INTERVIEW WITH CURT WARD, MD

Clinician Burnout Prompts Medical Education Changes

MARY ANN STEINER

Curt Ward, MD, is a family medicine doctor at St. Vincent Indianapolis, a ministry of Ascension Health. He received his medical degree from Indiana University School of Medicine and has been in practice for more than 20 years. In addition to his medical practice, Ward serves as a leader in Ascension's efforts to recognize the problem of burnout among physicians and to address ways to support them in building resilience and wellness. He participated in the early development of the Resident Formation Pilot Group that began in 2012 at three Ascension ministries — St. Vincent's in Indianapolis, St. John's in Detroit and Genesys in Grand Blanc, Michigan. Through a curriculum that includes spirituality in medicine and formation experiences, the resident formation program assesses burnout and resilience on a quarterly basis and develops programs and practices to promote wellness for residents working in Ascension ministries.

Physician burnout seems to be a big concern right now. What are the symptoms of physician burnout that are causing such concern?

The one that really gets people's attention is suicide. The rate of suicide among physicians is significantly beyond what you see in other professions. When you think about the physician shortage and realize that it takes a couple of average-size medical schools a year just to replace the physicians we've lost to suicide in that year, it's pretty awful.

What does that do to you and to your fellow physicians?

It breaks my heart. One of the gastroenterologists in our city took his own life this year. And one of the new residents at another hospital in our city died by suicide. It breaks my heart.

What do you do when you think a fellow physician is in danger?

It's hard to know. One of the problems is that physicians tend to be kind of stoic. To external appearances, all seems well. We think we're supposed to do our jobs, and generally we do them well and don't talk about our own problems.

There are certain challenges for physicians trying to get help. I have colleagues that when they need help, they get it in another city, or they don't turn it into insurance. Or they don't get help at all, because it's a threat to your licensure. When you go to renew your license every two years, there's always a question about whether you've sought help for any mental health issues.

Answering yes is risky, because your whole livelihood depends on this. Even if you want some help with anxiety or mild depression, both

of which are very treatable, you're aware that the reporting and monitoring are very similar to what's used for people who have a substance abuse issue or a serious mental disorder. It's risky at almost any level.

Is there a way physicians can seek help that isn't so threatening?

Being in a community you can trust is huge, and it's what many physicians are missing. We are meant to be in community. We're meant to have colleagues and trusted friends with whom we can share our experiences, frustrations and worries.

There's a move to re-establish the doctor's lounge, which has generally been replaced with computer carrels. You see the patient, you do your record keeping at the computer and you head out, or onto the next case. There isn't a place, or much time, to hang out and talk with your colleagues. Much of that community has been lost, and we're trying to recover some of it, but sometimes that tends to take more time away from our families, who often are already feeling our absences.

What's being done to encourage community among physicians?

Trying to recapture that sense of community has been more challenging than you'd think. Hospitals and health care systems are trying to support the physicians' need for community. They'll arrange for and sometimes pay for us to gather for lunches and other social events — some in work time, some outside work time. There have been book clubs, meals, any kind of event that doesn't have a work agenda.

Personal unstructured time is what most of us have found to be most helpful.

In addition to loss of community, what other factors contribute to physicians' estrangement and stress?

Loss of community is huge, but I think spending so much of our time on electronic records and other administrative burdens is a big stressor. In addition to always honing our skills and keeping up with research, we constantly are having to update our technology skills.

Moving toward fee for value is great, but we're still living in a fee-for-service world. We're being measured on how many patients we can see AND how well we're doing at seeing those patients.

There are new complexities of patient care that come about because as a population, we are living longer. That means we are seeing many more older patients with multiple chronic conditions.

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And yet, despite all the medical and technological advances, our lives are still finite, so supporting patients in very complex situations can be quite demanding.

In some cases there are also big financial considerations — huge medical school debt that must be managed and may play into how we set our priorities and limit our professional decisions.

Do you think that burnout in health care professions is different than the kind of burnout experienced by people in other fields?

Burnout varies among physician specialties, but I am not sure how it compares across other professions. There are studies that show 40 to 60 percent of physicians suffer at least one symptom of burnout as measured by the Maslach Burnout Inventory — which tests for emotional exhaus-

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tion, depersonalization and decreased personal accomplishment — to result in negative scores in at least one of those three areas. And there is also evidence that the prevalence of burnout has increased.

Does entering an aspirational profession like health care increase the potential for burnout?

A lot of us think that being a doctor is a vocation as well as being a profession. I do think that losing sight of your vocation is a huge factor. Staying connected to purpose and meaning is integral to resilience. Most people, when they enter medical school, say they want to become a doctor because they want to help people. But during their training and into practice there are things that get in the way of holding on to the meaning and purpose they were so certain of when they entered the field: spending two hours doing paperwork and charting for every hour spent in patient care. Talking into handheld recorders instead of to patients and colleagues. Looking into monitors instead of faces. And the long hours that really take their toll.

When you think about [Austrian psychiatrist and neurologist] Viktor Frankl and what he wrote about in *Man's Search for Meaning*, it goes to show that holding on to meaning can help you get through terrible situations. I don't mean to equate living through a concentration camp, like Frankl did, with physicians under stress, but even in his extreme example, he was aware of holding on to meaning.

I can be on call all night, stay at the hospital till early morning and go home happy — it provides me meaning and purpose because a wonderful thing happened — I helped deliver a baby. But over time if you don't get some rest and can't attend to the personal practices that connect you to meaning and keep you resilient, you'll pay a terrible price. Everyone's different, but I think a lot of us try to regularly incorporate personal practices like exercise, meditation, prayer and spending time in nature as things to keep us resilient. That's what I can do to fight burnout.

There are things the health care system can do too.

They can be more creative with compensation, so that there are incentives for teamwork in the new communities being formed as we focus on team-based care: social workers, doctors, nurse practitioners, pharmacists. We're all people, and if we have common purpose, we can be a community. When we all get to use our gifts, we can actually flourish. We have a great opportunity to refocus away from building and structures, and more on the people we work with and care for. It presents an opportunity for revival.

What can individual doctors, nurses, case managers and social workers do to take care of themselves? How do you step back? How do you take a break?

It's taken me a while to understand formation, because that wasn't part of the faith tradition I grew up with. But now that I get it and believe in it, it's something I'm looking for in virtually everything I do.

I know that when I have 15-30 minutes of quiet time in the morning for reading, meditation and prayer, the day's going to go better than if I don't.

I'm blessed that my spouse is a physician. When we come home in the evening and debrief our day with each other, when we ask questions and talk through things and express what's troubling or affirming, we're actually doing formation. We can do that and know that the other person is understanding us.

Another thing that helps is mentor training. Ascension is very good at offering that to physicians and other leaders throughout the ministry. Having colleagues you can share your experience with really helps. They can listen, not necessarily

solve it for you, but hear you out and share their experience back. It's another kind of community.

Exercise is important. Our bodies were made to move, and physical activities like yoga, working out and engaging with nature are good for all of us. I grew up on a corn and soybean farm, so being outside is important to me, personally.

I know that when I have 15-30 minutes of quiet time in the morning for reading, meditation and prayer, the day's going to go better than if I don't. I set my phone to spend some time in gratitude and to remind me to pray in the middle of the day.

Are you comfortable talking about your own experience that brought you to the certainty that physician burnout needs to be addressed?

From the age of 12, I felt I was called to be a doctor. I always knew that in my heart, and then it was validated by my experience in medical school, where I felt called to become a family doctor. Medicine and faith have always been connected in my story.

I loved being in practice in a small community. I eventually stepped into a leadership role in the practice and the medical community. But I was also stressed out over the level of care I was providing to my patients, the administrative duties of running the practice and the anxiety of documentation and worrying that I would lose the dictation or accidentally erase it. I began to have palpitations and feel stress all the time. I went into the profession to sit face-to-face with my patients, to put hands on them, talk through what's going on with them and help figure out their care, but I wasn't doing that. I felt overwhelmed and burned out. I think I was having a vocational crisis.

At the same time, I have to say I always felt a call to leadership and teaching. I had actually considered staying on the faculty of the residency program where I trained. So, I was praying for guidance and reflecting on the Scripture about when Jesus was calling on Peter to walk on water. Just trusting God.

And then I got a call from the St. Vincent Family Medicine residency program director, who said they were looking for a new faculty member. It really felt like an answer to prayer. In the time I'd been gone, they had developed a spirituality in medicine program; they just handed it to me and said you can do this. So I've continued in residency work ever since — it allows me to continue clinical practice, to answer my vocational call as clinician.

What am I called to do? To be a clinician. Who have I been called to lead? Physicians in training, who can be formed in ways that help them maintain their integrity and further their vocation to heal. I'm so thankful to be able to do this and to feel I've been able to discern what I think God is really calling me to do.

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