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

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**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 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/system priorities
  - Positions UME-CME in key leadership roles around physician Well-Being within the organization
  - Leverages system resources and metrics