GME WIDE & PROGRAM SPECIFIC INITIATIVES TO STRENGTHEN A CULTURE OF WELL-BEING

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**INTRODUCTION: BACKGROUND**

**NATIONAL DRIVERS FOR WELL-BEING**
- Burnout National Safety/Quality/Workforce Issue
- ACGME Common Program Requirements
- CLER (Clinical Learning Environment Review)
- National Academies of Medicine (NAM) action collaborative on clinical well-being and resilience

**GME ACTION PLAN**
- **STRATEGIC PLAN:** GME leaders convened a GMEC retreat to develop a well-being strategic plan with key system leaders attending
- **NEEDS ASSESSMENT:** Prior to the retreat each Residency & Fellowship program completed ACGME’s Inventory of Elements of Your Program’s Well-Being Plan & GME office completed the Inventory of Elements of Your Institutional Well-Being Plan
- Each Program Director and the DIO presented key findings + action plan from inventory with cross cutting themes identified

**AIM/PURPOSE/OBJECTIVES**
- To serve as well-being system leaders through the development of clear GME protocols and procedures
- To identify and provide GME specific and system wide resources/support to physicians in
- To improve resident and faculty well being through program specific initiatives

**METHODS: INTERVENTIONS/CHANGES**
- Aligned our GMEC Well-Being Strategic Priorities with selected Drivers of Burnout and Engagement in Physicians per Shanafelt & Noseworthy (Mayo Clin Proc. 2017;92(1):129-146)
- Program-Level Interventions
- GME-Wide Interventions
- System-Wide: How to align/utilize Aurora Legacy and now Advocate Aurora Health resources, leadership groups, partnerships

**METHODS / RESULTS: PROGRESS TO DATE**

<table>
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<tr>
<th>DRIVERS</th>
<th>PROGRAM SPECIFIC</th>
<th>GME-WIDE</th>
<th>AURORA LEGACY /AAH</th>
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<td>Workload and Job Demands</td>
<td>OB/GYN Restructuring Weekend - Overnights</td>
<td>Revise Faculty Contracts to reflect education roles</td>
<td>Contracts Aligned with Medical Grp Policies</td>
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<td>Efficiency and Resources</td>
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<td>Social Support and Community at Work</td>
<td>Radiology Redesign Journal Club / Lectures IM Buddy System</td>
<td>GME Lounge at all Sponsoring Expressions of Well-Being Soliciting Feedback AĈT Model</td>
<td>Align with AHC Legacy and AAH Clinician Well-Being Priorities Advocacy with Leadership</td>
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<td>Work-Life Integration</td>
<td>FM Resource ½ Days IM Wellness Challenges</td>
<td>Quarterly ½ Days Well-Being Access to Exercise</td>
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**METHODS/RESULTS: MEASURES/METRICS**

**GOAL:** To use existing data sets and/or add well-being items to existing initiatives to support benchmarking to local/national data

**METRIC** | **PROCESS** | **OUTCOME**
--- | --- | ---
- ACGME well-being program inventory submitted by all program 2x/yr for review at GMEC | | ✔
- Annual Program Evaluation (APE) section on well-being | | ✔
- Program Specific Tracking (FM ½ resource utilization; IM Participation Rates; Ob/GYN Well Being Check in Cards) | | ✔
- GME wide end of rotation evaluation form includes well-being item | | ✔
- Annual Press-Ganey Engagement Survey Items related to well-being | ✔ | ✔
- Well-Being Index | ✔ | ✔
- ACGME Resident/Faculty Survey Items | ✔ | ✔

**DISCUSSION: BARRIERS & STRATEGIES**

**BARRIERS**
- **CONCERN FACULTY BURNOUT: GME initiatives have been primarily geared towards residents/fellows**
- **STRATEGY:** Initiatives attend to everyone’s well-being
- **RESOURCES:** Ability to move GME initiatives forward
- **STRATEGY:** Prioritize and align Legacy Aurora and Legacy Advocate initiatives under AAH Academic Affairs leaders
- **MINDSET CHANGE:** “Physician heal thyself.”
- **STRATEGY:** Promoting evidence that focusing on better clinician and caregiver well-being leads to better patient care outcomes

**NEXT STEPS AND SUSTAINABILITY**
- Share what people do on quarterly well-being ½ days
- Host an NI-VI ½ Team Meeting (with Dinner) for all Program Team and GME Team Leaders
- Collect and monitor data (including APE section) for program sustainability and to determine future steps consistent with PDSA Cycle Improvements