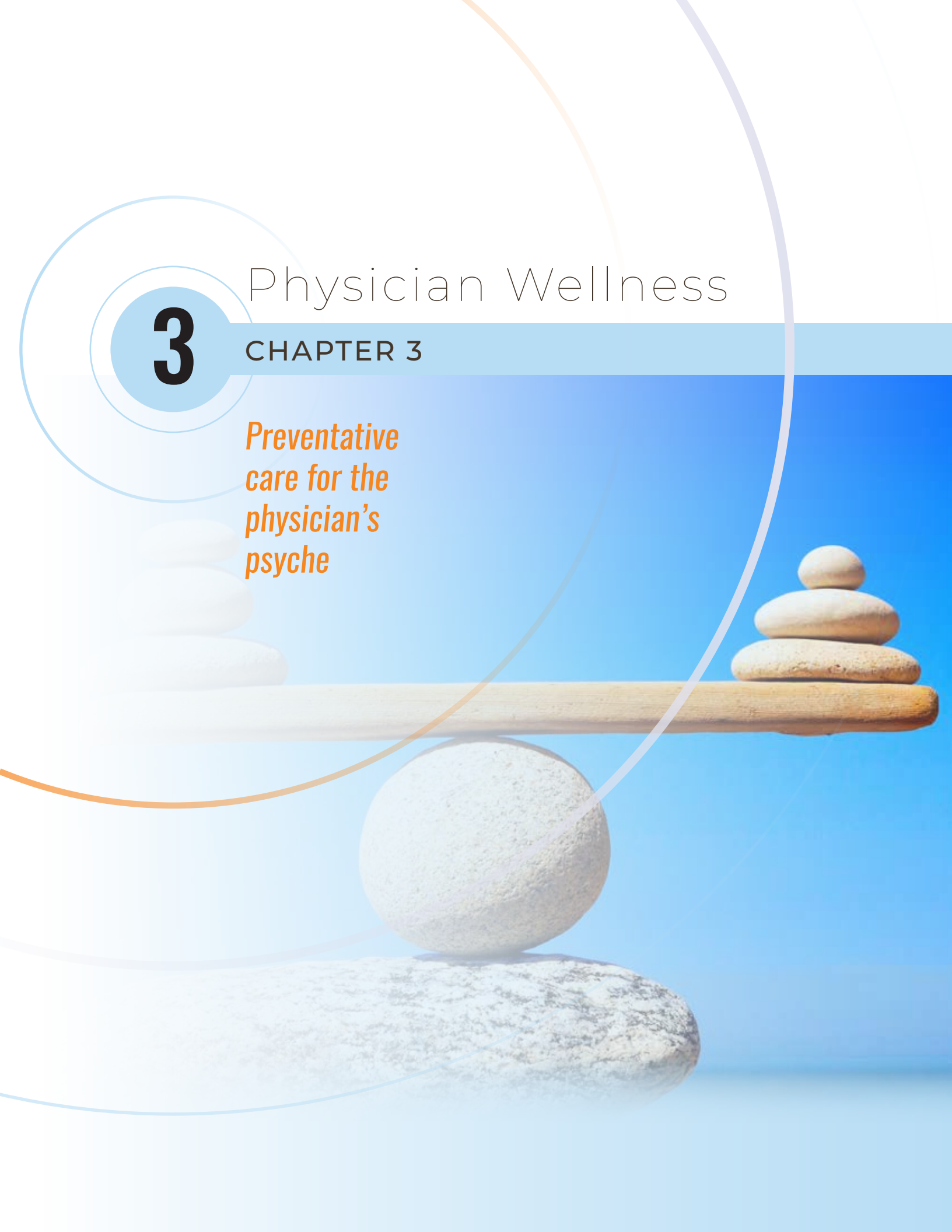


Physician Wellness

3

CHAPTER 3

*Preventative
care for the
physician's
psyche*





Meagan W. Vermeulen, MD, FAAFP
**Associate Program Director, Family
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Dr. Vermeulen has almost 20 years of experience practicing family medicine. During that time, she has served as volunteer and paid faculty in a variety of residency programs. She is now the associate program director of the Rowan University SOM Family Medicine Residency Program in Stratford, NJ. In her role of associate program director, she has pioneered the Family Medicine Resident Wellness Initiative, a full spectrum curriculum embedded in the residency program didactic to teach residents the skills of self-assessment, effective interpersonal communication, financial literacy, and self-care.

Her academic research focuses on resident wellness, including a recent study presented at American College of Osteopathic Family Medicine on rates of burnout amongst allopathic and osteopathic residency programs in the state of New Jersey. In addition to working to grow and develop wellness curricula on the graduate medical education level at her own university, she has served as a mentor for AAFP's Emerging Leader Institute: Family Medicine Leads program, during which she helped her mentee create a truly innovative source for resident and medical student financial literacy; drpiggybank.org.

Dr. Vermeulen truly believes that the tenets of wellness include self-awareness, effective communication, self-care, mentorship, and advocacy for those looking to grow and move forward in their career.

CHAPTER AUTHOR

“Wellness Encompasses a healthy body, a sound mind, and a tranquil spirit. Enjoy the journey as you strive for wellness.”

~ Laurette Gagnon Beaulieu

In This Chapter

The recognition of burnout and its potential to wreak havoc on medical students, residents and physicians has created a unique moment in the realm of medical education and the medical community itself. We now find ourselves tasked with the challenge of how to heal ourselves. Creating an effective physician wellness program not only involves knowing what resources to provide to those in need, it is also imperative to be able to identify what it means to be well.

Unlike the previous chapter that discussed the disease of physician burnout, this chapter will give guidance and information on how to develop physician wellness programming as a measure of “preventative care” to delay the onset of this disease; it will also review how and when to use “treatment strategies” for those physicians already showing symptoms of burnout. This chapter provides resources for medical students, residents, and physicians to define what it means to be well for them, assess their level of stress, identify resources for stress reduction and self-resiliency, and develop their own personal “toolkit” to carry through their medical career.

OUTLINE

1. Physician Heal Thyself: why it's vital to be well
2. Tick-tock: the ins and outs of time management
3. It's all about the boundaries
4. There's an app for that (review apps used for mental health)
5. Incorporating wellness into every day
6. Becoming whole as a physician and a person; finding your why

GOALS

- Define work-life balance.
- Understand how to identify your roles as a new physician.
- Develop effective strategies for setting boundaries without lingering guilt.
- Learn the Eisenhower Matrix and how to apply it effectively.
- Learn how to create “pockets of time” in your workday to increase efficiency and decrease “pajama time” working at home.
- Develop tools to maximize your physical and mental health.
- Improve your interpersonal skills to strengthen personal and professional relationships.
- Manage the mental strain and powerful emotions associated with the role of physician.
- Find your “why” and rediscover the joy of medicine by creating structure, building resilience, and finding purpose as a physician and as a person who is whole.

LET'S GET STARTED





READ:

Physician Heal Thyself: Why It's Important To Be Well

By now, you've heard quite a bit about physician burnout. Whether you've experienced it personally, observed it in your colleagues, or reviewed it in our chapter on burnout, it's well established that burnout increasingly and insidiously threatens your profession on multiple fronts. The battle against the disease of burnout is one that is fraught with barriers from within; physicians tend to be pretty busy people! Like our non-compliant patients, it's easy to find excuses for why burnout has run rampant and wellness is more of a concept than a reality.

However, there is increasing data that showing the importance of physician emotional health. Not only is burnout a driver of bad outcomes for patients and physicians themselves, a patient's perception of a physician's own wellness often sets the tone for one of the fundamental parts of patient care: the doctor patient relationship⁽¹⁾. With that in mind, it's important to know your risk of being un-well.



Recommended Tool

Maslach Burnout Inventory.

Use this tool as a refresher to gain valuable insight about your risk of burnout.

<http://md.careers/mindgarden>

**READ:**

Tick-Tock: The Ins and Outs of Time Management

Time management. Those two little words are either a source of comfort or great anxiety for most people. For those who excel at multi-tasking, it's a beacon of light. For those who struggle with balancing a very full plate, it strikes fear in their hearts. As we are all individual in our upbringing, background, and personalities, there is no "one way" for physicians to manage their time. There are, however, a few easy-to-use tools to increase your efficiency and decrease your anxiety when trying to balance your time sheet.

Like most physicians, you can likely triage like a boss. Mildly abnormal TSH? That can wait till tomorrow to address. Critically high potassium? Need to address that right now. Your next patient is having active chest pain with EKG changes? They just got your undivided attention. Physicians excel at being able to make snap decisions in life or death situations. Ask us to decide how to order returning phone calls, write letters of reference for students, run to the grocery store, and dedicate part of your day for "me-time" is overwhelming. My first suggestion: shift your thinking. Apply the same strategy you use (likely successfully) clinically to your everyday life by using the Eisenhower Matrix:

As we are all individual in our upbringing, background, and personalities, there is no "one way" for physicians to manage their time.



The Eisenhower Decision Matrix

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important 1 Do it now	Not Urgent & Important 2 Block off time for this
NOT IMPORTANT	Urgent & Not Important 3 Automate or delegate	Not Urgent & Not Important 4 Periodically do this to recharge

This matrix was developed as an outgrowth from the Eisenhower principal, developed by President Eisenhower to help him manage the multiple complex tasks he faced everyday as the 34th president of the United States (2).

When you look at the grid, it reminds you of the skills you employ doing “triage” in the clinical setting. I often keep this in mind when responsibilities from home and work bleed into each other. And though it’s useful to decide what truly needs your attention “RIGHT NOW,” I make sure to spend a little time each day in grid 4: not important, not urgent because sometimes you just need ten minutes to play your favorite game on your smartphone to clear your head.

One of my favorite teaching strategies is to use analogies. They tend to paint a story in my students’ and residents’ heads and helps them make a visual or visceral connection to the concept being taught. A prime example of this is to think of approaching your daily schedule the same way you would approach cooking a meal: create “pockets of time” for yourself. If you are following a recipe for spaghetti and meatballs, the instructions don’t read: “boil the water, cook the pasta, drain the pasta, then make the meatballs, then the sauce.”

This would literally take twice as long, and no one would make this at home again! Instead, the instructions usually read: “prepare pasta according

to directions on the box. While pasta cooks...you get the drift. While your staff is rooming patients, take that time and sort through your desktop. If there are "easy" tasks to address, do them! Clear that visual clutter and watch the number of items on your desktop drop.

Delegate what you can to trusted staff members instead of letting requests pile up. Organize your

rounds in the hospital by which patients are going to be off the floor for procedures and get them seen, instead of having to double back and find them at the end of the day. By creating little "pockets of time" for yourself, you'll feel less overwhelmed when you come back to it and have more mental energy (and time) to address the clinical conundrums we all run into every day.

Create "pockets of time" for yourself.



Reflection + Activity

Eisenhower Matrix.

Prioritize your tasks by placing each task into one of the four categories:

- | | |
|----------------------------|---------------------------------|
| 1. Urgent / Important | 3. Urgent / Less Important |
| 2. Less Urgent / Important | 4. Less Urgent / Less Important |

Sorting out less urgent and important tasks which you should either delegate or not do at all.

To learn more about how to use the Eisenhower Matrix as a tool for time management, click <https://www.eisenhower.me/eisenhower-matrix/>.

**READ:**

Work Smarter, Not Harder: Making Your EHR And Email Work For You

We all know EHRs are a double-edged sword. E-prescribing, not having to read terrible handwriting, and being able to print patient instructions are all potential upsides of electronic medical records. The downsides: physician perception of EHRs turning them into data entry clerks and seemingly unlimited patient access to electronic information, are often cited as prime contributors of physician burnout⁽³⁾.

As it currently stands, EHRs are here to stay. To make the most of this, keep a few things in mind. First, “embrace the suck” i.e. become a “super-user” of your clinical system. Identify a mentor who is efficient and whose work/documentation you respect and ask them what their secrets are. Find a way to make the system work for you. Second, provide constructive feedback. Take the opportunity to be on an EHR governance committee and work to make reasonable, positive changes in the system you currently have.

Email inboxes can be as anxiety provoking as your electronic clinical desktop. Many organizations, especially large ones, communicate almost exclusively by email. I'm pretty sure we could all spend the equivalent of one entire administrative session just sorting and responding to email. The good news is there are tricks for this as well: systems such as the inbox zero concept, electronic dropboxes/drives, and good old-fashioned paper “to-do lists” can help make this task less overwhelming and more efficient. The other key concept to keep in mind is to not check your email incessantly.

Having technology at our fingertips can potentially be good, however, there is a downside: feeling the need to reply to things immediately to check for responses repeatedly can take a toll on your

mental health. Keep these practices from Harvard Business Review in mind (4):

- Turn off notifications and instead check your email hourly
- Move every email out of your inbox the first time you read it
- Use the search function with search operators to re-find emails
- Set up just two email folders and use shortcuts to archive emails there
- Avoid processing irrelevant or less important emails individually

By following these simple rules, you are taking another step toward practicing wellness: setting boundaries.

Email inboxes can be as anxiety provoking as your electronic clinical desktop.

**READ:*****It's All About The Boundaries***

No one gets through medical school, let alone residency, without being driven. There have been moments where you were determined to prove you could do that procedure competently in record time, master the art of the speedy SOAP note, and identify that “zebra” with less than 3 symptoms. It’s not unusual that the temptation to overachieve would be difficult to resist when you start attending life.

The tendency of physicians is to be self-critical and overcommit, both of which feed the disease that is burnout⁽⁶⁾. So how can a new attending strike that critical balance between making a name for themselves while engaging in self-care? Although it is important, as described in our job transitioning chapter, to be an “**AAA Physician**,” is it possible to strike that critical balance between making a name for yourself and still engaging in self-care? The answer is yes, and the first step is knowing your “**Core Four**”:

1. What am I capable of?
2. What am I not capable of?
3. What am I willing to do?
4. What am I not willing to do?

Although these may seem over-simplistic, establishing these boundaries for yourself personally and professionally is a crucial step on the path to work-life balance. Here’s how I break these down to my residents:

1. What am I capable of? This speaks more to your background and training than your ability as a physician. I was trained in what I refer to as the “dark ages”: no hospitalists, no nocturnists, no duty-hour



restrictions...it was you and your skills flying without a net. As a result, I came out of my FM residency program trained to do critical care medicine, hospital work, nursing home care, and practice outpatient medicine. When looking at potential jobs, these were skills that I listed and considered that training when reviewing job offers. I knew I was capable of doing these tasks in my life as an attending.

2. What am I not capable of? Again, this one is pretty straightforward. If you’re not trained to do something, don’t advertise it in your skill set or agree to incorporate it into your practice! You wouldn’t hire a master carpenter to do the job of an expert plumber....why would you put your patient (or yourself) at risk by practicing outside your scope of care. If a potential employer offers to train you in a reasonable procedure (for example: learning how to perform and read stress tests as a family doctor), negotiate CME time, credit, and reimbursement.

FIELD NOTES

Just like the practice of medicine changes over time, my list of priorities has changed over time. Having an innate sense of what you're willing and capable of doing is good; knowing that this list may change over time and welcoming that evolution is critical to maintaining balance and wellness throughout your career.

– *Marcus Magnet, MD, FAAFP,
South Jersey Family Medicine*



3. What am I willing to do? This is one of the grayer areas of being a practicing physician; it speaks more to confidence and comfort level than true ability. For example, I also happened to train at a program that did more obstetric deliveries than any other health system in the area, making my OB/GYN experience unusually heavy for a FM resident. I did very well on my GYN and OB rotations and scored highly on those sections of my boards.

However, I did not feel confident in my abilities to incorporate this into my everyday medical practice. Could I do a delivery in a pinch? Probably. Do I feel highly capable of doing so? Nope. With regards to comfort level, this is where you need to take your own personal wellness into account. I practiced that "triple threat" of primary care (inpatient, outpatient, nursing home medicine) for well over a decade.

I'm pretty confident I am still capable of doing so. The difference, in my journey of learning to be well, is that I choose not to. I made an active decision that being that pulled in several emotionally-taxing directions at once was not in the best interest of my wellness as a person, let alone as a physician. And that's OK. All this leads us to number series.

4: What am I not willing to do? or as I like to call it, **what are your deal-breakers?** It's easy to say no to something when you haven't been trained in it, or when the discomfort/risk obviously outweighs the harm. Being truly well involves having the insight, courage, and confidence to say "I know I'm capable of this, and I know I used to do this, but I'm no longer (or not willing) to do this anymore."

Your reasons for establishing your "deal-breakers" are going to be varied and might evolve over time. A brand new attending might feel very differently about something than a mildly-seasoned attending, and so on. Knowing that these guidelines are in flux, being willing to revisit and reassess them, and paying attention to your own internal warning bells that something is "off" is crucial in establishing these boundaries and keeping your wellbeing as a priority. One of the biggest challenges in setting those boundaries is learning to deal with feelings of guilt for saying no. Check out our toolbox section below for more tips and tools on this crucial skill.



Recommended Tool

5 Guilt-Free Tips for Saying “No”

Use this tool to learn how to create boundaries for yourself by saying no.

<http://md.careers/forbes>



READ:

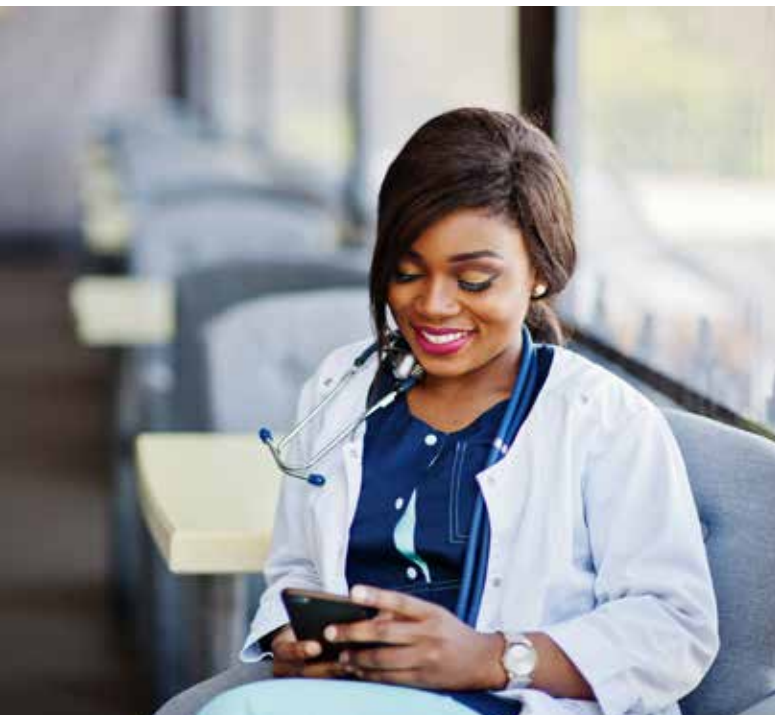
There’s An App For That: Using Tech For Your Wellness

As much as we often rail against technology in our everyday life (EHRs are a prime example), there are emerging studies and recommendations for using mobile apps to help bridge the ever-widening gap in mental health care.

In addition to a position statement in which the American Academy of Family Physicians (AAFP)

discusses the rising field of telemedicine for mental health care (8), AAFP has also recently reviewed and compiled a list of five mental health apps to help patients with anxiety and depression (9). It stands to reason if we are recommending these to our patients....why not use them for ourselves?

We all know how valuable and scarce time can be; though extremely helpful to most, committing 1-2 hours every other week for a visit with a therapist can seem overwhelming and create more anxiety over the time crunch most physicians face. Having tools such as active listeners, meditation strategies, and a guide for progressive muscle relaxation at your fingertips that you can use right before bed, in your car, or in the privacy of your office on lunch can be an effective way of introducing wellness into your day.





Recommended Tool

Mood Tools App For Depression

Use this app to improve your mood by analyzing your thoughts and identifying negative/distorted thinking patterns based on principles from cognitive therapy.

<http://www.moodtools.org/>

Fear Tools App For Anxiety

Use this app to relax with this simple and customizable paced breathing tool

<http://www.feartools.com/>



READ:

Incorporating Wellness into Every Day

Expecting a patient, let alone ourselves, to commit a large chunk of time for self-care during their week can seem like a big ask. I spent years toiling under the delusion that if I just kept my head down and plowed forward. I would be “OK.”

As I noted earlier, I often use analogies with my learners or my patients to get an important concept across. My favorite self-care analogy is a very simple one: If you don't put gas in your tank, your car doesn't run. It's just that simple, yet that complex.

Deciding that you are going to be a priority in your own life and investing time and effort into your own wellness not only benefits you, but it has an unmeasurable positive impact on those around you. You are role modeling a message to your family, your friends, your coworkers, and your patients that your health (physical and mental) is important to you. How can you get this habit started? ***By taking ten minutes a day for yourself.***

FIELD NOTES

"Make something beautiful of your life"

– **Abraham Verghese,**
Cutting for Stone



Ask for an hour and you're likely to get tremendous pushback (even from yourself!). Ask for ten minutes... well, we all can find ten minutes somewhere in our day. There are a number of scholarly articles written on the psychology of forming healthy habits. Many of them emphasize the importance of setting yourself up for success by making realistic, defined goals that are time specific and measurable, the so-called "SMART" goals ⁽¹⁾.

The trick for applying this to physician wellness is to spend the time you've designated for self-care doing something where the only purpose of that activity is taking care of yourself. Physicians are phenomenal multitaskers by nature, but if you're multitasking, by definition, you are not focused on the actual task at hand: self-care. With time, the goal is to try to expand this habit into 20 minutes, then 30 (you get the point). Here are a few of my favorite suggestions for those ten minutes a day:

At the office:

- > Practice yoga breathing
- > Play your favorite game on your smartphone
- > Color
- > Take a walk
- > Use the "5-4-3-2-1" coping technique
- > Check in with social media
- > Listen to your favorite musician

At home:

- > Meditate
- > Journal
- > Garden
- > Take a bath
- > Lift weights
- > Play video games
- > Knit/crochet/quilt

Literally, the list of possibilities for these are endless. My rule is that it should be legal, safe, and again, no multitasking! I know these all seem to live in the "not-important, not-urgent" square of the Eisenhower grid, but remember, this is where we go to recharge our batteries. And truthfully, sometimes the most important and most urgent task in our day should be our self-care.

Just as physicians are experts at multitasking, we are highly competitive by nature. A by product of this is the tendency to be self-critical. Whether your journey into wellness is one of a novice or if you mastered the art of self-care years ago, the path you choose to be well is unique to you alone. In the age of social media, it's very easy to compare ourselves to others and find yourself lacking. Be

selective about where you spend your time digitally and be mindful that what you're seeing may be very different from what reality is.

Remember, your job is to do the best you can with the day you've been given; tomorrow will take care of itself. There will be days that you are an average partner at home, you are truly grateful that nothing catastrophic happened to your patients, and you are most definitely *not* parent of the year. Trust me, I've had them. And it's OK. As noted in our job transitioning chapter, you can't be 100% of all things to all people all the time; that leaves you with no gas in your tank. Even if you're weary, find that ten minutes of self-care time and be stronger than your strongest excuse for why you don't have the time.



Reflection + Activity

Take this opportunity to list three times in your day when you can fit ten minutes of wellness into your life. It doesn't have to be glamorous, but it should be a priority. Then add those ten minutes into your calendar; we tend to keep appointments, so make that ten-minute appointment with yourself and keep it as a priority in your life!

- 1.
- 2.
- 3.



**READ:**

Becoming Whole As A Physician And A Person: Finding Your Why

Throughout your medical education you have been primarily focused on the question of “how” to be a doctor: facts to memorize, techniques to learn, procedures to follow. What is increasingly obvious is how the “why” of medicine has been lost in training, leading to pervasive rates of burnout throughout all specialties.

But like any other public health threat, there is hope on the horizon. Governing organizations such as the ACGME are recognizing this foundational shift and are taking strides to correct it. Common program requirements now include specific language regarding, and an emphasis on, resident and physician wellbeing.

While having requirements and guidelines is helpful, cultural change often moves at a glacial pace. In order for these changes to take root, seeds have to be planted. The best place to find those seeds are to harvest them from within: Revisit your own personal “why”. What were the reasons you became a physician? Are they still the same? What gives you meaning every day? How do you build relationships with your patients, your partners, your family, with yourself? Will this sound corny to some? Sure. Does this lie at the heart of the “art” of medicine? Absolutely!

Respected organizations such as the Robert Wood Johnson Clinical Scholars Program and the New England Journal of Medicine have reported extensively on the importance of physicians finding their “why” ⁽¹²⁾ not just as clinicians, but as leaders, role-models, and whole individuals. In order to be truly well, it is imperative that we remember that the practice of medicine is truly an art grounded in science, and we are all artists with different abilities,

mediums, and inspirations. Take time for yourself to find your muse; I guarantee the journey and time spent will be well worth it.





Chapter Tool Box

The **CHAPTER TOOL BOX** consists of **RECOMMENDED TOOLS** featured throughout the chapter, along with additional resources and recommended links.

These tools will help you gain valuable insight about **Wellness**.

MASLACH BURNOUT INVENTORY

<http://md.careers/mindgarden>

EISENHOWER MATRIX

<https://www.eisenhower.me/eisenhower-matrix/>

5 GUILT-FREE TIPS FOR SAYING "NO"

<http://md.careers/forbes>

7 CUPS APP FOR ACTIVE LISTENING

<https://www.7cups.com/>

MOOD TOOLS APP FOR DEPRESSION

<http://www.moodtools.org/>

FEAR TOOLS APP FOR ANXIETY

<http://www.feartools.com/>

BOOSTER BUDDY APP FOR MENTAL HEALTH

<https://mindtools.io/programs/boosterbuddy/>

SLEEPBOT APP FOR DISORDERED SLEEP

<https://mysleepbot.com/>

WHATSUP? APP FOR MENTAL HEALTH

<http://www.thewhatsupapp.com/>



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Congratulations on reading Physician Wellness!

NEXT STEP: Track your progress with THE TRACKER – an action plan for you to apply *Physician Wellness* lessons learned.

This step-by-step action plan consists of reading assignments, exercises, checklists, assessments and additional resources to help you transition from training into your work/life by making good sound decisions.

To access your Physician Wellness TRACKER, go to md.careers/T3.

Focus on your goal. Don't look in any direction but ahead.