**CFAS Connects: CFAS Faculty and Organizational Well-Being Committee Update**

**Moderator:** CFAS Chair-elect Arthur Derse, MD, JD

**Speakers:**

- Jon Courand, MD, Vice Chair of CFAS Faculty and Organizational Well-Being Committee, Assistant Dean for Well-Being in Graduate Medical Education at The University of Texas Health Science Center at San Antonio Joe R. and Teresa Lozano Long School of Medicine
- Bree Andrews, MD, MPH, CFAS Faculty and Well-Being Committee Leadership Team member and Chief Wellness and Vitality Officer at UChicago Medicine.

**Presentation from Dr. Courand:**

The committee is chaired by Catherine Pipas, MD, MPH and Leadership Team members include Bree Andrews, MD, MPH, Megan Furnari, MD, Mithu Sen, MD, Janine Shapiro, MD, and Leighton Huey, MD. All CFAS reps are welcome to serve on the committee and can express interest in participating by emailing Sabrina Gentzler at sgentzler@aamc.org.

The committee authored a 2021 publication, *The Rise of Wellness Initiatives in Health Care*. Key findings include:

- A large majority of institutions have at least one wellness program, but the breadth of those programs varies widely.
- About half of respondents reported their institution had programs for all health professional populations (learners, faculty, and staff).
- Many well-being champions have no formal training and no full-time-equivalent allocation for their wellness role.
- Less than a third of all respondents reported that their organization’s wellness programs had dedicated funding or formal outcome measures.

**Ten recommendations from the publication:**

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 wellness initiatives.
9. Conduct ongoing assessments of individual well-being.
10. Prioritize well-being as a professional development goal.
Next steps include the development of a supplemental guide that corresponds to the 10 recommendations identified in the report. The guide will identify skills and resources for faculty who are interested in increasing their reach and effectiveness as wellness leaders.

Cathy Pipas, Mithu Sen, and Jon Courand will produce this follow up publication, which is scheduled for release in November 2024. The publication will feature best practices in wellness programming from five AAMC member institutions and one example from a member society. Best practices were identified from past **CFAS Connects** presentations. The featured examples will focus on the development and implementation of specific programs or practices that could be beneficial, cost-effective, and generalizable to the AAMC community and those interested in growing their wellness programs.

Also, Megan Furnari, Janine Shapiro, and Brad Barth have been working to identify and categorize specific competencies, resources, and educational tools critical to the success of well-being champions in programs nationwide.

**Presentation from Dr. Andrews:**

“Using technology innovation and strategy to combat burnout” – Dr. Andrews and her team have partnered with UChicago Medicine’s Chief Medical Information Officers (CMIOs), clinical informatics professionals, and operations staff to drive this project. The goal is to achieve a future state where organizations and health systems reduce distress and promote well-being, and recognize that systems and clinicians are imperfect in order to promote limits that boost overall flexibility and integration at work.

Factors that cause physician burnout include:

- Organizational factors such as climate, leadership and team dynamics, professional development, and collegiality.
- Systemic factors such as EHRs, high volume inboxes, ease of practice, ease of work.
- Personal factors such as physical and mental health, sleep and exercise, personal resilience, finances, and family support.

The team is using artificial intelligence to translate a clinician’s conversation with a patient into clinical notes to decrease documentation burden. Other strategies involve using Dragon for inbox, MyChart innovation, streamlining physician workflow, and brainstorming on how to decrease extraneous pieces of daily workflows.

The team uses a program that involves crowdsourcing problems and solutions. The purpose is to provide a single point of contact for providers and teams to advance fixable challenges for prioritization and resolution and in doing so to empower our clinical staff and reduce helplessness and burnout. The goal is to help clinicians get more connected and effective.

[Link to recording](#)

**Chat:**

I also love the needs assessment and ranking of level of fixability.

Great project. Is this also a place for people to bring up systemic issues such as biases and harassment that especially impact the wellbeing and sense of belonging among women and URiM physicians?
The improvement process should be able to apply to harassment - but will likely be that much more complex.