

# Physician Wellness

## Preventing Stress, Burnout and Saving Your Career

*Matthew M. Eschelbach, MS, DO, CPE, FACEP, FAAPL*  
*Medical Director of EMS and Trauma*  
*Medical Director of Undergraduate Education*  
*St Charles Health System*

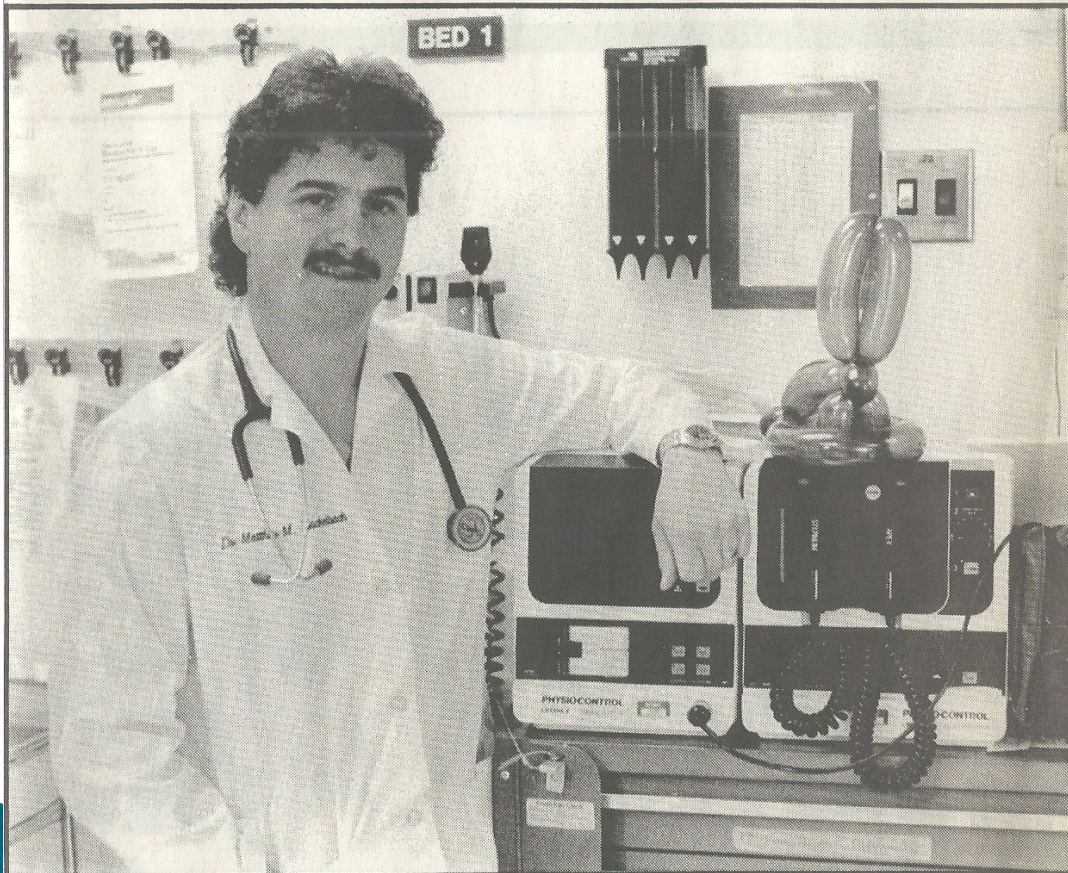
# Disclaimer

- ▶ During my presentation if I say *PHYSICIAN* please substitute *PA* *or Nurse Practitioner* as these stresses and terms for the purpose of this lecture are synonymous.



# Rural Roots

## *New ER doctor hails from New Jersey*



Dr Eschelbach poses in the emergency room with a friendly balloon rabbit.

## Works well with kids

Marathons are a special interest of Mountain View Hospital's newest doctor, 33-year-old Matthew M. Eschelbach, D.O. (doctor of osteopathic medicine). In fact he has run 11 marathons, including one in New York City.

Eschelbach was born in Red Bank, N.J., one of six children. His father was a news editor and his mother was a bureau clerk.

He attended Rutgers University in New Brunswick, N.J., graduating in 1982 with bachelor's degrees in biology and sociology. There he also met his wife, Jeanine, who was an exchange student from Oregon State University.

Moving to Oregon, he attended OSU from 1982 to 1984 and received a master of science degree in microbiology. Eschelbach taught at OSU on a teaching assistanceship, then went to medical school in Des Moines, Iowa from 1984 to 1988 at the University of Osteopathic Medicine and Health Science. While there he was elected class president and president of the honor society.

His internship was spent at Metropolitan Hospital in Philadelphia, Pa., and his residency at the

University of Medicine and Dentistry of New Jersey, where he was also the chief resident in family medicine.

In July 1991, the family moved to Central Oregon where he opened a private practice in Sun River and LaPine.

At Mountain View, Eschelbach is a full-time emergency room physician, working a 50-hour shift from Friday to Sunday. He also does occasional work at the Redmond hospital in the emergency room.

The Eschelbach family, which includes two sons, Marcus, 3, and Eric, 1, lives in Sun River. Central Oregon fits in with the new doctor's interests which include skiing, backpacking, camping and scuba diving.

One emergency room talent patients may never have seen before is Dr. Eschelbach's balloon tying abilities.

"I do well with kids and tie balloons for them. It immediately takes away the barrier between you and the child. It puts the child at ease and you can get a smile even if they're hurting," he explained, saying he picked up to talent during one of his son's birthday parties.

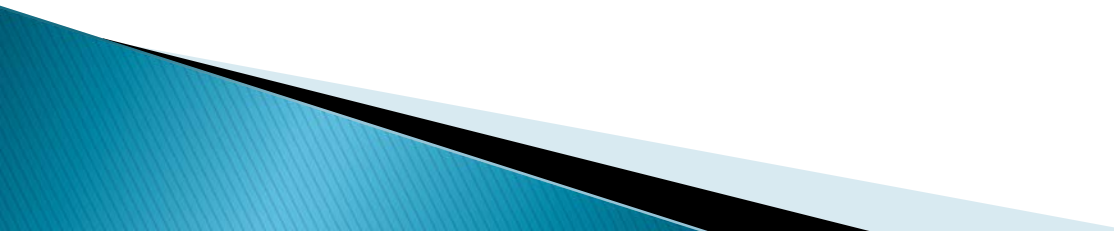


# The Problem with Physicians





# Case Presentation

- ▶ Physician
  - ▶ Husband
  - ▶ Father of 3 Boys
  - ▶ Soccer Coach of 3 Teams
  - ▶ Medical Director of Emergency Department
  - ▶ Medical Director of 6 EMS Agencies
  - ▶ Chief of Staff
  - ▶ President Elect of Medical Staff
  - ▶ 12–24 hour shifts Days and Nights.
- 

# Litigation Stress





# Litigation Stress

1 • Mar. 14, 2005

A Legal Journal serving Madison &

## Alton attorney accidentally sues himself



Emert

*By Steve Korris*

Alton attorney Emert Wyss  
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company that Wyss owned--  
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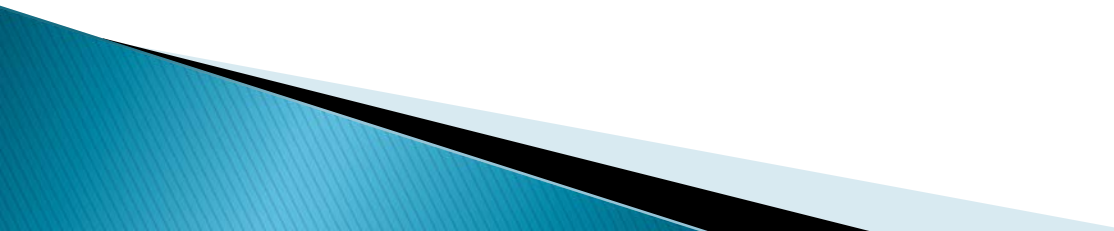
# Case Presentation

- ▶ Pt is a 45 year old male with a 2 day history of “viral -like “ symptoms. He was previously well until 2 days prior to presentation when he developed mild chills, nausea without vomiting, and generalized muscle aches. The patient spent one day in bed and was well enough to return to work the following morning. At 2 PM pt. began to experience chills, nausea, and profound rigors.

# Case Presentation

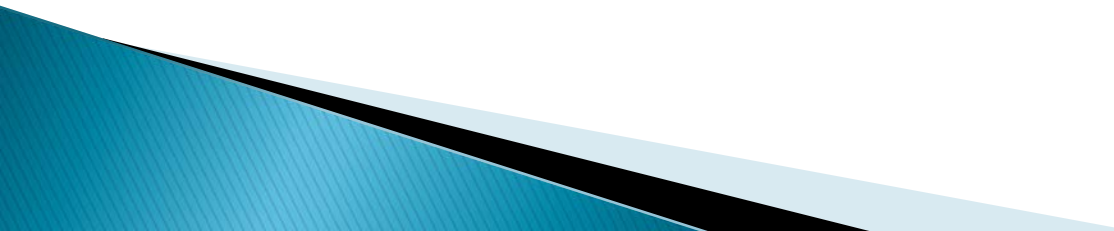
- ▶ The patient left work and went home where IV fluids and anti-nausea meds controlled his symptoms. The following day patient developed severe headache, nausea, vomiting, worsening chills, and *neck stiffness*.
- ▶ Patient was taken to the ED and was evaluated by the ED physician on duty ( Who happened to be covering this patient's shift for him).

# Case Presentation

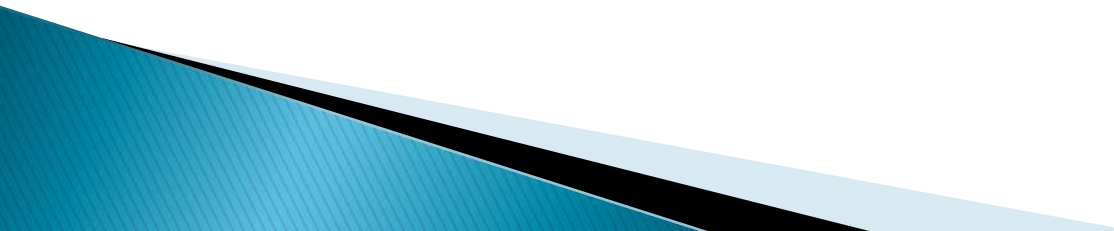
- ▶ Past Medical Hx. – Negative except mild gingivitis 2 weeks prior treated with aggressive water pick use and removal of a popcorn kernel from posterior upper molar. Symptoms resolved in one day.
  - ▶ No Hx of sinusitis, respiratory illness.
  - ▶ Vitals HR 120 Regular, BP 85/50, Temperature 102 F Resp. 20
- 



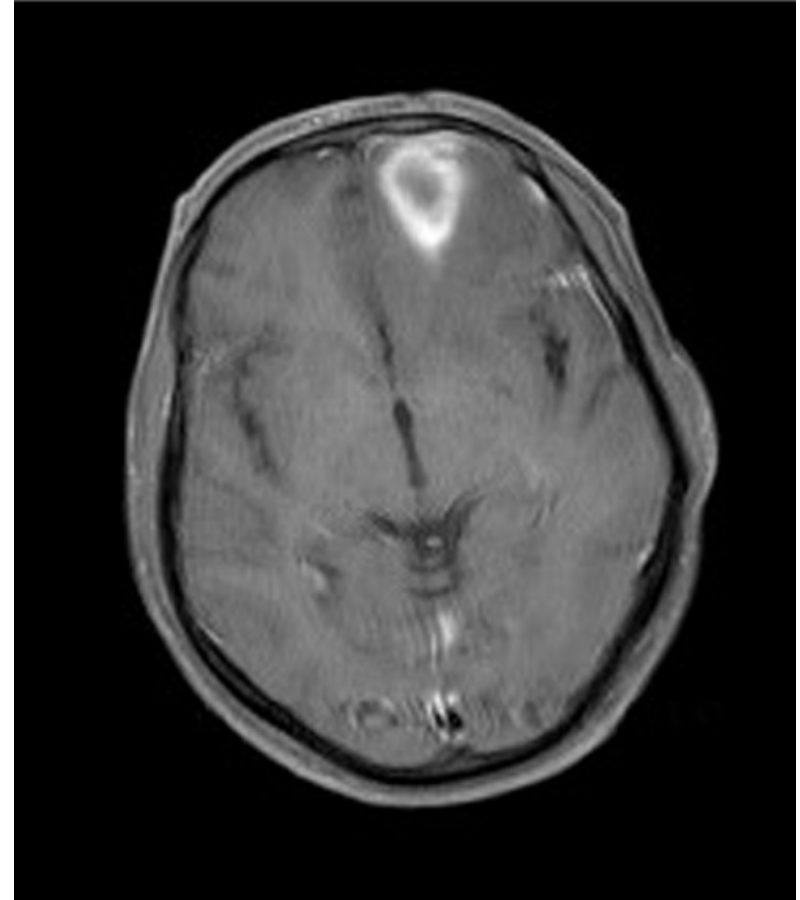
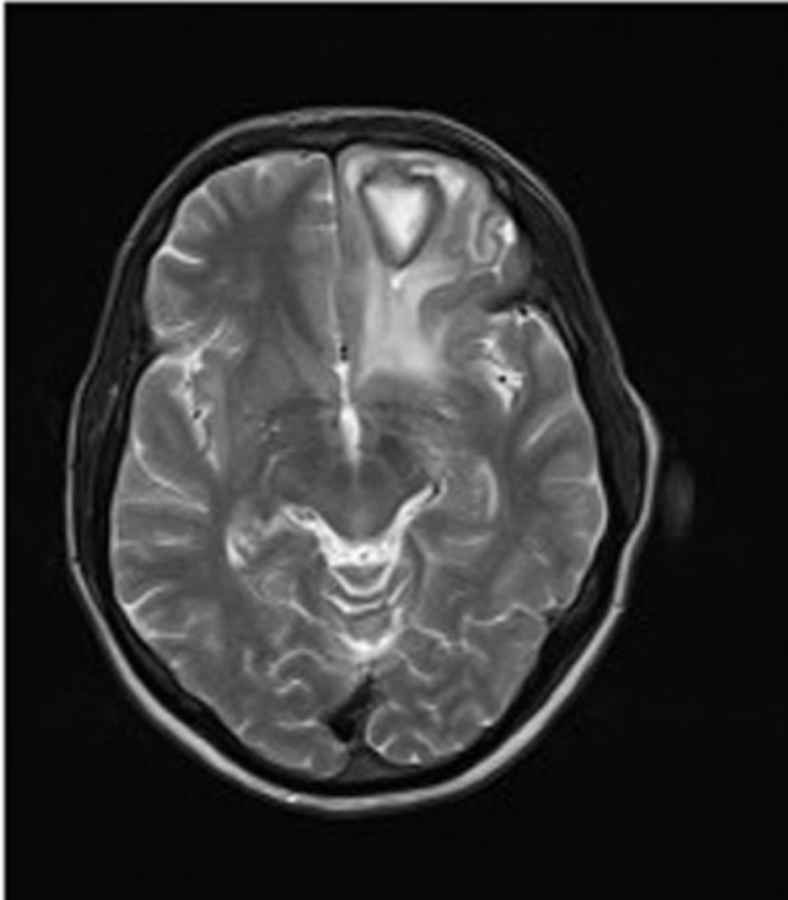
# Case Presentation

- ▶ Physical Exam – Ill appearing white male, with complaints of profound cephalgia and neck stiffness.
  - ▶ HEENT Exam negative
  - ▶ Heart/ Lung Exam WNL.
  - ▶ ABD/ GU Exam Normal
  - ▶ Neuro– Mild Ataxia, Kernig’s and Brudzinski’s signs positive.
- 

# Work Up

- ▶ WBC Count 22,000 with left shift
  - ▶ Chem 14– Normal
  - ▶ Blood Cultures Obtained
  - ▶ CT Scan Shows Left frontal mass with ventricular involvement and mass effect.
  - ▶ Rocephin 2 Grams IV + pain Meds IV
  - ▶ Transfer to Level 2 Center for MRI and admission to Neurosurgery service.
- 

# CT Scan- Left Frontal Lobe Mass



# Clinical Course

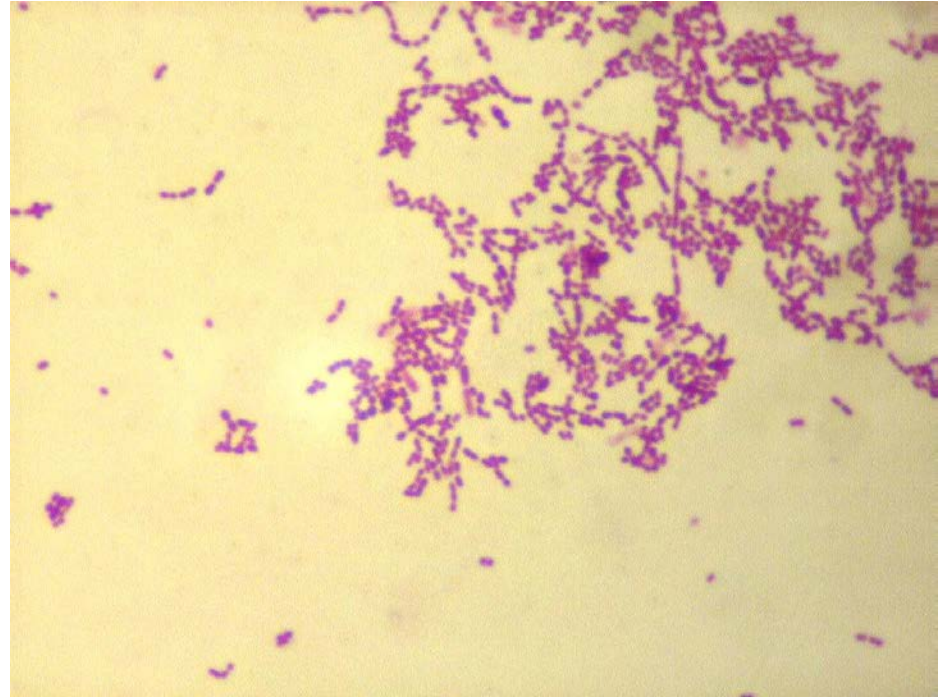
- ▶ Patient was admitted to ICU on triple antibiotic therapy of vancomycin, flagyl, and ceftazidime.
- ▶ Due to increasing pain and worsening neurologic symptoms a ventriculostomy was performed to relieve pressure and aid in abscess drainage.





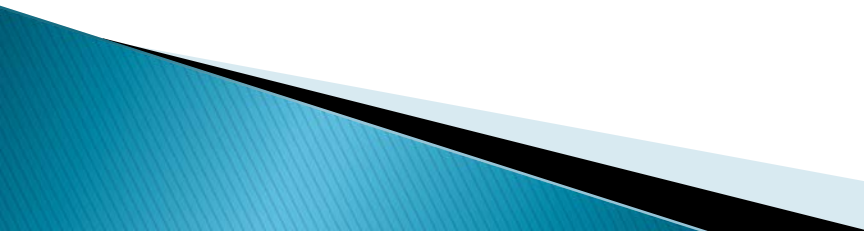
# Clinical Course

- ▶ Spinal Tap revealed Gram Positive cocci in clusters. Pressure elevated. Increased WBC, consistent with meningitis.
- ▶ Mental Status continued to deteriorate with profound confusion and eventual coma



*Peptostreptococcus* sp.

# Diagnosis: Frontal Lobe Brain Abscess, Encephalitis, Meningitis Ventriculitis

- ▶ Brain Abscess has up to a 50% mortality
  - ▶ High Morbidity in survivors is generally due to residual focal defects, increased incidence of seizures due to scar tissue foci, or neuropsychiatric changes.
  - ▶ Prior to availability of CT Scan most abscesses were diagnosed post-mortem
- 

# Clinical Course

- ▶ On the third ICU day patient awoke and rapidly improved.
- ▶ Patient was able to eat on the fourth day. Patient was able to ambulate on the fifth day.
- ▶ Patient remained in the ICU for eight days, and ventriculostomy was removed on the 8<sup>th</sup> day.
- ▶ Patient was transferred to medical floor on the 9<sup>th</sup> day.





# Clinical Course

- ▶ Patient was discharged on the 10<sup>th</sup> hospital day.
- ▶ Home Care IV and Nursing was arranged and IV antibiotics continued for 6 weeks as an out patient. Switched to P.O. Augmentin for additional 10 days





# Returning to Normal–Stages

- ▶ Returning Home
- ▶ Return of Administrative Duties
- ▶ Removal of PIC –Lines
- ▶ Return of Ability to Exercise
- ▶ Return of Driving Privileges
- ▶ Neuropsychological testing
- ▶ Returning to Work



**Colleagues Advice ??**



# Stress and Burnout

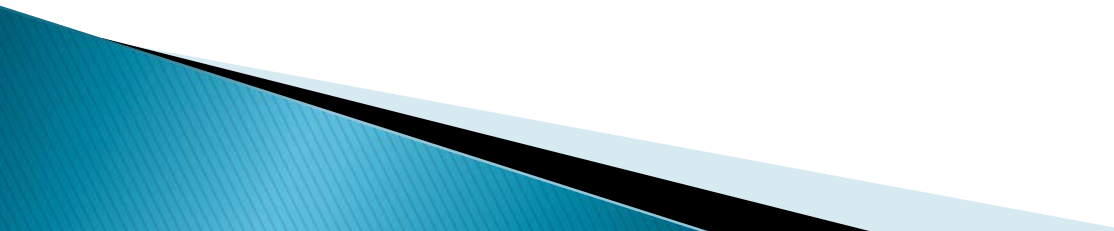


“And he said unto them,  
Ye will surely say unto  
me this proverb,  
Physician, heal thyself”

*Luke 4:23*

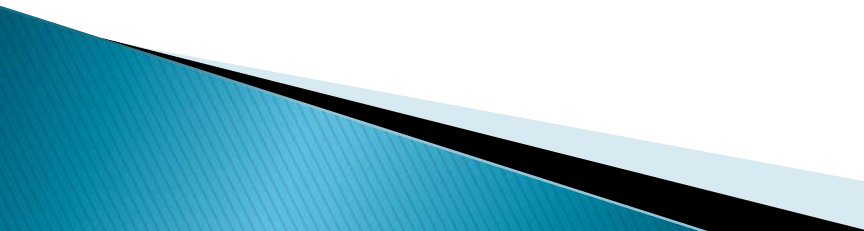


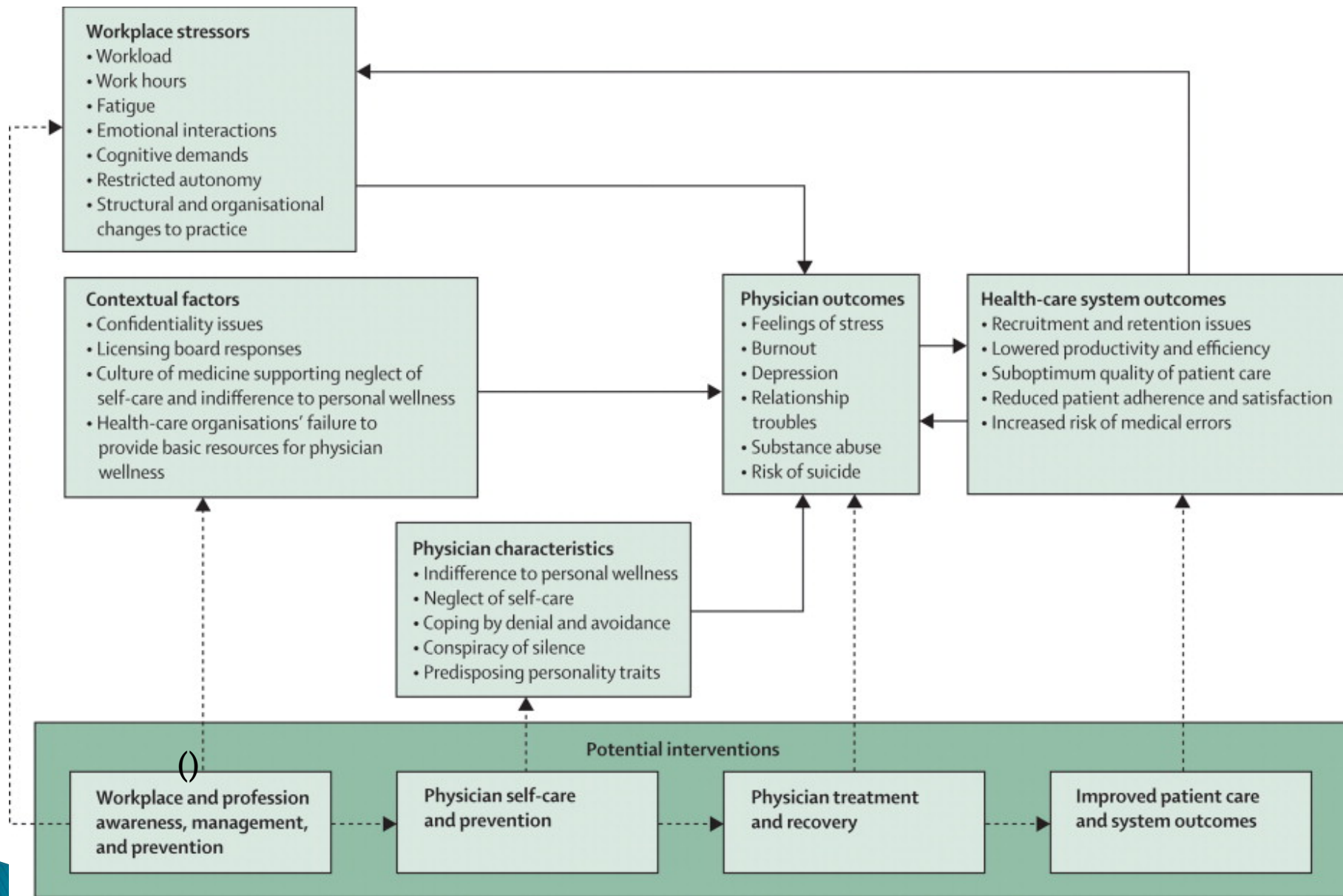
# Stressors

- ▶ LEAN – Loss of Autonomy
  - ▶ Decreased Encounter Time
  - ▶ EHR
  - ▶ Metrics / Staff Problems
  - ▶ Report Cards
  - ▶ Patient Satisfaction
- 



# Burnout

- ▶ *1. Emotional Exhaustion*
  - ▶ *2. Depersonalization*
  - ▶ *3 .Loss of a sense of personal accomplishment*
- 

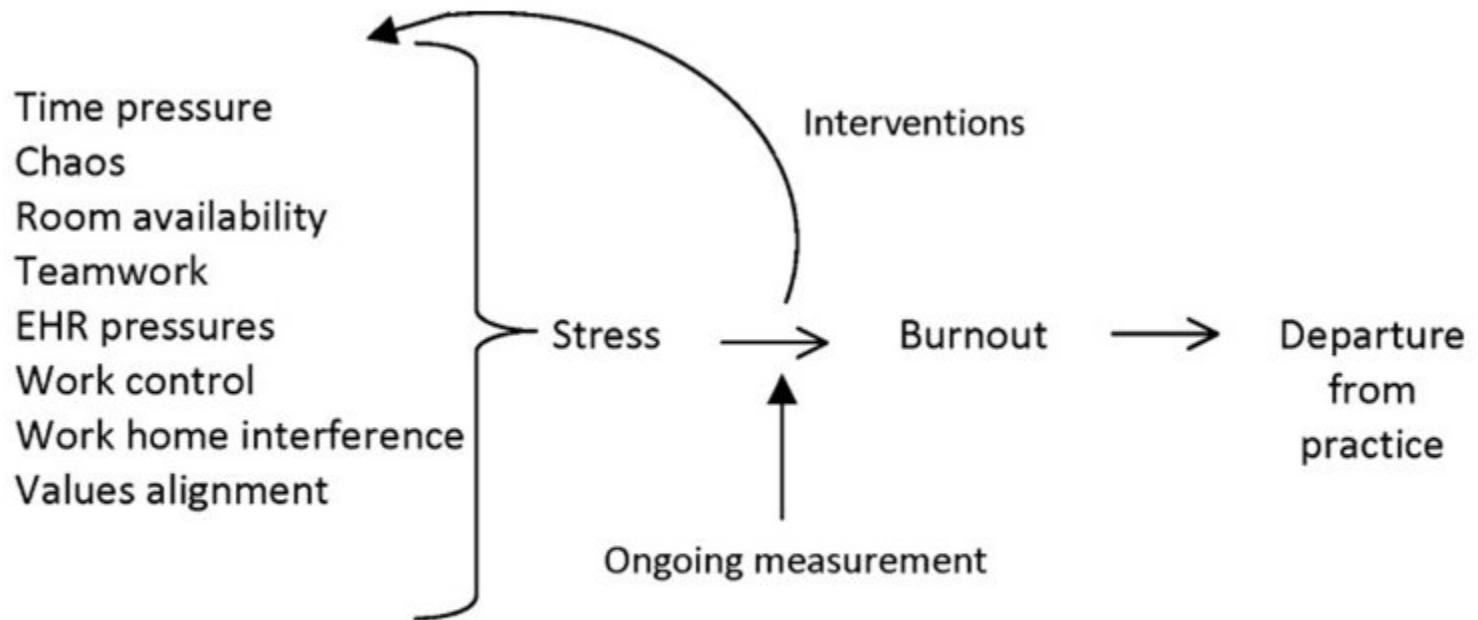


# The Electronic Health Record





# The Electronic Medical Record



EHR = Electronic Health Record

<https://www.linkedin.com/pulse/electronic-medical-records-physician-burnout-anupam-goel/>



# Burnout

- ▶ *28,000 Physicians participated in study on burnout*
- ▶ *45.8% had at least one symptom of burnout*
- ▶ *Front line medicine had highest rates*
- ▶ *( ER, General IM. ( hospitalists) Family Medicine )*

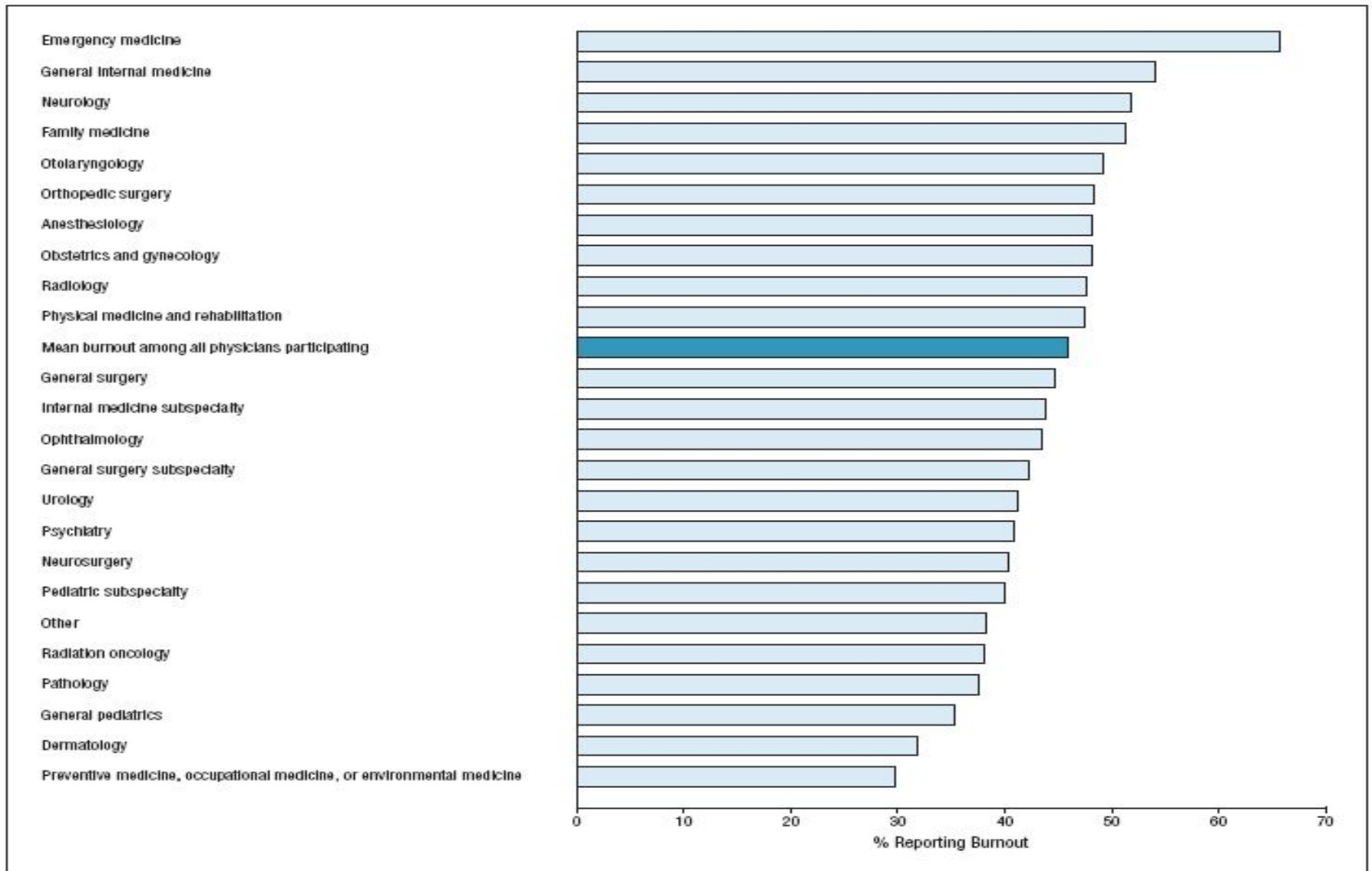


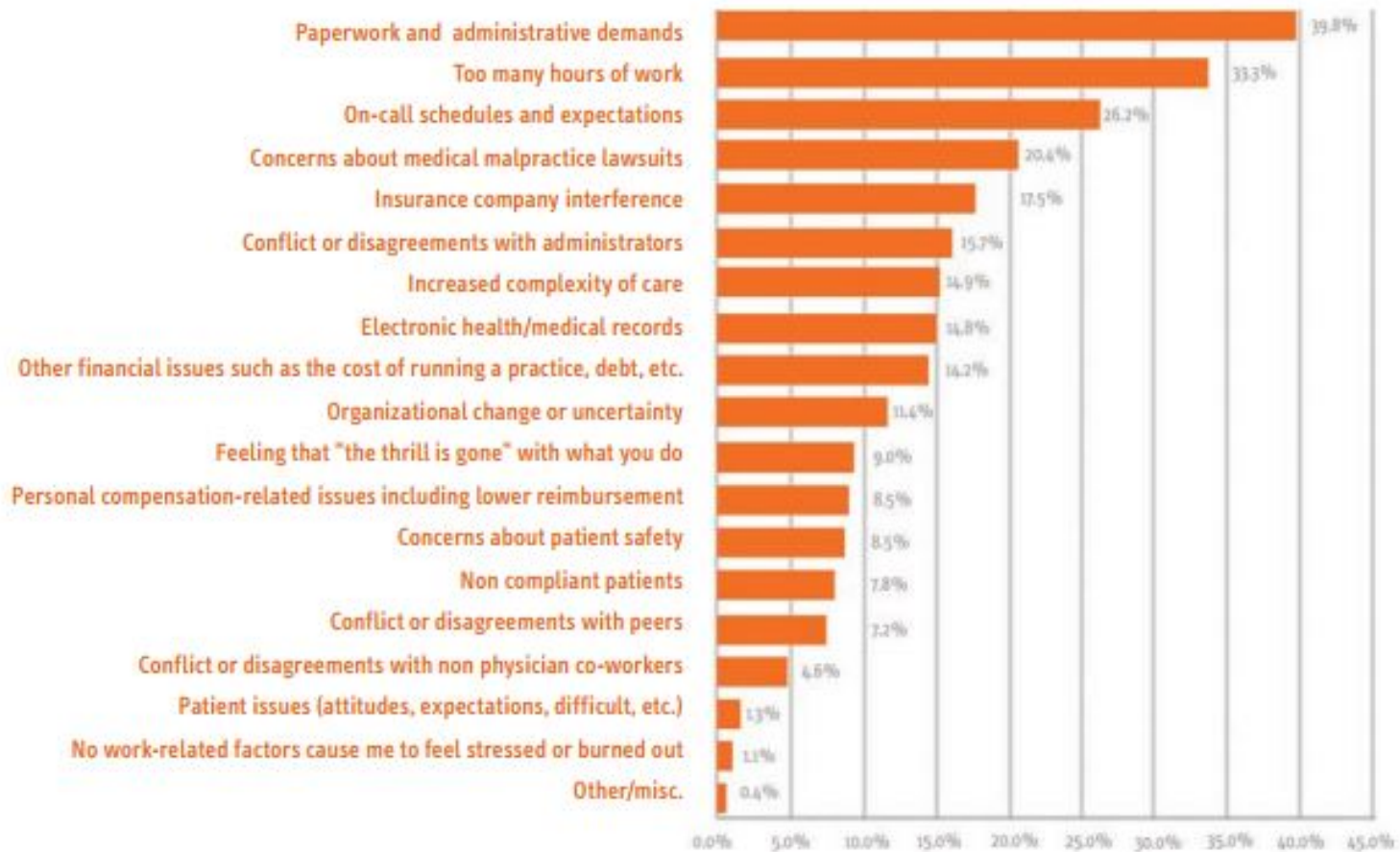
Figure 1. Burnout by specialty.

**Figure 1:**  
External Factors Causing Stress or Burnout

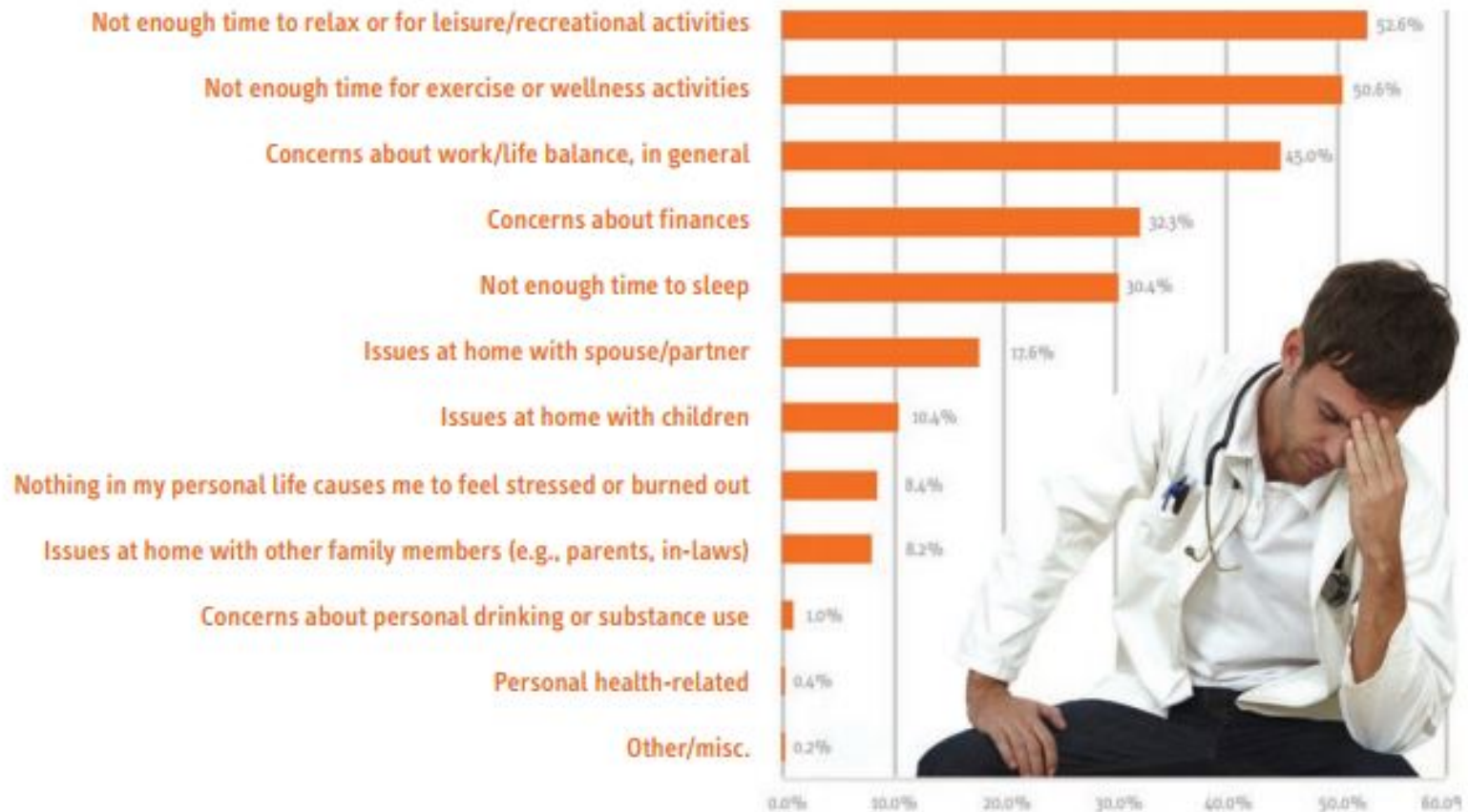


Rosenstein, Alan H. "Physician stress and burnout: what can we do?" *Physician Executive*, Nov.-Dec. 2012.

**Figure 2: Work-Related Factors Causing Stress or Burnout**



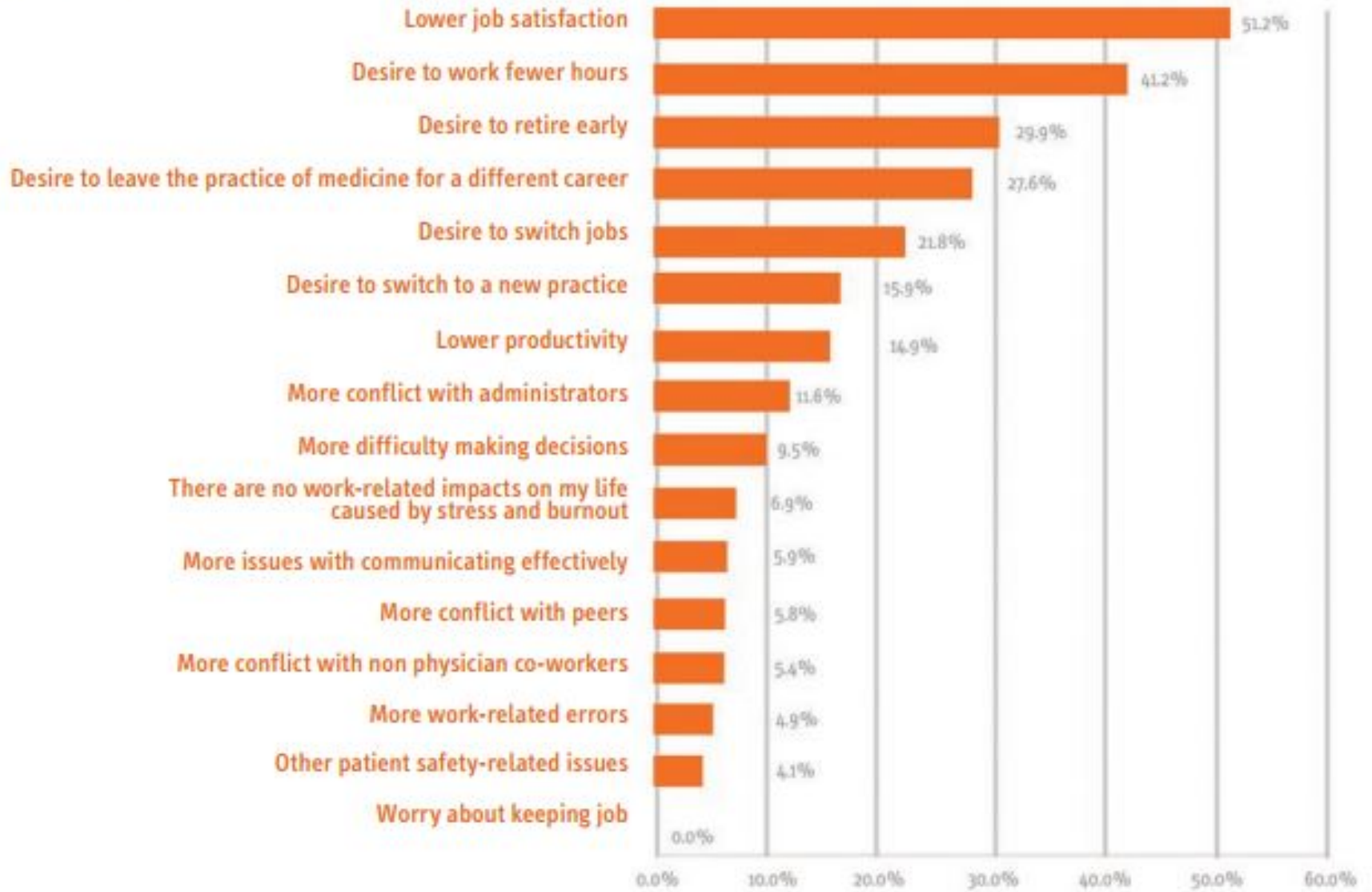
**Figure 3:** Personal Life-Related Factors Causing Stress or Burnout



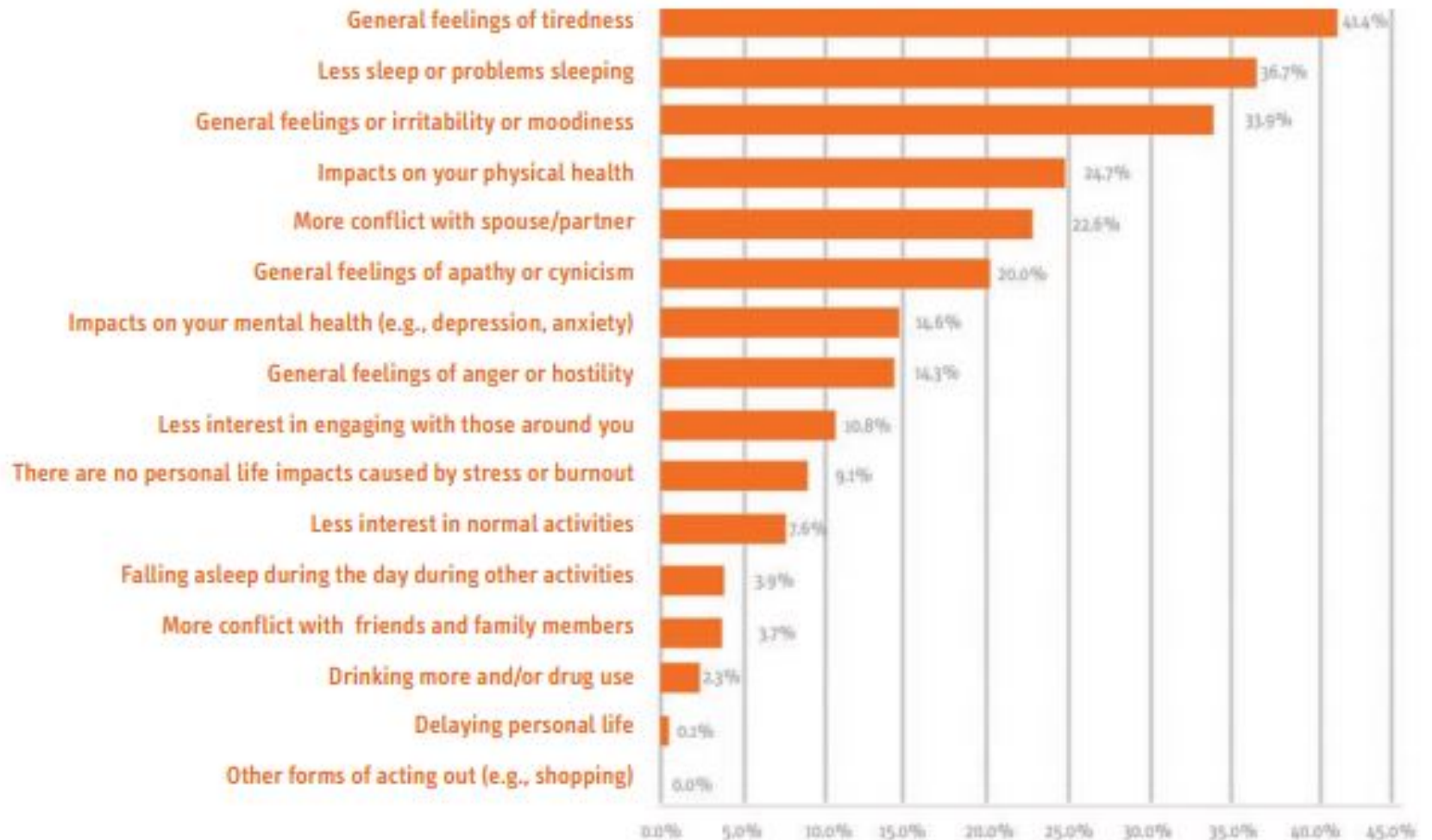
Rosenstein, Alan H. "Physician stress and burnout: what can we do?" *Physician Executive*, Nov.-Dec. 2012.



**Figure 4: Work-Related Impacts of Stress or Burnout**



**Figure 5: Personal Life-Related Impacts of Stress or Burnout**



# What is your score ?

- ▶ Holmes Rahe

- ▶

- ▶ <[https://www.mindtools.com/pages/article/newTCS\\_82.htm](https://www.mindtools.com/pages/article/newTCS_82.htm)> [https://www.mindtools.com/pages/article/newTCS\\_82.htm](https://www.mindtools.com/pages/article/newTCS_82.htm) >

- ▶ Burn out Scale

- ▶

- ▶ <[https://www.mindtools.com/pages/article/newTCS\\_08.htm](https://www.mindtools.com/pages/article/newTCS_08.htm)>

# The Holmes and Rahe Stress Scale

[https://www.mindtools.com/pages/article/newTCS\\_82.htm](https://www.mindtools.com/pages/article/newTCS_82.htm)

# Burnout Scale

- ▶ [https://www.mindtools.com/pages/article/newTCS\\_08.htm](https://www.mindtools.com/pages/article/newTCS_08.htm)

Calculate My Total

Total = 74

## Score Interpretation

Score	Comment
15-18	No sign of burnout here.
19-32	Little sign of burnout here, unless some factors are particularly severe.
33-49	Be careful – you may be at risk of burnout, particularly if several scores are high.
50-59	You are at severe risk of burnout – do something about this urgently.
60-75	You are at very severe risk of burnout – do something about this urgently

See our article on [Avoiding Burnout](#) if you think you might be at risk of it. See our article on [Recovering From Burnout](#) if you think it might already have occurred.



43 Statements to Answer

Yes

No

Calculate My Total

Total = 283

**Note:** If you experienced the same event more than once, then to gain a more accurate total, add the score again for each extra occurrence of the event.

## Score Interpretation

Score	Comment
11-150	You have only a low to moderate chance of becoming ill in the near future.
150-299	You have a moderate to high chance of becoming ill in the near future.
300-600	You have a high or very high risk of becoming ill in the near future.

## **Table 1. Ten Steps to Prevent Physician Burnout**

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### **Institutional Metrics**

1. Make clinician satisfaction and wellbeing quality indicators.
2. Incorporate mindfulness and teamwork into practice.
3. Decrease stress from electronic health records.

### **Work Conditions**

4. Allocate needed resources to primary care clinics to reduce healthcare disparities.
5. Hire physician floats to cover predictable life events.
6. Promote physician control of the work environment.
7. Maintain manageable primary care practice sizes and enhanced staffing ratios.

### **Career Development**

8. Preserve physician “career fit” with protected time for meaningful activities.
9. Promote part-time careers and job sharing.

### **Self-Care**

10. Make self-care a part of medical professionalism.
-

# Mindfulness

- ▶ Higher numbers of satisfied patients and more frequently practiced patient-centered communication.
- ▶ Improving physician mindfulness can result in better patient outcomes and stronger physician leadership.
- ▶ Simply put, it's about a nonjudgmental, compassionate awareness of your life as it unfolds moment to moment.

Linzer M, 10 bold steps to prevent burnout in general internal medicine. J Gen Intern Med. 2014 Jan;29(1):18-20.

# Mindfulness How Can it Work ?

▶ *Siri*

▶ R

▶ S

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▶ D



e

edback

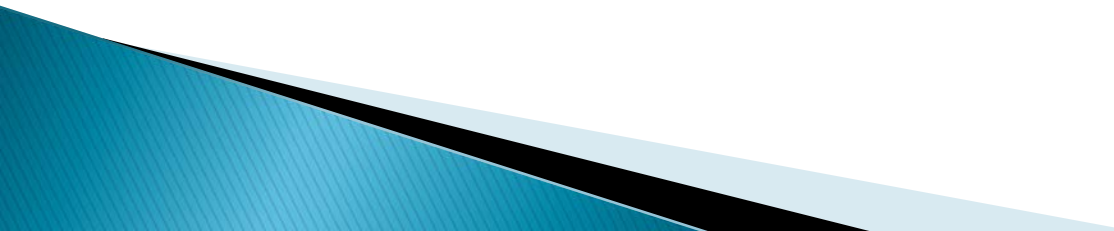
**How Do I learn  
Mindfulness ?**



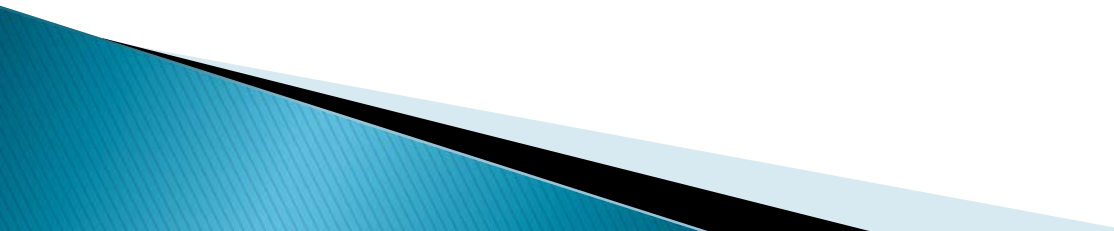




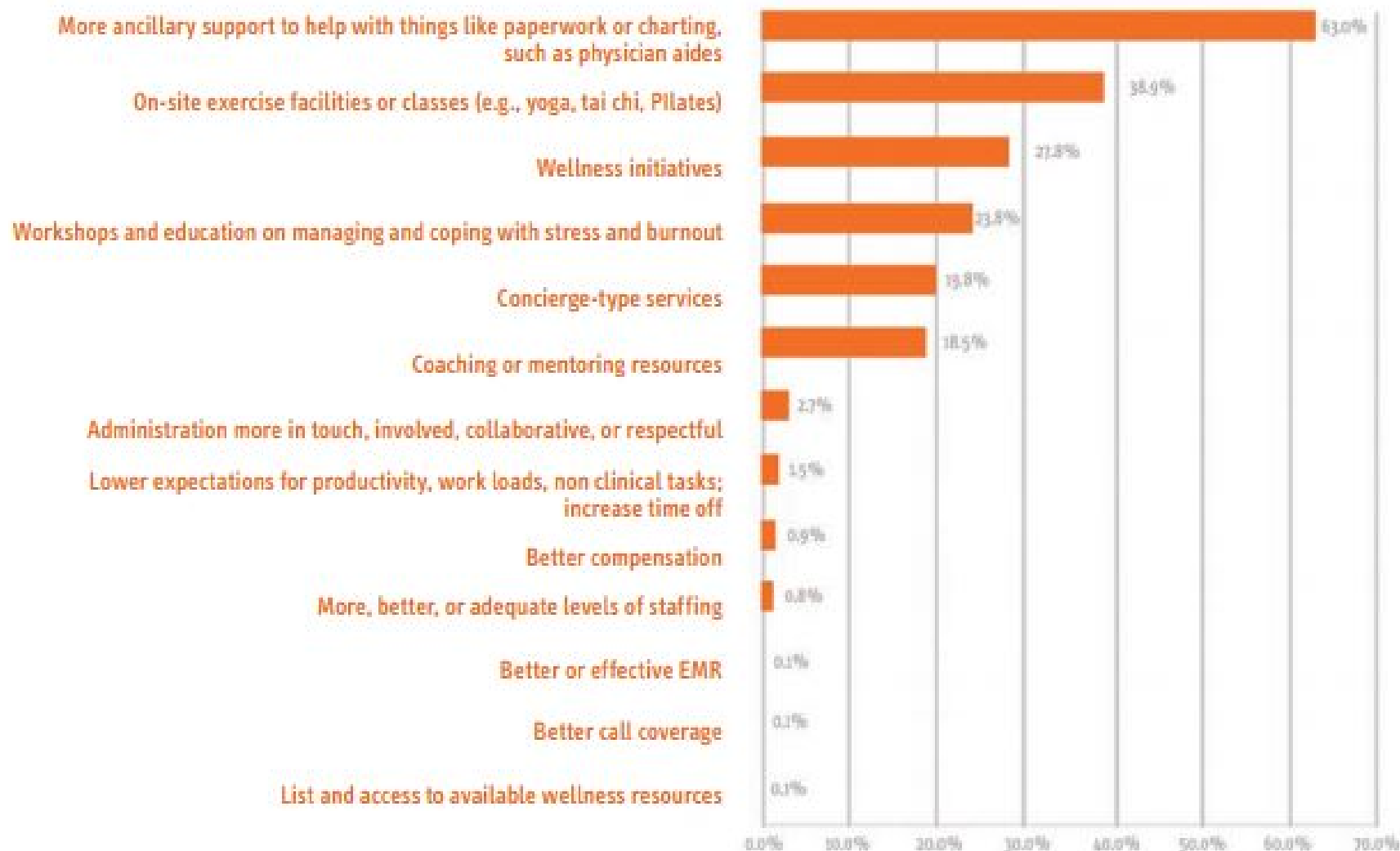
# RAIN

- ▶ Successful use of mindfulness techniques need not require hours devoted to meditation.
  - ▶ **R**ecognize what is going on,
  - ▶ **A**llow the experience to be there,
  - ▶ **I**nvestigate with kindness.
  - ▶ **N**atural awareness that doesn't come from identifying with the experience, but simply noticing it instead.
- 

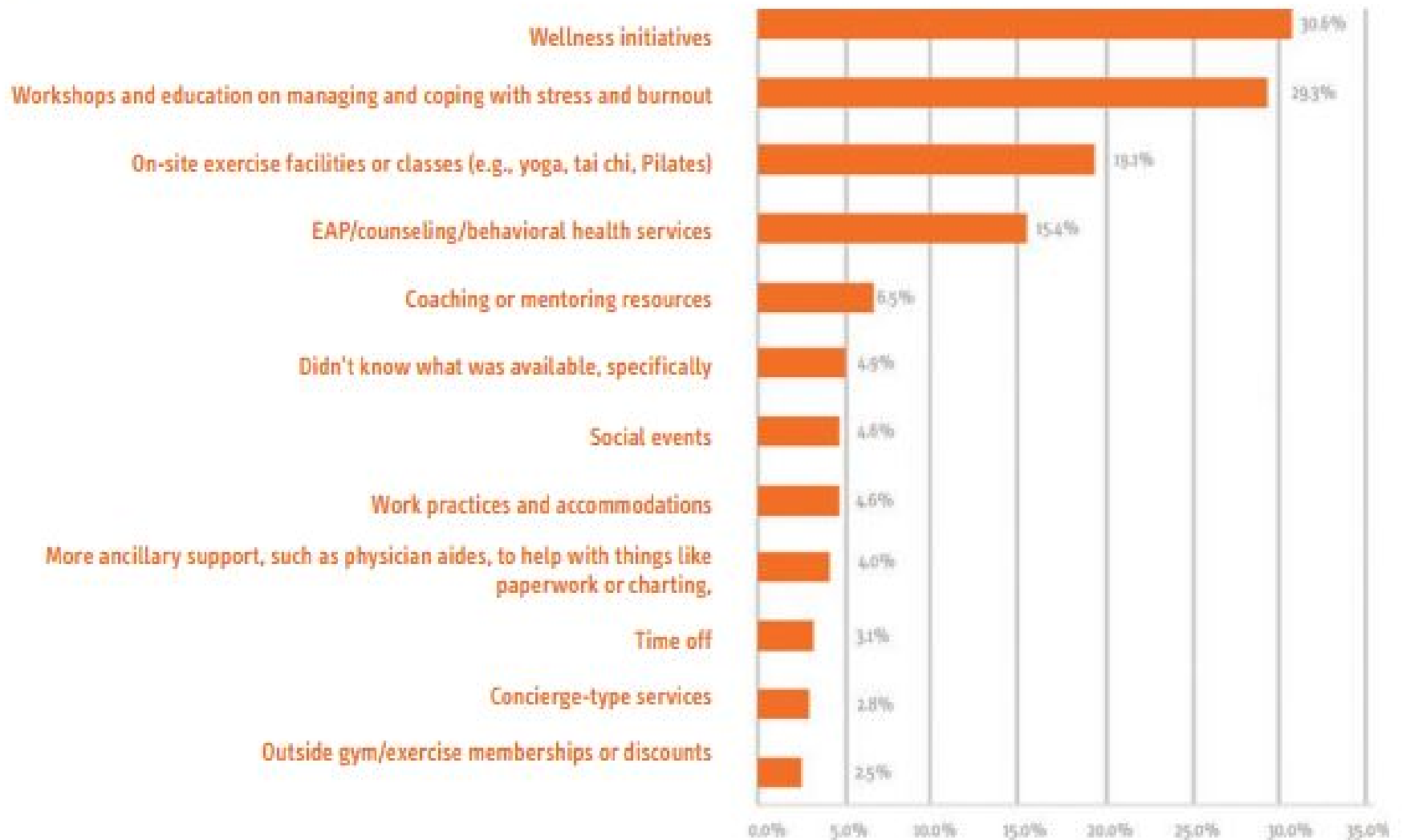
# WHY IS MINDFULNESS BECOMING MORE POPULAR?

- ▶ “Work increasingly **spilling over into life**”.
  - ▶ Mindfulness is a way to combat this sense that the **mind is also always on**, never still and at rest.
  - ▶ Mindfulness and meditation practices have been shown to **assist patients** dealing with pain, depression, hypertension and many other medical conditions. Multiple studies reveal salutary impact on the parasympathetic system, immune function and gray matter density.
- 

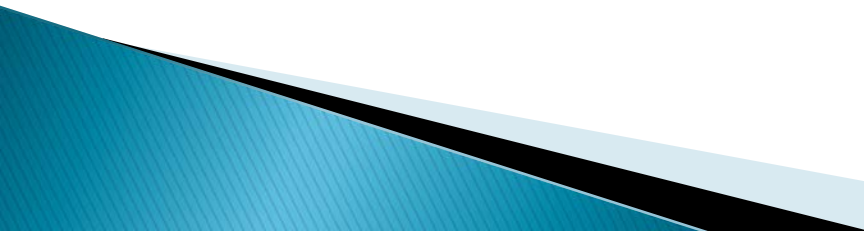
**Figure 6: Desired Organization-Sponsored Assistance with Stress or Burnout**



**Figure 7: Current Organization-Sponsored Assistance with Stress or Burnout**



# What Does it Take for a System?

- ▶ 1. A change of culture
  - ▶ 2. Buy-in by all participants
    - Physicians
    - Advanced Practice Providers
    - Administration
  - ▶ 3. A move towards a culture of acceptance of the spirit of collaboration and respect.
  - ▶ 4. A feeling of Safety to Ask for Help.
- 

NOT  
good  
enough

The image features a stylized text graphic on a black background. At the top, the word "NOT" is written in a bold, white, sans-serif font, centered within a red, jagged starburst shape. Below this, the word "good" is written in a large, blue, rounded, lowercase font. Underneath "good", the word "enough" is written in a red, cursive script font. The entire text is set against a dark purple shadow. Two white, curved swooshes frame the text, one on the left and one on the right, curving upwards and then downwards.



# The Quadruple Aim

- ▶ Adding the goal of improving the work life of health care providers, including clinicians and staff.
- ▶ Improving the work life of those who deliver care

“We need to protect the  
workforce that protects  
our patients.”

Timothy Brigham, MDiv, PhD  
On Physician Well-Being

# The Rapid Response Team The ER Perspective



# Rapid Response Team

- ▶ *Formulation of a Rapid Response Team*
- ▶ *Respond to*
  - *Patient Complaint*
  - *Nursing Complaint*
  - *EMS Event*
  - *Near Miss*
  - *Malpractice Allegation*
  - *Colleague Referral*

# Rapid Response Team

- ▶ Trained Counselors
- ▶ Physician Mentor or Coach –Wellness Director
- ▶ Human Resources Advisor

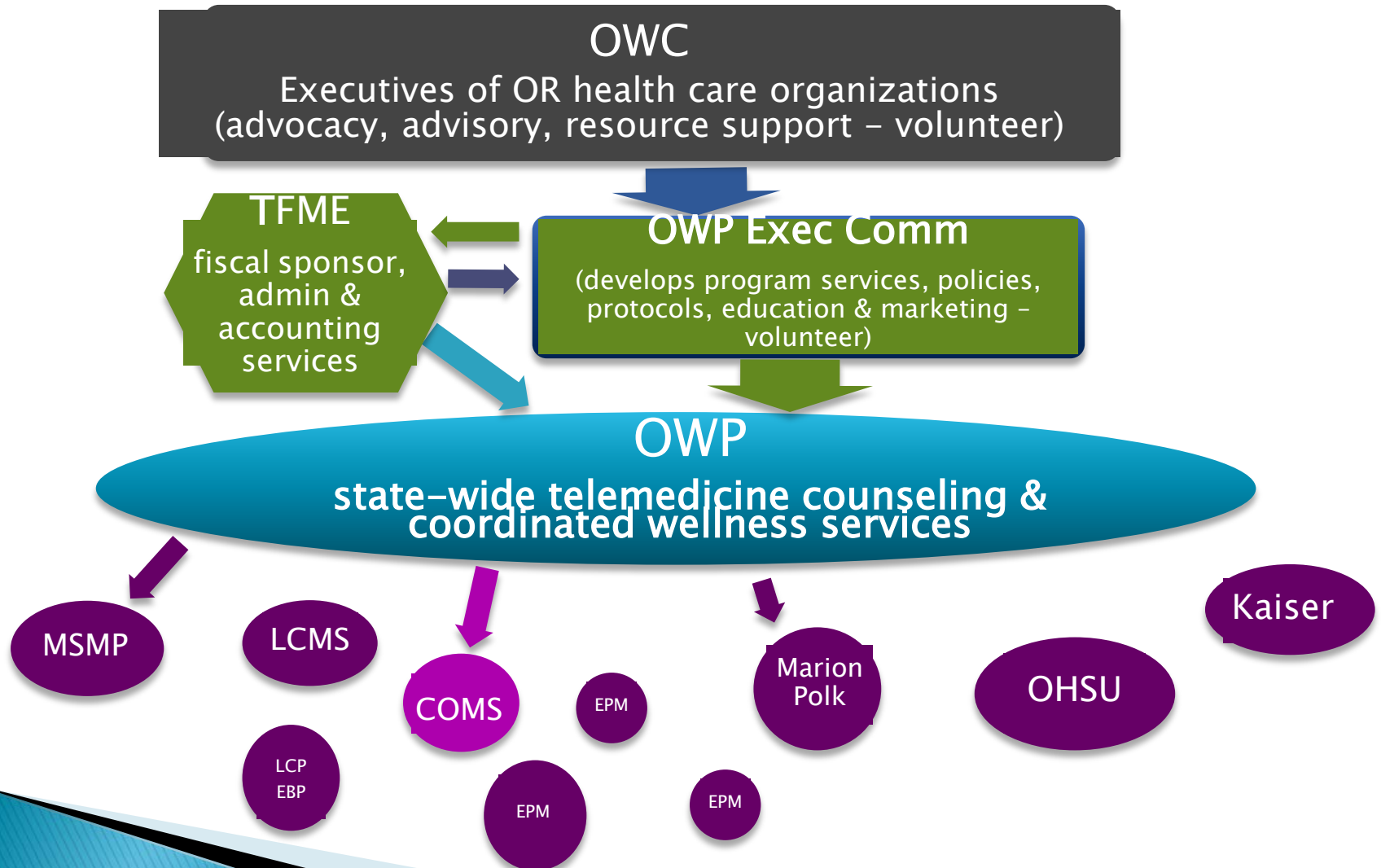




CENTRAL OREGON  
**MEDICAL SOCIETY**


# Central Oregon Wellness Plan Central Oregon Medical Society

# OWP Relationships





# Telemedicine Counseling

- ▶ Central answering & triage/referral
  - ▶ Confidential, professional (HIPPA), timely, open access
  - ▶ Dedicated line & website support
  - ▶ Referral to participating regions for face to face
    - Central OR
    - Eugene & (LCMS)
    - (MSMP – future)
    - (Marion Polk, others – future)
  - ▶ Funding follows service delivery
  - ▶ Medical society membership encouraged
  - ▶ Phased-in State-wide implementation
- 

# Central OR Medical Society Pilot

- ✓ April 2, 2018 Launch
- ✓ MOU with TFME/OWP & COMS
- ✓ Qualified clinicians identified for face to face services;
  - Telemedicine counseling option
- ✓ COMS membership encouraged
- ✓ Confidential research encouraged
- ✓ Collaborative marketing
- ✓ Funding follows service

# Central Oregon Medical Society

- ▶ [<https://www.opb.org/news/article/oregon-doctors-burnout-symptoms-program/>](https://www.opb.org/news/article/oregon-doctors-burnout-symptoms-program/)

Questions ???