



Using Fellow Well-being Programs to Create Institutional Climate Change

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Association of Pediatric Program Directors

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Conflict Of Interest

No conflicts to report

Objectives

- Discuss the causes of fellow burn-out and identify institutional and individual well-being initiatives
- Describe potential barriers to initiating and maintaining a Fellow Well-being Program
- Create an action plan for implementing a Fellow Well-being Program
- Introduce outcomes to foster the study of a Fellow Well-being program



Welcome, tell us what your role is.

Residency Program or
Associate Program Director

Fellowship Program or
Associate Program Director

Residency Program
Coordinator

Fellowship Program
Coordinator

Resident

Fellow

Other

What does well-being mean to you

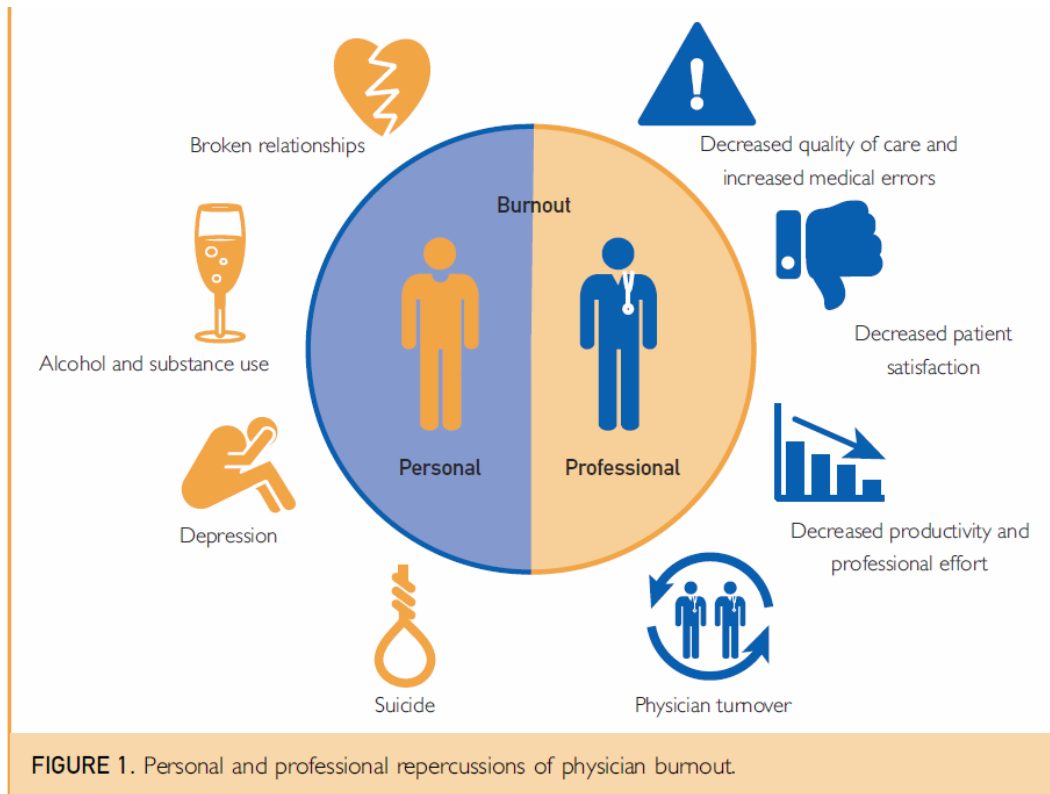


Current state of affairs

History

- Burn-out was first described in 1974, however first study in medicine was 2008 (medical students) and 2011 (practicing physicians/trainees)
 - This study noted 45% of physicians report symptoms of burnout which exceeded workers in other fields
- Current studies show rates exceeding 50%
- Trainees represent a uniquely vulnerable group
 - 40-74% of pediatric residents report burn-out
 - 55-68% of fellows have been shown to have signs of burn-out

Dyrbye LN, et al; *Ann Intern Med.* Sep 02 2008;149(5):334-341. West, et al; *JAMA.* Sep 07 2011;306(9):952-960
Shanafelt, et al; *JAMA.* 2017; 317 (9), 901-902



Why it matters

- Well-being
 - Affects patient safety, quality of care and patient satisfaction
 - Influences professional engagement, fulfillment and development
 - Relates to learning and working climate
 - Impacts personal life
 - Broken relationships, substance abuse, depression

ACGME Program Requirements: Section VI

- Programs must be committed to the well-being of trainees, faculty members and all members of the health care team
 - Level of commitment must parallel other aspects of trainee competence
 - Programs and their Sponsoring Institutions are required to partner to address trainee well-being
- Well-being includes having time away from work to engage with family and friends, as well as to attend to personal needs and to one's own health, including adequate rest, healthy diet, and regular exercise.
 - Self-care, fatigue mitigation stressed as educational requirements

ACGME Program Requirements: Section VI

- Requirements must include efforts to enhance the meaning that each trainee finds in the experience of being a physician
- Institutions are Required to
 - create systems for identification of burnout, depression, and substance abuse
 - have known personnel for reporting
 - Provide access to resources treating these conditions



Key Drivers Affecting Well-being

- Excessive workload
 - Institutional expectations steadily increasing
- Lack of control over work
- Lack of work-life integration
- Amount of medical knowledge is increasingly overwhelming
- Imbalance between personal and institutional goals
- Imbalance between job expectations and skills
- Disrespect
- Inefficiency of the work environment
 - EMR (time sync, change is slow or undoable, quality of notes is diminished, inaccurate)
- Decreased time doing meaningful work
- Financial drivers (physician and staff being told that they need to increase revenue), compensation plan/metrics (education is low)

Additional key drivers for trainees

- Isolation and lack of community
 - Especially with small programs and fellowships
 - Often relocating
- Financial stressors
 - Need for computers to complete work, housing costs, childcare burdens
- Unsupported environment with increased hierarchy
- Trainees feel unappreciated
- Work burden is often highest when personal life is also most stressful

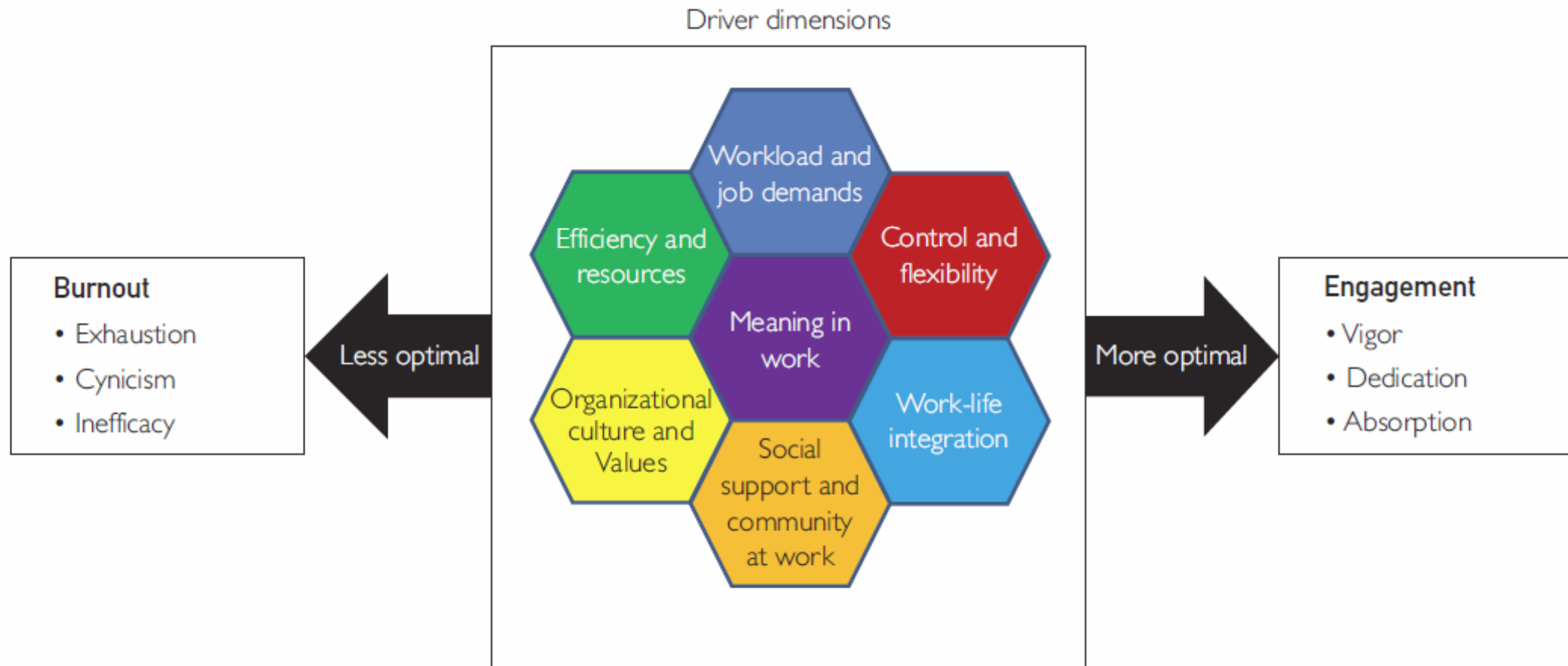


FIGURE 2. Key drivers of burnout and engagement in physicians.

Hidden Curricula

- Messages learned implicitly rather than explicitly
- Norms and values of the culture of medicine
- Positive and negative aspects of the culture are learned
- Learned through experience by role modeling and examples of other members of the community

Hidden Curricula Impact on Wellbeing

- Positive impact when students and trainees observe examples of compassion, curiosity, respect and empathy for patients and colleagues
- Negative impact when they observe lack of these behaviors
- In turn, negative aspects of hidden curricula can contribute to distress and burnout
- Faculty likely do not discuss their own struggles and strategies for wellness
- Harness effect of hidden curricula through positive examples from leaders that promote individual and systematic support of physician wellbeing



Published Interventions

What we know....

- Institutional interventions have been shown to be more effective than personal interventions, with a difference of .45 vs .18 reductions in burnout.
- Leadership has been shown to be an important driver of satisfaction and burn-out, with a study showing 12 leadership dimensions and composite leadership score were strongly correlated with the burnout and satisfaction scores of individual physicians
- Many smaller studies looking at interventions with exercise, appreciation, meaning, mindfulness have all been impactful, but studies have been limited with mixed results

Burnout Intervention Studies: Systematic Review

Combination – *6 of 6 longer
lasting positive effects on burnout*

- Person/Individual-directed
 - Cognitive behavioral training
 - Psychotherapy
 - Counselling
 - Adaptive skills training
 - Communication skills training
 - Social support
 - Relaxation exercises
 - Recreational music making
 - Laughter therapy
 - others

*82% led to significant reduction in burnout
or + changes in risk factors*

- Organization-directed
 - Work process restructuring
 - Work performance appraisals
 - Work shift readjustments
 - Job evaluation

1 of 2 resulted in significant reduction in burnout

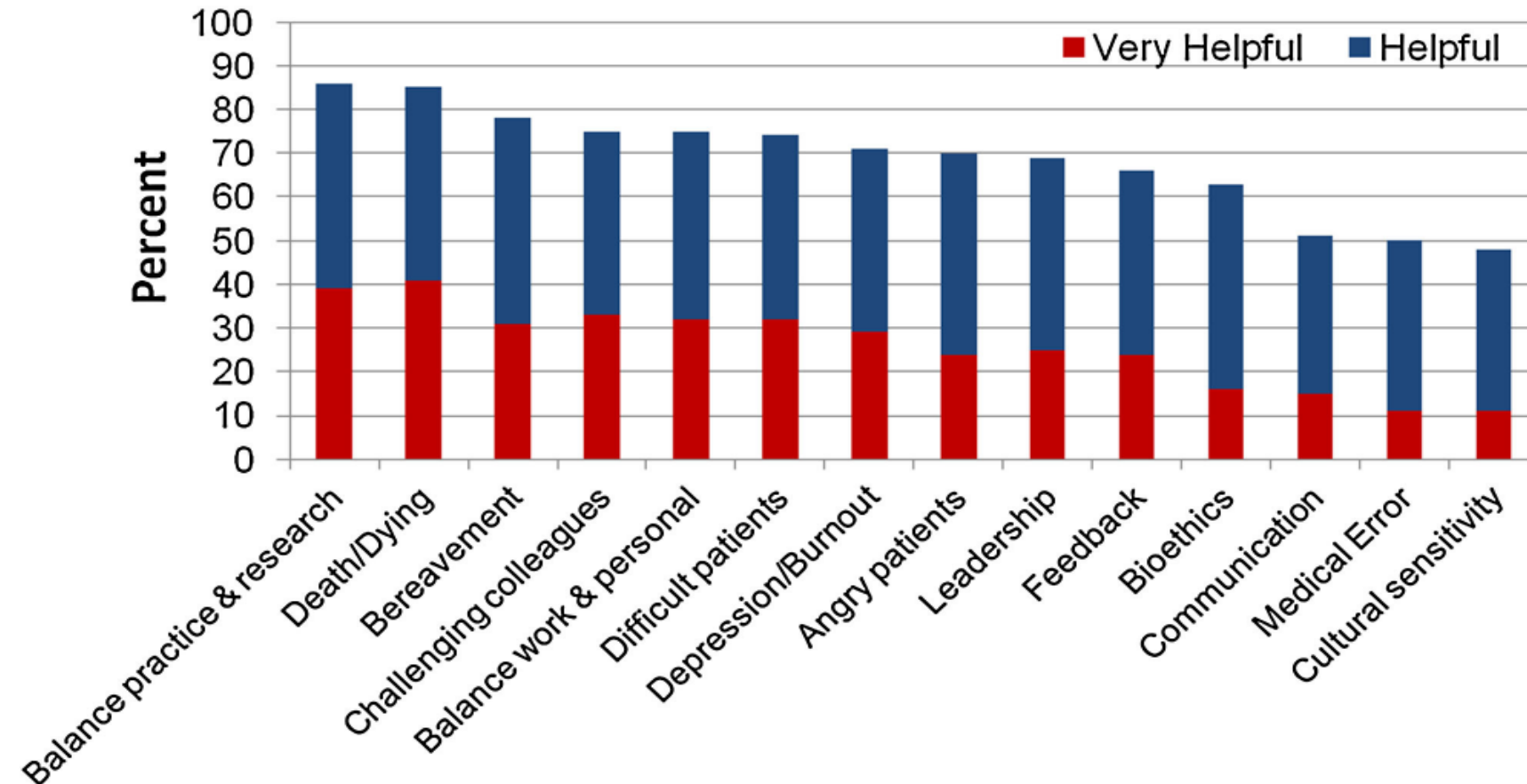


Humanism and Professionalism in Pediatric Heme-Onc

Humanism and Professionalism in Pediatric Heme-Onc

- Four-module, case-based, faculty facilitated curriculum for pediatric hematology-oncology fellows
 - Balancing competing demands of fellowship
 - Responding to death of a patient
 - Coping with depression and burnout
 - Managing challenging relationships with patients and families
- All four sessions have conceptual overlap with well-being
 - Skills taught in curriculum intended to combat fellow burnout
- Curriculum piloted and published in 10 fellowship programs

Humanism and Professionalism Education for Pediatric Hematology-Oncology Fellows: A Model for Pediatric Subspecialty Training



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Fig. 2. Fellows' interest in more formal training on humanism and professionalism topics.

Cluster randomized trial conducted in 2016-2017

(abstract)

- 59 Fellows exposed to curriculum and 41 exposed to “standard practice”
- Fellows from programs exposed to curriculum did not exhibit significantly decreased rate of burnout
- Exposed fellows had statistically significantly greater satisfaction in their training on:
 - Burnout ($P < 0.001$)
 - Depression ($P < 0.001$)
 - Balancing professional duties and personal life ($P = 0.002$)
 - Humanism overall ($P = 0.02$)

Take Home Points

- Finding interventions that significantly move quantitative outcome measures is not easy
- Strength in numbers
 - Need more collaborative trials
- Curricular interventions can influence the overall learning environment
 - Trainees value our consideration of these matters

References

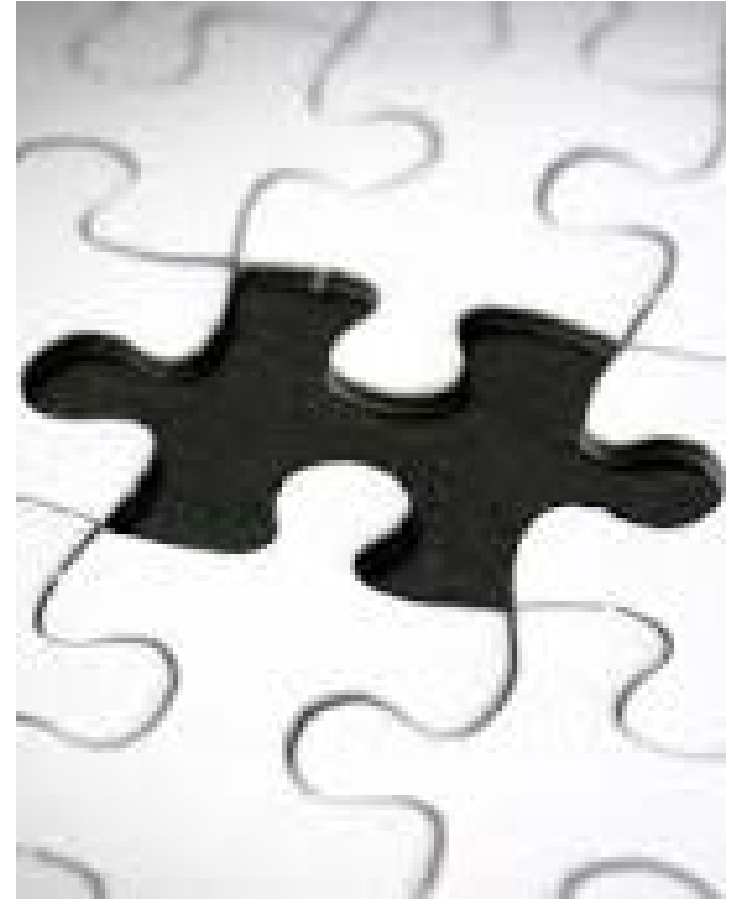
- Kesselheim JC, Atlas M, Adams D, Aygun B, Barfield R, Eisenman K, Fulbright J, Garvey K, Kersun L, Nageswara Rao A, Reilly A, Sharma M, Shereck E, Wang M, Watt T, Leavey P. [Humanism and professionalism education for pediatric hematology-oncology fellows: A model for pediatric subspecialty training. Pediatr Blood Cancer. 2014 Oct 12](#)
- Kesselheim J, Atlas M, Adams D, Aygun B, Barfield R, Eisenman K, Fulbright J, Kersun L, Nageswara Rao A, Sharma M, Shereck E, Wang M, Leavey P. Humanism and Professionalism for Pediatric Hematology-Oncology Fellows (HP-PHO). MedEdPORTAL; 2013.
Available from: www.mededportal.org/publication/9607



Knowledge Gaps

What we don't know....

- Data specific to trainees is under represented
 - National efforts assessing all residents through SPIN
 - Extension to fellows a possibility
 - Certain subspecialties have studied their trainees
 - Heme/Onc, Critical care, neurology, psychology, dentists
- Which interventions are effective for trainees
 - Common as well as unique issues
- How does the dimension of learning climate impact well-being of learners specifically
- What is the role of program leadership in trainee well-being





Break Out 1

Small Group Share

What wellbeing initiatives are in place at your institution?

What are some wellbeing programs/supports for your trainees ?



Large Group Share

What are the Barriers to initiating a Trainee Well-being Program at your Institution that you have encountered or that you anticipate?



Potential Barriers

- Program Director Time
- Fellow Time
- Buy-in by Fellows
- Buy-in from Divisional or Departmental leadership
- Lack of financial support
- Skilled facilitators to lead – mindfulness, meditation, yoga, etc.

What resources can you tap into at your institution when developing your Fellow Well-being Program, or to enhance Fellow and/or Faculty Well-being?

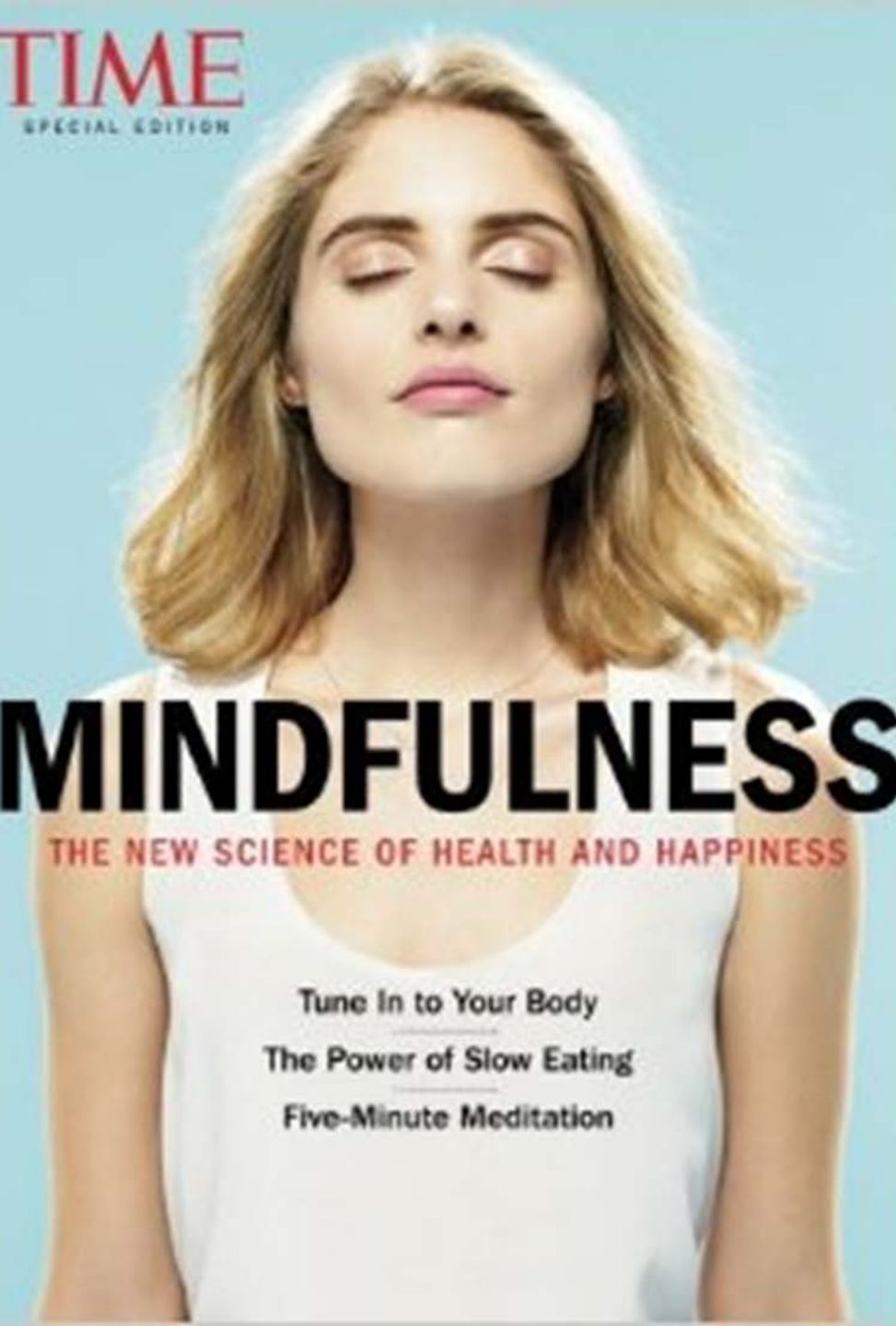


Resources Available at your Institution to enhance Well-being in Fellows and/or Faculty

- Integrative medicine specialists
- General GME resources
- Sessions held jointly with other depts. for trainees or for trainees and faculty
- Hold wellness/wellbeing sessions with residents and fellows jointly
- Electronic medical record – Dictation (Dragon, others), Scribes, Templates to enhance efficiency
- Work process restructuring; Work shift readjustments
- Someone to lead Reflective exercises/Journaling/Debriefing
- Coaching / Mentoring programs

Palamara K, Kauffman C, Stone FE, Bazari H, Donelan K. Promoting Success: A Professional Development Coaching Program for Interns in Medicine. J Grad Med Educ 2015;7:630

Models of Fellow Well-being Programs



Approach

- Individual or person-directed
 - Many modalities
 - Change one's relationship with work
 - Mindfulness and Self compassion
 - Associated with resilience and inv correlation with burnout (1st yr Peds & M-P residents)
- Organizational
 - Identify mismatches
 - Work collaboratively on shared issues/problems
 - Part of Community - include others in decisions, changes
- Combination

Curriculum

- 90 minute workshops grouped by year in fellowship training
 - Explicit wellness topics:
 - Finding passion in your career
 - Living well in medicine
 - Coping after adverse events
 - Related to wellness topics:
 - Reporting and disclosing errors
 - Conflict negotiation
 - Leadership skills in networking and change management
 - Career planning, job negotiation, transition from fellow to faculty
- One hour interactive sessions
 - Fatigue mitigation
 - Self-care
 - Resiliency
 - Managing stress and finding its value
- Well-ness breaks during didactic sessions
 - Breathing/movement/mindfulness

Curriculum

- National resources
 - AAP Resilience Curriculum: <http://www2.aap.org/sections/palliative/ResilienceCurriculum.html>
 - ACGME Symposium on Physician Wellness. <http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/ACGME-Symposium-on-Physician-Well-Being>

Debriefing and support after adverse events

- Rapid debriefing with whole team after deaths and codes
 - Occurs in the same work shift
 - Facilitated by anyone, often a charge nurse or a manager
 - Focus on the process-What went well? What could have been better?
 - Allow for team to process feelings
- Routine global debriefing with chaplain/palliative or end of life team built into fellow curriculum or routinely offered (i.e. monthly)
- Planned follow-up with individual trainees after notable adverse events



Appreciation/Meaning

- Three good things: 21 days has been shown to improve outlook
 - Hand out notebooks for recording
 - Set up nightly text with buddy as reminder
- Meaning in medicine journal club
 - Optimal if off campus but close
- Trainee recognition week periodic events of appreciation
 - Daily activities for the week which target trainee well being
- Periodic events of appreciation
- Modeling thank you as a practice and sending notes

Community building

- Access to markedly discounted tickets
 - Sports events
 - Music or arts
- Quarterly events for all trainees
 - Yoga
 - Ice skating
 - Bowling
 - Retreats
 - Lunches
- Big/little sib program
- Fellows' council
- Orientation as a group for fellows with team building

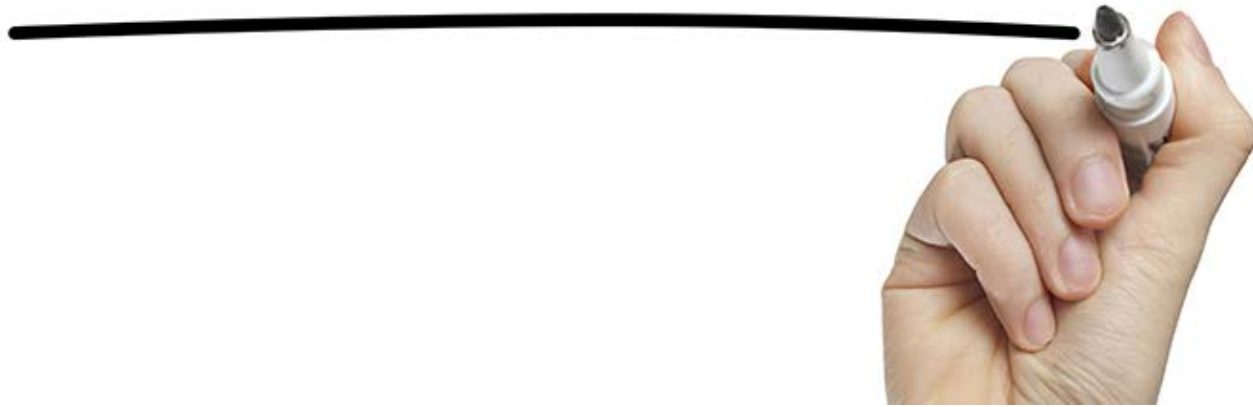
Fatigue mitigation

- Taxi/Uber vouchers for trainees too tired to get home on their own
- Call rooms/nap pods
- One night off from pager/week covered by faculty

Outcome Measures

- Survey trainees annually or biannually
 - If you have depression and burnout scales consider using risk authority or other institutional support systems
 - Have an alert that provides resources
 - Think broader to include gratitude and resilience scales
 - Consider self initiated capability
- Pre and post surveys of specific initiatives
 - i.e. exercise challenge showed increase in exercise by 25% among trainees by 3 months that was sustained at 6 months
 - Trainees indicated being less fatigued after 6months
 - Trainees felt more connected with colleagues after 3 months

ACTION PLAN



Build an Action Plan

Action Plan

Theme:

Initiative:

Resources:

Actions/Plans:

Outcome Measures:

Potential Themes

1. Working smarter-Not harder
 - Group mentoring on time management, EMR systems (dragon, templates, phone apps)
2. Creating a safe environment
 - Peer-to-peer debriefing in the setting of a medical error/ bad outcome
3. Get moving!
 - Development of exercise groups/class for stress reduction and physical well-being
4. Involving leadership
 - Scheduled lunches with hospital leadership; idea box that is reviewed/implement best ideas
5. Flexible schedules
 - Allow fellows to make their service schedules with program parameters provided
6. Finding meaning in medicine
 - Trainee retreats, narrative medicine courses, group activities

Potential Outcome Measures

- Outline some outcome measures:
 1. Working Smarter:
 - Time to chart completion, SOC assessment of fellow deadlines,
 2. Safe Environment:
 - survey of trainees & others following debrief sessions
 3. Get Moving:
 - Signup and class attendance, satisfaction survey at end
 4. Involving Leadership:
 - Attendance at leadership sessions, Self reflection tools
 5. Flexible Schedules:
 - Annual Program Evaluation, survey of fellows
 6. Finding Meaning:
 - Self reflection, survey of trainees re: what is meaningful to them

A close-up photograph of two hands holding a white, cloud-shaped speech bubble against a teal background. The hands are positioned on the left and right sides of the bubble, with fingers visible. The speech bubble has a soft, irregular shape with a small tail pointing downwards and to the left.

Share action plans

Please pass your action plans to the person on the left.

Please review your colleagues action plan and provide comments and ideas.



Please create a list of initiatives that your group proposes to implement.

These will be collected and shared.

Conclusions

- Physicians are at high risk for burn-out with trainees having the highest reported rates
- Understanding specific drivers of trainee burnout and effective interventions remain areas for further study
- Institutions and programs are mandated to promote trainee well-being and therefore developing a program which will be impactful is critical
- Optimal well-being programs must be multi-faceted and involve physicians and staff at all levels to create enduring change
- Learn from your colleagues, a lot is happening locally and nationally

Thanks, please fill out your evaluations



Harvard University Medical Center
Boston's Children Hospital



Northwestern University Feinberg
Medical Center
Lurie's Children Hospital



Stanford University Medical Center
Lucile Packard Children's Hospital



University of Missouri–Kansas City School of Medicine
Children's Mercy Hospital



Duke University Medical Center
Duke Children's Hospital