

# **Physicians and Life Balance: Challenges and Opportunities**

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# **The Health Care Setting**

## **A somewhat grim picture**

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### **Medical students**

**Depression rates 20-30%**

**Anxiety and burnout rates greater than 50%**

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Burnout rates- 60-75% and higher

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### **Medical students**

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**Anxiety and burnout rates greater than 50%**

### **Residents**

**Burnout rates- 60-75% and higher**

### **Practicing Physicians**

**Depression and suicide**

**Burnout**

**Would not recommend the field to their kids- 60-90%**

# **The Health Care Setting**

## **A somewhat grim picture**

### **Burnout**

#### **2015 study by Dyrbye**

**54% of physicians met criteria for burnout in 2014 (up from 46% in 2011)**

**52% for IM subspecialists (up from 44% in 2011)**

**60% for general internists (up from 54% in 2011)**

## **Implications for Quality of Care and Humanism**

**Burnout and depression have been found to correlate with an increase in medical errors, academic dishonesty, cynicism, and unprofessional behavior; and decrease in empathy and altruistic values**

**So what's being done  
to address this?**



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to address this?**

**Not enough.**

# **Saint Louis University Medical Student Mental Health**

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**Moderate- Severe Depression Symptoms (Percent of  
Class) at end of year**

	<b>MS1</b>	<b>MS2</b>
<b>2008 Pre-change</b>	<b>27%</b>	<b>28%</b>
<b>2009 Pre-change</b>	<b>27%</b>	<b>35%</b>

# **Saint Louis University Medical Student Mental Health**

**Moderate- Severe Anxiety Symptoms (Percent of Class)  
at end of year**

	<b>MS1</b>	<b>MS2</b>
<b>2008 Pre-change</b>	<b>56%</b>	<b>58%</b>
<b>2009 Pre-change</b>	<b>54%</b>	<b>61%</b>

# **The SLU SOM Medical Student Mental Health Initiative**

**Designed to reduce unnecessary stressors, help students find meaning in their work, and increase students' ability to deal with stress**

**Changes implemented over the past six years**

# **The SLU SOM Medical Student Mental Health Initiative**

**Designed to reduce unnecessary stressors and increase students' ability to deal with stress**

**Changes implemented over the past five years**

**2009- Pass/Fail grading in the first two years, longitudinal electives, theme-based learning communities**

**2010- Mindfulness and Resilience curriculum for first-year students**

**2011- Changes to the Human Anatomy course**

**2012- Change to “true” pass/ fail in first two years**

**2013- Shorten pre-clinical curriculum, start and end 3<sup>rd</sup> year earlier**

**2014- Confidential tracking of depression and anxiety**

# Impact of Curricular Changes in Years 1 and 2

Moderate- Severe Depression Symptoms (Percent of Class) at end of year

		MS1	MS2
2008 Pre-change		27%	28%
2009 Pre-change		27%	35%
2010 Post-change	19%	17%	
2011 Post-change	18%	18%	
2012 Post-change	11%	16%	
2013 Post-change	14%	17%	
2014 Post-change	8%	21%	
2015 Post-change	4%		

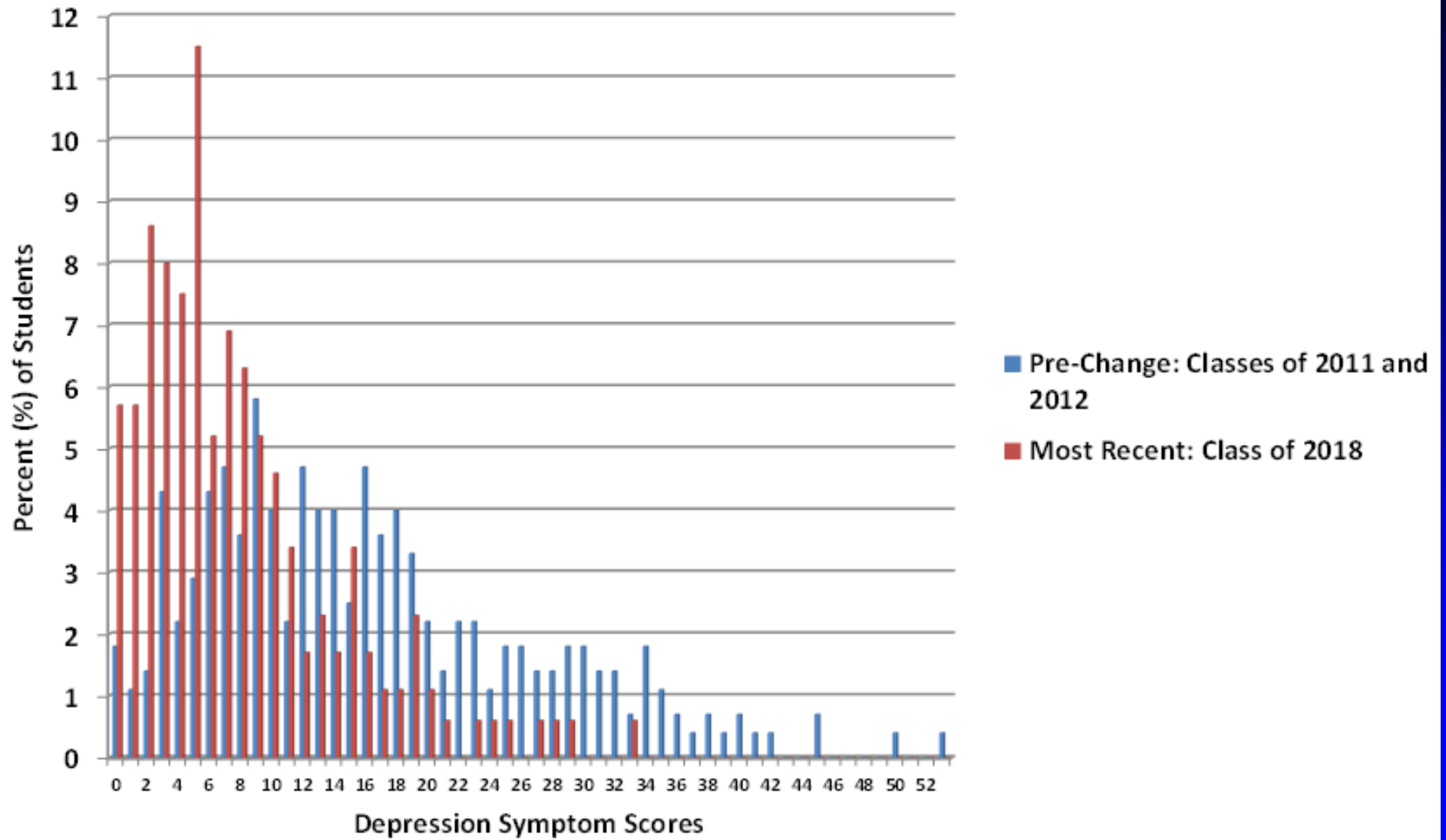
## Impact of Curricular Changes in Years 1 and 2

Moderate- Severe Anxiety Symptoms (Percent of Class)  
at end of year

	MS1	MS2
2008 Pre-change	56%	58%
2009 Pre-change	54%	61%
2010 Post-change	44%	61%
2011 Post-change	30%	39%
2012 Post-change	31%	46%
2013 Post-change	43%	44%
2014 Post-change	23%	47%
2015 Post-change	14%	



# End-of-year 1 Depression Scores



# **Impact of Curricular Changes in Years 1 and 2**

**Performance in Years 1 and 2**

# **Impact of Curricular Changes in Years 1 and 2**

## **Performance in Years 1 and 2**

**No decrease in mean exam scores or increase in failure rate in courses.**

**Mean step 1 scores have shown significant increase**

# **Mental Health of First-Year Pediatric Residents**

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## Mean depression scores

2013 Pre-change	21.2
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2014 Post-change	13.9
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p value .06

# Mental Health of First-Year Pediatric Residents

## Mean depression scores

2013 Pre-change 21.2

2014 Post-change 13.9

p value .06

## CES depression scores

	Pre-change	Post-change
Severe (>26)	5	2
Moderate (22-26)	3	0
Mild (16-21)	3	1
Not signif. (<16)	7	14

p value <.05

# Mental Health of First-Year Pediatric Residents

## Burnout and anxiety

	Pre-change	Post-change	Pvalue
Depersonalization	10.2	6.4	<.01
Emotional Exhaustion	29.6	21.8	.01
Anxiety	50.6	42.8	<.01

# **Mindfulness, Metacognition, and Resilience**



# **Mindfulness**

**Paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.**

# Mindfulness

How to cultivate

Formal practice

Informal practice

# Metacognition

# Resilience

# Resilience

Cognitive restructuring

# Resilience

Cognitive restructuring

Risks of maladaptive perfectionism and  
imposter syndrome

# Resilience

Cognitive restructuring

**Negativity bias**

# Resilience

Cognitive restructuring

Negativity bias

**Optimistic versus pessimistic explanatory styles**



# Resilience

Cognitive restructuring

Negativity bias

Optimistic versus pessimistic explanatory styles

**Positive emotions**

**three good things**

**positive inquiry**

# Resilience

Cognitive restructuring

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Optimistic versus pessimistic explanatory styles

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**Avoiding learned helplessness**

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**Emotional self-regulation**

# Resilience

Cognitive restructuring

Negativity bias

Optimistic versus pessimistic explanatory styles

Positive emotions

three good things

positive inquiry

Avoiding learned helplessness

Emotional self-regulation

**All the above rely to a great degree on  
metacognition**

# Future Directions

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**Need to focus more on enhancing the learning and work environments.**

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**Six factors**

**Workload**

**Control**

**Rewards**

**Community**

**Fairness**

**Values**

**“Clients do not come first. Employees come first.  
If you take care of your employees, they will take  
care of the clients.”**

**Richard Branson**



# Finding meaning in work

# Victor Frankl

## **Victor Frankl**

**“Everything can be taken from a man but one thing:  
the last of human freedoms- to choose one’s attitude  
in any set of circumstances, to choose one’s own way.”**

**“There is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions as the knowledge that there is a meaning in one's life. There is much wisdom in the words of Nietzsche: “He who has a why to live for can bear almost any how.”**

