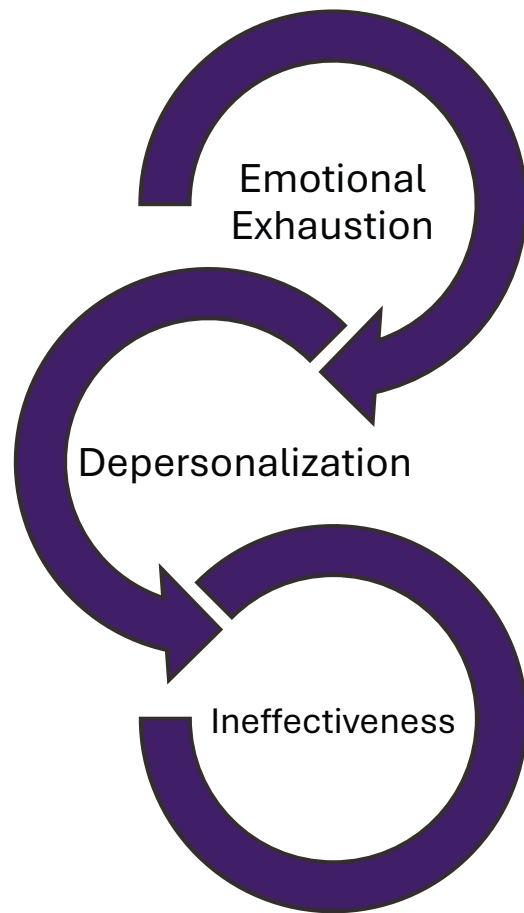


Burnout Syndrome

A work-related disorder triggered by recurrent or persistent stress



When Stress Becomes Burnout Syndrome (BOS): A Dynamic Model



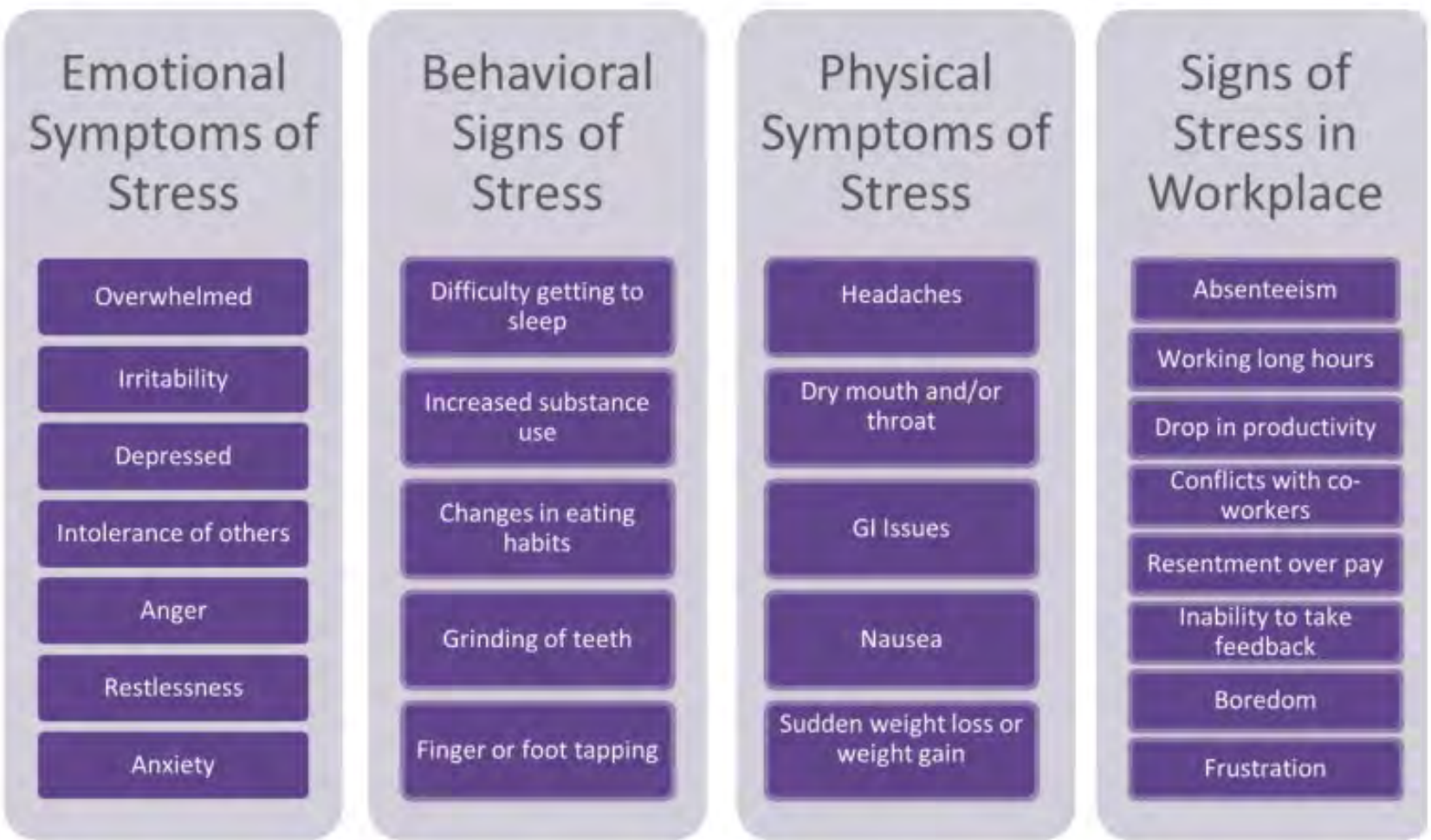
ICD-11 diagnosis *related to employment or unemployment.*

- Feelings of energy depletion or exhaustion
- Increased mental distance, or feelings of negativism or cynicism related to one's job.
- Reduced professional efficacy / accomplishment



Personal Effects of Burnout Syndrome

Some Symptoms of Stress



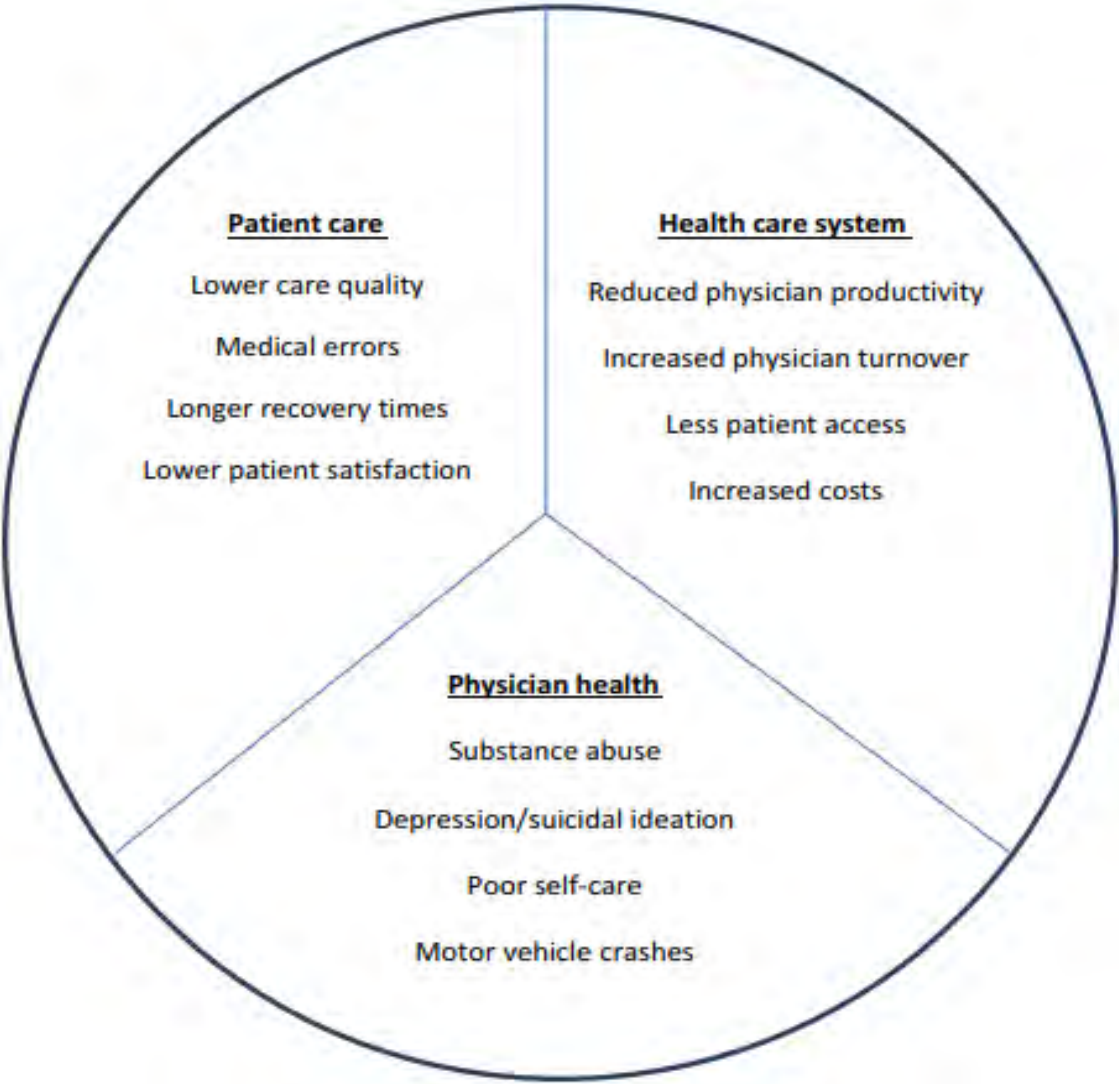
Professional consequences of Burnout Syndrome



Shanafelt et al. Mayo Clin Proc. 2017;92(1):129-146



Healthcare System Effects of Burnout Syndrome (BOS)



What is the effect of Burnout Syndrome on medical trainees?

- Explicit and implicit bias against people of color
- Simulation performance (Northwestern ER based study)
- Prescription based medical errors
- Poor performance on training examinations
- Increased incidence of personal motor vehicle accidents
- Higher rates of anxiety and depression
- Higher rates of intent to leave the field



Leep Hunderfund et al. Acad Med. 2022 Aug 1;97(8):1184-1194.

Kwah et al. J Grad Med Educ. 2016 Oct;8(4):597-600.

Lu et al. AEM Educ Train. 2017 Jan 19;1(1):55-59.

Dyrbye et al. JAMA Netw Open. 2019 Jul 3;2(7):e197457.

Strauss et al. J Bone Joint Surg Am. 2019 Oct 2;101(19):e102.

West et al. Mayo Clin Proc. 2012 Dec;87(12):1138-44.

Burnout Syndrome: Self Assessment and Resources

Burnout Syndrome Self Screening:

[Assess Drivers Physician Burnout in Your Organization | WellMD & WellPhD | Stanford Medicine](#)

Transition to Residency Risk Index (TRRI):

[trri_format_2_transition_to_residency.pdf](#)

ACGME podcasts, articles, and strategies:

[Well-Being - Mental Health and Well-Being During Transitions](#)

Depression

A mood disorder characterized by depressed mood and decreased interest or pleasure in life

When it's more than just a stress response

The prevalence of anxiety and depression in medical trainees is higher than population averages

Depression

- 28% in residents

Suicidal Ideation

- 11.1% in medical students

Generalized Anxiety Disorder

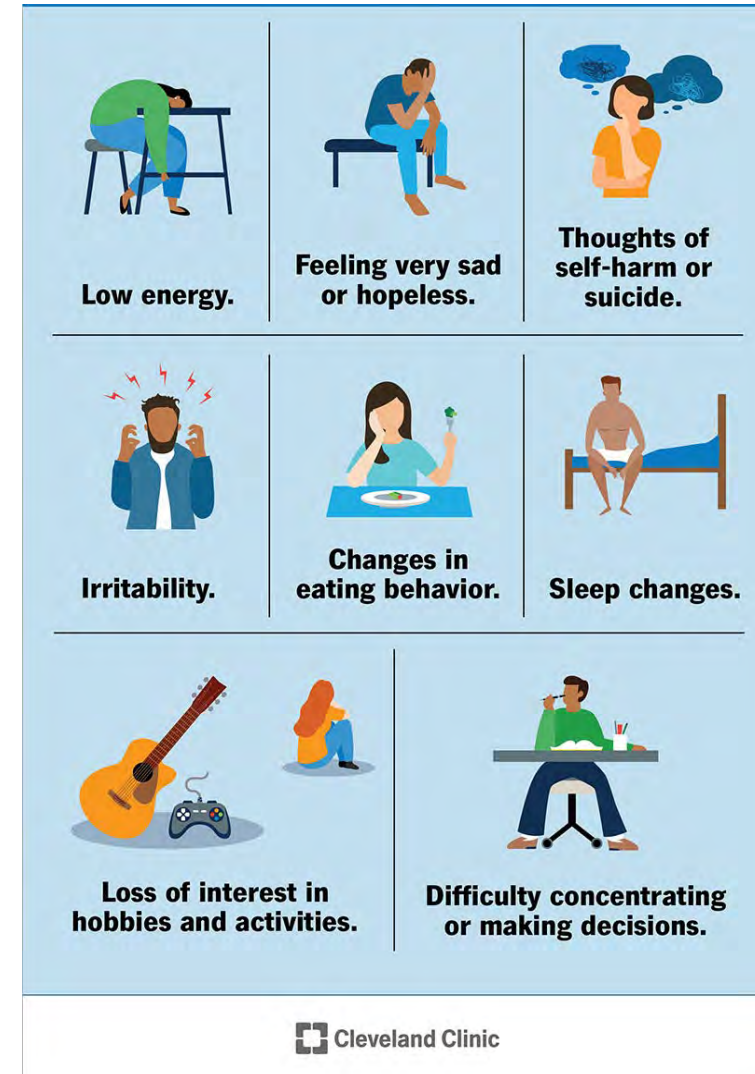
- 20.3% in mixed group of trainees

Mata et al. JAMA. 2015 Dec 8;314(22):2373-83.
Rotenstein et al. JAMA. 2016 Dec 6;316(21):2214-2236.
Mousa et al. PLoS One. 2016 Jun 10;11(6):e0156554.

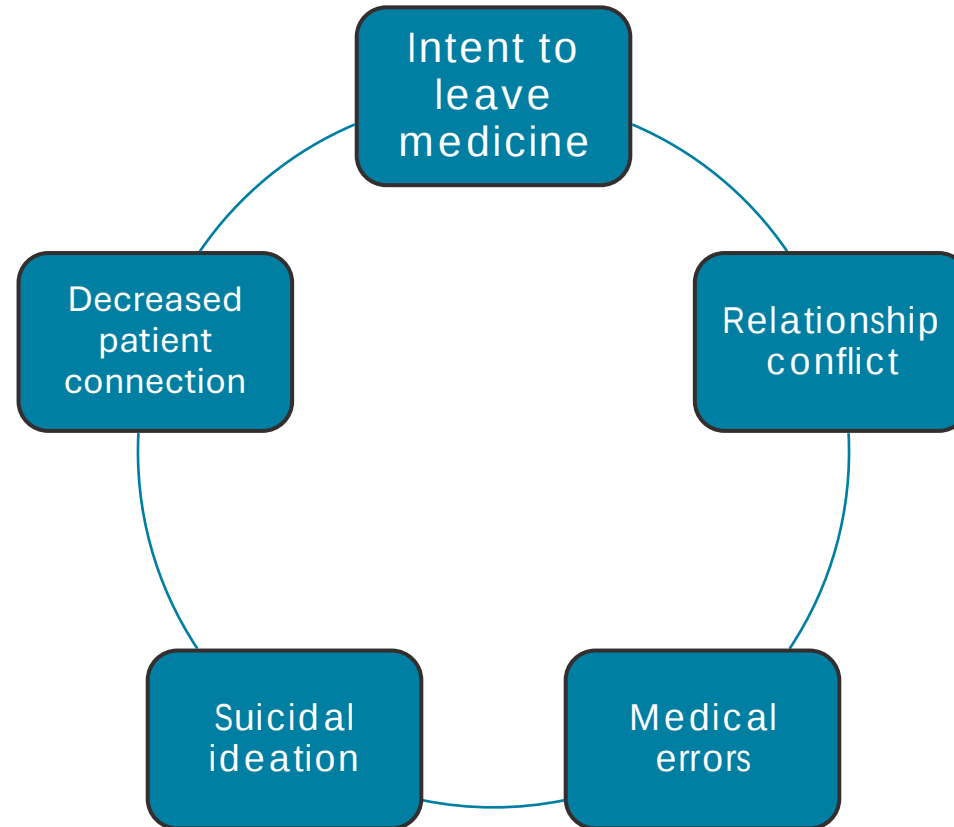
Depression –Identification

AKA Major Depressive Disorder

- **A medical condition**
 - mood disorder that causes a persistent feeling of sadness and loss of interest
- **Frequent features:**
 - Feeling of sadness that persists
 - Lack of joy in activities
 - Fatigue despite getting sleep
- **NOT a sign of weakness or reflection of competence**
- **Treatable!**



When untreated, depression has personal and professional effects



JAMA Netw Open. 2019 Nov 27;2(11):e1916097.

JAMA Netw Open. 2020 Dec 1;3(12):e2028780.

Depression: Self Assessment and Resources

Depression Information and Self Screening:

[Depression - National Institute of Mental Health \(NIMH\)](#)

[Depression Screening Quiz: The Goldberg Depression Questionnaire](#)

ACGME podcasts, articles, and strategies:

[Well-Being - Mental Health and Well-Being During Transitions](#)

Suicide Prevention

Identifying Those at Risk
How to Have the Conversation

Burnout Syndrome and Depression independently increase risk for suicidal ideation

- Physician rates of suicide are higher than national averages
 - Physicians are less likely to seek mental health support due to multiple factors including social stigma and barriers to access to care (such as long work hours)
- Higher rates of alcohol consumption in the setting of depression correlates with suicidality
- Cognitive narrowing may contribute
 - A mindset where 'for now' situations become 'forever' barriers
- Showing care and offering to help is the first step to safety
- Follow short term safety measures
 - Stay with a friend or family member
 - Remove pills, sharp objects, and firearms from the home environment
 - Avoid alcohol consumption

How to have a conversation with someone at risk

Showing compassion can save a life



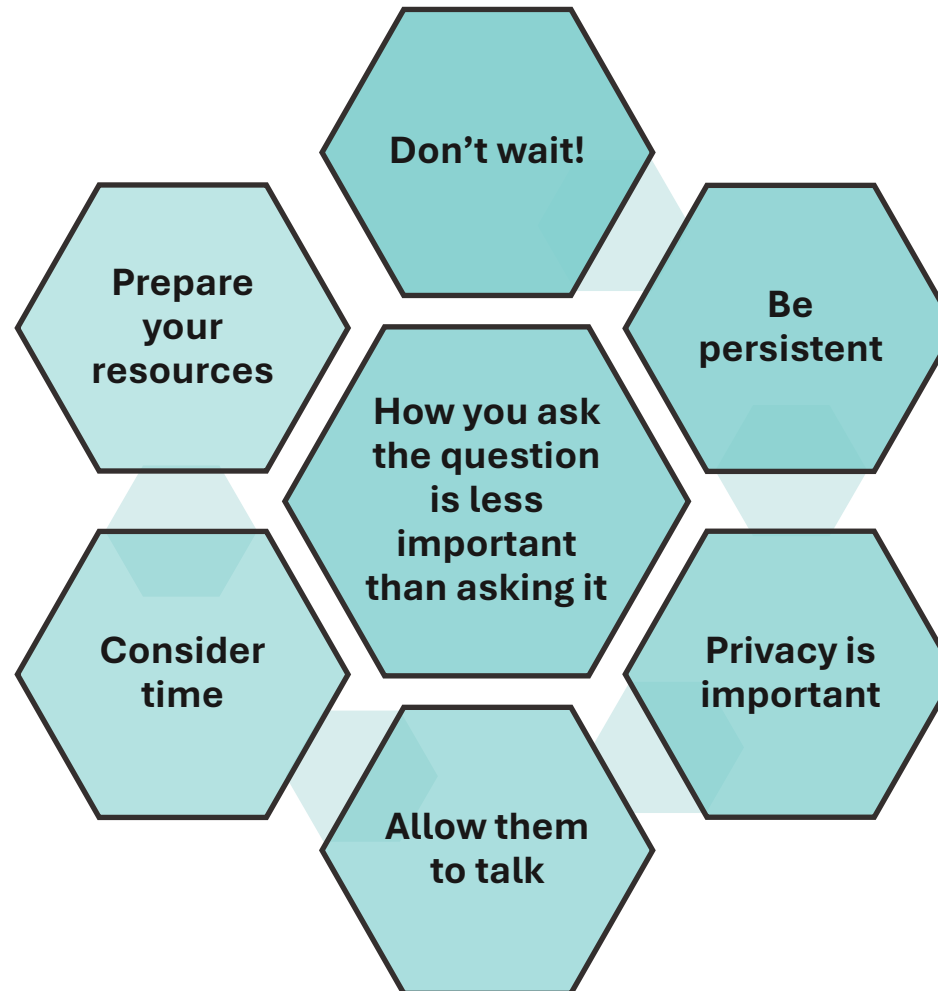
Question

Persuade

Refer



Tips for Asking the Suicide Question





Ways to Ask



Start by caring confrontation and actively listen



“Have you been feeling unhappy lately?”



“Have you been feeling so down you have been thinking about ending your life?”



Ways to Ask



“Sometimes, when people are really upset, they wish they were dead. I’m wondering if you’re feeling that way, too?”



“I wonder if you’re thinking about suicide?”



“Are you thinking about killing yourself?”



What **Not** to Say

“You’re not thinking of doing something stupid (or selfish, immoral, etc.), are you?”



“You’re not suicidal, are you?”

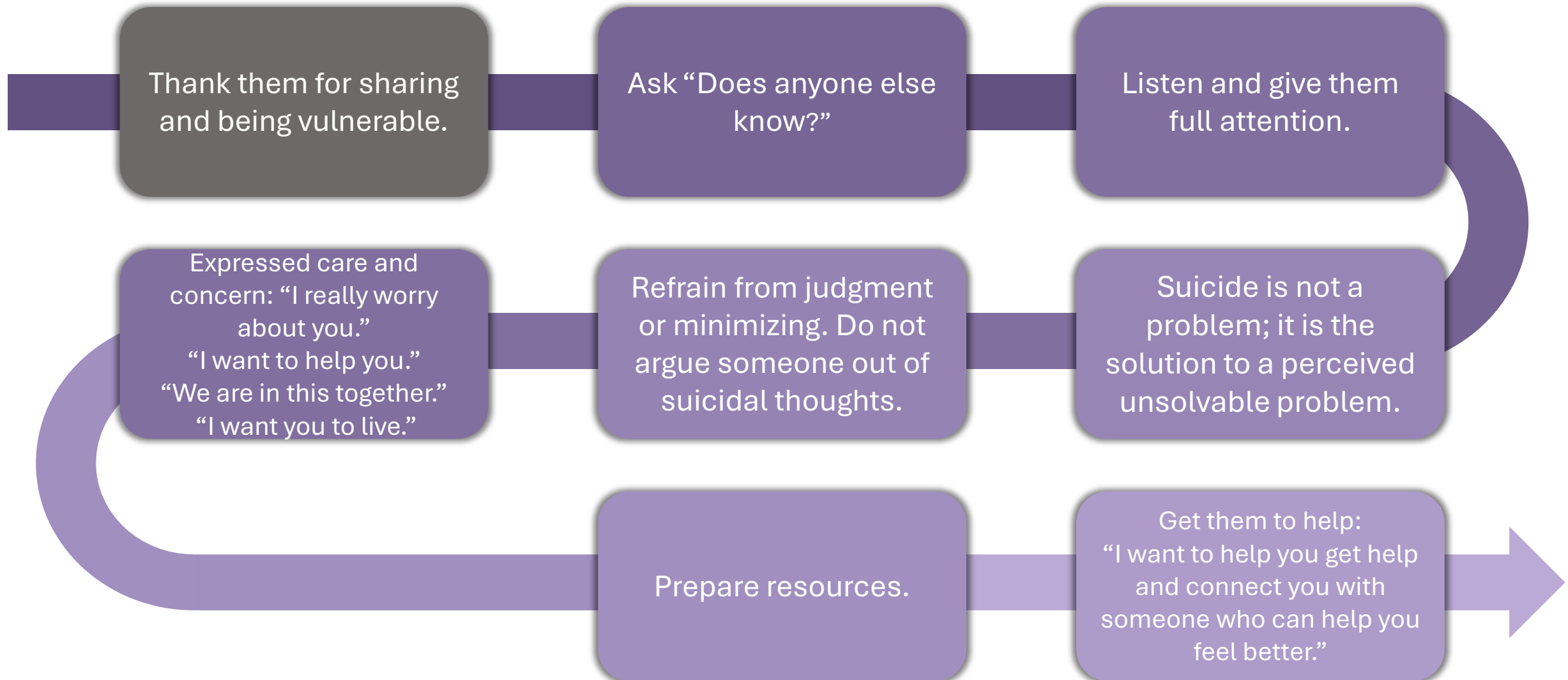


“Think about all the things you should be thankful for!”





Persuade: Next Steps





How do I handle social media posts with suicidal content?

Indirect Suicidal Statements

Check in online with a private posting.

This should express concern, a willingness to listen, and ask for clarification of the statement.

More Direct Statements

These might lead to you reaching out by phone or video chat.

Dangerous Postings

Images of cutting oneself or very direct suicidal threats (or accounts of an attempt or means) will lead you to call 911 or parents/contact in the vicinity of the person.

How to I handle that conversation by phone or video?

It is still basic QPR (Question, Persuade, Refer) with the added difficulty of not being in the same room.

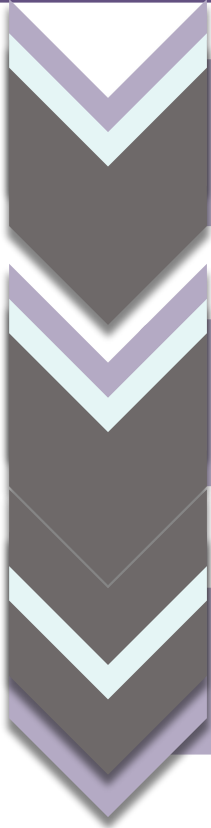
Make sure you know their location and the name and phone number of someone nearby, if possible.

When the conversation indicates that there is imminent danger, call 911 or the person you identified before.



Refer

People who are suicidal often believe they cannot be helped, so you may have to do more.



The best referral involves taking the person directly to someone who can help.

The next best referral is getting a commitment from the person to accept help, then making the arrangements to seek that help.

The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

Suicide: Toolkits and Resources

Suicide Prevention and Response:

[Caring for Those Who Care](#)

[NPSADay_ShareSuicidePreventionResources_Evergreen.pdf](#)

[Home - Dr. Lorna Breen Heroes Foundation](#)

Goldman ML, Shah RN, Bernstein CA. Depression and suicide among physician trainees: recommendations for a national response. JAMA Psychiatry. 2015 doi: 10.1001/jamapsychiatry.2014.3050.

ACGME podcasts, articles, and strategies

[Well-Being - Mental Health and Well-Being During Transitions](#)

Additional Interventions and Resources

Local and National

P2P Network

Why is Peer Support Important?

- Medical errors and near misses are occupational hazards for healthcare workers.
- 81% of healthcare workers reported psychologic distress including troubling memories, anxiety, anger towards themselves, and fear of future events after adverse events.*
- 90% felt that health care organizations did not support them in coping with error related stress,*
- The referral itself is a demonstration of our care and support.

How Do Peer Support Referrals Work?

- OWB receives the anonymous referral.
- OWB then reaches out and offers peer support.
- If offer is accepted, OWB assigns a peer supporter.
- Peer supporter contacts the colleague to offer peer support.
- Resource document is sent in follow-up.

P2P Network

A Peer-to-Peer Support Program Now Available to all McGaw Physician Trainees!



What is it?

P2P Network

- Free, confidential, and voluntary peer support service for those involved in adverse clinical events
- Currently available to all NM physicians, physician trainees, APPs, nurses, and clinical pharmacists

Peer Supporters

- Trained NM physicians, physician trainees, APPs, nurses, and clinical pharmacists
- Possess a variety of background experience to provide emotional and psychological first aid within job family

How does it work?

- Access the referral form or our P2P webpage to refer self or others
- Peer support is offered to the colleague who is referred to the program
- If support is accepted, P2P leadership will assign a peer supporter who will contact the referred colleague within 72 hours
- Peer support consists of one or two interactions with additional resources sent in follow-up

Is it confidential?

- NM peer support activities are chartered and overseen as part of NM quality improvement initiatives. Peer support conversations are privileged and confidential under the IL Medical Studies Act and the Federal Patient Safety Act.

Referral Form



Scan the QR code to submit a self or anonymous peer referral.

What types of events are supported?

- Adverse Event
- Near miss
- Medication error
- Death of a patient
- Severe or permanent injury of a patient
- Procedural complication
- Legal issue or peer review (physicians only)
- Discrimination or bias at the bedside by patients or visitors (physicians only)

For more information, email
P2PNetwork@nm.org

Mental Health Care Resources

Local resources with dedicated training and sensitivity to medical professional needs

Northwestern Resources

McGaw Wellness Program: Meridian Psychiatric Partners

- ❖ mcgawwellness@meridianproviders.com | 312-477-2109 (48hr response time)
- ❖ Discuss needs and help establish short- or longer-term care with an appropriate provider around depression and anxiety

McGaw Wellness Resources

- ❖ Find wellness resources that are available through the McGaw Medical Center

Substance Abuse / Fitness for Duty

- ❖ Joshua Goldstein, Designated Institutional Official: j-goldstein4@northwestern.edu

Spiritual Care

- ❖ Mark Bradley, Manager Pastoral Services: abradley@nm.org
- ❖ Chapels located on Feinberg 2-704 and Prentice 3-2324

Mental Health Care Resources

National resources for general access needs

External Resources

988 Suicide and Crisis Lifeline

- ❖ Call or text 988

National Suicide Prevention Lifeline

- ❖ Call 1-800-273-TALK (8255) or text HELLO to 741741
- ❖ <https://suicidepreventionlifeline.org/>

Suicide Prevention Resource Center

- ❖ [Suicide Prevention Resource Center](#)

National Alliance on Mental Illness (NAMI)

- ❖ Call 800-950-NAMI (6264) | Text “HelpLine” to 62640

National Domestic Violence Hotline

- ❖ Call 800-799-SAFE (7233) | Text “Start” to 88788

National Sexual Assault Hotline

- ❖ Call 800-656-HOPE (4673)

Illinois Physician Health Program (IPHP)

- ❖ Call 800-215-HELP (4357)
- ❖ Confidential consultation, support, and monitoring/ case management services for healthcare providers in Illinois (e.g., substance abuse)

Additional Resources

Further reading, toolkits, and self-assessments

National Academy of Medicine Knowledge Hub on Clinician Well-Being

[Clinician Resilience and Well-Being - NAM](#)

[An Intervention Framework for Institutions to Meet New ACGME Common Program Requirements for Physician Well-Being - PMC](#)