AOA Physician Wellness Strategy

Introduction
Burnout, depression, and suicidal ideation are key areas of concern because of the consequences they can have on physicians as well as the patients for whom they care (Shanafelt et al., 2012; West et al., 2016). The level of burnout in the medical profession has increased at an alarming rate in the past decade. Statistics reveal that about 54 percent of all physicians are burnt out (30–40 percent of employed physicians and 55–60 percent of self-employed physicians) (Shanafelt et al., 2012, 2015). Students, interns, and residents also factor into the equation as reports indicate they experience burnout at a rate of 20–40 percent (Lapinski et al., 2016). Similar to burnout, depression has increased in the medical profession. It is most commonly studied in medical students and residents (Downs et al., 2014; Mata et al., 2015). The prevalence of depression among resident physicians is approximately 29 percent (Mata et al., 2015). Suicidal ideation is an alteration of one’s thought process in which ending his or her life is the preferred avenue to seeking other options to cope with stressors at the time. Approximately 300–400 physicians commit suicide every year (American Foundation for Suicide Prevention, 2017; Andrew, 2015). Suicidal ideation is not merely an issue for students and residents, but is also a concern across a physician’s life cycle—and an even higher concern among physicians toward the end of their careers (Petersen and Burnett, 2008).

Together, burnout, depression, and suicidal ideation (or simply, physician wellness) are multifactorial issues that include physicians’ socioeconomic strains and presumptive factors of lifestyle, loss of autonomy in the workplace, and ever-changing demands of regulations (Privitera et al., 2015). These factors can pose a heavy burden on physicians at different stages of their careers (e.g., student, resident, practicing physician, and retired physician).

Silo Approach
The medical field has typically managed physician wellness in silos. For example, medical schools generally handle issues within their four walls and then send students off to residency training; training programs, in turn, send the new physician off to practice, at which time the respective specialty society and state association may be asked to help find assistance to address any remaining issues. With the latest developments and statistics regarding physician burnout, depression, and suicidal ideation, the osteopathic profession can ill afford to stay this course. A concerted effort to implement a continuity of care across a physician’s life cycle is the answer. This continuity of care must be flexible as wellness is not based on a continuum, but rather, fluctuates for various reasons (e.g., a physician may experience a loss of a family member and the immediate result may be depression; burnout as defined above may never be a factor).

Osteopathic Approach
The osteopathic approach should not look at patients, in this case physicians, in a vacuum, but rather, look at all facets of the patient’s life, which includes physical, social, emotional, and mental elements. The approach should address stressful issues during all stages of career development because failure to do so can have lasting ramifications for a physician mentally, emotionally, socially, and physically. Too often there is a tendency for key stakeholders to focus on the end goal, such as completing medical school or completing a training program, and ignore or minimize the fact that a person is having difficulty coping or positively resolving issues. The AOA and its leaders accept the responsibility they
have to the osteopathic profession to change this culture of expediency, destigmatize mental health concerns, and improve fitness to practice by encouraging wellness. The AOA is committed to engaging all levels of the profession and promoting a shared vision to encourage physician wellness. Additionally, the AOA recognizes that burnout, depression, and suicidal ideation extend beyond the student/physician, but also affect family, friends, and ultimately, patients. Family and friends often suffer in silence when a student/physician’s wellness is challenged or he or she suffers from mental health issues. Consequently, an osteopathic approach must recognize key stakeholders and their role in the treatment process.

![Figure: Wellness Grid. NOTE: AOA = American Osteopathic Association; COM = college of osteopathic medicine; Prog. = Programs.](image)

**Challenges to Wellness**

The medical profession is constantly evolving with the world around it. The demands and stresses new generations of physicians may face can have a profound effect on their personal lives and careers as well as the patients for whom they care. It is imperative that medical schools, training programs, employers, families/significant others, medical organizations, and society as a whole recognize that the public perception and reality of physicians can be drastically different. Current physicians are facing high educational debt, perceived excessive workloads, increased volume and complexity of medical knowledge, new and ever-changing reporting requirements, an aging population that is increasing patient volume and care complexity, patients using Internet sources and social media to educate and
self-diagnose, and an over-litigious society. Physicians are facing these pressures along with the demands of raising families, caring for elderly parents, managing finances, and other stresses of many citizens in today’s society. In light of these overwhelming challenges, burnout, depression, and suicidal ideation are real. Physician wellness must be a priority, and is imperative for a healthy society.

**AOA Strategies for Physician Wellness (2018-2020)**

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<th>Strategy I. Establish a Physician Wellness Website/App to provide tools that promote wellness across a physician’s lifecycle</th>
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| Develop webpage providing resources to students, residents and physicians to address issues of burnout, depression and suicidal ideation | Create a phone-friendly webpage that when bookmarked will create an icon on the phone browser*  
Webpage will have 3-5 modules (tabs)  
**Options:**  
- Phase of Career: Student/Resident/Early-Late Career  
- Topics: Signs, Resources & Stories (within topics, there may be separate by career phase) |  
- 1 month: Select workgroup to pull material; Select web consultant  
- 3-4 months: Workgroup gather information (articles, contact numbers and links); Consultant design webpage  
- 1 month: Testing of webpage before launching  
*Anticipated launch: Jan/Feb 2018* |
| Market program and disseminate information and tools | Develop communications plan for AOA and other key stakeholders to encourage Members to bookmark the specific webpage and save to browser as an icon on phone |  
- 2-3 months: AOA Communications Department design and share market plan  
- Ongoing: Marketing |
| Evaluate program | **Monitor the traffic to the website**  
**Assess the usefulness of information through volunteer surveys embedded in the webpage** | **Ongoing:** Analyzed by Research Department |
| Maintenance and update of webpage | AOA staff (partnership between Research and Communications) to update webpage and make sure the information is current | **Ongoing:** Review of material posted on a monthly basis and additional information added every 6 months |

**Strategy II. Train-the-Trainer Curriculum addressing the culture of medicine and providing tools for change**

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| **Develop curriculum for Train-the-Trainer**  
(Target: school faculty, program directors, seasoned physicians) | **Review existing programs and determine external partners (osteopathic and non-osteopathic)**  
**Identify faculty that will both assist with developing and delivering curriculum** |  
- 3 months: Review of programs and reach out to external partners; Select faculty  
- 3-8 months: Develop curriculum and specify for the various target groups; determine best platform or create options for both (live and online) and obtain CME accreditation |
|  
*Anticipate piloting curriculum at Mid-Year 2018 with a full launch of program by Mental Health Week (May 2018)* |
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| Market Train-the Trainer program (live and online options) | Develop communications plan for AOA and other key stakeholders to encourage Members to participate in online programs and work with affiliates to host program at annual meetings | • **2 months**: AOA Communications Department design and share market plan  
• **Ongoing**: Marketing |
| Evaluate program | • Monitor the number of trainers that take the course  
• Evaluate program and do end of year follow-up with sample of participants to see if it is associated with any positive outcomes (e.g., surveys and interviews) | **Ongoing**: Analyzed by Research Department |
| Maintenance and update of materials | AOA staff and faculty review and update material | **Ongoing**: Review of material annually |

### Strategy III. Collaborate with the Advocates on the Yellow-Ribbon Program and increase the awareness of suicide prevention for physicians in the osteopathic community

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| National campaign for Yellow Ribbon Program | • Create a slogan and develop a joint branding campaign  
• Market to osteopathic community through social media presence and presence at osteopathic meetings | • **3-5 months**: Development of slogan and campaign materials  
• **Ongoing**: Marketing between AAOA and AOA (Leverage national, regional and local meetings such as OMED, ROME and state affiliate meetings) |
| Educate families and provide access to resources | Develop web-based curriculum for spouses and partners of osteopathic medical students, residents and practicing physicians.  
• Overall wellness for families  
• Information and resources to support physician wellness | • **3-4 months**: Review materials and develop curriculum  
• **6 months**: Develop and pilot curriculum specifically targeting spouses/partners of students  
• **9 months**: Develop and pilot curriculum specifically targeting spouses/partners of residents and practicing physicians | **Anticipate piloting 1st curriculum by February 2018 and 2nd curriculum by June/July 2018. Full launch of program by September 2018** |
| Family mindfulness activities | • Speakers addressing wellness in the family (in-person or via webinars)  
  • Medical Marriage  
  • Stress Management  
  • Mindfulness (e.g. meditation)  
• Family activities to engage the entire family unit (physicians with spouses/partners and children) such as workouts, yoga and other wellness activities  
  • Incorporate into national, regional and local meetings | **3 Months**: Host mindfulness activity at OMED 2018  
**April 2018**: Develop mindfulness and other wellness ideas for upcoming year | **The intent of most activities will be to engage the entire family as one unit (physicians and their spouses/partners and children)** |
Strategy III – (continued)

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| Evaluate programs/activities | • Track outreach of Yellow Ribbon campaign activities  
• Evaluation educational and mindfulness components (e.g., surveys, interviews, focus groups) | Ongoing: Analysis coordinated between AAOA and AOA Research Department |

* Industry rep informed us that apps are going to become obsolete within the next few years. New digital mechanisms are making it possible for more phone-friendly webpages. This approach will accommodate all physicians (tech savvy and tech challenged)

References


