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Resilience, Burnout, Depression

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assistance in preparing this presentation.**

Participants will be able to define the term “Resilience”
To identify 3 characteristics of “Burnout” and
Identify 3 characteristics of “Major Depression”

In Physics, resilience is "a property by which the energy stored in a deformed body is released when elastic deformation ceases."

Psychological resilience may generally be defined as the ability to withstand and adapt to external forces, often adverse or traumatic...

Resilience or coping
responses are needed for
such stressors as:

- Biological disease
- Pain or Disability
- Pending death
- Abandonment / betrayal
- Socio-economic problems

- Interpersonal conflict,
burden or caregiving
- Family conflict
- Intrapsychic conflict
- Violence - local or distant
- Tension in role function

Stressors also include:

Misguided expectations

Deficient knowledge

Indecision

Lack of autonomy

Becoming a Physician is ...

- A developmental process as you progress from college life to being a doctor
- A crucible of emotionally intense experiences that are often overlooked
- A Focus too often only on acquisition of knowledge and skills (the content) at expense of paying attention to the emotional changes (the process of becoming) that occur

Dealing with the Cadaver and Human Anatomy

- The cadaver experience is a powerful symbol of much of medical education and preparation or battles with death and dying.
- The Fear of death must be acknowledged.
- The importance of Personal philosophy must be recognized.
- There may be Guilt as if violating a tabooed sanction about sacredness of the dead body.
- We Can't label every anomaly-there's ambiguity even during dissection.

The Cadaver



Denial Of Death

- Tendency to make ghoulish jokes or play pranks
- One student took off the dissected arm and used it to give a toll operator payment for the toll- leading to an arrest
- Parties in the anatomy lab ??
- The cadaver reminds us-Death confronts us all

The Myth of Finite Knowledge

- Every student soon learns that he or she will have to master huge amounts of information , not only during medical school but in residency and for ever after
- Half life of information less than 7 years
- In spite of all the facts- medicine remains an art as well as a science
- In spite of " evidenced based medicine" there is always uncertainty ambiguity and contradictions

Objectivity vs Subjectivity

There is a fantasy that medicine is always objective, Yet:

- Surgeons in one part of the country do many more Tonsillectomies, hysterectomies than surgeons in other parts without evidence of regional disease differences
- A cardiac interventionist will recommend angioplasty whereas a surgeon will recommend bypass
- Prostate cancer can be treated with surgery, radiation, cryogenic treatment and medications. Which one to choose? Are PSA tests useful?

Dangers of Emotional Disconnection

- Early on, starting with the cadaver, students learn to repress their emotional reactions, thereby preventing them from being processed and understood
- On rounds, students are often humiliated and have to swallow criticisms that are not always justified
- Holding a retractor in someone's abdomen during surgery is camouflaged by the "surgical field" and green drapes- so are the feelings involved.

Emotional Repression

- This can intensify when students start having interactions with and responsibilities for patient care
- Confrontation with disfiguring and repulsive diseases
- Examining the body of another person can evoke all type of emotions. You have the "license" to examine the naked body, but that does not prevent you from having reactions to doing so

Confrontation with Disfiguring Injuries



The Mystery of Life



© Rana Rankin – Breathe Birth Photography

The Pathos of Illness



Personal growth and Change

- One can learn to be an auto mechanic without being forced to go through personal change
- Becoming a physician means you are transformed as a person
- It is up to you to decide what type of person
- Change always triggers anxiety and doubt- Did I make the right choice? Will I be a good doctor? AM I A GOOD DOCTOR ?

The Compulsive Triad

- Medical education sooner or later humbles every student by showing them they can never know enough, can never know it all, and must work hard to keep up
- This leads to self doubts and fears of missing something, of making a mistake
- This triggers anxiety and often guilt and leads to overcompensation by overwork, by perfectionism
- There may be harsh self criticism

Coping style will determine whether one succumbs to such experiences and escapes unharmed or becomes stronger.

Is coping style an identifiable group of protective factors (internal and external) that govern the individual's response to a given environmental stimulus?

Are coping capacity and resilience personality traits or a series of processes ?

As a personality trait, resilience is seen as a stable resource that enables a stable performance when it comes to resisting stress.

Resilience is the tendency to respond to stress in a flexible rather than rigid manner.

Is it hardiness –a set of traits, such as commitment, control and openness to change, which can be seen as a general disposition to resist stress?

AND, ...Does the analysis of these individual characteristics run the risk of underestimating the role of variable factors which are **external to the event**, without offering a description of the event and *how it happened*.

What are positive adaptations ... and behaviours that enable the individual to overcome adversity¹⁷.
What constitutes the reserve capacity to maintain or recuperate normal levels of comfort and functioning through mobilizing latent resources, ...

Is it self-esteem and self-efficacy?

Is resilience an affective and cognitive reserve involving emotional regulation, motivation, sense of purpose and self-efficacy?

Is resilience feeling competent even after accepting others' help?

Is it looking at the bright side of life without hiding the dark side?

Is it being active but calm?

Does it involve learning how to live in the moment ?

Is it a reduced biological predisposition to anxiety, depression, or anger?

Does it involve a propensity to be proactive in seeking ways to be satisfied with one's life?

Does it involve a technique of finding meaning even in the face of conflict ?

Does it require being integrated into one's community?
How is that community characterized?

Does it require good health , religious orientation ?

Connor Davidson Resilience Scale CD-RISC contains 25 items, all of which carry a 5-point range of responses, from

Not true at all (0) to True nearly all of the time (4).

The scale is rated based on how the subject has felt over the past month.

The total score ranges from 0–100, with higher scores reflecting greater resilience.

The individual items comprising the scale are listed:

Item no. Description

1. Able to adapt to change
2. Close and secure relationships
3. Sometimes fate or God can help
4. Can deal with whatever comes
5. Past success gives confidence for new challenge
6. See the humorous side of things
7. Coping with stress strengthens
8. Tend to bounce back after illness or hardship
9. Things happen for a reason
10. Best effort no matter what
11. You can achieve your goals
12. When things look hopeless, I don't give up
13. Know where to turn for help
14. Under pressure, focus and think clearly

15. Prefer to take the lead in problem solving
16. Not easily discouraged by failure
17. Think of self as strong person
18. Make unpopular or difficult decisions
19. Can handle unpleasant feelings
20. Have to act on a hunch
21. Strong sense of purpose
22. In control of your life
23. I like challenges
24. You work to attain your goals
25. Pride in your achievements

If we fail to be resilient, then we run the risk of burnout or psychological /psychophysiological distress.

Resilience can emerge as the ability to take full advantage of personal positive resources despite stressful occupational circumstance.

But, burnout may alter resilience and thus influence the level of psychological distress.

It is possible to modify responses of individuals who have higher burnout through resilience training..

TWO MAJOR SOURCES OF STRESS

- **EXTERNAL**- ORGANIZATIONAL PRESSURES – EXCESSIVE WORK LOAD AND OTHER EXTERNAL LIFE EVENTS- CAN ALSO BE FAMILY PROBLEMS, DEATHS. ILLNESSES
- **INTERNAL** SOURCES DUE TO OUR OWN INNER EMOTIONAL PROBLEMS, DRIVES, SELF IMPOSED PRESSURES , "DEMONS" and LACK OF SELF CARE
- **No Matter how strong we are well have limits**

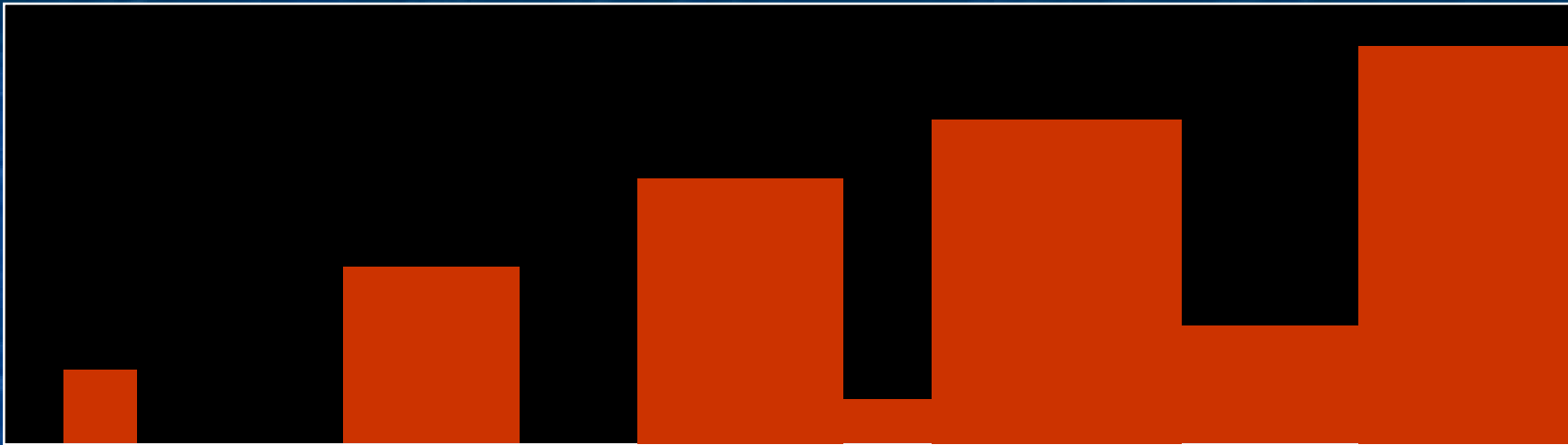
Internal Sources of Stress

- Our inner drives or instincts are inner sources of stress
- Failing to take care of one's Self
- Greed, lust, envy, hate, gluttony are constant sources of inner pressure with which everyone must cope.
- Sexual acting out- Insurance Fraud
- The meaning we assign to external events- we can maaaaagnify or minimize
- External stress may activate latent conflicts and emotions

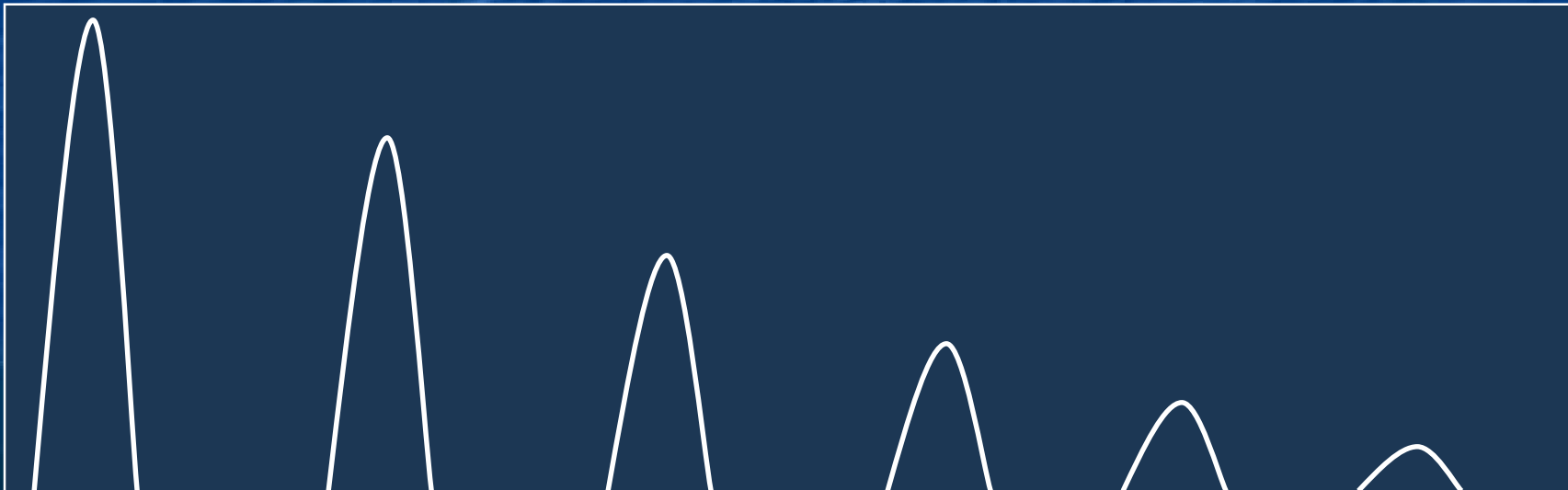
Effects of Chronic Stress

- Hippocampus and amygdala are negatively impacted with shrinking and dysfunction
- Impaired memory
- Increased misperception of others as hostile
- Impairment of judgment
- Loss of insight
- Physiological effects on the body- loss of libido

Stressors and depression



Depression



Stressors

Physician's Personality A Risk Factor The Compulsive Triad (Gabbard)

- Doctors tend to be fairly obsessive compulsive
- We have Doubt---rule outs, over-conscientiousness
- We have Guilt-- the irrational fear of missing something; making a mistake leading to self blame
- We have an Exaggerated sense of responsibility- We must not make a mistake

Burnout results from continuous job pressures that individuals cannot effectively manageleading to ...emotional exhaustion, depersonalization, and low personal accomplishment.

The Maslach Burnout Inventory

Measures 3 dimensions: emotional exhaustion, depersonalization, and low personal accomplishment.

Participants rate every item on 7-point Likert ranging from 0 (never) to 6 (every day).

A combination of higher emotional exhaustion and depersonalization and lower personal accomplishment scores indicated a greater burnout.

Burnout Self-Test Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout.

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

SCORING RESULTS – INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

***Note:** Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.*

C. Maslach, S.E. Jackson, M.P. Leiter (Eds.), Maslach Burnout Inventory manual (3rd ed.), Consulting Psychologists Press (1996)

The well-replicated observation that many people maintain mental health despite exposure to severe psychological or physical adversity has ignited interest in the mechanisms that protect against stress-related mental illness. Focusing on resilience rather than pathophysiology in many ways represents a paradigm shift in clinical-psychological and psychiatric research that has great potential for the development of new prevention and treatment strategies.

The theory emphasizes the causal role of stimulus appraisal (evaluation) processes in the generation of emotional responses, including responses to potential stressors. On this basis, it posits that a positive (non-negative) appraisal style is the key mechanism that protects against the detrimental effects of stress and mediates the effects of other known resilience factors.

Appraisal style is shaped by three classes of cognitive processes

- positive situation classification,
- reappraisal and
- interference (? Reframing ?)

[Behav Brain Sci.](#) 2015;38:e92. doi: 10.1017/S0140525X1400082X. Epub 2014 Aug 27. **A conceptual framework for the neurobiological study of resilience.** [Kalisch R](#)¹, [Müller MB](#)², [Tüscher O](#)³.

Some sport analysts have divided the discussion into two main sections:

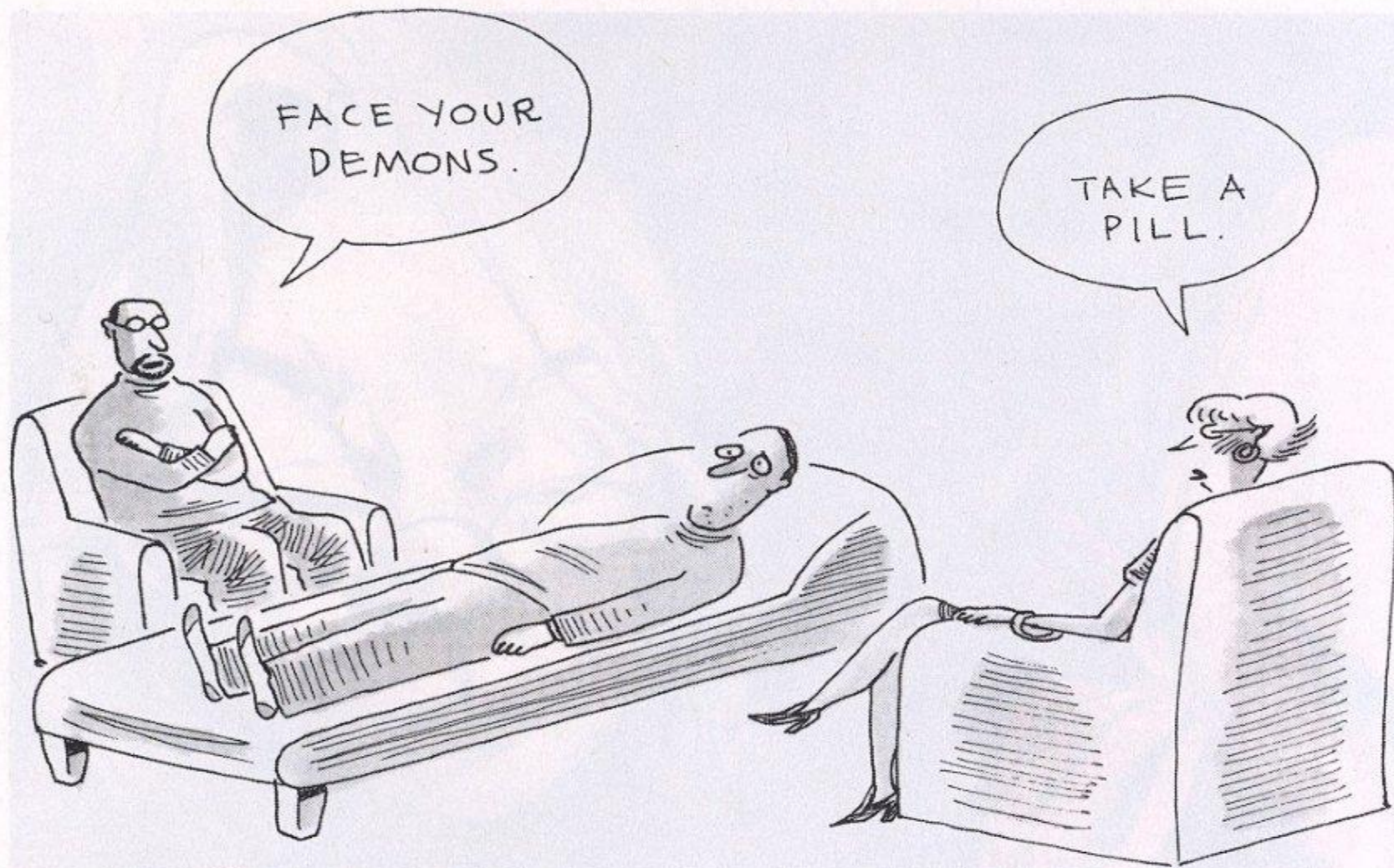
- I. Three different types of stressors encountered by sport performers under three main categories include competitive, organisational and personal;
- II. 2. Psychological resilience in Olympics champions, is discussed in terms of five main families of factors (positive personality, motivation, confidence, focus, perceived social support) that protect the best athletes from the potential negative effect of stressors.

If we fail to be resilient....

Cardinal Characteristics of Depression

- Depressed mood
- Apathy/anhedonia
- Sleep disturbance
- Fatigue/loss of energy
- Concentration/executive functioning
- Psychomotor agitation/retardation
- Appetite and weight changes
- Suicidal ideation, guilt, worthlessness

From: Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications. Third Edition.



Matthews

GOOD SHRINK, BAD SHRINK

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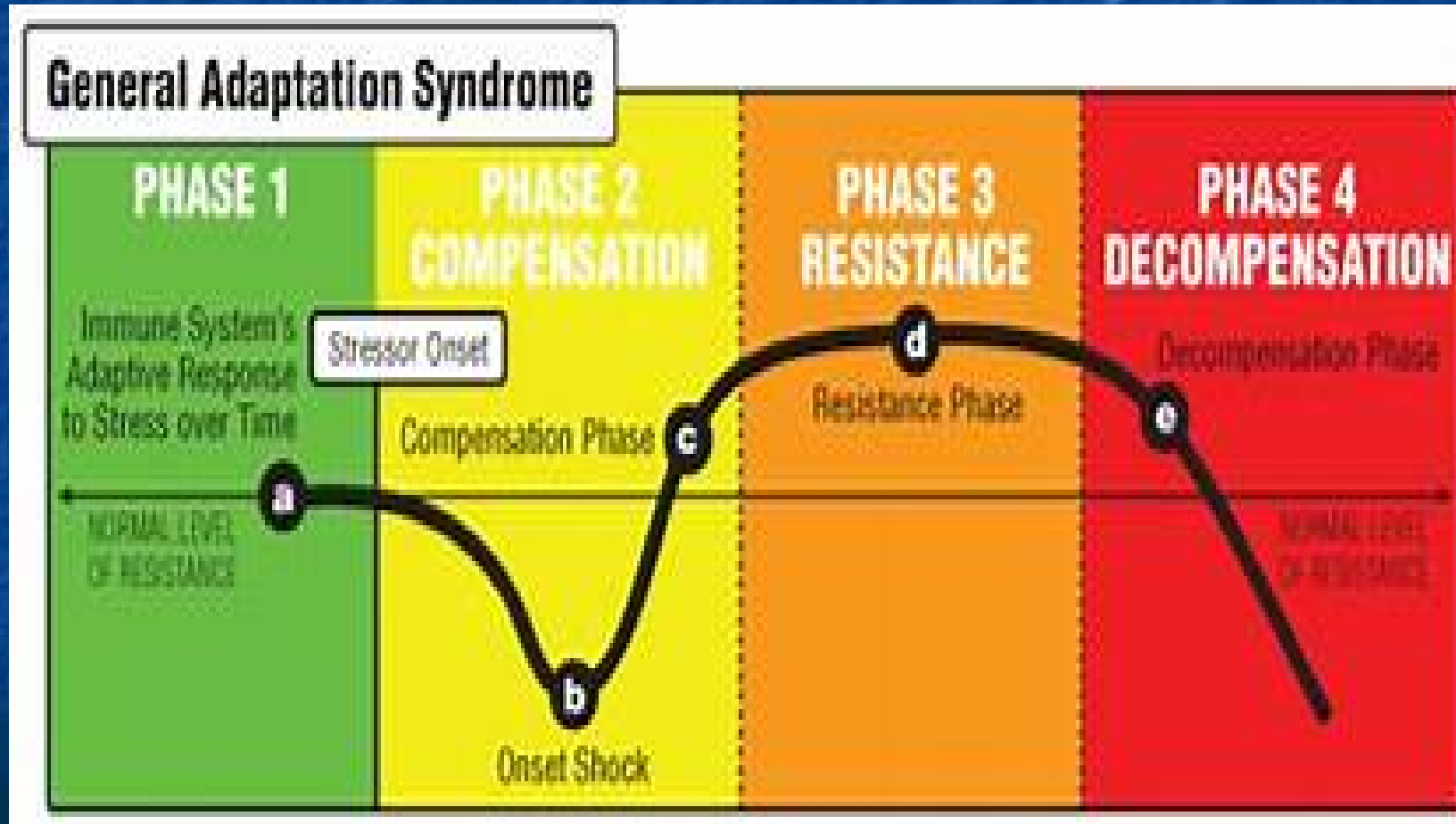
Usual Stresses of Practice are Compounded by Health Care System

- **The Industrialization of Mental Health Care makes excessive demands on health and spirit**
- **Major Shift from Practice of Medicine to a "Job" as a Network Provider in The Health Industry**
- **New Challenges to Foster Self Care, to Preserve Identity and not be diminished as " nameless providers" or assembly line workers**

Hans Selye Coined the Term "Stress"

- Described stages in response to stress - the "General Adaptation Syndrome"-
- Something is stressful whether its " good" or "bad" because adaptation to the stimulus strains the body. A demand is made on the mind and body's systems We all have limits
- Selye described the HPA axis as a mediator of stress and impact of elevated cortico steroids in stress

From Stress to Burnout



WHAT BURN OUT is NOT

- BURNOUT IS NOT a failure of intelligence, of resourcefulness or effort by hard working doctors with finely honed coping skills
- **Burnout is not a sign of failure**
- **We all have limits and can be beaten down**
- Increasing mandates, regulations, time pressures interfere with forming relationship with patients that is basis for the best possible care and beat us down

What is Burnout? Different than Depression

---Definition: "physical and emotional exhaustion involving development of negative self concept, negative work attitudes, loss of concern for patients."

--- Complex Psycho- Neuro-Endocrine- Immunological consequence of relentless stress with threats to self worth, health, shattering of basic assumptions about your career and profession

---An Assault on Personal Integrity

From: Freudenberger, Maslach, Gardner and Hall

A Spectrum of Core Symptoms

Two Distinct subtypes:

- **Wear out or Brownout** in which a practitioner essentially gives up or performs in a perfunctory manner when confronted with too much stress and too little gratification- can bounce back faster...
- **Underchallenged Burnout** in which a practitioner is not faced with work overload but beaten by endless boring tasks and monotony—loss of motivation- like blindly following "guidelines."
- From Norcross and VandenBos- Leaving it at the Office

Burnout is not a Diagnosis

- Not a Specific DSM 5 Diagnosis
- **Identified in ICD 10 as "state of exhaustion" under problems in life management (Z73.01)**
- Substantial Research Base

FULL BURNOUT SYMPTOMS

A. EXHAUSTION, FATIGUE, SOMATIC SYMPTOMS

**B. DEPERSONALIZATION- DETACHMENT- AVOIDING USUAL
PROFESSIONAL ACTIVITIES**

C. LOSS OF SELF ESTEEM. DEMORALIZATION - Cynicism

D. LOSS OF PROFESSIONAL IDENTITY

MORE ON BURNOUT

- Injuries to patients or staff can occur through carelessness
- There is Loss of efficacy and low productivity
- There are Boundary Violations-
 - acting out with patients or harassing staff
- It may lead to Impairment, but it's not the same as Impairment.

Five Top External Stressors and Risk Factors

- Too many Bureaucratic tasks- prior authorization – hospital and managed care groups in control
- Too much Time at Work-Loss of Balance
- Feeling like an assembly line worker- organizational pressure to see too many patients
- Increasing computerization and the EHR
- Income not high enough- lower payments and educational loans- fear of financial instability

Some Hazards Inherent in our Work

- Adverse patient behavior, suicide threats
- Psychic Isolation- working alone in your office
- Emotional depletion over time
- Compassion fatigue and secondary traumatization

Impact of work with Trauma cases

Recent survivors of shooting victims

Loss of Autonomy: A Major Risk Factor of External Stress

- The degree of control you exert over a stressor has a huge impact on the emotional, behavioral, neurobiological effects of the stressor- actual changes in Prefrontal cortex and other brain regions
- When we have a high degree of responsibility we should have a high degree of control over how we fulfill our responsibilities
- The single most powerful predictor of burnout in a large study of physicians in a HMO was low sense of control over their practice environment

Demographics and Statistics

- Medical Students
 - nationally 25 % of graduating students are depressed, and many have suicidal ideation. Suicide the most common cause of death among trainees after accidents.
- Residents at University of Florida- 31% of respondents screened positive for depression
- 50% of 7000 Physicians reported at least one symptom of Burnout in Archives of Internal Medicine
- Over 400 M.D. Suicides per year

What Makes Us Great Also Hurts Us

- Willingness to go the extra mile
- Working as late as it takes to care for patients
- "Squeezing in that extra patient"
- Sensitivity to criticism and rejection

Moral Stress and Injury

Most of us entered medicine as a calling- a higher cause to help people

We train hard and long to give the best care and then we are told what to do as if Evidenced Based Care has all the answers

Health Care economics, Prior Authorizations all interfere with that...

Threat of Malpractice Lawsuits- How External Stress Is Internalized

- We can Use Malpractice Issue to study how external stress gets inside. A typical MD- will spend 11% of a 40 year career on malpractice defense...
- A Malpractice Lawsuit sets off a cascade of neuro-endocrine and psychological reactions- Neuro-Psycho Endocrine reactions-
- Lawsuits often trigger shame which is one of the most toxic emotions that can lead to suicide.

SHAME KILLS

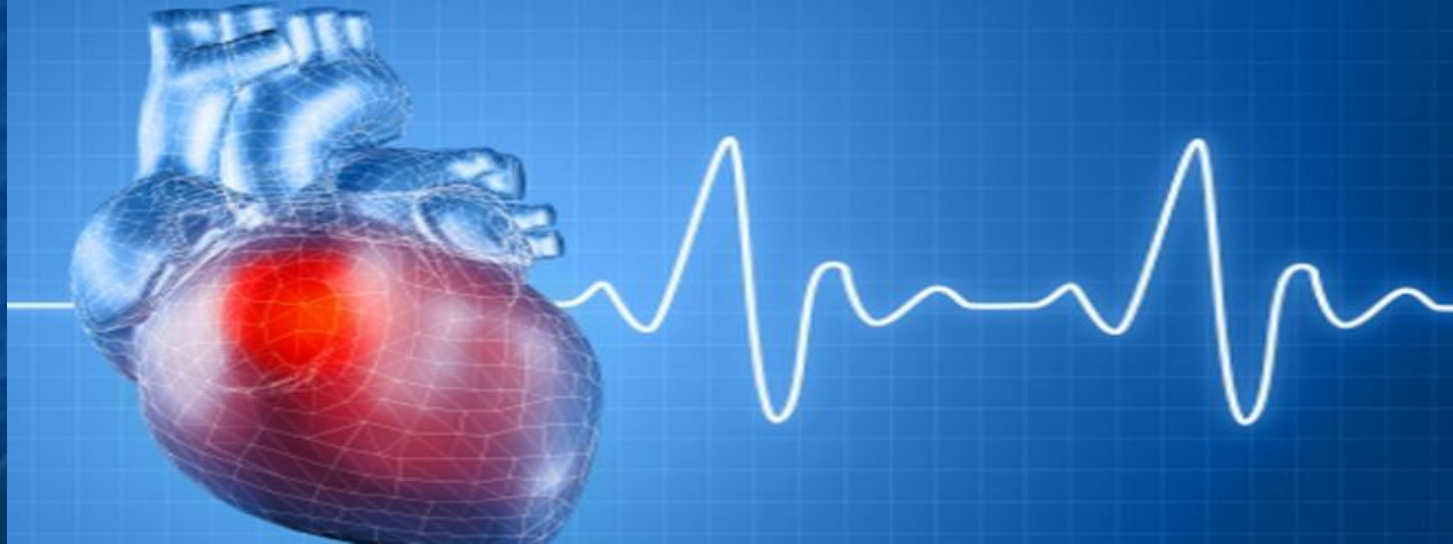
- New Jersey Physician committed suicide the day before his only malpractice trial after 50 years of work ...
- "No one is going to humiliate me."

Some Recent Research

- Engineers – ages under 50- working on the Apollo Rockets had an extremely high recorded rate of sudden cardiac death
- The CIA feared the Russians were killing them to sabotage our Space Program
- Stress research showed they were caught in a deadly double bind with little chance for success
- **Psycho-Endocrine Disaster—Sudden Death**
 - Buell, A., Eliot R. Am Heart Journal Nov. 1980

FORCED HELPLESSNESS IS TOXIC

- Toxic stress hormones and massive release of adrenaline- triggers arrhythmia/ heart rupture
- Stress induced myocardial ischemia- infarct



Suicide

- Suicide has been increasing in USA for 20 years, up 30% in some states; now 10th leading cause of death with 45,000 per year-
- There is a huge loss of Morale.
- Physicians considered to have a much higher than average suicide rate-----50-65/100,000 vs 13.4/100,000 in general population.
- Male and female physicians are equally likely to commit suicide

FIRST: Learn to Objectively Monitor and Measure Your Stress

- No measurement scale is perfect
- We each have different personality strengths and weaknesses which buffer us against stress or make us more vulnerable . No one is invincible
- The Holmes Rahe Life Stress Scale is Useful to keep you alert to what is going on
- Stress not just a sudden crisis but cumulative , incremental chronic, unrelenting

Holmes Rahe Life Stress Scale Stress is Cumulative Over Time

Life Event	Value	Life Event	Value
Death of Spouse	100	Trouble with In-Laws	29
Divorce	73	Spouse Begins or Stops Work	26
Marital Separation	65	Begin or End School	26
Jail Term	63	Change in Living Conditions	25
Death of Close Family Member	63	Revision of Personal Habits	24
Personal Injury or Illness	53	Trouble with Boss	23
Marriage	50	Change in Work Hours	20
Fired at Work	47	Change in Residence	20
Marital Reconciliation	45	Change in Schools	20
Retirement	45	Change in Recreation	19
Change in Health of Family	44	Change in Church Activities	19
Pregnancy	40	Change in Social Activities	18
Sex Difficulties	39	Change in Sleeping Habits	16
Gain New Family Member	39	Change in Eating Habits	15
Business Readjustment	39	Vacation	13
Change in Financial State	38	Christmas	12
Death of a Close Friend	37	Minor Violations of the Law	11

Holmes Rahe Results

- If your stress score is 150- you can easily cope with it and face no increased risk
- 200-250 many people will have trouble coping well and have a 50% greater risk of illness or accident
- Over 300 many people have a 80% greater risk of an illness or an accident
- This scale introduced in 1970's still valid

Avoid Denial of Emotions

- Starting in medical school we learn to suppress and deny any emotional reactions.
- Fear of humiliation inculcated on rounds
- Admitting to emotional problems is like admitting to failure- Must change this culture of shame
- Ego Ideal issues- what to expect of oneself?

Recognize Added Risks for Female Physicians

- Women physicians are as likely as male physicians to commit suicide
- Rates of suicide for female physicians much higher than for women in any other profession
- Women physicians experience extra stressors:
 - a minority gender in professional field; higher expectations of making sacrifices ; balancing family responsibility and motherhood.

Female Physicians and Sexual Harassment

- Over 25% of female medical students at one academic center suffered sexual harassment from faculty-
demoralizing, shaming, frightening

* Lewd jokes, sexualized conversations- Groping

Male patients may objectify the female doctor.

Resist Being Captives

- The Health Care Industry, Regulatory Agencies, The BOARDS, Insurance Companies exert control.
- Internet rating Sites a new vulnerability
- The Challenge: Do NOT have a Captive Victim Mindset
- We Must Optimize ourselves to cope with stress **but also**
- **Push Back** and get the "System" to change
 - -but how? Some ways to do this-----

Call Hospitals Out: Burnout is a Systems Problem Too

- STOP ADDING ON MORE Demands
- Consult with and include physicians in discussions regarding hospital policies and anything that impacts physicians
- Doctors have a right to a user friendly work place
- What Happened to the Doctor's Lounge?

Active Role in Health Care Governance May Reduce Burnout

- Support Professional Societies so they can fight for you-FPS, AMA, APA, FMA to offset HMO's and Insurance stress...
- **Doctors Should Do Ratings of Health Care Organizations** the way Medicare , U S News evaluates programs. **THE APA and AMA COULD PUBLISH RANKINGS.**
- **Get back some sense of Efficacy and Control**
- Evaluate work sites on: Work environment -Work Load- Quality of Supporting Staff- What Else?

Wake Up Call for HMO'S and Hospital Based practices

- Develop a **Distributive Leadership Model** that encourages physicians to actively take part in governing and improving systems in which they work . Leadership commitment to change...
- The **Toyota Production Model** shows how to do it.
- Add value to your organizations by " growing new leaders" and Valuing the Physicians.
- Regain trust of M.D's by showing we matter.
- Don't destroy your work force- health care at risk.

About the Board Exams?

- The American Board system was designed to improve and certify specialty training.
- Through a system of proprietary exams and educational modules it enabled physicians to present themselves to the public as qualified in their specialty- it was a good thing for a long time.
- The Boards are expanding their scope from certifying and recertifying specialists to MOC and restricting what CME courses are credited for MOC --IS A MONOPOLY IN THE WORKS??

Controversies over MOC

- The Boards assert that physicians are not able to accurately assess their competence and that fewer than 30% of physicians examine their own performance data to try to improve outcomes.
- There is a lot of controversy over the MOC program and validity of studies about MOC. Is there evidence to show doctors don't properly keep up with advances? WILL MOC DO IT BETTER???
- Lack of solid evidence MOC improves Quality Care.

LETS RATE THE BOARDS

- APA member criticism and Media (Newsweek) criticism of Boards forced Boards to scale back excessive demands.
- MOC takes time away from patient care and \$\$\$\$
- **Lets start Rating the Boards and what value they offer, through the AMA and APA?? Is it worth what they charge? Who " Certifies the Boards?"**
- **This is Something We can Influence. We can bring about more change if we are active...**

Improve Your Response to Stress

- Embrace technology and quality controls in your practice to prevent medical errors and give yourself peace of mind.
- Break big problems down into bite -size pieces which can be fixed or managed one by one.
- Don't Fix Blame - Fix the Problem.
- Stay Up to Date – Socialize and Attend Professional Society Meetings

Mindfulness -Self Mastery

- Influence what you can but recognize what you can't control
- Serenity Prayer: Grant me the serenity to accept the things I can not change, courage to change the things I can, and wisdom to know the difference.
- Take Quiet moments for introspection and reflection and relaxation exercises
- **Set up a GOOD NEWS FOLDER-** with thank you notes and cards from grateful patients and go home **mindful of what went right today**

Setting Boundaries

- Work only to 85-90% capacity so an emergency doesn't push you over your limits
- You must hold the line and say no
 - Saying no to referral sources that are pushy
 - Saying No to night time phone calls
 - Say no to patients who demand too much
- Have Clear yet flexible demarcations between work and personal life.

Professional Bill of rights

- We have a right to set limits on our hours.
- We have a right to terminate work with patients who do not comply with treatment.
- We do not have to like every patient.
- WE HAVE A RIGHT TO JUST COMPENSATION
- **What would you add to this list??**

Psychoanalytic Tips

- Foster self awareness and monitor your mental states .
Ask yourself:
- How do you handle your anger- DO you turn it against yourself or act it out? Do you need some help to effectively express it?
- Can you say NO without feeling guilty?
- Do you give credit to others– to yourself?-Self Esteem comes from doing things you admire, value.

TO AVOID **BURNOUT**

- Pay attention to warning signs of stress-
- Avoid Isolation Go to Professional Society Meetings
- Take enough vacation time
- Form a discussion group to process work events
- Take at least one break a day to refresh and refocus
- DON'T RUN ON EMPTY

Get Professional Help

- When you feel depressed or anxious
- When you hate going to work and avoid colleagues
- When you are irritable and argumentative, acting in a disruptive manner or having tantrums
- When your spouse says you need help
- When you are self medicating or drinking too much
- When neurotic suffering complicates normal miseries of life and work

SUGGESTED READING

- APA Tool Kit for Well Being, December 2017
- "Behavioral factors in Cardiovascular Disease. Eliot and Buell, Am Heart Journal Nov. 1980
- "Handbook of Stress Medicine" (1998) Ed by Hubbard and Workman, CRC Press pp17-45, 337-357
- "How to Avoid Burning Out," Bohnert, P et al Current Psychiatry January 2006
- "Leaving It at the Office" Norcross and Vanderblos, Guilford Press 2018
- "Loss of Sense of Control as a Factor in Burnout," Southwick, F, JAMA Psychiatry July 2018

More Reading

- "Medical Malpractice Lawsuits and their Impact on Physicians," Pasternack S, Montgomery Medicine December 1990
- "Physician Burnout: A threat to Health Care Reform" JAMA 305:19 May 2011
- "Prevalence of Depression and Suicidal Ideation Among Medical Students": JAMA 316:21 Dec 2016
- "Professional Stress Syndrome" Gardner F and Hall R., Psychosomatics August 1981
- "Stress and Women Physicians" by M. Bowman M.D.
- "Stress in Medical Practice", Georgetown Medical Bulletin Winter 1986, Pasternack, S.

More Reading

- "Stress and Litigation," Charles, S and Frisch P, Oxford Univ Press, 2005
- "The Stress Concept", Selye, H, in Stress Research, Ed. By Cooper C, John Wiley & Sons, 198
- Taming Stress, Scientific American September 2003

THANK YOU

