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

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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

<table>
<thead>
<tr>
<th>DRIVERS</th>
<th>PROGRAM SPECIFIC</th>
<th>GME-WIDE</th>
<th>AURORA LEGACY /AAH</th>
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<tbody>
<tr>
<td>Workload and Job Demands</td>
<td>☑ OB/GYN Restructuring Weekend - Overnights</td>
<td>☑ Revise Faculty Contracts to reflect education roles</td>
<td>☑ Contracts Aligned with Medical Grp Policies</td>
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<td>Efficiency and Resources</td>
<td>☑ Appoint Well Being Director</td>
<td>☑ Access to Confidential Behavior Health Services</td>
<td>☑ Partner with System Leaders for System Wide Well Being Services</td>
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<td>Social Support and Community at Work</td>
<td>☑ Radiology Redesign Journal Club / Lectures</td>
<td>☑ GME Lounge at all Sponsoring Sites</td>
<td>☑ Align with AHC Legacy and AAH Clinician Well-Being Priorities</td>
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<td>Work-Life Integration</td>
<td>☑ FM Resource ½ Days</td>
<td>☑ Quarterly ½ Days Well-Being</td>
<td>☑ Advocacy with Leadership</td>
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<td></td>
<td>☑ IM Wellness Challenges</td>
<td>☑ Access to Exercise</td>
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METHODS/RESULTS: MEASURES/METRICS

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

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

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