

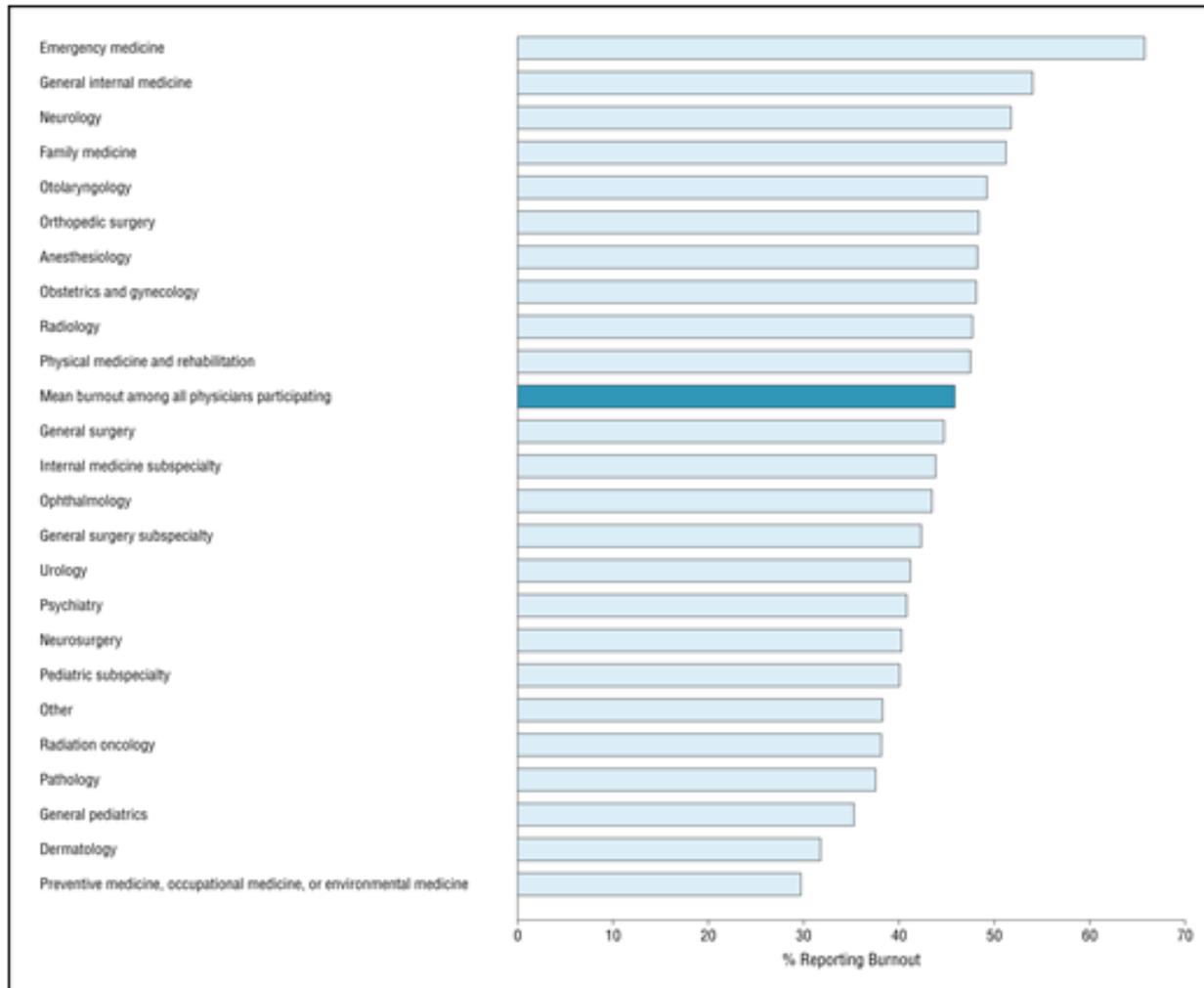
Burnout in Emergency Medicine

Scott Weiner, MD, MPH

President, MACEP

Oct 8, 2012

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; [et al](#)

Reason 1: The Calendar



Reason 2: The Fishbowl



Reason 3: The Boarding



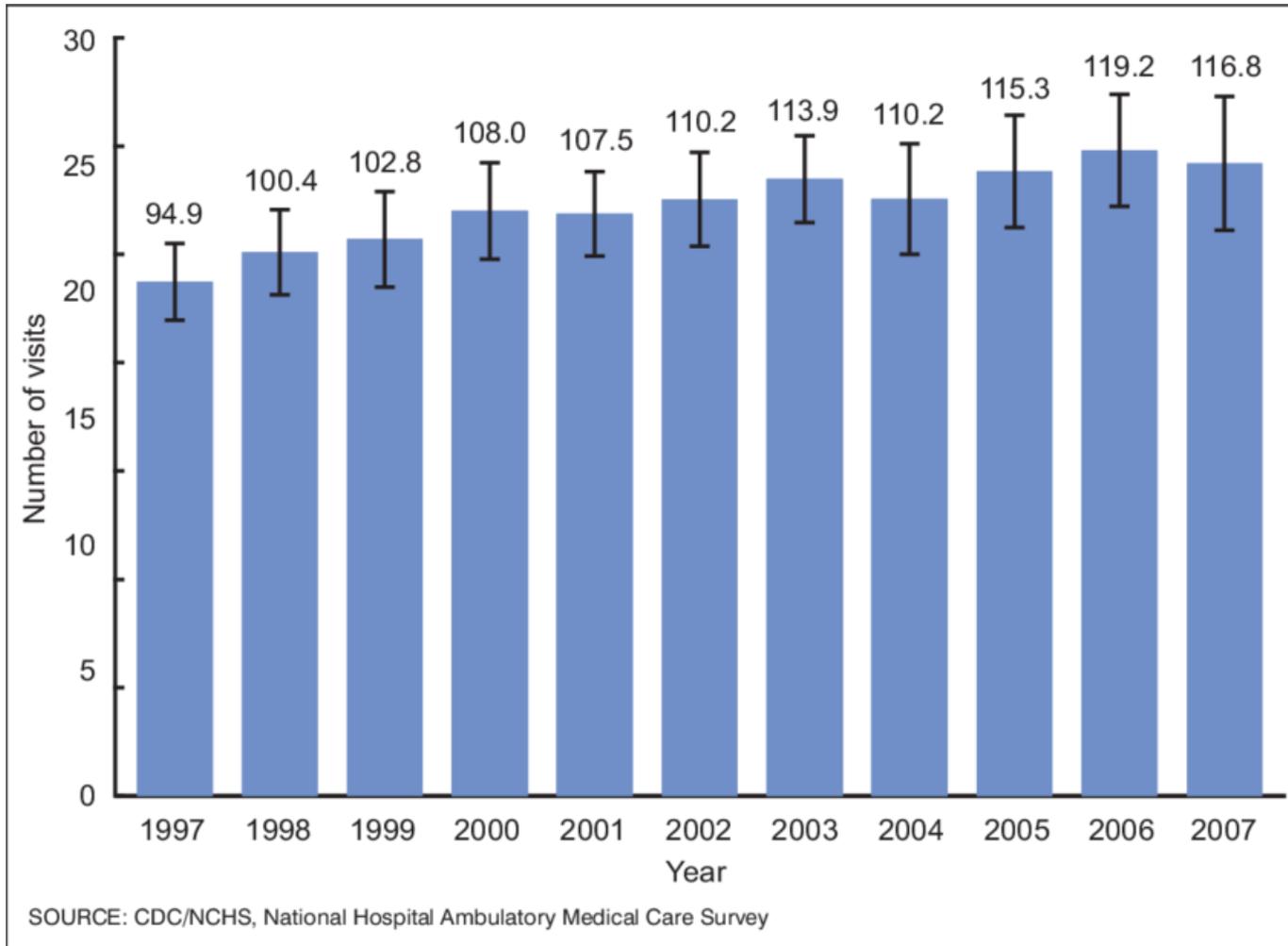
Reason 4: The Finances



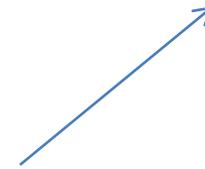
Reason 5: Consultants



Reason 6: It's Busy

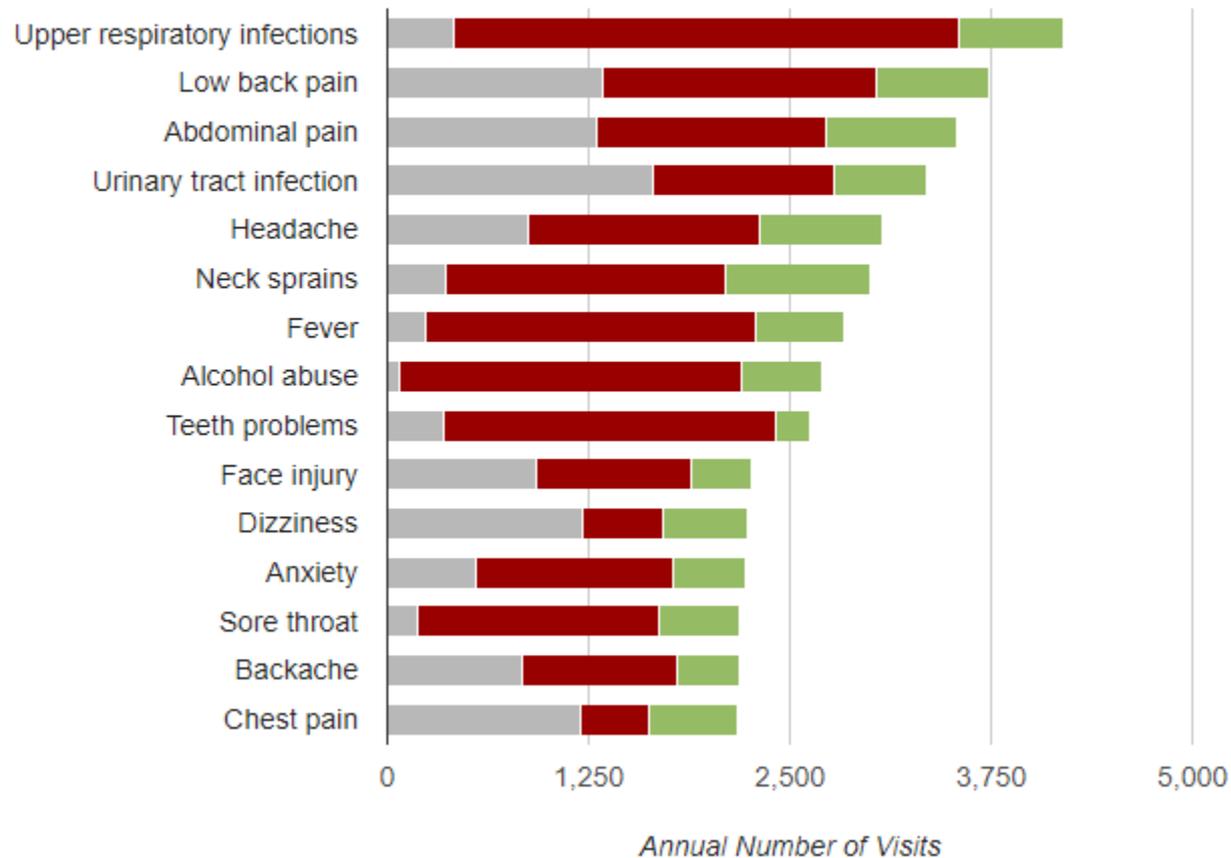


137 million
In 2017



Reason 7: Administrators

Top 15 Potentially Preventable Reasons for Emergency Room Visits



Reason 6: Conflicting Interests

- Admit $\leftarrow \rightarrow$ Discharge
- Discharge $\leftarrow \rightarrow$ Assume liability risk
- Fewer Tests $\leftarrow \rightarrow$ Liability risk
- Prevent unnecessary visits $\leftarrow \rightarrow$ Livelihood
- Patient wants $\leftarrow \rightarrow$ Patient needs

Reason 7: EHR

Epic

©2001-2007 T-System, Inc. Circle or check appropriate answers. backslash (\) negatives.

18 Prototype

Chest Pain Complaints

TRIAGE TIME 1530 emergent urgent non-urgent

NAME Jane Doe AGE: _____ M F

D.O.B: 9/5/60

HISTORIAN: patient paramedics family

ARRIVAL MODE: car EMS police

PCP: none

IMMUNIZATIONS: current / referral
flu 11/06 pneumovax

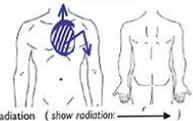
TREATMENT PTA: see EMS report IV O₂
 last blood glucose _____ ★ ASA _____

VITALS
 BP 100/60 P 58 RR 18 temp 98 TM OR Ax
 SaO₂ 99% RA C 2L NC

PAIN LEVEL current: 8 /10 max 9 /10 acceptable ___ /10
 scale used 0 - 10 quality _____

CHIEF COMPLAINT Chest pain
 started 2 min hrs ago While sitting at her desk at work

nausea vomiting x _____ shortness of breath mild
 weakness _____ diaphoretic _____

quality: pressure location of pain:
tightness 
 indigestion
 burning
 dull / aching
 sharp / stabbing
 "pain"
 "numbness"
 "like prior MI"
 radiation (show radiation: _____)

ALLERGIES NKA
 drug - PCN / ASA / sulfa / latex / codeine / iodine
 food - _____

MEDS none see med list
ventolin inhaler as needed

PAST MEDICAL HX negative
 heart disease / HTN / diabetes: insulin asthma
 family history of heart disease
 past surgeries none

SOCIAL HX
 ★ have you smoked in past 12 months: _____ ppd counseling performed
 drugs / alcohol 2 - 3 glasses wine / wk
 TB exposure / symptoms _____
 ★ has been physically hurt or threatened by someone close
 ★ risk screen completed _____

LNMP 10/1 C0 P 0 Ab pregnant / postmenop / hyst

RN Signature Karl DeFord RN

TIME TO ROOM: 1530 ROOM: 4

INITIAL ASSESSMENT TIME 1530

GENERAL APPEARANCE
 no acute distress mild moderate / severe distress
 alert anxious decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT
 independent ADL _____ assisted / total care
 appears well _____ obese / malnourished
 nourished / hydrated _____ recent weight loss / gain _____

RESPIRATORY
 ___ no resp distress mild moderate / severe distress
 ___ rml breath sounds wheezing rales / rhonchi bil. bases
 chest non-tender decreased breath sounds
 retractions / splinting _____
 accessory muscle use _____

CYS
 regular rate _____ tachycardia / bradycardia
 pulses strong _____ pulse deficit
 cap refill less than 2 sec _____ cap refill greater than 2 sec
 ___ skin warm & dry cool diaphoretic
 pale cyanotic / mottled

NEURO
 oriented x 3 _____ disoriented to person / place / time
 ___ confused _____
 ___ weakness / sensory loss _____

EXTREMITIES
 non-tender _____ calf tenderness
 moves all extremities _____ limited ROM
 no pedal edema _____ pedal edema

ABDOMEN
 nml inspection _____ tenderness / guarding / rebound
 soft, non-tender _____ rigid / distended
 bowel sounds nml _____ bowel sounds hyper hypo absent

ADDITIONAL FINDINGS
pts. husband notified per patient request. - KH

INITIAL ACTIONS

TIME	ACTION	INIT
1535	<u>KT band applied</u>	<u>KH</u>
1535	<u>blanket provided</u>	<u>KH</u>
1535	<u>disrobed / blanket</u>	<u>KH</u>
1535	<u>head low position</u>	<u>KH</u>
1535	<u>side rails up x1</u>	<u>KH</u>
1535	<u>call lights in reach</u>	<u>KH</u>
1535	<u>head of bed elevated</u>	<u>KH</u>

Nurse Signature Kathie Hine RN
 * protocol available ★ core measures for APN

Stuff I Didn't Mention

- Opioid crisis
- Stressful cases
- Critically ill
- Death/dying
- Trauma

Stuff I Didn't Mention

- Opioid crisis (but regulations are)
- Stressful cases (but complaint letters are)
- Critically ill (but sepsis metrics are)
- Death/dying (but futile resuscitations are)
- Trauma (but lack of gun control is)

Reasons to do EM

- The Calendar
- The Fishbowl
- The Finances
- The Consultants
- It's Busy
- Administrators
- EHR
- (not boarding)

Burnout Solutions: Local

- Wellness program
 - Beach party, storytelling night, humanities day
 - Promotion of on-shift wellness – eat/break
- Dedicated night roles
- More control of schedule
- Focus groups, hospital emphasis on addressing burnout

Burnout Solutions: MACEP



DOUSING THE FLAMES
OF EMERGENCY MEDICINE BURNOUT

**Massachusetts College
of Emergency Physicians**

**DOUSING THE FLAMES
OF
EMERGENCY MEDICINE
BURNOUT**

*Monday, April 7, 2014
8:00 a.m. – 2:30 p.m.
MMS Conference Center
860 Winter Street, Waltham, MA*

8:00-8:10am	Welcome <i>Kate Burke, MD, FACEP</i>
8:10-9:10am	Best Practices to Promote Resilience and Avoid Burnout <i>Jay Kaplan, MD, FACEP</i>
9:10-10:15am	Stay Well: Reduce your risk by maximizing engagement and keeping your stress level sustainable <i>Diana Dill, ED.D</i>
10:15-10:30am	Break
10:30-11:30am	Keeping Fuel from the Flames: Wellness Education in Residency <i>Lori Weichenthal, MD, FACEP</i>
11:30am-12:30pm	PANEL The Creative Flame in an Emergency Medicine Life — <i>Jay Baruch, MD, FACEP</i> Recovery from the Boston marathon Bombing — <i>Christina Herson, MD</i> Career Opportunities off the Front Line — <i>Anita Karcz, MD</i> The Role of Physician Health Services in Assisting Doctors Who are Burning Out — <i>Steve Adelman, MD</i>
12:30-12:45	Action planning: What will you do to douse the flames?
12:45-1:00 pm	Pick up boxed lunches and proceed to break-out rooms
1:00-2:00 pm	Break-out groups: <ol style="list-style-type: none">1. Jay Kaplan: ED Management Strategies to protect your staff2. Lori Weichenthal: Teaching Residents Self-Care for Life3. Jay Baruch: Stethoscope and Pen: Achieving Balance by Tilting from Side to Side4. Anita Karcz: Careers out of the ED5. Diana Dill: Daily Practices for Engagement and Stress Reduction

Burnout Solutions: National ACEP



[Join the Wellness Section of ACEP](#)

Wellness Guide Book: Being Well in Emergency Medicine: ACEP's Guide to Investing in Yourself

Download this [emergency physician-focused wellness guide](#) now for free, compliments of ACEP. Written by Drs. Rita A. Manfredi, MD, FACEP; and Julia M. Huber, MD, FACEP; these wellness champions present the emotional, physical, financial, spiritual, social and intellectual well-being spokes of life in emergency medicine.

Resources compiled by the ACEP Well-being Committee

[RESOURCES ON PTSD](#)[RESOURCES ON PHYSICIAN BURNOUT](#)[HANDLING LITIGATION STRESS](#)

[SO YOU'VE BEEN SUED](#)[MEDICAL PROFESSIONAL LIABILITY INSURANCE](#)[LITIGATION STRESS - A PRIMER](#)

[PHYSICIAN BURNOUT BIBLIOGRAPHY](#) [↗](#)

Wellness Resources

[ZDOGGMD TALKS TO EMERGENCY PHYSICIANS ABOUT HAPPINESS AND HEALTH](#)

[WELLNESS IN STAGES OF YOUR CAREER](#)[WELLNESS IN THE WORKPLACE](#)

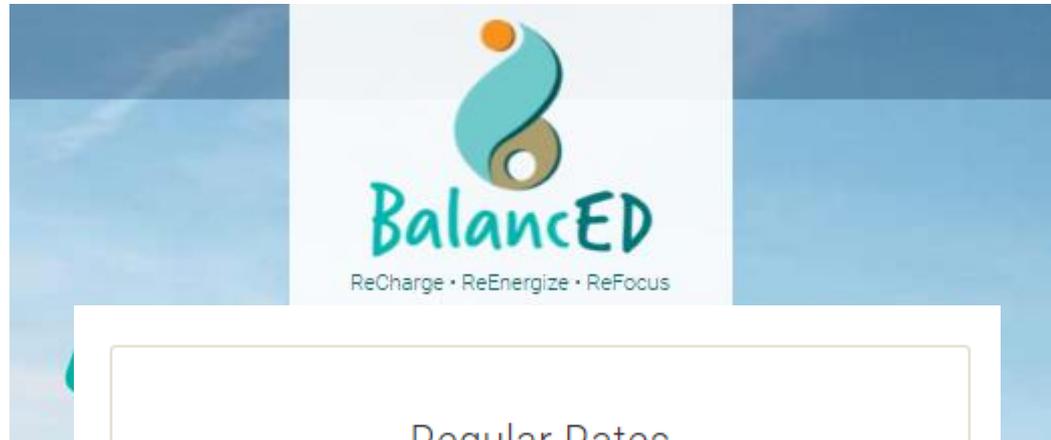
[INFORMATION ON WELLNESS, RESILIENCE, MINDFULNESS RESOURCES](#)

[HEALTH RESOURCE DOCUMENT FOR EMERGENCY PHYSICIANS - INFORMATION PAPER](#)

Of Interest to Residents

[AVOID BURNOUT BY MANAGING YOUR STRESS](#)[HOW TO DESIGN THE OPTIMAL SCHEDULE FOR WORKING SHIFTS](#)

Burnout Solutions: National ACEP



Regular Rates

\$1,095⁰⁰

ACEP MEMBER

\$1,395⁰⁰

NON-MEMBER PHYSICIAN

A menu with two columns. The left column has a teal background and lists "Preventing Burnout", "Work/Life Integration", "Leadership", and "Self-Care". The right column has a tan background and lists "Hiking", "Kids Camp", "Golf", and "Cooking Demonstrations".

- Course

Professional

Preventing Burnout

Work/Life Integration

Leadership

Self-Care

Activities -

Hiking

Kids Camp

Golf

Cooking Demonstrations

Recognizing You Are on the Road to Burnout —and What to Do

By Laura McPeake, MD, FACEP | on December 19, 2017 | 2 Comments



- The remedy for burnout will always be very personal and individualized. You could easily argue that anyone in emergency medicine could benefit from a counselor, maybe even medication, but that isn't going to resonate with most. Maybe an after-shift sit-down with a colleague will work best for you. We all need some physical activity, but how much will vary for each person. Spend time with people who see the best in you (eg, family, a friend, or a group who is always glad to have you in their life). Finally, find some structure that you can weave into your day that supports growth and learning. When you are ready or when you have your next shift scheduled, take it easy on yourself, start slowly, keep your eye on the horizon that marks your way, and find refuge if you feel like you are low on resources.