

8 BIG

(and 14 small)

ideas for building

RESILIENCE

How to tend to
the well-being of a
medical staff

By Carmen Peota



Burnout used to be the problem no one in medicine talked about. Those in the business of healing others were simply expected to accept the tougher aspects of their jobs. Long hours? Stress? Difficult patients? Deaths? Came with the territory.

About 10 years ago, that kind of thinking began to change, as research, much of it done at Mayo Clinic and Hennepin County Medical Center (HCMC), began to show not only the high rates of burnout among medical students, physicians and other health care professionals but also the impact of it. Alarm bells sounded in medical journals, at conferences and in the lay press: Physicians were avoiding certain specialties or leaving practice. Depression and suicide were all too prevalent. Staff were inefficient. Care quality suffered. Something needed to be done.

In the last few years, there's been more than just talk about burnout. Much is being done to prevent it and help those who've hit the point where they no longer find joy in their work. Mark Linzer, MD, director of general internal medicine at HCMC and a national authority on physician well-being, says hospitals, clinics and health care systems are recognizing they have an "organizational imperative" to care for the well-being of their staff. "We're getting calls and notes from all over the country from people who wish to do this," he says, referring to the work HCMC is doing to foster resiliency among staff. "It's a movement whose time has come." ➔

There's been a swirl of activity in our region. Medical educators are teaching trainees how to tend to their own well-being. Health systems are training staff to be resilient and offering support for those who are struggling. More important, many are trying to address problems in the work environment that add to stress. Here we share what some are doing and what they are learning in the process.

1 MAKING ROOM(S)

Linzer says making well-being a priority requires more than giving the issue lip service. "When I speak nationally, what I say is you need an infrastructure," he says. "You need legitimate structure that shows that the organization is committed to what it takes to make this work sustainable."

HCMC has built a visible infrastructure. After it formed a provider wellness committee, it created an Office for Professional Worklife. The office functions as a hub for all activities and initiatives related to medical staff well-being at HCMC. Linzer, its director, and assistant director Sara Poplau conduct research, plan sessions on topics ranging from ergonomics to mindfulness, administer an annual well-being survey, and work with individuals and departments to solve specific problems. "It's a dedicated office space for this activity," Linzer says.

Next, HCMC created the "reset room" for hospital staff. It's a small room with comfortable chairs, dim lighting, a sound machine with settings for soothing ocean waves, and flameless candles for "pushing the reset button during a challenging day," Linzer says. Poplau estimates the room is used up to 10 times a week.

Most recently, HCMC has turned a dining room into a combination hangout, workout and dining area for residents, physicians, nurse practitioners and physician assistants. With a small kitchen, exercise equipment, and a shower and changing room as well as tables and comfortable chairs, "it's a place for exercise, reflection, healing and eating," Linzer says.

Poplau says devoting space to provider well-being sends a message to staff. "I

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think this shows the importance of it," she says.

2 DRILLING INTO DATA

One of the things HCMC's Office for Professional Worklife does is administer an annual survey to its medical practitioners (physicians, nurse practitioners and physician assistants) who have a half-time or greater appointment. Linzer and Poplau look at the results and drill deeper to see where problems exist. Then they take those findings to department leaders and look for solutions. "If the EMR [electronic medical record] is a problem, then we try to figure out ways to address the EMR," Linzer says. "If they haven't got enough coverage so people can go on leave, we try to figure out how to get more float staff. Some solutions are expensive. Some aren't."

Poplau says in one department, they discovered that a big stressor for clinicians who had young children was the fact that they couldn't get away from the office at the end of the day. They found a simple fix—schedule the last complex patient at 4 p.m. instead of 4:30 p.m. "The next year of the survey, their burnout score went from highest to one of the lowest," Poplau says, adding that the fix didn't cost money or affect patient access.

“
We're trained to be deficit-thinkers. We don't think about what's right with patients.

Being a good doctor requires being in the deficit function all day. That bleeds over, and we see the world from the glass-half-empty perspective.”

—COREY MARTIN, MD

In another department, advanced practice nurses and physician assistants had the highest burnout scores. When they looked into why, they found that a key stressor was waiting for a response from a physician when they had a question. The solution was to identify a "doc of the day," someone with protected time to take their calls.

Linzer believes engaging clinicians in addressing the things that exasperate them most is key to promoting resilience. And he says, "I think all the things that make people angry can be changed."

3 FOSTERING CONNECTIONS

Colin West, MD, PhD, a researcher with Mayo Clinic's Program on Physician Well-Being, was talking with his colleagues about what they could do to promote well-being among Mayo physicians when they hit on the idea of having engagement groups. They knew loss of meaning in work was a key driver of burnout and they had heard from physicians across the country that they felt isolated. Older physicians said they recalled a time when there was a greater sense of community in medicine. "We thought, maybe we could do something to help physicians connect with each other," he says, "but not just to meet without an agenda because that could devolve into a gripe session."

14

little things

Individuals and organizations are finding that resiliency is the sum of many small changes and steps rather than one big one. Here are some of their ideas for reducing stress and improving practice.

1 Use wide screens. HealthPartners finds they reduce time wasted scrolling through the electronic health record.

2 Don't schedule complex patients at the end of the day. A stressor for doctors in one department at Hennepin County Medical Center was trying to get out of work on time, especially when dealing with a complex patient. The last slot for a complex patient is now 4 p.m. rather than 4:30 p.m.

3 Seat doctors with their nurses so they can communicate throughout the day. HealthPartners teams find that when doctors and nurses regularly interact, their to-do lists are shorter at the end of the day.

4 Walk outside. Peter Dunphy, MD, of Essentia Health, says getting out of the building at midday separates you from your work and gets you in touch with nature. Similarly, the University of Minnesota's Meghan Rothenberger, MD, advises internal medicine residents not to take the tunnels between buildings so they get some outside time.

5 Unplug. Rothenberger says taking even a moment during the day to turn off (or at least get away from) the cell phone and computer is valuable.

6 Take the stairs. If there are two things nearly everyone agrees on, it's that exercise and mindfulness are critical to well-being. The University of Minnesota's Brian Muthyala, MD, MPH, says he achieves both when he takes the stairs between patients. As he walks, he focuses on each step. When he emerges, he's cleared his head and done something good for his body.

7 Include spouses. Avera Health's Brad Kamstra, DO, says Avera includes nonmedical-provider spouses on the committee for its LIGHT program and invites them to educational sessions and retreats. He says his wife told him, "This is what's wrong with you" after she attended a session on burnout. "She saw the symptoms and what had brought me to that point," he says.

8 Be grateful. Buffalo Hospital's Corey Martin, MD, says that if he were to do just one thing to be more resilient, it would be to spend two minutes a day listing three good things that happened that day. "It's powerful, easy, simple," he says. Moreover, it works. "If you really try to incorporate gratitude, you'll be happy with what you have," he says.

9 Listen deeply. For HealthPartners' Anand Shah, MD, staying in the moment with patients involves "deep listening"—asking open-ended questions and not interrupting while the patient answers. "You'd think it would be more time-consuming, but it's not," he says. He describes how a patient cried as she expressed how grateful she was for his attention during a conversation about her taking diabetes medicine. "If I have experiences like this, it makes me joyful, which in turn makes me more resilient," he says.

10 Be upfront with others about your struggles.

"I definitely share my own personal struggles in trying to navigate a medical career with a family," Rothenberger says. She thinks that resonates with the internal medicine residents she works with at the University of Minnesota. "People like that I don't have a magic bullet, that it's a series of little things, of understanding of self and systems, that I have a story that I'm continuing to work on."

11 Watch for signs of burnout. Leaders at Avera Health realized staff were struggling with burnout when they noticed the number of physicians seeking help through their employee assistance program (EAP) was going up. "We found they didn't ask for help until they were on the far end of the well-being spectrum," says EAP director Mary Wolf.

12 Create a sanctuary. "One of the things I ask physicians to do is develop a sanctuary for themselves," Shah says. "For me, it's in my home. I don't have a man cave, but I do have a place where I go to sit quietly and reflect or read."

13 Keep a journal. Shah says he writes in his journal two to three times a week, spending about 15 to 20 minutes reflecting and putting his thoughts on paper. The practice gives him time to contemplate the week's events.

14 Set aside time. "If you're not intentional and don't take time out of your day, you don't have time," Shah says. "You have to be intentional about it. And be realistic. If it's even once or twice a week, whether it's exercising or meditation or taking vacations. It doesn't happen if you don't give it time." —C.P.

They came up with a plan to have six to 10 physicians meet every other week for a meal and discussion about an assigned topic related to burnout, well-being or resiliency. Each group would determine when and where they'd meet. No less than 15 to 20 minutes would be dedicated to discussion of one of the topics they chose.

With an endorsement from top leadership and a promise of financial support (Mayo provides \$20 per participant for the meals), they launched the program last October. Since then, more than 1,100 physicians have signed up. After six months, 97 percent of participants said it was a worthwhile activity and something that Mayo should continue. "Getting 97 percent of physicians to agree about anything is an accomplishment," West says. "That's telling us that it's meeting a need."

According to West, participants have said it's been "eye-opening" to learn that they're not the only ones who feel certain stresses. "It's fostering this sense of connection."

4 IMPROVING SYSTEMS AND PROCESSES

Being on a well-functioning team is critical to job satisfaction, says Beth Averbeck, MD, senior medical director of primary

care for HealthPartners, because no single person can accomplish all that's expected of health care providers today.

When Averbeck started at HealthPartners in 2005, its physician-satisfaction score on the American Medical Group Association's (AMGA) annual survey was low—in the 25th percentile, nationally. "That was a motivating factor for us to take a look at what we could do to help our physicians improve their practice," she says.

They began by standardizing processes so that if a staff member or patient went between clinics the experience was the same. Then they looked for ways to involve all members of the care team in working with patients. For example, when they noticed that patients began to explain their reason for their visit to the person rooming them, they formatted the EMR so the person doing the rooming could record what the patient was saying. The physician then could pull up the record, verify the information and ask clarifying questions.

At a number of clinics, they set up "flow stations," placing the nurse and the physician side by side, so they could talk between patients. When the physician goes in for the visit, the nurse can act on a re-

quest or get a test result. "What that does is help get those things done during the day instead of leaving all of that until the end of the day," Averbeck explains.

When Averbeck started working on streamlining systems, she thought they'd find one main fix. But she says that hasn't been the case: "It's a lot of different things that help in different ways." She points out that gaining 10 minutes here or 15 there adds up. "That's time that could be spent with a patient or when you could go home earlier. We want the time at work to be valuable time."

Since making the changes, Averbeck says, HealthPartners' physician-satisfaction score on the AMGA survey has been in the 75th percentile.

5 OFFERING COACHING

Coaching is one of the ways Sioux Falls-based Avera Health is attempting to support physicians and other staff. The idea emerged when Mary Wolf, EAP director and a trained therapist, noticed that physicians did not seem to find counseling appealing when they needed help with problems. They told her they thought it was too long a process and doubted it would yield results. That led Wolf to think coaching might be more appropriate. "It's a much more goal-oriented, momentum-building process," she explains.

Wolf got certified as an executive coach and now offers the service to any staff member who expresses interest. It's one of many ways Avera is attempting to promote staff well-being through its LIGHT (Live, Improve, Grow, Heal, Treat) program. She begins with an hour-long face-to-face meeting, during which she explains she's there to provide support and homes in on the problem. Two or three more sessions are conducted in person or by phone. During the sessions she keeps the focus on the issue, which can be work-related or personal. She also assigns homework (for example, reflecting and writing) to be done between sessions.

Strategies vary depending on the needs of the individual. For example, she helped one physician who was struggling with a work relationship map out ways to com-

why
are physicians
BURNED OUT?

“**The way medicine is practiced is traumatic.** The pressure, time crunch, late hours, large number of patients ... The thing that is going to make doctors well and less stressed is to work on how medicine is practiced in this country.”

—BRIAN MUTHYALA, MD, MPH

municate with the colleague and with administrators. She also took a more spiritual tack, helping the person visualize releasing the issue to “their higher power.”

Last year, Wolf provided 27 coaching sessions. One measure of their impact: two of the physicians she’s coached who were thinking of leaving Avera have decided to stay. Wolf is now training six other Avera staff, including three physicians, to serve as coaches.

6 Learning by Teaching

After one of their staff physicians was killed in a traffic accident two years ago, members of the medical staff at Buffalo Hospital were struggling, says Corey Martin, MD, director of medical affairs. Three months later, a pediatrician took his life in the hospital chapel. “That was salt in a wound that wasn’t healed over,” he adds.

Those two tragedies prompted the organization to send 15 of its leaders to a conference, where they heard Duke University’s J. Bryan Sexton, PhD, talk about resilience. He asserts that there are many simple things health care providers can do to care for themselves and build resiliency. “We left and said, What do we want to do with that?” Martin says.

One of the physicians who attended had the idea of not only going back and sharing Sexton’s ideas with the hospital staff but also with the community. Police officers, high school teachers, workers at Walmart needed to learn what they had learned. “So that was the day we thought of Bounce Back,” Martin says.

Bounce Back is both a Buffalo Hospital and a community-wide campaign to “improve health through happiness.” To launch it in 2015, Martin and a team of hospital leaders did 87 presentations to area businesses, schools and organizations in three months, explaining what resiliency is and its relationship to health. Then they rolled out the first “tool” for building resiliency, performing random acts of kindness. “Research shows that if you do a random act of kindness for someone, they’re happy for a day and you’re happy for two weeks,” Martin says. The next ones they rolled out were listing

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three good things and writing gratitude letters.

Martin says he and other physicians and nurses have gained from including the community in this work. “I don’t think there’s a better program out there that addresses burnout than this because what you’re teaching is what you’re learning yourself.”

7 Preparing the Next Generation

This fall, 140 internal medicine residents at the University of Minnesota are taking an online course called “Well-being and Resilience for Internal Medicine Residents.” Developed by the department of internal medicine in conjunction with the Center for Spirituality and Healing, it’s one of the ways program leaders are attempting to instill the idea that burnout is a serious issue and encourage residents to adopt practices that can reduce stress early in their careers.

Faculty had read the studies that showed half of internal medicine residents were burned out, and they had seen firsthand evidence of it. “We were noticing our own trainees were experiencing high levels of stress, burnout and anxiety,” says Brian Muthyala, MD, MPH, an assistant profes-

“**I think it’s the burden of time.** To do all you need to do, you need something like 22 hours a day if you’re going to hit all your quality metrics.”

—PETER DUNPHY, MD

sor of medicine who along with associate program director Meghan Rothenberger, MD, is working on the new curriculum. “They were needing to take leaves from work because of these issues.”

In addition to the online course, they’ve developed workshops, where they’re teaching trainees how to be resilient—by practicing gratitude, getting exercise, spending time in nature, eating right, etc. “We’re talking about really practical ways to deal with the stresses that they’ll experience in residency and throughout their careers,” Rothenberger says, adding that there’s no one solution that’s right for everybody.

In addition, they’re doing sessions on well-being with faculty at each of their training sites, encouraging them to consider ways they, too, can care for themselves and support residents.

Muthyala and Rothenberger plan to survey residents at different points in their training in order to learn whether the new curriculum is having an effect. Both expect the course to evolve over time. “I’m not so naïve to think that our residents will just all be well,” Muthyala says. “I hope we move the culture of the program a little bit, so people can talk about these issues more.” ➔

⑧ Finding Passionate Leaders

As part of its new effort to promote staff well-being, Essentia Health named physician champions for each of its regions. Peter Dunphy, MD, ambulatory care chief for the central region is one. And it's a role he is happy to take on. Dunphy says he's genuinely interested in well-being and burnout, not so much because he's struggled but because he finds joy in practicing medicine and wants others to feel that as well.

"It's hard work, tough work," he says of providing primary care, which he has done in the Brainerd Lakes area since 1981. "If you're going to do this well, you've got to come in refreshed.

You've got to be mindful that you're in that room. That's where your focus is." Dunphy says he works at well-being. For example, he breaks up the work day with walks or meaningful conversations with colleagues. And he does simple things such as thinking about the things for which he's grateful.

Dunphy also has a personal reason for wanting to champion well-being. Two of his three adult children are physicians. "So maybe I'm a little bit selfish," he says. "I want them to have joy."

Anand Shah, MD, a family physician who often speaks about burnout and resiliency at HealthPartners' events, and Brad Kamstra, DO, a family physician with Avera Health, have a different reason for their interest in preventing burnout. They've been there. "From my own personal experience of being burned out in the past, I realize that I wasn't even aware of it," Shah says. "There were no resources around me to make me aware that burnout is a big issue and what are the symptoms and signs that can help you recognize that you're burning out." Kamstra's story is similar.

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Shah found his way back to wellness by attending retreats sponsored by the Center for Courage and Renewal, an organization founded by writer Parker Palmer that encourages people to find their true calling, Kamstra through Avera's LIGHT program. Since then, both have been on a quest to raise awareness about burnout and teach others how to prevent and recover from it.

Earlier this year, the Minnesota Hospital Association surveyed 14,000 physicians and other hospital staff with the goal of gathering statewide data on burnout. "I feel strongly that we need robust data regarding the drivers of burnout across Minnesota," says Rahul Koranne, MD, the association's chief medical officer. Koranne believes the state needs to take a process-improvement approach to combating burnout if efforts are to be successful. "We need to know what the drivers are and to track actions and results over time in order to continuously improve," he says.

Eventually, study results and data may guide organizations to the practices that are most effective for promoting resiliency and preventing burnout. In the meantime, much of what is being done is a matter of trial and error. Mayo Clinic's Colin West, who recently published a literature review in *The Lancet* in which he and his colleagues evaluated the effectiveness of vari-

“The main thing the physician wants to do is spend time with the patient. There are more and more external things that are invading the sanctity of the physician-patient relationship. I think that's starting to affect physicians more and more.”

—ANAND SHAH, MD

ous interventions, isn't concerned about that. "I don't think there's one single solution out there," he says.

West believes the real point of all of these activities is to get physicians and other health care providers to realize that taking care of themselves is not selfish. "Maybe the biggest concept we've had to grapple with as a profession is that it's not only OK for doctors to pay attention to their own well-being but it's an *obligation* that we pay attention to our own well-being," he says. "Because we can't take care of patients if we're not well ourselves." ■■

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