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Dr. Stukus: Today's topic will discuss clinician wellness, burnout and finding the right work-life balance. And we are very pleased to welcome Dr. Giselle Mosnaim as today's guest. Dr. Mosnaim practices Allergy and Immunology in the Division of Pulmonary, Allergy and Critical Care in the Department of Medicine at Northshore University Health System in Evanston, Illinois and is an Assistant Clinical Professor of Medicine in the University of Chicago Pritzker School of Medicine. Dr. Mosnaim is the current President Elect of the American Academy of Allergy, Asthma & Immunology and has extensive research experience surrounding asthma and disparities. She is also the senior author for the recently published Academy workgroup report, "Physician Wellness in Allergy and Immunology" and a co-author on the "Clinician Wellness During the COVID-19 pandemic paper, which has recently just published in the *Journal of Allergy and Clinical Immunology in Practice*. I cannot imagine a better guest for today's topic. Neither Dr. Mosnaim nor I have any disclosures relevant to today's discussion.

Dr. Stukus: With that, Dr. Mosnaim, thank you so much for taking the time to join us today and welcome to our show.

Dr. Mosnaim: Thank you so much for having me.

Dr. Stukus: It's our pleasure. Now we are recording this in early May 2020, and of course it's in the middle of the global COVID-19 pandemic. And today's topic of wellness is more pertinent than ever. But before we discuss that in more detail I'd like to just ask you, how are you doing through all this?

Dr. Mosnaim: Thankfully my family is safe and healthy and I am trying to stay positive and grateful and do what I can to help. How are you doing?

Dr. Stukus: I'm the same, thank you. We're doing what we can and working from home. And you have children at home, is that correct?

Dr. Mosnaim: Correct. I have my 21-year-old daughter that is home from college and I have my 16-year-old daughter who is a sophomore in high school.

Dr. Stukus: Okay. So some remote learning going on in your house as well, correct?

Dr. Mosnaim: Yes. How about you?

Dr. Stukus: Yes. Our children are 7 and 10, so a little more hands-on but they're doing great with everything and we're approaching the end of the school year and we'll see how summer goes. But we're all learning as we go. Well, I'm glad things are going well for the most part. And so let's start off by defining some important terms that we're going to use throughout today's discussion. The words wellness and burnout are used quite often, but can you tell us what they actually mean?

Dr. Mosnaim: So physician wellness is how much you feel your work makes a difference in people's lives, the quality of your relationships with people most important to you and how much you enjoy yourself. And then burnout is a long-term stress reaction and it's marked by emotional exhaustion, depersonalization and you feel decreased feelings of personal accomplishment.

Dr. Stukus: So it sounds like it's really more than just work, it really encompasses an entire person and how their lives impact them, is that correct?

Dr. Mosnaim: Yes.

Dr. Stukus: Now what about the term resilience? How does that relate to wellness and burnout?

Dr. Mosnaim: So resilience is how well you cope with stress, so those qualities that enable you to thrive in the face of adversity. And I think resilience is a very important quality; however, I also want to make sure that in this context we talk about this appropriately. Resilience training is a viable solution if the underlying problem is a lack of individual resilience; however, if the problems are with the healthcare system and the working conditions, making someone more resilient is not going to solve the problem. So assigning resiliency training to physicians who are already overworked is not the right message. It's telling physicians that they are the problem as opposed to organizational structure. And it's also telling them that there's a simple solution just, you know, that it's about them when really there need to be system changes.

Dr. Stukus: I'm really glad that you separated that out and I think, you know, a lot of our listeners and myself especially we sometimes receive these tone deaf messages from well-intentioned employers that

say mandatory wellness meetings or things along those. So I really like that you put that in that context. Now do we have any data that we can use to inform us regarding how pervasive burnout is among physicians and healthcare workers?

Dr. Mosnaim: Yes. When you look at the literature there is some variation depending on which sources you look at. But overall, the rate of burnout among U.S. physicians varies between about 45 and 54 percent.

Dr. Stukus: So half of all physicians report or classify as having burnout, is that accurate?

Dr. Mosnaim: Yes.

Dr. Stukus: Wow. Why? What are some of the reasons? Do we have any idea why physicians and medical professionals are at risk for burnout? I mean, that's just extraordinary.

Dr. Mosnaim: It is. And I had some preconceived notions and I was wrong, so I can share some of those with you.

Dr. Stukus: Sure.

Dr. Mosnaim: So at first I thought, well, maybe it's because we have this very long and rigorous training. We go through medical school and residency and for Allergy and Immunology we go through fellowship. So I thought well maybe it's because we've invested so many additional years in training, but actually when you look at other professions such as people with a J.D. or Ph.D., that additional training protects against burnout in professions outside of medicine but it does not when it pertains to medicine. And then the other thing I thought, well, maybe it's because we work so many hours. But when you look at studies that control for age, sex, relationship status and hours worked per week, physicians report higher rates of burnout. So we can't say that it's simply because we work more. So when you look at studies, for example, out of the Agency for Healthcare Quality and Research, they cite specific factors that are unique to medicine such as the fact that we lack control of pace, that we have time pressures. We're working in a chaotic environment. We have the administrative burden of the Electronic Medical Record documentation. And also organizational culture. So those are some of the specific factors.

Dr. Stukus: That's really interesting. And within that, do we know if there are certain segments within the profession that are more at risk than others? For instance, do men and women experience burnout at the same rate or do some specialties have higher rates than others?

Dr. Mosnaim: Yes. So if you look across specialties, according to a 2020 Medscape survey there were over 15,000 physicians participating across 29 specialties. There were higher rates of burnout in Urology, Neurology, Nephrology, Endocrine and Family Medicine and specialties reporting the lowest rates of burnout included Preventive Medicine, Ophthalmology, Orthopedics, Psychiatry and ENT. And Allergy was kind of in the middle, so we're not at either extreme. And then if you look at specific groups that report higher rates of burnout, female physicians have a 30 to 60 percent increased odds of experiencing

burnout. But if you look at other studies, gender is not consistently an independent predictor of burnout after you adjust for other factors. And a couple of other things which I thought were interesting is younger physicians are 200 percent more likely to experience burnout compared to their older peers. And physicians that have a child 21-years-of-age or younger in the household are also at an increased rate of experiencing burnout.

Dr. Stukus: Now I know a lot of these surveys are not necessarily designed to assess causality and it's more correlation and association, but what are your thoughts on some of those, you know, findings and factors that seem to be related with higher or maybe even lower rates of burnout? Is it more just extension of responsibilities outside of work and inside the home in regards to being a parent or children or things like that? Or do you have any thoughts along those lines?

Dr. Mosnaim: My personal thoughts is that, yes, when you have not only the work responsibilities but also the home responsibilities then there's more emotional exhaustion. You give a lot to your patients at work and then you're giving a lot to your patients at work and then you're giving a lot to children, elderly parents at home and so you're kind of in the middle there.

Dr. Stukus: You know, as an aside, and we're going to talk more about specifics during the pandemic, but I noticed this myself actually just this week of I don't have the buffer anymore that I once had of doing my commute and I would see patients all day long, and as you mentioned, you sort of, you're tired and you give and you give and you give and then I have that 30 minutes typically before I walk in to my children and my wife and, you know, I want to be attendant for them, but that's now gone. It took me to realize that, but yeah, it's just you sort of have this continuation of giving and giving and giving and it just drains you out. I don't know if you've had a similar experience or not.

Dr. Mosnaim: Yes. Right now I think we are all very, very stressed trying to cope at work, trying to cope with all the changes at home. So absolutely I can relate to that.

Dr. Stukus: Yeah. Now you brought up some of these great key factors that seem to contribute or be associated with burnout for medical professionals and physicians specifically. But are there different stages that people can go through if they're becoming burned out or is it one size fits all and it's just the, you know, the switch gets flipped and you say yep, now I'm burned out. Or, you know, tell us a little bit more about that.

Dr. Mosnaim: So there are different stages of burnout. At the beginning, your stress varies from day to day, but you never really become symptomatic. So you have good day and bad days but not true symptoms. And then in phase two, you're feeling tired, exhausted. You start to become more cynical and it becomes more often than not. You know, you're just hanging in there trying to do the best you can and convince yourself that this is how all doctors feel. And then you get to phase three, so here, burnout is really having a major impact on your career and your quality of life. And you say to yourself, "I just can't go on like this." And you start thinking about leaving medicine or maybe self-medicating with drugs or alcohol and the quality of your personal relationships can suffer.

Dr. Stukus: Wow. So it's not necessarily a continuum but definitely different levels of impact, some more subtle than others. And I think we're going to talk a lot more about some of the signs and symptoms that people can be aware of in themselves and others, but that's a great way to kind of at least frame that for the next part of our discussion here. Now going back to what we just touched upon, you talked a lot about risk and you know, with this current COVID-19 pandemic, we have all just changed everything about our lives. Our personal lives, our professional lives and, you know, as physicians and medical professionals we're faced with challenges we didn't even foresee six weeks ago. And so can you describe how some of that can really impact our own wellness and potentially contribute to burnout?

Dr. Mosnaim: Absolutely. So there are some specific domains or areas of our lives where we can look at this. So if we look at patient care, we were all concerned that the healthcare system was going to be overwhelmed. We weren't going to have enough ventilators and ICU beds or doctors to take care of patients. And like many allergists across the country, I was in a labor pool and could be called to take care of inpatients. Now I haven't done inpatient internal medicine in 20 years, so I was prepared to do it because we had to but thankfully, I was not called but colleagues in my practice did get called in and they were taking care of internal medicine patients on the floors. And then you think of your own personal safety. So at our institution and many places across the country, there weren't enough masks and gloves and we needed to take care of patients but we didn't feel that we necessarily had the proper PPE and so then you're concerned that you're going to expose yourself to COVID, you're going to bring that home and expose your family members and I think that caused a lot of anxiety. And then finally, finances. There's short and long-term financial implications. Private practices, my husband is in private practice and people in private practice have had to cut salaries and staff and personally, I work for a large institution and we're being required to take PTO days and we will be taking pay cuts. And we realize that this is happening across the country and this is a very unsettling aspect. And then you have all the stressors at home. Like you said, your kids are younger and you're having to deal with making sure that they're doing their online learning, that they're maintaining their routines, their mental health. And my 21-year-old daughter was studying abroad in Spain and I had to get her home quickly and worry about that. And her summer internship, you know, we worry about that. And then my younger daughter who's a sophomore in high school we worry about will she be able to take the test for college, how is the whole college application process going to go. So there's just so many factors.

Dr. Stukus: Yeah. Well, I appreciate you outlining some of those key factors that we're all dealing with in some way, shape or form. You know, and personally I've noticed that I was hoping for some sort of an ebb and a flow to all this but my goodness, there are just days where it seems like it's one thing after another both professionally and personally. And, you know, I don't know if we have weekends anymore or necessarily, you know, a defined work time throughout the day. It just kind of all bleeds into the next. But that's why this conversation is so important. So, speaking of which, you know, help us better understand, what are, you know, some of the signs that people need to be aware of to recognize burnout in themselves or their colleagues? Are there obvious signs? Are there subtle indications? Help us better understand some of these things.

Dr. Mosnaim: So one important sign is emotional exhaustion. So you're drained after the day at the office and you just can't recover. So the weekend comes and you have some time off, hopefully you can

recharge. But you don't recharge, you just are spiraling downward in terms of your energy. And then another thing is when you notice that you feel like you're being put out by your patients and this is referred to as compassion fatigue. And it's often actually easier to notice in your colleagues than yourself. You notice colleagues making comments. And then the other thing is also the reduced sense of accomplishment. You question whether, you know, what's the use or what, you know, what am I doing? Does it really matter? So those are some of the signs.

Dr. Stukus: Anything physically that people may experience, whether it be, you know, interruptions in sleep or, you know, muscle pain or anything along those lines?

Dr. Mosnaim: Absolutely sleep is a huge sign. So people have trouble falling asleep. They can't stay asleep. And if we don't have good sleep, then that just makes this all worse.

Dr. Stukus: And before you mentioned drugs and alcohol use and sort of self-medicating. Is that a common thing that occurs when people go through burnout or does it really just depend on the individual and prior habits and things like that?

Dr. Mosnaim: It depends on the individual but it is frightening that we see the suicide rate, the divorce rate, the rate of alcohol and drug addiction higher in physicians and it can be related to burnout.

Dr. Stukus: Absolutely. Oh. Dr. Mosnaim, feel free not to answer this, but if you're willing to share if you have gone through it, have you ever actually gone through burnout, and if so, what did that look like for you personally?

Dr. Mosnaim: So I don't think that I have gone through burnout per se, but I've definitely had days where I'm running behind schedule, I can't finish my notes and I have that sinking feeling that I'm going to be up late at night at the computer closing charts. And I keep getting interrupted because other patients are having reactions to their drug challenges or their allergy shots. And I'm feeling emotionally exhausted. And what I do is before I go in to the next patient room I force myself to take a deep breath and to pause and remind myself why I went into medicine and that I need to be able to demonstrate empathy and compassion for each patient and I also try to think about how it feels when I take a family member to the doctor and that kind of grounds me. But definitely have those days.

Dr. Stukus: Yeah. That's fantastic advice. And I agree with you 100 percent, the person on the other side of the door waiting for us in the exam room, they don't care what we're going through. They need our help. So as hard as it is, you know, for us to be our best version of our professional self for each and every patient, boy, that can take a toll over time. Was that something that you-- Do you think that you were experiencing these things for a long period of time before you were able to recognize it and sort of be proactive in addressing it? Or was it something that you seemed to notice relatively soon when these things started happening?

Dr. Mosnaim: I think I noticed it relatively soon but it took me a while to think about it and process it and be able to label it and then be able to act on it.

Dr. Stukus: Yeah. That makes sense. I appreciate you sharing that. Thank you. I know it's going to be helpful for a lot of folks listening just to hear your perspective on that. Now I want to go back to something you mentioned before because I think it's really important and the external factors that contribute to burnout, and everybody's going to be in a different situation, but what are some general things that people can change regarding their professional responsibilities if they are burned out or worried about becoming burned out?

Dr. Mosnaim: So the Academy has an excellent online toolkit that addresses some of these issues. I'd like to highlight just a couple of them. So the first one is optimize the use of technology. So I think as physicians we are perfectionists. We were, we had to be excellent students and had to be very conscientious and always want to do things perfectly, but when it comes to writing notes you really have to reevaluate the purpose of the physician note in the EMR. And you have to be able to abandon perfection in order to regain time. So I do recommend setting aside all social media, all technology and sitting in front of your computer and just focusing and making sure that all the clinical information is there but a lot of information is excessive and could be abbreviated. So again, making sure when you're doing charts to be focused and do good charts but not spending excessive time. Another thing is in our practice we have over 70 percent of patients using the patient portal, so rather than having to call people to tell them about lab test results or things like that, if they're on the portal you can message them, which is much faster. And then make sure and use those specialty specific templates and smart phrases. If you're doing the same note over and over again, use a smart phrase. And another thing I've found very helpful is I try to meet with our Epic trainer once a month to once a quarter and I get a report of my usage, how much time am I free texting, how much are smart phrases, how much time am I using the Medical Record outside of clinical hours. And get their feedback on how you can become more efficient. Spending some of this time upfront can save you so much time in documentation. So that is one huge area where I think you can make a difference and you can be proactive about that. And then another area is that I think that physicians feel there is a lack of sense of community and we feel isolated. I think in the past we used to pick up the phone and talk to each other about consults and now everything is through the Electronic Medical Record. I know that on days when I'm in the office with colleagues it's a much more enjoyable day. Lately with COVID we only have one physician in the office each day of the week just for patients that need to be seen so that we can keep our patients with severe asthma out of the emergency room and out of immediate care centers, so I'm there by myself and it's lonely. I miss having colleagues. So I think having colleagues, you know, that interaction is really important and participating in your local regional state allergy society or in the Academy or in the College can also give you that sense of community. <https://www.aaaai.org/practice-resources/running-your-practice/practice-management-resources/wellness>

Dr. Stukus: That's great advice. And, you know, what a novel concept. We can use technology to our advantage. I'm going to take some of those tips, actually. I love the idea of sitting down with somebody who knows what they're doing to review your own practice and try to find shortcuts and ways to take advantage of that. That's fantastic, thank you. Now what about, so, with personal wellness, what are some of those things that any of us can do to really, you know, focus on and improve upon our own personal wellness?

Dr. Mosnaim: So I also think that the Quad AI Online Wellness Toolkit is very helpful in this regard. It gives excellent tips and resources to help you achieve your wellness goals in the areas of getting enough sleep, practicing mindfulness, maintaining good nutrition, exercise and focusing on relationships.

Dr. Stukus: And if you don't mind, do you have any personal practices that you'd like to share with our listeners including things that you do daily that you found to be helpful or anything that you try to do when your tank seems to be running lower than usual?

Dr. Mosnaim: The things that reenergize me is being with my family. So I love to take a walk down to the lakefront with my husband or maybe just go get coffee with one of my daughters. Those things make me happy.

Dr. Stukus: And do you still find that during the quarantine?

Dr. Mosnaim: So for example, yesterday, I went for a walk with my daughter after dinner and that definitely helped me to recharge. On the weekends, my husband and I have been going for these amazing two hour walks. So I think that, I think we're trying to make sure that we are focusing on family. We're never going to get this time back, so we definitely want to make the most of it.

Dr. Stukus: I love that you said that. I agree. Even on days when I feel stressed, it is sort of this mixed blessing, right, and a silver lining behind all of this chaos of we have all this time with our families or the people that we're home with that we, you know, either took for granted before or didn't appreciate necessarily, so I agree 100 percent. And you know, I think we all struggle with achieving this right work-life balance and sometimes it's stressful for us to read about people. You know, all these Instagram influencers or people saying, "Oh, this is how I lead, you know, the perfect life. And look at me, I have it all figured out." But, you know, we all know that in actuality we all struggle. So do you have any general advice that everyone can consider to help them find that right balance in their own life?

Dr. Mosnaim: So I feel very strongly that there are no set rules here and don't be too hard on yourself. So I think it's important for each of us to define our own work-life balance and accept that it changes over time. I think when my kids were little it was very different than it is now. And also in terms of work and family and personal interests, that's very unique for each person and you have to find what's right for you.

Dr. Stukus: And you mentioned the online toolkit, which is fantastic, but what are some other ways that the Academy is working to improve the overall wellness of our members and practicing allergists?

Dr. Mosnaim: So if you go to the resources for AI clinicians during the COVID-19 pandemic, so if you go to the Academy website that'll pop up, and you'll see that in addition to the online toolkit there's the Physician Wellness Workgroup Report, so that was very helpful. And then there's another manuscript, "Wellness for the Allergist Immunologist During the COVID-19 Pandemic." And then there's also information about the Twitter chat. So I think that all these are very helpful.

Dr. Stukus: Do we-- Is it too early to tell or do we have any sense about the response from members or people interested in these things?

Dr. Mosnaim: So I think that's a great question. I think we do need to start to collect metrics. We need to start to see how many people are going to the website, how many people are accessing these resources. Up to now, I've gotten anecdotal personal feedback from people that they're finding it very helpful. But you're right, it would be good to have more data on this and hopefully that would help drive what further resources would be helpful to create for people.

Dr. Stukus: Sure, sure. And, you know, it's nice to see the Academy is invested in this topic and it's important because if we're not, you know, the best version of ourselves, and, you know, that's what the organization thrives on, right, its members. So let's go back to the Academy Workgroup Report that you were involved with. How did that come about?

Dr. Mosnaim: So I love sharing this story. The Workgroup Report came about thanks to three very talented individuals and two Academy initiatives. Anil Nanda, Teresa Bingemann and Hemant Sharma each independently came up with a physician wellness idea for their Leadership Institute Mentorship project and they joined forces and the three of them together along with their mentors, so Anil worked with Jim Sussman; Teresa Bingemann with Sharon Markovics; and Hemant Sharma with Dave Khan. They spearheaded these initiatives and then when the Physician Wellness Workgroup expanded, then we moved it into the Innovation Center of the Office of Practice Management. So again, they have done a fantastic job. They have tremendous energy. So I'm very grateful that they spearheaded this.

<https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Bingemann-et-al-JAIP.pdf>

Dr. Stukus: It sounds like a great collaboration from everybody and it's amazing how they all sort of thought of it independently as part of their Leadership Institute projects that they were working on. Well, tell us about the Workgroup and the survey. What information did you learn through that? And how can we use that information to really, you know, drive change?

Dr. Mosnaim: So the good news is that although about 35 percent of allergists that responded to the survey said that they are experiencing burnout and I would like that number to be zero, so 35 percent is unacceptable; however, it is still better compared to other specialties. So, on the one hand it's 35 percent, but on the other hand it's encouraging that there's lower rates of burnout in Allergy Immunology compared to overall physician workforce in the United States. It was interesting, if you look at the survey it was sent out to a random sample of 1,035 fellows and members and it was sent out every two weeks six times, so people had six opportunities to respond. We had about a 13 percent response rate, so 138 respondents, which again, on the one hand sounds low but this is a typical response rate for other Academy surveys. And 42 percent of the respondents were women, which is very much in line with the fact that about 40 percent of our membership are women. And we sent out a Mini Z which is a wellness survey originating from the Z or Zero Burnout Program and we also asked them additional demographic questions. So the fact that the numbers are lower compared to other specialties can be used as a tool to attract medical students and residents into Allergy Immunology. We do need to continue periodic monitoring and

hopefully a survey with more respondents. And we also need to assess the high risk groups. So in the survey the younger or mid-career allergists, which is consistent with the findings from the survey we talked about at the beginning of our call that younger allergists and people with children at home are more at risk and the survey also found women to be more at risk. And we are working on additional programming at regional, state, local societies. Also the annual meeting and online, so we're hoping that these results further inform interventions and programming for the future.

Dr. Stukus: That's great and I know we all look forward to seeing more and more of that. That's wonderful. Well, Dr. Mosnaim, I can't thank you enough for taking time out of your schedule to be with us today and to discuss this extremely important topic, a very timely topic of course with all that's going on in the world. And I found this to be extremely helpful. Before we depart is there anything else that you would like to add?

Dr. Mosnaim: We covered a lot and I have nothing more to add right now. Thank you so much for having me on today's podcast. I greatly enjoyed our conversation and I hope it was helpful for our listeners.

Dr. Stukus: Yeah. I'm sure it will be. Thank you again. We hope you enjoyed listening to today's episode. Information about credit claiming for this and other episodes can be found at <https://education.aaaai.org/podcasts/podcasts>. Credit claiming will be available for one year from the episode's original release date. Please visit www.aaaai.org for show notes and any pertinent links from today's conversation including the Academy's extensive online resources surrounding both clinician wellness and the COVID-19 pandemic. If you like the show, please take a moment to subscribe to our podcast through iTunes, Spotify or Google Play so you can receive new episodes in the future. Thank you again for listening.