Re-engaging with the CanMEDS–Family Medicine roles to combat physician burnout

Aaron Jattan MD CCFP

After completing my first year as a fully licensed family physician, which was a lifelong dream, I was disillusioned. I actively thought about my exit strategy from medicine. I was disengaged from patients and colleagues. I gave up shifts for no reason other than I did not want to work.

It was all very strange considering that a year earlier, after completing my residency, I was incredibly excited to put my skills as a family medicine expert to work. While not ready to start my own practice, I wanted to participate in an array of clinical work. I signed up as a hospitalist at 4 different hospitals. I signed up for short-term locums. I signed up for urgent care shifts. I was bombarded with requests to cover multiple weeks and work evenings or weekends. I was more than happy to oblige after finally regaining some control over my schedule following medical school and residency. After doing 30 weeks of hospitalist care in my first year in addition to clinic work, I was suffering from physician burnout.

As I enter my fifth year in practice, I do not work any less and, in some ways, I work more. Yet, I have never been more engaged with the profession. However, I would have not predicted the road away from burnout.

Physician burnout

Burnout as a concept was first put forward in the early 1970s by American psychologist Herbert Freudenberger[1] to describe the wearing out of individuals in healing professions. It was theorized that individuals like family physicians have excessive demands on their emotional capacity, which push them to "burn out." The prevalence of physician burnout has been increasing throughout the world.[2,3] Symptoms include emotional exhaustion, disengagement from patients, frustration, lack of empathy, and a feeling of worthlessness. While I experienced many of these symptoms, the potential consequences extend beyond the individual. Studies examining the effects of burnout on the health care system have revealed reduced physician productivity, increased physician turnover, and increased associated downstream costs.[4] With regard to patient care, physicians were more likely to have reported a medical error or to have admitted to engaging in poor practices when experiencing burnout.[5,6]

Risk factors considered to promote burnout include monotony, work overload, lack of autonomy, discordant individual and organizational values, and insufficient reward.[7] It has been speculated that outpatient specialties are more at risk than inpatient specialties,[8] possibly owing to monotony. However, for those who do inpatient work, shorter rotations were shown to reduce symptoms of burnout.[9] Thus, interventions to reduce burnout have tended to push for reduced workloads, physician independence, and more support for physicians.[10] However, while these interventions have value, I attribute my road away from burnout to another factor.

Rethinking my role as a family physician

Following my first year in practice, I dramatically simplified my clinical work. I resigned from 3 of the 4 hospitals I practised at, I limited my clinic work, and I took weeks off. The increased time away from clinical care provided a modicum of relief. However, I still never particularly looked forward to my weeks of clinic or hospitalist work. My partner, knowing that I had an interest in medical education, encouraged me to pursue a master's degree in medical education, which I enrolled in part-time. Additionally, I decided to expand on my residency research project, which explored gaps in rural family medicine training. This was a project I had always hoped to continue, and it seemed like the right time to do it. An academic opportunity presented itself and allowed me to become involved in our family medicine residency program and help with curriculum development. Later, an opportunity arose to become involved with Choosing Wisely Canada, which I jumped at.

Suddenly, my schedule was filled with nonclinical work. However, I was energized. There were new challenges and new roles. Furthermore, when I was doing clinical work, I felt engaged again. I looked forward to taking care of patients. With my new teaching roles, I found myself actively listening to medical podcasts and was excited to use some of my newfound knowledge on the medical wards. Being on call was no longer emotionally draining, and I enjoyed the adrenaline again. However, I felt guilty having transitioned away from predominantly doing clinical work. It made me feel less like a family doctor, especially when clinical colleagues would ask what I was doing the following week and my answer was "research" or "teaching."

It was then that my partner, also a physician, reminded me of the CanMEDS–Family Medicine (CanMEDS-FM) roles from residency and that I was engaging with them more than I had ever done in training.

The CanMEDS-FM roles

The CanMEDS-FM roles[11] were adapted from a similar framework developed by the Royal College of Physicians

and Surgeons of Canada in 2009.[12] Initially the framework was meant to guide residency education, but it was broadened in 2017 to encompass the numerous roles and responsibilities of all family physicians. These roles include family medicine expert, communicator, collaborator, leader, health advocate, scholar, and professional.

If I am honest, I did not strongly engage with the CanMEDS-FM roles during my residency. I found exercises to reflect on my role as a communicator or leader to be check-box exercises on the way to completing my training. I was far too focused on becoming a family medicine expert. I was more interested in honing my skills in management of heart failure or developing my procedural skills in preparation for independent practice. I emerged from my training ready to be a family medicine expert.

However, as I enter my fifth year of practice, I am far more than that. I am a collaborator with others in research and educational initiatives. I am a health advocate through engaging with quality improvement exercises and promoting the initiatives spearheaded by Choosing Wisely Canada. I am a scholar when teaching and learning with colleagues, residents, and medical students. And through these changes I have become a more self-aware professional and leader in all of my domains of practice. I would like to think that I am a far more well-rounded family physician today than I was when I started my career.

Reflections

I never thought that burnout could affect someone new to practice, as I previously viewed it as a risk for those who had been working for considerable periods of time. For those entering practice, I suggest avoiding the trap that I fell into when I narrowed my focus of what a family physician could be. Consider your interests, whether they be teaching, advocacy, or research, and find a way to incorporate them into your practice. Furthermore, consider those things to be part of your role as a family physician and not external work. Given that monotony is a risk factor for burnout and that mental stimulation is a technique to combat burnout,[13] challenge yourself within and outside of clinical care. For those deeply entrenched in practice and experiencing symptoms of burnout, perhaps there is an opportunity to rebalance the roles that you are involved in. Before the CanMEDS-FM roles, there may have been more of an emphasis on the role of family medicine expert, but there is more to a family physician than this. For those struggling and looking for resources, the Canadian Medical Association has supports available online (**www.cma.ca/physician-wellness-hub/physicians**).

As I enter the next phase of my career, I am still cognizant of burnout. I still feel symptoms creep into my life from time to time and this has only been compounded by the challenges brought on by the coronavirus disease 2019 pandemic. However, my self-awareness of the presence of symptoms is greater than when I started practice. Now, when I feel the exhaustion, I can say no to taking on additional tasks and responsibilities when I do not have the bandwidth to accommodate them. I am always considering the equilibrium between my clinical and nonclinical work so that I strike the right balance that allows me to function optimally. I plan vacations and time to disconnect. Through these efforts my primary goal is to remain an engaged and fulfilled family physician, which I currently am and hope to continue to be as my career progresses.

Dr Aaron Jattan is Assistant Professor in the Department of Family Medicine at the University of Manitoba in Winnipeg.

Competing interests
None declared

References

1. Freudenberger HJ. The staff burn-out syndrome in alternative institutions. *Psychother* (Chic) 1975;12(1):73-82.
2. Del Carmen MG, Herman J, Rao S, Hidrue MK, Ting D, Lehrhoff SR, et al. Trends and factors associated with physician burnout at a multispecialty academic faculty practice organization. *JAMA Netw Open* 2019;2(3):e190554.
3. Shanafelt TD, Hasan O, Dyrbye LN, Sinsky C, Satele D, Sloan J, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc* 2015;90(12):1600-13. Erratum in: *Mayo Clin Proc* 2016;91(2):276.
4. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med* 2018;283(6):516-29. Epub 2018 Mar 24.
5. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med* 2002;136(5):358.
6. Shanafelt TD, Balch CM, Bechamps G, Russell T, Dyrbye L, Satele D, et al. Burnout and medical errors among American surgeons. *Ann Surg* 2010;251(6):995-1000.
7. Rothenberger DA. Physician burnout and well-being: a systematic review and framework for action. *Dis Colon Rectum* 2017;60(6):567-76.
8. Lee RT, Seo B, Hladkyj S, Lovell BL, Schwartzmann L. Correlates of physician burnout across regions and specialties: a meta-analysis. *Hum Resour Health* 2013;11(1):48.
9. Lucas BP, Trick WE, Evans AT, Mba B, Smith J, Das K, et al. Effects of 2- vs 4-week attending physician inpatient rotations on unplanned patient revisits, evaluations by trainees, and attending physician burnout: a randomized trial. *JAMA* 2012;308(21):2199-207.
10. Panagioti M, Panagopoulou E, Bower P, Lewith G, Kontopantelis E, Chew-Graham C, et al. Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *JAMA Intern Med* 2017;177(2):195-205.
11. Shaw E, Oandasan I, Fowler N. *CanMEDS–Family Medicine 2017: competency framework for family physicians across the continuum.* Mississauga, ON: College of Family Physicians of Canada; 2017. Available from: **https://portal.cfpc.ca/resourcesdocs/uploadedFiles/Resources/Resource_Items/Health_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf**. Accessed 2021 Jun 27.
12. *CanMEDS: better standards, better physicians, better care.* Ottawa, ON: Royal College of Physicians and Surgeons of Canada; 2009.
13. Staten A, editor. *Combatting burnout: a guide for medical students and junior doctors.* Boca Raton, FL: CRC Press, Taylor & Francis Group; 2019.

Can Fam Physician 2021;67:629-30. DOI: 10.46747/cfp.6708629
La traduction en français de cet article se trouve à **www.cfp.ca** dans la table des matières du numéro **d'août 2021** à la **page e237**.

First Five Years is a quarterly series in *Canadian Family Physician*, coordinated by the First Five Years in Family Practice Committee of the College of Family Physicians of Canada. The goal is to explore topics relevant particularly to new-in-practice physicians, as well as to all *Canadian Family Physician* readers. Contributions up to 1500 words are invited from those in their first 5 years in practice (**www.cfp.ca/content/Guidelines**) and can be submitted to **Dr Stephen Hawrylyshyn**, Past Chair of the First Five Years in Family Practice Committee, at **steve.hawrylyshyn@medportal.ca.**