Healing the Healers

Evaluating the Importance of Resident Wellness: Identifying and Responding to At-Risk Residents
The Osteopathic Physician

• The osteopathic approach “requires consideration of every aspect of the patient – mind, body and soul”.
• But training “rarely includes those tenants in the practitioner.”
• It is time for a change

Piccinini et al, Addressing Burnout, Depression and Suicidal Ideation in the Osteopathic Profession, Perspectives, National Acadamy of Medicine, 2017
At The Conclusion Of This Presentation, Participants Will Be Able To:

- Discuss physician **burnout** and approaches to maximize **wellness** and engagement
- Recognize physician **depression** and **suicide risk** and **destigmatize** treatment for ourselves and others
- Describe approaches to **identifying** and **responding to** at-risk residents
Faculty Disclosure

No relevant commercial interests or financial relationships to disclose

Sid Zisook, MD
UC San Diego
858-534-4040
szisook@ucsd.edu
Physician Distress

Burnout
- An occupational hazard
- Preventable

Depression
- A pervasive, miserable and disabling medical disorder

Suicide
- Higher rates than others
- Can be prevented

Our Goals:
- Engagement
- Wellness
A Tough Balancing Act

Jean E. Wallace (Department of Sociology) and Jane Lemaire (Department of Medicine) University of Calgary, 2005
1. Burnout

The cost of caring

Christina Maslach, 2015
Burnout

A psychological syndrome emerging as a prolonged response to chronic stressors on the job

- Overwhelming exhaustion
- Feelings of cynicism and detachment
- Sense of ineffectiveness and lack of accomplishment

In context of:
- High work load
- Low Autonomy
- Unique vulnerabilities
- Regulationosis
- Other stressors
- Few supports

The antithesis of burnout: engagement
- High energy
- Strong involvement
- Pride and a sense of efficacy

Maslach WP 2016
Survey of over 4000 medical students at 7 US medical schools found that 50% of students reported burnout.
The Stress of Medical School and Burnout

Surveys of medical students at the University of Michigan compared to age matched men and woman

<table>
<thead>
<tr>
<th>At matriculation</th>
<th>During years 1-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Medical students have lower rates of burnout</td>
<td>– Medical students have higher rates of burnout</td>
</tr>
<tr>
<td>– Medical students have less self rated depression</td>
<td>– Medical students have more self rated depression</td>
</tr>
<tr>
<td>– Medical students have better quality of life</td>
<td>– Medical students have worse quality of life</td>
</tr>
</tbody>
</table>

Dyrbye et al Acad Med 2014 and Brazeau et al 2014
Burnout in Medical Students: Consequences

More prevalent among medical students than similarly aged population controls

- Associated with unprofessional conduct
- Inversely correlated with empathy
- Strong dose-response relationship with serious thoughts about dropping out of medical school

Also more depression and SI in some studies

Burnout among residents

- Experienced by 41-90% of residents
  - Versus 30% of age-matched general population
  - Burnout levels rise quickly within the first months of residency
- Resident burnout and depression are associated with *medical errors* and *poorer patient care*
- Meta-analysis of studies of the effect of ACGME work hour changes on burnout:
  - 50% reported no impact on patient care
  - 47% reported no impact on resident wellness
  - 64% reported a *negative* impact on resident education

Medical Students and Residents
Not Alone: High Rates in .....
Trends are in the Wrong Direction: Change in Burnout Between 2011-2014

- Survey of 6,880 MDs
- Increase reporting least 1 burnout symptom (46 to 54%)
- Decrease satisfaction with life-work balance (49 to 41%)
- More burnout and less satisfaction with life-work balance than general working population (which did not increase) – disparity increased
- No change in depression (38%) or suicidal ideation (6%)
- Decrease in % who would become physician again (70-67%)
Burnout Outcomes

• Work Related
  ✓ Job dissatisfaction
  ✓ Low organizational commitment
  ✓ Negative feelings about patients
  ✓ Poor quality of patient care
  ✓ Medical Errors
  ✓ Absenteeism
  ✓ Intention to leave the job
  ✓ Turnover
  ✓ Contagion

• Health Related
  ✓ Headaches, chronic fatigue, gastrointestinal disorders, muscle tension, hypertension, cold/flu episodes, and sleep disturbances
  ✓ Cardiovascular
  ✓ Substance Use
  ✓ Depression
Why do Healthcare Providers Burnout?

A calling

? 

Exhaustion
Cynicism
Ineffectiveness

What’s Happening?
“Burnout is not an expected reaction to hard work; deeply satisfying work can involve tremendous personal sacrifice....”

Epstein RM, Privitera MR. Lancet 2016; 388: published online November 5, 2016
A Mismatch

What leads to physician’s professional satisfaction?

- Time with patients
- Perceiving oneself as providing high quality care
- Autonomy and work control
- Values aligned
- Collegiality, fairness, respect
- Work quantity and pace
- Work content, allied health professionals and support staff
- Current state of EHR “usability”

What is happening?

- For every hour physician’s provide direct clinical face time with patients, nearly 2 hours is spent on EHR and desk work during the clinic day
- Another 1-2 hours of personal time is spent each night doing additional computer work
- Burnout is increasing!!

Friedberg et al, Rand Corporation and AMA Report, 2013

2017 Medscape Survey: Internist

On-line Survey of 19,270 physicians between 12/20/2016 and 3/7/2017
2120 Internists

- Most rewarding aspects of job
  - Gratitude/relational (35%)
  - Being very good at what I do, finding answers, diagnoses (28%)

- Most challenging parts of job
  - Having so many rules and regulations (30%)
  - Dealing with difficult patients (18%)
  - Working longer hours for less pay (17%)
  - EMR (11%)

- Chose Medicine again? 75%
- Chose Internal Medicine again? 64%
TIPPING THE BALANCE FROM BURNOUT TO WELLNESS

Burnout

How?
Avoiding Burnout: Institutional and Individual Responsibilities

- Encourage organizations to implement and support interventions, such as team meetings, division of labors, acknowledgements and awards, retreats, and counseling services.
- Engage in self-care activities to decrease or prevent burnout.

*IF I AM NOT FOR MYSELF, WHO WILL BE FOR ME? IF I AM NOT FOR OTHERS, WHAT AM I? AND IF NOT NOW, WHEN?* - Rabbi Hillel
### Some Organizational Ideas from UCSD Psychiatry Residency

<table>
<thead>
<tr>
<th>Idea</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top down Morale Committee to examine the problem and come up with solutions</td>
<td>• More teachers, internal moonlighting, efficient rounds, social workers and ongoing monitoring</td>
</tr>
<tr>
<td>Process Group</td>
<td></td>
</tr>
<tr>
<td>Retreats</td>
<td></td>
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<tr>
<td>Literature and movie groups</td>
<td></td>
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<tr>
<td>Anonymous feedback</td>
<td></td>
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<tr>
<td>Frog award</td>
<td></td>
</tr>
<tr>
<td>Hail and Farewell – with multiple awards</td>
<td></td>
</tr>
</tbody>
</table>
| Wellness Committee                                                    | • Every 5<sup>th</sup> Thursday  
• Wellness Rounds |
| SAVE Committee – support for the worst events                         |                                                                        |
| HEAL Committee – confidential referrals                               |                                                                        |
How Balanced is Your Life?

Balanced Life*
- Health
- Work
- Partner
- Family
- Friends
- Exercise
- Spiritual
- Household
- Personal
- Recreation

Many Physicians*
- Health
- Work
- Partner
- Family
- Friends
- Exercise
- Household
- Personal
- Recreation

*Not based on real data
Fostering Resilience

• The capacity to bend/flex, bounce back, to withstand hardship, and to repair yourself
• Positive adaptation in the face of stress or disruptive change

• Optimism
• Meaning given to adversity
• Proactive coping mechanisms
• Good social support
• Effective emotional regulation
• Altruism
• Positive self-concept
• Good cognitive skills
• Social skills, developed social intelligence

• Capable of empathy
• Internal locus of control
• Sense of humor
• Warm, nurturing parents
• Spirituality
• Ability to face your fears
• Having a positive role model
• Goals in life

Building Resilience

Realistic recognition (overcoming denial)

Exercise, sleep, sun, nutrition
- Mandatory schedule
- Some better than none

Get a dog

Find a way to unshackle yourself from technology

Relationships
- Professional
- Personal

Talking things out with others

Hobbies outside medicine

Personal relationships

Boundaries – learn to say “no thanks”

Swetz, J Palliative Med 2009
A Promising Study: Mayo Clinic

Rationale:
- Burnout is common
- Affects patient care and physician turnover
- Therefore, a shared physician and institutional responsibility
- Of interest, only 74 of 565 physicians agreed to participate

Design and Results:
- Randomized, controlled trial (n=74 - 37 in each group)
- Each group received 1 hour paid time off every other week x 9 mos
  - Facilitated physician discussion group focusing on mindfulness, reflection, shared experiences, and small-group learning
  - Vs. just time off
- Active peer support group superior by 3 months and sustained over 1 year
  - Less emotional exhaustion
  - Less exhaustion
  - Less burnout
  - More meaning, empowerment and engagement in work

West, et al
JAMA Intern Med 2014
Mindfulness Works!

- **Mindfulness** is a mental state achieved by focusing one’s attention on the present moment while (nonjudgmentally) acknowledging and accepting one’s feelings, thoughts and bodily sensations.

- Before and after study of 70 primary care physicians given a course on mindfulness meditation, self-awareness exercises, clinical narratives, discussion.

- Seven hour retreat followed by weekly meetings of 2.5 hours for 8 weeks followed by 2.5 hour meetings **monthly** for ten months.

- Dramatic improvements in mindfulness, total mood disturbance, empathy, burnout were sustained over one year.

What is your why?

• What compelled you to pursue medicine as a career?
• What inspires you each day?
• What kills your enthusiasm?
• What is your vision for the next 10-15 years?
Rocks, Pebbles and Sand
2. Burnout may be a Forerunner to Major Depression

• Major Depression is a serious medical condition
• Not just sadness, unhappiness or burnout
• A miserable condition that often is chronic, recurrent, diminishes quality of life and can be life threatening
• Treatable
## Major Depressive Disorder and Burnout

<table>
<thead>
<tr>
<th><strong>Burnout</strong></th>
<th><strong>Major Depression</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A response to chronic occupational stress</td>
<td>1. May or may not be triggered by a stressful life event in a vulnerable person</td>
</tr>
<tr>
<td>2. May include feelings of sadness and depletion</td>
<td>2. Often associated with morbid feelings of worthlessness, psychomotor changes and</td>
</tr>
<tr>
<td>3. Usually responds to distraction, rest, exercise, companionship and time</td>
<td>suicidal thoughts and actions</td>
</tr>
<tr>
<td>away from work</td>
<td>3. Rarely responds in sustained way to distraction, rest, exercise, companionship or</td>
</tr>
<tr>
<td>4. No evidence that antidepressants are effective</td>
<td>time away from work</td>
</tr>
<tr>
<td>5. May be a precursor to MDD</td>
<td>4. May respond to evidence-informed treatments</td>
</tr>
</tbody>
</table>
Successful People with Depression

Buzz Aldrin  Terry Bradshaw  Ray Charles  William Churchill  Charles Darwin
Hulk Hogan  Abraham Lincoln  Wolfgang Amadeus Mozart  Sir Isaac Newton  Sylvia Platt
Anne Sexton  Sting  Mike Tyson  Oprah Winfrey  William Carlos Williams
Doctors Struggle Alone

“Doctors, more often than not, are left alone to struggle with their suffering. Many find it hard to ask for help, to acknowledge needing it: they are trained to be independent, to be accountable for decisions that cost or save lives, and to assume an undue portion of the miseries of others”.

Kay Redfield Jamison
author of AN UNQUIET MIND

Night Falls Fast
understanding suicide

“Piercing... Exquisitely elegant... [Jamison] writes not only in fierce opposition to suicide, but also in passionate vindication of life.”
—The New York Times Book Review
"We physicians have traditionally lived within a culture of silence when it comes to mental health. Loathe to draw attention to self-perceived weakness, we commonly cloak experiences of anxiety, worry, or shame in order to carry out our day’s mission. We have had a blind spot that has permeated our collective vision, keeping us from clearly seeing the problems for what they are when they arise, or staying silent when we do see them in others or ourselves."

Christine Moutier, 2016
Dear Momma and Daddy,

I am so dreadfully sorry for the unimaginable pain and hurt that I have caused you by taking my life. I am sorry for hiding from you that I was so deeply sad. I am sorry for not letting you know that I felt like I simply no longer wanted to live my life. I am sorry that I did not let you in on my perpetual despair that I lived in. Depression is nothing new to me. I can’t remember a time in my life in which I didn’t feel like I was barely treading water. I never told you how pervasive it was because I wanted to protect you from it, and I wanted to protect myself from it. But I have finally decided that I’d rather just not exist. I have found myself happy on occasion, and I have had many pleasurable things in my life, but mostly I feel overwhelmingly sad and exhausted from the weight of it. I would just rather not endure it any longer. I would have died years ago, but I couldn’t bring myself to cause you such sadness and heartache. I still can’t bear to think of the hurt this brings you, but I just can’t go on.

Kaityln
Dear Pamela,

On April 11, 2013, I lost my twenty-three-year-old, brilliant daughter, Kaitlyn Elkins, to suicide. She was just beginning her third year of medical school at Wake Forest School of Medicine in Winston-Salem, NC. Saying we were and are devastated in a great understatement, but another thing that was the absolute shock as we thought she was one of the happiest people on this earth. She was sweet, brilliant, gifted in all academics as well as an artist, poet and writer, and marathon runner. And she never, ever in her whole life showed her depression to us (her parents) or her friends, except she did tell her last boyfriend that she was depressed at times, but she told him we knew. We didn’t. I think she told him that so he would not tell us.

Rhonda
Rhonda,
When you didn’t “like” my Facebook post, your family knew something was wrong. You usually respond right away. I found out later that while I was inspiring medical students, you went missing. They found you the next morning. You died just like our daughter Kaitlyn, by suicide. I attended your funeral yesterday in Clarkton, North Carolina, where I met your kind family and dearest friends. I lost one of the sweetest people I never met. Rhonda, you touched me so deeply. Yet I could only touch your casket. Rest in peace, sweet, sweet soul. I’ll continue where you left off with more devotion than ever. I’m here if you need me. XOXO.
Pamela
Depression in Healthcare

• Medical students, residents, practicing physicians, nurses, pharmacists and other healthcare workers have at least as high rates of major depressive disorders as others
  – Maybe higher

• Major depressive disorders are treatable
  – Treatment can restore wellness and/or minimize disability
  – Recurrent episodes are preventable

• Healthcare workers no more likely to receive treatment than others
  – Many roadblocks, including stigma, time, fear of consequences
Stigma Even More Pronounced When Depressed

<table>
<thead>
<tr>
<th>Stigma Variable</th>
<th>% non-depressed students saying “yes”</th>
<th>% depressed saying “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling a counselor I am depressed would be risky</td>
<td>17</td>
<td>53</td>
</tr>
<tr>
<td>If I were depressed, I would seek treatment</td>
<td>87</td>
<td>46</td>
</tr>
<tr>
<td>Seeking help for depression would make me feel less intelligent as a medical student</td>
<td>21</td>
<td>46</td>
</tr>
<tr>
<td>If depressed, fellow students would respect opinions less</td>
<td>24</td>
<td>56</td>
</tr>
<tr>
<td>If depressed, application for residency would be less competitive</td>
<td>58</td>
<td>76</td>
</tr>
<tr>
<td>Medical students with depression can snap out if it if they wanted to</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Depression is a sign of personal weakness</td>
<td>7</td>
<td>17</td>
</tr>
</tbody>
</table>

Schwenk et al JAMA, 2010
“The first wealth is health.”

~ Ralph Waldo Emerson

Self care is better for the healthcare professional, their family and friend and their patients
3. Suicide

- Suicide is the 10th leading cause of death in the US.
- Suicide is the second leading cause of death in young adults.
- Suicide is the only 1 of the 10 leading causes of death to be increasing in frequency in recent years.
Suicide: Just the Facts

- 42,773 people died by suicide in 2014 (CDC 2015)
- 85-90% of people who kill themselves have a psychiatric illness
- Every year, ~400 physicians take their own lives — the equivalent of two to three medical school classes (Struggling in Silence AFSP)
- Put another way, we lose > a doctor a day to suicide in this country
- In male physicians, the suicide rate is ~70% higher than the general population and in female physicians it is 250-400% higher (Schernhammer and Colditz 2004)

Although physicians have a lower mortality risk from cancer and heart disease relative to the general population (presumably related to knowledge of self care and access to early diagnosis), they have a significantly higher risk of dying from suicide.
Physician Suicide Study

National Violent Death Reporting System (NVDR)

- Multiple sources of data (death certificates, coroner data, medical examiner information, toxicology information, law enforcement reports)
- 2003-2008
- 31,636 victims
  - 203 physicians 2003-2008

Physicians vs. Others

- Less likely to have had a recent death of friend/family
- More likely to have had a job problem
- 20-40x rate measurable levels of benzodiazepines, barbiturates and antipsychotics
- Older
- Presence of known mental illness, but less formal treatment
- Major barriers to help-seeking, diagnosis and treatment due to stigma

Best Strategy to Prevent Suicide

- Destigmatize depression
- Provide prompt and accurate diagnosis
- Treat effectively
CBT for Preventing SI in Medical Interns

Can CBT inoculate interns from suicidal thinking?

- SI increases more than 4-fold during first 3 months of internship.
- Rates of help seeking low
- 199 interns in 2 hospitals (Yale, USC)
- Web-based CBT 4 weeks pre-internship v. attention control
- Followed every 3 mos. with PHQ-9 for 12 months

Interns who received CBT were significantly less likely to develop SI.

- 12% CBT group v. 21.2% attention control group
- Intervention was 4 modules of web-based CBT dev by MoodGYM

Guille C,… Sen S. Web-based CBT for prevention of suicidal Ideation in medical interns. JAMA Psychiatry 2015
Stigma Impacts Prevention of Suicide

• Suicide rates linked to stigma
• Dutch study of regions with high and low suicide rates
• Stigma- strongly inversely correlated with help seeking
• Region with a higher suicide rate- stigma and shame about MH problems much higher, help seeking lower

• Stigma reduction is core component of successful suicide prevention programs (USAF 33% 7 yrs, UCSD)

HEAR Program: A Two-Pronged Approach
Series of face-to-face educational programs about physician depression and suicide to our target groups focused on destigmatizing depression and mental illness treatment.

Web-based screening, assessment, and referral program based on program developed by AFSP

Goals:
• Educate
• Destigmatize
• Identify
• Refer
• Treat depression and prevent suicide
Welcome to the Healer Education Assessment and Referral Program

We realize that trainees and physicians, despite functioning at a high level at school or work, may be dealing with personal and emotional challenges. The UC San Diego HEAR program was created to offer confidential support and resources to those in need.

Learn more about us >

Stress & Depression Screening Questionnaire

All medical students, residents, fellows, and faculty members are encouraged to complete this brief online questionnaire to find out how stress and depression may be affecting them. After completing the questionnaire, one of our experienced program counselors will send you an assessment with any recommendations for further evaluation or follow-up. Again, this service is completely anonymous and confidential.

Goals

- Educate medical students, house-staff and faculty members about burnout, depression, and suicide
- Provide confidential, online assessment of stress, depression and other related issues
- Make personalized referrals to local mental health clinicians and other community resources

The HEAR service is independent of the service provided by the UC San Diego Physician Well-Being Committee (PWBC).

Program Counselors

UCSD Program Counselor (Business Hours)
858-642-3913

In Case of Emergency
Call 911 or UCSD Campus Police
858-534-HELP (4357)

San Diego Access & Crisis Line
800-479-3339

National Suicide Prevention & Crisis Hotline
800-273-TALK

THIS IS NOT A CRISIS INTERVENTION SERVICE

If you are in crisis, please contact 911 or 800-273-TALK

smartphone: https://www.ucsdwellbeing.org

Start Questionnaire

Returning Users Login Here

https://www.ucsdhear.org
AFSP Interactive Screening Program

**HOW ISP WORKS**

**CONNECTION**
Individuals voluntarily complete an anonymous questionnaire to assess their mental health.

**ENGAGEMENT**
A site-based counselor reviews the questionnaire and engages in an anonymous dialogue via the ISP website.

**TREATMENT**
The counselor connects the individuals to the appropriate mental health service.
UCSD Results

- Over 200 local and national presentations
- Over >300 psychiatry or psychology referrals
  - Many severely depressed and/or at high suicide risk
  - Most state they would not have otherwise received treatment
- Extended to UCSD Campus and Health-Care Staff

Note: Asking about suicide does not increase suicide
“...I was finally able to let someone know how badly I was feeling without any judgment and in a confidential manner.” – Fellow

“...validated my feelings of being overwhelmed/burnt out, and made me feel more ok with seeking help” - First Year Medical Student

“...an important factor in getting me to seek treatment.” – Faculty

“I was at a fork in the road that could lead to two dramatically different paths; you helped me pick the longer one, if you get what I mean. -Pharmacy Student

“...a lifeline. I felt lost in life, unhappy with my status and direction, despairing at a lack of a foreseeable solution, and ready to accept this as the normal state of affairs. Despite my outwardly appearing successes, I felt like a failure professionally and personally... I needed help... This program started my journey”. - Resident
What can you do?
Sisters and Brothers

You are your brother’s and sister’s keeper
You *do* have an ethical, moral, and professional responsibility to take care of your physician colleagues
Why? Because physicians are often unable to recognize burnout and depression in themselves
Watch for the warning signs

Reach out

Seek help
Suicide Warning Signs

Talk  Behavior  Mood
• Ending their lives
• Having no reason to live
• Being a burden to others
• Feeling trapped
• Unbearable pain
Behavior

- Increased use of alcohol or drugs
- Insomnia
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Looks for a way to kill themselves
- Giving away possessions
Mood

- Depression
- Apathy
- Rage
- Irritability

- Impulsivity
- Humiliation
- Anxiety
Trust your gut.
Assume you’re the only one who is going to reach out.
How to Reach Out

- Talk to them in **private**
- **Listen** to their story
- Express **concern** and **caring**
- Ask directly about suicide
- Encourage them to **seek mental health services**
Avoid minimizing their feelings

Avoid trying to convince them life is worth living

Avoid advice to fix it
If you think they might make an attempt soon.

Stay with them
Help them remove lethal means
Escort them to mental health services
A Few Resources

• National Academy of Medicine. Action collaborative on clinician well-being and resilience.
  – https://nam.edu/initiatives/clinician-resilience-and-well-being/

• AMA

• ACGME Wellbeing
  – http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

• AAMC