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BEST PRACTICES: PART II

The Mayo Clinic Program on Physician Well-Being: Studying Solutions to Physician Burnout

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Burnout and other aspects of distress have been recognized in recent years as a pervasive problem among physicians in the United States. The first national survey was conducted in 2011—the problem certainly existed before then but was not well documented. Burnout and distress have negative impacts on patients, physicians, health care organizations, and medicine as a profession. Conversely, heightened well-being, including reduced burnout and increased engagement, is linked to positive outcomes across these same stakeholders.

The Mayo Clinic Department of Medicine created the Program on Physician Well-Being (PPWB) in 2007 to better understand the entire spectrum of personal, professional, and organizational factors that influence physician well-being. Led by Drs. Tait Shanafelt, Lotte Dyrbye, and Colin West, with connections across disciplines including medicine, psychology, and health science research, the focus in the first few years was on establishing the epidemiology of burnout and distress. This work included prevalence studies as well as examination of factors associated with distress and well-being. As difficult as it may be to comprehend given current discussions around these issues, whether or not burnout was a real concern was not commonly recognized until quite recently. However, greater understanding of the scope of the problem has stimulated efforts to develop solutions. Although many questions remain unanswered, evidence now supports both individual-focused and organizational approaches to reduce and prevent physician burnout.[1] Aligned with this evidence, the PPWB has conducted applied randomized trials of interventions designed to reduce distress and promote well-being, including organizationally-supported physician small-group meetings oriented around topics reflecting common stressful physician experiences.

These groups build on the fact that a sense of shared community is one of the great virtues of physician-hood. Mutual support from colleagues to help deal with the challenges of being a physician has long helped physicians manage the stress related to practicing medicine and helped physicians derive meaning from their work. Unfortunately, increased productivity expectations and other changes to the practice of medicine over the last several decades have decreased the time physicians have to interact with colleagues and have eroded these connections. The goal of the PPWB studies was to evaluate the ability of organizationally supported interventions to encourage collegiality, shared experience, connectedness, mutual support, and meaning in work; thereby, promoting well-being and a reduction of burnout and distress.

Mayo COMPASS Groups

The first of these small-group interventions involved protected time during the workday, trained facilitators, and assigned physician groups. The intervention was effective in improving engagement and meaning as well as reducing some domains of burnout, but we sought to determine if simpler approaches might deliver equivalent outcomes.[2] To this end, we completed a trial of physician-led small groups in which Mayo Clinic paid for the groups' meals but the groups determined their own meeting times and membership. The groups were called COMPASS (Colleagues Meeting to Promote and Sustain Satisfaction) groups, and are also known internally as Physician Engagement Groups (PEGs).

Groups consisted of 6-10 physicians, with one group leader responsible for facilitating scheduling of 12 hour-long meetings over six months. We asked each group to meet in a relatively private setting (e.g., a restaurant near campus or a reserved meeting room) rather than more public spaces where interruptions would be more likely. Group leaders were provided with 3-4 discussion questions for each session. At least the first 15 minutes of each session were dedicated to semi-structured discussion involving: i) check in and ii) dialogue about one of the assigned questions for the session as selected by the group. The remainder of the time could be used either for additional discussion or socializing and building relationships with colleagues. Participants were reimbursed up to $20 for each session, with payment considered taxable income.

After finding similar benefits from this approach as those seen in the prior study, along with increased job satisfaction and reduced social isolation,[3] Mayo Clinic leadership extended this program to all physicians and scientists at Mayo Clinic in October 2015, with funding derived from clinical sources within each hosting department. As of January 2017, nearly 1,300 physicians and scientists have signed up in a group, representing one-third of eligible individuals across all Mayo Clinic sites. At the end of the first six-month period, a survey of group leaders indicated that >95% reported the groups were valu-

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able and that they planned to continue with them. Given these results, Mayo Clinic leadership has continued its support of this initiative.

Lessons Learned

Despite the relative success of this program, implementation has provided lessons for other institutions and practices considering a similar effort. First, administrative support is required to keep track of groups and maintain a point of contact should issues arise, even as the groups are responsible for their own scheduling. To support this, an internal Web site was developed with links to contact information, lists of discussion topics, and other guidance for participants. The program also has a dedicated support staff member with a small amount of institutionally directed time for this role. Second, many groups have wished to extend their enrollment beyond the 12-session initial plan. Discussion topics are available to support roughly three passes through the program. Beyond that, groups may need to repeat topics as additional ones are developed. Third, some individuals will only participate if enough close colleagues also sign up whereas others will only participate in groups outside of their clinical circles. Flexibility in group assignments is critical to respect these wishes and provide each participant with the optimal setting for maximal benefit. Fourth, reimbursement through existing institutional mechanisms such as a corporate travel card is much less resource-intensive than processing thousands of one-off receipts for payment.

According to participants, the most challenging aspect of the COMPASS groups, however, has been actually making the time to engage meaningfully with their colleagues. This challenge speaks to the importance of efforts to prioritize opportunities for physicians to engage together as a community. Many SGIM members view the regional and annual SGIM meetings as central to their sense of belonging, but local physician communities are perhaps even more critical. Mayo Clinic recognizes this and has promoted the COMPASS groups through repeated messaging and has continued to fully fund the program. In addition, this opportunity is presented to all new staff during their orientation process. Many physicians have joined in the "second wave" of groups based on word-of-mouth from members of earlier groups, so even as finding time to meet proves challenging, groups find value in the program and have continued to enroll.

Summary

There is no single solution to the physician burnout crisis. However, each additional evidence-based tool we can add to the menu for physicians increases the chance that every physician can benefit from at least one approach. SGIM members have led the way in developing and studying both individual-focused and organizational or practice-level solutions. We are proud to contribute alongside our colleagues in a shared effort to improve our lives as physicians and meet our high standards in serving our patients.

References

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SGIM