

GME AS KEY LEADERS IN WELL-BEING – LEADING FROM THE MIDDLE TO ENGAGE RESIDENTS, FACULTY AND CMO PARTNERS

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INTRODUCTION / BACKGROUND

NATIONAL DRIVERS FOR WELL-BEING

- Burnout National Safety/Quality/Workforce Issue
- ACGME Common Program Requirements
- CLER (Clinical Learning Environment Review)
- National Academies of Medicine (NAM) action collaborative on clinical well-being and resilience

WHY GME CAN LEAD

- Leverage system partners using new well-being standards
 - ACGME’s prioritization of physician well-being through updated Common Program Requirements (Section VI.C.) and CLER focus area on well-being
 - Aurora one of first sponsoring institutions to receive a CLER site visit under new well-being guidelines
- GME is positioned to lead with urgency by engaging:
 - Residents and Resident Council
 - Faculty and Program Directors
 - Graduate Medical Education Council
 - CMO’s at our participating hospitals
 - Key Human Resources (HR) stakeholders
 - Employee Assistance Program (EAP) and Behavioral Health

PROJECT AIM

Use ACGME’s Common Program Requirements and CLER standards on well-being as unique GME leadership opportunity to achieve the quadruple aim across multiple organizational levels

METHODS: GME LEADS UP FROM MIDDLE

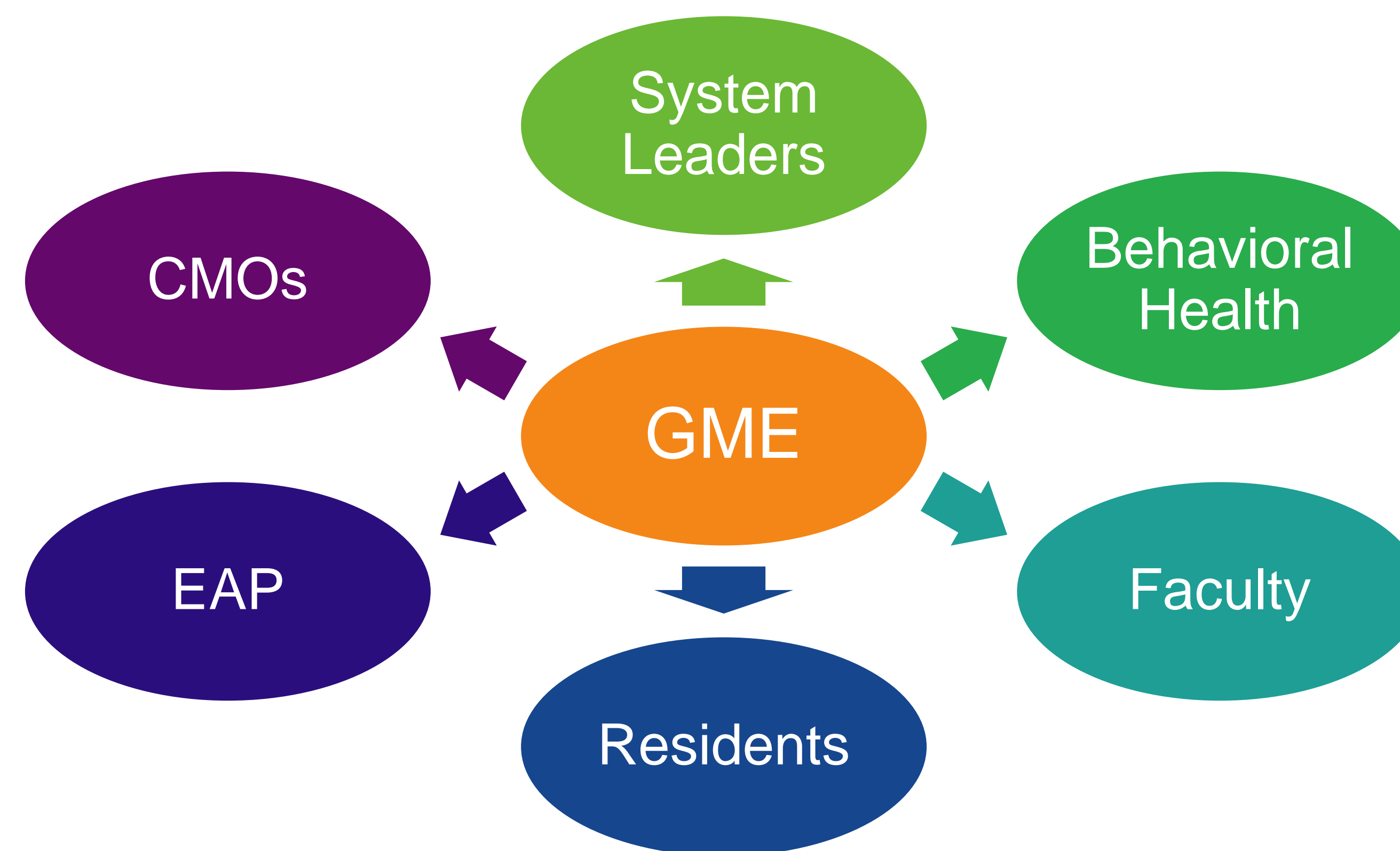
SYSTEM LEVEL

- Take advantage of unique middle 180° lens – seeing up/down
 - GME can “see” and “name” a shared goal – well-being
 - Frame as “win-win” → safety, quality, engagement, workforce retention, meet accreditation standards
 - Bring people, actions, values, direction, and results together to achieve shared goal

METHODS: GME

GMEC LEVEL:

- Leading a 2017 GMEC Well-Being Retreat – attendees included:
 - System leaders including CMOs
 - GMEC and Resident Council Members
- Attendees recognized that GME well-being reaches beyond GME and GME needs to engage in partnerships with system leaders



RESULTS: SYSTEM

STRATEGIC POSITIONING: GME VOICE(S) = IN THE “ROOM WHERE IT HAPPENS”

- **June 2017 to Present:** Key GME Advocates sit on System-Wide Well Being Steering Committee
- **December 2017:** Invitation to System Wide Clinician Well-Being Summit focused on Nursing/Physician/AP - 3 GME Representative / 100 Invited

PARTNERSHIPS

- **April 2017 to Present:** Resident crisis action plan developed in partnership with EAP, Human Resources, Behavioral Health, GMEC & Resident Council
- **January 2018 – Present:** Member AHC Well-Being Inventory Implementation Workgroup

RESULTS: GME AND PROGRAM

INNOVATIONS

- Monthly noon conference across all programs incorporates sessions on well-being
- GMEC, Resident Council and Four Residency Programs selected to participate in AIAMC NI-VI using IHI quality improvement model
- Quarterly coordinator meeting session focused on well-being

METRICS

- **Goal:** To use existing data sets and/or add well-being items to existing initiatives to support benchmarking to local/national data

METRIC	PROCESS	OUTCOME
ACGME well-being program inventory submitted by all program 2x/yr for review at GMEC	✓	
Annual Program Evaluation (APE) section on well-being	✓	
GME wide end of rotation evaluation form includes well-being item	✓	
Annual Press-Ganey Engagement Survey Items related to well-being	✓	✓
Well-Being Inventory	✓	✓
ACGME Resident/Faculty Surveys	✓	✓

WHAT WE ARE LEARNING

TO INCREASE STAKEHOLDER ENGAGEMENT

- Identify and frame well-being as a ‘win-win’ for all stakeholders → resources (Well-Being Index)
 - GME’s ability to influence organizational changes is an opportunity to improve the well-being of our faculty, residents and those across the system
- Partner with system leadership early on
- Make things count 3x at least (to minimize stress)