**Well-Being**

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Introduction

The [ACGME Common Program Requirements](https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/) and the [Clinical Learning Environment Review](https://www.acgme.org/initiatives/clinical-learning-environment-review-cler/) criteria have explicit expectations for attending to the well-being of trainees, faculty and staff. Program directors are responsible for developing structured approaches to attend to these well-being needs, including development of curriculum and ensuring access to resources. Well-being is impacted by many different factors and a comprehensive approach is needed. We recommend programs consider a “menu” of resources from which trainees can choose to fit their needs. We recognize that each program/institution may have different resources available to assist with these needs. This chapter takes a systems-based approach, dividing well-being efforts into four main categories with different sub-levels. Each level has various options depending on the program’s current and aspirational resources. We outline examples of initiatives in each category to demonstrate a customizable well-being roadmap based on program characteristics and needs (program size, resources, experience in certain areas). Diversity, Equity, Inclusion, Anti-racism is listed as a subgroup but should be woven throughout any plan.

Workplace Resources/HR Policies/Mental Health Resources

This category includes resources addressing individual factors and health needs, including access to nutrition, health care, and time off. Programs should consider strategies they might deploy to ensure their residents are able to meet these basic needs during training.

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|  | **Beginner** | **Intermediate** | **Advanced** |
| Leave policies | Broader definitions of leave--Compassion leave instead of bereavement leave, parental and pregnancy leave, mental health leave | Wellness full or half days | Institutional leave policies that include personal days |
| Life event planning/elective (illness, parenting, etc) | Develop guidelines/cultural norms for appropriate signals to request help or call off |  |
| Access to providers/ mental health | List of PCPs, dentists, and mental health providers | Subsidize visits for mental health providers in the community/online | Opt-out counseling for all trainees or interns |
| Build awareness about Emplyee Assistance Programs and other resources (flyers in call rooms and workspaces) |  | On-site counseling (free) |
| Provide/integrate Suicide Prevention Awareness training | Provide access to or require online suicide awareness training for all faculty and trainees (Examples: [Kognito](https://kognito.com/blog/suicide-prevention-training-for-all) , [QPR](https://qprinstitute.com/))  | On site PCPs with easy access |
|  |  | Confidential screening programs (e.g., [AFSP ISP](https://afsp.org/interactive-screening-program/)) |
| Meeting other needs | Ensure access to food/hydration | Onsite childcare with extended hours | On-site resources for other life needs (e.g., dry cleaning, banking, ready-made meals |
| Transition resources--list of providers, childcare, housing, places of worship | Discounts for local childcare | Well-being stipend |
| Support groups/systems | Facilitated support groups or check-ins on certain clinical rotations | Peer support programs for providers involved in adverse events (e.g. Helping Healers Heal, Caring for the Caregiver) | Develop crisis management plans to ensure streamlined processes (e.g. death of a trainee or other acute event) [ACGME AFSP toolkit:](https://www.acgme.org/globalassets/pdfs/13287_afsp_after_suicide_clinician_toolkit_final_2.pdf)  |
|  |  | Advocacy on barriers to seeking care and barriers on providing or having "negative" feedback on evaluations (higher protection of reporting/confidentiality for learners) |
| Well-being Assessments | Ensure access to self-assessment tools (Required). Free examples include the [AMA Mini-Z](https://www.professionalworklife.com/mini-z-survey), [Mayo WBI](https://www.mywellbeingindex.org/) (free version), [Harvard Flourishing App](https://hfh.fas.harvard.edu/flourishing.app), Burnout and Resilience Annual Survey through APPD LEARN | Monitor well-being longitudinally through assessments such as:-ACGME survey data benchmarking (free)-Mayo WBI platform (requires contract)-[AMA Mini-REZ](https://link.springer.com/article/10.1007/s11606-022-07720-0) (free) | Institutional support systems to identify programs with high rates of distress and develop interventions[Use American Foundation of Suicide Prevention Interactive Screening Program](https://afsp.org/interactive-screening-program/) to connect individual with counseling resources |

Culture/Community

Many factors in the learning environment can contribute to stress, including the curricula, schedules, assessment and feedback processes, team culture, autonomy and opportunities for mentorship or coaching. As programs consider well-being programming, attention to these factors is important. Data demonstrate that 26% of individual well-being is related to well-being of team members (Sexton JB, BMJ Qual Saf, 2018), thus attention to the well-being of faculty and staff is important to trainees.

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|  | **Beginner** | **Intermediate** | **Advanced** |
| Education/ training | Faculty dev: recognize a struggling trainee and response, fostering autonomy, mentorship skills. | Faculty dev: in the moment debriefs (e.g. adverse event; patient related mistreatment) | Centralized resources for education/ development on all ACGME required topics (utilize toolkits) |
| Work-life integration instead of Work-life balance--how to create wellbeing while at work. Faculty role-modeling and work toward culture change | Wellbeing education as part of regular conferences, Town Halls focused on wellbeing, community discussions/debriefs (e.g., Schwartz Rounds) | Wellbeing faculty mentors and coaches |
| Reduce stigma and shame around needing support, role modeling | Upstander training and non-violent communication training | Mandated training |
|  | Incorporate Wellness Goal into ILP and review at biannual advising meetings |  |  |
| Community building | Central place for menu of well-being initiatives | Establish resident support/process groups (rotation/case specific) | Longitudinal support/process groups; Balint-style groups for challenging cases |
| Identify wellness champions in each program (res/faculty) | Peer support program (residency level) | Peer support (institutional) |
| Trainee appreciation days | GME appreciation events/weeks | Electronic appreciation platforms |
| Encourage individual gratitude practice (e.g. 3 good things) | Build gratitude activities into group meetings/check ins |  |
| Feedback | Systematic processes for in person feedback and documented feedback | Trainee workshops on receiving feedback | Institution level centralized resources for feedback best practices |
|  | Faculty workshops on effective feedback, debriefing, how to recognize a struggling trainee and respond, fostering autonomy, mentorship skill building |  |
| Mentoring and Coaching | Program level mentoring program | Program level coaching program | Centralized coach training program |
| Role modeling | Mentoring program, with particular emphasis on URiM mentorship | Mentorship families--including a wide spectrum of mentors (faculty, chief residents, alumni) |
| Support for learners | Support for learners who are struggling academically or in other ways | Structured system for additional support for learners to be proactive and avoid remediation (structured learning plan) | Faculty role with protected time for supporting learners/remediation support |
| Address mistreatment/ unprofessional behaviors | Set program expectations for behavior and processes for reporting to PD | Establish confidential reporting system and clear processes for managing concerns | Institution-level confidential reporting systems and processes for managing concerns |

Efficiency and Function in the Learning Environment

Well-being strategies should address the constant tension between workload and education. Attention to ensuring meaningful educational experiences and reducing non-educational activities is a key component of addressing burnout for trainees.

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|  | **Beginner** | **Intermediate** | **Advanced** |
| Reduce MD tasks | Create clinic teams to share inbox tasks | Add/train staff to improve clinic flow (rooming, discharge process, inbox tasks) | Enhanced staffing to offload clerical tasks from clinicians. House staff assistants for tasks (OSH records, image uploads, paperwork) |
|  | Adequate SW support | Team-based workflow redesign (Lean, Six Sigma) |
|  | Education on who is responsible for what tasks to minimize duplicate efforts | Discharge planners/managers |
|  |  | Scribes |
| Education to service balance | Backup pool for sick trainees (consider APP or attending backup when back-ups are at capacity) | Interdisciplinary work to understand workflow/ schedules to minimize interruptions at key times (post schedules; structure check-ins) | Support team for challenging patients |
| Faculty/NP/chiefs answer pages during conferences | Establish processes for monitoring workload (surveys, townhalls) |  |
| Clear workplace safety procedures, data |  |  |
| Clinical Communication | Streamline on-call systems to ease identification of correct providers | Create consistent consult processes and expectations across specialties |  |
| Schedule Accommodations | Scheduling chief resident or staff member to ease burden of unanticipated changes | Arrange schedules to avoid consecutive high intensity rotations, publish schedules for the entire academic year or far enough out to allow for trades | Develop program guide/policy around schedule support during pregnancy or parental/medical leave.Create new parent elective to ease transition back to work after leave. |
| Support/time off for residents with back-to-back intensive rotations | Create space in resident schedule to access services for personal health (e.g., PCP appt) |  |
| Check-ins for residents on long stretches or more challenging rotations |  |  |
| Monitor Workload | Structured process for evaluating at home work burden | Use physician task load index (Ref - Harry et al.) to conceptualize burden (needs assessment) |  |
| EMR Optimization | Individual program superusers | EMR buddies | Institution supported 1:1 consults, EMR data audits to inform unit/provider-specific targeted training |
| EMR training and rotation-specific templates, macros, dot phrases | local/rotation superusers |  |
| Dictation software | Scribes |  |

Diversity/Equity/Inclusion/Anti-racism

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|  | **Beginner** | **Intermediate** | **Advanced** |
| Advocacy | Develop a DEIA committee with trainee + faculty (GME specific) that also participate in an institution wide DEIA committee | DEIA Committee to review data (de-identified - recruitment, remediation, notice of concerns) and provide feedback to programs/faculty development sessions | Institutional support for DEIA training for all staff members, including training about microaggressions |
| Develop a mechanism to address issues related to DEI confidentially (e.g., racism, microaggressions, sexism, etc) | Provide training to faculty around well-being issues related to DEIA (e.g., minority tax, stereotype threat, additional cognitive loads of learning) |  |
| Community building | Affinity groups | Provide mentorship opportunities between URiM trainees and URiM faculty (e.g, inclusive spaces) | \*Engage in Safe/Brave Space discussions around racism and current events (e.g., building empathy through compassion, capacity building)-- |
| Mentorship committee |  |  |

*\*in order to engage in safe space discussions (in GME and/or institution wide) some level of trust will need to have been achieved. Use compassion framework to address issues related to racism, discrimination, etc. Identify a trusted leader(s) to help facilitate discussions (e.g., psychologist, mental health provider, DIO, chief wellness officer, well-being champion, etc).*

Transition to Residency

The transition to residency is stressful. Structured orientation and pro-active attention to resource needs is important. The ACGME has built a [transition toolkit](https://www.acgme.org/covid-19/transition-to-residency/) to help programs identify transition needs and develop resources.

For programs with international medical graduates (IMG) entering training, program directors should consider the unique needs of these trainees. Their transition often includes significant culture change and additional burdens such as need to obtain a SSN and bank account, identify options for transportation (many can’t buy a car because they can’t get a loan), and the pressures of regular visa renewals (which can require time longer than a 1 week vacation. IMG trainees may not be used to the EMR, US medical terms, or US expectations of family-centered care. Additionally, they are far from family, so helping them build community and connection is critical for supporting well-being.

Effect of Program Director Well-being

Leaders' personal well-being scores are associated with professional satisfaction and self-care of their team members (Shafelt, JAMA Netw Open, 2020). We also know that well-being of individuals is associated with the well-being of team members (Sexton JB). Additionally, leadership skill, as measured by composite leadership scores, is inversely associated with burnout of team members. (Dyrbye Mayo Clin Proc 2021). The concept of wellness-centered leadership has emerged recently to emphasize that attending to personal well-being and cultivating leadership skills have an important impact on the well-being of the whole team. This concept can be applied to not just program leaders but also in developing residents as team leaders.

Resources/Links

ACGME <https://www.acgme.org/meetings-and-educational-activities/physician-well-being/>

AMA Wellness-Centered Leadership

<https://www.ama-assn.org/system/files/ama-steps-forward-leadership-playbook.pdf>

Harvard Flourising App

<https://hfh.fas.harvard.edu/flourishing.app>

Icahn Model (on ACGME website)

<https://dl.acgme.org/learn/video/designing-a-comprehensive-well-being-program-mental-health-resilience-and-system-change>

National Health Plan For Health Workforce Wellbeing <https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/>

PBRC–Pediatric Burnout-Resilience Study Consortium

<https://pedsresresilience.com/>

STREaM–Supportive Training for Residents through Education In Mindfulness

<https://www.fammed.wisc.edu/stream/>

Three Good Things (Duke study)

<https://duke.qualtrics.com/jfe/form/SV_0diCSecthDl1mND>

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