If you feel like you are suffering symptoms of burnout, you are not alone. Most prevalence studies show that more than 65% of all emergency physicians are experiencing symptoms of burnout.¹ Most physicians find they are no longer able to mitigate the challenges of an increasingly frustrating work environment with individual resilience practices alone. This frustration mirrors the shift in our current understanding of burnout and physician well-being.

In an initiative to address the crisis of clinician burnout, The National Academy of Medicine (NAM) created the most comprehensive model of drivers of burnout to date.² The NAM’s model starts with the link between patient and physician well-being. The main drivers of burnout were divided into individual and external. Individual drivers include personal factors, skills and abilities. External drivers include factors related to society & culture, rules & regulations, system-based challenges, learning & practice environment, and healthcare responsibilities. In a paradigm shift, a larger portion of clinician well-being now relates to the external category. This model and our changing understanding of burnout was the inspiration for the Society of Academic Emergency Medicine’s (SAEM) consensus conference this year.

The SAEM Consensus Conference joined some of the top minds in emergency medicine to create an agenda for research to improve the working and learning environment. Drs. Lam, Purpura, and DesCamp from AAEM and AAEM/RSA represented you in this landmark effort. Our goal was to advocate for changes to the system to address the current and emerging issues of physician wellness through research, data, and consensus.

Multiple engaging group sessions were held, each addressing one external factor of burnout based off of the NAM model. The ideas and discussion generated from these groups were used to curate a list of the most robust and pressing research questions for the future. It is our hope that this research roadmap will catapult us forward in our understanding of the external and individual drivers of burnout in an effort to find and create solutions to promote and protect our right to well-being in the workplace.

The closing speech was given by Timothy Brigham, MDiv PhD. He discussed ACGME’s commitment to supporting residents, fellows, and faculty in physician well-being. His words reinforced that we cannot stand alone in this battle against burnout. In fact, one of the keys to solving burnout may be found in greater human connection at work and positive social relationships. Another point Brigham made was the importance in the search for joy in work over happiness, which can be superficial and fleeting. Finding or reinvigorating joy in practicing medicine can lead to deeper meaning and connection to your work that will be long lasting.

There is still much work to be done. We are charged with the task of propelling this topic from the contemplative to the action stage. This can only be accomplished with strong evidence and best practices. AAEM and AAEM/RSA’s involvement in this consensus conference was pivotal to ensuring that your voices are heard and that we remain steadfast in our commitment to be the Champion of the Emergency Physician.

References: