

BEYOND BURN-OUT – IN MEDICAL SCHOOL AND MEDICINE

Good afternoon, everyone. So for the next two hours we'll be focusing on burn-out – which I hope will not contribute to your burn-out! I will present a brief lecture, and then Dr. Hurria will engage you in a few more experiential exercises.

- I. All of you have been hearing about burn-out since you started medical school, if not before. So this is one of those topics everybody knows about, but we want to revisit it in a formal way to highlight its importance for your current and future wellbeing.

So, let's start with what we know.

- II. QUESTION: WHAT IS BURN-OUT? (3 components)
- III. QUESTION: IS BURN-OUT COMMON? So common that it is almost normative!

*and here please note that stuff that is highlighted in red may have importance down the road in terms of exam questions

IV. BURN-OUT IN MEDICAL STUDENTS:

QUESTION: Does being a med student protect you from burn-out? NO

- Literature review: prevalence 45 -71%
- One recent study N=86 beginning medical students
 - 71% met criteria for burnout
 - Burned-out students
 - more likely to be sleep deprived
 - more likely to disagree: "I have control over my daily schedule"; "I am confident that I will have the knowledge and skills necessary to become an intern when I graduate"
- Another study (N=4000+)
 - Compared with population control samples, medical students more likely to be burned out
- But just because burn-out is common doesn't mean it's normative or tolerable, or can be ignored

V. INDIVIDUAL CHARACTERISTICS

Lots of early burn-out research focuses on individual, immutable traits, like gender, but a review suggests these factors are not as powerful as initially thought

- For example, initially female students were considered to be "more susceptible" to burn-out but the research is more nuanced; white privilege does not really insulate against burn-out; nor does minority membership put one more at risk; some personality traits are problematic, but most are not

*So don't spend a lot of time worrying that you are doomed because of who you are

VI. ENVIRONMENTAL FACTORS

What is positively correlated with burn-out are a lot of external factors:

* For example, burnout is associated with mistreatment, so don't shrug off abuse of demeaning comments

* MS1s/2s burn-out is inversely related to faculty/staff support; and for MS3s burn-out positively correlated with cynical residents, negatively correlated with good clerkship experiences

*So burn-out is strongly influenced by factors YOU are not causing and factors we can change

VII. QUESTION: WHAT ARE SOME RISK FACTORS FOR BURN-OUT IN RESIDENTS/PHYSICIANS?

- Time pressures; intense professional commitment (workload); insufficient resources
- Bureaucratic burden – Spending less than 20% of time on most meaningful aspects of work
- Practice setting/lack of control over practice environment
- Sleep deprivation
- Problematic work relationships

VIII. RISK FACTORS FOR BURN-OUT CONT.

- Recurring exposure to emotionally intense experiences
 - Death and dying
 - Medical mistakes, including having made a medical error recently
- Being a mid-career physician
- Lack of motivated, grateful pts
- Problems with work-life balance
 - Raising children
- Denial of personal needs
- Perfectionism, obsessive worrying

IX. QUESTION: WHAT ARE SOME WARNING SIGNS OF BURN-OUT ?– warning signs are useful if we pay attention to them; otherwise, just another source of stress

X. QUESTION: WHAT ARE SOME PROFESSIONAL CONSEQUENCES OF BURN-OUT?

- Empathy, professionalism decrease
- Prescribing drugs, making referrals, making mistakes, having malpractice suits, and leaving the profession all increase
- Patients of doctors who are burned out are less adherent, less satisfied, less trust for docs

XI. QUESTION: WHAT ARE PERSONAL COSTS OF BURN-OUT ?– depression, anxiety, divorce, alcohol and substance abuse, and

XII. SUICIDE – 400 doctors die by suicide every year

XIII. CAN'T OUTWAIT BURN-OUT

XIV. STIGMA OF BURN-OUT

- Students and doctors often avoid confronting burn-out because of perceived stigma – weak, not macho enough to “handle” training and practice
- When 50% of people have a problem, it is not a personal failing

XV. QUESTION: WHAT ARE SOME WAYS OF PROTECTING YOURSELF AGAINST BURN-OUT? STUDIES SUGGEST THE FOLLOWING ARE ALL PROTECTIVE FACTORS AGAINST BURN-OUT

- Relationships (family, friends, and colleagues)
- Religious beliefs/spiritual practices: meaning,
- Life philosophy – optimistic outlook; values that matter; committed to balance
- Self-care practices
- Ways of appreciating, being renewed by everyday practice
 - Finding meaning, joy in work – what inspired me today? What made me glad I’m going to be a doctor?
 - Empowering self: Become actively involved with your healthcare system and work toward change

Night on Call – finding a moment of appreciation after being on call all night

