It has been shown that physicians with higher levels of cognitive workload have increased rates of burnout. This means that even a small drop in task load can cut the odds of physician burnout. By evaluating the effort and time demand required to complete tasks—and considering ways to decrease or distribute both—physician practices and health systems can cut cognitive workload and rates of doctor burnout.

“Contrary to how we behave, your attention is a limited resource, and you need to protect that,” Elizabeth Harry, MD, said during a recent AMA webinar. “If we don't have space to actually give proper attention to things, we're going to start making mistakes and we're not going to give our best care. … We need to be really cognizant of this.

“One of the best ways to function cognitively is to use up your working memory with a task,” added Dr. Harry, senior director of clinical affairs at the University of Colorado Hospital. “That would be 25 minutes of focused attention and then you take a break, so that working memory is able to replete and all that cognitive load goes away.”

At the hospital, Dr. Harry's focus is on helping physicians and other health professionals enhance patient engagement while also addressing issues regarding well-being. She outlined four approaches that health leaders can take to address the system issues that drive physician burnout.

**Increase standardization**

Think about Steve Jobs and his everyday attire of black turtlenecks and blue jeans. He didn't have to think about what he was going to wear every day, said Dr. Harry. “The other piece that's really important to know is that every habit you make … comes out of that short-term memory box and goes into long-term memory.

“It is important to be mindful of our habits to make sure they're all ones that serve us but can actually
intentionally build habits and routines,” she added. That is why you should “standardize everything that you can across units and hospitals.”

“In an ideal world, you would walk into a unit and it would be organized exactly the same as the next unit,” said Dr. Harry. “You wouldn’t have to spend time thinking about how to do some of these things.”

**Decrease redundancy**

“If you think about high-reliability organizations, they don’t have seven different ways that they do the process,” said Dr. Harry. Instead, “they have one highly reliable way.”

For example, if a doctor has a patient with blood cultures and they get notified of results in a different way each time, that is not reliable. There must be one way to get notified every single time.

“A lot of times we think the more redundancy the better, but it can actually get to the point where it’s cumbersome and it makes it harder to get the job done,” she said.

**Consolidate data**

When the plot of a novel is presented in a disorganized way, it takes more energy for the reader to put the story together. It’s the same for health systems and physician practices.

“The idea here is that you bring everything you need for a workflow together in one space,” said Dr. Harry. “This is the idea in many EHRs. There are certain disease-state tabs now where you can click on a diabetes screen and it has everything I would need to think about for my patient for diabetes right there.”

That is an example of “decreasing split attention by consolidating the data,” she said. “Part of this is process coupling too, and that’s part of the making routines and making habits.

“As much as you can couple processes together and make them partner together routinely, then you’ll be able to make that a habit,” said Dr. Harry.

**Reduce interruptions**


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It is important “to have an agreement among your team of what warrants an interruption,” said Dr. Harry. “Just because someone else has a thought doesn’t mean it is the moment that we need to talk about it.

“In fact, that may be interrupting a very crucial cognitive process, so let’s have a discussion about what warrants interrupting that crucial cognitive process,” she added. “As much as possible, have blocks of uninterrupted work where you can sit and focus.”

Learn more from the AMA STEPS Forward™ webinar series, which focuses on physician well-being, practice redesign and implementing telehealth during COVID-19.