



RLI Power Hour

Current Statistics on Radiologist Burnout and Resident Focused Wellbeing Strategies

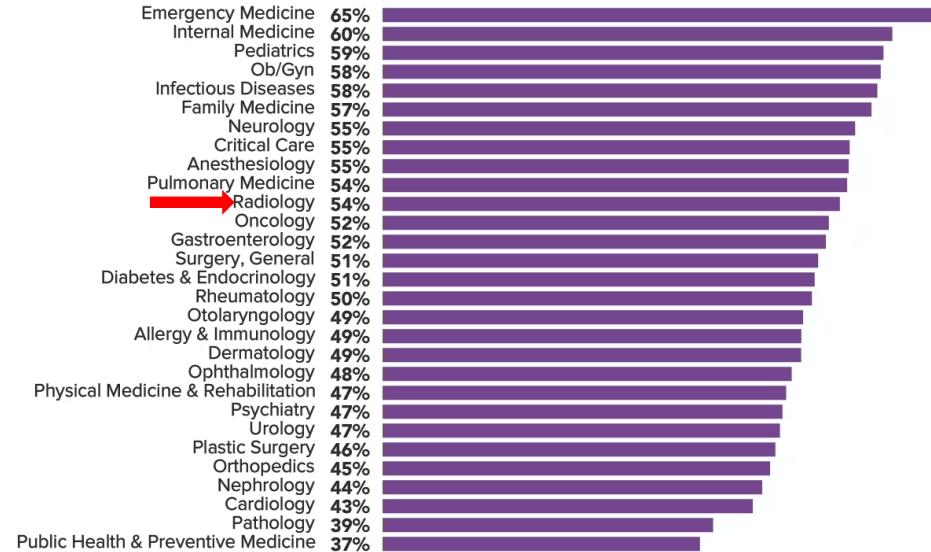
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Current Statistics on Radiologist Burnout

- A workplace syndrome that is characterized by high emotional exhaustion, high depersonalization and a low sense of personal accomplishment from work
- The COVID-19 pandemic has exacerbated the burnout
- Nearly 54% of radiologists reported experiencing burn out¹
- Women tend to be more effected by burnout than men
 - URM and LGBTQ physicians have their own unique risk factors for burnout
- Four years in a row (2019-2022) Auntminnie.com deemed burnout to be the biggest threat to

Which Physicians Are Most Burned Out?



¹ "Radiology Cares": Physician Burnout & Depression Report 2023. <https://www.medscape.com/slideshow/2023-lifestyle-burnout-6016058?faf=1#3>

- Compounding already existing radiologist staffing shortages

What is causing burnout in Radiologists?

- Private Practice:
 - Staffing shortages
 - Decreased reimbursement
 - Increasing workloads
 - Tasks that do not generate revenue (ie tumor boards)
- Academics
 - Rising clinical volumes
 - Decreasing time to teach and do research
- Staffing shortages – are the appropriate number of trainees being trained???
- Radiologist being asked to do more and more administrative tasks

Weissman IA, et al. Practice Resources to Address Radiologist Burnout. J Am Coll Radiol. 2023 May;20(5):494-499

Well-Being 360 project

- The Well-Being 360 Project
 - 15+ hours of interviews with 28 radiologists on the unique drivers of burnout and possible solutions
- Why? Don't we all know we're burned out?
 - Soliciting feedback from large group offered an untapped source of possible strategies to mitigate burnout; regardless of cost, what solutions do participants suggest, real or imagined?
- Drivers were unique based on practice type and career stage but still highlighted common concerns found in literature:
 - Workload and volume of imaging studies – #1 driver of burnout in this group
 - Increased administrative tasks – EMR systems, navigating/changing orders, limiting time with patients
 - Scheduling challenges and lack of control
 - Isolation – very few took breaks during the day or were able to interact with colleagues, lack of feedback on work
 - Boredom/limited growth – lack of opportunity or protected time to learn new skills or vary activities during the day/week

Funt S (2016). The Healthy Radiologist: Increase Your Productivity. Aunt Minnie.
<https://www.auntminnie.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=113096>

Well-Being 360 project

- Solutions offered by participants:
 - Easy ways to follow-up with patient outcomes and receive feedback on reports
 - The return of transcriptionists and other administrative help
 - Scaling back when possible to protect well-being
 - Employing more radiologists to allow for more scheduled, protected breaks and time off
 - Curbing unnecessary procedures through clinical decision support and other guidelines
 - Employing teleradiologists to ensure a manageable worklist
 - Protected time for volunteering and learning new skills
 - Support from leadership regarding the use of technology tools and alternative gaming devices
 - Full report/ideas available at www.acr.org/WB
- ACR is soliciting additional suggested solutions
 - Message copllstaff@acr.org

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<https://www.auntminnie.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=113096>

Importance of Taking Breaks

“This is such hard stuff that we're doing, and I just need a break. I don't get a lunch break. To not have a break, it's not safe and not healthy. I grab food and eat at my computer.”

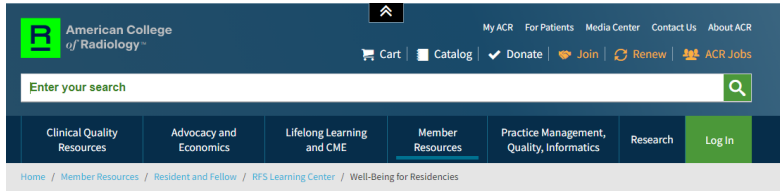
“We work all day in a dark room without windows, and that's very depressing. I have no idea what time of day it is, light or dark. I find it therapeutic to take a lunch break. It's very therapeutic to take breaks. My department was against all of that, but it's absolutely necessary.”

“The social expectation is that you don't take a break and that you don't take lunch; it's an unspoken rule.”

- Most WB 360 participants did not take breaks and were concerned breaks would extend their workdays. To be nontaxing and enjoyable breaks should be a covered part of the work schedule.
- US radiology, a “hustle culture.”
- Research Related to Breaks
 - Requires a CULTURE change
 - Dr. Stacy Funt, radiologist: “After about 80 to 120 minutes, our energy levels start to wane, and we need rest to recover. If we ignore this cycle, we activate the sympathetic nervous system to draw on stress hormones or use artificial substances such as caffeine and excess sugar to try to sustain our energy.”

Funt S (2016). The Healthy Radiologist: Increase Your Productivity. Aunt Minnie. <https://www.auntminnie.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=113096>

Resident Focused Wellbeing Strategies




Well-Being Curriculum for Radiology Residency Programs

A resource to ensure resident and faculty well-being

The ACR joins the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) in prioritizing physician well-being, offering wellness educational resources appropriate for residents, faculty, and program leaders. To optimize the clinical learning environment and, in turn, patient care, the psychological, emotional, and physical well-being of resident and faculty physicians must be addressed. These are critical in the development of a competent, caring, and resilient physician.

Radiology residency program leaders may use the resources and experiential exercises below to strengthen their residency and meet [ACGME formal well-being requirements](#).



 Well-being Curriculum Frequently Asked Questions

[Read more](#)

Objectives



Curriculum



1. Attention to scheduling, work intensity, and work compression
1. Policies and program that encourage optimal resident and faculty well-being
1. Attention to resident and faculty member burnout, depression, and substance abuse
1. Encourage reporting of concerns of burnout, depression, substance abuse, suicidal ideation or potential for violence
1. Provide access to appropriate tools for self-screening
1. Provide access to confidential, affordable mental health assessment, counseling, and treatment

Scheduling and Burnout

Table 3 Factors associated with burnout score

Factors	Unadjusted model β coefficient (SE)	Adjusted model† β coefficient (SE)
Overnight rotation	6.6*** (1.5)	3.4* (1.7)
Hours worked	0.2** (0.1)	0.03 (0.1)
Fatigue score	0.5** (0.1)	0.3 (0.1)
Working over 80 h	3.3 (2.3)	0.02 (2.1)
Days off	1.4 (1.0)	1.7 (0.9)
Leaving on time	0.5 (1.8)	-0.01 (1.6)
Adherence to ACGME guidelines	-0.9 (1.7)	1.9 (1.7)
Programme 2 vs programme 1	-5.9** (1.6)	
Programme 3 vs programme 1	-7.7*** (1.8)	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

†Adjusted for age, sex and residency programme.

ACGME, Accreditation Council for Graduate Medical Education.

Block L, Wu AW, Feldman L, Yeh HC, Desai SV. Residency schedule, burnout and patient care among first-year residents. Postgrad Med J 2013;89:495-500.

Things to Consider when making resident schedules

- Does this schedule have any of the elements that lead to burnout?
 - If so have they been minimized?
- Does this schedule take into account the different needs of different residents?
 - If not what type of resident would benefit most from this schedule (i.e. parents, single residents without kids)?

Things to consider about your schedule

- <80 hr work weeks
- Minimizing overnight call and weekends
- Making sure residents have a day off a week at least
- Including wellness days so residents can attend to personal needs when needed
- Non traditional work hours: 4pm-10pm shifts can be good so people can have doctors appointments etc. which they cannot do when they have a traditional 8am-5pm shift
 - Something to consider is shifts like these can be hard for parents as the changes their childcare schedule

Work intensity

- Optimal resident volumes for learning
- “The more you see the more you learn” only applies to a certain point
 - Once you exceed this volume it can be detrimental to learning

Work Intensity cont.

- - Using PACS or EMR dashboards or other modes of keeping track of resident volumes can be helpful for residents and program directors' day today
- - You can also collect and review resident volumes at each the biannual one on one meeting with the program director to monitor for volumes above the “sweet spot”
- - If residents exceed the sweet spot, encourage residents to examine their daily reading habits and decrease the volume they are reading
 - - The program director can also monitor this to ensure they are doing so
- - Extra work can be read by other residents (with low volumes), fellows, attending or moonlighting attendings

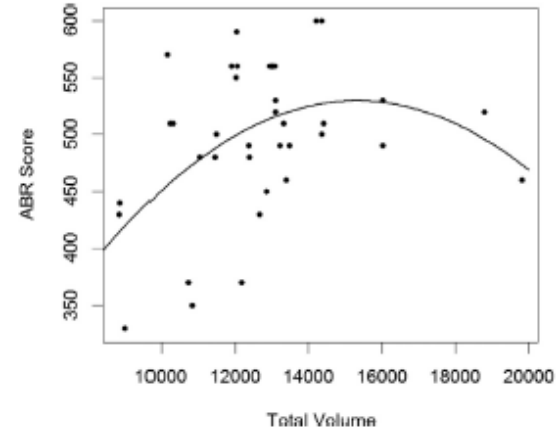


Figure 2. Relationship of total volume of studies interpreted to ABR Core Exam score.

- As the number of interpreted films increased to approximately 16,000, clinical performance ($p=0.004$) and test performance ($p=0.01$) improved, but volumes over 16,000 correlated with worse performance.

Work Compression

- Resident spend fewer hours in the hospital but their clinical workload and educational requirements have not decreased proportionally, resulting in an even more frenetic pace of work
- Interesting case conferences
 - It can be helpful once a week to showcase all the interesting cases seen in the department that week
 - Allows residents to see all these cases without having them add to their workload
- Daily interesting case round
 - Set aside 30 min at the end of every work day to show the interesting cases seen in the section that day
- Interesting case database
 - Allows residents to have access to interesting cases they might not otherwise see, and they can review them on their own time

Policies and program that encourage optimal well-being

- Trainee leave policies and sick time/personal days
- Wellness days (wellness lunches)
- Meditation/Mindfulness
- Peer support groups
 - Women in Radiology
- Social events
 - Happy hours, dinners, escape rooms, etc
 - Yoga, hiking, skiing, etc
- Appreciation/acknowledgement

Screening Tools

- The ACR offers radiology residents and faculty free access to the Mayo Clinic's Well-Being Index (WBI) personalized self-assessment
- <http://www.mywellbeingindex.org/> or download the app
 - Register with codes:
 - Radiologist/radiation oncologist: ACRPHYSICIAN
 - Residents and fellows: ACRRFS
 - Medical Students: ACMREDSTUDENT
- 9-question survey
 - Can track your well-being over time
 - See how you compare to other physicians