

## CFAS Connects December 2021

**Moderator:** CFAS Chair-elect Nita Ahuja, MD, MBA, FACS, William H. Carmalt Professor of Surgery; Chair of the Department of Surgery at Yale School of Medicine; Interim Director of Yale Cancer Center; Interim Physician-in-Chief, Smilow Cancer Hospital

### Speakers:

- CFAS Faculty Resilience Committee Chair Catherine Florio Pipas, MD, MPH, Professor of Community and Family Medicine at Dartmouth Institute for Health Policy and Clinical Practice at Geisel School of Medicine at Dartmouth
- CFAS Faculty Resilience Committee Vice Chair Jon A. Courand, MD, Professor and Vice Chair of GME for Pediatrics; Assistant Dean for Wellbeing for Graduate Medical Education at UT Health, San Antonio

### CFAS Faculty Resilience Mission as of 3/21/21:

To identify and promote **individual and institutional** (both medical school and academic society) practices, including advancing the role of the “Wellbeing Champion” to successfully foster faculty well-being and promote systems of health and wellness.

Aim: to explore challenges, advance solutions and partner to share both stories and science

Through publishing [\*The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs\*](#), the CFAS Faculty Resilience Committee achieved all 3 of its goals in 2021:

1. Summarize and publish findings on wellbeing champions and initiatives across organizations and disciplines (2019 – 2020 survey results)
2. Understand and identify job characteristics and descriptions for wellbeing champions
3. Identify, highlight, and catalog wellbeing best practices and metrics

### Survey results:

- The survey included 532 participants.
- More than 80% of institutions in U.S. have well-being champions now.
- Nearly 90% of institutions have some kind of wellness program in place.
- 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.
- Institutions are feeling the urgency and need for curricular elements and methods for reaching their different constituent groups: students, staff, faculty etc.
- There is variation in titles, training, time, tools, resources, budget, metrics, evaluation, outcomes, and publication for wellbeing champions.
- There is an expansion of resources both nationally and locally for wellness initiatives (i.e. from AAFP, NAM, AAMC, ACGME)

- There are opportunities for standardization and collaborative training and research to determine and disseminate best practices for wellness champions.

#### **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.

#### **Further discussion:**

- Health care is coming to the realization that you can't blame the individuals for their struggles with mental health when they're working in a toxic environment. In other words, you can't blame the fish when they're swimming in a polluted fishbowl.
- Institutions still need to do more work in providing resources and consistent support to their well-being champions.
- There was discussion that a stepwise pace of pursuing better well-being outcomes may not be sufficient.
- If there aren't enough financial resources, wellbeing champions can still be effective by creating a network of people in the upper levels of their institution that can drive the wellness mission.
- In the conversation around wellness in medicine, physician well-being often dominates, but we must also understand and address well-being challenges for scientists and educators.
- In well-being conversations, we need to do more to elevate awareness of the compounding well-being challenges that result from being an underrepresented minority in medicine.
- Physicians have been trained to give, even at their own expense, and this makes it challenging for them to advocate for themselves to leadership, but more are learning the necessity of doing this.
- Junior faculty members with young children are an especially important group to prioritize in institutional wellness programs and efforts.
- There is encouraging progress on well-being with regard to policy changes at the national level: for example, the ACGME Board of Directors is now requiring paid parental/caregiver leave for 6 weeks at least once during residency or fellowship without fully exhausting someone's vacation.

#### **Chat:**

Following is the chat transcript and shared resources from the **CFAS Connects** Community Discussion on “We Can’t Afford to Burnout: Addressing Well-Being and Supporting the Role of Wellness Champions”

Note: This chat transcript has been largely de-identified and edited for clarity. **The full chat is available in the link to the recording on the [CFAS Resources webpage](#).**

Download the AAMC Report, “The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs:” <https://store.aamc.org/the-rise-of-wellness-initiatives-in-health-care-using-national-survey-data-to-support-effective-well-being-champions-and-wellness-programs.html>

Sharing a descriptive article of ACP's national WB champion program and the associated online toolkit with all of you- this was published earlier this week: "Feasibility of a “Network of Champions” in implementing a program to address physician well-being:” <https://ir.library.louisville.edu/jwellness/vol3/iss3/2>

Design Your Own Well-being Program toolkit is available on this site: <https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment/design-your-own-well-being-program>

I was struck by the variability in the roles in the report and variability in measurement of tools used to measure wellness.

Lots of opportunity to define best practices. Unfortunately funding or resources were uniform: too little. Disappointing, but not surprising.

Thankfully there are beginning to be some good business cases for supporting physician wellbeing! How would well-being be assessed?

Is it time to try and standardize the measures? That is, should there be key ones including in any institutional survey.

It would be great to take all these recommendations and see how CFAS can develop needed programming to address next steps.

I think it would be great to ID a few standards and survey institutions.

We have a dedicated focus and officer of wellness at EVMS. Regular wellness seminars and fitness centers for trainees and staff. We could do better with childcare support. [https://www.evms.edu/about\\_evms/wellness/](https://www.evms.edu/about_evms/wellness/)

Absolutely agree that the business case for investment is a return on investment if it helps retain staff (physicians and nurses) and insures high quality care continues, both of which are at risk.

As we work on the ROI and business case for wellness, what are metrics for success?

This issue will also come to a head as one measure of leader/manager effectiveness would be the well-being of the unit, absenteeism, turnover, etc.

This can include faculty and staff turnover rates, presenteeism, scales like the Professional Fulfillment Index, use of counseling services, etc.

Why do we accept a system where we treat an issue (like burnout) rather than prevent it? Every system is perfectly designed to deliver the results it gets.

So glad you're raising this point. It's an area where I think CFAS should have increased focus.

The AAMC has been tracking burnout among scientists and it is continuing to increase!

Now we just need to look at wellness in our graduate programs at schools of medicine, too.

The good news as providers begin to understand this issue, they will seek those places where they are valued.

There is no healthcare system without clinicians. We need to improve working and learning conditions.

There are lot of blogs and twitter post from scientists about burnout in science.

Much of the "system" is dictated by federal/state policy, the medical industrial complex, and societal forces....all very challenging to influence.

The question is how to provide the amount of care needed by our society with globally inadequate resources.

In restaurants in California, you see a grade before you walk in ... no one is walking into a restaurant with a "D." Imagine doing that for wellness in hospital systems.

There has been a steep rise in regulation and expectations of us without the support whether its CMS, NIH, etc.

Yes! Increased regulations and demands from ALL directions.

Yes and we are too busy to protest.

Waits to see a sub-specialist in many parts of the country are months. Finding primary care in much of the country is difficult-to-impossible. Getting balance in this context is going to be very difficult. It's a big system issue, beyond local system issue.

Thinking of the old airline analogy of putting our life jackets on first. We need to ensure we keep our teams healthy first to help our patients.

I agree there are many steps we can take (like a sane EMR system that focuses on care instead of billing), but the ultimate challenge is a more effective delivery system. We'll keep running into capacity questions when we try to advocate for balance.

As we consider FACULTY well-being, we need to think broader than clinicians.

Very well said!

So much of this is about having realistic and doable workloads and redundant staffing solutions and those changes take financial resources. But we can start with connecting faculty with agency and resources to help them to advocate for investment.

Please excuse me for arriving late. In terms of today's discussion, has there been any mention of considering the different/unique/compounding issues related to self-care and wellness for minoritized faculty?

<https://nam.edu/a-pragmatic-approach-for-organizations-to-measure-health-care-professional-well-being/>

Got it. I don't think there was anything specifically addressed to issues unique to minoritized faculty.

Really like the train the trainer model as a priority initiative as many wellness champions may not have the skills to do their work.

The AAMC is doing some research on burnout among Women of Color.

Thank you. I agree with the point about minoritized faculty. We can certainly bring this up to the Diversity and Inclusion Committee as well.

There is a group in California that has also published data and research in this area.