2022 STFM CONFERENCE ON PRACTICE & QUALITY IMPROVEMENT





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

Cathering pas, MD, MPH

Professor, Community & Family Medicine, The Dartmouth Institute for Health Policy and Clinical Practice (TDI) and Dept of Medical Education, Geisel School of Medicine, Dartmouth 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.



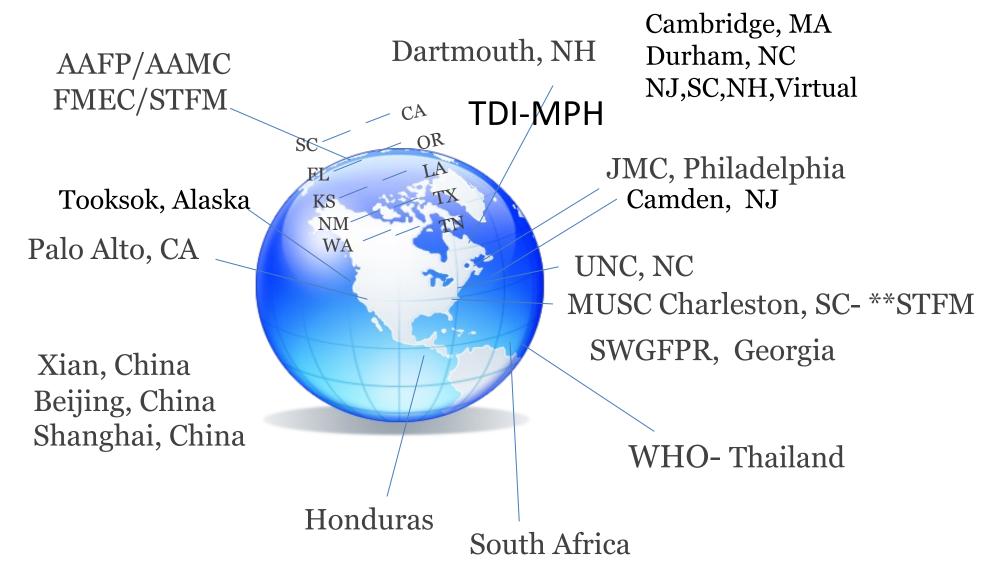
Objectives:

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



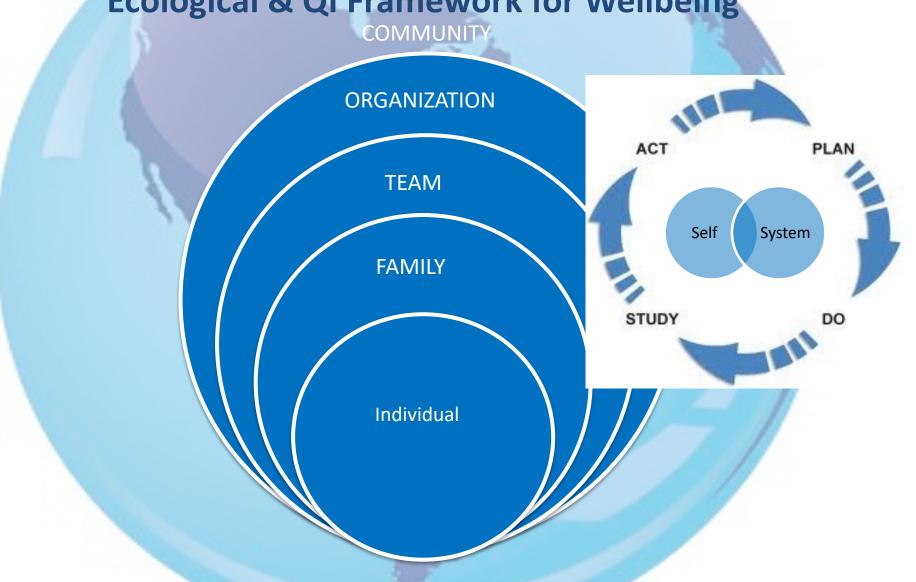


Pipas Pathway to Curiosity, Collaboration and Continuous Improvement

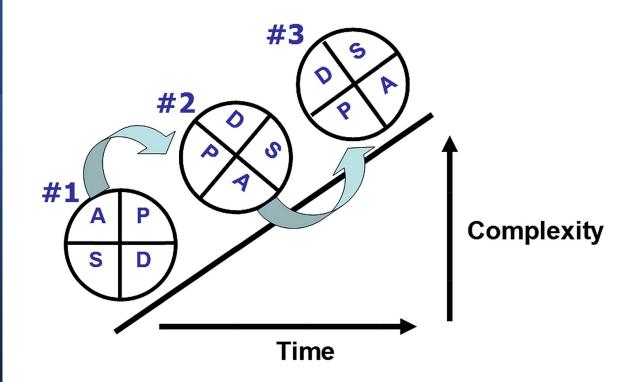


VISION: "Healthy Individuals Contributing to Healthy Communities Who Prioritize Personal and System Well-being"

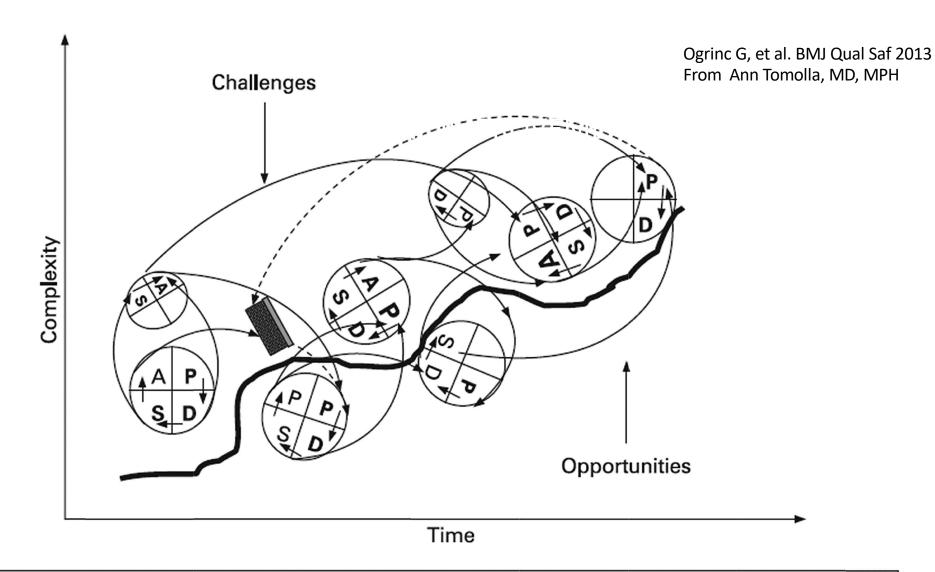
Ecological & QI Framework for Wellbeing



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



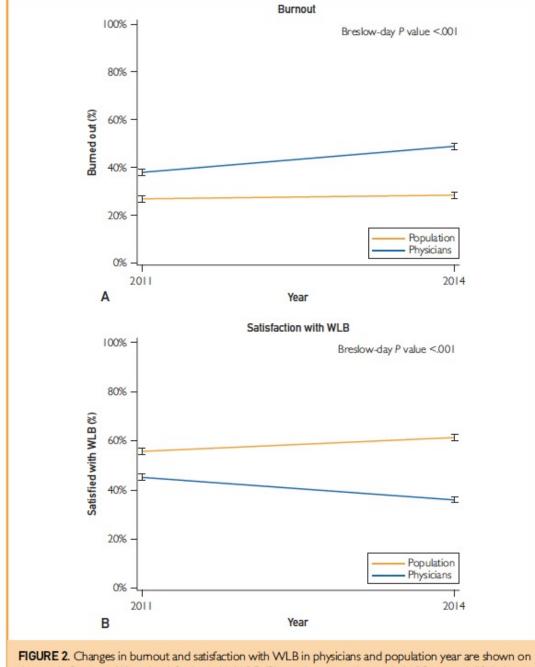


From Triple to QUADRUPLE AIM:

Better Better Lower Health Costs Care Better CARE of Health CARE TEAM

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider Thomas Bodenheimer, MD11 and Christine Sinsky, MD2,3

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



the x axis. Burnout (A) and satisfaction with WLB (B) are shown on the y axis. WLB = work-life balance.

2018



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.

2020



IMPACT OF BURNOUT

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

He 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

THE NATIONAL ACADEMIES PRESS

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

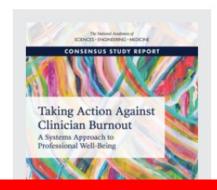












Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being (2019)

DETAILS

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

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

Era alid stress

• Deity-like qualities

No limits on work

Perfection

Self-care

Isolation

Performance





- Hero-like qualities
- Wellness
- Work-life balance
- Resilience
- Connection
- Frustration

Well-being 2.0



- Human qualities
- Vulnerability & growth mindset
- Work-life integration
- Self-compassion
- Community
- Meaning and purpose

FIGURE 1. Professional characteristics and mindset of the 3 eras of physician well-being.

Era of distress



- Lack of awareness
- · Focus on institutional needs
- Rigid environment
- Individual
- Ignore distress
- Unfettered autonomy
- Neglect
- Ignorance of economic impact
- Physicians & administrators function independently

Well-being 1.0



- Awareness
- Focus on patient needs
- Choice
- Team
- Treat distress
- Carrots and sticks
- Blame individuals
- Return on investment.
- Adversarial relationship between physicians and administrators

Well-being 2.0



- Action
- Focus on needs of people
- Flexibility
- System
- Prevent distress & cultivate professional fulfillme
- Aligned autonomy
- Shared responsibility
- Value on investment
- Physician and administrator collaboration

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?

WHAT Will it Take for All to Flourish in Medicine?

Curiousity
Collaboration
Continuous Improvement



The Rise of Wellness Initiatives in Health Care:

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



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

Gina Basello, DO

Sarah Bradford MD, CCFP, AAFP

Joedrecka S. Brown Speights, MD, FAAFP

Alexander W. Chessman, MD

Jeffrey Levy, MD Kamica Lewis, DO

Tamatha M. Psenka, MD

Respondent Characteristics:

$$(n = 532)$$

- 33% in Family Medicine
- 12% Internal Medicine

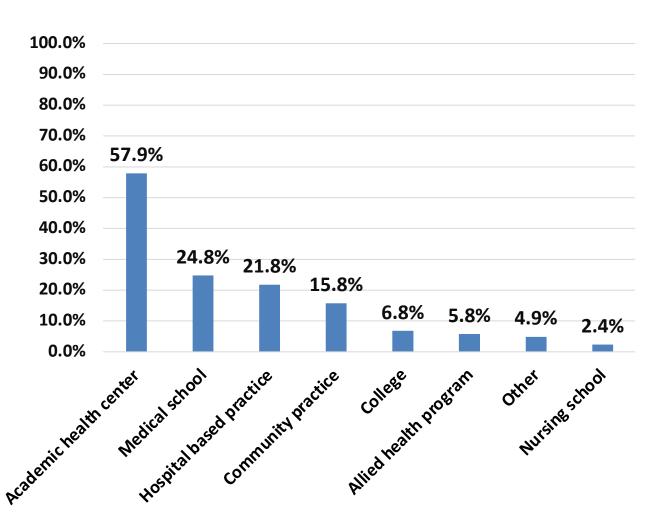




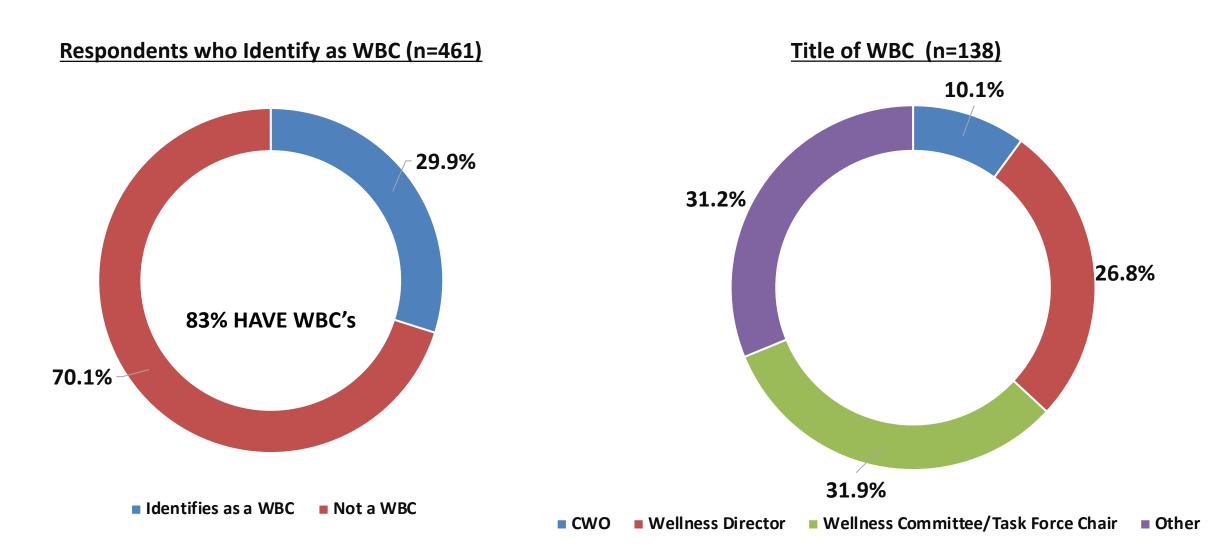
- 27% age 41-50
- 29% age 51-60



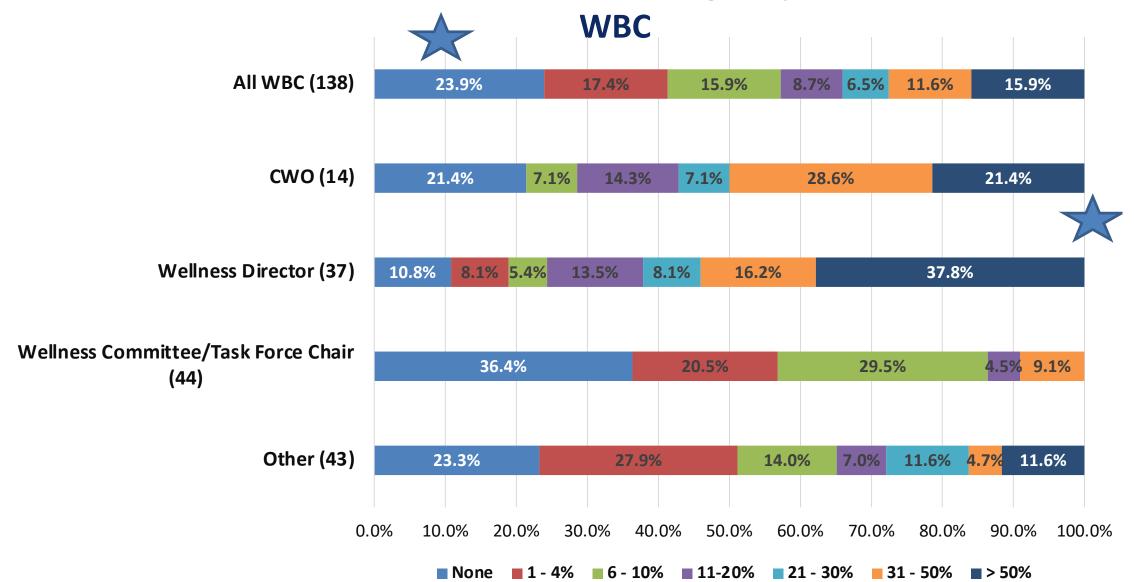
- 10% Program Director
- 19% Deans Office/Administrator
- 17% Asst, 23% Assoc, 20% Professor



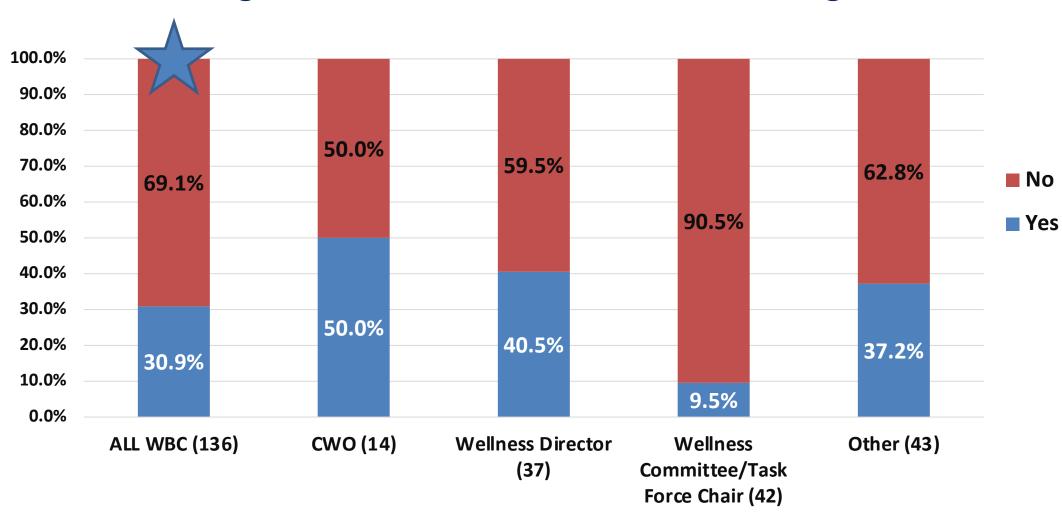
Well-being Champions (WBCs)



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



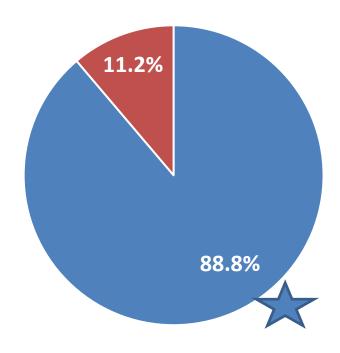
Percentage of WBCs who Receive Formal Training for Role



Wellness Programming

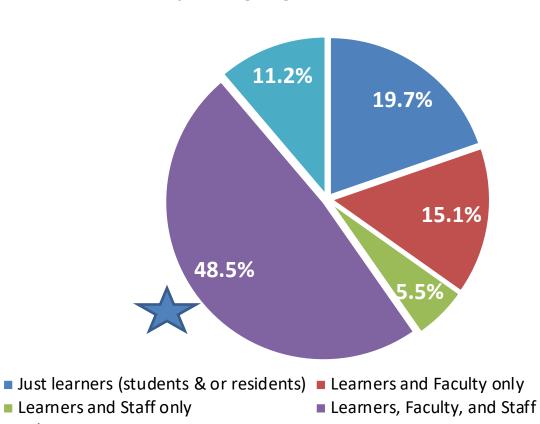
Other

Respondent Organizations with Wellness Programming (n=492)

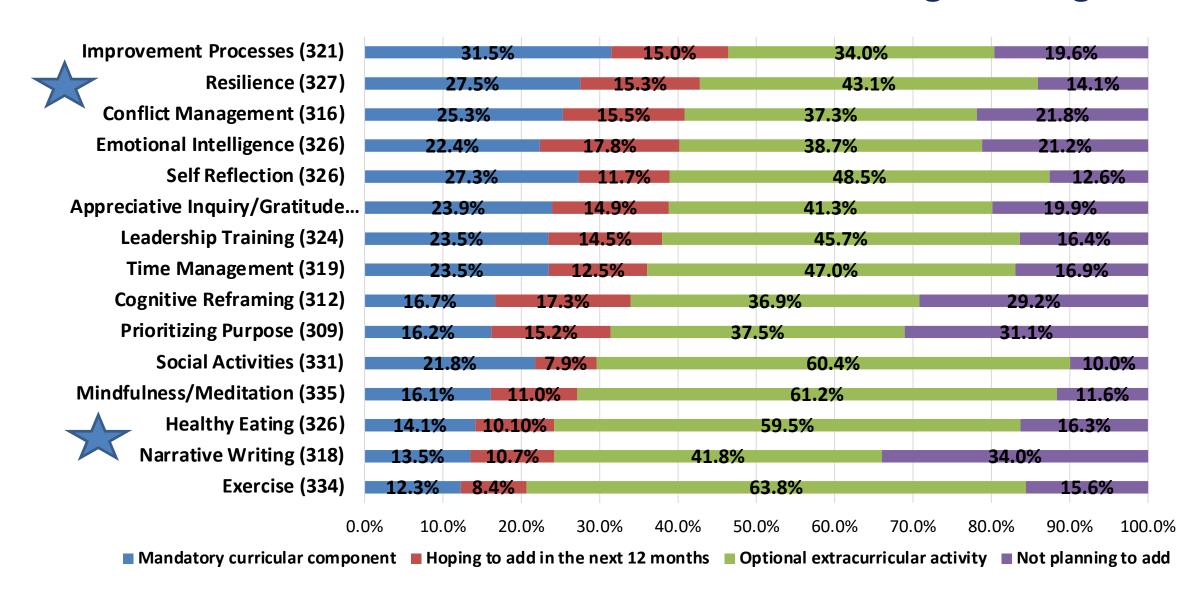


- Yes, organization has 1 or more programs
- No, organization does not have a program

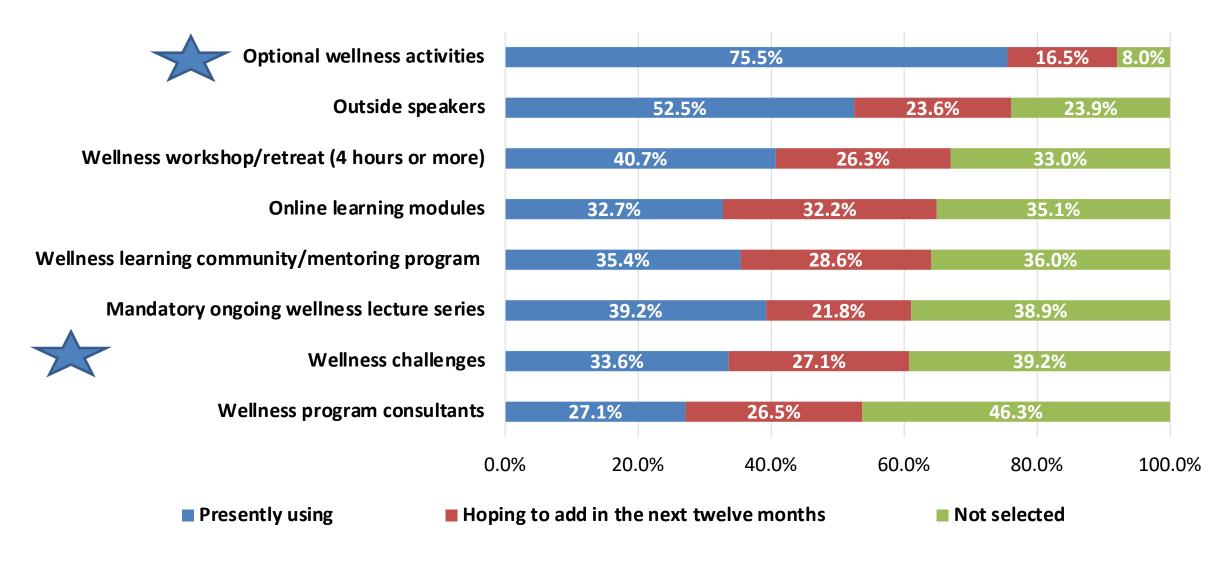
Audiences Served by Wellness Programs at Responding Organizations (n=437)



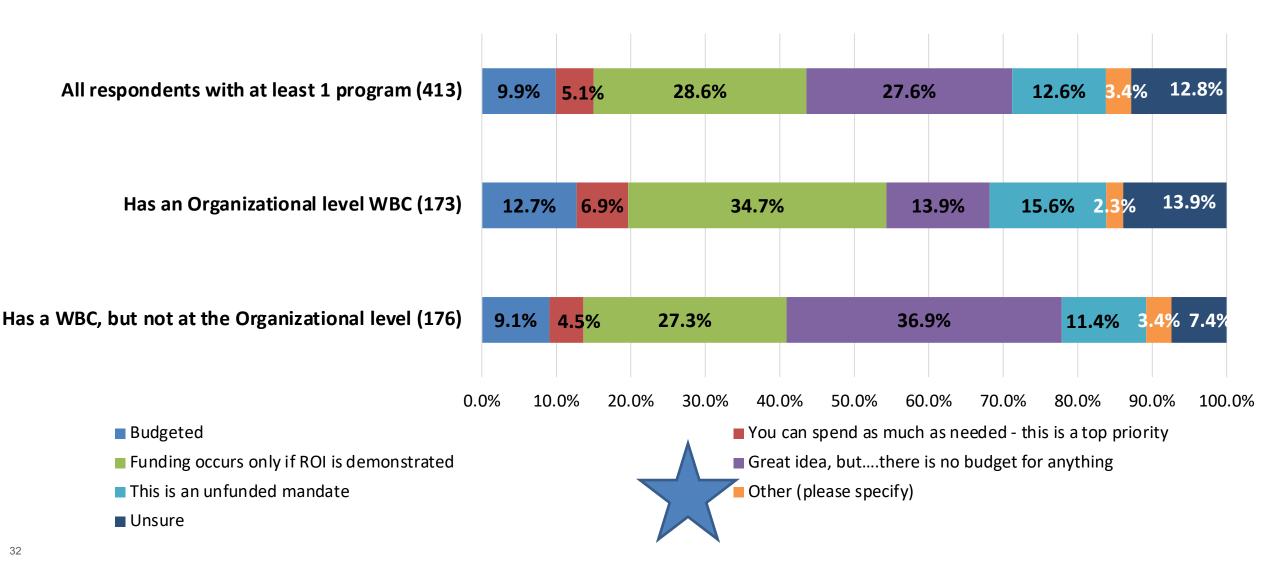
Curricular Elements Included in Wellness Programming



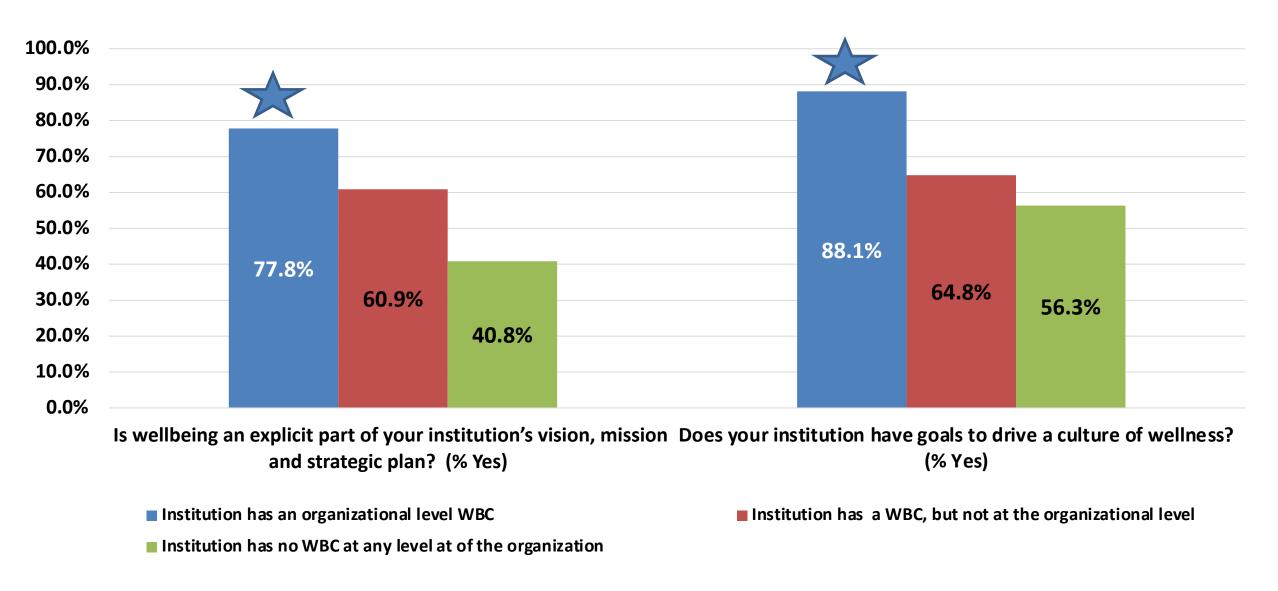
Methods and Resources to Promote Well-being



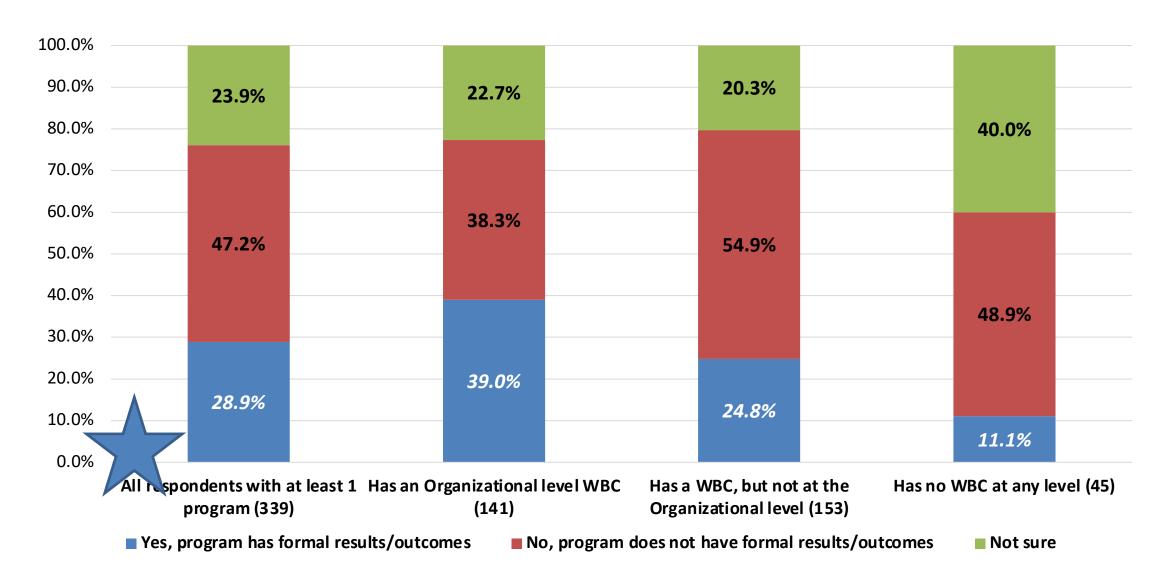
Range & Philosophy for Funding Wellness Programs



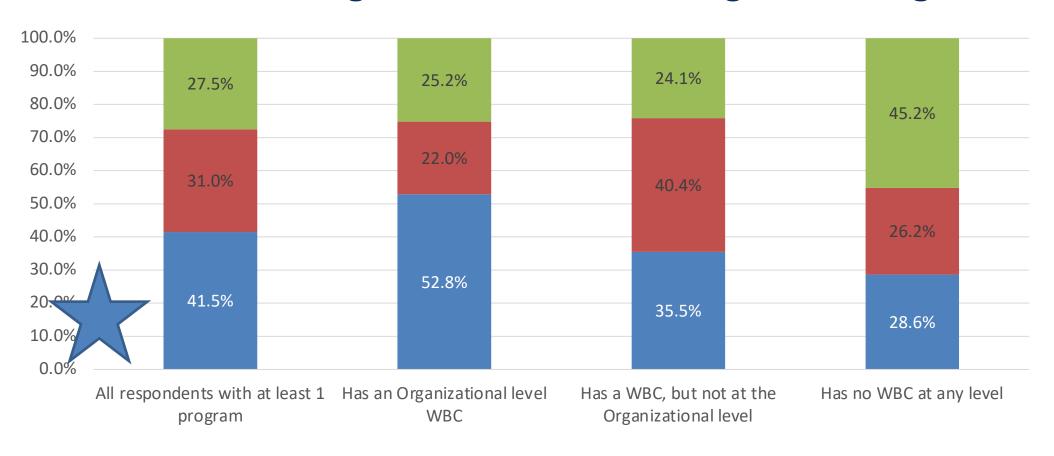
Establishing Well-being as an Institutional Priority



Evaluation of Wellness Program Results and Outcomes

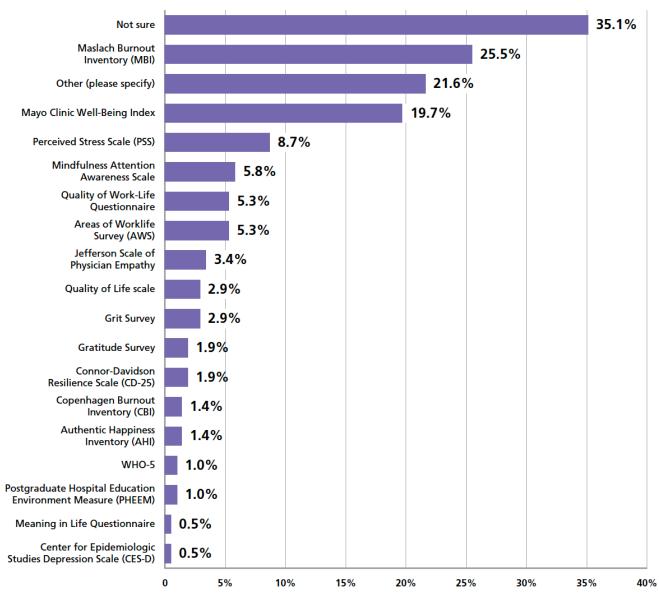


Establishing Metrics for Measuring Well-being



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

FIGURE 20. Wellness screenings used by organizations. What Metrics are you Using?



■ Screening used by organization (Check all that apply)

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-afudbraendthed/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-guestionnaire
- 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

- 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-subspecialties/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	Adapted from SWOT analysis template – a free resource from 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 <u>The 10 Recommendations</u> are currently <u>strengths</u> 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:

Specific –Actionable

Measurable – Process/Outcome

Achievable – Confidence 1-10

Relevant – Importance 1-10

Timely – Set dates

Strengths	Weaknesses
Opportunities	Threats

Adapted from SWOT analysis template – a free resource from 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.

Strengths

Weaknesses

2. Develop and communicate an organizational vision for well-being.

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

wen-being initiatives.

9. Conduct ongoing assessments of individual well-being.

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

Empedded MRC.2

Analyze Your SWOT and Draft a SMART GOAL

1. Approach organizational wellness initiatives within an improvement framework to lead change.

Strengths

Weaknesses

2. Develop and communicate an organizational vision for well-being.

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 o	rganizational	wellness	initiatives within an
im	provement	framework to	o lead cha	ange.

- 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	Weaknesses
Vision	• WR 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.

empedded 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.
- 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.

Strengths	Weaknesses
Opportunities	Threats

NEXT STEPS

Please be sure to complete an evaluation for this presentation.

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



QUESTIONS?

CHEERS TO OUR WELLBEING!!!

