

RESILIENCY: A CONSENSUS STATEMENT & ACTION PLAN

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Support/Encouragement from 2 AIAMC BoD & Residents:

- Lynne Chafetz, JD – Sr. VP & Gen Counsel at Virginia Mason Medical Center
- Barry Mann, MD – Chief Academic Office – Main Line Health
- Residents: Molly Lepic, DO, Sara Stanenas, DO, Matt Gill, DO, et al



Alliance of Independent
Academic Medical Centers

AIAMC 2017 Meeting Themes

- **Resiliency** - Individual
- **Resiliency** - System
- **Resiliency** — Specific Focus:
 - Faculty
 - Families
 - Residents
 - Residents
 - Other (please describe):

- Healthcare Disparities
- GME Financing
- Work Force Modeling
- Faculty Development

AIAMC 2017 – Plenary Sessions

Thursday

- Resiliency of College Athletes and Resident Physicians
 - Brian Hainline, MD (NCAA)

Friday

- Physician Well-Being
 - Tim Brigham, MDiv, PhD (ACGME)
- Choosing Resilience
 - Wayne Sotile, PhD (Sotile Center for Resilience)

Saturday

- Resiliency Across the Continuum
 - Graham McMahon, MD, MMSc (ACCME)

AIAMC 2017 – Break Outs & Posters

- The OASIS Proj: A 12-Mo Resiliency Initiative in MICU
 - Cristiana Care (Downing & Farley)
- How do you Measure Resident Wellness?
 - Crittenton Hosp Med Ctr & Wayne State U (Markova & Stansfield)
- Building a Culture of Well and Resilience: How to Characterize Burnout and Create a Targeted Cur for GME
 - OhioHealth Riverside Methodist Hospital (Hommema, Auciello)
- Supporting Resiliency through Intentional A, C, M
 - Aurora Health Care (Simpson, Lehmann, Kelly, Bidwell, Stearns)
- A Systems Approach to Physician Resilience & Wellness
 - Permanente Medical Grp (Chuck)

How did this Session Happen?

SBAR for AIAMC BoD

AIAMC Meeting

Well-Being/Resilience="Perfect Storm"

- A confluence of forces →
- AIAMC leverage WB/R as cross-cutting initiative:
 1. Strategic Plan (program development and advocacy in support for members, visibility)
 2. Annual Meetings 2017-2018
 3. AIAMC co-sponsor *National Academy of Medicine's* Action Collaborative of Clinician
 4. Well-Being and Resilience.
 5. Scholarship
 6. NI V (Pending)

2017 AIAMC "Breakout" Sat Session PLAN

- Reflect-synergize thinking
- Identify **AIM** and **MEASURES** to help members start well-being "Plan" (IHI Model for Improvement)
 - AIM: What are we trying to accomplish?
 - Measures: How will we know that a change is an improvement?
 - Changes: What changes can we make that will result in improvement?
- Agreement: Focus individual & system

Nasca ACGME 2017

Common Program Requirements Section VI

Accreditation Council for
Graduate Medical Education

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MEMO

DATE: March 10, 2017

FROM: Thomas J. Nasca, MD, MACP, Chief Executive Officer, Accreditation Council for Graduate Medical Education

The [ACGME Common Program Requirements](#) Section VI revisions have been approved by the ACGME Board of Directors to be implemented during the 2017-2018 academic year.

At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future. An important corollary is that physician well-being is crucial to deliver the safest, best possible care to patients.



CLER



*An important corollary is that **physician well-being** is crucial to deliver the safest, best possible care to patients.*

Objectives – Agenda

Resiliency / Well-Being (R/WB)

Objectives

1. Reflect upon the Annual Meeting's key learning points
→ IHI “Aim” (Session Consensus Statement)
2. Think “Measures” for “Aim(s)”

Agenda

- Think/Pair/Share – 3 R/WB Take Homes Actions
- Take homes – Aim
- Thinking Metrics Re: Well Being
- Debrief and Next Steps

Think, Pair, Share – 3 R/WB Take Homes

THINK!

Identify Take Homes

≥ 1 at Each Level

- Individual / Person
- Program/Department
- Organization/System

AIAMC Breakout Session on RESILIENCY: CONSENSUS STATEMENT AND ACTION PLAN

WORKSHEET #1: *THINK* – “TAKE HOME ACTIONS” AT ≥ 3 LEVELS

DIRECTIONS:

- **Ponder the resilience/well-being** related plenary and concurrent sessions you attended (see below), posters you saw/discussed, and conversations you have had during the conference.

PLENARIES:

1. Atul Grover, MD, PhD: A New Administration & New Opportunities for Med Educ (AAMC) [Thur]
2. Brian Hainline, MD: Resiliency of College Athletes and Resident Physicians (NCAA) [Thur]

CONCURRENT WORKSHOPS:

1. The OASIS Project: A 12 Month Resiliency Initiative in the MICU: Christiana Care (Downing/Farley) [Thurs]
2. How Do You Measure Resident Wellness?: Crittenton Hosp Med Ctr/Wayne State U (Markova/Stansfield) [Thur]

- **List your top 3 take home actions/to do's for resilience/well-being** at each of three levels (individual, program/department, and system/organization level). Be prepared to discuss.

Top 3 Take Home Actions at <i>INDIVIDUAL LEVEL</i>
1.
2.
Top 3 Take Home Actions at <i>PROGRAM/DEPARTMENT LEVEL</i>
1.
Top 3 Take Home Actions at <i>SYSTEM/ORGANIZATIONAL LEVEL</i>
1.
2.

USE WORKSHEET #1

Think, Pair, Share – 3 R/WB Take Homes

1. PAIR & SHARE YOUR top 3 Take Homes Actions at Each Level

- Individual / Person
- Program/Department
- Organization/System

2. List top two shared take home actions (worksheet #2) for

- Individual / Person
- Program/Department
- Organization/System

3. Be prepared to report out

4. Inform our Consensus “AIM” from meeting

AIAMC Breakout Session on RESILIENCY: CONSENSUS STATEMENT AND ACTION PLAN

WORKSHEET #2: PAIR-SHARE TAKE HOME ACTIONS AT ≥ 3 LEVELS → REPORT OUT

DIRECTIONS:

- **Pair and share your top 3 take home actions for resilience/well-being** at each of three levels (individual, program/department, and system/organization level).
- **List top two shared take homes actions for resilience/well-being**
- **Be prepared to report out** → Consensus take home actions from meeting

Top 3 Take Home Actions at *INDIVIDUAL LEVEL* (PAIR)

1.

2.

Top 3 Take Home Actions at *PROGRAM/DEPARTMENT LEVEL* (PAIR)

1.

Top 3 Take Home Actions at *SYSTEM/ORGANIZATIONAL LEVEL* (PAIR)

1.

USE WORKSHEET #2

Report Outs: **Individual**

Report Outs: **Program/Depart**

Report Outs: **Organization/System**

Aim: From Cross-Cutting Actions?

AIAMC and its members are uniquely positioned to...

Ex Aim: Cross-Cutting Actions?

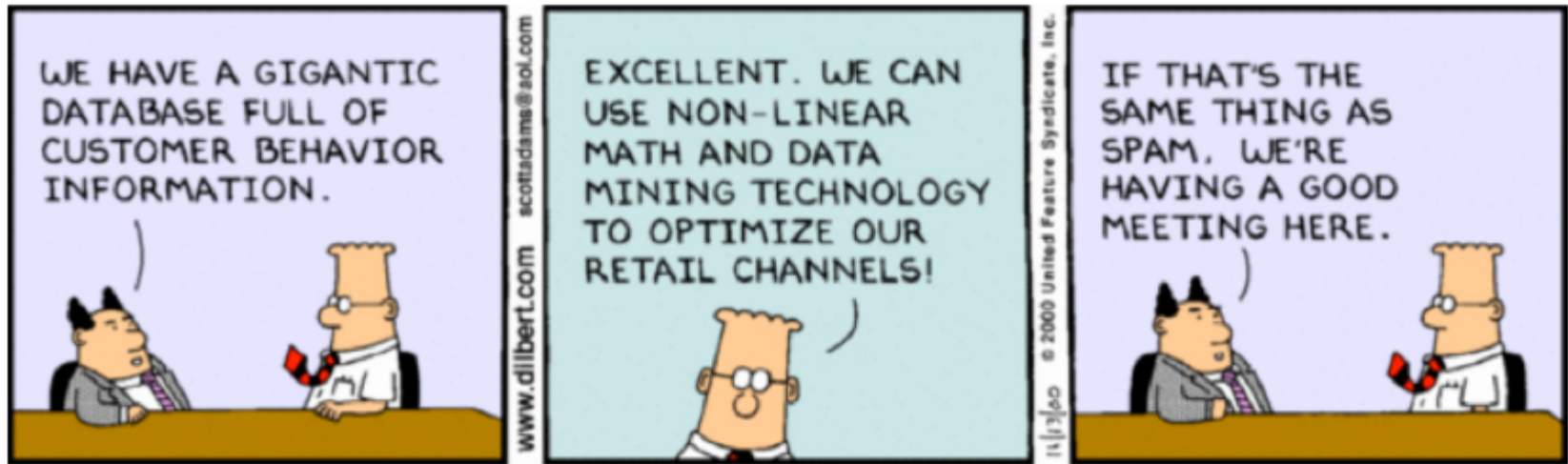
- Aim is to *IMPROVE PHYSICIAN WELL-BEING WHICH IS A F (PERSON X CLINICAL WORKPLACE)*
 - **PERSON:** ↑ individual's mental and physical health (eat better, strategic naps, meditative practice, PCP visits, exercise...)
 - **PROGRAM/DEPARTMENT:** Implement policies/procedures incentivize (not punish) culture well being (identifying" at risk individuals; taking ½ for health appointments; championing/role modeling "health")
 - **ORGANIZATION/SYSTEM = WORKPLACE:** Decision making aligned with provider well being with resources (policies/procedures attend wellbeing; EHR upgrades to improve platform; exercise facilities; food options)



Note: Findings from meeting will be shared as part of AIAMC Session materials

Rough Aim – IHI “Measure:

How will we know that a change is an improvement ?



- Spark thinking at 3 levels about “existing” data
- Consider if these or any other data would be “meaningful metrics” measure for our AIM

Existing Metrics: Individual

Burnout

- Most Common¹
 - Maslach Burnout Inventory (MBI) (Depersonalization, Personal Accomplishment, Emotional Exhaustion)
- Others¹
 - Shirom-Melamed's Burnout Scale,
 - Copenhagen Burnout Inventory (CBI),
 - Physician Well-Being Index,
 - a single question approach
 - a symptom-based stress survey.

Well Being

- Well Being – Varied¹
 - General Health Questionnaire (GHQ)
 - Harvard National Depression Screening Day Scale (HANDS), Linear stress scales
 - Quality of Life scales,
- E-Well-Being Index (e-WBI)²⁻³
 - Mayo – 9 items version
 - 2 items work life integration and meaning in work
- Gallup-Healthways WB Index
 - Purpose, social, financial, community, and physical

1. Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare staff wellbeing, burnout, and patient safety: A systematic review. PLoS One. 2016 Jul 8;11(7):e0159015.

2. Shanafelt TD, Noseworthy JH. Exec Leadership & Physician Well-Being: Mayo Clin Proc 2017;92(1):129-146.

3. Dyrbye LN, Satele D, Shanafelt T. Ability of a 9-item well-being index to identify distress and stratify quality of life in US workers. Journal of Occupational and Environmental Medicine. 2016 Aug 1;58(8):810-7.

TABLE. Candidate Dimensions of Well-being for Organizations to Assess

Dimension	Potential standardized instruments to assess	No. of questions	National benchmarks for US physicians	Comparisons with the general population	Relevant to other health care workers ^a	Shown to correlate with relevant outcomes ^b	Select references
Achievement/professional fulfillment							
• Meaning	Physician Job Satisfaction Scale	5 or 36	Yes ^c	–	No	Yes	20,31,43,51
• Professional satisfaction	Empowerment at Work Scale	12	–	–	Yes	–	52,53
Burnout							
• Exhaustion	Maslach Burnout Inventory	2 or 22	Yes	Yes	Yes	Yes	7,10,22,39,54,55
• Cynicism	Oldenburg Burnout Inventory	16	–	–	Yes	–	47,56
• Inefficacy							
Engagement							
• Vigor	Utrecht Work Engagement Scale	9	–	–	Yes	–	57
• Dedication							
• Absorption							
Fatigue							
• Energy	Brief Fatigue Index	9	–	–	Yes	–	58
• Sleep	Epworth Sleepiness Scale	8	–	–	Yes	–	59
Stress							
• Work stress	Perceived Stress Scale	10	–	Yes	Yes	–	60,61
• Anxiety							
Quality of Life							
• Physical	Short Form Health Survey (SF)-8/SF-12/SF-36	8 or 12 or 36	–	Yes	Yes	–	62,63
• Mental	Linear Analogue Self-Assessment Scales	1-10	–	–	Yes	–	64
• Emotional							
• Social							
• Financial							
• Overall							
Composite well-being measures							
• Achievement/professional fulfillment	Well-being Index/Physician Well-being Index ^d	9	Yes ^e	Yes	Yes	Yes	65-67
• Burnout	Mini-Z ^f	16	–	–	No	–	68
• Work-life integration							
• Stress							
• Fatigue							

^aCan be used in nurses and other health care professionals (eg, applied at the medical center, hospital, or clinic).

^bRelevant outcomes include quality of care, patient satisfaction, turnover, professional work effort, and satisfaction.

^cMost recently 1999.

^dEvaluates dimensions of meaning in work, burnout, stress, work-life integration, fatigue, mental/emotional well-being.

^eMost recently 2014.

^fEvaluates dimensions of professional satisfaction, burnout, and stress.

Shanafelt TD, Noseworthy JH. Exec Leadership & Physician Well-Being: Mayo Clin Proc 2017;92(1):129-146.

Existing Metrics: Program

ACGME Surveys: *Autonomy/Control & Relatedness*

Resident/Fellow

- **Resources:**
 - Residents can raise concerns without fear
- **Educ Content:**
 - Supervisors delegate appropriately
 - Education not comprised by service obligations
- **Evaluation:**
 - Satisfied that program used evaluations to improve

Faculty

- **Faculty Supervision & Teaching**
 - Sufficient time to supervise residents/fellows
 - Residents/fellows seek supervisory guidance
 - Interest of faculty and PD in education
- **Educ Content**
 - Effectiveness of graduating residents/fellows

Existing Metrics: Program

- GME - Annual Performance Evaluation?
- Attendance/Participation at “voluntary” social events?
- # Who have PCP? Seen in last year?
- # Scan in to use fitness center?
- Organization-wide metrics

Organizational/Systems Metrics

Hospital Survey on Patient Safety

Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/unit...	Strongly Disagree ▼	Disagree ▼	Neither ▼	Agree ▼	Strongly Agree ▼
1. People support one another in this unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. We have enough staff to handle the workload.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. When a lot of work needs to be done quickly, we work together as a team to get the work done	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Why are employee engagement surveys particularly important in the health care industry? (00:49)

August 2016

Model component	Sample statement
Executing tasks	My manager assigns tasks suited to my skills and abilities.
	My manager provides clear goals for the work of the team.
	My manager always knows how well our unit is performing its work activities.
Developing people	My manager provides me opportunities to develop my skills.
	My manager helps me with career planning and decisions.
	My manager helps me to access learning opportunities outside my organization.
Delivering the deal	My manager provides frequent recognition for a job well done.
	My manager makes fair decisions about how my performance links to pay decisions.
Energizing change	My manager encourages new ideas and new ways of doing things.
	My manager keeps me informed about changes in my organization that affect my work unit.
	My manager is good at explaining the reasons for changes that happen in the organization.
Authenticity and trust	My manager recognizes his or her own strengths and weaknesses.
	My manager listens carefully to different points of view before reaching conclusions.
	My manager acts in ways consistent with his or her words.
	My manager shows respect for my personal feelings and circumstances.
	My manager is a trusted source of information about what is going on in the organization.



Improving physician wellness and resiliency in Emergency Medicine, from the ground up

Wellness Think Thank National EM Wellness Survey

In the past 3 months, how often do you get to do the following activities for your own wellness (if any)?

	Daily	3-4x per week	1-2x per week	Weekly	Monthly
Social or happy hour with friends, coworkers, colleagues, and/or significant other <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports (basketball, football, hockey, racquetball, soccer, lacrosse, etc.) <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor activities (hiking, biking, climbing, fishing) <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indoor activities (playing music, drawing, writing, journal, blogging, etc.) <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AMGA Provider Satisfaction Benchmarking Survey

The important subject areas (dimensions) of the survey include:

- Leadership and Communications
- Time Spent Working
- Compensation
- Quality of Care
- Patient Interactions
- Administration
- Computers
- Resources
- Acceptance by Colleagues
- Relationships with Staff
- Paperwork
- Pre-Authorization Hassles

AMGA Employee Satisfaction and Engagement Benchmarking Survey

The important subject areas (dimensions) of the survey include:

- Employee Engagement
- Rewarding Work
- Supervision
- Growth Opportunities
- Personal Relationships
- Leaves
- Pay
- Workload
- Physician Interactions
- Health Benefits

Identify Metrics = Aim [Grps 3-4 at Tables]

- Consider the “Consensus” Action AIM
- Identify EXISTING METRICS that cross levels or by levels
- Criteria
 - Feasible (affordable, accessible)?
 - Inform action?
 - Baseline and on-going metrics?
- Be prepared to report out

AIAMC Breakout Session on RESILIENCY: CONSENSUS STATEMENT AND ACTION PLAN

WORKSHEET #3: METRICS AT ≥ 3 LEVELS → REPORT OUT

DIRECTIONS:

- Consider the “Consensus” Actions generated in session (from top 3 take home actions for resilience/well-being)
- **Identify EXISTING METRICS** that cross and/or for each of three levels (individual, program/department, and system/organization level). Are they (Criteria): Feasible (affordable, accessible), inform action, can provide baseline and on-going metrics
- **Be prepared to report out**

Metrics THAT CROSS LEVELS

1.

2.

Metrics at INDIVIDUAL LEVEL

1.

2.

METRICS at PROGRAM/DEPARTMENT LEVEL (PAIR)

1.

METRICS at SYSTEM/ORGANIZATIONAL LEVEL (PAIR)

1.

2.

Report Out! “1 Best” per grp

Cross Cutting	Individual
Program/Depart	Organization/System

Write Name & E-mail on Worksheet #3 and turn in – we will pdf back!

Next Steps

- Findings will be summarized/shared as part of AIAMC conference materials

Share with

- NI-VI Leaders and AIAMC BoD discuss
- NI-VI Planners
 - Hope all participate and some “shared” aims and metrics!

- **Thank you ALL!!**

Others References/Resources

- Konrad TR. Measures, methods, and models of doctor satisfaction: future research challenges. Professions and Professionalism. 2015 May 13;5(1).
<https://journals.hioa.no/index.php/pp/article/view/953/1217>
- AMA Steps Forward – Improving Physician Resiliency
<https://www.stepsforward.org/modules/improving-physician-resilience>