



EDITOR-IN-CHIEF

JOHN HICKNER, MD, MSc
Professor Emeritus
Michigan State University
College of Human Medicine

ASSOCIATE EDITOR

RICHARD P. USATINE, MD
University of Texas Health
at San Antonio (Photo Rounds)

ASSISTANT EDITORS

DOUG CAMPOS-OUTCALT, MD, MPA
University of Arizona

RICK GUTHMANN, MD, MPH
Advocate Illinois Masonic Family Medicine
Residency, Chicago

ROBERT B. KELLY, MD, MS
Fairview Hospital, a Cleveland Clinic hospital

GARY KELSBERG, MD, FFAFP
University of Washington, Renton

COREY LYON, DO
University of Colorado, Denver

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

E. CHRIS VINCENT, MD
University of Washington, Seattle

EDITORIAL BOARD

FREDERICK CHEN, MD, MPH
University of Washington, Seattle

JEFFREY T. KIRCHNER, DO, FFAFP, AAHIVS
Lancaster General Hospital, Pa

TRACY MAHVAN, PHARM D
University of Wyoming, Laramie

MICHAEL MENDOZA, MD, MPH, MS, FFAFP
University of Rochester, New York

FRED MISER, MD, MA
The Ohio State University, Columbus

KEVIN PETERSON, MD, MPH
University of Minnesota, St. Paul

MICHAEL RADDOCK, MD
The MetroHealth System, Cleveland, Ohio

MICHELLE ROETT, MD, MPH, FFAFP, CPE
Georgetown University Medical Center,
Washington, DC

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

LINDA SPEER, MD
University of Toledo, Ohio

JEFFREY R. UNGER, MD, ABFP, FACE
Unger Primary Care Concierge Medical Group,
Rancho Cucamonga, Calif

DIRECT INQUIRIES TO:

Frontline Medical Communications
7 Century Drive, Suite 302
Parsippany, NJ 07054
Telephone: (973) 206-3434
Fax: (973) 206-9378

Burned out? Change your practice

This month's cover story addresses a phenomenon familiar to all of us: burnout. Mohanty and colleagues provide an excellent, concise summary of what burnout is, the probable causes of it, and possible solutions.

What has puzzled me about burnout is why there was no discussion of it 30 years ago when physicians worked easily as many hours but did not complain of being "burned out." We just described ourselves as being tired. One could argue that the disconnect is due to a change in physicians' expectations, but that theory does not hold

No amount of yoga, mindfulness, meditation, or exercise will be sufficient to combat physician burnout.

up because burnout is common in both older and younger physicians.

I think that Dr. Wendy Dean, a psychiatrist at the Henry M. Jackson Foundation for the Advancement of Military Medicine, and her colleagues are correct in identifying a different culprit. They contend that the real issue is that we are "increasingly forced to consider the demands of other stakeholders—the electronic medical record (EMR), the insurers, the hospital, the health care system, even our own financial security—before the needs of our patients."¹ To redefine the problem of burnout, Dr. Dean uses a different term to label this phenomenon of exhaustion, demoralization, and depersonalization. She calls it "moral injury."

"Moral injury ... describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control."¹

So what needs to change? No amount of yoga, mindfulness, meditation, or exercise will be sufficient, although these are great therapeutic activities. Office redesign, however, has already been shown to be highly effective in reducing physician burnout. For example, in an intensive practice redesign project in Colorado that included hiring more medical assistants, physician burnout declined from 56% to 25% in the first practice and from 40% to 0% in the second practice!²

One of the oldest examples of using team care to reduce physician burnout was implemented by Dr. Peter Anderson in 2003.³ Dr. Anderson was on the brink of throwing in the towel when he hired a second nurse and redistributed many tasks to the nurses. In a few years he had a thriving and satisfying practice for himself, his staff, and his patients.

These are only 2 examples of many successful redesign projects around the country. If you are getting burned out, change your practice, not yourself.

1. Dean W, Talbot S, Dean A. Reframing clinician distress: moral injury not burnout. *Fed Pract*. 2019;36:400-402.
2. Smith PC, Lyon C, English AE, et al. Practice transformation under the University of Colorado's primary care redesign model. *Ann Fam Med*. 2019;17(suppl 1):S24-S32.
3. Anderson P, Halley MD. A new approach to making your doctor-nurse team more productive. *Fam Pract Manag*. 2008; 15:35-40.

John Hickner
jfp.eic@gmail.com