3-30-2017

Taking Well-Being Seriously – Our Clinical Learning Environment (CLE) Partnership Strategy

Tricia LaFratta
Aurora Health Care, tricia.lafratta@aurora.org

Jacob Bidwell
Aurora Health Care, jacob.bidwell@aurora.org

Hsieng Su
Aurora Health Care, hsieng.su@aurora.org

Anu Vijayakumar
Aurora Health Care, anu.vijayakumar@aurora.org

John R. Brill
Aurora Health Care, john.brill@aurora.org

See next page for additional authors

Follow this and additional works at: https://digitalrepository.aurorahealthcare.org/faculty

Recommended Citation
LaFratta, Tricia; Bidwell, Jacob; Su, Hsieng; Vijayakumar, Anu; Brill, John R.; Thompson, David B.; Ouweneel, Kristin; Nichols, Colleen; Eull, Nicole A.; Rivera, Kristin; Simpson, Deborah; Rapala, Kathryn; Lehmann, Will; and Battiola, Richard J., "Taking Well-Being Seriously – Our Clinical Learning Environment (CLE) Partnership Strategy" (2017). Aurora UW Family Medicine Faculty. 32. https://digitalrepository.aurorahealthcare.org/faculty/32

This Poster is brought to you for free and open access by the Aurora UW Faculty at Aurora Health Care Digital Repository. It has been accepted for inclusion in Aurora UW Family Medicine Faculty by an authorized administrator of Aurora Health Care Digital Repository. For more information, please contact Jennifer.deal@aurora.org.
Authors
Tricia LaFratta, Jacob Bidwell, Hsieng Su, Anu Vijayakumar, John R. Brill, David B. Thompson, Kristin Ouweneel, Colleen Nichols, Nicole A. Eull, Kristin Rivera, Deborah Simpson, Kathryn Rapala, Will Lehmann, and Richard J. Battiola

This poster is available at Aurora Health Care Digital Repository: https://digitalrepository.aurorahealthcare.org/faculty/32
**Taking Well-being Seriously – Our Clinical Learning Environment (CLE) Partnership Strategy**

Tricia La Fratta, Jacob Bidwell MD, Hsieng Su MD, Anu Vijayakumar MD, John Brill MD, MPH, David Thompson MD, Kristin Ouweneel, Colleen Nichols MD, Nicole Eull PsyD, Kristin Rivera, Deborah Simpson PhD, Kathryn Rapala DNP, JD, Wilhelm Lehmann MD, Richard Battiola MD

**Introduction / Background**

- Physician Well-Being is a National “Crisis” impacting:
  - Patient Safety and Quality of Care
  - Physician Workforce and Culture
- There are a *Zillion* initiatives, articles, conferences...
  - National discussions and initiatives:
    - National Academy of Medicine’s ‘Action Collaborative’ to Promote Physician Well-Being
    - ACGME’s symposium on Physician Well-Being & Common Program Requirements
    - AAMC and AIAMC annual meetings and workshops
    - AHMC webinars and academy
    - AIAMC Annual Meeting and NI VI
- At Aurora Health Care:
  - Individual and often independent initiatives sponsored by Residency Programs, UME, GME or CPD offices, System
  - Through our CLER Synergy Group we have established partnerships – composed of system, hospital, physician, education and GME leaders

**Project Aim**

To utilize our CLER Synergy Group to coalesce and leverage the system/hospital well-being across the continuum of medical education

**Methods**

Use CLER Synergy Group to guide our Well-Being initiatives across the continuum physician education by:

- Partnering with CMO’s, hospital leaders (CLER Synergy members), Resident Council and education leaders
- Identifying current/pending initiatives around physician well-being
- Review system resources and existing needs to prioritize initiatives that would cut across all levels of physician training

<table>
<thead>
<tr>
<th><strong>Results: Form Partnerships</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Formed Well-Being partnerships internally and externally through our CLER Synergy group, chaired by our DIO</td>
</tr>
<tr>
<td>GME is “dot connector” given the urgency for accreditation requirements</td>
</tr>
</tbody>
</table>

**Results: System**

- System-wide Executive Leadership Group on Clinician Burnout includes Medical Education:
  - Chaired by Medical Group Exec VP and CNO
  - Inventory of existing resources and identified “system” needs
- CMO Regional Market Steering Committee on Well-Being includes Medical Education:
  - Assessment of Physicians including Residents/Fellows through national burnout inventory
  - Results are consistent with national trends

**Results: Continuum Med Ed**

**Graded Medical Education**

- Hosted GME Strategic Retreat on Well-Being
  - Agree to leverage well-being programs under development within the system
  - Identified GME Wide priorities → Cascading to Program Specific Applications
  - Identified Available and Needed Resources:
    - Access CV Rehab Facilities available for Resident / Faculty at Major Teaching Hospitals

- GME: Established Clinician Satisfaction and Well-being GME Quality Indicators
  - Sponsored Well-being Sessions Across GME:
    - Elements of Physician Wellness to Burnout
    - Approaching the Distressed Physician
  - Resident/Fellow Well-being QI projects:
    - Electrophysiology, Transitional Year, Radiology
    - Participant in AIAMC NI-VI

- CME/CPD to UME
  - Design and implement Well-Being CME – Performance Improvement Clinical Quality Improvement (CQI) activity (Part IV MOC Points):
    - Individual and environment change metrics will be required
    - Available to all physicians + medical students

**What We Are Learning**

- Utilizing our CLER Synergy Group to guide physician well-being:
  - Aligns our medical education initiatives with hospital/ystem priorities
  - Positions UME-CME in key leadership roles around physician Well-Being within the organization
  - Leverages system resources and metrics