Physician Burnout and the Emergency Physician

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Studies examining the scope and magnitude of burnout reveal that Emergency Medicine is one of the specialties most heavily impacted by this professional ailment which likewise impacts other “front-line” specialties. Why is this the case? The list might include unpredictability, patient volume, health safety net, flow impediments, electronic health records, physical and emotional challenges, shift work, lack of support and working conditions. As we consider these challenges, some are beyond our direct control and others might be improved through better awareness and implementation of solutions.

In the end, we have to take care of ourselves, our staff and the patients we serve. Creating an environment within and around the Emergency Department that promotes effectiveness and efficiency is a first step in reducing burnout. Focus, Fix, and Follow-up is a concept Studer Group teaches to support great healthcare workplaces that may be helpful. Let’s examine some of these “burnout precipitants” and consider solutions to mitigate them.

CAPACITY ISSUES:
Have you ever started your ED shift with this opener? “Wanted to let you know that we are down two nurses this morning...” or “Heads up, we are boarding 17 patients and there’s no open beds upstairs...” If this sounds familiar, ask yourself the question, “Does the current staffing of nurses, techs and providers in the ED support fulfillment of care quality and operational outcomes?” If the answer is “no”, rethink the daily staffing grid so that we are staffed to maximize the performance results that the organization expects. Has your hospital adopted a “pull” mentality with respect to the boarding cohort? Best-in-breed hospitals have regular house-wide flow meetings involving key leaders and directors who can proactively leverage processes and people to unplug the “back door” in order to avail space for new ED admissions.

BASIC COMFORTS OF A DAY:
It may seem trivial, but most emergency physicians don’t have the time for the “hour lunch” let alone 15 minutes to pause. Having quick grabs (protein bars, pre-made sandwiches, bottled water) is ideal for the busy clinician who wants a pulse of energy and nutrition to keep the mind ticking.

TOOLS AND EQUIPMENT:
Think through the basic tools that an emergency physician needs to take excellent and efficient care of their patients:

- Otoscope/Ophthalmoscope
- Procedural Trays/Carts
- Bedside Ultrasound
- Electronic Health Record

We suggest rounding and performing an environmental sweep of the ED to insure that the care spaces and documentation areas have adequate provisions and functionality of these basic tools.

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LEADERSHIP SUPPORT:
When the going gets tough (like a high census of boarders or short staffing), are the ED leaders and senior sponsors of the ED in the loop, visible and leveraging all assets to rectify the challenge and smooth operations? One of the most poignant and proactive processes that senior leaders, unit managers and medical directors can undertake is Leader Rounding in the ED. Not only can they inquire about issues, but also validate that measures to “Fix” have been taken or are in process. Recognition remains a powerful engagement factor for physicians. Ask yourself as a leader, when was the last time you verbally recognized an emergency physician for their good work or, better yet, took the time to write a hand-written thank you note. Most of us will go the extra mile when we know that our practice efforts are appreciated by the patients we serve and the leaders who we report to.

ON-CALL SUPPORT AND TENOR OF CONSULTANTS:
How would you describe the tone and attitude of on-call specialists and consultants that are critical to excellence in care? Despite the expertise and knowledge bandwidth of emergency physicians and Advanced Practice Providers (APPs), episodes occur where a specialist physician is needed or a patient might need further inpatient care delivered by colleague physicians like Hospitalists. The receptiveness and supportive attitude of these physicians can mean the world to a stressed emergency physician who is trying to maintain efficient flow and keep stride with the ongoing influx of new patients while nailing core measures and best practices. When consultants and specialists delay call-backs or create blocks to best care, stress levels rise and the ED physician is left feeling unsupported or isolated. Optimally, the tone should be supportive and collegial, like “How can I help you and our patient today?”

WORK-LIFE BLEND AND FULFILLMENT:
A senior physician once shared the adage, “Do we live to work or work to live?” We all must find the right balance of work and leisure to keep personally and professionally fulfilled. Emergency Medicine is a fast-paced, high-stakes healthcare “sport” that demands physical and mental vigor. Further, refilling our emotional bank accounts and supporting our physical being is key through adequate sleep, healthy diet, regular exercise, and personal and professional interests.

In summary, emergency departments will continue to be the front door of our healthcare systems where the stakes are high and critical decisions and dispositions are made at a fast-pace. The task at hand involves providing the care and service demanded of the emergency department while crafting an environment which promotes a great healthcare workplace and lessens the likelihood of burnout to the physicians and team members leading the charge in this important care area.

References:
1 Medscape 2015 Physician Lifestyle Report