Medical School Advisory Group
Advising Medical Education Leaders

MEDICAL EDUCATION INSIGHTS

Healing the healers: A call to action for medical education professionals

As practicing health care professionals know all too well, burnout is nothing new in the health care community. But it is newly in the spotlight, thanks to recent studies on the topic, outreach by advocates in the medical community and the fact that numbers have reached alarming levels that cannot be ignored.

Stakeholders across the health care community have an interest in addressing burnout and an opportunity to bring real change to the profession. Medical education professionals in particular can leverage continuous quality improvement to address burnout in medical school and residency. The right learning environment can also better prepare residents and students to weather challenges throughout their careers.

Defining burnout

Burnout is characterized by three dimensions, according to Christina Maslach's seminal work The Maslach Burnout Inventory: emotional exhaustion, depersonalization and a reduced sense of personal accomplishment. The burnout that Maslach described after interviewing health care workers in the 1970s — work that shaped her burnout model — persists today.

Recent studies of physician and other health care professional burnout use a variety of ways to measure burnout, but the trends they document are similar and concerning. In 2011, a wide-ranging study on the topic documented worrisome levels of burnout: 45.8% of physicians reported at least one sign of burnout. In 2014, the problem had worsened, with 54.4% of physicians surveyed reporting at least one burnout symptom.

The problem spans specialties, but those on the front lines appear to be hardest hit. Of 15,000 physicians polled by Medscape those in critical care, neurology, family medicine, Ob/Gyn and internal medicine practices were most likely to experience burnout.

Burnout is not limited to seasoned physicians. Among residents, levels are alarming, with nearly 70% meeting criteria for burnout. Nearly 50% of medical students themselves reported burnout, and 11.2% reported suicide ideation within the past year. Clearly this is an issue of importance to medical education programs.

Understanding burnout

The drivers of burnout are multifaceted, and they aren't necessarily the same for practicing physicians and those in training. But often, burnout often boils down to a scenario where personal values are out of sync with the practice or training environment.

The practice of medicine has been transformed in recent years. In addition to many positive changes, there have also been challenges created by increasingly burdensome bureaucracy, the transition to electronic health records, long hours and loss of autonomy. Indeed, physicians identify these and other factors as the cause of their own burnout.

In medical schools and residency programs, the causes are somewhat different. There is a jarring disconnect between the early years of medical school focused on altruism and other aspirational values and the hidden curriculum of informal, social constructs that students encounter in clinical settings. Once they begin to see patients, students and young doctors are rapidly re-educated in a system that may very well conflict with their beliefs and that they may feel they cannot change. Coupled with poor health and exhaustion, the result can be a serious toll on mental health.

The medical profession is paying attention. In 2017, the National Academy of Medicine convened the Action Collaborative on Clinician Well-Being and Resilience. A conceptual model was recently developed to identify factors that influence the well-being and resilience of health care professionals.

The conceptual model is built around patient well-being. Though health care professionals and educators rightly care about students and clinicians, their work is above all about the patient. However, patient well-being is strongly influenced by the clinician-patient relationship, and that relationship is dependent on the well-being of the clinician him or herself.

As the model illustrates, clinician well-being is affected by numerous factors:

- **Internal influences**
- **Personal factors**
- **Skills and abilities**
- **External influences**
- **Society and culture**
- **Rules and regulations**
- **Organizational factors**
- **Learning/practice environment**
- **Health care responsibilities**

Each of these areas of influence have multiple sub-factors within them. As the above lists suggest, clinician well-being is disproportionately influenced by external factors rather than factors internal to the physician.

Fighting burnout

As medical education professionals, it's important that we recognize our role in this issue and empower our teams with information and tools to support the well-being of medical students and residents. The NAM offers information, ideas and resources in its Clinician Well-Being Knowledge Hub for stakeholders who have an interest in mitigating this issue. And we all have an interest in mitigating this issue.

The good news is, data suggest even small actions can make a big difference. Measures implemented in the clinical environment such as basic improvements in the workplace, or individual-level actions such as keeping a gratitude journal, are helpful and can reduce the symptoms of burnout.

In the learning environment, accrediting bodies are taking notice.

The Accreditation Council for Graduate Medical Education's Clinical Learning Environment Review (CLER) Program integrates well-being and other factors into the ACGME's Next Accreditation System and provides feedback to help institutions engage residents and physicians in the provision of safe, high-quality patient care.

Similarly, the Liaison Committee on Medical Education's Accreditation Standard 3 focuses on the learning environment, including identification and enhancement of positive influences, identification and mitigation of negative influences, systems to prevent and address student harassment, and more.

Medical education professionals who understand and apply the ACGME and LCME standards to improve their learning environments will take important steps to mitigate burnout and increase well-being and resilience. Integration of these standards into continuous quality improvement enables a long-term strategy to turn the tide against burnout while building a better, more compliant medical education program. MSA Group consultants have seen schools successfully implement strategy that integrates accreditation standards with CQI to improve the learning environment.

Ultimately, medical schools and GME programs have both an opportunity and an obligation to create an environment that supports students as learners, and that prepares them for satisfying careers as doctors. In so doing, educators can take important action to address a persistent challenge and source of heartbreak in our professional community. We must heal the healers. Better yet, let's also train resilient doctors who have tools to weather the demands of medicine with their mental health and personal well-being intact.