

**CREATING AN
EDUCATIONAL HOME TO
IMPROVE RESILIENCY
ACROSS THE
CONTINUUM**

GRAHAM MCMAHON MD



Accreditation Council[™]
for Continuing Medical Education

learn well



VS.





VS.





VS.





WHAT ARE BURNOUT AND RESILIENCY?

What is burnout?

Per Shanafelt, a syndrome encompassing three domains:

- Depersonalization
- emotional exhaustion and
- a sense of low personal accomplishment

Conceptual Model



Common Risk Factors for Burnout

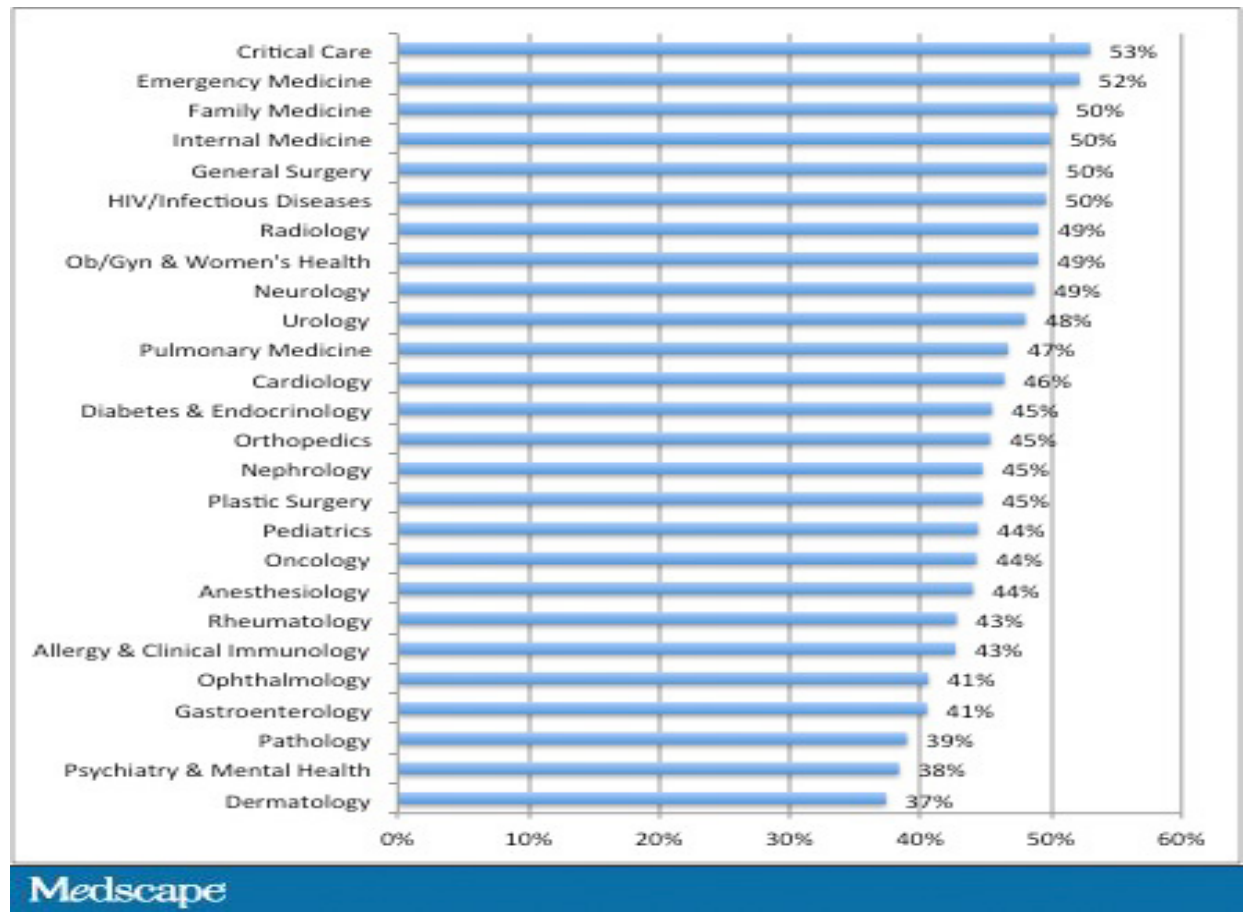
External

- Demanding workload
- Chaotic practice
- High number of nights on call
- Having a partner who is also a physician
- Raising children
- Being a mid-career practitioner
- Work-home conflict

Internal

- Recent medical error
- Disagrees with values of leaders
- Lack of control over schedule.
- Spend <20% time on the most meaningful aspects of work
- A high tolerance to stress.
- Doesn't take care of themselves.

Prevalence of burnout by specialty





DOES BURNOUT REDUCE QUALITY OF CARE?

Evidence – more burned out clinicians

- There is evidence that stressed, burned-out physicians have:
- Lower patient satisfaction scores
- Higher rates of malpractice suits
- Higher likelihood of leaving the profession
- Tend to make more medical errors
- Display lower empathy
- Are more likely to exhibit disruptive behavior



WHAT ARE THE BENEFITS OF MITIGATING BURNOUT AND IMPROVING RESILIENCY?

Resilient people are more likely to:

- successfully meet the demands of their academic/work and personal lives
- take action to deal with challenges, problems and setbacks
- seek support and assistance when needed
- know when to stop, rest and replenish inner resources
- have a sense of independence, self-efficacy and self-worth
- form and maintain positive, mutually-respectful relationships with others
- have a sense of purpose and goals for the future

Individual Benefits

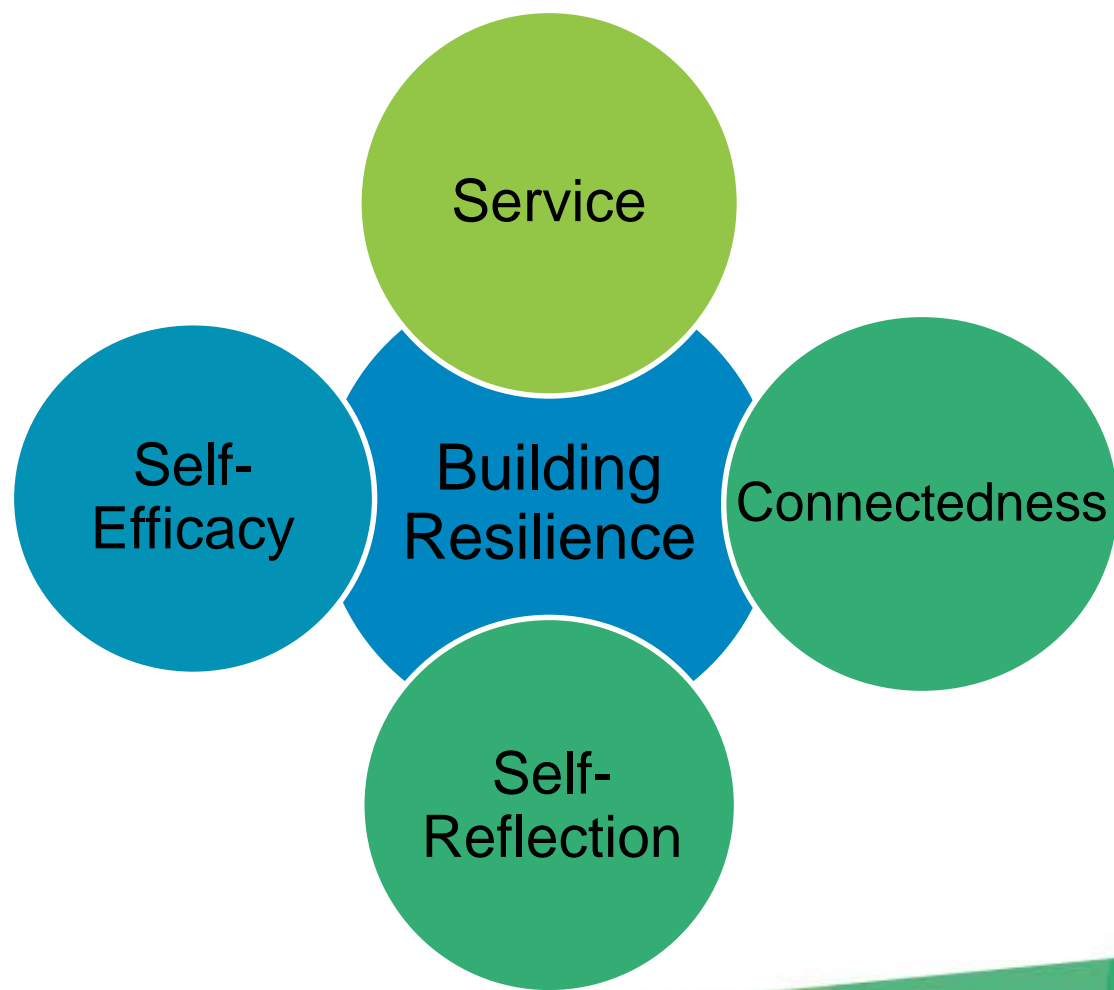
- Reduce burnout and identify signs of burnout early
- Increase compassion and empathy
- Reconnect with the joy and purpose of practice
- Improve physical and mental health

Practice Benefits

- Less staff turnover
- Reduce costs to recruit and replace burned out physicians
- Increase patient satisfaction
- Fewer medical errors
- Improve work environment
- Less need for disciplinary action



WHAT STRATEGIES CAN REDUCE BURNOUT AND IMPROVE RESILIENCY?



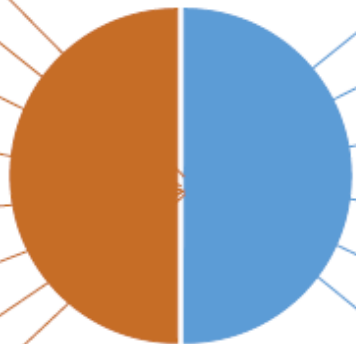
Resiliency factors

Individual skills

- Working from strengths
- Tracking activation
- Healthy boundaries
- Regulating emotions
- Recognizing distortions
- Reasonable expectations
- Finding meaning
- Commitment to long term

Workplace factors

- Enabling control
- Structuring rewards
- Building community
- Promoting fairness
- Recognizing values
- Calibrating workload



1. Increase Insight

- Burnout and resiliency awareness
- Wellness index survey and feedback
- Gratitude journal
- Personal development plan

2. Give Control

- Schedule vs. income
- Workplace design
- Ability to change processes
- Vacation

3. Grow teams

- Create culture of mutual respect
- Create processes that depend on shared responsibility (e.g. panel management)

4. Increase meaning

- Leadership statements of shared value
- Positive feedback to clinicians and teams
- Promote and facilitate volunteerism
- Provide protected time

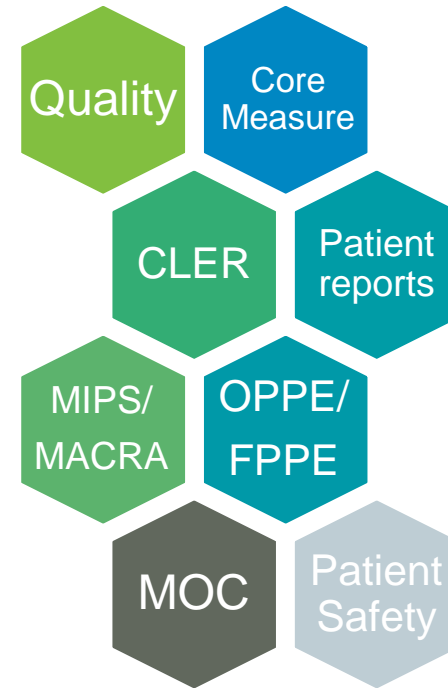
5. Provide Support

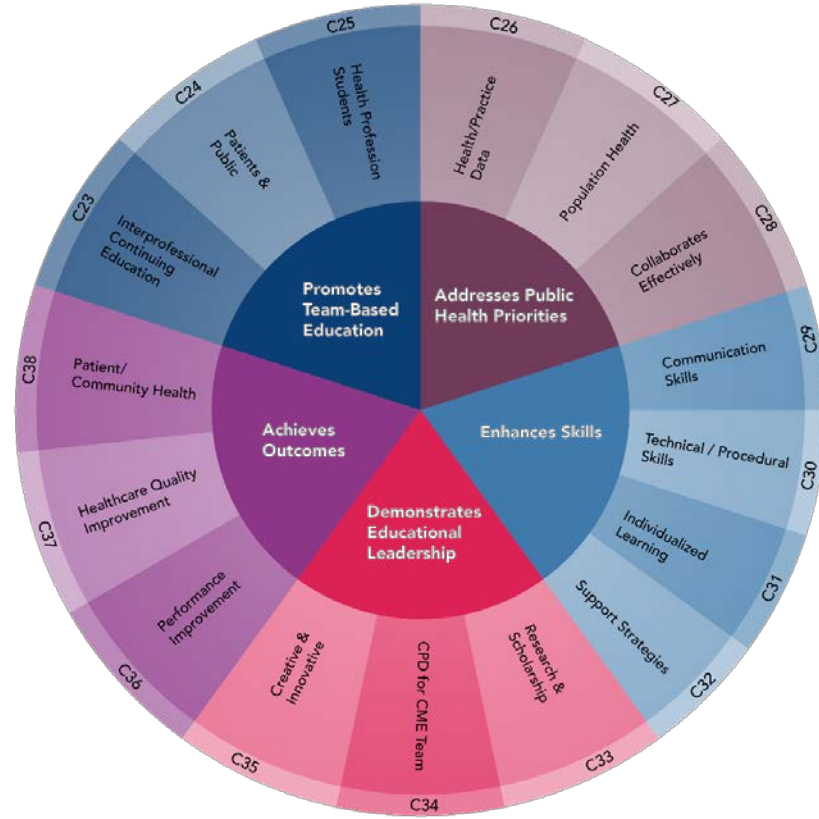
- Retrain or remove disruptors
- Psychological support
- Mandatory critical incident debriefs
- Establish and fund peer groups
- Exercise facilities
- Nutritious foods



**WHAT TACTICS CAN BE USED TO
ADDRESS THESE SYSTEM
CHANGES?**

**Eliminate
administrative
burden by
combining
education and
quality efforts in the
institution**





ACCME Commendation Criteria Selections

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

Patient/public representatives are engaged in the planning and delivery of CME.

Students of the health professions are engaged in the planning and delivery of CME.

The provider

...advances the use of health and practice data for healthcare improvement.

...addresses factors beyond clinical care that affect the health of populations.

...collaborates with other organizations to more effectively address population health issues.

...creates individualized learning plans for learners.

...utilizes support strategies to enhance change as an adjunct to its CME.

...demonstrates creativity and innovation in the evolution of its CME program.

ACCME Commendation Criteria: Outcomes

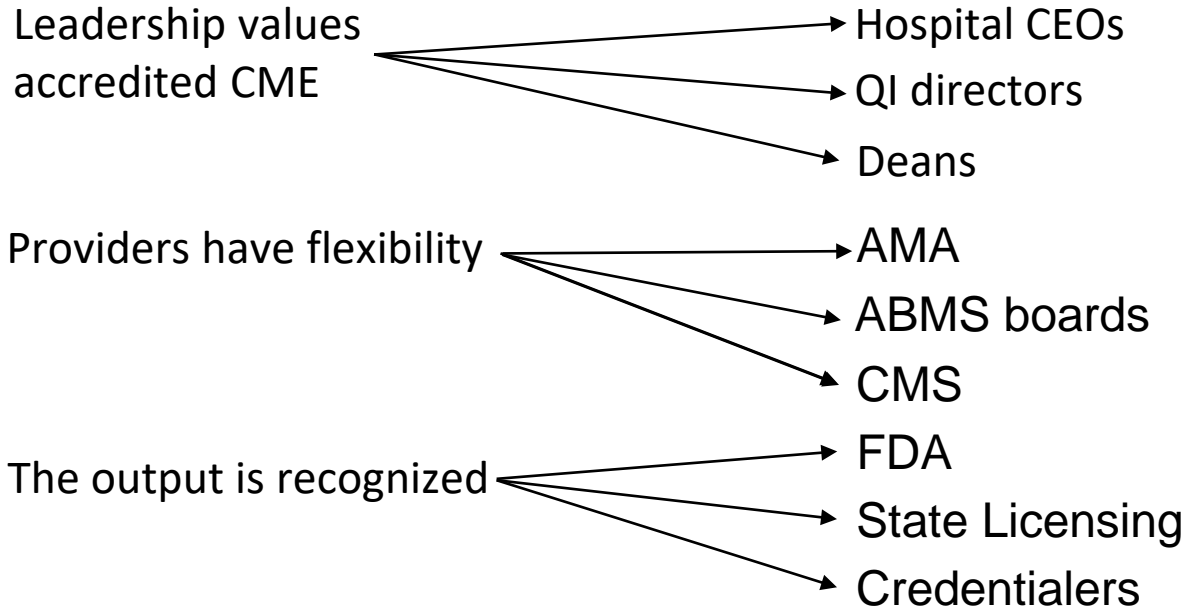
The provider

...demonstrates improvement in the performance of learners.

...demonstrates healthcare quality improvement.

...demonstrates the impact of the CME program on patients or their communities.

Creating Alignment in Continuing Education



Joint Accreditation Collaboration

- Collaboration with Nursing and Pharmacy Accreditors
- Single pathway for issuing multiple credits
- Community of learning



JOINT ACCREDITATION™

INTERPROFESSIONAL CONTINUING EDUCATION

AMA Collaboration

- Evolving AMA PRA system to
 - Simplify expectations
 - Harmonize with ACCME requirements
 - Shared glossary
 - Facilitate and encourage innovation and flexibility



CMS

- Recognize accredited CME as a mechanism to meet *clinical practice improvement activity* expectations of MIPS/MACRA legislation
- Allow providers to report required data through PARS



ACGME Collaboration

- Integration with CLER (Clinical Learning Environment Review);
- Faculty Development
- Share milestone data
- Wellness curriculum
- Educational leadership/CLO
- Operational alignment



What can educational leaders focus on?

- Collaboration and alignment with leadership and QI
- Increased Awareness
 - Education about personal and unit strategies
 - Wellness index
- Creation of Teams
 - Interprofessional
 - Across continuum
- Performance and Quality Improvement Activities
 - Easy mechanisms to start change
 - Feedback to clinicians
- Mentorship, Support and Advice



THANK YOU!

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