Shifting Physician Burnout to Wellness
College of Medicine Faculty Round Table
May 2, 2019

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Departments of Medicine and Psychiatry
Objectives

• Describe the problem of physician burnout and how it can vary at different stages in practice

• Define wellness and provide a practical approach to achieving

• Analyze what is being done to prevent burnout and promote wellness across MUSC
Burnout

- Definition: a maladaptive syndrome that results from chronic work stress.
  - Characterized by feeling *emotionally depleted* and/or having a distant or *uncaring attitude* toward patients and work (Maslach 2001, West 2009)
- Burnout should be considered distinct from related constructs such as job dissatisfaction, fatigue, occupational stress and depression (West 2018)
- “Physician burnout is not a mental health issue,” Tait Shanafelt, MD, chief wellness officer at Stanford Medicine, said during his presentation.
Incidence of Burnout

• Across multiple studies and multiple specialties, approximately 50% of physicians will meet criteria for burnout at some point during their training or career (West 2011)

• Although internationally, burnout is similar to other professions, it is considerably higher in the US (West 2018)
Which Physicians Are Most Burned Out?

- Emergency Medicine: 59%
- Ob/Gyn: 56%
- Family Medicine: 55%
- Internal Medicine: 55%
- Infectious Disease: 55%
- Rheumatology: 54%
- Plastic Surgery: 53%
- Otolaryngology: 53%
- Critical Care: 53%
- Cardiology: 52%
- Urology: 52%
- Neurology: 51%
- Pediatrics: 51%
- Anesthesiology: 51%
- Gastroenterology: 50%
- Nephrology: 50%
- Orthopedics: 49%
- Surgery: 49%
- Pulmonary Medicine: 49%
- Radiology: 49%
- Oncology: 47%
- Dermatology: 46%
- Diabetes & Endocrinology: 46%
- Pathology: 43%
- Ophthalmology: 43%
- Allergy & Immunology: 43%
- Psychiatry & Mental Health: 42%
Percentage of Physicians Burned Out

What percentage of the physicians you personally know are burned out?

- 75% to 100% are burned out (10%)
- 50% to 74% are burned out (35%)
- 25% to 49% are burned out (33%)
- 1% to 24% are burned out (10%)

65% of the physicians are burned out.

Base = 405 (Among those who provided percentage)
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Impact of Burnout

- Associated with medical errors, decreased adherence to best practices and changes in clinical reasoning (Fahrenkopf 2008)

Physicians have a much higher rate of suicide than comparable population
  - 300-400 physician suicides per year (Jennings 2015)
Consequences of Burnout

- **Patient care**
  - Lower care quality
  - Medical errors
  - Longer recovery times
  - Lower patient satisfaction

- **Health care system**
  - Reduced physician productivity
  - Increased physician turnover
  - Less patient access
  - Increased costs

- **Physician health**
  - Substance abuse
  - Depression/suicidal ideation
  - Poor self-care
  - Motor vehicle crashes
Burnout in Medical Students

1/3 of medical students had moderate to severe burnout
Medical Student Burnout at MUSC

I felt burnt out at some point during 3rd or 4th year?

- 17%
- 83%

There were times during 3rd or 4th year where I questioned if pursuing medical training was still the right thing for me to be doing? (question_2)

- 53.2%
- 46.8%

If I felt burnt out or exhausted I was able to recover on my own?

- 17%
- 83%
Burnout in Resident Education

• Burnout and depression are higher among residents than college graduates of similar age (Jennings 2015)

• Conflicts unique to trainees:
  • Fatigue and burnout can be seen as weak
  • Residency remains a performance endeavor with constant evaluations

• Residency lays the ground work for practice after residency
What’s being done about resident burnout?

- Duty hours changed (and then changed again)
- ACGME has created a Task Force for Physician Well-Being
- Emphasis on the learning environment with the creation of the Clinical Learning Environment Review (CLER)
Why does medical training cause burnout?

Maslach and Leiter described 6 aspects of burnout, specific to resident education (Jennings 2015)

1. Workload
2. Control
3. Balance between effort and reward
4. Community
5. Fairness
6. Values

This is not easy work, physically, mentally and emotionally

Shift from patient centered care to EHR centered care
What drives burnout after training?

<table>
<thead>
<tr>
<th>Drivers of burnout and engagement in physicians</th>
<th>Individual factors</th>
<th>Work unit factors</th>
<th>Organization factors</th>
<th>National factors</th>
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<tbody>
<tr>
<td>Workload and job demands</td>
<td>Specialty</td>
<td>Productivity</td>
<td>Productivity targets</td>
<td>Structural reimbursement</td>
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<td>Experience</td>
<td>Practice location</td>
<td>Expectations</td>
<td>- Medicare/Medicaid</td>
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<td>Ability to prioritize</td>
<td>Team structure</td>
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<td>- Method of compensation</td>
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<td>Efficiency</td>
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<td>- Salary</td>
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<td>Organizational skills</td>
<td>Use of allied health professionals</td>
<td>Use of allied health professionals</td>
<td>- Productivity based</td>
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<td>Willingness to delegate</td>
<td>Ability to say “no”</td>
<td>Use of allied health professionals</td>
<td>- Payer mix</td>
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<td>Efficiency and resources</td>
<td>Availability of support staff and their experience</td>
<td>Availability of support staff and their experience</td>
<td>- Structure reimbursement</td>
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<td>Ability to prioritize</td>
<td>Patient check-in efficiency/ process</td>
<td>Patient check-in efficiency/ process</td>
<td>- Integration of care</td>
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<tr>
<td>Personal efficiency</td>
<td>Use of scribes</td>
<td>Use of scribes</td>
<td>- Use of patient portal</td>
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<td>Ability to say “no”</td>
<td>Team huddles</td>
<td>Team huddles</td>
<td>- Institutional efficiency: - EHR</td>
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<tr>
<td>Meaning in work</td>
<td>Use of allied health professionals</td>
<td>Use of allied health professionals</td>
<td>- Appointment system</td>
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<td>Personal values</td>
<td>Match of work to talents and interests of individuals</td>
<td>Match of work to talents and interests of individuals</td>
<td>- Ordering systems</td>
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<td>Professional values</td>
<td>Opportunities for involvement</td>
<td>Opportunities for involvement</td>
<td>- How regulations interpreted and applied</td>
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<td>Level of altruism</td>
<td>Education</td>
<td>Education</td>
<td>- Integration of care</td>
<td></td>
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<tr>
<td>Moral compass/ethics</td>
<td>Research</td>
<td>Research</td>
<td>- Use of patient portal</td>
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<td>Commitment to organization</td>
<td>Leadership</td>
<td>Leadership</td>
<td>- Institutional efficiency: - EHR</td>
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<td>Culture and values</td>
<td>Behavior of work unit leader</td>
<td>Behavior of work unit leader</td>
<td>- Organizational culture</td>
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<td>Personality and values</td>
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<td>Assertiveness</td>
<td>Equity/ fairness</td>
<td>Equity/ fairness</td>
<td>- Opportunities for professional development</td>
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<td>Intentionality</td>
<td></td>
<td></td>
<td>- Evolving supervisory role of physicians (potentially less direct patient contact)</td>
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<tr>
<td>Social support and community at work</td>
<td>Degree of flexibility: - Control of physician calendars</td>
<td>Degree of flexibility: - Control of physician calendars</td>
<td>- Reduced funding</td>
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<td>Personality traits</td>
<td>Clinic start/end times - Vacation scheduling - Call schedule</td>
<td>Clinic start/end times - Vacation scheduling - Call schedule</td>
<td>- Research</td>
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<tr>
<td>Length of service</td>
<td></td>
<td></td>
<td>- Education</td>
<td></td>
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<td>Relationship-building skills</td>
<td></td>
<td></td>
<td>- Regulations</td>
<td></td>
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<tr>
<td>Control and flexibility</td>
<td></td>
<td></td>
<td>- System of coverage for uninsured</td>
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<tr>
<td>Personal characteristics</td>
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<td></td>
<td>- Structure reimbursement</td>
<td></td>
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<tr>
<td>- Spouse/partner</td>
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<td></td>
<td>- What is rewarded</td>
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<td>- Children/dependents - Health issues</td>
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<td>- Regulations</td>
<td></td>
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<tr>
<td>Work-life integration</td>
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<td></td>
<td>- Pre-certifications for tests/treatments</td>
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<td>Priorities and values</td>
<td></td>
<td></td>
<td>- Support and community created by Medical/specialty societies</td>
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<tr>
<td>- Vacation policies</td>
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<td>- Requirements for:</td>
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<td>- SICK medical leave</td>
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<td>- Maintenance certification</td>
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<td>- Part-time work</td>
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<td></td>
<td>- Licensing</td>
<td></td>
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<tr>
<td>- Flexible scheduling</td>
<td></td>
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<td>- Regulations that increase clerical work</td>
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Changing What’s Possible | MUSC.edu
What can be done about burnout?

Needs to be addressed at all levels, national to individual
National Level

ACGME addressing in bylaws

SHM had Shanefelt as keynote speaker at 2019 meeting

Widely recognized and written about
Health System Level

Multiple studies showing reducing burnout and improving physician wellness should be addressed the institutional level (Swenson 2016)

Strong business case for addressing burnout and improving provider engagement (Shanefelt 2017)
Individual Level

Many approaches have been studied (West 2018)
Mindfulness
Stress management training
Communication skills training
Exercise programs
Self care efforts
Small group-efforts to promote community
Wellness

• What is ‘Physician Wellness’?
  • Absence of burnout?
  • Shorter duration or less severe of episodes of burnout
  • Resilience in the face of challenges?

• Being challenged, thriving and successfully achieving personal and professional goals

• Must be addressed on national, program/institution and individual level (Eckleberry-Hunt 2009)
Teach Resilience

• Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost (Epstein 2013)
  • Self awareness (mindfulness) and self care

• Formally teach coping skills and stress management (Sood 2014)

• Discussion groups amongst residents (+/- faculty) (West 2014)
Cultivate Meaning

• Go back to why you signed up in the first place
  • Find your medical school (or residency) personal statement, print it and reflect back on it

• Spend more time with patients
  • Take the time to optimize your documentation/EPIC use, to grant more time seeing patients

• Celebrate clinical wins as much or more then you commiserate bad outcomes
Cultivate Meaning

• What’s the meaning and mission of the work I do?

• Taking real stock in professional AND personal priority list

• Protecting time to address both lists realistically
Self Awareness, Self Regulation and Self Care

• Take time to understand your present emotional and physical experience

• Acknowledge being overwhelmed, anxious, tired, etc.

• Find time to slow down and breath
  • Before entering a patients room, washing you hands, before logging into the medical record

• Consider open discussion with peers and/or supervisors (chief residents).
  • Balint groups: society in UK where healthcare workers meet and debrief on challenging cases
Mindfulness

• Being aware of one's physical and emotional state
  • Paying attention on purpose in the present moment, nonjudgmentally

• Mindfulness-based stress reduction has demonstrated to help individuals effectively manage stress, pain and other health conditions
Use the 10 exercises below to begin incorporating mindfulness into your daily life. Each exercise is quick and can be done at work. Try spacing them throughout the day.

1. **Pause when you first arrive at your computer.** Feel the weight of your legs in the chair and the pressure of your feet as they contact the floor. Take a few calming breaths. Gently deepen your inhale and lengthen your exhale. Try counting to three on the inhale and on the exhale. Adjust the timing so that it feels most calming for your body.

2. **As you approach a patient’s room,** let your attention move to your feet walking down the hallway. Pay attention to each foot as it comes in contact with the floor, one step at a time. Slow down, and let your breath and movement connect. Let your attention rest there. Check in with your overall state of being. Ask yourself, “What does it feel like in my feet right now?” Whatever you notice in your feet or in your body, bring acceptance to that experience. Take a clearing breath: breathing in for four, pausing for two, and exhaling slowly.

3. **During hand-washing,** stand still and pause. Pay attention to the moment: reaching for the soap, spreading it on your hands; the motion, the feel of the soap, the temperature, the texture. Stay with the experience and not your thoughts. Take a clearing breath, and allow the physical sensations in your hands to remind you to be present for the next interaction.

4. **When you first approach someone,** notice some details about this person, such as the color of their eyes, the expression on their face, or how they are standing. As you are noticing these details, take a few breaths and feel sensations in your body as you arrive in the connection of the interaction. Then bring your full attention to the interaction. If your mind wanders to another experience, notice that with acceptance, and bring it back to the person or the people you are with and the feelings in your own body.

5. **If there is time before an important interaction,** intentionally pause for 30 seconds or so. Take some calming breaths and feel your body. Then establish an intention to come to the interaction with presence and care.
6. When you are doing a focused task for an extended period (e.g., reading, working on the computer, handling samples), look up periodically and allow your peripheral vision to become wide. Take a few calming breaths and notice any feelings of rest in your body.

7. Periodically throughout your day, pause, close your eyes, open your ears, and listen to sounds in the distance. This is like widening your peripheral vision: Just use your hearing instead. Allow the sounds to come and go without engaging in the story of what the sounds are. In particular, notice and enjoy any pleasant experience of spaciousness as you listen to sounds in the distance.

8. When you notice yourself feeling tense, if possible, remove yourself from the situation for a minute or two. (Bathrooms are a great place to do this.) Validate your experience with compassion, telling yourself, “It’s understandable that I would feel this way.” Place your hand on your heart or in a soothing position, breathe, and repeat your compassionate phrase a few times.

9. Before, during, or after a difficult situation, pause. Feel your feet firmly grounded and repeat this phrase as you link it to your breath. Come up with a calming phrase, such as “Breathing in I calm my body, breathing out I relax.”

10. At least once or twice throughout your day, look at something simple that you find beautiful. This could be the sky, a flower, or a picture of a loved one. Intentionally take a few moments to notice this beauty and savor the enjoyment for at least a few moments.
Mindfulness Training

- Study of Family Med, Psych and Anesthesia residents at Duke using two to three 1-hour sessions of mindfulness-based resilience activities
  - Introduced mindful-awareness and included practical exercises for nurturing resilience
  - Before, after and 1 year follow up surveys showed benefit in female PGY1/2 who perceived residency to be stressful (Goldhagen 2015)
- Pilot study looking at effect of abbreviated mindfulness course
  - Significant reduction in burnout, depression and anxiety, and an increase in job satisfaction (Fortney 2014)
- Study of 148 residents using eight weekly 2.5-hour mindfulness base stress reduction curriculum
  - Limited impact across the board, but did benefit those with perceived higher stress (Verweij 2018)
What is MUSC doing about burnout?

- Investigation and intervention happening at many levels
  - COM-Student level
  - GME-Resident level
  - DOM-Faculty level
  - MUSCH-Health system level
Student Wellness

Emphasis On Now
Clinical Years focus group
COM CUP
Internship 101
GME Wellness Initiatives

Formation of GME Wellness committee
  Dr. Whitney Marvin and Dr. Ben Kalivas

Survey of all residency and fellowship’s wellness and burnout investigations and interventions

Specific inquiry on actionable items (currently underway)

Compiling ACGME survey results specific to burnout and wellness
DOM Results – May 2018

- Maslach Burnout Inventory – Human Services Survey for Medical Personnel (MBI-HSS(MP))
- Areas of Worklife Survey (AWS)
- Broken down in DOM by:
  - Clinical Providers (n=145)
  - Advanced Practice Providers (n=45)
  - Research Faculty (n=20)
DOM Results May 2018 Clinical Providers - Strengths

• Sense of *Personal Accomplishment*
• Lower *Depersonalization*
• High *Community* scores
  • Members of my work group cooperate with one another
  • I am a member of a supportive work group
  • Members of my work group communicate openly
  • People trust one another to fulfill their roles
DOM Results May 2018 Clinical Providers – Areas for improvement

• Higher *burnout* item:
  • Emotional exhaustion
    • I feel frustrated by my job
    • I feel used up at the end of the workday

• *Areas of Worklife* scores:
  • Workload
    • I leave my work behind when I go home at the end of the workday
  • Control
    • I can influence management to obtain the equipment and space I need for my work
  • Reward
    • My efforts usually go unnoticed
  • Fairness
    • Resources are allocated fairly here
    • Opportunities are decided solely on merit
  • Values
    • My values and the Organization’s values are alike
DOM Action Plan to Address Results

- Small group reviewed DOM results
- Task Force convened and given charge from Dr. Rockey
- Members:
  - Don Rockey, MD – Dept Chairman
  - Thomas DiSalvo, MD - Cardiology
  - Jim Oates, MD - Rheumatology
  - Kim Davis, MD – Gen Int Med/Geri
  - Ben Kalivas, MD – Gen Int Med/Geri*
  - Rachel Sturdivant, MD - Nephrology
  - Young Lee, MD – Heme/Onc
  - Michele Taffoar-Neskey, PA – Heme/Onc
  - Faye Hant, MD - Rheumatology
  - Elisha Brownfield, MD – Gen Int Med/Geri
  - Joe Gough, - Med Administration
- Survey to Clinical Faculty and APP’s – October 2018
### DOM Survey on Causes of Burnout

<table>
<thead>
<tr>
<th>Survey Area</th>
<th>Degree item contributes to burnout 0-3 scale (Not at all; slightly; moderately; highly)</th>
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</thead>
<tbody>
<tr>
<td>RVU pressure</td>
<td>2.16</td>
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<tr>
<td>Concerns not heard by leadership</td>
<td>1.8</td>
</tr>
<tr>
<td>Lack of work-life balance</td>
<td>1.79</td>
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<tr>
<td>Uncertainty about contracts</td>
<td>1.77</td>
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<tr>
<td>Patient throughput vs quality of care</td>
<td>1.72</td>
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<tr>
<td>Documentation required for billing/regulatory</td>
<td>1.68</td>
</tr>
<tr>
<td>Lack of necessary staff</td>
<td>1.66</td>
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</tbody>
</table>
## DOM Survey on Causes of Burnout

<table>
<thead>
<tr>
<th>Survey Area</th>
<th>Degree item contributes to burnout 0-3 scale (Not at all; slightly; moderately; highly)</th>
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<tbody>
<tr>
<td>N = 124/261 (47.5%)</td>
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<tr>
<td>Inefficiency of Epic</td>
<td>1.54</td>
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<tr>
<td>Admin/paperwork – not “top of license”</td>
<td>1.47</td>
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<tr>
<td>Lack of alignment in values with organization</td>
<td>1.3</td>
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<tr>
<td>Lack of recognition</td>
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<td>Lack of necessary space</td>
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<tr>
<td>Lack of career advancement/leadership activities</td>
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<tr>
<td>Lack of necessary equipment</td>
<td>0.81</td>
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## Burnout Drivers by Division – DOM 2018

<table>
<thead>
<tr>
<th>Division</th>
<th>EPIC</th>
<th>Clin Doc</th>
<th>RVU</th>
<th>1 yr Contract</th>
<th>Work Life</th>
<th>Patient Throughput</th>
<th>Recognition</th>
<th>Equip</th>
<th>Space</th>
<th>Staff Support</th>
<th>Top License</th>
<th>Career adv.</th>
<th>Not Heard</th>
<th>Aligned values</th>
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<tbody>
<tr>
<td>CARDS</td>
<td>1.81</td>
<td>1.75</td>
<td>2.50</td>
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<td>2.06</td>
<td>1.81</td>
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<td>1.75</td>
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<td>1.38</td>
<td>1.63</td>
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<td>GI</td>
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<td>1.00</td>
<td>1.97</td>
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<td>1.18</td>
<td>0.91</td>
<td>1.18</td>
<td>1.55</td>
<td>1.18</td>
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<td>1.55</td>
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<tr>
<td>PULM</td>
<td>2.09</td>
<td>1.64</td>
<td>1.73</td>
<td>1.45</td>
<td>1.45</td>
<td>1.73</td>
<td>1.09</td>
<td>0.45</td>
<td>1.45</td>
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<td>1.40</td>
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<td>2.10</td>
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#5 #1 #3 #6  #4 #2
MUSC Health

• Group led by Dr. Peter Zwerner and Dr. Gene Hong
  • Personal Resilience
  • Provider efficiency
  • Culture of Wellness

• Wellness retreat

• RVU solutions being proposed to compensation committee

• Scribes being piloted
Can the current financial vs value driven care paradigm and burnout prevention co-exist?

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#5 #1 #3 #6 #4 #2
Conclusions and summary

• Burnout is a systemic issue that has impact on all physicians

• The individual (or division or department) is not powerless in combating and preventing symptoms of burnout

• Ultimately, policy and system change is needed to significantly reduce incidence and impact
Questions?  Comments?  Solutions?
References:


