



CFAS Connects January 21, 2021

**Association of
American Medical Colleges**
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Moderator: Cathy Pipas, MD

Speakers: Serina Neumann, PhD, Jon Courand, MD

Dr. Pipas opened the session with an overview of the CFAS Faculty Resilience Committee. The committee's draft mission is "To identify and promote individual and institutional (both medical school and academic society) practices that successfully foster faculty well-being and systems' health and wellness." The committee's 2021 goals are 1) summarize and publish *Wellness Champion Survey* results 2) create a job description for well-being champions (combine with #1) and 3) identify, highlight, and catalog well-being best practices and metrics across organizations and disciplines.

The leadership team for the Faculty Resilience Committee includes Jon Courand, MD, and special guest Megan Furnari, MD.

Discussion:

- Many faculty members feel as though they are in an "imperfect storm" with the burnout epidemic converging with the COVID-19 pandemic. Burnout peaked in 2014, then by 2018 there was an encouraging increase in well-being, but the pandemic erased those gains.
- Well-being is cyclical: it starts with the individual, so individuals must own their own well-being, but well-being is also influenced by the wellness of everyone in the community. So academic medicine must do both self-assessment and self-improvement *and* system-assessment and system-improvement.
- There is now a surplus of well-being champions, whether chief wellness officers, assistant deans, etc. but many of these people are burning out already according to survey results, so institutions need to figure out how to better support these positions.
 - Having protected time is a major factor in keeping wellness officers from burning out.
- Modeling is much more difficult in virtual settings so there is a need to be very intentional about describing to students what faculty do to take care of themselves.
- Women will be disproportionately impacted by the extra burdens that the pandemic has put on physicians.
 - There may be a current generation of women in academic medicine who will be overwhelmed by the pandemic and burnout.
 - Mentoring is especially important for women during these times.

- Chief wellness officer positions are becoming very common but there's often a lack of definition and uniformity to these positions.
 - Drs. Courand and Furnari have gathered job descriptions from chief wellness officers and found that they tend to be more hospital-based and report to chief medical officers.
 - Dr. Courand invited participants on the call to send wellness officer job descriptions and metrics for success to his email at courand@uthscsa.edu.

Institutional measurements, programs, and solutions:

- One call participant led development of a train-the-trainer model called “Pro-briefing.” This is a program for staff that teaches them problem solving, how to find meaning, and how to handle difficult situations such as receiving difficult feedback from students or experiencing upsetting events in clinicals. It’s a peer support system in place across the institution for residents, students, and staff.
- Another call participant led the development of PFA (Psychological First Aid) in response to COVID surges. These are brief seconds to provide emotional support in short term and long term adaptive functioning for clinicians and nurses. It helps screen people and gauge whether or not they need to be referred.
- Another call participant created a “Culture of Wellness” curriculum. The program brings everyone together and it was powerful for the learners to see the faculty acknowledge their vulnerabilities. The program employs cognitive reframing and emotional intelligence. It’s important to avoid making wellness activities purely extracurricular and instead to integrate them into the daily workflow.
- There was discussion of the creation of a program called “Creating Caring Communities” where students meet in groups of ten led by a faculty member. Faculty that volunteer to lead these wellness activities help their own wellness and model and incentivize similar volunteering among their other peers.
- A call participant surveyed patients who had their surgeries cancelled and found that women and Black patients who had their surgeries cancelled were more fearful or reluctant to reschedule.
- One institution tried to motivate clinicians to help make up the shortfall in revenue due to COVID by giving target numbers to each individual clinician (i.e. if you see 3 more patients a week, it will help the institution), which boosted their productivity.