The ACGME’s Initiatives on Well-Being

Our Mission

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“We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. ”

ACGME Mission Statement

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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

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We are aware that the ACGME cannot solve this challenge alone.

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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

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The ACGME Task Force on Physician Well-Being

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- Carol Bernstein, MD *
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- Carol Bernstein, MD *
- 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

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Well-Being

- Symposium
- Tools and Resources
- Resident Survey
- Back to Bedside
- National Academy of Medicine (NAM)

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ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

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

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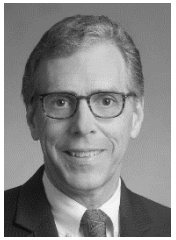
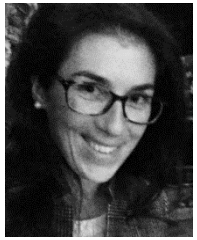
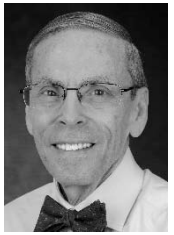
2017 Symposium Planning Committee







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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**

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2017 Symposium 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.

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2017 Symposium Focus Areas

- Success
- Connectedness & Inclusion
- Organizational Change
- Momentum

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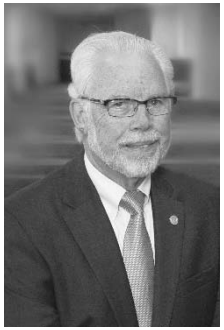
2017 Symposium
Guest Speakers



Arthur Hengerer, MD

Amy Banks, MD

Kristen Eckstrand, MD, PhD

Kevin Mitchell, MD, Pharm D

Jo Shapiro, MD

Katherine Kellogg, PhD, MBA

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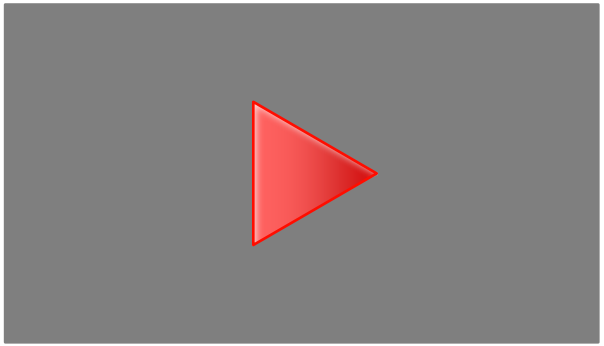
2017 Symposium
Highlight Video



https://vimeo.com/253870574/0fef85e3d0

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Save the Date

November 28-29, 2018

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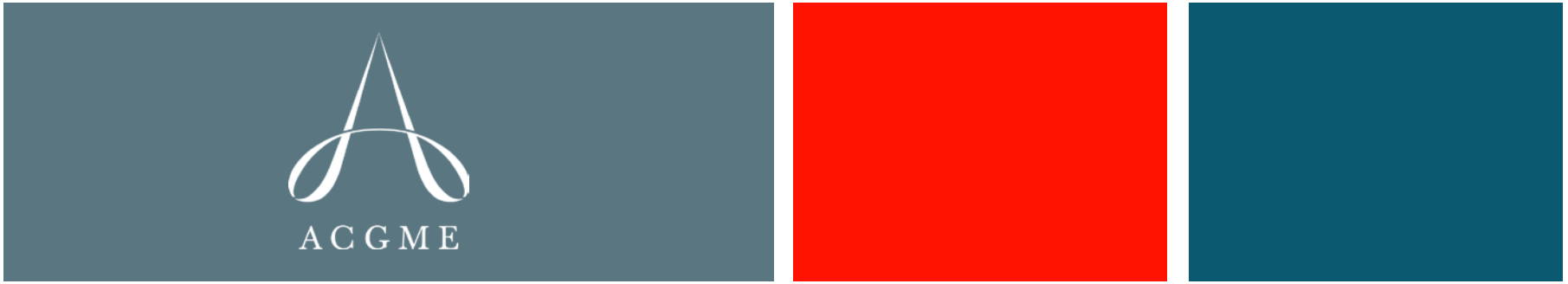
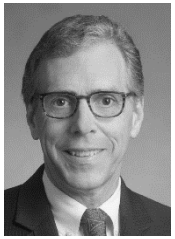
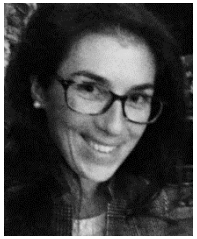


Tools and Resources

For Resident and Faculty Member Well-Being

Tools and Resources

Subgroup

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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)

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Common Program Requirements
Section VI

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).

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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**

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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

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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**

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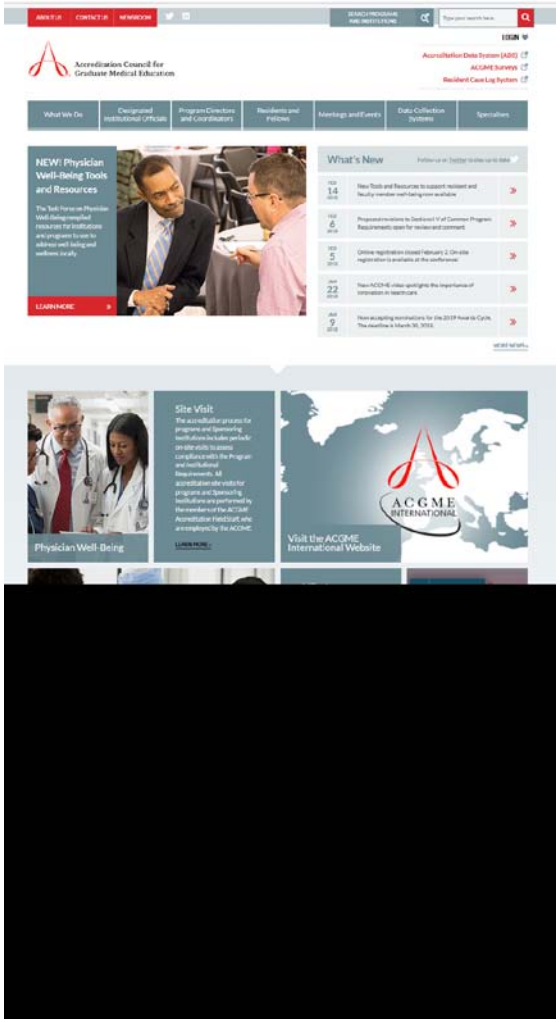

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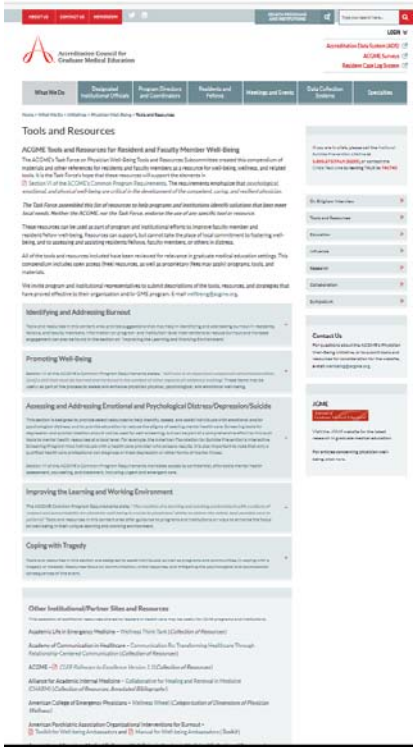

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http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

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information about concerns or complaints relating to a program.

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.

JGME

Journal of Graduate Medical Education

Visit the *JGME* website for the latest research in graduate medical education.

For articles concerning physician well-being, click here.

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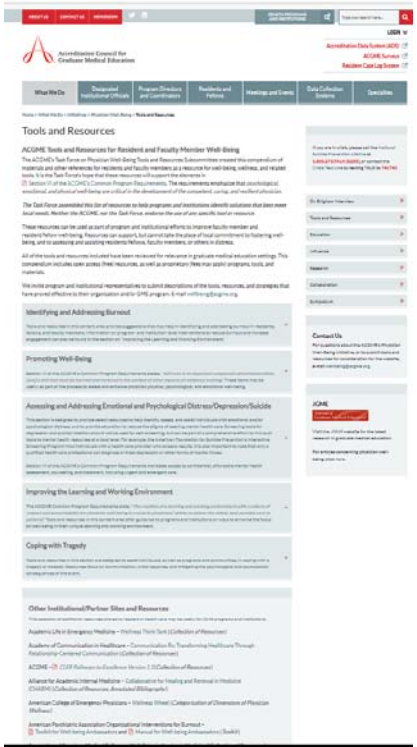

Identifying and Addressing Burnout

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*)

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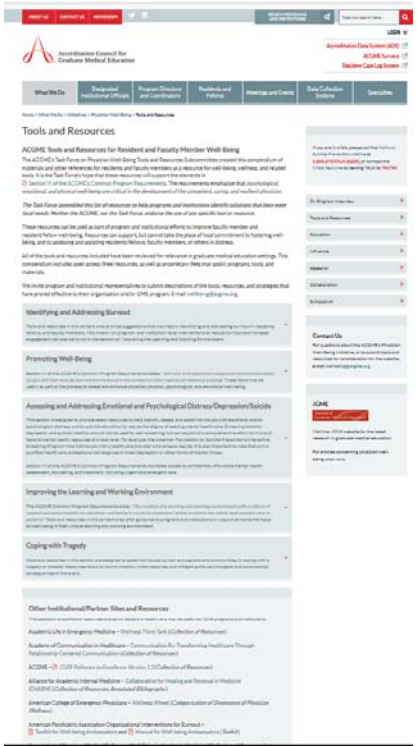

Promoting Well-Being

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***)

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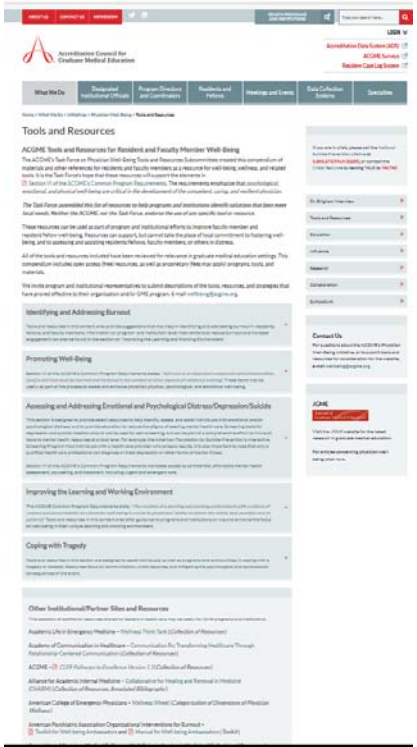
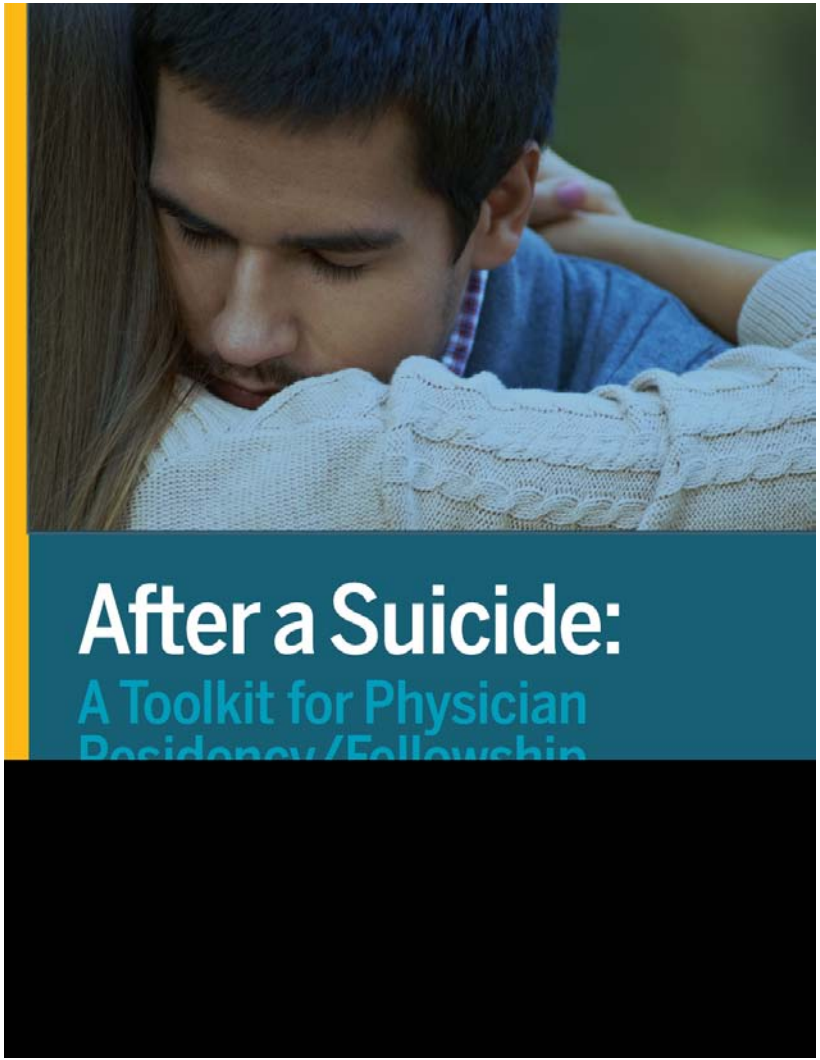

Tools and Resources
ACGME Tools and Resources for Resident and Faculty Member Well-Being
Identifying and Addressing Burnout
Promoting Well-Being
Assessing and Addressing Emotional and Psychological Distress/Depression/Suicide
Improving the Learning and Working Environment
Coping with Tragedy
Other Institutional/Partner Sites and Resources


After a Suicide:
A Toolkit for Physician

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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

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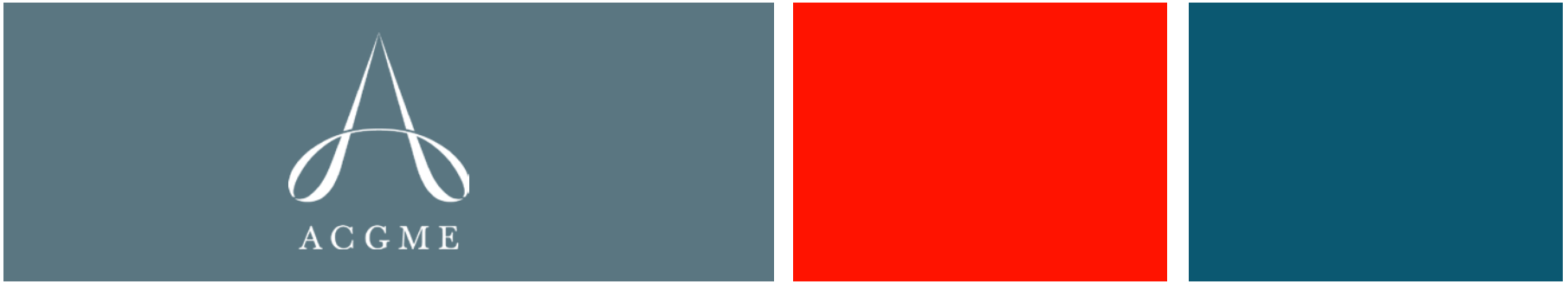

Resident and Faculty Survey

Establishing Baseline Data on Well-Being of Trainees and Faculty

12 New Well-being Items

Back to Bedside

Fostering Meaning in the Learning Environment

BACK TO BEDSIDE

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

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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

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Project Recipients (continued)

Johns Hopkins All Children's Hospital
Nicole Nghiem, MD
Pediatrics
All About Us: Starting the Conversation on Patient and Provider Values

Kaiser Permanente Southern California (Los Angeles)
Isabel Chen, MD
Family Medicine
The 6th Vital Sign: Reconnecting with our Patients as a Means to Improve Resident and Patient Experiences

Morehouse School of Medicine
Emily Wang, MD, MPH
OB-GYN
Centering Pregnancy and Centering Ourselves

New York Presbyterian Hospital (Columbia Campus)
Liliya Pospishil, MD
Adult cardiothoracic anesthesiology
Improving Physician Engagement through Emotional Intelligence, Self-Efficacy and Motivation

New York University School of Medicine
Surein Theivakumar, DO
Physical Medicine & Rehabilitation
Back to Bedside: Doctors, Let's Do Lunch!

Oregon Health & Science University
Katherine A. Kelley MD & Heather E. Hoops MD, MS
Surgery
Returning the Patient to Medical Conferences: Can we improve physician burn-out?

Scripps Mercy Hospital (Chula Vista)
Usha Rao, MD
Family Medicine
Trainees to the Bedside

University at Buffalo
AnneMarie Laurri, MD
Internal Medicine
Redefining Meaning in Residency

UCLA David Geffen School of Medicine/UCLA Medical Center/Olive View
Kyle Ragins, MD, MBA
Emergency Medicine
A Novel Approach to Restructuring the Emergency Department Workflow to Improve the Resident Physician Educational Experience

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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

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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"

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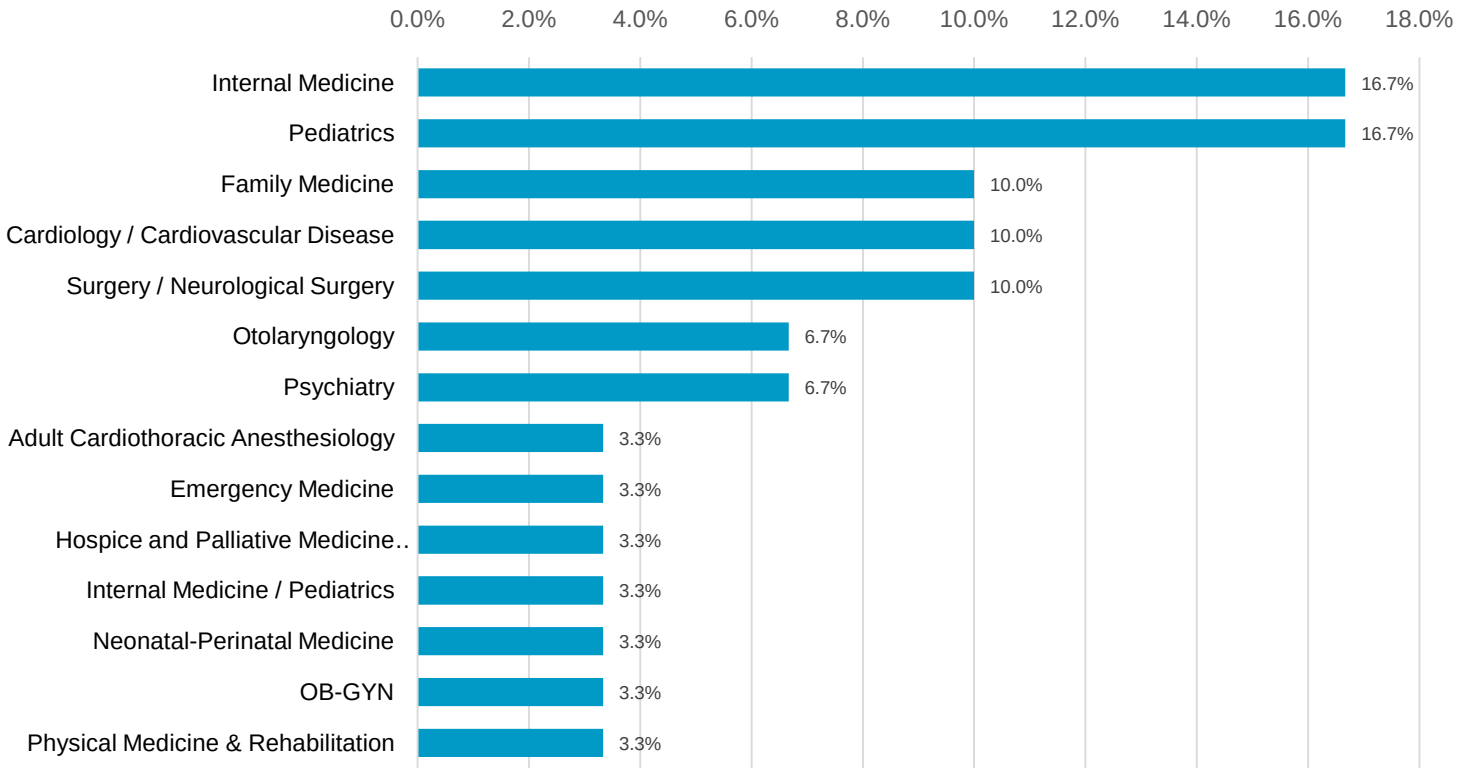
2017 Back to Bedside

Specialty of Project Recipients (n = 30)



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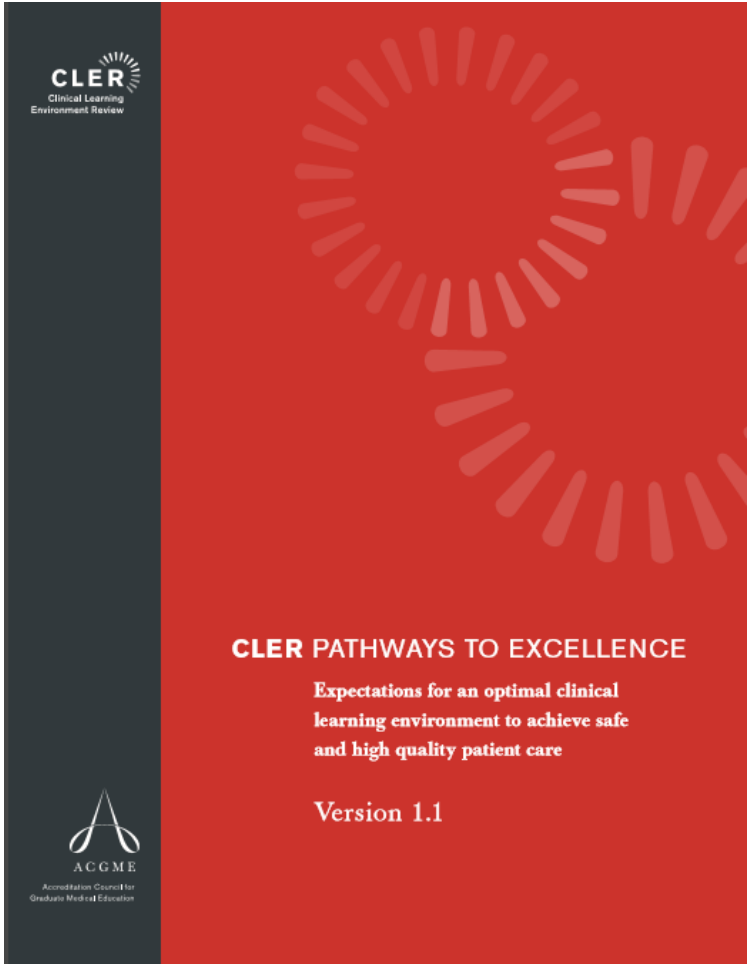
CLER
Clinical Learning
Environment Review
CLER PATHWAYS TO EXCELLENCE
Expectations for an optimal clinical
learning environment to achieve safe
and high quality patient care
Version 1.1
ACGME
Accreditation Council for
Graduate Medical Education

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Table of Contents

Introduction 4

Patient Safety 9

Health Care Quality 15

Care Transitions 20

Supervision 25

Well-being (Selected Topics) 30

Professionalism (Selected Topics) 35

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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:

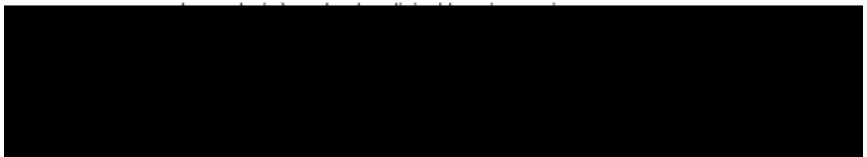
- Leadership engages residents, fellows, and faculty members in designing, developing, and continually stewarding priorities and strategies that support well-being.
- Clinical learning environment demonstrates continuous effort to support programs and activities that enhance the physical and emotional 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



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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.

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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).

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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.

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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

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Leadership and Support Teams

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

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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

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Working Groups

1. Research, Data, and Metrics
2. Conceptual Model
3. Messaging and Communications
4. External Factors and Workflow

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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)

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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

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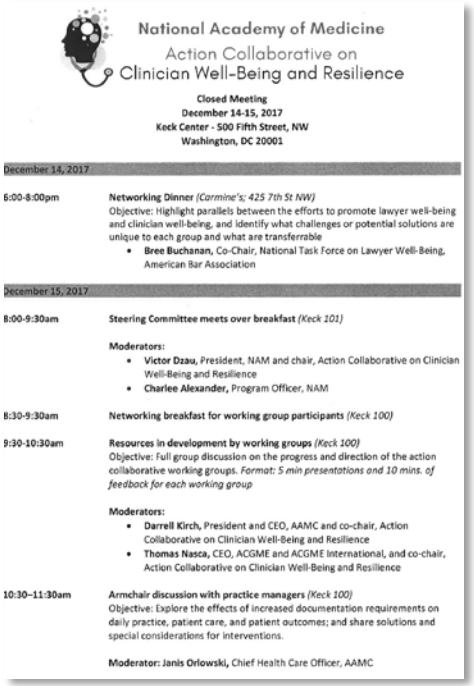
December Meeting Agenda



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Closed Meeting
December 14-15, 2017
Keck Center - 500 Fifth Street, NW
Washington, DC 20001

December 14, 2017

6:00-8:00pm — **Networking Dinner** *(Carmine's; 425 7th St NW)*
Objective: Highlight parallels between the efforts to promote lawyer well-being and clinician well-being, and identify what challenges or potential solutions are unique to each group and what are transferrable
- **Bree Buchanan,** Co-Chair, National Task Force on Lawyer Well-Being, American Bar Association

December 15, 2017

8:00-9:30am — **Steering Committee meets over breakfast** *(Keck 101)*

Moderators:
- **Victor Dzau,** President, NAM and chair, Action Collaborative on Clinician Well-Being and Resilience
- **Charlee Alexander,** Program Officer, NAM

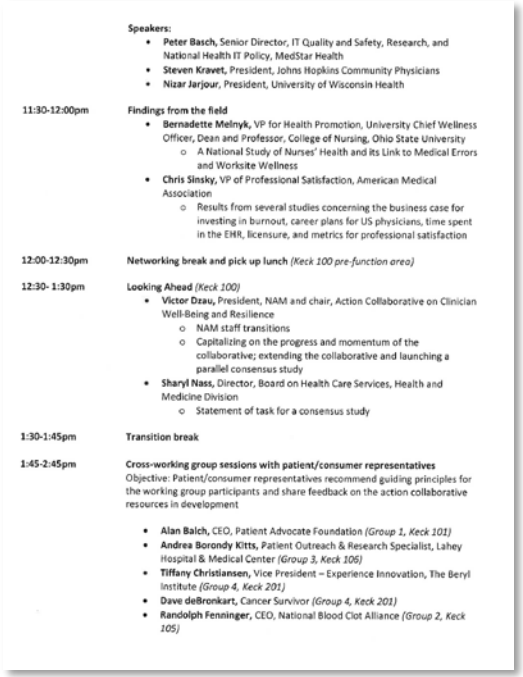
8:30-9:30am — **Networking breakfast for working group participants** *(Keck 100)*

9:30-10:30am — **Resources in development by working groups** *(Keck 100)*
Objective: Full group discussion on the progress and direction of the action collaborative working groups. *Format: 5 min presentations and 10 mins. of feedback for each working group*

Moderators:
- **Darrell Kirch,** President and CEO, AAMC and co-chair, Action Collaborative on Clinician Well-Being and Resilience
- **Thomas Nasca,** CEO, ACGME and ACGME International, and co-chair, Action Collaborative on Clinician Well-Being and Resilience

10:30–11:30am — **Armchair discussion with practice managers** *(Keck 100)*
Objective: Explore the effects of increased documentation requirements on daily practice, patient care, and patient outcomes; and share solutions and special considerations for interventions.

Moderator: Janis Orlowski, Chief Health Care Officer, AAMC



Speakers:
- **Peter Basch,** Senior Director, IT Quality and Safety, Research, and National Health IT Policy, MedStar Health
- **Steven Kravet,** President, Johns Hopkins Community Physicians
- **Nizar Jarjour,** President, University of Wisconsin Health

11:30-12:00pm — **Findings from the field**
- **Bernadette Melnyk,** VP for Health Promotion, University Chief Wellness Officer, Dean and Professor, College of Nursing, Ohio State University
  - A National Study of Nurses' Health and its Link to Medical Errors and Worksite Wellness
- **Chris Sinsky,** VP of Professional Satisfaction, American Medical Association
  - Results from several studies concerning the business case for investing in burnout, career plans for US physicians, time spent in the EMR, licensure, and metrics for professional satisfaction

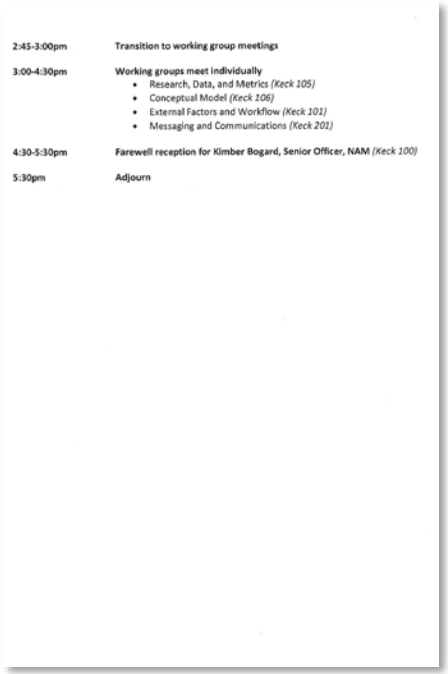
12:00-12:30pm — **Networking break and pick up lunch** *(Keck 100 pre-function area)*

12:30- 1:30pm — **Looking Ahead** *(Keck 100)*
- **Victor Dzau,** President, NAM and chair, Action Collaborative on Clinician Well-Being and Resilience
  - NAM staff transitions
  - Capitalizing on the progress and momentum of the collaborative; extending the collaborative and launching a parallel consensus study
- **Sharyl Nass,** Director, Board on Health Care Services, Health and Medicine Division
  - Statement of task for a consensus study

1:30-1:45pm — **Transition break**

1:45-2:45pm — **Cross-working group sessions with patient/consumer representatives**
Objective: Patient/consumer representatives recommend guiding principles for the working group participants and share feedback on the action collaborative resources in development

- **Alan Balch,** CEO, Patient Advocate Foundation *(Group 1, Keck 101)*
- **Andrea Borondy Kitts,** Patient Outreach & Research Specialist, Lahey Hospital & Medical Center *(Group 3, Keck 105)*
- **Tiffany Christiansen,** Vice President – Experience Innovation, The Beryl Institute *(Group 4, Keck 201)*
- **Dave deBronkart,** Cancer Survivor *(Group 4, Keck 201)*
- **Randolph Fenninger,** CEO, National Blood Clot Alliance *(Group 2, Keck 105)*



2:45-3:00pm — **Transition to working group meetings**

3:00-4:30pm — **Working groups meet individually**
- Research, Data, and Metrics *(Keck 105)*
- Conceptual Model *(Keck 106)*
- External Factors and Workflow *(Keck 101)*
- Messaging and Communications *(Keck 201)*

4:30-5:30pm — **Farewell reception for Kimber Bogard, Senior Officer, NAM** *(Keck 100)*

5:30pm — **Adjourn**

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Steering Committee Updates

Future Direction

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

Consensus Study on Clinician Well-Being

- Statement of Task
- Potential Sponsors
  - Generate list of potential sponsors (philanthropies, federal agencies currently participating, and current network organizations)
  - Begin fundraising for the study (Oct 2017; ramp up Jan 2018)

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Meeting Schedule

2017	2018	2019	2020
January 5-6	February 2	March TBD	March TBD
July 13-14	May 2-3	September TBD	September TBD
December 14-15	October 4-5		

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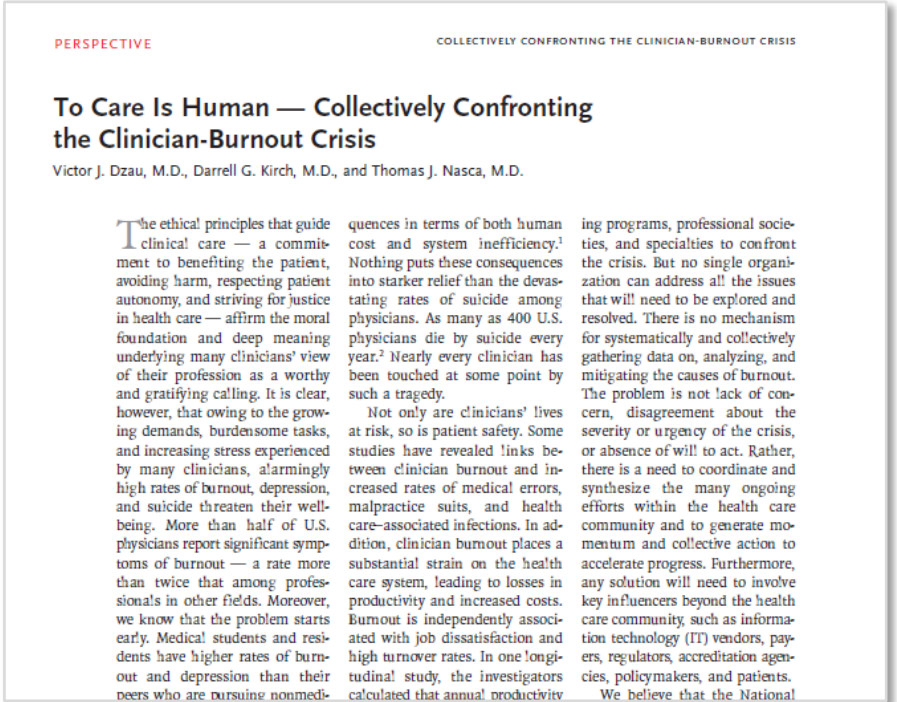
Recent Publications



PERSPECTIVE

COLLECTIVELY CONFRONTING THE CLINICIAN-BURNOUT CRISIS

To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, 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 nonmedi-

quences in terms of both human cost and system inefficiency.[1] Nothing puts these consequences into starker relief than the devastating rates of suicide among physicians. As many as 400 U.S. physicians die by suicide every year.[2] Nearly every clinician has been touched at some point by such a tragedy.

Not only are clinicians' lives at risk, so is patient safety. Some studies have revealed links between clinician burnout and increased rates of medical errors, malpractice suits, and health care–associated infections. In addition, clinician burnout places a substantial strain on the health care system, leading to losses in productivity and increased costs. Burnout is independently associated with job dissatisfaction and high turnover rates. In one longitudinal study, the investigators calculated that annual productivity

ing 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 momentum 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 National

The NEW ENGLAND JOURNAL of MEDICINE

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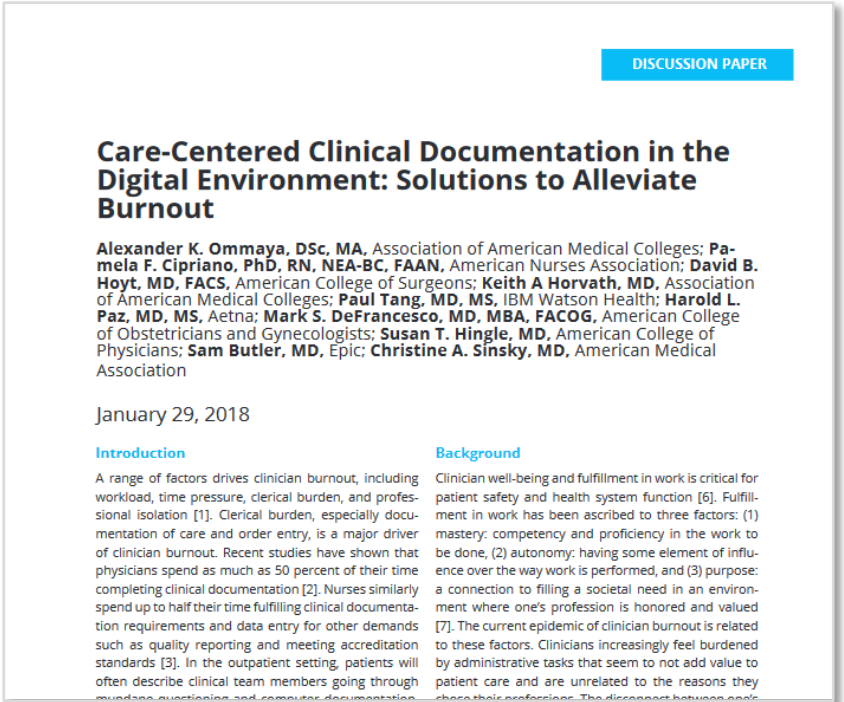
Recent Publications (continued)



DISCUSSION PAPER

Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout

Alexander K. Ommaya, DSc, MA, Association of American Medical Colleges; **Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN,** American Nurses Association; **David B. Hoyt, MD, FACS,** American College of Surgeons; **Keith A Horvath, MD,** Association of American Medical Colleges; **Paul Tang, MD, MS,** IBM Watson Health; **Harold L. Paz, MD, MS,** Aetna; **Mark S. DeFrancesco, MD, MBA, FACOG,** American College of Obstetricians and Gynecologists; **Susan T. Hingle, MD,** American College of Physicians; **Sam Butler, MD,** Epic; **Christine A. Sinsky, MD,** American Medical Association

January 29, 2018

Introduction

A range of factors drives clinician burnout, including workload, time pressure, clerical burden, and professional isolation [1]. Clerical 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 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

Background

Clinician well-being and fulfillment in work is critical for patient safety and health system function [6]. 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 way work is performed, and (3) purpose: a connection to filling a societal need in an environment where one's profession is honored and valued [7]. 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

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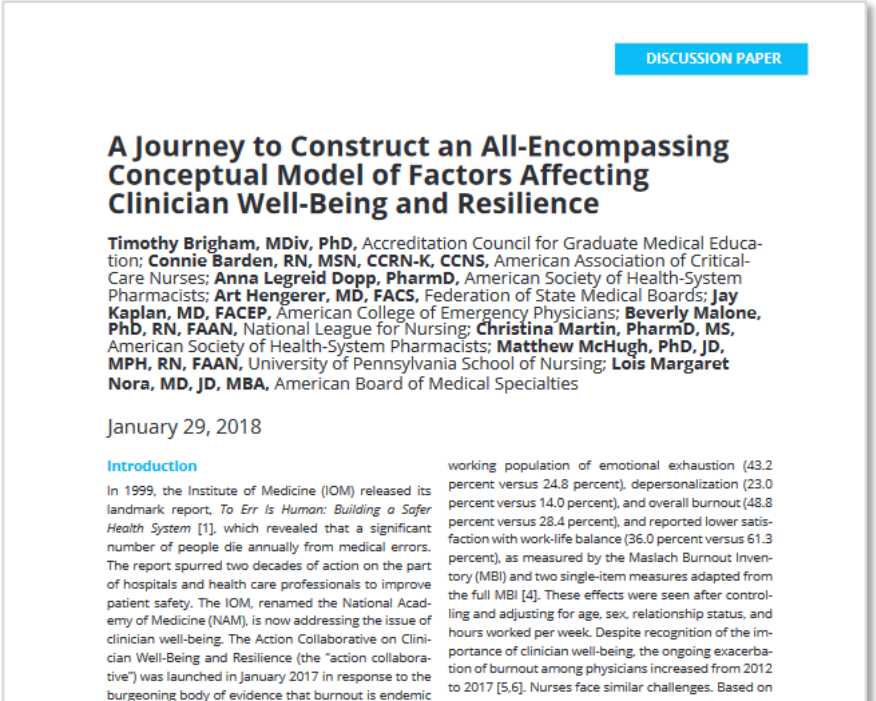
Recent Publications (continued)



DISCUSSION PAPER

A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience

Timothy Brigham, MDiv, PhD, Accreditation Council for Graduate Medical Education; **Connie Barden, RN, MSN, CCRN-K, CCNS,** American Association of Critical-Care Nurses; **Anna Legreid Dopp, PharmD,** American Society of Health-System Pharmacists; **Art Hengerer, MD, FACS,** Federation of State Medical Boards; **Jay Kaplan, MD, FACEP,** American College of Emergency Physicians; **Beverly Malone, PhD, RN, FAAN,** National League for Nursing; **Christina Martin, PharmD, MS,** American Society of Health-System Pharmacists; **Matthew McHugh, PhD, JD, MPH, RN, FAAN,** University of Pennsylvania School of Nursing; **Lois Margaret Nora, MD, JD, MBA,** American Board of Medical Specialties

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), is now 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 burgeoning body of evidence that burnout is endemic working population of emotional exhaustion (43.2 percent versus 24.8 percent), depersonalization (23.0 percent versus 14.0 percent), and overall burnout (48.8 percent versus 28.4 percent), and reported lower satisfaction with work-life balance (36.0 percent versus 61.3 percent), as measured by the Maslach Burnout Inventory (MBI) and two single-item measures adapted from the full MBI [4]. These effects were seen after controlling and adjusting for age, sex, relationship status, and hours worked per week. Despite recognition of the importance of clinician well-being, the ongoing exacerbation of burnout among physicians increased from 2012 to 2017 [5,6]. Nurses face similar challenges. Based on

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FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

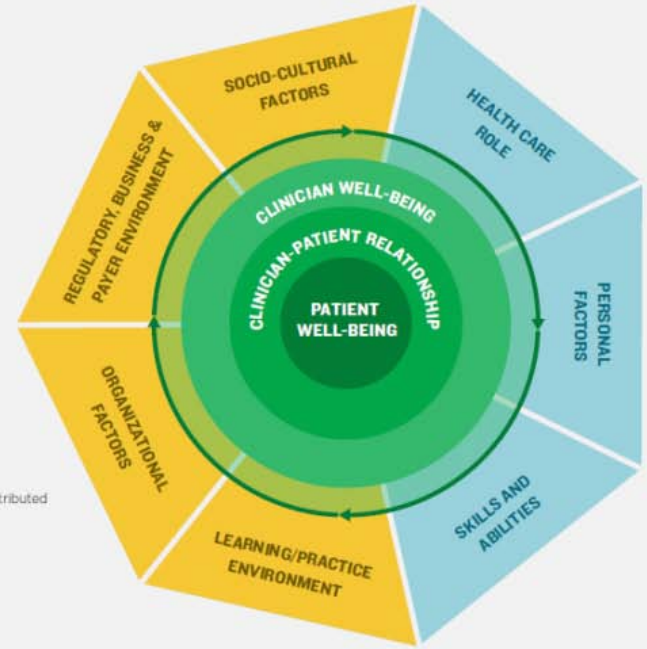
EXTERNAL FACTORS

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
- HR policies and compensation issues
- Initial licensure and certification
- 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
- Congruent 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/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal 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 work flow
- Organizational skills
- Resilience
- Teamwork skills

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