New book tackles root causes of burnout among medical educators

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Contributing News Writer

Medical educators have long faced high rates of burnout, but the evolving demands and exploding cognitive load of the COVID-19 pandemic have raised the stakes for academic medicine: Make systems-level change or risk losing your core faculty.

Physician burnout demands urgent action

The AMA is leading the national effort to solve the growing physician burnout crisis. We're working to eliminate the dysfunction in health care by removing the obstacles and burdens that interfere with patient care.

Learn About Our Ongoing Work
A first-of-its-kind book, Educator Well-Being in Academic Medicine, published by the AMA, features insights and guidance for administrators and other leaders in academic medicine looking to enrich educator well-being and heal U.S. medical education. It is the product of years of work by the AMA ChangeMedEd Initiative—formerly known as the Accelerating Change in Medical Education Consortium—to better understand well-being in the medical education setting.

“Due to their passion for the success of their learners, medical educators tend to persevere despite underresourced situations,” said Kimberly Lomis, MD, the AMA’s vice president of undergraduate medical education innovations. “Disruptions related to COVID revealed the need for explicit organizational support of the education mission and systematic planning to sustain educational capacity.”

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

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*Educator Well-Being in Academic Medicine*, available at no cost upon registration, includes information relevant to clinical and nonclinical educators from allopathic and osteopathic institutions across the undergraduate and graduate continuum. It builds on last year’s effort from the AMA detailing seven organizational steps to support medical educators (PDF) and comes as survey data shows a 63% rate of doctor burnout across medicine.

“Our goal in creating this book is to provide administrators and leaders in academic medicine with a unique, solutions-focused guide for taking the needed steps at their institutions to ensure educators feel valued and the educational mission is uplifted and sustained,” wrote the book’s editors.

The book’s editors are:

- Eboni Anderson, DHEd, director of community-oriented primary care and assistant professor of public health at A.T. Still University-School of Osteopathic Medicine in Arizona.
- Allison Knight, PhD, assistant vice dean for student affairs, director of student wellness and assistant professor in the Department of Psychiatry and Behavioral Sciences at Eastern Virginia Medical School.
- Margaret Rea, PhD, director of student and resident wellness and clinical professor of emergency medicine at University of California, Davis, School of Medicine.

“Grounded in evidence-based research and through personal narratives and lived experiences, the book chapters offer recommendations and guidance that are not only meant to resolve issues of well-being at the institutional level, but also to help heal U.S. medical education at the systems level, which we believe can only be achieved by supporting inclusive practices and policies,” they added.

**Chapter 1, “Value of Education to the Institutional Mission,”** highlights the misalignment of the measures of educational success with the culture that physicians wish to work within. It outlines the major challenges facing foundational science and clinical educators and prescribes specific efforts to help demonstrate the value of educators to institutions.

**Chapter 2, “Institutional Structure,”** identifies the unique challenges educators face in balancing health care, education and finance and how paradoxical expectations can compromise their well-being. It then suggests institutional interventions, including ways to celebrate educators’ contributions.

**Chapter 3, “Responding to/Functioning in the Larger Picture of Academic Medicine,”** explores how advances in evidence-based learning principles, educational technologies and instructional pedagogies challenge the applicability of the “see one, do one, teach one” approach to modern medical education. It also proposes ways to address the curricular and accreditation stressors educators face.

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**Chapter 4, “Diversity, Equity and Inclusion,”** examines how narratives of lived experience can help expose the inequities that threaten the well-being of educators from groups that have been economically or socially marginalized. Using the authors’ own personal narratives, it explains the importance of adopting diversity, equity and inclusion efforts at academic medical centers.
Chapter 5, “Intergenerational Cultures Within Medical Education,” describes some of the crucial interpersonal differences between generations that affect the well-being of medical educators. It then summarizes initiatives to provide educators with an enhanced sense of meaning in their roles.

Chapter 6, “Measuring Educator Well?Being,” discusses the value of measuring educator well-being as well as whether and when to measure and who should be involved. It also reviews some of the most widely used assessment tools, advises how to choose one and provides guidance on what to do with the results.

Each chapter includes one or more case studies of relevant situations and corresponding approaches and lessons learned, as well as a summary of take-home points and solutions.

Download your solutions-focused guide to improving educator well-being now.

Learn more about the AMA Academic Physicians Section, which gives voice to—and advocates on—issues that affect academic physicians.