

FAST FACTS AND CONCEPTS CME COURSE #7
CLINICIAN BURNOUT AND RESILIENCY
10 Test Questions

Fast Facts #167-170, 172 Health Professional Burnout

Which of the following is the most accurate statement regarding contributors for health professional burnout?

- a. Married clinicians are at increased risk of burnout
- b. Clinicians experience less burnout until they are beyond 5 years into their career
- c. Highlighting the role of happenstance in one's own achievements over one's own abilities is a successful way to mitigate burnout.
- d. Clinicians who successfully advocate for change regarding appropriate patient care schedules and pace of work are at less risk of burnout

Answer d. More cases of health professional burnout occur in clinicians without a life partner, so a is not the correct answer. Being early in one's health professional career (e.g. first 5-10 years of their career) is an established individual risk factor for burnout as are passive approaches to job stressors and attributing one's achievements to luck or chance rather than one's own abilities. Therefore, b and c are incorrect. A sense of lacking control in one's own clinical work or scheduling is a significant risk factor for burnout. Therefore, answer d is the correct answer.

Fast Facts #167-170, 172 Health Professional Burnout

All the following are recognized consequences of health professional burnout EXCEPT:

- a. Shorter clinical work hours due to more efficient documentation
- b. Diminished sense of clinician empathy
- c. Inappropriate boundaries and relationships with patients or trainees
- d. Increased medical errors from impaired medical-decision making.
- e. Increased risk for suicide

Answer A. Answer choices B-E all describe recognized consequences of health professional burnout in the published medical literature. Answer choice A is the correct answer because many times clinicians who are experiencing burnout work longer hours because of reduced productivity and a mistaken belief that if he or she were only to work harder than the issues they are encountering at work will go away.

Fast Facts #167-170, 172 Health Professional Burnout

As you near the end of a clinical work day, you notice a physician colleague on a computer purchasing international airline tickets. You excitedly ask your colleague about his travel plans, but your colleague replies that he is purchasing the tickets for an ill patient, not for his own travel. Your colleague then states that he still has regretful feelings for not traveling overseas to visit his own mother prior to her death. Therefore, he feels compelled to purchase these airline tickets for his patient so that the patient can visit certain family members prior to her death. What would be the best response?

- a. Nominate your colleague for a patient service award for going 'above and beyond' for an ill patient.
- b. Offer to coordinate a money collection with other clinicians involved in the patients care to off-set the financial cost of the airline ticket purchase
- c. Discuss with your colleague that he may be exhibiting signs of burnout and may need professional counseling
- d. Advise your colleague to call the patient's relatives and advise them to come to visit the patient instead.

Answer C. There are several 'red flags' in this case that should alert the clinician to boundary issues and health professional burnout symptoms among their colleagues. First, expensive gift-giving to a patient is a recognized warning sign for boundary blurring between clinician and patient. Also, there is concern that the colleague may be making this airline purchase to address his own's emotional needs, rather than a therapeutic need of the patient. Boundary blurring is a recognized sign of health professional burnout and it is also a risk factor for health professional burnout. Helping the colleague to recognize this would be the most appropriate response as would encouraging the colleague to seek out professional counseling.

Fast Facts #167-170, 172 Health Professional Burnout

Which of the following statements is true regarding suicide risk among physicians?

- a. The risk of female physician suicide is equal to other non-healthcare professionals.
- b. The lifetime risk of suicide is substantially less for physicians of both genders compared with the general US population
- c. Both male and female physicians are at greater risk for suicide than other non-healthcare professionals.
- d. Male physicians are at greater risk than female physicians to complete suicide.

Answer C. Although physician suicide rates may be similar to the general population for both genders, both male and female physicians have a greater risk of suicide compared to other non-health care professionals. Among physicians, females are males are equally likely to complete a suicide gesture.

Fast Facts #167-170, 172 Health Professional Burnout

The Maslach Burnout Inventory is a validated, readily available screening tool that evaluates three domains to help identify signs of health professional burnout. Which of the following answer choices is NOT one of the domains assess in the Maslach Burnout Inventory:

- a. Depersonalization
- b. History of psychological illness
- c. Personal accomplishment
- d. Emotional exhaustion

Answer B. The Maslach Burnout Inventory assess three scales a) Emotional Exhaustion measures feelings of being emotionally overextended and exhausted by one's work. B) Depersonalization measures an unfeeling and impersonal response toward recipients of one's service, treatment, or instruction. C) Personal accomplishment measures feelings of competence and successful

achievement in one's work. B is the correct response because history of psychological illness is not a part of the Maslach Burnout Inventory.

Fast Fact #194 Disclosing Medical Error

When disclosing medical error to a patient or family, which answer below best reflects recommended practice?

- a. Optimal timing for the medical error disclosure discussion would be after discharge from the hospital so that the clinicians can appropriately assess the harm that ensued from the error.
- b. Clinicians involved in the case are often too close to the error, therefore it is better to ask a medical administrator or a trusted colleague who reviewed the case to disclose the error.
- c. Inviting trainees involved in the medical care to the medical error disclosure discussion is not advised as it exposes the trainee to excessive liability.
- d. Apologizing is only professional for system- based medical errors, not individual-based medical errors.
- e. The institution's risk management team should be notified at the time the medical error is identified.

Answer E. It is best to have the discussion about a medical error as soon as possible when all the appropriate people can be present. So, answer A is incorrect. Discussing errors with patients and families is a clinical not a legal task. Therefore, the leader of the medical team (often the attending physician), should lead the discussion. When trainees are involved in the patient's care, it is important to invite trainees to the discussion so that they can foster their professionalism skills via role-modeling. Therefore, B and C are incorrect. D is incorrect because expressions of regret and sorrow for an individual error is not necessarily an admission of guilt, liability, but rather a clear and transparent way to convey to the patient and family the factors which contributed to the outcome. Most experts recommend utilizing statements such as "*I am sorry this happened*" in situations of individual and/or system-error. Answer E is correct because notification of risk management teams as soon as a medical error is discovered can offer clarity on institutional policies and procedures as well as enable appropriate fact-finding and documentation should legal inquiries be made.

Fast Fact #195 Responding to a Colleague's Error

As a palliative care clinician, you are asked to consult in the care of a patient with metastatic pancreatic cancer. During the initial consultation, the patient expresses significant concern that his primary care clinician, who is a colleague, ignored warning signs of jaundice, weight loss, and pruritus for several months. The patient feels the symptoms should have prompted an earlier investigation for pancreatic cancer and the delay in diagnosis led to significant harm for him. Which of the following would be the most appropriate response?

- a. Counsel the patient that you will reach out his primary care physician to share his concerns.
- b. Counsel the patient on the high mortality risk associated with pancreatic cancer even when diagnosed earlier.
- c. Counsel the patient that you are not able to determine if his primary care provider committed a medical error by missing the diagnosis.
- d. Counsel the patient to refocus his attention away from past medical events and toward the current medical decisions facing him.

Answer A. Patients have a right to open disclosure. Being purposefully vague or evasive when patients raise concerns for a medical error by a colleague can erode patient-clinician trust. Beyond sharing the patient's concerns with your colleague in a non-confrontational, private forum, you may also want to encourage your patient to reach out to your health care institution's patient relations advocate.

Fast Fact #203 Managing One's Emotions as a Clinician

What is the best response to emotions like anger or sadness after the delivery of bad medical news.

- a) Maintain a blank expression and to avoid transferring any emotions back to the patient
- b) Remind the patient that there is little time to dwell on the negative aspects of the situation if they want to seek out additional treatments.
- c) Refocus the discussion toward positive clinical aspects of the patient's medical situation.
- d) Validate the patient's experiences by naming their emotions.

The correct answer is D: validate the patient's experiences by naming their emotions. Expressing the affect of the patient can help convey that the practitioner is listening, and empathizing with the situation. This can be accomplished either as a statement, "*you seem really sad given everything that is going on,*" or as a question, "*given everything that is going on, are you sad?*" Offering additional treatments (B) and medical resources may attenuate the underlying emotions temporarily. But, the nidus of suffering will continue and may get worse as the treatments offered fail to work. Showing emotions (A) such as tears with sadness can often help demonstrate physician compassion and empathy. Most patients appreciate certain displays of emotions. The expression of emotion is acceptable as long as the focus of therapeutic intervention does not shift away from the patient. It is inappropriate for a clinician to lose all control of their emotions in front of patients. Although reframing the experiences and highlighting the positive aspects of a situation (C) can be helpful in some circumstances, it is not a clear first-step response. Trying to fix the problem without acknowledging and addressing the underlying emotion may exacerbate the situation and further alienate the patient.

Fast Fact #266 Consultation Etiquette

You are asked to consult in the care of a hospitalized patient with congestive heart failure to help address goals of care and hospice eligibility. Before you see the patient, the bedside nurse informs you that she thinks he may have a new deep vein thrombosis as his right leg became considerably more swollen than his left leg earlier in the day. What is the best response?

- a. Do your own independent evaluation of the patient's lower extremity. If you are concerned about a deep vein thrombosis, order an doppler ultrasound of the right leg.
- b. Delay the consult based on the urgency of the medical issue. Order an ultrasound of the right leg based on the nurse's evaluation.
- c. Do your own independent evaluation of the patient's lower extremity. Communicate your physical examination findings to the team and negotiate your role regarding lower extremity management with the primary team.
- d. Do you own independent evaluation of the patient's lower extremity. Write your recommendations for management of lower extremity swelling in your consultation note.

Answer C. Negotiating roles, doing independent evaluations, gathering your own medical data, being responsive, and coordinating direct discussions with the primary team regarding medical concerns

are all pivotal tenets of good consultative medicine, especially with regards to medical concerns which are not in the purview of the consultative question. Therefore, of all these choices, C is the best answer.

Fast Fact # 316 Mindfulness

All of the following are examples of real-time mindfulness exercises which may help reduce healthcare professional burnout EXCEPT:

- a. Self-guided body scan in which the clinician attends to bodily sensations and natural reactions without altering the perceptions.
- b. Anticipating the triage order of the next 3 inpatient consultations while examining a patient.
- c. Purposefully taking 4-5 long deep breaths, paying particular attention to exhalations during a difficult patient encounter.
- d. Prior to seeing a new patient, mentally visualize close loved ones while sitting in a relaxed chair in the clinician workroom and acknowledge the emotions associated with these loved ones.

Answer B. Mindfulness has been defined as “paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment.” Although mindfulness techniques with the most robust clinical evidence supporting them require time-intensive training, recently several easy-to-perform, quick mindfulness techniques have been described in the medical literature as being potentially effective in mitigating burnout. Answer A is a description of a known mindfulness technique called a body scan. Answer D is a modified description of Loving-Kindness Meditation. Answer C is a commonly advocated technique of utilizing a short succession of deep breaths to interrupt the “*Flight or Fight*” stress response. Answer B provides an example of future thinking that may distract the clinician by taking him or her out of the present moment and perhaps compound the present level of stress experienced during the patient encounter.