Burnout in Pediatric Fellows: Constructing a Program to Focus on Diagnosis, Prevention and Intervention

John D Mahan MD, Nationwide Children’s Hospital/The Ohio State University; Maria Ferris MD, PhD and Nicole Fenton PhD, University of North Carolina, Suzanne Reed MD, Rajesh Donthi MD and Scott Holliday MD, Nationwide Children’s Hospital/The Ohio State University
Introduction

Burnout is a psychological term for the experience of long-term exhaustion, depersonalization and decreased interest in life and career.

Prevalence:

- 40% of general practitioners self-report burnout
- Inventories done at NCH report a high incidence of burnout in residents and fellows
Session Overview: Goals

Understand how the MBI is administered and scored

Describe the major dimensions defined in the MBI and the significance of each dimension in supporting engagement in learning and work

Define the paradigm and underlying pathogenesis of burnout in professionals and contrast these observations physicians

Explore how emotional intelligence and resiliency play a role in investigating the degree of burnout in a trainees

Learn strategies to address burnout and develop an approach to trainees and core faculty experiencing burnout that fits local resources
Conflict of Interest Statement

The presenters have no financial stake in or corporate affiliation with any of the tools utilized for this workshop or with any associated publishing group.
Task 1

Maslach Burnout Inventory - Human Services Survey

Attendees will now take the survey to better understand the process and useful brevity of this validated Burnout tool.
Guided Self-Scoring of MBI

Emotional Exhaustion scoring
Add scores from questions:
1
2
3
6
8
13
14
16
20

Depersonalization scoring
Add the scores from questions:
5
10
11
15
22
Scoring - Continued

Personal Accomplishment Scoring:
Add scores from the following questions:

4
7
9
12
17
18
19
21
Guided Self-Scoring of MBI

Keep the post-it with your # on it – pass the sheet with the recorded scores to the left of your table

The number on the post-it will allow you identify your score (without your neighbors doing so)

We will show you your scores shortly…
Addressing Burnout

Our Methods for Residents & Fellows
Educating Trainees About Burnout

Factors Contributing to Burnout

**Emotional Exhaustion** – a provider is not able to muster up the energy to provide psychological support

**Depersonalization** – cynical, mistrust, detached feelings toward clients

**Personal Accomplishment** – value in the job one is doing
Educating Trainees About Burnout

Why discussion of burnout is important:

**ACGME Common Requirements** – not specifically mentioned, but common requirement VI.A. (professional responsibilities & support)

**LCME -MS-31-A**: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity). -- “Mitigate negative influences”

**Job Performance** – burnout associated with absenteeism & low morale, professionalism lapse, deterioration in quality of care provided

**Personal dysfunction** – physical exhaustion, insomnia, marital/family problems, substance abuse, suicide
Educating Trainees About Burnout

Burnout Scores: Specialty, Internal Medicine & Surgery trainees have highest; Fam. Medicine & Pediatrics have lowest scores.

Students showed negative correlation between MBI-EE, MBI-DP scores with empathy scores & professional climate scores

Depression in residency – 27-30% among interns

Compared to the general population, MDs have:

- 2-3 times greater suicide rates
- 10-20% greater divorce rates
Factors Associated with Burnout in Trainees

- Pessimism
- Perfectionism
- Lack of coping skills for stress
- Personal bad habits (smoking, substance use – including alcohol)
- Lack of control over processes
- Lack of control over schedule
- Poor relationships with colleagues
- Lack of support
- Lack of time for self care
- Difficult/complicated patients
- Not enough time in the day
- Excessive paperwork
- Regret over chosen career

Education About Burnout

Regaining your drive!
Regain Your Drive!

http://movieclips.com/kt7u9-field-of-dreams-movie-doc-saves-karin/
Video Triggers

Video triggers to reinforce concepts and promote discussion

- What Personal Accomplishment Isn’t – (“Office Space”)
- Dealing with Difficult Patients – (“Terms of Endearment”)
  http://cl.ps/ZcVhp
- Doctors Like Control – (“Big Bang Theory”)
- Residents are Stuck Together, Make the Best of It – (“Up”)
- A Special Bond Between Residents – (“Scrubs”)
- In the End, Happiness is What Matters – (“Bucket List”)

Nationwide Children’s | The Ohio State University
Work-Life Balance: Learning Activities

Exercises aimed at burnout associated factors...

Exercises:

1. Reflection on “Why did I choose this career”
2. Time management to reduce stress of rushing
3. Adequate sleep
4. “Happiness” List
Work-Life Balance

5. Appropriate Allocation of Time for Home

6. Relationships

- Perceived social support found to significantly affect EE, DP & PA

- Presentation given to interns during a retreat with plenty of time for social interaction/developing relations among peers

- ‘Refresher’ activities spaced throughout residency
Task 2: Work-Life Balance

Exercise:

Reflection on “Why did I choose this career”
Emotional Intelligence Defined

“The capacity for recognizing our own feelings and those of others, for motivating ourselves, for managing emotions well in ourselves and in our relationships.”

Daniel Goleman
Emotional Intelligence?
What Emotional Intelligence is Not?

It’s not...

about being nice all the time

It’s about being honest

about being “touchy-feely”

It’s about being aware of your feelings & those of others

about being emotional

It’s about being smart with your emotions.
Can You Improve Emotional Intelligence?

Absolutely, but not with traditional training programs that target the rational brain.

Essential methods:

- Insight/Motivation
- Extended practice – skill acquisition
- Feedback from colleagues
- Also improves with age!
Emotional Intelligence Sub-Competencies

Social Skills
- Vision
- Influence
- Communication
- Conflict management
- Teamwork

Social Awareness
- Empathy
- Organizational awareness
- Service orientation

Self-Management
- Self-control
- Trustworthiness
- Conscientiousness
- Adaptability
- Achievement orientation
- Initiative

Motivation

Self-Awareness
- Emotional self-awareness
- Accurate self-assessment
- Self-confidence
The Case for Emotional Intelligence

Of the competencies that distinguish an outstanding leader from an average leader, only a small percentage are cognitive or intellectual abilities.

“181 different positions from 121 organizations worldwide … 67% of the abilities deemed essential for effective performance were emotional competencies” (Rosier, 1994)

How does EI influence leadership impact?
EI and Performance in Medicine

Significant relationship between EI and resident performance in cross sectional study of medicine residents (Satterfield, Swenson 2009)

Higher EI scores one year later → improved overall performance, interviewing skills, and decreased resident burnout

Emotional Intelligence changed over time
## NCH Program: Exploring the Emotional/Social Competencies of Pediatric and Medicine-Pediatric Residents (N = 40)

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Average Other (non-self)</th>
<th>Average Self</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Awareness</strong></td>
<td></td>
<td></td>
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<tr>
<td>Emotional Self Awareness</td>
<td>4.47</td>
<td>4.22</td>
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<tr>
<td><strong>Self Management</strong></td>
<td></td>
<td></td>
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<tr>
<td>Achievement Orientation</td>
<td>4.7</td>
<td>4.42</td>
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<tr>
<td>Adaptability</td>
<td>4.47</td>
<td>4.09</td>
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<tr>
<td>Emotional Self Control</td>
<td>4.49</td>
<td>4.11</td>
</tr>
<tr>
<td>Positive Outlook</td>
<td>4.53</td>
<td>4.2</td>
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<tr>
<td><strong>Self Awareness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td>4.48</td>
<td>4.22</td>
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<tr>
<td>Organizational Awareness</td>
<td>4.72</td>
<td>4.42</td>
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<tr>
<td><strong>Relationship Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict Management</td>
<td>4.4</td>
<td>4.04</td>
</tr>
<tr>
<td>Coach and Mentor</td>
<td>4.57</td>
<td>3.44</td>
</tr>
<tr>
<td>Influence</td>
<td>4.45</td>
<td>4.15</td>
</tr>
<tr>
<td>Inspirational Leadership</td>
<td>4.46</td>
<td>3.94</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.71</td>
<td>4.53</td>
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For all competencies the others rated the residents higher than the residents rated themselves.

[http://www.eiconsortium.org/measures](http://www.eiconsortium.org/measures)
ESCI Associations – Significant Positive…

Performance: ESCI non-self score and
  • patient communication
  • overall performance
  • team work

ESCI by peers: only statistically significant predictor of overall performance
  (22% of variance in overall performance)
  Best predictor of team work was ESCI supervisor’s rating (12.6% of variance in team work)
  Best predictor of communication skills was ESCI ratings by supervisors and peers

Burnout:
ESCI self score and
  • personal accomplishment scale
  • better emotional exhaustion scale
  • better depersonalization scale
ESCI non-self score and
  • better emotional exhaustion scale
Methods to Develop Emotional Intelligence

Personal work
- Mentors, books, seminars

Group/Program work
- NCH TEAM Project
- Mindfulness Based Stress Reduction programs
- EI Skills workshops
- EI Courses
- Personal coach
  - Focus on specific EI skills, feedback, exercises

Emmerling CASE studies 1995

Percentage Improvement of Emotional Intelligence

<table>
<thead>
<tr>
<th>Years After the Course</th>
<th>Self-Awareness and Self-Management</th>
<th>Social Awareness and Relationship Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 Years</td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
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<tr>
<td>3-5 Years</td>
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<tr>
<td>5-7 Years</td>
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Resilience

*Ability to bounce back after being psychologically challenged*

**Keys to Resilience**
- Sense of humor, higher levels of intelligence, spirituality/organized faith community
- Most powerful predictor for MDs: maintaining caring connection with others

**Personal Promotion of Resilience**
- Evaluate yourself (self-care>self-denial)
- Do sweat the small stuff (exercise, diet, recess/time-outs)
- Become a physician leader
  - Give up the myth of the balanced life.
  - Accept that it's okay to love your work.
  - The real risk is "waiting-until" for a lifetime.
- Be generous and be gracious

Task 3

Resilience Assessment

Smith: The Brief Resilience Scale
Building Physician Resilience  

1) Attitudes and perspectives - include valuing the physician role, maintaining interest, developing self-awareness, & accepting personal limitations

2) Balance and prioritization - include setting limits, taking effective approaches to continuing professional development, and honoring the self

3) Practice management style - includes sound business management, having good staff, and using effective practice arrangements

4) Supportive relations - which include positive personal relationships, effective professional relationships, and good communication

CONCLUSION: Resilience is a dynamic, evolving process of positive attitudes and effective strategies
Summary: Emotional Intelligence and Resilience

1. EI is a critical skill in effective MDs and leaders that can be measured
2. EI can be developed
   1. Insight
   2. Skill acquisition
   3. Motivation
   4. Work
2. EI may be one of the most effective antidotes to burnout in physicians
4. Resilience is key to remaining “afloat”
   the power of nurturing relationships
Burnout Interventions


Interventions

Identification - MBI
NCH Residency Program
  Intern Retreat, February
  Prevention
  Treatment
Resources
NCH Fellows
National Pediatric Nephrology Fellow Workshop
Interventions - Identification

Display group results
Discuss Green, Yellow, and Red zones in areas of EE, DP, and PA
Highlight patterns, individuals at highest-risk
Emphasize protective/beneficial effects of high PA
Lighting the Way

Discussion with Trainees:
Not a unique problem - local and national
Consequences of burnout
Compare/contrast Peds and IM/Peds with other specialties
Self-awareness and awareness of peers - subtle signs/symptoms
Treatment/Resources

Your institution – Specific Resources

Current vs. Future/Potential
Treatment/Resources

NCH Approach

Employee Assistance Programs (EAP)
Pastoral Care
Family
Program directors and Chief Residents
Counselors**
Physician support groups
Fellow/Resident-specific health/support committees
OSU STAR program
  Resource for residents after poor patient outcome
Prevention

*Don’t Jettison Medicine*

**Exercises**

Help residents remember why they chose medicine

Help them to understand and manage sources of stress, e.g. how they start their day influences their mood when arriving at work

Sleep log and record of happiness level

Generate “bucket list” of positive activities

www.youtube.com/watch?v=zjEPnN9f8w4
References

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