Christine Sinsky, MD, on what physicians need to know about burnout in 2022

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

Kicking off 2022 with the AMA's "Look Forward/Look Back" series, AMA Chief Experience Officer Todd Unger talks with Christine Sinsky, MD, the AMA's vice president of professional satisfaction, about the AMA's critical work to address physician burnout and opportunities to prioritize physician mental health and well-being in the months ahead.

Find resources to help address physician burnout.

Speaker

- Christine Sinsky, MD, vice president, professional satisfaction, AMA

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. As we begin a new year, we thought we'd take this opportunity to look back at AMA's work over the past year in several key areas and also find out what's in store for 2022. Today in our "Look Forward, Look Back series," we're joined by Dr. Christine Sinsky, the AMA's vice president of professional satisfaction in Madison, Wisconsin. We'll discuss the AMA's critical work to address physician burnout and opportunities to prioritize physician mental health and well-being in the months ahead.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Sinsky. Thanks for joining us today. You've had quite a year. The AMA has been working on the issue of physician burnout for years with your leadership, and that work is largely focused on systemic change. I think, now after two years or nearly in this pandemic, I'm assuming you might have a different perspective or different learning right now, especially about looking at this at the organizational level. Has this become more important over
the last couple of years?

**Dr. Sinsky:** Great. So thanks, Todd. Really a pleasure to be with you. You’re absolutely right. One of the things I think is important for us to realize is that while burnout manifests in individuals, it originates in systems. The widespread epidemic of burnout among physicians is not because physicians are deficit in terms of resiliency. It’s because we are working in chaotic environments. Of course, those chaotic environments have only worsened over the last couple of years with the pandemic.

**Unger:** This is definitely a problem going into the pandemic. As you point out there, the problem has gotten worse. There are a lot of new challenges. We have physicians that are in the position of treating seriously ill patients in unprecedented levels at this point, some of whom choose not to get vaccinated. How did the AMA support physicians through these unprecedented challenges?

**Dr. Sinsky:** Well, the AMA has supported physicians across a number of different domains, if you will. We do a lot of research to help understand where the origins of burnout come from and the consequences of burnout because the consequences are there for patients. They’re there for healthcare systems themselves. They’re there for the payers of health care. We help to make the reality of this problem manifest to various stakeholders. For example, we know that it costs the U.S. health care system about $4.6 billion a year just for one component of the consequences of burnout among physicians. So if we can start to translate the issue of burnout away from, oh, it’s just an individual problem to recognize it has repercussions for patient care, for health care organizations, for the health care system at large.

**Unger:** Dr. Sinsky, I’m curious. As you mentioned, we had tremendous systemic problems going into the pandemic. We have probably new issues that were pandemic induced. If you were to look back over the past two years, what do you think those top kind of new things that have layered on at this problem would be?

**Dr. Sinsky:** So Todd, I think there are two things, one new and one old that’s gotten worse. So the new thing is I believe we have a workforce that’s in peril, that we all have heard about the great resignation in the general population but I think we’ve got a bill coming due in terms of the number of physicians and other health care workers that will be leaving their profession over the next several years. I think people have really heroically stood up to the challenge when it’s an acute crisis but when it becomes a chronic steady state, many people are reassessing and are leaving their profession and that’s really worrisome.

**Unger:** Indeed. I think if you probably would’ve thought back maybe two years ago, we would’ve thought there was going to be an end.
Dr. Sinsky: Yes.

Unger: You're right, it is now a chronic problem and that means we have our work cut out for us, and particularly as we think about just trying to reestablish the joy of medicine and why people got into this calling in the first place. We have really, at the AMA, been focusing on elevating physician voices over the past year. You have your own program that really highlights tremendous work going on in the field on this. Why don't you talk about that reestablishing Joy in Medicine program?

Dr. Sinsky: Sure. Happy to do that as well. We have developed a number of resources to help physicians and to help health care leaders to increase the opportunities for joy, purpose and meaning in work. One of those is our STEPS Forward Academy, which includes online toolkits that are free and accessible. They're written by physicians for physicians. We've had over a million users of those toolkits since we started a few years ago. Now, we have podcasts and webinars and case studies that go along with that. So that's just one of many things that we do.

One particular one to highlight is we've created a de-implementation checklist and it is a checklist that organizational leaders can look to and think, "Oh, those are some burdens we can remove from the backs of our physicians." We took this checklist and we ran it past the Joint Commission, modified it slightly before we published it so that we know that everything on that checklist, for example, is kosher with the Joint Commission.

Unger: Did you actually use the word de-implementation?

Dr. Sinsky: We did. We did.

Unger: I like that.

Dr. Sinsky: Yes. It's related to one of our STEPS Forward toolkits that's called Getting Rid of Stupid Stuff. It is a step-by-step guidance workbook, if you will, for how to implement a getting rid of stupid stuff initiative at your organization, how to call out a lot of the waste that is currently clogging up the gears of health care and adding to the burden.

Unger: Dr. Sinsky, where would folks find resources like that?

Dr. Sinsky: www.stepsforward.org. Going there, you will find this wealth of resources that we've made available.

Unger: In addition to resources like that, I know that peer support has been a regular part of practice. Can you talk a little bit about how the AMA is helping to advance that concept across medicine?

Dr. Sinsky: Sure. Peer support has always been part of medical culture but over the last decade,
some of the structures that help to support peer support have diminished. We don’t have physician lounges any longer, where physicians would gather for lunch, share stories about patients, talk about what was going on. We don’t have radiology reading rooms or relaxed Saturday morning rounds as we used to. So some organizations are creating ways to rebuild community. At the Mayo Clinic, for example, they will support small groups of eight to 10 physicians who meet every six weeks for dinner on the Mayo Clinic’s dime. They will then have one question to discuss and use the rest of the time for peer support for building.

Cleveland Clinic has a peer coaching program. The Mass General Brigham and many others have peer support programs. We highlight these in the STEPS Forward Academy. We have toolkit on developing a peer support program. We have a case study, a success story, if you will, on the Mayo Clinic dinners. So there’s a lot of resources to help people not start from scratch but to learn from what others have done and then adapt that to their own environment.

Unger: We had a chance to speak with someone earlier this year about reestablishing the physician's lounge. I was just really struck. It seems like kind of one of those pieces of wisdom that just kind of got lost. Hey, people need that kind of peer to support, a place to relax, a place to exchange ideas. What happened?

Dr. Sinsky: Yes. Well, I think we got very transactional in our understanding of what health care is and then our technology sort of reinforced that transactional nature. So physicians were interacting kind of solo with their computer screen and not interacting with each other. But I think we can change that.

Unger: As you look ahead to 2022, what do you think the greatest opportunities are for the AMA in improving physician satisfaction overall?

Dr. Sinsky: So I think we have to address the workforce in peril that we’ve talked about. We also have to address something that might say much more mundane but I think is underlying a lot of the stress that physicians are feeling and that is their inbox. It's been said that people don't leave their jobs. They leave their bosses. But for physicians, physicians don't leave their careers. They are leaving their inbox. There's been an exponential rise in the amount of inbox work for physicians. I had a physician colleague who said to me the other day, "I am no longer going to be seeing patients in the ambulatory practice and the reason is my inbox. I cannot manage that. I'll still do hospital rounds but I cannot do the ambulatory clinic." So I think that we just have to address that.

Unger: Just talk a little bit more about what you mean there. Is it because of there are so many new ways for patients and other folks to communicate with their physician, it just becomes overwhelming? Where is the inbox overload coming from?

Dr. Sinsky: Right. Well, so the in comes from many sources, right? Some of its test results and
notifications, and many of those are unnecessary. So why systems are learning that they can turn off those redundant notifications. Then some of it is that patient medical advice requests have just skyrocketed over the last year. There's a wonderful graph that we have showing the exponential rise in patient medical advice requests that come into the inbox starting right in March of 2020. It was at this level before COVID hit and at this level and it has stayed at that level. I believe it is one strongest drivers pushing physicians out of practice and yet it is a completely solvable problem. We just have to put our minds to it.

**Unger:** Well, you mentioned before STEPS Forward. I just wanted to give you just a few minutes to talk more about what's in STEPS Forward, how can folks use these resource to deal with what is seemingly insurmountable problem right now?

**Dr. Sinsky:** Yeah, yeah. So we have 70 different practical, actionable how-to toolkits on a variety of topics. Some are around practice efficiency. We call about 10 of them are practice fundamentals. Included in that is how to tame the inbox. So it's very specific about ways that you can route messages to other individuals and ways that you can turn off unnecessary notifications. We have some on building culture within your team, how to have daily huddles, how to have weekly team meetings.

Then we have a whole another section that's around leadership, how to be a better leader, how to assess your leaders. Then if you're a physician and a mid-level leader, how to build bridges between those different levels within an organization. So it's just a wealth of opportunity there. A team could look at it or a leader could look at it and then say, "We're going to follow these steps. We're going to modify it to our environment." For some, we even have some pre- and post-measurement suggestions if one wanted to make it into a quality improvement study.

**Unger:** Dr. Sinsky, the work that you and your team are doing, it's so important especially right now, in terms of the research foundation that you've built, all of the data, turning that into resources that physicians and physician leaders can use. Then recognizing the people and the systems and practices out there that are putting those resources to work in successful ways. That's quite a combination. Thanks for being here today. That wraps up our "Look Ahead and Look Back" episode on AMA's work to address physician burnout. Again, thanks Dr. Sinsky. We'll be back with another episode soon. In the meantime, please click subscribe on AMA's YouTube channel or check out all of our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Take care.

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.


Copyright 1995 - 2021 American Medical Association. All rights reserved.