Session 18
Strategies for Eliminating and Reversing Physician Burnout

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Strategies for Eliminating and Reversing Physician Burnout

How to burnout proof your life and how to connect with and influence other Physicians to help them too

Disclosure of Relevant Financial Relationships

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Bibliography/References

Learning Objectives

• 1. Understand the difference between burnout and stress, understand the three main symptoms of burnout, understand the gender differences, and be able to recognize burnout in themselves and others

• 2. Understand first steps to reverse burnout in themselves & colleagues, and start using them the very next day at job
Learning Objectives

• 3. Understand why physician resistance to all proposed change is completely normal. Understand the gap in the medical education process when it comes to stress, life balance, self-care and burnout prevention

• 4. Construct a personal action plan to build trust and enroll the physicians more effectively beginning on the attendee’s next work day

Today’s Agenda - 1

Identify the #1 threat to doctors in these chaotic times

Fill a gaping hole in your medical education around burnout

Learn our top six burnout prevention tools – for results this week
Today’s Agenda – 2

Why physician resistance is normal
The keys to transforming resistance
1) Understand a doctor’s unique comfort zone
2) Address doctor’s four main concerns about any project
3) Five key engagement tactics

#1 Threat to Doctors

It is NOT
EMR – ICD10
Healthcare Reform
The Tidal Wave of New Patients
Volume => Value
ACO’s and Industry Consolidation
#1 Threat

It IS …

The epidemic of Burnout ALL this chaos is causing in ALL front line providers

Doctors – NP/PA’s – Nurses
MA’s – Reception – Admin

Burnout Prevalence

Is It Increasing?

~ Mayo Clinic Proc: 2015 Dec: 90;12, 1600–1613

<table>
<thead>
<tr>
<th>Year</th>
<th>Burnout</th>
<th>Depression</th>
<th>Suicidal Id.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>45.5%</td>
<td>39%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2014</td>
<td>54.4%</td>
<td>39%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>
How do you *Feel* about the work you are doing?

*Siyph* (1548-1549) by Titian, Prado Museum, Madrid

**Where do YOU Stand**

Level of Satisfaction with Your Practice

![Scale with smiley faces indicating levels of satisfaction](image)

Adapted from Wong-Baker Pain Scale
Burnout Effects

LOWER
Patient Satisfaction
Quality of Care

 Where is the CFO?

HIGHER
Medical Error Rates
Malpractice Risk
Physician and Staff Turnover

Burnout Complications

INCREASED
Disruptive Behavior
Physician Divorce
Alcohol and Drug Abuse / Addiction
Suicide
BURNOUT IS BAD

BAD FOR THE DOCTOR
BAD FOR THEIR PATIENTS
BAD FOR THEIR STAFF
BAD FOR THEIR FAMILIES
BAD FOR THE ORGANIZATION
BAD FOR THE COMMUNITY

AND BURNOUT IS EVERYWHERE
ALL THE TIME

BURNOUT

Even though it is COMMON,
Burnout is NOT NORMAL

- Identifiable
- Preventable
- Treatable
- Even has a highest and best use
Stress vs. Burnout

ENERGY

Vs.

Good Stress??

It Depends …
Burnout Symptoms

Maslach Burnout Inventory

1) Exhaustion

“I am not sure how much longer I can go on like this”

Burnout Symptoms

Maslach Burnout Inventory

2) “Depersonalization”

Cynical | Sarcastic | Venting

“Compassion Fatigue”

A Dysfunctional Coping Mechanism
Burnout Symptoms

Maslach Burnout Inventory

3) “Lack of Efficacy”

“What’s the Use?”
My work doesn’t serve a purpose or make a difference

Burnout Pathophysiology
Burnout Pathophysiology

An Energetic Bank Account

**FULL**

MAINTAIN A POSITIVE BALANCE

1st Law of Burnout
"You can’t GIVE what you Ain’t GOT"

- Patients
- Staff
- Family

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Burnout Pathophysiology

Not just one account … An account for each of the MBI Burnout Symptoms

![Physical, Emotional, Spiritual Accounts]
1) Exhaustion

Physical Energy Account

Deposits:
Rest/nutrition/exercise/balance

2) Compassion fatigue

Emotional Energy Account

Deposits:
Healthy relationships
Quality time with the people you love
Burnout Pathophysiology

3) “What’s the use”

Spiritual Energy Account

Deposits:
- Connection with purpose/meaning
- Ideal patient encounter
Burnout Causes

1) The PRACTICE

The practice of clinical medicine is stressful

Sick–Hurting–Scared–Dying

Sometimes BAD things happen – to Everyone –
Burnout Causes

2) The JOB

Your specific job position adds multiple layers of stress
Burnout Causes

3) Leadership

Did you ever have a pretty good job ... And quit it because of a pretty bad boss?

“Impact of Organizational Leadership on Physician Burnout and Satisfaction”

Mayo Clinic Proceedings April 2015

- 3896 physicians – 40% at least one burnout symptom
- 60 point leadership score for their boss

For each one point in higher leadership score 3.3% decrease in Burnout + 9% increase in satisfaction
**Burnout Causes**

4) **LIFE**

Life issues can show up as burnout at work

Recent work–life conflict

26% → 47% Burnout Rate

(J Gen Intern Med 2013 Sep 17)

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**Burnout Causes**

5) **Conditioning**

- Workaholic
- Superhero
- Emotion Free
- Lone Ranger
- Perfectionist

Supposed to be TOOLS but ...

No one shows you the “OFF” Switch
Burnout Causes

5) Conditioning

But Wait … There’s More

Two Prime Directives

“The Patient Comes First”
“Never Show Weakness”

Burnout Causes

The Well Trained Physician’s Subconscious Conditioning

Workaholic
Superhero
Emotion Free
Lone Ranger
Perfectionist

“The Patient Comes First”
“Never Show Weakness”
5) Conditioning

Denies our humanity
Blocks us from noticing burnout
And from helping each other

Einstein's "Insanity"
Burnout Causes

6) For Women

Gender Bias in the workplace
Skewed patient panel demographics
The “Maternal Wall”
Unconscious gender bias
Resource: “What works for women at work” Williams and Dempsey

A Fundamental Distinction

Understand this first …

Burnout is
NOT
A
“PROBLEM”
Problems have solutions
Problem + Solution = No Problem!
Patient Example: A pointing abscess

Burnout is not a Problem
It is a DILEMMA
A Perpetual Balancing Act

You can’t solve a DILEMMA
You must build a STRATEGY
to maintain
the BALANCE you seek
3–5 New Actions
Make them HABITS
Twin Burnout Strategies

Canary
Personal
RESILIENCE

Coal Mine
Organization
SYSTEM DESIGN
In Collaboration

Burnout’s Highest & Best Use

The Awakening
Definition of Resilience

- Resilience – from Latin “to leap back”
- Definition:
  The process and experience of being disrupted by change, opportunities, stressors and adversity, and, after introspection, accessing gifts and strengths to grow stronger through disruption.

Journal of Health Ed, 1990

Resiliency Model

Adapted from Richardson, Neiger, Jensen & Kumpfer, 1990
Fully Engaged (85% and above): This suggests that your energy management skills are excellent. Your level of engagement is sufficient to fully ignite your talent and skill.

Engaged (70% to 84%): This suggests that your energy management skills are high, but not sufficient to fully ignite your talent and skill. You must work to expand your level of engagement.

Disengaged (51% to 69%): This suggests that significant obstacles stand in the way of fully igniting your talent and skill. To become an extraordinary performer, you must build significantly stronger energy management skills.

Seriously Disengaged (50% and below): Your level of disengagement not only significantly undermines your ability to fully ignite your talent and skill, but also prompts disengagement in others. When levels of disengagement such as this persist over time, your health, happiness and productivity can be seriously compromised.

Burnout’s Highest & Best Use

Return You to a Path with Purpose

Let’s take out the Drama and the Risk

Three Steps to build a more ... Ideal Job
1) Ideal Practice Description

If you had a magic wand …

What is YOUR Ideal Job Description?
[ write it down ]

2) VENN of Happiness

What is your Current Overlap?
[ In Percent % ]
3) Build Your Master Plan

Ask this question …

“To align This Job more with my Ideal Job … what would I change?”

This list is your MASTER PLAN
[ write it down ]

Your Ideal Job

Pick one item on your MASTER PLAN and TAKE ACTION
- Use your team
- Celebrate all progress
- Review your Ideal Job Description & Master Plan at least quarterly
Burnout Prevention Strategy

The DILEMMA of BURNOUT

What are the components of YOUR Strategy?
Remember, just 3 – 5 steps
Make them Habits

Work Life Balance

The Schedule HACK

FOCUS: Work–Life Balance
Taming the Gorilla

In Work Life Balance, the Strongest Structure WINS

What calendar do you have on you right now?
The Schedule HACK

Create a Life Calendar Using Two Things You Already Have
1) The Paper Calendar on Your Refrigerator
2) Your Cell Phone

The Schedule HACK

Use the Schedule HACK Weekly
Always Carry Your LIFE Calendar
Practice saying “NO” with elegance and grace
2) Boundary Ritual

What is YOUR Boundary Ritual?
(write it down)
First Steps – For a Colleague

Who are you concerned about?
– Reach Out
– Take your Doctor or Leader Hat Off
– Expect Intense Denial
– Be Persistent

Come From Your Heart
Your Outreach
Could Save Their Life

What Did You Learn?

Please Stand Up
Find a Partner
What Did You Learn?

What do you feel is the most important thing you learned today?

What new action will you take as a result?

When?

2 Minutes Each

Next Steps

Don’t stop here
Build Your Burnout Prevention Strategy
www.TheHappyMD.com/next

The MATRIX Report with over 117 ways to prevent burnout
And many more resources
Next Steps

What to do when working harder isn’t working

The Field Manual to building a More Ideal Practice

Over 100 additional tools for your burnout prevention strategy inside

Reflection on Stress

It is not necessarily the amount of stress people experience at work, but how quickly they recover from the effects that is important to their health and wellbeing.

(Cropley and Purvis, 2004)
“The world breaks everyone and afterward many are strong at the broken places.”
Ernest Hemingway

“To take joy in the well-being of others is to share in the riches of the world”
B.K.S. Iyengar
“The definition of insanity is doing the same thing over and over and expecting a different result”

Albert Einstein

Transforming Physician Resistance to Change
Key Leadership Skills to Create Physician Engagement
Today’s Objectives

Why physician resistance is normal
The keys to transforming resistance
1) Understand a doctor’s unique comfort zone
2) Address doctor’s four main concerns about any project
3) Five key engagement tactics

Let’s Play A Game!
What stopped you from solving the puzzle right away?

Your Comfort Zone

Everything you
• Know & Trust
• Have
• Do

The Scary / Unknown
Your Comfort Zone

Their Practice

FUN!

Your Project

Your Comfort Zone

Their Practice

FUN!

Your Project
Your Comfort Zone

Their Practice

FEAR

FUN!

Your Project

#1 Threat to Your Project

FEAR
#1 Threat to Your Project

FEAR IS NORMAL any time anyone even thinks about stepping out of their Comfort Zone

It will be present 100% of the time you attempt to create change in a clinical setting

#1 Threat to Your Project

FEAR shows up as … Resistance to your Project at the Point of Implementation
YOUR JOB …
Transform Resistance into Engagement
By Establishing T R U S T
Three Leadership Tasks

1) Understand the unique physician’s comfort zone
2) Address their 4 main concerns
3) Learn 5 engagement tactics

Task #1
Understand the Physician’s Comfort Zone
Every Doctor has a Hub and Spoke Comfort Zone

Each SPOKE is a different PATH to a Diagnosis in the Physician’s Specialty

The Spoke is a COMFORT PATH – a tried and true Diagnosis and Treatment Algorithm
A Clinician’s Comfort Zone

Doctor’s Comfort Zone is Diagnosis Specific

A PATH Based on

- DX/TX Algorithm
- Training and History
- Their last bad outcome
A Clinician’s Comfort Zone

YOUR PROJECT
Asks them to step off their tried and true path into
the DANGER ZONE
A Clinician’s Comfort Zone

CHF

DANGER ZONE

Outside the Comfort Zone ...
- Patients get Sick
- They DIE
- I get Sued
- or Lose my License

These Fears are REAL
A Clinician’s Comfort Zone

Resistance is NORMAL
Until I can TRUST that none of those bad outcomes will happen

A Clinician’s Comfort Zone

Engagement is …
Gaining the TRUST of the Doctor(s) and Team so they will Step Out Of Their Comfort Zone … with You
Your Trust Account

Question:
How can every interaction with your physicians build trust?

Your Project will move at the Speed of Trust …
Try This Trust Builder

Find a commitment you can make to the physician(s)

Then KEEP IT

Task #2
Address Doctor’s 4 Main Concerns
Doctor’s Concerns

- Safety / Risk
- Efficacy
- Bandwidth
- WIIFM

NOTICE: COST & PROFIT are NOT on the List

This MUST be about More Than Just Money
Doctor’s Concerns

1) SAFETY / RISK
   Convince me this is SAFE
   That no one will get hurt
   Show me there is no RISK
     – because I will be the one getting sued – not you

Doctor’s Concerns

2) EFFICACY
   Convince me this will do what you say it will
   AND that this is a significant improvement over what we are doing now
Doctor’s Concerns

SAFETY & EFFICACY

Communication Tip:
Match Doctor’s Twin Styles
– Give them the bullet points
– AND have comprehensive documentation available

3) BANDWIDTH

Please tell me that I won’t have to do anything MORE than I am doing right now

( Doctors are universally maxed out these days )
Doctor’s Concerns

3) BANDWIDTH

Don’t let your project be the last straw

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Doctor’s Concerns

3) BANDWIDTH

Plate Spinning

One plate at a time!
4) W.I.I.F.M.

What’s In It For Me?

Enrollment
Precedes
Engagement

How does this improve my quality of life?
How does it help others if I do what you say?

BENEFITS – Sell to “Yes”
Doctor’s Concerns

Doctor’s Four Main Concerns
- Safety / Risk
- Efficacy
- Bandwidth
- WIIFM

Task #3
Use the Five Key Engagement Tactics
Transform Resistance

Key Tactics:
1) Hold the Vision
2) Over Communicate
3) Always Build Trust
4) TIGHT feedback loops
5) Celebrate All Progress

TACTICS

1) Hold the Vision
   Be Crystal Clear on the BENEFITS of this Project to everyone involved
1) Hold the Vision
Always be Engaging the physician(s) and the team in this VISION of the Far Side

Speak in terms of the 4 Main Concerns
- Safety
- Efficacy
- Bandwidth
- W I I F M/Us
TACTICS

2) Over Communicate

Don’t just communicate
OVER – Communicate

Communicate and then …
do it again, and again …

Complete transparency always
Tell the Truth
Acknowledge challenges
Shout out Progress
Over Communicate the VISION
TACTICS

3) Always Build TRUST
   100% Team Player
   Lead by Example
   Always Visible & Available
   Pull MORE than Your Weight

TACTICS

4) Tight Feedback Loops
   Design Immediate
   Feedback Loops into the Project
   Simple – Free – Fast
TACTICS

4) Tight Feedback Loops

Metric + Tracking System

When is the soonest we will check and report out?

Over communicate results of the first few times through the new action plan to EVERYONE
Engagement Tactics

5) Celebrate All Progress

Acknowledge and Thank Everyone for All Effort and Progress
Treat ‘em Like Dogs

[let’s practice]
Ultimate Goal

Use these Authentic Leadership Tactics to Build TRUST
Your Project will move at “The Speed of TRUST”
Ultimate Goal

FINISH

FUN!

What Did You Learn?

Please Stand Up
Find a Partner
What Did You Learn?

What is the most important thing you learned today?

What new action will you take as a result?

When?