Medical Student Stress and Burnout

Committee on Physician Health and Wellness ◆  Providing Education for Medical Students
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Learning Objectives
Upon completion of this activity, medical students should be able to:
1. Recognize factors that contribute to stress and burnout in the medical profession;
2. Describe the continuum associated with stress;
3. Assess personal risk for burnout;
4. Analyze the expectations and risk factors for students that increase risk for burnout;
5. Identify and apply healthy coping skills that improve ethical behavior, enrich personal resilience, manage stress, and prevent burnout; and
6. Recognize when medical students need professional help.

Focus
This activity discusses how to cope effectively with many of the stresses encountered in the practice of medicine. It offers self-assessment tools, prevention strategies, and treatment options.

Target Audience
Medical students

I. Introduction

Case Study: David
- 23-year-old male student
- Graduated magna cum laude from well-known university
- Accepted to medical school to begin in the fall
- Excited about new opportunities
- Nervous about expectations
- How will he succeed?

Let’s begin with a case example. David is a 23-year-old medical student who has known that he wanted to be a physician since he was young. He is very bright and an eager learner, graduating magna cum laude from Princeton.

He performed well on the MCAT, and was accepted to medical school to begin that fall. David is very excited about beginning medical school, as he sees all of his hard work, studying, and dedication come to fruition in his lifelong dream. However, he is also nervous.

David realizes that everyone who attends medical school is intelligent, diligent, and hard-working. Many of his new fellow students may even be very competitive regarding grades. He worries that this could lead to a less supportive and more stressful school environment. Being an astute individual who also likes to prepare, David is unsure of what he should do to help himself succeed in medical school.

We will return to this case later in the course.

Elements of Medical Ethics
- Nonmaleficence
- Beneficence
- Autonomy (student and patient)
- Justice

Medical students are an integral part of society, bound by medical ethics. This adds stress to each student’s life. Medical

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students have an ethical obligation to take care of patients optimally.

**Nonmaleficence.** “Primum Non Nocere” “First, Do No Harm”

**Beneficence.** Take positive steps to help others, not just refrain from harm

**Autonomy.** Personal rule of self free from controlling interference from others that prevents personal choice

**Justice.** Fair, equitable, and appropriate distribution of a service; medical students begin to realize disparity and have an obligation to promote justice

Medical students are expected to manage stress so that it does not interfere with ethical principles. They must recognize doing no harm begins with one’s self. This self-awareness involves being attentive to the moment, the person, the task at hand, and being fully present, balancing all four elements of medical ethics.

### II. Reality of Stress

Stress is the reality of life and must be recognized and managed.

Feeling stressed? This is one of many experiences incoming medical students face that for some, may be their first exposure to life-and-death situations. These experiences, which are physically, mentally, and emotionally demanding, often test the limits of our coping skills. Recognizing our limitations and seeking help is not only important to our patients, but also to ourselves.

This course will help identify common causes for stress in the lives of medical students and offer healthy ways of coping with that stress.

#### Definition of Stress

Stress is an internal process that occurs when a person is faced with a demand that is perceived to exceed the resources available to respond to it effectively, and where failure to deal with the demand effectively has important and undesirable consequences.

Stress also is defined as “our reaction to events, environmental or internal, that tax or exceed our adaptive resources.” Each of us has a certain number of coping resources, and when they are strained or exhausted, stress usually results. Stress reactions consist of both physical and emotional responses. Stress can be a motivator toward change and growth or a cause of impairment.

#### Case Study: David (cont’d.)

**Stress — Burnout**

- Performs well academically during his first year of medical school
- Adapts to rigors of medical education
- Beginning to have headaches as second year commences
- Studying longer hours than during his first year and missing social activities as a result

David is now in medical school, and has done well with his studies and grades. He is in the top quarter of his class and seems to have adapted well to the rigors of medical school. However, as he begins his second year, with the addition of learning clinical skills, having outside preceptorships, and even more rigorous material to learn, he begins to have headaches on a regular basis. At times, he feels tired. He has to study even more than he did during his first year. To fit in study time, and still have adequate sleep, he is declining social invitations and outside activities. He is doing this more and more, to the point that he seldom sees anyone outside of class/clinicals.

**Definition of Burnout**

- Burnout is a state of mental and/or physical exhaustion caused by excessive and prolonged stress.
- Burnout syndromes are characterized by three features:
  - Emotional exhaustion,
  - Depersonalization (cynicism), and
  - Diminished sense of personal accomplishment.

Burnout is defined as “a state of mental and/or physical exhaustion caused by excessive and prolonged stress.” Research studies have found that some of the major causes of burnout in medical students are student mistreatment, sleep deprivation, and residency choice.

The burnout syndrome is characterized by losing enthusiasm for work (emotional exhaustion), treating people as if they were objects (depersonalization), and having a sense that work is no longer meaningful (low personal accomplishment). These three criteria are the main components of the Maslach Burnout Inventory, the standardized instrument used to measure burnout.

Burnout is characterized by decreased mental energy or emotional exhaustion. In this state, medical students feel unable to give of themselves, which can cause cynicism and detachment from patients, which is defined as depersonalization. The other component is diminished personal accomplishment related to negative self-appraisal. Two theories postulate that for medical students, “unsatisfactory aspects of the learning environment and a feeling that one’s efforts are meaningless or irrelevant” also may lead to burnout.

**What Are Stressors?**

**Physical Stressors** result from internal, physical symptoms, such as headaches, stomach problems, and so on; external physical stressors include heat, cold, excessive noise, and the like.

Psychological Stressors arise from time pressures or the unrealistic expectations we place on ourselves or allow to be placed on us by others, such as, “you must be perfect,” “you must know everything,” or “you must suppress your feelings at all costs.” An irrational belief, for example is “doctors don’t get sick with illnesses such as: anxiety, depression, psychiatric disorders.” Fatigue and time demands can lead to anxiety, depression, and substance abuse.

**Familial Stressors** can arise from relationship problems with parents, spouses, and children. Medical students face competing time demands for family and education. Family problems can tax important resources like time and money, and often require immediate attention.

Financial Stressors are common for medical students. Most students carry the burden of a student loan, and often do not have time to get jobs. Medical students thus must decide whether they can survive with current funds or acquire another student loan.

**Spiritual Stressors** arise when basic spiritual values or beliefs are reformulated, called into question, disregarded, or when time constraints impede on spiritual growth or attendance at services. Neglect of spiritual needs contributes to higher levels of stress and impairment.
The day they start medical school. Changes occur in all medical students’ lives extracurricular activities. But dramatic changes occur in all medical students’ lives the day they start medical school.

Stressors in Medical School

- Dramatic lifestyle changes
- Heavy academic workload/clinical caseload
- Perceived need to excel at all costs
- Lack of control/autonomy
- Responsibility for patients
- Exposure to infections
- Limited support systems
- Inadequate training for working with patients and families
- Frenetic, intense pace of training
- Repetitive single tasks/scut-work
- Problems without solutions
- Death and dying
- Time pressure and demands
- Disillusionment

Premedical studies pressure students to obtain a high GPA, score high on the MCAT, earn exemplary letters of recommendation, and participate in extracurricular activities. But dramatic changes occur in all medical students’ lives the day they start medical school.

Social Stressors are abundant and can arise in any context where interpersonal relationships exist, like school, work, church, and community. The loss of contact with friends and family contributes to feelings of loneliness among busy students. Stress can come from continued forced contact with individuals with whom they may not share the same values or beliefs.

Academic Stressors change as the student progresses through school. The first two years, the student faces competition and fear of failure. As the student moves into the later years of education, stressors the student experiences are fears of increasing responsibility, death of patients, fear of infection or bodily harm, and discomfort with discussing sexual issues.

Clinical Stressors include difficulties in dealing with the chain of command/pecking order common for students. Coping with hierarchy and the authoritative environment is troubling for students. One student compares medical training to military training. She says they both recruit young people full of leadership potential and essentially break their autonomous will through a rigorous hierarchy. The first two years are boot camp, the last two, during which students are thrown into the hospital wards are definitely front-line duty.

For example, medical students have even less free time than premed students, due to the greater volume of material and the increase in total hours spent in class and lab. In the clinical years, students are assigned large numbers of seriously ill, complex patients. All medical schools are competitive, and the culture is that one must excel to obtain a high-quality residency. Students have no control over the information thrown at them in the preclinical years, and no control over the types of patients, or the quality of supervision or role modeling from interns, residents, and attendings. The responsibility of patient care can be enormous and can challenge a student’s coping mechanisms. The risk of exposure to serious infections, such as hepatitis C and MRSA, can create anxiety and stress. Due to the lack of free time, students may not feel they can establish or maintain adequate support systems, or may feel they are showing weakness if they seek support. Students receive a great deal of science their first two years, but limited exposure to the art of medicine, including communication with patients and families, setting limits, and maintaining healthy boundaries.

The fast pace of medical school can be relentlessly, but at the same time, some clinical rotations may include repetitive tasks and duties that are normally performed by others in the health delivery field.

Many patients are difficult to diagnose, cannot be cured, or may not respond to therapies; thus, the student experiences problems without solutions. Although students may receive lectures on death and dying, being present at the death of the first patient is an event medical students remember the rest of their lives. Students never have enough time to study all the material in the preclinical years, and never have enough time to be fully prepared for the interrogation they often receive on rounds in the clinical years. Students are frequently exposed to cynicism and fatalism, and may become disillusioned with their career choice.

III. Burnout

Burnout is defined as “a psychological syndrome in response to chronic interpersonal stressors on the job,” which creates a feeling of exhaustion, depersonalization (i.e., feeling emotionally detached), and a diminished sense of accomplishment.

While individual traits may factor as risks for developing burnout, situational factors play a more predominant role. When a work environment does not correlate with an individual’s value system, burnout is likely.

For medical students, potential causes for burnout include: heavy workloads, situations in which their control is limited, and exposure to new ethical and moral dilemmas. Two theories postulate that for medical students, “unsatisfactory aspects of the learning environment and a feeling one’s efforts are meaningless or irrelevant” may lead to burnout.

(Brazeau 2010; Jennings 2009; Shanafelt 2009; West 2009; Girdano 1996)

Burnout Survey Results

- International residents report less burnout than American residents.
- Psychiatry residents report less burnout than family medicine residents.
- Fifty percent of all medical students were assessed with significant burnout in a large multicenter study.
- Physician burnout has a negative impact on patient outcomes.

Various surveys demonstrate that medical students, residents, and a variety of medical specialties are experiencing what appear to be high rates of stress and burnout.

(Woodside 2008; Brazeau 2010; Halbesleben 2008)
Case Study: David (cont’d.)

Stress — Burnout

• First night on call in critical care unit (CCU), takes part in a code where patient dies
• Witnesses death of several other patients during four-week CCU rotation
• Exposed to ridicule by housestaff and attending for not knowing trivia

David began his third-year clinical rotations in July. He witnessed death on his first night on call, for which he was not prepared. He was exposed to “teaching by intimidation” on rounds, providing additional stress, along with the long hours of work and sleep deprivation.

Burnout Facts

• Influence on specialty choice
• Lack of sense of accomplishment
• Early preclinical onset
• Fifty-five percent of all medical students were assessed with significant burnout in a large multicenter study
• Men and women report comparable burnout rates

In one study, students reporting burnout tended to choose specialties for training where they could control lifestyle. Higher burnout symptoms, such as emotional exhaustion and depersonalization, occurred in the final years of medical school. However, increased sense of personal accomplishment decreased burnout. One cross-sectional study pointed out that an increased level of burnout occurs prior to the clinical years.

(Burnout Statistics)

• Burnout experienced in:
  o Fifty-six percent of medical students
  o Sixty percent of residents
  o Fifty-one percent of mid-career physicians
• Mid-career physicians report greatest burnout compared with early- and late-career physicians
• Twenty-four percent of physicians consider their leaving practice in the next one to three years

(Personal Factors — Burnout)

• Financial pressures (medical school debts)
• Work-life balance (family/parenting)
• Lack of time for self-care (sleep, exercise)
• Complex personal relationships

Any of these factors can contribute to stress of the medical student. However, the exponential rise of multiple factors places even the most resilient student at high risk for burnout.

(Personality Traits)

• Perfectionism and need to control
• Overachievers: Type A personality
• To reveal emotions equals weakness
• “Patients should always come first”
• Inability to recognize personal needs
• Reluctance to ask for help/Inability to recognize personal needs
• Self-sacrifice

The qualities that enable medical students to excel often are the same qualities that can lead to burnout, such as perfectionism, workaholism, and a Type A personality.

The culture of medicine has created an unrealistic expectation for physicians to always put the patient first and to deny their own needs. This also applies to medical students in that they are expected to put their studies first. It is often difficult for physicians and students to accept help for themselves, or reveal that they are facing personal challenges. During times of extreme stress, such as marital strife, grief from a major loss, or financial difficulties, there is greater risk of burnout and unethical behavior.

IV. The Process of Stress

The Process of Stress

1. Stress leads to arousal.
2. Person selects a coping response.
3. If effective, arousal decreases.
4. If ineffective, arousal increases, resulting in escalation of stress level.
5. Unresolved stress leads to burnout.
6. Burnout leads to unethical behaviors.

Edgar P. Nace, MD, a board-certified psychiatrist in Dallas and past chair of the PHW Committee, states, “I think every physician experiences stress, and most of the time, it’s normal stress and is managed effectively. But if stressors increase or if the person’s capacity to deal with stress decreases, then that physician is subject to burnout, which is a situation that develops before diagnosable conditions emerge, such as depression, anxiety disorders, or substance abuse.”

(Franke 1999)
Stress in medical school adds to the normal baseline stress that all individuals experience. Stress can be cumulative and/or traumatic. Stress is not inherently bad. The result of stress depends on what kind of coping mechanisms an individual chooses. In the face of stress, a person selects a coping response. If it is an effective coping mechanism, stress is reduced. If ineffective, this can result in an escalation of stress. Over time, this unresolved stress leads to burnout. Burnout can lead to unethical behavior.

V. Symptoms of Burnout

- Fatigue
- Irritability
- Headaches
- Gastrointestinal disorders
- Anxiety/Depression
- Difficulty sleeping
- Decreased sex drive
- Poor concentration
- Possible suicidal thoughts

(Perlik 2014)

Behaviors Resulting From Burnout

- Increased use of substances (alcohol, prescription drugs)
- Social withdrawal
- Cynicism
- Lateness/Procrastination
- Unethical behaviors (boundary violations, disruptive behavior)
- Preoccupation with alternatives to clinical practice

Increased use of tobacco, alcohol, prescription medications, and/or illicit substances to help cope with stress places the individual at great risk for physical and psychological dependence.

Medical students experience a myriad of symptoms and behaviors when their coping mechanisms are overwhelmed. A wide range of burnout manifestations can be seemingly mild, such as irritability and fatigue. However, with ongoing stress, physicians and students can develop anxiety disorders, depression, and substance use disorders, and be at risk for ethical violations. For physicians, these violations may lead to loss of licensure if not managed appropriately.

(Gunderman 2014)

Negative Outcomes

- Relationship distress
- Emotional exhaustion
- Academic consequences
- Suicide

Depersonalization, which refers to treating people like objects, may arise as a protective mechanism in human services professionals to minimize emotional involvement that could interfere with functioning in crisis situations. In moderation, “detached concern” toward patients by physicians may be appropriate and necessary, but when excessive, it may lead to callousness and cynicism with subsequent negative effects on the patient-physician relationship.

Emotional exhaustion is caused by excessive psychological and emotional demands made on people helping people that leave individuals drained and depleted. Low morale, reduced effectiveness, burnout, and health problems are often the result.

Feelings of diminished personal accomplishment are reflected in symptoms of stress, depression, and a sense of inefficiency and diminished competence. With such feelings, the individual believes that his or her actions no longer can or do make a difference. This adversely affects the patient-physician relationship, patient satisfaction, and, perhaps, ultimately, health outcomes.

In one survey, 50 percent of approximately 2,200 medical students from seven medical schools reported burnout while 11 percent reported they considered suicide in the past year. Medical student suicide rates are inconsistent and poorly reported. However, 400 physicians (equivalent to two medical school classes) are lost to suicide yearly.

(Compton 2008; Goebert 2009; Smith 2007)

Susceptibility to Depression

- More than 20 percent of medical students have symptoms of depression (12 percent — probable major depression and 9 percent — probable mild/moderate depression).

Medical education is associated with greater increases in stress and symptoms compared with other types of training. These stressors often exert negative effects on students’ and residents’ academic performance, physical health, and psychological well-being, making them more susceptible to depression. Students often react by making personal sacrifices, which may create a loss of control and result in the student incorporating less time for the leisure activities that may alleviate stress.

The transition from didactic to clinical training can be associated with anxieties related to giving incorrect treatment, becoming infected by patients, inadvertently harming patients, loss of control over sleeping hours, and the performance of clinical skills.

Medical students seem to have higher rates of depression than individuals in the general population, but are no more likely to be treated. Only 22 percent of depressed students seek care due to concerns about confidentiality, stigma associated with using mental health services, cost, fear of documentation in the academic record, and fear of unwanted intervention.

Depressive symptoms affect students’ lives, academic performance, and patient care. Suicidal ideation was predicted by perceived lack of control, certain personality traits, single marital status, negative life events, and anxiety and depression. Students reporting suicidal ideation are more likely to use tobacco, alcohol, and illicit drugs and to engage in other risky health behaviors.

Suicide remains one of the top causes of early death in practicing physicians.

(Compton 2008; Goebert 2009; Smith 2007)
Self-Assessment Exercise

Take the following self-assessment exercise to assess your own personal stress level. This exercise is for your own use and does not need to be returned to TMA.

How often do you...

(a) almost always
(b) often
(c) seldom
(d) almost never

1. Find yourself with insufficient time to do things you really enjoy?
2. Wish you had more support/assistance?
3. Lack sufficient time to complete your work most effectively?
4. Have difficulty falling asleep because you have too much on your mind?
5. Feel people simply expect too much from you?
6. Feel overwhelmed?
7. Find yourself becoming forgetful or indecisive because you have too much on your mind?
8. Consider yourself to be in a high-pressure situation?
9. Feel you have too much responsibility for one person?
10. Feel exhausted at the end of the day?

Calculate your total score as follows:
(a) = 4 points;
(b) = 3 points;
(c) = 2 points;
(d) = 1 point

Total = __________

This exercise was designed to assess your level of stress due to overload. Overload, or over-stimulation, refers to the state in which the demands around you exceed your capacity to meet them. Some aspect(s) of your life are placing excessive demands on you. When these demands exceed your ability to comply with them, you experience distress.

The four major factors in overload are (1) time pressures, (2) excessive responsibility or accountability, (3) lack of support, and (4) excessive expectations from yourself and those around you. Any one or a combination of these factors can result in stress from overload.

Your total number of points on this exercise will help you assess how stressed you are by overload. A total of 25-40 points indicates a high stress level, one that could be psychologically and physiologically debilitating.

(Williams 2015)

VI. Preventing Burnout

After attending stress management workshops, many people worry about the stress in their lives. In reality, no one can eliminate all of the stress in his or her life. Stress is not inherently bad, it is how one responds to stressful events that determines the effect individually.

The key is to not try to avoid stress altogether, but to recognize and manage the stress in our lives in such a way that we avoid the negative consequences of stress.

What the Student Can Do

- Recognize symptoms of burnout.
- Find meaning in career choice/promote professional fulfillment.
- Choose residency wisely.
- Set boundaries based on core values.
- Maintain a healthy diet/Exercise.
- Obtain a preventive care/personal physician.
- Take regular vacations.
- Take scheduled breaks from electronics.
- Journal.
- Have a retirement plan.
- Address spiritual needs.
- Ask for help/Seek counseling if needed.

Believe you can change. Students frequently say, “I’m too set in my ways to do anything about it.” This negative attitude belies the truth: Everyone can change.

Identify and prioritize activities based on personal core values. Setting appropriate limits and pursuing meaningful life activities outside of medical school are necessary for students to have balance, emotional support, and buffers against the stresses of medicine.

Healthy lifestyles benefit students as much as they do the general population. Simple things, such as getting enough sleep, exercising, and seeing a physician for regular medical care (rather than self-treatment), appear logical.

Mindfulness allows one to live in and enjoy the present. According to two recent studies in medical students, learning mindfulness-based techniques led to a reduction in mood disturbances, stress, and anxiety.

Nurturing your creative abilities is important to your overall well-being. Maintaining a sense of balance will enable you to be more optimistic and, as a result, able to study and comprehend the work being asked of you more effectively and efficiently. If your mind, heart, soul, and body are clear, you will be able to think better and make better judgments, treat others with respect, and gain respect in return.

Develop and nurture relationships by bringing focus to two special people in your life. Most women in America have a close female friend and male friend, their husband or significant other. Men need bonds like these as well. Special people in our lives are not just friends; they are intimates. With them, we can let down our guard and show the less desirable sides of ourselves. These people, too, require special care and nurturing.

Peer support systems help students reach out to others and feel part of a community. Students can learn from each other about various issues, such as study techniques and social networks, as well as share leisure and enjoyable activities.

Keep a sense of humor. A sense of humor is one of the most important elements of a healthy life. There is no question that people who lack a sense of humor have great difficulty coping with the vicissitudes of everyday living. Try to keep stressors in perspective.

(Williams 2015)

Take regularly scheduled vacations and weekends away from medical school activities. Make appropriate arrangements then turn off your pager and/or cell phone; unplug your work communications such as email or electronic health record.

Plan for retirement. Many students seem to think they will be practicing medicine forever. It is commonly accepted in psychiatric circles that school teachers are the most successful retirees because they have practiced retiring for a few months every summer. Since physicians often have very little experience with vacations, they tend to make poor retirees. It is never too early to think about how you will spend your leisure years.

Additionally, there is evidence that spirituality may have a buffering effect on stress, and a positive effect on coping.
Studies show that daily experiences reduce burnout and lead to higher satisfaction with life. Help is available. Talk with a trusted colleague or faculty member. Seek professional help (counseling/medication) through the student assistance program, support groups, or at the student health center. (Bell 2013; Fralick 2014; Gregorie 2013; Shanafelt 2012; Wachholtz 2013)

What the Medical School Can Do

- Make a commitment to student well-being.
- Measure student satisfaction.
- Provide onsite exercise and child-care facilities.
- Hold workshops/training in conflict resolution.
- Incorporate mindfulness techniques in medical education.
- Consider converting to pass-fail grading.

While the student can adopt many strategies to reduce the risk of burnout, medical schools have an ethical responsibility to do all they can to prevent and manage student burnout, and to promote optimal patient care.

Medical schools can make a commitment to student well-being by encouraging student wellness and learning to identify symptoms of student stress and burnout. Schools can provide support to students with burnout either through institutional support systems or other resources such as the TMA physician health and wellness (PHW) hotline.

Institutions can measure student satisfaction and, if needed, make changes to increase student satisfaction.

In a meta-analysis of burnout interventions in medical students, several studies showed significant reduction in stress, emotional exhaustion, and depersonalization. One particular study showed more cohesion between students and reduced perception of stress and burnout. (StuderGroup 2012; Williams 2015)

Hope for the Future

- Physician well-being programs
- Code Lavender
- Physician Healers Track at The University of Texas Medical Branch at Galveston (UTMB)
- Providing workshops, counseling services, employee assistance programs, mentoring, coaching, financial advice, peer support groups

The Mayo Clinic Physician Well-Being Program researches causes of, and strategies for, preventing burnout. The Adventist Health Care System founded a coalition for physician well-being that offers individual and family counseling, seminars, retreats, and peer support groups. The system sets an expectation for all new physicians to attend orientation to this program.

The Cleveland Clinic implemented “Code Lavender,” a program to respond rapidly when health care teams need intensive, emotional, and spiritual support. During emotionally troubling or exhausting times, the response team arrives with holistic nursing support, including massage therapy, healthy snacks, water, and a caring presence.

UTMB implemented the Physician Healers Track in 2013, teaching mindfulness and communication skills to medical students. (Bell 2013; Gregoire 2013; Rosenstein 2012; StuderGroup 2012)

VII. Asking for Help

- Professional assistance
  - Private provider in community
  - Student health services
- PHW committees
  - TMA PHW committee
  - CMS PHW committees
- Peer mentors and coaches
- Support systems

Students have many options in getting help. A primary care physician can make referrals to private physicians in the community, protecting one’s privacy. Student services staff also may have a list of community physicians.

Most medical schools have student health services and/or student counseling services that can provide assessments and treatment. These services are usually provided for little or no cost. The TMA PHW Committee is a resource for general inquiries, as well as help with specific needs, referrals, and in the advocacy role.

Most medical schools are located in counties where the county medical society has a PHW committee. The committee can provide general information, referrals, and function in an advocacy role.

Remember that you have a choice about burnout. You can actively choose to do things differently and take care of yourself. It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout. It is an ethical dilemma to balance your own life with the demands of the profession.

With appropriate intervention and professional help, medical students can, and do, recover and ultimately practice medicine safely.

Potential Barriers

- Stigma
- Residency
- Licensure

Seeking treatment has often been avoided due to the perceived stigma of mental health issues. In addition, concerns for effects on post-graduate training and licensure also have prevented students from getting help.

Although there is still some bias, mental illness does not carry the same stigma it once did. This is due to increased

Case Study: David (cont’d.)

- Recognized his burnout
- Spoke with friends
- Sought counseling
- Utilized spiritual coping mechanisms
- Improved social functioning and clinical performance

David completed medical school. He was encouraged and excited about his career in medicine. Recognizing and implementing healthy coping skills prevented a negative outcome to David’s stress and burnout.
Self-Assessment Questions

1. Is this activity a normal, expected part of practice for members of my profession?
2. Might engaging in this activity compromise my relationship with this patient? With other patients? With my colleagues? With this institution? With the public?
3. Could this activity cause others to question my professional objectivity?
4. Would I want my other patients, other professionals, or the public to know that I engage in such activities?

The ethical physician will be totally honest when answering these questions.

public awareness of mental illness and improvements in effective treatments. It also is evidenced by media coverage of well-known individuals who have completed treatment successfully. Applying for residency is an exciting, stressful process, and unless one's medical training was extended or interrupted due to mental illness, it should have no impact on his or her application and interview process.

Many state medical boards require reporting only major mental illness. Examples of major mental illnesses in Texas would be schizophrenia or other psychotic disorders. Other examples include Substance Use Disorders and bipolar disorder. Issues of stress and burnout in training are not usually reportable.

Letting yourself experience strong emotions, and realizing when you may need to minimize them to continue functioning, is important. Stepping forward to take action, and stepping back to rest, also is important.

It is healthy to spend time with others to gain support and encouragement, as well as nurture yourself. Relying on others, as well as yourself, is a significant coping strategy.

The PHW Committee hopes this activity is useful educational information and welcomes your suggestions regarding these or other educational materials you think should be made available to Texas medical students.

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VIII. Summary

- Stress is inevitable.
- Burnout is preventable, treatable, and manageable.
- Identify coping strategies that work best for you.
- Help is available.

Accept the fact that there will be a certain level of stress in your life and work to manage it in a way that you avoid or minimize the negative consequences of the stress, and prevent it when you can.

(Dyrbye 2015)

Silence Is Not Always Golden

If you or a classmate feel overwhelmed or depressed, call for help today.
(800) 880-1640
PHW Hotline


Babbott, S and Manwell, L.R. Electronic Medical Records and Physician Stress in Primary Care: Results from the MEMO Study. J Am Med Inform Assoc Epub Feb. 2014.


Gregoire, C. The Amazing Way this Physician is Fighting Physician Burnout. The Huffington Post, 12/2/13.


**BURNOUT is Preventable**

- **You have a choice.**

- It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout.

  - It is an ethical dilemma to balance your own life with the demands of the profession.
Committee on Physician Health and Wellness

Providing Health and Wellness Education for Medical Students

History
The Texas Medical Association House of Delegates established the Committee on Physician Health and Wellness in November 1976. The committee’s charge is to “promote healthy lifestyles in Texas physicians and to identify, strongly urge evaluation and treatment of, and review rehabilitation provided to physicians with potentially impairing conditions and impairments.” (TMA Bylaws, Section 10.621).

Composed of physicians who are concerned about the health and well-being of their colleagues, the PHW Committee endeavors to provide help and assistance. The function of the committee is three-fold: 1) to promote physician health and well-being, 2) to ensure safe patient care by identifying physicians who may have a potentially impairing illness, and 3) to advocate for the physician while maintaining confidentiality and the highest ethical standards.

Educational Materials
The PHW Committee offers several ongoing courses on a wide range of topics to educate physicians, TMA Alliance members, hospital administrations, and others. PHW activities encourage physicians to promote and maintain their health and wellness, which fosters healthy lifestyles in patients. The PHW Committee is committed to providing ongoing education of all physicians and medical students regarding physician health and wellness as well as services for health-related conditions that may affect a physician’s ability to practice medicine with reasonable skill and safety.

Speakers’ Bureau
PHW Committee courses can be given upon request as live presentations at meetings of county medical societies, hospitals, and other entities. An administrative fee is charged to offset speaker travel and administrative expenses. To ensure that we can secure a speaker for your program, please make your request at least one month before the scheduled presentation. Contact Sasha Toj at TMA at (800) 880-1300, ext. 1343, or sasha.toj@texmed.org for additional information.

Speakers who participate in the PHW Committee’s regional education teams are knowledgeable about physician health and wellness issues. The committee offers training annually for new team members, which also serves as a refresher course for other team members.

Services
As advocates, the PHW Committee helps with:

- Intervention;
- Referral for evaluation and treatment, if necessary;
- Monitoring upon return from treatment; and
- Education for physicians, family members, and support staff regarding possible impairments.

The PHW Committee seeks to rehabilitate, rather than punish physicians who are impaired. All referrals made to the committee are confidential — both for the physician who has a potentially impairing illness and for the individual making the referral. The committee is interested in the health and well-being of the physician, patient, and families of all constituents.

Activities
- 24-hour hotline: (800) 880-1640
- Continuing medical education programs
- Drug screen program for physicians
- Physician Health and Rehabilitation (PHR) Assistance Fund
- Outreach to medical students and resident physicians
- Hospital/Joint Commission Standard re: Licensed Independent Practitioner Health

A 24-hour toll free number is available that anyone may call if he or she is concerned about a physician who may have a potentially impairing illness.

The PHW Committee provides CME activities on a wide variety of topics related to physician health and well-being. In addition, the committee offers statewide conferences and local workshops each year.

The drug screen program for physicians provides a statewide, consistent method for random drug screening of physicians under agreement with county medical society PHW committees, district coordinators, and hospital-based peer assistance committees.

Through the PHR Assistance Fund, financial assistance is available to physicians who cannot afford treatment for depression, SUDs, or other problems. Financial assistance also is available for short-term living expenses while a physician receives treatment. Donations to the fund are appreciated and are tax-deductible.

The committee also offers assistance, education, and literature to help medical students and resident physicians who may know of a peer who needs assistance or who may need assistance themselves.

The PHW Committee developed resources available to hospitals to help them respond to the Joint Commission requirement related to physician health.

Types of Referrals
- Substance Use Disorders
- Mood disorders
- Sexual boundary violations
- Disruptive behavior
- Personality disorders
- Cognitive disorders
- Ethical misconduct

The majority of cases referred to Texas county medical society PHW committees have involved SUDs. However, as hospitals and medical societies are more aware of physician impairment, disruptive and dysfunctional behaviors of all types are being reported. A psychiatric illness may be at the root of the behavior. Psychiatric illnesses can be diagnosed with a proper evaluation and most often respond to treatment.

Stress management and boundary issues also are referred to the PHW Committee, as well as mood disorders, sexual boundary violations, and cognitive disorders.

Ethical misconduct does not only include sexual misconduct, but can include things such as sexual harassment in the...
Physicians, residents, and students may be referred to the TMA PHW Committee 24 hours a day by calling the toll-free hotline number, (800) 880-1640. The direct line to committee staff is (512) 370-1342.

Table: Recent Statistics

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorders</td>
<td>69%</td>
</tr>
<tr>
<td>Disruptive behavior</td>
<td>8%</td>
</tr>
<tr>
<td>Cognitive impairment</td>
<td>4%</td>
</tr>
<tr>
<td>Stress/overwork</td>
<td>3%</td>
</tr>
<tr>
<td>Sexual misconduct</td>
<td>3%</td>
</tr>
<tr>
<td>Depression</td>
<td>1%</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>1%</td>
</tr>
<tr>
<td>Other psychiatric disorders</td>
<td>17%</td>
</tr>
</tbody>
</table>

(TMA PHW Hotline Calls and Quarterly Reports 2014)

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