International GI Training Grants

GRANT AWARDS: $10,000 | DEADLINE MARCH 31, 2022

Whether you live in the U.S. or another country, you may be eligible!

Acquire or develop new cognitive knowledge or technical skill to improve patient care in your geographic area. The grant is to be used for travel to and from the training center and to the ACG Annual Meeting as well as for incidental expenses related to the training.

Visit gi.org/trainees/gi-training-grants for more information.
**ACG AWARDS**

Nominate a Colleague by April 15th!

**2022 Award Categories:**
- New! NP/PA Award for Clinical Excellence
- Berk/Fise Clinical Achievement Award
- Community Service Award
- Distinguished Mentorship & Teaching Award
- Diversity, Equity & Inclusion Award
- International Leadership Award
- Master of the American College of Gastroenterology
- Samuel S. Weiss Award

Nominations for these awards will be presented at the College’s Annual Scientific Meeting in Charlotte, NC on October 22, 2022.

> [gi.org/about/awards](gi.org/about/awards)

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**Virtual Grand Rounds**

**Participating in the Webinar**

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.
How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2022 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2023 for this activity.

MOC QUESTION
If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement.
THESE ANSWERS WILL BE REVIEWED.
ACG Virtual Grand Rounds
Join us for upcoming Virtual Grand Rounds!

Week 10
Update: Diagnosis and Management of HBV Reactivation
Joseph K. Lim, MD, FACG
March 10, 2022 at Noon Eastern and NEW! 8pm Eastern!

Week 11
CRC Survivor & Advocate Allison Rosen on the Patient Journey: What GI Clinicians Need to Know Now
Allison Rosen
March 17, 2022 at Noon Eastern and NEW! 8pm Eastern!

Visit gi.org/ACGVGR to Register

Disclosures:

Speaker:
Joseph C. Anderson, MD, MHCDS, FACG
Dr. Anderson, speaker for this activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Moderator:
Alexandra Guillaume, MD
Dr. Guillaume, moderator for this activity, has no relevant financial relationship(s) with ineligible companies to disclose.

*All of the relevant financial relationships listed for these individuals have been mitigated
Avoiding Professional Burnout

Joseph C. Anderson, MD, MHCDS, FACG

This presentation does not reflect my current or previous employers.

Burnout

Herbert Freudenberger coined the term to describe the “state of mental exhaustion caused by one’s professional life”
Burnout — Consequences

SELF
- Leaving profession early
- Substance abuse
- Depression
- Poor health
  - Suicide MD rate is 2x higher than general population
  - Women higher than men

CLINICAL
- Lower patient satisfaction scores
- Association with medical errors cause or effect—BOTH
- Unprofessional behavior
- Job turnover
- Low-morale in workplace

ACG Member Survey

Early Retirement in Low Versus High Burnout Respondents

Low Burnout 35.8
High Burnout 64.2

Burke et al 2017 ACG
Defining Burnout: Has 3 Dimensions

- Emotional and physical exhaustion
- Depersonalization
- Decreased sense of personal accomplishments and successes

Maslach The Truth about Burnout, 1997

Scoring the abbreviated Maslach Burnout Inventory

The abbreviated Maslach Burnout Inventory consists of the following questions:

How often do the following statements describe the way you feel about working as a doctor?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Every day</th>
<th>A few times a week</th>
<th>Once a week</th>
<th>A few times a month</th>
<th>Once a month or less</th>
<th>A few times a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I deal very effectively with the problems of my patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I treat some patients as if they were impersonal objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel emotionally drained from my work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day on the job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've become more callous towards people since I took this job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I'm positively influencing other people's lives through my work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with people all day is really a strain for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't really care what happens to some patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel exhilarated after working closely with my patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think of giving up medicine for another career</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I reflect on the satisfaction I get from being a doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I regret my decision to have become a doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Emotional and physical exhaustion

- Overworked
- Over extended
- Downward spiral even after attempting to rest

  - Maslach The Truth about Burnout, 1997

Depersonalization

- Unfeeling in response to patients and peers
- Dysfunctional coping mechanisms
- Keeping your patients at a distance to not drain you more
- Cynicism, sarcasm
- Compassion fatigue
- Nothing left to give
Decreased sense of personal accomplishment

- Lack of efficacy
- What’s the use?
- Work subpar
- Feeling like not making a difference

Physician Well Being Index

- Have you felt burned out from your work?
- Have you felt that your work was hardening you emotionally?
- Have you been bothered by feeling down, depressed or hopeless?
- Have you fallen asleep while stopped in traffic or driving?
- Have you felt that all the things you had to do were piling up so high that you could not overcome them?
- Have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
- Has your physical health interfered with your ability to do your daily work at home and/or away from home?
Burnout: Single item from National Job Burnout Survey

Using your own definition of burnout, please choose one.

- I enjoy my work. I have no symptoms of burnout.
- Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I’m experiencing won’t go away, I think about frustrations at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

Which Physicians Are Most Burned Out?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>54%</td>
</tr>
<tr>
<td>Neurology</td>
<td>53%</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>52%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>49%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>48%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>48%</td>
</tr>
<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>47%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>46%</td>
</tr>
<tr>
<td>Surgery, General</td>
<td>46%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>45%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>45%</td>
</tr>
<tr>
<td>Radiology</td>
<td>45%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>44%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>43%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>42%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>41%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>41%</td>
</tr>
<tr>
<td>Oncology</td>
<td>39%</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>39%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>39%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>38%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>38%</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>37%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>36%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>36%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>34%</td>
</tr>
<tr>
<td>Pathology</td>
<td>33%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>32%</td>
</tr>
<tr>
<td>Public Health &amp; Preventive Medicine</td>
<td>28%</td>
</tr>
</tbody>
</table>
Which Physicians Are Most Burned Out?

2021

Critical Care 51%
Rheumatology 50%
Infectious Diseases 49%
Urology 49%
Pulmonary Medicine 48%
Neurology 47%
Family Medicine 47%
Internal Medicine 46%
Pediatrics 43%
Ob/Gyn 43%
Emergency Medicine 43%
Cardiology 43%
Nephrology 43%
Physical Medicine & Rehabilitation 41%
Psychiatry 41%
Anesthesiology 40%
Gastroenterology 40%
Allergy & Immunology 39%
Diabetes & Endocrinology 39%
Radiology 36%
Public Health & Preventive Medicine 35%
Ophthalmology 35%
Surgery, General 35%
Pathology 35%
Otolaryngology 33%
Orthopedics 33%
Oncology 33%
Plastic Surgery 31%
Dermatology 29%

Which Physicians Are Most Burned Out?

2022

Emergency Medicine 60%
Critical Care 56%
Ob/Gyn 53%
Infectious Diseases 52%
Family Medicine 51%
Physical Medicine & Rehabilitation 50%
Diabetes & Endocrinology 50%
Radiology 49%
Pediatrics 49%
Pulmonary Medicine 48%
Gastroenterology 48%
Internal Medicine 48%
Urology 48%
Anesthesiology 47%
Rheumatology 46%
Neurology 46%
Surgery, General 44%
Cardiology 42%
Allergy & Immunology 42%
Nephrology 40%
Plastic Surgery 40%
Ophthalmology 40%
Psychiatry 38%
Otolaryngology 37%
Orthopedics 37%
Oncology 36%
Pathology 35%
Dermatology 33%
Public Health & Preventive Medicine 26%
Prevalence of High Burnout Across Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>2020 Pre Covid</th>
<th>2021 Post Covid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>45.0%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>17.7%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>21.2%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Emotional Exhaustion and Depersonalization</td>
<td>25%</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

Burke et al 2017 ACG
Top 7 Drivers of Distress

- Work load
- Efficiency
- Flexibility and/or control
- Work life integration
- Culture and values
- Community at work
- Meaning in work

Shanafelt et al, Mayo Clinic Proc 2017;92:129
What Contributes Most to Your Burnout?

- Too many bureaucratic tasks: 58%
- Spending too many hours at work: 37%
- Lack of respect from administrators/employers, colleagues, or staff: 37%
- Insufficient compensation/reimbursement: 32%
- Lack of control/autonomy: 28%
- Increasing computerization of practice: 28%
- Lack of respect from patients: 17%
- Stress from social distancing/societal issues related to COVID-19: 16%
- Government regulations: 14%
- Stress from treating COVID-19 patients: 8%
- Other: 9%

What Contributes Most to Gastroenterologists' Burnout?

- Too many bureaucratic tasks: 63%
- Lack of respect from administrators/employers, colleagues, or staff: 42%
- Increasing computerization of practice (EHRs): 37%
- Insufficient compensation/salary: 31%
- Lack of control/autonomy over my life: 31%
- Too many hours at work: 27%
- Government regulations: 16%
- Stress from social distancing/societal issues related to COVID-19: 12%
- Lack of respect from patients: 10%
- Stress from treating COVID-19 patients: 6%
- Other: 5%
ACG Member Survey: Factors Associated with High Level Burnout

- Female
- Younger age
- EHR
- Workload; outpatients or inpatients per day/call
- Not eating lunch
- Taking < 20 days per year vacation
- Hours per week domestic chores
- Children

Burke et al 2017 ACG
What can the individual do?

How Do Physicians Cope With Burnout?

- Exercise 48%
- Talk with family members/close friends 43%
- Isolate myself from others 43%
- Sleep 39%
- Play or listen to music 36%
- Eat junk food 35%
- Drink alcohol 26%
- Binge-eat 21%
- Use prescription drugs 3%
- Smoke cigarettes/use nicotine products 2%
- Smoke marijuana 1%
- Other 12%
- None of the above 2%
Physical Activity, QOL and Burnout

• 1060 trainees invited: 12 week, physical activity program
  – Baseline and 3-month assessments of PA, QOL, and BO

• 628 complete BL survey
  – 31% met HHS physical activity recommendations
  – Median QOL: 70 (1-100)
  – Burnout: 29%

• 23% enrolled in physical activity program
  – Baseline characteristics similar between participant and non participants

Weight CJ, Mayo Clinic Proc 2013:88(12):1435-1442

Impact of 12 week exercise program

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Participants (N=174)</th>
<th>Non participants (N=358)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met HHS Recommendations</td>
<td>48%</td>
<td>23%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>QOL (1-100)</td>
<td>75 (63-85)</td>
<td>68 (44-80)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Burnout Prevalence</td>
<td>24%</td>
<td>29%</td>
<td>0.17</td>
</tr>
</tbody>
</table>

Weight CJ, Mayo Clinic Proc 2013:88(12):1435-1442
Sleep and Burnout

- 54 employees with BO and 86 controls\(^1\)
  - Burnout associated with insomnia, fragmented, & non-restorative sleep
- 1300 employees\(^2\) (Maslach Burnout Inventory, Job Content Questionnaire, Sleep questionnaire, Epworth sleepiness scale)
  - Burnout associated with
    - Insomnia (OR=14.7, 95% CI 9.8-21.9)
    - Non restorative sleep (OR=9.9, 95% CI 5.1-19.5)
    - High job strain (OR=1.9, 95% CI 1.1 to 3.6)
    - Job strain only risk factor for BO with insomnia


---

CDC Sleep recommendations

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommended Hours of Sleep Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>14-17 hours (National Sleep Foundation)(^1)</td>
</tr>
<tr>
<td>Infant</td>
<td>12-16 hours per 24 hours (including naps)(^2)</td>
</tr>
<tr>
<td>Toddler</td>
<td>11-14 hours per 24 hours (including naps)(^2)</td>
</tr>
<tr>
<td>Preschool</td>
<td>10-13 hours per 24 hours (including naps)(^2)</td>
</tr>
<tr>
<td>School Age</td>
<td>9-12 hours per 24 hours(^2)</td>
</tr>
<tr>
<td>Teen</td>
<td>8-10 hours per 24 hours(^2)</td>
</tr>
<tr>
<td>Adult</td>
<td>7 or more hours per night(^3)</td>
</tr>
<tr>
<td>61-64 years</td>
<td>7-9 hours(^1)</td>
</tr>
<tr>
<td>65 years and older</td>
<td>7-8 hours(^1)</td>
</tr>
</tbody>
</table>

Sleep. 2015;38(6):843-844
Specialists and Wellness

Which Physicians Take More Than 4 Weeks of Vacation?

Medscape Lifestyle Report 2014

Taking a day off can be impossible

CHECKLIST

- Alert scheduler 90 days?
- Switch call?
- Impact on RVU?
- Hospital coverage?
- Alert all office staff?
- Coverage for EMR alert?
Observed 13.5% burnout
Almost 70% were solo practices in NYC
Number of hour worked (36.9) < previous reports (54.6)
Reduced burnout due to autonomy?
Current equilibrium

$\text{PRIVATE EQUITY} $

- Private Practice
- No Surplus GI MDs

Resilience is the answer?
For employed physicians individual resilience is only part of solution

- Does not address underlying issues
- Physicians often have no control of environment/work day
- Sends message to physicians that they need to do better
- High suicide rate
- High rate (50%) of physicians have element of burnout; suggests system issues

Card Ann Fam Med 2018 p 267-70
Organizational interventions may have a greater impact than physician led interventions

- Meta analysis of 20 independent comparisons from 19 studies
- Organization vs MD-directed interventions had significantly better results
- “Little to no evidence that content (e.g., mindfulness, communicational, education) or intensity of physician interventions might increase derived benefits”
- “Supports the idea that burnout is rooted in the organizational coherence of the health care system”

Panagioti JAMA Intern Med. 2017 Feb 1;177(2):195-205
Factors under influence of institutions

- Workload
- Stability
- EHR
- Scheduling
- Support for physician
- Leadership
- Professional growth

Workload often out of our control increases burnout and can affect home life

- 7,900 members of the American College of Surgeons
- Prevalence of burnout ranging:
  - 30% for surgeons working 60 hours/week,
  - 44% for 60 to 80 hours/week, and
  - 50% for those working 80 hours/week
- Burnout correlated with # nights/week on call
- More work/home conflicts with longer hours or 2 call nights/wk

Institutional instability can lead to higher burnout

- National survey of primary care VA clinic personnel
- 4610 respondents (21%)
- Fully staffed team decreased burnout (OR=0.55)
- Staff turnover increased risk burnout (OR=1.67)
- Conclusion, team stability promotes low burnout
- Institutions should promote culture to enhance stability

Helfrich et al JGIM 2017 Jul;32(7):796

Electronic health record dictated by institutions

- Physicians spend 50% documentation versus 25% clinical care (Arndt Am Fam Med 2017, Sinsky et al Ann Int Med 2016 p 753)
- ACG member survey, 43% EHR not user friendly, 27% poor “typers”
- Turned physicians into process oriented clinicians
- Trend will get worse.
- Is EHR surrogate for loss of status/autonomy?
  - Obviates need for traditional administrative assistant (no dictation)
  - Obviates need for medical assistant or RN to triage results
  - Loss of local or national leverage to develop/select adequate EHR
Mrs. Jones called and is very upset and you need to call her sooner than later or she'll call X.

FYI: Mrs. Jones called about her payment for ER visit and I transferred her to the billing office at the hospital.
Practice model change for employed PCPs

OLD PRIVATE PRACTICE MODEL

NEW EMPLOYED MODEL

Employed Physician/Clinician

RESPONSIBILITY

AUTHORITY
“Disruptive” Physician

- Developed during time when physicians were independent
- Allowed administrators to intervene when physicians showed abusive/threatening behavior
- Term was intended for habitual behavior
- Ambiguous definition can lead to misuse
- Otherwise exemplary physicians who lose momentary control may have permanent disruptive label
- Consequences include inability to secure employment

Roger et al Neurosurgery March 2019

AMA response to Disruptive Physician

- Developed AMA Model Medical Staff Code
- Appropriate Behavior
  - Constructive criticism
  - Cooperative approach to problem resolution
  - Professional comments to staff
- Inappropriate Behavior
  - Name calling or profanity
  - Refusal to answer pages
  - Comments in EHR
  - Sarcasm or belittling comments
- Still somewhat ambiguous

Roger et al Neurosurgery March 2019
Fronczak Disruptive employed physician and bylaws AANS Neurosurgeon 2017: 26 (3)
One solution: A team based care model

- Developed model, APEX, in a family practice
- Increased number and role of medical assistants
- Decreased burnout by half (50% to 28%)

OLD EMPLOYED MODEL
Medical Assistants:
Ratio to PCPs 1:1
1) Escort patients,
2) vital signs
3) Execute MD orders at end of visit

NEW PROPOSED MODEL
Medical Assistants:
Ratio to PCPs 2.5:1
1) Elicit patient agenda
2) Collect/update data and meds
3) Use templates to begin documentation
4) Use protocols to initiate basic testing
5) Review prev. care gaps
6) Stays in exam room to help document

A team based care model (APEX)

- Provides support for physician
- Allows physician to focus on clinical work
- In reality, recreates the private practice model
- Can institutions augment the team to provide additional support to physician?
“One last piece with this model I try to make clear when folks ask about it is the key of increasing your staff’s scope – it’s not only about increasing the number of staff (and a higher PCP: staff ratio).”

“The benefit is with an increase in their scope to do things like medication reconciliation, carry out tasks via protocol, pend orders, scribing, close any gaps in care, etc. MAs usually don’t have this training, so you have to be willing to develop the protocols and processes to support a higher scope of practice.”

Access to care increased!
Quality metrics improved!

Table 2 Results for Team Development and Team Function Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Control® Baseline</th>
<th>6-month</th>
<th>Intervention Baseline</th>
<th>6-month</th>
<th>Mean Diff (95% CI)</th>
<th>ICC Baseline</th>
<th>6-month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Development Measure (TDM)</td>
<td>51.7 (26.1)</td>
<td>51.4 (14.9)</td>
<td>47.3 (19.9)</td>
<td>48.1 (13.4)</td>
<td>-0.98 (-3.18, 1.22)</td>
<td>0.33</td>
<td>0.06</td>
</tr>
<tr>
<td>TMS: coordination</td>
<td>4.3 (1.5)</td>
<td>4.2 (1.5)</td>
<td>4.2 (1.3)</td>
<td>4.1 (1.3)</td>
<td>0.001 (-0.25, 0.28)</td>
<td>0.18</td>
<td>0.14</td>
</tr>
<tr>
<td>TMS: credibility</td>
<td>4.5 (1.1)</td>
<td>4.3 (0.9)</td>
<td>4.5 (1.0)</td>
<td>4.5 (0.9)</td>
<td>0.18 (0.0, 0.35)</td>
<td>0.17</td>
<td>0.04</td>
</tr>
<tr>
<td>Psychological safety</td>
<td>4.2 (1.5)</td>
<td>4.2 (1.0)</td>
<td>4.1 (1.3)</td>
<td>4.0 (0.95)</td>
<td>-0.01 (-0.28, 0.26)</td>
<td>0.17</td>
<td>0.04</td>
</tr>
<tr>
<td>Team learning</td>
<td>4.4 (1.3)</td>
<td>4.1 (1.2)</td>
<td>4.3 (1.1)</td>
<td>4.0 (1.2)</td>
<td>0.04 (-0.19, 0.28)</td>
<td>0.17</td>
<td>0.04</td>
</tr>
<tr>
<td>Knowledge creation</td>
<td>4.1 (1.7)</td>
<td>4.0 (1.6)</td>
<td>3.9 (1.5)</td>
<td>3.8 (1.5)</td>
<td>0.02 (-0.17, 0.12)</td>
<td>0.71</td>
<td>0.11</td>
</tr>
<tr>
<td>Burnout†</td>
<td>-</td>
<td>4.4 (3.5)</td>
<td>-</td>
<td>4.8 (2.2)</td>
<td>0.43 (-0.46, 1.33)</td>
<td>-</td>
<td>0.01</td>
</tr>
</tbody>
</table>

* Unadjusted mean (standard deviation)
† Adjusted for baseline response and clustering on randomization unit
‡ P < 0.05, statistically significant
§ Collected at 6-month survey only
Impact of Organization Leadership on Physician Burnout and Satisfaction

- Survey of 2813 physicians (72.2%) at Mayo Clinic
- Leadership score
- Each 1-point increase in composite leadership score
  - 3.3% decrease in the likelihood of burnout (P<.001) and a
  - 9.0% increase in the likelihood of satisfaction (P<.001)

Assessment of the Association of Leadership Behaviors of Supervising Physicians With Personal-Organizational Values Alignment Among Staff Physicians

Tait D. Shanafelt, MD; Hanhan Wang, MPS; Mary Leonard, MD; Mary Hawn, MD; Quinn McKenna, MHA; Rick Majzun, MHA; Lloyd Minor, MD; Mickey Trockel, MD, PhD

**Figure B:** Values alignment of individual physicians and leadership score of supervisor

\[
\beta = 0.56; P < .001
\]

**Table 2. Variation in Personal-Organizational Values Alignment Score**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values alignment score, mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group, y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>6.18 (3.07)</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>6.18 (3.12)</td>
<td></td>
</tr>
</tbody>
</table>

Percentage of work effort dedicated to clinical care

<table>
<thead>
<tr>
<th>Range</th>
<th>Values alignment score, mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-20</td>
<td>6.96 (3.18)</td>
<td></td>
</tr>
<tr>
<td>21-40</td>
<td>6.87 (3.25)</td>
<td></td>
</tr>
<tr>
<td>41-60</td>
<td>5.85 (3.12)</td>
<td>.004</td>
</tr>
<tr>
<td>61-80</td>
<td>6.13 (3.25)</td>
<td></td>
</tr>
<tr>
<td>81-100</td>
<td>5.88 (3.09)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>4.00 (4.15)</td>
<td>NA</td>
</tr>
</tbody>
</table>

Missing 5.00 (5.20) NA

Faculty track

<table>
<thead>
<tr>
<th>Category</th>
<th>Values alignment score, mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinicist educator</td>
<td>6.02 (3.10)</td>
<td>.12</td>
</tr>
<tr>
<td>Physician investigator or biomedical scientist</td>
<td>6.49 (3.14)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6.37 (3.70)</td>
<td></td>
</tr>
</tbody>
</table>

Academic rank

<table>
<thead>
<tr>
<th>Category</th>
<th>Values alignment score, mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor</td>
<td>6.25 (3.02)</td>
<td>.25</td>
</tr>
<tr>
<td>Assistant professor</td>
<td>5.93 (3.12)</td>
<td></td>
</tr>
<tr>
<td>Associate professor</td>
<td>6.29 (3.08)</td>
<td></td>
</tr>
<tr>
<td>Professor</td>
<td>6.44 (3.40)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>4.00 (6.93)</td>
<td>NA</td>
</tr>
</tbody>
</table>
• Those spending > 20% of time (1 d/wk) on meaningful activity had lower burnout (53.8% vs 29.9%; \( P < .001 \)) Shanafelt et al Arch Intern Med. 2009;169(10):990-995

• Degree of research was significant predictor of favorable job satisfaction Mohr et al. BMC Health Services Research (2018) 18:244

• Research benefits (or potentially other activities?)
  ▪ Can be associated with tangible achievements.
  ▪ Professional growth and long term growth
  ▪ Greater impact on medical field
  ▪ Allows for flexible hours

• Institutions should provide for professional growth
What is our objective if we must have large groups?

- Large group with low turnover surrogate for stable and nurturing environment?
- Tend not to be revolving doors
- Have senior people who can act as mentors/leaders
- Allow for specialization and support for challenging cases (IBD, IBS)
- Larger group, more leverage; picking EHR, staffing, etc.
- More numbers for call/coverage of hospital and last minute switches
- More colleagues and peer support

Factors | Suggestion
---|---
Leadership | Evaluate, remove or rotate?
Administrative tasks | Support team
EHR | Better EHR or scribe
Lack of control work | Flexible hours
Work hours | Reducing clinical hours
Peer support/prof relationships | Regular meetings/stable environment
Institutional metrics/work conditions

- Make physician satisfaction and well being quality indicators
- Incorporate team work into practice
- Decrease EHR stress
- Align resources with work load
- Have some physician redundancy to cover predictable life events
- Promote physician control of the work environment
- Maintain manageable workload
- Allow for flexible scheduling
11 Bold Steps to Prevent Burnout in Gastroenterology

For the individual: self care/career development

• Make self care part of medical professionalism
• Preserve physician “career fit” with protected time for professional growth
• Promote part-time careers and job sharing

What should we be doing?

• Individuals
  • Taking care of ourselves
  • Know yourself and pick right fit
  • Taking care of our patients, first priority
  • Keep up to date in your field
• Act collectively for more leverage
  • Locally
  • Nationally
Thank you for your attention

Questions?

Speaker:
Joseph C. Anderson, MD, MHCDS, FACG

Moderator:
Alexandra Guillaume, MD