

# 2022 STFM CONFERENCE ON PRACTICE & QUALITY IMPROVEMENT



# Calling all Leaders of Change and Champions of Wellbeing; 10 Essentials for Advancing Organizational Wellbeing

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Chair AAFP Physician Health First and Co-Chair AAFP Leading Physician Well-being Program

Chief Wellness Officer, Case Network - Core Wellness, Chair AAMC CFAS Faculty Resilience Committee

*Author, A Doctor's Dozen; 12 Strategies for Personal Health and A Culture of Wellness*

STFM Conference on Practice & Quality Improvement

September 12, 2022

# Disclosures

No relevant financial relationships to disclose.



# Objectives:

1. Describe the urgency of addressing organizational wellbeing and leading change
2. Discuss the AAMC Report inclusive of 10 Recommendations for Wellness Champions and Initiatives
3. Apply learnings to advance their own organizational wellbeing

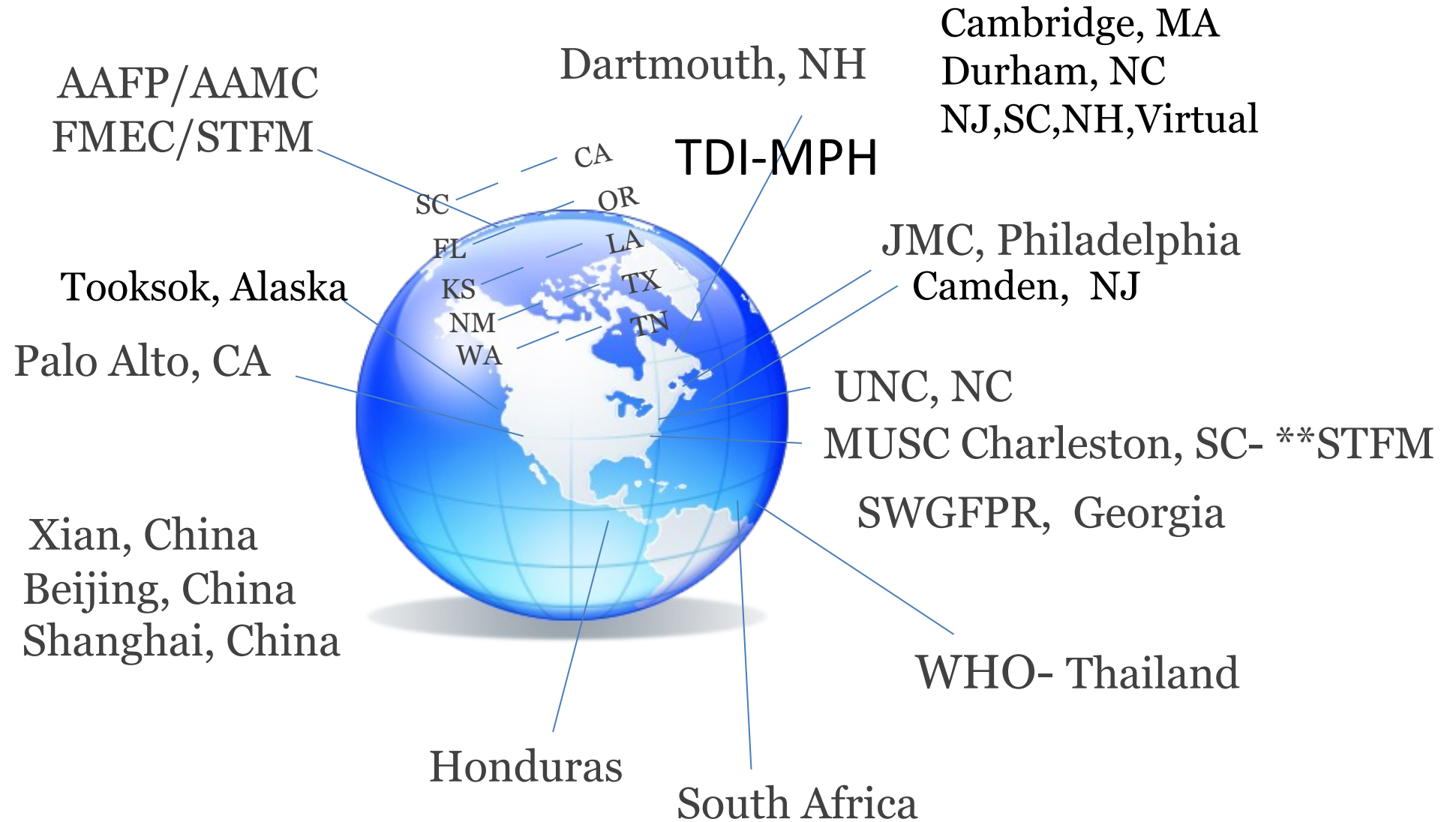


# Moment of Gratitude



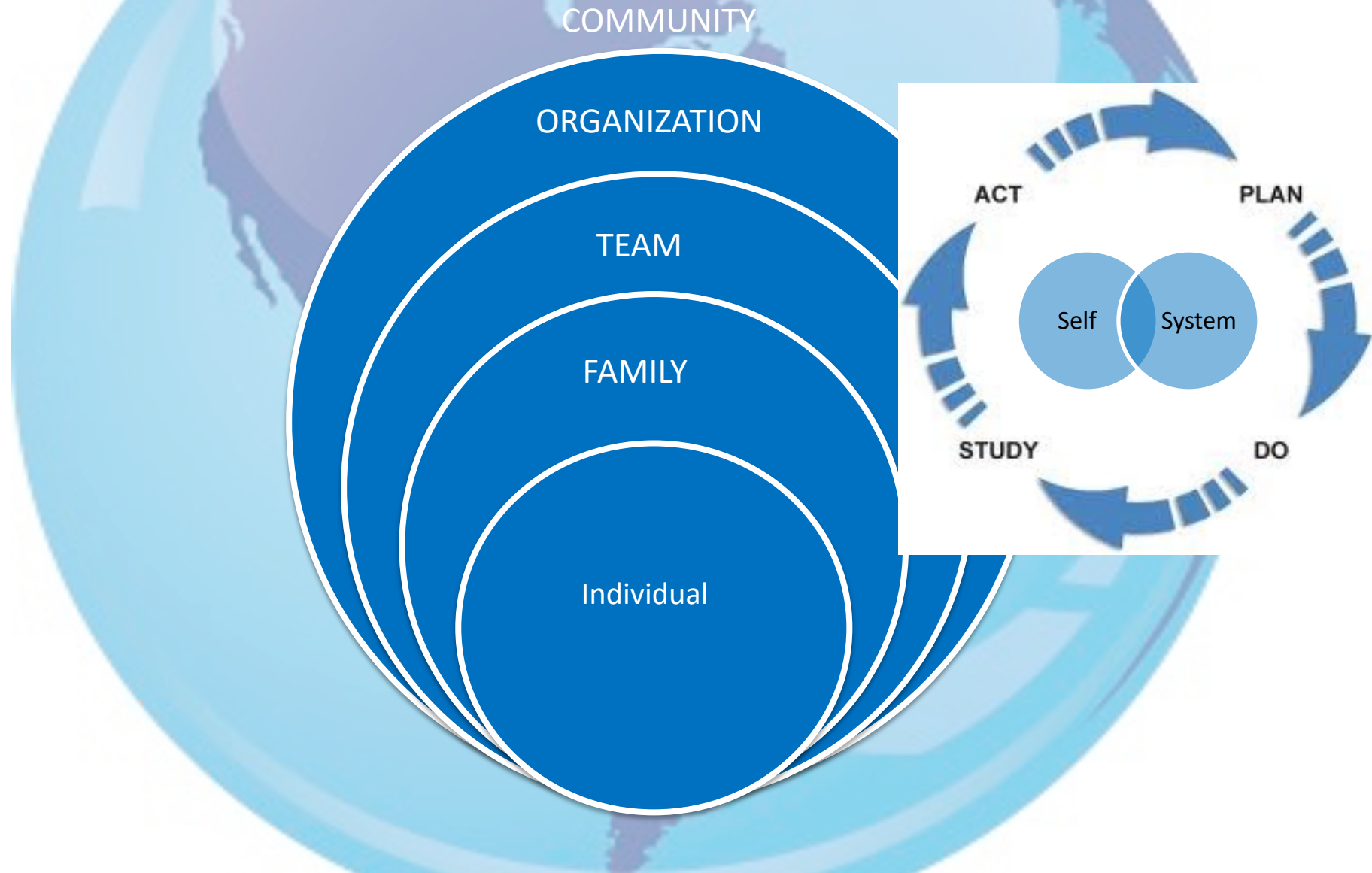


# Pipas Pathway to Curiosity, Collaboration and Continuous Improvement



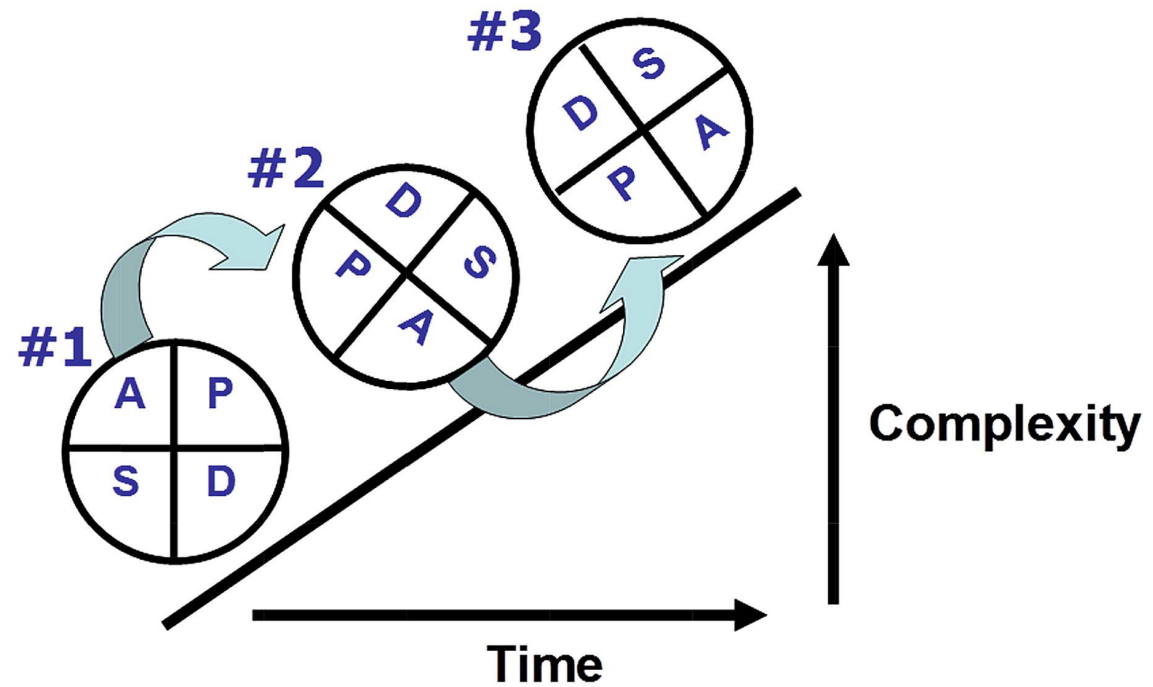
# VISION: “Healthy Individuals Contributing to Healthy Communities Who Prioritize Personal and System Well-being”

## Ecological & QI Framework for Wellbeing

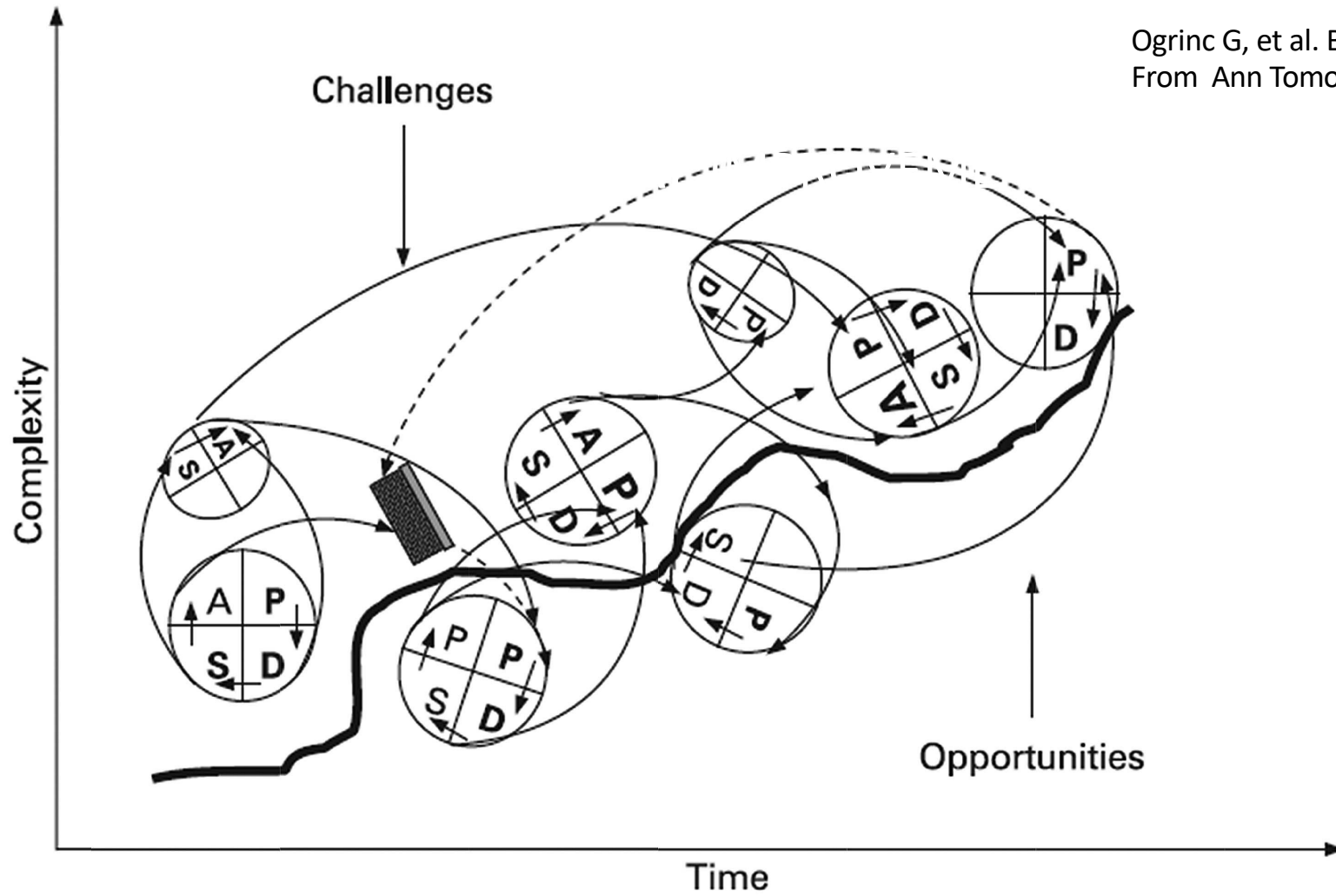





We can  
always  
IMPROVE



Ogrinc G, et al. BMJ Qual Saf 2013;0:1–3.  
doi:10.1136/bmjqs-2013-002703



P = Plan      D = Do       = Barrier      — = Direct flow of impact  
 S = Study      A = Act      - - - - = Lingering background impact      Arrowhead = Feedback or feedforward  
 Different sizes of letters and cycles and bold letters = denotes differences in importance/impact

A close-up, top-down view of a person in a white lab coat with a stethoscope around their neck. Their hands are cupped together, holding a small, detailed globe of the Earth. The globe shows continents and oceans in realistic colors. The text is overlaid on the center of the image, specifically over the globe and the person's hands.

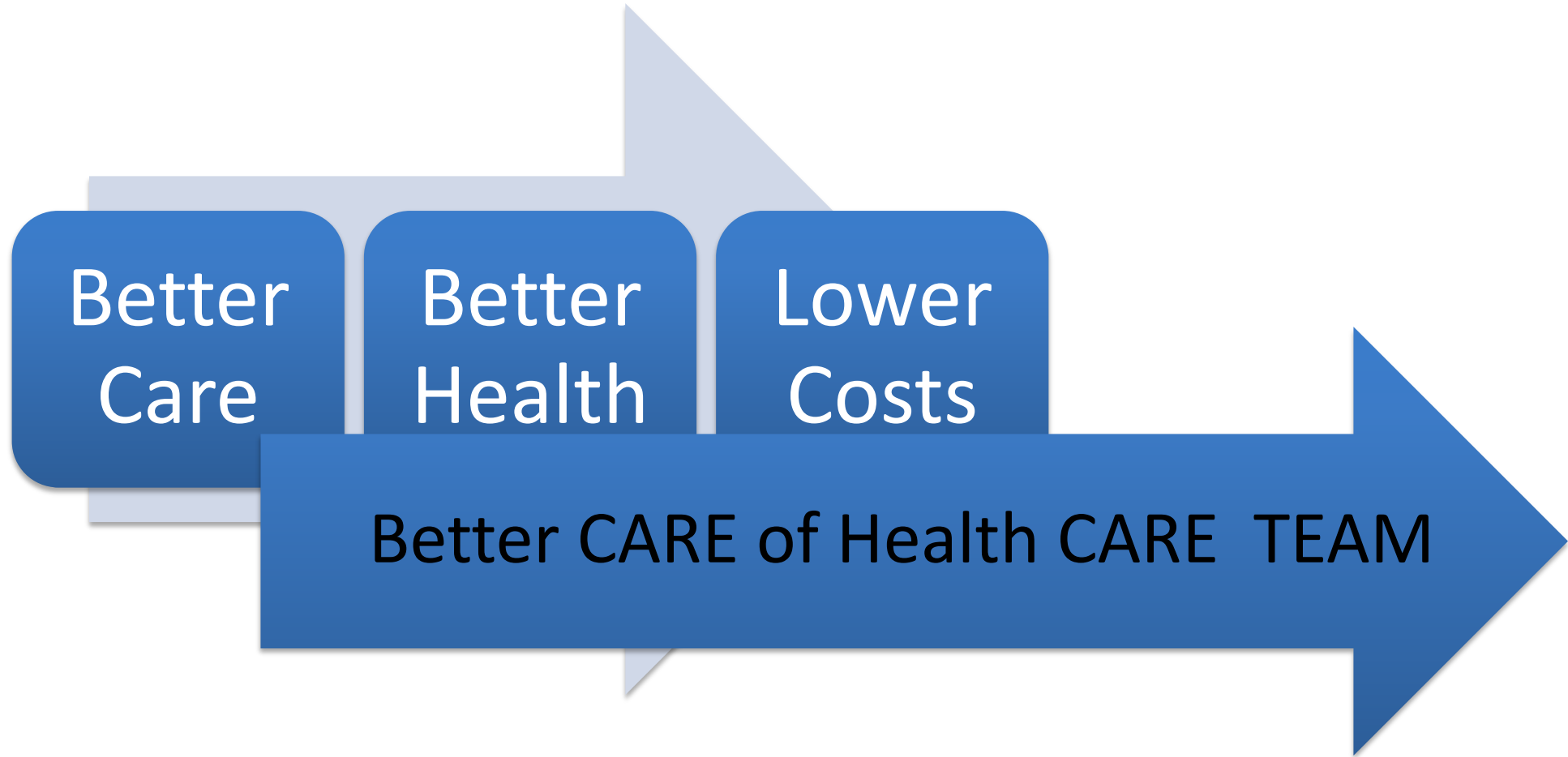
**My Wellbeing  
is Critical to  
My Effectiveness  
as a ...**



A close-up photograph of a person in a white lab coat, likely a doctor, holding a small globe of the Earth with both hands. The doctor's stethoscope is visible around their neck. The globe is positioned in the center of the frame, and the text is overlaid on it.

**A Supportive  
Environment  
Is Critical to My  
Well-being**

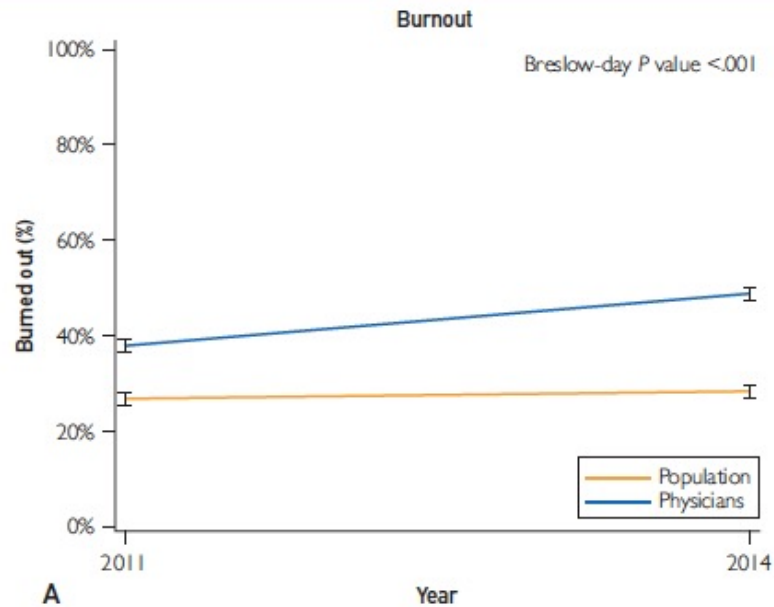
# From Triple to QUADRUPLE AIM:



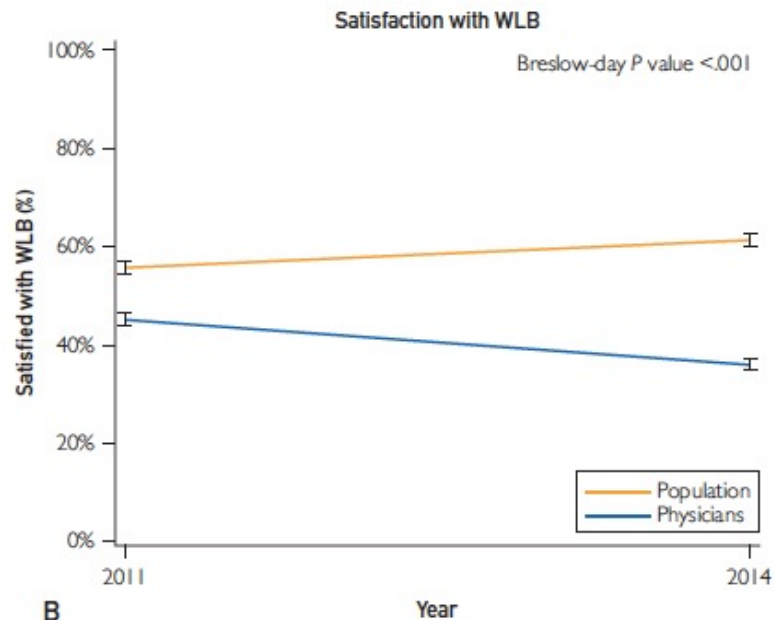
**From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider**

[Thomas Bodenheimer](#), MD<sup>1</sup> and [Christine Sinsky](#), MD<sup>2,3</sup>

*Ann Fam Med November/December 2014 vol. 12 no. 6 573-576*



A



B

**FIGURE 2.** Changes in burnout and satisfaction with WLB in physicians and population year are shown on the x axis. Burnout (A) and satisfaction with WLB (B) are shown on the y axis. WLB = work-life balance.

2018



2020



# THE EPIDEMIC OF BURNOUT

> 50%

Students  
Residents  
Nurses  
Clinicians  
Researchers

**Shanafelt et al.**

*Mayo Clin Proc.* 2015  
Dec; 90(12):1600-1613  
**Mayo Clin Proc.** 2019  
Sep;94(9):1681-1694.



# IMPACT OF BURNOUT

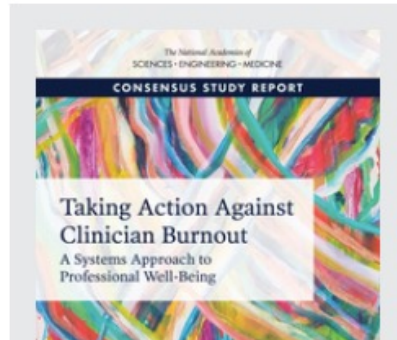
**Individual:** job dissatisfaction, anxiety, sleep disturbance, MSK pain , memory impairment, unprofessional behavior, substance abuse, depression and suicide

He  
pr  
**PUBLIC HEALTH CRISIS**  
increased costs (\$4.6 B/yr)

**Patients/Society:** (case of health professionals) suboptimal care, medical error, dissatisfaction, complaints, distrust, poor quality and outcomes

This PDF is available at <http://nap.edu/25521>

SHARE



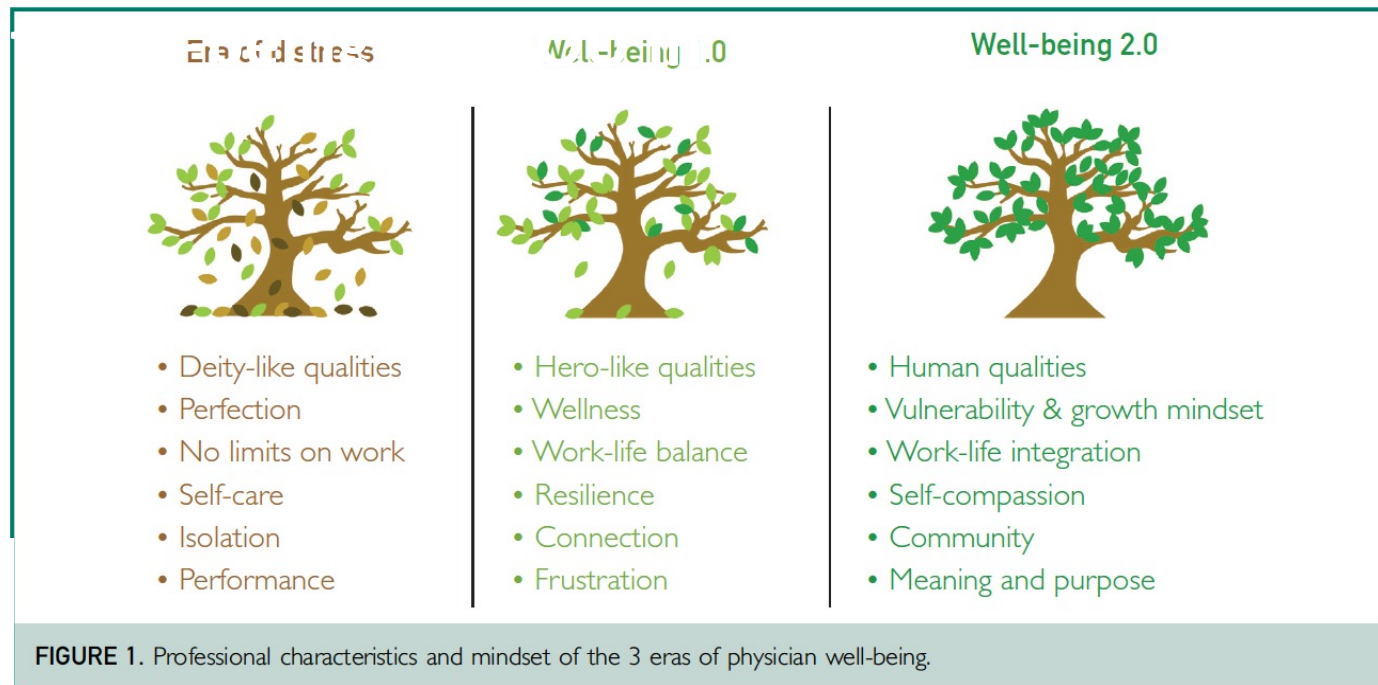
## Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (2019)

### DETAILS

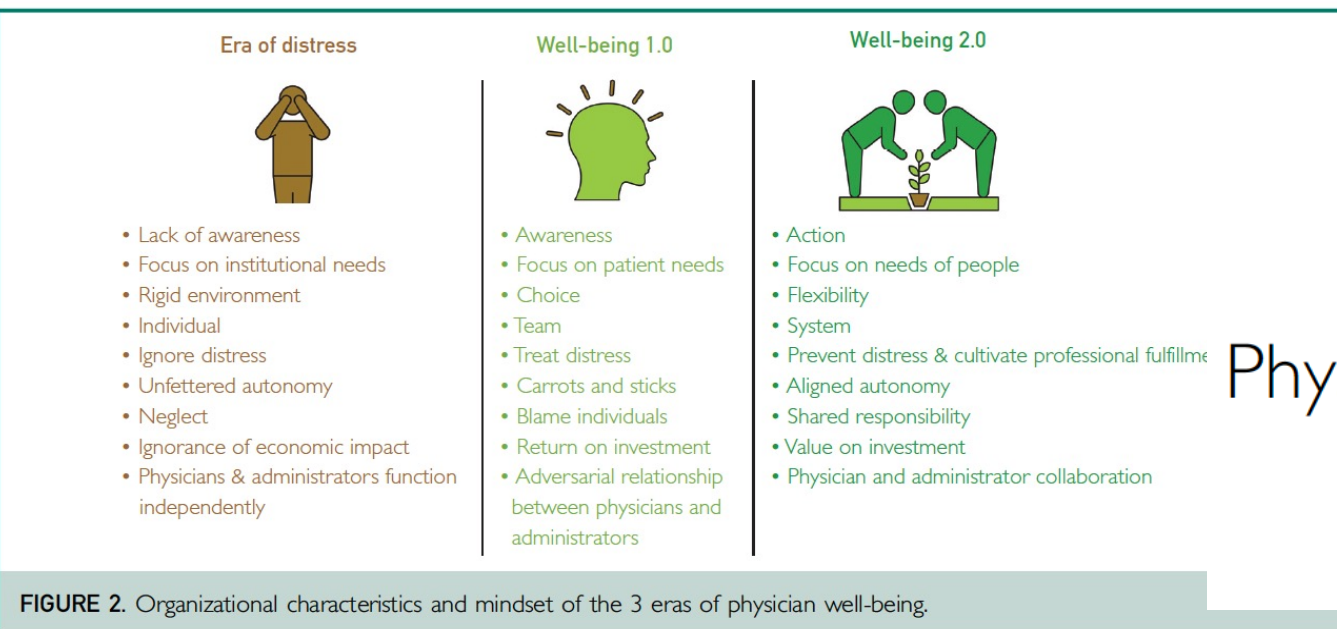
**2019 - Crisis for US Health Care System  
Need a Systems Approach to  
Organizational, Team & Individual Change**

# JUST THE BEGINNING

**Distress Awareness Action** < 2005  
'05- '21  
>'22+



Mayo Clin Proc. ■ October 2021;96(10):2682-2693 ■ <https://doi.org/10.1016/j.mayocp.2021.06.005>  
www.mayoclinicproceedings.org



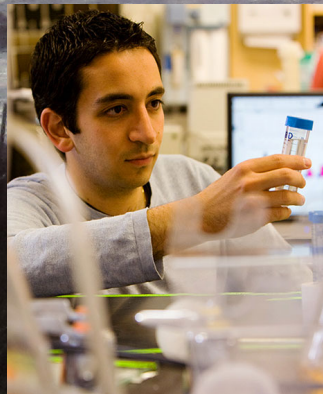
## Physician Well-being 2.0: Where Are We and Where Are We Going?

Tait D. Shanafelt, MD



# WHAT Will it Take for All to Flourish in Medicine ?

Curiosity  
Collaboration  
Continuous Improvement





# The Rise of Wellness Initiatives in Health Care:

Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs



[The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs](#)

Pipas CF, Courand J, Neuman SA, et al. The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs. Washington, DC: AAMC; 2021.

# Acknowledgements

## AAMC's Council of Faculty and Academic Societies (CFAS) Faculty Resilience Committee and *Authors*

- ***Catherine Florio Pipas, Jon Courand, Serina Neumann, Megan Furnari, Mona Abaza, Aviad Haramati, Maureen Leffler, Eric Weismann, Anne Berry, Valerie Dandar***
- Ross McKinney Jr., MD, AAMC Chief Scientific Officer, and Alison J. Whelan, MD, AAMC Chief Academic Officer

## Leadership from the following organizations that supported the implementation and development of the survey, as well as their members who took the survey

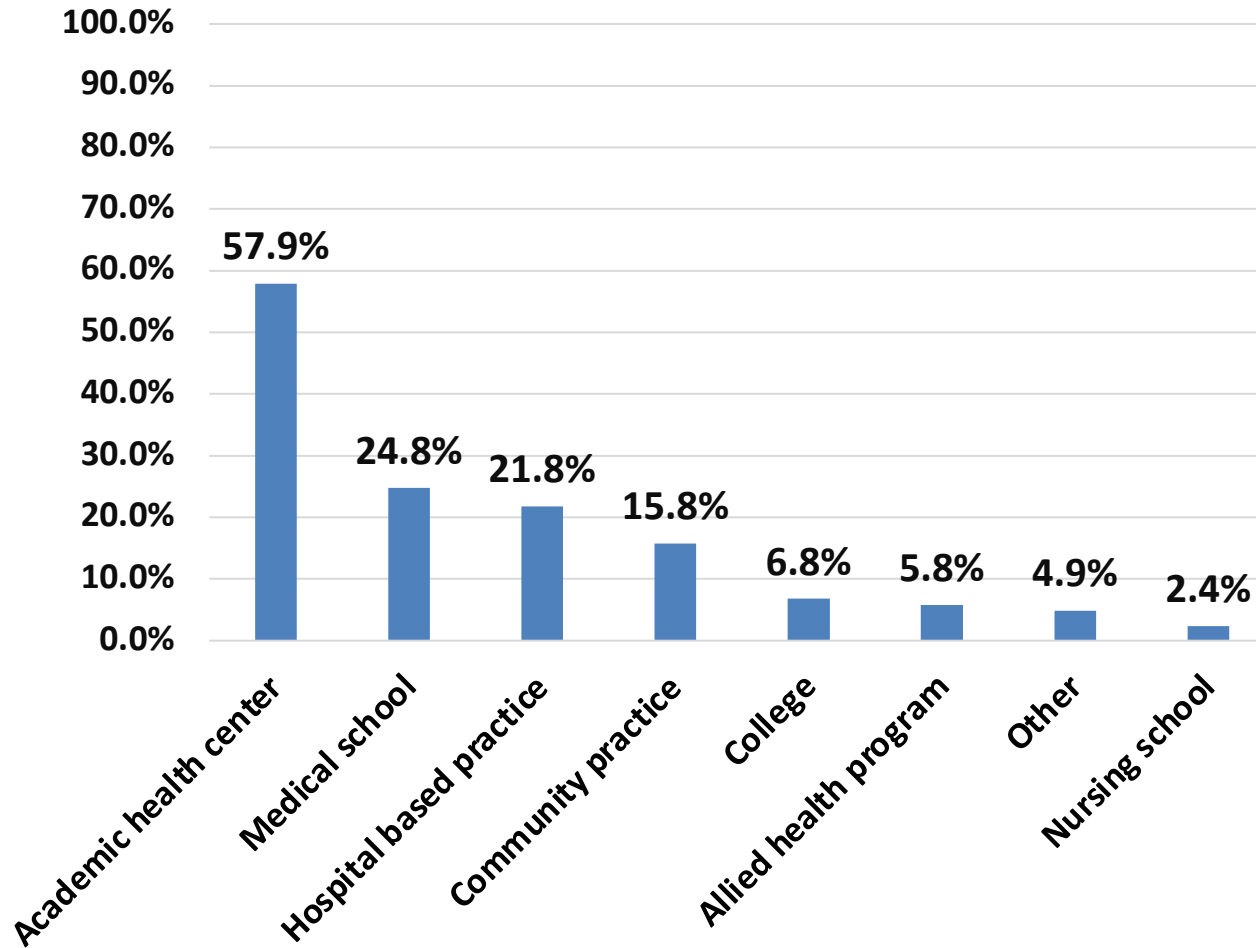
- **American Academy of Family Physicians (AAFP)**
- AAMC Council of Faculty and Academic Societies (CFAS)
- AAMC Group on Faculty Affairs (GFA)
- Accreditation Council for Graduate Medical Education (ACGME) Wellness Consortium
- CaseNetwork
- Center for Innovation and Leadership in Education (CENTILE)
- **Family Medicine Education Consortium (FMEC)**
- **Society of Teachers of Family Medicine (STFM)**

## **STFM, FMEC, and CaseNetwork leaders who collaborated to pilot the survey at the 2019 STFM Annual meeting in Toronto, Canada, and the FMEC meeting in Lancaster, Pennsylvania:**

- |  |                           |
|--|---------------------------|
| — Christienne P. Alexander, MD           | Alexander W. Chessman, MD |
| — Gina Basello, DO                       | Jeffrey Levy, MD          |
| — Sarah Bradford MD, CCFP, AAFP          | Kamica Lewis, DO          |
| — Joedrecka S. Brown Speights, MD, FAAFP | Tamatha M. Psenka, MD     |

# Respondent Characteristics:

(n = 532)

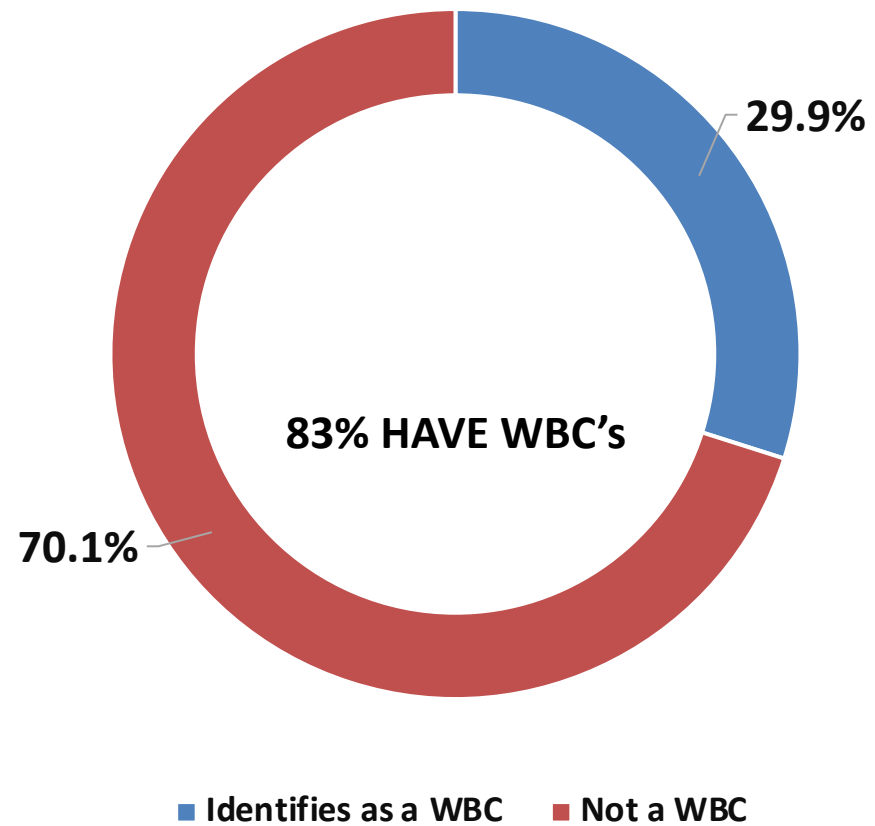


- 33% in Family Medicine
- 12% Internal Medicine
- 72% Female
- 18% age 31-40,
- 27% age 41-50
- 29% age 51-60
- 47% faculty without an administrative title
- 10% Program Director
- 19% Deans Office/Administrator
- 17% Asst, 23% Assoc, 20% Professor

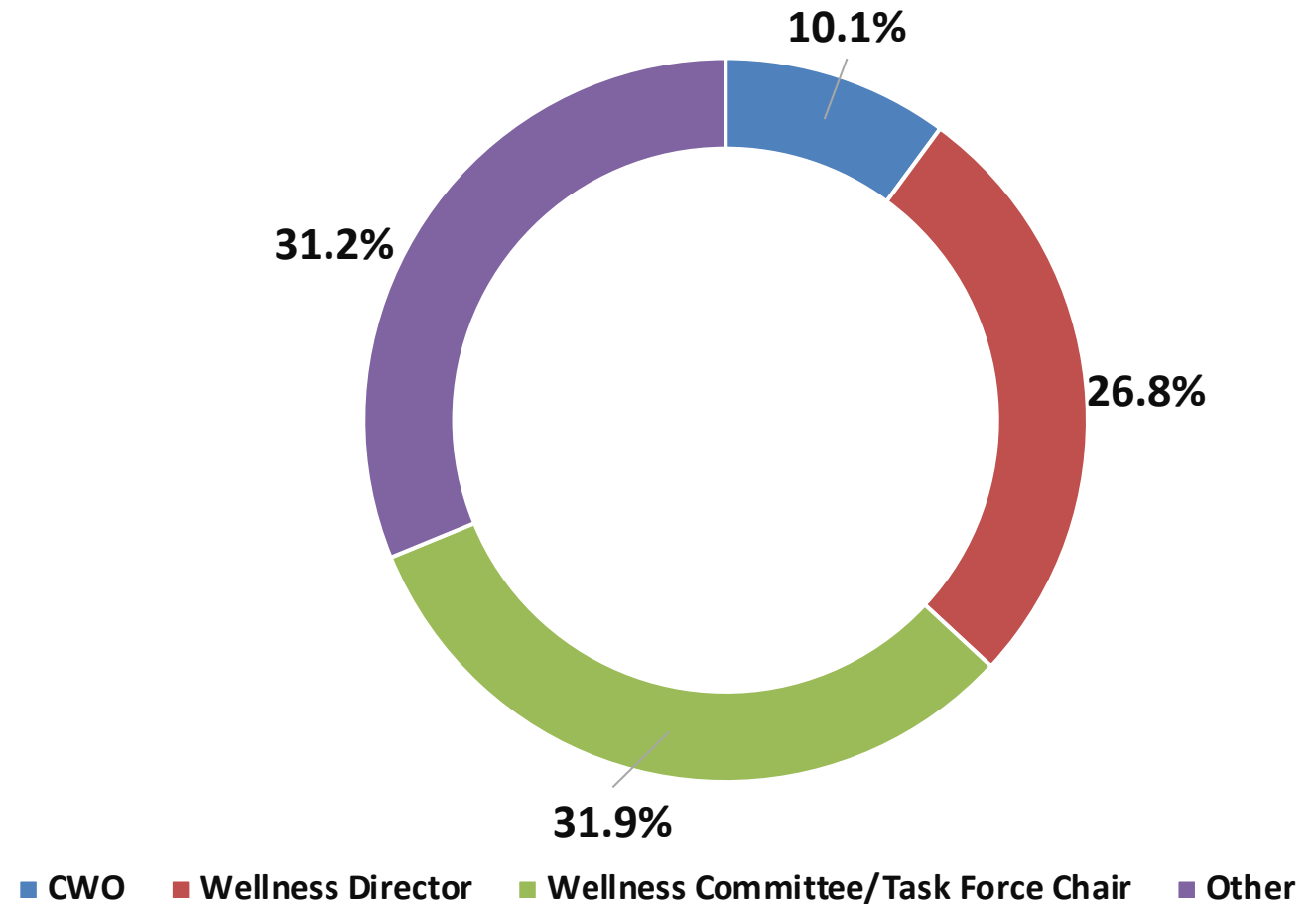


# Well-being Champions (WBCs)

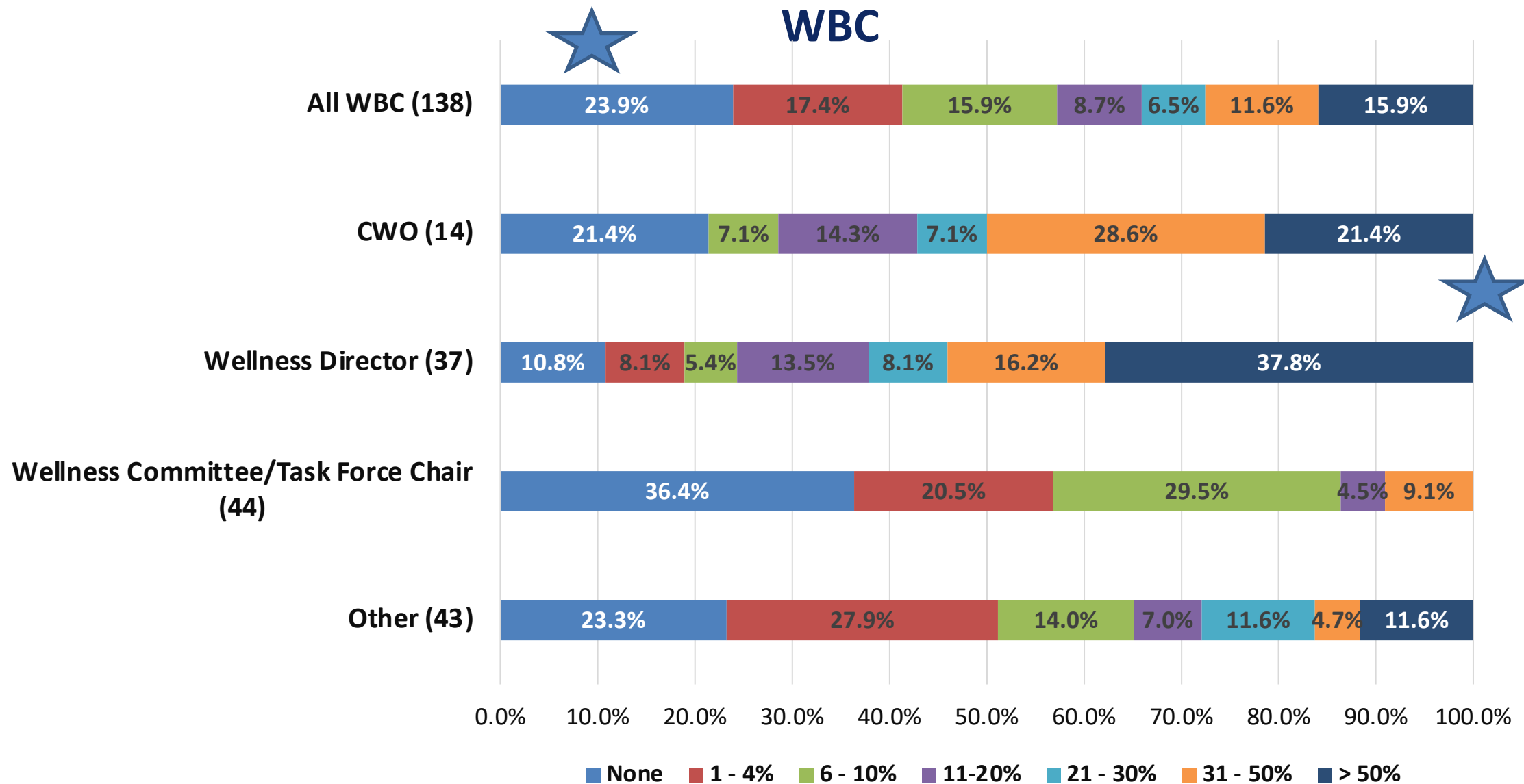
Respondents who Identify as WBC (n=461)



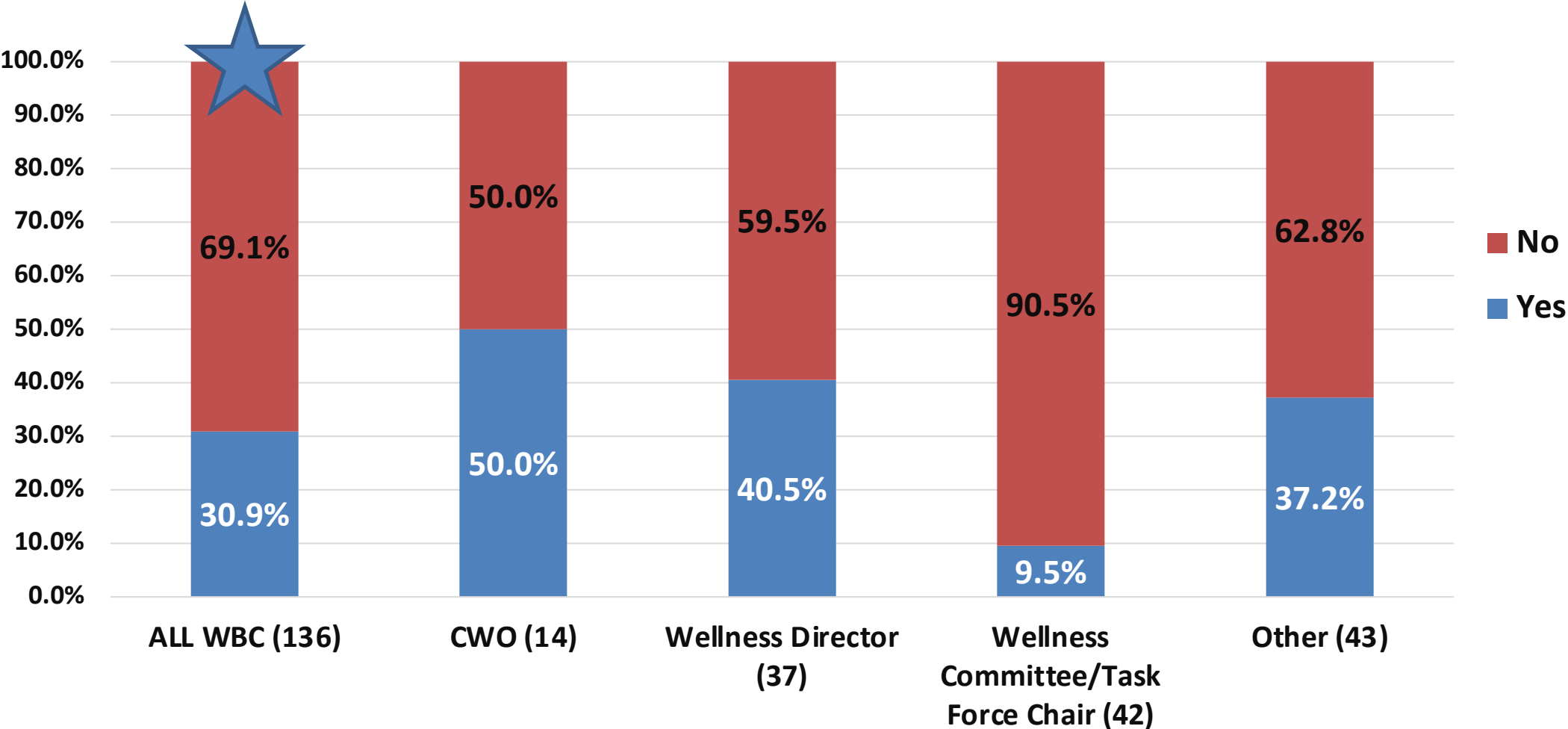
Title of WBC (n=138)



# Percent of Effort Dedicated to WBC Role Among Respondents Who Identified as a WBC

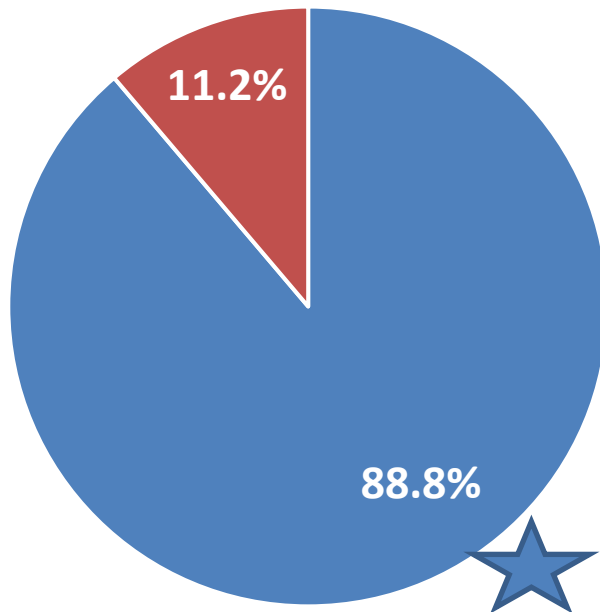


# Percentage of WBCs who Receive Formal Training for Role



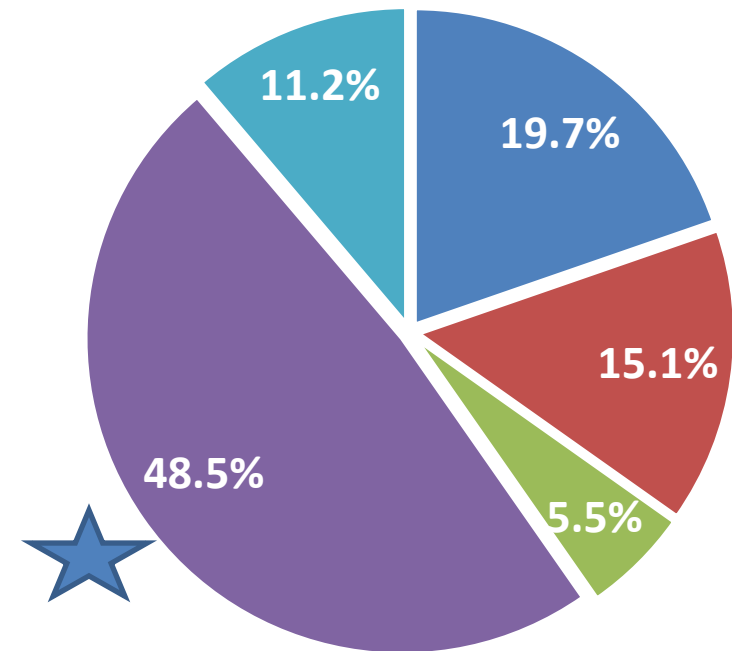
# Wellness Programming

**Respondent Organizations with Wellness Programming (n=492)**



- Yes, organization has 1 or more programs
- No, organization does not have a program

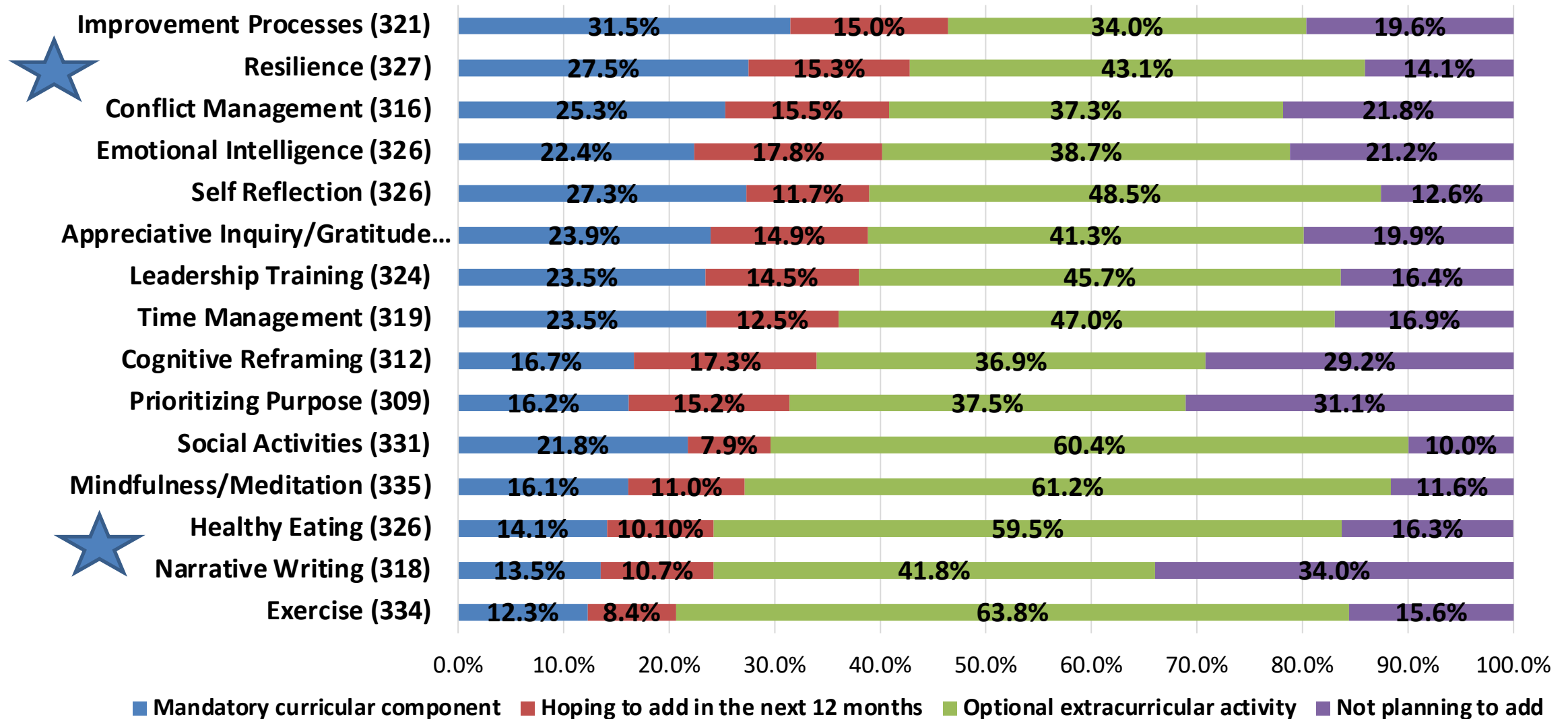
**Audiences Served by Wellness Programs at Responding Organizations (n=437)**



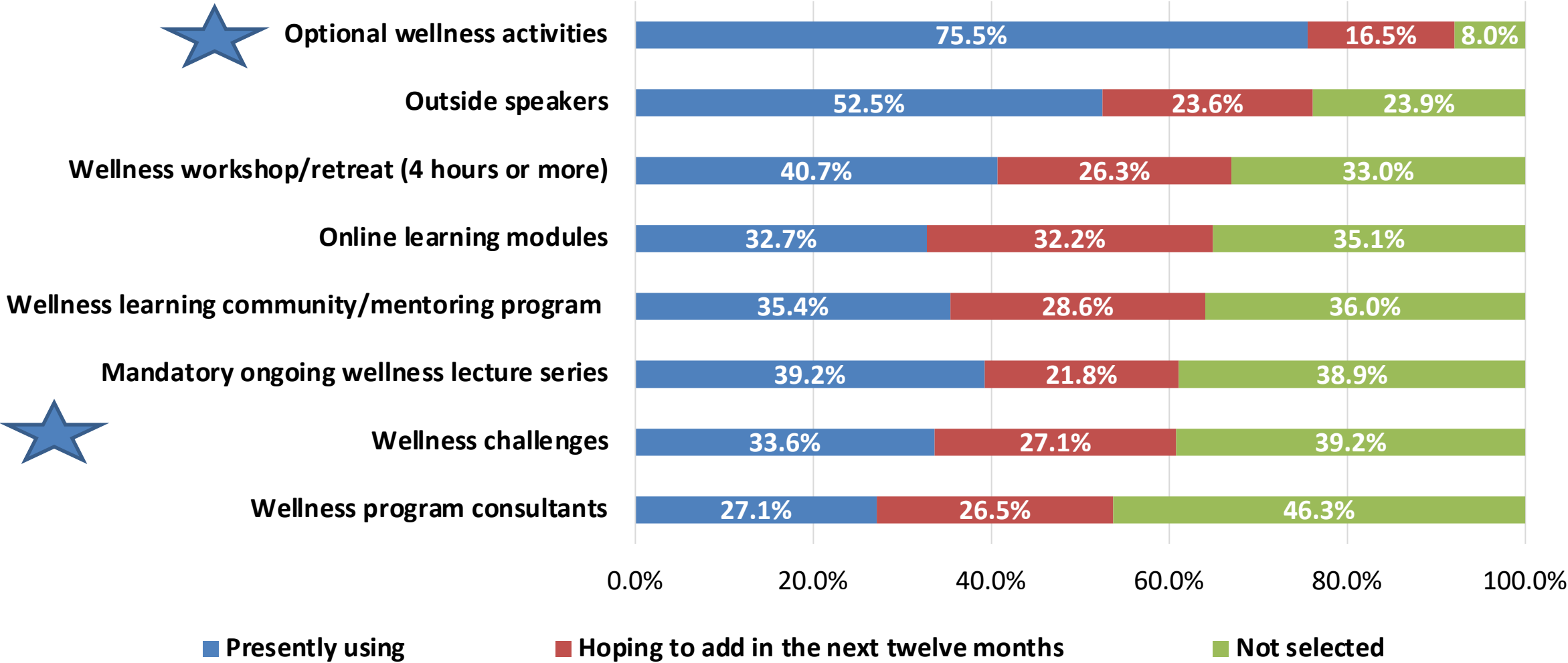
- Just learners (students & or residents)
- Learners and Faculty only
- Learners and Staff only
- Learners, Faculty, and Staff
- Other



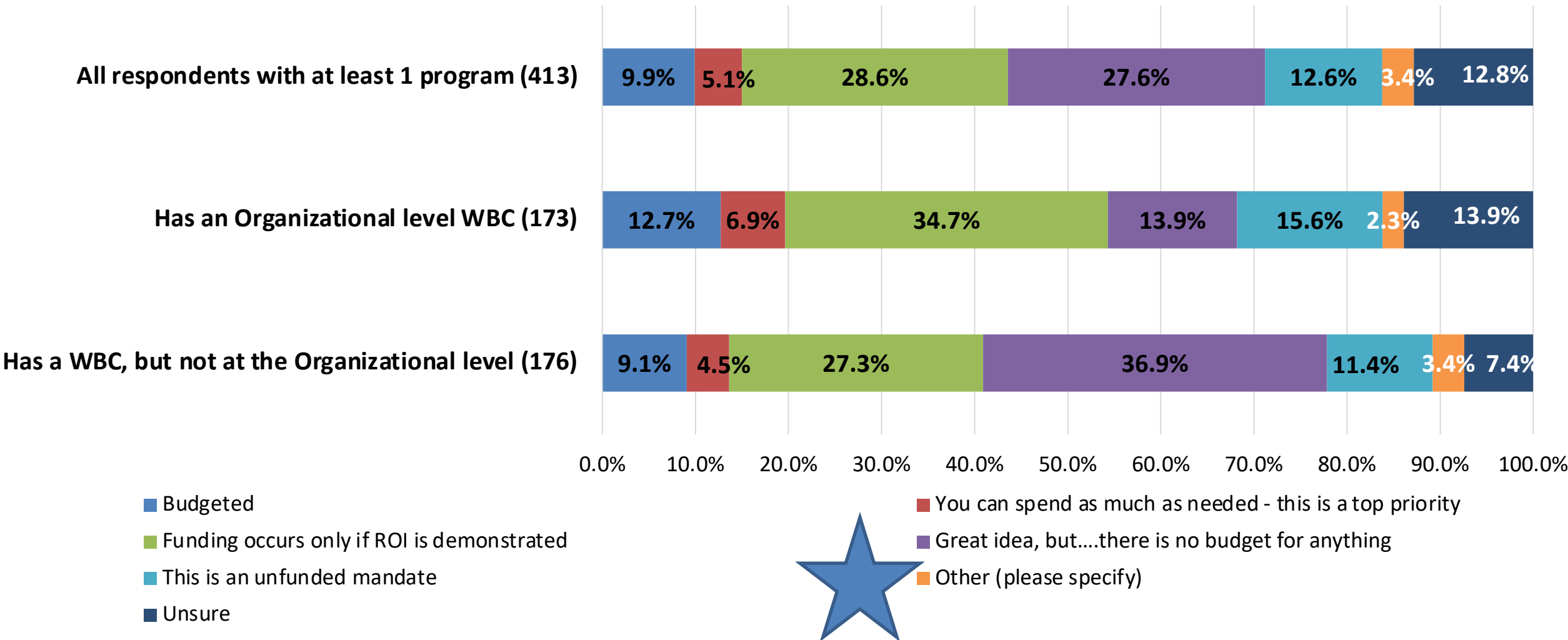
# Curricular Elements Included in Wellness Programming



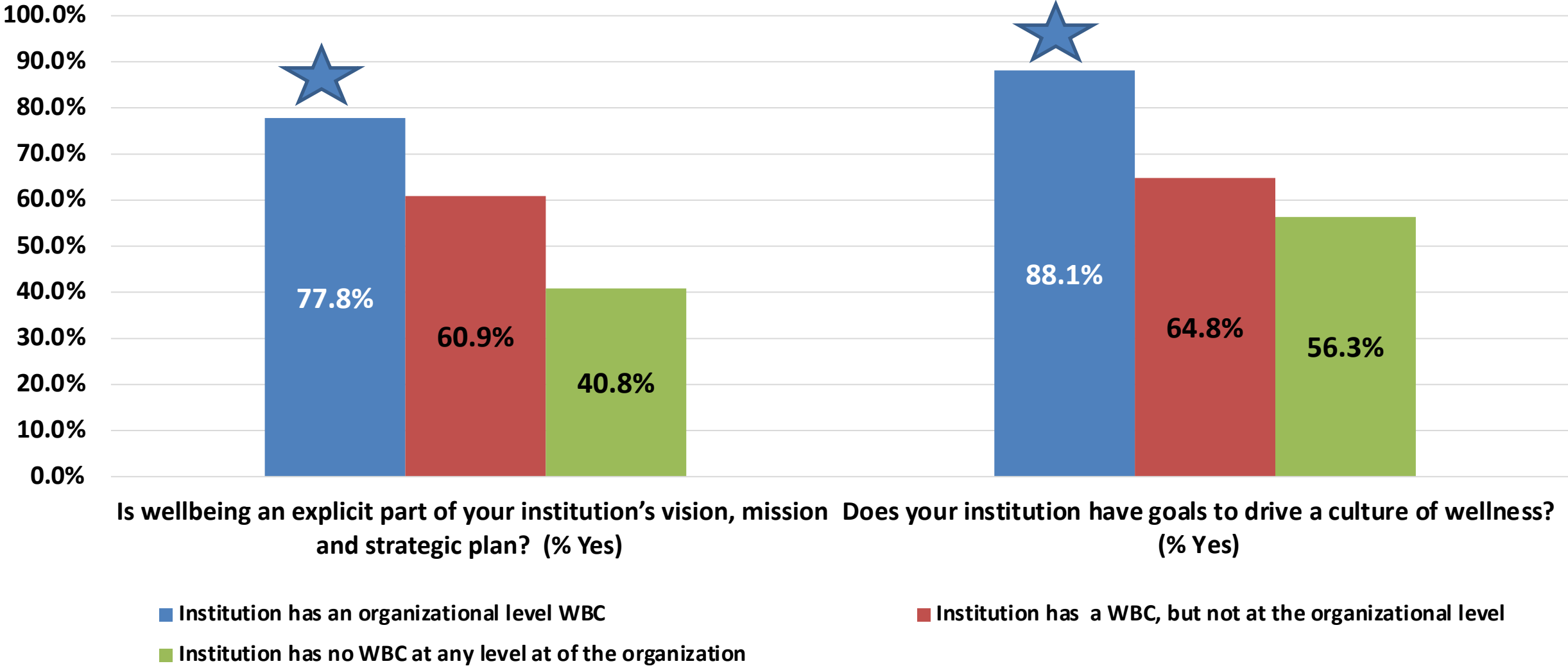
# Methods and Resources to Promote Well-being



# Range & Philosophy for Funding Wellness Programs

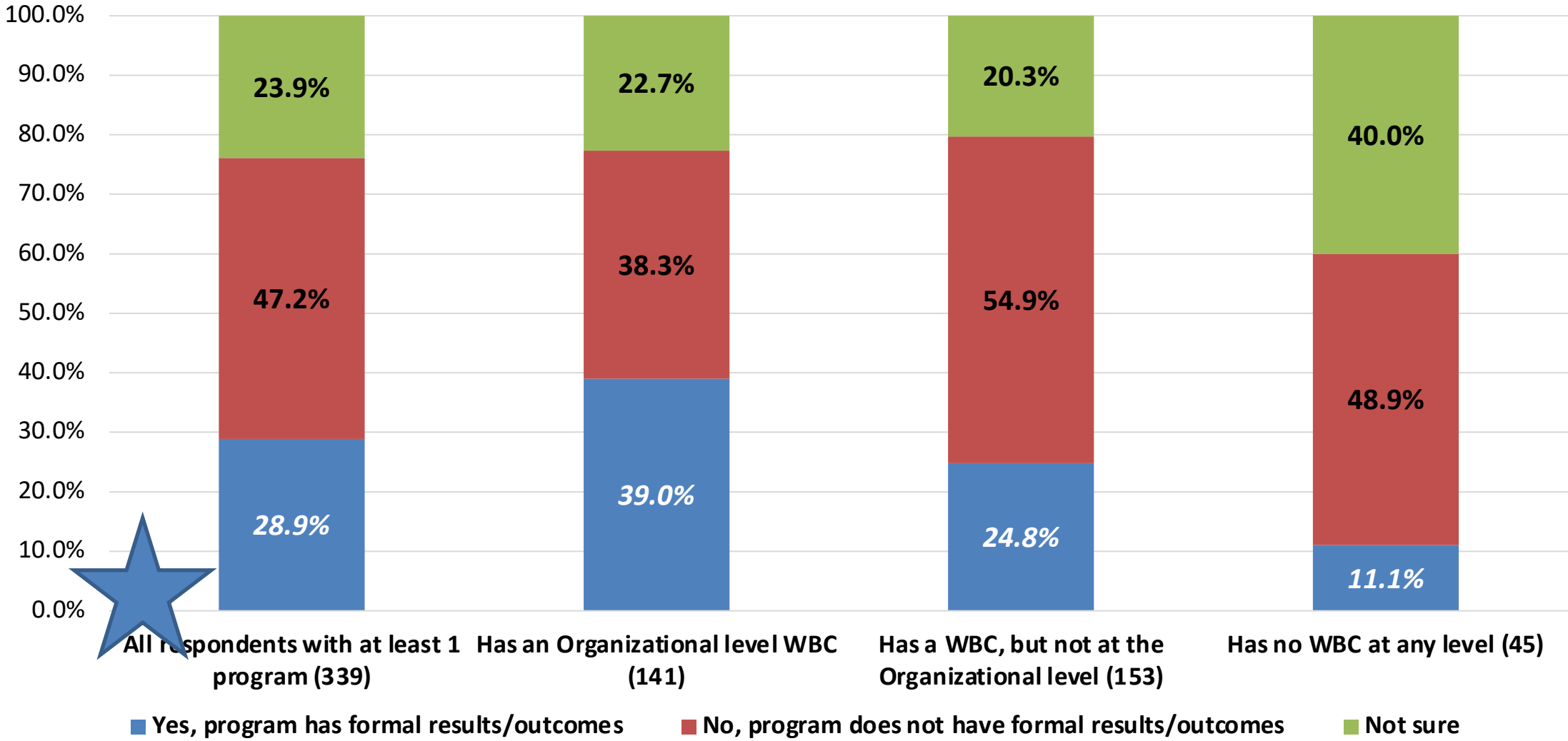


# Establishing Well-being as an Institutional Priority

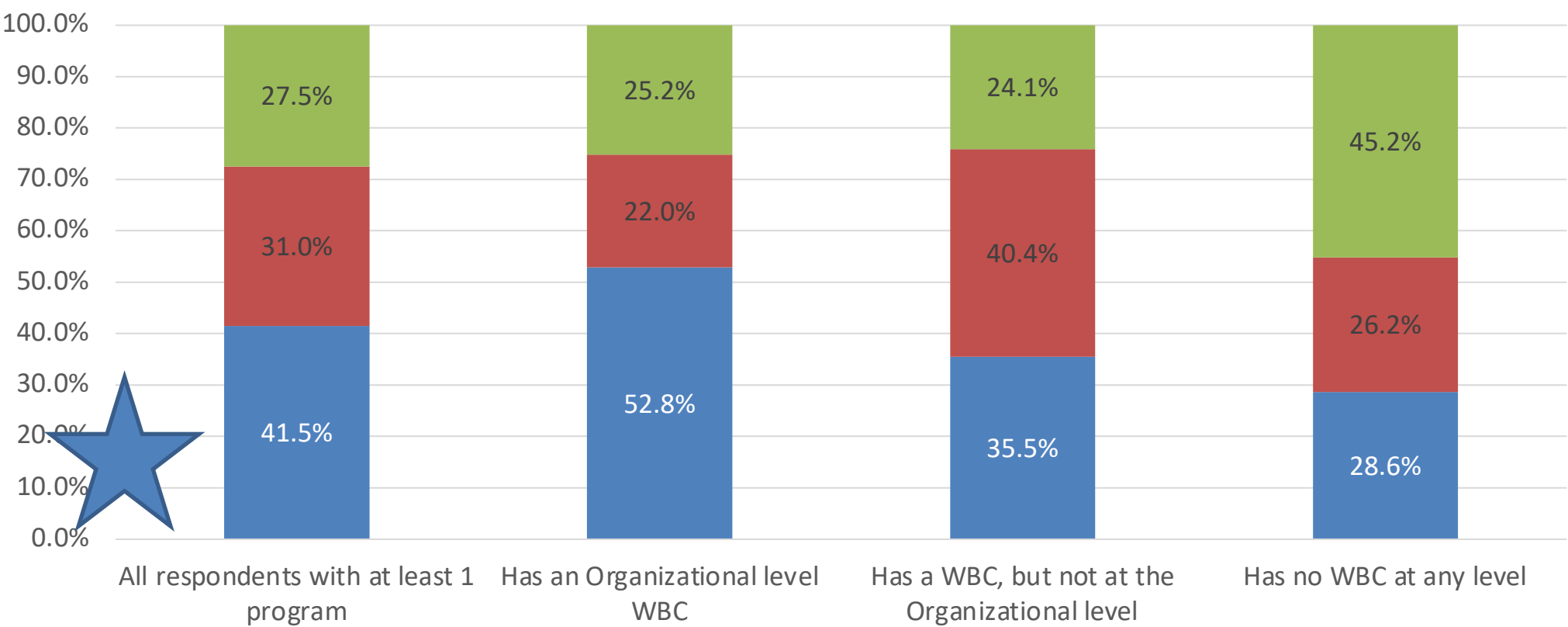




# Evaluation of Wellness Program Results and Outcomes



# Establishing Metrics for Measuring Well-being

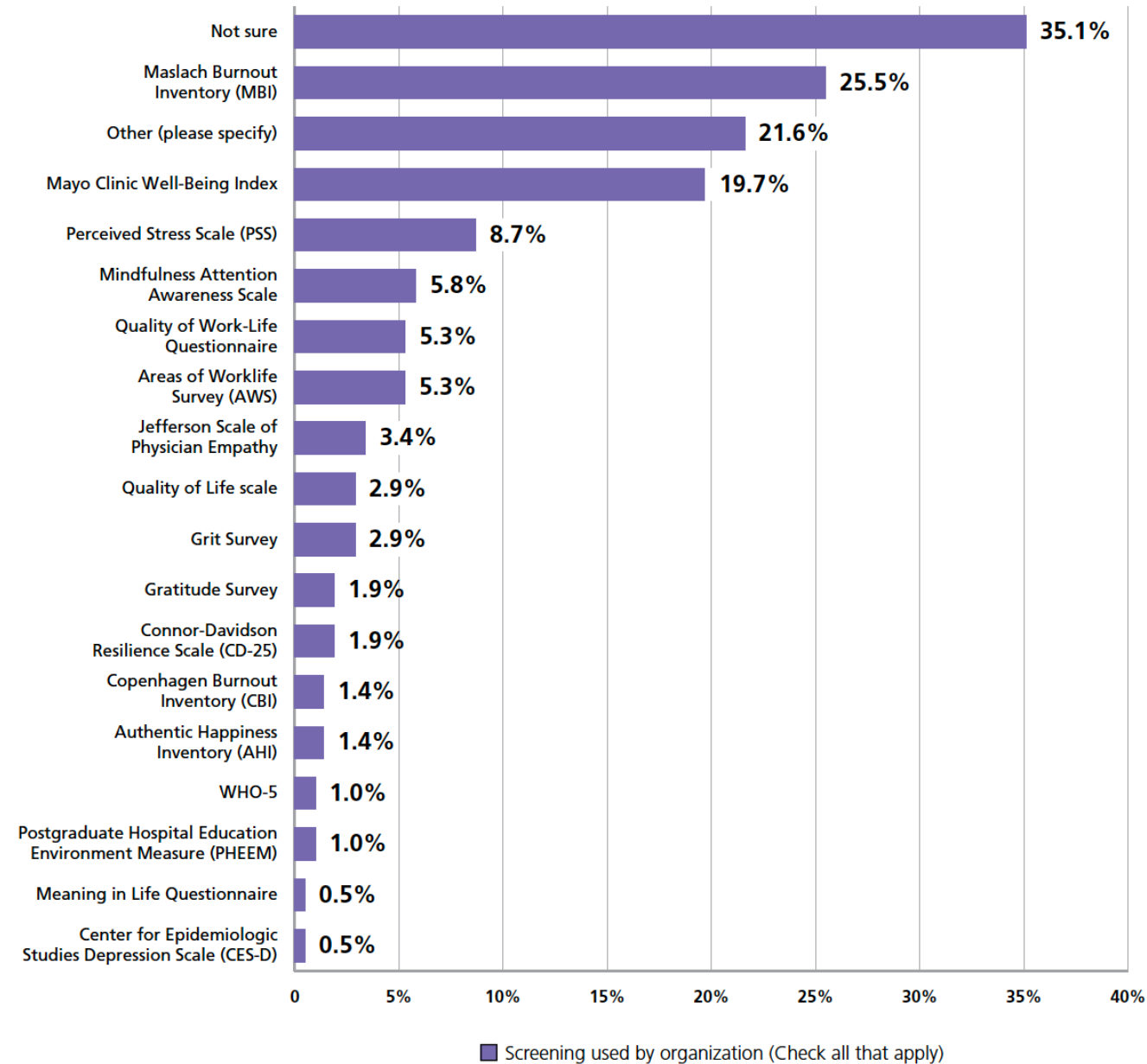


\*\*10% included Well-being as a component within performance reviews

■ Yes ■ No ■ Not sure

FIGURE 20. Wellness screenings used by organizations.

## What Metrics are you Using?



## Appendix C. Wellness Screening Tools

The Organizational Well-Being Survey asked respondents to identify which wellness screening tools their organizations use (Question 29). The list below includes information about these tools and about additional assessments respondents named in the open-ended-response option for the question.

- Areas of Worklife Survey (AWS):  
<https://www.mindgarden.com/274-areas-of-worklife-survey>
- Authentic Happiness Inventory (AHI):  
<https://www.authentichappiness.sas.upenn.edu/>
- Brief Resilience Scale
  - <https://link.springer.com/article/10.1080/10705500802222972>
  - <https://measure.whatworkswellbeing.org/measures-bank/brief-resilience-scale/>
- Center for Epidemiologic Studies Depression Scale (CES-D):  
<https://cesd-r.com/about-cesdr/>
- Connor-Davidson Resilience Scale (CD-25):  
<http://www.connordavidson-resiliencescale.com/about.php>
- Copenhagen Burnout Inventory (CBI):  
<https://nfa.dk/da/Vaerktoejer/Sporgeskemaer/Sporgeskema-til-maaling-af-udbraendthed/Copenhagen-Burnout-Inventory-CBI>
- EQi-2.0 Emotional Intelligence Quotient: <https://www.eitrainingcompany.com/eq-i/>
- Gratitude Survey: <https://ppc.sas.upenn.edu/resources/questionnaires-researchers/gratitude-questionnaire>
- Grit Survey: <https://angeladuckworth.com/research/>
- Jefferson Scale of Physician Empathy:  
<https://www.jefferson.edu/academics/colleges-schools-institutes/skmc/research/research-medical-education/jefferson-scale-of-empathy.html>
- Maslach Burnout Inventory (MBI)
  - <https://www.mindgarden.com/117-maslach-burnout-inventory-mbi>
- Mayo Clinic Well-Being Index: <https://www.mywellbeingindex.org>
- Meaning in Life Questionnaire: [http://www.michaelfsteger.com/?page\\_id=13](http://www.michaelfsteger.com/?page_id=13)
- Mindfulness Attention Awareness Scale: <https://ppc.sas.upenn.edu/resources/questionnaires-researchers/mindful-attention-awareness-scale>
- Mini-Z 2.0 Survey
  - <https://www.professionalworklife.com/mini-z-survey>
  - <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771447>
- Moral Distress Thermometer: <https://www.fairbankscenter.org/ethics-sub-specialties/fairbanks-program-in-nursing-ethics>
- Perceived Stress Scale (PSS): <https://www.midss.org/content/perceived-stress-scale-pss>
- Physician Wellness Inventory
  - <https://pubmed.ncbi.nlm.nih.gov/28376519/>
  - <https://www.plasticsurgery.org/documents/medical-professionals/wellness/Physician-Wellness-Inventory.pdf>
- Postgraduate Hospital Education Environment Measure (PHEEM):  
<https://www.tandfonline.com/doi/10.1080/01421590500150874>
- Quality of Life Scale:  
<https://eprovide.mapi-trust.org/instruments/quality-of-life-scale2>
- Quality of Work-Life Questionnaire:  
<https://www.cdc.gov/niosh/topics/stress/qwlquest.html>
- Social Network Index: <https://www.midss.org/content/social-network-index-sni>
- Stanford Professional Fulfillment Model and Index
  - <https://wellmd.stanford.edu/about/model-external.html>
  - <https://wellmd.stanford.edu/wellbeing-toolkit/HowWeMeasureWell-Being.html>
  - <https://link.springer.com/article/10.1007/s40596-017-0849-3>
- WHO-5
  - <https://www.psykiatri-regionh.dk/who-5/about-the-who-5/Pages/default.aspx>
  - <https://pubmed.ncbi.nlm.nih.gov/22607094/>

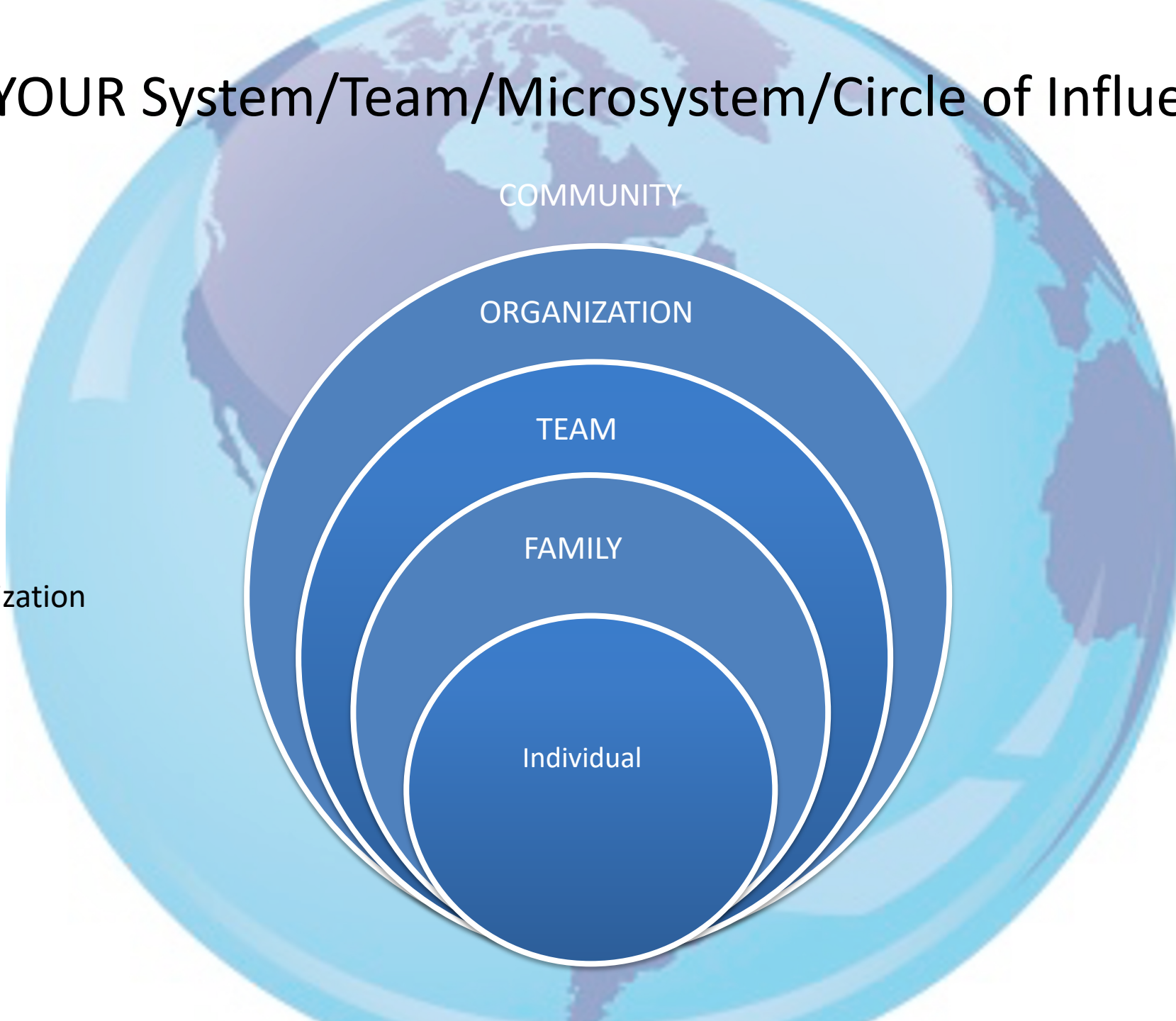


## Survey Summary

1. **Well-being Champions and Wellness Programs** are major NEW positions and initiatives at all levels across all disciplines in all types of health care organizations
2. **Similarities** in Urgency and need for curricular elements and methods
3. **Variation** in titles, training, time, tools, resources, budget, metrics, evaluation, outcomes, publication
4. **Expanding Resources** (AAFP, NAM, AAMC, ACGME, +)
5. **Opportunities for:** Standardization, Collaborative Training & Research to Determine and Disseminate Best Practices
6. **Efforts impact** Well-being Champions, HCP, HCS and Society

# Define YOUR System/Team/Microsystem/Circle of Influence

Patient Care team  
Educational team  
Clinical Practice  
Leadership Team  
Health Care Organization  
Community Group  
Other\_\_\_\_\_



# SWOT YOUR TEAM/SYSTEM

**Strengths**

**Weaknesses**

**Opportunities**

**Threats**

Adapted from SWOT analysis template – a free resource from [www.businessballs.com](http://www.businessballs.com). Template © Alan Chapman 2005.

# AAMC Well-being Report Recommendations

1. Approach organizational wellness initiatives within an **improvement framework** to lead change.
2. Develop and communicate an **organizational vision** for well-being.
3. Establish an **organizational-level well-being champion** to coordinate and align a network of wellness efforts across the organization.
4. **Embed well-being champions** throughout the organization to coordinate efforts for specific audiences.
5. **Standardize the job characteristics** of well-being champions and set clear expectations.
6. **Support the role** of all well-being champions by introducing training, providing resources, and dedicating funding.
7. Promote well-being as a **core competency for all** health professionals.
8. Incorporate **program evaluation** when designing comprehensive well-being initiatives.
9. Conduct ongoing **assessments of individual** well-being.
10. Prioritize well-being as a **professional** development goal.

What % of *The 10 Recommendations* are currently strengths  
at your team/system/organization?

**STRETCH BREAK**

1. 0% (ready to begin)
2. 10-30% (early)
3. 40-60% (mid)
4. 70-100% (advanced)



# Always Room to Improve: Analyze SWOT & Create a “SMART” GOAL

## SMART GOAL:

**S**pecific –Actionable

**M**easurable – Process/Outcome

**A**chievable – Confidence 1-10

**R**elevant – Importance 1-10

**T**imely – Set dates

Strengths	Weaknesses
Opportunities	Threats

Adapted from SWOT analysis template – a free resource from [www.businessballs.com](http://www.businessballs.com). Template © Alan Chapman 2005.

# Analyze Your SWOT and Draft a SMART GOAL

- 1. Approach organizational wellness initiatives within an **improvement framework** to lead change.
- 2. Develop and communicate an **organizational vision** for well-being.

Strengths	Weaknesses

**AIM- Measure Wellbeing**

**Specific** –Implement a comprehensive wellbeing survey for all residents & faculty

**Measurable** – Process: completed(yes/no) Outcome: increase wellbeing (1- 5)

**Achievable** – confident 8/10

**Relevant** – important 10/10 to my goal

**Timely** – Email leadership to advocate and prioritize a survey today - f/u 1 week

well-being initiatives.		Embedded WBC's
9. Conduct ongoing <b>assessments of individual</b> well-being.		
10. Prioritize well-being as a <b>professional development</b> goal.		

# Analyze Your SWOT and Draft a SMART GOAL

- 1. Approach organizational wellness initiatives within an **improvement framework** to lead change.
- 2. Develop and communicate an **organizational vision** for well-being.

Strengths	Weaknesses

## AIM- Lead Change with a Wellbeing Vision

**Specific** –Collaborate with wellbeing champions to create a “living” Vision  
**Measurable** – Process: completed(yes/no) Outcome: increase alignment (1- 5)  
**Achievable** – confident 9/10  
**Relevant** – important 10/10 to my goal  
**Timely** –Prioritize vision on WBC’s monthly meeting agenda and share Ex.s

- well-being initiatives.
- 9. Conduct ongoing **assessments of individual** well-being.
  - 10. Prioritize well-being as a **professional development** goal.

--	--

# Analyze Your SWOT and Set a SMART GOAL

1. Approach organizational wellness initiatives within an **improvement framework** to lead change.
2. Develop and communicate an **organizational vision** for well-being.
3. Establish an **organizational-level well-being champion** to coordinate and align a network of wellness efforts across the organization.

## Strengths

- **Vision,**

## Weaknesses

- **WB Curr**

## AIM- Advance Training in Evidence Based WB Strategies/ Skills

**Specific** –Implement a Series of Wellbeing Curriculum Workshops (including QI)

**Measurable** – Process: attendance (yes/no) Outcome: increase KSA (1- 5)

**Achievable** – confident 9/10

**Relevant** – important 10/10 to my goal

**Timely** – Complete Needs Assessment on WB topics for res & faculty this month

9. Conduct ongoing **assessments of individual** well-being.

10. Prioritize well-being as a **professional development** goal.

**Embedded WBC's**

# WHATS YOUR SMART GOAL?

- 1. Approach organizational wellness initiatives within an **improvement framework** to lead change.
- 2. Develop and communicate an **organizational vision** for well-being.
- 3. Establish an **organizational-level well-being champion** to coordinate and align a network of wellness efforts across the organization.
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- 9. Conduct ongoing **assessments of individual** well-being.
- 10. Prioritize well-being as a **professional development** goal.

Strengths	Weaknesses
Opportunities	Threats



# NEXT STEPS

Please be sure to complete an evaluation for this presentation.

1. Share the report The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs
2. Attend AAMC LSL Conf Nov 14th in Nashville
3. Contact me @ Catherine.f.pipas@Dartmouth.edu



# QUESTIONS?

## **CHEERS TO OUR WELLBEING!!!**

