




Clinician Wellness

Charles J. Hatem, MD


Compassion in Action Webinar Series
September 26, 2018





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Moderator



Stephanie Adler Yuan
Director, Education & Training
The Schwartz Center for Compassionate Healthcare



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Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- We value your feedback! Please complete our electronic survey following the webinar.



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Host



Beth Lown, MD
Chief Medical Officer,
The Schwartz Center for Compassionate Healthcare



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Today's Speaker



Charles Hatem, MD
Harold Amos Distinguished Academy Professor
and Professor of Medicine, Harvard Medical School
Past Chair, Department of Medical Education
Mount Auburn Hospital

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*Clinician
Wellness*



Charles Hatem, MD
chatem@mah.harvard.edu

September 26, 2018
No financial disclosures

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Goals:

To discuss,

- concepts of wellness and burnout
- strategies for the creation and maintenance of wellness in our professional and personal lives
- organizational responsibilities for the promotion and preservation of wellness



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**Tait Shanafelt,
MD**

Chief Wellness Officer
Professor of Medicine
Stanford Medicine

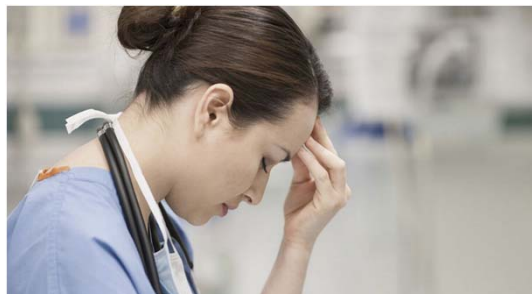
*When using the Maslach Burnout Inventory **45.5%** of physicians reported at least one symptom of burnout in 2011 and by 2014 the percentage increased to **54.4%**. **

*Shanafelt T, Hasan O, Dyrbye L, Sinsky C et. al. *Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General USA Working Population Between 2011 and 2014.* Mayo Clin Proc. December 2015; 90(12):1600-1613



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crsfall2016.sched.org



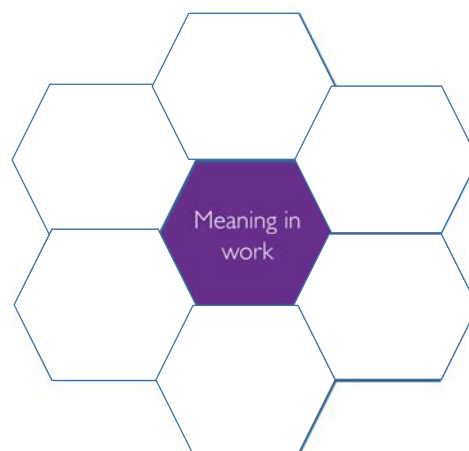
*“Burnout scores of hospital nurses are significantly high, and in 1 study, **1 of 5 nurses** indicated that they intended to leave their position within 1 year.”**

*Rushton CH, Hatcheller J, Schroeder K, Donohue P. *Burnout and Resilience Among Nurses Practicing in High-Intensity Settings*. American Journal of Critical Care. September 2015;24 (5):412.



12.mirror.co.uk

Key drivers of burnout and engagement*




*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
**Dyrbye L, Trockel M, Frank E, Olson K et. al. *Development of a Research Agenda to Identify Evidence-Based Strategies to Improve Physician Wellness and Reduce Burnout*. Ann Intern Med. May 16, 2017; 166(10):743-745.



Key drivers of burnout and engagement*

The diagram consists of a central cluster of three hexagons. The top hexagon is blue and contains the text "Workload and job demands". The middle hexagon is purple and contains the text "Meaning in work". The bottom hexagon is white with a blue outline. This central cluster is surrounded by six other white hexagons with blue outlines, arranged in a honeycomb pattern.

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
**Dyrbye L, Trockel M, Frank E, Olson K et. al. *Development of a Research Agenda to Identify Evidence-Based Strategies to Improve Physician Wellness and Reduce Burnout*. Ann Intern Med. May 16, 2017; 166(10):743-745.


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Key drivers of burnout and engagement*

The diagram consists of a central cluster of three hexagons. The top hexagon is blue and contains the text "Workload and job demands". The middle hexagon is purple and contains the text "Meaning in work". The right hexagon is red and contains the text "Control and flexibility". The bottom hexagon is white with a blue outline. This central cluster is surrounded by six other white hexagons with blue outlines, arranged in a honeycomb pattern.

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
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Key drivers of burnout and engagement*

The diagram consists of four interconnected hexagons arranged in a cluster. The top hexagon is blue and labeled 'Workload and job demands'. The middle-left hexagon is purple and labeled 'Meaning in work'. The middle-right hexagon is red and labeled 'Control and flexibility'. The bottom-right hexagon is light blue and labeled 'Work-life integration'. There are also two empty white hexagons to the left of the main cluster.

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
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Key drivers of burnout and engagement*

The diagram consists of five interconnected hexagons arranged in a cluster. The top hexagon is blue and labeled 'Workload and job demands'. The middle-left hexagon is purple and labeled 'Meaning in work'. The middle-right hexagon is red and labeled 'Control and flexibility'. The bottom-right hexagon is light blue and labeled 'Work-life integration'. The bottom-left hexagon is yellow and labeled 'Social support and community at work'. There are also two empty white hexagons to the left of the main cluster.

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
**Dyrbye L, Trockel M, Frank E, Olson K et. al. *Development of a Research Agenda to Identify Evidence-Based Strategies to Improve Physician Wellness and Reduce Burnout*. Ann Intern Med. May 16, 2017; 166(10):743-745.

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Key drivers of burnout and engagement*

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
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Key drivers of burnout and engagement*

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
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Key drivers of burnout and engagement*

*“Problems in the system and environment...are by far the greatest factor contributing to physician distress.”***

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
**Dyrbye L, Trockel M, Frank E, Olson K et. al. *Development of a Research Agenda to Identify Evidence-Based Strategies to Improve Physician Wellness and Reduce Burnout*. Ann Intern Med. May 16, 2017; 166(10):743-745.

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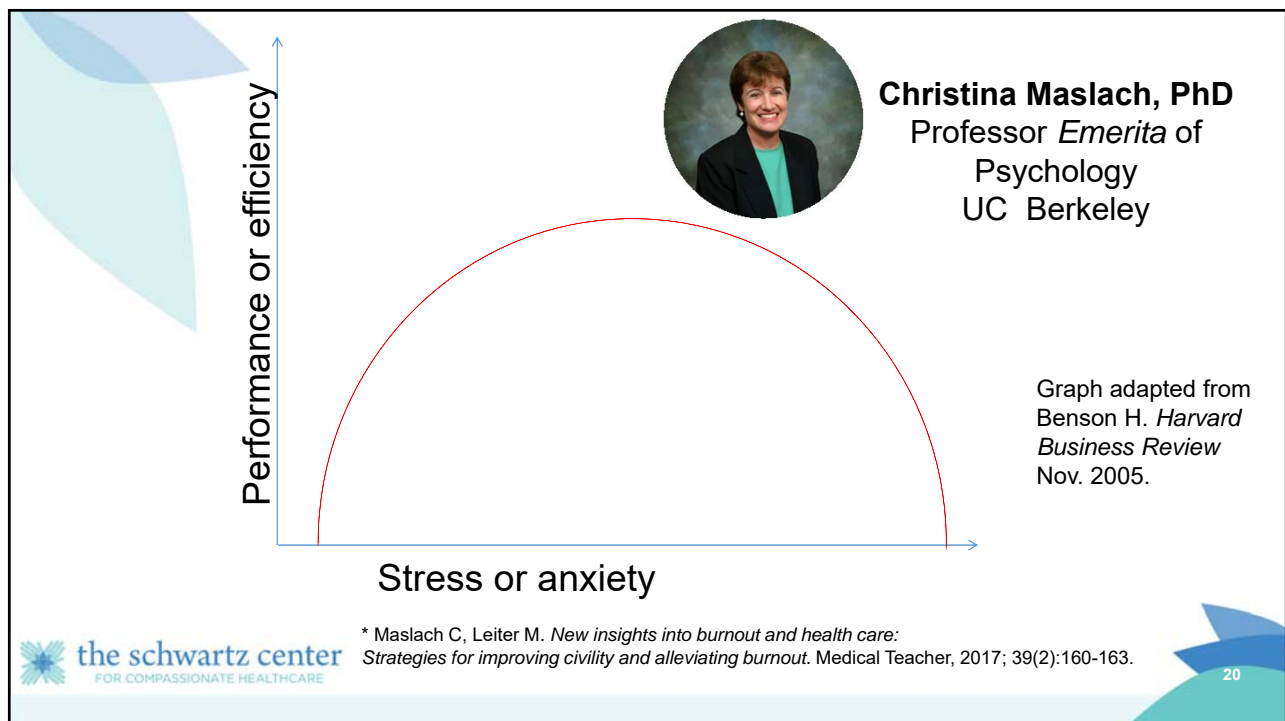
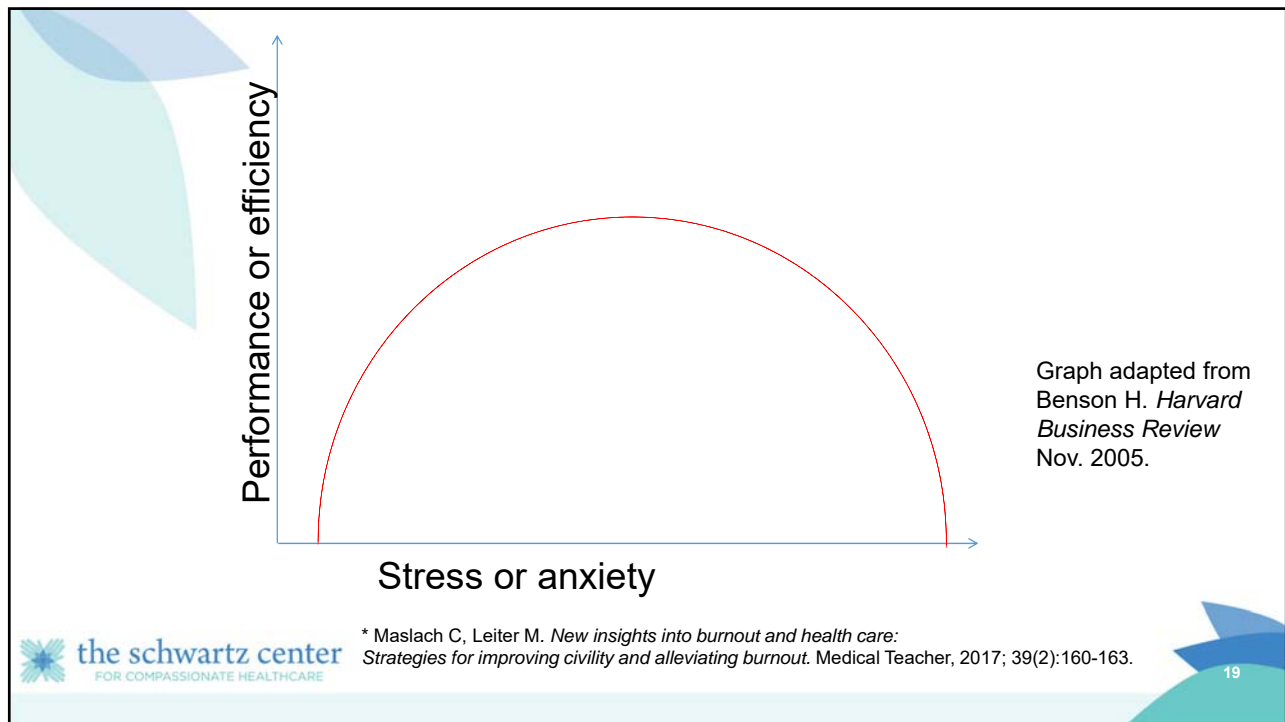
Key drivers of burnout and engagement*

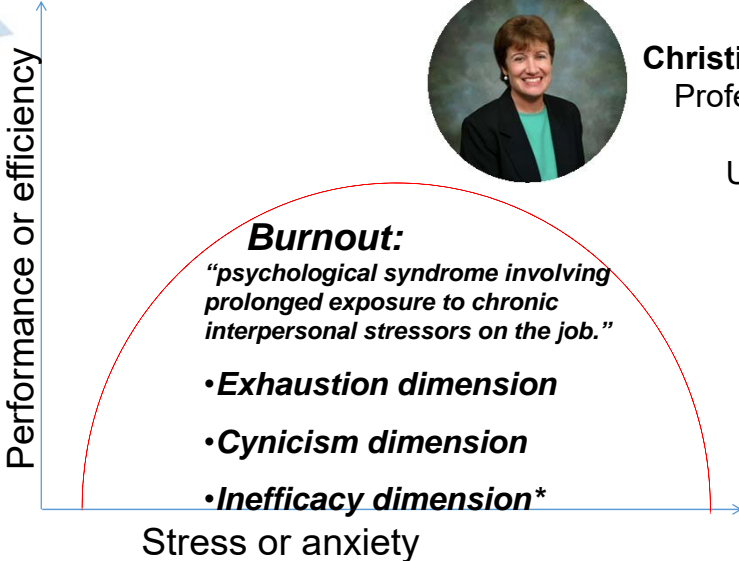
*“Problems in the system and environment...are by far the greatest factor contributing to clinician distress.”***

*Diagram from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.
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Christina Maslach, PhD
Professor *Emerita* of
Psychology
UC Berkeley

Burnout:
“psychological syndrome involving prolonged exposure to chronic interpersonal stressors on the job.”


- **Exhaustion dimension**
- **Cynicism dimension**
- **Inefficacy dimension***

Performance or efficiency

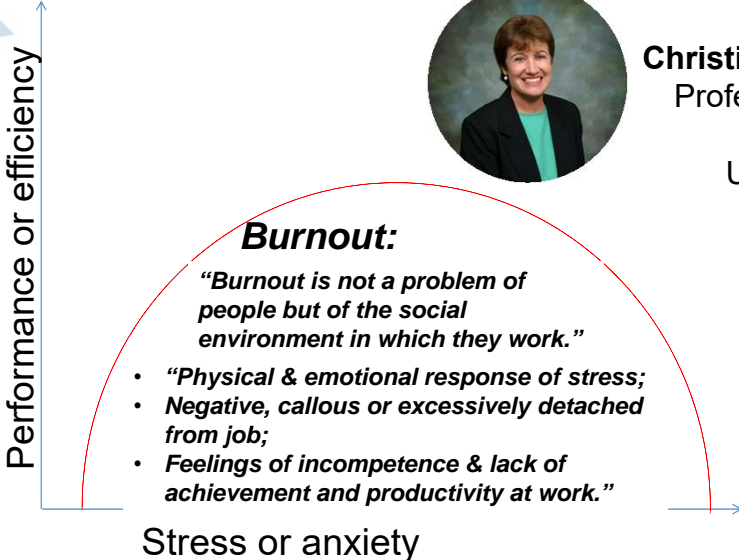
Stress or anxiety

Graph adapted from Benson H. *Harvard Business Review* Nov. 2005.

* Maslach C, Leiter M. *New insights into burnout and health care: Strategies for improving civility and alleviating burnout.* Medical Teacher, 2017; 39(2):160-163.



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Christina Maslach, PhD
Professor *Emerita* of
Psychology
UC Berkeley

Burnout:
“Burnout is not a problem of people but of the social environment in which they work.”


- “Physical & emotional response of stress;
- Negative, callous or excessively detached from job;
- Feelings of incompetence & lack of achievement and productivity at work.”

Performance or efficiency

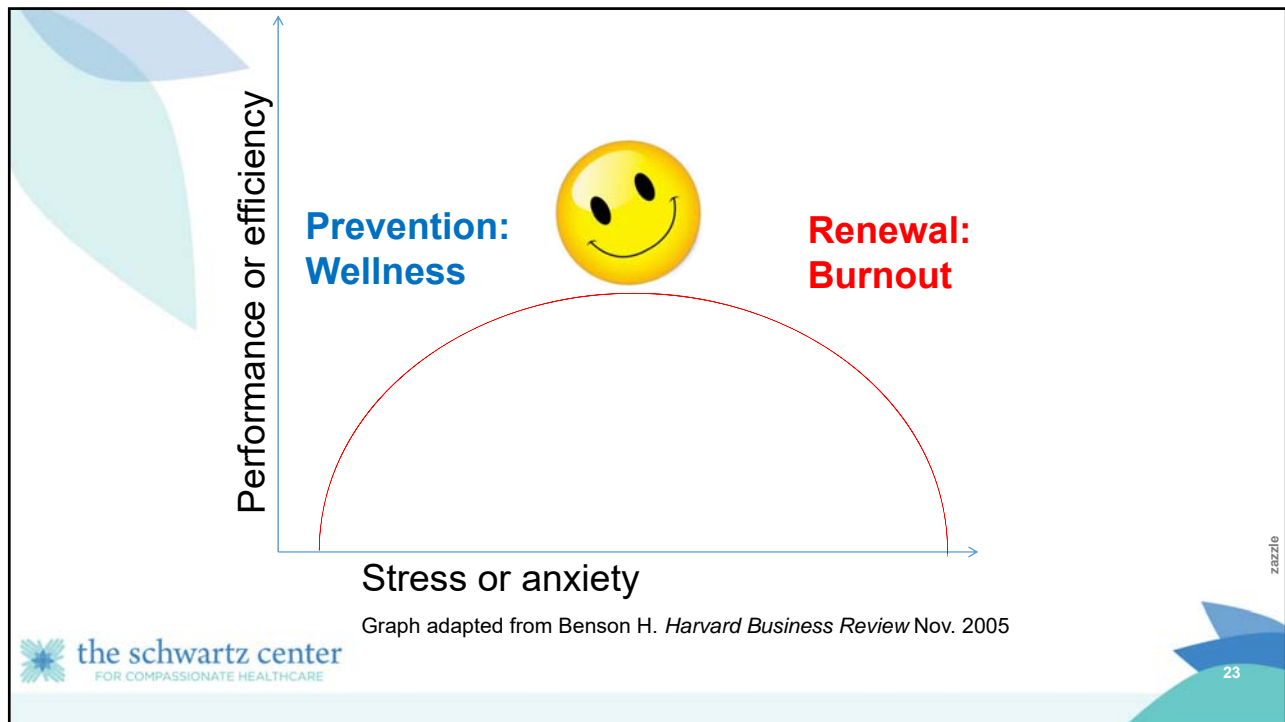
Stress or anxiety

Graph adapted from Benson H. *Harvard Business Review* Nov. 2005.

* Maslach C, Leiter M. *New insights into burnout and health care: Strategies for improving civility and alleviating burnout.* Medical Teacher, 2017; 39(2):160-163.



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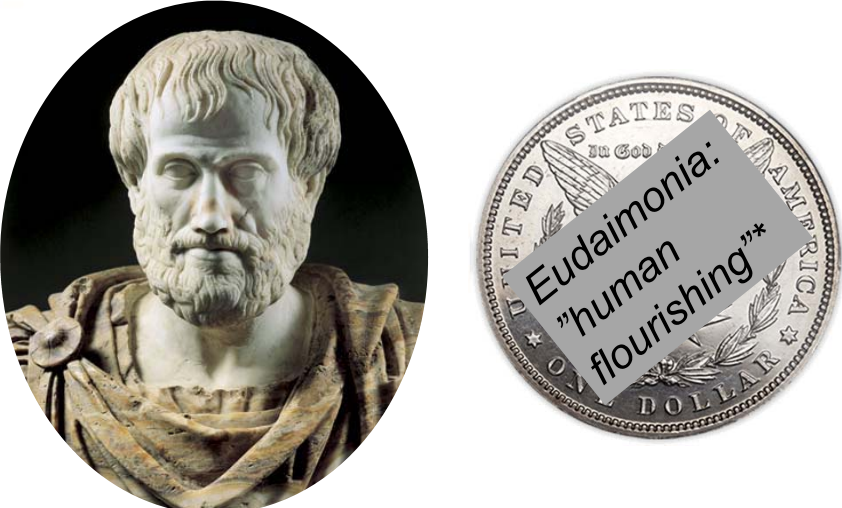


Aristotle

*Epstein R. *What's the Opposite of Burnout?* *J Gen Intern Med.* 2017 Jul;32(7):723-724.

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Aristotle

Eudaimonia:
"human
flourishing"*

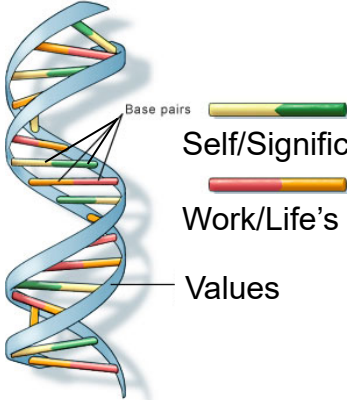
*Epstein R. *What's the Opposite of Burnout?* J Gen Intern Med. 2017 Jul;32(7):723-724.

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Encyclopedia Britannica Museo Rene Coiris

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Elements of Wellness



Base pairs

Self/Significant others

Work/Life's other parts

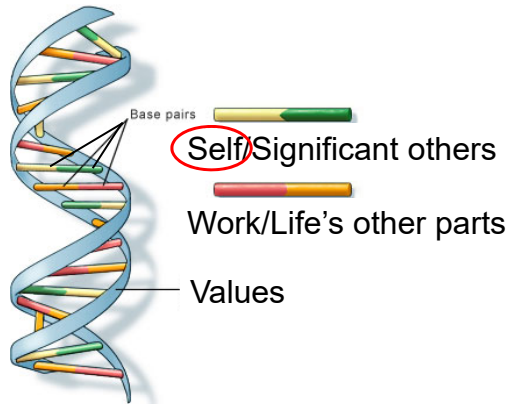
Values

U.S. National Library of Medicine

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Elements of Wellness




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Self-Care



Lucy Candib, MD

*“The secret of the care of the patient is caring for oneself while caring for the patient.”**



Self-Care

Exercise

Meditation

Solitude


Nutrition

Yoga

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yogaisinneress.com nutritionenthusiasa.info realizeigniteexplode.com www.bostonmagazine.com



Gregory House, MD

*“Physicians commonly neglect their own care and experience barriers to care, some self-generated and some systems based.”**

*“Physicians often do not have a regular doctor and fail to follow preventive medicine guidelines...”**

*George S, Hanson J, Jackson J. *Physician Heal Thyself: A Qualitative Study of Physician Health Behaviors.* Acad Psychiatry 2014;38:19-25.

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The Outtake

Self-Care



Mamta Gautam, MD
Clinical Professor of Psychiatry
University of Ottawa
President, Federation of Medical
Women of Canada

*“The stigma of illness persists in the culture of medicine and serves as a barrier to the seeking of help...”**

*Gautam, Mamta. *Measuring and Maintaining Faculty Health in Cole TR, Goodrich TJ. Faculty Health in Academic Medicine. Humana Press, 2009.*



www.drgautam.com

400 physicians die by suicide each year, a rate more than **2X** that of the general population
Anders & Brenner, 2015

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder
Mealer et al., 2007

Physician rates of depression remain alarmingly high at **39%**
Shanafelt, 2015

23-31% Prevalence of emotional exhaustion among primary care nurses
Gomez-Uquiza et al., 2016

How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing @theNAMedicine



Self Care



Mamta Gautam, MD
Clinical Professor of Psychiatry
University of Ottawa
President, Federation of
Medical Women of Canada



How to deal with stress*

- Take care of yourself*
- Get your own family doctor*
- Improve time-management skills*
- Set priorities*
- Anticipate and prepare for situations*
- Learn to say “No”*
- Take regular breaks and holidays*
- Laugh more often*
- Learn to relax*
- Let go of the need to be perfect*
- Learn to waste time*
- Manage money better*
- Acknowledge guilt.*

*Gautam M. *When You're the Patient Coping with Stress and Burnout*. The Canadian Journal of Diagnosis / January 2004. P.74-77

Self Care



Mamta Gautam, MD
Clinical Professor of Psychiatry
University of Ottawa
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Medical Women of Canada



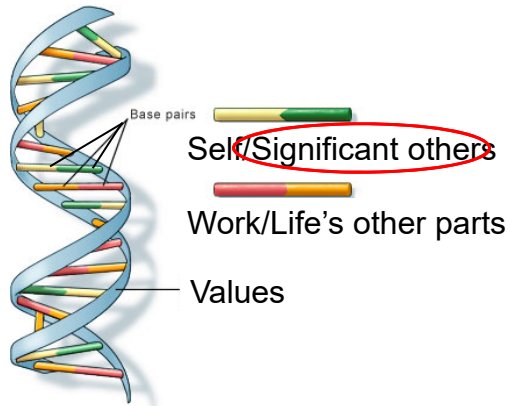
Learning how to say “No”— a three step strategy:

1. Open your mouth.
2. Say no.
3. Close your mouth.

No explanations needed.

*Gautam M. *When You're the Patient Coping with Stress and Burnout*. The Canadian Journal of Diagnosis / January 2004. P.74-77

Elements of Wellness



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Significant others



Ulrike Welsch

The World I Love to See, 1981



winnipeg.uwex.edu/images

Significant others



Harvard Medicine Magazine



Donna Hicks, PhD

*“...we are more than just individuals hardwired for individual survival...we are social beings that grow and flourish when our relationships are intact; our survival is inextricably linked to the quality of our relationships...”**

**Dignity: The Essential Role It Plays in Resolving Conflict. Yale University Press, 2011.*

Amazon.com



*“Be a good ancestor.
Stand for something bigger
than yourself.
Add value to the Earth during
your sojourn.”*

Marion Wright Edelman
Founder/President Children’s Defense Fund



**Lanterns: A Memoir of Mentors. Beacon Press, 1999.*

Case Daily - Case Western Reserve University



**Sharbat
Gula**

**‘Afghan Girl’
Steve McCurry**

www.lantern.org





Sharbat Gula

”What is it that you find most important in your life?”


‘Afghan Girl’
Steve McCurry

www.labmd.org

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Elements of Wellness



Base pairs

Self/Significant others

Work/Life's other parts

Values

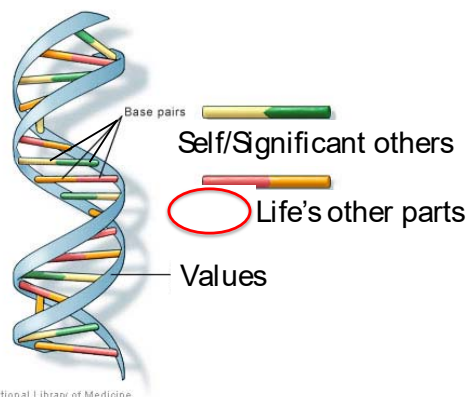
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Work and its satisfactions

1. Engage healing
2. Be mindful
3. Cultivate curiosity
4. Adopt an effective diagnostic strategy
5. Pursue context
6. Reflect on mistakes
7. Trust your gut
8. Accept uncertainty
9. Embrace “I don’t know”
10. Don’t worry alone



Work/Engage Healing



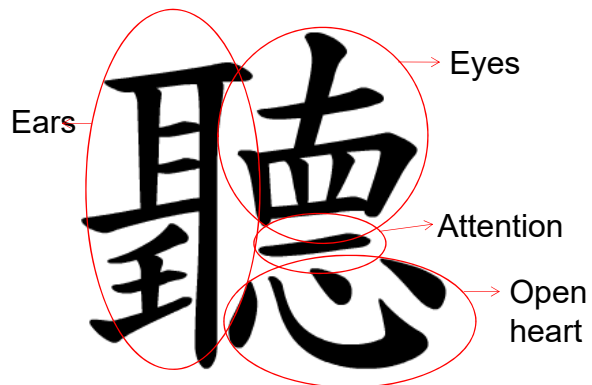
Larry Churchill, Ph.D.



David Schenck, Ph.D.

- Do the little thing
- Take time
- Be open and listen
- Let the patient explain
- Find something to like, to love
- Remove barriers
- Share authority
- Be committed and trustworthy*

Be open and listen



*Churchill L, Schenck D. *Healing Skills for Medical Practice*. Ann Intern Med. 2008;149:720-724.



Drawing from: Toll E. *JAMA*. June 20, 2012;307(23):2497-2498

*Churchill L, Schenck D. *Healing Skills for Medical Practice*. Ann Intern Med. 2008;149:720-724.



Drawing from: Toll E. *JAMA*. June 20, 2012;307(23):2497-2498



*Churchill L, Schenck D. *Healing Skills for Medical Practice*. Ann Intern Med. 2008;149:720-724.

Teaching and Learning in Medicine, 25(4), 358–365
Copyright © 2013, Taylor & Francis Group, LLC
ISSN: 1040-1334 print / 1532-8015 online
DOI: 10.1080/10401334.2013.827981

How to Integrate the Electronic Health Record and Patient-Centered Communication Into the Medical Visit: A Skills-Based Approach

Pamela Duke

*Department of Medicine, Division of General Internal Medicine, Drexel University College of Medicine,
Philadelphia, Pennsylvania, USA*

Richard M. Frankel

*Regenstrief Institute, Indiana University School of Medicine, Indianapolis, Indiana, USA
Center for Implementing Evidence-Based Practice, Richard L. Roudebush Veterans Administration
Medical Center, and Mary Margaret Walther Center for Palliative Care Research and Education,
IUI/Simon Cancer Center, Indianapolis, Indiana, USA*

Shmuel Reis

Faculty Development Unit, Bar Ilan University Faculty of Medicine in the Galilee, Safed, Israel



FIG. 1 Teaching patient-centered interviewing and key communication skills. *Note.* EHR = electronic health record (Color figure available online).

Greet	⇒	Set up room Preview chart
Set agenda	⇒	Introduce EHR Verbalize shifts to computer
Open interview	⇒	Avoid interruption Use nonverbal skills, e.g., echoing
Build the relationship	⇒	Read back, use signposting Talk back while touch typing
Educate the patient	⇒	Assess literacy, vision, language Share screen information

Minimize screen gaze Stop typing and turn to patient
 ○ ○ ○
 ○ **EMPATHY** ○

Duke P, Frankel RM, Reis S. *How to integrate the electronic health record and patient-centered communication into the medical visit: a skills-based approach.* Teach Learn Med. 2013; 25(4):358-65.

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Physician Burnout in the EHR Era: Are We Ignoring the Real Cause? IDEAS AND OPINIONS

Figure. Average characters per ambulatory progress note in U.S. and international health systems.

Average Characters per Ambulatory Note, n	International (n)	U.S. (n)
600	1	1
800	1	1
1000	1	1
1200	1	1
1400	1	1
1600	1	1
1800	1	1
2000	1	1
2200	1	1
2400	1	1
2600	1	1
2800	1	1
3000	1	1
3200	1	1
3400	1	1
3600	1	1
3800	1	1
4000	1	1
4200	1	1
4400	1	1
4600	1	1
4800	1	1
5000	1	1
5200	1	1
5400	1	1
5600	1	1
5800	1	1
6000	1	1
6200	1	1
6400	1	1
6600	1	1
6800	1	1
7000	1	1

Column height represents number of organizations. Dark columns represent 13 organizations outside the United States (140 000 notes from Canada, the United Kingdom, Australia, the Netherlands, Denmark, the United Arab Emirates, and Singapore). Light columns represent 254 organizations in the United States (10 million notes).

Downing NL, Bates DW, Longhurst CA. *Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause?* Ann Intern Med. 2018 Jul 3;169(1):50-51.

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Find something to like, to love*



Self-portrait with Dr A

*“Clinicians do not exist in abstract isolation—they are woven into the fabric of people’s lives. Their fundamental role in service to humanity is to wed expert knowledge to systems of thought.”***

*Churchill L, Schenck D. *Healing Skills for Medical Practice*. Ann Intern Med. 2008;149:720-724.

**modified from Cooper R, Tauber A. *Values and Ethics: A Collection of Curricular Reforms for a New Generation of Physicians*. Acad Med. 2007;82:321-323.

Work/Engage Healing



Larry Churchill, Ph.D.



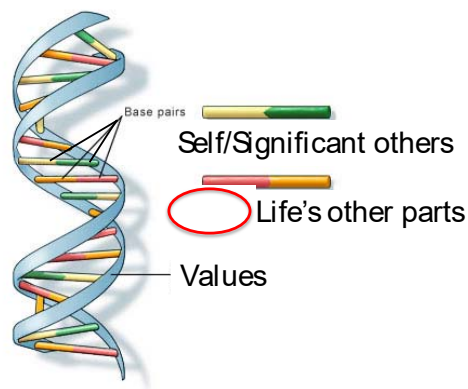
David Schenck, PhD.

Do the little thing
Take time
Be open and listen
Let the patient explain
Find something to like, to love
Remove barriers
Share authority
Be committed and trustworthy*

*Churchill L, Schenck D. *Healing Skills for Medical Practice*. Ann Intern Med. 2008;149:720-724.


Work and its satisfactions

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5. Pursue context
6. Reflect on mistakes
7. Trust your gut
8. Accept uncertainty
9. Embrace “I don’t know”
10. Don’t worry alone




**Be here now.
Be somewhere else later.
Is that so complicated?**

**David M. Bader
Zen Judaism**



Ignatius of Loyola




FOR COMPASSIONATE SPIRITUALITY

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Ignatian Spirituality


The Examen

- Be aware of yourself and surroundings
- Remember what you are grateful for
- Review the day
- Ask for forgiveness; reconcile with some you have hurt
- Prepare yourself to be aware for the next day*



Ignatius of Loyola

*adapted from writings of James Martin, SJ



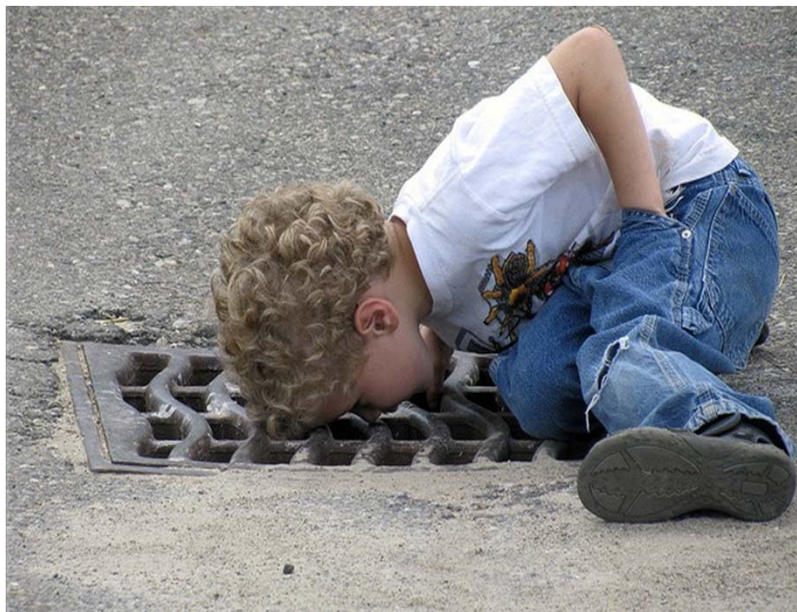
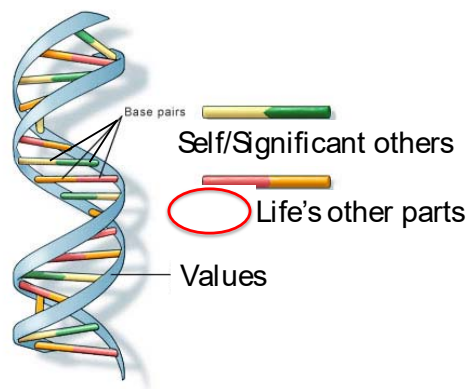
FOR COMPASSIONATE SPIRITUALITY

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Ignatian Spirituality

Work and its satisfactions

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8. Accept uncertainty
9. Embrace “I don’t know”
10. Don’t worry alone



← Cognitive ————— Emotive →

Data Collection

A. ↑

E. Mindfulness

B. ← Curiosity → D.

Learning Opportunity Personal Patient's Aspects

C. ↓

Trigger of Research

Ami Schattner, MD

Diagram from: Schattner A. *Curiosity. Are you curious enough to read on?* J R Soc Med. 2015 May;108(5):160-4.

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Work and its satisfactions

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10. Don’t worry alone

Base pairs

Self/Significant others


Life's other parts

Values


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- What is the most probable diagnosis?
- What serious disorders must not be missed?
- What conditions are often missed (pitfalls)?
- What else can look like this (mimics)?
- Is this patient trying to tell me something else?*




John Murtagh, MD
Professor of General Practice
Chair Emeritus, Dept of Community Medicine.
Monash University, Australia.


*Murtagh J. *General Practice, 6th Revised Edition.* McGraw-Hill Australia, 2015.



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- What is the most probable diagnosis?
- What serious disorders must not be missed?
- What conditions are often missed (pitfalls)?
- What else can look like this (mimics)?
- Is this patient trying to tell me something else?*





John Murtagh, MD
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Chair Emeritus, Dept of Community Medicine.
Monash University, Australia.

*Murtagh J. *General Practice, 6th Revised Edition.* McGraw-Hill Australia, 2015.

Abscess (Hidden)
Addison's disease
Celiac disease
Zoster.....

Depression, DM, Drugs, Anemia, Thyroid, Spinal dysfunction, UTI...

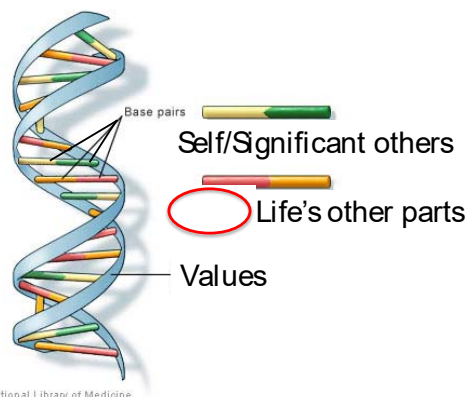
Family conflict, partner violence, financial woes...



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Work and its satisfactions

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9. Embrace “I don’t know”
10. Don’t worry alone



Perspective

Contextual Errors in Medical Decision Making: Overlooked and Understudied

Saul J. Weiner, MD, and Alan Schwartz, PhD

Academic Medicine. May 2016; 91(5);657-662.

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Perspective

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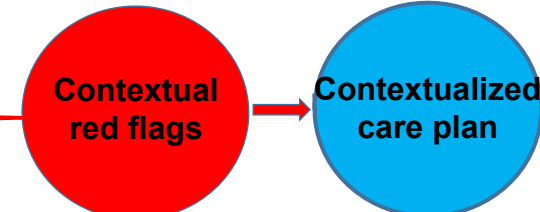
Academic Medicine. May 2016; 91(5);657-662.

“What are, for instance, the consequences of prescribing a medication that is appropriate for treating a clinical condition but inappropriate for a particular individual either because she or he cannot afford it, lacks the skills to administer it correctly, or is unable to adhere to the regimen because of competing responsibilities such as working the night shift?”


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Contextual Domains*

- Competing responsibilities
- Social support
- Access to care
- Financial situation
- Skills & abilities
- Emotional state
- Cultural perspective/spiritual beliefs
- Attitude toward illness
- Relationship with health care team members
- Environment



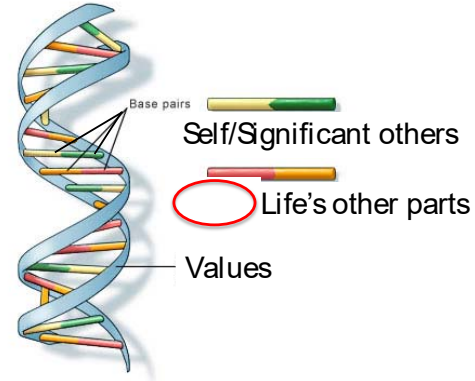
*Weiner S, Schwartz A. *Contextual Errors in Medical Decision Making: Overlooked and Understudied.* Acad Med. May 2016; 91(5):657-662.



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Work and its satisfactions

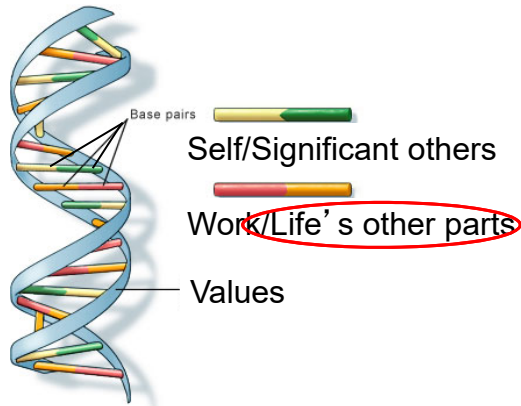
1. Engage healing
2. Be mindful
3. Cultivate curiosity
4. Adopt an effective diagnostic strategy
5. Pursue context
6. Reflect on mistakes
7. Trust your gut
8. Accept uncertainty
9. Embrace “I don’t know”
10. Don’t worry alone



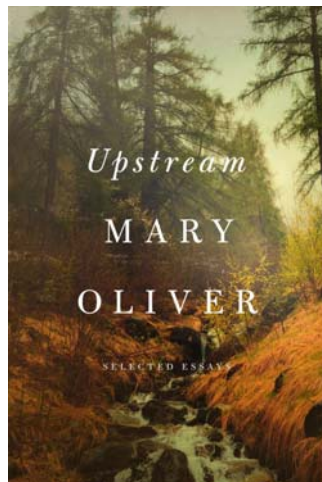


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Elements of Wellness

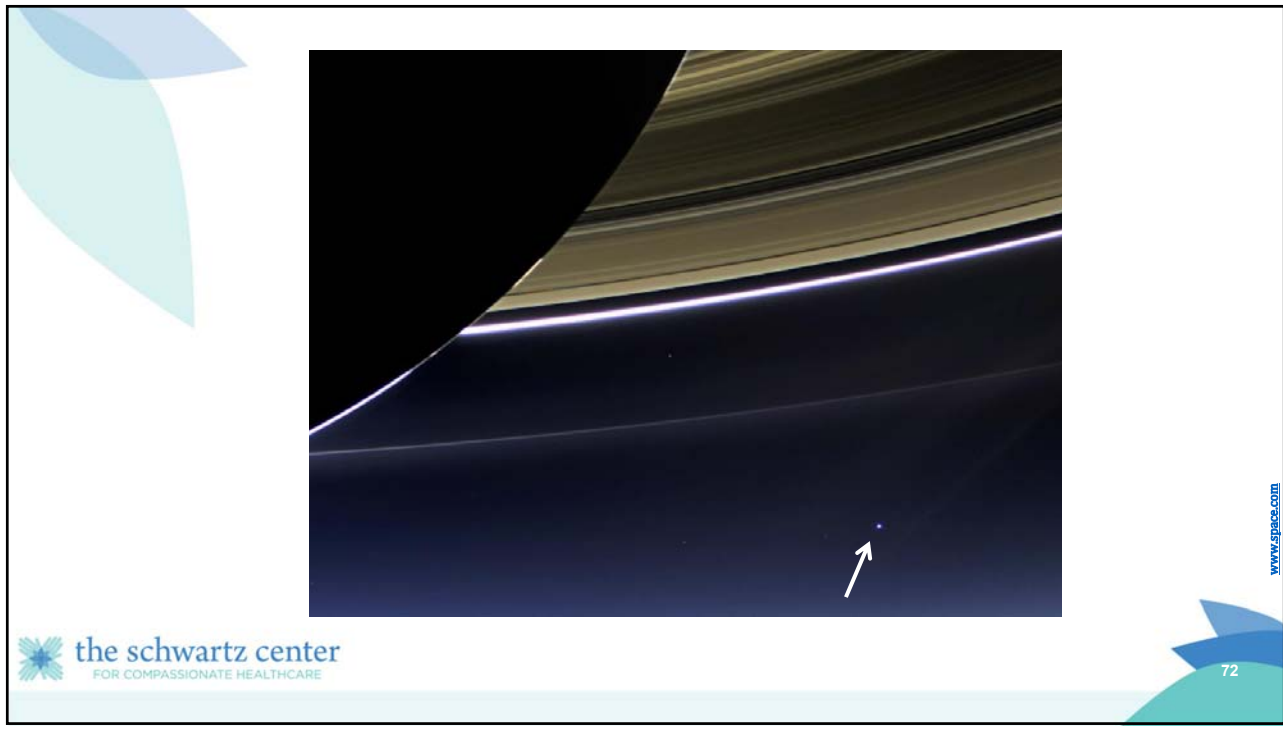


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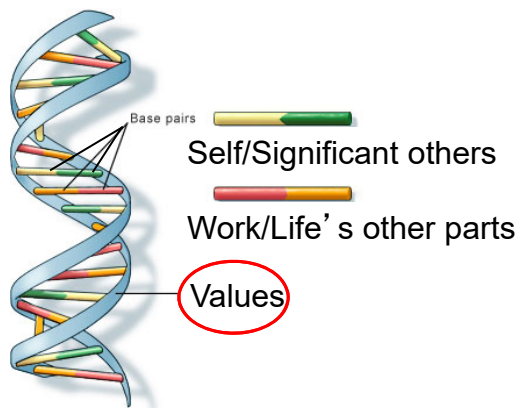


*"...the world offers itself
to your imagination..."*

Mary Oliver, *Wild
Geese*



Elements of Wellness



U.S. National Library of Medicine

Kindness



Nordstrom:
• the bag lady and the holiday gowns

*"This is what we are here for: to serve and to be kind."**

*Sanders B. *Fabled Service/Ordinary Acts, Extraordinary Outcomes*, Jossey-Bass, 1995.

Kindness



Henry James

“Three things in human life are important:


the first is to be kind, the second is to be kind, and the third is to be kind.”




**Nourish
your colleagues**

TEACHING ROUNDS AT
CHARITY
May Lesser

Humor




sonesichofya.in



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Humor



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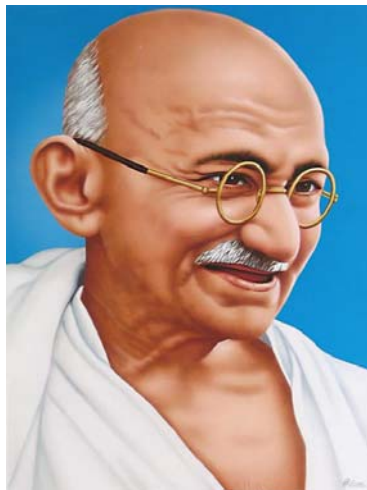
“What do you think of Western civilization?”
asked a reporter.



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Humor



“What do you think of Western civilization?” asked a reporter.

“I think it would be a good idea,” Gandhi answered.

Humility

On Humility

Jack Coulehan, MD, MPH

“In medicine, humility manifests as 3 qualities:

Annals of Internal Medicine

Ann Intern Med. 2010;153:200-201.



Jack Coulehan, MD, MPH


Emeritus Professor Department of Family,
Population and Preventive Medicine Stony
Brook University

Humility


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“In medicine, humility manifests as 3 qualities: unflinching self-awareness;

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Jack Coulehan, MD, MPH
Emeritus Professor Department of Family, Population and Preventive Medicine Stony Brook University




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Humility


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“In medicine, humility manifests as 3 qualities: unflinching self-awareness; empathetic openness to others;

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Emeritus Professor Department of Family, Population and Preventive Medicine Stony Brook University




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Humility


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“In medicine, humility manifests as 3 qualities: unflinching self-awareness; empathetic openness to others; and a keen appreciation of, and gratitude for, the privilege of caring for sick persons.”

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Jack Coulehan, MD, MPH
Emeritus Professor Department of Family, Population and Preventive Medicine Stony Brook University




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Humility


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Jack Coulehan, MD, MPH

“In medicine, humility manifests as 3 qualities: unflinching self-awareness; empathetic openness to others; and a keen appreciation of, and gratitude for, the privilege of caring for sick persons. None of these is easy.”

Annals of Internal Medicine
Ann Intern Med. 2010;153:200-201.

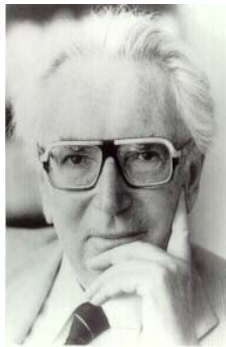


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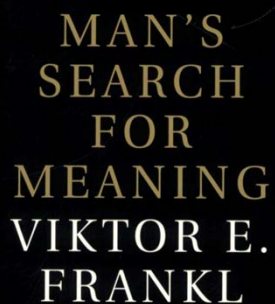
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Attitude




Viktor E. Frankl, M.D., Ph.D.
1905-1997

“ We who lived in concentration camps can remember the men who walked through the huts comforting others, given away their last piece of bread. They may have been few in number, but...



MAN'S
SEARCH
FOR
MEANING
VIKTOR E.
FRANKL

“...they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way.”




LeBron James

**Epstein R. What's the Opposite of Burnout?
J Gen Intern Med. 2017 Jul;32(7):723-724.*

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www.jridaenline.com The Watches TV

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LeBron James

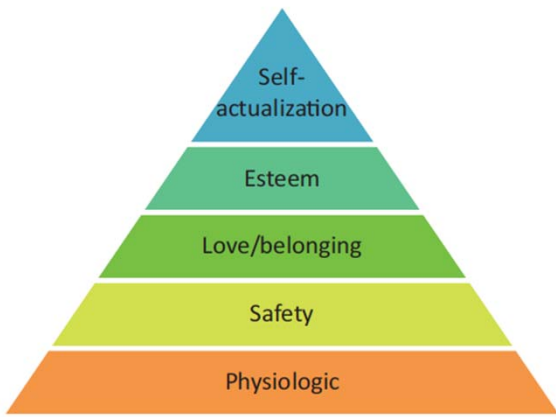
*“What do you
find most
meaningful in
your work?”**

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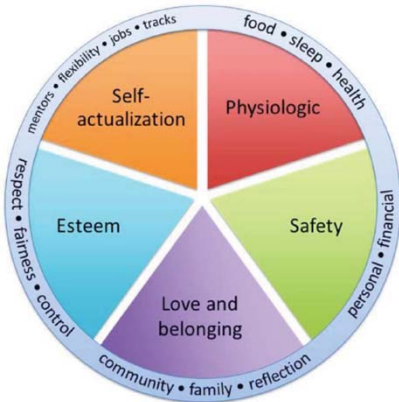
A pyramid diagram representing Maslow's original hierarchy of needs. The pyramid is divided into five horizontal layers, each with a different color and a label. From top to bottom, the layers are: Self-actualization (blue), Esteem (green), Love/belonging (light green), Safety (yellow-green), and Physiologic (orange).

Figure 1. Maslow's original hierarchy of needs was depicted as a pyramid whereby higher-order needs were dependent on baser-needs.

*Figures 1 & 2 from: Hale AJ, Ricotta DN, Freed J, Smith CC, Huang GC. *Adapting Maslow's Hierarchy of Needs as a Framework for Resident Wellness.* Teach Learn Med 2018 Apr 30:1-10.

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A circular diagram representing a modern revision of Maslow's hierarchy of needs. The circle is divided into five segments, each with a different color and a label. The segments are: Self-actualization (orange), Physiologic (red), Safety (green), Love and belonging (purple), and Esteem (blue). Surrounding the circle is a ring of text containing various terms: mentors, feasibility, jobs, tracks, food, sleep, health, personal, financial, reflection, family, community, control, fairness, respect, and mentors.


Figure 2. In a modern revision of Maslow's original work, the needs are no longer hierarchical. Each need supports all others and in sum create an integrated wellness framework.


*Figures 1 & 2 from: Hale AJ, Ricotta DN, Freed J, Smith CC, Huang GC. *Adapting Maslow's Hierarchy of Needs as a Framework for Resident Wellness.* Teach Learn Med 2018 Apr 30:1-10.


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Key drivers of burnout and engagement*


 Individual factors



 Work unit factors



 Organization factors


 National factors





*Figures from: Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. Mayo Clin Proc. 2017 Jan;92(1):129-146.


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“...any of the six areas [below] may provide the leverage for improvement.”*






*Figure from: Maslach C, Leiter M. *New insights into burnout and health care: Strategies for improving civility& alleviating burnout*. Medical Teacher, 2017; 39(2):160-163.

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“...any of the six areas [below] may provide the leverage for improvement.”*



*Figure from: Maslach C, Leiter M. *New insights into burnout and health care: Strategies for improving civility& alleviating burnout.* Medical Teacher, 2017; 39(2):160-163.

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JAMA Internal Medicine | Special Communication | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

The Business Case for Investing in Physician Well-being

Shanafelt T, Goh J, Sinsky C. JAMA Internal Medicine. September 25, 2017

- Understanding the business case to reduce burnout and promote engagement as well as overcoming the misperception that nothing meaningful can be done are key steps for organizations to begin to take action.
- Evidence suggests that improvement is possible, investment is justified, and return on investment measurable.

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The Business Case for Investing in Physician Well-being

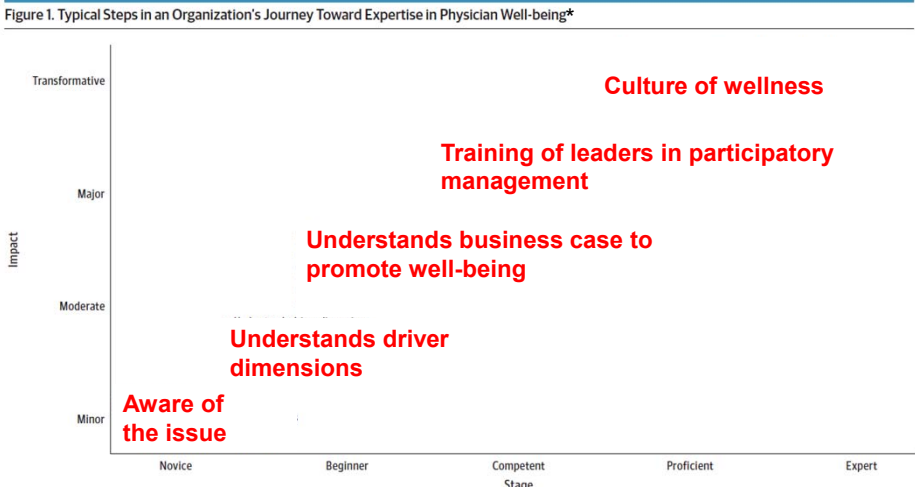
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- Understanding the business case to reduce burnout and promote engagement as well as overcoming the misperception that nothing meaningful can be done are key steps for organizations to begin to take action.
- Evidence suggests that improvement is possible, investment is justified, and return on investment measurable.
- Addressing this issue is not only the organization’s ethical responsibility, it is also the fiscally responsible one.

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Figure 1. Typical Steps in an Organization's Journey Toward Expertise in Physician Well-being*



Stage	Impact	Step
Novice	Minor	Aware of the issue
Beginner	Moderate	Understands driver dimensions
Competent	Major	Understands business case to promote well-being
Proficient	Major	Training of leaders in participatory management
Expert	Transformative	Culture of wellness

*Shanafelt T, Goh J, Sinsky C. *The Business Case for Investing in Physician Well-being*. JAMA Intern Med. 2017 Sep 25.

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National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Clinician well-being is essential for safe, high-quality patient care.

However, clinicians of all kinds, across all specialties and care settings, are experiencing alarming rates of burnout. Among the most telling of statistics, more than 50 percent of U.S. physicians report significant symptoms. Burnout is a syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work.

Clinician burnout can have serious, wide-ranging consequences, from reduced job performance and high turnover rates to—in the most extreme cases—medical error and clinician suicide. On the other hand, *clinician well-being* supports improved patient-clinician relationships, a high-functioning care team, and an engaged and effective workforce. In other words, when we invest in clinician well-being, everyone wins.

Supporting clinician well-being requires sustained attention and action at organizational, state, and national levels, as well as investment in research and information-sharing to advance evidence-based solutions.

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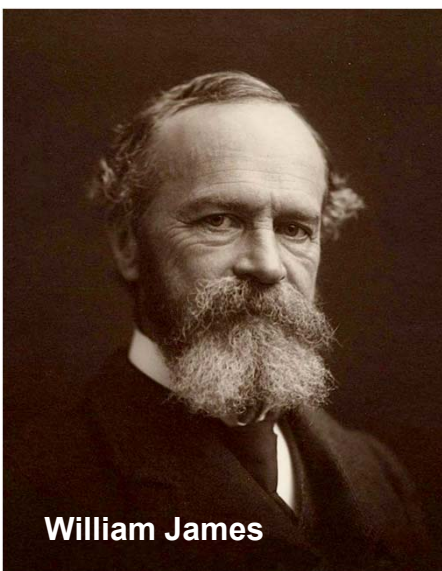
Burnout Prevention Matrix*

	↓ Stress	↑ Recharge
Personal	I	II
Organization	III	IV

*Image from Drummond D. *Burnout Prevention Matrix*
<https://support.thehappyemd.com/physician-burnout-prevention-matrix>


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"I will act as if what I do makes a difference."

William James



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*Clinician
Wellness*

Charles Hatem, MD
chatem@mah.harvard.edu

September 26, 2018
No financial disclosures



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Questions & Answers



Charles Hatem, MD
Harold Amos Distinguished Academy Professor
and Professor of Medicine,
Harvard Medical School
Past Chair, Department of Medical Education
Mount Auburn Hospital



Beth Lown, MD
Chief Medical Officer,
The Schwartz Center for Compassionate Healthcare

Type your questions in the Questions Pane on your screen at any time.



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today's session.**

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