



‘Let doctors be the humans in the room’

By Stephen Klasko, M.D. | March 5, 2018

The New England Journal of Medicine recently ran a viewpoint by leading educators that stated as plainly as possible, “The health system cannot sustain current rates of clinician burnout and continue to deliver safe, high-quality care.”

It's true: America's healthcare system has become poisonous for many who deliver care, leading to the crisis we call “burnout” – emotional exhaustion and depersonalization. Young people enter our field with high levels of altruism, only to report within just a few years high levels of depression.

This phenomenon not only injures physician wellbeing, it also hamstringing our collective creative ability to transform healthcare. It's a risk that we must find the courage to address. There are no end of culprits to blame – Congress, Trump, Obama, EHRs, insurers, drug makers, hospitals. But I believe we're asking the wrong questions when we point fingers in this way.

Burnout among physicians is not simply a technological issue. It's bigger than that. It starts with how we select and train doctors: to be high-performing, highly stressed automatons.

As president and CEO of a university and academic health system, I want to refocus on the DNA of how we select and teach clinicians – and work up to helping those of us at midcareer to re-chart our own courses.

It's time we looked in the mirror and asked ourselves, as healthcare leaders, how we can create a culture of engagement and innovation that allows us to harness the understanding, creativity, and passion of today's providers – and tomorrow's?

Ready to get started? Here's how we can create true transformation in healthcare:

Select and train physicians for the future

We need to stop choosing medical students based on memorization skills and organic chemistry scores and start prioritizing creativity, empathy, and communications skills.

There is no question that artificial and augmented intelligence will take over the memorization tasks we now expect of doctors – which frees doctors up to be the human beings in the room. Alibaba founder Jack Ma says, “We don’t teach our kids to run faster than a car. We don’t teach our kids to fly like a plane.” To that I would add: So why do we select and train medical students to be robots?

Build optimism and resilience at midcareer

My research with The Wharton School at UPenn showed that, as physicians, we are biased toward competitiveness, autonomy, and hierarchy. These biases may make sense in a rescue medicine scenario, but they have significant limitations in the world of interdependent teams, communication, empathy and creativity required by value-based care.

The good news is there are several powerful antidotes to the exhausting life path we’ve set for young doctors. It turns out the happiest midcareer doctors today are those who played team sports in school. We can’t go back in time and put all our physicians on the basketball team, but we can create a team-based working environment that encourages this same approach. What’s more, it turns out collaboration and empathy are skills that can be taught.

Over the past three years, Jefferson’s Onboarding and Leadership Transformation (JOLT) institute has educated 95 clinicians in a way that’s very different from a traditional medical curriculum. The program starts with teams. It draws out self awareness. It promotes “changemaking” – that is, the emotional intelligence

that allows people to see a problem, analyze a solution, and create a team to solve it.

As a country, if we rethink how we select and train physicians, we can design a creative future for healthcare, based on interdependent teams where the doctor is not the autonomous, hierarchical captain of the ship. A team-based approach takes some of the pressure off of the doctor alone, improving both burnout and patient care.

Make tech work for providers and patients

Too often, EHRs and other technology increase physicians’ reporting burden and reduce their autonomy, thanks the pressure of RVUs that limit time.

But I believe the problem is not really the technology, but how it is designed and applied. We need tools that match our human needs, that enable information sharing and eliminate mundane tasks, that help us improve the overall experience of patients, families, clinicians and staff.

At Jefferson, we actively involve our physicians in the work of designing solutions for healthcare’s systemic problems. Our JeffDesign lab serves as a person-centered design hub, bringing together physicians, patients, engineers, and others to translate technological innovations into real changes at the bedside.

One great example is our Virtual Rounds, which use videoconferencing to let loved ones interact with the patient’s care team as if they were there in person. It’s cool technology, but that’s not the point. First and foremost, Virtual Rounds makes life easier for patients and their families – and then it helps the care team better understand their patients.

I believe physician engagement increases and burnout decreases when physicians are able to contribute to the future of healthcare in this way. Our drive to make doctors into robots is misguided. Let the robots be robots, and let us as healthcare leaders help physicians

always to be the humans in the room, wherever that room is.

Stephen K. Klasko, M.D., MBA, is president and CEO of Thomas Jefferson University and Jefferson Health.

athenainsight

A daily news hub reporting from the heart of the healthcare internet, with access to a comprehensive data set of healthcare transactions from athenahealth's nationwide network. We equip leaders with actionable insight and inspiration for making healthcare work as it should.

Stay in the know

Sign up for weekly data and news:
insight.athenahealth.com/newsletter