

The Supported Physician is a Retained Physician

Physician Wellness, Health, and Mentoring

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Cleveland, Ohio



Disclosures

- None of the presenters have actual or potential conflicts of interest in relation to this presentation
- None of the presenters will discuss off-label, experimental or investigational use of drugs or devices



Objectives

- Understand why the changing health care landscape necessitates greater attention to physician wellness & satisfaction
- Appreciate why physicians often ignore their own health
- Discern the critical members of support networks
- Identify root causes of physician behaviors which allow optimal matching to resources to promote a return to wellness



Physician Turnover Rates

	2008	2009	2010	2011	2012	2013
Physician Retention Survey*	6.1%	5.9%	6.1%	6.5%	6.8%	N/A

*Cejka Search and AMGA Retention Surveys



What is the annual rate of
physician turnover at your
institution?
(Choose one answer)

- A. 0-4%
- B. 5-8%
- C. >8%



What Drives Turnover?

- Stress and/or burnout-14%
 - 90% continued practicing
 - 57% different setting
 - 33% different job or role
 - 10% left the practice of medicine

Physician Wellness Services and Cejka Search.
2011 Physician Stress and Burnout Survey



Burnout

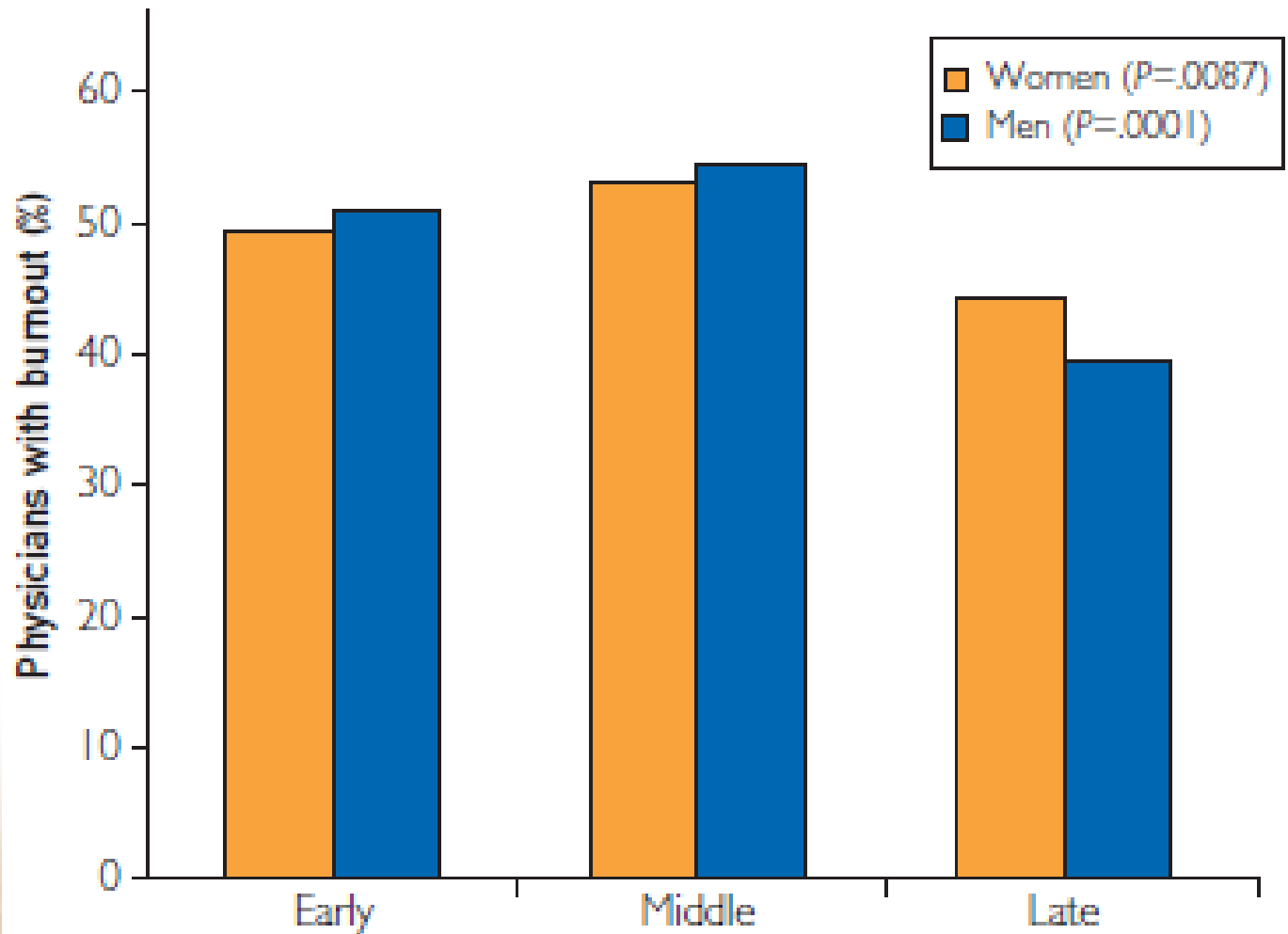
- Impacts up to 75% of physicians
- Maslach Burnout Inventory Subscales
 - Emotional exhaustion
 - Depersonalization
 - Personal achievement
- Burned out physicians 2-3x more likely to provide suboptimal patient care
 - Failure to discuss treatment options/answer questions
 - Treatment or medication errors
 - Reduced attentiveness or caring behavior towards patients



Shanafelt TD, et al. Ann Intern Med. 2002;136:358-367.

Maslach C, et al. Maslach Burnout Inventory Manual, 3rd ed, 1996.

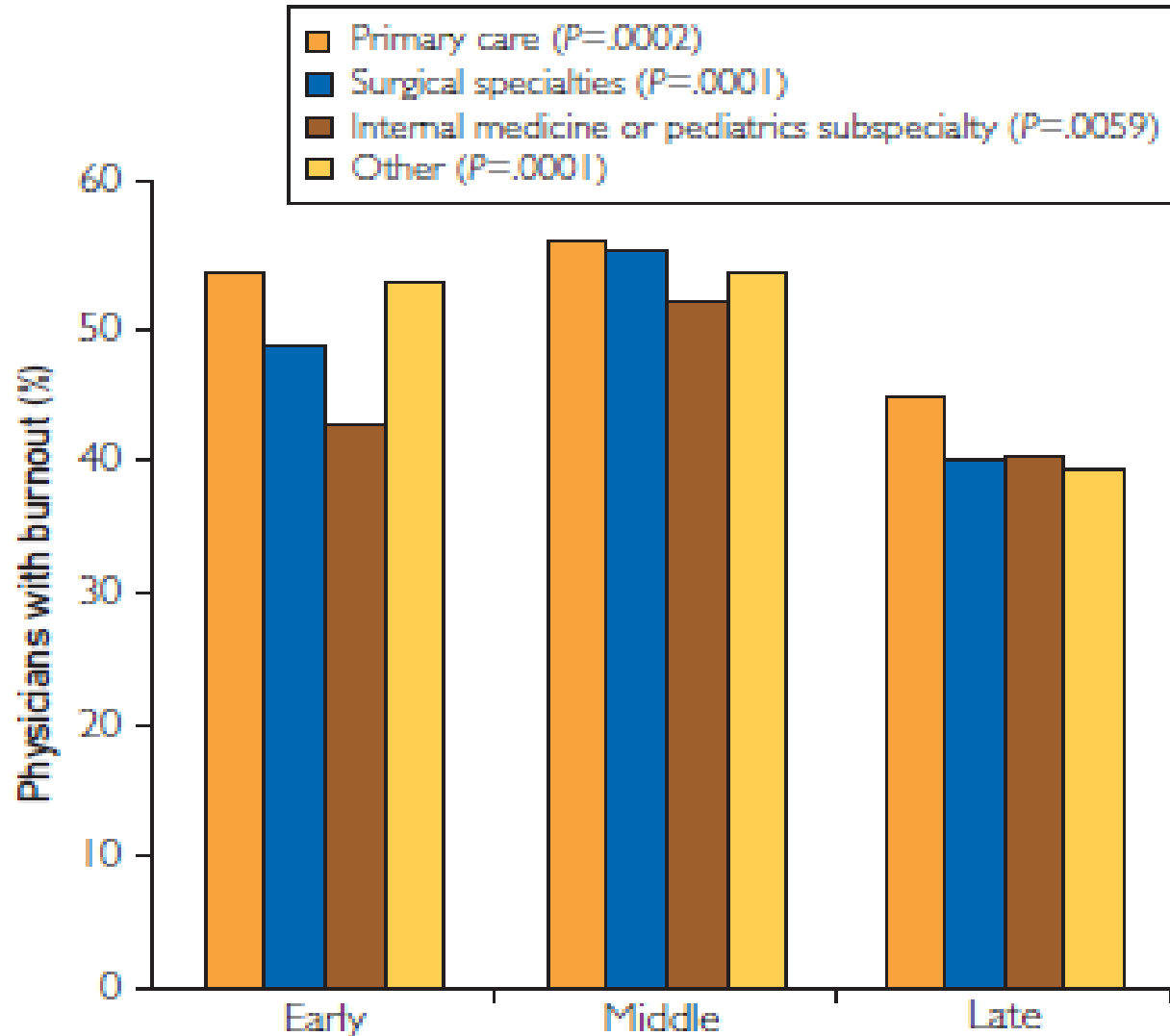
Burnout: Impact of Gender and Career Stage



Dyrbye LN, et al. Mayo Clin Proc 2013;88(12):1358-67.



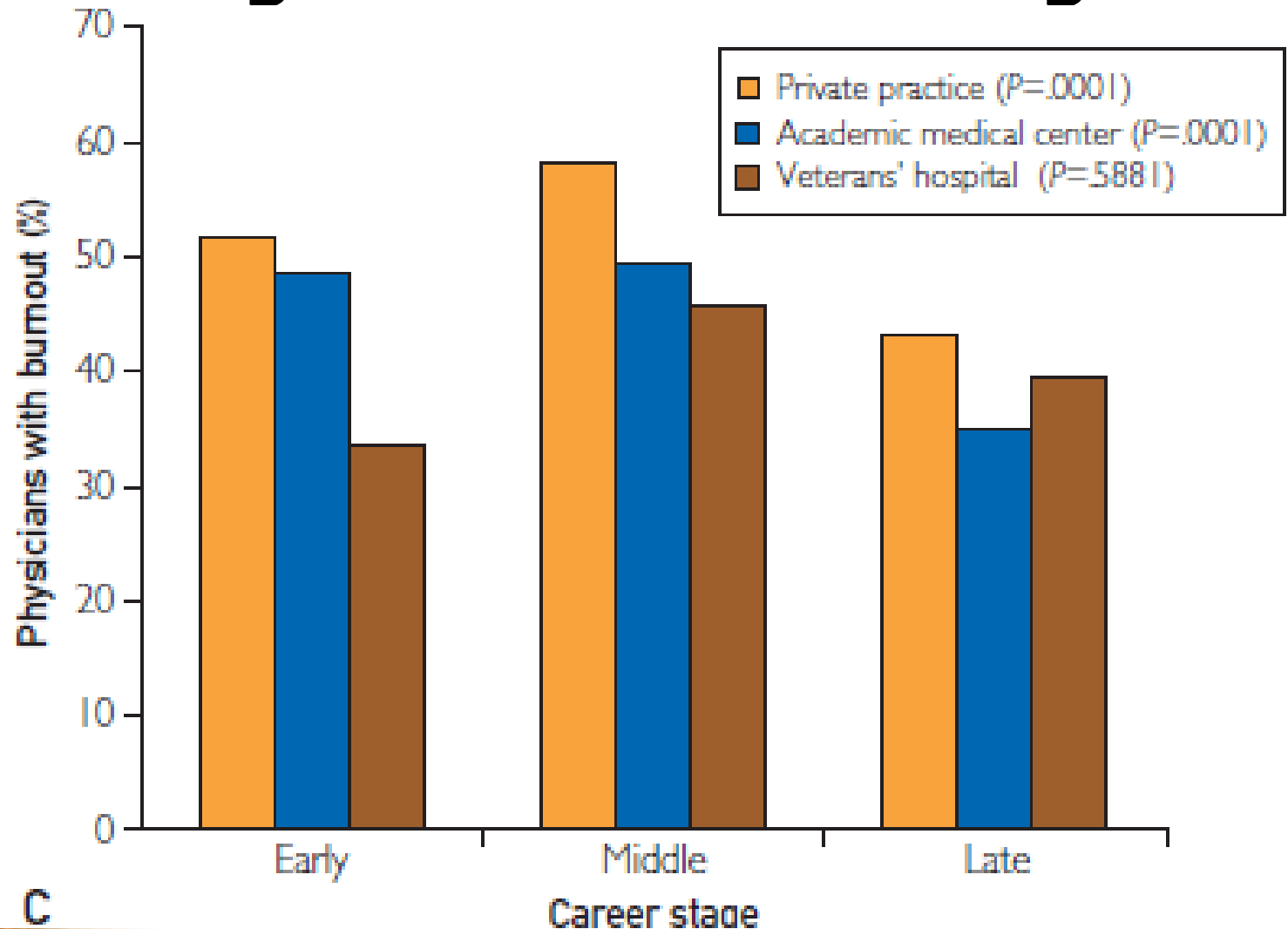
Burnout: Impact of Specialty and Career Stage



Dyrbye LN, et al. Mayo Clin Proc 2013;88(12):1358-67.



Burnout: Impact of Practice Setting and Career Stage



Dyrbye LN, et al. Mayo Clin Proc 2013;88(12):1358-67.



Benefits to the Organization

Reduced Turnover = Savings

2008 Total CCMI Staff	Terminations/ Departures	Costs (1.5x annual salary)	Patient Revenue Lost (NetRev)
210 physicians	16 Terminations	\$240,000	\$260,000
	Total Lost \$	\$3,840,000	\$4,160,000

Cleveland Clinic Professional Staff Termination Report, 2008.
Atkinson, W. et al. *J Pract Manage*. 2006;21(6):351-5.



Support System for Physicians

- Personal Health
- Personal Development
- Professional Development
- Centralized Resources
- Institutional Commitment



Personal Development and Self Care

Richard Lang, M.D., M.P.H
Chair, Preventive Medicine
Vice Chair, Wellness Institute
Cleveland Clinic



Goals

- Engage
- Create Awareness



Keys

- Investment of institution
 - Protected time
 - Required
- Relevant and real cases
- Audience discussion



Case Selections

- Younger ages
- Different physician types
- Both genders
- Real situations



Case 1

A 48-year-old cardiologist presents for a general checkup. For several months he has been experiencing chest tightness when biking with his family on weekends and most recently has noted a similar sensation when walking between buildings during his workday. He has been taking Prilosec intermittently with some relief of his symptoms.

Who may this physician be endangering by delaying evaluation of his symptoms? What options does this physician have for addressing his symptoms?



Impact

- Children and spouse
- Patients and practice
- Colleagues and staff
- Institution
- Friends
- SELF



Concepts

- Don't ignore symptoms
- Avoid self treatment
- Outline resources for care and prevention



Resources

- Primary Care
- Executive Health
- Lifestyle Programs
- Online Programs
 - GO! To Sleep
 - Stress Free Now
- Others



**You are your most
important patient!**



Case 2

A 52-year-old pathologist presents for a checkup prompted by his daughter who had recently visited him. He has not seen a physician for several years, takes no medications, and has had no active or ongoing known medical issues. The daughter was concerned because he appeared listless and less energetic in social and family activities. He is divorced and lives alone, exercises regularly, follows a low fat diet, and takes no medications. His physical examination is normal.

What are your differential diagnoses in this patient physician? What internal and external factors could be affecting his behavior and appearance?



Interplay

- Personal factors
- Job pressures
- Substance usage
- Emotional/mental health
- Physical health



Case 3

A 38-year-old female surgeon and member of the staff for three years is referred to the conduct committee from the nursing office for evaluation of a recent incident. A patient being monitored post operatively had an abrupt change of status culminating soon thereafter in death. The surgeon upon arriving to the nursing station reacted loudly, yelling at the nursing staff and suggesting suboptimal practice and judgment.

What are the significant issues presented by this case? Who may be affected by this event? What are the potential factors affecting this surgeon's behavior?



Workplace Behavior

- New age
- Pressures
- Personal issues and habits
- Tools and resources

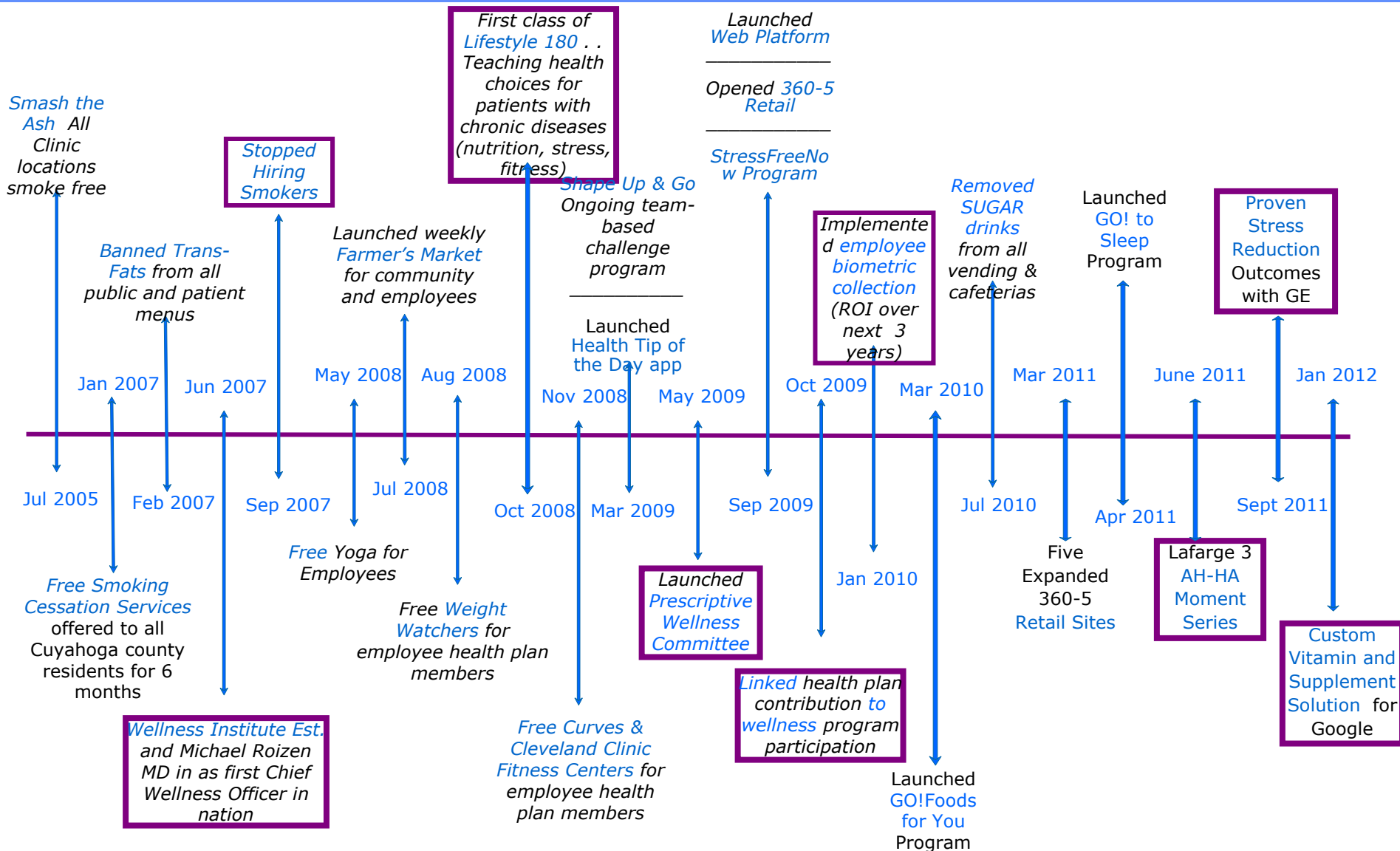


Link to Cleveland Clinic Wellness Institute Programs

<http://my.clevelandclinic.org/wellness/default.aspx>



Comprehensive Approach to a Culture of Wellness



Personal and Professional Development: Support Networks

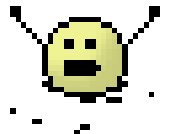
Andrea Sikon, M.D., F.A.C.P.
Chair, Internal Medicine & Geriatrics
Director, Staff (Faculty) Mentorship Program
Cleveland Clinic





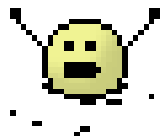
Case

- You have been working for 9 months in your dept. You basically enjoy your work, but find yourself starting to feel as though you are just trying to survive the day. You have felt increasingly exhausted and others have noticed that you are losing weight. You've attributed everything to your transition, but are starting to wonder if this is true and how to stop moving further down this path.
 - Who can help you to sort through the above?
 - How can they help you?
 - How would you find these individuals/resources?



Case

- You are preparing to meet with your Chair for a mid year review. You really enjoy your clinical work, but are feeling a bit overwhelmed and longing for more. You have a sense that you'd like to be able to do some publishing, which is congruent with department goals, but feel as though you cannot take on anything else and need more time in your day.
- You feel you know your broader goals but cannot imagine accomplishing additional tasks when you are just trying to survive your day. You wonder how you will ever break free of this reactionary, survival mode.



It Takes a Village

- Supervisor
- Provider
- Role Model
- Advisor/Coach/Mentor
- Mentee



Evolving Theories in Mentorship

- OLD:



- NEW: Networks with multiple individuals playing multiple roles inside and external to siloes

-Kram and Higgins, 2008

-Higgins & Kram. *Academy of Management Review*, 2001



Value of Mentorship

- Your experiences with mentorship?
 - Professional and personal value
 - Value to mentee *and* mentor
 - Expedites success, productivity, quality, engagement
 - Reduces stress/burnout/turnover
 - Ongoing value throughout career



Do you perceive a need for
physician mentoring?

A. Yes

B. No



Formal Physician Mentoring Programs: Important and in Demand

- For the Mentee

- Guided self reflection & a thinking partnership
- Structured career development (goals self defined)
- Expands network & support structure exponentially

- For the Coach/Mentor

- Rewarding, challenges one's self
- Opportunity to leave a legacy

***'What we have done for ourselves dies with us;
what we have done for others and the world is immortal.'* -Albert Pike**

- For the Organization

- Reduces turnover
- Recruitment tool
- Increase research, pubs, & grant success ^{1, 2}
- Influence career choice ^{1, 2}
- Provide benefit to all involved ³
- Staff (faculty) satisfier
- Staff engagement
- Increased productivity & quality

1-Wright et al. JGIM.1997;1:53-6

2-Taylor et al. JGIM. 2009.1130-1134.

3-Taherian K, et al. Medical Teacher. 2008; 30 : e95-e99



Does your organization
have a formal mentoring
program for physicians?

A. Yes

B. No



Does your organization
provide training for how to
coach/mentor physicians?

A. Yes

B. No



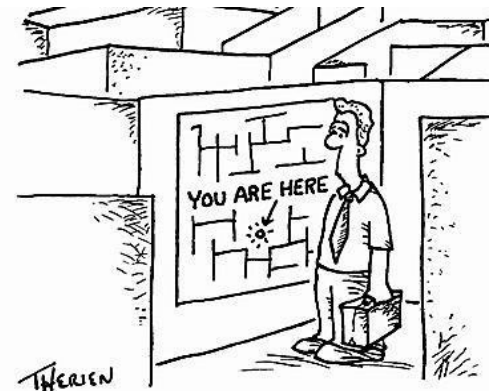
Creating a *Culture* of Wellness and Development for *All*

- Career-spanning
- Development and wellness, not just remediation
- Relationship based
- Resource Center-centralized, aligned to address comprehensive needs for wellness and “illness”
 - Build out At-Risk Care Team
 - Additional advanced peer coach pool



SMP Goals

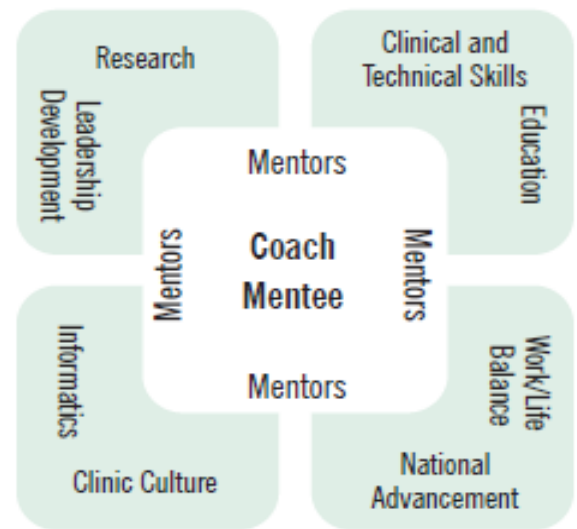
- Improve job satisfaction
- Improve recruitment of top performers
- Improve retention of top performers
- Reduce huge costs associated with turnover
- Increase department academic output
- Develop future leaders



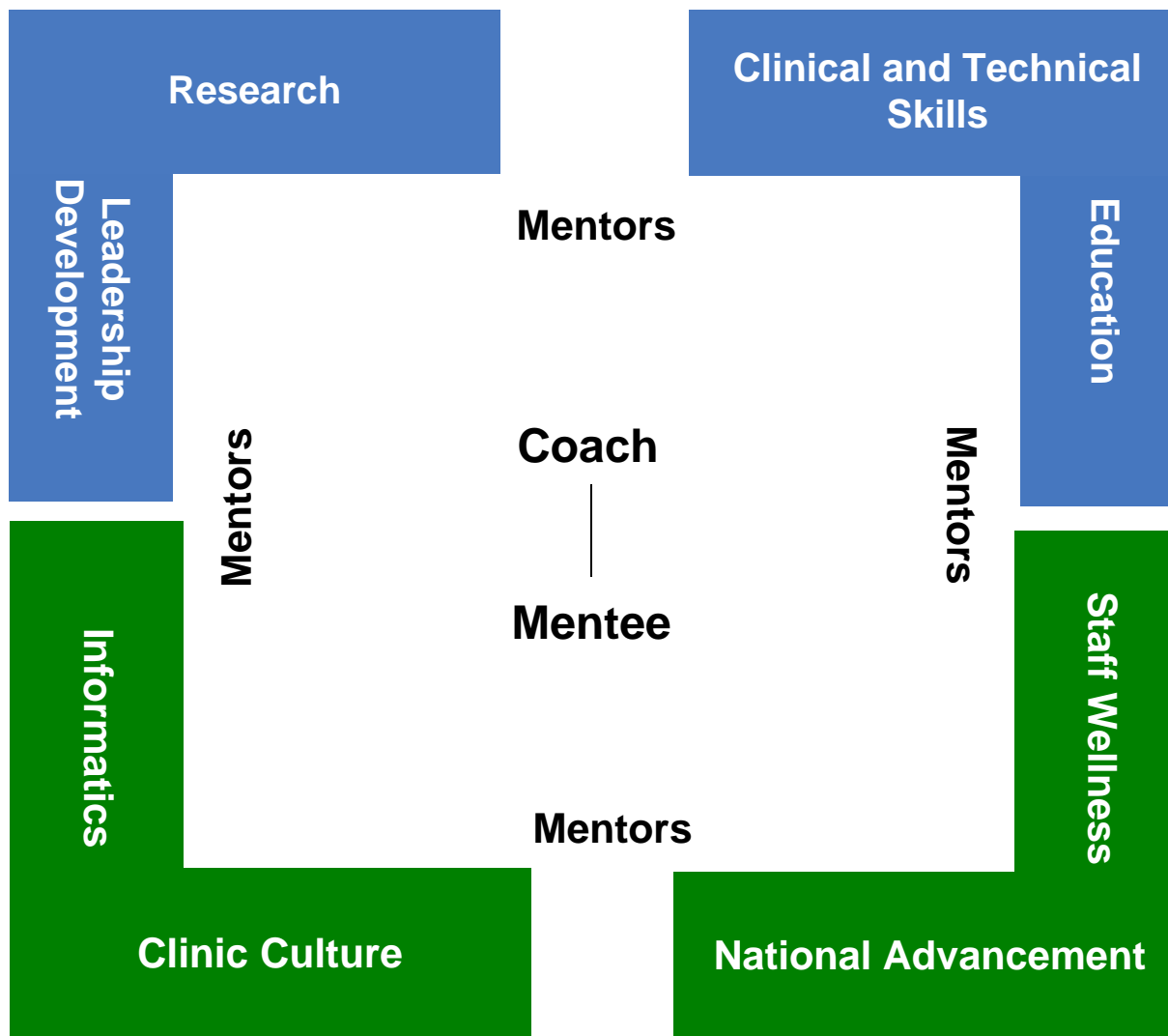
Staff Mentorship Program

Mission

- To facilitate a mentoring network for every Staff member to enable them to achieve their development goals, through:
 - training in Goal based coaching founded in Positive Psychology to ensure productive mentoring relationships
 - matching assistance
 - toolkit of resources
 - networking opportunities



Unique Program Structure





Facilitating Goal/Asset Based Thinking

Deficit Based Thinking	Goal/Asset Based Thinking
Problem description	Goal/Outcome Formulation
Focus on the past	Focus on the future
Problem Focused Questions: About problems About mistakes About causes	Solution Focused Questions: About solutions About strengths About actions
Prescriptive Coach/mentor generated	Facilitated Mentee generated



SMP Principles: Multiple Applications

Serving leadership

Communication skills

Patient coaching

Change management

Continuous improvement

Teaching

Personal life (partners, children...)

ASSET-BASED THINKING

Meeting Resources



COACH-MENTEE : Meeting Templates

Date _____

I. PURPOSE:

- a. **First meeting:** -Welcome! Introduce yourselves and focus on identifying career and personal goals.
- b. **Second meeting:** -Updates and continue to reformulate goals and continue to design a path to attaining career and personal goals.
-Debrief on any Tool and/or Mentor interactions.
- c. **Future meetings:** -Updates on progress, revise goals and plan as needed.
-Debrief on any Tool and/or Mentor interactions.

II. ASSESSMENT AND GOAL SETTING

a. **First meeting**

- ___ Begin by getting to know your mentee and their backgroundjust like a "first date."
- ___ Review the mentee's worksheet. (Which the mentee will provide)
- ___ Sign formal Partnership Agreement. (Each given a copy and one returned to FDJr.)

b. **Second meeting**

- ___ Begin by exploring updates from last meeting and clarifying personal goals

c. **Future meetings**

- ___ Begin by exploring updates from last meeting
- ___ Review any tools used and progress made

III. REFLECTION AND IDEA GENERATION- DEVELOPING A PLAN

a. **First meeting**

- ___ Start to create an initial plan to achieving those goals.
- ___ Exchange of *initial* thoughts on more information needed from Mentee and/or tools that can be used (*This will be an ongoing area for discussion, reflection and updating*)
- ___ Review Mentee's CV and offer suggestions or ideas for career and personal success.

b. **Second and future meetings**

- ___ Discuss initial draft of recommended career and personal plan that was generated at the first/prior meeting and work to reformulate together.
 - ___ Any new issues that may have altered goals or that are interfering with the plan?
 - ___ Break down 1 and 3 year goals into shorter term goals.
 - ___ Any feedback on tools/resources/mentors used?
 - ___ Anything either needs?



Centralized Resources, Institutional Commitment

The Role of the Professional Staff Resource Center

Susan J. Rehm, M.D.

Executive Director, Professional Staff Health
Vice Chair, Department of Infectious Disease
Cleveland Clinic



Case

- 32 year old thoracic surgeon hired 18 months ago
- Excellent outcomes and patient satisfaction ratings
- Problems:
 - Late for cases
 - Berates support staff in OR and clinic
 - Last minute call offs because of illness



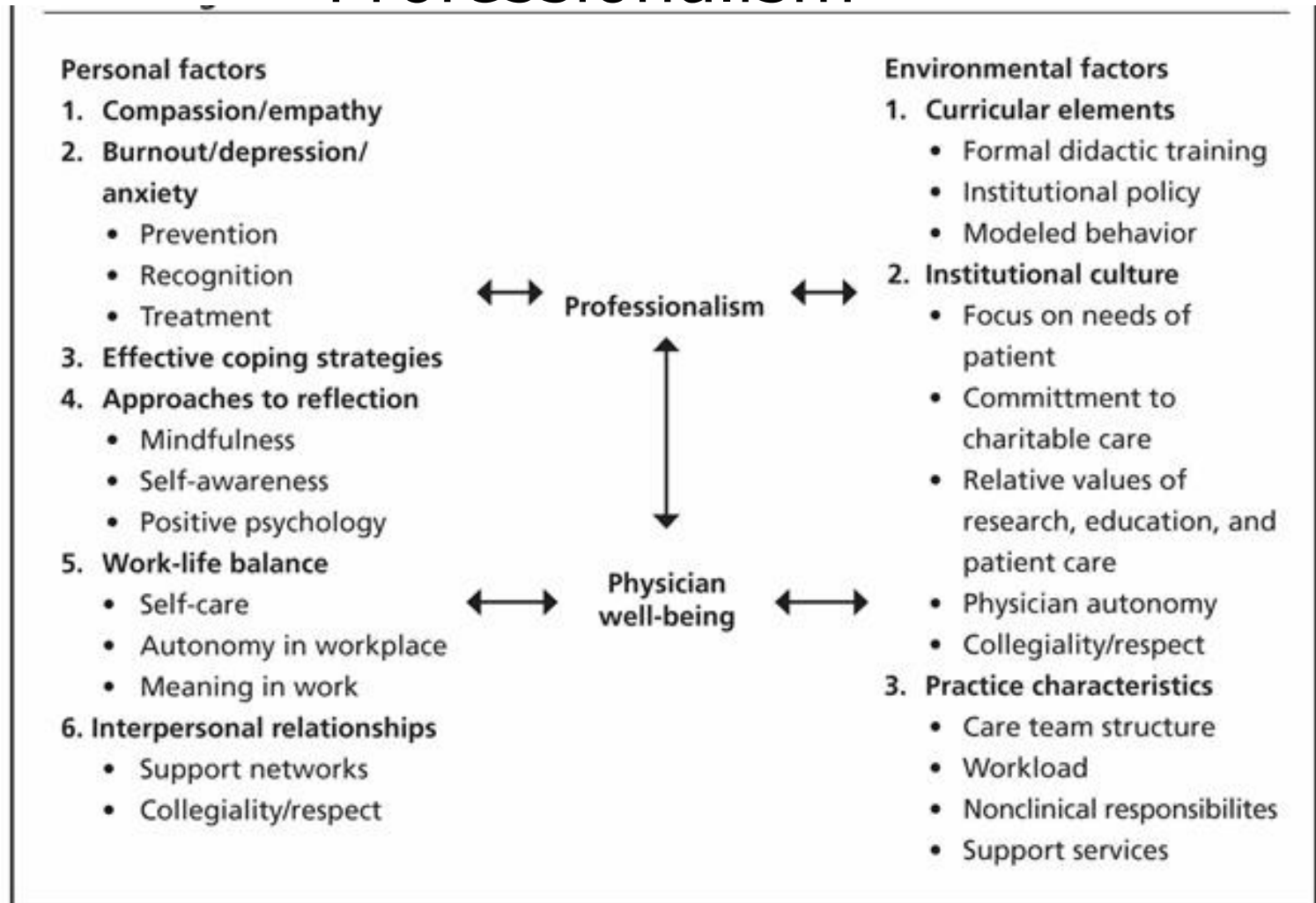
Possible Explanation(s) for this Physician's Behavior:

(choose any/all that may apply)

- A. Alcohol abuse
- B. Divorce in progress
- C. Personality disorder
- D. Depression
- E. Poorly controlled diabetes
- F. No explanation



Personal and Environmental Factors Contributing to Physician Well-Being and Professionalism



West CP, Shanafelt TD. Minn Med. 2007;90(8):44-6.



What's the Next Step?

(choose any/all that may apply)

- A. Refer to the Conduct Committee
- B. Set up personality testing and counsel the physician about the results
- C. Talk with the physician about the issues
- D. Provide information about personal and professional development courses
- E. Review resources for evaluation and treatment
- F. Schedule urine drug screening and chemical dependency evaluation



Personality Traits of Physicians (For Better or Worse)

- Perfectionistic
- Highly disciplined
- Inflexible
- Self critical
- Idealistic

Graske J. BMJ. 2003;327(7428):s188.



Getting to the Bottom of It

- Experience/role/expectations mismatch
- Communication skills
- Time management/lack of flexibility/lack of control
- Misalignment of personal and institutional values (respect, integrity, etc.)
- Health issues
 - Physical illness, emotional/mental health, addiction



Where Do We Begin?

CHALLENGES

- Reasons for behavior often multi-factoral
- Perception that referral to resources is a remedial step
- Need for coordination
 - For individuals
 - For institutional efficiency/ROI
- Access & cost
- Variable individual needs and styles

SOLUTIONS

- Develop multidisciplinary team for triage and communication
- Establish cultural shift
- Coordination
 - Inventory ALL resources
 - Perform needs assessment
- Build out as needed
 - Align curriculum
 - Enhance early intervention
 - Leadership peer groups
- Maintain diverse offerings



Professional Staff Resource Center

- **Wellness**
 - Executive Health
 - Wellness resources
- **Peer Support**
 - Staff Mentoring Program
 - Interest groups
 - Women's Professional Staff Association
 - Emeritus Staff
- **Counseling/Coaching**
 - Caring for Caregivers
 - Professional Staff Assistance Program
 - Advanced Peer Coaches
 - Behavioral Health
- **Education**
 - Physician Leadership and Development
 - Cleveland Clinic Academy
 - Foundations of Healthcare Communication
 - Chair/Mgr Development
- **Administrative Infrastructure**
 - Physician Health Committee
 - Conduct Committee
 - Professionalism Council
 - Staff Benefits
 - Patient Experience
 - Ombudsman's Office
 - Occupational Health
 - Health Plan
 - Risk Management
 - Law Department



Case

- A 40-year-old internist who has been with the institution for eight years has been referred to the conduct committee.
- Remarks and conversations overheard talking to a patient's family member were felt to be flirtatious and inappropriate.
- What is the reason for the physician's behavior?
- What institutional resources should be mobilized?



Tiered Process

- Leadership development training for chairs
 - Prevention and recognition; early intervention
 - Core Competencies
 - Emotional intelligence
 - Behaviorally based interviewing
 - Crucial conversations
 - Reflective feedback
 - Recognition of potential legal issues
 - Education re: evaluation of root cause of behavior/incident
- Complex Triage: Multidisciplinary Professional Staff Resource Team
 - Advanced Peer Coach Program



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 - Health Plan
 - Risk Management
 - Law Department



Caring for Caregivers | Home - Windows Internet Explorer provided by Cleveland Clinic

http://portals.ccf.org/caregivers/CaringforCaregiversHome/tabid/3037/Default.aspx

Live Search

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Favorites

Caring for Caregivers | Home

Page

Safety

Tools

Go to: [Inside Intranet](#) | [Florida Intranet](#) | [ClevelandClinic.org](#)

Cleveland Clinic

Today

The Employee Intranet

Today Home

Clinical Resources

Research

Education

Request Service

Institutes/Departments

Employee Services

Policies

Caring for Caregivers Home

Program Flyer - Ohio

Program Flyer - Florida

SiteMap

Professional Staff Assistance Program

Physician Health Committee

Nurses/Licensed Professional Health Program

Employee Assistance Program

Self-Appraisal Quizzes

Wellbeing Resources

Legal Assist

Family Dependent Care

Education

Our Team



Caring for Caregivers

The people who work at the Cleveland Clinic are its greatest asset. No matter what we do on a day to day basis, we are all caregivers. One of the ways we maintain world class patient experience is by taking care of ourselves. Both personal and work stresses can impact our sense of wellbeing and ability to provide skillful and compassionate care. Through the Cleveland Clinic **Caring for Caregivers Program** ([Ohio Program Flyer](#) or [Florida Program Flyer](#)) a variety of resources are available to help us help others:

Professional Staff

The **Professional Staff Assistance Program (PSAP)** offers physicians, physician assistants and other professional staff a spectrum of resources aimed at supporting wellness, prevention and personal/professional development. Services extend to evaluation and treatment of impairment and other conditions.

Nurses & Other Professionals

Things To Do

Celebrating Midlife

3/18/2014 12:00 PM - 2:00 PM

Webinar (12:00pm, 2:00pm) (60 minutes)

Midlife can be the best time of your life. Learn how to find your passion, explore encore careers, consider dating, and deal with Empty Nest Syndrome a...

[Complete Events Calendar...](#)

Caring for Caregivers | PSAP Home - Windows Internet Explorer provided by Cleveland Clinic

http://portals.ccf.org/caregivers/ProfessionalStaffAssistanceProgram/tabid/3068/Default.aspx

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Favorites

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Clinical Resources

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Professional Staff Assistance Program

Our Services

Literature

Resources

Wellbeing Website

FAQ/Brochure

Contact Us

Physician Health Committee

Nurses/Licensed Professional Health Program

Employee Assistance Program

Self-Appraisal Quizzes

Wellbeing Resources


Legal Assist

Family Dependent Care

Education

Professional Staff

Professional Staff Assistance Program



Cleveland Clinic is committed to a culture of professionalism, compassion, healing, and safety that engages caregivers with respect, opportunity, support and partnership. Provision of resources to aid staff members in optimizing all aspects of wellbeing is part of the Clinic's Caring for Caregivers Program.

Through the Cleveland Clinic Caring for Caregivers Program, (Professional Staff Assistance, Licensed Professionals Health, Employee Assistance and Well-being Resource and Referral Service) a variety of resources are available to help us help others. These programs and services provide **expert, confidential and free support.**

The Professional Staff Assistance Program (PSAP) offers physicians, physician's assistants and other professional staff a spectrum of resources aimed at supporting wellness, prevention and personal/professional development. Services extend to evaluation and treatment for issues that may lead to impairment.

Self-Appraisal Quizzes

Take a short, private, and confidential quiz here...

Events

Celebrating Midlife

3/18/2014 12:00 PM - 2:00 PM

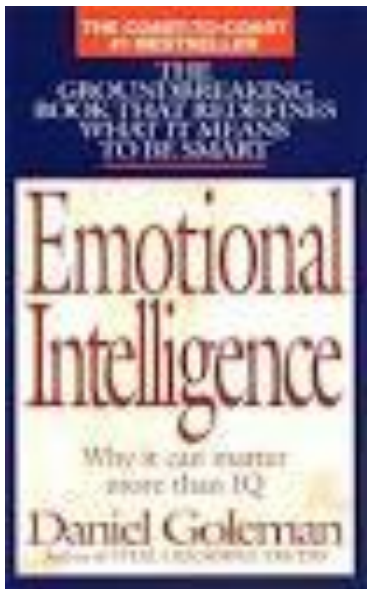
Webinar (12:00pm, 2:00pm) (60 minutes)

Midlife can be the best time of your life. Learn how to find your passion, explore encore careers, consider dating, and deal with Empty Nest Syndrome a...

What to Expect From Counseling

4/15/2014 12:00 PM - 2:00 PM

Executive Health



Emotional Intelligence

- Self-awareness
 - ability to know one's emotions, strengths, weaknesses, drives, values and goals; recognize their impact on others while using gut feelings to guide decisions.
- Self-regulation
 - controlling /redirecting one's disruptive emotions and impulses; adapting to changing circumstances.
- Social skill
 - managing relationships to move people in the desired direction
- Empathy
 - considering other people's feelings especially when making decisions
- Motivation
 - being driven to achieve for the sake of achievement



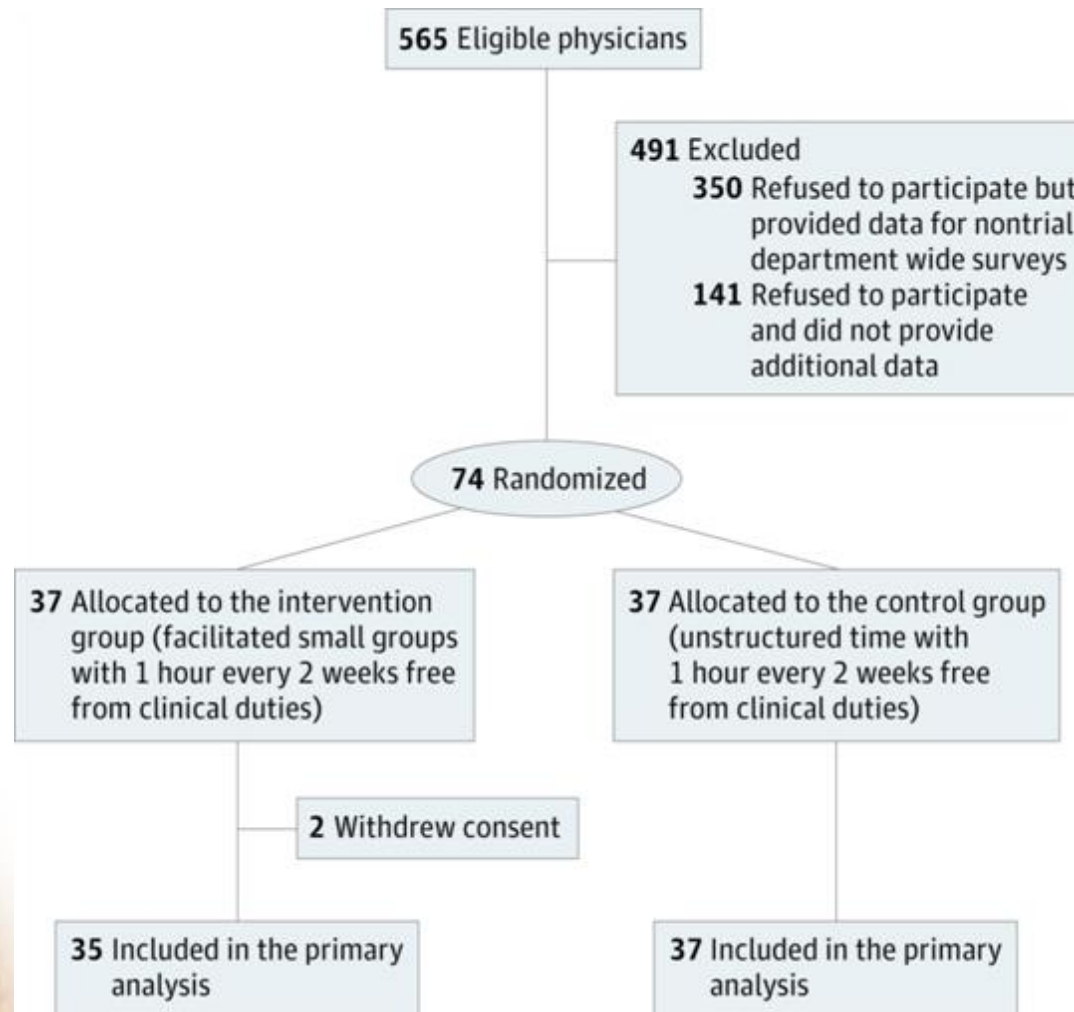
Resilience Practices

- Leisure-time activity to reduce stress
- Quest for/cultivation of contact with colleagues
- Cultivation of relations with family and friends
- Discussion of cases, treatments, outcomes with colleagues
- Personal reflection/taking time to define one's situation and plan changes
- Self-demarcation (professional, temporal, personal)
- Cultivation of one's own professionalism
- Self-organization/establishment of routines
- Ritualized time-out periods
- Spiritual practices

Zwack J, Schweitzer J. Acad Med. 2013;88:382-9.



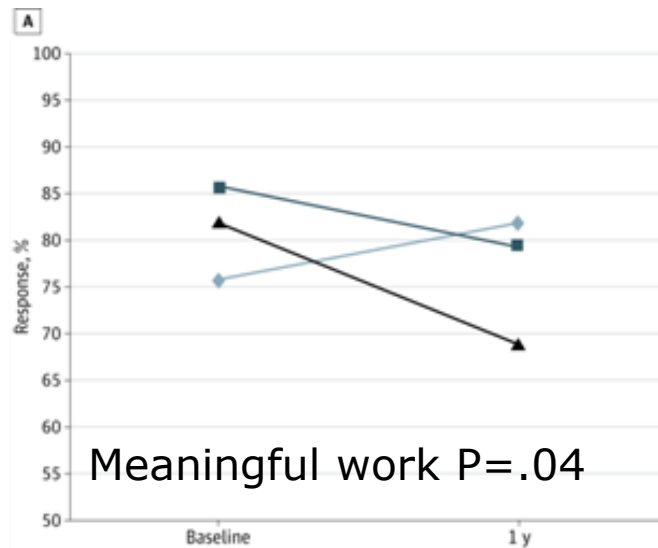
Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism



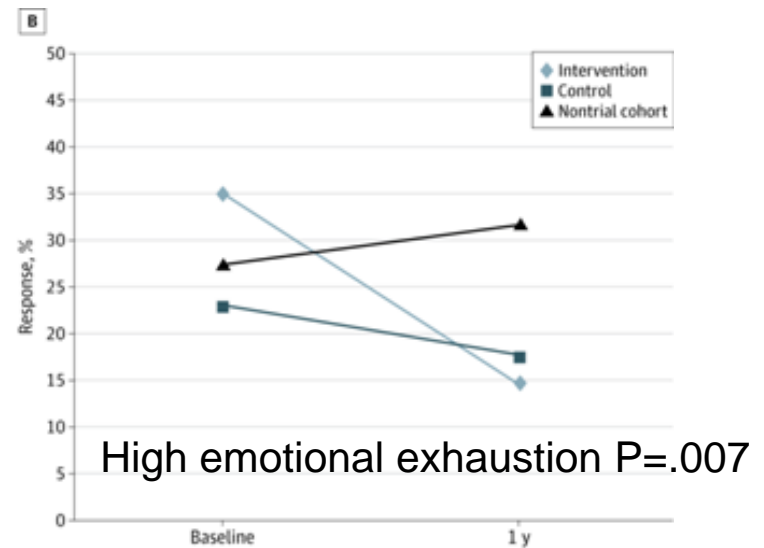
West CP, et al. JAMA Intern Med. 2014 Feb 10.
doi: 10.1001/jamainternmed.2013.14387.



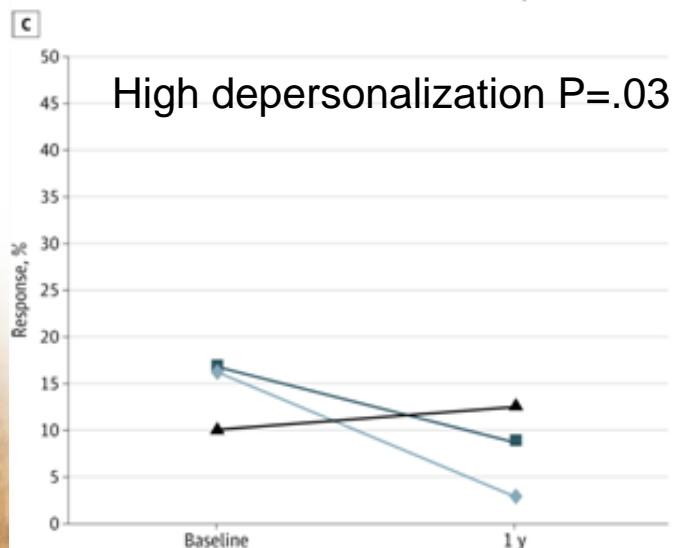
Changes From Baseline for Nontrial Cohort vs Randomized Arms of Trial



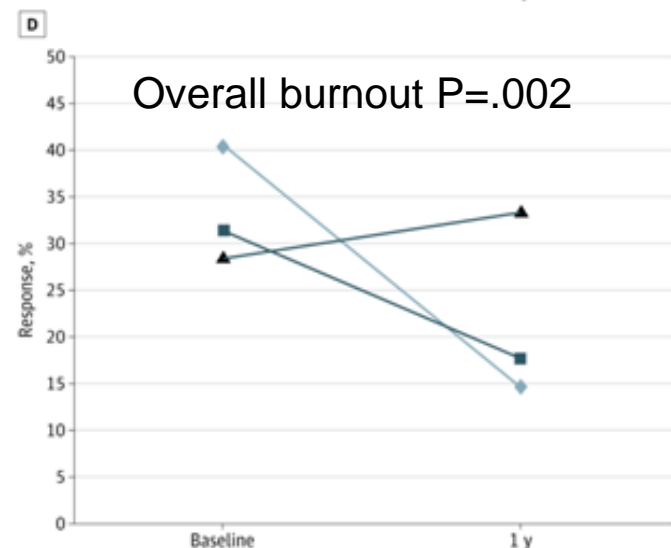
Meaningful work $P=.04$



High emotional exhaustion $P=.007$



High depersonalization $P=.03$



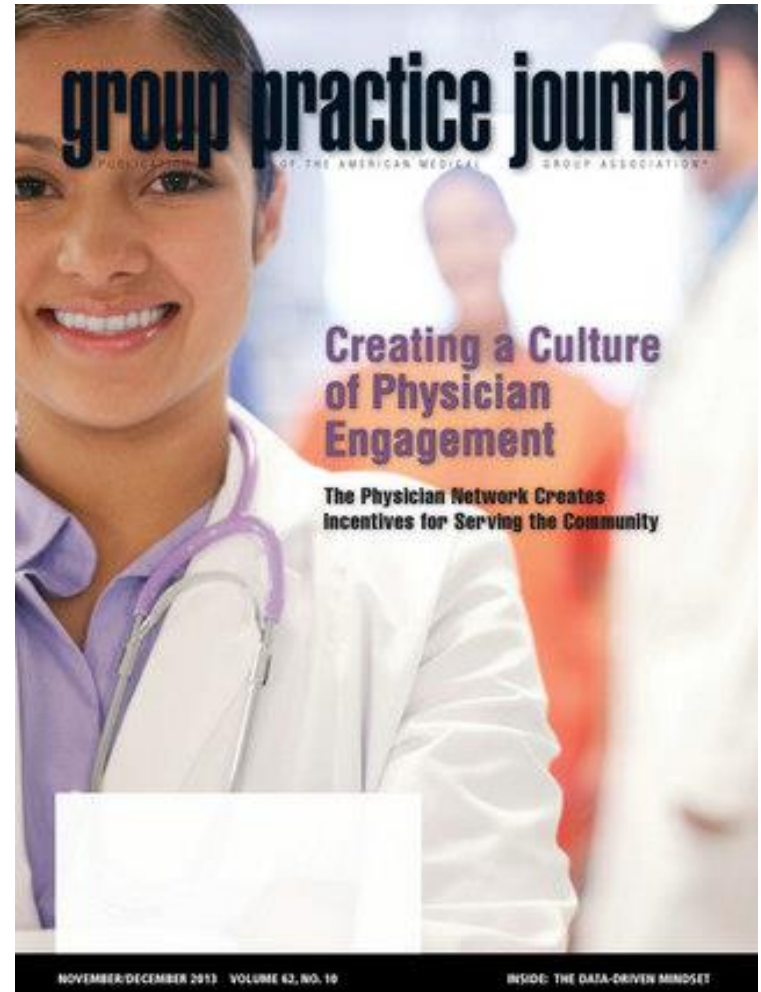
Overall burnout $P=.002$

West CP, et al. JAMA Intern Med. 2014 Feb 10.
doi: 10.1001/jamainternmed.2013.14387.



A Delicate Balance

"How do you go about engaging physicians, especially when some activities may take them away from clinical duties?"



Arp D, Uden A, Hansen G. Group Practice Journal
November/December 2013;62(10)8-10.



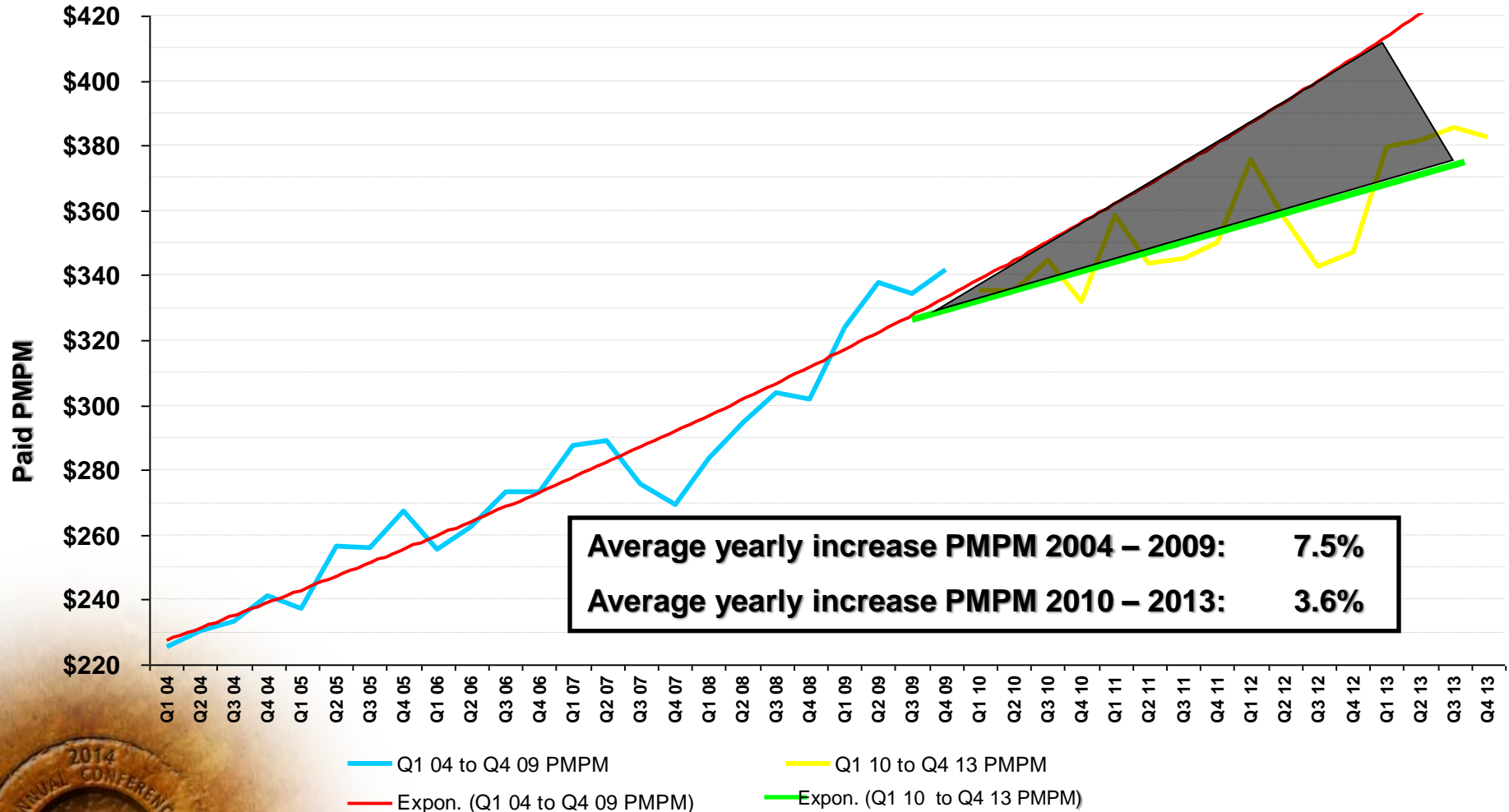
Leveraging the Employee Health Plan

- Goals:
 - Reduce health plan costs
 - Increase employee engagement
- Strategy: Integrated population health management
- Principles:
 - Easy-access wellness programs
 - Risk-stratified chronic disease management
 - Incentive-based health plan design



Terpeluk PA, Rogan B, Zirm PA. Bending the Cost Curve on Employee Healthcare, submitted for publication, 2014.

Trended EHP-Paid PMPM (Medical and Pharmacy Claims)

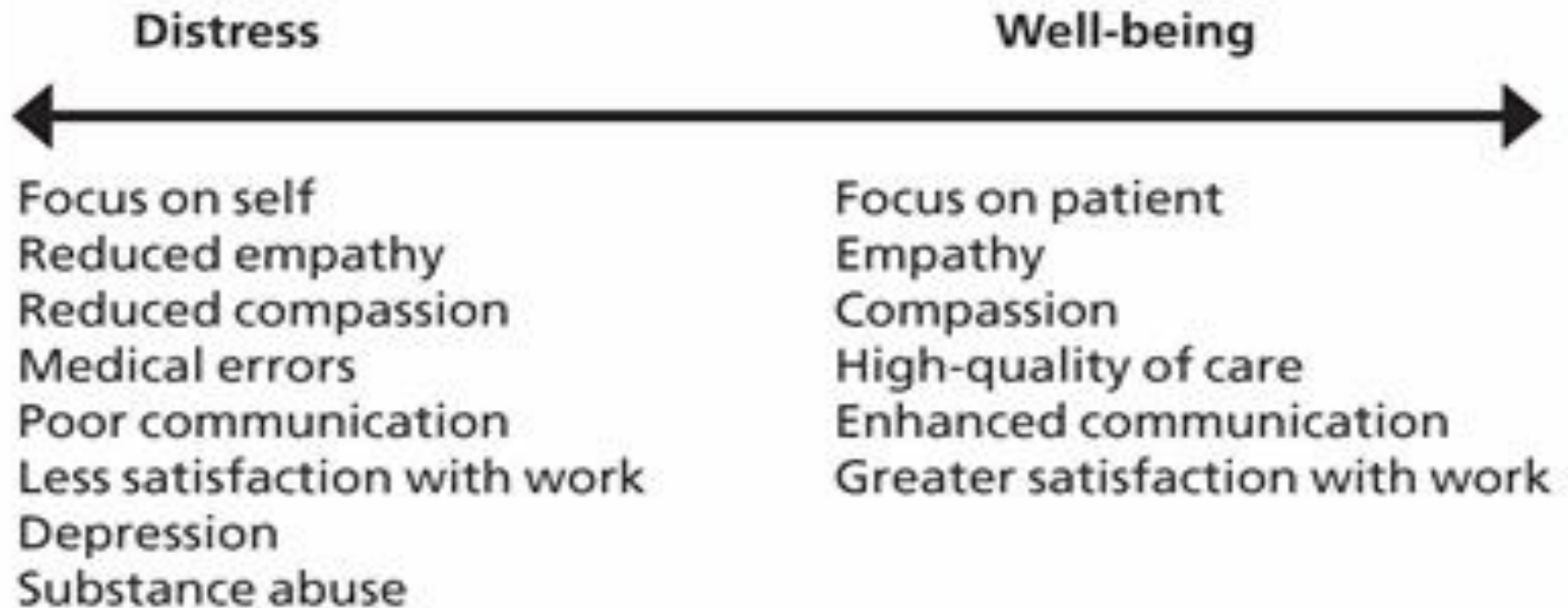


Terpeluk PA, Rogan B, Zirm PA. Bending the Cost Curve on Employee Healthcare, submitted for publication, 2014.



The Spectrum of Professional Behavior

Quality-of-Life Continuum as it Relates to Professional Behavior



Physician Wellness: A Missing Quality Indicator?

- “Wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life.”
- Improving physician wellness may improve organizational health



Shanafelt TD, et al. Am J Med. 2003;114:513-7.

Arnetz BB. Psychoneuroendocrinology. 2005;30:1022-6.

Wallace JE, Lemaire JB, Ghali WA. Lancet. 2009;374:1714-21.

Healthy Doc-Healthy Patient

- Providers serve as health role models and trusted sources of information about healthy lifestyles
- Time spent in wellness activities is suboptimal
- Providers who practice healthy behaviors are more likely to counsel patients on those behaviors

Oberg EB, Frank E. J R Coll Physicians Edinb. 2009;39:290-1.
Frank E, Breyan J, Elon L. Arch Fam Med. 2000;9:287-90.



Physician Turnover Rates

	2007	2008	2009	2010	2011	2012	2013
CC Cleveland*	4.4%	6.0%	4.9%	4.0%	5.8%	5.0%	5.2%
CC Florida*	6.5%	8.2%	3.8%	7.6%	6.6%	3.5%	5.9%
Physician Retention Survey**	N/A	6.1%	5.9%	6.1%	6.5%	6.8%	N/A

*Cleveland Clinic Professional Staff Affairs Office

**Cejka Search and AMGA Retention Surveys



Support System for Physicians

- Personal Health
- Personal Development
- Professional Development
- Centralized Resources
- Institutional Commitment

