The following oral presentations are from the 2019 American Conference on Physician Health. Presentations included were at the discretion of the author.
How the Creation of an “Inboxologist” Returned JOY to The Practice of Medicine.

• Edwin Solorzano, MD
  • Physician Director, Downey Medical Center
  • SCPMG

• Dawn Clark, MD
  • Chief Wellness Officer
  • SCPMG
NO DISCLOSURES
Physician Burnout

FM and IM are among the most burned out

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Burnout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>59%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>56%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>55%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>56%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>56%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>54%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>53%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>53%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>53%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>52%</td>
</tr>
<tr>
<td>Urology</td>
<td>52%</td>
</tr>
<tr>
<td>Neurology</td>
<td>51%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>51%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>51%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>50%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>50%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>49%</td>
</tr>
<tr>
<td>Surgery</td>
<td>49%</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>49%</td>
</tr>
<tr>
<td>Radiology</td>
<td>49%</td>
</tr>
<tr>
<td>Oncology</td>
<td>47%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>46%</td>
</tr>
<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>46%</td>
</tr>
<tr>
<td>Pathology</td>
<td>43%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>43%</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>43%</td>
</tr>
<tr>
<td>Psychiatry &amp; Mental Health</td>
<td>42%</td>
</tr>
</tbody>
</table>

Source: Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout
Carol Peckham | January 11, 2017
We did our own survey
Maslach Burnout Inventory (MBI)

• It measured IB Program physician responses to statements like:
  - “I feel like my work is breaking me down.”
  - “I feel tired when I get up in the morning and have to face another day at work.”
  - “I feel I'm at the end of my rope.”

• Using this scale:

<table>
<thead>
<tr>
<th>Never</th>
<th>A few times per year</th>
<th>Once a month</th>
<th>A few times per month</th>
<th>Once a week</th>
<th>A few times per week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Physicians Feel Broken Down

Pre IB Program Survey
"I feel like my work is breaking me down."

Frequency of feeling: “my work is breaking me down.”

<table>
<thead>
<tr>
<th>Frequency of Feeling</th>
<th>Number of Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>4</td>
</tr>
<tr>
<td>A few times per year</td>
<td>3</td>
</tr>
<tr>
<td>Once a month</td>
<td>1</td>
</tr>
<tr>
<td>A few times per month</td>
<td>1</td>
</tr>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>A few times per week</td>
<td>1</td>
</tr>
<tr>
<td>Every day</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: MBI Survey of IB-Program physicians before the Program

© 2019 Southern California Permanente Medical Group
Physicians Feel Tired

Pre IB Program Survey
"I feel tired when I get up in the morning and have to face another day at work."

Frequency of feeling: “tired when I get up in the morning and have to face another day at work.”

Source: MBI Survey of IB-Program physicians before the Program
Physicians Feel Depleted

Pre IB Program Survey
"I feel like I’m at the end of my rope."

Frequency of feeling: “I’m at the end of my rope.”

Source: MBI Survey of IB-Program physicians before the Program

© 2019 Southern California Permanente Medical Group
Why are Physicians burned out?

- Too many bureaucratic tasks: 5.3
- Spending too many hours at work: 4.7
- Feeling like just a cog in a wheel: 4.6
- Increasing computerization of practice (EHRs): 4.5
- Income not high enough: 4.1
- Too many difficult patients: 4.0
- Insurance issues: 4.0
- Maintenance of certification requirements: 4.0
- Lack of professional fulfillment: 3.9
- Threat of malpractice: 3.9
- Too many patient appointments in a day: 3.9
- Difficult employer, colleagues, or staff: 3.7
- The impact of the Affordable Care Act: 3.7
- Inability to provide patients with the quality care that they need: 3.7
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 3.5
- Family stress: 3.1
- Inability to keep up with current research and recommendations: 3.1

Source: Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout
Carol Peckham | January 11, 2017
Sample IBs

**Doctor #1 Tuesday AM Screenshot**
- Addenda (875)
- Admit/Discharge (428)
- Canceled Orders (253)
- CC Charts (5)
- CC Results (1)
- Cosign - Clinic Orders (1)
- FMLA Complete, Review & Sign (1)
- Open Encounters (62)
- Overdue Results (10)
- Pt Messages (1)
- RAR (2)
- Referral Notification Letter (26)
- Result Notes (3)
- Results (14)
- Review Reports (1)
- Staff Messages (3)
- Unsent Letters (1)

**Doctor #2 Tuesday AM Screenshot**
- Addenda (1)
- Admit/Discharge (13)
- Canceled Orders (452)
- CC Charts (2)
- CC Results (4)
- Cosign - Clinic Orders (4)
- HH Order (1)
- Open Charts (26)
- Open Encounters (359)
- Overdue Results (112)
- Pt Messages (6)
- RAR (3)
- Referral/Dr Advice Message
- Result Notes (3)
- Results (68)
- Review Reports (1)
- Staff Messages
- Unsent Letters

**Doctor #3 Tuesday AM Screenshot**
- Addenda (3)
- Admit/Discharge (7)
- Canceled Orders (1)
- CC Charts (3)
- CC Results (1)
- Cosign - Clinic Orders (6)
- Open Charts (7)
- Open Encounters (786)
- Overdue Results (32)
- Pt Messages (4)
- RAR (27)
- Referral Notification Letter (2)
- Results (19)
- Unsent Letters (87)
Cudahy IB Program
Why?

Spend Less Time & Energy Here
- Addenda (1)
- Admit/Discharge (13)
- Canceled Orders (452)
- CC Charts (2)
- CC Results (4)
- Cosign - Clinic Orders (4)
- HH Order (1)
- Open Charts (26)
- Open Encounters (359)
- Overdue Results (112)
- Pt Messages (6)
- RAR (3)
- Referral/Dr Advice Message
- Result Notes (3)
- Results (68)
- Review Reports (1)
- Staff Messages
- Unsente Letters

Spend More Time & Energy Here
- Addenda (3)
- Admit/Discharge (7)
- Canceled Orders (1)
- CC Charts (3)
- CC Results (1)
- Cosign - Clinic Orders (6)
- Open Charts (7)
- Open Encounters (786)
- Overdue Results (32)
- Pt Messages (4)
- RAR (27)
- Referral Notification Letter (2)
- Results (19)
- Unsente Letters (87)
Cudahy IB Program

Structure

• 10 full time equivalent MDs (12 doctors) giving up IB see extra patient per half day. 8 doctors did not participate.
  ▪ Pays for IB doctor and adds access

• IB Covering Team: 1 IB doctor (one shift every 2 weeks, works from home) + 2 LVNs.
  ▪ Coverage Monday to Friday (Monday covers items from weekend). 365 days per year.
  ▪ Collaboration on Smartphrases and QuickActions for handling most actionable items
  ▪ Only FYIs + controlled substance RARs left for PCP
  ▪ Finish today’s work today.

• Follow guidelines for ordering of screening labs asymptomatic patients
  ▪ Per USPSTF evidence based medicine
Metrics: Member Perception

Average MAPPS
IB Program Physicians

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 &amp; 2016</td>
<td>9.47</td>
</tr>
<tr>
<td>2017 &amp; 2018</td>
<td>9.50</td>
</tr>
</tbody>
</table>

Rate of Achieving Monthly ASQ 9.0
IB Program Physicians

<table>
<thead>
<tr>
<th>Period</th>
<th>Rate of Monthly ASQ ≥ 9.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-IB-Program</td>
<td>36.6%</td>
</tr>
<tr>
<td>(18 Months) 4.2015 - 9.2016</td>
<td>36.2%</td>
</tr>
<tr>
<td>IB-Program</td>
<td>36.0%</td>
</tr>
<tr>
<td>(18 Months) 10.2016 - 3.2018</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

Source: MAPPS Mean, Individual Monthly ASQ (Primary Care Scorecards) percentage of physician months achieving the 9.0 goal
[Note: Aug 2015 data not available]
Similar “Z-Scores” Before Program

Source: average quality composite score for non-IB-Program participating physicians vs IB-Program participating physicians (10.2015 through 4.2016)
Better “Z-Scores” for Program Physicians

Source: average quality composite score for non-IB-Program participating physicians vs IB-Program participating physicians (10.2016 through 4.2017)

Quality Composite Score (mean)

October 2016 through April 2017

Bar chart showing the average quality composite scores for non-IB-Program and IB-Program participating physicians over the program period.
Message Volume - Decreased
18 months of data

Total Call Center Message Volume of Participating Physicians

Pre-IB-Program (18 Months)
17892

Decreased 2,123 (12%)

IB-Program (18 Months)
10.2016 - 3.2018
15769

Source: Call Center Telephone Encounter TAT monthly reports – All Messages

© 2019 Southern California Permanente Medical Group
DKA or No Show% - Decreased
18 months of data

Pre-IB-Program (18 Months)

Average Monthly DKA% - Decreased

IB-Program (18 Months)
10.2016 - 3.2018

Source: Percent Net Loss Report Summary Monthly (SCAPP0115)
Labs Ordered - Decreased
18 months of data

Total Labs Ordered by Participating Physicians

Pre-IB-Program (18 Months)

IB-Program (18 Months)
10.2016 - 3.2018

Number Of Labs Ordered

350000
300000
250000
200000
150000
100000
50000
0

346028
276965

Decreased 69,063 (20%)

Source: Lab Cudahy Volume Report 20180703 – Downey Medical Center – Data Access & Reporting
Fewer Physicians Feel Broken Down

Pre-Program Survey vs. Mid-Program Survey
"I feel like my work is breaking me down."

Source: MBI Survey of IB-Program physicians during the Program
Fewer Physicians Feel Tired

Pre-Program Survey vs. Mid-Program Survey
"I feel tired when I get up in the morning and have to face another day at work."

Source: MBI Survey of IB-Program physicians during the Program

Frequency of feeling: “tired when I get up ...”
Fewer Physicians Feel Depleted

Pre-Program Survey vs. Mid-Program Survey
"I feel like I'm at the end of my rope."

Source: MBI Survey of IB-Program physicians during the Program
A Special Thank You to our Administrative Team: Pamela Lizarraga, Patricia Pantoja, Patricia Arriola, and Josie Leiva for your tireless dedication to this program. Our physician well being is better today because of you! You are the best!

Thank You For your Time

Questions?
PHYSICIAN TASK LOAD AND THE RISK OF BURNOUT AMONG US PHYSICIANS IN A NATIONAL SURVEY

Elizabeth Harry, M.D., Christine Sinsky, M.D., Lotte N. Dyrbye, M.D. M.H.P.E., Maryam S. Hamidi, Ph.D., Mickey Trockel, M.D., Ph.D., Michael Tutty, Ph.D., Lindsey E. Carlasare, MBA, Colin P. West, M.D. Ph.D., Tait D. Shanafelt, M.D.
TODAY WE WILL

1. LEARN ABOUT THE CONCEPT OF COGNITIVE LOAD
   Describe the concept of cognitive load

2. EXPLORE THE RELATIONSHIP BETWEEN PHYSICIAN TASK LOAD AND BURNOUT RATES

3. DESCRIBE STRATEGIES TO DECREASE EXTRANEOUS COGNITIVE LOAD
COGNITIVE LOAD

LIMITED WORKING MEMORY

- All humans have a short term working memory that all learning and decision making depends on.
- It is a finite resource, such as a cup, that can get filled.
- Physiologic and emotional stress decreases the size of working memory (or the cup).
- Can hold 5-9 items in working memory at a time and can act on 2-4 items simultaneously.
COGNITIVE LOAD

- The “load” imposed on working memory by a task (the liquid in the cup)
- 3 types of load make up total Cognitive Load
  - **Intrinsic Load**: how much working memory do you have to spend on the task itself?
  - **Extraneous Load**: how much working memory do you have to spend to get the critical pieces of information to complete the task?
  - **Germaine Load**: how much working memory do you have to spend learning the information to complete the task?
EXTRANEOUS LOAD IS MODIFIABLE AND DECREASES WITH:

1. Standardization
2. Consolidated information
3. Lack of redundancy
Cognitive load is measurable by the NASA Task Load Index.

- six subscales: mental, physical, and temporal demands, frustration, effort, and performance
- developed over a three-year cycle including more than 40 laboratory simulations
- Over the last 30 years, it has been used across industries (including aviation and health care) to evaluate the cognitive load of work environments.
NATIONAL SURVEY OF 5,197 U.S. PHYSICIANS BETWEEN OCTOBER 2017 AND MARCH 2018 CONDUCTED WITH THE AMA

Elizabeth Harry, M.D., Christine Sinsky, M.D., Lotte N. Dyrbye, M.D. M.H.P.E., Maryam S. Hamidi, Ph.D., Mickey Trockel, M.D., Ph.D., Michael Tutty, Ph.D., Lindsey E. Carlasare, MBA, Colin P. West, M.D. Ph.D., Tait D. Shanafelt, M.D.

- **PHYSICIANS SURVEYED**
  - physician sample for the survey was assembled using the AMA Physician Masterfile which includes a nearly complete record of all US physicians independent of AMA membership
  - 5,445 (17.8%) of the 30,456 physicians responded

- **MEASURES**
  - Burnout measured using the emotional exhaustion & depersonalization scales of the MBI
  - High score on the DP and/or EE sub-scales = one manifestation of professional burnout
  - The NASA-TLX was chosen to evaluate Physician Task Load (PTL)
  - Four domains: effort, mental, physical, and temporal demands identified as PTL measure

Data In submission.
MULTIVARIABLE ANALYSIS

Comparing Quintiles of PTL and Burnout Rate dose response after controlling for hours worked per week, age, gender, practice setting, and specialty

**TOP QUINTILE PTL RATE OF BURNOUT**

68%

**BOTTOM QUINTILE PTL RATE OF BURNOUT**

22%

OR=7.4, 95% CI 6.01, 9.1, p<.0001
A 40 point (10%) decrease in average sum PTL score on the 0-400 scale was associated with 33% lower odds of experiencing burnout after controlling for hours worked per week, age, gender, practice setting, and specialty.

OR=0.67, 95% CI 0.65-0.70, p<.0001
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Mental Demand</th>
<th>Physical Demand</th>
<th>Time Demand</th>
<th>Effort Required</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency medicine</td>
<td>75.8</td>
<td>55.8</td>
<td>81.4</td>
<td>82.0</td>
<td>295.0</td>
</tr>
<tr>
<td>Urology</td>
<td>71.5</td>
<td>62.7</td>
<td>77.4</td>
<td>78.4</td>
<td>290.0</td>
</tr>
<tr>
<td>General surgery subspecialty</td>
<td>69.1</td>
<td>61.7</td>
<td>65.8</td>
<td>75.5</td>
<td>272.1</td>
</tr>
<tr>
<td>Internal medicine subspecialty</td>
<td>73.0</td>
<td>47.5</td>
<td>69.7</td>
<td>78.4</td>
<td>268.6</td>
</tr>
<tr>
<td>General internal medicine</td>
<td>73.0</td>
<td>45.6</td>
<td>68.5</td>
<td>78.4</td>
<td>265.5</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>67.2</td>
<td>50.2</td>
<td>74.6</td>
<td>77.1</td>
<td>269.1</td>
</tr>
<tr>
<td>Radiology</td>
<td>78.9</td>
<td>42.5</td>
<td>71.7</td>
<td>78.4</td>
<td>271.5</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>67.1</td>
<td>61.2</td>
<td>72.7</td>
<td>73.6</td>
<td>274.6</td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td>69.1</td>
<td>50.5</td>
<td>69.5</td>
<td>73.8</td>
<td>262.8</td>
</tr>
<tr>
<td>Family medicine</td>
<td>71.4</td>
<td>41.0</td>
<td>68.2</td>
<td>77.5</td>
<td>258.0</td>
</tr>
<tr>
<td>Neurology</td>
<td>74.7</td>
<td>43.3</td>
<td>65.2</td>
<td>73.2</td>
<td>256.4</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>68.6</td>
<td>60.8</td>
<td>61.7</td>
<td>73.0</td>
<td>264.1</td>
</tr>
<tr>
<td>Pathology</td>
<td>75.7</td>
<td>38.5</td>
<td>63.7</td>
<td>74.9</td>
<td>252.8</td>
</tr>
<tr>
<td>General surgery</td>
<td>67.5</td>
<td>60.1</td>
<td>63.5</td>
<td>71.9</td>
<td>263.1</td>
</tr>
<tr>
<td>Pediatric subspecialty</td>
<td>68.4</td>
<td>44.8</td>
<td>65.6</td>
<td>74.2</td>
<td>253.0</td>
</tr>
<tr>
<td>Preventive medicine/Occupational medicine</td>
<td>68.4</td>
<td>49.1</td>
<td>60.9</td>
<td>71.6</td>
<td>250.0</td>
</tr>
<tr>
<td>Dermatology</td>
<td>63.9</td>
<td>46.5</td>
<td>69.3</td>
<td>76.2</td>
<td>255.9</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>65.6</td>
<td>52.5</td>
<td>63.2</td>
<td>72.7</td>
<td>254.1</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>68.9</td>
<td>40.0</td>
<td>64.1</td>
<td>73.4</td>
<td>246.4</td>
</tr>
<tr>
<td>General Pediatrics</td>
<td>66.7</td>
<td>44.0</td>
<td>66.4</td>
<td>73.9</td>
<td>250.9</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>68.6</td>
<td>44.8</td>
<td>67.7</td>
<td>72.6</td>
<td>253.7</td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td>64.6</td>
<td>38.5</td>
<td>64.9</td>
<td>74.3</td>
<td>242.3</td>
</tr>
<tr>
<td>Other</td>
<td>65.2</td>
<td>39.8</td>
<td>57.8</td>
<td>70.2</td>
<td>233.0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>69.7</td>
<td>28.8</td>
<td>56.4</td>
<td>68.8</td>
<td>223.6</td>
</tr>
</tbody>
</table>

Physician Task Load by Specialty (Max 400)
CONCLUSIONS

- **FIRST LARGE STUDY TO EVALUATE PTL AND BURNOUT**
  - Further studies needed to demonstrate causality
  - TLX easy to use, validated, and short tool

- **PTL VARIED BY SPECIALTY AND SETTING**
  - Opportunity to look at specialty variation
  - Opportunity to evaluate setting variations that reduce extraneous cognitive load

- **PTL STRONGLY ASSOCIATED WITH THE RISK OF BURNOUT**
  - Focused interventions next step of evaluation
  - Monitor PTL and Burnout overtime
WHAT ARE THE LARGEST SOURCES OF EXTRANEOUS COGNITIVE LOAD WHERE YOU WORK?
Recommendations to Reduce Extraneous Cognitive Load

**Increase Standardization**
- Across units in hospital
- Across processes
- Across teams and providers

**Decrease Redundancy**
- In communication of data
- In ways to get the same type of data

**Consolidate Data**
- Bring data together needed for workflows
- Bring materials together for workflows
QUESTIONS?
“I will never consult that doctor again…they always yell at me”

The efficacy of a system wide collegiality program on physician wellness

Presenter:
Sunit Mistry, M.D.
Pulmonary, Critical Care and Sleep Medicine
Assistant Area Medical Director
Kaiser Permanente
South Bay Medical Center
Disclosures

• No disclosures to claim
Why is a system-wide collegiality program important?

Respect

Communication

Teamwork

Support

Patient
How did we accomplish this?

2017 Survey
36 Service Lines

Results shared and workshops scheduled

Premeetings with Dept Chiefs to customize case studies

4 Hour workshop with Leadership Development Content

Collegiality Commitments & Service Line Agreements

2018 Survey
# High-Level Collegiality Workshop Design

Co-facilitated by a Assistant Area Medical Director and Leadership Development Consultant

<table>
<thead>
<tr>
<th>Set the Tone</th>
<th>Ice-breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The Why”</td>
<td>A culture of Collegiality promotes patient-centered care and wellness in the workplace</td>
</tr>
<tr>
<td>Learning Tools</td>
<td>Leadership Development content (customized to needs of departments)</td>
</tr>
<tr>
<td></td>
<td>• Five Dysfunctions of a Team – focus on the two departments as one team</td>
</tr>
<tr>
<td></td>
<td>• Personality Styles</td>
</tr>
<tr>
<td></td>
<td>• Emotional Intelligence</td>
</tr>
<tr>
<td></td>
<td>• Stop Challenge Choose, Results Model, Leadership Cultures</td>
</tr>
<tr>
<td>Secret Sauce</td>
<td>Case Study Discussion facilitated to illicit Collegiality Commitments and appropriate amendments to Service Line Agreements</td>
</tr>
<tr>
<td>Implication of lack of collegiality customized to their interaction</td>
<td></td>
</tr>
</tbody>
</table>
Sample Commitment post collegiality workshop – Orthopedics commits with ED

Strengths:
Orthopedic surgery is a hard working and driven department. We own our patients and never make excuses. Our surgeons are well trained and skilled in their various subspecialties. We pride ourselves in our focused work.

Opportunities to Improve Collegiality:
We need to understand the pressures facing other departments and appreciate the efforts of those departments when being consulted. "Walk a mile in someone else’s shoes". We can often be short and demanding in our interactions with other departments, and that is not always fair.

One thing we will do differently to Improve Collegiality:
Orthopedics will remember our workshop with the ED and demonstrate respect and partnership when interacting with the ED. Our meeting helped to define our relationships with the ED doctors. We are all hard working, intelligent, and we are really on the same page when it comes to providing care for our patients. Our differences seem trivial in light of this.

We will partner with the ED to finalize the "Call, Don’t Call, Refer" list.
2018 Collegiality Results Are In!

- ED❤U
- Ortho Rocks!
- Hospitalists Helpful
- OB/GYN Steller!
- Surgery are Stars
- Gastroenterology Great!
- Oncology Awesome!
- Pulmonary Teamwork
- Allergy & Derm Score Again
- Geri/Palli most Improved
- PMR Pride!
- Cardiology Collegial
- Family Medicine Fantastic!
2017-2018 Survey Results by Question

Question 1: In general, my working relationship with other physicians within my department is...

• Internal Teamwork
• Half of all department scored 100%

Question 2: In general, the quality of my working relationship with physicians in this department is...

• Cross-departmental Teamwork
• 83% of departments improved

Question 3: The physicians in this department respond in a timely manner to pages and/or phone calls.

• Responsiveness
• Similar improvements

Question 4: The physicians in this department follow up appropriately with patients.

• Follow up
• 67% of departments improved

Question 5: The physicians in this department teach and provide assistance to colleagues, when feasible.

• Teaching and Assistance
• 72% of departments improved

Question 6: I am treated with respect by the physicians in this department.

• Respect
• 69% of departments improved, with 8 of 36 departments showing double digit improvements
### 2017-2018 Survey Results by Question

**Question 6:** I am treated with respect by the physicians in this department.

<table>
<thead>
<tr>
<th>Department</th>
<th>2016-17 (%)</th>
<th>2017-18 (%)</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine-Hospitalist</td>
<td>93%</td>
<td>98%</td>
<td>5%</td>
</tr>
<tr>
<td>Internal Medicine-Office Based</td>
<td>翻</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>45%</td>
<td>80%</td>
<td>35%</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>58%</td>
<td>78%</td>
<td>20%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>76%</td>
<td>96%</td>
<td>20%</td>
</tr>
<tr>
<td>ENT/Pall/ContCare</td>
<td>56%</td>
<td>67%</td>
<td>11%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>78%</td>
<td>93%</td>
<td>15%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>74%</td>
<td>90%</td>
<td>16%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>82%</td>
<td>94%</td>
<td>12%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>88%</td>
<td>98%</td>
<td>10%</td>
</tr>
<tr>
<td>Head &amp; Neck Surgery</td>
<td>83%</td>
<td>91%</td>
<td>8%</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>84%</td>
<td>93%</td>
<td>9%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>91%</td>
<td>98%</td>
<td>7%</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>90%</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>90%</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>79%</td>
<td>82%</td>
<td>3%</td>
</tr>
<tr>
<td>Radiology</td>
<td>95%</td>
<td>97%</td>
<td>2%</td>
</tr>
<tr>
<td>Urgent Care Clinic</td>
<td>94%</td>
<td>96%</td>
<td>2%</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>94%</td>
<td>96%</td>
<td>2%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>95%</td>
<td>96%</td>
<td>1%</td>
</tr>
<tr>
<td>Pediatric Medicine</td>
<td>97%</td>
<td>98%</td>
<td>1%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>98%</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>96%</td>
<td>97%</td>
<td>1%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>85%</td>
<td>85%</td>
<td>0%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>97%</td>
<td>97%</td>
<td>0%</td>
</tr>
<tr>
<td>Allergy</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Pathology</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Hematology &amp; Oncology</td>
<td>94%</td>
<td>94%</td>
<td>0%</td>
</tr>
<tr>
<td>Urology</td>
<td>95%</td>
<td>94%</td>
<td>1%</td>
</tr>
<tr>
<td>Neurology</td>
<td>95%</td>
<td>94%</td>
<td>1%</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>92%</td>
<td>91%</td>
<td>1%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>97%</td>
<td>96%</td>
<td>1%</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>86%</td>
<td>84%</td>
<td>2%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>96%</td>
<td>93%</td>
<td>3%</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>93%</td>
<td>89%</td>
<td>4%</td>
</tr>
</tbody>
</table>
What are we going to do with these results?

SOAR Report and Collegiality Commitments
Obstetrics/Gynecology

**Strength**
- Dr Hawkeye Pierce
- Dr Howser
- Dr Doug Ross
- Dr Quinn
- Dr Grey
- Dr Yang

- High-risk OB
- Helpful
- Thoughtful
- Improved
- Collegial
- Collaborative

**Opportunities**
- Dr Howser
- Dr Huxtable
- Dr Everest
- Dr Greg House
- Dr Grey
- Dr Yang
- Dr Kreve
- Dr Shephard

- Can be narrow in scope of practice
- Medical Knowledge
- Ownership of patients
- Better Follow-up
- More Trust building

**Aspirations**

Something other departments wish this department would start doing

- Better documentation

**Results**

Rating of working relation within Department = 78%  
Med Center Avg = 93%

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>2016-2017</th>
<th>2017-2018</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respond in a timely manner to pages and/or phone calls</td>
<td>86%</td>
<td>91%</td>
<td>5</td>
</tr>
<tr>
<td>Follow up appropriately with patients</td>
<td>88%</td>
<td>88%</td>
<td>0</td>
</tr>
<tr>
<td>Teach and provide assistance to colleagues, when feasible</td>
<td>86%</td>
<td>89%</td>
<td>3</td>
</tr>
<tr>
<td>I am treated with respect by the physicians in this department</td>
<td>90%</td>
<td>95%</td>
<td>5</td>
</tr>
<tr>
<td>In general, my working relationship with physicians in this department is</td>
<td>75%</td>
<td>87%</td>
<td>14</td>
</tr>
</tbody>
</table>
Sample SOAR Report – OB/GYN

**Strength**
1. Willing and able to change to improve follow-up and responsiveness
2. Drive for clinical excellence

**Opportunities**
1. How we relate to each other
2. Increase trust & respect

**Aspirations**
1. To work together, to define and achieve a common goal and to be able to voice concerns to the group
2. Attain a speak-up culture in the department

**Results**
Based on the results we have just discussed, what are the collegiality results you will commit to next year?

- Working relationship of physicians WITHIN the department is lower than 85% - INTRAdepartmental collegiality workshop suggested
- Overall working relationship with other physicians is below 85%; therefore, which department will they have a collegiality workshop with next year?
- Possible social interaction between PCP's and ED
# Collegiality RX - Detail

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Duration</th>
<th>Description</th>
<th>Who</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Café Workshop</td>
<td>4 hours</td>
<td>• Workshop between three or more service lines where specific leadership content is taught, then service lines present three solutions to current situations and these are voted on and agreements are made by other departments in a time-boxed rotating roundtable facilitated session</td>
<td>Co-lead by Dr Sunit Mistry and Leadership Development Consultant OR Collegiality Fellows</td>
<td>Identified from 2018 workshops</td>
</tr>
<tr>
<td>Tri-Department and Cross Department Collegiality Workshop</td>
<td>2 to 4 hours</td>
<td>• Two departments meet to discuss Case studies supplied by Chiefs that help to clarify workflow, SLA’s and Leadership Development growth opportunities supported by LD Models • Pairing mandated or self-selected by Chiefs</td>
<td>Co-lead by Dr Sunit Mistry and Leadership Development Consultant OR Collegiality Fellows</td>
<td>13 workshops • Workshop design will need to be slightly different from 2018 to provide variety</td>
</tr>
<tr>
<td>Service Line Agreement (SLA) Deep Dive</td>
<td>2 hours</td>
<td>• These workshops will take a specific workflow and refine a specific workflow to results in new SLA’s between departments</td>
<td>AAMD’s and Chiefs</td>
<td>Identified from 2018 workshops • Chiefs will be rounded on by AAMD’s</td>
</tr>
<tr>
<td>Facilitated Discussion</td>
<td>90 mins</td>
<td>• This workshop focuses on a specific topic of dysfunction between departments that isn’t SLA specific e.g.: respectful communication, psychosocial safety</td>
<td>AAMD’s and Chiefs</td>
<td>Identified from 2018 survey</td>
</tr>
<tr>
<td>LD Bite</td>
<td>30 min</td>
<td>• At Chiefs meeting • At Department ET Meetings</td>
<td>MMP and AMP returning participants teaching back Leadership Development Consultant if available</td>
<td>Every other Chief’s meeting (Leadership Development Consultant to support participant prep if requested)</td>
</tr>
<tr>
<td>Collegiality Ice-breakers</td>
<td>60 mins (over lunch)</td>
<td>• Interdepartmental social lunches budgeted by departments to introduce providers to each other</td>
<td>Chiefs and Dr Mistry as a “pop-by”</td>
<td>2019 goal = 5</td>
</tr>
</tbody>
</table>
2019 Collegiality Cross-Service Line Array

World Cafe
- Family Medicine
  - Ophthalmology
  - Endocrinology
  - Dermatology
  - Geri/Pall/Continuing Care
  - Occupational Medicine
- Plasmapheresis
  - Heme/Onc
  - Neurology
  - Nephrology
  - Rheumatology
- Pain Management
- Internal Medicine – Office Based
- Physical Medicine & Rehab
- Psychiatry
- Addiction Medicine

Tri-Department
- Pulmonary
- Interventional Radiology
- Pathology

Cross Department
- ED
- Pediatrics
- Gastroenterology
- Anesthesiology
- Orthopedics
- Urgent Care Clinic
- Surgery (Gen/Bar/Plas)
- Internal Medicine Hospitalists
- ED
- Radiology

SLA Deep Dive
- Head & Neck
- Allergy
- Podiatry
- Vascular Surgery
- Urology
- Infectious Disease

Internal Collegiality/Facilitated Discussion
- OB/GYN
2017-2018 Survey Results by Question

**Question 1**: In general, my working relationship with other physicians within my department is...

<table>
<thead>
<tr>
<th>Department</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>0%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>0%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>0%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>50%</td>
</tr>
<tr>
<td>Internal Medicine-Hospitalist</td>
<td>67%</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>78%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>80%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>83%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>83%</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>83%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>91%</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>100%</td>
</tr>
<tr>
<td>Allergy</td>
<td>100%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>100%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>100%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>100%</td>
</tr>
<tr>
<td>Geriatric/Palliative Care</td>
<td>100%</td>
</tr>
<tr>
<td>Head &amp; Neck Surgery</td>
<td>100%</td>
</tr>
<tr>
<td>Hematology &amp; Oncology</td>
<td>100%</td>
</tr>
<tr>
<td>Internal Medicine - Office Based</td>
<td>100%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>100%</td>
</tr>
<tr>
<td>Neurology</td>
<td>100%</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>100%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>100%</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>100%</td>
</tr>
<tr>
<td>Pathology</td>
<td>100%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>100%</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>100%</td>
</tr>
<tr>
<td>Radiology</td>
<td>100%</td>
</tr>
<tr>
<td>Hematology</td>
<td>100%</td>
</tr>
<tr>
<td>Urgent Care Clinic</td>
<td>100%</td>
</tr>
<tr>
<td>Urology</td>
<td>100%</td>
</tr>
</tbody>
</table>
2017-2018 Survey Results by Question

Question 2: In general, the quality of my working relationship with physicians in this department is...
2017-2018 Survey Results by Question

Question 3: The physicians in this department respond in a timely manner to pages and/ or phone calls.

Response Time Year over Year Comparison

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2016-2017</th>
<th>2017-2018</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine-Hospitalist</td>
<td>88%</td>
<td>95%</td>
<td>7%</td>
</tr>
<tr>
<td>Internal Medicine-Office Based</td>
<td>95%</td>
<td>95%</td>
<td>0%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>95%</td>
<td>95%</td>
<td>0%</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>69%</td>
<td>92%</td>
<td>23%</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>70%</td>
<td>88%</td>
<td>18%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>77%</td>
<td>91%</td>
<td>14%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>79%</td>
<td>92%</td>
<td>13%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>82%</td>
<td>95%</td>
<td>13%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>95%</td>
<td>98%</td>
<td>3%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>88%</td>
<td>96%</td>
<td>8%</td>
</tr>
<tr>
<td>Head&amp;Neck Surgery</td>
<td>91%</td>
<td>99%</td>
<td>8%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>85%</td>
<td>91%</td>
<td>6%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>94%</td>
<td>100%</td>
<td>6%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>94%</td>
<td>100%</td>
<td>6%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>96%</td>
<td>98%</td>
<td>6%</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>86%</td>
<td>91%</td>
<td>5%</td>
</tr>
<tr>
<td>Hematology</td>
<td>90%</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>95%</td>
<td>100%</td>
<td>5%</td>
</tr>
<tr>
<td>Gen/Pat/LimCare</td>
<td>92%</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>96%</td>
<td>100%</td>
<td>4%</td>
</tr>
<tr>
<td>Hematology</td>
<td>91%</td>
<td>97%</td>
<td>6%</td>
</tr>
<tr>
<td>Allergy</td>
<td>97%</td>
<td>100%</td>
<td>3%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>87%</td>
<td>89%</td>
<td>2%</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>94%</td>
<td>96%</td>
<td>2%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>79%</td>
<td>78%</td>
<td>1%</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>95%</td>
<td>96%</td>
<td>1%</td>
</tr>
<tr>
<td>Urgent Care Clinic</td>
<td>82%</td>
<td>83%</td>
<td>1%</td>
</tr>
<tr>
<td>Pathology</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Urology</td>
<td>97%</td>
<td>97%</td>
<td>0%</td>
</tr>
<tr>
<td>Neurology</td>
<td>96%</td>
<td>95%</td>
<td>1%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>94%</td>
<td>93%</td>
<td>1%</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>86%</td>
<td>87%</td>
<td>1%</td>
</tr>
<tr>
<td>Radiology</td>
<td>94%</td>
<td>92%</td>
<td>2%</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>94%</td>
<td>89%</td>
<td>5%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>91%</td>
<td>86%</td>
<td>5%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>100%</td>
<td>94%</td>
<td>6%</td>
</tr>
</tbody>
</table>
2017-2018 Survey Results by Question

**Question 4:** The physicians in this department follow up appropriately with patients.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2016-2017</th>
<th>2017-2018</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plastic Surgery</td>
<td>96%</td>
<td>94%</td>
<td>-2%</td>
</tr>
<tr>
<td>Internal Medicine-Hospitalist</td>
<td>92%</td>
<td>92%</td>
<td>0%</td>
</tr>
<tr>
<td>Internal Medicine-Office Based</td>
<td>93%</td>
<td>93%</td>
<td>0%</td>
</tr>
<tr>
<td>Ger/Pall/ContCare</td>
<td>65%</td>
<td>63%</td>
<td>-2%</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>67%</td>
<td>83%</td>
<td>16%</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>85%</td>
<td>74%</td>
<td>-11%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>74%</td>
<td>82%</td>
<td>8%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>77%</td>
<td>85%</td>
<td>8%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>84%</td>
<td>90%</td>
<td>6%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>72%</td>
<td>78%</td>
<td>6%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>87%</td>
<td>93%</td>
<td>6%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>78%</td>
<td>83%</td>
<td>5%</td>
</tr>
<tr>
<td>Hematology &amp; Oncology</td>
<td>94%</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>85%</td>
<td>89%</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>96%</td>
<td>99%</td>
<td>3%</td>
</tr>
<tr>
<td>Head&amp;Neck Surgery</td>
<td>95%</td>
<td>97%</td>
<td>2%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>96%</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>Neurology</td>
<td>88%</td>
<td>89%</td>
<td>1%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>95%</td>
<td>96%</td>
<td>1%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>94%</td>
<td>95%</td>
<td>1%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>92%</td>
<td>92%</td>
<td>0%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>97%</td>
<td>97%</td>
<td>0%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>97%</td>
<td>97%</td>
<td>0%</td>
</tr>
<tr>
<td>Allergy</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Pathology</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Obstetric&amp;Gynecology</td>
<td>88%</td>
<td>88%</td>
<td>0%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>91%</td>
<td>91%</td>
<td>0%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>77%</td>
<td>76%</td>
<td>-1%</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>79%</td>
<td>76%</td>
<td>-3%</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>81%</td>
<td>83%</td>
<td>2%</td>
</tr>
<tr>
<td>Radiology</td>
<td>94%</td>
<td>96%</td>
<td>2%</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>91%</td>
<td>92%</td>
<td>1%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>98%</td>
<td>93%</td>
<td>-5%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>100%</td>
<td>94%</td>
<td>-6%</td>
</tr>
<tr>
<td>Urgent Care Clinic</td>
<td>81%</td>
<td>77%</td>
<td>-4%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>93%</td>
<td>78%</td>
<td>-15%</td>
</tr>
</tbody>
</table>
**2017-2018 Survey Results by Question**

**Question 5:** The physicians in this department teach and provide assistance to colleagues, when feasible.
2017-2018 Survey Results by Question

Question 6: I am treated with respect by the physicians in this department.
The Views We Hold & The Words We Use: Assessing perceptions and preferred lexicon as the first step in wellness program development

Karen Homeffer-Ginter, PhD (Assistant Dean for Wellness), Jeff Greene, PhD, Roger Apple, PhD, Lisa Graves, MD, Kristine Gibson, MD, Julia Tullio, BSc, Adrienne Kaufman, MS

Western Michigan University Homer Stryker M.D. School of Medicine
Disclosures

No disclosures from our research team.
Background

- In response to concerns about burnout\textsuperscript{1,2,3}, many health care organizations and medical schools have initiated wellness programming\textsuperscript{4,5}.

- A key to the success of these efforts is having sufficient engagement from targeted audiences.
How to Encourage Engagement?

- Our study was inspired by Arnold et al.'s (2008)'s suggestion, in the context of medical communication curricula:

  “Having members of an educational community share responsibility for creating a lexicon may increase their investment in it and motivation to use it.”
We assessed the preferred lexicon for **3 predictors of burnout** that often get ignored within the traditional “iron doc” culture of medicine:

- **Self-Care**
- **Self-Compassion**
- **Emotional Disclosure**
Method

- Focus Group
- Survey
Method Part I - Focus Group

Information Gathering

Volunteers Recruited
- Two Faculty Groups (n=12)
- One Student Group (n=9)

Sessions Held
- One-hour Duration
- Audiotaped & Transcribed
Method Part I - Focus Group

Slides were used to direct participants to discuss the following phrases:

What activities do you do for **SELF-CARE**?

Is this the best phrase?
Is there a preferable phrase?
Method Part I - Focus Group

Slides were used to direct participants to discuss the following phrases:

How do you offer yourself COMPASSION?

Is this the best phrase?
Is there a preferable phrase?
Method Part I - Focus Group

Slides were used to direct participants to discuss the following phrases:

How often do you DISCLOSE YOUR EMOTIONS?

Is this the best phrase?
Is there a preferable phrase?
Method Part I - Focus Group

Slides were used to direct participants to discuss the following phrases:

Are there times when you experience **DIFFICULT EMOTIONS**?

Is this the best phrase?
Is there a preferable phrase?
Results - Focus Group

- Thematic analysis revealed a favoring of alternative language compared to phrases commonly used in the wellness literature:
Thematic analysis revealed a favoring of alternative language compared to phrases commonly used in the wellness literature.
Results - Focus Group

Students tended to prefer more formal phrases than did faculty.

“Give yourself a break”

- Faculty
- Students “Dismissive”

“Feelings”

- Faculty
- Students “Childish”
Results - Focus Group

A sub-theme was discovered when discussing self-care activities.

Self-Care

Faculty
“Guilty”

Students
“Judged”
Method Part II - Survey

A survey was offered to all members of our medical school community, incorporating findings from the focus groups.

- Preferred lexicon, rank ordered
- Importance & Engagement
- Judgement & Guilt around self-care
- Narrative comments to explain responses
- Disengagement & Exhaustion (Oldenburg Burnout Inventory)

<table>
<thead>
<tr>
<th>Sub-Group</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Faculty</td>
<td>17%</td>
</tr>
<tr>
<td>23 Residents</td>
<td>10%</td>
</tr>
<tr>
<td>124 Staff</td>
<td>25%</td>
</tr>
<tr>
<td>65 Students</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>n=235</strong></td>
</tr>
</tbody>
</table>
Results - Survey

- A similar favoring of alternative language compared to phrases commonly used in the wellness literature.

- However, we observed several differences in top-ranked terms between different subgroups.
Results - Survey

- Lexicon Findings: % for Top-Ranked Preferences

- 30.4% → Faculty - Personal Well-Being/Personal Wellness
- 18.2% → Residents - Personal Well-Being
- 33.9% → Staff - Self-Care
- 33.8% → Students - Personal Well-Being
Results - Survey

- Lexicon Findings: % for Top-Ranked Preferences

Self-Compassion

- 34.8% → Faculty - Give yourself a break
- 27.3% → Residents - Be kind to yourself/give yourself a break
- 33.9% → Staff - Be kind to yourself
- 32.3% → Students - Be kind to yourself/self-compassion
Results - Survey

- Lexicon Findings: % for Top-Ranked Preferences

- 21.7% → Faculty - Share your feelings
- 36.4% → Residents - Process your emotions
- 29.8% → Staff - Share your feelings
- 26.2% → Students - Process your emotions
Additional Findings

- Engagement in **self-care** and **self-compassion** were inversely correlated with burnout ($p<0.01$)

- Perceptions of being **judged** and feeling **guilty** for attempting self-care were positively correlated with burnout ($p<0.01$)
## Additional Findings

<table>
<thead>
<tr>
<th></th>
<th><strong>DISENGAGEMENT</strong> (Oldenburg)</th>
<th><strong>EXHAUSTION</strong> (Oldenburg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>-.19**</td>
<td>-.24**</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>-.16*</td>
<td>-.21**</td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling <strong>judged</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td>.26**</td>
<td>.28**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling <strong>guilty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td>.25**</td>
<td>.39**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived <strong>Importance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>NS for all</td>
<td>NS for all</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Aggregate sample (n=235)*

** p<.01, 2-tailed
* p<.05, 2-tailed
NS: non-significant
### Additional Findings

<table>
<thead>
<tr>
<th></th>
<th>DISENGAGEMENT (Oldenburg)</th>
<th>EXHAUSTION (Oldenburg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>-.19**</td>
<td>-.24**</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>-.16*</td>
<td>-.21**</td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Feeling judged</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td>.26**</td>
<td>.28**</td>
</tr>
<tr>
<td><strong>Feeling guilty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td>.25**</td>
<td>.39**</td>
</tr>
<tr>
<td><strong>Perceived Importance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>NS for all</td>
<td>NS for all</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>NS for all</td>
<td></td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td>NS for all</td>
<td></td>
</tr>
</tbody>
</table>

Aggregate sample (n=235)

** p<.01, 2-tailed
* p<.05, 2-tailed
NS: non-significant
### Additional Findings

<table>
<thead>
<tr>
<th></th>
<th><strong>DISENGAGEMENT</strong> (Oldenburg)</th>
<th><strong>EXHAUSTION</strong> (Oldenburg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>-.19**</td>
<td>-.24**</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>-.16*</td>
<td>-.21**</td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Feeling judged</strong></td>
<td>.26**</td>
<td>.28**</td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feeling guilty</strong></td>
<td>.25**</td>
<td>.39**</td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceived Importance</strong></td>
<td>NS for all</td>
<td>NS for all</td>
</tr>
<tr>
<td>Self-Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Compassion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Aggregate sample (n=235)

** p<.01, 2-tailed
* p<.05, 2-tailed
NS: non-significant
### Additional Findings

<table>
<thead>
<tr>
<th></th>
<th>Disengagement (Oldenburg)</th>
<th>Exhaustion (Oldenburg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>-.19**</td>
<td>-.24**</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td>-.16*</td>
<td>-.21**</td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Feeling judged</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td>.26**</td>
<td>.28**</td>
</tr>
<tr>
<td><strong>Feeling guilty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for “making efforts to take care of yourself”</td>
<td>.25**</td>
<td>.39**</td>
</tr>
<tr>
<td><strong>Perceived Importance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Care</td>
<td>NS for all</td>
<td>NS for all</td>
</tr>
<tr>
<td>Self-Compassion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Aggregate sample (n=235)

**p < .01, 2-tailed
*p < .05, 2-tailed
NS: non-significant
Sample Narrative Comments

- Feelings of **guilt** across students, staff, and physicians

- Something as simple as sleeping in or basically anything that isn't pedal to the metal studying makes me feel guilty.

- Guilt stems from feeling as though others should be taken care of first over self.

- Especially as a working mother of a teenager, I often feel guilty leaving on time. Not early, on time.
Sample Narrative Comments

➢ Contextual factors

I think the encouragement for self-care is there, but the flexibility and ability for its execution is expensive and limiting.

While it is verbally highly encouraged, medicine still does little to physically encourage this.

Our leaders should be strongly encouraged to practice wellness to set an example for their faculty and staff, such as using vacation days.
Sample Narrative Comments

- Whose wellness is most tended to?
  - It depends who you ask.

Physician self-care is researched and published. It is taken more seriously than staff wellness.

We often seem to focus more on residents and staff than ourselves as faculty.

I think that the residents are largely forgotten.
Conclusions - Summary of Findings

- **Wellness lexicon should not be developed strictly from the literature**
  - Rather crafted for and by the local community
  - With an awareness of who is being targeted
  - When dual language should be used
  - When less favorable/familiar terms can be educational tools

- **Significant correlations with burnout can inform programming**
  - Self-care & self-compassion
  - Feeling guilty & judged for self-care efforts
Conclusions - The Process

- Conducting focus groups
- Creating a survey
- Reviewing narrative comments

- These processes fostered engagement and conversation around these issues.

- Gathering data regarding wellness views and preferred lexicon can be a valuable initial step in creating and implementing programming.
Citations


Burnout and Work-Life Balance in Health Care: System Level Initiative of Heartfulness Meditation Conference

Jay Thimmapuram, MD, MRCP
Academic Hospitalist in Internal Medicine
WellSpan York Hospital, PA
Disclosures

• “No disclosures”
Background

“The medical industrial complex is an entity that has crushed many a doc”.

- An anonymous colleague
Background

“I have been a care giver most of my life and feel as though I am done”.
- Another colleague
Background

- Burnout is a significant problem faced by physicians and advance practice clinicians.
- There is an associated poor work-life balance.

Objective

Assess factors influencing work-life balance among physicians and APCs.

Measure the impact of personal wellbeing strategies facilitated by organizations on burnout.
Methods

Anonymous survey asking a question on factors influencing work-life balance.

Burnout measured with Abbreviated Maslach Burnout Inventory (aMBI) at baseline and 8 weeks after the intervention.
Results

Factors influencing work-life balance in percentage

How can we as an organization help you have a “better balance”?

[Diagram showing factors such as Workflow/Workload, Scheduling, Time Off, Staffing, Self-Care/Resources, Frustration, Monetary, Miscellaneous, Work Relationships, "Things are fine", BHR, Communication, Home/Family, each with a percentage representation.]
“I love seeing patients. I become overwhelmed at the end of the day when I am faced with so many tasks and phone calls”.

“Less data entry, more patient care. I’ve become an excellent data entry clerk but lost my empathy”.
“Make sure meetings are for a good reason and well run”.
Staffing

“I feel guilty when taking off. Coverage is an issue as staff get overwhelmed when trying to cover two positions”.
Time/Time off

“Respecting time off. Be more respectful of physician’s time”.
Self care/Resources

“Meditation space, reciprocate goodness, empower each other”.

“Ease of taking time off for “mental health” days”.

“Have programs/courses that address work/life balance”.
Organizational Burnout Measurement

- Abbreviated MBI has 9 questions assessing three components of burnout – emotional exhaustion, depersonalization and personal accomplishment.

- Classified into low, moderate or severe categories.
Baseline Organizational Burnout

![Bar Chart](chart.png)

**Burnout percentage**

- **Emotional Exhaustion**
  - Low Burnout: 40%
  - Moderate to High Burnout: 60%

- **Depersonalization**
  - Low Burnout: 70%
  - Moderate to High Burnout: 30%

- **Personal Accomplishment**
  - Low Burnout: 20%
  - Moderate to High Burnout: 80%

---

**AMERICAN CONFERENCE ON PHYSICIAN HEALTH**

**ACPH 2019**
Emotional Exhaustion score according to Role and Specialty

- Physician Assistants
- Residents
- CRNPs
- Attending Physicians
- Emergency Medicine
- Interventional Cardiology
- Internal Medicine
- Orthopedic surgery
- Specialty surgery
- General Surgery
- Anesthesia
- Obstetrics/Gynecology
- Pulmonary and Critical Care
- Family Medicine
- Pediatrics
- Psychiatry
- Neurology
- Gastroenterology
- Cardiology
- Hematology/Oncology
Strategies
Burnout

The Cost of Caring

Christina Maslach

The Compassion Fatigue Workbook

Françoise Mathieu

When Breath Becomes Air

Paul Kalanithi
Results

- A follow-up aMBI survey was completed by 79 participants of the conference group and 264 from the nonconference group.
Results

Emotional Exhaustion in Conference and Non-Conference Groups

- N = 40 for Conference Group
- N = 139 for Non-Conference Group

- Mean Pre EE
- Mean Post EE

*p = 0.014

- Ages 30 - 50
- 2 month duration
Limitations

• The study is relational and cannot determine cause and effect.

• Self-selection to either group prevents randomization.

• Though the aMBI is valid and reliable, but it is not the same gold standard as the full version of the MBI.
Conclusions

- There is a significant level of burnout in physicians and APCs noted in our specific study population.
- Workload, workflow, and inadequate staffing were reported to be the major factors affecting work–life balance.
- Heartfulness meditation conference attendance was associated with a significant decrease in EE in early to mid-career professionals aged 30 to 50 years.
- Although meditation may not be for everyone, offering it to providers as one of several approaches to stress and burnout should be considered.

Let’s try it: What we offered at the conference!
Thank you!
Acknowledgements

• Ridge Salter, MD
• Mihir Modi, DO
• Mark Lavallee, MD
• David Noll, DO
• Ronald Benenson, MD
• Rodney Grim, PhD
• Theodore Bell, MS
• Kate Kelly, Library services
Using the Results of a Cross-Sectional Physician Wellness Survey to Model Multiple Outcomes to Inform Interventions to Support Physician Wellbeing

Sam Van Horne, Ph.D. (@learningplaces)
Senior Research Associate
Center for Provider Wellbeing
Christiana Care Health System
Samuel.A.VanHorne@ChristianaCare.org
Prior Research About Physician Burnout

• Definitions of burnout have varied greatly in studies (Rotenstein et al., 2018)

• Factors associated with burnout in physicians
  – Control of schedule or workload (Keeton et al., 2007; Olson et al., 2019)
  – Documentation in the EHR (Arndt et al., 2017; Olson et al., 2019)
  – Traumatic events in the workplace (Morganstein et al., 2017)

• Intervention Research
  – Interventions centered on a care team (Gregory et al., 2018; Reid et al., 2010)
  – Training in mindfulness (Goodman & Schorling, 2012; Krasner et al., 2009)
  – Interventions at the system level have better effects (Panagioti et al., 2016)
Research Question

• Which scale variables from a cross-sectional survey of physicians were the best predictors of burnout and the most useful for designing interventions to support physician wellbeing in an academically-affiliated healthcare system?
Research Method

• All research methods were approved by our Institutional Review Board.
• Survey Facilitated by the Provider Wellbeing Academic Consortium
  – Burnout measure is from the Professional Fulfillment Index (Trockel et al., 2018).
  – Both employed and community physicians were included in our sample.
  – Reminder messages were sent at regular intervals.
• 527 physicians responded to the survey.
Demographic and Practice-Environment Items

• Demographic Items
  – Gender
  – Age
  – Relationship and Parenting Status

• Items About Practice Environment
  – Employment Status (Employed vs. Community)
  – Specialty
  – Full-Time or Part-Time Status
  – % Time Spent in Clinical Environment
  – % Time Spent Providing Hospital-Based Care
  – Faculty Status and Rank
  – Experience of Adverse Event (Binary Items about Resources Used)
  – General Services Used (Coaching, fitness center, EAP, etc.)
Survey Instrument (cont.)

• Burnout Scale (Average of 10 items about Emotional Exhaustion and Interpersonal Disengagement)
• Control of Schedule/Workload
• Professional Fulfillment
• Alignment of Values
• Quality of Leadership
• Peer Support
• Meaningfulness of Clinical Work
• Sense of Appreciation
• Items Related to Experience with the EHR
  – Perceived EHR Helpfulness Scale Perceived Negative EHR Experience Scale
Analysis Method

• Linear mixed models were used to examine the association of covariates with the different outcome variables
  – First model was fit with only background and demographic variables
  – Second model included constructs related to wellbeing perceptions of the workplace
  – Both models included a random intercept for specialty

• The form of the models:
  – \( y_i = \alpha_{j[i]} + \beta x_i + \epsilon_i \)
### Selection of Background/Demographic Variables

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Col. %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>207</td>
<td>39.43%</td>
</tr>
<tr>
<td>Male</td>
<td>316</td>
<td>60.19%</td>
</tr>
<tr>
<td>Non-binary</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>200</td>
<td>38.02%</td>
</tr>
<tr>
<td>Yes, and elsewhere</td>
<td>45</td>
<td>8.56%</td>
</tr>
<tr>
<td>Yes, exclusively</td>
<td>281</td>
<td>53.42%</td>
</tr>
<tr>
<td><strong>% Time Providing Hospital-Based Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-25%</td>
<td>228</td>
<td>43.76%</td>
</tr>
<tr>
<td>26-50%</td>
<td>57</td>
<td>10.94%</td>
</tr>
<tr>
<td>51-75%</td>
<td>45</td>
<td>8.64%</td>
</tr>
<tr>
<td>76-100%</td>
<td>191</td>
<td>36.66%</td>
</tr>
</tbody>
</table>
Significant Predictors in Final Model

• Background/Demographic Variables
  – Gender
  – Having experienced an adverse event
  – Usage of fitness center

• Survey Constructs
  – Professional Fulfillment
  – Control of Schedule/Workload
  – Meaningfulness of Clinical Work
  – Appreciation
  – Perceived Negative EHR Experience

• Pseudo $R^2 = .55$, ICR = .01
Boxplot of Burnout Scale by Experience of Adverse Event
n = 524 Physicians
Control of Schedule and Workload

- Factors associated with better control of schedule/workload:
  - Being a community physician
  - Working primarily in the outpatient setting
- Scores varied importantly by specialty
Meaningfulness of Clinical Practice

- Factors associated with greater sense of meaningfulness of clinical practice:
  - Greater score on EHR positive experience scale
  - Physicians aged 30-39 had modestly lower scores, on average, than physicians aged 40-49
Perceived Negative EHR Experience

- Factors associated with greater negative experiences with EHR
  - Working in the outpatient setting
- Scores varied by specialty
Appreciation

- Physicians who work almost exclusively in the inpatient setting tend to perceive lower levels of appreciation.
Professional Fulfillment

• Strongly associated with the burnout measure as it is another component of the PFI
Boxplots of Burnout Scores for Physicians Who Experienced Adverse Events

n = 103 Physicians
Summary of Results

• Results suggest that interventions can differ for practice type
  – Community physicians had much better control of workload
  – Physicians primarily in the outpatient setting
    • Better control of schedule/workload
    • Worse perceptions of the EHR
  – Physicians spending more time in the inpatient setting
    • Worse control of schedule/workload
    • Somewhat better perceptions of the EHR
    • More at risk for experiencing an adverse event
Conclusions

• Data is informing efforts such as our gender equity task force in Surgery, EHR Task Force, and our peer support program (Care for the Caregiver)

• Important to study different areas and populations to learn about possible “protectors” of burnout

• Areas to learn from:
  – Employment arrangement
  – Level of time in the inpatient setting
  – Seeking support after adverse events
  – Experiences of younger physicians
  – Experiences of women physicians (see Adesoye et al., 2017)
References


Olson, K., Sinsky, C., Rinne, S. … (2019). Cross-sectional survey of workplace stressors associated with physician burnout measured by the Mini-Z and the Maslach Burnout Inventory. *Stress and Health. DOI: 10.1002/smi.2849*


Disclosures

• No Disclosures
Questions?

Sam Van Horne

Samuel.A.VanHorne@ChristianaCare.org

@learningplaces
Tending Your NEST and Making SPACE for What Matters Most

Jessie Kittle MD
VJ Periyakoil MD
Maria Juarez-Reyes MD PhD
Eva Weinlander MD

Stanford University School of Medicine
Disclosures

- Three of the authors participated as faculty group leaders
- We benefit from the monthly leadership group meetings and 1:1 leadership coaching funded by the Stanford Dept. of Medicine
- We received a Stanford Primary Care and Population Health Seed Grant to support the evaluation of this project
Learning Objectives:

1. Understand the scaffolding of an innovative department-supported program created to promote physician fulfillment and decrease burnout in a medium-sized academic institution.

2. Understand the struggles, skills gaps and desired outcomes identified by qualitative analyses of participant’s applications and narratives.

3. Define the common themes identified through qualitative analysis of participant’s experiences with the intervention that make the program a unique outlet for self-reflection, self-compassion, learning and connection.
Background

- Curriculum created by Rebecca Merrill, EDM, MSW, physician leadership coach
- Departmental response to rising burnout / decreases in professional fulfillment
- Participants nominated by division chiefs, then by application
- Groups led by RM year 1, then volunteer faculty graduates of the program
- All leaders are coached by RM via monthly leaders-only groups and 1:1 leadership training
Goals of SPACE:

Enable physician participants to develop skills, behaviors and attitudes that promote physical, emotional and professional wellbeing and contribute to resilience and leadership.
Curriculum

Two curriculum components of wellness and self care were developed by RM and then divided into monthly topics.

- NEST
- SPACE
Tending your NEST:

• **Nutrition**

• **Exercise**

• **Sleep**

• **Time Management**
Making SPACE for What Matters Most

• Stillness
• Presence
• Appreciation
• Compassion
• Equanimity
Curriculum Con’t:

• 9 monthly 2-hr gatherings of ~6-8 faculty
  – Each month focused on one of the SPACE/NEST topics

• CALM® meditation

• Individual, uninterrupted sharing followed by discussion/coaching
Curriculum Con’t:

• Optional 1:1 coaching with their physician faculty leaders, or RM

• Narratives at 3, 6, 9 months with topic guidance
  – What does Stillness mean to you? (3 mo)
  – How do you practice Self-Compassion/Compassion? (6 mo)
  – Who are you now/What have you learned? (9 mo)
  – Or free-write a meaningful personal narrative

• Suggested Readings/TED talks complement the monthly themes
## Curriculum Con’t:

### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>CONTENT</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE</td>
<td>Group Timeline</td>
<td>3</td>
</tr>
<tr>
<td>TWO</td>
<td>Monthly Topics, Homework and Questions</td>
<td>4</td>
</tr>
<tr>
<td>THREE</td>
<td>Coaching Models</td>
<td>10</td>
</tr>
<tr>
<td>FOUR</td>
<td>Bibliography and TED Talks</td>
<td>15</td>
</tr>
<tr>
<td>FIVE</td>
<td>Websites and Articles</td>
<td>20</td>
</tr>
<tr>
<td>SIX</td>
<td>Poems</td>
<td>22</td>
</tr>
<tr>
<td>SEVEN</td>
<td>Quotes</td>
<td>44</td>
</tr>
<tr>
<td>EIGHT</td>
<td>Coaching the Coach</td>
<td>49</td>
</tr>
<tr>
<td>NINE</td>
<td>Group Leader Contact Information</td>
<td>53</td>
</tr>
</tbody>
</table>
Expansion

2017:
  2 groups led by RM \(\rightarrow\) (14 faculty)

2018:
  2 groups led by RM, (16 faculty)
  2 groups led by 4 graduates (15 faculty) \(\rightarrow\) (total 31 faculty)

2019:
  2 groups led by RM (8 new faculty)(1 leadership grp of 8)
  4 groups led by 8 graduates (28 new faculty) \(\rightarrow\) (44 total)
Cohort Demographics:

- Primary Care and Population Health
- Hospital Medicine
- Gastroenterology and Hepatology
- Blood and Marrow Transplantation
- Endocrinology
- Infectious Diseases
- Nephrology
- Palliative Care
- Pulmonary and Critical Care Medicine
- Stanford Prevention Research Center
- Oncology
- Immunology and Rheumatology
- Cardiovascular Medicine
Retrospective Qualitative Analysis

- Qualitative analyses of written narratives of two SPACE faculty cohorts (2017, 2018) using standard Grounded Theory Framework
- Coding of content from 46 participants generating 163 data records: 27 participants x 4 data points, 17 X 3, 2 X 2
- Analysis of common themes and changes in themes/content; differences in changes based on specialty, age and gender, to evaluate the broad impact of SPACE and further refine it.
Results

Participants struggled with:

• Imposter syndrome
• Burnout
• Negative thinking
• Lack of self-care/work-life balance
Participant’s Skills Gaps:

- Time management skills
- The skill to create and set boundaries
- The ability to use values to set work/personal priorities
- Mindfulness
Participants desired outcomes:

• Learn new skills
• Learn from shared experiences
• Group support
• A sense of belonging
Self-identified benefits/areas of growth:

Learned:
- coping skills from others in the SPACE small groups
- to create boundaries/set boundaries
- to utilize values to guide work/personal priorities

Developed:
- self-acceptance and self-compassion
- a growth mentality

Gained:
- time management skills
Additional Positive Experiences:

- Developed a sense of belonging to the Stanford Dept. of Medicine community
- Received multi-directional peer mentoring
- Felt validated by shared experiences
“My ability to reframe my work at Stanford has brought me new satisfaction and makes me feel that I am once again starting my career anew”

“It’s not healthy to be one’s own worst critic”

“The domino effect has been dramatic”

“Helped me prioritize responsibilities, delegate and thrive”

“...given me the sense of having wings...”

“Because of the group I started to live more authentically”
“given me greater personal career fulfillment which has trickled down to positively influence interactions with my peers and patients”

“permission to explore and rediscover my own humanity and reasons for becoming a doctor, and to identify and share these new perspectives with colleagues who I see struggling”

“Sleep- increasing calmness, presence and clarity of thought and purpose”

“provided me a forum and community to explore me and align my thoughts, my words, and my actions within this academic medical world”
“Helped me prioritize, which included adding myself to the list of my priorities”

“given me permission to explore my own heart and find the values that mean the most to me...and lead from that place”

“reminded me I need to fill the tank by taking care of myself and making time for what matters most to me”

“I've even seen an increase in my Press Ganey Scores!”
Qualitative Data Analysis - Limitations

- All 4 narratives were not available for all participants
- Narratives were free text– e.g. some participants submitted short narratives/others submitted poetry
- Insufficient quantity of data to evaluate for differences in changes based on specialty, age and gender
Conclusion

• 9 mo. curriculum utilizing peer coaching model was successfully introduced and expanded in an academic dept.

• Qualitative analysis identified:
  – key areas of struggles/skills gaps
  – key areas of growth including:
    • coping skills and time management skills
    • increased self compassion
    • utilizing values to inform work and personal priorities
    • boundary setting skills
“Before beginning the program, I felt that my career was ending, I was ready to give up, to go down the pathway towards retirement; SPACE gave me the room to contemplate and articulate my passion for patient care and research. As a result, I’m committed to building the next, crowning phase of my Stanford career.”
Thank-you to:

– Stanford Dept. of Medicine- Dr Robert Harrington, Cathy Garzio: Program Sponsorship
– Division of Primary Care and Population Health: Seed Grant
– Rebecca Merrill
Thank you!

Questions?

evaw@stanford.edu  kkittle@stanford.edu  rebecca@merrillleadership.com
USING A SYSTEM-BASED APPROACH TO SUPPORT WELLBEING AT THE LOCAL LEVEL

AMY LOCKE, MD; MEGAN CALL, PHD; WHITNEY WERNER, MBA, MHA; ELLEN MORROW, MD
Disclosures

• No Disclosures
ULTIMATE GOAL OF WELLBEING STRATEGY

Professional Fulfillment such that:

- Excellent comprehensive patient care
- National leader in education and research
- Serve our community
- Sound finances
# ADVANCE HEALTH

## Purpose

<table>
<thead>
<tr>
<th>Exceptional Patient Experience</th>
<th>Quality</th>
<th>Financial Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible, Patient-Centered Care</td>
<td>Safe, High Quality, Outcome Focused Care</td>
<td>Affordable, Sustainable Care</td>
</tr>
</tbody>
</table>

## System Goals

<table>
<thead>
<tr>
<th>System Exceptional Patient Experience 82nd Percentile</th>
<th>Inpatient &amp; Ambulatory Vizient 5-Star Quality Ranking</th>
<th>Create Greater Access for New Patients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Timely Care and Access</td>
<td>Build a Sustainable Foundation for Clinical &amp; Patient Reported Outcomes</td>
<td>Improve Value by Lowering Cost and Increasing Efficiency</td>
</tr>
</tbody>
</table>

## Foundation

<table>
<thead>
<tr>
<th>An Empowered &amp; Engaged Workforce</th>
<th>Strategic Community Partnerships</th>
</tr>
</thead>
</table>
WELLBEING AT U OF U HEALTH

Wellness & Integrative Health
Value Engineering
UME/GME
Spiritual Care
Risk Management
Service Lines
Medical Group
HR – Hospitals & Clinics and Campus

Academic Affairs
Quality & Patient Safety
Accelerate
Chief Value Officers
Schools and Colleges
EAP
Business Operations
Faculty Development
Health Equity & Inclusion
Workforce Planning Alliance
RECOMMENDED SYSTEM PRIORITIES

• Commitment to measure wellbeing\textsuperscript{1}
• Leadership coaching and support\textsuperscript{2}
• Clinical efficiency\textsuperscript{1,3}
  – EHR and team based care
• Focus on connection and relationships
• Prioritize diversity of faculty and staff
• Balanced mission focus
  – education, research, clinical, community

# WELLBEING COLLABORATIVE GROUP

<table>
<thead>
<tr>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resiliency Center</td>
</tr>
<tr>
<td>Chief Wellness Officer</td>
</tr>
<tr>
<td>Academic Affairs</td>
</tr>
<tr>
<td>Health Equity and Inclusion</td>
</tr>
<tr>
<td>Hospitals and Clinics Nursing</td>
</tr>
<tr>
<td>Human Resources</td>
</tr>
<tr>
<td>Information Technology</td>
</tr>
<tr>
<td>Medical Group</td>
</tr>
<tr>
<td>Quality and Patient Safety</td>
</tr>
</tbody>
</table>
U OF U HEALTH WELLBEING STRATEGIES

• Acknowledge the importance of wellbeing and measure
• Harness the impact of leadership
• Develop and implement targeted interventions
• Cultivate community at work
• Use rewards and incentives wisely
• Align values and strengthen culture
• Promote flexibility and work-life integration
• Prioritize diversity of faculty and staff
• Provide resources to promote resilience and self-care
• Develop evidence based strategies through organizational science

Modified from Shanafelt and Noseworthy 2016
WELLBEING STRATEGY ROADMAP

- Identify Needs
- Assess Strengths
- Comprehensive Wellbeing Plan
- Establish Accountability
- Execute Plan
- Measure Impact

- 2016-2019
- Summer 2019
- Fall 2019
- Fall 2019-2022
- 2020-2022
The Resiliency Center
RESILIENCY CENTER VISION

Faculty and staff engaged and fulfilled by work
RESILIENCY CENTER STRATEGIC GOALS

- Lead wellbeing strategy at UUH
- Provide programs to support the resilience of individuals and groups
- Help groups identify wellbeing needs
- UUH as national leader in healthcare workplace wellbeing
U OF U HEALTH WELLBEING STRATEGIES

• Acknowledge the importance of wellbeing and measure
• Harness the impact of leadership
• Develop and implement targeted interventions
• Cultivate community at work
• Use rewards and incentives wisely
• Align values and strengthen culture
• Promote flexibility and work-life integration
• Prioritize diversity of faculty and staff
• Provide resources to promote resilience and self-care
• Develop evidence based strategies through organizational science

Modified from Shanafelt and Noseworthy; Mayo Clin Proc; 2016
## The First Two Years in Numbers

### By the Numbers: 2017-2019

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>556</td>
<td>Trained in mindfulness techniques</td>
</tr>
<tr>
<td>147</td>
<td>Trained in advanced communications</td>
</tr>
<tr>
<td>164</td>
<td>Wellness champions</td>
</tr>
<tr>
<td>172</td>
<td>Peer support referrals</td>
</tr>
<tr>
<td>391</td>
<td>Resilience consults</td>
</tr>
<tr>
<td>28</td>
<td>Regional &amp; national presentations and publications</td>
</tr>
</tbody>
</table>
SYSTEM RESILIENCE: COLLABORATIVE EFFORT

Resiliency Center Supported

- Reduce EMR burden
  - Dragon dictation
  - Physician Informaticists
  - MyChart projects
    - Business operations message handling
    - Messaging summit
- Clinic flow and efficiency
  - Home for Dinner Program
  - Value Engineer
  - Project Core
  - Integrated Clinical Business Operations
- Faculty touchdown space

Resiliency Center Developed

- Mindfulness Program
- Communication Skills Program
- Peer Support Program
- Resilience Consults
- Group Support/Debriefs
- Wellness Champions Program
DISCOVERY

Assess wellbeing & burnout
- UUH annual survey
- Identify contributing & improvement factors

Ongoing research agenda
- Assess impact on culture
  - Informal peer support
  - Communication training
  - Mindfulness
“I just wanted to send an email to thank you for this message. I am new to this institution and am amazed on a daily basis how much I feel supported and that there is truly a ‘community’ feeling here at University of Utah.”

– U of U Health Physician
WELLNESS AT UNIVERSITY OF UTAH HEALTH

Well Environment
- Food & beverage
- Transportation
- Tobacco-free
- Built environment

Resiliency Center
- Programs
- Support
- Collaboration
- Strategy

Wellness Culture
- Speakers
- Programs, classes
- Services

Employee Wellness Program
- WellnessNOW
- WellU
ROADMAP

• Quadruple aim
• Shared responsibility
  • Resiliency Center can lead but not execute alone
• Human relationships as our central focus
• Value innovation and creativity
RESILIENCY CENTER TEAM

- **Co-Directors**
  - Amy Locke, MD
  - Ellen Morrow, MD

- **Associate Director**
  - Megan Call, PhD

- **Program Operations Manager**
  - Whitney Werner, MBA, MHA

- **Behavioral Health**
  - Megan Whitlock, LCSW
  - Trinh Mai, LCSW

- **Programming Support**
  - Mary Mckinlay
  - Bom Choi

- **Employee Assistance Program**
  - Ben Farmer, LMFT
CONTACT US

Resiliency Center

Web: uofuhealth.org/resiliencycenter

Email: resiliencycenter@hsc.utah.edu

Phone: (801) 213-3403
#whyidoit: A Multidisciplinary Wellness Initiative in an Academic Emergency Department

Nancy Jacobson, M.D.
Alicia Pilarski, D.O.
Rachel Nordstrom, M.D.
Disclosures

• The authors have no conflicts of interest or financial relationships to disclose.
Background
Background

The power of POSITIVE PSYCHOLOGY
Our motivation

• It started with a “Thank you”
• It became a shared experience
• Our Wellness Committee sponsored an initiative
• We encouraged care team engagement
Our goal

To increase wellness across all disciplines by reflecting on what motivates us to work in the emergency department.
Methods

- Participants were invited to reflect on what motivates them in the workplace
- Staff across all disciplines were recruited
- Participants self selected by submitting anonymous responses
- Responses were gathered for one month on consecutive years 2017-2019
Methods
Methods

• A thematic analysis based on grounded theory was performed using the qualitative data.
• Submissions were subjectively categorized into initial themes, which were then reconciled into three overarching classifications.
Results

Because it was my family member I’d want someone like me to take care of them.

The ED is the best place to make a difference in people’s lives when they are feeling their worst. It was part of the reason why I got into medicine.

This!

American Conference on Physician Health

ACPH 2019
### Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork</td>
<td>35</td>
</tr>
<tr>
<td>Pride in possessing a unique skillset</td>
<td>26</td>
</tr>
<tr>
<td>Helping patients in a time of need</td>
<td>26</td>
</tr>
<tr>
<td>Teaching/learning opportunities</td>
<td>15</td>
</tr>
<tr>
<td>Humor and levity at work</td>
<td>14</td>
</tr>
<tr>
<td>Building relationships with patients</td>
<td>11</td>
</tr>
<tr>
<td>Financial motivation</td>
<td>9</td>
</tr>
<tr>
<td>Patient gratitude</td>
<td>7</td>
</tr>
<tr>
<td>Philosophical and moral motivators</td>
<td>6</td>
</tr>
</tbody>
</table>
Results

#whyIdoit Submissions by Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Count</th>
<th>Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team centered</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>Ability to teach/learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pride in unique skillset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient centered</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Building relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helping patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward centered</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Philosophical/moral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients saying thank you</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AMERICAN CONFERENCE ON PHYSICIAN HEALTH
Discussion

Greatest motivators → Team centered.
  – relationship building
  – sense of shared purpose
  – supportive professional relationships
  – shared education and skillset
Discussion (Next steps)

• Future improvement of workplace well-being should include strengthening and maintaining professional relationships and teams.
Questions?

THANK YOU!
Our #whyidoit video

https://youtu.be/sH-qF4C4qng
MANY PATHS TO THE SAME DESTINATION: UTILITY OF A BRIEF ENGAGEMENT SURVEY TO ASSESS WORKPLACE WELL-BEING

MEGAN CALL, PHD; AMY LOCKE, MD, BLAKE HAMILTON, MD, DAVID WEBBER, ROBIN MARCUS, PHD, & ELLEN MORROW, MD

RESILIENCY CENTER
Disclosures

- No Disclosures
BACKGROUND
RESILIENCY CENTER

Faculty and staff passionate about and energized by work

The Center aims to:

• Promote personal resilience
• Reduce administrative burden
• Create an optimal work environment
WELL-BEING HUB

- 5 schools & colleges
- 4 hospitals
- 12 community clinics & several specialty clinics
- 21,000 employees
“A key organizational strategy to improving clinician well-being is to measure it, develop & implement interventions, & then re-measure it.”

-Clinician Well-Being Knowledge Hub

https://nam.edu/clinicianwellbeing/resources/valid-and-reliable-survey-instruments-to-measure-burnout/
ASSESSMENT HISTORY

2016
School of Medicine

2017
Health Sciences

2018
U of U Health
ASSESSMENT HISTORY

2016 School of Medicine
2017 Health Sciences
2018 U of U Health
INVITE: COLLABORATION

- Develop, implement & follow-up with engagement survey
INVITE: COLLABORATION

- Develop, implement & follow-up with engagement survey
ENGAGEMENT SURVEY

- 11 quantitative items
- 5-item agreement scale
- 1 qualitative item
- 2 survey administrations

https://www.waggl.com/
<table>
<thead>
<tr>
<th>Waggl Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  I would recommend U of U Health as a great place to work</td>
</tr>
<tr>
<td>2  I see myself still working at U of U Health in two years.</td>
</tr>
<tr>
<td>3  I am motivated to do my best work almost every day.</td>
</tr>
<tr>
<td>4  I have adequate opportunities to advance my career at U of U Health.</td>
</tr>
<tr>
<td>5  My immediate supervisor keeps me informed.</td>
</tr>
<tr>
<td>6  I can express my opinions without fear of retribution.</td>
</tr>
<tr>
<td>7  My input is sought, heard, and considered.</td>
</tr>
<tr>
<td>8  I have access to the tools and resources I need to do my job well.</td>
</tr>
<tr>
<td>9  I have control over my workload.</td>
</tr>
<tr>
<td>10 My work-related stress is manageable.</td>
</tr>
<tr>
<td>11 Burnout is not a problem for me.</td>
</tr>
</tbody>
</table>
## Quantitative Items (UUMG)

<table>
<thead>
<tr>
<th>Waggl Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
</tbody>
</table>
What would make you feel more appreciated at work? How would this be impactful?
DEM O G R A P H IC S

• 792 respondents (46%)
• 64.4% 30-49 years-old
• 45.3% female, 54.7% male
• 78.2% White, 6.9% Asian
• 89.6% mostly clinical
• 80.1% MD, 19.9% APC
LEADER DEVELOPMENT INSTITUTE

RESULTS

HEALTH
UNIVERSITY OF UTAH

RESULTS
I would recommend the University of Utah as a great place to work.

I see myself still working at the University of Utah in two years.

I am motivated to do my best work almost every day.

I have adequate opportunities to advance my career at the University of Utah.

My immediate supervisor keeps me informed.

I can express my opinions without fear of retribution.

My input is sought, heard, and considered.

I have access to the tools and resources I need to do my job well.

My work-related stress is manageable.

I have control over my workload.

Burnout is not a problem for me.
## LOW VS. HIGH BURNOUT

<table>
<thead>
<tr>
<th>Waggl Item</th>
<th>Low Burnout&lt;sup&gt;a&lt;/sup&gt; (n = 541)</th>
<th>High Burnout&lt;sup&gt;b&lt;/sup&gt; (n = 249)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I would recommend UUH as a great place to work</td>
<td>94%</td>
<td>74%</td>
</tr>
<tr>
<td>2 I see myself still working at UUH in two years.</td>
<td>91%</td>
<td>72%</td>
</tr>
<tr>
<td>3 I am motivated to do my best work almost every day.</td>
<td>98%</td>
<td>90%</td>
</tr>
<tr>
<td>4 I have adequate opportunities to advance my career at UUH.</td>
<td>75%</td>
<td>47%</td>
</tr>
<tr>
<td>5 My immediate supervisor keeps me informed.</td>
<td>78%</td>
<td>49%</td>
</tr>
<tr>
<td>6 I can express my opinions without fear of retribution.</td>
<td>79%</td>
<td>56%</td>
</tr>
<tr>
<td>7 My input is sought, heard, and considered.</td>
<td>73%</td>
<td>43%</td>
</tr>
<tr>
<td>8 I have access to the tools and resources I need to do my job well.</td>
<td>84%</td>
<td>53%</td>
</tr>
<tr>
<td>9 I have control over my workload.</td>
<td>59%</td>
<td>14%</td>
</tr>
<tr>
<td>10 My work-related stress is manageable.</td>
<td>84%</td>
<td>33%</td>
</tr>
</tbody>
</table>

All comparisons significant (p < .01)

<sup>a</sup> Low Burnout = respondents answered either "Strongly Agree," "Agree," or "Neutral" to Waggl Item "Burnout is not a problem for me."

<sup>b</sup> High Burnout = respondents answered either "Strongly Disagree" or "Disagree" to Waggl Item "Burnout is not a problem for me."
## LOW VS. HIGH STRESS

<table>
<thead>
<tr>
<th>Waggl Item</th>
<th>Low Stress(^a) (n = 700)</th>
<th>High Stress(^b) (n = 89)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  I would recommend UUH as a great place to work</td>
<td>92%</td>
<td>55%</td>
</tr>
<tr>
<td>2  I see myself still working at UUH in two years.</td>
<td>87%</td>
<td>63%</td>
</tr>
<tr>
<td>3  I am motivated to do my best work almost every day.</td>
<td>97%</td>
<td>80%</td>
</tr>
<tr>
<td>4  I have adequate opportunities to advance my career at UUH.</td>
<td>69%</td>
<td>39%</td>
</tr>
<tr>
<td>5  My immediate supervisor keeps me informed.</td>
<td>73%</td>
<td>35%</td>
</tr>
<tr>
<td>6  I can express my opinions without fear of retribution.</td>
<td>77%</td>
<td>32%</td>
</tr>
<tr>
<td>7  My input is sought, heard, and considered.</td>
<td>68%</td>
<td>25%</td>
</tr>
<tr>
<td>8  I have access to the tools and resources I need to do my job well.</td>
<td>80%</td>
<td>25%</td>
</tr>
<tr>
<td>9  I have control over my workload.</td>
<td>49%</td>
<td>8%</td>
</tr>
<tr>
<td>10 Burnout is not a problem for me.</td>
<td>45%</td>
<td>8%</td>
</tr>
</tbody>
</table>

All comparisons significant(p < .01)

\(^a\) Low Stress = respondents answered either “Strongly Agree,” “Agree,” or “Neutral” to Waggl Item “My work-related stress is manageable.”

\(^b\) High Stress = respondents answered either “Strongly Disagree” or “Disagree” to Waggl Item “My work-related stress is manageable.”
## Communication Score

<table>
<thead>
<tr>
<th>Waggl Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>5   My immediate supervisor keeps me informed.</td>
</tr>
<tr>
<td>6   I can express my opinions without fear of retribution.</td>
</tr>
<tr>
<td>7   My input is sought, heard, and considered.</td>
</tr>
</tbody>
</table>

Composite Score Range: 3-15
**MULTILEVEL REGRESSION**

<table>
<thead>
<tr>
<th>Fixed Effect</th>
<th>Coefficient</th>
<th>Standard error</th>
<th>t-ratio</th>
<th>Approx d.f.</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Communication</td>
<td>0.15</td>
<td>0.01</td>
<td>10.77</td>
<td>659</td>
<td>&lt;001</td>
</tr>
</tbody>
</table>
Multilevel Regression

<table>
<thead>
<tr>
<th>Fixed Effect</th>
<th>Coefficient</th>
<th>Standard Error</th>
<th>t-ratio</th>
<th>Approx d.f.</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Communication</td>
<td>0.15</td>
<td>0.01</td>
<td>10.77</td>
<td>659</td>
<td>&lt;001</td>
</tr>
</tbody>
</table>

1-point in composite communication score

0.15 burnout is not a problem for me
COMMUNICATION CORRELATION

Burnout
\[ r^2 = 0.18, \ p < 0.01 \]

Likelihood to Recommend U of U Health
\[ r^2 = 0.36, \ p < 0.01 \]
DISCUSSION & SUMMARY
PRIMARY TAKE AWAY

• Well-being items add depth to engagement survey results

• More easily target struggling areas

• Results similar to previous findings on leadership, communication, burnout & professional fulfillment

“…specific and teachable skills.”

-Shanafelt et al.
LIMITATIONS

• Medium response rate
• One institution
• Burnout & stress items are not validated
NEXT STEPS

- Continued collaboration with Medical Group & Health Sciences
- Collaboration with Hospitals & Clinics
- Item validation
- Differences between groups
- System-wide measurement
THANK YOU

Resiliency Center
Web: uofuhealth.org/resiliencycenter
Email: megan.call@hsc.utah.edu
Phone: (801) 213-2503
The University of Cincinnati Department of Neurology and Rehabilitation Medicine All-Associates Retreat:
A Strengths-Based Approach to Departmental Culture and Wellness

Jennifer Rose V. Molano, MD
Associate Professor
The University of Cincinnati College of Medicine
Department of Neurology and Rehabilitation Medicine
The UC Department of Neurology and Rehabilitation Medicine All-Associates Retreat: A Strengths-Based Approach to Departmental Culture and Wellness

- Reena Shah, MD
- Maggie Baker, C-TAGME
- Jason Bruns, MHSA
- Brett Kissela, MD
Disclosures

• No Disclosures
Learning Objectives

• To demonstrate the role of leadership in promoting departmental wellness.
• To summarize the strengths-based approach to wellness in one academic department.
• To appreciate how a strengths-based approach can identify areas of growth in an academic department.
Relation to conference theme

- A strengths-based approach can be a strategy to promote workplace wellness.
Project objective/background

• The vision of the University of Cincinnati Department of Neurology and Rehabilitation Medicine is to be the model and destination for integrated personalized care, research and education.

• While a problem-based approach is typically used to determine areas of improvement, a strengths-based approach can also be used to identify areas of opportunity and growth towards the department’s vision.

• Departmental leadership used this approach to plan an All-Associates Retreat focused on departmental culture and wellness.
Methods/approach: Overview

- A half-day All-Associates Retreat was planned to focus on the culture of the department.

- Activities from the All-Associates Retreat focused on purpose, meaningful work, and personal resilience:
  - Culture Pre-Retreat Survey
  - Patient Experience Story
  - Mind-body Experiential Sessions
  - Appreciative Inquiry Exercise
Methods/approach: Culture Survey

• Prior to the retreat, all clinicians, medical staff, and administrative staff were asked two questions:
  
  – To rate the culture of the department
    • Likert scale from 1 (bad) to 5 (good)
  – To describe the culture of the department in one word
Methods/approach: Mind-Body Experiential Sessions

- Mindfulness Exercise
- Relaxation Exercise
Methods/approach: Appreciative Inquiry Exercise

What Is Appreciative Inquiry?

• A strengths-based approach and philosophy towards change

The Appreciative Inquiry Process

May, Appreciative Inquiry in Health Care
Methods/approach: Appreciative Inquiry Exercise

- Table roles
  - Reader, scribe, and time keeper
- Topics
  - Joy in work
  - High-functioning teams
- Individual reflection
- Table discussion
- Feedback sheet from each table provided to departmental leadership for review
Results: Culture Survey

- There were 140 respondents to the survey.
- Less than 1 minute to complete on average.
- The mean score on the culture question was 3.53.
- 56% described the departmental culture with a positive word.
## Results: Culture Survey

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean Score</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Staff</td>
<td>3.09</td>
<td>44</td>
</tr>
<tr>
<td>Academic Staff</td>
<td>3.46</td>
<td>45</td>
</tr>
<tr>
<td>Research Personnel</td>
<td>3.6</td>
<td>25</td>
</tr>
<tr>
<td>Physician/Mid-Level</td>
<td>3.71</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>3.76</td>
<td>21</td>
</tr>
<tr>
<td>Resident/Fellow</td>
<td>4.44</td>
<td>9</td>
</tr>
</tbody>
</table>
Results
Appreciative Inquiry Exercise

Major Themes
• Appreciation
• Communication
• Education
• Recognition
• Responsiveness
• Wellness
<table>
<thead>
<tr>
<th>YOU ASKED...</th>
<th>WE DID...</th>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Show appreciation and recognition of hard work</td>
<td>• Quarterly rounding sessions include recognizing employees that go above &amp; beyond verbally at meetings and with thank you notes</td>
<td>• Appreciation</td>
</tr>
<tr>
<td>• Acknowledgement of the ‘legs of organization’ and those with quiet excellence</td>
<td>• Managers proactively meeting with providers monthly to ask for employee nominations for recognition</td>
<td>• Recognition</td>
</tr>
<tr>
<td>• Make employees feel valued and important to whole organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Better training for employees and continuing education</td>
<td>• With the support of UC Health, Lead MAs are assisting with more training after a preceptor training course</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Better unified training of MAs</td>
<td>• Monthly staff meetings with UC and UC Health employees to review processes and procedures</td>
<td>• Education</td>
</tr>
<tr>
<td>• Communication of roles and expectations need to be better</td>
<td>• Implementation of subspecialty faculty lecture series which will be video taped and available to staff</td>
<td></td>
</tr>
</tbody>
</table>
Conclusion

• Leadership support of a strengths-based approach can be used to identify areas of opportunity and growth towards the departmental culture and wellness.
Thank You

- Brett Kissela, MD
- Reena Shah, MD
- Maggie Baker, C-TAGME
- Jason Bruns, MHSA
- All of neurology and PMR physicians, residents, and fellows
- All of the departmental and clinical staff
Virtual Reality Role Play Simulation to Assess Stress and Investigate Strategies to Decrease Risk of Physician Burnout

- Bradley Tanner, MD, ME
- Clinical Tools, Inc. / HealthImpact.Studio
- bradtanner@gmail.com
- 09/20/2019 11:10 – 12:10pm, Room: Symphony 5/6
- Charlotte, North Carolina
Disclosures

- No financial disclosures
- Passionate about the potential of headset-based virtual reality
- Funded by a grant from NIH/NIAAA #1 R44 AA026474-01

*BurntOut: Role-Play Simulation for Building Medical Student Resiliency*
Bradley Tanner, MD, ME

Background
Leads an R&D Company developing digital technology to impact medicine and health

Survived medical school (UVA) in the age of formaldehyde and 5 day/week lectures in a dark lecture hall

Psychiatry Residency: WPIC, Pgh

Practice: U Pitt, UNC, Montana

Home: Chapel Hill, NC [and SLC, Utah]
Learning Objectives

1) Understand how immersive virtual reality (VR) technology, like Oculus Quest and Rift S, can expose students to stressors and consider positive and negative coping strategies.

2) Recognize the potential of an immersive, headset-based VR experience to practice change and receive feedback on potential success or failure of various coping strategies.

3) Describe how a headset-based VR experience can help avoid burnout and build confidence in ability to cope with stresses that may lead to burnout.
The Transitions in Medical Career

1) Pre-Pre Med. “This is an option”
2) Pre-Med “I want to be doctor”
3) Pre Clinical Medical Student. “I am going to be a doctor”
4) Clinical Medical Student. “I’m a ‘Student Doctor”
5) Acting Intern: “I’m Doctor ____” (sort of)
6) Intern: “I’m Doctor ____”
7) Resident: “I’m a ___ Physician”
8) Early Practice: “I Practice ____”
9) Later Practice: “I Love ____ But ____”
Anxiety → Learned Helplessness

1) Pre-Pre Med. “Am I good enough?”
2) Pre-Med “Are my grades/MCAT OK?”
3) Pre Clinical Medical Student. “Can I put the pieces together?”
4) Clinical Medical Student. “Hun?”
5) Acting Intern: “I’ll try but I’m not a Dr.”
6) Intern: “Who can help me out here?”
7) Resident: “I got this. Then it changed”
8) Early Practice: “We’re good. What’s next?”
9) Later Practice: “Was this the target?”
Confidence Grows in Pre Clinical Years → Then Plumets.

See: Where we are and how we feel: Developing a tool to measure medical students’ perceptions of learning environment and their sense of well-being, Eva Waineo, MD, Wayne State University School of Medicine (see page 112)


Anticipatory Guidance for Career Choice

1) This is a very unique career choice
2) There is a enormous culture change
3) There is a very clear hierarchy
4) There is a lot of stress. Lives are on the line
5) It’s a team. Everyone has a role and counts on each other.
6) There is no trophy for showing up
7) Initially there is constant change, then almost none.
VR – Headset-based Immersive Virtual Reality

1) It’s this good!
2) It’s real
3) Behavior Change requires engagement
4) Beware of the term VR when it isn’t immersive

How many of you have put on a VR headset?
VR Headsets: The Quest and Rift S
Ignore the Go and Every Other VR Device
VR Headsets: The Quest and the Rest

Go

Rift S

quest
Let’s Demo

https://burntout.healthimpact.studio/
Simulations Are Powerful In and of Themselves

- Novel Experience/Narratives
- Quick Decision-Making
- Collaboration
- Focus on Improvement, Challenge, and Growth
- 3D Visualization and Modeling
- Understanding Cause and Effect
Are Nurses Your Friend?
Engagement Adds Value

1) Learner control and self-determination
2) Self-expression and creativity and drives intrinsic motivation
3) Role-playing in VR engages the participant in a cycle of practicing change
4) Immersion instills flow or a sense of timelessness and focuses on the game at hand
Interact With Clinical Staff

Heads up, Dr. Stern, the attending physician, likes to hold a short afternoon rounds.

What Should I Do?
Role Play Adds Value

Role-playing in VR engages the participant in a cycle of practicing change by:

1) Initial self-reflection
2) Taking action
3) Post-action reflection
4) Conclusion/outcome
5) Planning that promotes longer-term real-world change
What Do You Know?

Should I Fake It?
So What Does VR Do?

1) Freedom from Distraction
2) Replacement of Real World
3) Closer Engagement
4) Increased Flow or a Sense of Timelessness and a Heightened Focus on the Game or Simulation
5) True 3D Visualization
Good Choice!

What Do You Know?
How To Check It Out

Email Me
bradtanner@gmail.com

Fill out
Early Access Form
burntout.healthimpact.studio
Asynchronous Well-Being Credit

Kimberly Moulton, MD, PGY-4
Jeffrey Sakamoto, MD, PGY-3
Al’ai Alvarez, MD, APD
Sarah Williams, MD, PD
Stanford Emergency Medicine Residency

@alvarezzy

Stanford Medicine Emergency Medicine

American Conference on Physician Health ACPH 2019
Disclosures

• I have no financial disclosures.
Wellness is not “one size fits all”
Our intervention is simple.
Goals and Objectives

self-reflect
develop life-long habits
address “forced choices”
Welcome

The Department of Graduate Medical Education is committed to ensuring that residents and fellows remain physically and mentally healthy while completing their training program. Residency can be an inherently stressful time, and it is important to take care of yourself so that you can get the most out of your educational experience.

If you are experiencing a particularly stressful or otherwise difficult situation, please feel free to contact:

Ann Dohn, GME Director

Ann Dohn (GME Director) has an “open door” policy and is always ready and willing to help with resident concerns and problems. She can be reached at 650-723-5948. You can also anonymously report a concern to the Department of Graduate Medical Education by expanding the form below.

Anonymously Report a Concern

Click to expand

Health Connect

Consultation and service jointly sponsored by the Department of Psychiatry and Stanford Healthcare to facilitate timely access to counselling, stress management and coping skills, and mental health services.
Resident Well-Being

Welcome

The Department of Graduate Medical Education is committed to ensuring that residents and fellows remain physically and mentally healthy while completing their training program. Residency can be an inherently stressful time, and it is important to take care of yourself so that you can get the most out of your educational experience.

If you are experiencing a particularly stressful or otherwise difficult situation, please feel free to contact:

Ann Dohn, GME Director

Ann Dohn (GME Director) has an "open door" policy and is always ready and willing to help with resident concerns and problems. She can be reached at 650-723-5948. You can also anonymously report a concern to the Department of Graduate Medical Education by expanding the form below.

Anonymously Report a Concern

Click to expand

Health Connect

Consultation and service jointly sponsored by the Department of Psychiatry and Stanford Healthcare to facilitate timely access to counseling, stress management and coping skills, and mental health services.
20.3 **Professionalism**

20.3.1 Advocacy
- 20.3.1.1 Patient
- 20.3.1.2 Professional
- 20.3.1.3 Healthcare disparities

20.3.2 Ethical principles
- 20.3.2.1 Conflicts of interest
- 20.3.2.2 Diversity awareness
- 20.3.2.3 Electronic communications/Social media
- 20.3.2.4 Medical ethics
- 20.3.2.5 Stewardship of resources

20.3.3 Leadership and management principles

20.3.4 **Well-being**
- 20.3.4.1 Fatigue and impairment
- 20.3.4.2 Time management/Organizational skills
- 20.3.4.3 Work/Life balance
- 20.3.4.4 Work dysphoria (burn-out)
The Emergency Medicine Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Emergency Medicine

July 2015
### 21. Accountability (PROF2) Demonstrates accountability to patients, society, profession and self.

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/grooming, rested and ready to work, delivery of patient care as a functional physician</td>
<td>Identifies basic principles of physician wellness, including sleep hygiene</td>
<td>Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance</td>
<td>Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care</td>
<td>Can form a plan to address impairment in one’s self or a colleague, in a professional and confidential manner</td>
<td>Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities</td>
</tr>
<tr>
<td>Maintains patient confidentiality</td>
<td>Demonstrates knowledge of alertness management and fatigue mitigation principles</td>
<td>Recognizes and avoids inappropriate influences of marketing and advertising</td>
<td>Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy</td>
<td>Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment</td>
<td></td>
</tr>
<tr>
<td>Uses social media ethically and responsibly</td>
<td>Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suggested Evaluation Methods:** Direct observation, SDOT, portfolio, simulation, oral boards, multi-source feedback, global ratings
Level 4
Can form a plan to address impairment in one’s self or a colleague, in a professional and confidential manner

Level 5
Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities

Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment
RRC Criteria for Asynchronous Credit
PRIVACY PLEASE
Please describe the wellness activity that was completed. If you wish to preserve privacy, please copy the text in quotation as your answer: "Applied Learning, Professionalism 20.3.4: Well-being exercise." *

Your answer

Describe at least one thing you learned from this Asynchronous Activity. *If you wish to preserve privacy, please copy the text in quotations as your answer: "Explored individualized strategy to preserve well-being and mitigate work dysphoria." *

Your answer
• Hiking at beach
• Meditation/quiet time
• Family bonding time
• Bonfire with co-interns
• Worked out and checked out Stanford gym
• Wilderness medicine tactical medicine event in Big Basin
• Watched a performance of one of my favorite violinists
• Physical therapy
• Prenatal doctors appointment
• Paid my bills and did laundry for the first time in a month
thank you
PHYSICIANS' PHYSICAL ACTIVITY KNOWLEDGE AND PERSONAL BEHAVIOR

Maryam Sattari, MD, MS
Associate Professor of Medicine
University of Florida College of Medicine
Gainesville, Florida
Disclosures

This work was supported by the Gatorade Trust through funds distributed by the Department of Medicine, UF, Gainesville, U.S.A.
Learning Objectives:

1. Recognize the benefits of physician regular physical activity for physicians
2. Recognize the benefits of physician regular physical activity for their patients
3. Be able to discuss improvement of medical curriculum to promote physician well-being and help combat burnout
Background:

Obesity and overweight are important risk factors for various illnesses and premature death.

The rate of obesity and overweight has been increasing in the United States (US) and reached 70% in 2013.

A sedentary lifestyle is an important contributor to the obesity epidemic
Recommendations:

- ≥ 150 minutes of moderate-intensity exercise
- 2 sessions of muscle strengthening activity per week

Only 26% of adult men and 19% of adult women in the US are sufficiently physically Active

https://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/StartWalking/American-Heart-Association-Guidelines-for-Physical-Activity_UCM_307976_Article.jsp. Updated 2017.
Physicians

• Perceived as respected sources of health-related information
• Powerful motivators to enhance patients’ physical activity habits
• Physical activity counseling is associated with patients’ increased physical activity and represents an opportunity for disease prevention
• Doctors usually miss the opportunity to provide lifestyle counseling

Physicians

- Only 15% of internal medicine residents and 40% of cardiologists surveyed counseled their patients on lifestyle and that too for < 3 minutes of the encounter
- Reported barriers to physical activity counseling by physicians:
  - Insufficient education
  - Inadequate knowledge
  - Insufficient training
  - Lack of time

Physician’s Physical Activity

Decreased burnout
Enhanced empathy
Enhanced career satisfaction
Enhanced sense of well-being
Perceived as more credible and motivating
Physical activity promotion

McClafferty H, Brown OW, Section on Integrative Medicine, Committee on Practice And Ambulatory Medicine, Section on Integrative Medicine. Physician health and wellness. Pediatrics. 2014.
Physician’s Physical Activity

• Studying physicians’ physical activity knowledge and personal habits is important as it affects their patients’ behavior and health as well as their own health and well-being.

Objective:

- To explore physical activity knowledge and personal behaviors of trainee (residents and fellows) and faculty physicians in the Department of Medicine (DOM) at the University of Florida (UF) in Gainesville, Florida
Design and Methods:

- The UF IRB approved this cross-sectional survey study
- A 50-item electronic survey, using the Qualtrics web-based system (Qualtrics®)
- Participation was optional
- Responses were anonymous
Results

- Out of 331 eligible physicians in DOM, 303 (92%) participated.
- The number of responses to each survey item ranged from 282 to 297.
<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>162</td>
<td>55</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>110</td>
<td>37</td>
</tr>
<tr>
<td>35-44</td>
<td>82</td>
<td>28</td>
</tr>
<tr>
<td>45-54</td>
<td>47</td>
<td>16</td>
</tr>
<tr>
<td>&gt; 55</td>
<td>57</td>
<td>19</td>
</tr>
<tr>
<td>Race/Ethnic background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>206</td>
<td>70</td>
</tr>
<tr>
<td>Black or African American</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1</td>
<td>0.34</td>
</tr>
<tr>
<td>Asian</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>17</td>
<td>0.34</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Married or having a long-term partner</td>
<td>221</td>
<td>75</td>
</tr>
<tr>
<td>Have children under the age of 15 years</td>
<td>122</td>
<td>41</td>
</tr>
<tr>
<td>Comorbidities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Hypertension</td>
<td>48</td>
<td>16</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Specialty</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>59</td>
<td>21</td>
</tr>
<tr>
<td>Endocrinology, Diabetes and Metabolism</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Gastroenterology, Hepatology and Nutrition</td>
<td>30</td>
<td>11</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>52</td>
<td>18</td>
</tr>
<tr>
<td>Hospital Medicine</td>
<td>40</td>
<td>14</td>
</tr>
<tr>
<td>Hematology and Oncology</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Infectious Diseases and Global Medicine</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Nephrology, Hypertension and Transplantation</td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>

49% reported being happy with the way they looked, corresponding to 78% of participants who reported normal weight, 22% overweight and 50% underweight

<table>
<thead>
<tr>
<th>Do you feel overweight or underweight?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>149</td>
<td>50</td>
</tr>
<tr>
<td>Underweight</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Neither</td>
<td>142</td>
<td>48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you happy with the way you look and feel?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>143</td>
<td>49</td>
</tr>
</tbody>
</table>
## Duke Activity Status Index (DASI)

<table>
<thead>
<tr>
<th>Question</th>
<th>N</th>
<th>(Yes)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you take care of yourself, that is eating, dressing, bathing, and using the toilet?</td>
<td>292</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Are you able to walk indoors, such as around the house?</td>
<td>296</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Are you able to walk a block or 2 on level ground?</td>
<td>296</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Are you able to climb a flight of stairs or walk up a hill without stopping?</td>
<td>289</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>Are you able to run a short distance?</td>
<td>273</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Are you able to do light work around the house like dusting or washing dishes?</td>
<td>295</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Are you able to do moderate work around the house like vacuuming, sweeping floors, or carrying in the groceries?</td>
<td>292</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Are you able to heavy work around the house like scrubbing floors or lifting or moving heavy furniture?</td>
<td>275</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Are you able to yard work like raking leaves, weeding or pushing a power mower?</td>
<td>284</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>Can you have sexual relations?</td>
<td>289</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>Are you able to participate in strenuous activities like swimming, single tennis, football, basketball or skiing?</td>
<td>266</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Would you participate in interval training if freely offered or at a majorly discounted rate?</td>
<td>225</td>
<td>76</td>
<td></td>
</tr>
</tbody>
</table>

Lack of significant limitations in ability to exercise
# Physicians’ Physical Activity Results

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many minutes of moderate physical activity per week does the American Heart Association recommend for a healthy individual?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 30 minutes</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>30-60 minutes</td>
<td>55</td>
<td>19</td>
</tr>
<tr>
<td>75 minutes</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>90 minutes</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>150 minutes (Correct answer)</td>
<td>137</td>
<td>46</td>
</tr>
<tr>
<td>Not sure</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td><strong>Do you know what interval training is?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>235</td>
<td>80</td>
</tr>
<tr>
<td><strong>How many hours per week do you exercise?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 hours</td>
<td>142</td>
<td>49</td>
</tr>
<tr>
<td>3-4 hours</td>
<td>90</td>
<td>31</td>
</tr>
<tr>
<td>5-7 hours</td>
<td>41</td>
<td>14</td>
</tr>
<tr>
<td>&gt; 7 hours</td>
<td>19</td>
<td>6</td>
</tr>
</tbody>
</table>
Physicians’ Physical Activity Results

- Only 51% (155/297) reported ≥ 3 hours of exercise/week
- 49% only exercised 1-2 hours a week, not reaching the 150 minutes recommended by the AHA
- Only 20% reported moderate exercise 5-7 times per week
- The rest (80%) exercised 4 or fewer times per week
## Physicians’ Physical Activity Knowledge

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many minutes of moderate physical activity per week does the American Heart Association recommend for a healthy individual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 30 minutes</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>30-60 minutes</td>
<td>55</td>
<td>19</td>
</tr>
<tr>
<td>75 minutes</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>90 minutes</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>150 minutes (Correct answer)</td>
<td>137</td>
<td>46</td>
</tr>
<tr>
<td>Not sure</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>Do you know what interval training is?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>235</td>
<td>80</td>
</tr>
<tr>
<td>How many hours per week do you exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 hours</td>
<td>142</td>
<td>49</td>
</tr>
<tr>
<td>3-4 hours</td>
<td>90</td>
<td>31</td>
</tr>
<tr>
<td>5-7 hours</td>
<td>41</td>
<td>14</td>
</tr>
</tbody>
</table>
More participants who correctly recognized the physical activity goal (57%, 78/137) reported exercising ≥ 3 hrs weekly than those who did not identify the goal correctly (48%, 77/160).

Not statistically significant; p = 0.1298
Discussion

• Consistent with previous U.S. studies: many physicians-in-training and practicing physicians do not engage in health promoting behaviors

• Inconsistency between physician-reported beliefs about and knowledge of physical activity recommendations and implementation of these guidelines in everyday life

• Might reflect infrequent and inadequate undergraduate and graduate medical education in physical activity

Discussion

- Only 13% of 102 US medical schools reported inclusion of physical activity and health in their curriculum
- Only 6% - a core course or requirement related to exercise
- Physical activity is the least addressed topic in health behavior counseling curricula for medical trainees, compared to smoking, alcohol, drugs, and nutrition

Conclusions

• Many physicians do not engage in recommended physical activity
• Important gaps in physicians’ physical activity knowledge
• Undergraduate and graduate medical education in physical activity might be inadequate
Conclusions

• Improvement in medical education about physical activity might
  – Improve physicians’ knowledge, confidence, and skills in providing appropriate and accurate lifestyle counseling
  – Enhance physician well-being and help combat burnout
Acknowledgements

• Dr. Monica Aggarwal - UF Division of Cardiology Education Director
• Dr. Markus Agito - UF Division of Gastroenterology Education Director
• Dr. Ali Ataya - UF Division of Pulmonary and Critical Care Education Director
• Dr. Michael Bubb - UF Division of Rheumatology and Immunology Education Director
• Dr. Paulette Hahn - UF Division of Rheumatology and Immunology Education Director
• Dr. Amir Kazory - UF Division of Nephrology Education Director
• Dr. Martina Murphy- UF Division of Hematology and Oncology Education Director
• Dr. Naykky Singh Ospina - UF Division of Endocrinology Education Director
• Dr. Zareen Zaidi - UF Division of General Internal Medicine
QUESTIONS

Maryam.Sattari@medicine.ufl.edu
Leading from the Heart: Creating a Culture of Leadership Wellness

Kent Miyamoto, MD
Director of Physician Wellness
San Bernardino County

Coauthors:
Alejandra Clark, MD
Dora Rodriguez, MD
Siu Wang, MBA
Disclosures

• No disclosures
"Leadership is not about titles, positions or flowcharts. It is about one life influencing another."

John C. Maxwell
Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD; Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sbar, PhD; and Stephen J. Swensson, MD

Abstract

Objective: To evaluate the impact of organizational leadership on the professional satisfaction and burnout of individual physicians working for a large health care organization.

Participants and Methods: We surveyed physicians and scientists working for a large health care organization in October 2013. Validated tools were used to assess burnout. Physicians also rated the leadership qualities of their immediate supervisors in 12 specific dimensions on a 5-point Likert scale. All supervisors were themselves physicians/scientists. A composite leadership score was calculated by summing scores for the 12 individual items (range, 12-60; higher scores indicate more effective leadership).

Results: Of the 3896 physicians surveyed, 2813 (72.2%) responded. Supervisor scores in each of the 12 leadership dimensions and composite leadership score strongly correlated with the burnout and satisfaction scores of individual physicians (all \( p < .001 \)). On multivariate analysis adjusting for age, sex, duration of employment at Mayo Clinic, and specialty, each 1-point increase in composite leadership score was associated with a 3.3% decrease in the likelihood of burnout (\( p < .001 \)) and a 9.0% increase in the likelihood of satisfaction (\( p < .001 \)) of the physicians supervised. The mean composite leadership rating of each division/department chair (n=128) also correlated with the prevalence of burnout (correlation=-0.330; \( r^2 = 0.11; \ p < .001 \)) and satisfaction (correlation=0.684; \( r^2 = 0.47; \ p < .001 \)) at the division/department level.

Conclusion: The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations. These findings have important implications for the selection and training of physician leaders and provide new insights into organizational factors that affect physician well-being.
Assumptions Associated with a Title

Medical Director
Chief of Service
Physician In Charge
Department Administrator
Expectations

Quality

Access

Service

HR

Budget

Physician Wellness
Do not shrink.
Do not puff up.
Stand your sacred ground.

BRENE BROWN
Change in Relationships with Colleagues
Kaiser Permanente
San Bernardino County

Patient Membership:  613,000
Physicians: 1200+
Physician Leadership Positions: 136
Session Objectives

- Focus on gratitude
- Authentic discussion of the challenges of the leadership role
- Foster safe and supportive relationships among leaders
- Cultivate intentional and empathic leaders
- Managing difficult conversations: Facilitated role play with professional actors
Session Format

- Half day session
- Presented along service lines
  - Primary care
  - Hospital medicine
  - Behavioral Health
- Physician + Administrative Leaders
- No laptops allowed
Gratitude Meditation
What’s in your Heart?
Leadership Reflection
Facilitator Questions

- What struggles have you faced as a leader?
- What’s different now that you are a leader?
- Have your peer relationships changed?
- Has your role as a leader affected your home relationships?
- Do you feel judged by others?
- What expectations are you placing on yourself?
- Who has your back?
Kaiser Permanente CareActors
Role Play Scenarios

- Associate with subpar patient satisfaction scores concerned about making partnership
- Physician missing critical finding on radiology report. Corrective action/Quality Improvement discussion
- Female physician struggling to balance roles of physician and mother
Survey Results

How important is leadership wellness for our organization’s success?

1: Not at all important
2: Not so important
3: Somewhat important
4: Very important
5: Extremely important

N=16

© 2019 Southern California Permanente Medical Group
Survey Results
Was the program useful and applicable for your role as a leader?

1: Not at all useful

2: Not so useful

3: Somewhat useful

4: Very useful

5: Extremely useful

N=16

Responses
Questions?
A Voice for All: A Collaborative Approach to Physician Well-Being in a Medical School

Chantal Brazeau, MD
Carol Newlon, PhD
Sangeeta Lamba, MD, MS-HPEd
Maria L. Soto-Greene, MD, MS-HPEd
Rutgers New Jersey Medical School
Disclosures

The authors have no disclosure to report
Objectives

• Describe a medical school organizational structure that supports faculty physician well-being

• Describe a collaborative process using a school survey to initiate department-specific conversations and action plans about well-being

• Describe well-being action plans derived from this approach
NJMS Faculty Well-Being Initiatives: An Overview

Dean, Executive Vice-Dean
Faculty Vitality Strategic Group
Assistant Dean for Faculty Vitality

School-wide strategies:
- Survey
- Workshops for Chairs
- Mentoring program
- Peer support and affinity groups

“Local” culture of wellness strategies

Resilience workshops: faculty orientation, departments
- Address self-care, meaning/self-awareness, work-life integration

Departments
Faculty Wellness Champions
Faculty Vitality Taskforce

School-wide strategies:
- Presentations at leadership meetings
- Team building program, EHR support

“Local” efficiency of practice strategies

Chairs

Conceptual Model:
© Copyright Board of Trustees of the Leland Stanford Jr.
University. All Rights Reserved
Department Faculty Wellness Champions

- Dr. Thalia Palmer – Anesthesiology
- Dr. Miho Matsuda – Cell Biology & Molecular Medicine
- Dr. Novneet Sahu – Emergency Medicine
- Dr. Emmanuelle Ruocco – Family Medicine
- Dr. Manasa Ayyala – Internal Medicine
- *Dr. Anabella Moharita – Internal Medicine
- Dr. John Bogden – Microbiology, Biochemistry & Molecular Genetics
- Dr. Pankaj K. Agarwalla – Neurological Surgery
- Dr. Xue Ming – Neurology
- Dr. Bernadette Cracchiolo – Obstetrics & Gynecology
- Dr. Marco Zarbin – Ophthalmology & Visual Sciences
- Dr. Larry Frohman - Ophthalmology & Visual Sciences

- Dr. Colin Harris – Orthopedics
- Dr. Robert Jyung – Otolaryngology
- Dr. Mark Galan – Pathology
- Dr. Iona Monteiro – Pediatrics
- Dr. Onajovwe Fofah – Pediatrics
- Dr. Christine Rohowsky-Kochan – Pharmacology, Physiology & Neurosciences
- Dr. Humaira Ashraf – Physical Medicine & Rehabilitation
- Dr. Rashi Aggarwal – Psychiatry
- Dr. Joshua Dym – Radiology
- Dr. Abhishek Kumar – Radiology
- Dr. Omar Mahmood Radiation Oncology
- *Dr. Peter Carmel – Neurological Surgery
- Dr. Ashley Ignatiuk – Surgery
- *Dr. Constantinos Lovoulos - Surgery

*Former Members
New Jersey Medical School
Faculty Vitality Taskforce members
NJMS FACULTY VITALITY TASKFORCE

• Integral to NJMS’ commitment to faculty well-being

• Co-chairs: Dr. Maria Soto-Greene and Dr. Chantal Brazeau

• Members: Faculty Wellness Champions; designated representatives and change agents for each department.

• Meets monthly since the spring of 2018

• Each Champion is charged with and prepared for presenting survey results and conducting a departmental meeting on wellness
NJMS Faculty Well-Being Survey

• Anonymous, IRB reviewed, for basic sciences and clinical faculty

• Champions deliberately included to promote meaningful questions

• To uphold anonymity:
  – Department specific data analyzed without demographics
  – School-wide data analyzed using demographics in aggregate

  – Answers to open-ended questions were de-identified and analyzed using qualitative analysis methodology
Survey Tools

• **Quantitative:**

• **Qualitative open-ended questions (developed with Champions):**
  – What is the most challenging aspect of your work?
  – What does it mean for you to be well?
  – What do you find most meaningful at work?
  – What wellness programs or initiatives at NJMS/affiliated hospital have you heard of/or used?
  – What do you see as barriers to work-related wellness in your department?
  – What do you perceive as potential solutions to facilitate work-related wellness in your department?
NJMS Faculty Well-Being Survey Results

• Survey was sent to 549 faculty across 20 departments between November 2018 and February 2019 with 4 reminders

• Response rate: 41% (N=223)
## Faculty Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Sample (N=223)</th>
<th>NJMS (N=549)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50.0%</td>
<td>60.3%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>63.9%</td>
<td>57.2%</td>
</tr>
<tr>
<td>African American</td>
<td>5.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.3%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Asian/Other</td>
<td>22.2%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Full time 1</td>
<td>91.8%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Clinicians</td>
<td>73.9%</td>
<td>73.3%</td>
</tr>
<tr>
<td>Junior faculty (Instructor/Assistant professor)</td>
<td>49.0%</td>
<td>49.4%</td>
</tr>
</tbody>
</table>

1. Full time status for the sample was defined as working >=40 hours.
• 31% met criteria for burnout using the Maslach Burnout Inventory (2 item) (clinicians, 33%; non-clinicians, 24%)

• About half (51%) had seriously considered leaving the institution in the past year

• Average scores for the Professional Fulfillment Scale: 2.6/4

• Average scores for Empowerment at Work: 4.4/7
<table>
<thead>
<tr>
<th>Physician Work-Life (Mini Z survey)</th>
<th>NJMS (N = 223)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree to which patient care team works efficiently together (Satisfactory 29.6% / Good 40.8% / Optimal 5.9%)</td>
<td>76.3%</td>
</tr>
<tr>
<td>Overall satisfied with job (Agree / Strongly Agree)</td>
<td>69.6%</td>
</tr>
<tr>
<td>Professional values well aligned with department leaders (Agree / Strongly Agree)</td>
<td>65.2%</td>
</tr>
<tr>
<td>Work atmosphere description (Very busy / Hectic-chaotic)</td>
<td>53.3%</td>
</tr>
<tr>
<td>Great deal of stress because of my job (Agree / Strongly Agree)</td>
<td>53.2%</td>
</tr>
<tr>
<td>Control over workload (Poor / Marginal)</td>
<td>43.1%</td>
</tr>
<tr>
<td>Own definition of burnout (Definitely / Won’t go away / Completely)</td>
<td>36.0%</td>
</tr>
<tr>
<td>Proficiency with EMR (Satisfactory / Good / Optimal)</td>
<td>80.9%</td>
</tr>
<tr>
<td>Time for documentation (Poor / Marginal)</td>
<td>50.4%</td>
</tr>
<tr>
<td>Amount of time spent on EMR at home (Excessive / Moderately High)</td>
<td>38.5%</td>
</tr>
</tbody>
</table>
Most Meaningful

- Appreciation
- Serving underserved patients
- Education
- Making a difference
- Collaboration
- Colleagues
- Team members
- Patient care
- Mentoring
- Research
- Interacting with learners
- Feedback about work
- People in general
- Relationship with patients
- Complexity
Most Challenging

- Dealing with change/future
- Hospital
- Balancing work/family
- Schedule
- Leadership
- Administrative burden
- Staffing issue
- Patient population
- Clinical issues
- Appreciation/respect
- Mentoring/faculty development
What it Means to be Well

Relationships with colleagues
Autonomy/schedule flexibility
Happiness/calm/confidence
Nutrition/eating Compensation

General health
Balancing work/family
Work enjoyment
Lack of stress/anxiety/sadness
Energy/sleep Appreciation
Making a difference / aspirational
Better environment
Awareness of Wellness Initiatives

- Mentoring/coaching
- Student initiatives
- Social events
- Residency-based initiatives
  - Faculty vitality taskforce
  - Affinity / interests meetings
- Unaware
- Did not reply
  - Did not/not enough time to participate
  - Lectures and faculty development
  - Medical/health related resources
  - Faculty initiatives
Developing a Wellness Plan for your Department
Family Medicine

Dr. XXXX
Faculty Wellness Champion, Department of Family Medicine
Member, NJMS Faculty Vitality Taskforce

Dr. Chantal Brazeau and Dr. Maria Soto-Greene
Co-Chairs, NJMS Faculty Vitality Taskforce
At NJMS, we commit to:

• Monitoring the well-being and engagement of our faculty
• Paying regular attention to faculty well-being in leadership meetings
• Expanding our mentoring, peer support and faculty development programs to build resilience and career satisfaction
• Working collaboratively with the larger University, and our clinical and research partners to support faculty well-being and improve the efficiency of clinical practices and research
• Paying close attention to specific needs of underrepresented faculty groups
• Fostering a culture of faculty well-being at our institution
Our Department Results (N<10)

• **MBI**
  - Department: 67%
  - NJMS: 31%
  - National benchmark (for specialty): 51%  

• **Single item burnout (Mini-Z, Physician Work-Life)**
  - Department: 50%
  - NJMS: 36%
  - National benchmark: 30%  

• **Mean score for the Fulfillment index (total score = 4)**
  - Department: 2.3
  - NJMS: 2.6

• **Empowerment index (total score = 7)**
  - Department: 5.0
  - NJMS: 4.4
<table>
<thead>
<tr>
<th>Physician Work-Life (Mini Z survey)</th>
<th>NJMS (N = 223)</th>
<th>Department (N&lt;10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree to which patient care team works efficiently together (Satisfactory [S:29.6%-D:16.7%] / Good [S:40.8%-D:33.3%] / Optimal [S:5.9%-D:16.7%])</td>
<td>76.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Overall satisfied with job (Agree / Strongly Agree)</td>
<td>69.6%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Professional values well aligned with department leaders (Agree / Strongly Agree)</td>
<td>65.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Work atmosphere description (Very busy / Hectic-chaotic)</td>
<td>53.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Great deal of stress because of my job (Agree / Strongly Agree)</td>
<td>53.2%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Control over workload (Poor/ Marginal)</td>
<td>43.1%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Own definition of burnout (Definitely / Won’t go away/Completely)</td>
<td>36.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Proficiency with EMR (Satisfactory / Good / Optimal)</td>
<td>80.9%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Time for documentation (Poor / Marginal)</td>
<td>50.4%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Amount of time spent on EMR at home (Excessive / Moderately High)</td>
<td>38.9%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>
## Department Barriers

<table>
<thead>
<tr>
<th>Name of Department</th>
<th>Frequency of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling and high work demands</td>
<td>10</td>
</tr>
<tr>
<td>Insufficient support/resources</td>
<td>8</td>
</tr>
<tr>
<td>Staffing issues</td>
<td>5</td>
</tr>
<tr>
<td>Not department specific</td>
<td>4</td>
</tr>
<tr>
<td>Faculty needs/morale/wellness</td>
<td>3</td>
</tr>
<tr>
<td>Administrative demands</td>
<td>2</td>
</tr>
<tr>
<td>Physical environment</td>
<td>1</td>
</tr>
<tr>
<td>Collegial relationships</td>
<td>1</td>
</tr>
<tr>
<td>Research support</td>
<td>1</td>
</tr>
</tbody>
</table>
## Department Solutions

<table>
<thead>
<tr>
<th>Name of Department</th>
<th>Frequency of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transparency/communication</td>
<td>3</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
</tr>
<tr>
<td>Increase number of staff</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Faculty development/orientation</td>
<td>1</td>
</tr>
<tr>
<td>Improve EPIC functionality</td>
<td>1</td>
</tr>
</tbody>
</table>
Guide for a Departmental Meeting on Wellness

- Think of the 3 domains of professional fulfillment: - see diagram

- Appreciate what you already do to support wellness

- Review the department survey results
- Brainstorm wellness initiatives

- Organize the initiatives in an action priority matrix - see diagram
- Select what initiative you will do in your department - aim for:
  - high impact/low investment - “Quick wins” to start
  - one initiative to enhance culture of wellness, and one initiative to enhance efficiency of your practice
  - Go to https://edhub.ama-assn.org/steps-forward for ideas

- Make a list of initiatives for the school to address
Three Domains: What do we Already do?

Department values
• Leadership
• Values/meaning alignment
• Voice/input
• Community/collegiality
• Peer support
• Team support
• Culture of compassion

Infrastructure
• Workplace systems/processes
• EHR “usability”
• Clinical work flows
• Team-based care
• Research staff and clinical staff

Individual skills
• Self-care; stress reduction
• Mindfulness
• Self-awareness
• Self-compassion
• Meaning in work
• Work-life integration

© Copyright Board of Trustees of the Leland Stanford Jr. University. All Rights Reserved
Action Priority Matrix Focusing on Two of the Three Domains

Used by N. Sahu, MD, Faculty Wellness Champion

Impact

Quick Wins  Major Projects

Fill-in Tasks  Thankless

Investment/Effort

https://www.mindtools.com/pages/article/newHTE_95.htm
What we do Well

- Moonlighting to address faculty shortage
- Good collegiality
- Good communication between chairs and faculty
- Statistical support
Culture of Wellness

- Putting up photos of faculty in common area
- New faculty get together with improved orientation
- Lunches 2-3 times per year
- Carve out 15 minutes from business meeting- time to talk
- Pairing faculty by area of interest
- Enhanced support of CME
- Retreat
- Outing with residents
- Administrative time for compliance requirements
Efficiency of Practice

- Huddles with staff and clinicians
- 20 min “cognitive” break during clinical shift
- Adding a few adjustable height work stations
- Make patient registration processes run in parallel, e.g., vitals and screening questions are done at the same time
Suggestions for the School

• Working with hospital to improve staff support

• Intervene to reduce bureaucratic delays

• Access to gym

• Help with support staff for residency program
Take Home

• Faculty Wellness Champions are empowered

• Survey is for generating discussion about well-being (not for discussing p values)

• Importance of “what we do well” for chairs and faculty

• Department solutions emphasized community building and collegiality

• Messaging of shared responsibility of school and departments
QUESTIONS?

Contact Information:
Chantal Brazeau, MD
chantal.brazeau@rutgers.edu
Promoting Emerging Champions: The CMA Wellness Ambassador Initiative

Christopher Simon, PhD
Taylor McFadden, PhD(c)
Caroline Gérin-Lajoie, MD

@chris_r_simon
@taydawnmcfadden
@Dr_Gerin_Lajoie
Disclosures

• Christopher Simon, Taylor McFadden, and Caroline Gerin-Lajoie are employees of the Canadian Medical Association.

• The CMA Ambassador Program has received financial support from Scotiabank as part of the CMA-MD-BNS Affinity Agreement.
Objective

Highlight the CMA Wellness Ambassador Initiative – Discussing the rationale, development, piloting, and ongoing efforts to grow and refine this work.
• The CMA unites the medical profession in Canada to improve the health of Canadians and strengthen the health care system.
• We focus on advocacy, seeking to inform and shape public policy with the perspective of Canada’s physicians – where insights from our members help us advance initiatives and policies to address some of the most pressing health issues in Canada.
Panic, chronic anxiety and burnout: doctors at breaking point

Suicide Among Physicians Is A Public Health Crisis

Physician burnout a major concern

Burned-Out Doctors Make Twice as Many Errors.

Suicide should not be an occupational hazard for doctors
Leadership

Top Down

Health & Wellness

Bottom Up
• Launched in 2014; Parent program of Wellness Ambassador Initiative.

• Advocacy incubator, allowing medical students, residents, and physicians in first five years of practice (‘first 15’) to be introduced to/learn about health policy/medical politics.

• Provided with opportunities to:
  ✓ Attend/participate in key conferences events
  ✓ Participate in discussions alongside medical leaders and stakeholders
  ✓ Provide direct feedback to CMA (e.g., consultations/surveys/working groups)
  ✓ Challenge peers to get involved through events, social media, and networking
• Selected via application process + evaluated by selection committee.

• Pool/network builds over time → +500 as of 2019.

• Has become highly-recognized CMA member engagement activity.
CMA Ambassador Program

Rationale: CMA Wellness Ambassador Initiative

✓ “… emerging champions from learner and early-career segments be identified and supported”
  (CMA Policy on Physician Health, 2018)

✓ CMA member feedback + NPHS survey data.

✓ Rising demand/interest.

✓ Increasing priority for learner associations/groups.

✓ Individual requests.
Objectives: CMA Wellness Ambassador Initiative

**Overarching:** Build and maintain a community of emerging and informed leaders in learner health and wellness who, together, will advocate for a healthy, vibrant and supportive profession.

**Enabling:** Provide opportunities for emerging leaders to:

1. **Connect:** Network with and learn from peers, local influencers, and established leaders in the physician health community.

2. **Learn:** Advocacy and leadership skills, as well as other tools/resources.

3. **Maintain:** Encourage ongoing collaboration and sharing of ideas/resources/practices.

4. **Inform:** Keep up-to-date on emerging and evolving health and wellness needs and issues among ‘the first 15’.
Year 1 Pilot (2018)

- Focus on medical students
- Launched at ICPH 2018 (Toronto)
- Attended conference
- Facilitated pre-conference (full-day)
  - Programming: 101; networking and group discussions; advocacy training
Process and Selection

• Invitations to apply sent via CMA channels.
• Evaluated by committee (health/wellness experts + ambassadors).
• Assessed on responses to two essay questions:
  1. *Tell us about your interest in improving physician and/or learner health and wellness*
     • How have you been involved in promoting health and wellness to date?
  2. *If selected, tell us how you hope to contribute to the health and wellness of your colleagues*
     • How are you hoping to contribute to growing a community of wellness leaders?
• National representation: Top candidate from each school selected ($n = 17$) + next top-rated candidates $\rightarrow (n = 25)$ total.
What’s standing in our way?
- What stands in the way of achieving the desired future state? What problems do we need to address?

Individual level
School/system level

SYSTEM

- Money & Emotional Resilience
  - Time & Priorities
  - Culture & Stigma
  - Knowledge & Barry
  - Lack of M/K
  - Unfavorable Environment

- Skills
- Challenges & Realizations
- Support & Resources
- Building Community

INDIVIDUAL
Year 1: Lessons Learned

<table>
<thead>
<tr>
<th>Positives</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Interest + quality of applications</td>
<td>✅ Demand + high quality applications</td>
</tr>
<tr>
<td>✅ Feedback → Initiative well-received:</td>
<td>✅ Securing time-off</td>
</tr>
<tr>
<td>“THE PEOPLE were absolutely amazing. The other students were inspiring …”</td>
<td>✅ Representation across schools</td>
</tr>
<tr>
<td>“I loved hearing what initiatives had been implemented at other schools, and how they could be modified/implemented at my institution.”</td>
<td>✅ Cost</td>
</tr>
</tbody>
</table>
Year 2 (2019)

• Extended to ‘First 15’:
  • Students \((n = 25)\), residents \((n = 10)\), early career \((n = 10)\)

• CCPH 2019 (October) + Facilitated pre-conference (full-day)
  • Programming: *Culture theme; networking; group discussions; peer-support/culture keynote; engagement exercise as stakeholder group in CMA National Analysis*

• Post meeting:
  • Online Engagement Platform
Future Directions

• Attending future CMA + other events/conferences (e.g., CCPH, ICPH, ACPH, CCPL)

• Leveraging Online Engagement Platform.

• Training and education opportunities (e.g., webinars; toolkits; advocacy/leadership development)

• Engagement as a stakeholder group (e.g., CMA activities/initiatives/outputs)

What do you see?
Conclusions

Supports Canadian physicians by aiming to strengthen health and wellness through identifying, encouraging, and supporting emerging physician health leaders and champions:

- Helps develop and promote ‘agents of change’
- Connects individuals to learn from each other and share knowledge
- Brings new ideas and energy to the physician health community
Supporting Emerging Champions
Questions / Discussion
The American Academy of Neurology Live Well, Lead Well Program: A Specialty Organization Approach to Workplace Wellness

Jennifer Rose V. Molano, MD
Associate Professor
The University of Cincinnati College of Medicine
Department of Neurology and Rehabilitation Medicine
The AAN Live Well, Lead Well Program: A Specialty Organization Approach to Workplace Wellness

• Heidi Schwarz, MD
• Sarah Mulukutla, MD
• Neil Busis, MD
• Laura Foster, MD
• Cormac O’Donovan, MD
• Sarah Bird Nelson, JD
• Carol Rheaume, MSPH
• Lisa Gulya, MA
• Terrence Cascino, MD
Disclosures

• No Disclosures
Learning Objectives

• To summarize one specialty organization’s approach to workplace wellness.

• To appreciate the importance of leadership development in promoting personal and workplace wellness.

• To demonstrate the importance of creating a network of support to promote physician wellness.
Relation to conference theme

• Specialty organizations can develop leaders to promote wellness at the workplace level.
Background

• Neurologists have a high rate of burnout and low rates of work-life balance.

• To mitigate burnout, the American Academy of Neurology (AAN) has advocated against regulatory hassles, worked with payors and health informatics, and included educational programming on personal and organizational wellness at the AAN Annual Meeting.

• To promote personal and workplace wellness, the AAN developed and funded the Live Well, Lead Well (LWLW) Leadership Program.
Methods/Approach: LWLW Objectives

- Understand burnout in neurology at the individual, workplace, and national levels
- Identify strategies to promote personal wellness
- Identify strategies to improve well-being in one’s local workplace
- Create a network of support to share ideas about promoting wellness in neurology.
Methods/Approach: LWLW Expectations and Format

• Each participant was:
  – expected to develop a wellness project for their respective workplaces.
  – teamed with 1-2 other participants and a neurologist coach for continued project guidance and accountability.

• The inaugural seven-month LWLW program included:
  – an immersion weekend with experiential sessions for personal wellness and workshops to assist with project design.
  – regular phone calls between participant-coach teams.
  – a mid-program check-in conference phone call.
  – a half-day meeting at the AAN Annual Meeting, where participants provided project updates.
Results: Participant Demographics (N=14)

Age (mean 44.2 years, SD 9.9)
- 30 - 39 years: 36%
- 40 - 49 years: 36%
- 50 - 59 years: 21%
- 60 - 69 years: 7%

Sex
- Female: 64%
- Male: 29%
- Missing: 7%
Results: Participant Demographics (N=14)

- **Member Type**
  - Neurologist: 79%
  - Junior: 21%

- **Practice Setting**
  - Academic: 61%
  - Multispecialty Group: 31%
  - Neurology Group: 8%
Results: Immersion Weekend Evaluation
Increased Understanding of Burnout

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>9</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-unit</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results: Immersion Weekend Evaluation
Increased Strategies and Networking

- **Personal strategies**: 10 strongly agree, 4 disagree.
- **Work-place strategies**: 8 strongly agree, 6 disagree.
- **Support network**: 14 strongly agree.

Legend:
- **Strongly agree**
- **Somewhat agree**
- **Neither agree nor disagree**
- **Somewhat disagree**
- **Strongly disagree**

American Conference on Physician Health (ACPH 2019)
Results: Individual Projects

- Two participants had protected time and none had specified funding for their projects.
- Project interventions included surveys, focus groups, educational seminars, community events, and mentorship interventions.
- Target audiences included residents and fellows, academic faculty, neurology colleagues, nursing staff, and non-clinical staff.
- Allies included departmental, hospital or organizational leadership, colleagues at the same level of training, and family and friends outside of the organization.
Results: Overall LWLW Program Leadership Skills

- Develop leadership skills
  - PRE: 1%
  - POST: 0%

- Set a personal leadership goal
  - PRE: 5%
  - POST: 0%

- Achieve a personal leadership goal
  - PRE: 0%
  - POST: 0%

- Develop strategies for leading
  - PRE: 5%
  - POST: 0%
Results: Overall LWLW Program Leadership Skills

Propose a leadership project or goal
Plan a leadership project or goal
Execute a leadership project or goal
Present results of a leadership project

Very confident
Confident
Somewhat confident
Not at all confident
Results: Influence of the LWLW Program

- Your leadership skills: 7 have a large influence, 7 have some influence.
- Your confidence in your leadership abilities: 7 have a large influence, 7 have some influence.
- Your professional life: 12 have a large influence, 2 have very little influence, 3 have some influence.
- Your personal life: 10 have a large influence, 3 have some influence.
Results:
Participants Description of the Program

- Participants most frequently described the program as supportive, motivating, inspiring and worthwhile.
Results:
Participants Description of the Program

• Made connections with coaches and fellow participants
  – “Harnessing the power of our community rather than fighting the lone wolf fight is key.”

• Learned about leadership
  – “Leadership is multi-faceted and includes effective means of communication, education, authority and compassion.”

• Increased self-awareness
  – “The experience helped me realize that I already AM a leader.”
Conclusions

• Sponsored by the AAN, the LWLW program created a community that supported personal and workplace wellness for all participants.
• Leadership development empowers individuals to cultivate personal and workplace wellness.
2018 LWLW Planning Group

- Jennifer Molano, MD - Chair
- Heidi Schwarz, MD
- Sarah Mulukutla, MD
- Neil Busis, MD
- Laura Foster, MD
- Cormac O’Donovan, MD

AAN Staff
- Sarah Bird Nelson, JD
- Karen Kasmirski
- Carol Rheaume, MSPH
- Lisa Gulya, MA
2018 LWLW Program Participants

- Deborah Bradshaw, MD
- Ann Marie Collier, MD
- Jeffrey Dewey, MD
- Lauren Frey, MD
- Leslie Gillum, MD
- Deepak Kumar Gupta, MD
- April Yuki, MD

- Ara Hall, MD
- Jamie Heath, MD
- Neil Holland, MD
- Frederick Marshall, MD
- Rebecca Miller-Kuhlmann, MD
- Aimee Sato, MD
- Belinda Savage-Edwards, MD
Thank You
Exploring perceptions of work-place technology, work-life conflict, and academic pediatrician well-being

Sarah Webber MD
Assistant Professor Pediatrics
Department of Pediatrics Director of Well-being
University of Wisconsin School of Medicine and Public Health
Disclosures

- No disclosures
Background

Work-related technology

Intersection of work and non-work life
Interference with meaningful patient interactions.

*Toll JAMA 2012*
Interference with meaningful patient interactions.

_Toll JAMA 2012_

Increased administrative burden, wasted time, and stress.

_Paul et al JAMA 2014_

During a one year period, researchers quantified the volume and described the content of mass distribution e-mails sent to a single physician.

2035 mass distribution emails were received
1501 (73.8%) from medical center
450 (22.1%) from department
84 (4.1%) from university

Estimated cost: $4923 per physician
Interference with meaningful patient interactions.

*Toll JAMA 2012*

Increased administrative burden, wasted time, and stress.

*Paul et al JAMA 2014*

Physician burnout, satisfaction, and well-being

_Medscape National Survey 2019_  
What Contributes Most to Your Burnout?

- Too many bureaucratic tasks (e.g., charting, paperwork) - 59%
- Spending too many hours at work - 34%
- Increasing computerization of practice (EHRs) - 32%
- Lack of respect from administrators/employers, colleagues or staff - 30%
- Insufficient compensation/reimbursement - 29%
- Lack of control/autonomy - 23%
- Government regulations - 20%
- Feeling like just a cog in a wheel - 20%
- Emphasis on profits over patients - 17%
- Lack of respect from patients - 16%

Why does technology impact physician well-being?

• A lot about the EHR:
  – Spend a lot of time (up to 50%) completing clinical documentation (Shanafelt 2016)
  – Source stress
  – Distraction/interferes with meaningful work and face to face interaction
  – Shift of workload to physicians

• Vehicle for regulatory, compliance and quality measurements
What about other types of workplace technology?

- Paucity of data in academic medicine, despite pervasive use in non-patient care work
- Data from other industries
  - Impact of technology on attention and focus
  - Right to Disconnect
Intersection of work and non-work life

Work-life conflict

Work-home interference

Work-life balance

Work-life integration

Work-life fit
Work, life and well-being

Declining satisfaction
48.5% all physicians do not have enough time for family/personal life

1. Dyrbe et al 2013
2. Strong et al 2013
4. Schwartz et al 2019
5. Shanafelt et al 2015
Work, life and well-being

Work-life conflict

AMERICAN CONFERENCE ON PHYSICIAN HEALTH

ACPH 2019
Also questions

• Variability in burnout prevalence rates suggests strong environmental influence (), thus better understanding nuances and contexts of known drivers is important
• Dissatisfaction with work-life integration clusters in work-units ()
Study Goals

1. Better understand the *lived experience* of academic pediatricians regarding work-life conflict, work-related technology and physician well-being.
2. Develop a contextual understanding of these factors.
3. Identify areas for targeted intervention in our department.
4. Support the creation of tailored, actionable items for further study and investigation.
Methods

Recruitment: Academic pediatricians from medium sized department.

Trained facilitators led semi-structured focus groups.

Discussions were audio-recorded, transcribed and de-identified.

“What are current barriers to physician wellness?”

“What are the work related factors that most impact your wellness?”
Methods

Three researchers independently reviewed transcripts, created initial code list

Researchers met to compare codes and refine the code book using the constant comparative method

Final code book used to code all transcripts

Researchers independently reviewed transcripts, applying code list and revising as needed

Work-related technology excerpts extracted and analyzed for themes

Work-life interaction excerpts extracted and analyzed for themes
Results

52%  44%

n=54

Practice specialty

- General pediatrics: 27%
- Specialty: 42%
- Inpatient: 31%

Years in Practice

- Late career: 41%
- Early career: 26%
- Mid career: 33%
- Late career: 41%
Results – Question 1

What are perceptions of work-related technology and its’ impact on physician well-being?
Electronic Health Record (EHR)

“There are certain things around the electronic medical record that obviously frustrate us all and all the clicks we have to do.”

Email

“I reflect on how much time we spend with email. It’s a huge time sink, but there is not a deep value we get out of that.”

Texting

“It’s the continual erosion of your privacy that occurs because of the constant availability.”

TYPES OF TECHNOLOGY DISCUSSED
Results – Work-related technology

DRIVERS

- Technology related workload
- Individual skills and behaviors
- Technology design and efficiency
- Perceived expectations of constant availability

“There’s always little clicks that are being added on... Just takes time.”

“My notes are never on time, but it’s really important to me that I capture all of the information and then rewrite the story.”

“These buttons don’t work. Why do I go through this?”

“You get an e-mail at 8:00 at night. You feel like you have to answer”
Results – Work-related technology

**DRIVERS**

- Technology related workload
- Individual skills and behaviors
- Technology design and efficiency
- Perceived expectations of constant availability

**CONSEQUENCES**

- Interference with meaningful work
- Maintenance of physical health
- Maintenance of mental health
- Personal relationships
- Home caregiving

- Constant connection to work
- Stress
“The majority of our time should be spent with patients and not with EMR, and it’s flipped”

“Knowing I have no weekend ‘cause I have to catch up on charts from the day or the week.”

”Email stresses me out, its like this never-ending list of things.”

“You wanna do good charts for people... but you wanna also spend time with patients... that really cuts into your chance to be with your family after work.”
Results – Question 2

What are perceptions of the intersection of work and non-work life related to physician well-being?
Personal life supports well-being

“You are well if you feel like you’re doing a really good job for patients, and you feel like you’re doing a good job for your family.”

“My ability to take care of myself and my time with my family... is really mentally helpful and important.”
Work-life Conflict Key Themes

- Erosion of boundaries
- Spillage
- Role as caregiver
Spillage

Encroachment of work into non-work life, as a result of:
workload
systems and norms (meetings)

Few pediatricians complained of spillage due to direct patient care, *conversations overall described the spillage of work not related to direct patient care*
“I haven’t even tried not doing email on weekends because then, it’s so built up on Monday, that is not worth it.”

“The amount of time available in the day to get all the stuff done just isn’t realistic... ends up gradually just expanding and taking more and more of time that normal people would consider our time.”
Erosion of Boundaries

Lack of clear distinction between work time and non-work time, often related to:
  - unclear expectations
  - technology
  - requests for early morning and evening meetings
  - culture
“I feel like I’m never free from my responsibilities. My work never ends because I could either be charting at home or emails or some research project.”

“I know that I have the power to do work when I’m at home. I can log in and chart, or I can send emails... I sometimes feel guilty when I don’t do those things.”

“Hard to say no. I mean, I think that’s a significant cultural shift that I think needs to happen.”
Role as caregiver
Faculty members’ role as caregivers in personal life
children
sick & aging parents
“Feeling like you’re in the hamster wheel. Where you start the day early. You work all day. You come see your kids for a half hour, you put them to bed. You go to bed, maybe, hopefully you get some sleep. Then, you wake up and just do the whole thing over again.”

“I think it’s hard, too, feeling like—the personal pressure I put on myself, that if my child gets sick, it’s all on my husband to take off work and take care of him because I’ve got patients lined up and he’s a computer software developer, and the computers will still be there, unscathed, tomorrow. I think that’s stressful on our marriage. He gets it, but it’s hard to always have to be the one to do that.”
Model of Technology and Work-life Conflict

Technology related workload
Individual skills and behaviors
Technology design and efficiency
Perceived expectations of constant availability
Role as caregiver

Spillage
Erosion of boundaries

Interference with maintenance of physical health
maintenance of mental health
personal relationships
home caregiving

Constant connection to work
New insights

<table>
<thead>
<tr>
<th>Email and texting</th>
<th>Work email may contribute to:</th>
<th>Work-life conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>In addition to the EHR, email and texting without boundaries and expectations are perceived negatively and are potential barriers to well-being</td>
<td>Low value workload  &lt;br&gt; Work spillage  &lt;br&gt; Stress  &lt;br&gt; Erosion of boundaries</td>
<td>Is closely tied to workplace norms  &lt;br&gt; May require shift in culture, support for setting and upholding boundaries.</td>
</tr>
</tbody>
</table>

Non-patient care work spillage is frustrating, and presents an opportunity to improve work-life conflict
Limitations

- Single institution
- Conversations were generally negative, potential explanations include
  - Easier to remember negative events than positive
  - We started with a negative question
- We did not explicitly ask about technology or work-life conflict
Future directions
Right to disconnect
Research Report

Checking email less frequently reduces stress

Kostadin Kushlev *, Elizabeth W. Dunn

University of British Columbia, Vancouver, Canada

ARTICLE INFO

Article history:
Available online 22 November 2014

Keywords:
Email
Subjective well-being
Stress
HKI
Well-being at work

ABSTRACT

Using email is one of the most common online activities in the world today. Yet, very little experimental research has examined the effect of email on well-being. Utilizing a within-subjects design, we investigated how the frequency of checking email affects well-being over a period of two weeks. During one week, 124 adults were randomly assigned to limit checking their email to three times a day; during the other week, participants could check their email an unlimited number of times per day. We found that during the limited email use week, participants experienced significantly lower daily stress than during the unlimited email use week. Lower stress, in turn, predicted higher well-being on a diverse range of well-being outcomes. These findings highlight the benefits of checking email less frequently for reducing psychological stress.

© 2014 Elsevier Ltd. All rights reserved.
Setting and supporting contextual boundaries
Future study

- Quantify the time academic physicians spend on email and correlation to behavior, well-being, burnout and productivity
- Examine whether email “hacks”/behavioral interventions lessen email’s potential negative impacts on physician well-being, productivity.
- Examine the impact of system/organizational setting of expectations and guidance on use of electronic communication
Conclusions

Academic pediatricians feel burdened by technology because…

- It is the vehicle for low-value tasks unrelated to meaningful work
- It can promote erosion of personal-professional boundaries

Contextual personal-professional boundaries may improve work-life conflict
Gratitude

- Chair and Faculty at the Department of Pediatrics at the University of Wisconsin-Madison who supported and contributed to this project
- Special thanks to Ryan Coller MD, Megan Neuman MD, Amy Stockhausen MD, and Sabrina Butteris MD

**Contact:** [Sawebber@wisc.edu](mailto:Sawebber@wisc.edu)  
[@SarahWebberMD](https://twitter.com/SarahWebberMD)