



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Office of Faculty Affairs
Faculty Wellness Program

FACULTY WELLNESS SERIES

HEALTHCARE PROVIDER WELL-BEING: Three Perspectives from the Leading Edge

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FINANCIAL DISCLOSURE

Jon Courand, MD, FAAP has no relevant financial relationships with commercial interests to disclose

OBJECTIVES – OUR BUSINESS TOGETHER TODAY

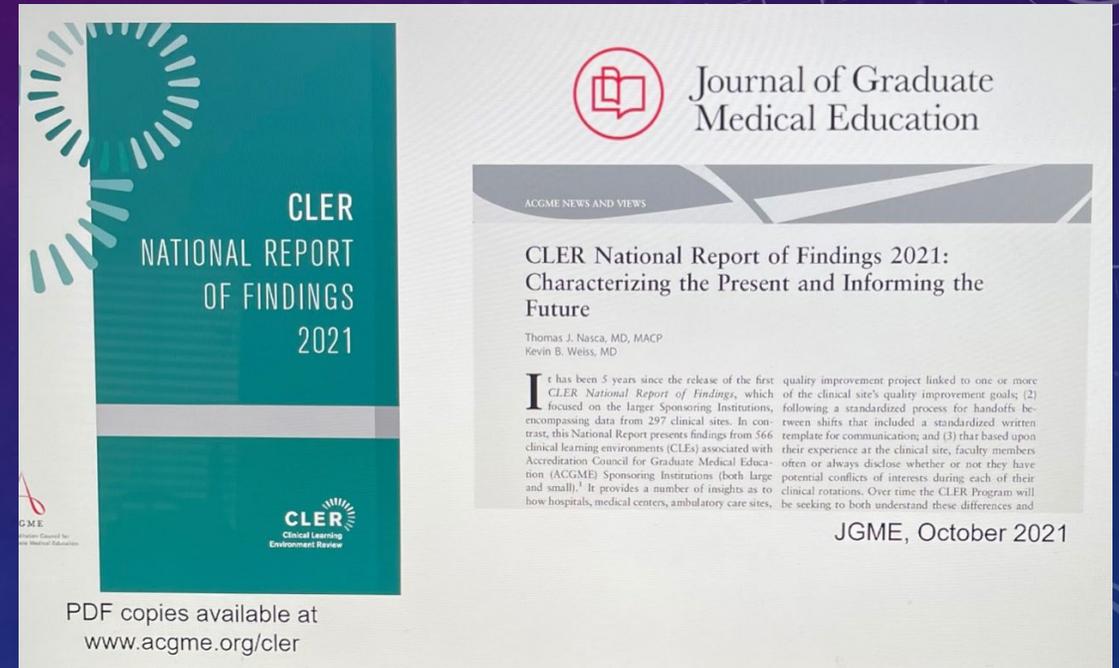
- Understand the shift in focus from an individual-based to system-based approach to provider wellbeing (ACGME)
- Describe the current structures and support of Wellbeing Champions nationally, and the critical role they play in provider wellbeing (AAMC)
- Delineate the major components of the Wellness Home Model for Residents and Fellows and the evolution and application of this approach to provider wellbeing (LSOM)
- Engage in an assessment of their local Wellness Resources and determine what next steps might be most beneficial

DEFINITION OF WELLNESS

- **Wellness** is an active process of becoming aware of and making choices toward a more successful existence
 - Active Process – means improvement is always possible
 - Aware – we must be continuously seeking more information to improve
 - Choice – we have options, we should seek those in our best interest
 - Success – as determined by each individual “One Size Fits One”

ACGME CLER – WELLNESS REPORT

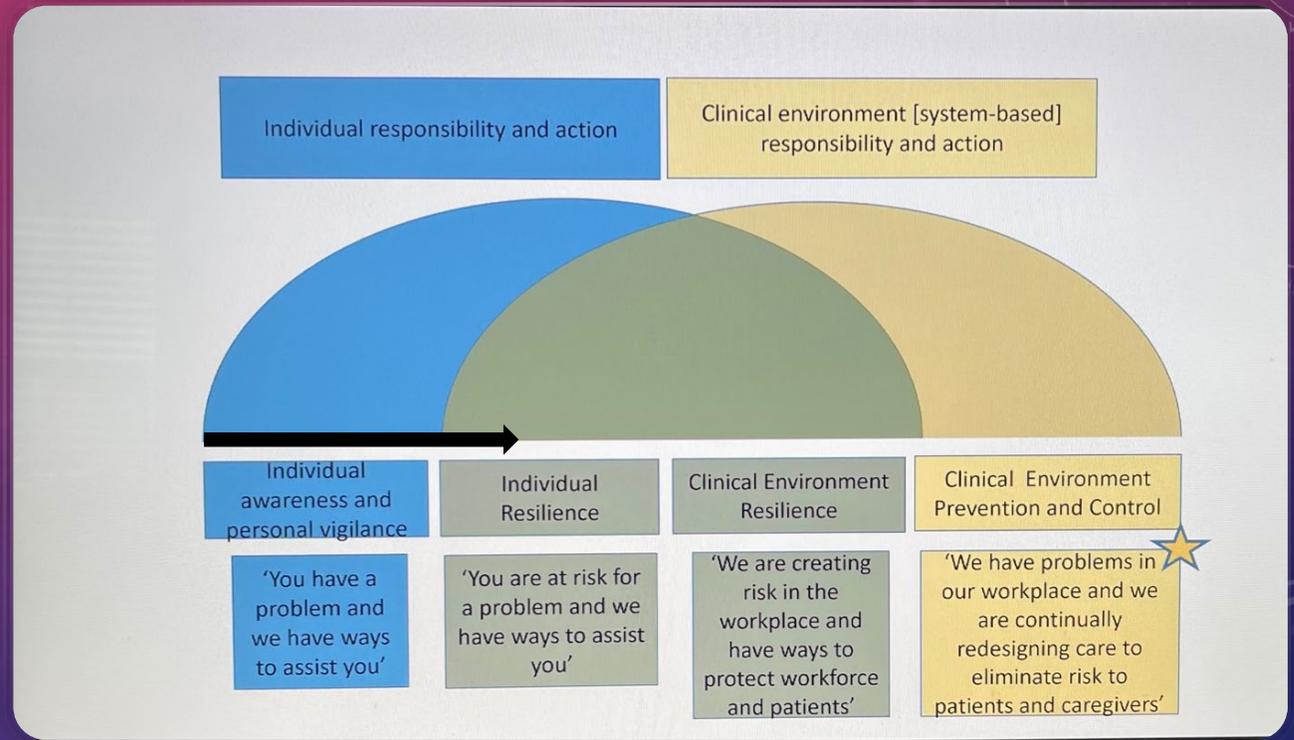
- All Data presented is from PRE-COVID Assessments
- Timeframe: June of 2017-February 2020
- A total of 566 Clinical Learning Environments Assessed
 - Encompassing 9724 ACGME Accredited Programs
 - Totaling 105,398 residents and fellows
 - Faculty and Staff interviewed as well
- Three Cycles of reviews including follow up of previous programs and adding new programs



This is some of the best data on the state of Wellness Programs across the Country

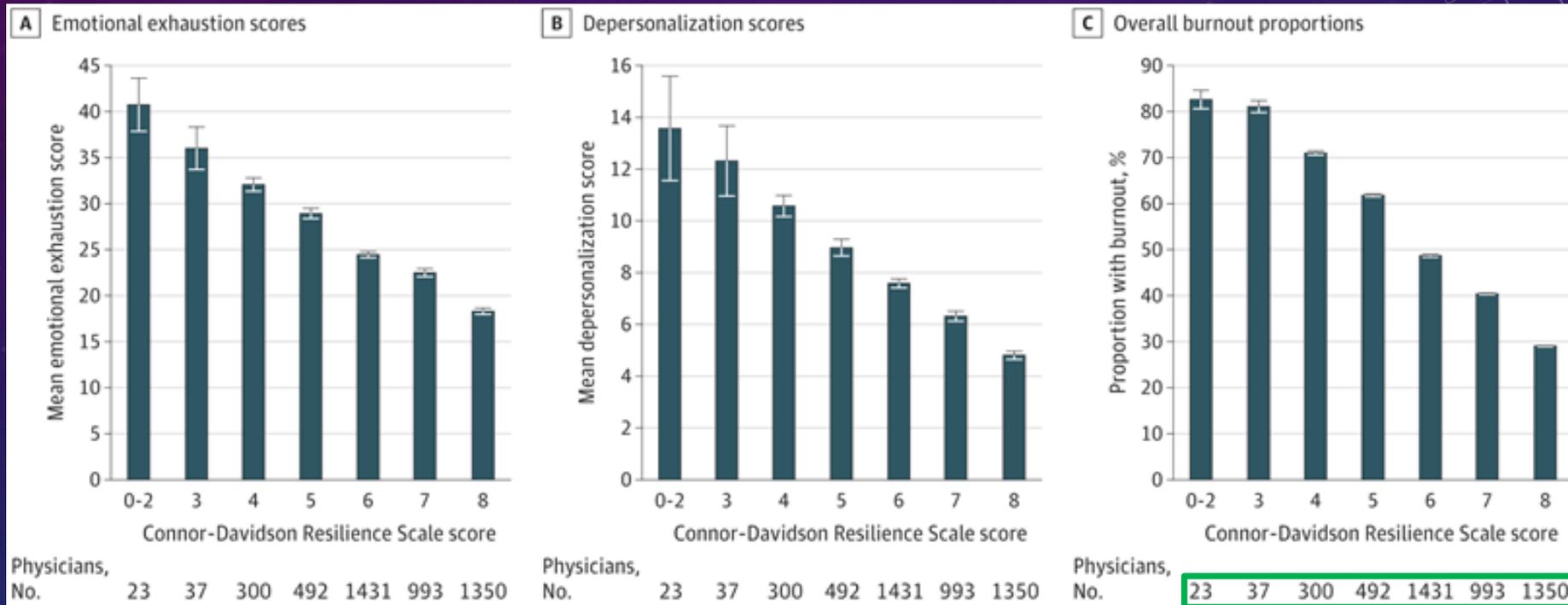
ACGME WELLNESS CONSORTIUM MEETING

- The Black Arrow represents nationally the progress CLEs have made addressing Faculty, Resident and Fellow Burnout
- ACGME strongly supports moving to a System-based versus Individual based approach to Wellbeing



RESILIENCE AND BURNOUT AMONG PHYSICIANS AND THE GENERAL US WORKING POPULATION

COLIN P. WEST, LISELOTTE N. DYRBYE; CHRISTINE SINSKY; ET AL;
JAMA NETWORK OPEN. 2020; 3 (7)



Average of Burnout Levels for Highest Level of Resilience = 32%. Even those with highest resilience scores get burned out.

RESILIENCE AND BURNOUT AMONG PHYSICIANS AND THE GENERAL US WORKING POPULATION

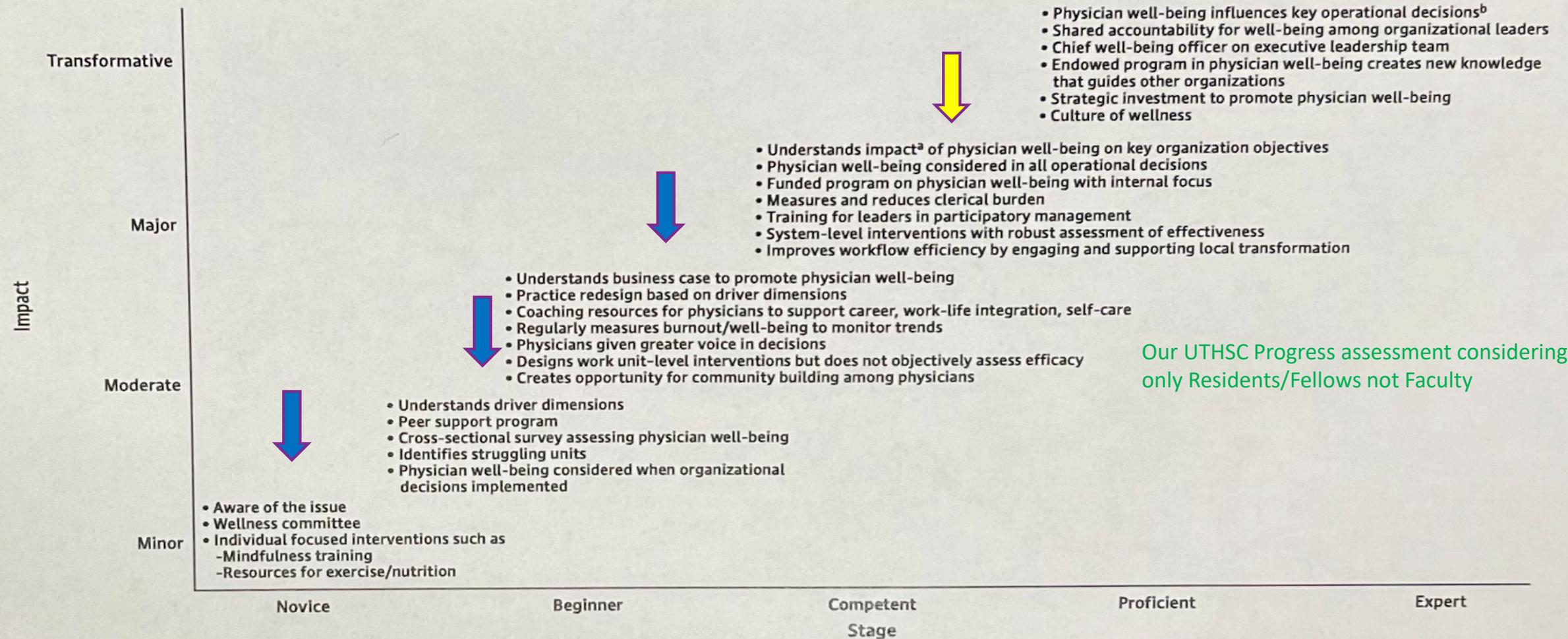
COLIN P. WEST, LISELOTTE N. DYRBYE; CHRISTINE SINISKY; ET AL;
JAMA NETWORK OPEN. 2020;3(7)

- Resilience higher in MDs than in the general population (p < .001)
 - Resilience associated with less Burnout (p < .001)
 - System problems need system solutions, not JUST self-care
- * Studies show that Nurses Burn Out at the same rate of Physicians

CLER EVALUATION COMMITTEE – COMMENTARY

- “CLEs that address well-being primarily through activities aimed at building resilience may be missing the more urgent system-level issues such as inefficient workflows, inadequate staffing and sub-optimal designed EMRs”
- “Burnout in GME faculty and other members of the clinical team adversely affects resident and fellow educational training, well-being and ability to deliver safe patient care”
- “CLEs that principally address burnout as a resident/fellow issue will likely not succeed absent interventions for faculty and other members of the healthcare team”

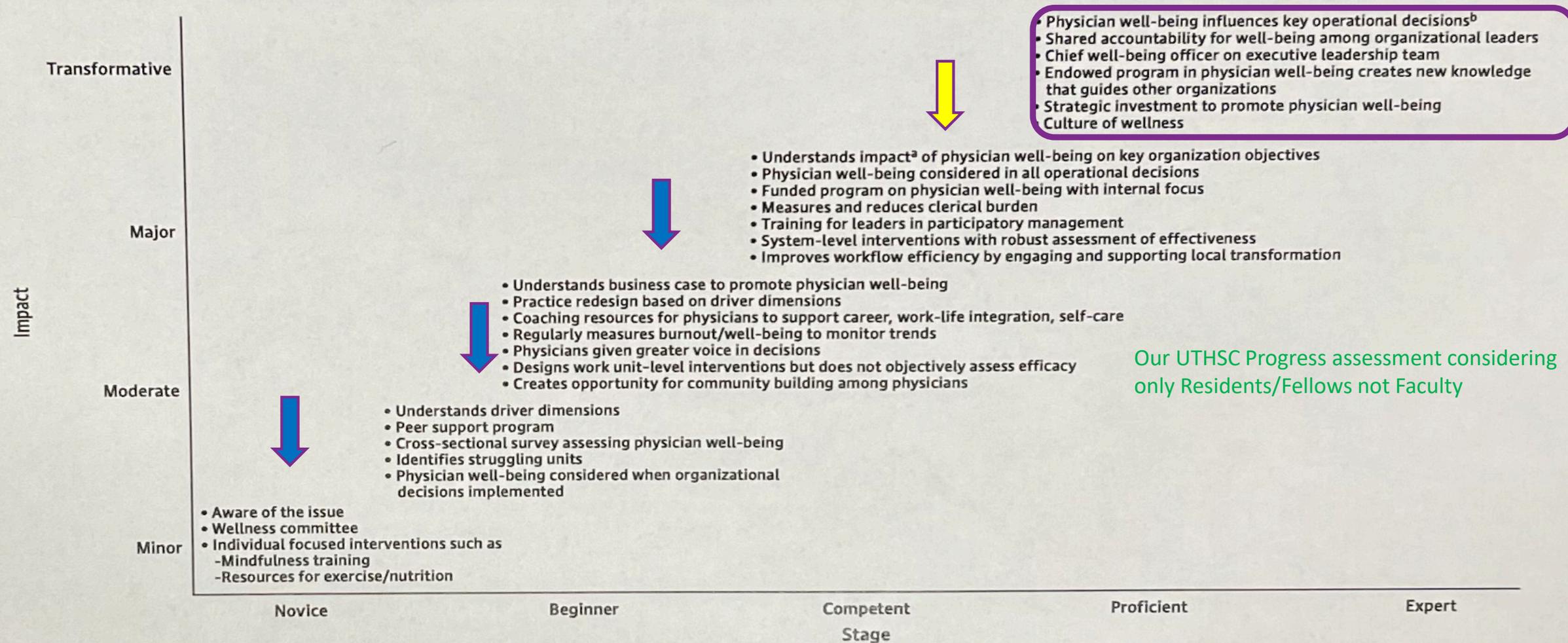
Figure 1. Typical Steps in an Organization's Journey Toward Expertise in Physician Well-being



^a Finances, turnover, safety/quality, patient satisfaction.

^b Strategy, priorities, resource allocation, new initiatives.

Figure 1. Typical Steps in an Organization's Journey Toward Expertise in Physician Well-being



^a Finances, turnover, safety/quality, patient satisfaction.

^b Strategy, priorities, resource allocation, new initiatives.

LET'S SHIFT GEARS – FROM NEED TO IMPLEMENTATION



COUNCIL FOR FACULTY AND ACADEMIC SOCIETIES (CFAS) – NOVEMBER 4, 2021
PUBLICATION IN ADVANCE OF AAMC LEARN SERVE LEAD

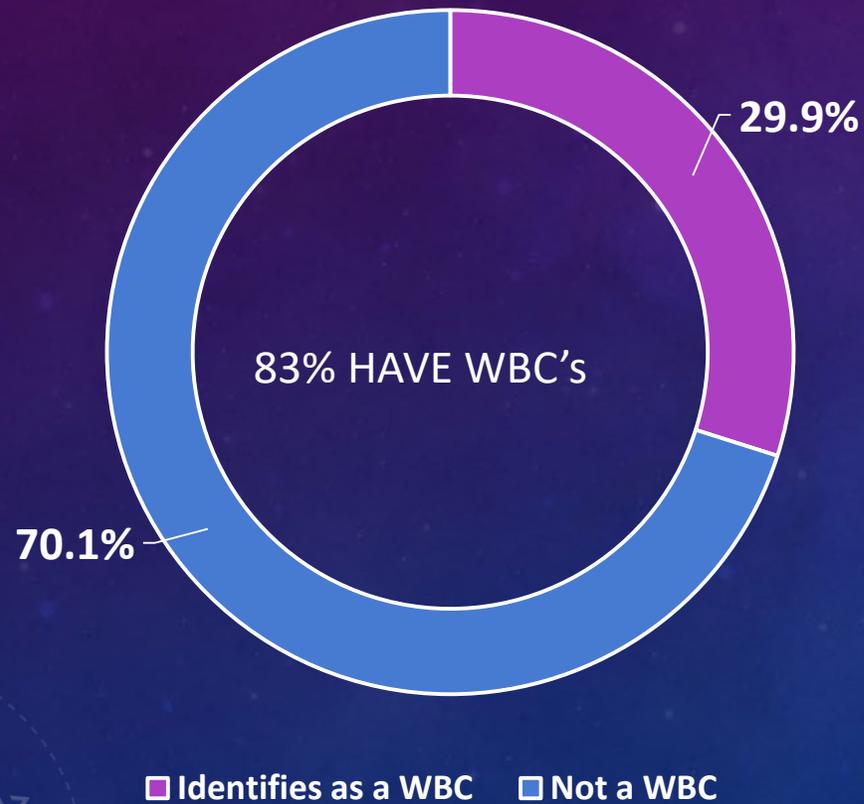
CFAS CONNECTS with the
Faculty Resilience Committee

November 2021

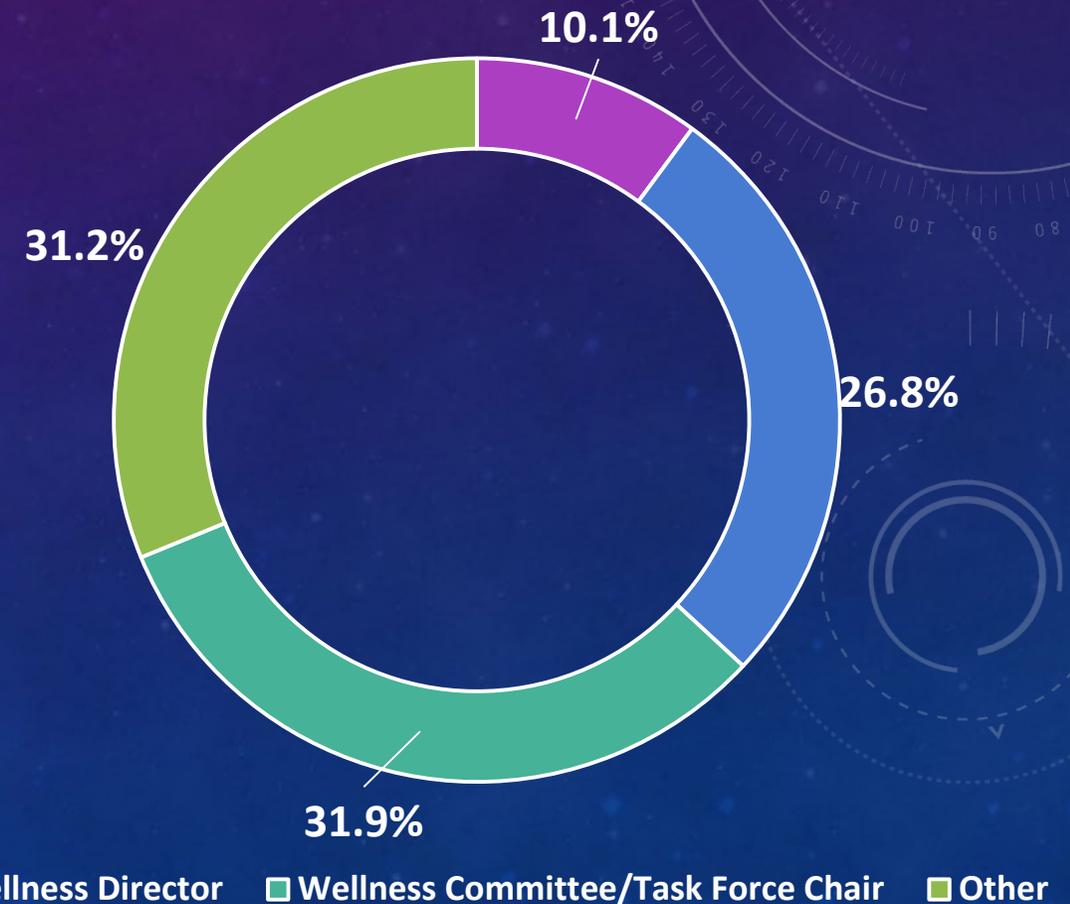


WELL-BEING CHAMPIONS (WBCS) (N = 532)

Respondents who Identify as WBC (n=461)

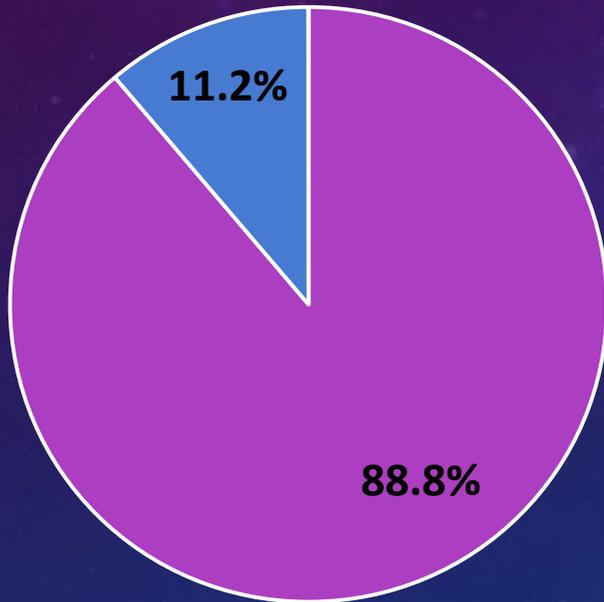


Title of WBC (n=138)



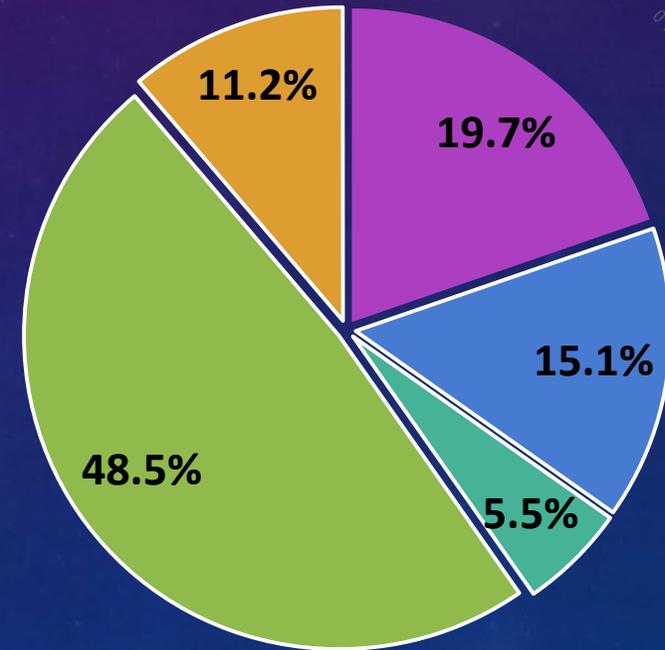
WELLNESS PROGRAMMING

Respondent Organizations with Wellness Programming (n=492)



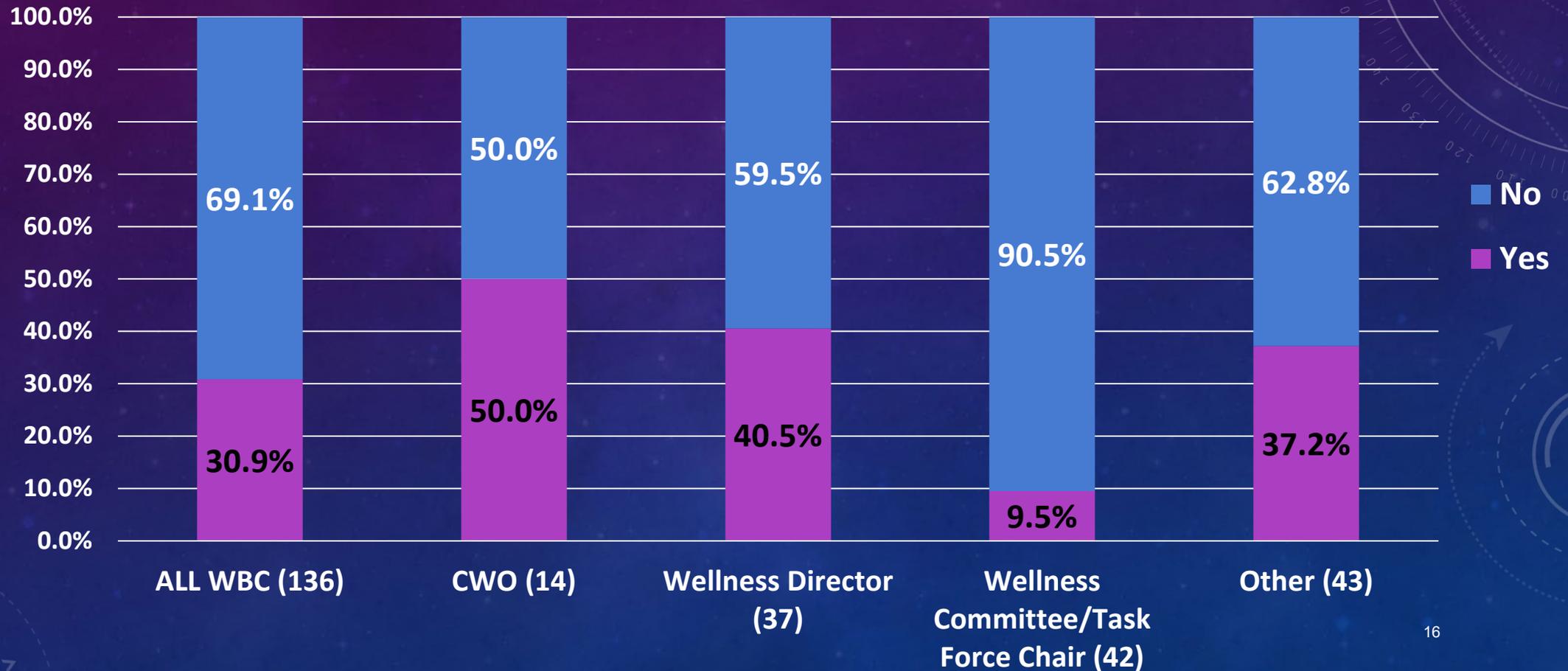
- Yes, organization has 1 or more programs
- No, organization does not have a program

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

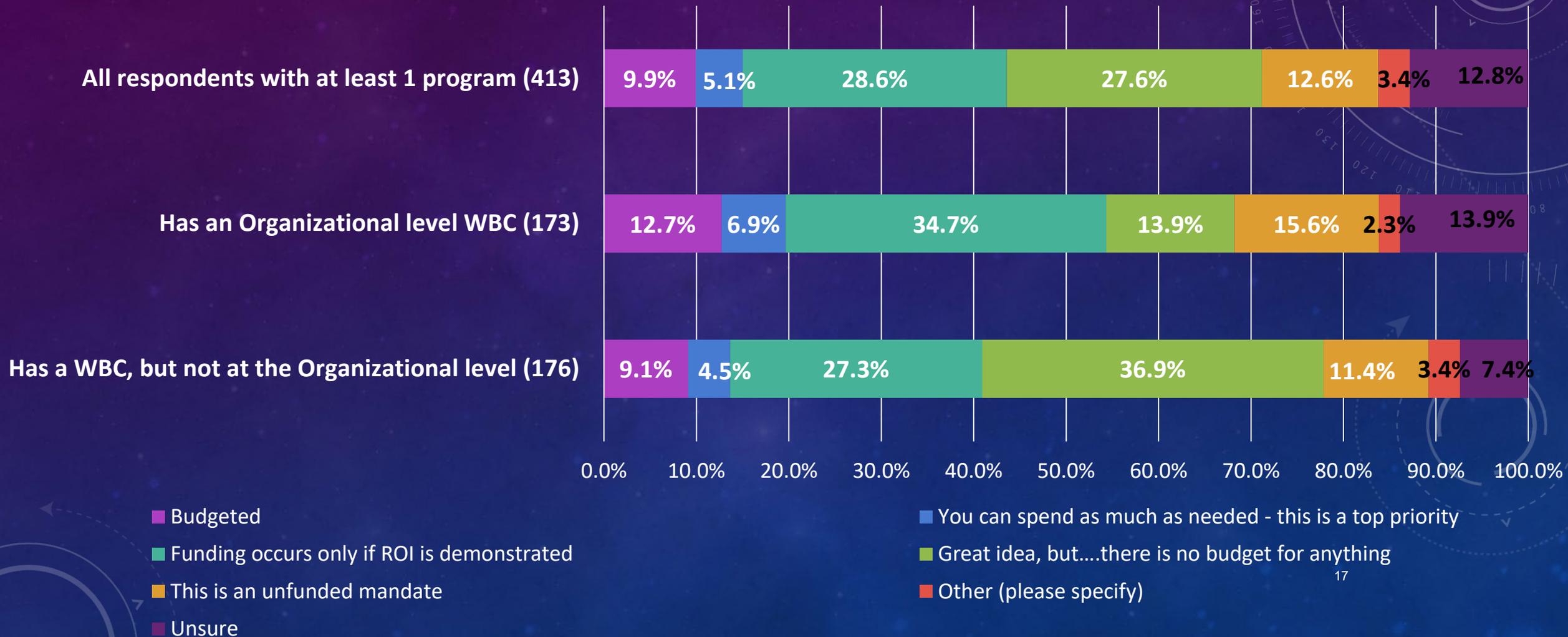


- Just learners (students & or residents)
- Learners and Faculty only
- Learners and Staff only
- Learners, Faculty, and Staff
- Other

PERCENTAGE OF WBCS WHO RECEIVE FORMAL TRAINING FOR ROLE



RANGE & PHILOSOPHY FOR FUNDING WELLNESS PROGRAMS



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.**

AAMC WELL-BEING REPORT RECOMMENDATIONS

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

A typical Improvement framework is something like Plan, Do, Study, Act (PDSA Cycles), or Identify and Define the Problem, Cause, Solution(s), Implement, Review, Follow up.. Repeat.

Example: Patients delayed getting out of OR. Patient cannot leave OR until **Brief OR Report** is completed. Computers are old hardware and slow. Solution #1: OK for patients to go to PACU with verbal sign-out while Brief OR report is completed. Solution #2: Update Computers. Computers were updated and Brief OR reports are imputed more rapidly, and then patient taken to PACU. OR Cleaned for next patient.

The Best weapon in the Wellness arsenal is Quality Improvement (Health System Science)

AAMC WELL-BEING REPORT RECOMMENDATIONS

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

Our mission is to promote a culture of health and professional well-being that empowers our faculty to reach their full academic and personal potential allowing our organization to function optimally as a leader in the advancement of health care. (UT Southwestern)

Even this statement is written more for individuals over systems...

AAMC WELL-BEING REPORT RECOMMENDATIONS

3. Establish an organizational-level well-being champion to coordinate and align a network of wellness efforts across the organization.

- **Representative positions: Chief Wellness Officer or Director of Wellness**
- Reporting structure: Dean or Hospital C-suite
- Wellness vision and institutional goals
- Responsibilities include a larger segment of employees
- Formal job description with performance metrics
- Greater allotted FTE : minimum of 30% and a quarter having more than 50%

AAMC WELL-BEING REPORT RECOMMENDATIONS

4. Embed well-being champions throughout the organization to coordinate efforts for specific audiences.

- **Representative Positions:** Dean of Wellness, Departmental Wellness Champion, Wellness Committee Chair or Wellness Task Force Chair
- Origin: Office of UME, Office of GME or Departmental
- Report within the academic hierarchy of Department Chairs, Deans, or HSC Presidents
- Limited well-being vision, goals or use of metrics. Focus on specific constituents
- Creation of wellness curriculums, scholarly activity, and oversight of behavioral health providers and counseling services
- Allotted FTE: about 10% FTE, or one half-day per week

AAMC WELL-BEING REPORT RECOMMENDATIONS

5. Standardize the job characteristics of well-being champions and set clear expectations.

Individuals taking these sorts of jobs must be provided with clear delineation of what are the responsibilities of the position. This cannot be “make the faculty and staff well”. Who are they responsible for supporting: physicians, nurses, staff, trainees, all of the above? What metrics will be used to evaluate them? How are those metrics to be determined? Survey? Attrition / Turnover rates? Press Ganey Scores?

AAMC WELL-BEING REPORT RECOMMENDATIONS

- 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**

AAMC WELL-BEING REPORT RECOMMENDATIONS

6. Support the role of all well-being champions by introducing training, providing resources, and dedicating funding

Individuals, especially in more Organizational Roles must have the time (minimum of 50% FTE), budget (established not ROI Case), Training and Oversight to operate effectively. There are many CWO courses throughout the country. Largest and oldest run by Tait Shanafelt, MD at Stanford.

In addition, it is best if they have seat at the C-Suite or Dean's table rather than reporting to someone in those positions. For instance, the CWO reporting to the Chief Medical Officer who then sits at the table.



AAMC WELL-BEING REPORT RECOMMENDATIONS

7. Promote well-being as a core competency for all health professionals

When any employee has their annual review, wellbeing characteristics should be included in that review. Examples may be vacation used or not, sick leave taken, disciplinary actions, engagement in departmental or unit initiatives, measures of burnout or professional fulfillment. Subjective questions of "how are you doing". Trust in supervisors is critical here.

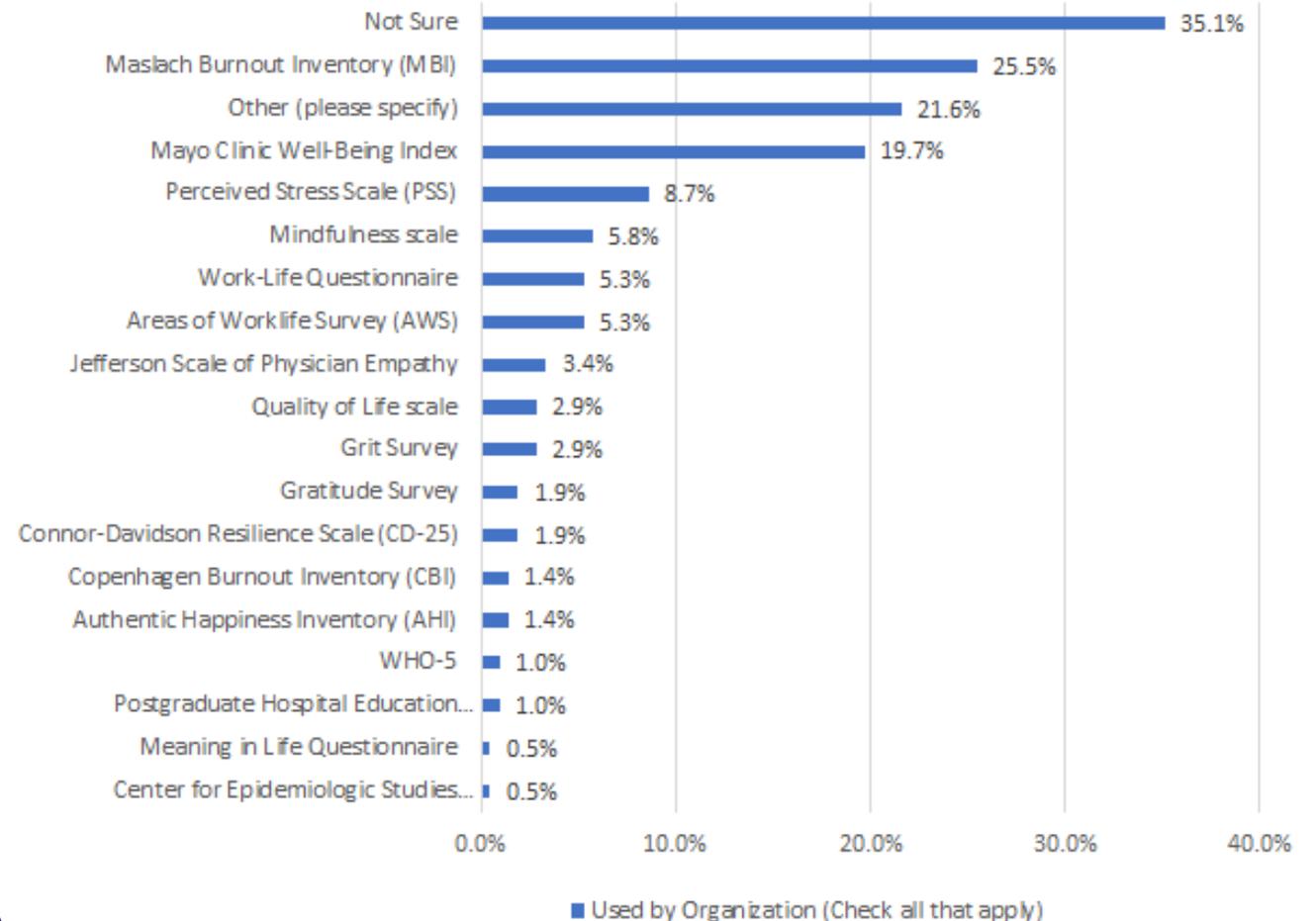
AAMC WELL-BEING REPORT RECOMMENDATIONS

8. Incorporate program evaluation when designing comprehensive well-being initiatives

One of the assessment tools used and listed in the **Other** category is the **Stanford Professional Fulfillment Index**. We recently were able to use these questions in our **Standpoint Survey**.

Caveat: If you are going ask these Questions, you must be prepared to address any concerns raised.

Wellness Screenings Used by Organizations



AAMC WELL-BEING REPORT RECOMMENDATIONS

9. Conduct ongoing assessments of individual well-being

The UT System has submitted a White Paper to our Chancellor recommending that all UT System Schools use a common measure of Wellbeing to evaluate programs across the system with like measures – this in in process.

AAMC WELL-BEING REPORT RECOMMENDATIONS

10. Prioritize well-being as a professional development goal

Each year as we meet with our Supervisors, we are asked to look ahead and set goals for the next 1, 3 and 5 years for Clinical, Research, Teaching or Administrative. Many are aspirational. We invite programs to include and discuss specific professional development goals focused on the individual's Well-being.

Examples might include meeting with a financial planner, expanded spiritual practices, specific fitness goal or learning another non-medicine skill like ballroom dancing or painting. Volunteering at the Food Bank or community garden.



LOCAL INITIATIVES THAT HAVE MADE A DIFFERENCE

- Monthly Wellness Committee
- Interactive Screening Program
- Pebble in the Shoe Exercise
- Wellness Home Approach

WELLNESS COMMITTEE – MOST CRITICAL

- Start small and expand, for instance UME, GME, Departmental first. These are more Embedded
- Expand to School Level (School of Dentistry, Medicine or Nursing). These are more Organizational and Ultimately Institutional
- Passionate and engaged leadership with emerging national activities
- Focus is Three-Fold 1. Knowledge clearing house, 2. Faculty development, 3. SMART Goal development and implementation
- Wide and diverse representation including faculty, staff and learners from many departments
- Representatives from other wellness committees and hospital wellness partners
- Monthly meetings with quarterly reports

INTERACTIVE SCREENING PROGRAM (ISP)

- Managed by the American Foundation for Suicide Prevention (AFSP) in New York
- Used in Medical Schools, Colleges and Universities and Residency Programs across the country
- Encrypted network, servers located in New York, AFSP or home program cannot access any specific information
- ISP program and questionnaire is anonymous and voluntary
- Enables on-line anonymous counseling of respondents
- Residents and Fellows 9/17 and Faculty 5/20. Next step Academic Staff. Ultimately Schools of Nursing, Dentistry, Graduate School

Faculty ISP Experience

www.uthealth.caresforyou.org



UT Health
San Antonio
The University of Texas
Health Science Center at San Antonio

If you are in crisis, call
1-800-273-TALK (8255)
National Suicide Prevention Lifeline

Forgot your User ID/password?

Welcome

Returning User Login

User ID: [input] Password: [input] Login

Welcome!

This is a secure, easy way to learn whether stress, depression, or burnout is affecting you. The pressures of day-to-day life affect us all, sometimes those pressures can impact our mood, disposition, happiness and job satisfaction. Thank you for taking this important step to learn how these issues may be affecting your well-being.

This website and the services offered are intended **ONLY** for residents and fellows at University of Texas Health San Antonio. Your participation is completely **voluntary and anonymous**.

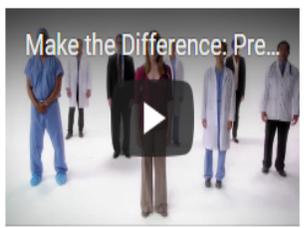
This is **not** a crisis intervention service. If you are in crisis, please use the resources listed on this page to get immediate help.

Note: the Updated Site says: Intended for Faculty, Residents and Fellows

Take 3 Easy Steps

1. Click the "Sign Up" button below
2. Create a User ID and password, allowing for complete anonymity
3. Take and submit the Questionnaire, which takes less than 10 minutes to complete

[+] Make the Difference: Preventing Medical Trainee Suicide



[+] Counseling Services

UTHSCSA Behavioral Health
Phone: (210) 567-4431
Hours: Monday-Friday 9am-4pm

[+] Emergency Contacts

National Suicide Prevention Lifeline:
1 (800) 273-8255 (TALK)

Crisis Text Line:
Text TALK to 741741

University Hospital Emergency Center

SAMPLE QUESTIONNAIRE

Welcome Questionnaire Log Out

Stress & Depression Questionnaire

Page 1 2 3 4 5 6 7 8 9

During the **last 4 weeks**, how often have you been bothered by any of the following?

	Not at all	Some of the time	A lot of the time	Most or all of the time
Feeling nervous or worrying a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your life is too stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having arguments or fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling intensely anxious or having anxiety attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling intensely lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling intensely angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling desperate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next »

[] Make the Difference: Preventing Medical Trainee Suicide



[] Counseling Services

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Phone: (210) 567-4431
Hours: Monday-Friday 9am-4pm

[] Emergency Contacts

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Crisis Text Line:
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University Hospital Emergency Center
(210) 743-0024

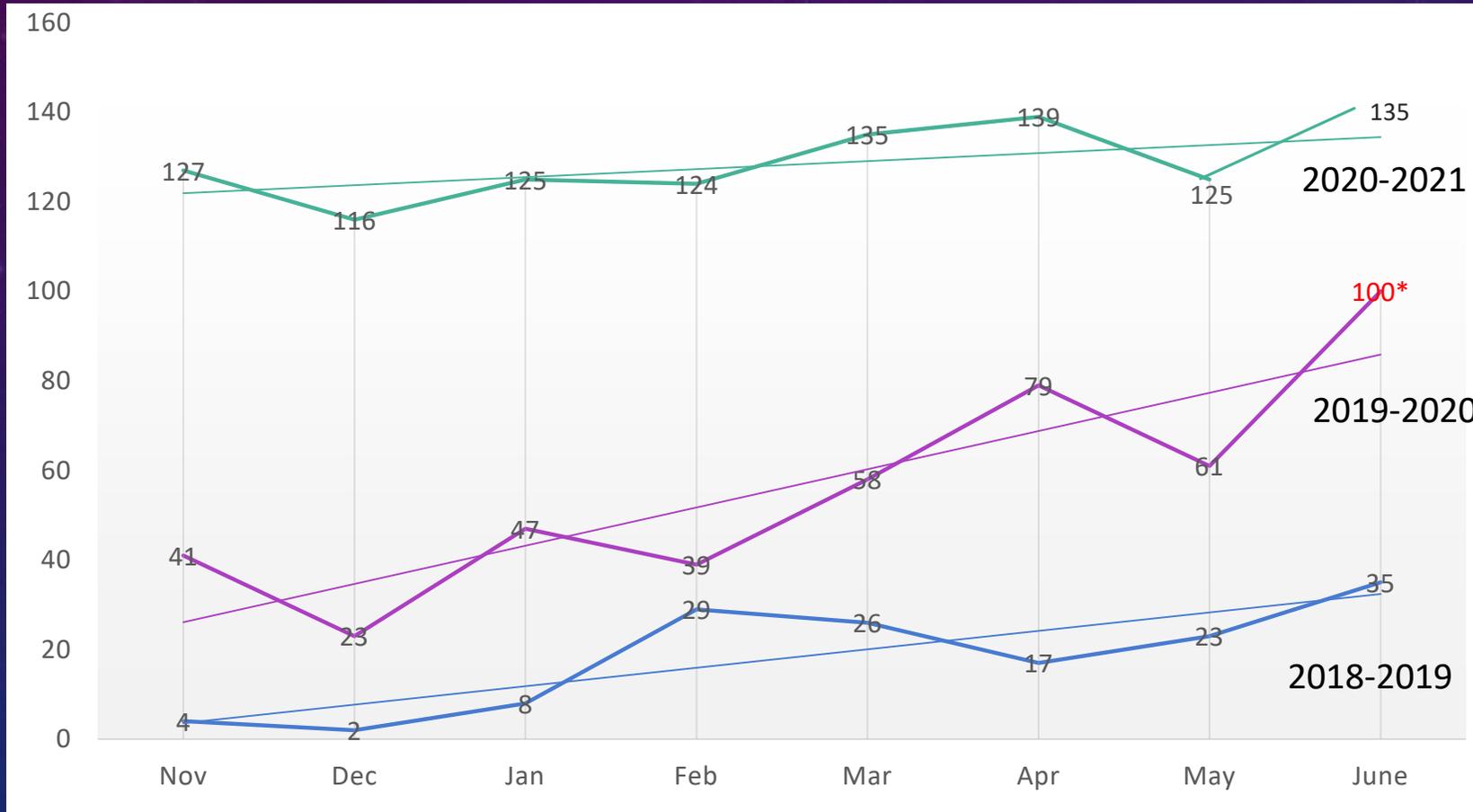
Deer Oak Employee Assistance Program
1 (866) 327-2400

TIER DESIGNATION

- **Tier Designation Criteria**

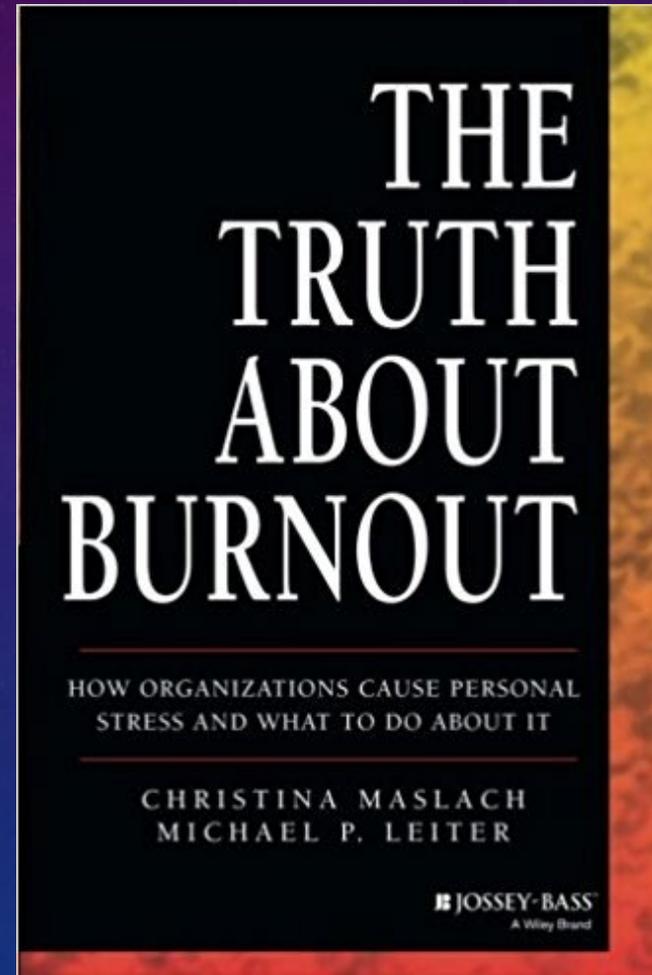
Tier 1A	indication of current suicidal ideation or behavior	24 hours to post a response
Tier 1B	significant distress but no current suicidal ideation	24 hours
Tier 2	issues of concern but less urgent	36 hours
Tier 3	no major concern	48 hours

DIRECT COUNSELING HOURS 3-YEAR COMPARISON



DRIVERS OF BURNOUT

- Review working environment for issues of:
 - Excessive Workload
 - Loss of Control over decisions that effect individuals
 - No Balance between effort and rewards
 - Loss of Community within the program
 - Issues of Fairness among peers
 - Poor Values, not aligned with individuals



BURNOUT CASE STUDY

- Alex works in a large inner city emergency center. He has been an ER Physician for 5 years; the work has been challenging but rewarding. Over the past several months however, he has found he does not have the same enthusiasm for the job. He has worked long hours and had to pick up several additional shifts because many of his partners have gotten ill with COVID or left the ER for easier Urgent Care Clinics. He is physically and mentally exhausted. Last month his approved vacation was cancelled by the EM Director unilaterally because of short staffing. A colleague who is 2 years his senior was allowed however to take her vacation. A couple weeks ago he had a patient come into the ER with shortness of breath and fever. When he asked if the patient had been vaccinated, he was greeted with an obscenity. As the patient got more distressed, he was thinking as he prepared to intubate him that it “serves him right”. He wishes he had someone to vent to about all these issues, but his partners are so busy no one has time to talk and after the shift they just want to get home to decompress. He had considered seeking help but worried what the medical board will do if they find out. He would never tell his partners either.

IMPACTING BURNOUT

PEBBLES IN YOUR SHOE EXERCISE



BUT BEFORE THAT A STORY



Kathy Whitmire Mayor
of Houston 1991



Bob Lanier – Challenger
for Mayor of Houston

IMPACTING BURNOUT

Pebble in the Shoe

- What one thing most negatively affects your wellbeing, stress level, or feeds your burnout?
- Generate a few solutions
- Find like-minded individuals who share your concern
- Work together to drive change



Scribes in the EC

WELLNESS HOME MODEL- UPDATE

Adapted from Medical Home Model from Pediatrics

Moving the conversation from supporting a basic “wellness program” to a something more extensive and all-encompassing

- Behavioral/Mental Health/Community services
 - Residents, Fellows and Faculty
 - Screening with Interactive Screening Program
 - Domain pulse checks
 - Spousal and Significant Other Support / Marital
- Primary Care services / Dental services / Women’s Services - Improving access and scheduling
- Child Care / Elder Care/ Pet Care through *Care.com*
- Social Services (legal, immigration, etc.)
- Educational Offerings for group and individuals
- Struggling Learner programs – provide and refer as needed
- Scholarly Output – expand knowledge



DOMAIN PULSE CHECK (DPC)

- Based on the SAMHSA holistic wellness approach, the Domain Pulse Check program provides a way of assessing if any of the life domains requires more balance and how other domains can help in rebalancing it. Just like checking a person's pulse gives an indication of a person's physical wellbeing, Domain Pulse Checks offer a glimpse of into the dimensions of our lives.

DOMAINS USED FOR PULSE CHECK



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