The Moral Injury Crisis in Orthopedic Surgeons

Department of Orthopedics and Rehabilitation Grand Rounds
November 16, 2023

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University of Vermont Medical Center
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No Financial disclosures
Editorial: It's More Than Burnout—The Moral Injury Crisis in Orthopaedic Surgeons

Mark C. Gebhardt MD
Disclaimer – Musculoskeletal Care

- Physical Medicine and Rehabilitation
- Sports Medicine; Peds/FM/ED
- PhD Musculoskeletal system
- MS Musculoskeletal system
- Podiatric Medicine
- Orthopedic Nurse Practitioner
- Orthopedic Case Managers
- Orthopedic Social Worker
- Orthopedic Inpatient Nurse – M6
- Orthopedics Outpatient Nurse - Tilley
- Orthopedics Physicians Assistant
- Medical Assistant
- Patient Care Assistant
- SCOA
- Cast technician
- Scheduler
- Xray Technician
Attention, Please

We’re guessing the lecture was over, or not yet begun, in this photo that seems to have been taken in the “new” Hall A that existed on the second floor of Given from 1968 till the early 2000s. Is that person in front meditating on all the knowledge he’s just ingested? And who are his classmates?

Send your thoughts to class-nostalgia@wmu.edu, and we’ll include them in the next issue.
Moral Injury vs Burnout

- Burnout in Orthopedic Surgery
- Moral Injury in Orthopedic Surgery
- Review of literature
- Discuss Future Steps
Orthopaedic Surgeon Burnout: Diagnosis, Treatment, and Prevention.

Daniels A, et al.

AOA Critical Issues

Burnout in Orthopaedic Surgeons: A Challenge for Leaders, Learners, and Colleagues

AOA Critical Issues

S. Elizabeth Ames, MD, James B. Cowan, MD, Keith Kenter, MD, Sanford Emery, MD, MBA, and David Halsey, MD
Personal Letter

Attached Files:
- 2015 MCP Aniely Work Life Balance.pdf (173.598 KB)
- 2013 Shanafelt Changes_in_burnout_work life balance US MD 2011-14.PDF (559.685 KB)
- 2015 JAAOS Orthopaedic Surgeon Burnout Diagnosis, Treatment, and Prevention.pdf (178.168 KB)
- JBJS Ames Article.pdf (512.104 KB)
- open letter Ames Charlson.pdf (436.606 KB)

There is a significant effort at the ACGME level to help combat resident burnout/suicide and improve overall wellness. You can find great information at the following link:

http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

Also, the rationale for why we care from Thomas Nasca:
https://s3.amazonaws.com/symposium-pwb-2016-streaming/MiniVideos/2017_Mini_PWB_Nasca_CTC_Generic_720.mp4

Two Articles from Dr. Ames:

Attached Files:
- Gawande 2011 Personal Best.pdf (1.471 MB)
- Shanafelt 2017 Systems & Burnout.pdf (1.495 MB)
Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory
How do you perceive your work? Are you exhausted? How capable are you of shaping your relationship to others? To what degree are you personally fulfilled?

Indicate how frequently the following statements apply to you and add the points indicated on top of the respective box:

0 = Never
1 = At least a few times a year
2 = At least once a month
3 = Several times a month
4 = Once a week
5 = Several times a week
6 = Every day
<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Everday</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - I feel emotionally exhausted because of my work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 - I feel worn out at the end of a working day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03 - I feel tired as soon as I get up in the morning and see a new working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>day stretched out in front of me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04 - I can easily understand the actions of my colleagues/supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 - I get the feeling that I treat some clients/colleagues impersonally,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>as if they were objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06 - Working with people the whole day is stressful for me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 - I deal with other people’s problems successfully</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08 - I feel burned out because of my work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09 - I feel that I influence other people positively through my work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - I have become more callous to people since I have started doing this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 - I’m afraid that my work makes me emotionally harder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 - I feel full of energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 - I feel frustrated by my work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 - I get the feeling that I work too hard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - I’m not really interested in what is going on with many of my colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - Being in direct contact with people at work is too stressful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 - I find it easy to build a relaxed atmosphere in my working environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - I feel stimulated when I been working closely with my colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 - I have achieved many rewarding objectives in my work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - I feel as if I’m at my wits’ end</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 - In my work I am very relaxed when dealing with emotional problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 - I have the feeling that my colleagues blame me for some of their problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Maslach Burnout Inventory (MBI)

### Overall score for occupational exhaustion (EE)
Add together the answers to questions 01, 02, 03, 06, 08, 13, 14, 16, 20

<table>
<thead>
<tr>
<th>Occupational exhaustion</th>
<th>EE &lt; 17</th>
<th>EE 18 - 29</th>
<th>EE &gt; 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low degree</td>
<td>Moderate degree</td>
<td>High degree</td>
<td></td>
</tr>
</tbody>
</table>

### Overall score for depersonalisation / loss of empathy (DP)
Add together the answers to questions 05, 10, 11, 15, 22

<table>
<thead>
<tr>
<th>Depersonalisation</th>
<th>DP &lt; 5</th>
<th>DP 6 - 11</th>
<th>DP &gt; 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low degree</td>
<td>Moderate degree</td>
<td>High degree</td>
<td></td>
</tr>
</tbody>
</table>

### Overall score personal accomplishment assessment (PA)
Add together the answers to questions 04, 07, 09, 12, 17, 18, 19, 21.

<table>
<thead>
<tr>
<th>Personal accomplishment assessment</th>
<th>PA &lt; 33</th>
<th>PA 34 - 39</th>
<th>PA &gt; 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low degree</td>
<td>Moderate degree</td>
<td>High degree</td>
<td></td>
</tr>
</tbody>
</table>
Maslach Burnout Inventory (MBI)

**Degree of burnout**

Beware if the totals of your EE and DP answers are both in the red area, and above all if your personal accomplishment assessment is also in the red!!!

<table>
<thead>
<tr>
<th>EE</th>
<th>Occupational exhaustion (burnout) is typically connected to a relationship with work that is perceived as difficult, tiring, stressful… Maslach sees this as different from depression, as it is likely that the symptoms of burnout would be reduced during holidays.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP</td>
<td>Depersonalisation or loss of empathy is characterised by a loss of regard for others (clients, colleagues…), and by keeping a greater emotional distance, which is expressed through cynical, derogatory remarks, and even callousness.</td>
</tr>
<tr>
<td>PA</td>
<td>The personal accomplishment assessment is a feeling that acts as a “safety valve” and contributes to bringing about a balance if occupational exhaustion and depersonalisation occur. It ensures fulfilment in the workplace and a positive view of professional achievements.</td>
</tr>
</tbody>
</table>
Burnout in Orthopaedic Surgeons: A Challenge for Leaders, Learners, and Colleagues

AOA Critical Issues

S. Elizabeth Ames, MD, James B. Cowan, MD, Keith Kenter, MD, Sanford Emery, MD, MBA, and David Halsey, MD

Occupational burnout – 1970s research examining effects of professionalism and behavior in caregivers and health care workers

- Emotional exhaustion
  - loss of enthusiasm for work
- Feelings of cynicism
  - Depersonalization; detached cynical view of self/patients/colleagues
- Low of sense of personal accomplishment
  - Despite medical education and post graduate training
Medical profession aware of burnout for over 15 years

- AOA
  - Sponsored research since 2010
- ACGME
  - 2016
  - Burnout in residency education
Burnout in Orthopaedic Surgeons: A Challenge for Leaders, Learners, and Colleagues

AOA Critical Issues

S. Elizabeth Arnes, MD, James B. Cowan, MD, Keith Kenter, MD, Sanford Emery, MD, MBA, and David Halsey, MD

• Surgeon Wellness
  • Challenged work like
  • Thrive in professional career
  • Achieve success in both personal and professional life

• Professional expectations
  • Handle changes in work environment
  • Keep up to date with technical developments
  • Remain accessible
  • Develop/maintain our own competence

• Personal expectations
  • Maintain appropriate work/life balance
  • Spouse, significant other, children, family
## Orthopaedic Surgeon Burnout: Diagnosis, Treatment, and Prevention

Alan H. Daniels, MD  
J. Mason DePasse, MD  
Robin N. Kamal, MD

<table>
<thead>
<tr>
<th>Study</th>
<th>Cohort</th>
<th>Emotional Exhaustion (%)</th>
<th>Depersonalization (%)</th>
<th>Low Personal Accomplishment (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sargent et al(^{12})</td>
<td>264 orthopaedic faculty</td>
<td>28.4</td>
<td>24.8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>384 orthopaedic residents</td>
<td>32</td>
<td>56</td>
<td>18</td>
</tr>
<tr>
<td>Saleh and colleagues(^{13,16})</td>
<td>110 orthopaedic chairpersons(^{9})</td>
<td>38 (high level); 39 (moderate level)</td>
<td>27 (high level); 34 (moderate level)</td>
<td>4 (low level)</td>
</tr>
<tr>
<td>Lesić et al(^{14})</td>
<td>30 Serbian orthopaedic surgeons</td>
<td>70</td>
<td>55</td>
<td>29</td>
</tr>
<tr>
<td>van Vendeloo et al(^{15})</td>
<td>105 Dutch orthopaedic residents</td>
<td>16.2</td>
<td>11.4</td>
<td>NR</td>
</tr>
<tr>
<td>Sadat-Ali et al(^{17})</td>
<td>69 Saudi orthopaedic surgeons</td>
<td>50.7</td>
<td>59.4</td>
<td>17</td>
</tr>
<tr>
<td>Arora et al(^{18})</td>
<td>51 Australian orthopaedic residents</td>
<td>45 (high level); 35 (moderate level)</td>
<td>35 (high level); 45 (moderate level)</td>
<td>43 (low level)</td>
</tr>
</tbody>
</table>

NR = not reported  
\(^{a}\) Data in both studies was obtained from the same survey of American Orthopaedic Association members.
Orthopaedic Surgeon Burnout: Diagnosis, Treatment, and Prevention

Alan H. Daniels, MD
J. Mason DePasse, MD
Robin N. Kamal, MD

Table 2: Summary of Strategies for the Treatment and Prevention of Burnout

<table>
<thead>
<tr>
<th>Intervention/Preventive Measure</th>
<th>Description</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness-based interventions</td>
<td>Increased physical and emotional self-awareness, education, techniques from Hatha yoga</td>
<td>Goodman and Schorling found improvement in burnout symptoms in 51 physicians. Krasner et al reported improvement in 68 primary care physicians.</td>
</tr>
<tr>
<td>Counseling sessions and workshops</td>
<td>Stress management and coping education, group discussions of burnout</td>
<td>Martins et al noted improvement only in depersonalization in 37 pediatric residents. Isaksson Ro et al found 3-year improvement in emotional exhaustion in 184 physicians.</td>
</tr>
<tr>
<td>Maximizing protective factors</td>
<td>Protective factors include support at work and home, having a mentor, being part of a national specialty organization, separating personal and professional life, meditating, exercise and hobbies, limiting alcohol intake, maintaining strong family relationships</td>
<td>Protective factors consistent across studies performed by Sargent et al and Saleh and colleagues.</td>
</tr>
<tr>
<td>Institutional adjustments</td>
<td>Increased physician control, increased work efficiency, encouragement of physician leadership, increased fairness</td>
<td>Dunn et al reported decreased emotional exhaustion in 32 physicians after institutional changes. Choong noted the value of these changes for orthopaedic institutions.</td>
</tr>
</tbody>
</table>
Physicians experienced increased incidence of burnout symptoms than did workers from the general population:

- 37.9% physicians vs 27.8% general population
- 45% physicians reporting at least one symptom of burnout
- Orthopedic Surgeons criteria for burnout increased 48.3% - 59.6%

**Conclusion:** Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.
Burnout in the Medical Field

- Consequences of Occupational Burnout
- Professional
  - Erodes professionalism
  - Influences quality of patient care
  - Increase risk of medical errors
  - Early retirement
Burnout in the Medical Field

- Personal
  - Adverse consequences in personal and professional relationships
  - Suicidal ideation
  - Alcohol and drug abuse

- Hallmarks
  - Physical exhaustion
  - Poor judgement
  - Guilt
  - Feelings of ineffectiveness
  - Depersonalization
Burnout Through Medical Career Management

Medical Students/ Residents

- Slavin et al, Academic Medicine 2021
- Medical Schools/Residency - **Well Being Individual Strategy Program**
  - yoga, mindfulness, meditation,
  - nutrition, exercise, sleep programs
- Association of American Medical Colleges Graduation Questionnaire
  - Medical Student/ Resident response
  - Ranged from Ambivalence to resentment
  - “Well-being treated as a knowledge deficit”
  - “We don’t need more lectures on nutrition, we need access to healthy, nutritious food in the hospital
  - “Toxic positivity” – being pressured to be happy all the time
  - Program represents another way to feel disappointed in themselves if they were not successful in following through with the recommended practices
Burnout Through Medical Career
Medical Students/ Residents

- Slavin et al Academic Medicine 2021
  - Association of American Medical Colleges Graduation Questionnaire
- Conclusions
  - Programs focused directly on individual well being are useful, but they have not rendered improvements in well being that have been sought and hoped for
- Systemic Threats to students and trainees
  - School and work environment which have too often been accepted as conditions of the medical education environment
  - Experience of school and work environment rather than focusing primarily on encouraging healthy practices outside of school and work
Burnout Through Medical Career
Medical Students/ Residents

• Slavin et al Academic Medicine 2021
• Contributing factors
  • Expected workload/overload
  • Lack of control
  • Lack of sense of fairness
Clinical Faceoff: Physician Burnout—Fact, Fantasy, or the Fourth Component of the Triple Aim?
Thomas K. Wuest MD, MMM, Michael J. Goldberg MD, John D. Kelly IV MD

• CORR 2016

• Health Care Transformation
  • Improve patient outcomes
  • Increase patient satisfaction
  • Decrease overall cost

• Fourth Component of the Triple Aim
  • Physician Burnout
Orthopedic Surgeon as Canary in the Coal Mine

- POSNA task force survey 2018 to assess burnout – 47% response rate

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Results from the survey of POSNA members</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I enjoy my work. I have no symptoms of burnout.&quot;</td>
<td>15.38%</td>
</tr>
<tr>
<td>&quot;Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.&quot;</td>
<td>46.85%</td>
</tr>
<tr>
<td>&quot;I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.&quot;</td>
<td>26.92%</td>
</tr>
<tr>
<td>&quot;The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.&quot;</td>
<td>7.34%</td>
</tr>
<tr>
<td>&quot;I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.&quot;</td>
<td>3.50%</td>
</tr>
</tbody>
</table>
Orthopedic surgeon as Canary in the Coal Mine

• Conclusions of POSNA Survey 2018
• Surgeon is a canary in the coal mine of a toxic, broken healthcare system
• Stop blaming the canary
  ▪ Focus on environment sapping the energy of both patients and surgeons
CAREER RESOURCES

Physician Wellness

ORIGINAL ARTICLE

The Pediatric Orthopaedic Society of North America (POSNA) Adopts a Member Health and Wellness Charter

Michael J. Goldberg, MD,* Kevin G. Shea, MD, Jennifer M. Weiss, MD,† Cordelia W. Carter, MD,‡ Vishvas R. Tailwalkar, MD,§ and Richard M. Schwind, MD

POSNA Adopts Wellness Charter

Abstract: The Pediatric Orthopaedic Society of North America took actions to address the well-being of its members. The epidemic of physician burnout interferes with the delivery of high-quality care that our patients and families need and deserve, and at the same time places the care-providers at an increased risk of physical and mental health problems. The actions taken by POSNA are consistent with the mission of the organization to promote health and wellness among its members.
Burnout – Are we looking through the correct lens?

• Definition implies

• The doctor is broken and not the system
  • Focus on individual characteristics of the physician
  • Physicians are the problem
    • Weak
    • Not resilient
    • “suck it up”
  • Onus is on the physician is to solve the problem
Moral Injury

- Military term originating from Vietnam War
- PTSD-like symptoms noted in returning soldiers
  - Participating in or observing atrocities at war with symptoms did not respond to PTSD treatment
- Perceived disconnect between what a person feels or knows is correct (moral) way to do something and the imposition of external forces that lead to or compel a person to do something they perceive as incorrect or immoral
- Vietnam – difference between soldiers fighting the enemy and reality of external pressures resulting same soldiers murdering innocent noncombatants
It’s More Than Burnout—The Moral Injury Crisis In Orthopaedic Surgeons

• Medicine/Surgery/Orthopedic Surgery
  • “Best and Brightest”
  • Noble profession
  • Passion driven professional
  • Hardwired to respond to intrinsic motivators
    • Helping patients
    • Improving quality of life
IF I BETRAY THESE WORDS
MORAL INJURY IN MEDICINE
AND WHY IT’S SO HARD
FOR CLINICIANS TO
PUT PATIENTS FIRST
WENDY DEAN, MD
WITH SIMON TALBOT, MD
Moral injury in medicine

- Moral injury exists when a physician or health care provider is asked to choose between the needs of patients, their personal families, their own wellness, the profits of the hospital, the growth of their practice, demands of insurance, the health care system, the laws within their state or country that interfere with the patient/physician relationship and their own productivity metrics — in addition to political and social factors that have caused many people to question the science of medicine or credibility of health care professionals.

- Doctors believe this moral tug of war is antithetical to the physician’s oath, which demands patients be the No. 1 priority.

- Most studies of physician dissatisfaction have been framed as burnout. The usual focus of treatment for burnout has been on self-resilience training such as yoga, mindfulness, wellness programs, meditation, mental health care and more.
  - Although such interventions may help a physician adapt, ‘burnout’ places the problem within the individual, who is in some way deficient. It implies that the individual lacks the resources or resilience to withstand the work environment and fails to identify the upstream causes. Some have gone as far to consider the term ‘burnout’ as a form of victim shaming.
Moral Injury vs Burnout

- Root of current Physician crisis
  - Physicians spend years obtaining an education
  - Learning moral/ethical/ good care
  - Developing skills to provide and deliver care
- Moral Injury – run against system constraints that impede or prevent our ability to deliver care
- Different/ potentially worse than burnout
  - Irreversible if system does not change
Moral Injury In Medicine

• Gebhardt CORR 2023
  • Moral injury at the root of today’s physician crisis
  • Dedicate our lives to helping patients but thwarted by the dominant forces in real-world practice
    • “Production pressures” preclude patient interactions
      • Shorter more impersonal visits
      • Administration duties
    • Billing and documentation priorities
      • Impinging into family/ time outside of work
Moral Injury In Medicine

- Gebhardt CORR 2023
  - Moral injury at the root of today’s physician crisis
  - Dedicate our lives to helping patients but thwarted by the dominant forces in real-world practice
    - Cost containment impacting patient care
      - Change in less expensive cotton casting materials
Study List (22)  Study Details  Report

Muscles:
Normal for age with no evidence of muscle tear.

Nerves:
The neurovascular bundles appear unremarkable.

Soft tissues:
There is an ovoid, well-circumscribed, homogeneously enhancing T1 hypointense, T2 hyperintense 9 x 5 mm structure in the anterior subcutaneous tissues approximately 10 cm above the superior pole of the patella. This lesion is located near the boundary of the rectus femoris and vastus medialis without evidence of invasion into the anterior compartment.

Other:
The contralateral right thigh is grossly unremarkable on large field of view images.

IMPRESSION:
1. Solid and enhancing, well-circumscribed 9 mm ovoid subcutaneous lesion anterior to the distal quadriceps musculature is of indeterminate etiology. Differential in wide but includes benign...
Query Date: November 3, 2023

Dear Dr. Lisle:

Excision of Lesion/Mass requires physician clarification to ensure accurate coding. Please specify the following:

**SIZE:**

___x___ Less than 5 cm
___   5 cm or Greater

The greatest clinical diameter in centimeters plus margins for each lesion excised.

When responding to this query, please exercise your independent professional judgment. The fact that a question is asked does not imply that any particular answer is desired or expected. Please consider the clinical presentation, workup, and treatment for this patient when responding.
HI Dr. LISLE,

JOHN POULIN sent you a new request for documentation clarification at University of Vermont Medical Center. You can respond to the query here. Thank you for your help!

Queries to clarify documentation are critical to supporting and improving the quality of the patient record. Compliant queries are written with precise language to not lead the provider, or imply a particular answer. For this reason, some queries may appear to have obvious answers, however, your response is required by official coding guidelines.

Save More Time.

Download the Interact Mobile App.
This query requires your co-signature. Preliminary response below from DANAHER, MICHAEL, MD.

To
DANAHER, MICHAEL, MD. LISLE, JENNIFER, MD

Due Date
11/20/23 17:46 EST (in 5 days)

Based on the clinical information below, please select the most appropriate diagnosis

- Morbid (severe) obesity
  BMI >40.0 or 35 or more & at least 1 weight related comorbid conditions

- Obesity
  BMI 30.0-39.9

- Overweight
  BMI 25.0-29.9

- Not overweight or obese

SIGN
Moral Injury Crisis in Orthopedic Surgery

- Orthopedic surgeons
  - Overpaid data entry personnel when "signed up" for improving the health of patients
  - Lump everyone together on the healthcare team without titles, perhaps devalue the professionalism of those that have earned their training as Surgeons (held in high esteem)
    - Providers vs what we trained to do
    - Clients (instead of patients)

- Language is important
  - Discussion as to whether lump everyone together on healthcare team without titles
  - Devalues professionalism of those who have earned their designations
    - Confusing patients
    - Demean our profession
      - Lose trust in, purpose, altruism and compassion
Possible steps forward

1. Root cause analysis moral injury in the work place

2. Patient chart
   1. Record of pertinent history/medical findings/treatment plan
      “key words to up code/bill

3. Perhaps return to
   1. Physician/surgeon instead of “provider”
   2. Patients instead of “client”

4. When we stop acknowledging the physician- patient relationship, we lose trust, purpose, altruism and compassion
The University of Vermont Health Network

Integrated Delivery System
- Academic Medical Center
- 5 Community Hospitals
- FQHC
- Home Health
- UVMHN Medical Group
- Regional ACOs

Network Numbers
- Serve 1.4 million lives
- Over 12,000 employed FTEs
- 1,100+ physicians: 850 specialists and over 300 primary care providers
- 3,600+ RNs
- 1,250 licensed IP beds
- Over 41k inpatient discharges, nearly 1.1M outpatient encounters

Note Hudson Headwaters Health Network has 16 sites in Saratoga, Clinton, Essex, Franklin, Grand Isle, Green, Washington, Warren, & Bennington counties.
Thank you
Surgeon Burnout: A Systematic Review

Francesca M Dimou, MD\textsuperscript{1,2}, David Eckelbarger, BS\textsuperscript{1}, and Taylor S Riall, MD, FACS, PhD\textsuperscript{3}
\textsuperscript{1}Department of Surgery, The University of Texas Medical Branch, Galveston, TX
\textsuperscript{2}Department of Surgery, University of South Florida, Tampa, FL
\textsuperscript{3}Department of Surgery, University of Arizona, Banner-University Medical Center, Tucson, AZ
\textsuperscript{4} These authors contributed equally to this work.
### Table 3

Studies Identifying Commonly Reported Risk Factors Associated with Burnout Among Surgeons

<table>
<thead>
<tr>
<th>Study (y)</th>
<th>Outcome of interest</th>
<th>Work/life balance</th>
<th>Age/years in practice</th>
<th>Marriage/kids</th>
<th>Hours worked/ nights on call</th>
<th>Gender</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balch16 (2011)</td>
<td>Burnout</td>
<td>Increased risk with younger age</td>
<td></td>
<td>Increased risk with number of hours worked</td>
<td>Decreased risk with incentive based pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harrack15 (2006)</td>
<td>Burnout</td>
<td>Increased risk with conflict between work/home life balance</td>
<td></td>
<td>Increased risk with number of hours worked</td>
<td>Increased risk if having financial concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bertgee7 (2005)</td>
<td>Burnout</td>
<td>Increased risk with younger age</td>
<td></td>
<td></td>
<td>Increased risk in women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campbell8 (2001)</td>
<td>Burnout</td>
<td>Increased risk if there is imbalance between career/personal life</td>
<td></td>
<td>Increased risk with less weeks of vacation</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dyrbye12 (2011)</td>
<td>Burnout</td>
<td>Increased risk with conflict between work/home life balance</td>
<td></td>
<td>Increased risk with number of hours worked</td>
<td>Increased risk in women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guest21 (2011)</td>
<td>Burnout</td>
<td>Increased risk if time is taken from personal responsibilities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Klima29 (2013)</td>
<td>Professional stressors</td>
<td></td>
<td></td>
<td>Increased risk with number of nights on call</td>
<td>Increased risk with low collections/billing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuerner17 (2007)</td>
<td>Burnout</td>
<td>Increased risk with low physical QOL increased risk with low job satisfaction</td>
<td></td>
<td>Increased risk with number of hours worked</td>
<td>Increased risk in women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sargent25 (2004)</td>
<td>Burnout</td>
<td>Increased risk with conflict between work/home life balance</td>
<td></td>
<td>Decreased risk with being a parent Decreased risk with quality of marriage</td>
<td>Increased risk in women</td>
<td></td>
<td></td>
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<tr>
<td>Sargent26 (2009)</td>
<td>Burnout</td>
<td>Increased risk with poor work/life balance</td>
<td>Increased risk if a PGY2</td>
<td>Decreased risk with marriage</td>
<td></td>
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</tr>
<tr>
<td>Shaunsfelt3 (2009)</td>
<td>Burnout</td>
<td>Increased risk with younger age Increased risk with more years in practice</td>
<td></td>
<td>Increased risk if has children Increased risk if spouse is healthcare professional</td>
<td>Increased risk with number of hours worked</td>
<td>Increased risk with compensation based billing</td>
<td></td>
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</tr>
<tr>
<td><strong>BURNOUT</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Emotional Exhaustion</td>
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<td></td>
</tr>
<tr>
<td>Median Score</td>
<td>29.7</td>
<td>27.9 (9.31)</td>
<td>27.6 (18.9)</td>
<td>32.0 (15.3)</td>
<td>29.7 (14.3)</td>
<td>42.9 (77.8)</td>
<td>25.5 (9.86)</td>
</tr>
<tr>
<td>% High Score (N)</td>
<td>55.5%</td>
<td>57.1% (8)</td>
<td>53.8% (7)</td>
<td>60.0% (6)</td>
<td>52.4% (11)</td>
<td>100.0% (5)</td>
<td>35.5% (11)</td>
</tr>
<tr>
<td>Depersonalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Score</td>
<td>11.5</td>
<td>8.08 (7.30)</td>
<td>11.4 (8.76)</td>
<td>10.0 (9.66)</td>
<td>11.5 (8.61)</td>
<td>18.7 (4.29)</td>
<td>9.06 (8.07)</td>
</tr>
<tr>
<td>% High Score (N)</td>
<td>47.5%</td>
<td>28.6% (4)</td>
<td>46.2% (6)</td>
<td>30.0% (3)</td>
<td>57.1% (12)</td>
<td>80.0% (4)</td>
<td>28.0% (9)</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
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<td></td>
</tr>
<tr>
<td>Median Score</td>
<td>38.0</td>
<td>39.7 (6.22)</td>
<td>41.2 (6.88)</td>
<td>35.6 (7.33)</td>
<td>38.6 (9.40)</td>
<td>36.0 (4.09)</td>
<td>48.1 (6.12)</td>
</tr>
<tr>
<td>% Low Score (N)</td>
<td>17.7%</td>
<td>14.3% (2)</td>
<td>0.60% (0)</td>
<td>30.0% (3)</td>
<td>23.8% (5)</td>
<td>20.0% (1)</td>
<td>6.0% (2)</td>
</tr>
<tr>
<td>Burned Out*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% (N)</td>
<td>62.3%</td>
<td>57.1% (8)</td>
<td>53.8% (7)</td>
<td>60.0% (6)</td>
<td>61.5% (13)</td>
<td>100.0% (5)</td>
<td>51.0% (16)</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Screen positive for depression, % (N)</td>
<td>16.8%</td>
<td>7.1% (1)</td>
<td>15.4% (2)</td>
<td>20.0% (2)</td>
<td>19.0% (4)</td>
<td>40.0% (2)</td>
<td>9.7% (3)</td>
</tr>
</tbody>
</table>

*Assessed using the abbreviated Maslach Burnout Inventory. Per standard scoring of the Maslach Burnout Inventory for health care workers, physicians with scores on the emotional exhaustion subscale ≥ 27, scores on the depersonalization subscale ≥ 10, or scores ≥ 33 on the personal accomplishment subscale are considered to have a high degree of burnout in that dimension.

*High score on the emotional exhaustion or depersonalization subscale of the Maslach Burnout Inventory was used to define burnout in physicians.
Moral Injury

- Medicine
  - Root of current Physician crisis
  - Physicians spend years obtaining an education
  - Learning moral/ethical/ good care
  - Developing skills to provide and deliver care
- Moral Injury – run against system constraints that impede or prevent our ability to deliver care
- Different/ worse than burnout
  - Irreversible if system does not change
Burnout in the Medical Profession

Next Steps – What Can We Do?

• No shortage of person centered ideas for mitigating burnout
• Triple Aim to consider physician well being
• Maslach
  • Workload
  • Balance between effort and reward
• Control
• Community support
• Fairness