

# THE RESILIENT PHYSICIAN

DR. CAROLYN THOMSON  
ASST. DEAN RESIDENT AFFAIRS  
DALHOUSIE UNIVERSITY



*Part of Dalhousie's Bicentennial Celebrations*



# OBJECTIVES

**By participating in this session, you will be able to:**

- Examine the problem of physician and resident burnout
- Discuss risk factors that influence personal well-being and performance
- Describe and practice strategies for reducing burnout and enhancing resilience

# What if.....

- 1.If I had the afternoon off to do whatever I wanted, I would...
- 2.I remember years ago when I would love to...
- 3.I would be really disappointed if I never get to...
- 4.Something I have always wanted to try is...
- 5.I would love to spend more time with...





1. Why did you go into medicine?
2. What's it like for you now?
3. What do you love about your career?
4. What do you love about your life?
5. What can you no longer tolerate about your career? About your life?
6. What are you resigned and cynical about in your career? In your life?
7. What are your four biggest concerns about your life/career?

# The Physician Personality



## We Are:

- High functioning
- Intelligent
- Caring & conscientious
- Sensitive
- Inquisitive
- Eager to please

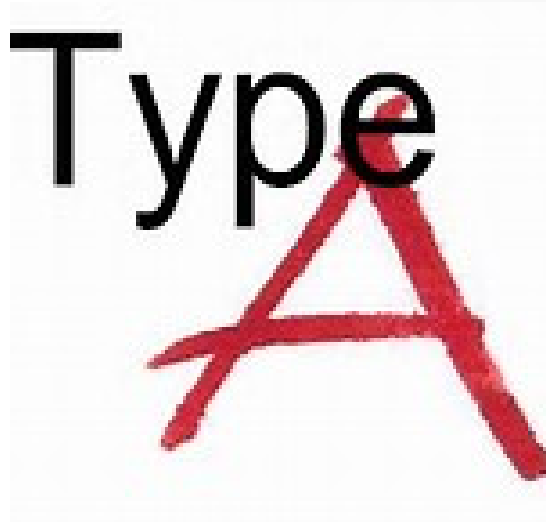


# The Physician Personality

- Exaggerated sense of responsibility
- Can delay gratification
- Guilt and self-doubt
- Desire for control
- Drive to overwork



# We are also...



- Competitive
- Perfectionistic
- Pressured to succeed
- Multi-taskers



# Canadian Physician Health Study 2008



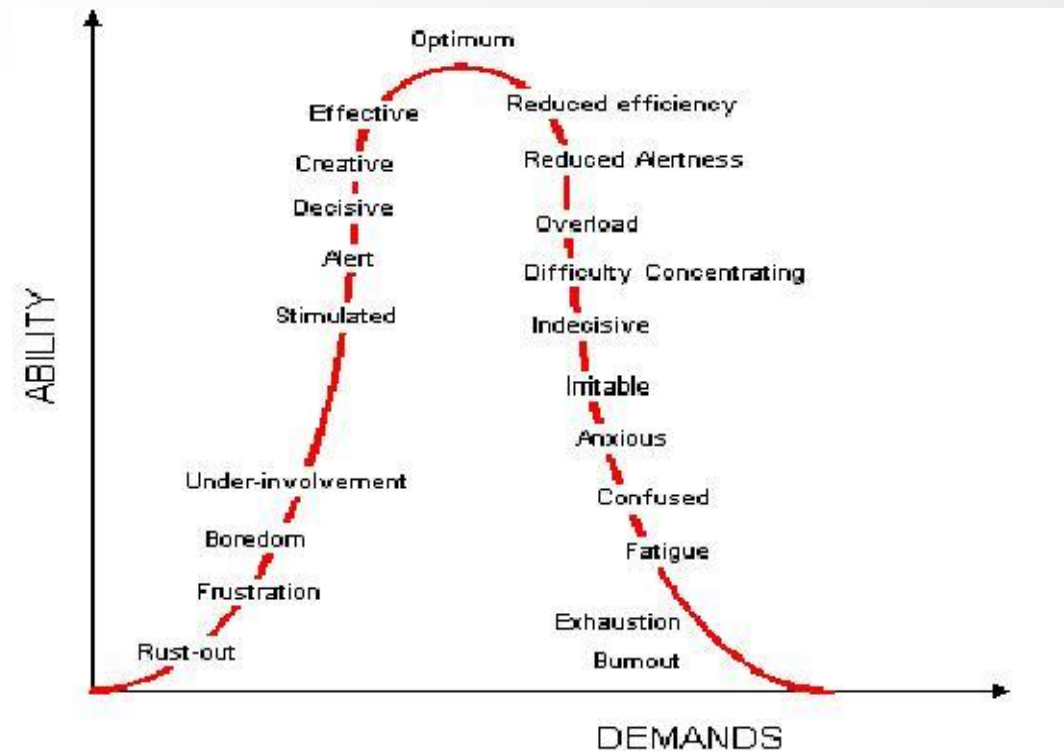
45.7% of Canadian physicians  
were found to be in  
advanced stages of burnout...

# What is Burnout?

- Emotional exhaustion
- Depersonalization
- Lack of professional satisfaction



# The Burnout Curve



# What does burnout look like?

- We lose perspective and blame others
- We judge others harshly
- We begin to externalize our frustrations and feel bad about it
- Our type A tendencies are running at max
- We become hyper-irritable
- Our personal lives crash
- We hit survival mode
  - Numbness
  - Loss of creativity
  - Reflex behaviors predominate



# Possible Risk Factors for Burnout



- High workload: demand exceeds resources
- Age: inverse relationship between age and burnout
- Gender: higher in women than men
- Spousal support: inverse relationship between emotional exhaustion and support from partner

# System/Cultural Drivers

- Attitudes: Patient comes first. Tough it out. Never show weakness/emotion.
- High expectations and time pressures that promote self-denial
- Impact of withdrawal from work
- Chaotic and/or dysfunctional workplaces
- Lack of alignment of values between providers and their leaders
- Regulatory concerns: practice restrictions, limitation of privileges
- Insurance: discrimination or inability to obtain insurance



Even the healthiest and strongest of us  
can become unhealthy in an unhealthy  
environment

# The Cost of Physician Burnout

## Canada: \$213 million

- \$185 million due to early retirement
- \$28 million due to reduced clinical hours
- Family physicians: 59% burnout costs
- Surgeons: 25%
- Other specialists: 17%



## **Productivity:** negative relationship between burnout and productivity

- Sick days
- Work ability
- Intent to leave practice/change job



# A narrative review on burnout experienced by medical students and residents Dyrbye L, Shanafelt T

[Med Educ.](#) 2016 Jan;50(1)

- 2000-2015
- Literature review
- National/International/Multi-institutional studies:

## **Medical students**

1. Emotional exhaustion 35-45%
  2. Depersonalization 26-38%
  3. Symptoms suggestive of burnout 45-56%
- Prevalence higher in advanced years of training
  - Burnout symptoms continue during transition to residency

# Resident Burnout

- EE 44-55%
- DP 32-38%
- Overall burnout 60%

Increases with years of residency

Variations among specialties of practicing MDs (residents?)

Variations by country and country of origin

(?↓ in IMGs)

**GLOBAL PHENOMENEN**

# Potential Contributors to Burnout in Trainees

- Med students: curricular/clinic hours may NOT drive burnout
- Residents:
  - Excessive workload higher patient volumes
  - More frequent overnight calls
  - Greater work-hours
  - Lower autonomy
  - Personal disposition
  - Personal experiences

# Trainee Relationships

- Stressful relationships with supervisors
- Attending physician demands
- A perception that personal needs are inconsequential
- Lack of timely feedback



# New Drivers of Burnout

- CBME?
- Competition for residency positions
- Exponential growth in the medical knowledge and “curriculomegaly”
- Rapidly evolving and changing health care system
- Uncertainty about the future

# Why does burnout matter?

1. ↑ clinician errors
2. ↑ substance abuse, depression, risk of suicide
3. ↑ intent to leave the practice
4. ↓ empathy for patients
5. ↓ patient satisfaction
6. ↓ patient adherence to treatment recommendations



# Are you vulnerable?

- High functioning
- Very conscientious
- Eager to please
- Grippled by a strong sense of responsibility and associated sense of guilt
- Aiming for unrelenting perfection and control
- Good at delaying gratification



# Are you burned out?

- Suffering from more physical illnesses
- Relationship problems at home and at work
- Becoming more negative about the people around you
- Using alcohol and drugs, smoking, over-eating
- Feeling unable to keep going at this pace





# Combat Burnout



## Build Resilience

# Addressing Burnout in Your Organization



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

AMA “Steps Forward”



# **PERSONAL RESILIENCE: The ultimate life skill**

Why do some people cope better than others?

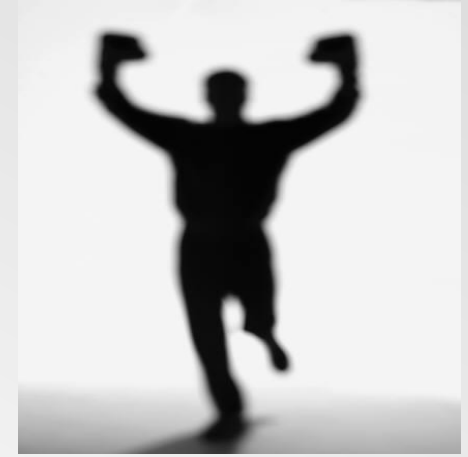
American Psychological Association:

“The ability to adapt well in the face of adversity, trauma, tragedy, threats and from sources of stress such as work pressures, health, family and relationship problems.”

## **The ability to bounce back**

# Characteristics of Resilience

- Acceptance & realism
- Optimism & hope
- Self-awareness & confidence
- Active engagement
- Focus on learning and coping
- Personal boundaries
- Gratitude
- Recognise when change is necessary
- Create distance with observer perspective



If you don't design your own life plan, chances are you fall into someone else's plan. And guess what they have planned for you?

Not much...



# Personal & Professional Goals & Values

- Priorities depend on life stage
- Knowing what we value allows us to
  - Respond to opportunities/conflicts
  - Drives motivation
- Reflecting on values
  - What is important
  - Set priorities
  - Stimulate conversations



# VALUE CARD SORT



WR Miller, University of New Mexico



# Finding Meaning in Work

- Physician-patient relationship
- Mentoring, teaching
- Administration, work for system improvement
- Research
- Professional development
- Refocusing practice
- Colleagues/teams





# Career Fit and Burnout Among Academic Faculty

Shanafelt TD, Arch Int Med 2009

Physicians who spent at least 20% of their time in the aspect of work that was most meaningful to them had a rate of burnout roughly half that of those who spent <20%

# Shape Your Career & Identify Stressors

- Enhance personally meaningful areas of work
- Identify what energizes you and what drains you
- Decide how these can be modified
- Determine whether you need to make career changes

# Your Emotional Bank Account

- Schedule it in
- Switching OFF
- Say “no” with a smile

# SCHEDULE IT IN!



# GET GOOD AT SAYING NO

## EVERY MONTH:

- 1) Set Your Non-Work Priorities FIRST
- 2) Get Them on Your Calendar NOW
- 3) Learn to Say “NO” With a Smile



“I’m so sorry ... I Have Another Very Important Activity Already Scheduled at That Exact Time.”

# The “Off” Switch



- Use your senses
- Identify a trigger
- Mindfulness & intention

# Nurture Wellness Strategies

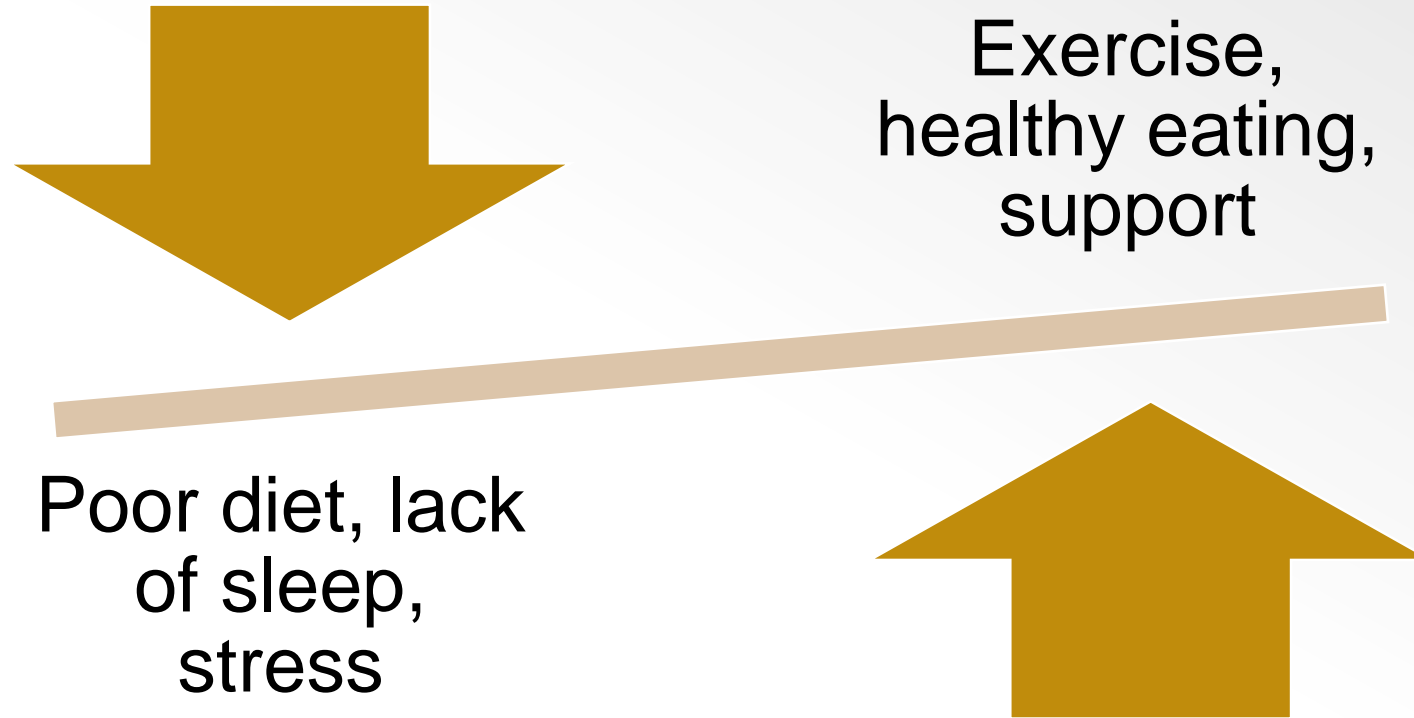


# The Boat and the Water





# The Water and the Boat



# SELF HELP SSRI's

**INCREASING RESILIENCE**



**WATER LEVEL OF RESILIENCE**



**STRATEGIES**



**STRENGTHS**



**RESOURCES**

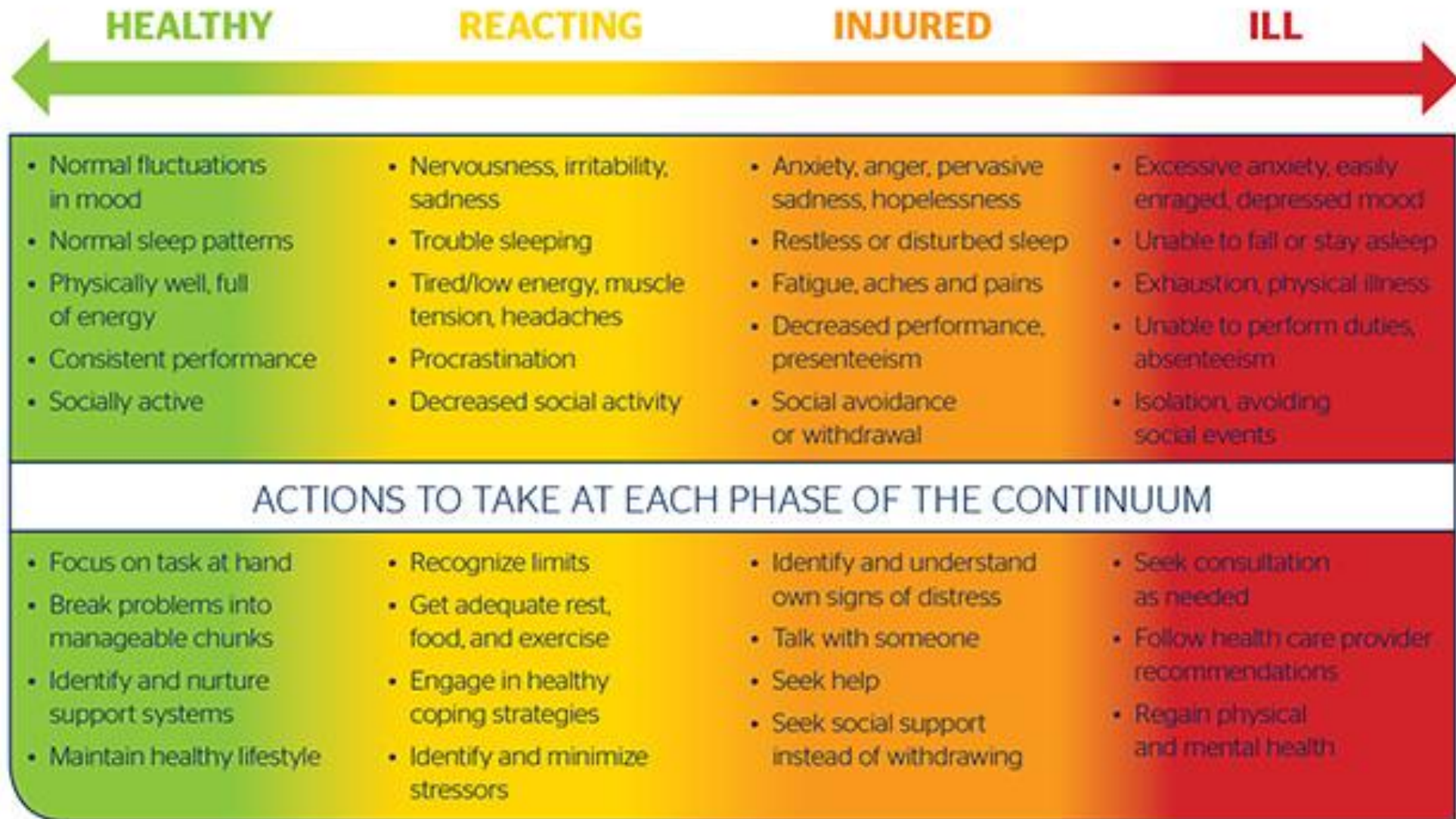


**INSIGHTS**

# SELF-HELP SSRIs

- Strategies e.g. asking for help, using problem-solving approaches, meditation, exercising
- Strengths e.g. courage, determination, sense of humour, flexibility, ability to communicate
- Resources e.g. friends, mentors, self-help books, places we feel safe, support groups
- Insights: Ideas, perspectives or sayings we find useful

# MENTAL HEALTH CONTINUUM MODEL



# Relationships: Make Connections



- Support group
- Enlist your peers
- Seek professional help
- Find local resources

*“The single most powerful predictor of resilience is the presence of caring connections with others”*

Dr. Mamta Gautam, PeakMD

# Develop a Positive Outlook

- Nurture a positive view of yourself
- Avoid seeing crises as insurmountable problems
- Accept that change is part of living
- Look for opportunities for self-discovery
- Maintain hope and optimism
- Keep things in perspective

# The 3 Question Journal

“The Healer’s Art”

Rachel Naomi Remen 2010



1. What surprised you?
2. What touched you?
3. What inspired you?

# Resources

**ePhysicianhealth.com**

**eWorkplacehealth.com**

**Happymd.com**

**CANMEDs Physician Health Guide**

**The Resilient Physician:** Effective Emotional Management for Doctors and Their Medical Organizations

**Iron Doc** Practical Stress Management Tools for Physicians

**The Medical Marriage:** Sustaining Healthy Relationships for Physicians and Their Families

**Improving Physician Resilience:** AMA Steps Forward

**Staying Human During Residency Training,** Fourth Edition: How to Survive and Thrive after Medical School



