



# Elevating Faculty and Trainee Wellness to a Quality Metric Using an Office of Professional Worklife: How to Get Started

Rosemary Quirk, MD; Anne Becker, MD; Elizabeth Goelz, MD;  
Sara Poplau, BA; Crystal Audi, BA

Hennepin Healthcare, Minneapolis, MN, USA



October 12<sup>th</sup>, 2018

 **ICPH 2018**

**INTERNATIONAL CONFERENCE ON PHYSICIAN HEALTH<sup>®</sup>**

**AMA  
CMA  
BMA**

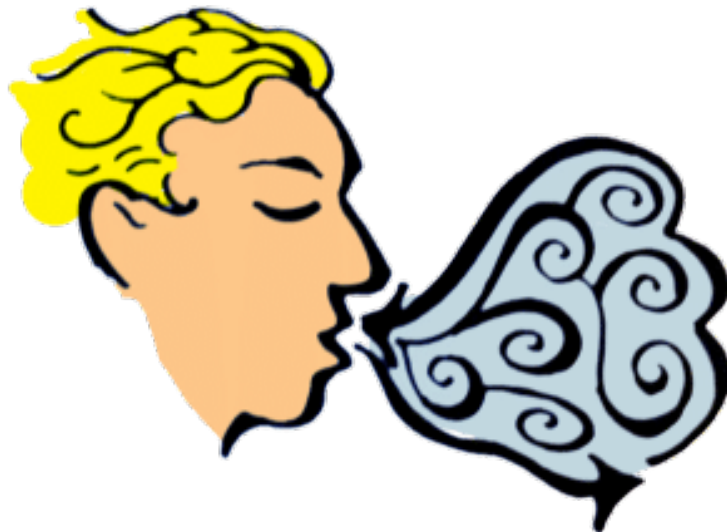
# Learning Objectives

At the conclusion of the presentation, you will be able to:

- ▶ 1) Foster a wellness culture using an Office of Professional Worklife at your home institutions
- ▶ 2) Conduct surveys to monitor wellness and burnout in faculty and residents
- ▶ 3) Create basic infrastructure for sharing provider wellness data with departments, overseeing interventions, and communicating needs to institutional leadership

# 4-7-8 Breathing Technique

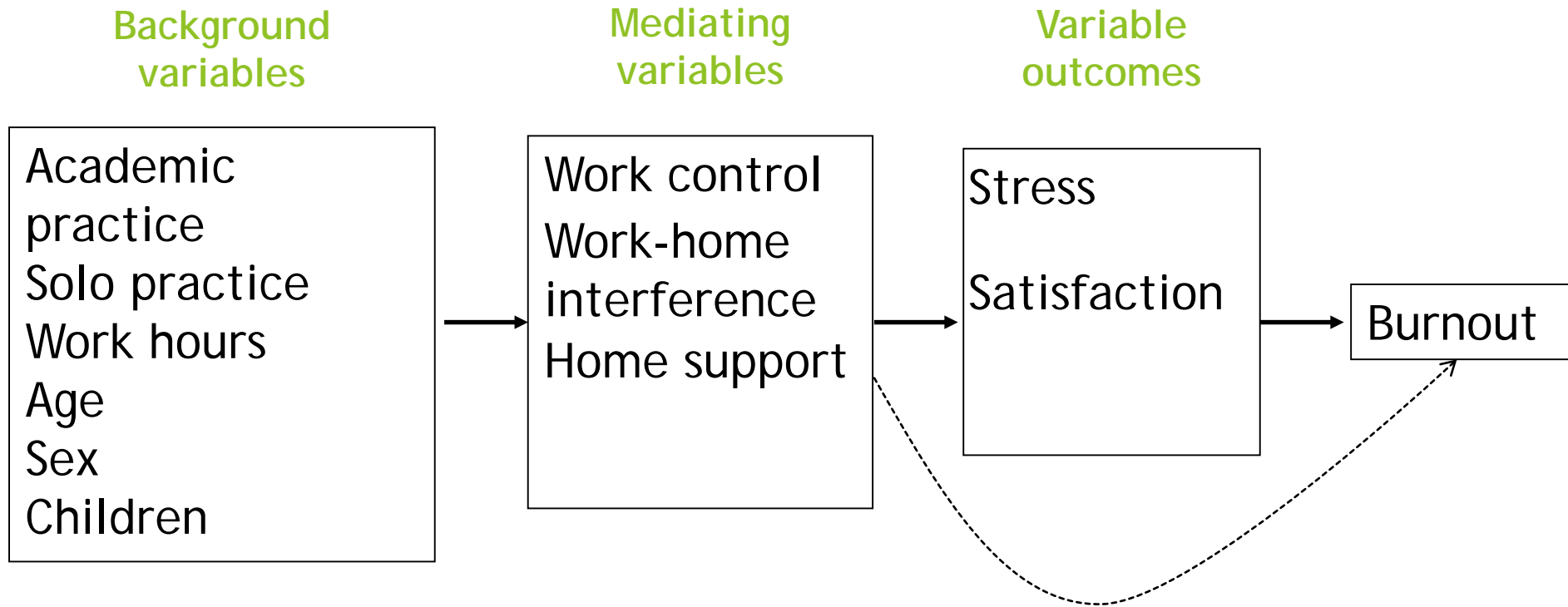
1. Exhale completely
2. Inhale through nose - 4 seconds
3. Hold your breath - 7 seconds
4. Exhale completely through mouth- 8 seconds
5. This is one breath



# Burnout Defined

- ▶ Emotional Exhaustion
- ▶ Depersonalization
- ▶ Low Personal Accomplishment

# Burnout Model



Linzer M. *Am J Med* 2001; 111:170-75.

# Realistic Solutions from Research

Workflow	Communication	QI Projects
MA data entry	Better communication among providers/staff	Prescription mgmt strategies
More time for RN/MA staff to do tasks	Team meetings	Medicine reconciliation project
Pairing MAs/MDs	Meetings with leadership	Depression screening
Nurse coordinators	Meetings focus on patient care and cases	Improve diabetic screening (eye, feet)
Increased visit time		Presenting data

Linzer, et, al. *J Gen Intern Med.* 2015;30(8): 1105-11.

# Reflect on Your Institution's Wellness

- ▶ Turn to someone sitting near you and introduce yourself
- ▶ For the next 4 minutes, take turns:
  - ▶ Reflecting on the state of wellness at your institution
  - ▶ Identifying resources you need to improve wellness
  - ▶ Identifying your natural allies and advocates (Could be HR, Psychology dept., chaplains, etc.)

# How We Got Started at Hennepin

- ▶ Process took time - got in front of Administration and repeated the message
  - ▶ Presented to leaders and Chiefs/Chairs
  - ▶ Shared articles and relevant data
  - ▶ Gave real life examples (providers leaving practice, residents not staying after training, etc.)
- ▶ Partnered with Administration
  - ▶ Partnership started the budget conversations
  - ▶ Protected time for the work



# Hennepin Healthcare Office of Professional Worklife

Goals: decrease burnout, increase retention, improve staff and patient experience, improve quality of care

1. Visible space dedicated to wellness, worklife, listening
2. Responsive, action oriented
3. Periodic, brief surveys of stress, burnout, and remediable predictors
4. Focused departmental or clinic-based plans
5. Work with Wellness Champions and Provider Wellness Committee (PWC)
6. Interface with departments and leadership (ombuds role)

# Hennepin Healthcare Provider Wellness Committee

- ▶ Reports to executive leadership
- ▶ Approved charter
- ▶ Many departments and licensures represented
- ▶ Monthly meetings
- ▶ Fields annual Provider Wellness Survey

# Mini Z (Zero Burnout Program)

1. Overall, I am satisfied with my current job:

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Agree strongly

2. I feel a great deal of stress because of my job

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:

- 1. I enjoy my work. I have no symptoms of burnout.
- 2. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
- 3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
- 4. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
- 5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:

1 - Poor      2 - Marginal      3 - Satisfactory      4 - Good      5 - Optimal

5. Sufficiency of time for documentation is:

1 - Poor      2 - Marginal      3 - Satisfactory      4 - Good      5 - Optimal

6. Which number best describes the atmosphere in your primary work area?

Calm    Busy, but reasonable    Hectic, chaotic  
1    2    3    4    5

7. My professional values are well aligned with those of my department leaders:

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Agree strongly

8. The degree to which my care team works efficiently together is:

1 - Poor      2 - Marginal      3 - Satisfactory      4 - Good      5 - Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:

1 - Excessive      2 - Moderately high      3 - Satisfactory      4 - Modest      5 - Minimal/none

10. My proficiency with EMR use is:

1 - Poor      2 - Marginal      3 - Satisfactory      4 - Good      5 - Optimal

*\*This survey was developed by Dr. Mark Linzer and his team at Hennepin Healthcare in Minneapolis MN as part of his ongoing research in Clinician Worklife and Satisfaction.*

*Disclaimer-this is adapted from the OWL (Office and Work Life™ measure); more detailed surveys are often needed for second stage work.*

# Hennepin Healthcare Wellness Champions

- ▶ Faculty with interest in transforming Hennepin into a place where providers are healthy and well
- ▶ Champions work with Chiefs to review survey data *every year*, present data to providers, and brainstorm solutions
- ▶ Face of wellness in department while improving their own wellness
- ▶ We provide annual trainings and skill building

# Implemented Strategies

- ▶ Adjusted time of last complex patient of day so provider parents can leave on time
  - ▶ Burnout went from one of the highest across all departments to one of the lowest
  - ▶ Cost nothing, patient care remained high
- ▶ Desktop slots for busiest APPs
  - ▶ Stress and burnout decreased and the slots were later assigned back for patient care
  - ▶ Small cost for short period of time resulted in no APP turnover

# Planning Your Journey

- ▶ Things to think about:
  - ▶ How much protected time do you need/will you ask for?
  - ▶ How will you administer the survey and who will do the analysis?
  - ▶ Will you have to pay for it? How?

# Here Are Some Suggestions For Steps On Your Road To Wellness...

- ▶ Pick one or two goals to act on
- ▶ Devise a plan for how to implement at your institution
- ▶ Who will you need to help you? What kind of support (time, money, people/staff)?
- ▶ What's already available that you can access?
- ▶ Develop a timeline - get it on the calendar and make yourself accountable

# Resident Wellness

▶ Basic Elements of our Wellness Program:

1. Survey residents about their wellness and burnout annually
2. Have a framework for analyzing sources of stress in the residency; use the same framework when designing interventions
3. Share survey results with residents
4. Respond to the data



# Our Analysis Framework

- ▶ Paper in *Academic Medicine* in 9/2015 by M.L. Jennings and Stuart Slavin, **Resident Wellness Matters: Optimizing Resident Education and Wellness Through the Learning Environment**
  - ▶ Six categories of work stress contribute to resident burnout:

<b>WORKLOAD</b>	<b>CONTROL</b>	<b>BALANCE BETWEEN EFFORT AND REWARD</b>
<b>FAIRNESS</b>	<b>SHARED VALUES</b>	<b>COMMUNITY</b>

# Work Stress Categories are a Road Map

- ▶ WORKLOAD (both amount and complexity)
- ▶ CONTROL (over the schedule, clinical decisions, workload)
- ▶ BALANCE BETWEEN EFFORT AND REWARD
  - ▶ Reward for residents: learning, feedback, recognition and appreciation, autonomy, clinical competence, camaraderie with peers, success in scholarly pursuits, publishing, time away from work
- ▶ FAIRNESS
- ▶ SHARED VALUES
- ▶ COMMUNITY

# Interventions to Increase *CONTROL*

- ▶ Jeopardy resident replaced our backfloat system
  - ▶ minimizes the need to pull residents from one service to another on short notice
- ▶ Weekend days off on consult services
  - ▶ negotiated between residents and fellows
  - ▶ now templated/standardized and thus predictable
- ▶ Clinic immersion rotation
  - ▶ new interns
  - ▶ an up-front month in clinic to meet their patient panel and get to know clinic staff and resources

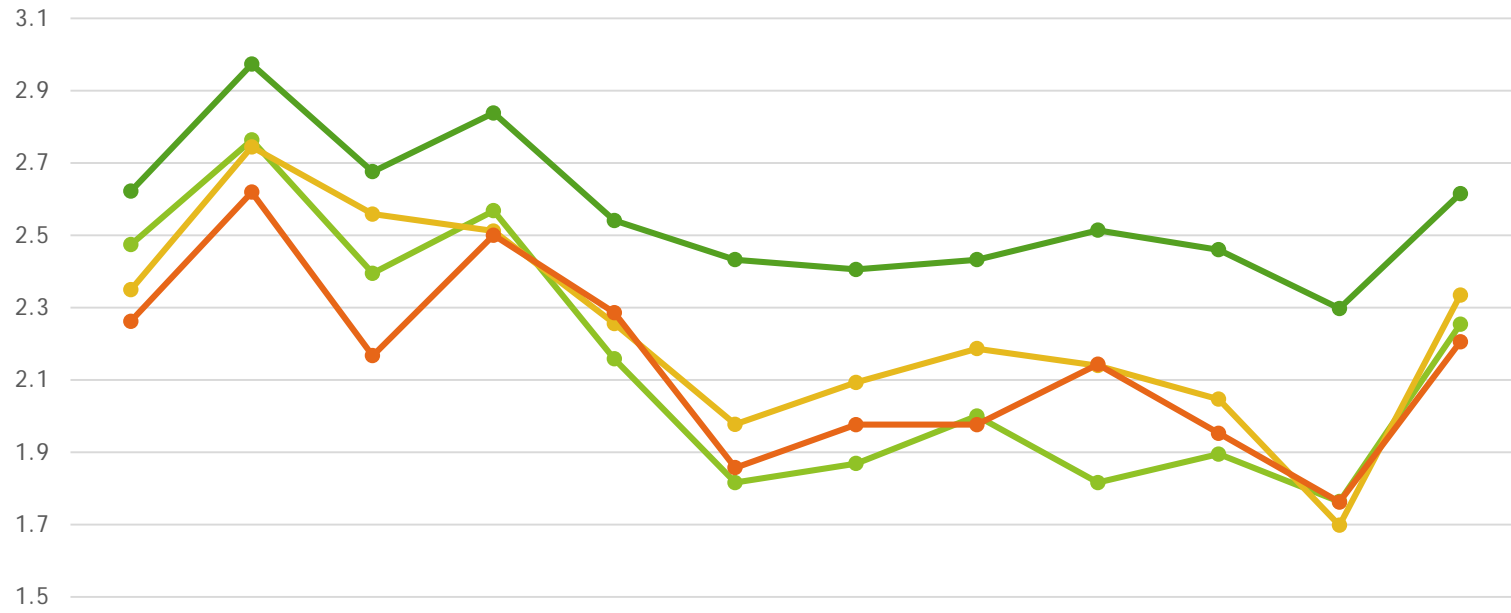
# Interventions to Improve *THE BALANCE BETWEEN EFFORT AND REWARD*

- ▶ Golden weekends for senior residents on ward months
- ▶ Recognition of residents: in person, via individual emails, or publicly in newsletters
- ▶ Thanking residents for their work
- ▶ Recruiting enthusiastic teachers
- ▶ Providing feedback
- ▶ Organizing scholarly resources to help residents succeed

# Our Results

- ▶ Annually for four years, between 43 and 52 residents completed our survey (response rates 64%-78%)
- ▶ We measure self-reported and calculated burnout, professional fulfillment, perceived appreciation, peer support, personal life, and sleep impairment

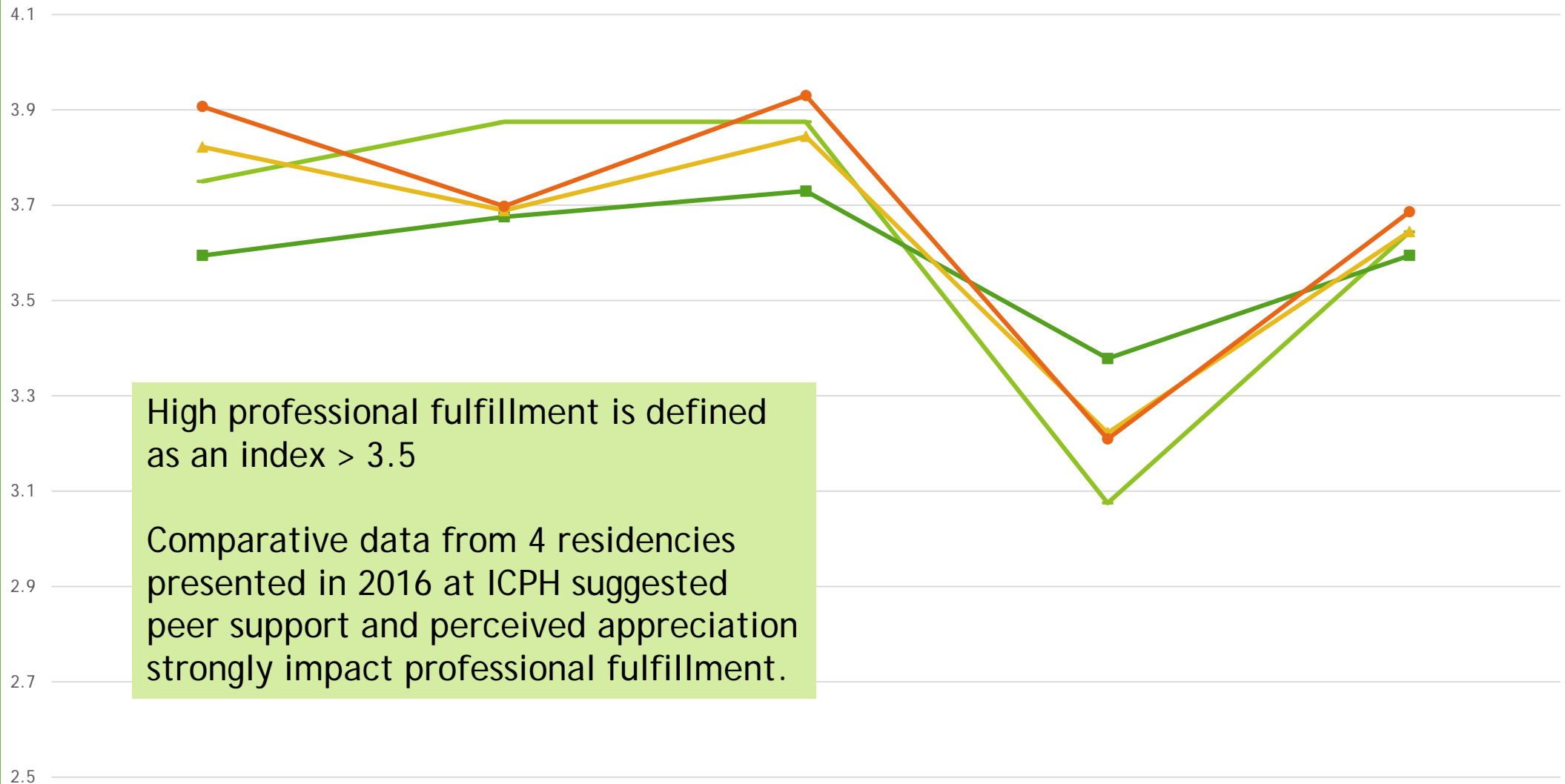
# Burnout



Calculated burnout, using an 11-question index, rose between 2014 and 2015 and has fallen steadily since

● 2014 ● 2015 ● 2016 ● 2017

# Professional Fulfillment

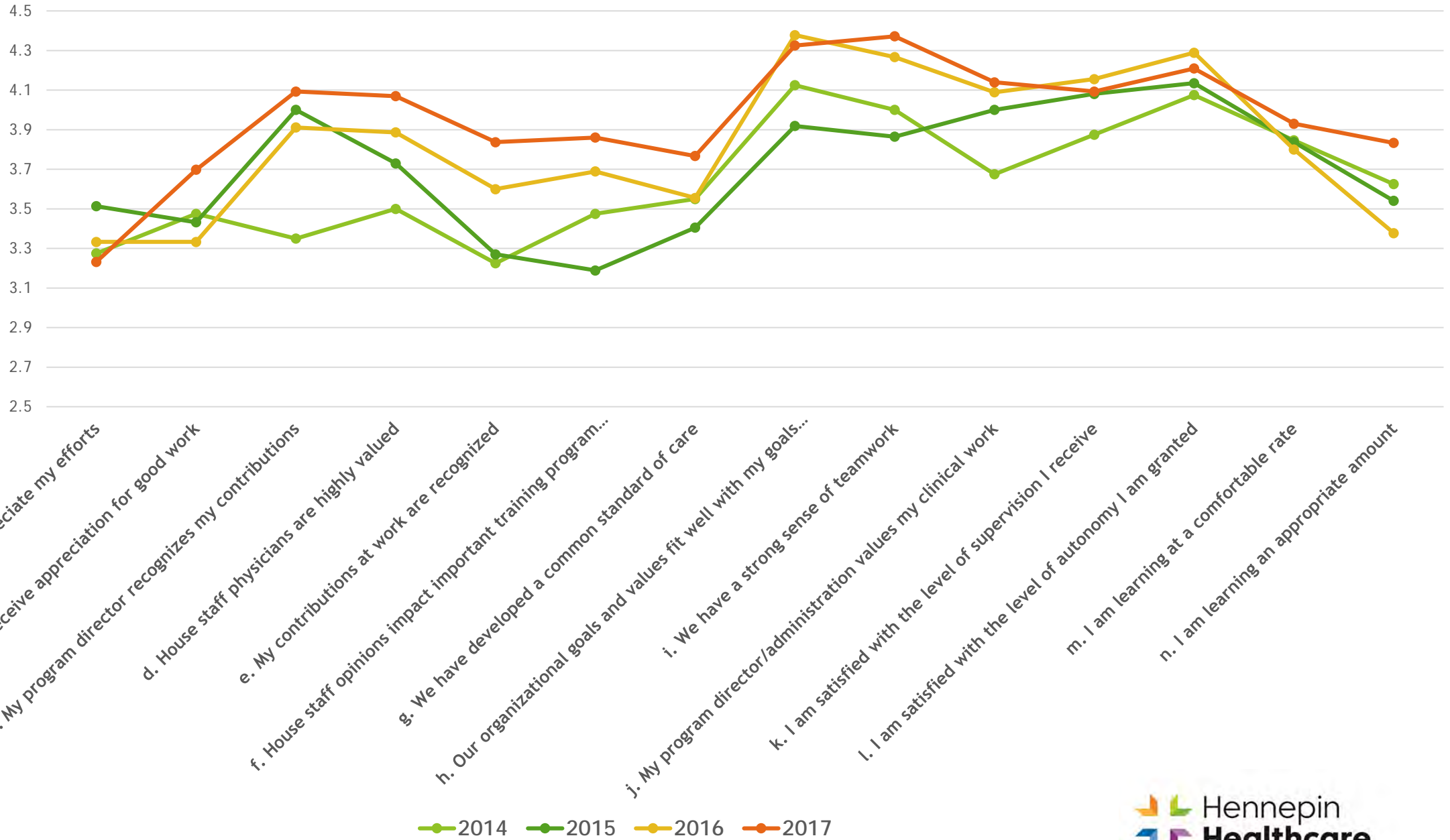


High professional fulfillment is defined as an index > 3.5

Comparative data from 4 residencies presented in 2016 at ICPH suggested peer support and perceived appreciation strongly impact professional fulfillment.

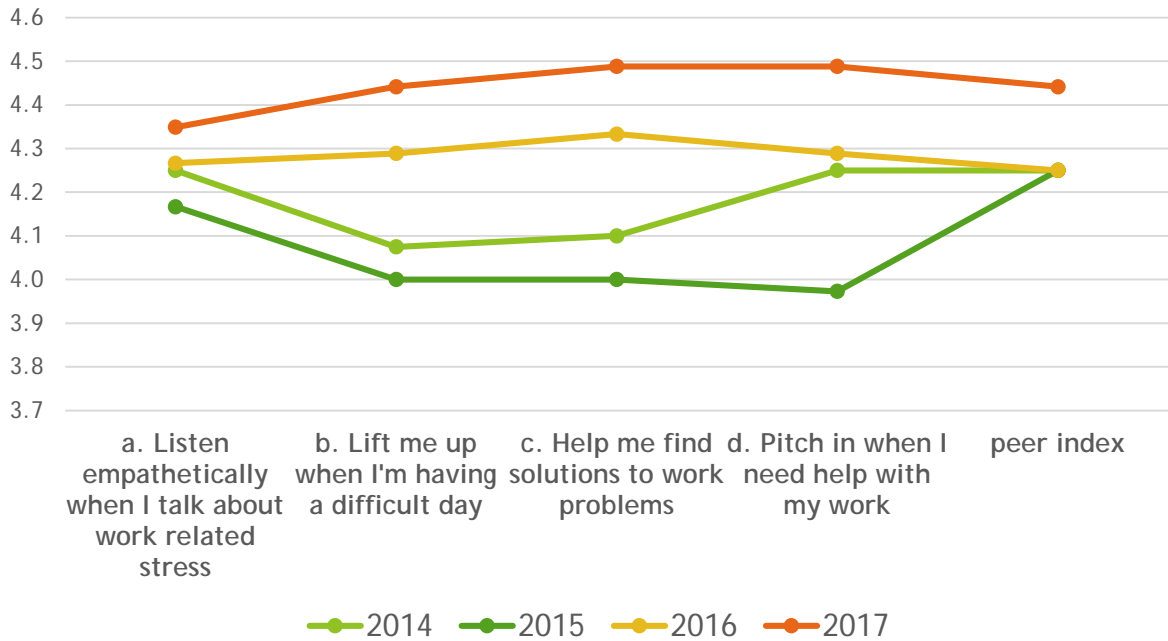
— 2014 —■ 2015 —▲ 2016 —● 2017

# Perceived Appreciation

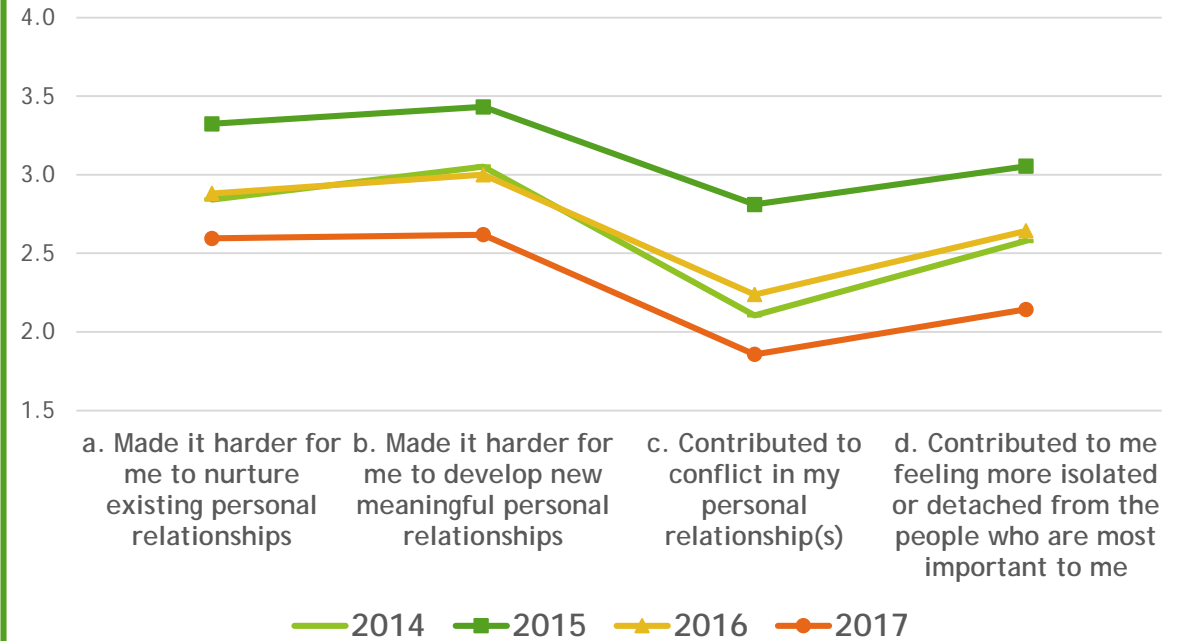




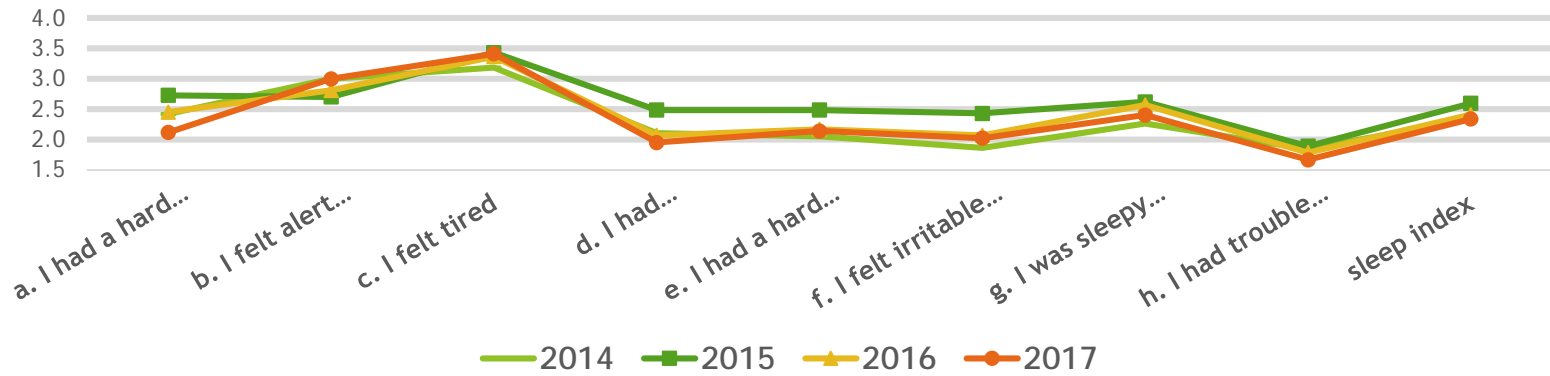
## Peer Support



## Personal Life



## Sleep



Comparative data from four residencies presented in 2016 at ICPH suggested sleep related impairment was the most significant predictor of burnout, with severe sleep impairment increasing the risk of severe burnout by 35X

# Other Suggestions

- ▶ Cognitive diversity of program faculty is crucial for this process to be effective
- ▶ Program faculty who work clinically will better understand all the challenges and barriers residents face

# Barriers and Next Steps – 10 Minutes

- ▶ Get into groups of 2-4 and continue to reflect on wellness at your institution.
- ▶ What barriers do you anticipate as you begin or continue wellness work?
- ▶ How might you navigate these barriers if you do encounter them?
- ▶ What are your next steps? Write them down!
- ▶ What are your goals and how will you accomplish them?
- ▶ What resources will you need?
- ▶ What questions do you have?

# Report Back and Q&A

- ▶ Our remaining time will be large group discussion!
- ▶ Do you have any reflections to share with everyone?
- ▶ What questions do you have for the group or for us?
- ▶ How can we help you begin or continue your wellness work?

# Thank You & Be Well!

- ▶ Thank you for the amazing opportunity to be here with you today!
- ▶ Please refer to the appendix for more faculty and trainee wellness resources.
- ▶ To contact us about faculty wellness, email [opw@hcmed.org](mailto:opw@hcmed.org)
- ▶ To contact us about resident wellness, email [rosemary.quirk@hcmed.org](mailto:rosemary.quirk@hcmed.org)

# 4-7-8 Breathing Technique



# Appendix Materials



# 4-7-8 Breathing Technique

- ▶ This technique is promoted by Dr. Andrew Weil of the University of Arizona Center for Integrative Medicine for relaxation and stress management:
  1. Exhale completely through your mouth, making a whoosh sound.
  2. Close your mouth and inhale quietly through your nose to a mental count of 4.
  3. Hold your breath for a count of 7.
  4. Exhale completely through your mouth, making a whoosh sound to a count of 8.
  5. This is one breath.
- ▶ Encourage faculty and trainees to take care of themselves and take a breathing break between patients or start team meetings with a breathing exercise.



# Making the Business Case - Outcomes of Dissatisfaction

Burnout	Linzer et al. <i>Am J Med</i> 2001;111:170-75.
Turnover: \$250,000/departing physician	Buchbinder et al. <i>Am J Manag Care</i> 1999;5:1431-8.
Instability (larger patient load for remaining providers)	Brown & Gunderman. <i>Acad Med</i> 2006;81:577-82.
Reduced patient: 1) access to care, 2) satisfaction, 3) medication adherence	Linn et al. <i>Med Care</i> 1985; 23:1171-78; DiMatteo. <i>Health Psychol</i> 1993;12: 93-102.
Increased patient disenrollment	Brown & Gunderman. <i>Acad Med</i> 2006;81:577-82.

# Programs you can access now

- ▶ Association of Chiefs and Leaders in General Internal Medicine
- ▶ AMA Steps Forward
- ▶ American College of Physicians - train the trainers

# AMA – Steps Forward Modules

- ▶ Series of modules for practice redesign
- ▶ Among them, one for burnout prevention & another for resiliency

The screenshot shows the AMA Steps Forward website interface. At the top, there are navigation links: PRACTICE SUPPORT, GET UPDATES, CONTACT US, and SHARE. Below these are main navigation tabs: HOME, MODULES, LIVE EVENTS, and HOW IT WORKS. A secondary navigation bar includes 'Online module', 'STEPS in practice', 'Downloadable tools', and 'Implementation support'. The main content area features a sidebar on the left with the title 'Preventing physician burnout' and a list of three items: '1 Seven key steps to help y', '2 Ten-item survey designe', and '3 Examples of successful b practice/organization se'. The main content area is titled 'Seven steps to prevent burnout' and contains a numbered list of seven steps. Step 1 is highlighted with a large green '1' icon. The text for step 1 reads: 'Encourage your clinic or organization to recognize the impact of burnout on providers as well as patients, the quality of care delivered and finances (e.g., through turnover). Establish provider wellness, which is the inverse of burnout, as a quality indicator that is regularly measured in your practice. Consider using annual burnout scores on the “mini Z” (see step 3) as a sign of the health of the provider workforce within your organization; if scores should slide, use the interventions described in step 5 to turn things around.'

AMA | **STEPS**forward

PRACTICE SUPPORT GET UPDATES CONTACT US SHARE

HOME | MODULES | LIVE EVENTS | HOW IT WORKS

Online module STEPS in practice Downloadable tools Implementation support

## Seven steps to prevent burnout

1. Establish wellness as a quality indicator for your practice
2. Start a wellness committee and/or choose a wellness champion
3. Distribute an annual wellness survey
4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
5. Initiate selected interventions
6. Repeat the survey within the year to re-evaluate wellness
7. Seek answers within the data, refine the interventions and continue to make improvements

**1** Establish wellness as a quality indicator for your practice

Encourage your clinic or organization to recognize the impact of burnout on providers as well as patients, the quality of care delivered and finances (e.g., through turnover). Establish provider wellness, which is the inverse of burnout, as a quality indicator that is regularly measured in your practice. Consider using annual burnout scores on the “mini Z” (see step 3) as a sign of the health of the provider workforce within your organization; if scores should slide, use the interventions described in step 5 to turn things around.

Online module

# Appendix – how to create a Provider Wellness Committee charter

The Hennepin charter has the following characteristics:

- ▶ *Purpose* - brief, 2-3 sentences
- ▶ *Scope* - who we report to and how
- ▶ *Objectives* - we list 5, you pick what's important to you
- ▶ *Measures of Success* - again 5, but pick what matters to you
- ▶ *Decision Making Authority* - super important shows
- ▶ *Reporting Relationship(s)* - our relationship to leadership
- ▶ *Communication Expectations (Key Messages)* -
  - ▶ The PWC will share aggregate, de-identified survey results with all providers and hospital leadership once a year. PWC leaders welcome the opportunity to present to Medical Leadership (e.g. Medical Staff meetings, Medical Executive Committee and/or Executive Leadership Team) more often, up to once a quarter if requested.

# Charter, continued

- ▶ *Meeting Frequency/Schedule* - decide how often you want to meet
- ▶ *Membership* - determine criteria of members and length of term
- ▶ *Officers and Member Roles and Responsibilities:*
  - ▶ *Committee Chair*
    - ▶ Prepares and/or approves agenda
    - ▶ Chairs the meetings - facilitates discussion and ensure appropriate decisions are made
    - ▶ Coordinates and ensures dissemination of communication documents
    - ▶ Ensures the charter is reviewed on an annual basis; ensures objectives and measures of success are updated as needed

# Charter, continued

- ▶ *Committee Vice Chair*

- ▶ Chairs the meeting if Chair is unavailable
- ▶ Facilitates discussion and ensures appropriate decisions are made
- ▶ Along with Chair, ensures objectives and measures of success are achieved

- ▶ *Committee members*

- ▶ Prepare in advance of the meetings
- ▶ Ensure relevant progress reports with identified barriers are incorporated into discussion
- ▶ Actively participate in all PWC deliberations
- ▶ Regularly attend scheduled meetings. If unable to attend, notify the PWC staff person and thoroughly review minutes and other meeting documents. The PWC may allow a delegate to attend if the member is unable to do so.

# Charter, continued

## ▶ *Committee staff*

- ▶ Prepares minutes and agendas. Ensures documents are sent out in advance of meetings and distributed after meetings
- ▶ Coordinates and disseminates communication documents as defined by the PWC

## ▶ *Meetings*

- ▶ The Physician Wellness Committee will meet a minimum of monthly.
- ▶ For the purposes of voting, a quorum will consist of 50% of the members. Votes may be taken via email.
- ▶ The Chair may call special meetings. The purpose of the meeting shall be stated in the call and at least 3 days notice shall be given.

## Some suggestions...

- ▶ Develop clinician “float pools” for life events
  - ▶ Workforce usually 10% short
  - ▶ Covering is cost effective to prevent turnover

Linzer M, *Am J Med.* 2002;113:443-48.

- ▶ “Right size” EMR-related work
  - ▶ Clinicians are overwhelmed
  - ▶ Longer visits are needed\*
  - ▶ Studying impact of scribes\*\*

\*Babbott S. *JAMIA.* 2013;0:1-7.

\*\*Sinsky C. *Ann Intern Med.* 2014;160:727-8.



# Suggestions, con't.

- ▶ Ensure that metrics for success include clinician satisfaction and well-being\*
  - ▶ Wellness is the missing quality indicator
- \*Wallace JE. *Lancet*. 2009;374:1714-19.
- ▶ Prioritize clinician self care as part of medical professionalism
  - ▶ Coping strategies
  - ▶ Eating healthy meals; exercise
  - ▶ Reasonable work hours
  - ▶ Building resiliency

# Suggestions, con't.

- ▶ Develop schedules with flexibility and clinician control
  - ▶ If you standardize, customize
  - ▶ Complex lives require flexibility
  - ▶ A 4:40 appt. slot and a 5:30 pick up at day care is a recipe for burnout
- ▶ Incorporate mindfulness and teamwork into medical school, residency and clinical practice
  - ▶ Mindfulness training at grand rounds?
  - ▶ Teamwork in Health Care Homes
  - ▶ Resiliency training:
    - ▶ Awareness
    - ▶ Acceptance
    - ▶ Seeking help
    - ▶ Problem solving

# Suggestions, con't.

- ▶ Assure 10% FTE for clinicians to do what they are passionate about\*
- ▶ Cost effective to support 10%; turnover costs \$250,000/FTE.\*\*

\*Shanafelt T. *Arch Intern Med.* 2009;169(10):990-995.

\*\*Buchbinder S. *Am J Manag Care.* 1999; 5:1431-38.

- ▶ Promote satisfying careers for part-time MDs
  - ▶ Part-time MDs are satisfied, connected and loyal^
  - ▶ Part time is one of best rxs for burnout

^Mechaber H. *J Gen Intern Med.* 2008;23:300-3.

# Suggestions, con't.

- ▶ Support manageable practice sizes and enhanced staffing ratios
  - ▶ GHC built teams, reduced panel size, provided desk top slots, and lengthened visits.
  - ▶ This reduced burnout, was cost neutral, and improved quality.\*

\*Reid R. *Am J Manag Care*. 2009;15 (9):e71-e87.

# Reading list, articles

- ▶ Improving conditions in primary care: physician reactions and care quality. M Linzer, L Baier-Manwell, ES Williams, et al. *Annals of Internal Medicine*, 2009.
- ▶ Physician wellness: a missing quality indicator. JE Wallace, JB Lemaire, WA Ghali. *The Lancet*, vol. 374 (November 14) 2009.
- ▶ Doctors get ill too. *The Lancet*, vol. 374 (November 14) 2009. Editorial.
- ▶ A Mindfulness Course Decreases Burnout and Improves Well-Being among Healthcare Providers. *International journal Psychiatry in medicine*, Vol. 43(2) 119-128, 2012.
- ▶ The influence of personal and environmental factors on professionalism in medical education. Colin P West and Tait D Shanafelt. *BMC Medical Education* 2007, 7:29 doi:10.1186/1472-6920-7-29.
- ▶ Career fit and burnout among academic faculty. TD. Shanafelt, CP. West, JA. Sloan, PJ. Novotny, G A. Poland, R Menaker, TA. Rummans, LN. Dyrbye. *Archives of Internal Medicine*, Vol. 169 (no. 10) May 25, 2009.
- ▶ Professional characteristics and job satisfaction among SGIM members: a comparison of part-time and full-time physician members. Levine RB, Harrison RA, Mechaber HF et al. *Journal General Intern Med* 23(8):1218-21.
- ▶ Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. MS Krasner, RM Epstein, H Beckman, AL Suchman, B Chapman, CJ Mooney, TE Quill. *JAMA*. 2009;302(12):1284-1293.
- ▶ Part-Time Careers in Academic Internal Medicine: A Report From the Association of Specialty Professors Part-Time Careers Task Force on Behalf of the Alliance for Academic Internal Medicine. M Linzer, C Warde, RW Alexander, DM DeMarco, A Haupt, L Hicks, J Kutner, CM Mangione, H Mechaber, M Rentz, J Riley, B Schuster, GD Solomon, P Volberding, T Ibrahim. *Academic Medicine*, Vol. 84, No. 10 / October 2009.

# Reading list, articles

- ▶ Eckleberry-Hunt, J. An exploratory study of resident burnout and wellness. *Acad Med.* 2009 Feb;84(2):269-77.
- ▶ Schernhammer E. Taking their own lives: The high rate of physician suicide. *N Engl J Med.* 2005;352:2473-2476.
- ▶ Riley GJ. On being a doctor—Commentary: Understanding the stresses and strains of being a doctor. *Med J Aust.* 2004;181:350-353.
- ▶ Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. *Am J Med.* 2003;114:513-519.
- ▶ Stanton J, Caan W. How many doctors are sick? *BMJ.* 2003;326:S97.
- ▶ Arnetz BB. Psychosocial challenges facing physicians of today. *Soc Sci Med.* 2001;42:203-213.
- ▶ Meier DE, Back AL, Morrison RS. The inner life of physicians and care of the seriously ill. *JAMA.* 2001;286:3007-3014.

# Reading list, articles

- ▶ Flexible/part-time work  
(Linzer, et al., Acad Med 2009;84:1395-1400)
- ▶ Leaders model work-home balance; value well-being  
(Saleh, et al., Clin Orthop Relat Res 2009;467:558-65)
- ▶ Alter our “culture of endurance”  
(Viviers, et al., Can J Ophthalmol 2008;43:535-46)
- ▶ Wellness focus - reflection, exercise, share concerns with colleagues (LeMaire, BMC HSR. 2010; 10:208)