

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

RESULTS: FORM PARTNERSHIPS

- Formed Well-Being partnerships internally and externally through our CLER Synergy group, chaired by our DIO
- GME is "dot connector" given the urgency for accreditation requirements



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

GRADUATE 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 Facilitates available for Resident / Faculty at Major Teaching Hospitals
- **GMEC: 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/system priorities
 - Positions UME-CME in key leadership roles around physician Well-Being within the organization
 - Leverages system resources and metrics