The ACGME’s Initiatives on Well-Being
Our Mission
“We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”

ACGME Mission Statement
ACGME’s Four Philosophical Pillars

• Excellence in the safety and quality of care rendered to patients by residents today

• Excellence in the safety and quality of care rendered to patients by today’s residents in their future practice

• Excellence in professionalism through faculty modeling of:
  ▪ The effacement of self-interest in a humanistic environment that supports the professional development of physicians
  ▪ The joy in curiosity, problem-solving, intellectual rigor, and discovery

• Commitment to the well-being of the residents, faculty members, students, and all members of the health care team
We are aware that the ACGME cannot solve this challenge alone.
ACGME’s Strategy and Role in Resident Physician Well-Being
Address the need in the Graduate Medical Education Community

Convene and support the GME Community

- Internal Task Force to understand the scope of resident and physician suicide
- “Call to Arms” at the March, 2015 Annual Educational Conference
- Formation of an ACGME Board Task Force on Physician Well-Being
- Annual ACGME Symposia on Physician Well-Being starting in 2015
- Remolding of CLER Visit Program to include Clinician Well-Being 2016
- Revision of the Common Program Requirements, 2015-Present
  - Common Framework to Address Context
- Disseminate tools, salutary practices, new knowledge
  - To Bring About Culture Change
The ACGME Task Force on Physician Well-Being

**EDUCATION SUBGROUP**
- Timothy Brigham, MDiv, PhD *
- Donald Brady, MD †
- Stanley Ashley, MD
- Carol Bernstein, MD *
- Jordan Cohen, MD
- Helen Haskell, MA
- Kari Hortos, DO
- Dinchen Jardine, MD
- Cristin McDermott, MD
- Amanda Pannu, MD
- James Taylor, DMan, MHA, MBA
- Edwin Zalneraitis, MD

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- DeWitt Baldwin, MD
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- Timothy Brigham, MDiv, PhD *
- Kenneth Ludmerer, MD, MACP
- Deborah Simpson, PhD
- Alison Smith, MPH, RN
- Nick Yaghmour, MPP ‡

* Task Force Co-Chair  
† Subgroup Co-Chair  
‡ Consultant
Well-Being

- Symposium
- Tools and Resources
- Resident Survey
- Back to Bedside
- National Academy of Medicine (NAM)
SYMPOSIUM ON
PHYSICIAN WELL-BEING

FIRST ANNUAL SYMPOSIUM:  NOVEMBER 17-18, 2015
SECOND ANNUAL SYMPOSIUM:  NOVEMBER 30 -DECEMBER 1, 2016
THIRD ANNUAL SYMPOSIUM: NOVEMBER 29-30, 2017
2017 Symposium Planning Committee
2017 Symposium

Goals

1. Highlight **successes** in physician well-being at various levels—from personal to organizational—and identify common themes, processes, and replicable strategies.

2. Understand the **science of connectivity** and its importance to physician well-being

3. Advise the ACGME on ways to serve as an effective agent of positive transformational change for resident well-being via the **creation of more connected and inclusive training environments**
Goals (continued)

4. Explore how *organizational change principles and strategies* can be applied to creating and sustaining programs to support physician well-being.

5. Identify opportunities to *sustain the momentum of this symposium* and apply the lessons learned to programs, institutions, and organizational cultures.
2017 Symposium Focus Areas

- Success
- Connectedness & Inclusion
- Organizational Change
- Momentum
2017 Symposium
Guest Speakers

Arthur Hengerer, MD
Amy Banks, MD
Kristen Eckstrand, MD, PhD
Kevin Mitchell, MD, Pharm D
Jo Shapiro, MD
Katherine Kellogg, PhD, MBA
2017 Symposium
Highlight Video

https://vimeo.com/253870574/0fef85e3d0
Save the Date
November 28-29, 2018
Tools and Resources
For Resident and Faculty Member Well-Being
Tools and Resources
Subgroup
Common Program Requirements
Section VI

VI.C. Well-Being

In the current healthcare environment … Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

VI.C.1. This responsibility must include:

VI.C.1.e) attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: (Core)
VI.C.1.e) **Background and Intent:** Programs and Sponsoring Institutions are encouraged to review materials in order to create systems for identification of burnout, depression, and substance abuse. Materials and more information are available on the Physician Well-Being section of the ACGME website ([http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being](http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being)).
Tools and Resources
Selection Criteria

1. Five Content Areas
   • Directly related to Section VI requirements
   • Items from Sections I-V may be addressed in the future

2. Must be useful to a broad, external audience

3. May be either Open-Access or Proprietary

4. Must have been created for—or used with—physicians

5. Preference given to tools and resources with existing validity evidence
Tools and Resources

Five Content Areas

1. Identifying and Addressing Burnout
2. Promoting Well-Being
3. Assessing and Addressing Emotional and Psychological Distress / Depression / Suicide
4. Improving the Learning and Working Environment
5. Coping with Tragedy
Tools and Resources
Website Update

• Designed to make tools and resources accessible and easy to find

• Identifies each tool or resource by type of use (screening / survey instrument, educational module, etc.)

• Designates proprietary items, as such
Physician Well-Being

Tools and resources compiled by the Task Force on Physician Well-Being for institutions and programs to use in addressing well-being and wellness locally.
http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources
Identifying and Addressing Burnout

Tools and resources in this content area provide suggestions that may help in identifying and addressing burnout in residents, fellows, and faculty members. Information on program- and institution-level interventions to reduce burnout and increase engagement can also be found in the section on "Improving the Learning and Working Environment."

Promoting Well-Being

Section VI of the ACGME's Common Program Requirements states: "Self-care is an important component of professionalism, (and) a skill that must be learned and nurtured in the context of other aspects of residency training." These items may be useful as part of the process to assess and enhance physician physical, psychological, and emotional well-being.

Assessing and Addressing Emotional and Psychological Distress/Depression/Suicide

This section is designed to provide select resources to help identify, assess, and assist individuals with emotional and/or psychological distress, and to provide education to reduce the stigma of seeking mental health care. Screening tools for depression and suicidal ideation should not be used for self-screening, but can be part of a comprehensive effort to link such tools to mental health resources at a local level. For example, the American Foundation for Suicide Prevention's Interactive Screening Program links individuals with a health care provider who screens results. It is also important to note that only a qualified health care professional can diagnose or treat depression or other forms of mental illness.

Section VI of the ACGME's Common Program Requirements mandates access to confidential, affordable mental health assessment, counseling, and treatment, including urgent and emergent care.

Improving the Learning and Working Environment

The ACGME Common Program Requirements state: "The creation of a learning and working environment with a culture of respect and accountability for physician well-being is crucial to physicians' ability to deliver the safest, best possible care to patients." Tools and resources in this content area offer guidance to programs and institutions on ways to enhance the focus on well-being in their unique learning and working environment.

Coping with Tragedy

Tools and resources in this section are designed to assist individuals, as well as programs and communities, in coping with a tragedy or disaster. Resources focus on communication, crisis response, and mitigating the psychological and psychosocial consequences of the event.
Identifying and Addressing Burnout

Tools and resources in this content area provide suggestions that may help in identifying and addressing burnout in residents, fellows, and faculty members. Information on program- and institution-level interventions to reduce burnout and increase engagement can also be found in the section on "Improving the Learning and Working Environment."

American Medical Association – Mini-Z Burnout Inventory (Screening/Survey Instrument)
Promoting Well-Being

American Medical Association – Improving Physician Resiliency (Educational Module)

Association of Pediatric Program Directors – Optimizing Your Mentoring Relationship: A Toolkit for Mentors and Mentees Via MedEdPORTAL (Toolkit)

LIFE Curriculum Guides: Guide 1 and Guide 2 (Educational Modules on Resident Well-Being, Fatigue Mitigation, Substance Abuse and Other Challenging Situations)

Mayo Clinic Well-Being Index (Screening/Survey Instrument, Proprietary)
Tools and Resources

After a Suicide: A Toolkit for Physician Residency/Fellowship

After a Suicide: A Toolkit for Physician Residency/Fellowship

Identifying and Addressing Suicide

Processing Your Emotions

Working with Patients and Families

Improving the Learning and Working Environment

Supporting Your Peers

Other Institutions and Partners

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Other Institutional/Partner Sites and Resources

This selection of additional resources shared by leaders in health care may be useful for GME programs and institutions.

Academic Life in Emergency Medicine – Wellness Think Tank (Collection of Resources)

Academy of Communication in Healthcare – Communication Rx: Transforming Healthcare Through Relationship-Centered Communication (Collection of Resources)

Alliance for Academic Internal Medicine – Collaborative for Healing and Renewal in Medicine (CHARM) (Collection of Resources, Annotated Bibliography)

American College of Emergency Physicians – Wellness Wheel (Categorization of Dimensions of Physician Wellness)

Association of American Medical Colleges – Well-Being in Academic Medicine (Collection of Resources)

Brandeis University – C-Change Program (Screening/Survey Instrument, Proprietary)

National Academy of Medicine – Action Collaborative on Clinician Well-Being and Resilience (Collection of Resources)

National Collegiate Athletic Association – Mental Health (Educational Resources, Research Related to Mental Health for Collegiate Athletes)

The Schwartz Center – Schwartz Rounds (Instructions for Creating a Physician Support Group, Process Description)

University of Michigan – The Sen Lab (Bibliography)

University of Pennsylvania – Positive Psychology Center (Collection of Resources)

View additional resources and information shared at previous ACGME Symposia on Physician Well-Being
Resident and Faculty Survey

Establishing Baseline Data on Well-Being of Trainees and Faculty

12 New Well-being Items
Back to Bedside
Fostering Meaning in the Learning Environment
The ACGME Council of Review Committee Residents (CRCR) designed the “Back to Bedside” initiative to empower residents and fellows to develop transformative projects that combat burnout by fostering meaning in their learning environments; engaging on a deeper level with what is at the heart of medicine: their patients.

The ACGME received 223 proposals focusing on:

- Creating opportunities for more time engaged in direct, meaningful patient care
- Developing a shared sense of teamwork and respect among colleagues
- Decreasing effort spent on non-clinical, administrative responsibilities
- Fostering a supportive, collegial environment
- Increasing patient satisfaction through more meaningful time with their care delivery team
Project Recipients

**Baylor College of Medicine**  
Brett Styskel, MD and Reina Uchino Styskel, MD  
Internal Medicine  
*Humanism Rounds: Fighting Physician Burnout Through Strengthened Human Connection*

**Case Western Reserve University/University Hospitals Cleveland Medical Center**  
James M. Wright, MD  
Neurological Surgery  
*Back to the Future: Surgical Rehearsal Platform (SRP) Technology as a Means to Improve Surgeon-Patient Alliance, Patient Satisfaction, and Resident Experience*

**Children’s Hospital of Philadelphia**  
Nathaniel D. Bayer, MD  
Pediatrics  
*What’s in a Name? Strengthening the Care Relationship from the Start*

**Children’s Hospital of Philadelphia**  
Bryn Carroll, MD  
Pediatrics  
*Project SPHERE: Shaping a Patient- and Housestaff-Engaged Rounding Environment*

**Cleveland Clinic Foundation**  
Dhruvika Mukhija, MD  
Internal Medicine  
*Tracking Device Guided Feedback to Enhance Patient-Physician Interaction*

**Dartmouth-Hitchcock/White River Junction VAMC**  
John Howe, MD & Swapna Sharma, MD  
Internal Medicine  
*Back to Bedside to Recentralize the Patient Story and Social and Behavioral Determinants of Health for Complex Veterans*

**Emory University School of Medicine**  
Jhody-Ann Hendricks, MD  
Neonatal-Perinatal Medicine  
*Case Pearls: Incorporating Technology at the Bedside*

**Hofstra Northwell School of Medicine at Cohen Children’s Medical Center**  
Joshua Belfer, MD  
Pediatrics  
*Resident Trading Card Program*
<table>
<thead>
<tr>
<th>Institution</th>
<th>Project Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>All About Us: Starting the Conversation on Patient and Provider Values</td>
<td>Nicole Nghiem, MD, Pediatrics</td>
</tr>
<tr>
<td>Kaiser Permanente Southern California (Los Angeles)</td>
<td>The 6th Vital Sign: Reconnecting with our Patients as a Means to Improve Resident and Patient Experiences</td>
<td>Isabel Chen, MD, Family Medicine</td>
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<tr>
<td>Morehouse School of Medicine</td>
<td>Centering Pregnancy and Centering Ourselves</td>
<td>Emily Wang, MD, MPH, OB-GYN</td>
</tr>
<tr>
<td>New York Presbyterian Hospital (Columbia Campus)</td>
<td>Improving Physician Engagement through Emotional Intelligence, Self-Efficacy and Motivation</td>
<td>Liliya Pospishil, MD, Adult cardiothoracic anesthesiology</td>
</tr>
<tr>
<td>New York University School of Medicine</td>
<td>Back to Bedside: Doctors, Let’s Do Lunch!</td>
<td>Surein Theivakumar, DO, Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td>Oregon Health &amp; Science University</td>
<td>Returning the Patient to Medical Conferences: Can we improve physician burn-out?</td>
<td>Katherine A. Kelley MD &amp; Heather E. Hoops MD, MS, Surgery</td>
</tr>
<tr>
<td>Scripps Mercy Hospital (Chula Vista)</td>
<td>Trainees to the Bedside</td>
<td>Usha Rao, MD, Family Medicine</td>
</tr>
<tr>
<td>University at Buffalo</td>
<td>Redefining Meaning in Residency</td>
<td>AnneMarie Laurri, MD, Internal Medicine</td>
</tr>
<tr>
<td>UCLA David Geffen School of Medicine/UCLA Medical Center/Olive View</td>
<td>A Novel Approach to Restructuring the Emergency Department Workflow to Improve the Resident Physician Educational Experience</td>
<td>Kyle Ragins, MD, MBA, Emergency Medicine</td>
</tr>
</tbody>
</table>
Project Recipients (continued)

University of California (San Diego) Medical Center
Ali Mendelson, MD
Hospice and Palliative Medicine (Multidisciplinary)
Capturing Dignity

University of Colorado
Emily Ambrose, MD
Otolaryngology
Time to Teach: A Time-banking Initiative to Promote Resident Led Patient Education

University of Connecticut
Erin Goode, DO and Owen Kahn, MD
Pediatrics
Building meaning in the work of residents through enhanced communication

University of Maryland School of Medicine
Ahmed Khan, MD
Cardiovascular Disease
"Inspire. Mentor. Recognize."

University of Massachusetts Medical School
Emily Chen, MD & Emily Levoy, MD
Internal Medicine/Pediatrics
Mindful Rounding: A Back to Bedside Initiative

University of Michigan Health System
Jenna Devare, MD
Otolaryngology
Meaningful Encounters at the Bedside: A Novel Resident Wellness Program

University of Minnesota
Carly Dirlam, MD
Psychiatry
Mental Health Electronic Medical Record Clinical Tools

University of North Carolina Hospitals
Kathryn Haroldson, MD
Internal Medicine
The FaceTime Fraction: A Patient-Focused Shift in Emphasizing Empathic Communication and Multidisciplinary Rounding

UPMC Medical Education
Alicia Topoll, MD
Cardiology
Addressing Code Status Discussions and Interventions for Vascular Surgeons
Project Recipients (continued)

University of Texas Health Science Center School of Medicine at San Antonio
Morgan Hardy, MD, MPH
Psychiatry
*Bedside Therapy*

University of Texas Southwestern Medical School
Kershaw Patel, MD
Cardiology
*Cardiac Point of Care Ultrasound: Bringing Internal Medicine Residents Back to the Bedside on Inpatient Cardiology Rotation*

University of Vermont Medical Center
Michelle Lombardo, MD
Family Medicine
*Bringing Residents Back to Bedside: A Continuity Hospital Discharge Clinic*

University of Washington
Kathryn M Stadeli, MD and Jay Zhu, MD
Surgery
*"Standardizing Evening Bedside Huddles To Promote Patient-Centered Care and Inter-Disciplinary Teamwork"*
2017 Back to Bedside
Specialty of Project Recipients (n = 30)

- Internal Medicine: 16.7%
- Pediatrics: 16.7%
- Family Medicine: 10.0%
- Cardiology / Cardiovascular Disease: 10.0%
- Surgery / Neurological Surgery: 10.0%
- Otolaryngology: 6.7%
- Psychiatry: 6.7%
- Adult Cardiothoracic Anesthesiology: 3.3%
- Emergency Medicine: 3.3%
- Hospice and Palliative Medicine: 3.3%
- Internal Medicine / Pediatrics: 3.3%
- Neonatal-Perinatal Medicine: 3.3%
- OB-GYN: 3.3%
- Physical Medicine & Rehabilitation: 3.3%
CLER PATHWAYS TO EXCELLENCE

Expectations for an optimal clinical learning environment to achieve safe and high quality patient care

Version 1.1
Table of Contents

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Well-being *(Selected Topics)*

The delivery of safe and high quality patient care on a consistent and sustainable basis can only be rendered when the well-being of clinical care providers is assured. The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and clinical care team.

**WB Pathway 1: Clinical learning environment promotes well-being across the clinical care team to ensure safe and high quality patient care**

**PROPERTIES INCLUDE:**

- The clinical site creates a supportive clinical care community that is free of stigma, safe, and embraces, promotes, and supports well-being.
- Leadership engages front-line health care providers in designing and developing priorities and strategies that support well-being.
- The clinical site builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of fatigue in the context of patient care specific to the clinical site.
- The clinical site builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of burnout in the context of patient care specific to the clinical site.
- Clinical learning environment and GME leadership demonstrate behaviors that promote well-being, thereby serving as role models for the clinical care team.

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WB Pathway 2: Clinical learning environment demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members

PROPERTIES INCLUDE:

- Leadership engages residents, fellows, and faculty members in designing, developing, and continually stewarding priorities and strategies that support well-being.

- Clinical learning environment demonstrates continuous effort to support programs and activities that enhance the physical and emotional well-being of residents, fellows, and faculty members.

WB Pathway 3: Clinical learning environment promotes an environment where residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations

PROPERTIES INCLUDE:

In the context of patient care specific to the clinical site and in collaboration with the GME community, the clinical learning environment:

- Establishes organizational expectations for resident, fellow, and faculty member workload—duration and intensity—consistent with safe and high quality care for their patients and the educational needs of GME.

- Identifies and monitors patient care activities by residents, fellows, and faculty members that exceed the expectations of duration and intensity (volume and complexity) set by the clinical learning environment.

- Demonstrates continued improvement efforts to eliminate work-related activities that exceed the expectations of duration and intensity (volume and complexity) set by the clinical learning environment.
**Well-being (Selected Topics) CONTINUED**

**WB Pathway 4: Clinical learning environment demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members**

**PROPERTIES INCLUDE:**

In the context of patient care specific to the clinical site and in collaboration with the GME community, the clinical learning environment:

- Promotes resilience training that is interprofessional and includes residents, fellows, and faculty members to ensure the safe and effective care of their patients.

- Ensures systems are in place to actively recognize and mitigate fatigue among residents, fellows, and faculty members.

- Ensures systems are in place to actively recognize and alleviate burnout among residents, fellows, and faculty members.

- Identifies GME-related systems and processes that may impede well-being in the clinical learning environment and works with the Sponsoring Institution to eliminate these impediments.

- Identifies clinical site-related systems and processes that may impede well-being in the clinical learning environment and works to eliminate these impediments.
WB Pathway 5: Clinical learning environment demonstrates mechanisms for identification, early intervention, and ongoing support of residents, fellows, and faculty members who are at risk of or demonstrating self-harm

PROPERTIES INCLUDE:

In the context of patient care specific to the clinical site and in collaboration with the GME community, the clinical learning environment:

- Builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of those who are at risk of or demonstrating self-harm.

- Ensures confidentiality and actively facilitates early detection of residents, fellows, and faculty members at risk of or demonstrating self-harm.

- Establishes systems or processes that provide residents, fellows, and faculty members at risk of or demonstrating self-harm confidential access to treatment and other related services that is commensurate with occupational and personal needs.

- Effectively addresses the emotional needs of its residents, fellows, and faculty members in relation to catastrophic work-related events (in the course of patient care or among the members of the clinical care team).
Well-being (Selected Topics) CONTINUED

WB Pathway 6: Clinical learning environment monitors its effectiveness at achieving the well-being of the clinical care team

PROPERTIES INCLUDE:

In the context of patient care specific to the clinical site and in collaboration with the GME community, the clinical learning environment:

• Actively monitors and assesses the effectiveness of its efforts to promote the optimal integration of work with personal needs related to self, family, friends, and community.

• Actively monitors and assesses the effectiveness of its efforts to eliminate harm to patients due to clinician fatigue.

• Actively monitors and assesses the effectiveness of its efforts to eliminate harm to patients due to clinician burnout.

• Actively monitors and assesses the effectiveness of its efforts to assess and provide care for those who are at risk of or demonstrating self-harm.
National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience
NAM Action Collaborative

Goals

1. **Improve baseline understanding** across organizations of challenges to clinician well-being

2. **Raise visibility** of clinician stress and burnout

3. **Advance evidence-based, multidisciplinary solutions** to reverse depression, anxiety, and burnout, leading to improvements in patient care by caring for the caregiver
NAM Action Collaborative
Leadership and Support Teams

Chair: Victor Dzau
Co-Chairs: Darrel Kirch, Tom Nasca
Chief of Staff: Morgan Kanarek
Support: Alexander Ommaya, Tim Brigham
NAM Staff: Charlee Alexander, Mar Zindel, Kimber Bogard, Sharyl Nass
NAM Action Collaborative
Steering Committee

Team of 12 people:
- Leadership Team
- Two leads from each of 4 working groups
- One early career professional

Works to:
- Provide support and strategic direction for the Collaborative
- Organize 2-3 public meetings per year
- In conjunction with public meetings, meet in-person to:
  - Discuss progress and direction of workgroups
  - Determine if Collaborative is meeting anticipated goals
1. Research, Data, and Metrics
2. Conceptual Model
3. Messaging and Communications
4. External Factors and Workflow
NAM Action Collaborative
Working Groups (continued)

Teams of 12-15 people:
1. NAM Staff Leads (x1-2)
2. Work Group Leads (x2)
3. Collaborative Participants

Specific to Each Group:
• Mission and Goals
• Anticipated Products
• Two-Year Timeline
• Monthly Calls (to discuss products and progress)
NAM Action Collaborative
Organization and Strategy

Current Sponsors: 36
  • Accreditation Council for Graduate Medical Education

Current Non-Sponsor Experts: 21
  • Carol Bernstein (NYU School of Medicine)

Network Organizations: 104
December Meeting Agenda

13:00-13:20pm Networking break and pick-up lunch (next 120 min per function area)
12:00-12:30pm Lunch break (next 30 min per function area)

12:00-1:30pm
Steering Committee meetings (next 90 min)

5:00-6:30pm Networking Social (next 120 min)

3:30-4:00pm
Update on patient safety and care coordination (next 30 min per function area)

2:30-3:00pm
Update on patient safety and care coordination (next 30 min per function area)

1:30-2:00pm
Update on patient safety and care coordination (next 30 min per function area)

10:30-11:00am
Athena discussion with practice managers (next 30 min)

10:00-10:30am
Resource development by working groups (next 30 min)

9:30-10:00am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

9:00-9:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

8:15-8:45am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

8:00-8:15am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

7:30-8:00am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

7:00-7:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

6:00-6:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

5:00-5:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

4:00-4:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

3:00-3:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

1:30-2:00am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

12:30-1:00am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

11:30-12:00am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

10:30-11:00am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

9:00-9:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

8:00-8:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)

7:00-7:30am
Towards a new paradigm for patient care: The El Paso story (next 30 min per function area)
Future Direction

• Extend Collaborative for 2 more years (a total of 4 years)

Consensus Study on Clinician Well-Being

• Statement of Task

• Potential Sponsors
  o Generate list of potential sponsors (philanthropies, federal agencies currently participating, and current network organizations)
  o Begin fundraising for the study (Oct 2017; ramp up Jan 2018)
## NAM Action Collaborative Meeting Schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
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<td>July 13-14</td>
<td>May 2-3</td>
<td>September TBD</td>
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<td>December 14-15</td>
<td>October 4-5</td>
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To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis
Victor J. Dezu, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.

The ethical principles that guide clinical care—a commitment to benefiting the patient, avoiding harm, respecting patient autonomy, and striving for justice in health care—affirm the moral foundation and deep meaning underlying many clinicians’ view of their profession as a worthy and gratifying calling. It is clear, however, that owing to the growing demands, burdensome tasks, and increasing stress experienced by many clinicians, alarmingly high rates of burnout, depression, and suicide threaten their well-being. More than half of U.S. physicians report significant symptoms of burnout—a rate more than twice that among professionals in other fields. Moreover, we know that the problem starts early. Medical students and residents have higher rates of burnout and depression than their peers who are pursuing nonmedical programs, professional societies, and specialties to confront the crisis. But no single organization can address all the issues that will need to be explored and resolved. There is no mechanism for systematically and collectively gathering data on, analyzing, and mitigating the causes of burnout. The problem is not lack of concern, disagreement about the severity or urgency of the crisis, or absence of will to act. Rather, there is a need to coordinate and synthesize the many ongoing efforts within the health care community and to generate maximum and collective action to accelerate progress. Furthermore, any solution will need to involve key influencers beyond the health care community, such as information technology (IT) vendors, payers, regulators, accreditation agencies, policymakers, and patients. We believe that the institutional
Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout

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January 29, 2018

Introduction

A range of factors drives clinician burnout, including workload, time pressure, clinical burden, and professional isolation [1]. Clinical burden, especially documentation of care and order entry, is a major driver of clinician burnout. Recent studies have shown that physicians spend as much as 50 percent of their time completing clinical documentation [2]. Nurses similarly spend up to half of their time fulfilling clinical documentation requirements and data entry for other demands such as quality reporting and meeting accreditation standards [3]. In the outpatient setting, patients will often describe clinical team members going through documents and computer screens.

Background

Clinician well-being and fulfillment in work is critical for patient safety and health system function [4]. Fulfillment in work has been ascribed to three factors: (1) mastery; competency and proficiency in the work to be done; (2) autonomy; having some element of influence over the work that is performed; and (3) purpose; a connection to fulfilling a societal need in an environment where one's profession is honored and valued [5]. The current epidemic of clinician burnout is related to these factors. Clinicians increasingly feel burdened by administrative tasks that seem to not add value to patient care and are unrelated to the reasons they chose to be clinicians.
A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience

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January 29, 2018

Introduction

In 1999, the Institute of Medicine (IOM) released its landmark report, To Err Is Human: Building a Safer Health System [1] which revealed that a significant number of people die annually from medical errors. The report spurred two decades of action on the part of hospitals and health care professionals to improve patient safety. The IOM renamed the National Academy of Medicine (NAM) in 2015 addressing the issue of clinician well-being. The Action Collaborative on Clinician Well-Being and Resilience (the “action collaborative”) was launched in January 2017 in response to the unprecedented scale of the current epidemics of burnout, emotional exhaustion, and turnover among clinicians.
FACTORs AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS
- Alignment of societal expectations and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HFr policies and compensation issues
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
- Bureaucracy
- Consequent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT
- Autonomy
- Collaborative, vs. competitive environment
- Curriculum
- Health IT interoperability and usability/electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

INDIVIDUAL FACTORS

HEALTH CARE ROLE
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/teacher role
- Patient population
- Specialty-related issues
- Student/faculty responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Inclusion and connectivity
- Family dynamics
- Financial stress/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Professional values, ethics, and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES
- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing workflow
- Organizational skills
- Resilience
- Teamwork skills

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