

Speaker 1 ([00:16](#)):

Welcome, and thank you for joining us for this podcast brought to you by the American Heart Association. This podcast is part of a series focused on the 2020 Consensus Conference Report on Professionalism and Ethics released jointly by the American Heart Association and the American College of Cardiology. The goal of this series is to amplify the reports details and actionable steps for healthcare professionals, researchers, and educators.

Ivor Benjamin, MD ([00:44](#)):

Welcome to this podcast on the 2020 AHA/ACC Consensus Conference Report on Professionalism and Ethics, with a specific focus on clinician well-being. My name is Dr. Ivor Benjamin, I was privileged to be the co-chair of this conference report with Dr. Mike Valentine from the ACC, and I also serve as the Director of the Cardiovascular Center at the Medical College of Wisconsin.

Ivor Benjamin, MD ([01:15](#)):

The 2020 AHA/ACC Conference Report on Professionalism, Ethics provides recommendations for healthcare organizations in addition to healthcare information, technology developers, and vendors, to address wellbeing for clinicians, trainees, and researchers. It is important to note that the recommendations for organizational strategies are applicable not only for the wellbeing of clinicians and researchers in healthcare organizations, but also for trainees in graduate and postgraduate training programs. Furthermore, strategies for trainees and researchers provide specific tactics for addressing well-being, several of which can also be applied more broadly to all health care professionals. Additional recommendations are outlined to identify and assist physicians with impaired and disruptive behaviors. Although this document focuses on recommendations for clinicians in a broad sense, and in certain instances, specifically for physicians and researchers, we recognize that specific recommendations on wellbeing are likely relevant for other types of healthcare professionals and researchers.

Ivor Benjamin, MD ([02:32](#)):

I have the pleasure today of being joined by Dr. Laxmi Mehta, who is a lead author of the paper. Dr. Mehta is the Vice Chair of Wellness in the Department of Medicine, and Section Director of Preventive Cardiology and Women's Cardiovascular Health. She holds the Sarah Ross Soter endowed chair in women's cardiovascular health, and is Professor of Medicine at the Ohio State University.

Laxmi Mehta, MD ([03:02](#)):

Thank you, Dr. Benjamin. It's an absolute pleasure to have this conversation with you today.

Ivor Benjamin, MD ([03:07](#)):

Please tell our listeners about your role on task force three.

Laxmi Mehta, MD ([03:13](#)):

I served as the co-chair for the writing group focused on clinician wellbeing, which includes topics on one, organizational strategies to promote wellbeing. Two, addressing wellbeing among trainees and researchers. Three, wellbeing strategies focused on health information technology. Four, identifying symptoms of the disruptive physician, and then finally identifying and assisting the impaired clinician.

Ivor Benjamin, MD ([03:38](#)):

Well, that really sounds like a fantastic group of really amazing topics. Explain to our listeners why clinician wellbeing has been included in a report focused on professionalism and ethics. Break this down for our listeners, please. How are these topics related?

Laxmi Mehta, MD ([03:57](#)):

Professionalism in medicine has traditionally been centered around high standards of altruism, the selfless concern for wellbeing of others in the context of caring for patients. It's increasingly been recognized that clinician wellbeing is essential to be able to optimally meet patient's needs. Studies have shown that burnout is associated with high rates of medical errors, lower quality of care, and decreased patient satisfaction, and physicians exhibit signs of burnout with increased disruptive behavior and loss of professionalism. So it boils down to simply this, the absence of clinician wellbeing can negatively affect the accomplishment of patient centered goals.

Ivor Benjamin, MD ([04:39](#)):

You mentioned patient centered goal, and it probably would be worthwhile for you to drill down a little bit more detail around the challenges clinicians are facing today.

Laxmi Mehta, MD ([04:51](#)):

Certainly the COVID-19 pandemic has brought about its own set of unique challenges. The stress of the pandemic and its disruption on patient care, research, society and the economy has been catastrophic. However, the lack of clinician wellbeing was an issue even prior to the pandemic, and those drivers of burnout were present prior to and remain despite the pandemic. So in discussions, the task force focused on discussions on those inherent challenges that are currently being faced, including consolidation of medical practices. The higher productivity expectations reduced reimbursements, legislative and regulatory requirements, the explosion of electronic health records, and the exponential growth of clerical burden.

Laxmi Mehta, MD ([05:36](#)):

So you have all these factors within a rapidly changing healthcare environment, which in many instances increases the burden of work for the clinician to accomplish. This can chip away at clinician wellbeing and lead to burnout, which is defined as excessive levels of work-related emotional exhaustion, depersonalization, and dissatisfaction with accomplishments. Ultimately the lack of control over your workload, a hectic work environment, and insufficient documentation time, are all associated with high rates of burnout.

Ivor Benjamin, MD ([06:08](#)):

This is so valuable, and I know that our listeners will be quite intrigued. Tell us a little bit more about how the task force use the chart on physician wellbeing to inform the work of the consensus report.

Laxmi Mehta, MD ([06:25](#)):

The chart on physician wellbeing published in 2018 in JAMA provides four guiding principles. One, effective patient care promotes and requires physician wellbeing. Two, physician wellbeing is related to the wellbeing of all members of the healthcare team. Three, physician wellbeing is a quality marker, and four, physician wellbeing is a shared responsibility of all. And I think these make it a good premise to say that we can support our physicians, and our clinicians and our researchers, if we want to do better care for the entire health system and to improve the quality of outcomes.

Ivor Benjamin, MD ([07:02](#)):

That's terrific. So in a nutshell, what would you say is the overall message for the leaders of today's healthcare organizations?

Laxmi Mehta, MD ([07:12](#)):

Healthcare organizations must have strategies to actively support and be accountable for the psychosocial health of their workforce, in which it is a priority to regularly assess clinician wellbeing and to evaluate implemented strategies.

Ivor Benjamin, MD ([07:30](#)):

To get into the heart of a clinician wellbeing, talk a little bit more about those strategies that the task force has recommended.

Laxmi Mehta, MD ([07:39](#)):

One strategy is to create an accountable professional wellbeing infrastructure, including a senior leadership position dedicated to clinician wellbeing, such as a chief wellness officer. Other strategies include, postgraduate training programs must ensure subject areas of personal wellbeing, leadership, and emotional intelligence. And then institutions must make preventive and responsive mental health resources available to all, and provide professional mentorship for trainees. This is so crucial. Also, healthcare systems must develop policies, codes of behavior, confidential reporting systems, compliance, follow-up and feedback systems to address disruptive behavior. And finally, team members must be taught to recognize a potentially impaired clinician and report concerns. Each healthcare setting must have a confidential reporting, intervention, and treatment plan in place.

Ivor Benjamin, MD ([08:36](#)):

And wouldn't you say that these are actually some new areas of emphasis? Perhaps you may just want to embellish as we are still, of course, coming off of the COVID-19 pandemic, and all of the various challenges that physicians have faced. Talk a little more as to the importance of clinician wellbeing in this context.

Laxmi Mehta, MD ([09:00](#)):

Clinician wellbeing is something that should have been addressed pre-pandemic, and certainly needs to be addressed now as we are still trying to recover from the pandemic. It would be a shame to ignore this moment, and I think this document has provided great resources, or at least an outline or strategy, of what healthcare organizations, training programs, can do for their clinicians, as well as the researchers. And we want to make sure our audience remembers the researchers have also struggled through this pandemic, from a research standpoint as well.

Ivor Benjamin, MD ([09:34](#)):

No question, it just speaks to the timeliness of the report. So as we bring our conversation to a close, you and I can keep going, I will be remiss not to briefly discuss the inclusion of health information technology as an important issue impacting clinician wellbeing. Tell us more about that.

Laxmi Mehta, MD ([09:55](#)):

Health information technology is a sore thumb for most people. They were initially intended to support clinicians in providing high quality and efficient patient care, however clinicians frequently report these technologies to be time-consuming, duplicative, and barriers to meaningful patient care and interaction. Well, we've identified several recommendations in the paper. I would summarize by saying health information technology vendors must work with clinicians, researchers, and others to improve electronic health records usability and interoperability, to improve efficiency and reduce the time and effort clinicians must spend on electronic health record documentation, and allow them to actually spend more time at the bedside with the patient or the patient who's involved in research.

Ivor Benjamin, MD ([10:47](#)):

Well, Dr. Mehta, thank you so very much for that articulate summary, which outlines the importance of addressing clinician wellbeing in achieving excellence in healthcare delivery. We have run out of time for this podcast, but hope our listeners will tell their colleagues about this important series focused on temporary insights to strengthen professionalism and ethics in health care, research, and education. Although both individual and structural approaches promote wellbeing in the workplace, organizational leaders in health related systems need to ensure practice environments within which clinicians can optimally experience meaning from work, put their values into action, and feel purposeful in their daily activities. And that paragraph really is our call to action.

Ivor Benjamin, MD ([11:49](#)):

So in my closing thoughts are that thanks to all our listeners for tuning in. We have two more podcasts as part of the series, so please return to the Heartbeat Series for additional podcasts in this series covering both the introduction and the historical perspective of this continuation, collaboration, between AHA and ACC on professionalism and ethics. Other podcasts have covered conflicts of interests, relationships with industry, and expert testimony. There is a fascinating podcast on diversity, equity inclusion, and belonging, and just as well, patient autonomy, privacy, and social justice in healthcare is a podcast, and we will conclude with the modern healthcare delivery.

Ivor Benjamin, MD ([12:41](#)):

Also, please visit the AHA's Lifelong Learning platform for the webinar recording of the round table discussion of this paper led by Dr. Bob Harrington, coauthor of the Consensus Statement, and past president of the American Heart Association. Thank you very much for joining us today.