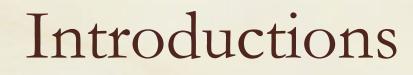
Using Data to Take Action: Fostering a Culture of Wellbeing

Rob Davies, PhD GME Wellness Director





A Summary of Relevant Data



Suicide in Utah

• Utah had the 5th highest suicide rate in the nation in 2017 and is always in the top 10.

- CDC Morbidity and Mortality Weekly Report

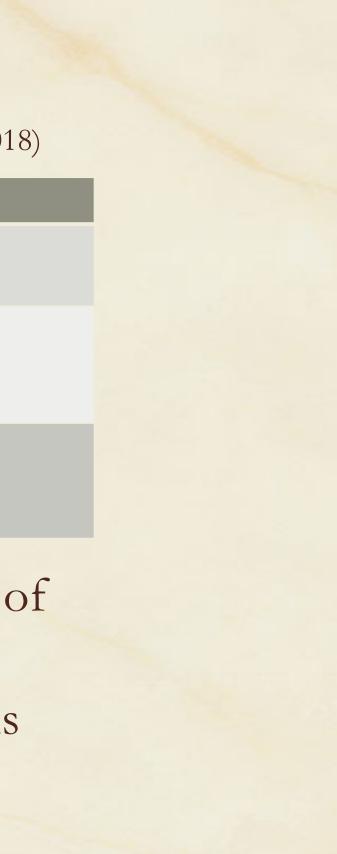
• Suicide is the second leading cause of death for Utahns ages 25-44 and leading cause of death for Utah children 10-24; (Utah Department of Health, 2016)



How Does this Relate to Physicians? (Shanafelt et.al., Mayo Clin Proc, 2015; 2018)

	2011	2014	2017
Burnout	45.5%	54.4%	43.9%
Satisfaction with Work-Life Balance	48.5%	40.9%	42.7%
Depression Screen +	38.2%	39.8%	41.7%

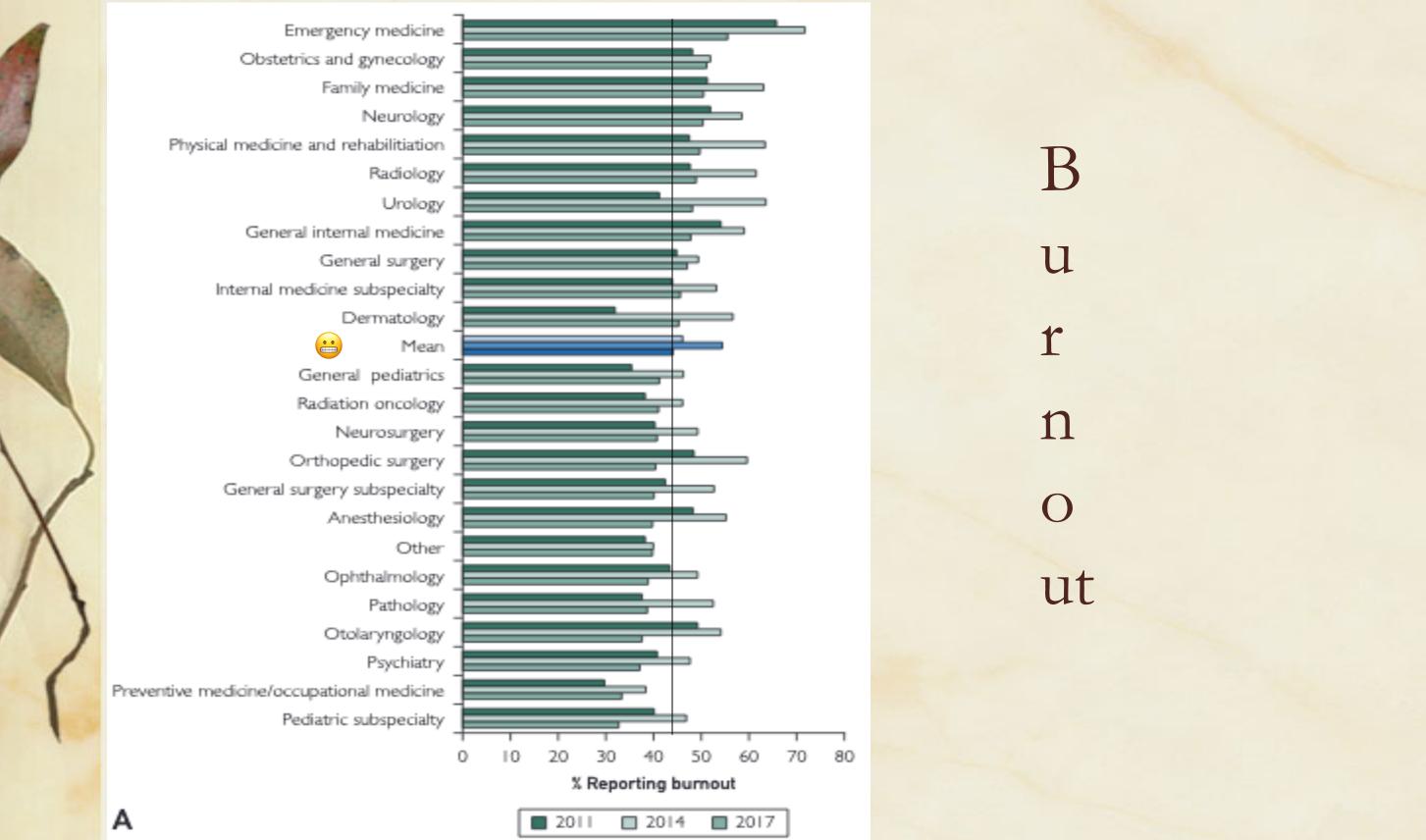
•Minimal changes in US sample in terms of burnout (28.1%) and satisfaction (61.%) which means disparity between physicians and other professions remains.



Burnout

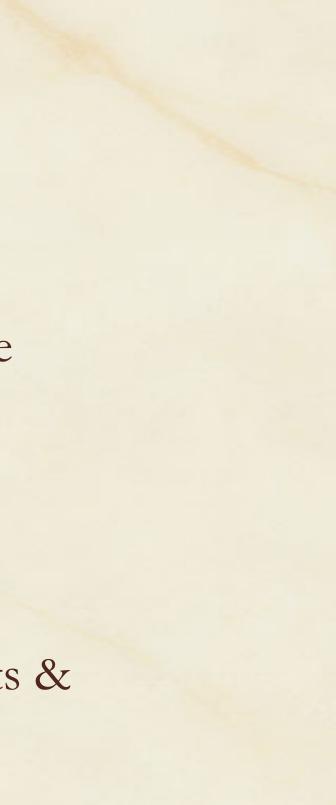
- Emotional Exhaustion or Fatigue,
 - Tired and don't recover easily
- Depersonalization or Cynicism
 - Negative, cynical attitude
 - Thinking of patients as one more thing to do
- Low Personal Accomplishment.
 - Low self-efficacy!
 - Imposter syndrome





Why Does it Matter? Burnout & Patient Safety: Panagioti et al, JAMA Intern Med 2018

- Meta-analysis of 47 studies
- Burnout associated with 2-fold increase
 Risk of patient safety incidents
 - Poorer quality of care
 - Reduced patient satisfaction
- Link between burnout & low professionalism was highest in residents & early career physicians



Why Does it Matter?

• For each 1-point higher score on the emotional exhaustion or depersonalization subscale or each 1-point lower score on the personal accomplishment subscale, surgeons were 5.7% to 10.9% more likely to report SI. (Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. Ann Surg. 2010;251(6): 995-1000.)



Risk Starts Early

- The number of medical students at risk for depression was 28.4 % in the first year and 39.0 % by their third year (p = .004). (Ludwig et.al., BMC Medical Education 2015)
- Prevalence of moderate to severe depression in medical school was 14.3%. Women were more likely than men to have moderate to severe depression (Schwenk, Davis, Wimsatt; JAMA. 2010)

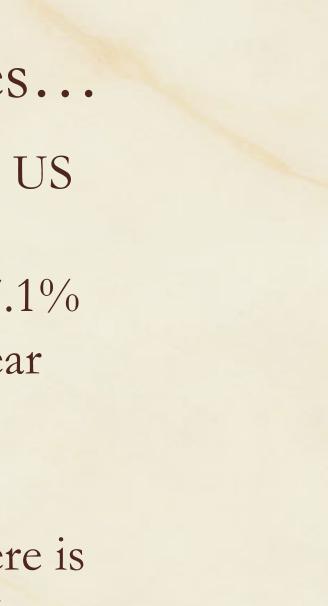
How Does this Relate to Trainees: Burnout

- In 19 studies on burnout among residents prevalence rates reported varied between 18% and 82%. (Prins, et al.; Medical Education, 2007)
- Chronic burnout can lead to depression and thoughts of suicide as the only way out.



Risk Starts Early and continues...

- Cohort study of 740 interns across 13 US hospitals found that the incidence of depression increased from 3.9% to 27.1% in the first 3 months of their intern year and that interns' thoughts of death increased by 370% (Kranzler et al., JAMA 2010)
- Within a year of starting residency there is a median absolute increase in depressive symptoms of 15.8% (Mata, et al., JAMA 2015)
- Prevalence rate of depression among residents is an astounding 28% (Mata, et al., JAMA 2015)





This is a new problem right?!



Suicidality in Physicians

- An 1881 England and Wales paper on physician mortality noted a rate ratio of 1.5 for male physician suicide compared to the general population (Aasland; Gen Hosp Psychiatry, 2013)
- The aggregate suicide rate ratio for male physicians, compared to the general population, was 1.41. (Schernhammer & Colditz; Am J of Psychiatry, 2004)
- For female physicians the ratio was 2.27 (Schernhammer & Colditz; Am J of Psychiatry, 2004)

"The suicidal physician of the Golden Age (1900-1970), an expendable deviant, represents the antithesis of that era's image of strength and invincibility. In contrast, the suicidal physician of the modern era (1970 onwards), a vulnerable human being deserving of support, reflects that era's frustration with bearing these unattainable ideals and its growing emphasis on physician health and well-being. Despite this key transition recent articles about physician suicide indicate that Golden Age values have endured. These persistent emphases on perfection and discomfort with vulnerability have hindered a comprehensive consideration of physician suicide, despite one hundred years of dialogue in the medical literature."

Legha (2012) The Journal Of Medical Humanities

Selected Data from the University of Utah



Burnout Level: Different Response

		Burnout Level		
	Waggl Item	Low ^a (n = 541)	High ^b (n = 249)	
1	I would recommend UUH as a great place to work	94%	74%	
2	I see myself still working at UUH in two years.	91%	72%	
3	I am motivated to do my best work almost every day.	98%	90%	
4	I have adequate opportunities to advance my career at UUH.	75%	47%	
5	My immediate supervisor keeps me informed.	78%	49%	
6	I can express my opinions without fear of retribution.	79%	56%	
7	My input is sought, heard, and considered.	73%	43%	
8	I have access to the tools and resources I need to do my job well.	84%	53%	
9	I have control over my workload.	59%	14%	
10	My work-related stress is manageable.	84%	33%	
All comparisons significant(p < .01) a. Low Burnout = respondents answered either "Strongly Agree," "Agree," or "Neutral" to Waggl Item "Burnout is not a problem for me."				
	h Burnout = respondents answered either "Strongly Disagree" or "Disagree" to Waggl Item "Burn			



Clearly an issue so what do you think the response of a typical physician is to Suicidal Ideation and Depression ...? Why do you think this is so??

What Factors Increase Risk?



Environmental Risk Factors

General Risk Factors

- Loss of a loved one
- Local clusters of suicide that have a contagious influence.
- A hostile or unsupportive community
- Job or financial loss
- Recent death of friend or family member (lower risk for physicians)

Physician Specific Risk

- The perception of making major medical error in past 3 months was associated with a 3-fold increased risk of SI, (16.2% w/ error having SI compared with 5.4% of surgeons w/ no error). Shanafelt, Ann Surg 2010
- Easy access to lethal means physician suicide victims dramatically higher likelihood of benzodiazepines and barbiturates but not antidepressants. (Gold, 2013)
- Burnout is associated with increased risk of SI

Socialcultural Risk Factors

General Risk Factors

- Lack of social support
- Sense of isolation
- Being in the first year of identifying as bisexual, gay or lesbian

Physician Specific Risk

- Barriers to accessing health care, especially mental health care
- Significant stigma for physicians to admit • to needing help
- Being in the first three months of intern year (Sen, 2010)
- Degrading experiences or harassment (Gold, 2013)

Biopsychosocial Risk Factors

General Risk Factors

- A prior suicide attempt
- Suffering from mental illness, such as depression, bipolar disorder, schizophrenia or personality disorder

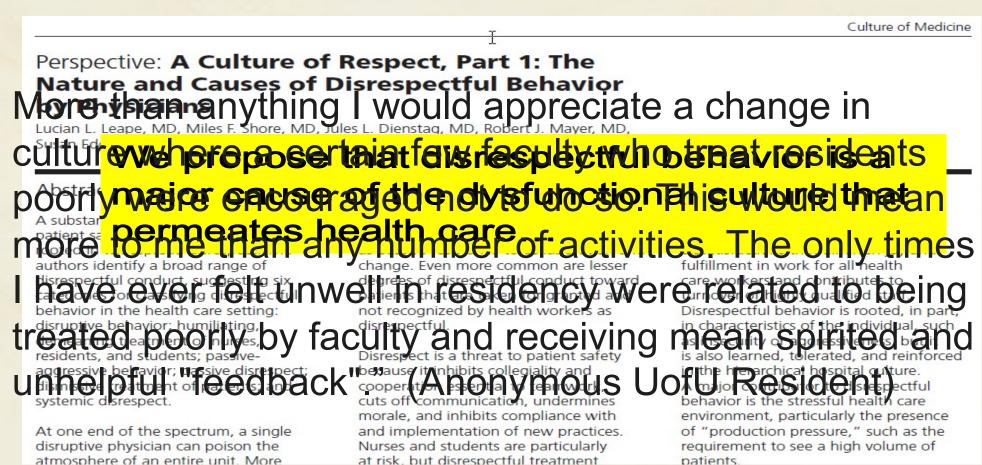
Physician Specific Risk

- Alcohol or substance abuse (higher rate among physicians)
- A family history of mental disorders or substance abuse
- A family history of suicide
- Family violence, including physical or sexual abuse
- Significant hopelessness
- A significant medical illness, such as cancer, or chronic pain

What Factors Decrease Risk for Serious Outcomes?



Culture of Openness & Appreciation



Acad Med. 2012;87:1-8. First published online doi: 10.1097/ACM.0b013e318258338d

Culture of Medicine

A Culture of Support

- Appreciation and support may be a direct antidote for burnout.
- The absence of positive job features (e.g. autonomy, recognition for one's work and utilization of skills) appears more important in causing burnout than the presence of negative characteristics (e.g. overload). (Kushnir & Cohen, 2008)

Impact of Connection

West et al, JAMA Intern Med 2014

- RCT of 74 physicians, met for dinner in groups of 6-8, biweekly for 6 months
- Discussed prompt to promote reflection, shared experience & learning for at least 15 min
- Significant & sustainable differences in empowerment, engagement, meaning at work, & burnout.



What could you do to promote openness and support?

- Send an e-mail or text
- Say "Nice work"
- Say Please and Thank-you
- Be respectful
- Notice the small things
- 5 to 1 ratio

- Ask how they are doing.
- Be vulnerable yourself.
- Megan Fix <u>vulnerability</u>

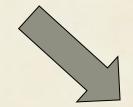
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Emotion Coaching

Emotional Closeness



Validation



Self-Disclosure



Vulnerability





Emotion Coaching

- Validation
 - Validation is not logic
 - Validation is not argument or criticism
 - Validation is not problem solving

– Validation is...

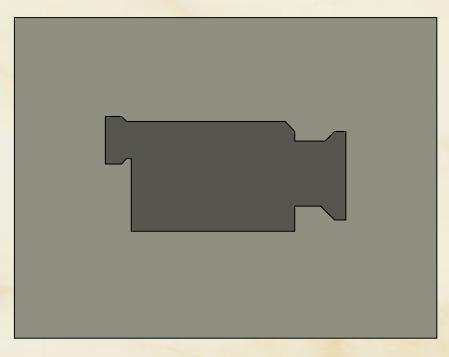


Emotion Coaching

- 1. Be aware of potential emotion
- 2. Recognize the emotion as an opportunity to connect
- 3. Listen empathetically and validate feelings
- 4. Label the emotion
- 5. Problem solve

It's Not About the Nail

• <u>https://youtu.be/-4EDhdAHrOg</u>





Creating a culture where it's expected that we debrief and share:

• Ice skater vs skate boarder

• Pick a topic that is mid level for you.

