

GME WIDE & PROGRAM SPECIFIC INITIATIVES TO STRENGTHEN A CULTURE OF WELL-BEING

Jacob Bidwell, MD, Tricia La Fratta, MBA, Nicole Eull, PsyD, Deborah Simpson, PhD,

John Brill, MD, MPH, Timothy Lineberry, MD, Kristin Ouweneel, GMEC/Program Directors, Resident Council Reps

INTRODUCTION: BACKGROUND

NATIONAL DRIVERS FOR WELL-BEING

- Burnout National Safety/Quality/Workforce Issue
- ACGME Common Program Requirements
- CLER (Clinical Learning Environment Review)
- National Academies of Medicine (NAM) action collaborative on clinical well-being and resilience

GME ACTION PLAN

- **STRATEGIC PLAN:** GME leaders convened a GMEC retreat to develop a well-being strategic plan with key system leaders attending
- **NEEDS ASSESSMENT:** Prior to the retreat each Residency & Fellowship program completed *ACGME's Inventory of Elements of Your Program's Well-Being Plan* & GME office completed the *Inventory of Elements of Your Institutional Well-Being Plan*
- Each Program Director and the DIO presented key findings + action plan from inventory with cross cutting themes identified

AIM/PURPOSE/OBJECTIVES

- To serve as well-being system leaders through the development of clear GME protocols and procedures
- To identify and provide GME specific and system wide resources/support to physicians in
- To improve resident and faculty well being through program specific initiatives

METHODS: INTERVENTIONS/CHANGES

- Aligned our GMEC Well-Being Strategic Priorities with selected **Drivers of Burnout and Engagement in Physicians** per Shanafelt & Noseworthy (Mayo Clin Proc. 2017;92(1):129-146)
 - Program-Level Interventions
 - GME-Wide Interventions
 - System-Wide: How to align/utilize *Aurora Legacy* and now *Advocate Aurora Health* resources, leadership groups, partnerships

METHODS /RESULTS: PROGRESS TO DATE

DRIVERS	PROGRAM SPECIFIC	GME-WIDE	AURORA LEGACY /AAH
Workload and Job Demands	<input checked="" type="checkbox"/> OB/GYN Restructuring Weekend - Overnights	<input checked="" type="checkbox"/> Revise Faculty Contracts to reflect education roles	<input checked="" type="checkbox"/> Contracts Aligned with Medical Grp Policies
Efficiency and Resources		<input checked="" type="checkbox"/> Appoint Well Being Director <input checked="" type="checkbox"/> Access to Confidential Behavior Health Services <input checked="" type="checkbox"/> Contract and Implement Mayo Well Being Index (WBI)	<input checked="" type="checkbox"/> Partner with System Leaders <input checked="" type="checkbox"/> WBI Implemented System Wide
Social Support and Community at Work	<input checked="" type="checkbox"/> Radiology Redesign Journal Club / Lectures <input checked="" type="checkbox"/> IM Buddy System	<input checked="" type="checkbox"/> GME Lounge at all Sponsoring <input checked="" type="checkbox"/> Expressions of Well-Being <input checked="" type="checkbox"/> Soliciting Feedback AC ₂ T Model [®]	<input checked="" type="checkbox"/> Align with AHC Legacy and AAH Clinician Well-Being Priorities <input checked="" type="checkbox"/> Advocacy with Leadership
Work-Life Integration	<input checked="" type="checkbox"/> FM Resource ½ Days <input checked="" type="checkbox"/> IM Wellness Challenges	<input checked="" type="checkbox"/> Quarterly ½ Days Well-Being <input checked="" type="checkbox"/> Access to Exercise	

LEGEND: = Completed; = In Progress; = Beginning

METHODS/RESULTS: MEASURES/METRICS

GOAL: To use existing data sets and/or add well-being items to existing initiatives to support benchmarking to local/national data

METRIC	PROCESS	OUTCOME
▪ ACGME well-being program inventory submitted by all program 2x/yr for review at GMEC	✓	
▪ Annual Program Evaluation (APE) section on well-being	✓	
• Program Specific Tracking (FM ½ resource utilization; IM Participation Rates; Ob/GYN Well Being Check in Cards)	✓	
▪ GME wide end of rotation evaluation form includes well-being item	✓	✓
▪ Annual Press-Ganey Engagement Survey Items related to well-being	✓	✓
▪ Well-Being Index	✓	✓
▪ ACGME Resident/Faculty Survey Items	✓	✓

DISCUSSION: BARRIERS & STRATEGIES

BARRIERS

- **CONCERN FACULTY BURNOUT:** GME initiatives have been primarily geared towards residents/fellows
 - STRATEGY: *Initiatives attend to everyone's well-being*
- **RESOURCES:** Ability to move GME initiatives forward
 - STRATEGY: *Prioritize and align Legacy Aurora and Legacy Advocate initiatives under AAH Academic Affairs leaders*
- **MINDSET CHANGE:** "Physician heal thyself."
 - STRATEGY: *Promoting evidence that focusing on better clinician and caregiver well-being leads to better patient care outcomes*

NEXT STEPS AND SUSTAINABILITY

- Share what people do on quarterly well-being ½ days
- Host an NI-VI ½ Team Meeting (with Dinner) for all Program Team and GME Team Leaders
- Collect and monitor data (including APE section) for program sustainability and to determine future steps consistent with PDSA Cycle Improvements