

# **Do Good, Feel Good!**

## *Enhance Career Satisfaction and Improve Clinical Care*

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Reading Hospital

Emeritus Vice Dean GME

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*“Nobody likes me,  
everybody hates me,  
guess I’ll go eat worms!”*



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# Disclosures

- No financial disclosures
- Professional disclosures
  - Chair Department of OBGYN
  - Vice Chair of CREOG
  - Vice Dean for GME
  - Program Director in OBGYN for 25 years
  - Private practice for almost 30 years



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# Objectives:

- **Revitalize your approach** to well-being and its importance to professional growth.
  - How do we support the clinical (learning) environment to promote satisfaction?
  - How does this impact personal professional growth?
- **Realize career satisfaction** and its impact on personal well-being and clinical care
  - What makes me happy in my career?
  - How does this interface with my clinical management?
- **Gain appreciation of utilization of empathy** in your professional life.
  - What is empathy?
  - How does it apply to my professional life?



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# Summer 2014 CREOG Initiative Physician Wellness

- **Task Force** - Anh T. Nguyen, Abigail Ford, Mark B. Woodland, Helen Morgan, Sandra Carson, Tony Ogburn & CREOG Crew



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# Trajectory to Tragedy: Physician Suicide & Institution Response

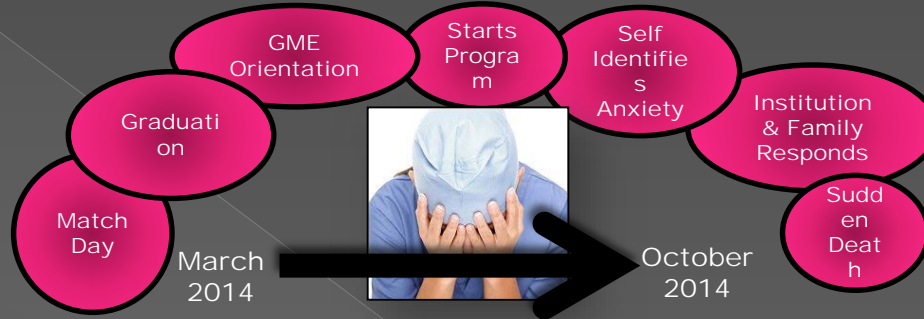


Mark B. Woodland, MS, MD  
Vice Dean, GME

Jay M. Yanoff, EdD  
DIO



**Over 400 physician suicides annually!**  
**That's equivalent to almost an entire medical school.**  
**No formal tracking by any agency currently exists.**  
**Physician wellness?!**



Jubilation - Excitement - Anticipation - Anxiety - Desperation - Despair

**Male doctors killed themselves at a rate 70 percent higher than other professionals.**  
**For female doctors, that rate ranged from 250 to 400 percent higher!**

## Overview

Physician suicide is a major problem for the medical profession. When suicide occurs within the realm of a Graduate Medical Education (GME) program, it has many ramifications including overwhelming emotional stress for those in the program, as well as for faculty, institutional leaders, family members and supporters of the trainee.

Our institution experienced a tragic loss. The institutional response and our approach utilizing our regional collaboration to facilitate process and progress through the analysis of the trajectory to this tragedy and beyond bears presentation to raise awareness to the issue of physician suicide and for what we experienced, learned, and developed.

## Contact Information

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## Initial Sequence of Events

- Friday Morning (7AM) - Outside Program notifies us of our resident's death
- DIO, Vice Dean and Program Director begin to notify Institutional Leadership
- Medical School responds by creating an announcement for the medical students
- 12 Noon – DIO and Vice Dean meet with residents, students, Program Director and program faculty members
- Family contact was initiated
- ACGME was notified
- Strategy for grief management and future information sharing was initiated
  - Decision to send out further information was tabled until the family response was initiated

**Copy Cat Phenomenon**  
**Balance Curiosity**  
**and Courtesy**

## Utilization of Social Media GME Community Concern

### Following Proceedings

- Continued communication with the family
  - Participated in family tributes and services
- Presentation to Executive Committee of the Faculty and hospital Medical Executive Committee
  - Recommended a "Risk/performance" autopsy type evaluation of the incident
- Connected with university services
- GMEC sub-committee created a resource for PD's and faculty to use in department and program discussions
- GME Leadership connected with other known individuals who were identified as "at risk"
- GME Leadership began to field questions and inquiries regarding the situation
- Dean's office established a "college of medicine" ongoing task force on physician suicide

## Conclusion, Recommendations

We recognized that this was one of the most difficult events for us as leaders for GME. While we navigated the circumstances as a process of on-going review and consideration, we learned the following:

- Be aware of potential for harm to oneself
- Be sensitive to behavioural and/or verbal signs
- Be diligent for evidence of stress, burnout or personal issues
- Reach out
- Speak up
- Seek help from others
- Share with the GME community

## Acknowledgement

Richard Paluzzi, MD

Medicine

Program Director, Internal

Drexel University College

of Medicine

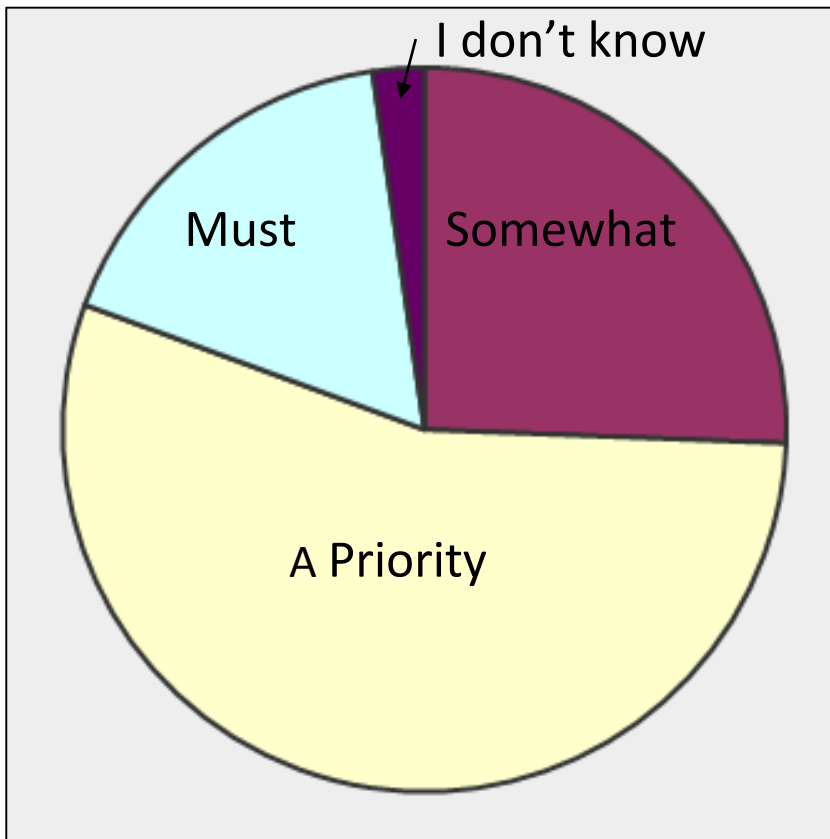
# Mental Illness in Physicians

- Depression is as common in physicians as in the general population (~12%) and higher in medical students and residents (15-30%)
- Moderate depression increased in intern year from 4.3% to 29.8% ( $p = .0002$ ).
- Physician suicide rates are higher than the rest of the population.
  - 2014 intern deaths occurred in physicians with no prior or obvious struggles or “calls for help”.

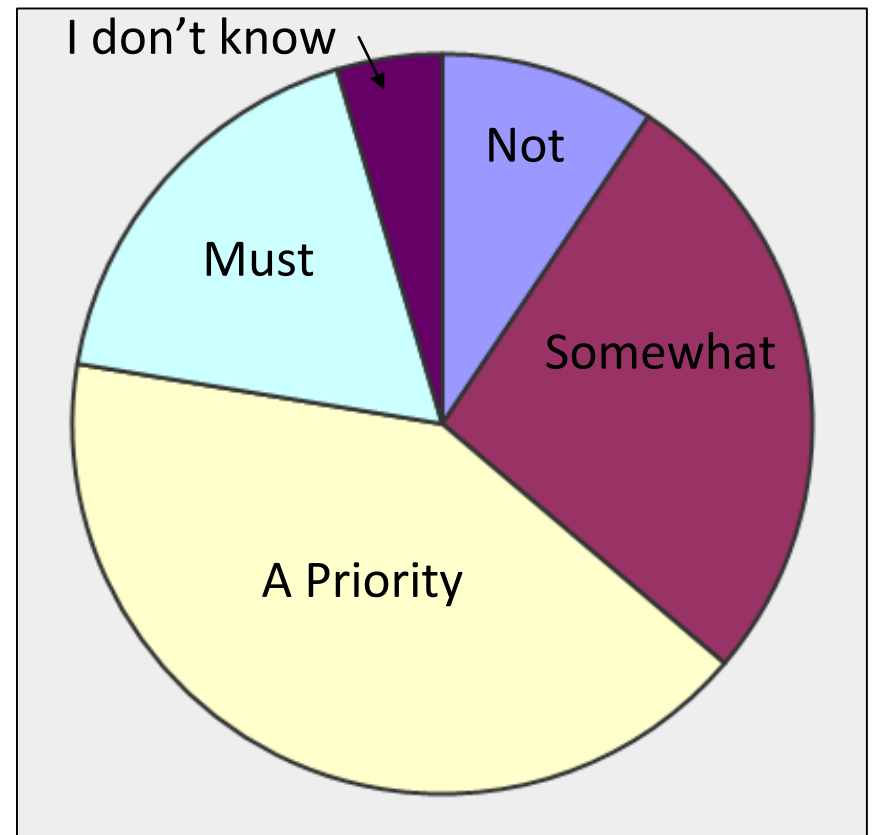
**JAMA. 2003;289(23):3161-3166; Acad Med. 2006  
Jan;81(1):82-5; JAMA 2005;294:1189**

# CREOG: Importance of Wellness

**Program Directors**



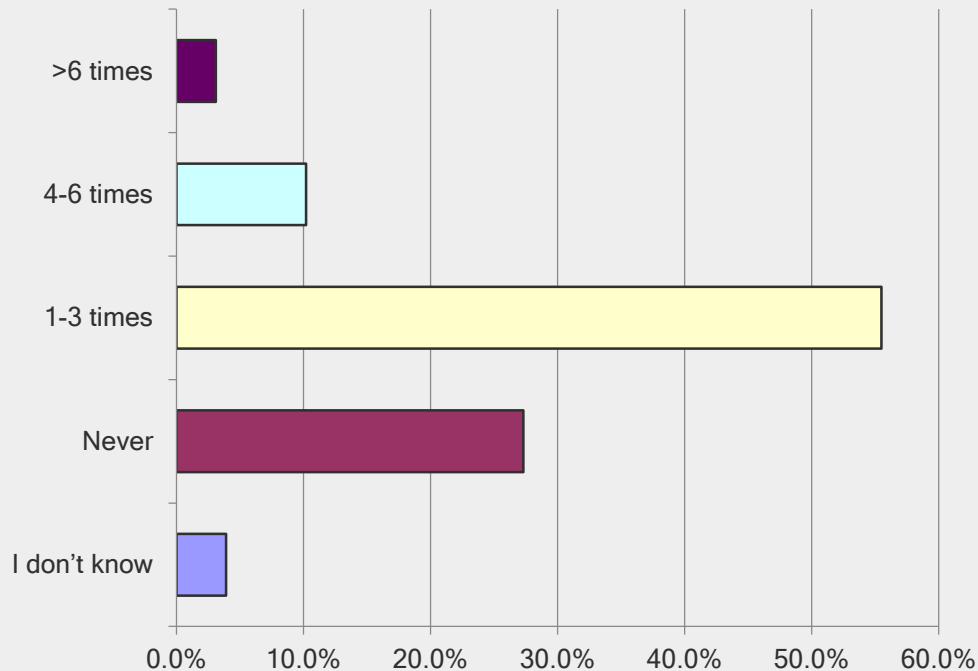
**Residents**





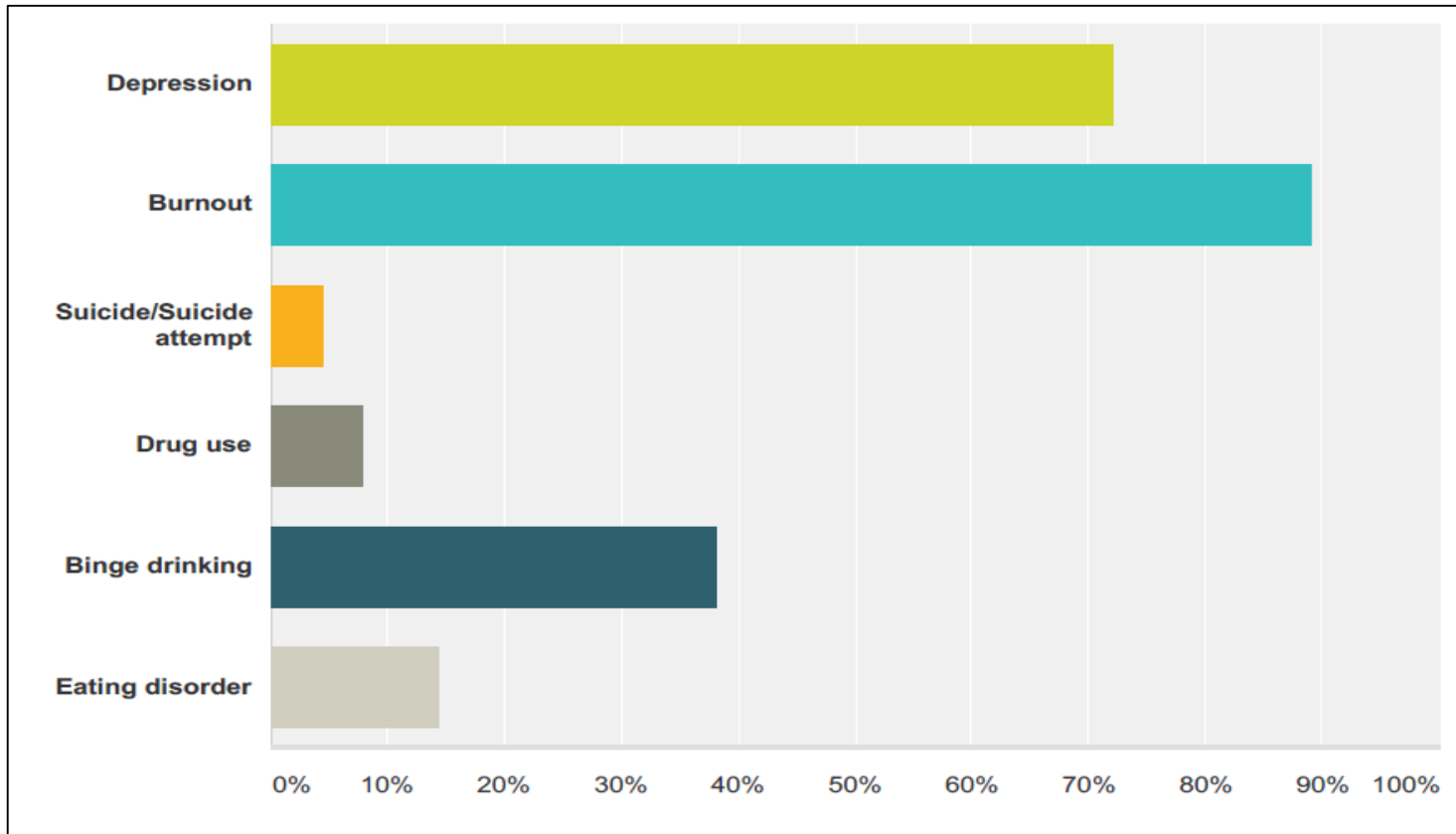
# CREOG: Program Director

**“Has your program experienced problems with resident wellness in the past 5 years? (Drug use? Depression? Suicide? Burnout? Substance abuse? Eating Disorder?)”**



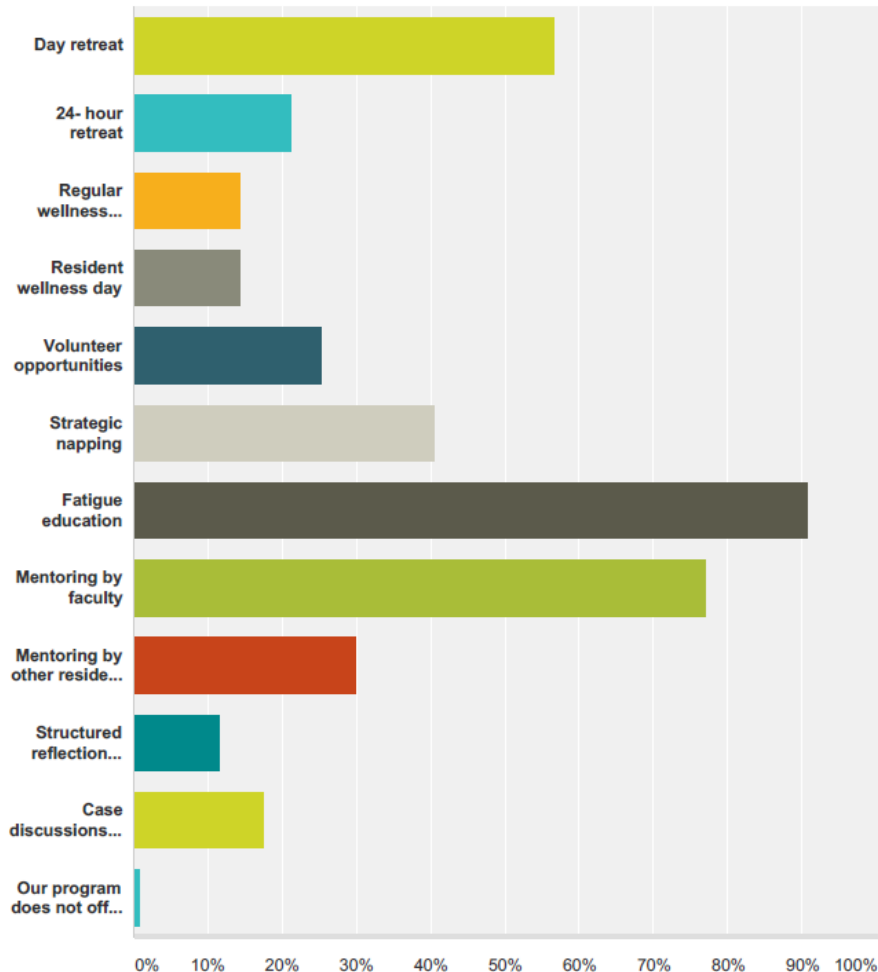
# CREOG: Residents

“During residency, have you or one of your residents experienced the following problem?”

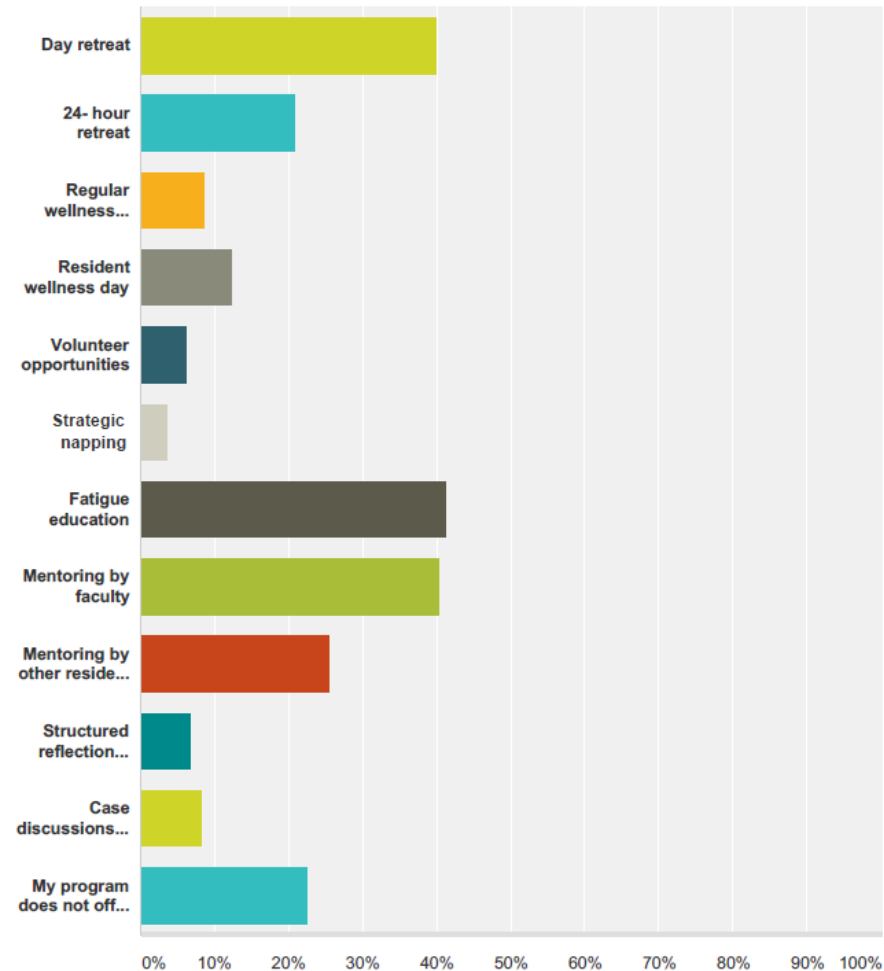


# CREOG: Wellness Activities

## Program Directors



## Residents





# Alexandra and the Marvelous, Wonderful, Very Good Career in Obstetrics and Gynecology

## VIDEO

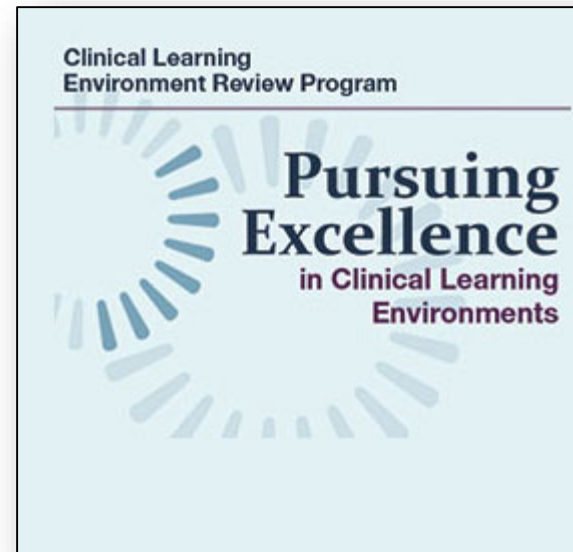
<https://www.youtube.com/watch?v=OLO4ANib024&feature=youtu.be>

*Special recognition to Dr. Helen Morgan for her technical and artistic expertise!*



# ACGME: Summit on Wellness 10/15

- **Clinical Learning Environment (CLE)**
  - Patient safety
  - Supervision
  - Transition of Care
  - Quality
  - Professionalism
  - Fatigue
- **Best practices**





ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

*Symposium on  
Physician Well-Being*

November 17-18, 2015

**Summary and Proposal to the  
ACGME Board of Directors**

# Areas of Focus

- Physician well-being is an individual and a system issue, and needs to be addressed on both levels.
- Alignment between institutional leadership and faculty members in the learning environment is necessary to create a culture of respect and accountability for physician well-being.
- The well-being of physicians as caregivers is crucial to their ability to deliver the safest, best possible care to patients.



# Areas of Impact

- **Education**

- Build awareness and disseminate information to drive transformational change through educational activities; the ACGME website; proposing solutions; communication; building a community of learners, scholarly activity; and training and identifying “ambassadors”

- **Use ACGME “Levers” to Influence Change**

- Through the ACGME Board of Directors; Accreditation Standards; the CLER Program; the Milestones; Education; Research; etc

- **Research**

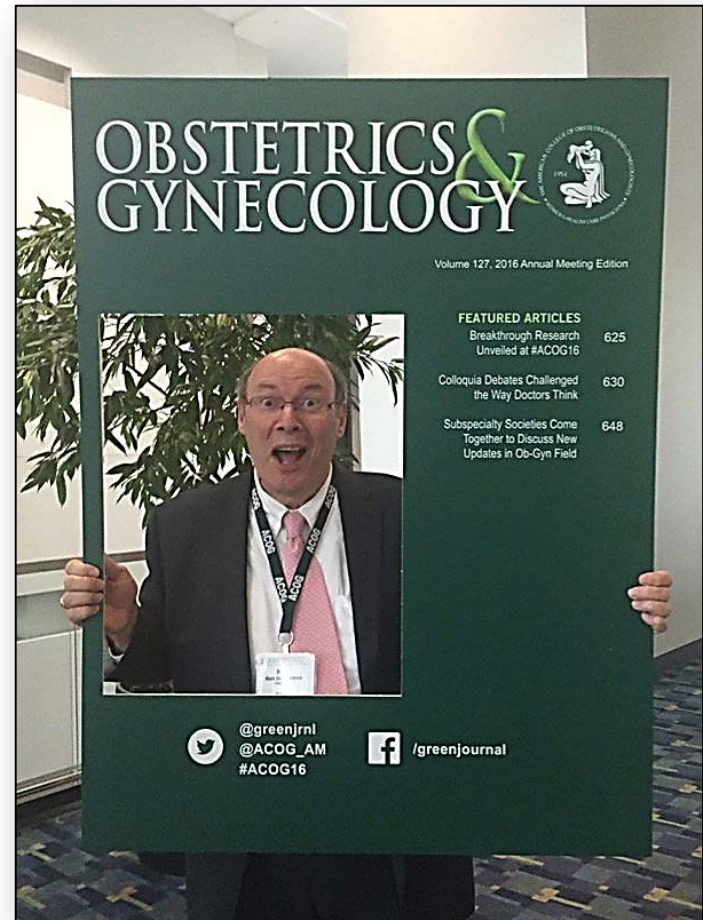
- Through ACGME continued research; stimulation of research within the field; dissemination in annual symposiums

- **Collaboration across the Medical Continuum to Produce Culture/System Change in the Clinical Learning Environment**

- Through the Coalition for Physician Accountability; the National Academy of Medicine (formerly the Institute of Medicine); annual symposiums; member organizations; CEOs; payors; and other health care leaders

# ACOG: Presidential Initiative

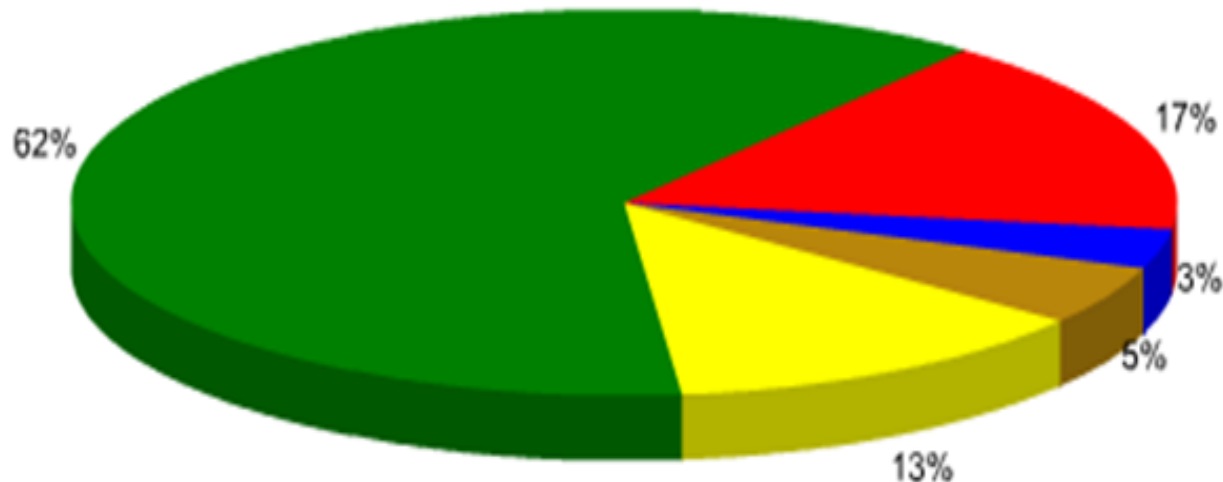
- 3,500 members responded
- Almost 80% wellness concerns were important
- At least 13% this was an institutional responsibility
- Moreover 29% reported depression
- 33% currently “burned out”
- 33% reported observing or experiencing mal-behaviors in themselves or in others such as binge drinking, drug use or eating disorders
- Suicide incidence reported by over 5% of colleagues .



# ACOG Fellow Response

1. What is the importance of physician wellness in relation to other required aspects of your professional life?

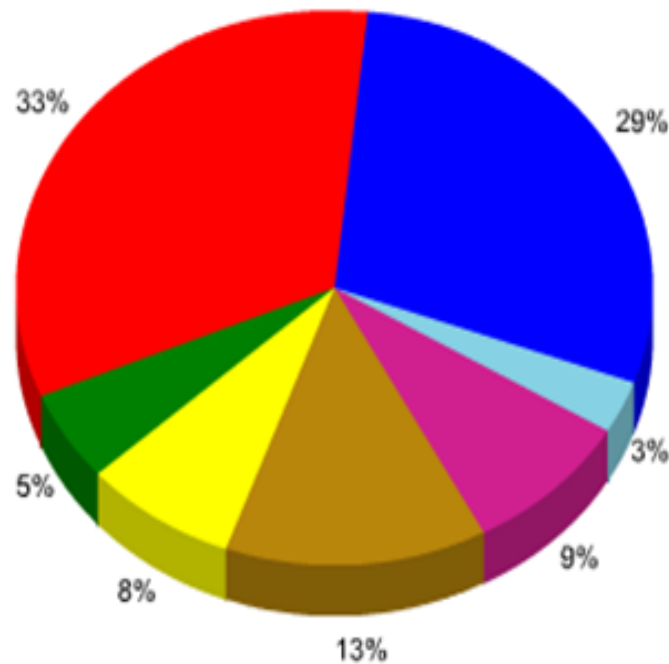
- Not a priority, and it's beyond the scope of professional development.
- Somewhat a priority, and it should be addressed when there is time.
- A priority for the professional development and there should be some structured wellness activities.
- Institutions must have structured wellness activities.
- I don't know.



# ACOG: Fellow Response

2. During your professional life, have you, or one of your fellow colleagues, experienced the following problem? (Select all that apply)

- Depression
- Burnout
- Suicide/Suicide attempt
- Drug use
- Binge drinking
- Eating disorder
- Other (please specify)



# See Something, Say Something!



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# ACOG Initiatives

- **CREOG Wellness Task Force**
  - Spotlight on Wellness
  - Resources for programs
  - CREOG Survey
- **ACOG Leadership**
  - Presidential Project
  - Creation of subcommittee
- **Junior Fellow Response**
  - Participation in initiatives
  - OBGYN Wellness Day



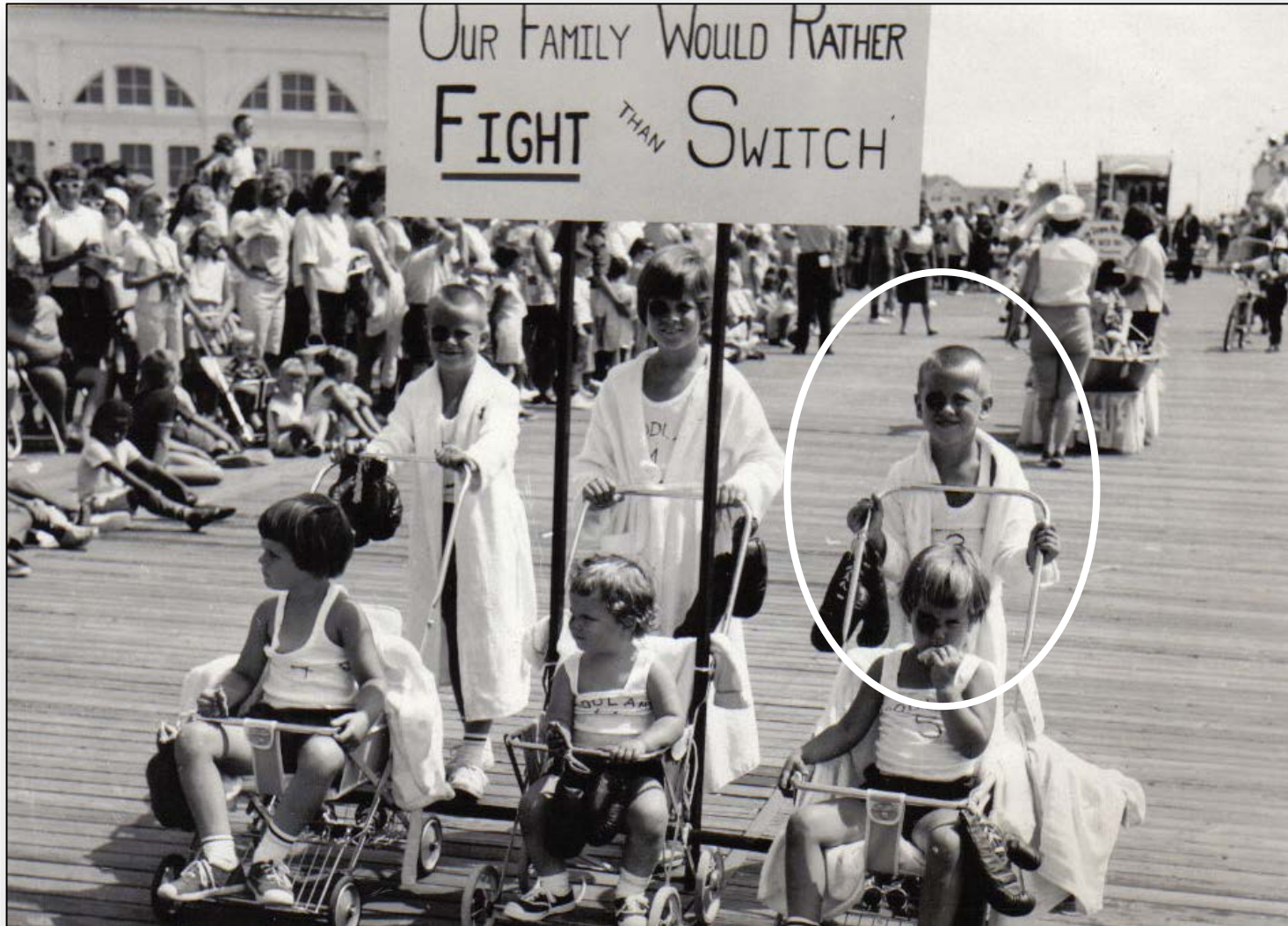


# My Learning Environment





# “Clappers and booers”



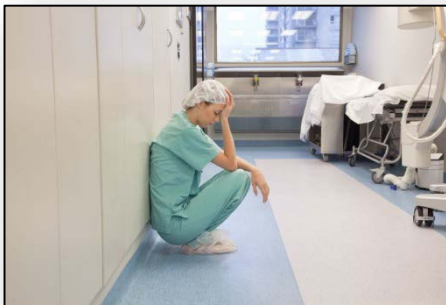




# AAMC: Turn the Beat Around

## Current Considerations

- Dissatisfaction
  - Fatigue
  - Work-life Balance
  - Burnout
- Satisfaction
  - Energize
  - Work-life integration
  - Enthusiasm



# Trajectory to Tragedy: Time Out Exercise

- Time
- Technology
- Trials
- Transitions



What are your “Clappers and Booers!”  
Turn the beat around!



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# Empathy

Number 480, March 2011  
(Reaffirmed 2014)



The American College of Obstetricians and Gynecologists  
*Women's Health Care Physicians*

## COMMITTEE OPINION

- As important to being a good physician as technical competence.
  - Contributes to the restoration of emotional, spiritual, and physical health of patients.
- Needs to be effectively reinforced through regular use at all stages of physicians' training and careers.
  - Medical students and residents should continue to be taught the skills of empathic care as part of their training. After residency, empathy should continue to be reinforced regularly through continuing medical education.
- An empathic relationship can be established with a patient in one encounter and helps physicians enter into the patient's perspective, leading them to be attuned to aspects of the patient's world that physicians may otherwise overlook.
- Physicians should aim to become proficient at identifying and responding to the verbal and nonverbal clues that patients often give regarding their emotional states, inviting patients to express their concerns.
- Changes are needed throughout the health care system to promote empathy.
  - Include cultural and financial shifts that value empathy.
  - Making empathy part of relationships between all levels of health care providers and also part of relationships between health care providers and administrators also is needed.
  - Improving physician well-being will improve empathy toward patients.



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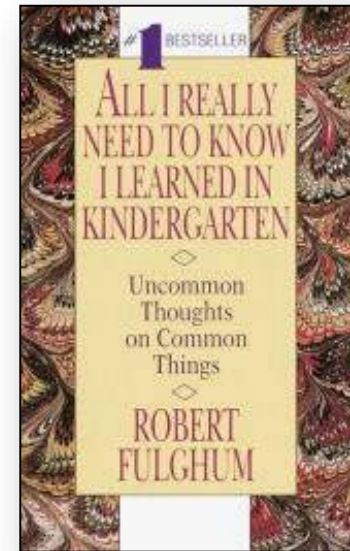
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- ✓ 1. Share everything.
- ✓ 2. Play fair.
- ✓ 3. Don't hit people.
- ✓ 4. Put things back where you found them.
- ✓ 5. CLEAN UP YOUR OWN MESS.
- ✓ 6. Don't take things that aren't yours.
- ✓ 7. Say you're SORRY when you HURT somebody.
- ✓ 11. Live a balanced life - learn some and drink some and draw some and paint some and sing and dance and play and work everyday some.
- ✓ 12. Take a nap every afternoon.
- ✓ 13. When you go out into the world, watch out for traffic, hold hands, and stick together.
- ✓ 14. Be aware of wonder. Remember the little seed in the Styrofoam cup: The roots go down and the plant goes up and nobody really knows how or why, but we are all like that.
- ✓ 16. And then remember the Dick-and-Jane books and the first word you learned - the biggest word of all - LOOK."

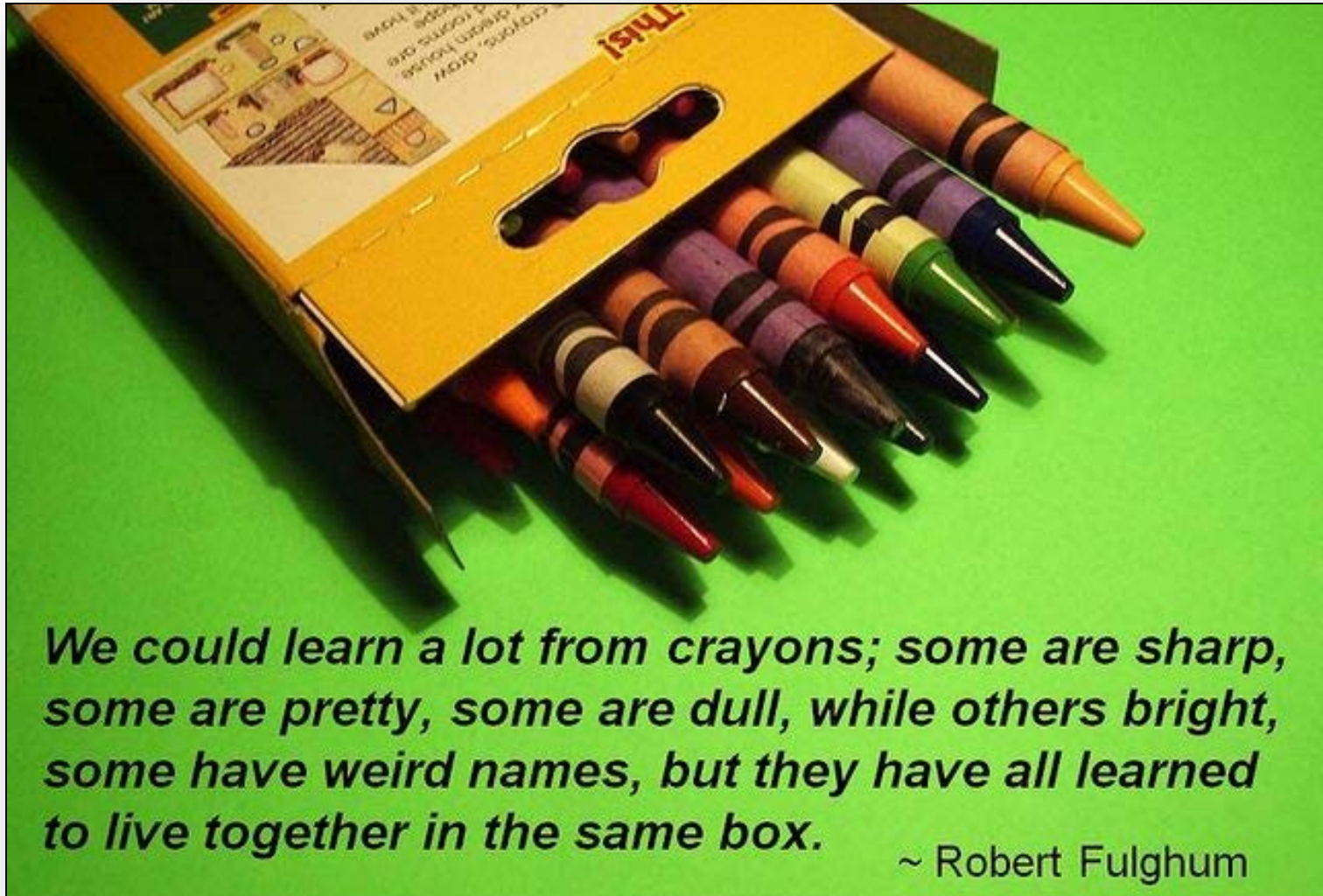
## Check list for Career & Life:



[Robert Fulghum, \*All I Really Need to Know I Learned in Kindergarten\*](#)



# Powerful Thought on Diversity



*We could learn a lot from crayons; some are sharp, some are pretty, some are dull, while others bright, some have weird names, but they have all learned to live together in the same box.*

~ Robert Fulghum

# Impact for District XII



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# “Do Good, Feel Good!”

- **Revitalize your approach** to well-being and its importance to professional growth.
  - Support the clinical (learning) environment to promote satisfaction
  - Positively impact personal professional growth
- **Realize career satisfaction** and its impact on personal well-being and clinical care
  - Celebrate what makes you happy in your career
  - Let positivity interface with your clinical management
- **Gain appreciation of utilization of empathy** in your professional life.
  - Embrace empathy!
  - Make it apply to my professional and personal life.



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# Do Good!

# Feel Good!

Everything is awesome!



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