









"It sort of makes you stop and think, doesn't it?"

Why clinician distress matters

Lower quality of technical care

Riskier prescribing practices

More medication errors

Lower patient adherence to treatment

More unsafe behaviors (e.g. needlestick injuries, not following protocols)

Lower patient satisfaction

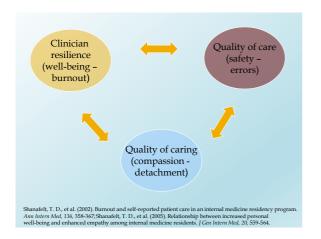
Erosion of altruism and empathy

Unprofessional conduct

Poor relationships with staff and patients

Higher attrition and job turnover → higher recruitment costs

Fahrenkopf et al. 2008; DiMatteo et al. 1991; Williams et al. 2009; Shanafelt et al. 2005; Dyrbye et al. 2010; Haas et al 2000; Sundquist et al 2000; Krasner et al. 2009; Buchbinder et al. 2001



Burnout

Three components:

- Emotional exhaustion
 - Silent anguish of healers (Neuwirth)
- Depersonalization (cynicism)
 - Deterioration of values, dignity, spirit and will (Spickard)
- Low personal accomplishment
 - Culture of endurance (Shanafelt)

Burnout

25% - 60% of practicing physicians

76% of internal medicine residents

45% - 53% of 3rd year students

Dyrbye LN et al. 2006 and 2010; Shanafelt TD et al. 2003



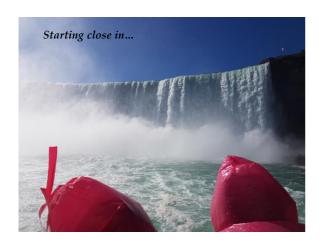


Positive values	The dark side	Resilience
Service, altruism	Over-commitment, self- deprivation, entitlement	Reframing, balance, gratitude
Excellence	Perfectionism, invincibility, hiding errors	Self-compassion, reflective self-questioning
Curative competence	Omnipotence, imposter syndrome, self-deprecation	Knowing one's limitations
Knowledge	Need for certainty	Knowing what's unknown, comfort with uncertainty
Empathy	Personal distress	Compassionate action
Caring	Neglecting oneself and family	Self-care
Equanimity	Distancing, "othering"	Engagement









Interventions

- Kearney JAMA 2009
 - Self-awareness skills
 - Communication Skills
 - Sustainable workload
 - Reflective writing
 - Mindful meditation
 - Supervision and mentoring

Interventions

- West et al. Lancet 2016
 - 2617 studies-15 rct's, 37 cohort studies
 - 2914 physicians
 - Positive effects on all three domains of burnout
 - Individual focused and structural/organizational strategies

Interventions

- West et al. JAMA Internal Medicine 2014
 - RCT involving 74 MDs Department of Medicine at Mayo
 - 19 Bi-weekly facilitated discussions for 9 months
 - Increases in empowerment and work engagement
 - Improvements in burnout domains
 - No differences in stress, QOL, depression, job satisfaction strategies
 - Meaning at work increased

Interventions

- Krasner et al JAMA 2009
- Beckman at al Academic Medicine 2013
 - Mindful Practice program at URMC
 - Faculty: Ron Epstein, Fred Marshall, Patricia Lück and others
 - Undergraduate medical education
 - Residency education
 - · Post-graduate education



Mindfulness

The awareness that arises out of paying attention on purpose, in the present moment, without judgment (Kabat-Zinn 1994)

Appreciative Inquiry



Narrative Medicine

Narrative Competence: set of skills required to recognize, absorb, interpret and be moved by the stories one hears.

R Charon. NEJM 2004; 350: 862-4

To restore the human subject at the center-the suffering, afflicted, fighting, human subjectwe must deepen a case history to a narrative or tale.

Oliver Sacks, The Man Who Mistook His Wife for a Hat

The bottom line

- Participation in a mindful communication program was associated with sustained improvements (<.001) in:
 - Patient-centered attitudes (empathy, psychosocial orientation)
 - Physician well-being (burnout, mood)
 - Personality (increased emotional stability).
- Associations were mediated by changes in mindfulness.
- Participants identified three themes: community, skills development, and giving oneself permission to take time for self-development
- Results replicated in Spain and North America, Hong Kong, Sweden

Summary

- Urgency to address the issue of burnout
- Individual and institutional commitments
- Turning toward the dissonance
- Clinical skills of working with uncertainty
- Not only for the "at risk" and the "floundering"
- Integrating the formal and hidden curricula



