Are You Leaving Too? Combating Burnout

Thomas Cox, Psy.D.
Managing Your Health and Stress, Part 1

How To Recognize and Manage Stress and Time Management
Disclosure

- I have no Disclosures

“Except the light at the end of the EHR tunnel has been turned off do to budget cuts”

Me
Objectives

- Stress recognition
- Physicians / the most Common Environmental Stressors
- Stress Coping Strategies
- Time Management to Boost Performance
Is it you...!? Did you do it!?
When all else Fails...........

PUMPKIN SPICE XANAX

FOR YOUR SEASONAL "ANXIETY"
Introduction

- Practice of medicine is stressful

- Physicians must interact with intense emotional aspects of life

- Physicians are called on to cope and adapt with stress characteristic of their job

- Knowledge on how stress and burnout develops is important

- This understanding will help how to prevent burnout
Stress

Into each one’s life, some stress must come...

...but it is how you handle it that is important.”

~me
Stress

- Is your perception that environmental elements or events overwhelm your ability to deal with them.

- Accompanied by predictable biochemical, psychological, cognitive, and behavioral changes directed toward altering the stressful event or accommodating to its effects.
Stress Introduction

How Important is being able to manage your stress to you?

- Research shows 75% of Physicians experience extreme stress at least one time a day on average and reported feeling stressed 35% of the time.

- Another study showed physicians who kept a daily record of stressful events found they experienced stress almost 50% of the time they were in the hospital- and 10% reported multiple stressors.

- Stress related illness cost Americans 300 Billion Dollars a year in care and lost productivity/Stress and EI.
Emotional and Psychological Symptoms and Tolls

- Stress takes a major toll on both psychological and physical wellbeing

**Stress Warning Signs for Physicians:**

- Physicians become moody and hostile some depressed

- Performance levels drop, focus deteriorates

- Avoidance is common with highly stressed Physicians
Physical Symptoms of Stress

Physicians report the following Physical Symptoms when exposed to Stress:

- Elevated BP
- Increased Infections and Illness
- Weight Gain
- Digestive Problems
- Insomnia
- Skin Conditions
- Asthma Conditions
Why are some Physicians Chronically Stressed?

1. You live and work in an environment that is drastically different from the environment in which your brains evolved
   - Patient Management Restrictions/daily confrontation with sickness
   - EHR
   - Boring Tasks
   - Constantly Evaluated
   - Changes of the fast paced life
   - More responsibilities fewer resources/challenge to explain and defend work
   - Very Stressful Environment
   - It’s amazing Physicians manage to adapt to their environments as well as they do

Many are not well suited for all the
Immediate-Return Environment

- Physicians often deal with a great deal of uncertainty regarding the direction of health care.

- You experience less stress when you come from an immediate-return environment and always know the consequences of your behaviors regarding the future.
Studies report Physicians are engaged in many tasks that don’t have any immediate rewards so they begin to worry. The age of anxiety begins.

You are in an environment that is a profoundly delayed-return environment.

As a result the uncertainty regarding your performance without immediate return can be stressful and worrisome for the future.
Sources of Chronic Stress

Modern Human experience for Physicians:

1. Today’s hospital environment is radically different from the environment you may have been in-immediate return

2. Due to the delayed-return environment uncertainty begins to develop

3. Concerns are chronic and not likely to go away tomorrow
Threats of the Mind

- Remember there is nothing you can do to solve the problems that worry you when the things that cause you stress lie in the future, the threat is in your mind rather than immediately present.

- This phenomenon creates **chronic stress** because there’s no way to take immediate action.
High Stress and Neurotic Behaviors

- It is common for high performing Physicians to score high on Anxious Behavior on a standard measurement of well being test.

- This translates into the interpretation of ordinary situations as threatening and to view minor frustrations as hopelessly difficult.

- The amount of stress Physicians experience depends on how they interpret situations. Many interpret situations more negatively.

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20 Alternative Approaches to Stress

1. Yoga, Tai Chi, Qigong
2. Massage
3. Deep Breathing
4. Biofeedback
5. Meditation/Prayer
6. Music/Art Therapy
7. EFT Technique
8. Flower Essences/Oils
9. Homeopathic
10. Light Therapy
11. Crystals or Gemstones
12. Guided Imagery
13. Herbal or Diet Change
14. Acupuncture
15. Self Hypnosis
16. Psychic Healing
17. Energetic or Reiki
18. Counseling
19. Physical Exercise/Sex
20. Chiropractic
Unavoidable Physician Stressful Events

Research has found six major categories of stressful events and situations—exceptionally common and virtually unavoidable in modern healthcare careers and life.

What do you think are the most common ongoing sources of stress for Physicians?

The number one thing that stresses more Physicians Out?
Most Common Physician Stressors

1. Relations With other Physicians - communication problems
2. Organizational Factors of the Service - to many responsibilities/ changing working conditions
3. Ethical Concerns - and your own health problems/ sleep deprivation/ longer working hours
4. Constant Exposure to time pressures/ having to work faster/ threat of malpractice suits/ No Control
5. Dealing with complex working environments/ EHR/ Mountains of paperwork
6. Personal Relationships Outside of work - Finances, economic security prove elusive/ self-denial

- Which Stressors Can You Control?
- Number One Cause of Stress is Lack of Control
- Perfectionism is a Precursor to Burnout/ excellence is the goal
Self-Assessments

- What stresses you out?
- Measure your stress level

The Doctor Dewey Insto-Matic, Stress-O-Meter

- Anxious
- Engaged
- Enthusiastic
- Calm
- Relaxed
- Stress Free

- Run Down
- Stressed out
- Exhausted
- Overwhelmed
- Drained
- Ready to Cave
- Burnt out
Common Coping Behavior

- Work harder and longer
- Belief on immunity to difficulties
- Failure of self recognition of mental problems
Coping Behavior

- Alienating family members and friends—three explanations:
  - Anger and frustration are vented to family and friends
  - Inability to share troublesome experiences
  - Family and friends are another source of demand
Coping Behavior

Avoiding to be with family:

- Physician Dawler
- Electronic physician
- Out-of-town Academician
Managing Individual Stress

Seven Key Areas:
1. Sleep
2. Balanced meals
3. Physical activity
4. Socialization
5. Vacations/down times
6. Spiritual engagement
7. Have a physician/Primary Care
Managing Work-place Stress

Manage energy

1. Self care at work
2. Plan appropriately
3. Reduce distractions
4. Office culture
5. Work place training on burnout*
Adaptive Versus Maladaptive Strategies for Coping with Stress

- Ideal coping strategies are adaptive/They reduce stress and improve health. Stay positive and disconnect when you need to.

- Maladaptive strategies are: short-term and is self induced stress. Caffeine, alcohol, lack of sleep-increase risk of physician burnout

- Denial is an avoidance strategy
distorts reality to remove stressor
as is repression

- Perfectionism is maladaptive- vulnerability factor for depression, anxiety, and burnout
How Successful Physicians Cope with Stress

First and Foremost they take care of themselves. They eat regular healthy meals daily. Develop good sleep habits. Exercise regularly. Learn to relax

Learn to Manage Their Time Efficiently. They are organized, schedule realistically, and don’t overcommit. Set priorities that include themselves and family. Set and maintain limits.

Laugh more often. They enjoy their work and learning. Share and coop their work, makes for a more enjoyable experience. Especially if they have multiple colleagues working with patients.

Seek and use supports. BSWH has a support network and tools to be utilized for physicians-Psycho-social-spiritual support systems.
Self-Compassion

- Physicians who are self-compassionate have characteristics that associate with lower stress because they treat themselves in a kind and caring way when bad things happen.

- Research shows that self-compassionate physicians handle stress better:
  - They stop with the self-criticism
  - They go out of their way to be nice to themselves
  - Remember “perfectionism is a precursor to burnout” so embrace your imperfections and stop judging yourself.
Time Management

“I feel so energized after that 12-hour shift...”

said no one, ever.
Relationship Between Managing Your Time and Stress in Work

- Time is your most precious resource—it cannot be bought, saved, or stored. Use it poorly and you suffer the consequences.

- The management of time is therefore essential for a productive physicians working in specialty services.

- Having to adjust to the time demands is the number one reported challenge for all high stress work environments.
Parkinson’s Law

States that there is a human tendency to spend effort and time on more insignificant tasks that are perceived as important rather than those of true importance. Being able to identify what is truly important is how to achieve momentum and reach your goals.
Recurring Time Management Themes that Cause Stress

- Physicians create stress for themselves by not focusing time allocation to the following:
  1. Advanced Planning for a project or patient care
  2. Setting goals of clinic, research, etc. project and for yourself
  3. Establishing the priorities of the projects
  4. Sharing responsibilities
  5. Minimizing Procrastination
  6. Managing Interruptions

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5 Time Management Mistakes

1. Not Setting Time Limits on Tasks
2. Ignoring Important Tasks that Aren't So Urgent
3. Blaming Yourself -- When Over Packing Your Schedule
4. Thinking that "Busy" Means Efficient
5. Too Much Time Wasted in Meetings
The two most common time management obstacles

1. Procrastination
2. Managing Interruptions
Your Challenge

1. Not to fall into a pattern of working, sleeping, and eating and not much else. Find ways to be more efficient and affective in your personal and work life and achieve balance.

2. Emergencies, deadlines, and crises consume vast amounts of energy and often waste your time and spill over into other areas of your life.

3. Many competent physicians spend 90% of their time on tasks they consider important and urgent.
The take Away....
Are you leaving too?
Combating Burnout

Thomas Cox, Psy.D.
Disclosures

I have no disclosures

“Do what you feel in your heart is right—for you’ll be criticized anyway”

William Osler
Goals

- The purpose of this presentation is to provide an understanding of how stress and burnout affects your professional health and wellness and what you can do to protect yourself as well as your personal and work relationships.
Introduction

Poll the group

- Who has experienced symptoms of stress and burnout in the past 6 mos?
- How many of you have co-faculty at risk of attrition due to burnout?
- How many of you believe working on your own resilience is the answer to prevent burnout?
Physician Wellness Agenda

- Overall physician health status, important statistics
- Define Burnout, its causes and risk factors
- Physician impairment, protective factors to manage energy, prevent burnout and its impact
- Healthy approaches to an action plan for combating Burnout/improving resilience
Physician Well-Being

- Leading a life that’s balanced in body, mind and spirit
Clinical Case

A 46 yo male MD had a long history of self-prescribing sedatives to treat anxiety and insomnia. His drug use gradually escalated to the point it was interfering with his work and home life. He tried repeatedly to control his use on his own, but without success. He began seeing a psychiatrist who felt he had a mood disorder, and did not directly address the substance abuse.
Clinical Case- Continued

He began to feel his life was intolerable and discussed suicide with his wife, although he did not disclose a plan. He subsequently died in a “hunting accident” of a self-inflicted gunshot wound to the head.
Self-Awareness

Self-awareness means having a deep understanding of one’s emotions, strengths, weaknesses, needs, and drives. People with strong self-awareness are neither overly critical nor unrealistically hopeful. Rather, they are honest – with themselves and with others.”
Burnout

- Pathologic condition which develops in response to prolonged occupational stress
- Emotional exhaustion
  - Being depleted, over-extended, fatigued
- De-personalization/detached/avoidant
  - Negative/cynical attitudes about patients or work in general, interpersonal conflicts
- Reduced sense of personal accomplishment
  - Negative self-evaluation of one’s work or job effectiveness
Burnout

“In the current climate, burnout thrives in the workplace. Burnout is always more likely when there is a major mismatch between the nature of the job and the nature of the person who does the job.”

~Christina Maslach
Understanding factors that affect physician burnout is important because it is associated with
- quality of care
- patient satisfaction
- patient adherence to medical treatments

Dissatisfied physicians are more likely to
- reduce their clinical work hours
- leave their current practice
- retire early
Six Sources of Burnout

1. Work overload*
2. Lack of control
3. Insufficient reward
4. Unfairness
5. Breakdown of community
6. Value conflict
Factors Leading to Burnout

- Family of origin issues
- Work stress- lack of control
- Personality factors- compulsive traits
  - Doubt/Fatigue & sleep deprivation
  - Guilt feelings
  - Exaggerated sense of self-importance
- Family stressors

(Spickard et al, JAMA 2002;288:1447)
Burn Out Therapy
Burnout is more common among physicians than among other US workers

- 45.8% of physicians reported at least 1 symptom of burnout.
- Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine).
- Compared with a probability-based sample of 3442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work life balance (40.2% vs 23.2%) ($P<.001$ for both).
Burnout affects physicians at all levels of training

- Medical School - 28-45%
- Residency - 27%-75% depending on specialty
- 30% of resident’s meet clinical criteria for depression
- Attending Physicians at various stages of career - average 37.9%
Burnout in Residency Training

- The seeds of burnout may be planted as early as medical school: burnout rates in medical students range from 28% to 45%.

- A 2006 study by Rosen shows that
  - 4.3% of internal medicine residents met criteria for burnout at the beginning of intern year
  - by the end of the first year, rates had increased to 55.3%, with a significant increase in both the depersonalization and emotional exhaustion subscales.

- Some studies show that work-hours restriction helps, some show no effect with burnout.
Faculty Burnout

- Faculty retention in particular is a challenge across all specialties.
- Research shows 50% of clinical faculty members leave their academic medical employment within 10 years
  - 40% leave academic medicine entirely
  - An AMA study reported 30% loss in academic family medicine over a 5 year period
Physician Burnout at Different Career Stages

• Early career physicians: (all P<.001)
  – Lowest satisfaction with overall career choice
  – highest frequency of work-home conflict
  – highest rates of depersonalization
• Physicians in middle career: (all P<.001)
  – worked more hours
  – took more overnight calls
  – had the lowest satisfaction with their specialty choice and their work-life balance
  – had the highest rates of emotional exhaustion and burnout
  – the challenges of middle career were observed in both men and women and across specialties and practice types
Burnout and Satisfaction with Life-Work Balance Among US Physicians (N=7,288)
Partial List of Contributing Causes to Physician Burnout

- Length of training and delayed gratification
- Limited control over the provision of medical services
- Long working hours and enormous workloads
- Imbalance between career and family
- Feeling isolated or loss of time to connect with colleagues
- Financial issues (salary, budgets, managed care, etc)
- Grief and guilt about patient death or unsatisfactory outcome
- Insufficient protected research time and funding
- Sex- and age-related issues
- Inefficient and/or hostile workplace environment
- Setting unrealistic goals or having them imposed on oneself
- The EHR
Consequences of Physician Stress and Burnout

- Poor judgment in patient care decision making
- Hostility toward patients
- Medical errors
- Adverse patient events
- Diminished commitment and dedication to productive, safe, and optimal patient care
- Difficult relationships with coworkers
- Disengagement
- Depression
- Anxiety

Personal

- Sleep disturbances and fatigue
- Broken relationships
- Alcohol and drug addictions
- Marital dysfunction and divorce
- Early retirement
- Suicide
Maslach summarized effective working through burnout by stating: “If all of the knowledge and advice about how to beat burnout could be summed up in one word, that word would be balance—balance between giving and getting, balance between stress and calm, balance between work and home.”
Figure 1

Spectrum of Disruptive Behaviors

Aggressive
- Inappropriate anger, threats
- Yelling, publicly degrading team members
- Intimidating staff, patients, colleagues, etc.
- Pushing, throwing objects
- Swearing
- Outburst of anger & physical abuse

Passive
- Hostile notes, emails
- Derogatory comments about institution, hospital, group, etc.
- Inappropriate joking
- Sexual Harassment
- Complaining, Blaming

Passive
- Chronically late
- Failure to return calls
- Inappropriate/inadequate chart notes
- Avoiding meetings & individuals
- Non-participation
- Ill-prepared, not prepared

Depression

- 15 experts came together to evaluate state of knowledge about physician depression and suicide
- Reviewed abstracts, presentations and key publications
- Concluded that the culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and burden of suicide
- Barriers to treatment include discrimination in licensing hospital privileges and advancement.
- Recommended transforming attitudes and changing policies
Epidemiology of Depression in Physicians

Association Between Burnout and Depression

- Higher rates in medical students (15%–30%), interns (30%), and residents than in the general population
- Lifetime rates of depression in women physicians - 39% compared to 30% in age matched women with PhD’s
- Both higher than the general population
- Lifetime rates of depression in male physicians (13%) may be similar to rates of depression in men in the general population, or they may be slightly elevated.
“Engrossed late and soon in professional cares you may find, too late, with hearts given way, that there is no place in your habit-stricken souls for those gentler influences which make life worth living.”

William Osler, Address to medical students, 1899
Substance Use by Physicians

- Physicians less likely to use cigarettes and illicit substances than the general public
- Physicians more likely to use alcohol
- Physicians much more likely to use minor opiates and benzodiazepines
- Overall, 8% of physicians reported ever having a substance abuse or dependence problem

(Hughes, et al. JAMA 1992;267:2333)
Physician Use of Opiates and Sedatives

- Depending on age and gender, 6-23% of physicians had used non-prescribed opiates or sedatives in the past year.
- These substances were used by 1-4% of the general population.
- Most use of these substances by physicians was for self-treatment of symptoms.
Drugs of Choice Among Impaired Physicians 1998-2000 (n=151)

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<td>Benzodiazepines</td>
<td>4%</td>
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<td>Other</td>
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<td>Multiple</td>
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Outcomes of Substance Abuse Treatment among Physicians

- In general, treatment outcomes are better for physicians than others.
- Treatment usually includes long-term monitoring.
- On average, 70-80% of physicians completing initial treatment and signing long-term contracts maintain abstinence.
- Most physicians are able to reenter practice.
Potential Factors Leading to Impairment

- Personality traits of physicians: “If I only work harder, I will be loved”
- Difficulty expressing emotions
- Difficulty seeking and accepting help
- Work stress / harassment/Stigma
- Family history / family of origin issues
- Depression
- Self-medication/anonymity, licenses, etc.
Clues to Physician Impairment

- Self-prescribing of controlled drugs
- Use of large quantities of alcohol
- Driving under the influence
- Domestic difficulties
- Neglect of responsibilities
- Outbursts of anger
- Depressed mood
Physician Suicide

- Male physicians appear to commit suicide at about the rate of the general population, while the rate among female physicians may be two to four times higher.

- Are physicians who attempt suicide more likely to be successful?

- One physician per day commits suicide

Organizational Responsibility

**Question 20:** Does your organization do anything currently to help physicians deal more effectively with stress and/or burnout?

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**Studer Group: More than half of physicians feel leaders don’t do enough to combat burnout**

Written by Emily Rappleye (Twitter | Google+) | February 03, 2016

Of more than 350 practicing physician respondents, 90 percent have experienced symptoms of burnout at some point in their career. Of those who have experienced burnout, 65 percent said they even have considered leaving medicine because of it.

According to the survey, physicians would like leadership to give them a greater say in operational decisions, more leadership opportunities and access to resources and education on burnout. Physicians also felt having adequate post-call recovery time and vacation time, realistic scheduling and an appropriate balance of quality over productivity would help prevent feelings of burnout, according to the survey.

- 90% of respondents say they have experienced some symptoms of burnout at varying stages of frequency (sometimes, usually, and always).
- 66% of respondents say they do not have the tools and resources to help themselves or their peers handle burnout.
- 65% of respondents that reported experiencing burnout say they sometimes consider leaving medicine.
- 54% of respondents say their leaders are not actively taking steps to treat and prevent burnout.
Segment Three/Protective Factors
The ethics of self-care:

“The medical academy's primary ethical imperative may be to care for others, but this imperative is meaningless if it is divorced from the imperative to care for oneself. How can we hope to care for others, after all, if we ourselves, are crippled by ill health, burnout or resentment?”
Protective Factors

Personal:
- Tend to self care issues first
- Address Maslach’s 6 sources of burnout
- Influence happiness through personal values and choices
- Adapt a healthy philosophy/outlook
- Spend time with family & friends
Protective Factors

Work:
- Gain control over environment & workload
- Find meaning in work (value)
- Set limits and maintain balance
- Have a mentor
- Obtain adequate administrative support
- Learn about burnout and stress management*
Physicians Nutrition Behaviors and Burnout

- Surveyed physicians consistently do not meet nutrition goals:
  - 45% surveyed: fruit/veg < 3 days per week
  - 60% < 3 days per week physical activity

- Associated with depression, emotional exhaustion, detachment from job

- Also increased use of substances for coping
Barriers

Access
- Primary food source: cafeterias and vending machines
  - Limited hours of availability
  - Food selection = no healthy choices
- Absence of breaks for eating
  - Dehydration, hypoglycemia
  - No protected time

Time at Home
- Many physicians do not eat with their families
  - Disconnection from routine meals
Managing Energy at Work

- Listen to your body
- Identify your own needs
- Define limits - Just Say NO!
- Create your work environment
- Eliminate distractions
- Take breaks
- Plan ahead
Creating a Culture of Prevention and Wellness

1) Educate about burnout
   - Raise awareness during educational sessions, faculty meetings, regarding symptoms and signs of burnout
Prevention and Wellness

2) Implement Stress Reduction Programs
   - Abbreviated Mindfulness Interventions, Meaning in Medicine, Process Groups, Exercise at Work Initiatives, Reflective writing for Faculty and trainees
Prevention and Wellness

3) Encourage a team-based approach to patient care
   - Work role optimization (patient centered medical home approach), Team based problem solving
Prevention and Wellness

4) Ensure a reasonable and equitable workload
   – appropriate amount of time for patient appointments
   – management of patient load
Prevention and Wellness

5) Encourage individuality amongst your faculty
   - A variety of workplace roles (teaching, research, clinician, administrative) can increase physician satisfaction
   - Allowing physicians to follow their passions
6) Commit to faculty and staff wellness training
   - Emotional intelligence training, Team building & Meditation all help groups maintain functional relationships and decrease workplace stress
Prevention and Wellness

7) Allow autonomy and schedule flexibility in order to encourage work-family balance
   - how and when to work, choices regarding specific hours and call schedules
Prevention and Wellness

9) Advocate for transparency and fairness with regards to faculty issues
   - pay, call, schedule making, patient care expectations, teaching expectations
Resilience: Definition

- Resilience
- The capacity to bounce back, to withstand hardship, and to repair yourself
- Positive adaptation in the face of stress or disruptive change
- Based on a combination of factors
  - Internal attributes (genetics, optimism)
  - External (modeling, trauma)
  - Skills (problem solving, finding meaning/purpose)
Can We Build Resilience?

- Realistic recognition (Overcoming denial/cx)
- Exercise, sleep, nutrition
- Supportive professional relationships
- Talking things out with others
- Hobbies outside medicine
- Personal relationships
- Boundaries
- Humor
- Time away from work
- Passion for one’s work
Individual Action Plan

- List three self-care areas you will improve over the next 6 mo.
- List three ways to manage your energy at work.
- Identify a resource you will use if needed.
- Make it happen:
  - Specific and clear
  - Behavior not attitude
  - Something you can count
  - Plan/Timetable
  - What are your personal barriers?
  - When will you start?
Summary: Take Home Points

1. You are valuable! Self-care is the foundation to faculty vitality and remaining professional.
2. Stress happens: Look for and anticipate stress.
3. Take action immediately to manage energy, reduce stress and avoid burnout.
4. Take advantage of the valuable resources available inside or outside of Your Institution – bottom line is get help!
Don’t let your Light Burn Out
Thank You
Michael Tutty PhD, MHA

Group Vice President
Professional Satisfaction and Sustainability
American Medical Association
Thank You

To claim CME Credit for this session:

- Use access code 4444.
- Questions? AMA staff will be available in the Crystal Ballroom Foyer to provide assistance. You may also view the following online tutorial: http://bit.ly/CMECredit.