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Are Compassion Fatigue and Burnout the New Normal?

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FMF November 2019

Michael G. DeGroote SCHOOL OF MEDICINE

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We will be using Mentimeter

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Presenter Disclosure

- **Faculty**
  - **Dr. Keyna Bracken McMaster University**
- **No relationships with financial / commercial interests**

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Conflict of Interest Disclosure

I have no actual or potential conflict of interest in relation to this presentation

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Workshop Objectives:

1. Define the terms *burnout, resiliency* and *compassion fatigue* in the context of medical education.
2. Explore how medical learning environments emphasizing autonomous expertise over humanities may contribute to this growing problem.
3. Consider ways to mitigate *burnout* and promote *resiliency* both in learners and independent practitioners.

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Presentation Highlights

- *Burnout* and *compassion fatigue* in the medical field is prevalent
- It impacts our patients, our professional lives and our personal lives
- *Resilience* is a skill that can be learned and strengthened
- Organizational factors and innovative curriculum changes can mitigate causes of *burnout* and promote *resilience*

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Mentimeter Question One
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Definitions

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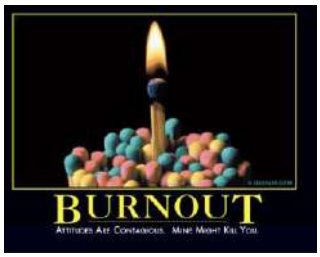

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Burnout: Components

Three components of burnout:

1. **Emotional exhaustion** ("nothing left")
2. **Depersonalization** (loss of empathy, cynicism)
3. **Reduced personal accomplishment** (low self esteem, dissatisfaction)

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Burnout: Measurement

Maslach Burnout Inventory

- 'MBI' is considered the gold standard
- Pioneered by social psychologist in 1976
- Validated across all caring disciplines (HSS)
- Other versions (GS and ES) – non clinical

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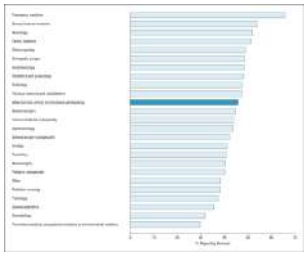
Burnout: Physician Prevalence



Shanafelt et al, Arch Int Med, 2012

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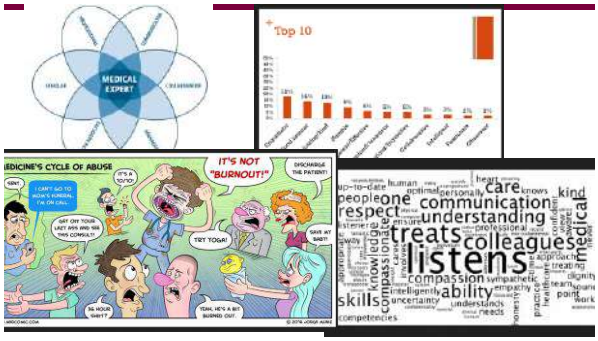

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Burnout: Relevance and Repercussions

- **Negative effects on professionalism**
- **Patients at risk**
  - Medical Error
  - Patient dissatisfaction
- **Personal consequences**
  - Absenteeism, high turnover at the workplace, decreased job satisfaction
  - Depression, SI, substance use

Shanafelt TD. Noseworthy JH. Mayo Clin Proc. 2016.

Dyrbye, 2010; McCray, Cronholm, Bogner, Gallo, & Neill, 2008; Shanafelt, Bradley, Wipf, & Back, 2002.

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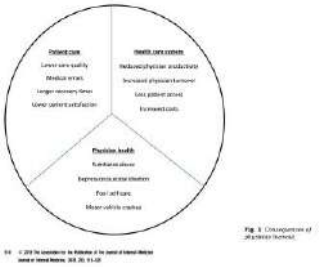

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Resilience

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Resilience: Definition

- Definition of Resilience: a "*process of adapting well in the face of adversity, trauma, tragedy or significant stress.*"

  ~ American Psychological Society 2014

- "bouncing back"
- It is a continuum – not merely present or absent

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Resilience: Determinants

Determinants include:

- Biological, psychological, social and cultural factors that interact to determine how one responds to stressful experiences
- Based on combinations of factors
  - Internal attributes (genetics, optimism)
  - External (modeling, trauma)
  - Skills (problem solving, finding meaning / purpose)

Resilience is a skill that can be learned and strengthened

~ Dyrbye 2010 , Southwick, Bonanno and Masten 2014

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Mentimeter Question Two

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Compassion Fatigue: Definition

"A state resulting from prolonged, continuous and intense contact with patients, the use of self, and exposure to stress"*

- ? Secondary traumatic stress syndrome
- Is it burnout and secondary stress syndrome?
- **Bottom line burnout what occurs secondary to provider and CF what happens internally**

*Ledoux,K. Understanding compassion fatigue: understanding compassion. J Adv Nurs. 2015;71(9):2041-50

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Importance of Compassion

Compassion pivotal to providing care*

- Empathy may be overwhelming (you feel what another is feeling)
- Compassion follows and provides necessary space (willingness to relieve the suffering of others)
- Medical education known to erode these feelings (Hojat 2009)

*Raab,K. Mindfulness, Self-Compassion and Empathy among Health-care Professionals: A review of the literature. Journal of Health Care Chaplaincy, 2014;20:95-108

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Concerns with our current medical curriculum

Understanding the current causes of burnout/CF and the predictors for resilience enables a more targeted intervention / pedagogical approach to support learners

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Medical school is a health hazard

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Hidden Curriculum is a potential driver for Burnout

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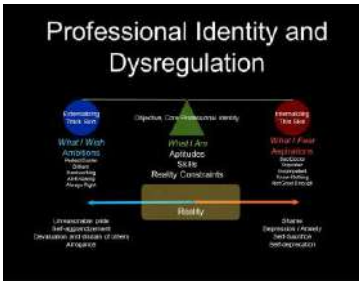

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Resilience in Medical Education

- increased interest in this topic due to number of papers recently published on medical trainees burnout, substance use and mental health issues such as *Dyrbye and Shanafelt 2016* narrative review
- **highest burnout rates in more advanced years of training**
- **learning and work environment major driver**, not individual factors
- most of increase related to higher rates of depersonalization
- concerning as **depersonalization associated with increase in professionalism transgressions and lower empathy** (*Dyrbye 2010*)

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"How do we ameliorate a phenomenon when it is not reliably and validly measured?"

Eckleberry-Hunt J, Kirkpatrick H, Barbera T. The problems with burnout research. Academic Medicine 2018;93(3):367-370

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Causes and Associations of Burnout in Medical Education

- ***Demographics***: non-minority students, Personal disposition, social support and coping mechanisms, life stressors outside of medicine
- ***Grading systems*** with three or more hierarchies
- ***Poor peer collaboration***
- ***Dissatisfaction*** with overall clinical learning environment
- ***Mistreatment*** by senior staff, stressful relationship with supervisors
- ***Insufficient autonomy*** lack of control
- ***Excessive workload***, lack of meaning in work
  - Changes in work hours does not appear to have improved sleep, burnout, depression symptoms or errors
- ***Lack of timely feedback***, lack of clear management

~ Dyrbye, 2010, West, CP et al, JAMA 2006; Desai et al, JAMA 2013; Sen S, JAMA Intern Med 2013

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Medical Education Reform

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Growing call for medical education reform

- 'Sovereign' Physician (*Lucey 2013*) authoritative, autonomous and independent with individual expertise replaced with collaborative, effective system based physician
- "failure to link the interplay of important biological processes with the social space their hosts inhabit" (*Westerhaus et al 2015*)
- Realization that the determinants of health best viewed as biosocial phenomena (Westerhaus et al 2015)
- *Quintero G BMC Med 2014* "..medical education has moved from *informative learning* that produced **expertise** to *formative learning* that produced **professionals** to *transformative learning*.

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Humanism and the Educational Continuum

- ***Early clinical exposure*** to *longitudinal patient care* with graded responsibility in experiential learning model
- **Equal** importance to **social humanities** rather than emphasizing basic sciences
- Consideration of progressive testing, more formative assessments (**Chen et al 2015)**
- Remove honours or class ranking
- Student driven service learning
- Communities of caring/learning
- Foster over transitions and into continuing professional life

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Educational Continuum

- Start early when students largely *selected* for altruistic intent begin their journey of life long learning (selection??)
- Mindful attention to hidden curriculum, understand social capital in **clinical learning environments**
- Foster resiliency- reflection, mindfulness
- longitudinality? Form of LIC (how much do the concepts of longitudinality and integration influence outcomes?)

~ Hirsch & Ganfberg 2014, Balmer & Hirsch 2016

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Clinical Learning Environments

- Strong inverse correlation with burnout
- Supervisor support, team work, beneficial relationship (van Vandeloo et al 2018)
- More reports of student mistreatment related to higher burnout scores (Cook et al 2014)
- Connection with erosion of empathy and compassion? (Chen et al 2012, Spatoula 2019)

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Learning / Caring Communities

- Evidence of more positive learning environment (Smith SD et al 2016)
- 24 medical schools in US (18 with LIC, 6 without) compared medical student learning environment survey at end of first and second years of med school
- Patient centredness endures after LICs (Gaufberg & Hirsch 2014)

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Possible innovative curriculum ideas to foster resilience

Possible ideas at a personal and organizational level to foster resilience in medical education

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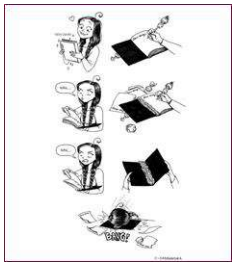

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Innovative Resilience Curriculum

- **Faculty Videos**
  - *Wald & Bursch, 2018, ACGME*: Faculty Videos – An Innovation within Residency Resilience Skills Programs at Two Institutions **ROLE MODEL**
- **Interactive Reflective Writing**
  - *Wald H, Weiss B*, Making it "More Real": Using Personal Narrative in Faculty Feedback to a Medical Student's Reflective Writing – An Illustrative Exemplar, MedEdPublish, 2018, 7, [3], 33 **FACULTY FEEDBACK**

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Protective Factors for Resilience - Personal

- **Supports**: build relationships and social support
- **Health**: Adequate sleep during time off, maintain personal health
- **Work – Life balance**: appropriate allocation of time for independent study, personal pursuits and rest
  - **Relationships**: cultivate contact with colleagues and relationships with family and friends
  - **Extracurricular**: Engage in regular recreation / hobbies / exercise
- **Useful attitudes**: acceptance / realism, self-awareness + reflection, recognizing when change is necessary, appreciating the good things, interest in the person behind the symptoms

~Dyrbye, 2010, Zwack, Schweitzer, Acad Med 2013

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Protective Factors for Resilience - Organization

- **Wellness Curriculum**: strategies for taking tests, maintaining health and personal interests, work-life balance, dealing with suffering and medical error, debt management
  - Cognitive Training: awareness of burnout, self-care, mindfulness
    - Find meaning in work or training
    - Maintain positive outlook and avoid mentality of delayed gratification
    - coping strategies, such as positive reframing and problem solving
    - mindfulness training
- **Access to Care** tackling stigma, access to mental health counsellors

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https://icahn.mssm.edu

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Evan Charney's Resilience Prescription

- **Positive Attitude**
  - Optimism is strongly related to resilience
  - Optimism, partly genetic, can be learned, CBT
- **Cognitive Flexibility through cognitive reappraisal**
  - One can receive a benefit from stress and trauma: one can reframe, assimilate, accept and recover. Can be learned
  - Failure is an essential ingredient for growth

~ Charney, APA symposium 2018

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Charney Resilience Prescription

- **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 / spiritual beliefs is associated with resilience
  - Altruism has been strongly related to resilience.
- **Resilient Role Model**

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Last Question….
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