



ACC.18

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Wellness and Resiliency

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I have nothing to disclose.

In 15 minutes you will be able to:

- Describe burnout in cardiology
- Define wellness and resiliency
- Describe framework for interplay between burnout, resiliency and wellness
- List two solutions proposed for wellness
- Commit to one new method to try when you go home

Common Program Requirements

- *“Residents and faculty members are at increased risk for burnout and depression. ...Programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.”*
- *This responsibility must include:*
 - **policies and programs** that encourage optimal resident and faculty member well-being

Between 2011 and 2014, the prevalence of burnout increased by

9% among
PHYSICIANS



while remaining stable in other U.S. workers.

(Shanafelt et al, 2015)



Suicide rates among female physicians are

130%

higher than that of other females in the population.



Suicide rates among male physicians are

40%

higher than that of other males in the population.

(Center et al, 2003)

In a study of 1,171 registered in-patient nurses,

18%

had depression versus prevalence of app



National Academy of Medicine Action Collab
Weinstein M, NEJM, 2018.
JGME Feb 1 2018 issue



The NEW ENGLAND
JOURNAL of MEDICINE

Out of the Straitjacket

Michael S. Weinstein, M.D., M.B.E.

I see him, maybe not so clearly. He is in isolation, in a straitjacket. He's just been committed, given a shot of haloperidol after he resisted going to the locked ward. He kicked, screamed, yelled, threatened . . . and now he cries.

In the middle of elective inpatient electroconvulsive therapy for treatment-resistant depression, he had become profoundly depressed, delirious, and hopeless. He'd lost faith in treatment and in reasons to live. He withdrew to bed and would not get up or eat. He had to be committed for his own safety. Several security guards had to forcefully remove him from his bed.

He happened to be a 48-year-old surgeon who worked in an academic medical center. He had gone to medical school intending to become a family doctor like his father. He never imagined becoming a surgeon; he thought surgeons were pompous, and that's being kind. But he fell in love with surgery — the decisiveness, the immediate “cure,” the bravado. He prou

differently from some of his educators and emulate the many who inspired him.

I know all these intimate details because I am this surgeon-patient.



My training occurred before work-hour regulations were created. Every-third-night call was the norm; every-other-night was common. On one rotation, we were “rewarded” with being the operative resident on post-call days, which extended our shift to nearly 36 hours. On my trauma rota

Journal of Graduate Medical Education®

Original Research

- 26 **“It’s Not Just Time Off”: A Framework for Understanding Factors Promoting Recovery From Burnout Among Internal Medicine Residents**
Nauzyk C, Abdill, Shohbi W, Slack, Jesse L, Goodman, and Kenneth F. Stenberg
[Abstract](#) | [Full Text](#) | [PDF](#) (228 KB) | [Supplemental Material](#)
- 34 **Recovery From the Burnout Epidemic: How the Academic Community Can Help (Commentary)**
Abigail Ford Winkel
[Caption](#) | [Full Text](#) | [PDF](#) (103 KB)
- 36 **JGME-ALIEM Hot Topics in Medical Education: An Analysis of a Virtual Discussion on Resident Well-Being**
Ariana Chung, Nicole Badgeroff, Michelle Lin and Jonathan Sherbins,
[Abstract](#) | [Full Text](#) | [PDF](#) (207 KB)
- 43 **A Qualitative Analysis of Attending Physicians’ Use of Shared Decision-Making: Implications for Resident Education**
Elizabeth M. Schoenfeld, Sarah L. Gott, Tala R. Elk, Emel R. Khoratour, Kye E. Poronsky, Kelly A. Nault, Peter K. Lindenauer and Kathleen M. Maser
[Abstract](#) | [Full Text](#) | [PDF](#) (248 KB) | [Supplemental Material](#)
- 51 **A Descriptive Analysis of the Use of Twitter by Emergency Medicine Residency Programs**
David Diller and Lalecia M. Yarris
[Abstract](#) | [Full Text](#) | [PDF](#) (449 KB) | [Supplemental Material](#)
- 57 **Stroke Simulation Improves Acute Stroke Management: A Systems-Based Practice Experience**
Tajen Medina, Sara Strauss, Dawn Ireland, Gilbert Fortunato, Irene Staff and Nora Lee
[Abstract](#) | [Full Text](#) | [PDF](#) (337 KB) | [Supplemental Material](#)

Educational Innovation

- 63 **Implementing a Universal Well-Being Assessment to Mitigate Barriers to Resident Utilization of Mental Health Resources**
Sarah Sofia, Carl Gray, Nathan Lerbald, Laura Davidson and Janie Howzard
[Abstract](#) | [Full Text](#) | [PDF](#) (368 KB) | [Supplemental Material](#)
- 67 **Improving Resident Use of Mental Health Resources: It’s Time for an Opt-Out Strategy to Address Physician Burnout and Depression (Commentary)**
Meredith Selby, Heather McTigue and Richard Shugerman
[Caption](#) | [Full Text](#) | [PDF](#) (110 KB)

Burnout

A stress reaction characterized by depersonalization, including negative or cynical attitude toward patients, emotional exhaustion, lack of empathy for patients, loss of work fulfillment.



Burnout in Cardiology

- Cardiologists have similar rates of burnout as radiologists, urologists, emergency medicine
- Rates range from 27-46%, 29% more likely in women.
- Things incrementally associated with severity of burnout: poor control over workload, EMR inefficiency, poor teamwork, hectic work environments
- Cardiologists were the **LEAST** likely to seek help

Symptoms of Burnout

Fellow

- Unengaged
- Apathetic to patients
- Late for call/signout
- Blocks consults
- Skips all conferences

Faculty

- Less or no teaching
- Doesn't attend meetings or respond to emails
- Thinks most patients are non-compliant or drug seeking

PDs/APDs

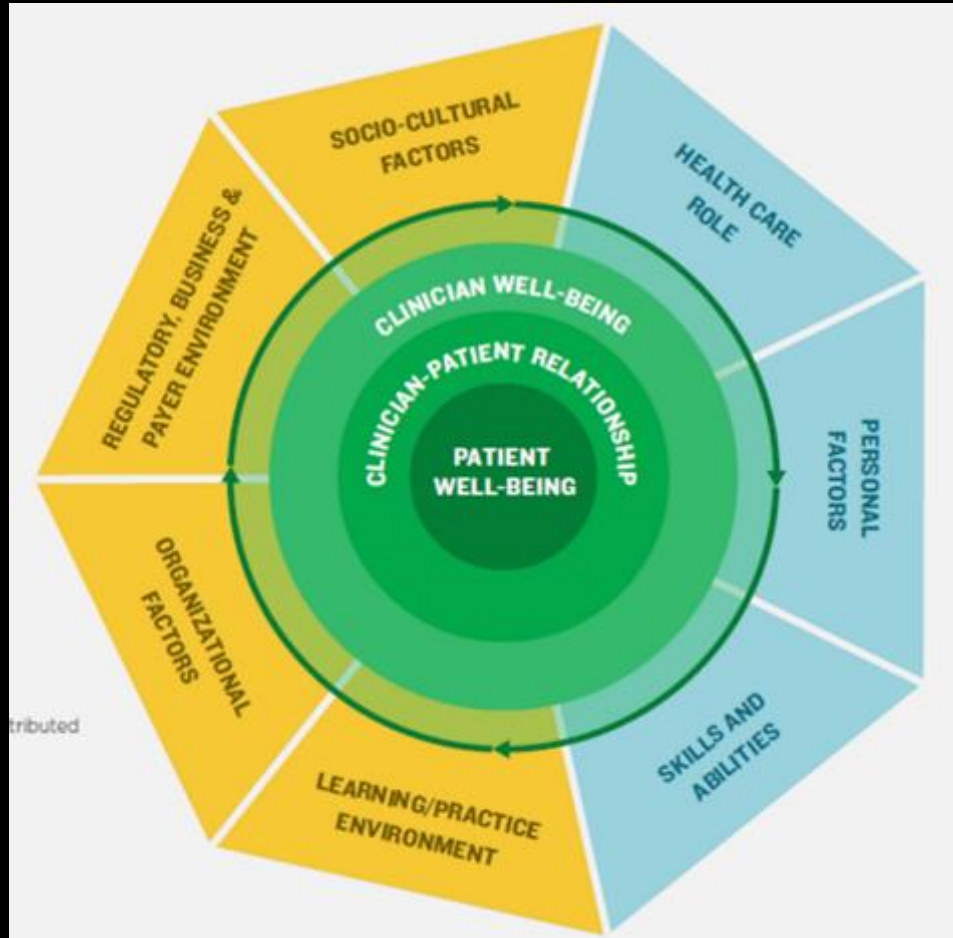
- Avoids meeting with fellows/faculty
- Doesn't want to hear feedback
- Thinks all fellows are whiney and "millennial"

More definitions...

- **Resiliency:** The capacity to *recover* from difficulties, the ability to withstand stress and catastrophe
- **Wellness:** An *active* process through which people become aware of, and make choices toward, a more successful existence

NAM's Framework for Well-Being and Resilience

**External
Factors**



**Internal
Factors**

“It’s Not Just Time Off”: A Framework for Understanding Factors Promoting Recovery From Burnout Among Internal Medicine Residents

Nauzley C. Abedini, MD
Shobha W. Stack, MD, PhD
Jessie L. Goodman, MD, MHS
Kenneth P. Steinberg, MD

Journal of
Graduate Medical Education®



AGGME

- Semi structured 60 min interview of PGY-2, PGY-3 and recent grads who experienced *and recovered* from burnout
- Used qualitative methods to identify themes after 25 interviews
- Identified two types of burnout:
 - **Circumstantial** - stem from self-limited situations, based on environment
 - **Existential** - stem from loss of meaning in medicine and uncertain role

Abedini et al, JGME 2018.

Recovery methods:

– Circumstantial

- Resolving workplace challenges
- Nurturing personal lives
- Taking time off

– Existential

- Recognizing burnout, feeling validated
- Connecting with patients/co-workers
- Finding meaning in medicine, redefining a professional role

How to prevent burnout in cardiologists? A review of the current evidence, gaps, and future directions

Maria Panagioti, PhD^{a,*}, Keith Geraghty, PhD^b, and Judith Johnson, PhD^{c,d}

- Very few primary studies to review, much was extrapolated
- Interventions:
 - Physician-directed
 - Organization directed
- Call for:
 - Creating new culture
 - Fostering resilience
 - Engaging organization and providers



SHARED Responsibility!!!



What do the fellows say?



Resilience Training

- **Daily** Role Modeling
- **Panel Discussions**
 - Burnout, Parenting, Complications/Death of patients, Women/URM
- **On the Fly**
 - “Low-High” weekly debrief
 - “Tell me one non-medical thing about your patient.”

Our Evolving Plan

- Schedule PD/fellow meeting every 4-6 weeks
 - Venting
 - Feedback
- Focus on Resilience training
 - Role modeling
 - Quarterly panel discussions
 - On the fly debriefing and discussion

(a little bit of candy, puppies, ice cream, yoga, happy hours!!)

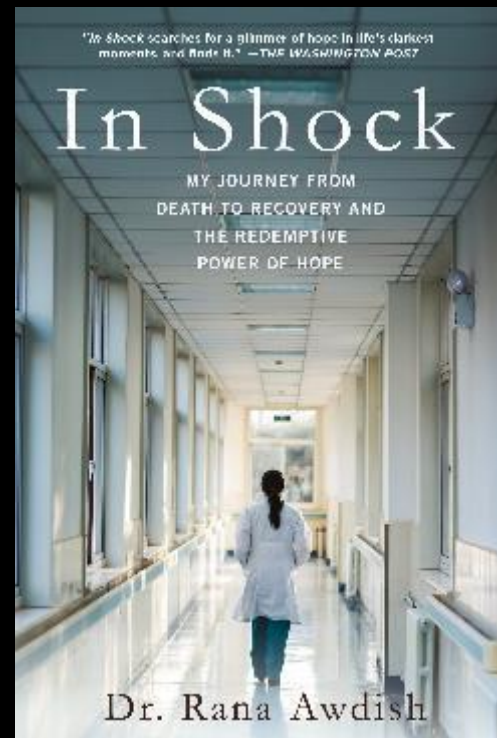
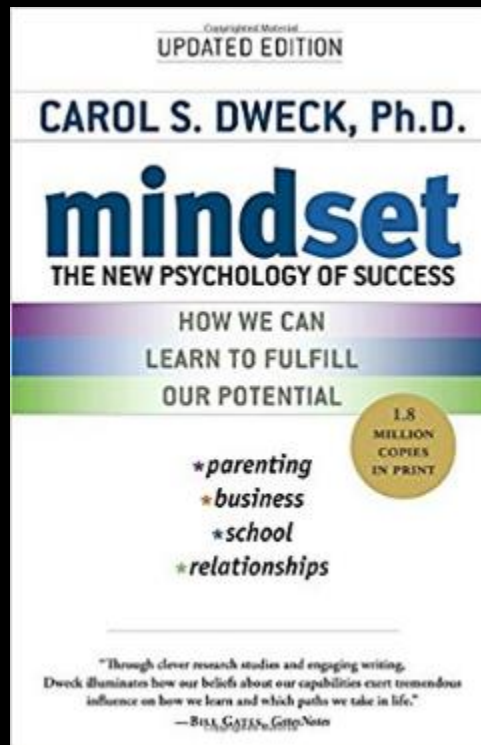
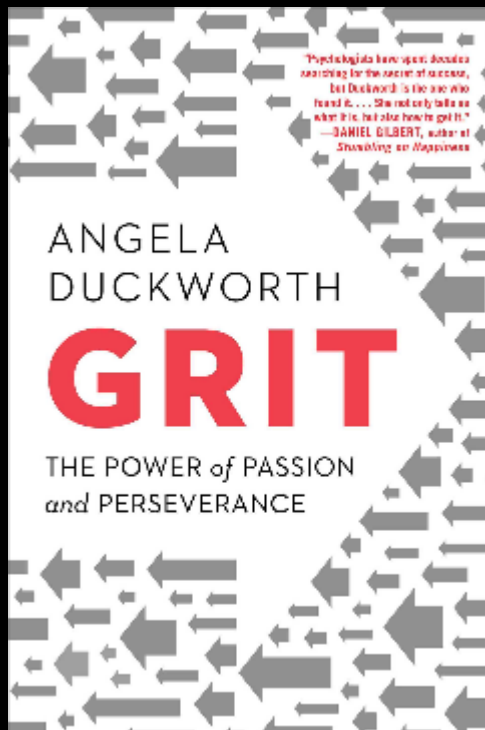
Take home points

- Burnout is common in cardiology and affects ALL of us; we are least likely to seek help
- Resiliency can be learned and can lead to wellness, which in turn may decrease burnout.
- Future efforts include cultural change, fostering resilience, physician and organization led interventions
- Start small – take home ONE thing and try it.

Don't forget about yourself.

You need this too.

Books to Read – and recommend to fellows!



Thank you!

<https://nam.edu/initiatives/clinician-resilience-and-well-being/>

Weinstein M, Out of the Straighjacket, *NEJM* 2018; 378:793-795.

Journal of Graduate Medical Education, February 1 2018 issue.

Abedini et al. "It's not just time off. A framework for understanding factors promoting recovery from burnout in internal medicine residents," *JGME* 2018; 10(1):26-32.

Mehta L et al. "Burnout and Career Satisfaction Among Cardiologists," *Circulation* 2017; 136(1), abstract.

Michel J et al. "Burnout Among Cardiologists," *Amer J Cardiology* 2016.

<https://www.medscape.com> "Cardiologist Lifestyle Report 2018"

Panagioto M et al. "How to prevent burnout in cardiologists? A review of the current evidence, gaps and future directions," *Trends in CV Med* 2018; 28(1)1-7.

Sgro G et al. "Resiliency on the Fly" APDIM spring 2016 (slides available upon request).

UPMC CV fellows