

Clinician Well-being and Resilience: Pre-COVID, through the pandemic, and beyond

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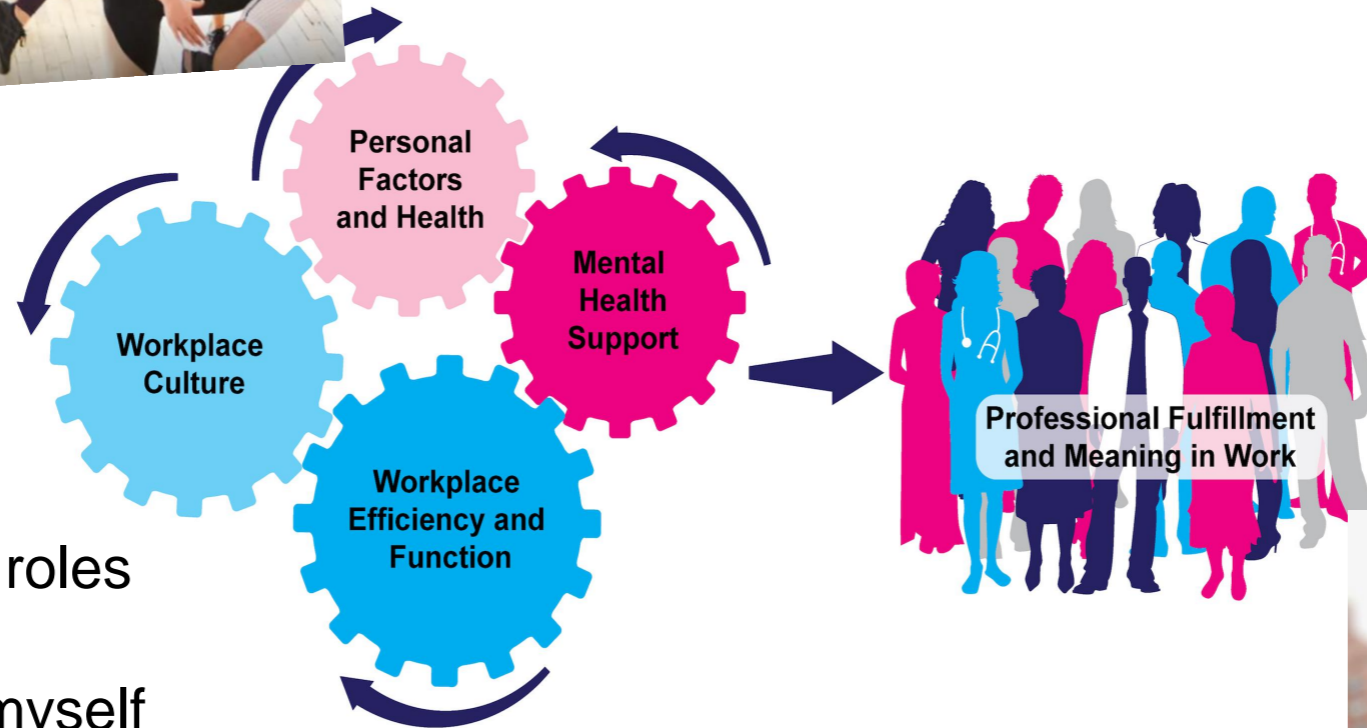
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**Mount
Sinai**

What is well-being?

- Athlete, but little time for fitness in residency
- Cancer scare, major surgery as PGY3



- High burnout during residency, untreated
- unresolved “issues”!
- difficult adjustment to NYC/fellowship brought up prior grief/trauma
- psychoanalysis; personal and professional interest, challenges accessing treatment
- sparked my interest in well-being



- Well-being leadership roles (imposter syndrome!)
- Joy in advocating for myself and other physicians (physician as employee)
- Well-being enhances my patient care and therefore my fulfillment
- COVID crisis!



Topics

- ▶ The burnout problem
- ▶ Discuss well-being definition, model
- ▶ Recommendations, best practices
- ▶ Establishing a successful well-being program
- ▶ Considerations in serious illness care
- ▶ Impact of COVID-19 pandemic

The burnout problem

A workforce in crisis

- ▶ Shift from fee-for-service to value-based reimbursement
 - ▶ Do more with less
- ▶ Rise of the EHR
- ▶ ACGME duty-hour restrictions and work compression
- ▶ All impact time at bedside versus computer, ability to find meaning in work
- ▶ 2019: Burnout recognized as a national public health crisis
- ▶ US nurses 35%, physicians 54%, 45-60% med students and residents

What does burnout look like?

- ▶ Maslach burnout inventory (MBI)
 - ▶ Emotional exhaustion (high)
 - ▶ Depersonalization (I.e. cynicism, high)
 - ▶ Personal accomplishment (low)
- ▶ Also Mayo Clinic Well-being index, Resilience scale, meaning in work, PHQ2 depression screen, numerous other metrics

What are the consequences?

- ▶ Individual
 - ▶ Occupational injury
 - ▶ Alcohol use
 - ▶ Suicide risk
 - ▶ Career regret
 - ▶ Suboptimal professional development
- ▶ System/society
 - ▶ Threats to professionalism, ethics, quality care
 - ▶ Patient satisfaction, malpractice claims, patient safety incidents, diminished communication
 - ▶ Turnover, absenteeism, presenteeism, productivity: \$\$\$

Maslach Burnout Inventory (MBI)

9. 9. I feel burned out from my work.

Mark only one oval.

- Never
- A few times a year
- Once a month or less
- A few times per month
- Once a week
- A few times per week
- Every day

10. 10. I've become more callous toward people since I took this job.

Mark only one oval.

- Never
- A few times a year
- Once a month or less
- A few times per month
- Once a week
- A few times per week
- Every day

Well-being definitions, model

Not “Wellness”



Shiva Rose
JADE EGG
\$66.00

Yoni eggs, once the strictly guarded secret of Chinese concubines and royalty in antiquity, harness the power of energy work, crystal healing, and a Kegel-like physical practice. Jade eggs' power to cleanse and clear make them ideal for detox, too. "This particular jade, nephrite jade, has incredible clearing, cleansing powers," says Shiva Rose; "It's a dark, deep green and heavy—it's a great stone for taking away negativity—and it's definitely the one to start with." (Read the whole story—plus a Q&A with Shiva Rose herself)



QTY: 1

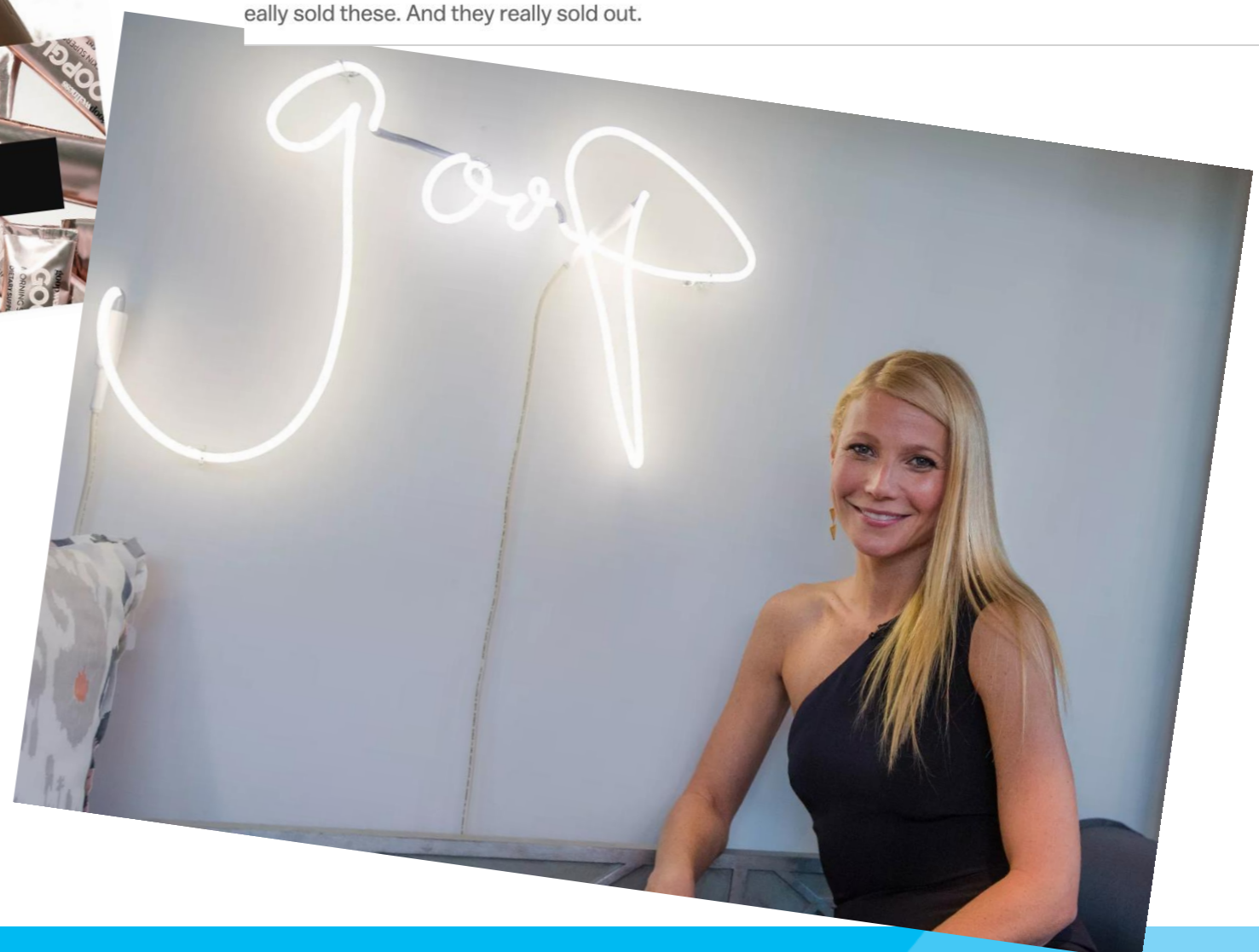
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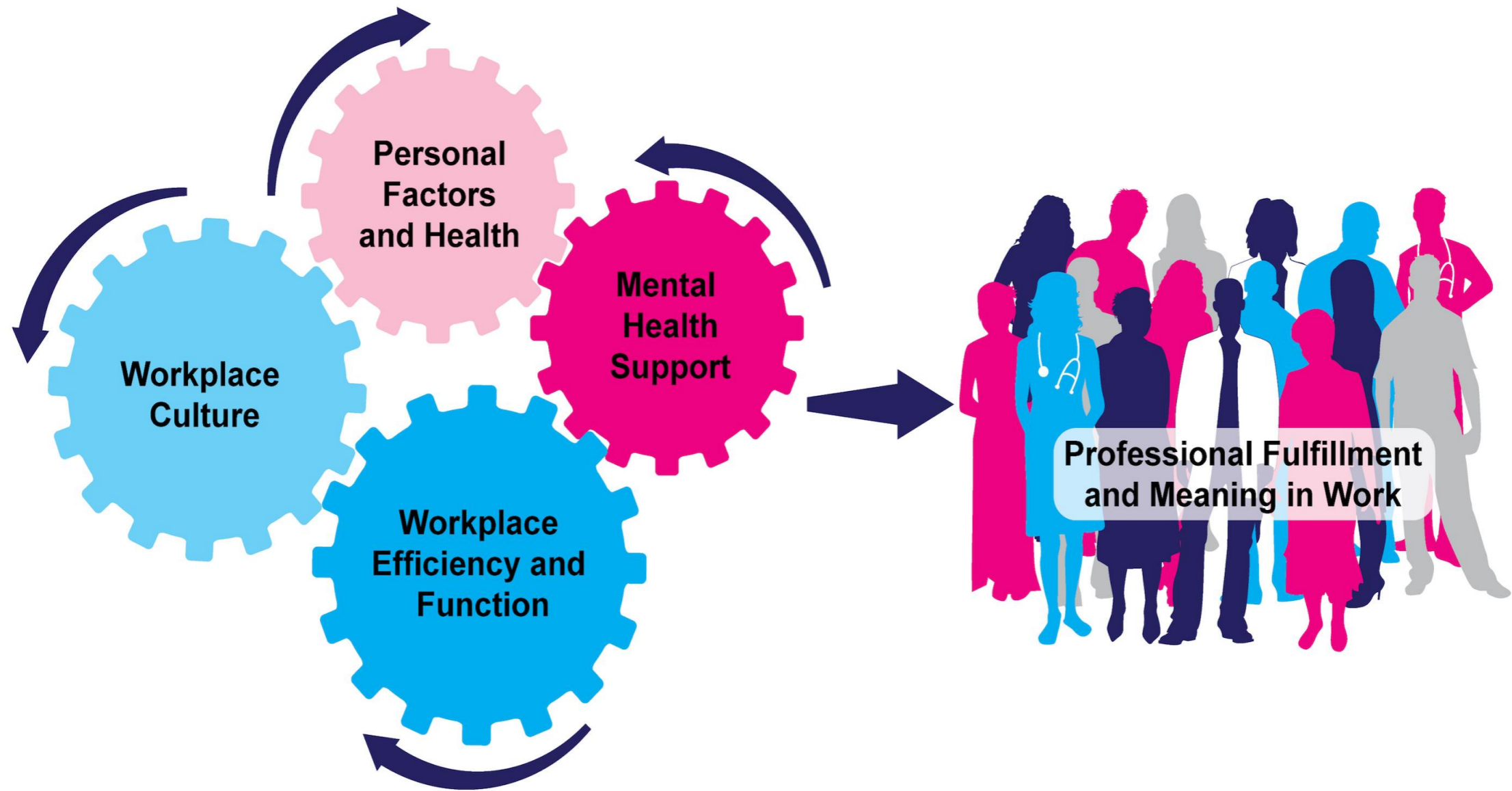
Not this either

ICE CREAM SOCIAL



What Do We Mean by Physician Wellness? A Systematic Review of Its Definition and Measurement.

- ▶ 3057 references identified from PubMed, Web of Science, and a manual reference check were reviewed for studies that quantitatively assessed the "wellness" or "well-being" of physicians
- ▶ “Conceptualizations of physician wellness varied widely, with greatest emphasis on negative moods/emotions (e.g., burnout). Clarity and consensus regarding the conceptual definition of physician wellness is needed to advance the development of valid and reliable physician wellness measures, improve the consistency by which the construct is operationalized, and increase comparability of findings across studies. To guide future physician wellness assessments and interventions, the authors propose a holistic definition.”



Well-being = professional fulfillment

▶ “Professionally fulfilled physicians (defined as those who experience happiness or meaningfulness, self-worth, self-efficacy, and satisfaction at work) are better equipped not only to practice the art and science of clinical care, but also to lead the effort to identify and implement much-needed improvements to our systems of care.”

Recommendations, best practices

A Call to Action

- ▶ “A Crisis in Healthcare: A Call To Action on Physician Burnout,” from the Massachusetts Medical Society and Harvard’s School of Public Health, recommends all institutions have a Chief Wellness Officer (CWO) to lead systems-level change, including improvements of the electronic health record (EHR).
- ▶ Well-being should be addressed early in training

A CRISIS IN HEALTH CARE: A CALL TO ACTION ON PHYSICIAN BURNOUT

Partnership with the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute



MASSACHUSETTS
MEDICAL SOCIETY
*Every physician matters.
each patient counts.*

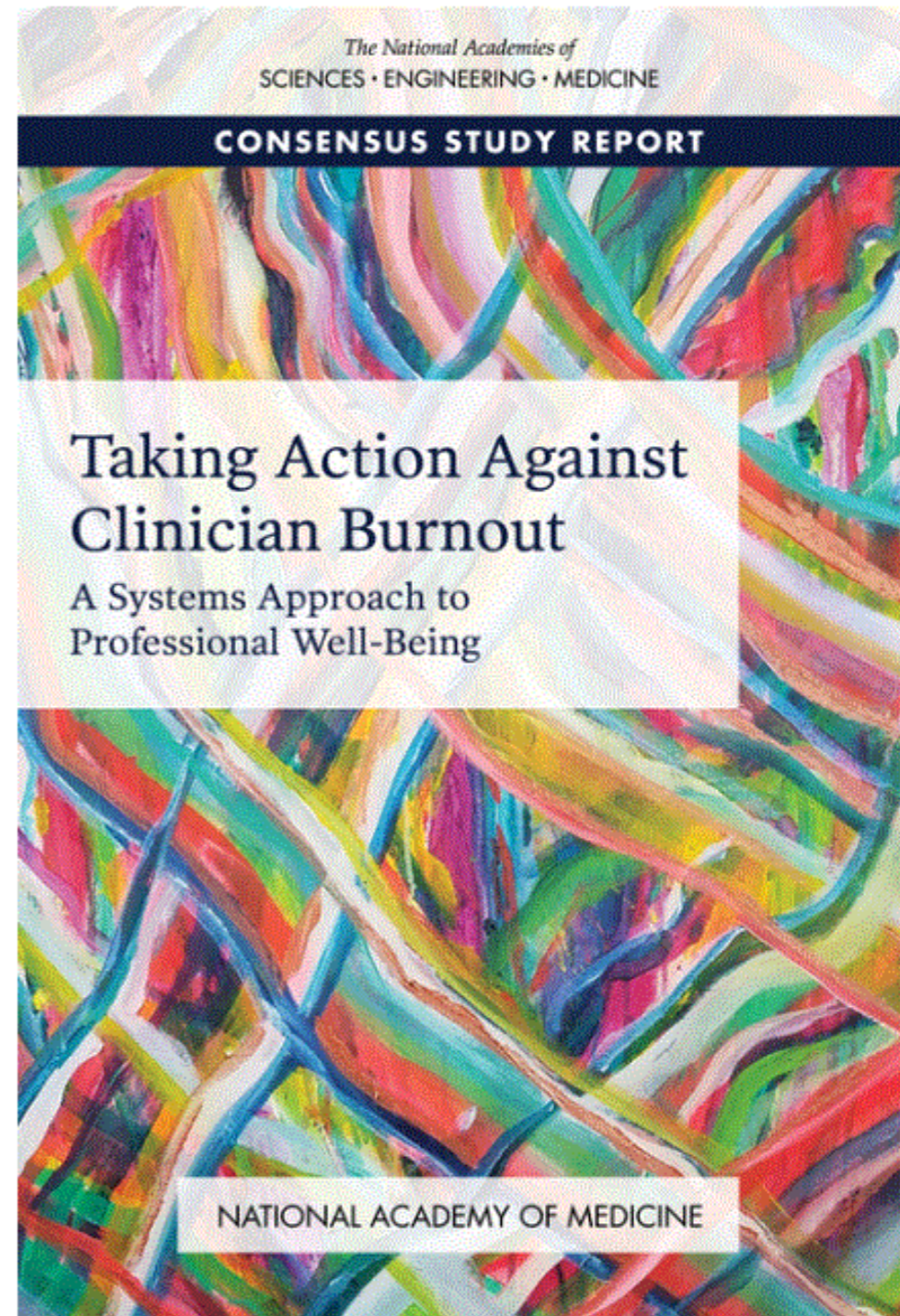


HARVARD
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SCHOOL OF PUBLIC HEALTH



Taking Action Against Burnout

► "System-level solutions aimed at reducing or preventing burnout for clinicians of all types, across all workplaces and career stages, are essential to supporting a high-functioning health system and satisfactory patient experience. Health care leaders at all levels must take urgent action to uphold clinician well-being as a fundamental value that is essential to the fulfillment of their missions."



Taking Action Against Burnout: 6 steps

1. Create positive work environments.
2. Address burnout in training and at the early career stage.
3. Reduce tasks that do not improve patient care.
4. Improve usability and relevance of health IT.
5. Reduce stigma and improve burnout recovery services.
6. Create a national research agenda on clinician well-being.

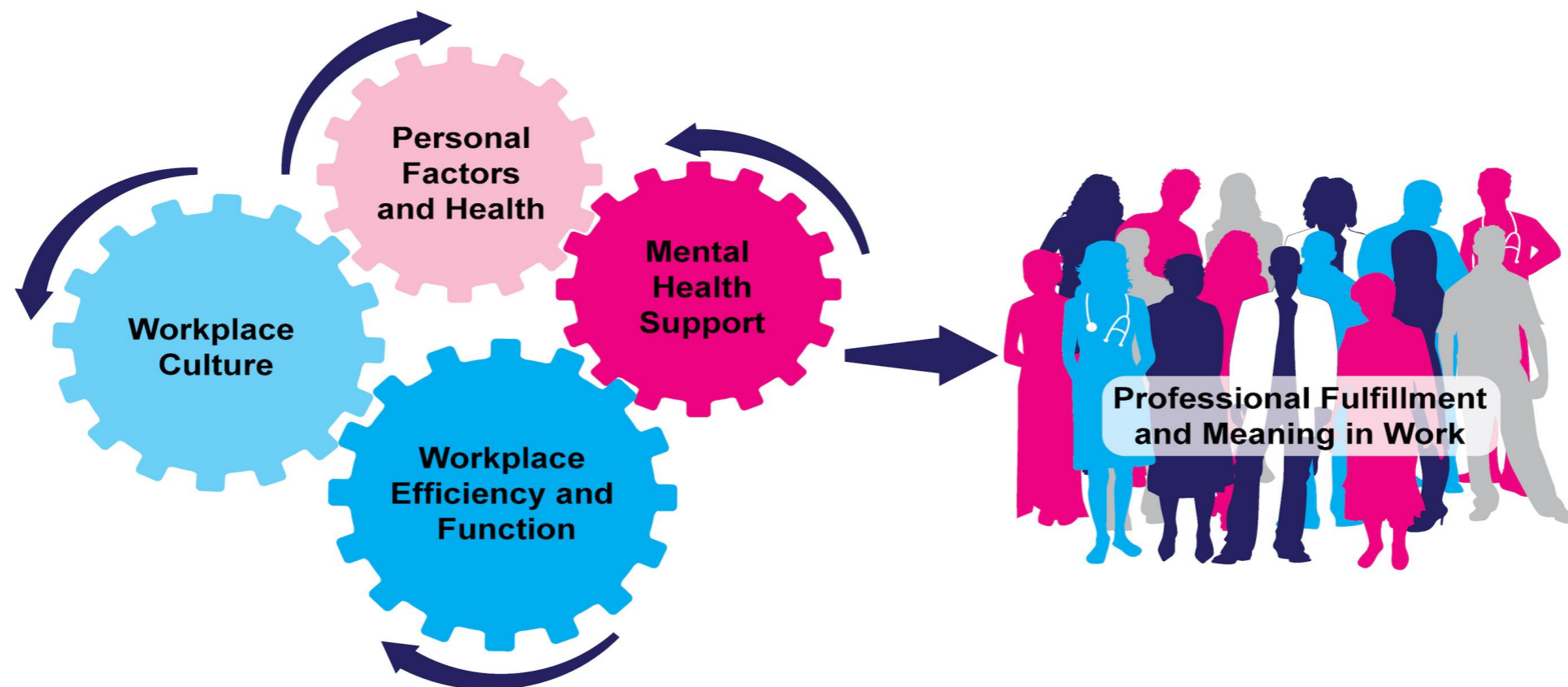
Multi-fold approach

- ▶ Well-being programs should be (at least) two-fold
 - ▶ **Systems-level interventions** (e.g., improve usability of electronic health records)
 - ▶ **Individual-level interventions** (e.g., to cultivate a sense of meaning in work), with the goal of optimizing both personal resilience and workplace conditions

Establishing a successful well-being program

Well-being at MSHS: Mission of OWBR

- ▶ The Office of Well-being and Resilience (OWBR) believes that your professional fulfillment is essential to your well-being and the delivery of the best education, research, and patient care. Our mission is to drive change by promoting initiatives aimed at removing barriers to your well-being and reconnecting you with the meaning of your work.



MSHS Systems-level interventions

- ▶ Health system, medical school leadership
- ▶ Chief Wellness Officer, Dean for Well-being
 - Associate Dean for Faculty Well-being
 - Faculty Well-being Champions
 - Department Well-being Committees
 - Associate Dean for GME Well-being
 - GME Well-being Champions



Meet the Director

Jonathan A Ripp, MD, MPH

Chief Wellness Officer
Senior Associate Dean for Well-Being and Resilience

Jonathan Ripp, MD, MPH is Professor of Medicine, Medical Education and Geriatrics and Palliative Medicine, Senior Associate Dean for Well-Being...[Read More](#)

MSHS Systems-level interventions for faculty

- ▶ 2018 and 2019 health system-wide well-being surveys for faculty and house staff
- ▶ 2020 Wellness Plan and Budget for every department
 - ▶ Based on needs assessment by well-being champion, to address needs at level of individual, department, and health system
 - ▶ My department's priorities: 1) Improve EMR efficiency, 2) Strengthen team-based care of vulnerable population, 3) Promote culture of leadership, professional development, and well-being
- ▶ Faculty EHR and clerical burden reduction grants program
 - ▶ Scribes, voice recording technology, inbasket management, Epic champions, telehealth solutions (COVID era), improving team-based care

MSHS Systems-level interventions for trainees: GME Well-being Champions Program

- ▶ Includes representatives from several training programs at MSHS
- ▶ Responsibilities include:
 - ▶ Working with program leadership to ensure trainees have a well-being curriculum that suits needs; requesting resources from the GME office
 - ▶ Establishing/augmenting a well-being mentor/coaching program
 - ▶ Ensuring trainees' voice are heard
 - ▶ Developing/augmenting a plan to unload clerical burden
 - ▶ Maintaining and sharing an up-to-date Trainee Mental Health Resources list
 - ▶ Ensuring FMLA and Well-being Days Policies are honored
 - ▶ Sharing my own experience and strategies

Individual-level interventions

- ▶ Peer support
- ▶ Mental health treatment
- ▶ Mindfulness-based stress reduction
- ▶ Mentorship initiatives
- ▶ Physician wellness coaching programs

Resilience

"Resilience: The Science of Mastering Life's Greatest Challenges"



The Resilience Prescription

Physician: Dennis S. Charney, MD | **Refills:** Unlimited | **Patient:** You

1 Positive Attitude

- Optimism is strongly related to resilience.
- Optimism is in part genetic, but it can be learned (cognitive behavioral therapy).

Neurobiological Mechanisms: Reward circuits, converse of learned helplessness

2 Cognitive Flexibility Through Cognitive Reappraisal

- Traumatic experiences can be re-evaluated by altering the event's perceived value and meaningfulness.
- One can receive a benefit from stress and trauma: one can reframe, assimilate, accept, and recover. These skills can be learned.
- Failure is an essential ingredient for growth.

Neurobiological Mechanisms: Memory Reconsolidation, Cognitive Control of Emotion, Memory Suppression

3 Embrace a Personal Moral Compass

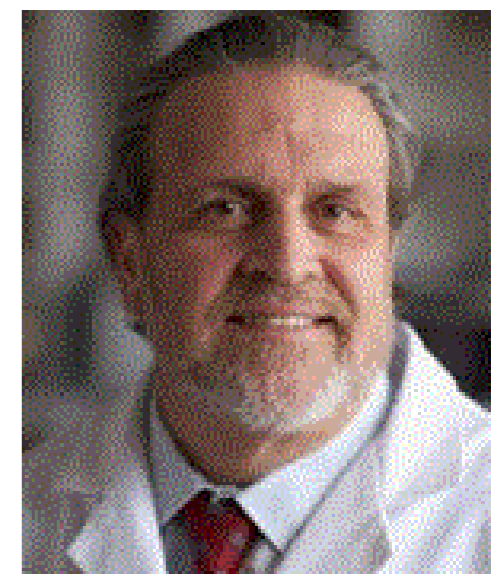
- Develop a set of core beliefs that very few things can shatter.
- For many, faith in conjunction with strong religious and/or spiritual beliefs is associated with resilience.
- Altruism has been strongly related to resilience. Survivor Mission.

Neurobiological Mechanisms: Neural Model of Human Morality, Altruism, and Human Evolution

4 Find a Resilient Role Model

- Role models can be found in one's own life.
- Imitation is a very powerful mode of learning.

Neurobiological Mechanisms: Neuronal Imprinting of Human Values



Resilience

5 Face Your Fears

- Fear is normal and can be used as a guide; facing your fears can increase your self-esteem.
- Learn and practice skills necessary to move through the fear.

Neurobiological Mechanisms: Extinction, Stress Inoculation

6 Develop Active Coping Skills

- Resilient individuals use active, rather than passive, coping skills.
- Minimize appraisal of threat, create positive statements about oneself, seek support of others and act.

Neurobiological Mechanisms: Functional Neuroanatomy of Fear Mechanisms

7 Establish and Nurture a Supportive Social Network

- Very few can "go it alone"; humans need a safety net during times of stress.
- Considerable emotional strength accrues from close relationships with people and organizations.

Neurobiological Mechanisms: Cognitive Neuroscience of Human Social Behavior

8 Attend to Physical Well-Being

- Physical exercise has positive effects on physical hardiness and mood, and improves self-esteem.

Neurobiological Mechanisms: Effects on neurogenesis, cognition, regulation of emotion, immune function, etc.

General Principles (we underestimate capacities of Mind, Brain, Body)

9 Train Regularly and Rigorously in Multiple Areas

- Change requires systematic and disciplined activity.
- Concentrate on training in multiple areas: emotional intelligence, moral integrity, physical endurance.

10 Recognize, Utilize and Foster Signature Strengths

- Learn to recognize your character strengths and engage them to deal with difficult and stressful situations.

Considerations in serious illness care

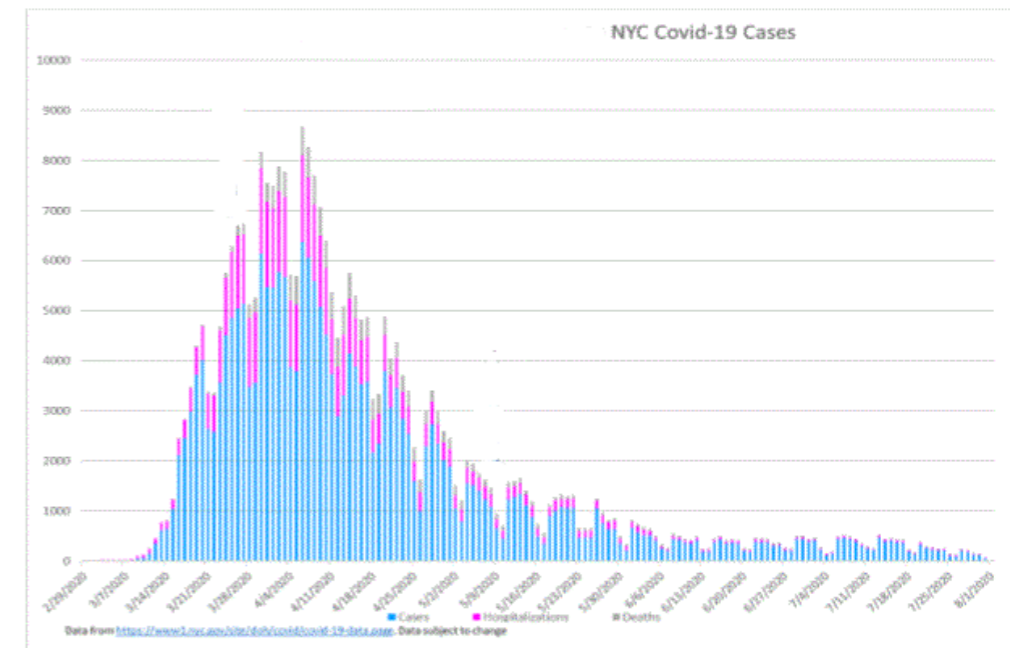
Well-being factors in serious illness care

- ▶ Vulnerable population, grief and bereavement, potential for emotional exhaustion, vicarious trauma, moral injury
- ▶ 2016 national survey of palliative care and hospice clinicians: 38.7% burnout
 - ▶ Higher odds of burnout: nonphysician clinical roles, working in smaller organizations, working longer hours, being younger than 50 years of age, and working weekends.
 - ▶ Higher rated activities to mitigate burnout: participating in interpersonal relationships and taking vacations.
- ▶ Built-in practice tools that may address burnout: effective clinician-patient communication, interdisciplinary care, and routine structured debriefing
 - ▶ Need more research to demonstrate relationship with well-being

Impact of COVID-19 pandemic

COVID-19 surge NYC March-May 2020

- ▶ Early well-being-related concerns: basic needs and safety, physical health, mental health, childcare, transportation, etc.
- ▶ Redeployed into new roles, grappled with a new disease with many unknowns
- ▶ Extremely sick patients, high mortality rate in critically ill patients
- ▶ Isolation
- ▶ Heightened anxiety: fears of getting sick, spreading infection to loved ones and colleagues, and lack of adequate personal protective equipment (PPE)
- ▶ At risk for developing stress-induced syndromes: MDD, GAD, PTSD, substance use disorder
- ▶ Clinicians may not access mental health resources (due to stigma and/or overwhelm)



COVID-19 resources at MSHS

Basic Needs & Self-Care

It is imperative that during this crisis the basic needs of our heroic workers are being met. This page outlines some of the ongoing efforts to address your basic needs as we fight this pandemic together. We have included resources for nourishment, child and eldercare, transportation, accommodations and personal safety. Feel free to continue to check back as the page is updated.

For help or guidance in navigating any of the Well-Being Resources, and identifying the right resource for you, please call the [Mount Sinai Center for Stress, Resilience and Personal Growth](#) at 212-659-5564.



Food Provisions



Transportation & Parking



Housing Accommodations



Family Resources

Well-Being Staff Resources

[Basic Needs & Self-Care](#)

[Mental Health and Psychosocial Support](#)

[On the Ground Support for Frontline Workers](#)

Additional Resources

- [▶ Mount Sinai Experts on COVID-19 - Blog Articles](#)
- [▶ New York State Department of Health Resource Page](#)
- [▶ COVID-19 Resources for People with Disabilities](#)
- [▶ COVID-19 Adolescent Health Resources](#)
- [▶ Centers for Disease Control and Prevention](#)
- [▶ CDC: Confirmed COVID-19 Cases in the U.S.](#)

Mental Health and Psychosocial Support

During this time of heightened emotions, it is normal to need support. We encourage you to seek mental health evaluation and/or treatment or check in with yourself, and connect with others via a wide array of group discussions, individual support, and extensive spiritual care offerings. Remember: We are in this together.

For more general information regarding your mental health during this time, please see this [Mental Health Guide](#), created by Craig Katz, MD, Clinical Professor of Psychiatry and Director of Mount Sinai's Program in Global Mental Health.

For help or guidance in navigating any of the Well-Being Resources, and identifying the right resource for you, please call the [Mount Sinai Center for Stress, Resilience and Personal Growth](#) at 212-659-5564.



Crisis Support



One-on-One Support



Facilitated Group Discussions

Well-Being Staff Resources

[Basic Needs & Self-Care](#)

[Mental Health and Psychosocial Support](#)

[On the Ground Support for Frontline Workers](#)

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On the Ground Support for Frontline Workers

We recognize and appreciate the incredible work that our frontline providers are engaged in. We want to thank you for all that you do and remind you that you are not alone in your efforts. The entire Sinai system supports and thanks you. Please see below for the on the ground support available to you during this time including spaces to recharge, stations to nourish body and mind, and in-person teams dedicated to supporting your mental health.

For help or guidance in navigating any of the Well-Being Resources, and identifying the right resource for you, please call the [Mount Sinai Center for Stress, Resilience and Personal Growth](#) at 212-659-5564.



Mental Health Rounding Teams



Snack and Well-being Stations



Frontline Relief & Well-Being Centers

Well-Being Staff Resources

[Basic Needs & Self-Care](#)

[Mental Health and Psychosocial Support](#)

[On the Ground Support for Frontline Workers](#)

Additional Resources

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COVID-19 Buddy System

- ▶ Low-cost, easy-to-implement, versatile, and adaptable clinician wellness intervention
- ▶ Scalable to teams, departments, training programs
- ▶ “Battle buddies” originates from the United States Army; assigns a battle buddy to every soldier early in training
- ▶ CDC’s Ebola Buddy System was adapted from a disaster response field manual for mental health and human service workers

Buddy System for peer support

Table 1. Strategy for launching a buddy system	
1. Department needs assessment and leadership buy-in	<ul style="list-style-type: none"> -Survey and/or interview employees -Consider department values, culture, and concerns; will guide content of Buddy System Checklist (below) -Solicit input from key stakeholders
2. Introductory communication	<ul style="list-style-type: none"> -States background and goals -Provides instructions and buddy checklist -Refers to resources -Sign up link
3. Buddy system matching	<ul style="list-style-type: none"> -Establish approach to creating new matches - Email confirming buddies who signed up together -Email introducing new matches
4. Buddy System Checklist	<ul style="list-style-type: none"> -Frequency, length, type of check-ins -Content determined by needs assessment -Guide for effective support
5. Interval follow-up	<ul style="list-style-type: none"> -Reminders to check in with buddy -Program evaluation (consider feedback, metrics)

Does COVID-19 change everything we thought we knew about well-being?

- ▶ New risks and exposures; preliminary MSHS data suggest the following increase risk of MDD, GAD, PTSD symptom clusters
 - ▶ Death of family member/friend/colleague
 - ▶ Anxiety and fear, concerns about access to PPE
- ▶ However, pre-pandemic burnout is its own risk factor for the above
- ▶ Must address pre-pandemic burnout (e.g. EHR efficiency, team-based care) as well as COVID-specific risks

Well-being: How do we make our well-being priorities institutional priorities?

- ▶ Envisioning and engineering a life that makes you feel fulfilled and from which you do not frequently need to escape (eg. to goop.com or the spa)
- ▶ Thinking creatively; asking leadership for what you need in order to be an effective, fulfilled physician
- ▶ Organizing to fight systems-level barriers to well-being; persistence and patience
- ▶ Finding win-win solutions (eg., scribes decrease documentation burden and increase revenue)
- ▶ Ride the ups and downs; well-being is a practice, not a finished product

References

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Thank you!

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<https://www.youtube.com/watch?v=qxPyzzyMTUA>



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