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## How to Recover from Physician Burnout

Announcer:

This is Clinician's Roundtable on ReachMD. Here's your host Dr. Jennifer Simmons

Dr. Simmons:

I'm looking around the room at my weekly departmental conference, and I'm saddened by what I see. Over the last 10 years, I've watched my colleagues become more and more defeated, suffocating under a cloak of increased administrative responsibilities, increasing productivity requirements, more and more rules and regulations that have nothing to do to contribute to patient care. I see physician burnout. Physician burnout is a mounting worldwide problem, and while there has been much attention paid to work hours and work environment for our trainees, until recently, very little consideration has been given to practicing physicians. According to a recent Harvard report, physician burnout is a public health crisis that urgently demands action. Half of all doctors report troubling symptoms like depression, exhaustion, dissatisfaction, and a sense of failure. Research suggests that these physicians are twice as likely to commit a serious medical error. Experts predict that, if left unaddressed, burnout will further erode the mental health of doctors and radically undermine patient care.

Welcome to Clinician's Roundtable on ReachMD. I'm your host, Dr. Jen Simmons, and joining me to discuss physician burnout is Dr. Dike Drummond. Dr. Drummond is a Mayo-trained family practice physician and the leading coach, trainer and consultant on the prevention of burnout in individual physicians and healthcare organizations. He created the Burnout Prevention MATRIX, which contains 235 ways to prevent physician burnout. He wrote the book Stop Physician Burnout, and he created the Heart of the Healer Physician Wellness Retreat, now in its 6th year, which something I really want to hear more about.

Dr. Drummond, welcome to the program.

Dr. Drummond:

Well, it's great to be here, Jen. Thank you for having me.

Dr. Simmons:

So, can you get started by telling us your story and what got you into this space?

Dr. Drummond:

Well, I'm a family doc. I went to medical school at Mayo, did my family practice residency in the UC-Davis system up in Redding, California, then 10 years in private practice, a full scope family practice—I delivered 500 babies—and I was always part of the leadership team of our 40-doctor multispecialty group too, but at the age of 40, in 1999, I burned out in my practice. For 10 years I worked as a walk-in clinic doc, got certified as a coach and actually developed a successful training company in the Lean Six Sigma space—but in 2010, I was burnt to the ground for the second time with my divorce, and I launched a little company called TheHappyMD.com, which was simply something for me—a way for me to make a livelihood coaching burned-out doctors. And I didn't know that I was catching a wave at the time because 2010 was when the burnout crescendo started, when a lot of interest started. So, at this point in time, I've coached several hundred doctors to recover from burnout. To handle the volume of coaching requests, we have 6 other physician coaches who work with me at the website. And when I saw trends and what was burning people out, I wrote blog posts. That turned into a book. People asked me to train their doctors. So, at this point in time, I've worked with over 170 organizations and trained over 30,000 doctors on four continents. And all of that experience is something that we take pride in boiling down into very, very simple tools that any doctor can use for immediate impact on burnout. And we travel the world teaching people the things they should have learned in medical school and residency about this.

Dr. Simmons:

So, can you take us through some of that? How do you recognize physician burnout, and how is your perspective in terms of treatment different than other things that we hear?

Dr. Drummond:

Well, most doctors aren't even familiar with the basic symptoms of burnout. So, if we talk about the basic symptoms, there are only three. One is exhaustion, physical and emotional exhaustion. One of the hints that you're there, or close, is a little voice in your head may say something like, "I'm not sure how much longer I can keep going like this." The second one is being cynical and sarcastic. Compassion fatigue is another word for it. It's where you find yourself being cynical and sarcastic about the very patients that you're supposed to be caring for, a lack of empathy. And the third symptom is where you doubt that your work serves a purpose. And again, a little voice in your head here may say, "What's the use? I'm really not making a difference." And so, when I see a person who's exhausted and cynical and sarcastic and wondering about why they even went into medicine in the first place, they are either in burnout or at the edge of it, but what will happen is they'll go into survival mode. And here is another common little voice in your head when you're in survival mode is you wake up in the morning, you still feel like trash, you don't really want to go to work, and that little voice might say something like, "Maybe if I'm lucky I'll get hit by a car on the way to work and I won't have to see patients today."

So, the other interesting thing about survival mode when you've got all those symptoms going on and you're exhausted, if it's much easier to see in somebody else than it is to notice in yourself. So, the doctor may be the last person to recognize they're burned out, whereas their staff, their family, significant other, children, their patients may notice their burnout before they do. And one of the reasons is, in residency, residency is a survival exercise. You're just meant to get through it. So, we know how to survive. We don't think about whether or not we like residency or we're satisfied with it or whether we have any quality of life. We're just looking to survive it, so we don't think about anything other than making it through in our training program, and we tend to take that attitude towards life out into practice. As long as I can make it through the day, I must be okay, right? And we get up and do it again.

Dr. Simmons:

It's so funny, because when we were speaking on the phone last week, I told you all of these things, and I had no idea that I was burned out, and you were the one that recognized it. So, what do you tell people?

Dr. Drummond:

At this point in time, if I'm talking with a doctor who's out in practice, what I do is I teach people that the habits that you developed in your residency and the survival skills that we learned there make us resilient. We can take almost anything, because we took the residency but now that you're out in your practice, remember why you went into medicine in the first place. We went into medicine, most of us, to make a difference because we're helpers, we're healers, and we thought that being a doctor would enable us to have an extraordinary life. So, now is the time that you can begin to create that for yourself, but you can't just settle for survival.

So, typically what I do is I work with doctors who are burned out about what they would like their life to be, what they would like their practice to be under ideal circumstances, and so one of the first things we work on is their ideal job description. And this takes a little while to wake up because it's not a question you've ever been asked before, but I always ask, "Okay, I understand things aren't good now, but let me just figure out what you would run towards as opposed to what you would run away from. In an ideal world, what kind of patients would you be seeing? Doing what kind of things? For what kind of hours and what kind of pay? On what kind of team? In what kind of an organization? Where in the world?" And normally I get open-mouth stare and silence from the doctor because they have never contemplated this, and nobody has ever asked them before. And so, what we do usually in the first few weeks, a couple months maybe, of our coaching is get really clear on what you would really want if you could get it, and write it down so you have a target, and then we just begin to gradually move in that direction. What's a little change you could make today that would take this practice more like that practice, your ideal practice, and begin to move in that direction.

Dr. Simmons:

I think of things like increasing productivity requirements and increasing rules and regulations and the things that as surgeons we really find ourselves bogged down under. So, can you just give some specific examples about changes that people make that kind of lift that cloak?

Dr. Drummond:

So, what burnout is an example of is it's an example of a dilemma. It's a never-ending balancing act where you're balancing the energy you burn and your ability to recharge that energy to maintain a positive energy balance. Much of our residency education was spent in a negative energy environment. So, the way that you deal with a dilemma and maintain the balance that you seek is with a strategy. And unlike a solution, a strategy has multiple parts.

So, every doctor, everybody who works in healthcare—because, by the way, everybody who draws a healthcare paycheck is a risk for

burnout—but everybody needs a personal burnout prevention strategy. That is going to be 3 to 5 things that you do to recharge and maintain your energy and take care of yourself. But any time I see a doctor who's providing healthcare services inside an organization or an institution like a hospital or a medical group, we've got a classic example of a canary in a coal mine. All the doctors are canaries going down into that coal mine every day. So, in order to protect the doctors and the healthcare workers maximally, every canary needs their own strategy, and the organization needs to be working an organizational strategy to reduce stress too. So, there are things you do for yourself to take care of yourself, and there are things, especially if you're an employee—there are things you negotiate for inside your organization, or you may be lucky enough to find yourself employed by an organization that actually cares about you and has an organizational strategy to reduce stress. But there are 2 strategies that have to take place at once in order to protect you maximally, 1 for you and 1 for the organization. So, that's the simplest or the least complex way that you could prevent burnout.

Dr. Simmons:

So, talk to me a little bit about your physician burnout retreat. I'm curious. Who comes to that? Who should come to that? Who's your avatar?

Dr. Drummond:

It's a great question, statistics show that 50% of doctors are burned out if we do a survey. Those statistics have been at 50% since 2014. The background rate of burnout prior to the 2000s is 1 in 3 doctors, so it's gone up significantly. But the question is: Of the doctors that are practicing today, what percentage of them recognize they're burned out? That's one. And then what percentage of those people are willing to ask for help with their burnout? And then what percentage of those people are actually willing to pull out their own credit card and pay for professional help for their burnout what we do at the retreat is we talk about the symptoms of burnout, we talk about the need for a strategy, and we talk about your ideal job description—what would you like to change—and we plan to go home and make changes in what you're doing, to change what you're doing to get a different result. The only way to get a new result, the only way to get a better energy balance is to take new action, so we plan to take new action. And because I'm a coach—I'm not an academic or anything like that—I know that the hardest part of executing on a plan is when you get home, so in our retreat we built 12 weeks of posttreatment support into the program. The retreat is a 12-week experience. Only 3 days of it are onsite. And it involves a secret Facebook group where we can talk all the time, a weekly newsletter and a weekly mastermind group coaching call, so that when you get home and things get tough, you aren't on your own. We're right there talking about difficult things, coaching people when they get home on the phone calls how to implement these little strategies.

You can avoid everything you don't want in your life. You can avoid everything you don't want in your life and you still won't get what you want because there's only one way to get what you want, and that's to decide what that is and go get it.

Dr. Simmons:

So, I hear you that this... Your avatar is really individual physicians who are experiencing burnout. What about approaches for prevention? What about training for administrators, for CMOs, for department chairs? How do we kind of head this off at the pass?

Dr. Drummond:

Well, that would be our other retreat, which is called the Quadruple Aim Physician Leadership Retreat, where it's targeting just leaders, especially people who want to be the physician wellness champion at their organization, and we teach 3 levels of burnout prevention for yourself, because you've got to take care of yourself if you're going to be the wellness champion so we teach them how to prevent burnout for themselves, on their teams and in their entire organization. I again then coach those people and have community for those people for 12 weeks afterwards if they go home and try to make systemic changes in their organization, and then I also can go out and consult with organizations to build burnout prevention programs. So, we've graduated 149 people to date legitimately on 4 different continents, and they're out there doing great work in the field.

Dr. Simmons:

Well, I think we'll end on that. I'm Dr. Jen Simmons, and I've been speaking with Dr. Dike Drummond on the topic of physician burnout. Dike, thank you so much for coming on the show, for sharing your story, and for truly being a part of the solution.

Dr. Drummond:

My pleasure.

Announcer:

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