



President's Message

Physician Burnout or Physician Resiliency?

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AAEM President

Are you satisfied with your work-life balance? Does your job provide fulfillment and happiness? Is there more to your professional career than just your clinical job? Certainly thought provoking questions, if you stop and take the time to really ponder the answers. Or as I should say, if you actually have the time to examine your life. How about even more serious questions: are you depressed, have you considered suicide? Not exactly a happy topic for a President's Message, I know, but the recent suicide of an EM resident has placed the "burnout epidemic" squarely in the spotlight. Of all occupations and professions in the U.S., doctors are at the top in risk of suicide, two times more likely to commit suicide than the average American. Perhaps even more alarming, after accidents suicide is the most common cause of death among medical students.

In response, the concept of physician wellness and resiliency is a growing area of focus for health care professionals at every level of training and practice. Burnout specifically in emergency physicians received considerable attention when a December 2015 *Mayo Clinic Proceedings* study found EM to be the #1 "burnout" specialty. Researchers repeatedly cite three elements that define burnout: 1) emotional exhaustion, the depletion of emotional energy associated with work-related demands; 2) depersonalization, a sense of emotional detachment from one's patients or job; and 3) low personal accomplishment, a diminished sense of self-worth or efficacy related to your professional career. Does this touch home with you?

Almost 7,000 physicians completed surveys in the Mayo study. Using the Maslach Burnout Inventory, which focuses on emotional exhaustion and depersonalization, 54% of the physicians reported at least one symptom of burnout in 2014, compared with 45% in 2011 ($P < .001$). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; $P < .001$). In contrast to physician trends, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working U.S. adults.



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What is the solution? For current and future medical students and residents, a cultural change is necessary, one that raises awareness of the signs of burnout and erases the stigma of "weakness" associated with admitting to burnout. This enhanced recognition, coupled with a wellness curriculum that focuses on physical health, social connectedness, and effective use of stress management, will empower future generations of physicians with the resilience necessary to overcome the challenges and stress associated with practicing medicine. Both the AAMC (medical students) and ACGME (residents) have embarked on developing comprehensive wellness programs to provide future physicians with the skills necessary to manage a healthy work-life balance.

But what about those of us who entered practice without formal wellness training? How do we cope with the well-recognized challenges facing emergency physicians: circadian disruption, malignant malpractice litigation, infec-

tious disease exposure, inadequate nutrition and exercise, the electronic medical record, and financial instability associated with excessive work hour-life style trade-offs? At a recent meeting of the leaders of various EM organizations at the SAEM meeting in New Orleans, the majority of our discussion focused on the wellness and resiliency of practicing emergency physicians, or the lack thereof. In order to address the wellness void that exists for the practicing EP, a "wellness/resiliency summit meeting" with representatives from all major EM organizations will occur in February 2017, with the goal of defining the problem (burnout) as well as its solution (resiliency). In conjunction with this effort, AAEM has created a new committee that focuses on the wellness of our members. If you have expertise in this area or want to improve the plight of our members, please consider joining the Wellness Committee chaired by Robert Lam.

These initiatives are certainly a major step in the right direction, but fail to address another cause of burnout that is at the very core of AAEM's mission: workplace fairness.

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In an AAEM survey of U.S. emergency physicians:

- 75% of board certified emergency physicians have felt financially exploited at some point during their career.
- 49% have considered leaving the field due to unfair business practices.
- 52% can be terminated without due process.

Certainly the angst over this inexcusable lack of workplace fairness is as much responsible for emergency physician burnout as the causes cited above. Luckily for some of you, a solution is already available — the AAEM Physician Group (AAEM-PG). Since its inception, AAEM has been the strongest advocate in EM for physician-owned and -controlled practices. AAEM-PG strives to make that a reality for more emergency physicians, coupled with AAEM's principles of workplace fairness. It is time for a new era in EM physician group management. The AAEM-PG holds true to the values that have guided AAEM for over 20 years: fairness, transparency, and unyielding dedication to the welfare of the individual emergency physician. I encourage you to:

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- Be part of a practice where you have an equal voice and physicians take care of each other.
- Be part of a practice that is run by the local physicians, for the local physicians.
- Be one of the few emergency physicians who sees what is billed and collected in your name.

Interested in eliminating a major cause of emergency physician burnout? Contact AAEM-PG Chief Medical Officer Robert McNamara, at info@aaempg.com, or visit the website at www.aaemphysiciangroup.com. ■

American Academy
of Emergency Medicine
**23RD ANNUAL
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SUBMISSION DEADLINE: 11:59PM CST
ON NOVEMBER 11, 2016



AAEM INVITES YOU TO PARTICIPATE IN A COMPETITION AT AAEM17!

CALL FOR PAPERS, PHOTOS AND M&M CASES

RESIDENT AND STUDENT RESEARCH COMPETITION

- The top 8 abstracts will present orally at AAEM17. All other abstract submissions are invited to display their research as a poster.
- The presenter of the oral abstract judged to represent the most outstanding research achievement will receive a \$3,000 honorarium, while second and third place will receive \$1,500 and \$500 honoraria, respectively.

AAEM/RSA & WESTJEM POPULATION HEALTH RESEARCH COMPETITION

- Submit a research abstract that affects the health of populations of patients.
- The top abstracts will be invited to present orally at AAEM17 and be published in *Western Journal of Emergency Medicine: Integrating Population Health with Emergency Medicine*.

SHOWCASE YOUR PHOTO AT THE AAEM17 PHOTO COMPETITION

- All physicians, residents, and students are invited to submit a photograph for presentation of patients, pathology specimens, Gram stains, EKGs, and radiographic studies or other visual data.

MORBIDITY & MORTALITY CASE PRESENTATIONS

- AAEM is excited to provide a proactive discussion of clinical cases which illustrates cognitive errors that will lead to improved patient safety and a reduction in diagnostic error.
- Graduate physicians are invited to submit their best Morbidity and Mortality cases. Residents are encouraged to partner with a graduated physician to present the case!



www.aaem.org/AAEM17/competitions
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