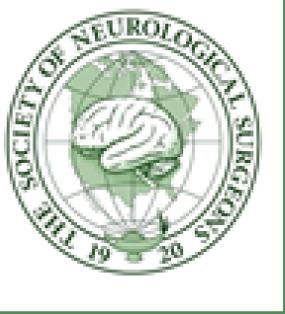


# Teaching the Teachers: National Meeting Forum to Promote Resident Well-Being Initiatives



**Presenter: Sepideh Amin-Hanjani MD**  
Professor & Program Director,  
Department of Neurosurgery  
University of Illinois at Chicago

**Participants: Society of Neurological Surgeons Annual Meeting Program Committee: Sepideh Amin-Hanjani MD (Chair), Jason P. Sheehan MD, Anil Nanda MD; Executive Council: Alan R. Cohen MD, Nicholas Barbaro MD, Nathan Selden MD**

## Background/Target

The Society of Neurological Surgeons (SNS), also known as the “Senior Society”, is the national organization within Neurosurgery whose core mission relates to neurosurgical residency education. Residency program directors, academic department chairman and other educational leaders comprise the active membership of the SNS. In its role as the de facto program director’s society for Neurological Surgery, the SNS plays a pivotal role in determining the content and format of residency education with regards to curriculum requirements and program design.

Given the prominent role and stature of the SNS in residency education, the SNS annual meeting provides an opportunity to raise awareness, provide information and ultimately effect positive changes both nationally and within individual Neurosurgery programs in regards to resident well-being. The SNS annual meeting is routinely attended by Program Directors and/or Chairs from the majority of Neurosurgical training program, and thus provides the opportunity to reach a captive audience of educational leaders in the field.

## Objective/ Intervention

To introduce concepts related to physician well-being and avoidance of burn-out using the forum of the SNS annual meeting.

## Methods/Strategies

The SNS annual meeting is hosted at a different Residency Program venue annually. The general meeting program is typically developed with an overarching theme, and is structured with 4 half day sessions. Each session is assigned its own specific theme and consists of invited speakers, panel discussions and a keynote address. The Annual Program Committee composed of three individuals propose, oversee and finalize the programming with oversight from the President and Executive Committee of the Society

For the 2017 SNS Annual Meeting the program committee sought to develop one of the half day sessions to be focused on resident well-being and resilience. The Meeting was hosted at the University of Texas at Houston on May 20-23, 2017. The overall theme of the meeting was “The Art of Neurosurgery”. Of the 4 main half day sessions, one was themed “The Art of Resilience/Well-Being”.

## Results/Outcomes

The SNS Annual Meeting session themed “The Art of Resilience/Well-Being” consisted of the following programming and speakers:

- Keynote address: Burnout and Resilience (Wayne Sotile PhD, Founder of the Center for Physician Resilience, Davidson, NC)
- Resident Selection and Retention Panel Discussion
- Resident Wellness and Burnout – Two sides of the Coin Panel Discussion including two presentations a Neurosurgery resident burnout survey (1), and an example of an individual residency’s wellness program
- ACGME perspective on Well-Being (Stanley Hamstra, PhD)
- Update on the National Academy of Medicine Wellness Initiative (Robert E. Harbaugh, MD)

The session was concluded by a talk from Henry Marsh, neurosurgeon and author of the published biography “Do No Harm”, delivering an awarded lecture. This scheduling ensured there would be minimal audience attrition given the popularity of Dr Marsh’s lecture.

The Annual Meeting was, as expected, well attended with over 150 attendees. Relevant post-meeting survey results were as follows:

- 73% of participants felt that the learning objective “Define the role of burnout and resilience in physician well-being among neurosurgeons” was met at an excellent or very good level.
- The session was rated at 80% affirmative in response to whether “content was relevant to my practice”.
- Numerous individual responses to query about what changes in practice would result from the meeting included: resident wellness program, attention to physician burnout/wellness, managing resident burnout, study burnout in more detail, mentoring program, initiate wellness committee etc.

## Significance/Implications/Future

The annual meeting session was well-received, and may serve as a useful venue for future sessions targeted to providing updates, additional information and a forum for sharing of ideas among Neurosurgery program directors and academic departments relevant to promoting physician well-being in the specialty. Opportunities for the SNS to develop or promote initiatives in this realm can also be pursued.

## Reference

1. Shakir et al. The prevalence of burnout among US Neurosurgery residents. Neurosurgery (epub) Oct, 2017.

# CULTIVATING WELLNESS

## Targeted Issue/ Problem Identified

This introduction to well-being may not seem like much of a big idea, but our program administrators need to be introduced and educated concerning the ACGME as a whole, first. Slowly but surely. Sharing lessons learned and hearing views from a different perspective is exciting. Anticipation of program administrator's participation and implementation of wonderful, innovative ideas is something for us to strive toward.

## Challenges/ Barriers

Some HCA GME programs have a well-being initiative at their local facility that includes players from many departments; other programs that have just been accredited are still working toward this topic. Observation shows program administrators "removing themselves from their silos" when they are together having these conversations.

## Intervention/ Program Description

My commitment to change began by hosting monthly program administrator specialty conference calls throughout the enterprise to introduce the idea of physician well-being. The original goal was to share with program administrators what was learned, to gather ideas from them, and to encourage collaboration across our facilities for an enterprise-wide Physician Well-Being Program that can be used each year by all facilities, with additions as warranted.

## Outcomes/Impact

The monthly program administrator specialty calls are going well. Program administrators are actively participating, sharing their own ideas with peers, and thinking about physician/ resident well-being. They are enthusiastically volunteering topics from the calls, and most are even agreeing to speak up and share during the conversations.

## Tools/ Strategies Used

Once ACGME accreditation is obtained, more time and energy can and will be directed toward well-being of our faculty/attendings and residents/fellows.

## Process Used To Develop This Program

In the last year, HCA has become the largest provider of GME in the United States. We are opening new programs across the country at our facilities, converting most current AOA programs to ACGME.

## Future Direction/Plans, Vision/Next Steps

I was honored to present "Coordinator Well-Being" as Faculty at the ACGME's inaugural Experienced Coordinators Course, which included approximately 70 program administrators from across the nation. During the course, reflection on experience at the past two Physician Well-Being symposia was communicated, and some personal experiences as a coordinator were shared. Discussion topics were subjects such as work-life balance vs working life, burnout coping and prevention strategies, and six core competencies of the Coordinator and how they fit into wellness. The importance of analyzing our own thought system and identifying values that are building blocks for happiness were also topics of discussion. To help foster the idea of wellness, the program administrators participated in writing an "I Am" poem, completed a "Wheel of Life", and participated in a self-reflection activity. The individuals who keep our programs running successfully on a daily basis need to be remembered. Healthy coordinator = more healthy program. This is what I am striving toward.

## Lessons Learned

Most recently support was required for our program administrators in Las Vegas, where we have three hospitals that were involved in treating patients from the Route 91 Shooting. Although there is a system in place that runs from the C-Suite through physician leaders, the program administrators will be and are the individuals looking at the residents closely to see if there are any needs that have not been or will not be voiced. The program administrators are the ones seeing their residents' haggard faces, listening to their experiences from this event, and supporting them. My responsibility, in turn, is to think about the program administrators: How are they processing and digesting the experiences the residents are sharing with them? How are they dealing with their own feelings of extreme empathy for their residents? In our conversations, the hurt I heard in their voices for their residents was stirring.

## Generalizability to Other Organizations

Information was gathered on an enterprise-wide group that is interested in well-being. Research and information from the inaugural symposium were shared. It energized the group, and those individuals will be used to help lead our company's GME enterprise-wide well-being initiative.

## Research Project

HCA Resident Wellness Survey:  
As part of HCA GME's commitment to resident wellness, this research project is being conducted by Claremont Graduate University in conjunction with HCA Graduate Medical Education. The research project is intended to help HCA improve its new Graduate Medical Education Programs through a better understanding of what promotes and undermines residents' psychological health. The data gathered will be used to provide HCA GME with recommendations for enhancing residents' well-being. To be eligible for the study, a participant must be a resident currently working at an HCA hospital. The questions will be distributed through an online survey, and participation is optional. The survey will address topics related to work experience as a resident, including questions about experiences with supervisor, how participant feels when at work, and participant's mood recently. The survey will be conducted using the Qualtrics survey platform and will be anonymous. The survey will be distributed three times – timed deployment based on a three-wave longitudinal survey method to optimize participation and thus receive maximum data points to create models. During the first occasion of survey completion, participant will be asked to create a private code to precipitate linkage of the two sets of responses while still maintaining anonymity. It's only with the feedback of residents that improvement can be made concerning the experience of all resident physicians within the HCA Healthcare System.

Please include the disclaimer: This research was supported (in whole or in part) by HCA and/or an HCA affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA or any of its affiliated entities.

# Changing Culture Through Experiential Learning: The Role of Observed Clinical Encounters (OSCE) in Identification of a Struggling Learner



Patrick Cocks MD, Margaret Horlick MD, Louis Miller MD, Barbara Porter MD MPH, Sandra Zabar MD  
NYU School of Medicine, Department of Medicine

Department of Medicine  
Internal Medicine Residency Program

## INTRODUCTION

There is renewed attention to the identification and care for residents who suffer from mental illness and/or burnout. However, given the continued stigma of these conditions, residents often do not seek help. In addition, residency program leadership, faculty, chief and co-residents may lack the skills needed to identify and assist those residents struggling with mental illness and/or burnout.

Training faculty, chief residents and co-residents to identify these residents, engage them in conversation and activate resources requires targeted faculty training and development. In an innovative approach, we have used OSCEs to develop these.

Our objectives were to:

- 1) Change the culture at our institution and
- 2) Equip our chiefs, residents and core faculty with skills to recognize struggling residents and knowledge of resources available.

## SETTING AND PARTICIPANTS

Large, urban academic medical center. 36 NYU Chief Medical Residents, 16 Non-NYU Chief Medical Residents, 168 NYU Residents and 6 Faculty participated in program

## DESCRIPTION

We instituted two experiential learning activities to change our residency's culture around its approach to burnout and mental illness. During the 2014–2015 academic year we included a “struggling colleague” case in the established intern and PGY-2 OSCEs and instituted a three-station group OSCE on struggling residents for the chief residents in our IM program.

The learning objectives were that after these experiences, participants would be able to:

- 1) Describe their role in identifying and assisting struggling colleagues,
- 2) Recognize problem behaviors indicative of a struggling resident,
- 3) Effectively discuss concerns with colleagues who may be struggling and,
- 4) Identify available resources in our community.

The intern and PGY-2 OSCE case portrayed a colleague who struggled with depression and alcohol abuse. The station involved 10 min with the standardized learner, then immediate feedback and discussion with faculty.

The three-station group OSCE for the chief residents was preceded by a discussion of the struggling and impaired physician, the epidemiology of substance abuse, burnout, and mental illness in our profession and the chief residents' role in identifying and assisting struggling trainees. Cases included standardized trainees who evidenced alcohol abuse, depression, and adjustment disorder and who had varied insight and willingness to accept help.

## EVALUATION

We have surveyed 74 residents and 16 chief residents who participated in these exercises.

Both residents and chief residents noted the value of this learning experience. Of the residents (41 interns and 33 PGY-2 s) who participated in the OSCE, one-third felt unprepared for the case. Most struggled with roles and boundary issues discussing concerns with peers rather than patients.

All 16 chief residents who completed the group OSCE valued reviewing their role and learning approaches to these conversations. Themes expressed at 1 month follow up included: support for group OSCE, importance of seeing alternate approaches to these conversations, new perspective on skills needed for their job.

## CONCLUSIONS

Instituting experiential learning activities with chief residents, residents, and faculty on mental illness and burnout can generate greater awareness of the problem, promote skills in approaching these situations and effectively disseminate resources. Learners valued the opportunity to discuss resources directly with faculty and understand program's supportive environment. Moreover, it demonstrated leadership's awareness of these issues and reinforced efforts at culture change



# Designing a wellness program for residents and faculty

Sydney Ey, Ph.D., Professor, Psychiatry, Associate Director,  
Resident and Faculty Wellness and Peer Support Programs

## Targeted issue:

- high rates of burnout, depression, anxiety, and suicidal ideation in medical school and increase in residency
- physicians report significant barriers to accessing comprehensive mental health treatment

*"I feel embarrassed to be depressed... the thought of friends or even my co-workers or patients somehow finding out (that I came for counseling) is terrifying."* - Fellow

*"I never would have come for help if I knew my counseling records were going to be in hospital EHR"* -Faculty physician

## Program Description:

- 2004: developed a free, easily accessed, confidential wellness program for residents/fellows on site
- 2008: expanded to provide services to School of Medicine faculty
- 2013: launched annual suicide prevention screening (AFSP's Interactive Screening Protocol-ISP)
- 2016: developed peer support program for adverse events in consultation with Jo Shapiro, MD., BWH

## Services include:

- Individual counseling, coaching, psychiatric evaluation, and medication management
- Urgent pager, emergency care referrals
- Case coordination, referral if needed
- Consultation with program directors, chief residents, GME, chairs
- Annual educational outreach, suicide prevention screening
- Peer Support Program-triage referrals, assign peer supporters, do outreach, consult

## Process Used to Develop Program:

- Started with pilot program and funding from GME
- Made clinical team visible through workshops, support groups for trainees
- Evaluated utilization and attitudes about help-seeking

## Our Resident and Faculty Wellness Program Clinical Team



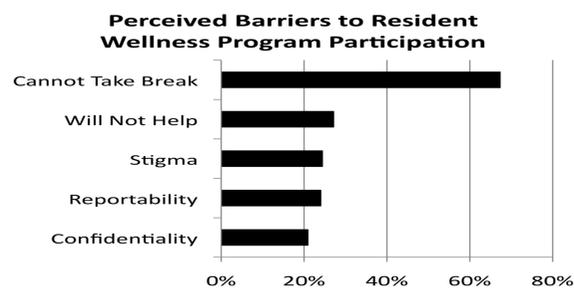
Left to right: Marie Soller, MD, Mary Moffit, PhD (Director), Sydney Ey, PhD

## Staffing and Capacity:

- 2 psychologists, 1 psychiatrist (2.25 FTE) funded by GME/hospital
- Residents/fellows (N=1000) and clinical faculty (N=1400-2000) eligible for care

## Challenges:

- Taking time away from clinical duties still most commonly stated barrier by medical trainees in 2013 anonymous survey of OHSU residents (N=432)

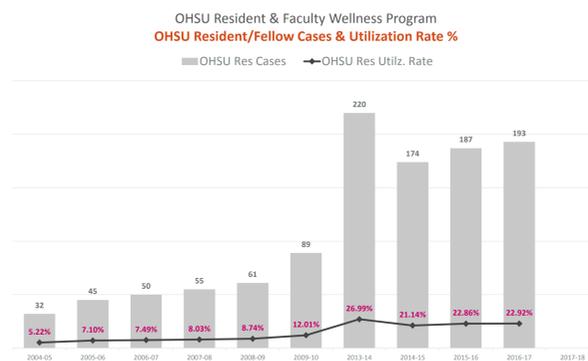


Ey S, Moffit M, Kinzie JM, Choi D, Girard DE. "If You Build It, They Will Come": Attitudes of Medical Residents and Fellows About Seeking Services in a Resident Wellness Program. *JGME* 2013; 5: 486-492.

- A number of highly distressed trainees and faculty completing the ISP are still not engaged in treatment even when our clinicians invite them to come in for a consultation (via the online/interactive function of this survey)

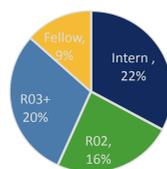
## Outcomes:

- Utilization rates: Our resident utilization higher than seen for US adults (13%), universities (10%), our hospital EAP (6%)
- Faculty utilization is increasing and is approximately 6-8% per year



Ey S, Moffit M, Kinzie JM, Brunett PH. Feasibility of a Comprehensive Wellness and Suicide Prevention Program: A Decade of Caring for Physicians in Training and Practice. *JGME* 2016; 8:747-753.

- Who Comes for Treatment: Preliminary analyses (N=226) over 18 month period of intakes
- women (68%), trainees (71%), 20% identify as ethnic or racial minorities, 6% IMG



- At intake, on standard measures of distress (ACORN) 44% of participants report clinical distress (over 20) and
- 22% suicidal ideation, in past 2 weeks,
- 27% endorse burnout (Maslach Burnout Inventory screening questions)

## Future Directions:

- Conduct evaluation of who seeks help and responds to treatment
- Offer telehealth/counseling to residents working in rural locations
- Consult with other academic medical centers on how to build wellness programs
- Work with residency and faculty groups to encourage more preventive interventions (e.g., promoting social connection, self-reflection, ways to address conflict in the workplace, attention to physical fitness and sleep needs)

## Generalizability to Other Organizations:

- Our team has advised other residency/GME leaders interested in setting up similar programs
- This model of care meets new ACGME common program requirements for accessible, comprehensive mental health resources for residents/fellows
- Funding this type of program fits well with the "quadruple aim" linked to higher quality patient care

## Lessons Learned:

- Need GME/hospital leadership buy-in,
- Important for experienced clinical team to not be directly involved in residency education/evaluation
- Avoid being "the company doctor"—be an advocate for residents and faculty
- Purchase and use a separate EHR from hospital
- Start small but do outreach to become more visible, credible and build utilization (and funding)
- Tell stories of hope and be part of changing the culture of medicine to be a more humane one for providers and learners

## Physician Responses to Our Program:

*"It was helpful to see a psychologist for free during training when I wouldn't have been able to afford it otherwise. And to see someone so in tune with issues of medical trainees was amazing."*

-Critical care physician (with stress/burnout)

*"I am so grateful I was blessed with your guidance and help in keeping me alive. Just think how much I would have missed"*

-Resident (treated for depression and suicidal ideation)

For more information see our website: [www.ohsu.edu/rfwp](http://www.ohsu.edu/rfwp)

# Program Coordinator Development: Strategies to improve the learning environment through increased job satisfaction, engagement and well-being



RL Fortune<sup>1</sup>, CM Kuhn, MD<sup>1,2</sup>, C Stetson<sup>2</sup>, L D Johnson<sup>1</sup>  
<sup>1</sup>Graduate Medical Education, <sup>2</sup>Department of Anesthesiology  
 Duke University Health System, Durham, NC



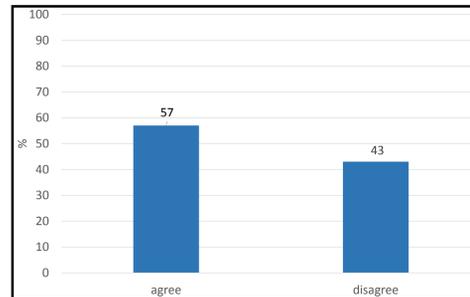
With the support of our institution, DIO and Program Training Directors, Program Coordinator (PC) resilience and overall well-being have become areas of heightened focus. Having a healthy, resilient, professionally developed and engaged Program Coordinator contributes to the health, wellness and resilience of a training program, its trainees, and the overall learning environment. As the position of the Program Coordinator has evolved, the impact that s/he has on the learning environment has also grown.

## Problem Identified:

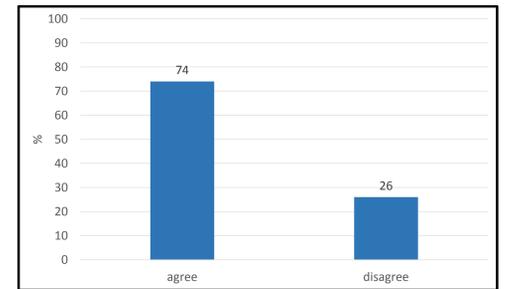
In Spring 2017, at our annual PC Retreat and Workshop we used table topics and group discussion to receive valuable feedback about the stress inducers and needs of our PCs. Committed to acting on the information we had gained in these discussions, in August of 2017, we surveyed our PCs about their work-life balance and overall level of wellness. We had 35 PCs complete the survey, an 81% response rate. With the knowledge we gained from the survey, and the impact we knew this could have on the programs, program directors and the trainees they support, we knew we had to address the pressures our PCs were feeling. This led to the development of our PC Wellness Committee who has been tasked with the goal of improving the overall wellness of our Program Coordinators and GME Staff.

## Program Coordinator Wellness Survey

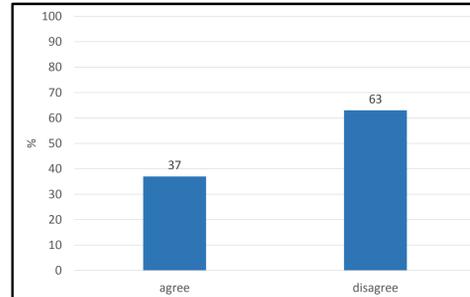
On most days, I feel overwhelmed and over-committed



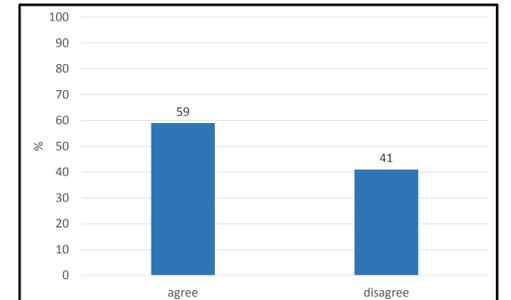
I frequently think about work when I'm not working



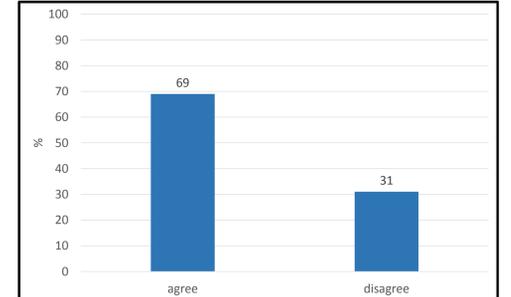
I feel like I have little or no control over my work life



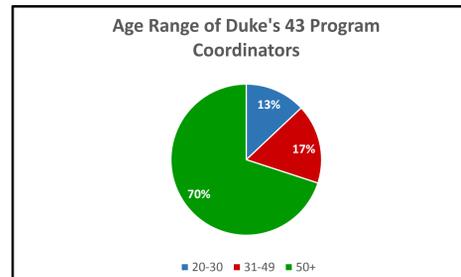
I frequently feel anxious or upset because of what is happening at work



Usually, I work through my lunch break



It is worth noting that the PC demographic should be considered when planning group activities.



## Strategies for Success

**Engage**

- "Sneaker Day"
- "Out & About Wednesdays"

**Teach**

- Learning Together

**Encourage**

- Ice Cream Social
- "Healthy Eating" Lunch

**The PC Wellness Committee**

- 11 Program Coordinators
- 3 GME Office Staff

**Shadowing Experience:** The activity allows Program Coordinators to better understand and appreciate the day-to-day activity of a trainee with the goal of gaining an understanding of how they can better support them and their training programs.

*"What I really learned from shadowing the resident was how much they help each other..."*  
*"... I always knew they had their "own" patients but didn't realize how much they seek out other residents to make sure they are on the correct path of care. They bounce ideas off each other to make sure the patient gets the best care."*

Scott Heflin, Pediatric Residency Program Coordinator

*"Residency is an often mysterious few years, with most non-medical people assuming it is a lot like what happens on TV. So when Scott, our Pediatrics Residency Coordinator, was looking to spend a day with a resident, I was so excited to show him what exactly it is we do upstairs on the floors....it was really fun to bring him around to see patients; all the kids loved him- being a dad himself, he was great with them! Scott and the rest of the residency office do so much work to help us and I am glad to have brought him around as our special guest for the day. I hope that the day with me on the floors has given him a better sense of life as a pediatrics resident!"*

Kristin Bonello, MD PGY-2, Department of Pediatrics

These initiatives are relatively low-cost and potentially high-impact interventions that could be created for the PC community at any sponsoring institution. PCs are very busy but have some flexibility in their schedules allowing these activities to occur during normal business hours, making this potentially an easier intervention than one with trainees or program directors. Enhancing PC's sense of self-worth and value will positively impact their work performance and offer benefits to their trainees, who often see them as a trusted confidant and support. Program directors who rely on competent PCs to help them manage the accreditation, day-to-day operations, and other administrative challenges in residency training, will also benefit from this intervention. Moreover, the institution as a whole benefits from these activities which foster a sense of community and camaraderie among PCs across programs.

The full impact of the effort of this initiative will be seen later as the program rolls out completely but the initial response demonstrates that attention to PC development is likely to reap benefits. The PC role in individual training programs and the institution is one of great significance. They are vital contributors to the GME team and important in the success of the greater GME community.

## Next Steps / Measuring Outcomes

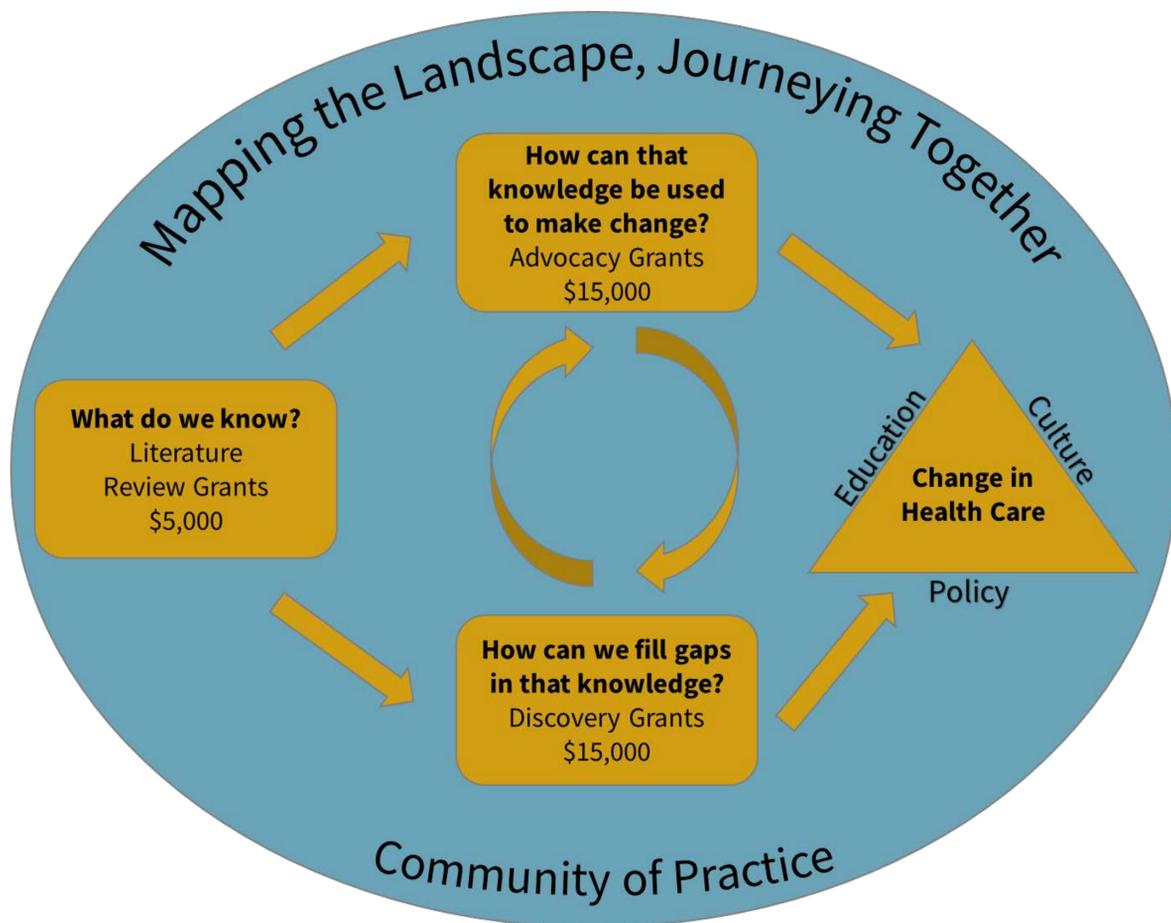
- Community Volunteer Activities
- Healthy Living Series
- Additional Shadowing Experiences
- PC Feedback Sessions
- PC Wellness Survey

# The Gold Foundation's Mapping the Landscape, Journeying Together (MTL) Initiative:

## A model to support humanism and physician wellbeing

Elizabeth Gauferg, MD MPH, Arnold P. Gold Foundation, Cambridge Health Alliance;  
Colin West, MD PhD, Mayo Clinic; Richard Levin MD, Arnold P. Gold Foundation

The MTL community of practice engages in research-based advocacy to advance humanism in healthcare.



### MTL Projects on Physician Wellbeing

#### Literature Reviews:

- Engagement in residency
- How clinician resilience influences patient outcomes
- How physician burnout affects the quality of healthcare
- Humanism, the hidden curriculum, and educational reform
- Interventions to prevent and reduce burnout
- Interventions to prevent burnout among undergraduate and graduate medical education trainees
- Medical errors associated with physician burnout and depressive symptoms
- Suicide among physicians
- Secondary trauma in medical students
- How does parenthood affect the trainee work environment?
- The role of organizational culture in optimizing physician well-being

#### Advocacy and Discovery Projects:

- Qualitative study of preferred institutional approaches to control of work-home interference for physicians
- Taking care of our own: The CHARM/APGF Charter on Physician Well-Being
- Thriving in scrubs: Understanding resilience in residents

### Embarking and Navigating

Since 2013, MTL has funded 70 literature reviews and 17 advocacy and discovery projects. Teams are brought together for an annual symposium to share findings, network, and develop research and advocacy skills. Collectively, MTL teams are made up of over 350 individuals from over 75 U.S. and Canadian institutions. The publication rate from our first cohort is 69%.

MTL grant recipients report that:

- the external funding provides an impetus for individuals and their institutions to prioritize humanism-focused projects.
- the MTL model provides a viable way to link research findings to on-the-ground change.
- they value the annual symposium as a forum to disseminate findings, build skills, and forge new collaborations.
- several teams have leveraged larger scale support using preliminary results from their MTL projects.

### Featured Project

- West et al published *Interventions to prevent and reduce burnout: a systematic review and meta-analysis* in the *Lancet* in 2016.
- The team subsequently received a Discovery Grant for a qualitative study on institutional approaches toward work-home interference.
- An Advocacy Grant supports the development of a Charter on Physician Wellbeing (through the Collaborative on Healing and Renewal in Medicine).

#### References

- Gauferg E. Mapping the Landscape, Journeying Together: The Gold Foundation's model for research-based advocacy in humanism in medicine. *Acad Med*. 2017: e-pub Oct 10.
- West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis. *Lancet*. 2016; 388(10057): p2272-2281.

# The American Psychiatric Association's Workgroup on Physician Wellbeing and Burnout: A Toolkit for Wellbeing Ambassadors

Matthew L. Goldman<sup>1,2</sup>, Laurel S. Mayer<sup>1</sup>, Carol A. Bernstein<sup>2</sup>, Rashi Aggarwal<sup>2</sup>, Julie Chilton<sup>2</sup>, and Richard Summers<sup>2</sup>

(1) Department of Psychiatry, Columbia University Medical Center; (2) American Psychiatric Association's Workgroup on Physician Wellbeing and Burnout

## BACKGROUND

The American Psychiatric Association (APA) Workgroup on Physician Wellbeing and Burnout was convened to make recommendations regarding the development of activities and products to assist APA members to facilitate interventions aimed at improving physician wellbeing and burnout. In particular, ready-made resources are needed to equip advocates to easily provide expertise and knowledge to others in the health care professions, especially with strategically providing interventions at various institutions.

The APA Workgroup developed a Toolkit to support APA members to serve as ambassadors to their home institutions with the goal of improving wellbeing and reducing rates of burnout, depression, and suicide among the physician workforce, including physicians of all specialties.

## OBJECTIVES

This Toolkit provides guidance for APA members to:

1. Spread awareness at their home institutions with the use of slide decks and a Speaker's Bureau;
2. Conduct a needs assessment to identify best practices for advocacy and specific interventions to promote wellbeing within an organization; and
3. Gain access to additional resources including a recommended reading list and an inventory for screening tools.

## METHODS

After reviewing the literature and identifying key evidence-based interventions, the Toolkit was developed with expert input from the APA Workgroup on Physician Wellbeing and Burnout.

### Excerpt from the Toolkit: Develop and Implement a Strategic Plan for Physician Wellbeing

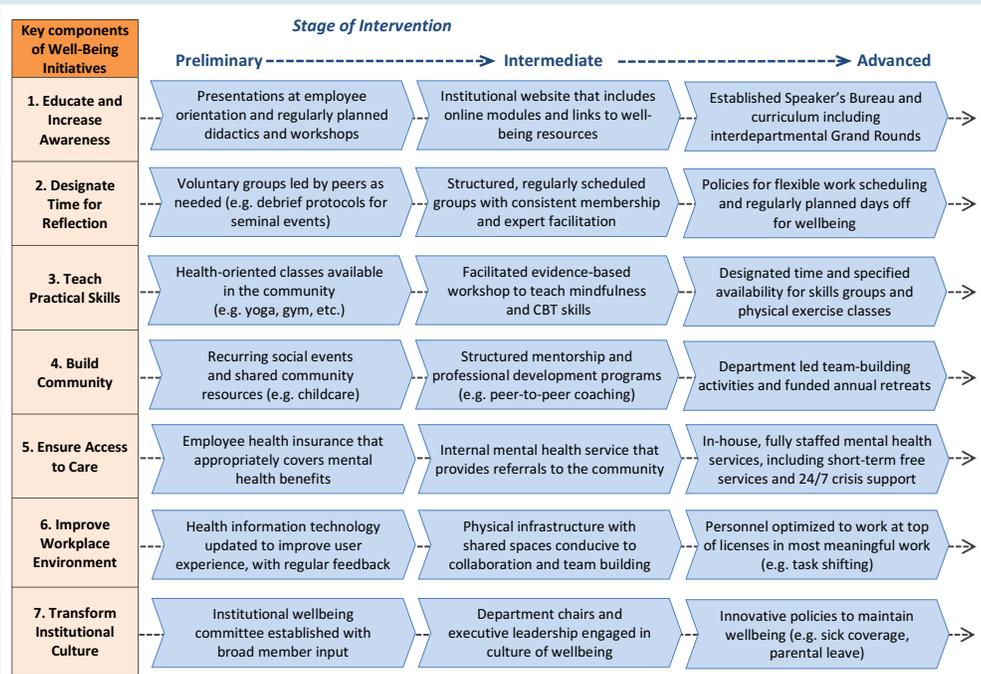
#### Assess Your Needs

One of your first tasks will be to identify areas for improvement. Institutional needs will vary by health system, department, and individuals involved — one size does not fit all. You can begin to better define your institution's current capacities by conducting a needs assessment:

- Disseminate the needs assessment survey among colleagues of various levels of experience and in multiple departments. Of note, this tool was developed by the APA Workgroup and has not been validated.
- Engage staff in quality improvement process to expand on needs assessment of current workplace challenges (see handouts).
- Collect additional input by holding meetings, focus groups, and town halls, and by creating anonymous suggestion boxes.
- Administer formal screenings for burnout, depression, and work life satisfaction.

#### Choose Your Priorities

Given that efforts to address physician wellbeing are often led by advocates with limited time and resources, it is essential to identify your priorities. Wellbeing Ambassadors should choose interventions by considering factors such as urgency, impact, and feasibility. Interventions can be a mix of low- to high-resource and short- to long-term. Once a needs assessment has been completed, evaluate the responses and locate your institution's current capacity for each component along the wellbeing intervention continuum.



Wellbeing Intervention Continuum

## LIMITATIONS

This Toolkit was recently developed and has not yet been launched for dissemination. Feedback will be actively solicited to further refine the toolkit to improve future iterations.

There is a lack of a validated needs assessment tool to determine the level of advancement of wellbeing interventions at a given institution.

## DISCUSSION

There is a large demand for concrete resources to address physician wellbeing, and it is feasible for a team of experts to assemble recommendations for evidence-based practices in a comprehensive, user-friendly package.

Once the Toolkit is released by the APA, steps will be taken to disseminate it to members and encourage multi-stakeholder input on its content and overall utility. Furthermore, the needs assessment tool will be tested for its validity.

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#### APA Workgroup Members:

Rick Summers, M.D. – Chair  
Rashi Aggarwal, M.D.  
Carol Bernstein, M.D.  
Deanna Choukos, M.D.  
Julie Chilton, M.D.  
Kimberly Gordon, M.D.  
Connie Guille, M.D.  
Matthew L. Goldman, M.D., M.S.

James Lomax, M.D.  
Terrance McGill, M.D.  
Theresa Miskimen, M.D.  
Steve Moffic, M.D.  
David Pollack, M.D.  
Tony Rostain, M.D.  
Suzanne Thomas, M.D.  
Linda Worley, M.D.  
Glenda Wrenn, M.D.



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# “Back To Bedside”: Engaging Residents and Fellows to Improve Meaning in Work

DINK JARDINE, MD; KRISHNA PATEL, MD; LAURA HIGGINBOTHAM, MD; AMANDA PANNU, MD  
On behalf of the ACGME Council of Review Committee Residents

## ABSTRACT

**Background** Physician burnout is common and associated with significant consequences for physicians and patients. One mechanism to combat burnout is to enhance meaning in work. The ACGME “Back to Bedside” initiative is designed to encourage residents and fellows to implement innovative ideas to improve the amount of time spent in meaningful patient care.

**Objective:** A national competitive grant to foster innovative resident and fellow led projects that enhance the meaning in work in the clinical learning environment.

**Methods** “Back to Bedside” resulted from an appreciative inquiry exercise by 37 resident and fellow members of the ACGME’s Council of Review Committee Residents (CRCR), which was guided by the memoir *When Breath Becomes Air* by Paul Kalanithi. After approval of the concept by the leadership of the ACGME and the Board of Directors, the initiative was launched in May of 2017.

Applications were accepted through 6 August 2017. Projects will commence funding on 1 Jan 2018.

**Results** 223 applications were received that met the intended goals of the initiative. 30 projects were awarded full or partial funding to begin in Jan 2018. Initial collaborative work has begun and will continue throughout the duration of the initiative.

**Conclusions:** A national initiative designed to foster innovative ideas by residents and fellows to increase their sense of meaningful work can engage these learners in developing projects that may transform their clinical learning environments.

## INTRODUCTION

Physician burnout is common; in some studies nearly 60% of physicians or physicians in training meet burnout criteria.<sup>1,2</sup> Burnout is prevalent during all stages of a physician’s career, and can take effect as early as medical school.<sup>3</sup> Residents have been shown to be particularly at risk for developing burnout,<sup>2</sup> which has been linked to a variety of factors, including excessive workload, lack of autonomy, increased administrative duties, perceived lack of mentors, and lack of control over their work schedule.<sup>4</sup> One promising strategy to mitigate physician burnout is to foster meaning and joy in work through systematic changes in the clinical learning environment.<sup>5,6,7</sup>

In May of 2015, the ACGME’s Council of Review Committee Residents (CRCR) undertook a focus topic devoted to seeking ideas to foster resident and fellows sense of meaningful work. The group used an Appreciative Inquiry approach with inspiration from the book *When Breath Becomes Air* by Paul Kalanithi, which all the members read in preparation for the experience. From the ensuing discussions, the concept of the “Back to Bedside” initiative<sup>8</sup> was formed and planning for the project began in earnest. The initial concept was to fund up to 5 grass roots projects for up to 2 years each which would support residents or fellow led initiatives to meet the following goals:

- (1) Create opportunities for more time engaged in direct, meaningful patient care
- (2) Develop a shared sense of teamwork and respect among colleagues
- (3) Decrease effort spent on non-clinical, administrative responsibilities
- (4) Foster a supportive, collegial environment
- (5) Increase patient satisfaction through more meaningful time with their care delivery team

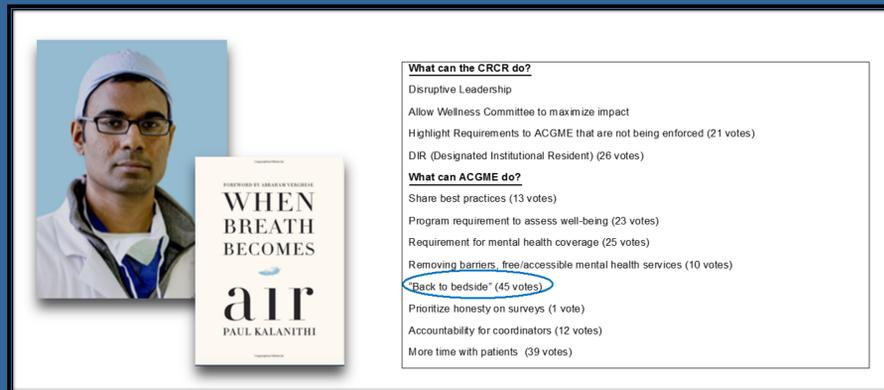


Figure 1: Outcome of Appreciative Inquiry exercise on increasing meaning in work

## RESULTS

223 applications were received by the deadline of 6 August 2017. Due to the overwhelming trainee response to the initiative, the original 5 projects was expanded to 30 with the original funding amount increased by 260% (see Figure 2).

- 15 specialties are represented
- 16 states are represented (see Figure 3)

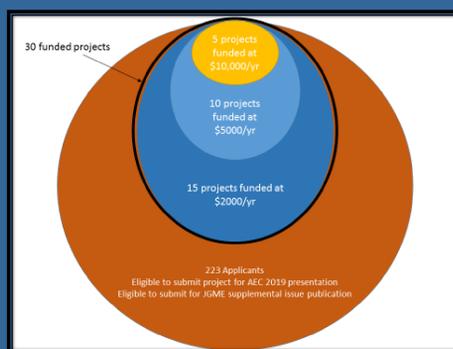


Figure 2: “Back to Bedside” Applications and Final Awardee Funding



Figure 3: “Back to Bedside” Awardee Geographic Distribution

The group met for a kickoff meeting on October 25-26<sup>th</sup>, 2017 at ACGME to start work on efforts to create an effective collaboration of the project teams. Standard evaluation metrics have been developed for the participating projects. Funding will commence on 1 Jan 2018.



Figure 4: Back To Bedside awardees at B2B Collaborative Kick off meeting, Oct 2017

## LOOKING AHEAD

- 1 Jan 2018  
Funding start date for all projects
- 19-20 Aug 2018  
2<sup>nd</sup> Collaborative meeting
- Fall 2018  
Determination for second year funding
- 7-10 Mar 2019  
ACGME Annual Education Conference with Back to Bedside Resident/Fellow tracks for presentation, education, and collaboration
- Fall 2019  
JGME Supplemental Issue on Back to Bedside projects
- Keep up with the latest updates:  
<http://www.acgme.org/BackToBedside>
- Follow the Collaborative on Twitter #BackToBedside

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Figure 5: CRCR Liaisons at B2B Collaborative Kick Off meeting, Oct 2017



Figure 6: Small group work at B2B Collaborative Kick Off meeting, Oct 2017



Figure 7: Back To Bedside awardees with their project poster. B2B Collaborative Kick off meeting, Oct 2017



# Physician Burnout and Suicide Prevention Through the Physician's Life Cycle: Medical School through Retirement

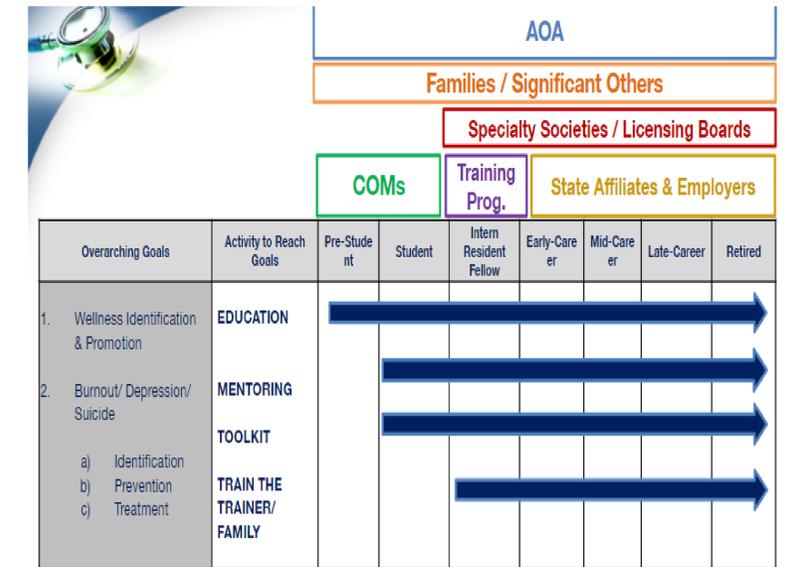


Pooja Kinkhabwala DO, Robert Piccinini DO DFACN,  
Kenya McRae JD PHD, Dink Jardine MD

**Background Info:** Burnout, depression, and suicidal ideation are key areas of concern because of the consequences they can have on physicians as well as the patients for whom they care. The level of burnout in the medical profession has increased at an alarming rate in the past decade. Statistics reveal that about 54 percent of all physicians experience burnout. Students, interns, and residents also factor into the equation as reports indicate they experience burnout at a rate of 20–40 percent.

**Current Intervention:** Through determining which factors have caused the greatest impact on Physician Wellness, we have created a Resident Task Force with members from all major medical organizations in the country and an AOA Physician Wellness Task Force comprised of Medical Students, Residents, and Mid to Late Career Physicians, including Mental Health Professionals. In the Resident Task Force, we have compiled a list of best practices and have been implementing these practices within our own Residency Programs. In the AOA Physician Wellness Task Force, we have worked on an epidemiological study of overall Physician Wellness and created an encompassing Osteopathic approach to combating Physician Burnout. Currently we are in the process of creating a website and a “train the trainer program”

**Challenges:** Engrained culture of medicine, Ensuring Continuation of Practices, Campaign Awareness



**Current Outcomes:** Implementation of Awareness Campaign, Working with Multiple Advocate groups, Currently Implementing Best Practice of Intern Education and Maslach's Burnout Index

**Future Directions:** 6 month Intern Follow up, Tentative Website Launch 2/2018, Launch of Advocate Group Initiative

**Lessons Learned:** Generalizability of Train the Trainer Program to all Organizations involved in Resident Training, Need to implement Institutional Changes and Changes involving all life factors

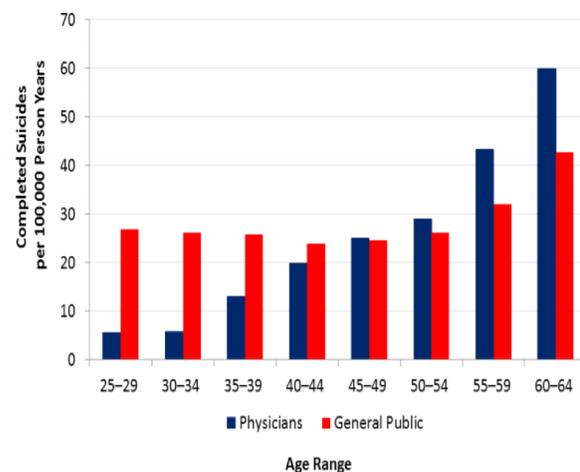


Figure 1 | Suicide rates by age category among physicians and the general population (white males, 26 U.S. states, 1984-1992).

SOURCE: Adapted from Petersen and Burnett, 2008.

# A Multifaceted Approach Toward Support for Resident and Fellow Well-Being



**Background/Methods:** Our institution offers counseling services, Personal Assistance Services (PAS), for all of its employees. However, utilization of these by GME trainees has been very low, approximately 2% per year. We learned from the director of Employee Health Services that the number of entering residents and fellows who report at least one preexisting medical or behavioral health issue prior to matriculation has increased steadily over the past years. In 2017, approximately 20% of trainees matriculating at Duke reported one or more medical or behavioral health conditions during their preemployment screening. Of those, 60% had preexisting behavioral health conditions. Given the demands of residency and fellowship training, along with increased awareness about the problems of burnout and depression, an institutional approach to wellness was imperative. To accomplish this, our DIO convened a Task Force on GME Wellness and the Learning Environment, which developed and prioritized recommendations about efforts supporting well being for residents and fellows.

## Approaches to GME Wellness

### Medical & Behavioral Health Services for Trainees

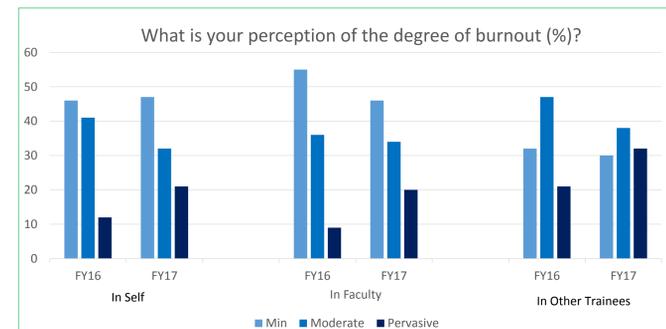
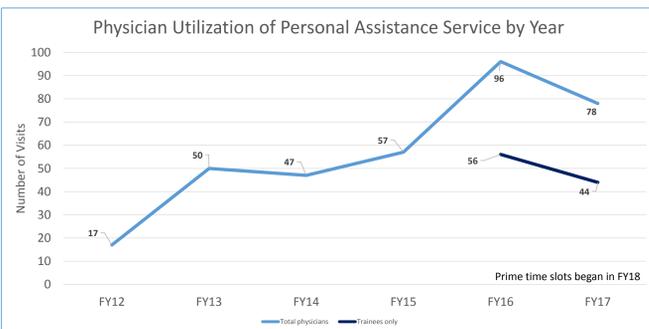
### Supporting the Learning Environment

### Education about Wellness, Burnout, and Depression

- **Behavioral Health Care: routine and crisis**
  - Expansion of counseling services to include primetime, early morning, and early evening appointments exclusively for GME trainees, in addition to regular appointment times
  - Support for trainees in crisis (and their program directors) during off hours with a uniform access plan to reach the on-call psychiatry attending for advice
- **General Medical Care**
  - Development of a toll-free number for GME trainees to use for concierge scheduling for appointments with Duke Primary Care (DPC), including options for weekend and evening appointments
  - Liaison with DPC and Employee Occupational Health to establish care for trainees with existing health care needs during hiring process

- **Hospital-Sponsored GME Week: appreciation of GME trainee contributions**
  - Publicity about role of GME trainees in hospital (banners, electronic message boards)
  - Free meals and appreciation notes from hospital CEO for each trainee
  - Raffle for iPads
  - Durham Bulls baseball game for trainees and families
- **Holiday Cards for every resident and fellow**
  - Included a note of appreciation and a wellness tips card provided by the GME Department
- **Professional Development Coaching Model for faculty-trainee dyads**
  - Piloted in one program, with expansion plans for next year
- **Continued work on addressing learner mistreatment**
  - Confidential reporting system & interdepartmental committee to address reports
  - Collaboration with School of Medicine and faculty professionalism committees to align expectation and approaches across the institution
  - Incorporation of nursing leaders in conversations about student and GME trainee mistreatment
- **Support for the struggling trainee**
  - Work with program directors to identify and address training problems earlier
  - Standardized process for remediation of trainee deficiencies
  - Incorporation of required appointment with Employee Health for all trainees on corrective actions (normalizing the process), often with live hand-off to PAS

- **New Trainee Orientation**
  - Small group exercises with scenarios of mistreatment, fatigue, and depression
  - ID badge buddies with available resources
- **Chief Resident Leadership Retreats**
  - Two day-long retreats for all chief residents, facilitating inter-program networking and interactive learning experiences. Topics included leading from the middle, the struggling trainee, burnout/depression, and resources available
- **Program Director Leadership Retreats**
  - Semiannual day-long retreats for program directors, addressing topics such as burnout/depression/suicide, remediation of the struggling trainee, and available resources
- **Discussion about new Common Program Requirements**
  - For program directors, coordinators, and Resident Council members



\*New mistreatment policy and process established in FY14



**“To find health should be the object of the doctor. Anyone can find disease.”\***



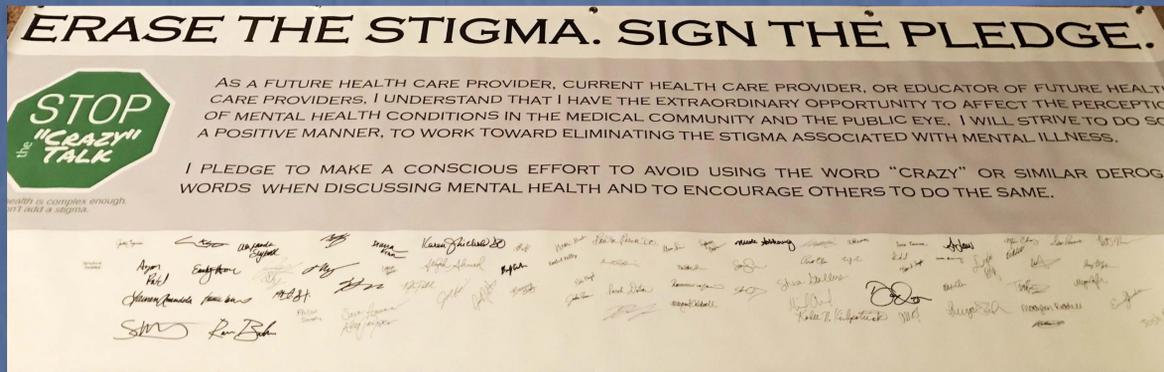
**Karen J. Nichols, DO, MA, MACOI F-CS**

Professor , Internal Medicine

Dean, Midwestern University/Chicago College of Osteopathic Medicine

**Wellness of the patient as well as the physician is embedded in the osteopathic philosophy. MWU/CCOM organically promotes wellness by students, faculty and administration.**

**Favorite Student Quote:**  
“We cannot change the hands we are dealt, just how we play the hand”  
-Randy Pausch



**STOP the “Crazy” Talk pledge banner**

**Favorite Student Quote:**  
“And will you succeed? Yes you will indeed, 98.7% guaranteed” -Dr. Seuss

**Quarterly Wellness Weeks organized by students**



**Anatomy yoga class**

**Faculty and student COMCoach program**



**Alumni speakers**

**Wellness presentations and small group activities throughout the year**



**Exercise of choice**

**Favorite Student Quote:**  
“Never let anyone tell you that you can’t do something!”

**Favorite Student Quote:**  
“Always bear in mind, your own resolution to succeed is more important than any other” -Abraham Lincoln

**Favorite Student Quote:**  
“True humility is not thinking less of yourself, it is thinking of yourself less” -CS Lewis

**Favorite Student Quote:**  
“The only way out is through” -Robert Frost

“Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.”  
Helen Keller

My Stress Relief: (what I do when I need a break)

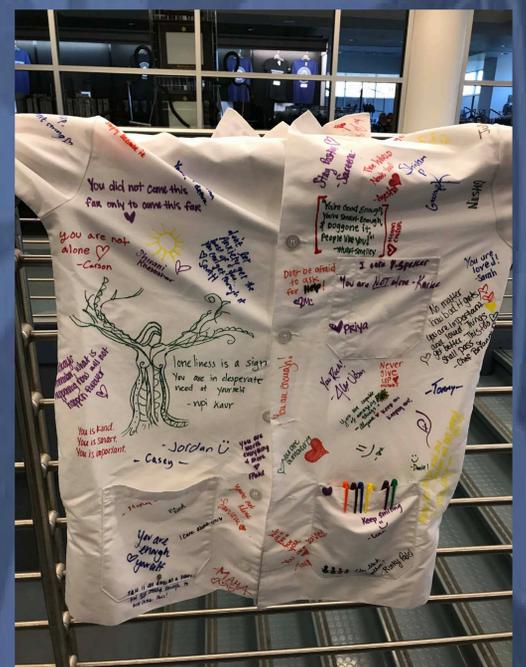
My Person: (who I reach out to for support)

My Reason: (for seeking to be a DO)

MWU Counseling Services: 630-515-7142  
DuPage Crisis Line: 630-273-1700  
National Suicide Hotline: 800-273-TALK  
Text Crisis Line: text HOME to 741741

**Stress card distributed to OMSI at Orientation**

**White Coat Project: keeping mental health in mind with stories and pictures**



\*Still AT. *Philosophy of Osteopathy*. Kirksville, MO: A.T. Still; 1899, p. 28.



# Vitality: An Essential Component of Resident Well-being.

## Assessing Vitality and Predictors of Resident Vitality in 14 Academic Health Systems.

Linda H. Pololi, MBBS, FRCP;<sup>1</sup> Arthur T. Evans, MD, MPH;<sup>2</sup> Janet T. Civian, EdD;<sup>1</sup> Sandy Shea, BA;<sup>3</sup> Alexander Feldman;<sup>1</sup> Vasilias Vasiliou, MBA;<sup>4</sup> Robert T. Brennan, EdD.<sup>5</sup>

### VITALITY

We define vitality as the vigorous commitment to ongoing intellectual and personal growth, full professional engagement, enthusiasm, energy, and a positive feeling of purpose. The concept of vitality captures the joy and meaningfulness of work, and the absence of burnout.

### OBJECTIVES

- Document the vitality of residents at 34 programs across the U.S.
- Identify the demographic characteristics that are associated with resident vitality.
- Identify cultural characteristics of the programs that predict resident vitality.

### METHODS

#### Sample

14 academic health systems  
9 states  
public and private

34 residency programs  
12 internal medicine  
11 pediatrics  
11 general surgery

2440 residents

IRB approval obtained from Brandeis University.

#### C - Change Resident Survey<sup>®</sup>

Adaptation of the validated C - Change Faculty Survey<sup>#1</sup>  
Validated C - Change Resident Survey<sup>#2</sup>  
69 items  
10 minutes  
Academic year 2014 – 2015  
Administered by C - Change to assure confidentiality and enhance response rate  
Program directors and resident champions encouraged participation but were blinded to who responded

### Analytic Overview

Data were analyzed by hierarchical models to accommodate clustering, including models in which individual dimensions of culture predicted Vitality up to a model in which nine dimensions of culture predicted Vitality. This allowed us to describe within-program and between-program variation.

Dimension of the culture (DoC) and description	# items
VITALITY Being energized by work, meaningfulness, burnout	5
SELF-EFFICACY IN CAREER ADVANCEMENT Self-confidence in ability to succeed in career	4
INSTITUTIONAL SUPPORT Institutional commitment to resident advancement, receive appropriate feedback and credit	4
RELATIONSHIPS/INCLUSION/TRUST Resident relationships and feelings of trust and inclusion, able to express views authentically	5
VALUES ALIGNMENT Alignment of resident personal values and observed institutional values, value placed on teaching, service and clinical excellence	6
ETHICAL/MORAL DISTRESS Feeling ethical or moral distress and being adversely changed, developing undesirable behaviors such as aggression, self-promotion, deceit	8
MENTORING Mentoring received, quality, quantity and components.	6
RESPECT Feeling respected; bullying	6
LEADERSHIP ASPIRATIONS Aspiring to be a leader in medicine	5
WORK-LIFE INTEGRATION Institutional support for managing work and personal responsibilities	3
GENDER EQUITY Perceptions of equity for female residents	6
UNDERREPRESENTED MINORITY EQUITY Perceptions of equity for under-represented in medicine minority (URMM) residents	5
COMPETENCIES Self-assessment of 6 competencies	6

### RESULTS

Response Rate		
	Residents responding (n)	Response rate
Internal Medicine	956	72%
Pediatrics	441	69%
General Surgery	311	65%
TOTAL	1,708	70%
Demographic Variables		
Women	879 (51%)	
URMM	269 (16%)	

### Demographic Variables

Dimension	Selected Items	% Agree
Explained 4% of all variance in Vitality		
Individual resident	PGY, gender, LGBTQ, race/ethnicity, age, children at home, IMG	
Institution	region, public/private, patient population served	
Program	specialty, size	

### Dimension of the Culture

Dimension of the Culture	Selected Items	% Agree
Vitality	I feel energized by my work I look forward to coming to work I feel burnt out	61% 64% 50%
Relationships/Inclusion/Trust	I feel ignored or invisible here I feel isolated here	15% 21%
Values Alignment	This institution rewards excellence in clinical care This institution's actions show that it does not value teaching	69% 15%
Ethical and Moral Distress	I find myself being more aggressive here than I like I find working here dehumanizing	32% 18%
Respect	I feel valued for the work I do I have felt intimidated, coerced or belittled by a superior or colleague here	68% 11%
Work-life Integration	It is difficult to succeed here without sacrificing personal or family commitments	53%
Gender Equity	My program treats female and male residents equitably	86%

### Dimensions of the Culture Predicting Vitality

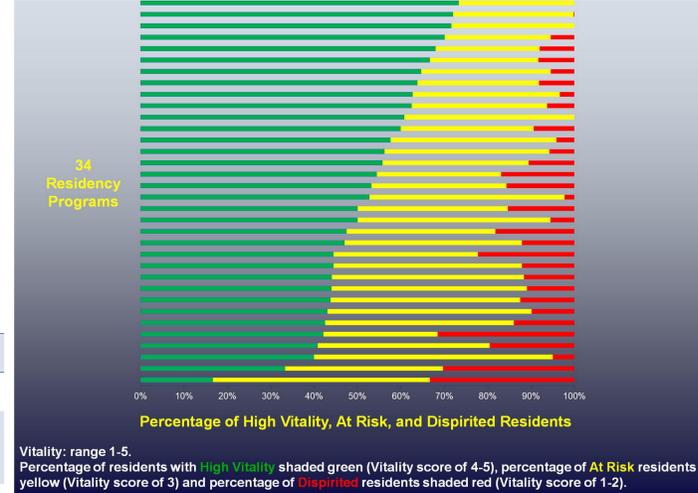
When all dimensions are entered into a model:

- Work-Life Integration\*\*\*
- Relationships/Inclusion/Trust\*\*\*
- Institutional support\*\*\*
- Values Alignment\*\*
- Ethical/Moral Distress\*
- Mentoring\*
- Gender Equity\*

\*p<.05 \*\*p<.01 \*\*\*p<.001

Hierarchical mixed model adjusting for age, gender, PGY, LGBTQ, race/ethnicity, children < 18, IMG, specialty, institution.

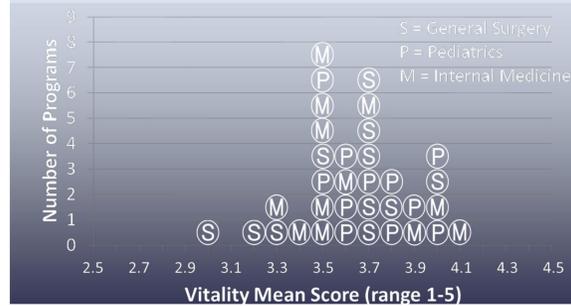
### Distribution of Vitality Scores of Residents in 34 Programs Displayed as High Vitality, At Risk and Dispirited



### Spectrum of Vitality



### Estimated Vitality Scores for 34 Residency Programs



### CONCLUSIONS

- Vitality of residents differed dramatically across programs, ranging from less than 20% to over 70% of residents within a program reporting High Vitality.
- These differences were not explained by specialty or demographic characteristics, but, instead, were largely explained by the unique cultural dimensions of the residency program.
- These cultural characteristics were not consistent across programs within the same institution. They are unique to the specific program and include program features that affect work-life integration, relationships, trust, a sense of belonging, alignment of individual and institutional values, moral distress, mentoring, respect, fairness, and support.
- Other program and institutional characteristics, such as size of program, funding sector, and population served, were unimportant in predicting resident vitality, as were resident individual demographics.

### GENERALIZATION AND FUTURE DIRECTION

It is reasonable to conclude that efforts to alter residents' perceptions of dimensions of the institutional culture will achieve higher mean Vitality. Given that most within-program and between-program variation in Vitality can be explained by a combination of the dimensions of culture, targeted interventions including activities to create a more relational culture and trust within programs, work-life support and alignment of individual and institutional values may significantly enhance resident well-being.

Additional residency programs are currently requesting CRS studies of their residents and some programs are using the results to identify areas on which to focus their change activities to enhance well-being in their residents. The CRS is also being used to assess the efficacy of such change activities/interventions, and for diversity needs assessments. Use of the Culture of Residency Survey is generalizable to other organizations,<sup>#3</sup> and is available for use from C - Change at Brandeis University.

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### NATIONAL INITIATIVE ON GENDER, CULTURE AND LEADERSHIP IN MEDICINE: C - CHANGE

Dedicated to facilitating change in the culture of academic medicine through research and action, the National Initiative on Gender, Culture and Leadership in Medicine: C - Change aims to promote an inclusive, humanistic, relational and energizing environment that helps all faculty and trainees reach their full potential, and increases diversity in leadership.

<http://cchange.brandeis.edu>

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University of New Mexico Health Sciences Center  
Boston Medical Center  
Oakland University William Beaumont School of Medicine

#### INSTITUTIONAL AFFILIATIONS

- 1 Brandeis University, Waltham, MA
- 2 Weill Cornell Medical College, New York, NY
- 3 Committee of Interns and Residents Policy and Education Initiative
- 4 Bentley University, Waltham, MA
- 5 Harvard University, Boston, MA

#### CONTACT INFORMATION

C - Change  
Brandeis University, Mailstop 079  
Waltham, MA 02454-9110  
cchange@brandeis.edu  
lpololi@brandeis.edu  
(781) 736-8120  
<http://cchange.brandeis.edu>

Stacy Potts, MD MEd and Christine Runyan, PhD

University of Massachusetts Worcester Family Medicine Residency, Worcester, MA

## INTRODUCTION

Physician wellness is recognized as a critical need in today's healthcare environment. Nearly 60% of practicing family physicians experience burnout and resident physicians are estimated to have even greater rates. Preventing burnout may be best accomplished by building resiliency – a series of specific skills that, when cultivated, promote wellness. Encouraging resiliency skills during residency may be more effective than trying to undo patterns of thinking and behaving among practicing physicians when patterns are more concretized.

## OUR RESIDENCY

The University of Massachusetts Worcester Family Medicine Residency (WFMR) recognizes resiliency as a key component to physician leadership development and incorporated wellness as core to our Physician as Leader (PAL) Curriculum.

Founded in 1973, WFMR is currently a 12-12-12 program with three distinct continuity sites in urban, urban underserved (FQHC), and rural settings.

**Our Mission:** We will attract, foster, and graduate learners who will be **leaders** of tomorrow, sustaining our passion through their excellence in state of the art, full breadth family medicine.

## OBJECTIVES

- To build personal resiliency strategies
- To promote a culture of wellness
- To develop efficiency of practice
- To build lifelong skills for professional fulfillment

The Reciprocal Domains of Physician Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.



Source: Patty Purpur de Vries  
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NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

## CURRICULUM DESIGN

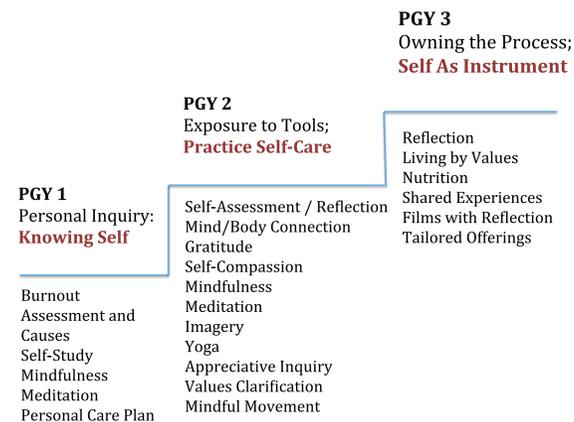
The Physician as Leader (PAL) Curriculum was designed with a focus on the Institute of Healthcare Improvement (IHI) Triple Aim. **Physician wellness was developed as a central component to the curriculum.**

One curricular block per year is dedicated to the PAL curriculum, allowing a deep dive to explore each of the three aims as well as develop physician wellness strategies.

### Physician as Leader Curriculum



Each Friday afternoon of the block is committed to Physician Wellness. The structured time to explore strategies for building resilience allows a culture of wellness to develop within the residency.



## CURRICULUM EVOLUTION

The initial institution of a concentrated physician wellness curriculum in the PAL 2 rotation led to greater interest and support for a longitudinal program. (*See timeline below*)

Resident initiated and led first year physician wellness curricula revealed a commitment not only to their own individual wellness but a culture of wellness that inspired growth of the curriculum throughout the residency and Department of Family Medicine and Community Health.



Right: Yoga practice with our Family Health Center of Worcester residents



Left: A reflective walk in the woods with our Barre Family Health residents

*"The wellness curriculum has really helped me to think about my wellness as a provider in a different perspective. I can now appreciate what it means to practice self compassion and self care even during the busy and stressful times because if I am well, I will provide better care for my patients. The curriculum not only teaches what wellness is, but it also teaches how to be well. And these really are great lifelong skills for living well that the residents can carry forth with them."*  
Resident Participant

## OUTCOMES

Resident wellness scores as measured by validated instruments improved from baseline to 3-month follow-up period with increases in reported self kindness and compassion and decreases in self judgment.

### Resident Performance on Standardized Wellness Scales (Pre and post PAL 2 intervention\*)

Scale and subscales	Pre (mean, SD)	3-month post (mean, SD)
Self-Compassion Scale		
Self-kindness	5.67 (1.66)	6.56 (0.73)
Self-judgment	6.22 (2.17)	5.33 (0.87)
Common humanities	5.89 (1.36)	6.56 (1.88)
Isolation	6.11 (1.62)	6.67 (1.73)
Mindfulness	6.67 (1.73)	8.11 (1.69)
Over-identified	4.78 (2.17)	5.44 (1.51)
Overall self-compassion	35.33 (6.23)	38.67 (4.82)
Maslach Burnout Inventory		
Professional efficacy	24.78 (7.68)	26.89 (4.29)
Exhaustion	20.44 (9.36)	18.00 (9.88)
Cynicism	15.67 (8.94)	15.33 (8.07)
Perceived Stress Scale	18.11 (6.70)	14.78 (7.05)
Jefferson Empathy Scale	110.56 (18.30)	122.11 (5.49)

\*Statistical testing was conducted between pre- and post-intervention measures but is not being reported due to the small sample size (and resultant lack of power) of residents participating in this pilot wellness curriculum implementation project.

## NEXT STEPS

Further research in both curricular development and program evaluation is needed to determine the impact of the development of resiliency skills during residency on the downstream outcomes such as burnout prevention, productivity, quality of care, expressed empathy, and patient satisfaction.

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## TIMELINE



# Medicine's Sword of Damocles: Does Medical Liability Contaminate the Learning Environment?

Paul H. Rockey, MD, MPH; Nicholas A. Yaghmour, MPP; DeWitt C. Baldwin Jr., MD  
Accreditation Council for Graduate Medical Education



## Dr. DeWitt C. "Bud" Baldwin, Jr.



Since the 1980s, Bud has been asking medical students and residents about their clinical learning experiences, researching their mistreatment, and developing typologies to measure belittlement and humiliation.

## Resident and Fellow Survey: 2014-2017

- Residents and fellows were offered an optional, anonymous survey, querying the frequency of unprofessional treatment.
- Respondents included 44,787 residents and fellows in 19 specialties.

## Belittlement or Humiliation Query

"Over the last 2 weeks, on how many days did someone at work belittle or humiliate you?"

## Unprofessional Treatment Query

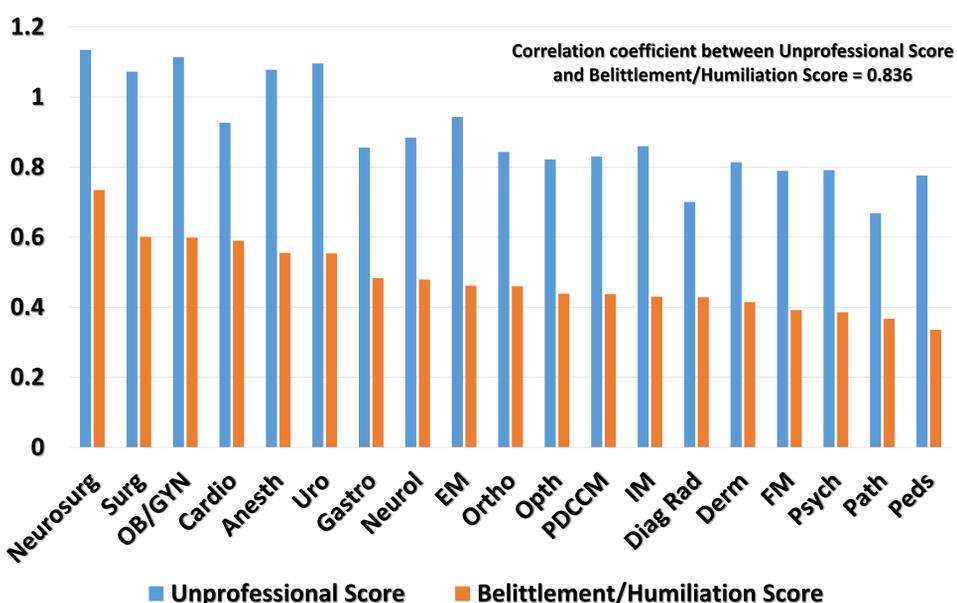
"Over the last 2 weeks, on how many days did someone at work treat you in what you consider to be an unprofessional manner?"

## Scoring of Responses

- The majority of respondents reported zero days of being treated unprofessionally, or experiencing belittlement or humiliation.
- We developed scores for the frequency of mistreatment as follows:

Number of Days Reported	Score
0	0
1	1
2-5	2
6-14	3

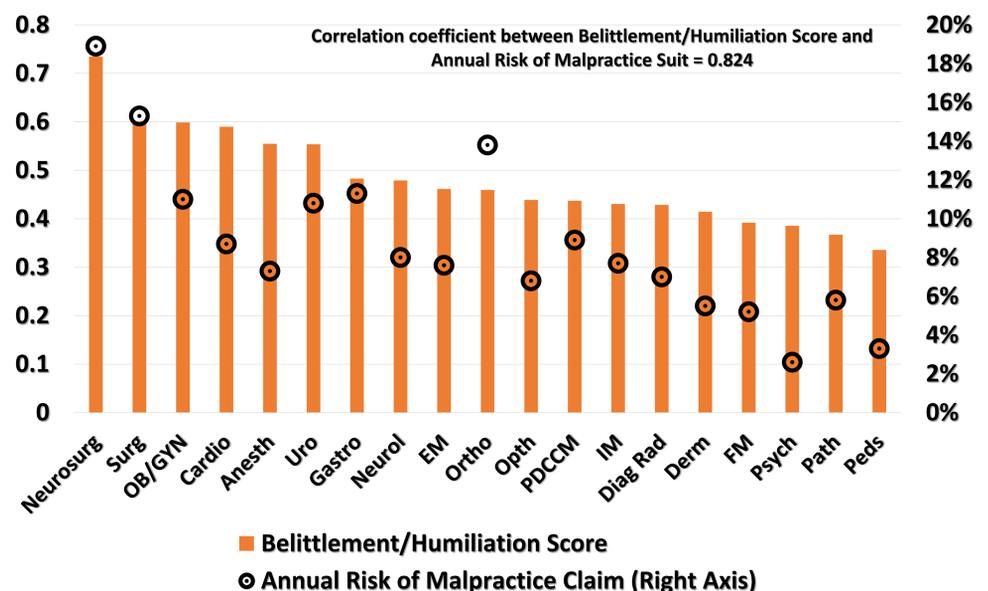
## Mistreatment scores by specialty



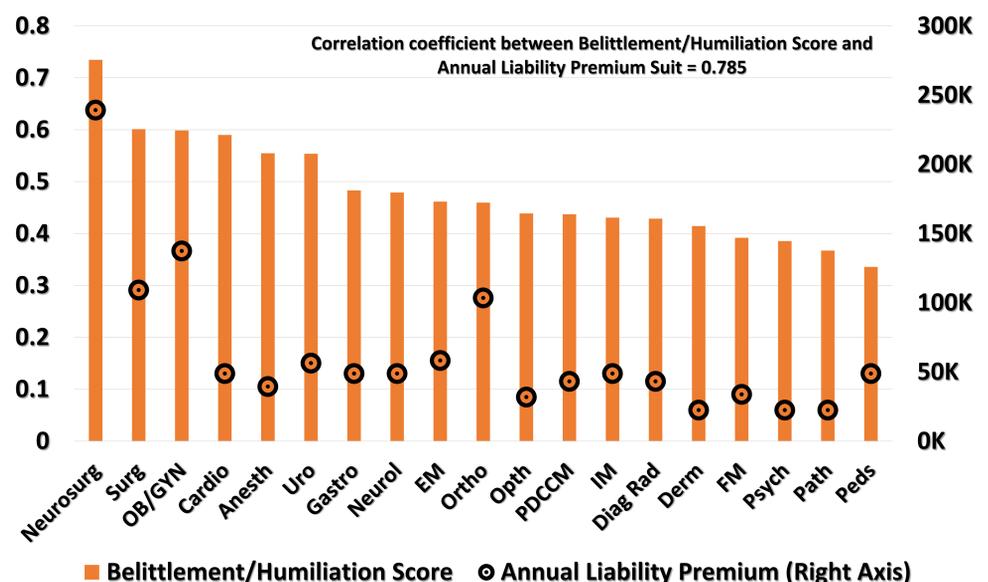
## Study Question

Within specialties, does mistreatment during resident physician training correlate with the frequency of malpractice claims and the cost of liability insurance?

## Belittlement/Humiliation Score vs. Annual Risk of Malpractice Claim



## Belittlement/Humiliation Score vs. Annual Liability Premium

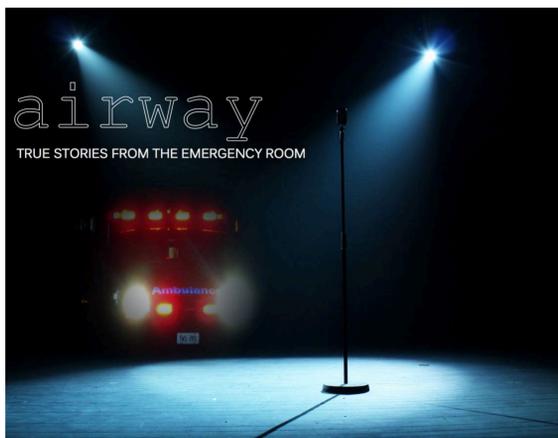


## Conclusions

- Certain specialties exhibit cultures in which a physician is both more likely to be bullied during residency and more likely to suffer a liability claim during practice.
- A survey of surgeons experiencing a medical malpractice suit found increased depression, burnout, and thoughts of suicide.
- Prior studies demonstrate high correlations among resident mistreatment, depression, burnout, and self-reported medical errors.

## Questions

- Does the high risk of bad outcomes place emotional strain on physicians that could lead to the bullying of residents?  
Or
- Do toxic learning environments within certain specialties increase medical liability risks in subsequent practice?



# AIRWAY: TRUE STORIES FROM THE EMERGENCY ROOM

**Arlene S. Chung, MD, MACM<sup>1</sup>\***; **Joshua Schiller MD<sup>2</sup>\***;  
**Mert Eroglu, MD<sup>2</sup>\***; **Loice Swisher, MD<sup>3</sup>**

*<sup>1</sup>Icahn School of Medicine at Mount Sinai; <sup>2</sup>Maimonides Medical Center; <sup>3</sup>Drexel University College of Medicine; \*Founding Member*

## KEY PARTICIPANTS

Initially included Emergency Medicine (EM) residency programs, but now expanded to physicians of all training levels and disciplines

## TARGETED ISSUE

Storytelling can help physicians reflect on their practice, cultivate a sense of empathy, and develop a support network of trusted colleagues. Additionally, sharing experiences through storytelling can decrease emotional exhaustion, an important component of burnout. In addition, reflective practice is an important tool for improving clinical judgment and developing medical expertise. Despite these benefits of storytelling residents and physicians rarely get an opportunity to share their experiences with others in structured supported settings.

## DEVELOPMENT OF THIS PROGRAM

Airway began in 2015 as a local event among Emergency Medicine residency programs in New York City. The events were held with a surprisingly minimal budget and few logistical details, which included simply arranging for a location, time, and date of the event. It has since expanded to other cities across the U.S., including Denver and Cleveland, and to national conferences such as the New York American College of Emergency Physicians (NY ACEP) Scientific Assembly, American Academy of Emergency Medicine (AAEM) Scientific Assembly, and the FemInEM Idea Exchange (FIX). Airway is also hosting its first hospital-wide interdisciplinary event at Maimonides Medical Center in Brooklyn, which will include residents from across all specialties.

## CHALLENGES AND BARRIERS

The importance of HIPAA compliance is clearly emphasized at the beginning of each event, but adherence to the rules is ultimately the responsibility of the storyteller and difficult to address after the fact if there is a breach of confidentiality. Maintaining a safe space for vulnerability has also become increasingly challenging, especially as Airway gains in popularity and size.

## FUTURE DIRECTIONS

Future directions include capturing these shared experiences in the form of audio recordings or a podcast in order to reach an even wider audience who may not have access to a live event. We believe that the benefits of recognizing a shared experience can be derived from simply listening to a story. Additionally, we hope that this model can be used by other residency programs outside of Emergency Medicine to help address our universal challenge of resident burnout, stress, depression, and suicidality.



## GENERALIZABILITY

Given the overwhelming success of Airway and the minimal budget and logistics required, this wellness initiative could easily be replicated at other programs to promote reflective practice, empathy, and a sense of community.

## DESCRIPTION OF THE INITIATIVE

Airway is a voluntary, two-hour, off-campus, “open microphone” storytelling event for residents and faculty to share their personal experiences of being a physician. Stories are brief, usually no more than five minutes in length. While a few stories are solicited and selected in advance, the majority of stories told during these events are spontaneously contributed by the participants. The event supports and encourages a humanity-based perspective of medical practice, encompassing the practitioner, patient, and society at large. In this regard, several components of clinical practice are strengthened, including empathy, reflection, and development of a greater sense of community.

## OUTCOMES AND IMPACT

Story themes at each of our events range from emotionally devastating patient encounters to humorous pearls and pitfalls over a long career in medicine. Discussion among participants during and after the events often touch on issues of emotional exhaustion, depersonalization, compassion fatigue, medical errors, second victim syndrome, and other stressors. A post-event survey distributed after one of our local events revealed that 97% of responders (n=33) felt the event was worthwhile and they would be “extremely likely” (n=21) or “very likely” (n=11) to attend future sessions. Open-ended resident feedback included: 1) the positive nature of the open, honest, safe, and supportive environment for discussion; 2) the camaraderie and relationships developed between residents and faculty; and 3) that the discussion can help individuals process the complex emotions associated with difficult situations.

## LESSONS LEARNED

Storytelling is a powerful and alternative means to standard classroom didactics to directly combat resident stress, isolation, and shame. It can be done with minimal resources and tailored to both small or large groups of residents, fellows, and faculty. Perhaps the most important thing we learned was how a simple idea, such as storytelling, has the power to transform shame and fear into a celebration of shared community and meaning in practice.



<http://airwaystories.org>



@airwaystories