Professional burnout among physicians is a problem well-established in the literature and is on the rise and garnering national media attention. There are interventions that work to reduce and prevent physician burnout and, to be effective, those intervention strategies must be both adopted by the individual physician and embedded in the institution and its culture. Despite having this knowledge why are not more physicians participating in such programs? Hospitals systems are offering wellness programs and medical students and residents are participating more in these programs as a part of their training curricula. So what about physician faculty? The issue is not simply in the design of the intervention programs; the problem is in getting relatively autonomous physician faculty to accept and engage in such programs. Palmetto Health has initiated a wellness program designed in part to address physician engagement.

Conceptual Viewpoints:
We are proposing to share the solution that has emerged for us to create physician acceptance and engagement in burnout prevention at the Palmetto Health-University of South Carolina Medical Group. We are in the midst of integrating the medical school with the hospital system and as a part of this process the medical leadership has recognized that reducing physician burnout is a critical piece of establishing an effective health care climate. With this leadership buy-in, a Resilience Advisory Council was formed by bringing together physicians in leadership positions, such as department chairs and division chiefs (all of whom have had to seek separate solutions for their own burned out physician staff members) other physicians interested in tackling this problem, and others with substantive expertise in burnout and wellness. Included in this committee is a consultant who is a physician from the community who has experienced professional burnout and now specializes in physician wellness who conducted many extensive interviews with physician leadership and followership. We are now in the process of conducting a survey of all physicians with the Maslach Burnout Inventory to get an initial baseline of burnout in our system and will soon engage in deeper dives to explore more intimately the factors that contribute to burnout and wellness among departments within the system. We continue to consult with institutions that serve as exemplars in this process and have begun to identify interventions that would seem to fit within our system, all of which will be honed or amended to meet the needs indicated by the rich data and comments from the physicians.

This forum will engage participants in a rich interactive discussion around 3 key questions:
1. What are facilitators or enablers to engagement of physician faculty in burnout prevention?
2. What are barriers that prevent physician faculty engagement in burnout prevention?
3. What lessons (pearls) can be gleaned from other institutions’ experiences and from the discussions to help mitigate the barriers and enhance the facilitators/enablers to engagement at personal and organizational levels?

Session Plan:
(10-15 minutes) Introduction of presenters, brief description of the purpose and proposed product of the forum, and a description of the emerging solution
(100-105 minutes) – Round table discussions; each table of participants represents a group
Each table will have an outline of discussion process
Each group will designate a scribe to record the groups ideas on provided cards
Presenters will initiate discussion around first 2 questions:

- What are the 2 key facilitators/enablers for engaging physicians in burnout prevention?
- What are the 2 most significant barriers to physician engagement in burnout prevention?

Presenters will facilitate a large group discussion of the small group responses
Small groups will then discuss the third question:

- What lessons (pearls) can be gleaned from other institutions’ experiences and from the discussions to help mitigate the barriers and enhance the facilitators/enablers to engagement at personal and organizational levels?

Participants’s responses will be formally collected at the end of the forum.

Outcome:
Each small group will record on paper their ideas and responses to each of the key questions to share with the large group. These will be collected by the presenters at the end of the forum who will then review the written material along with the comments from the discussions to identify themes, categories, and specific recommendations regarding enhancing faculty engagement in burnout prevention programs or practices. This will be written up as a scholarly manuscript and submitted for publication in a medical education journal, such as Academic Medicine, within 3 months following the forum.

Level of Audience: Mid-career

Focus of Presentation: Continuum


PRESENTER: J. Matthew Orr

AUTHORS/INSTITUTIONS: J. Orr, Family & Preventive Medicine, University of South Carolina School of Medicine, Columbia, South Carolina, UNITED STATES|R.S. Brown, Wellness Consultant, Palmetto Health, Columbia, South Carolina, UNITED STATES|M.J. Blachman, Continuous Professional Development and Strategic Affairs, University of South Carolina School of Medicine, Columbia, South Carolina, UNITED STATES|C. Coble, Physician System Integration, Palmetto Health, Columbia, South Carolina, UNITED STATES|