78% of U.S. physicians report burnout

49% of U.S. physicians would not recommend medicine as a career to their children

45% of U.S. resident physicians report symptoms of burnout and career choice regret

27.2% of medical students experience depressive symptoms

Identifying Best Practices for Wellness and Resilience in Academic Medical Centers

Hosted by the TMA Committee on Physician Health and Wellness and Baylor College of Medicine
Welcome
Thank you for joining us in the inaugural TMA Physician Health and Wellness Exchange Think Tank discussion. The TMA PHW Committee aims to establish a statewide collaboration with leaders like you to help understand the gaps in resources and strategies for addressing the health and wellness needs in our workforce, student, and trainee populations.

CME
The Texas Medical Association is accredited by the Accreditation Council for CME to provide continuing medical education for physicians. This live activity is designated for 1.5 AMA PRA Category 1 Credits™ and 1.5 ethics and/or professional responsibility education.

Think Tank Discussion Objectives
Upon completion of this session, participants should be able to:
1. Review best practices to foster and improve wellness and resilience among the workforce and learners in academic medical centers;
2. Establish a statewide collaboration between TMA’s PHW Committee and leaders within academic medical centers to address gaps in health and wellness resources in these centers; and
3. Discuss the Texas Medical Board’s licensure questions regarding prior treatment for substance misuse and/or psychiatric disorders, as well as other potential barriers to self-care.

To obtain CME credit, please submit a completed CME reporting form and evaluation to TMA PHW staff.

Let’s Play!
LAST SESSION MATCH GAME
Find your wellness buddy throughout the day by identifying the person who has the same badge number as you. At your convenience, go with your wellness buddy to the registration desk. The first 10 matches qualify for a prize.
**Think Tank Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:30-12:35 pm</td>
<td>Lunch at Think Tank Table</td>
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<tr>
<td>12:35-12:45 pm</td>
<td>Introduction/Summary of Statistics</td>
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<td>Toi B. Harris, MD, BCM Associate Provost</td>
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<td>12:45-1:30 pm</td>
<td>Discussion at Group Tables</td>
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<td>1:30-1:50 pm</td>
<td>Table Reports</td>
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<tr>
<td>1:50-2 pm</td>
<td>Wrap-Up/Next Steps</td>
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<td>• PHW Committee to discuss the formation of a coalition with academic medical centers/learning health systems</td>
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<td>• Quarterly calls to continue the dialogue</td>
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<td>• White paper</td>
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</table>

After the Think Tank, please join us in the Cullen Auditorium for Poster Session presentations and an awards ceremony.

**Find Your Table**
Using the table signs, find the discussion group most appropriate to you:

- Academic Medical Center Faculty/Staff
- Academic Medical Center Leadership
- Health and Wellness Providers
- Physicians — Other (not affiliated with an academic medical center)
- Students/Residents/Fellows
- TMA PHW Committee/Texas Medical Board

See PHW staff if you have questions.

**Take Note**

*Each table will have an assigned facilitator.* Please also designate for your table (1) at least one note taker, and (2) one person to provide a brief verbal report following the group discussions. We want to capture your ideas and opinions for an upcoming article in *Texas Medicine*.

**Instructions for note takers:** If handwriting notes, leave them on the table for PHW staff to collect. Please write on the notes your group name, and your name and email address in case staff have questions. If you take notes on a digital device, email them to phw@texmed.org.

*Upon receipt, all annotations become the property of Texas Medical Association. TMA reserves the right to reproduce information/photos/other content in promotional materials and on the TMA website.*
Let’s Talk

As the title of this session states, the goal is to share best practices from your institution. We also hope to identify gaps in resources and suggestions for possible solutions.

Please refer to the group-specific questions below and to survey data on pages 6-7 to guide your group discussion. Today’s discussion topics are based on survey responses and current research and literature. The survey was developed by the PHW Committee and Baylor College of Medicine’s leadership.

ACADEMIC MEDICAL CENTER FACULTY/STAFF

In 2018, the American College of Physicians published a position paper regarding ethics and professionalism and optimizing clinical learning environments. Part of position No. 2, states: “Teamwork and respect for colleagues must be both taught and demonstrated.” A few comments on the Think Tank Survey mentioned bullying and lack of civility as concerns.

- In your role as faculty or staff at an academic medical center, how can you favorably impact well-being among students and trainees at your institution?
- How can you contribute to an overall culture of wellness at your institution?
- How can you maintain a high level of professionalism and respect for all learners while ensuring the best possible clinical/scientific education?
- Have you observed particular groups being targeted (e.g., due to their gender, gender identity, race/ethnicity, religion, sexual orientation, country of origin)?

ACADEMIC MEDICAL CENTER LEADERSHIP

Consistent with responses to the Think Tank Survey, a recent Mayo Clinic Proceedings article lists “workload and job demands” as drivers of physician burnout. At an organizational level, how can your institution address these issues for all faculty, staff, students, and trainees, while balancing regulatory compliance, and educational and business needs?

- Identify three potential strategies to improve the health and wellness of individuals who learn and work within an academic medical center. What barriers might prevent the effectiveness of proposed interventions?
- Research indicates that the leadership abilities of physician supervisors affect the well-being and satisfaction of physicians and trainees in health care organizations. What type of leadership training does your organization provide for those who directly supervise students, trainees, and employees?
- Does your organization provide training to assist supervisors/leaders in cultivating a culture of civility?
- Does your organization provide training to help supervisors/leaders effectively address mistreatment and unprofessional behavior? If so, are the training(s) tailored to support individuals from diverse backgrounds who have encountered discrimination?
- How can training for leaders in your institution be enhanced?

HEALTH AND WELLNESS PROVIDERS

- Identify three potential strategies to improve the health and wellness of individuals who learn and work within an academic medical center. What barriers might prevent the effectiveness of proposed interventions?
- Does your organization provide training to assist supervisors/leaders in cultivating a culture of civility?
- Does your organization provide training to help supervisors/leaders effectively address mistreatment and unprofessional behavior? If so, are the training(s) tailored to support individuals from diverse backgrounds who have encountered discrimination?
- How can training for providers/wellness specialists in your institution be enhanced to achieve health and wellness goals?
- How can training for students, trainees, faculty, staff, and leaders be enhanced to achieve health and wellness goals?
PHYSICIANS — OTHER (not affiliated with an academic medical center)

- Research indicates that organizational factors impact physician well-being as well as employee work satisfaction. How can physician leaders in a variety of practice settings encourage wellness among other physicians and medical and administrative staff?
- How does physician and employee burnout affect your practice environment?
- What solutions can you propose to the leadership within academic medical centers that will enhance preparedness of students and trainees to enter into the workforce post-training?
- What solutions can you propose to improve civility in your organization and within your specialty?

STUDENTS/RESIDENTS/FELLOWS

Think Tank Survey responses and comments indicate that stigma against asking for help and a culture of perfectionism are contributing factors to substance use and psychiatric disorders at academic medical centers. An *AMA Journal of Ethics* article focusing on student and resident burnout notes it is common for physician trainees to “quietly tolerate” their own pain and suffering and that “a predominant assumption in medicine is that we should be supernaturally resilient.”

- What steps can students and trainees take to change a culture that encourages “super-being” thinking?
- What practical steps can you suggest to leadership to reduce the stigma of seeking help to address mental health and substance misuse concerns?
- What solutions can you propose to leadership to improve your institution’s climate?
- Have you observed any groups being targeted (e.g., due to their gender, gender identity, race/ethnicity, religion, sexual orientation, country of origin)?
- What tools/skills would be useful for you to facilitate your transition into the workforce?

TMA PHW COMMITTEE/TEXAS MEDICAL BOARD

In the Think Tank survey, 70 percent of respondents cited fear of repercussions as a barrier to helping potentially impaired individuals. Nationally, other organizations including the American Medical Association and Federation of State Medical Boards are advocating for changes to licensure application questions.

- In the state of Texas, how can licensure application questions related to mental and physical health be changed to encourage individuals to seek help while still protecting patient safety and public health?
- What is the process to make changes to licensure questions, and how can TMA and the PHW Committee assist?

*American Association of Medical Colleges 2018; Baker 2016; Federation of State Medical Boards 2018; LaMontagne 2014; Lehmann 2018; Shanafelt 2015; Shanafelt 2017*

Burnout in OTHER GRADUATE STUDENTS AND HEALTH PROFESSIONALS

- 45% of graduate students sought help for anxiety/depression caused by their studies
- 34% of U.S. hospital nurses reported feeling burned out due to their jobs
- 34%–64% of U.S. physician assistants reported burnout, similar to physician reports
<table>
<thead>
<tr>
<th>SURVEY QUESTION</th>
<th>DATA COLLECTED</th>
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<tbody>
<tr>
<td><strong>Q1</strong>: For which population do you provide/supervise health and wellness at your academic medical center? Check all that apply.</td>
<td>• 67% Trainees (e.g., residents, post docs)</td>
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<td>• 41% Faculty</td>
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<td>• 34% Staff</td>
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<td>• 32% Students</td>
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<td><strong>Q2</strong>: What contributing factors have you observed leading to substance use and/or psychiatric disorders among the learners and workforce in your academic medical center?</td>
<td>• 63% Previous substance misuse and/or psychiatric disorder history</td>
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<td></td>
<td>• 49% Patient overload</td>
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<td></td>
<td>• 42% Regulatory compliance demands</td>
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<td></td>
<td>• 38% Electronic health record system</td>
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<td></td>
<td>• 35% Duty hours</td>
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<td></td>
<td>• 31% Limited wellness services</td>
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<td></td>
<td>• 6% None of the above</td>
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<td><strong>Q3</strong>: Have you personally identified a potential substance misuse and/or psychiatric disorder in resident physicians and/or medical students?</td>
<td>• 64% Have not personally identified</td>
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<td></td>
<td>• 36% Have personally identified</td>
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<td><strong>Q4</strong>: Have you received training to identify potentially impaired individuals?</td>
<td>• 55% Have not received training</td>
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<td></td>
<td>• 46% Have received training</td>
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<td><strong>Q5</strong>: Is there a standard process in place at your institution upon identifying potentially impaired individuals?</td>
<td>• 64% Have standard process in place</td>
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<td></td>
<td>• 36% Do not have standard process in place and/or are unaware of a process</td>
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<td><strong>Q6</strong>: What institutional health and wellness resources are available to the impaired individual?</td>
<td>• 83% Employee Assistance Program</td>
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<td>• 66% Mental health treatment</td>
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<td></td>
<td>• 60% Evaluation</td>
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<td>• 52% Substance misuse treatment</td>
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<td></td>
<td>• 43% Wellness department/office</td>
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<td></td>
<td>• 5% None available</td>
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<td><strong>Q7</strong>: Annually, how many potentially impaired individuals have been identified at your institution?</td>
<td>• 75% I do not know or have access to information</td>
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<td></td>
<td>• 22% 0-25</td>
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<td></td>
<td>• 2% 26-50</td>
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<td></td>
<td>• 1% 51-75</td>
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<td>• 0% 76-100 or over 100</td>
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<td><strong>Q8</strong>: In addition to what your institution currently offers, what other resources do you want your institution to have available?</td>
<td>• 63% Health and wellness facilities</td>
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<td></td>
<td>• 60% Scheduled activities promoting health and wellness</td>
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<td>• 57% Peer support networks</td>
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<td></td>
<td>• 52% Formal survey/assessments for burnout, suicidality, or stress for learners and workforce</td>
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<td>• 48% Organized mentorship program</td>
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<td>• 48% Opportunities for gatherings to promote connectedness</td>
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<td><strong>Q9</strong>: What institutional barriers do you encounter when helping potentially impaired individuals?</td>
<td>• 70% Fear of repercussions</td>
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<td></td>
<td>• 68% Stigma</td>
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<td></td>
<td>• 51% Culture of perfectionism</td>
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<td>• 46% Lack of funding</td>
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<td></td>
<td>• 16% Other</td>
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<td>• 9% No barriers</td>
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<tr>
<td>SURVEY QUESTION</td>
<td>SELECT SURVEY COMMENTS</td>
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</table>
| Q2: What contributing factors have you observed leading to substance use and/or psychiatric disorders among the learners and workforce in your academic medical center? | • Perfectionism and competition  
• Bullying by faculty/senior managers  
• Administrative burdens/push for RVUs leading to patient overload and compliance demands  
• Vanishing locus of control  
• Limited time for family, friends, and outside wellness activities  
• Culture that shames people who ask for help |
| Q3: Have you personally identified a potential substance misuse and/or psychiatric disorder in resident physicians and/or medical students? If yes, what steps did you take? | • Referred to mental health services/evaluation  
• Reported to program director/department chair/dean of student affairs/GME office  
• Referred to wellness program/resident assistance program |
| Q4: Have you received training to identify potentially impaired individuals? If yes, where and what type? | • Online CME  
• ACGME training  
• Am a board-certified psychiatrist  
• Institutional lectures and training  
• Multiple sources |
| Q5: Is there a standard process in place at your institution upon identifying potentially impaired individuals? If so, please describe. | • Refer to mental health/wellness resources  
• Refer to Professionalism/Medical Executive/Peer Review Committee  
• Refer to EAP  
• Refer to supervisor/student affairs/GME office  
• Depends on situation and whether there is an imminent threat to patients; remove from patient care if needed |
| Q6: What institutional health and wellness resources are available to the impaired individual? | See statistics; no comments provided |
| Q8: In addition to what your institution currently offers, what other resources do you want your institution to have available? | • Fewer after-work hours spent on documentation  
• Simplify EHR system  
• Civility and professionalism; avoid derogatory comments; value faculty and residents  
• Have trained faculty or staff available to identify at-risk individuals and help them get treatment  
• More vacation time/ability to be off-line during vacation |
| Q9: What institutional barriers do you encounter when helping potentially impaired individuals? | • The business side of medicine (focus on RVUs, patient surveys, etc.)  
• Fear of TMB repercussions/language of licensure application questions  
• Lack of confidentiality  
• One-way flow of information/lack of ability to provide feedback |
The **Physician Health and Wellness Committee** is interested in the health and well-being of physicians, patients, and their families. The committee offers education and literature to help medical students and resident physicians who may need assistance or know of a peer who needs assistance. Committee-developed resources help hospitals respond to Joint Commission requirements related to physician health.

**Education Programs**

The PHW Committee offers continuing medical education courses on a wide range of topics regarding physician health and wellness, and how physician well-being affects patients. Physicians, medical students, physician spouses, hospital administrations, and others can benefit from these courses.

**Education Team**

Live presentations of PHW courses are available at meetings of county medical societies, hospitals, and other entities for a fee plus speaker travel. To ensure speaker availability for scheduled live presentations, please submit individual requests at least two months prior to the scheduled event. Contact TMA’s PHW staff at (800) 880-1300, ext. 1608, or phw@texmed.org for information.

The PHW Committee also offers annual training for new and returning team members.

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**PLUG INTO**

**Join us in 2020!**

[www.texmed.org/PHWExchange](http://www.texmed.org/PHWExchange)
NOTES

Discussion Group: ________________________________
Name: ___________________________ Email: _________________________

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2019 PHYSICIAN HEALTH AND WELLNESS EXCHANGE THINK TANK