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TOOLKIT FOR WELL-BEING AMBASSADORS: A MANUAL

A guide for psychiatrists to improve physician well-being and reduce physician burnout at their institutions.

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on Physician Well-being and Burnout

AMERICAN PSYCHIATRIC ASSOCIATION

INTRODUCTION

Professional burnout and mental health vulnerabilities, like depression and suicidal ideation, are significant concerns affecting practicing physicians and trainees. Professional burnout can impact a physician's health and quality of life, the quality of care they provide, and their productivity and workforce participation. Although psychiatrists appear to be less affected by burnout than physicians from many other specialties, research shows they are at higher risk for depression and suicide. However, opportunities exist to enhance psychiatrist well-being through further research, increased education and providing evidence-based interventions. Moreover, psychiatrists are in an ideal position to provide expertise and knowledge to others in the health care profession, especially in distinguishing between burnout and depression and the best approaches to both conditions.

The APA convened the Ad-hoc Workgroup on Physician Well-being and Burnout to make recommendations on the development of activities and products to facilitate APA's focus on well-being and burnout.

Toolkit for Well-Being Ambassadors

The goal of this toolkit is to support APA members to serve as ambassadors to their home institutions with the goal of improving well-being and reducing rates of burnout, depression and suicide among psychiatrists and physicians of all specialties.

Psychiatrists are uniquely positioned at their institutions to engage physician colleagues around the topics of burnout, depression and suicide.

This toolkit provides guidance for APA members to:

1. Spread awareness at their home institutions with the use of a comprehensive slide deck and a Speaker's Bureau;
2. Assist their organization in conducting a needs assessment to identify advocacy best practices and specific interventions to promote well-being within their organization; and
3. Gain access to additional resources, including a recommended reading list and an inventory for screening tools.

SPREAD AWARENESS AT YOUR INSTITUTION

Education is key to addressing burnout and depression among physicians. Psychiatrists are well positioned to spread awareness on these topics and to help with screening, evaluation and treatment of depression at their home institutions.

To reach a wide audience, high-yield venues for presentations include:

- Orientation sessions for incoming trainees or employees,
- Departmental Grand Rounds within psychiatry and beyond, and
- Didactic sessions either in training curricula or Graduate Medical Education (GME) and Continuing Medical Education (CME) settings.

Slide Deck

A comprehensive slide deck **"Physician Burnout and Depression: Challenges and Opportunities" is part of the Well-being Ambassador Toolkit on psychiatry.org.** The presentation was developed by this workgroup for APA members to present to colleagues at their home institutions. The presentation is estimated to take 1.5 hours and can be modified by the user to reduce the length for more focused presentations. The slides describe:

- Background information on definition and epidemiology of burnout, depression and physician suicide,
- Potential protective factors,
- Intervention literature with some examples of programs already implemented,
- Inventory of interventions, including:
    - Leadership, workloads, schedules and work environment,
    - Community, communication and work-life integration,
    - Creating a culture of wellness,
    - Recommendations for screening and referral,
    - Access to mental health care,
    - Description of staff health program best practices,
    - Mindfulness, CBT and stress management, and
    - Facilitated group discussions,
- Steps to implement interventions at an organization level.

Speaker's Bureau

Ambassadors can also organize a "Speaker's Bureau" to recruit psychiatrists who are knowledgeable about depression and suicide and would be willing to serve as local "Physician Well-being Champions" to help share the task of presenting on these topics. The members of the APA Workgroup on Physician Well-being and Burnout are also available to help facilitate presentations or travel to give talks themselves (see Appendix D for list of workgroup members).

Access to Mental Health Resources

Institutions should strive for ubiquitous awareness among physicians and trainees about how they can access mental health resources. In addition to the presentations described above, information should be shared via recurring electronic communications, websites and posted signs. Relevant pieces of information include:

- Where to get help,
- How to manage appointments during the workday,
- How much it costs and whether reduced-fee care is provided to trainees,
- Options for treatment, either within the institution or in the community,
- How confidentiality is addressed in each treatment setting,
- Whether or not the licensing board in your state requires disclosure of prior mental health or substance abuse treatment,
- Which treatment options are evidence-based, and
- How physicians and trainees can anonymously provide feedback about their satisfaction with the treatment receive.

DEVELOP AND IMPLEMENT A STRATEGIC PLAN FOR PHYSICIAN WELL-BEING

Well-being ambassadors will need to help their institution to develop a strategic plan. Key steps should include:

- Assess needs,
- Choose priorities,
- Engage leadership,
- Stay accountable, and
- Anticipate obstacles.

1. Assess Needs

First, institutions must identify areas for improvement. Institutional needs will vary by health system, department, institutional culture and individuals involved — one size does not fit all. A needs assessment can better define an institution's current capacities:

- Administer anonymous screenings for burnout, depression and work-life satisfaction to measure the prevalence of these conditions.
- Collect additional input by holding meetings, focus groups and town halls.
- Create anonymous ways of collecting feedback (e.g. suggestion boxes) to encourage honest and candid input, especially for trainees and early career physicians.
- Disseminate the enclosed survey (see **Appendix B**) among colleagues of various levels of experience and in multiple departments. Of note, this tool was developed by the APA Workgroup and has not been validated.
- Engage staff in quality improvement process to expand on needs assessment of current workplace challenges.

2. Choose Priorities

A well-being plan may include the following types of organizational interventions (see Appendix A):

1. **Educate and Increase Awareness**
2. **Designate Time for Reflection**
3. **Teach Practical Skills**
4. **Build Community**
5. **Ensure Access to Care**
6. **Improve Workplace Environment**
7. **Transform Institutional Culture**

Given that efforts to address physician well-being are often led by advocates with limited time and resources, it is essential for institutions to identify their priorities. Organizations should choose interventions by considering factors such as urgency, impact and feasibility. Interventions can be a mix of low- to high-resource and short- to long-term. Once a needs assessment has been completed, the institution should evaluate the responses and locate their current capacity for each component along the well-being intervention continuum (Appendix C).

3. Engage Leadership

With the results of the needs assessment in hand, well-being ambassadors will need to position themselves as a leader while also engaging the existing leadership of their institution.

Leading the department can be facilitated by collaborating with stakeholders such as colleagues, trainees, representatives from allied health professions, and other departments. Potential activities may include:

- Establishing an institutional well-being committee charged with rolling out the goals identified in the needs assessment,
- Creating a task force with institutional GME to review adherence to revised ACGME policies,
- Compensating for volunteering, teaching and committee work,
- Celebrating team achievements and milestones,
- Modeling how to voice empathy and concern for colleagues, and
- Promoting effective leadership and hiring more leaders who care.

Recruiting early buy-in from executive leadership is another critical step to improve the likelihood of implementing recommendations from the strategic plan. As the well-being ambassador clarifies their rationale for advocating for change in their institution, they may cite the following motivations:

- Improve quality of life for physicians; it is inherently meaningful to reduce the suffering of colleagues.
- Improve the patient experience and reduce medical errors.
- Improve retention of valued members of the medical staff and prevent resource-intensive adverse outcomes among physicians (e.g. leave of absence, attrition, suicide).
- Enhance creativity and flexibility in responding to the challenges of the changing health care system.
- Establish the institution as a leader on an issue of national importance.

Furthermore, ambassadors can include the business case as a financial incentive for dealing with burnout as one of the main reasons executive leadership should get involved.

4. Stay accountable

As a strategic plan begins to advance, it is imperative to continue to communicate the proposed plans with relevant parties and give regular updates on successes, failures and roadblocks. When possible, assess the impact of interventions by reusing the baseline measures and needs assessments, or by requesting outcomes and cost data from the institution.

5. Anticipate Obstacles

There are various obstacles that are likely to arise. First are the inevitable limitations of an ambassador's own energy and resources in advancing these efforts. Additional factors may vary significantly based on specific circumstances. Insufficient mental health services may limit referral options, and financial pressures are ubiquitous. Perceived concerns among physicians about repercussions of seeking mental healthcare on medical licensure are justified in a minority of states that continue to ask questions about history of mental health treatment, rather than focusing solely on history of impairment. Stigma may deter many physicians from agreeing to burnout or depression screening or to seeking treatment.

Anticipate that some Well-being Ambassadors will be called to action to address physician well-being amid tragedy, such as the loss of a colleague to suicide, which grieving communities often sublimate into institutional changes.

While these challenges are significant, the recommendations proposed by the APA Workgroup in this Well-being Ambassador's Manual serve as a starting point. As ambassadors continue to advance well-being at their institutions, please be in touch with the APA Workgroup members to share experiences and seek further assistance whenever needed.

ADDITIONAL RESOURCES

In addition to the slide deck described above, the APA has developed the following resource for APA members:

Online self-screening tool

Visit www.psych.org/burnout for an online burnout self-screening tool with additional links to resources.

Reading list

1. Guille C, Zhao Z, Krystal J, Nichols B, Brady K, Sen S. Web-based cognitive behavioral therapy intervention for the prevention of suicidal ideation in medical interns: A randomized clinical trial. JAMA Psychiatry 2015;72(12):1192–8.
2. Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: A systematic review and meta-analysis. JAMA 2015;314(22):2373–83.
3. Kealy D, Halli P, Ogrodniczuk JS, Hadjipavlou G. Burnout among Canadian Psychiatry Residents: A National Survey. The Canadian Journal of Psychiatry 2016;61(11):732–6.
4. Shanafelt TD, Dyrbye LN, West CP, Sinsky CA. Potential Impact of Burnout on the US Physician Workforce. Mayo Clinic Proceedings 2016;91(11):1667–8.
5. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. The Lancet 2016;388(10057):2272–81.
6. Holmes EG, Connolly A, Putnam KT, et al. Taking Care of Our Own: A Multispecialty Study of Resident and Program Director Perspectives on Contributors to Burnout and Potential Interventions. Acad Psychiatry 2017;41(2):159–66.
7. John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison. Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs [Internet]. Health Affairs. 2017 [cited 2017 Mar 29];Available from: http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos/
8. Panagioti M, Panagopoulou E, Bower P, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. JAMA Intern Med 2017;177(2):195–205.
9. Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clinic Proceedings 2017;92(1):129–46.

Burnout Assessment Measures

Maslach Burnout Inventory – The first and most recognizable of all burnout inventories; malleable, adaptive to a number of different types of inventories. Contains 22 questions (9 on emotional exhaustion, 5 on depersonalization, and 8 on personal accomplishment). The three components have been critiqued as being inaccurate parts of burnout, and scaling systems are biased negatively phrased questions and positively phrased questions, which could undermine validity. This tool requires a fee for each use.

Oldenburg – Includes 16 positively and negatively framed items to assess the two core dimensions of burnout: exhaustion and disengagement. Covers affective aspects of exhaustion as well as physical and cognitive aspects. Can be used to measure burnout in all employees, irrespective of their occupation. A weakness is that this scale does not include questions on personal accomplishments

Copenhagen – Contains 19 questions (6 on personal burnout, 7 on work-related burnout, and 6 on client-related burnout). Has demonstrated an important relationship between burnout and quality of life profiles as well as academic motivation and achievement on progress tests over time. However, this scale minimizes burnout to only one dimension and excludes physical and mental fatigue.

ProQOL – Combines three different scales with a total of 30 questions: burnout, job satisfaction and compassion fatigue. However, this metric may be too stringent as people were found to have burnout in other scales but not by ProQOL standards.

APPENDIX A: Well-Being Interventions

1. Educate and Increase Awareness

- Offer educational opportunities about:
  - Burnout, depression, substance abuse, suicide, and stigma
  - Epidemiology of psychiatric illness and comorbidity
  - Effectiveness of treatment options for depression and other mental illnesses
  - Sleep hygiene, nutrition, gyms, housing, fun activities
  - Both mental and physical health resources
- High-yield venues include:
  - Orientation sessions for incoming trainees or employees
  - Departmental grand rounds
  - Didactic sessions either in training curricula or Graduate Medical Education (GME) and Continuing Medical Education (CME) settings
- Create an electronic resource library or institutional website that includes online modules and links to well- being resources
- Make information about access to mental health resources visible in multiple high-traffic areas, where physicians can learn how to access care without having to draw attention to themselves
- Use standardized presentation slides, like those included in this Toolkit
- Organize a "Speaker's Bureau" to include:
  - Local "Physician Wellness Champions"
  - Staff psychiatrists who are knowledgeable about depression and suicide

2. Designate Time for Reflection

- Provide physicians protected time for structured discussion groups
  - Membership: ideally 10-15 participants with consistent attendance
  - Facilitation: faculty (from psychiatry and/or within each department), chaplains, peer co-facilitators, etc.
  - Structure: follow protocol (e.g. Balint) or allow for open-ended processing
- Disseminate debrief protocols for seminal events (deaths, codes, errors, etc.)
- Have senior physicians recount medical errors they have made and how they got through it
- Policies for flexible work scheduling and regularly planned days off for well-being

3. Teach Practical Skills

- Develop and maintain training in:
  - Mindfulness-based stress reduction techniques
  - Stress awareness and Cognitive-Behavioral techniques
  - Positive psychology
- Facilitate narrative practice and medical humanities
- Arrange physical exercise groups (e.g. yoga classes)

4. Build Community

- Expand structured mentorship and professional development programs
  - Vital for younger physicians who are prone to burnout.
  - "Buddy/big sib" programs among trainees help promote camaraderie and informal support
  - Coaching programs between faculty members and trainees or early career physicians provide opportunities for reflection and support
- Recurring social events and shared community resources (e.g. childcare)
- Department led team-building activities and funded annual retreats

5. Ensure Access to Care

- Screen for burnout and depression
- Define a clear system for referrals to individual mental health services
- Provide in-house mental health services for physicians
- Develop walk-in well-being center
- Arrange after-hours emergency phone line

6. Improve Workplace Environment

- Involve staff in Quality Improvement to address workflow issues including:
  - Health information technology updates to improve user experience
  - Physical infrastructure with shared spaces conducive to collaboration and team building
  - Personnel optimized to work at top of licenses (e.g. task shifting)
  - Physicians given autonomy to spend at least 20% of day in most meaningful work
- Hold regular meetings with leadership to improve work environment with follow-up
- Develop a comprehensive strategic plan with operations management to address workforce issues

7. Transform Institutional Culture

- Encourage department chairs and executives to engage in participatory leadership styles to facilitate a culture of well-being
- Promote clear and standardized policies for taking personal days to care for self, sick coverage, and parental leave
- Establish an institutional Well-Being Committee with broad member input
- Participate in existing and innovative research studies
- Assess adherence to regulatory guidelines and requirements

APPENDIX B: Survey to Identify Current and Future Interventions at Your Institution

1. Which of the following educational activities about burnout, depression, and suicide does your institution currently provide to a majority of physicians?
    a. Presentations at employee orientation
    b. Regularly planned didactics and workshops
    c. Institutional website with online modules and well-being resources
    d. Interdepartmental Grand Rounds
    e. Established Speaker's Bureau
    f. None of the above

2. Which of the following opportunities for reflection does your institution provide to a majority of physicians?
    a. Voluntary groups led by peers as needed
    b. Structured, regularly scheduled groups with consistent membership and expert facilitation
    c. Policies for flexible work scheduling
    d. Policies for regularly planned days off for well-being
    e. None of the above

3. Which of the following skill-building opportunities does your institution provide to a majority of physicians?
    a. Availability of health-oriented classes in the community (e.g. yoga, gym, etc.)
    b. Evidence-based curriculum teaching mindfulness and CBT skills
    c. Designated time and specified availability for skills groups and physical exercise classes
    d. None of the above

4. Which of the following community-building activities does your institution currently arrange for a majority of physicians?
    a. Recurring social events
    b. Shared community resources (e.g. childcare)
    c. Peer-to-peer coaching programs
    d. Structured mentorship and/or professional development programs
    e. Department-led team-building activities and funded annual retreats
    f. None of the above

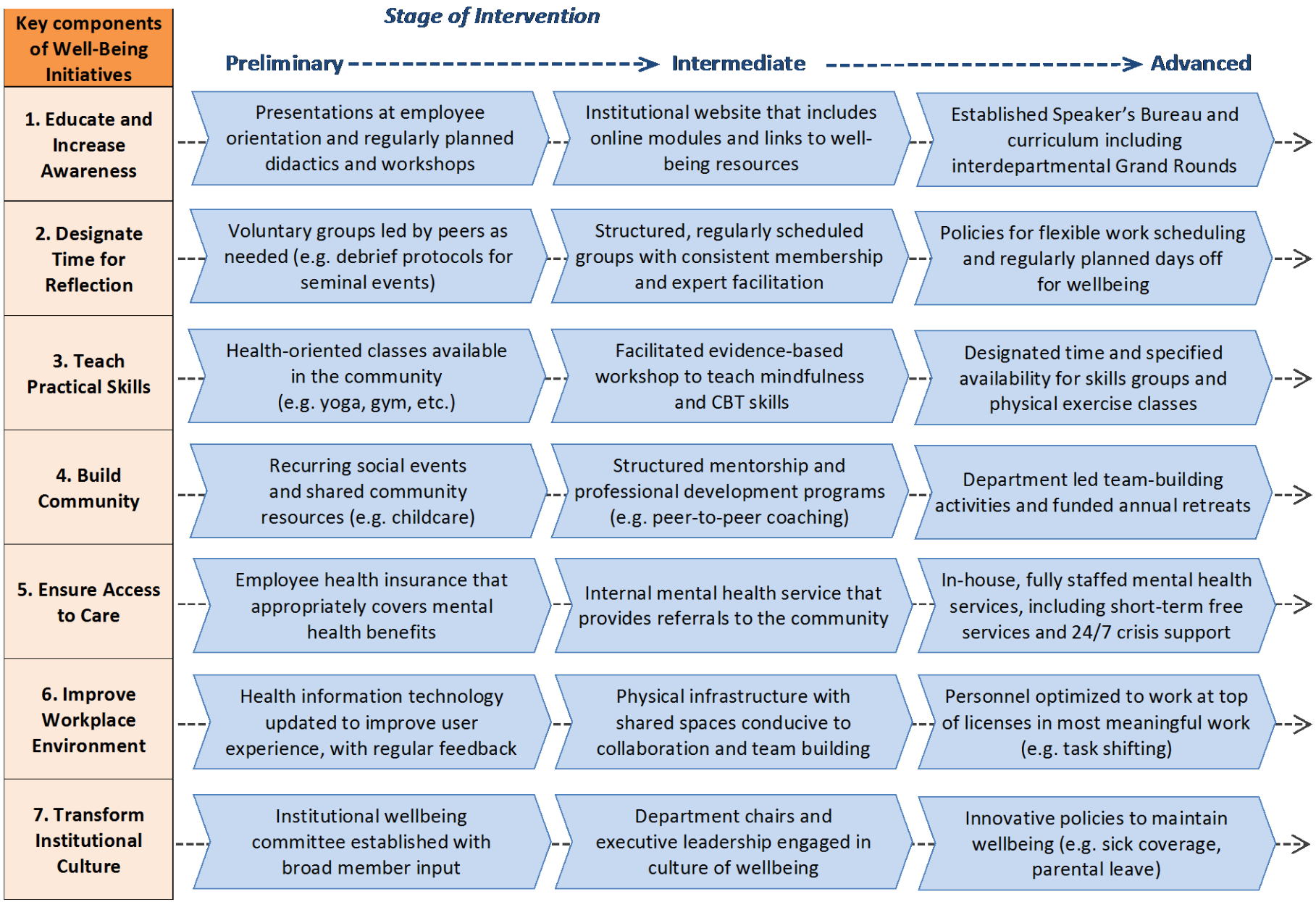
5. Which of the following ways does your institution provide access to care for a majority of physicians?
    a. Employee health insurance that covers mental health benefits
    b. Mental health service that provides referrals to the community
    c. Short-term free mental health services to bridge to referral
    d. Fully staffed mental health service for all physicians
    e. After-hours 24/7 crisis support
    f. None of the above

6. Which of the following steps does your institution take to review the workplace environment and its impact on physician well-being?
    a. Involve staff in quality improvement efforts to address workflow issues
    b. Update health information technology to improve user experience
    c. Remodel physical infrastructure to include shared spaces
    d. Optimize personnel to work at top of their licenses
    e. Allow physicians autonomy to devote 20% of workday towards most meaningful work
    f. Hold regular meetings with leadership to improve work environment with follow-up
    g. None of the above

7. Which of the following steps does your institution take to improve the institutional culture and around physician well-being?
    a. Establish an institutional well-being committee
    b. Engage department chairs and executive leadership in culture of well-being
    c. Pursue innovative policies to maintain well-being (e.g. sick coverage, parental leave)
    d. Model wellness by having senior physicians share their struggles with burnout, depression or medical errors, and what helped them get through it
    e. None of the above

8. Which of the following pieces of information has your institution communicated to a majority of physicians and trainees about accessing mental health care?
    a. Where to get help
    b. How to manage appointments during the workday
    c. How much it costs and whether reduced-fee care is provided to trainees
    d. Options for treatment, either within the institution or completely separate in the community
    e. How confidentiality is addressed in each treatment setting
    f. Whether or not the licensing board in your state requires disclosure of prior mental health or substance abuse treatment
    g. Which treatment options are evidence-based
    h. How physicians and trainees can anonymously provide feedback about their satisfaction with the treatment receive

APPENDIX C: Well-being Intervention Continuum



Developed by Matthew L. Goldman, MD, MS, Carol A. Bernstein, MD, and Laurel S. Mayer, MD

APPENDIX D: Ad Hoc Work Group on Psychiatrist Well-being and Burnout: Description & Charge

Professional burnout and mental health vulnerabilities, like depression and suicide, are significant concerns affecting practicing physicians and trainees. Professional burnout can impact physicians' health and quality of life, the quality of care they provide, and their productivity and workforce participation. Although psychiatrists appear to be less affected by burnout than physicians from many other specialties, research shows they are at higher risk for depression and suicide. However, opportunities exist to enhance psychiatrist wellness through further research, increased education and evidence-based interventions. Moreover, psychiatrists are in an ideal position to provide expertise and knowledge to others in the health care professions, especially with regard to distinguishing between burnout and depression and the best approaches to both conditions.

The Ad-hoc Workgroup on Psychiatrist Well-being and Burnout will make recommendations regarding the development of activities and products to facilitate APA's focus on well-being and burnout. In some cases, the Workgroup will create and or work with administration to develop the product. The Workgroup will address the following areas:

- Data: Recommend a process to assess members' wellness, professional satisfaction and experience with burnout based on available data.
- Resource Document: Work with APA administration to create a resource document that will include a review and summary of relevant research, studies and tools on psychiatrist well-being and burnout. Update the APA position statements on well-being and burnout.
- Education: Recommend specific educational activities about physician wellness, including work-life balance, desirable practice parameters, and self-care for APA members, residents, medical students and other physicians.
- Resources:
    - Recommend resources other than education to support members' mental health, wellness and satisfaction. This will include resources for vulnerable psychiatrists.
    - Recommend opportunities to provide support to other medical membership organizations regarding physician well-being and burnout.
- Communications: Work with communications and publication staff to develop recommendations for a communication strategy that will promote these products and opportunities.

To meet these needs, the Workgroup will oversee the creation of a webpage for APA members, available in advance of the 2018 Annual Meeting, to provide education, self-assessment and intervention resources, and gather data about members' professional satisfaction, wellness and burnout.

The Ad-hoc Workgroup on Psychiatrist Well-being and Burnout will work through APA administration, and with Councils, Committees and other experts where needed, and keep the Board of Trustees informed of important milestones and developments. The Workgroup will coordinate its efforts with the work of allied organizations, including AMA, AAMC, ACGME and NAS, in addressing this problem.

The Workgroup was convened in 2017 by Anita Everett, MD, APA President, 2017-2018.

Members:

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