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College of Medicine

THE UNIVERSITY OF VERMONT

Hello from the Department of Medicine Faculty Development Committee!

Welcome to the third quarterly email from the Faculty Development Committee. In the last quarter, the Committee has begun to examine faculty burnout and ways to prevent it within the Department of Medicine.

What is Burnout?

Burnout is a syndrome consisting of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, which is primarily driven by workplace stressors. Over the past several years, burnout has become a major concern for physicians as well as many other professionals, researchers, and educators across the country. It is reported that nearly half of practicing physicians in the United States experience burnout at some point in their career. Physician burnout has been linked with lower work satisfaction, disrupted personal relationships, substance abuse, and depression. In addition to the personal toll burnout can take individual physicians, there is a substantial amount of literature that has shown burnout can negatively impact healthcare organizations. Burnout has been correlated with reduced productivity, high job turnover, and early retirement. In addition burnout can result in an increase in medical errors, reduce quality of patient care, and lower patient satisfaction. Burnout is of course not limited to physicians – all providers and non-clinical faculty members are at risk due to the highly demanding work we pursue both in the hospital and at the College of Medicine.

What Causes Burnout?

There are a number of factors that have been shown to influence the rate of burnout among physicians and others. Excessive workload, imbalance between job demands and skills, lack of job control, and prolonged work stress have all been implicated as leading drivers of burnout. In addition, the widespread implementation of electronic medical records (EMRs) has also been reported as a contributing factor to physician burnout.

How do we “treat” Burnout?

Recently, there is been a shift from viewing burnout as an individual problem to a broader, organizational (“systems”) issue. Currently, interventions for

burnout can be classified into two categories, faculty member-targeted interventions (typically called wellness programs) and organization-directed interventions. A recent meta-analysis in JAMA Internal Medicine, suggests that recent intervention programs for burnout in physicians were associated with small benefits that may be boosted by adoption of organization directed approaches. It is likely that a combined approach of individual and organizational- directed programs may yield the most benefit when combating burnout.

What are we doing to address burnout in the Department of Medicine?

Your colleagues on the Department of Medicine Faculty Development Committee, as well as the leadership within the Department of Medicine, are actively working on potential strategies to help reduce burnout among our colleagues. Efforts on a departmental level include an initiative to identify and adopt best practices for the use of ancillary staff to improve provider efficiency and continued efforts to improve provider workflow in PRISM. In addition to highlighting existing wellness resources at UVM and UVMMC, the Faculty Development Committee is developing resources to help faculty have more control over and to enhance their professional lives through career development supports and mentoring (found on our web page), and, in collaboration with the Faculty Engagement Committee, faculty interest networks and events. The Medical Group is also working on assessing and addressing burnout at UVMMC. Despite our beautiful surroundings and talented colleagues, it is likely that we are not immune from physician burnout. Please contact us if you have any ideas regarding efforts to address burnout in our department.

Further resources regarding burnout and resources to combat it can be found at <http://www.med.uvm.edu/medicine/subspecialty/Academic-Affairs/academicaffairs>.