

Physician Well-Being

Protect Against Burnout and Encourage Self-Care



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How will this module help me?

- 1 Provides simple, evidence-based solutions to enhance your joy for practicing medicine and to mitigate stress.
- 2 Includes action steps, tools, and resources to help you to further improve well-being.



Introduction

What is well-being in the practice of medicine?

Well-being includes the ability to adapt to and bounce back from the stress of the training and/or clinical environment. Physicians who practice well-being are better equipped to handle the many challenges presented in medical training and when providing patient care. As such, they are less likely to experience burnout. Promoting the well-being of physicians translates to benefits for patients and the practice as a whole. You can use or develop both formal and individualized well-being programs for your practice or organization.



What is well-being?

Positive Well-being is the capacity to recover quickly from difficulties, the ability to spring back into shape, or the ability to withstand stress and catastrophe. Generally, resilience improves with age as we are exposed to challenging situations and learn to solve problems. We can also deliberately enhance our well-being and resiliency by learning self-management skills and connecting with the meaning and purpose in our lives.

What steps can I take to enhance my well-being?

Any change in behavior is hard. There are multiple small steps that you can take to help boost your personal well-being.

These steps range from the basics (such as ensuring adequate nutrition, sleep, and exercise) to more deliberate reflective approaches (such as narrative practices, mindfulness practices, reconnection with purpose and meaning, and peer group interaction).

Six STEPS to managing physician and trainee stress:

Start small. Choose one item from the steps below and spend the next 30 days checking in daily, even if only briefly, to measure your progress. If you don't feel like you're improving, be patient and reassess in a week. If you are making progress, give yourself a pat on the back and keep up the good work. Consider focusing on another item once the previous habit is firmly in place.

1. Take a deep breath and get organized.

2. Think about your practice or training from a different perspective.

3. Think about the big picture.

4. Find support and guidance in outside groups.

5. Find meaning outside of work.

6. Last but not least—don't forget to have fun!

1

Take a deep breath and get organized.

When you decide to focus on your well-being, you have acknowledged that you are looking for solutions to manage stress. Taking a deep breath allows you to diminish the anxiety of beginning a new journey.

Put yourself on your own schedule.

Schedule essential personal responsibilities before you schedule work obligations on your calendar. Your personal schedule may include the number of hours of sleep that are ideal for you, frequency and duration of exercise that you would like to get, downtime strictly for recreation, alone time, and time for attention to nutrition. If you cannot do everything on your schedule, consider prioritizing your activities.

Take stock of your desires, feelings, and actions that may contribute to stress or burnout.

Begin with an initial moral inventory. “Fearless moral inventory” is a phrase used by Alcoholics Anonymous[®] that means taking stock of your own role in any problematic areas of your life. This exercise is not intended to place blame or be used as an opportunity to judge yourself, but rather to examine how you may unintentionally contribute to your own stress. With this inventory, you can begin to realize how these factors influence your happiness and well-being.

Remember that well-being includes behaviors such as making the time to deal with personal issues. Prioritizing yourself will enable you to address workplace stressors as well. This self-examination should focus on the role of your own emotions, thoughts, or actions in perpetuating feelings of stress or burnout. This is intended to help you find behaviors that are within your power to change.

You may choose to perform this self-evaluation each week, each month, or on an annual basis. The idea is to identify your “thoughts and emotions” and the corresponding “actions” that result. For example, if you wish you had time to meditate but never seem to get around to it, examine the thoughts, emotions, and actions that get in your way. You may find that sadness and feeling a lack of control—the thoughts and emotions—lead to time spent on the internet—the action—which takes up time you would otherwise use to meditate. Another example may be wishing that loved ones would tell you more about their lives—the thoughts and emotions—but you find that you spend limited amounts of time with them and are often preoccupied with other thoughts, and may pay only partial attention to what they are saying—the actions—which results in less meaningful communication than you wish.

Identify and prioritize your values and compare them to how you spend your time.

Start by making a list of the values you hold most dear. Ask yourself what your priorities are at this stage of your life. Priorities will vary from person to person and from stage to stage in your life and career. For instance, at one point in your life, the number one priority may be to get promoted, and at another point, it may be to be the best parent possible. This is why this exercise is worth repeating regularly.

Once you performed this assessment and have a list of core values and priorities, look at how you spend your time, attention, and money. Is there a mismatch between your list of values and your behaviors? It is sometimes useful to look at how you spend every hour in your week and how you spend your income. For example, there is a mismatch if you value a life of human connection, family time, and time outdoors, but spend your days rushing from one patient to the next, getting home too late to talk to your partner, and spend all weekend indoors. Ask yourself if you can delegate tasks so that you have more time to focus on your values and priorities. Are there areas to which you would like to devote more time, attention, or money? Areas where you would like to devote fewer resources?

Figure 1. Benefits of Addressing Physician Well-Being

Addressing physician resiliency has numerous benefits for you, your training, and your organization.

INDIVIDUAL BENEFITS

- Reduce burnout and identify signs of burnout early
- Increase compassion and empathy
- Reconnect with the joy and purpose of practice
- Improve physical and mental health



PRACTICE BENEFITS

- Less staff turnover
- Reduce costs to recruit and replace burned out physicians
- Increase patient satisfaction
- Fewer medical errors
- Improve work environment
- Less need for disciplinary action



Q&A

Why does my state of well-being matter?

There is evidence that stressed, burned-out physicians have:

- Lower patient satisfaction scores.
- Higher rates of malpractice lawsuits.
- Higher likelihood of leaving the profession.^{1 R2 R3}
- A tendency to make more medical errors.
- A greater likelihood of exhibiting disruptive behavior.³

Overall, physicians also have a higher risk of suicide than the general population despite similar risks of depression and anxiety.⁴ For male physicians, the risk of suicide is up to three times higher than for age-matched non-physician controls. For female physicians, this risk increases to five times that seen with age-matched controls.⁴

There is also evidence that medical students are more likely to engage in “dishonest and unprofessional behaviors” when they are feeling depressed or burned out, for example:

- Reporting a lab exam as pending when they knew it wasn't ordered.
- Marking a finding as normal on a physical exam when they knew it was omitted.
- Considering self-prescribing anti-depressants to themselves or a spouse as acceptable behavior.

What is physician burnout?

Physician burnout is defined as “a syndrome encompassing three domains: depersonalization, emotional exhaustion, and a sense of low personal accomplishment.”³

How can I tell if I am experiencing burnout?

A useful self-assessment is to ask yourself: “How often have these statements felt true to me in the last year?”

- “I feel less enthusiastic about my work than before” (possible emotional exhaustion).
- “I have become more insensitive toward people since I took this job” or “I have become more callous over time in my current role” (possible depersonalization).
- “I can’t remember why I wanted to become a doctor” (possible loss in sense of purpose).

If your answer is “more than a few times a year” for any of these statements, you are more likely to fall into the relevant sphere of burnout in a formal assessment. The third domain of burnout, low sense of personal accomplishment, is more difficult to measure and there is no single question that can give insight into this domain.⁵

If you are a practicing physician, another option is to use the seven-item Physician Well-Being Index. A score of greater than or equal to four positive answers on the Index correlates with lower mental quality of life, a lack of well-being, and other markers of physician distress. The Index takes very little time to complete and the information obtained from answering the questions may be useful as a personal reference point.⁶ You may also consider using the validated Mini-Z questionnaire on an organization-wide level to reliably measure staff burnout. Regular measurement and response to burnout should become an institutional best practice—a “vital sign” for organizations.

What risk factors are associated with burnout?

Common risk factors for burnout include:

- Demanding workloads.
- Number of nights on call.
- Having a partner who is also a physician.
- Raising children.
- Having recently made a medical error.
- Being a mid-career practitioner.
- Work–home conflict.
- Spending less than 20 percent of time on the most meaningful aspects of your work.
- Moving to a new environment with little support.

What are the common sources of physician and trainee stress in medical practice?

Physicians are faced with numerous stressors throughout their careers. Some are expected, such as prolonged, intense training and exposure to tragic outcomes during medical practice. Others are the result of the evolving practice environment, including implementation of electronic health records (EHRs) and increasing regulatory demands. Learning resilience gives you the tools to not only appropriately react

to these stressors, but helps you develop skills to prevent them from taking a toll on your personal well-being.

Even changes in your practice that are designed to improve your quality of life can be very stressful, especially those made without your input. It is useful to bolster your individual capacity to cope to make it easier for you to adapt to any changes made on a system-wide level. Learning and utilizing some techniques to foster your own stress tolerance and hedge against burnout will prove useful during times of rapid change.

Medical training is also stressful. Medical students, residents, and fellows are frequently exposed to loss in the clinical environment, along with stressors outside of the clinical practice as well. Grades, medical school debt, and a disorganized learning environment are often sources of stress for trainees.

2

Think about your practice or training from a different perspective.

Write your individual mission statement.

What do you stand for? Write it down. Each time you are considering doing something, ask yourself whether this action is consistent with your mission statement. This may help you decide whether to agree to do it or not. Many CEOs write their own personal mission statements to guide their decisions.

Write down inspiring patient stories.

Regardless of whether you use a formal or personal approach, writing patient stories as narratives rather than for the medical record is a powerful way to connect with emotions stirred up by patient interaction.

There are formal programs in narrative medicine, such as the one at [Columbia University Medical Center](#). You may find it beneficial to write alone or with a group of peers. Patients should never be named, nor should their stories be identifiable. Do not publish these stories in any form (such as in a magazine or on a blog) without explicit written consent from the patient. This exercise is primarily for your benefit; seek legal advice if you wish to have your work read by a broader audience.



3

Think about the big picture.

Consider the legacy you want to leave behind.

Deciding how you wish to be remembered may help spur changes in the way you currently live. Imagine what a member of your family, a friend, or a coworker might say about you if you move away or at your retirement party.⁷

Start a gratitude journal.

Write down three items that you are grateful for each day. Examples include seeing the sunrise, a warm smile from a patient, etc. Nothing is too simple for this exercise. Some people like to do this immediately before going to sleep at night, while others prefer to do it first thing in the morning. This easy practice has been shown to increase self-reported happiness and prevent burnout.⁸

Manage your time and finances

Physicians have extensive training in the practice of medicine, but often have minimal training in managing their own time and finances. It may be worth a course or a consultation with a reliable expert to help hone your skills in these areas. If financial management is a stressor, make an appointment to meet with a local financial advisor.

Develop your spiritual practice.

Having a spiritual practice appears to be protective against burnout.⁹ Spiritual practices are not necessarily a formal religious practice. For example, you may find that regular time alone in nature serves this purpose.



4

Find support and guidance in outside groups.

Consider a support group.

Many types of group interaction can be beneficial in reducing stress, restoring emotional well-being, and preventing burnout. The general idea is for a group of peers to speak together about the stresses and pleasures of their work. These groups may be peer-led or moderated by a trained facilitator. Examples of groups you may consider include: [The American Balint Society](#), [The Center for Mind-Body Medicine](#), The Institute for Integrative Health [Faculty Training in Mind-Body Medicine](#), and a variety of programs offered by the [Center for Courage & Renewal](#). If none of these groups are available in your area, consider attending training to start your own.

Enlist your peers to provide support.

Health care practitioners are frequently exposed to extremely unsettling events, such as the death of a child, and may be involved in adverse outcomes.

To help physicians cope with these situations, Jo Shapiro, MD, of Brigham and Women's Hospital in Boston, initiated a peer support program for her colleagues. This program consists of a group of physicians trained to provide a sympathetic ear to their distressed colleagues. In the event of an adverse outcome or medical error, peers in the Brigham and Women's Hospital group are available to lend support and direct colleagues to additional resources. This program has helped to transform the culture of secrecy and shame associated with adverse outcomes and provides resources to affected physicians. Numerous hospitals, health systems, and physician groups have created similar peer support programs that lend support and direct colleagues to additional resources.

The Collaborative for Healing and Renewal in Medicine (CHARM) is dedicated to addressing burnout in medical trainees by gathering best practices, promoting investigation of the impact of learner burnout, developing tools for educators to address learners in distress, and advocating for recognition and inclusion of initiatives that foster well-being in this group.

If you are a medical student or are training medical students, consider looking into **The Healer's Art** program. This program offers curriculum for medical students that focuses on strengthening students' personal values, calling, and service intention. It uses tested principles of adult education, contemplative studies, psychology, formation education, poetry, art, and personal narrative to increase awareness of personal values, increase resilience, and foster professionalism among medical students.

Seek professional help.

Are you one of the many physicians or trainees who do not have their own primary care doctor? If you are concerned about your physical health, find and check in with a primary care doctor. For emotional support and help determining whether any serious mental health issues are present, consider a counselor such as a social worker, psychologist, or psychiatrist.

Most health systems have mental health practitioners who specifically manage health care team members. They are discrete and skilled in the specific challenges that physicians encounter.

Connect with local resources.

Your organization may have a student or employee assistance program that provides free counseling and referrals. You may also explore wellness offerings from your county or state medical society. In addition, most states have a physician health program (PHP). In some states, the PHP is small and primarily handles substance abuse or disruptive behavior by physicians. In other states, offerings include wellness activities like sponsored mindfulness training.

Q&A

Where in the health care ecosystem should burnout be addressed?

Burnout can be addressed at multiple levels:

- Individual (addressed in this module).
- Microsystem (e.g., the office practice, which is addressed in other STEPS Forward™ modules on various aspects of **workflow** and teamwork).
- Mesosystem (e.g., the organization or institution).
- Macrosystem (e.g., the health care system, which is addressed through policy, regulation, research and technology).

The AMA is working addressing physician burnout at all four levels. This module is focused primarily at the individual level. To learn more about burnout, see the STEPS Forward™ **physician burnout** module.



Find meaning outside of work.

Having a broad perspective of life beyond the medical profession can help buffer the daily challenges of caring for patients.

Volunteer.

Although it may seem counterintuitive to add more to your packed schedule, people who donate their time and expertise in volunteer service often find it easier to attain personal happiness.

Learn something new.

In general, people who choose a career in medicine have a thirst for knowledge and intrinsic curiosity. After many years in practice, the problems that were initially challenging may become routine and less engaging. Consider quenching your thirst by signing up to learn something new. This does not have to be medicine- or career-related.

Take a mindfulness class.

Mindfulness-based stress reduction, or MBSR, is a program developed in 1979 by Jon Kabat-Zinn at the University of Massachusetts Medical School. This secular program is based on meditation, self- and body-awareness, and communication skills. Initially used by patients with chronic diseases and chronic pain, the applications of this program continue to grow. The basic program lasts eight weeks for approximately two hours per week. There are now offshoots for specific issues, such as eating disorders, relapse prevention for substance use, and management of recurrent depression. There is growing literature that mindfulness-based approaches are very useful in mitigating the stress experienced by health care practitioners.^{10 R11 R12} In fact, some institutions now have mindfulness courses specifically for health care practitioners.

Connect with your body.

It is healthy and important to find time for regular exercise. However, some specific forms of exercise, such as yoga, tai chi, and qi gong, foster a strong mind-body connection.



Last but not least—don't forget to have fun!

Whether you are passionate about gardening, dancing, watching reality TV, or traveling, remember to schedule (and keep) time to enjoy those activities that make you happy.

Conclusion

When you focus on managing the stress of relentless change, it is easy to lose sight of the joy, meaning, and purpose of your profession. Taking small steps devoted to improving your own well-being will help you have a longer, more satisfying career, and reduce your risk of burnout. Improving your personal well-being may also have a positive impact on your team, your family, and all the patients with whom you interact.

STEPS in practice

1

Physician Well-Being Case Report: Hennepin County Medical Center

As the new chair of Emergency Medicine at Hennepin County Medical Center (HCMC), James R. Miner, MD, was looking for ways to foster a positive, supportive culture among his physician faculty. HCMC had just completed a system-wide survey of physician burnout. Dr. Miner recalls, “While our department burnout rate was low, all our physicians reported high levels of stress and we realized we were at risk for future burnout. We decided to be proactive and do something to reduce stress within our group. We knew physicians were troubled by constant interruptions and had difficulty focusing in the emergency room (ER), so we decided to give mindfulness a try.”

Twenty-two of HCMC's 28 emergency medicine physicians signed up for four weekly two-hour sessions, during which they participated in group exercises and practiced a variety of mindfulness techniques. All 22 of the physicians who signed up for the training completed at least three of the four sessions, and 18 attended all four sessions—a testament to the value they found in the training. “Some of the physicians we thought would be the most skeptical surprised us and were willing to give it a try. All of the physician participants rated the mindfulness training highly in post-session evaluations,” Miner reports.

Some physicians recognized that things they were already doing—exercising, listening to music for 20 minutes after a shift—were ways of being mindful. “Going through the training helped them see these as essential stress relievers, and that they could now be more purposeful in prioritizing these activities,” Miner adds.

Other physicians learned that they benefit from taking 10 minutes to refocus after a stressful patient event. “After a traumatic experience, such as the death of a child in the ER, a colleague is now more likely to say to the physician involved, ‘I think it would be good if you went off and took a few minutes to refocus,’” Miner remarks. Mindfulness training provided an opportunity for bonding within the department, and this type of response to stress is now understood as a sign of friendship and caring for one another.

What were the keys to success?

- The physician leader must truly buy into the practice and benefits of mindfulness for others to engage. The leader can make it clear that well-being is a departmental priority, and that it is an important part of a physician's job to be mentally healthy.
- Convey that mindfulness training is being offered to help physicians be better at their jobs. Had HCMC mandated the mindfulness training (rather than offering it as an option), they believe that the outcome would have been very different.
- Keep the size of the training sessions to 10-20 participants.
- Schedule thoughtfully to avoid creating competing responsibilities for the physician participants. HCMC offered the mindfulness training sessions twice a day, once from 7 to 9 a.m. and again from 5 to 7 p.m. This way, the sessions took place just before or just after a shift. Physicians could choose their preferred session based on their work shift.

Of his own experience with mindfulness training, Dr. Miner says, “If I start a shift in a bad mood, everything will go downhill. Before I come into a busy shift, I collect myself and focus. As I walk in from the parking lot, I have a routine of thinking only about things for which I am grateful. When I get to my desk, I take about five minutes of quiet to clear my mind. I consciously push any personal concerns off for eight hours, protecting myself from stress and burnout. I am more focused. I've been teaching my residents mindfulness, as well.”

2

Physician Well-Being Case Report: Southern California Permanente Medical Group

The Southern California Permanente Medical Group (SCPMG) of almost 7,000 physicians takes physician wellness seriously. “If we are to become the answer to health and health care in America, we must first become the answer to physician wellness,” explains Ed Ellison, MD, executive medical director of SCPMG.

The emphasis on physician wellness in SCPMG started when the Physician Human Resources department noticed an uptick in leaves of absence requests for stress and anxiety disorders from physicians who were feeling overworked and experiencing symptoms of burnout. Less than one percent of these physicians had utilized the internal Kaiser Permanente Employee Assistance Program (EAP)—a benefit providing physicians with mental health service options within Kaiser Permanente. “The assumption was made that our physicians were hesitant about using the internal program due to awkwardness of disclosing personal issues with their colleagues,” said Sonya Silva, director of benefits. “Another important reason physicians didn't use EAP is that they thought it was for employees only. Our physicians are considered owners of the medical group, not staff or employees.”

An internal survey, conducted by Dawn R. Clark, MD, chief physician wellness facilitator, confirmed that SCPMG physicians desired programs to address physician wellness specifically. In response, the SCPMG Physician Wellness program was created to support and inspire wellness among physicians throughout the Southern California region. The program supports a strategic framework that focuses on key wellness pillars: prevention, professionalism and continuing medical education, practice management, collegiality and community service, and healthy eating, healthy activity, and healthy weight.

Two years later, SCPMG Leadership also introduced an external Physician Assistance Program, called Physician Work–Life Solutions, which offers physicians and their immediate families' access to a variety of resources to help free up time to better manage work–life integration and to provide access to external mental health services.

The Physician Work–Life Solutions program provides confidential counseling and stress management coaching with expert clinicians from outside of Kaiser Permanente. Physicians who may need guidance to manage their financial wellness can also obtain referrals for qualified financial advisors and legal consultation.

Finally, the program provides a concierge service of sorts that allows physicians and their immediate families to delegate some of the questions on their to-do lists to the program's research specialists. Naomi Y. Morales, MD, utilized the service when her mother had a total knee replacement that required in-home postoperative care. “The intake was professional and asked detailed questions about my mother's needs and location. I received an email response within one week,” Dr. Morales said. “The email contained detailed descriptions of different home care agencies and details about contact information. The service contacted each vetted company, confirmed the services were available, and gave me contact details—both phone numbers and names. It helped my life tremendously! It was a very stressful time assisting my 88-year-old (young and opinionated) mother during her pre-op, surgery, hospitalization, and post-op recovery. It freed up my time to attend to my mother's needs directly, to concentrate my work time on work and not worry or feel overwhelmed by multi-tasking, and to take mental and physical rest when I needed it.”

This service—offered by SCPMG at no cost to physicians—can provide information on child or elder care, moving or relocating, making major purchases, college planning, pet care, home repair, and even planning a vacation.

“Physician Work–Life Solutions allows our physicians to focus on their clinical practices while someone else does all of the homework for many of the personal needs they have. At the end of a hard day, it is truly a gift when someone has done the research for you and sends you ‘the answers’ to your home email,” said Dr. Clark. “From mental health support to vacation planning, SCPMG physicians now have only one phone call to make in order to meet personal needs they may have through Physician Work–Life Solutions.”

Physicians have been receptive to the services provided by the Physician Work–Life Solutions program. “We're receiving positive feedback from our physicians who are utilizing the services for a variety of reasons,” said Ms. Silva.

Statistics for program utilization indicate that 3,841 total services were logged in the program's second year, an increase from the 3,100 services logged in the year it debuted.

Physician Work–Life Solutions is one of several impactful programs that the SCPMG Regional Physician Wellness Team is creating to help its physicians be more resilient during these challenging times in medicine.

3

Physician Well-Being Case Report: Wright State University Boonshoft School of Medicine

Moving from undergraduate studies to medical school can be a stressful transition for many future physicians. Compounding this stress, medical students may lose touch with their enthusiasm for patient care and their calling to the medical profession when exposed to the perspective of fatigued residents and physicians during clinical rotations.

Enter The Healer's Art. Developed in 1991 by Rachel Naomi Remen, MD, clinical professor of Family and Community Medicine at UCSF School of Medicine, The Healer's Art is a curriculum for medical students that focuses on strengthening students' personal values, calling, and service intention. It uses tested principles of adult education, contemplative studies, psychology, formation education, poetry, art, and personal narrative to increase awareness of personal values, increase resilience, and foster professionalism among medical students. Consisting of five three-hour sessions led by trained faculty, The Healer's Art offers students an opportunity to explore the human dimensions in medicine that often receive insufficient consideration in medical training.

In The Healer's Art, small group discussion, meditation, and storytelling help students develop relationship-building skills—like comfort with loss, deep listening, and being present in the moment—that help them better understand and communicate with patients and colleagues. Students also learn effective self-care practices that can build their resilience to stress during training and practice. The Healer's Art is now taught at more than 70 medical schools in the US and across the world, and more than 18,000 students have completed the course to date.

At Wright State University Boonshoft School of Medicine, The Healer's Art was first offered in 2004. In the ensuing years, student demand for the course increased, such that today, 80 of the 100 first-year students elect to participate in the course.

Dean X. Parmalee, MD, professor of Psychiatry and Pediatrics and associate dean of Medical Education at Boonshoft, was one of the first faculty members to teach The Healer's Art at the medical school. According to Parmalee, students often find the course is valuable to their personal growth experience during the first year of medical school. “Many students have experienced losses and disappointments by the time they reach age 20. The course provides an opportunity to share these experiences with others and to see that their peers are going through some of the same struggles.”

Parmalee described an encounter that a student reported after participating in The Healer's Art. “The student was part of the team caring for a teenage woman who underwent an emergency C-section after which the infant could not be resuscitated. Later, the student was alone with the woman when the baby's father entered the room. He began to cry. Rather than leaving the room out of discomfort, the student held hands with the couple, a silent witness to their grief. The student later told Parmalee, ‘Because of The Healer's Art, it seemed like the right thing to do.’”

Meaghan Ebetino, MD, a family physician in Dayton, Ohio, was first exposed to The Healer's Art in 2009 when she was a first-year medical student at Boonshoft School of Medicine. What she most appreciated about the course as a student was the supportive relationships that developed among the students in her small group and the accessibility of the faculty member as a mentor. “We got to know each other better because of the course and developed a sense of solidarity and a support system. It would have been a much tougher year without the course.”

Today, as a faculty member for The Healer's Art, Ebetino values the opportunity that the course offers to process difficult experiences. “Medical students and physicians tend to think they need to figure things out on their own, but clinical practice can be a lot to process. The Healer's Art helps us learn to step back and appreciate the experiences we have with patients.”

Thaddene O. Triplett, MD, a pediatrician in private practice in a small town outside of Dayton, has been a volunteer faculty member for The Healer's Art Boonshoft for nine years. “For the students, the course helps answer the question: what is medicine and what's it all about? It allows them to think about and remember why

they are entering medicine.” She believes that the curriculum provides students with the confidence they need to handle the clinical situations they will encounter and a network of support when they need help.

Triplett looks forward to leading The Healer’s Art course each winter—despite the time commitment amidst a busy schedule. “I’m proud to be a part of the course. I continue because it has great value for students. It is such important work.”

Shilpa Darivemula, now a third-year medical student, learned about The Healer’s Art at a conference during her first year at Albany Medical College. Other students at the meeting voiced positive appraisals of the curriculum and especially appreciated the opportunity to discuss difficult topics with peers. Darivemula gathered information about the program and requested a meeting with the dean of her medical school. Although the dean was supportive of the idea, it took several months to identify the needed funds for training faculty members. A year ago, the medical school began offering The Healer’s Art, and Darivemula was among the first students to participate.

According to Evangeline Andarsio, MD, clinical associate professor of Obstetrics and Gynecology at Boonshoft School of Medicine and director of the National Healer’s Art Program, the curriculum has been so successful among students, program leadership is now developing a pilot curriculum for residents.

4

Physician Well-Being Case Report: Collaborative for Healing and Renewal in Medicine (CHARM)

The **Collaborative for Healing and Renewal in Medicine (CHARM)** was recently formed by medical educators, researchers, and leaders at academic medical centers to collect and disseminate best practices in wellness initiatives for medical students and residents. The group received grant support from the Alliance for Academic Internal Medicine in January 2016 to create and disseminate products that would enable faculty members to champion wellness programs at their institutions. The ultimate goal of these initiatives is increasing the resilience of medical students and residents to the stresses inherent in clinical training.

CHARM is currently working on developing a variety of materials including training modules, an annotated bibliography of best practices for residency wellness programs, and several manuscripts for publication. The materials will be freely available and will include tips for interested faculty on how to approach leaders and obtain their buy-in for committing the necessary resources for wellness programs.

The two co-chairs of CHARM have championed wellness initiatives at their own institutions for many years. Hasan Bazari, MD, nephrologist, internist, and past director of the Internal Medicine residency program at Massachusetts General Hospital in Boston, has offered “Reflection Sessions” to residents in Internal Medicine for more than eight years. In these sessions, residents dedicate time to reading a poem and reflecting on its themes and the application to their lives and clinical experiences.

The sessions are integrated into the curriculum for trainees in all three years of the residency program. Interns participate in a two-hour session as part of their orientation in the first month of training. During the remainder of the year, they participate in three one-hour sessions, which are scheduled during their ambulatory rotations. Interns also participate in a one-hour session during a retreat held at the mid-point of the year. Second- and third-year residents attend sessions together, participating in a total of three one-hour sessions each year, also held during ambulatory rotations.

According to Dr. Bazari, the meetings provide “an element of consistency through the three years, while in a chaotic environment in which there are a lot of moving parts.” He notes that the group forms a circle of trust, within which seniority falls away as the participants discuss various topics. Death and suffering are common themes, about which the trainees express intense emotions. Sessions also include moments of silence for quiet contemplation. Although it is difficult to measure the impact of the sessions quantitatively, Dr. Bazari has observed the enthusiastic engagement of the trainees during the sessions and believes that they find the discussions to be interesting and helpful. When burnout rates were measured with the Maslach Burnout Inventory in previous years, there was a diminution of burnout over time, though it did not reach statistical significance. The organization plans to continue to measure and compare burnout rates in future years.

Jonathan A. Ripp, MD, associate professor of Medicine at the Icahn School of Medicine at Mount Sinai in New York, has also championed a wellness program for residents in Internal Medicine. Like the initiative in Boston, the program is offered during ambulatory rotations during each of the three years of training. However, the program at Mount Sinai differs in its composition. During the first year of residency, interns receive five hours of mindfulness training from experts in the field. During the second and third years, residents participate in facilitated discussions focused on a published essay, such as those appearing in *JAMA's A Piece of My Mind* or in *The New England Journal of Medicine's Perspective* section.

The elements of the wellness program were specifically selected, according to Dr. Ripp, because mindfulness practice and facilitated discussion have an evidence base demonstrating effectiveness in reducing burnout. Topics at the facilitated discussions include handling death and dying, participating in resuscitations, dealing with difficult patient situations, and managing work-home balance. Dr. Ripp has strongly advocated for inclusion of the sessions as part of required training. "It's important that the program is integrated into the existing trainee curriculum schedule, not added on as an extra requirement." Dr. Ripp notes the difficulty in conducting research on the effectiveness of any interventions to reduce burnout among trainees. "It is challenging to show that any one intervention has an impact. Instead, we must look at the general trend." He will be assessing pre-and post-program outcomes and will be reporting the results back to his CHARM colleagues.

By championing wellness programs within their own institutions and collaborating with others across the country to identify and spread best practices, Drs. Bazari and Ripp hope to make effective wellness initiatives more widely available. Through greater availability, they hope to foster increased resilience to stress among physicians in training.

Learning Objectives

1. Define resiliency in the practice of medicine
2. Explain how improving resiliency benefits you and your practice
3. Describe action steps, tools and resources to increase resiliency

Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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.

Statement of Competency: This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice, interdisciplinary teamwork, quality improvement and informatics.

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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.

ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an **MOC Part II CME Activity**. Please review the *ABMS Continuing Certification Directory* to see what ABMS Member Boards have accepted this activity.

Renewal Date: February 22, 2016; May 23, 2019

Disclosure Statement:

Unless noted, all individuals in control of content reported no relevant financial relationships.

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