

“WONDER WOMAN”

DEPRESSED and ALONE??????

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Objectives:

- **Define Burnout**
- **Highlight reasons**
- **Define unique aspects of physician life**
- **Discuss unique aspects of being a Woman in Medicine**
- **Describe ways to wellness**



BURNOUT

- A state of chronic stress leading to physical and emotional exhaustion, cynicism and detachment.
- It leaves one with feelings of ineffectiveness and lack of accomplishment.
- A road hazards in life that high-achievers should be keeping a close eye out for.
- Often because of their "I can do everything" personalities—they rarely see it coming.

Goal #2 of the 2017 ACP Strategic Plan:

Help ACP members experience greater professional satisfaction and fulfillment by developing resources to decrease burnout, and promote resilience and practice efficiencies; advocating for change in the underlying causes of dissatisfaction; and facilitating effective use of HIT and awareness of reporting requirements and timelines.

<http://www.missouriacp.org/strategic-plan-for-acp.html>

Missouri ACP: Wellness Committee

- Brand new- so ideas and members needed!!!
- What Wellness topics do you want to see available?
- What Wellness activities would you like to see available?
- How many of you know we have a Facebook?
- What resources would you like to be available online for members?



Signs of Burnout

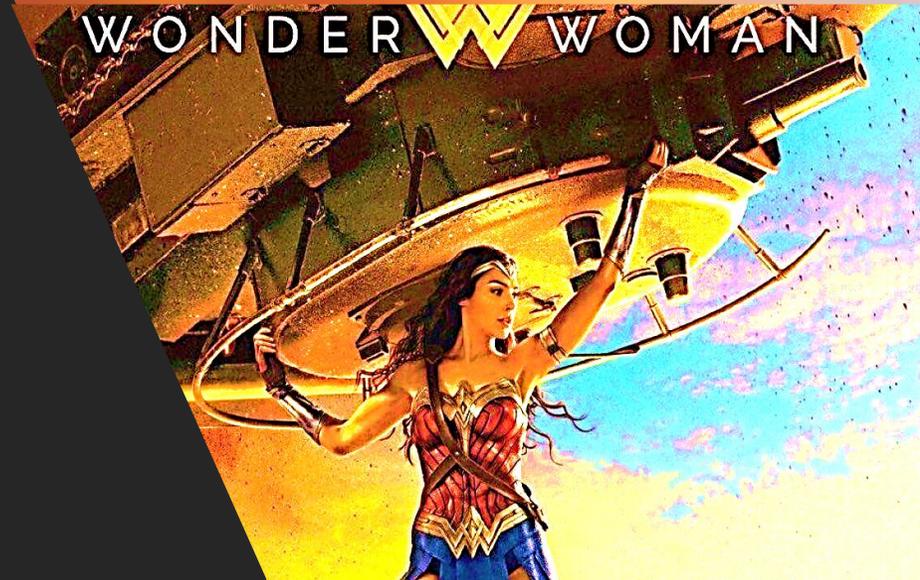
- Chronic Fatigue
- Insomnia
- Memory Problems
- Physical Symptoms/Increased illness
- Loss of Appetite
- Depression/Anxiety
- Anger
- Pessimism
- Loss of Enjoyment
- Detachment/ Apathy
- Poor Performance



The Culture of Medicine

- Work hard....and then harder....and then some more
- Have all the answers
- Expected to be the strong one
- Emotion is for the weak??

“I don't know that we recognized the need. I think medicine traditionally has been a profession that says, 'You just do it.'” - Donna Elliott, senior associate dean of student affairs, USC



The Beginning of The End.....

- It starts very early
- According to a JAMA meta-analysis the overall prevalence of depression or depressive symptoms among medical students was 27.2%
- The overall prevalence of suicidal ideation was 11.1%.
- Among medical students who screened positive for depression only 15.7% sought psychiatric treatment



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- 28% of residents experience a major depressive episode during training versus 7 to 8 % of similarly aged individuals in the U.S. general population.
 - In one study, 23 % of interns had suicidal thoughts.
 - However, among those interns who completed four sessions of web-based cognitive behavior therapy, suicidal ideation decreased by nearly 50 %.

K.J. Gold, A. Sen, and T.L. Schwenk, "Details on suicide among U.S. physicians: Data from the National Violent Death Reporting System." General Hospital Psychiatry (2013), 35 (1), 45-49. doi:10.1016/j.genhosppsy.2012.08.005

- An estimated 300–400 physicians die by suicide in the U.S. per year.
- The suicide rate among male physicians is 1.41 times higher than the general male population.
- Among female physicians, the relative risk is even more pronounced — 2.27 times greater than the general female population!!!!



E.S. Schernhammer and G.A. Colditz, "Suicide Rates Among Physicians: A Quantitative and Gender Assessment (Meta-Analysis)," American Journal of Psychiatry, (2004) 161 (12), 2295-2302. doi:10.1176/appi.ajp.161.12.2295



- Among physicians, risk for suicide increases when mental health conditions go unaddressed.
- Self-medication occurs as an ineffective way to address anxiety, insomnia or other distressing symptoms.
- Not Addressing the underlying issues leads to tragic outcomes.

Drivers of Burnout

- Increased workload and inefficiency at work
- Lack of autonomy
- Lack of meaning in work
- Work-Home Conflict
- Unaddressed mental health conditions which, have a worse impact on a physician's reputation than seeking help early!!



Being a Woman in Medicine

- In 1960, women made up 6% of all physicians.
- In 2000, they comprised about a 1/3rd of the physician population.
- Almost half of the students in medical school today are female.
- Women physicians generally report being satisfied with their career.....BUT



- But many would not become a physician again if given a choice or would choose a different specialty.
- Female physicians experience all the stressors of their male colleagues, but deal with additional stressors unique to them.
- Women are more likely than men to practice in primary care.
- They spend more time with patients, feeling a sense of time pressure, taking more than the allotted time to deliver care.





- They earn less or are often in salaried positions.
- The work environment offers few supports for women physicians.
- Women often feel that they have too much to do with not enough resources or authority.
- There can be greater harassment at work.
- Verbal and physical assault by patients and other staff is more likely.

Women in medicine, stresses and solutions, Mamta Gautam; West J Med. 2001 Jan; 174(1): 37-41.

- Women are significantly more likely than men to pursue an academic career.
- Advancement to senior ranks is much lower than the number of men.
- They are less likely to understand the promotion and tenure criteria and process.
- Fewer women than men advance in medical faculties, leading to too-few role models for women and inadequate mentoring.



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- Women are more likely to be in part-time positions, precluding tenure.
 - They are often in clinical positions and so have less time and resources to carry out and publish research.
 - Women value patient care and local recognition, while male physicians place greater value on scholarship and national recognition.

Balancing Family and Work

- Balancing the demands of work and home effectively is the top priority for most women physicians.
- Managing a social life.
- As opposed to male counterparts, marriage adds additional stress for women retaining the primary role for managing the household.



- Domestic abuse is an issue.
- So is a deep sense of guilt leading to low self-esteem, difficulty with intimacy and sexuality, and resentment.
- Often feel responsible for all the “worry-work” of the relationship.
- Having children and having “ROLE STRAIN”!
- We are people pleasers!!!!



Can It Be Fixed or Helped.....

.....After the break.....

THINGS THAT WORK!!!!



Resilience:

The capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost and one grows stronger.

Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. [Acad Med.](#) 2013 Mar;88(3):301-3. doi: 10.1097/ACM.0b013e318280cff0



Individual Factors of Resilience

- Gratitude
- Sense of Control
- Mindfulness
- Self-monitoring
- Limit setting
- Constructive and healthy engagement in challenges at work
- **Need for community**



[Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. Acad Med. 2013 Mar;88\(3\):301-3. doi: 10.1097/ACM.0b013e318280cff0.](#)

Gratitude

- When fixated on a worry, ask yourself what you're grateful for right in that moment.
- Stop for 10 seconds and focus on that sense of gratitude.
- Ask yourself: What 3 things am I grateful for today? Start or end every day with a list.
- Try each of these exercises for 7 days in a row. What do you notice?

<https://www.gailgazelle.com/gratitude-how-it-can-decrease-physician-burnout>



Sense of Control

“And if our practice managers can’t be resilient to these demands, then doctors will have to unbury ourselves from our clinical responsibilities and take a more active role in creating our own future outside of the current broken system. We just can’t afford to be resilient anymore.”

[Rebekah Bernard, MD](#) | [Physician](#) | September 13, 2016



Sense of Control

- What have you done to give a sense of control to your day?
- Where do you feel you don't have control?



Now Let's lose control:

LAUGHTER YOGA TIME!



Mindfulness: Meditation

- Who meditates daily?
- How has that impacted your day?



Mindfulness: Meditation



Other Mindfulness Techniques

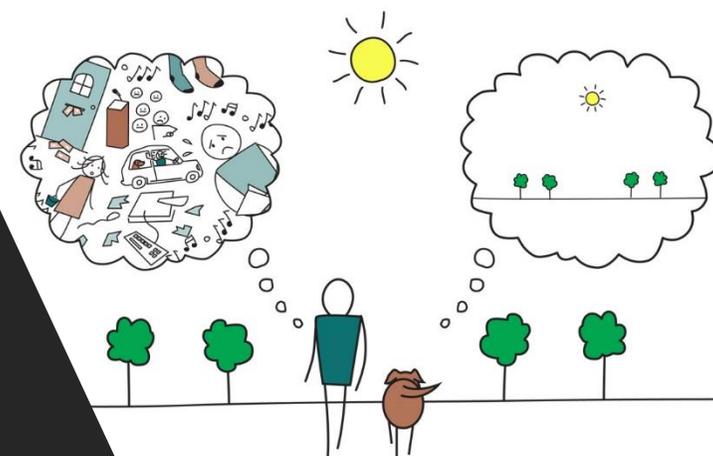
What are some examples that you use in your chaotic life?



Self Monitoring

Taking time to ask yourself where you are on the spectrum of burnout and resilience.

www.mindfulpractice.urmc.edu



...ind Full, or Mindful?

- 
- I feel emotionally drained from my work. I feel used up at the end of the workday.
 - I feel fatigued when I get up in the morning and have to face another day on the job.
 - I can easily understand how my patients feel about things.
 - I feel I treat some patients as if they were impersonal objects.
 - Working with people all day is really a strain for me.
 - I deal very effectively with the problems of my patients.
 - I feel burned out from my work. I feel I'm positively influencing other people's lives through my work.

- I've become more callous toward people . I worry that this job is hardening me emotionally.

- I feel very energetic. I feel frustrated by my job.

- I feel I'm working too hard on my job. I feel exhilarated after working closely with my recipients.

- I don't really care what happens to some recipients.

- Working with people directly puts too much stress on me.

- I can easily create a relaxed atmosphere with my recipients.

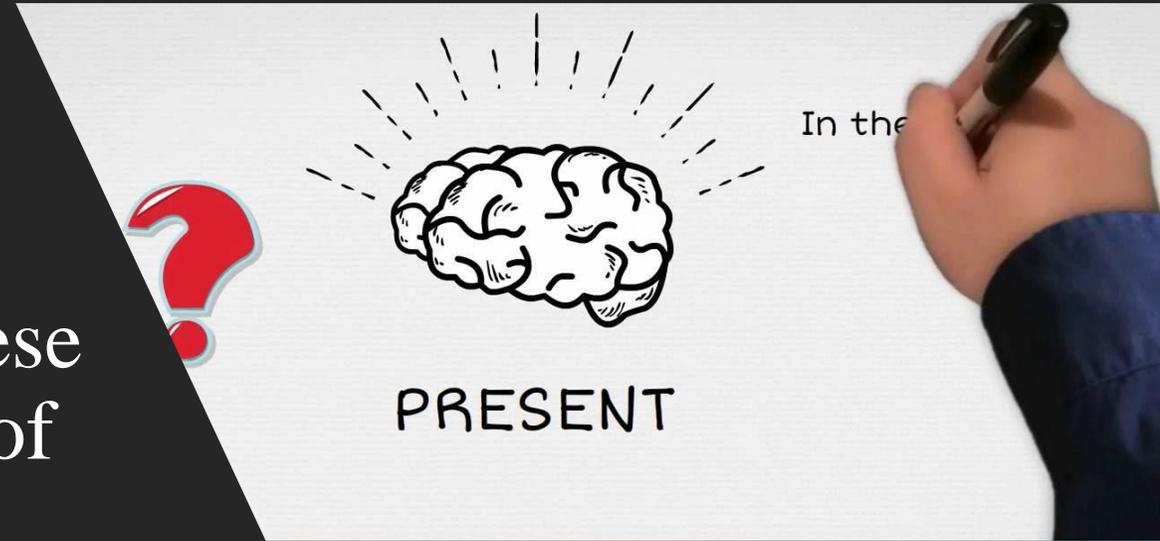
- I have accomplished many worthwhile things in this job.

- I feel like I'm at the end of my rope.

- In my work, I deal with emotional problems very calmly.

Mindfulness: Informal Practices

When incorporated into rounds, these questions can help promote habits of self-monitoring.



- Briefly pausing before entering a patient's room.
- Taking a breath to clear the mind of residual thoughts and feelings from the previous interaction to help be more present and attentive for the next patient.
- Using reflective questions can also promote self-awareness (e.g., “What am I/are you assuming about this situation that might not be true?”)



Balint Groups

- Purposeful, regular meetings among physicians, with a trained facilitator or leader, to allow discussion of any topic that occupies a physician's mind outside of his or her usual clinical encounters.
- The goal is to improve physicians' abilities to actively process and deliver relationship-centered care through a deeper understanding of how they are touched by the emotional content of caring for patients.



PSYCHO-ANALYTIC
TECHNIQUE

Limit Setting

HOW DO WE DO IT????



Limit setting

- Set goals for yourself.
- Learn to say NO.
- Ask yourself: what are you sacrificing when you say YES?



Constructive and healthy engagement in challenges at work

How do you stay challenged and engaged?



- **Take the time to learn about the big picture.**
- **Learn the basics of hospital accounting and finance.**
- **During your patient encounters, seek opportunities to characterize your facility and the medical staff in a way that communicates confidence.**



- Balance the need for autonomy in treating patients with the responsibility to make systems-oriented decisions to benefit the facility as a whole.
- Concentrate work time at one facility and minimize part-time work at other facilities.
- Recognize the hospital's physician leaders carry significant responsibility in ensuring engagement.

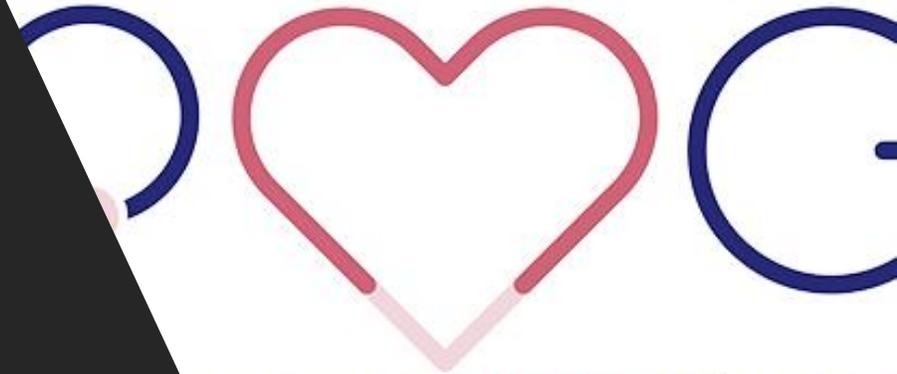


Need for community

How have you built your village or community?



- Seek out rich interpersonal interactions & continual personal and professional development.
- Find coaches and mentors who can help you identify and activate positive relationships and learning opportunities.
- Volunteering to advise others is another particularly effective way of breaking out of a negative cycle.



YSICIAN MOMS GROUP

IN SUMMARY:

Burnout has a purpose.....

- If done well, could be a turning point for the better!
- Makes you take 100% responsibility for YOU and YOUR CHOICES.
- Forces us to pick our own path-not that of others or what was envisioned.

Sasha Schoville Shillcutt et al, Brave Enough Conference, Omaha, NE, sept 8-10, 2017.



Before you diagnose
yourself
with depression
or low self-esteem,
first make sure
you are not,
in fact,
surrounded
by a★sholes.

- Sigmund Freud

