
Creation and Strategic Development of a Multi- Institutional Well-Being Taskforce

AIAMC National Meeting 2018

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A note from one of our recent graduates...intern

GW...hope all is well with you...

PGY-1...It sure is. Working hard and long hours but it is worth every minute. I love the autonomy and the daily interaction with patients and their families. Can't imagine myself doing anything else...

A thematic note from one of our recent graduates...

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meaning



autonomy



choice



GW...Great. Autonomy, choice and meaning. Stay in touch...

Agenda

1. **Diverse membership (medical students/residents/fellows/faculty/staff) and high attendance**
2. **Due diligence in reviewing Well-Being Index**
3. **Development of areas of scholarship/research**
4. **Acceptance to the AIAMC National Initiative VI: Well-Being 2017-2019, Co-Chaired by CEO of ACGME Tom Nasca, MD**
5. **Program Consultation for Strategic Development of Diverse and Individualized well-being resources**
6. **On-going dialogue and progress with EPIC**
7. **Concurrent roll-out of new M1 curriculum on Well-Being (9 faculty facilitators recruited/oriented)**
8. **Foundation donor gift with match commitment**
9. **Next steps**

Diverse membership (n = 28) and high attendance (mean = 70%)

University Faculty = 12 (3 Snr/Associate Deans, 6 OSF based faculty, 3 UPHM based faculty)

OSF Leadership = 2

Unity-Point Leadership = 1

Fellow = 1 (Cardiology)

Residents = 5 (Medicine, Med-Peds, Peds, Psych, FM)

Students = 3

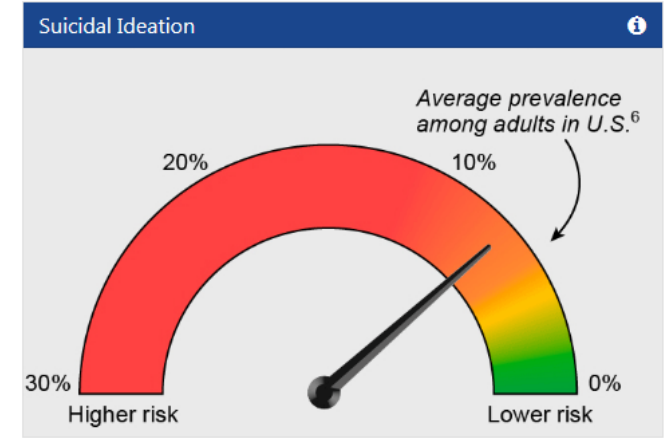
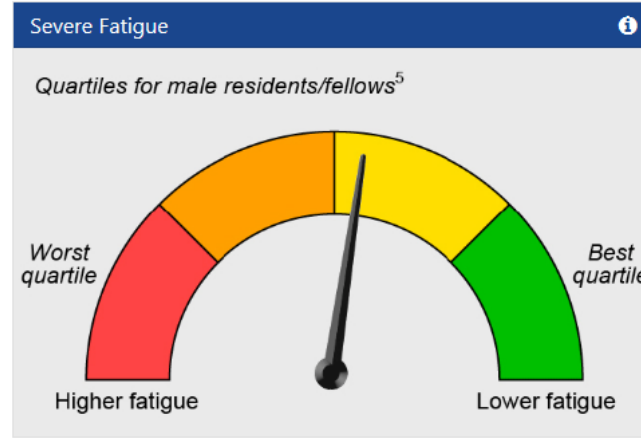
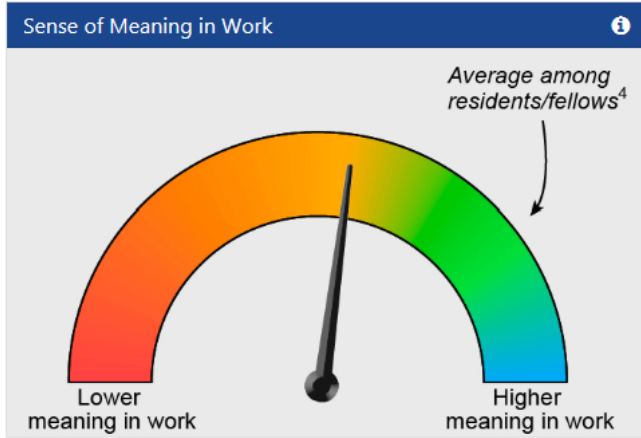
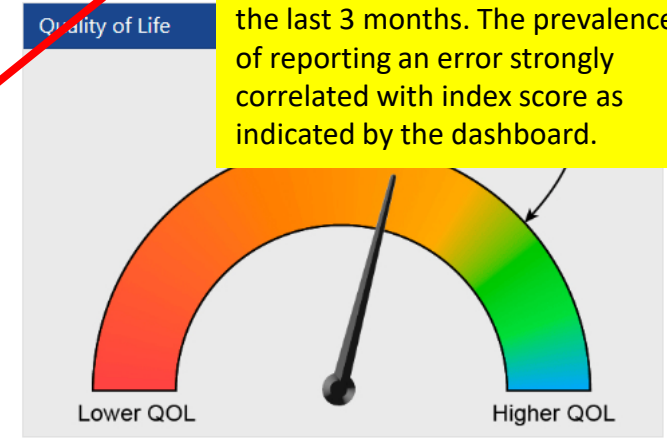
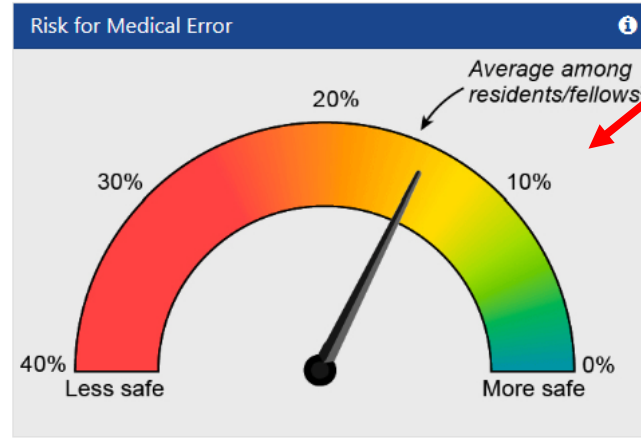
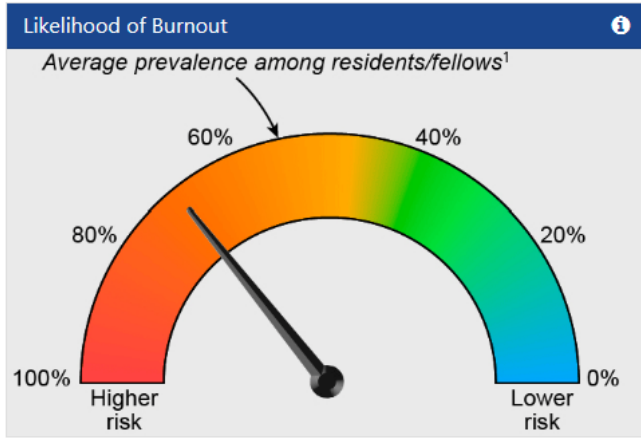
Staff = 2 (Residency, Clerkship)

OSF Performance Improvement = 2

Due diligence in reviewing Well-Being Index – evidence-based

Multiple studies including prospective longitudinal studies suggest greater resident / fellow distress increases the risk of future medical errors over the following 3 months (JAMA 302:1294). In a national study, 16.3% of US residents / fellows (n=1667) reported a major medical error in the last 3 months. The prevalence of reporting an error strongly correlated with index score as indicated by the dashboard.

 How can well-being be determined from 7 to 9 questions?



Resident/Fellow Well-Being Index

Dashboard

Transcript

Articles of Research

Resources

My Account ? Help Logout

Invented by MAYO CLINIC

Development of areas of scholarship/research

Examples:

<i>Qualitative narrative of compassion/compassion fatigue in specific populations</i>	Tracing emergent themes with compassion in healthcare workers may yield insights into drivers and moderators of compassion or compassion fatigue, or the validity of these constructs.	Mixed-methods Narrative analysis	Sara Krzyzaniak, MD (happy to either co-PI or team member)	Kelvin Wynn, MD	
<i>Developing simulations to normalize colleague mental health interventions</i>	Harnessing the opportunity for instructional design of formative objective structured simulations may result in a protocol or framework for addressing colleague concern for self-harm, substance abuse, etc.	Instructional Design Analysis of learning outcomes	Terry Lynch, MD	Jean Clore, PhD	Greg Nulty, MD
<i>Usability Studies on Cognitive Ergonomics</i>	Determining efficiency and better ergonomics with the technology most utilized by physicians could result in population-level impacts	Experimental design with metrics on anxiety, stress and bio-feedback	Gerald P. Wickham, Ed.D.	Francis McBee-Orzulak, MD	Terry Lynch, MD
<i>Cognitively-based Compassionate Care Research</i>	CBCT® is a cognitively-based compassion training that deliberately and systematically works to cultivate compassion.	Instructional with analysis of learning outcomes	Dr. Bento Soares	Dr. Bhavana Kandikattu/Dr. Jay Clore	

Acceptance to the AIAMC National Initiative VI: Well-Being 2017-2019

Team is a sub-set of the Well-Being Taskforce

Build capacity and keep us central to the emerging knowledge, policy and performance improvement

29 Academic Medical Centers Nationally

Feedback from the reviewers:

- *The strongest application that I reviewed.*
- *I like it that the team leader is well-being chair*
- *Strong NI experience; no concerns*
- *Participated in NI III-V*
- *Great representation on the team.*
- *They are hoping to implement change at GME and Institutional level.*
- *The institution has an existing well-being initiative with partnerships. They have identified research focus areas. I am interested to know if they have validated assessment tools for their identified areas or if they are looking to develop them.*

Program Consultation for Strategic Development of Diverse and Individualized well-being resources

Recognition and consensus across the taskforce to engage Dr. Stuart Slavin, MD, as a national expert in developing strategic well-being interventions at UGME/GME levels

Recognition and consensus across the taskforce that programmatic development be diversified and with the ability for the clinician to individualize management/improvement of well-being

Dr. Santoro, Dr. Vega to initiate this consultation

On-going dialogue and progress with EPIC

1. **Two phone conferences (Wickham/McBee Orzulak)**
2. **Dr. Sam Butler, MD, Chief Wellness Officer at EPIC**
3. **Discussed current methods for examining wellness impacts of new software roll-outs**
4. **Recognition of new methods is necessary**
5. **Dr. Bulter presented to EPIC monthly meeting per our conversation on well-being (10,000 staff conference call)**
6. **Discussion of Cognitive Ergonomic Trials to determine well-being impact improvements with specific formats/interface – here at UICOMP**
7. **Dr. Butler is consulting with President/CEO Judith Faulkner re: our invitation to visit Peoria**

Concurrent roll-out of new M1 curriculum on Well-Being

9 faculty facilitators recruited/oriented

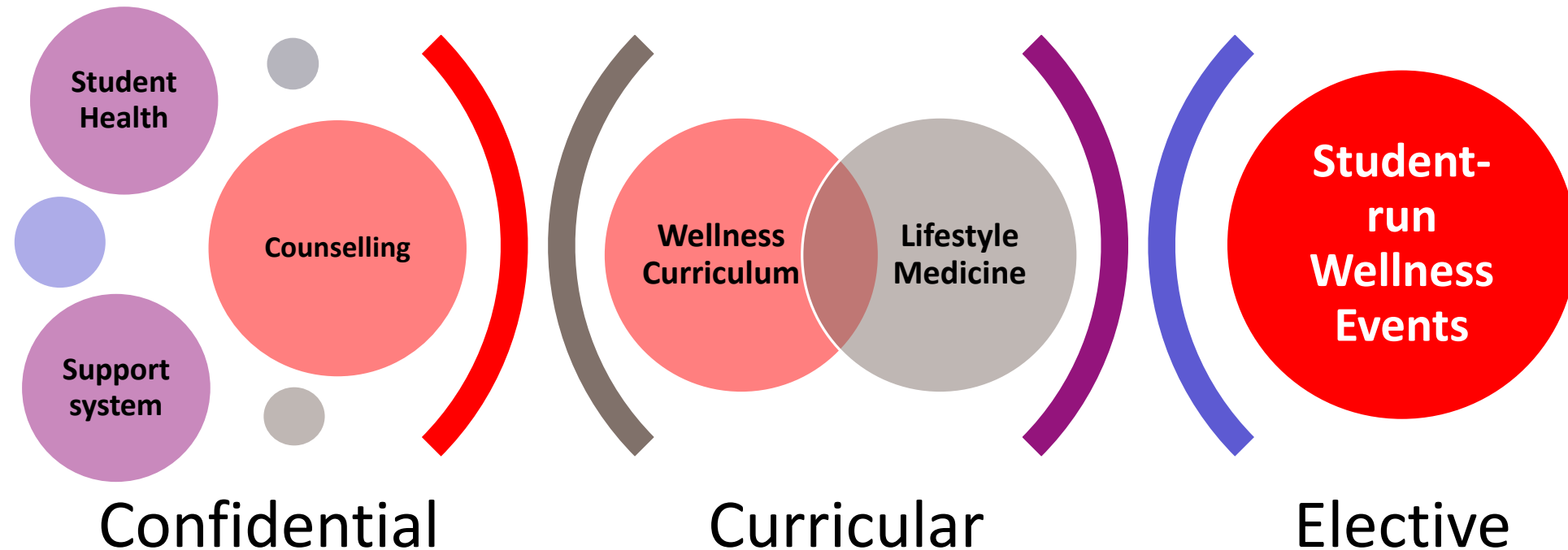
5 small group sessions x 1.5 hrs across M1 year (30 minute plenary)

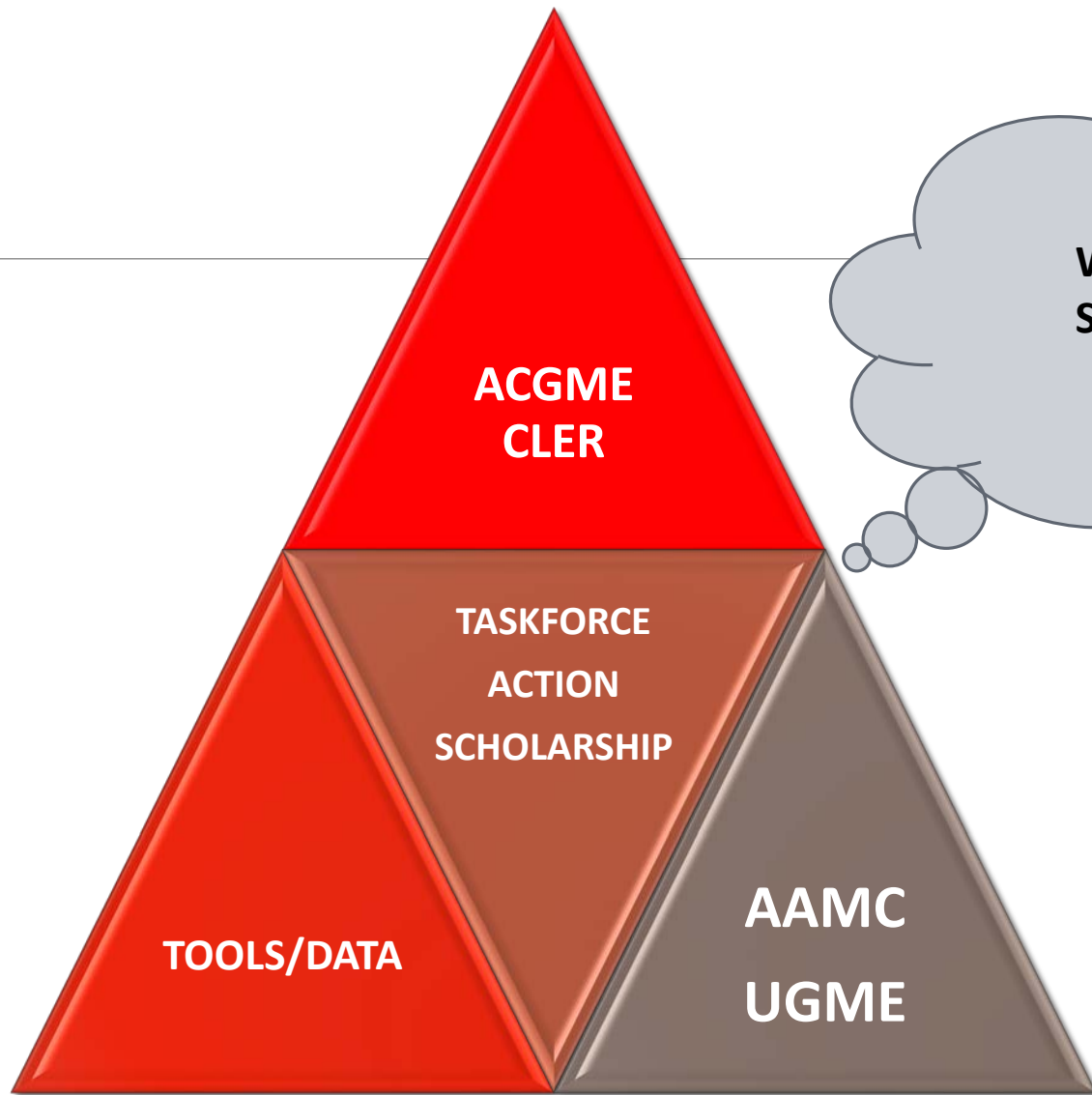
Well-Being integrated into weekly patient cases

Longitudinal Curriculum through M3/4

Differentiation of confidential wellness resources, curricula on wellness and lifestyle medicine and elective events/opportunities

Integrated Curriculum and Student Experience Parallel to Elective and Confidential Services





**Well-Being of Residents,
Students and Faculty**

**ACGME
CLER**

**TASKFORCE
ACTION
SCHOLARSHIP**

TOOLS/DATA

**AAMC
UGME**

UICOMP M1 Faculty Wellness Small Groups

Anthony M. Avellino, MD, MBA, Professor of Neurosurgery and Pediatrics; CEO of OSF Illinois Neurological Institute

Jean Clore, PhD, Associate Professor of Psychiatry

Emily Horvath, MD, Asst. Professor, Internal Medicine/APD Medicine

George Johnson, MD, Asst. Professor, Pediatrics

Bhavana Kandikattu, MD, Associate Professor, Pediatrics, Program Director, Pediatrics Residency

Glenn Miller, MD, Clinical Professor, Family Medicine

Francis McBee Orzulak, MD, Associate Professor and Program Director, Medicine-Pediatrics

Bento Soares, PhD, Snr. Associate Dean for Research

Thomas Santoro, MD, Associate Dean, Graduate Medical Education

Chair, **Gerald P. Wickham, EdD**, Asst. Dean, Medical Education & Evaluation, Asst. Professor

ACGME CLER

■ Properties of Pathway 7: Well-Being with areas of fulfillment/development

- ✓ SI Development of multi-institution taskforce
- ✓ Tool for voluntary and anonymous self-monitoring well-being factors (with strategic communication)
- ✓ Participation in AIAMC National Initiative VI: Well-Being 2017-19 (with 4 residents)
- ✓ Curricula: GME/Resident Driven Case Study Project. UGME/M1 Curriculum. Faculty: WB Index
- ✓ Coaching structure for Faculty scholarship
- ✓ Crisis Response Plan Framework Development
- ✓ Dr. Sara Krzyzaniak, abstract to AMEE, collaborative literature review completed
- ✓ This framework is intended to be transposable to other institutions and programs
- ✓ Frustrating work-factor Mitigation Project
- ✓ Contact with EPIC – Dr. Butler has been brought onto National Academy of Medicine Taskforce

ACMGE CLER

- ❖ **Properties requiring attention and further development:**
 - ❖ The issue of stigma; why it exists and how to mitigate?
 - ❖ Examination of workload: duration and intensity
 - ❖ Improving access to individualized resources for treatment and health maintenance:
 - ❖ Depression (recall 25% of residents meet diagnostic criteria for depression)
 - ❖ Burnout (recall at any given time 54% of physicians at Mayo Clinic exhibiting at least one symptom of burnout – OSF 53%)
 - ❖ Trauma/Secondary trauma
 - ❖ Self-harm/Suicide

Foundation donor gift with match commitment

- ✓ **Dr. Aiyer/Dr. Wickham wrote a proposal to local philanthropist**
- ✓ **Dr. Aiyer worked with Stephanie Grinage, Chief Development Officer**
- ✓ **Donor presented \$50,000 gift for wellness programs – transferred and deposited**
- ✓ **Matching commitment: College raise another \$50K, donor will match up to \$50K**

Next Steps

Collaboratively develop policy which provides guidance for the use of the Well-Being Index

Engage Consultant for Program/Resource Development

Engage in the AIAMC National Initiative VI

Move forward with scholarship and research

Host EPIC and develop relationship for wellness impacts projects

Continue to engage OSF/UICOMP/UPHM with all levels of the continuum of medical education

Summary

- **Well-Being Taskforce has broad representation and strong engagement**

- **Well-Being Index offers meaningful self-assessment and policy will guide/protect**
- **Well-Being Index will provide trending data for Sponsoring Institutional Performance Improvement**
- **Areas of scholarship identified**
- **AIAMC National Initiative VI: Developing a culture of Well-Being/Access to Tom Nasca, MD**
- **Consultation regarding a diversified set of enhanced/new resources**
- **Dialogue with EPIC**
- **Roll-out of new UGME curriculum**
- **Donor gift with matching potential**
- **Alison Whelan, MD, Chief Medical Education Officer, AAMC – Tuesday, October 3, 2017**

