INTRODUCTION: BACKGROUND

NATIONAL DRIVERS FOR WELL-BEING

- Physician Burnout = safety, quality, workforce issue
- ACGME Common Program Requirements
- ACGME 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 the ACGME’s
    - Inventory of Elements of Your Program’s Well-Being Plan was completed by each Residency & Fellowship Program
    - Inventory of Elements of Your Institutional Well-Being Plan was completed by GME Office
  At the retreat
    - Each Program Director and the DIO presented key findings from their inventory and an action plan
    - Cross cutting themes were identified → GME specific aims

PROJECT AIMS

- 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 team members
- To improve resident and faculty well-being through residency/fellowship program specific initiatives

METHODS: MATRIX

NI-6 Program, GME-Wide and System-Wide actions
Selected Drivers of Burnout and Engagement in Physicians from organizational/leadership approach
Assigned tasks to respective teams; monitor progress

METHODS & RESULTS: GME WELL-BEING MATRIX

<table>
<thead>
<tr>
<th>DRIVERS</th>
<th>PROGRAM SPECIFIC</th>
<th>GME-WIDE</th>
<th>AURORA LEGACY /AAH</th>
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<tr>
<td>Workload &amp; 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 &amp; Resources</td>
<td>FM Resource ½ Days</td>
<td>Appoint Well Being Director Access to Confidential Behavior Health Services</td>
<td>Partner with System Leaders WBI Implemented System Wide</td>
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<td>Social Support &amp; Community at Work</td>
<td>Radiology Redesign Journal Club / Lectures IM RAPS Program</td>
<td>Expressions of Well-Being Soliciting Feedback ACfT Model</td>
<td>Align AHC Legacy and AAH Clinician Well-Being Priorities Advocacy with Leadership</td>
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<tr>
<td>Work-Life Integration</td>
<td>IM Wellness Challenges</td>
<td>Quarterly ½ Days Well-Being Access to Exercise</td>
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LEGEND: ✓ = Completed; ≠ In Progress

MAYO WELL-BEING INDEX

• % of at risk scores ↓ from 17.3% to 12.7% over 11 months

Key Findings:
- Mayo Well-Being Index ≠ ACGME Well-Being Measures
- Program Level Interventions critical, complimenting GME system-wide efforts

Limitations:
- Change in engagement survey due to AAH merger
- No WBI Baseline data at the time of interventions

Go Forward Strategies:
- Monitor Mayo WBI resources usage
- Unify WB resources + action plan via AdvocateAurora Academic Affairs Well-Being Director
- Review APE (2/year) and well-being data and APE inventory at GMEC meeting

References
2. Shanafelt TD, et al.. Exec leadership & physician well-being... Mayo Clinic Proceed. 2017;92(1):129-146