assessment data with your organization’s leaders as well as other team members. Meet regularly to discuss the data. An easy way to share the results of the assessment is to create a document with summary data for all respondents. After reviewing the data, identify the areas of greatest concern, either by practice or department, or the entire organization as a whole. Based on the problem area(s), select appropriate interventions to address them. More information can be found in the article, “10 Bold Steps to Prevent Burnout in General Internal Medicine.”

Figure 1.
Conceptual model of the feedback loop to prevent physician stress, burnout, and turnover. This figure shows how burnout-related symptoms can be reduced through ongoing measurement.

Adapted with permission

Q&A

Should data be shared across the practice or organization?

That is a decisions the wellness committee or wellness champion will have to make. Some leaders may feel they are being attacked if their results are poor. Others may want to see where they rank compared to others. Sharing the data across practices provides an opportunity to introduce thoughtful and consistent programs throughout the organization to strengthen team culture. Have a plan in place to address what you discover. If a prior survey did not result in meaningful actions, consider making some changes before resurveying to avoid “survey fatigue” and adding to burnout.

What about naysayers who believe burnout doesn’t matter?

- Appeal to what motivates them, including their experiences as a busy health care practitioner, administrator, or patient. You could ask, “Would you like yourself or your family members to receive care from a frustrated, cynical, or angry physician?”
- Emphasize the relationship between work conditions that lead to burnout and turnover and recruitment challenges. Replacing a single physician is estimated to cost between $500,000 to $1,000,000.
• Provide evidence of the relationships between burnout improvement and beneficial effects on quality and safety in your practice.
• Assess changes as burnout decreases and present findings in key metrics, such as the patient experience, cost of care, and staff productivity.

5 Initiate selected interventions.

Prioritize and select interventions to address burnout where it exists. Interventions generally fall into the following categories:

1. Workflow redesign.
2. Better communication between practitioners in your practice.
3. Quality improvement (QI) projects targeted to address clinician concerns.

Tactics to reduce burnout
You can use this document to help identify specific strategies that your practice or organization can use to reduce the prevalence of burnout.

Your practice may also consider developing a resource list that details how individual practitioners can reduce burnout through time management, delegation, exercise, sleep, and mindfulness. You can find additional resources within the STEPS Forward™ Physician Well-Being module.

Workflow redesign.
Workflow redesigns to reduce burnout may include: pairing nurses or medical assistants (MAs) with physicians in stable relationships, improving preparation and organization by implementing pre-visit planning with pre-visit labs, sharing tasks with non-physician staff, including having MAs document patient visit information into the medical record, and altering workflow between MAs and appointment coordinators. You may also consider if the time allotted for daily visits, procedures, or bedside inpatient care in your practice is insufficient or if it is causing time pressure for your team.

Please see other STEPS Forward™ modules for suggestions to improve workflow in your practice.

Communication.
Communication intervention projects could include: co-location of key team members (e.g., MAs, nurses, and practitioners), daily huddles to discuss complex patients and care coordination, and scheduling monthly practitioner meetings focused on work-life balance or challenging situations in patient care.

Please see other STEPS Forward™ modules for assistance with improving communication in your practice.
Quality Improvement (QI).
Selecting quality improvement projects that directly address physician concerns reduces burnout by empowering them to create change. Projects could include: a streamlined prescription renewal process, screening patients for depression, employing non-clinicians to perform administrative duties such as tracking forms and sending faxes, presenting burnout assessment results and developing solutions, and implementing new processes to manage hypertension or pre-diabetes management programs.

Table 1. A summary of interventions performed as part of the Healthy Work Place (HWP) study conducted by Mark Linzer, MD, and colleagues. Adapted with permission.

<table>
<thead>
<tr>
<th>WORKFLOW</th>
<th>COMMUNICATION</th>
<th>QUALITY IMPROVEMENT (QI)</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shift responsibilities of entering data into the EHR from the physician to an MA or other team member.</td>
<td>Improve interpersonal communication and teamwork.</td>
<td>Implement a hypertension management program.</td>
<td>Implement panel management.</td>
</tr>
<tr>
<td>Learn more in team documentation.</td>
<td>Learning interpersonal communication and teamwork.</td>
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<tr>
<td>Better patient flow through the clinic.</td>
<td>Improve opportunities for informal communication among providers, such as a shared lounge or periodic shared meals.</td>
<td>Establish quality improvement projects for issues of importance to providers.</td>
<td>Dashboard of patient population measures for clinicians.</td>
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<td>Learn more in pre-visit planning and pre-visit laboratory testing.</td>
<td>Learning interpersonal communication and teamwork.</td>
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<tr>
<td>Share information to make the practice or organization more efficient.</td>
<td>Monthly formal discussions on patient care for clinicians to improve collegiality.</td>
<td>Free up time for nurses and physicians by implementing an annual prescription renewal process.</td>
<td>Present wellness data to prompt discussions on changing the clinic environment.</td>
</tr>
<tr>
<td>Assess workflow between MAs and nurses to identify opportunities for change.</td>
<td>Informal survey of clinicians for a “wish list” of issues to be corrected.</td>
<td>Implement a pre-diabetes management program.</td>
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<tr>
<td>WORKFLOW</td>
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<tr>
<td>Learn more in expanded rooming and discharge protocols.</td>
<td>Share organizational updates with monthly email or meeting with leaders.</td>
<td>Implement processes to improve medication adherence.</td>
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<tr>
<td>More time for nursing and MA team members to complete tasks.</td>
<td>Clinicians meet individually with leadership to review operations and identify concerns.</td>
<td>Use the PDSA method to address inefficiencies in the patient portal.</td>
<td></td>
</tr>
<tr>
<td>Pair one MA with each physician.</td>
<td>Learn more in expanded rooming and discharge protocols.</td>
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</tbody>
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**Q&A**

**Should self-care interventions be included to reduce burnout?**

Yes, self-care is an important behavior that physicians in your practice can use to reduce their individual stress levels and prevent burnout. Some self-care interventions include meditation, actively managing health sleeping and eating habits, participating in a regular exercise routine, engaging in hobbies, or taking mini-breaks throughout the day in a quiet space to decompress.

**Will some interventions require a financial investment?**

Yes, some interventions do have costs associated with them. But burnout is likely to be even more costly to your organization or practice. Each physician who leaves the practice creates additional recruitment costs, reduces revenue, and adds stress to the remaining physicians. This suggests that investing money now to reduce physician stress and burnout could provide significant return on investment down the road.

**Are all interventions expensive?**

No, many are very inexpensive. Re-engineering schedules and making team meetings more productive are examples of inexpensive interventions. However, some needed interventions to reduce chaos, such as additional exam rooms for more efficient use of physician time, require resource investment.

Another low-cost intervention is discussing clinic or departmental values. Lack of values alignment with leaders is a known contributor to stress and burnout, but you can alleviate this source of stress by making time to discuss and agree on shared values.¹

For example, begin staff meetings with an interesting case and allow time for group discussion. Physicians chose their profession for the medicine. Discussing rare or interesting cases can re-energize your physicians and help them reconnect with the joy of practicing medicine. Another free option is to create a list of values that your practice deems important.

This exercise can be valuable even in a solo practice. Consider starting with a short list to develop further, such as:

- Excellence

1. Copyright 2018 American Medical Association
I've heard people talk about “meetings with meaning.” What are they and how can I use them as an intervention?

Practitioners have limited time to meet. Restructuring meetings to address clinical cases or challenging patients and issues of concern to them, rather than administrative issues, is a successful way to reduce practitioner stress. This type of meetings is considered a “meeting with meaning.”

What is “career fit” and how can that help practitioners?

Career fit is the extent to which individuals are able to focus their effort on the aspect(s) of work that they find most meaningful. Physicians often have a particular passion they wish to pursue (e.g., education, research, QI). When the allotted time a physician has to pursue what they are passionate about falls below 10 to 20 percent, burnout rises dramatically from 29.9 percent to 53.8 percent. Physicians may decide to devote part of their work week to what interests them most, whether that is workflow improvement or strengthening communication in the office.

Can burnout be helped by community service?

Practitioners who are burning out may benefit from leading community service programs outside of the clinic, such as providing health education for children or adults. Studies have shown that community service can substantially reduce burnout, as it brings people closer to their true values and mission in medicine.

What kind of interventions work for practitioners with very high burnout?

Add a comment box on the survey for those respondents who have the highest burnout score (i.e., 5 on the 5-point scale, “I am so burned out I cannot go on...”) so that they can provide more information about reasons they feel this way. List a telephone number directly on the survey for a person to call for help, for example, the “Employee Assistance Program,” human resources, or a member of the wellness committee. Alternatively, if you do not survey anonymously, you can let individuals know that you will be contacting those who indicate very high burnout.

Repeat the survey within the year to reevaluate well-being.

Compare prevalence of stress and burnout from before and after your intervention(s). Use a simple spreadsheet or graph to show changes in stress levels, burnout, satisfaction, control over work, chaos, and alignment of values over time. Develop an understanding of what worked and celebrate those successes. Examine factors that saw no change or a rise in burnout prevalence after the intervention and seek remediable explanations.
Seek answers within data, refine the interventions, and continue to make improvements.

Use your burnout assessment results to determine which interventions are working, refocus on those interventions, and reinvigorate your team to carry them out in your practice. In areas where burnout is increasing or observed improvements are not sustained, analyze the results to guide new or modified interventions. The commitment of the wellness committee or wellness champion to the interventions will help convince physicians that your practice is dedicated to staying on a path to reduce burnout.

Q&A

What are the short- and long-term goals of this type of “measure, intervene, re-measure” program?

The overarching, long-term goal is zero burnout. Since burnout is a long-term stress reaction, surveying for high stress levels and intervening may help prevent most cases of burnout.

A short-term goal could include bringing clinical and administrative leadership on board with wellness initiatives. Knowing your own data, and addressing it to provide stability and improvement in the work environment, is another short-term goal.

When do we stop measuring the impact of our wellness interventions? Can we stop if they appear to be working and sustained?

Medicine is a high-stress profession. Even if burnout in your practice is driven down to zero, stress may still exist, and the need to monitor it will not be eliminated. Keep on measuring and continue supporting successful programs.

Conclusion

Physician stress and burnout can have a significant impact on the quality of care delivered to patients, organizational productivity, morale, and costs. You can take corrective action early by identifying sources of stress and developing
interventional approaches that will help your organization reduce burnout and promote the well-being of all practitioners.

AMA Pearls

Wellness interventions work.

Improving workflow within the practice is the most powerful antidote to burnout. This approach increases the odds of reducing burnout six-fold. Targeted quality improvement projects addressing clinician concerns increase the odds of reducing burnout five-fold. Improving communication between team members can improve the odds of professional satisfaction up to three-fold.

Please see other STEPS Forward modules for guidance on practice redesign to improve workflow, communication, and practice culture.

Celebrate successes.

Try not to embarrass or blame people with high burnout rates. Be supportive and encourage improvement. Congratulate leaders on identifying issues and taking steps to address the issue. Provide additional concrete actions they can take. Be creative with them in seeking ways to improve their department, unit, or practice. Function as a liaison with clinic administration to find best practices and advocate for bigger organizational or practice changes when they are needed to make a difference for individual departments or units.

Change is slow and steady.

Don't try to move the needle too far, too fast. Patience is needed to make sustained work-life improvements. Small improvements can make a difference in the day-to-day work lives of physicians, so do not be discouraged if you cannot make big changes right away.

The unsolvable can be solved.

Don't be intimidated or discouraged by your challenges. Ask your colleagues for possible solutions. You may find that the problem has been discussed and solutions have been identified but not shared across the organization. Be creative when looking for partners. Don't forget you could have allies in other departments, such as finance and billing, environmental services, or quality improvement. Every person will see the problem from a different perspective, so seek to understand what they see and how they would fix it.

Don't be afraid to create new work schedules.

Consider alternative clinic structures, such as “7 days on, 7 days off,” even for predominantly ambulatory physicians. At Hennepin County Medical Center (HCMC) in Minneapolis, MN, graduating residents suggested a 7-on, 7-off model to encourage careers in ambulatory medicine. HCMC took their advice and developed a model program for new faculty hires. They've since hired two physicians and three nurse practitioners to join the two full-time clinicians with the 7-on, 7-off work schedules. The work schedule includes atypical work hours, but the practitioners have a week off in-between. They are leading the organization in certain aspects of innovation, such as measuring the impact of scribes and problem-oriented charting on quality of care, practitioner satisfaction, and clinic finances.
The creation of a Provider Wellness Program at HCMC demonstrates that we recognize that the well-being of providers is critical to the health and wellness of our patients. Small changes that come from the suggestions of providers can be hugely impactful and strengthen the unity of the care teams, thereby improving the quality of care and satisfaction of patients, families, and providers.

Suzanne Schwartz, MS, Director of Operations, Hennepin County Medical Center, Minneapolis, MN

If you standardize, customize.
Remember to adjust standard work for complex lives. Most busy practitioners’ schedules don’t fit comfortably in four-hour boxes (8 a.m. to noon, 1 p.m. to 5 p.m.). Allow for flexibility, especially around the beginning and end of work shifts.

STEPS in practice

Physician Burnout Case Report: Boston Medical Center

The Boston Medical Center (BMC) Wellness Committee was created to combat burnout and reduce physician stress with seed money from a malpractice insurance program several years ago. As its first project, the committee—composed of 15 members from different departments—chose to develop a wellness website to bring together resources from around campus on work, personal, and health topics. The Wellness Committee also organized seminars on resiliency training and narrative writing that year.

In its second year, the committee developed various in-person programs, including a monthly clinical case discussion group within the general internal medicine clinical practice begun by Jane M. Liebschutz, MD, MPH, Associate Chief of General Internal Medicine. Modeled after Balint groups (groups of clinicians who meet and talk through clinical cases to gain a better understanding of their relationships with patients), each meeting consists of one clinician presenting a difficult case to groups of eight to 12 colleagues, who then discuss it. The meeting structure provides an opportunity to overcome the isolation inherent in clinical practice and feel supported by
colleagues, which decreases personal and professional stress. The program is endorsed by over 80 percent of participants. As one participant said, “The group has reminded me that relationships and communication are very important—often more important than the technical aspects of care.”

Having a wellness program helps buffer some of the challenges presented by clinical practice in today's evolving health care environment. The BMC wellness programs have reinvigorated clinicians with joy and passion in practice and have been enthusiastically received.

**Physician Burnout Case Report: Kaiser Permanente**

Kaiser Permanente of North California in Redwood City started its physician wellness programs to improve physician satisfaction and retention. At first, the wellness program consisted solely of an annual physician recognition dinner. As the team at Kaiser Permanente learned more about physician wellness, they started designing programs supporting physical health, collegiality, community, and practice management.

“Wellness is personal” at Permanente, so the Wellness Committee team promotes programs with a variety of information and services to meet the needs of all physicians. Some successful programs the team has implemented include:

- **Mentoring:** Experienced physicians are paired with new physicians. There is also a “speed dating” lunch program where primary care doctors sit on one side of the table and specialists on the other side. The specialists rotate every five minutes. This approach not only introduces staff who might not otherwise meet, but also promotes collegiality.

- **Health festivals:** Tables are set up with different services where physicians rotate through and learn about various aspects of their own health. Examples include a blood pressure check, a dermatology check for skin cancers, and dietary evaluations. Physicians also have an opportunity to sign up for their own preventive health screenings, such as Pap smears and blood tests.

- **Movie day:** Wellness committee staff rent a movie for the physicians and their families and organize a lunchtime viewing party. This promotes community and a sense of pride in the workplace for the physicians.

- **Wellness Thursday lunches:** Every Thursday at noon, lunch is provided to the team and various topics are discussed including travel, financial management, how to save for college, real estate, and home remodeling.

- **Annual check-up reminder:** In their birthday month, physicians receive a letter reminding them to see their own providers. Leaders help them block the time in their schedule for that appointment to promote their own health.

**Physician Burnout Case Report: Stanford University Medical Center**

At Stanford University Medical Center, the guiding principle of the Stanford Medical Staff Committee for Professional Satisfaction and Support (SCPSS) is that the professional fulfillment of clinicians is inextricably linked to quality, safety, and patient-centeredness. The committee focuses on implementing programs that target these six areas that affect professional fulfillment: personal health, peer support, community building, work–life integration, personal resilience and professional fulfillment, and organizational–personal values alignment.

One such program is the Educators-4-Care (E4C) program. The E4C program pairs five to six medical students annually with a faculty member, who serves as teacher, mentor, and colleague for the duration of the student’s time at the school of medicine. A resident peer program supports housestaff after they experience an adverse patient outcome and when they need general support. Chief residents, trained as peer supporters, guide their colleagues through the coping and self-care process. For medical staff, there is also a peer support program with trained peer supporters who are available following critical incidents.

A medicine and literature dinner discussion series is a six-month program with facilitated discussions of stories, poems, plays, personal narratives, and films. Participants engage in deep conversations about circumstances that brought patients into their care and about patients’ and providers’ diverse experiences of healthcare, illness, trauma, and recovery.
They also created a mindfulness sub-group to create awareness of mindfulness-based stress reduction and its benefits for physicians and patients.

The committee also runs a WellMD website and monthly newsletter with links to volunteering opportunities, self-assessment tests, and contact information for groups and classes on exercise and fitness, stress and burnout, depression, mindfulness, resilience, and work-life balance.

A pilot faculty flexibility program provides career development coaching, with a focus on increasing work-life integration and addressing work–work conflict (defined as the competing demands faced by faculty as they meet multiple institutional missions). This program has two parts: career customization and a support mechanism with a banking system. Preliminary results demonstrate improved work–life fit, more frequent use of vacation time, more cross-coverage for colleagues in need, more time to discuss science with colleagues, more support by Stanford for career development of women faculty, and more grants submitted by program participants. The program continues in some departments post-pilot and the integration of key elements of the pilot into career development strategies is being evaluated.

**Physician Burnout Case Report: Adventist Health System**

Over the past decade, Adventist Health System (AHS), comprised of more than forty hospitals in ten states, has pursued a program designed to support the personal and professional well-being of physicians. AHS promotes four major initiatives, including Physician Support Services, Finding Meaning in Medicine™, Schwartz Rounds™, and The Coalition for Physician Well-Being. While challenging to quantify with accuracy, they are convinced that these initiatives have contributed significantly to this goal and are being increasingly adopted by hospitals and physicians across the system.

**Physician Support Services**

Physician Support Services (PSS) provides individual counseling and coaching services, along with seminars and retreats. These programs are designed to promote personal growth and enrich relationships. To maintain professional dignity and ensure privacy, counseling services are confidential and are not reported to the medical staff office or hospital administration. To date, over one thousand physicians and their family members across AHS locations have accessed the services of PSS, which translates to more than 10,000 total contacts.

**Finding Meaning in Medicine™**

Finding Meaning in Medicine™ (FMM), conceived and developed by Dr. Rachel Naomi Remen, is described as “self-directed, on-going values and meaning study groups.” In Dr. Remen’s words, these groups help doctors “remember the heart of medicine.” Typically, FMM is initiated by a physician champion who opens his or her home to invite colleagues over for a casual evening meal and conversation. Alternate venues might include a comfortable conference room or private restaurant. Small groups of five to 15 physician colleagues gather for a shared storytelling experience centered on a predetermined theme. Example themes might include gratitude, humility, teamwork, loyalty, surprise, or service, among many others. At AHS, these groups are scheduled regularly, either on a bi-monthly or quarterly basis.

Physician evaluations after a recent weekend conference that included a Finding Meaning in Medicine™ group session contained the following feedback:

- “Best event of the weekend. I will be taking this home and implementing at our hospital.”
- “Powerful community building.”
- “Very meaningful to build empathy with each other.”
- “This could singularly change the culture of our medical staff for the better.”

For more information, visit [http://www.rishiprograms.org/programs/all-healthcare-professionals/](http://www.rishiprograms.org/programs/all-healthcare-professionals/).
Schwartz Rounds™

Schwartz Rounds™ are sponsored by the Schwartz Center for Compassionate Healthcare which was created in memory of health care attorney Ken Schwartz. The program is designed to promote compassionate care by bringing together health professionals across disciplines to address and bring attention to the personal, emotional, and social aspects of patient care. A small panel of caregivers uses a case-presentation approach to provide a brief orientation to a pre-selected case, including sufficient clinical background to frame the topic, followed by facilitated discussion involving the assembled interdisciplinary audience. Issues of privacy and confidentiality are respected. The focus is as much, or more, on caregiver experiences, attitudes, and feelings as it is on the patient case.

Sample case stories drawn from the local institution might include:

- Death of a young person by overdose.
- A patient with frequent readmissions that can be attributed to family and social issues.
- A patient with acute onset of progressive dementia.
- A patient with traumatic brain injury resulting from a vehicular accident.

Now widely adopted in hospitals across the country, Schwartz Rounds™ has been described as a “culture-changing conversation” that contributes to empathy, professional collaboration, and teamwork within a practice. Physician comments following a recent AHS Schwartz Rounds™ event included the words: “powerful,” “amazing,” “moving,” and “engaging.”

For more information, visit www.theschwartzcenter.org.

The Coalition for Physician Well-Being

The Coalition for Physician Well-Being is a 501(c)6 tax-exempt association of hospitals and related health care entities that are committed to promoting physician wholeness and resiliency. Through mutual learning, networking, facilitating, and consulting, the Coalition seeks to help physicians achieve balanced lives, purposeful practices, and meaningful relationships. The ultimate goal is to enhance health care culture, thereby improving the safety, quality, and humanity of patient care. The Coalition sponsors monthly educational webinars, which are archived for continued access. At its fifth annual meeting in April 2015, the Coalition introduced the new Medicus Integra© designation that was created to recognize hospitals for exemplary dedication to promoting physician well-being.

For more information about the Coalition for Physician Well-Being or the Medicus Integra© designation, visit www.forphysicianwellbeing.org.

Physician Burnout Case Report: Hennepin County Medical Center

At Hennepin County Medical Center in Minneapolis, physician-parents were often unable to leave on time because their last complex patient case was scheduled at 4:30 p.m. In many instances, this patient would not be ready to see for the physician until 4:45, making it extremely challenging for the physician to leave on time to pick up a child from daycare by 5:30. This was creating high stress for these physicians. To address this challenge, the end-of-day schedule was re-engineered so the last complex patient was scheduled at 4:00 p.m. instead of 4:30 p.m. The appointment slot at 4:30 p.m. was changed to routine care instead of complex. This simple scheduling change helped parents leave work on time.

The general internal medicine department also took steps to improve the physical environment by investing in new carpeting and asking staff to contribute ideas for locally sourced art. The result was transformation in which everyone was invested. Satisfaction in the department increased from 65 percent to 83 percent in a single year, while burnout decreased from 39 percent to 17 percent over the same period.
Physician Burnout Case Report: Hennepin County Medical Center Internal Medicine Department

At Hennepin County Medical Center (HCMC) in downtown Minneapolis, MN, a conversation between the chief of the Department of Internal Medicine, a resident training in internal medicine, and an administrator triggered the launch of a pilot program to try an innovative scheduling model.

The question they were discussing was, “Why can’t we get more internists to practice primary care?”

The resident responded that the schedule of a primary care physician appeared far less appealing than that of non-primary care specialists. In addition, there was a sense that the work of primary care physicians carried over past the end of a workday to a greater degree than that of hospitalists. The chief pitched an idea to two internists who had been hospital-based for a decade: switch to a primary care clinic outside the hospital with a schedule that is more responsive to your preferences and responsibilities.

Peter Sandgren, MD, and Veeti Tandon, MD, a married couple who both trained at HCMC, were invited to set up a primary care clinic at the medical center with a schedule tailored to their needs. Sandgren and Tandon were comfortable with the seven days on/seven days off schedule used by many hospitalists. Their initial plan was to use a similar schedule for the clinic, with each physician working alternating 7-day periods. The on-week would include 10 four-hour sessions: mornings, afternoons, and evenings on weekdays (except Wednesday morning), plus Saturday mornings. Both Sandgren and Tandon opted for part-time work; full-time requires 12 sessions per week.

To start, the clinic included Sandgren and Tandon, three nurse practitioners, and two embedded clinical psychologists. “We’ve chosen a week-on/week-off schedule, but it’s not about seven-on/seven-off—it’s about having flexibility, so that the schedule goes along with your life. Physicians with younger children may want to work more Saturday mornings and have fewer evening sessions. Others may want more evenings and fewer Saturdays.”

Dedicated Meetings for Care Coordination

Wednesday mornings are dedicated to a care coordination meeting. The session is attended by both physicians, as well as nurses, medical assistants, a pharmacist, and the two clinical psychologists. The session is considered direct patient care time. During the meeting, the multidisciplinary group discusses care plans, consults, and medication management. They consider each practitioner’s patient panel and daily census with a focus on chronic disease management (e.g., diabetes management and preventive care, colon cancer screening, depression screening, etc.). The meeting is also an opportunity to check that diagnoses and complexity scores are correct, and to streamline and optimize billing.

Electronic Health Records – Managing the Inbox

The largest obstacle Sandgren and Tandon have encountered in launching the clinic has been keeping up with the electronic health record inbox during their off weeks. They have chosen to work one session during their off week to spend time on inbox messages.

Keys to Success

Sandgren and Tandon say the keys to success for the schedule and the clinic overall have been the coordination meeting, the presence of nurse practitioners with whom they collaborate, the small size of the clinic, and the group’s intentionally supportive culture. “We have a clear identity as a group. We understand that the schedule matters and that physicians won’t last or will be unhappy if the schedule doesn’t work. It helps that we are a group of five clinicians; it makes it easier to reconcile different interests related to the schedule,” says Sandgren.

It’s too soon to say whether the new model will help attract or retain primary care physicians; however, Sandgren and Tandon are pleased with the schedule and their ability to transition to primary care, as both physicians were ready for a career shift. The system has also expanded access for patients, providing more evening hours than many of the other clinics. The small size of the group has allowed for piloting of new care processes, such as the use of scribes to decrease the burden of data entry.
The group is creating a second pod within the clinic, with positions for another two physicians. The first physician has signed on for a flexible schedule that is not seven days on/seven days off. A second physician will be recruited soon to craft a coordinated schedule for the second pod.

According to Tandon, the ability to influence their schedules is important for long-term success. “We need to create something that is sustainable for the physician. We need to balance access for patients with flexibility for us.”

**Physician Burnout Case Report: Hennepin County Medical Center Hospital and Trauma Center**

Hennepin County Medical Center (HCMC) is a safety net hospital and Level 1 Trauma Center that serves the Minneapolis area. Mark Linzer, MD, an internal medicine doctor and Director of the Division of General Medicine at HCMC, is a nationally recognized expert on physician burnout. Dr. Linzer wanted to create a support network within HCMC to help retain and recruit top practitioners. While HCMC physicians encounter similar levels of stress and burnout as others across the county, Dr. Linzer felt that HCMC could help its physicians sustain their busy workload by applying the findings from the national Work–Life Study.13

Following Dr. Linzer’s suggestion, HCMC established a Provider Wellness Committee—composed of physicians and advanced practice providers from 12 of HCMC’s 16 departments—with the objective to support and sustain provider wellness.14 The committee reports to executive leadership and is tasked with identifying provider stressors and executing solutions. Within one year of implementing the Provider Wellness Committee, reports of provider burnout decreased from 33 percent to 27 percent.

The committee meets monthly for 40 minutes during the lunch hour and offers attendees a healthy lunch option. While these features may seem trivial, the short meeting time and lunch are greatly appreciated by the busy participants. During initial meetings, the committee developed a charter to improve efficiency and make it easier to disseminate wellness initiatives throughout the HCMC system. Importantly, this charter opens a direct line of communication to HCMC leadership so they can stay informed about the impact that Provider Wellness Committee-initiated policies are having on providers. This line of communication also gives providers a better understanding of why specific policies are in place.

All 16 departments at HCMC have a Wellness Champion (WC), who acts as the “face of wellness” for their department and who can be approached with complaints and suggestions. A WC can be any provider—a physician, dentist, psychologist, nurse practitioner, or physician assistant—as long as they are invested in making wellness happen at HCMC. WCs often serve on the Provider Wellness Committee and they also work directly with department chairs to implement committee improvement tactics. This relationship helps ensure a more evenly distributed workload and supports rapid uptake of changes in the department. The WC infrastructure is a key component of wellness promotion at HCMC.

One of the committee’s first major initiatives was to transform select physical spaces. The former Doctors’ Dining Room was renamed the Provider Dining and Wellness Center after it was transformed into a multi-purpose area open to all physicians, nurse practitioners, physician assistants, psychologists, and dentists. Private philanthropy made it possible to give the area a complete facelift. Space was carved out for exercise equipment, lockers, showers, and a dressing room to accommodate providers who exercise during the day or bike into work. The space also hosts weekly Reflection Rounds, where residents can talk about the challenges of practicing medicine in a safe and supportive environment.

A Reset Room was also created for providers who want to have a few quiet moments away from colleagues and residents, as a place they can go if they need to regroup after a traumatic encounter with a patient, or as a place to take a private phone call.15 The Reset Room is a serene environment modeled after a spa relaxation room. Revamping a formerly underutilized dining area and creating a new sanctuary are just two of the tangible ways HCMC has shown its commitment to provider wellness.

The other major task of the Provider Wellness Committee is running the annual wellness survey. The Mini Z survey comprises 10 questions along with one optional open-ended question. About half of the respondents take
the time to write in sources of stress and possible solutions. The survey results are shared in small meetings with
the chairs of each department. WCs also attend these meetings, which is incredibly valuable since they are often
able to bring insights gathered firsthand from colleagues. Immediate assistance is provided to departments that
exhibit a great deal of stress and burnout. Departments with low burnout rates are also targeted to learn what
makes them function so well. The survey findings are not shared outside of departments or used to compare
one department to another. There is also no benchmarking to other organizations or departments across the
country. The survey is only used to assess each department’s progress year to year.

Committee members and WCs are given time away from clinical practice to participate in the annual wellness
retreat. The time away is paid for by the institution and does not count as vacation or personal time away from
the office. The retreat is an opportunity for all Provider Wellness Committee members and supporters to:

- share findings of new provider burnout research.
- discuss wellness initiatives.
- connect with others within the institution who care about provider wellness.
- share ideas across departments.
- participate in personal wellness initiatives.
- discuss survey data.
- brainstorm new interventions.

Everyone leaves the annual retreat with a tangible plan for discussing the proceedings of the retreat with their
department chair and a clear understanding of the resources available to assist with departmental challenges.

In addition to establishing the Provider Wellness Committee and selecting Wellness Champions, HCMC
has further demonstrated its commitment to provider wellness by establishing the Office of Professional
Worklife (OPW). OPW plays an advocacy and support role, working between hospital executive leadership and
departments experiencing worklife stresses. The OPW is a place that providers can go when they need assistance,
have suggestions, or need conflict resolution assistance. The OPW also introduces wellness programs at HCMC
during new provider orientations.

HCMC is very fortunate to have these programs focused on provider wellness. None of this work would be
possible without support from leaders and champions that span all offices and levels within the organization.
They understand that being a provider is challenging and have acted to make it less demanding, with the goal of
making HCMC one of the best places to practice medicine!

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Learning Objectives
1. Describe why physician burnout is a pressing issue
2. Identify key contributors to physician burnout
3. Outline benefits of conducting an annual wellness survey to document intervention effectiveness
4. Recognize different interventions available to address physician burnout

Article Information

AMA CME Accreditation Information

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Target Audience: This activity is designed to meet the educational needs of practicing physicians, practice administrators, and allied health professionals.

*Disclaimers: Individuals below who are marked with an asterisk contributed towards Version 1 of this learning activity.

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About the AMA Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

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References


