ACGME Focus on Physician Well-Being: Deepening our Commitment to Faculty, Residents, and Patients
Disclosure

- Senior Vice President, Education, ACGME
- Associate Professor of Medicine, Jefferson Medical College (volunteer)
- Senior Scholar, Department of Medical Education, University of Illinois at Chicago College of Medicine
- No conflicts of interest to report
- The ACGME receives no funds from any corporate entity other than accreditation fees related to ACGME accreditation services
- The Journal of Graduate Medical Education permits only advertising of classified position in academic institutions
- The ACGME Annual Educational Conference is entirely self sufficient, has no external sponsors, advertisers, or displays, and uses no accreditation fee revenue for support
- ACGME International is a Not-for-Profit entity
Our Mission
“We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”
How are we trying to accomplish this mission?
MASTERY
Dreyfus Model

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
- Master
General Competences

• Patient Care and Technical Skill
  • Compassionate, appropriate, effective

• Medical Knowledge
  • Know and can apply
  • Do and apply

• Practice-Based Learning and Improvement
  • Assessment of own patient care, evidence-based approaches, improvement

• Interpersonal and Communication Skills

• Professionalism
  • Committed to professional responsibilities, ethical principles and sensitivity to diverse patient populations

• Systems-Based Practice
  • Awareness and utilization of the larger context and system of healthcare in providing optimal patient care
What happens?
(sometimes)
Personality Characteristics

- Obsessive compulsive
- Overly conscientious
- Pleasure deferring
- Self doubt
Environment

+ 

- 80 hours working
- 16-24 hours awake
- Change
- Little time for family/significant others
- Loneliness and social isolation
- Work overload
- Overwhelming responsibility
- Exposure to pain, suffering, death, dying
- “I can never read enough!”
House Officer Syndrome

- Episodic Cognitive Impairment
- Chronic Anger and Resentment
- Family/Significant Other Discord
- Pervasive Cynicism

Gary W. Small, MD
“House Officer Stress Syndrome”
Why now?
A Deepening Awareness
A few sobering realities:
Medical Students at Orientation
Psychologically Healthier

Lotte N. Dyrbye, MD, MHPE, FACP
• Depression
• Burnout
• Stress
• Empathy
• Compassion
Resident and Fellow Suicides
Greg Feldman, MD
March 19, 1977 – November 15, 2010
WHEN BREATH BECOMES AIR
PAUL KALANITHI
Devastation

- One is too many
- Crisis of Confidence and Self Doubt
  - Healers
- Family
Causes of Resident Death

- 2000 – 2014
- 324 (220 men, 104 women)
- Leading cause of death
  - Neoplastic disease
  - Suicide
  - Accidents
  - Other diseases
- Gender
  - Male – suicide
  - Female – malignancies
- Deaths by suicide
  - Higher early in residency
  - 1st and 3rd quarter of the academic year
- No trends
Depression During Internship

Specialty (N=740)

- Internal medicine 358 (48.5)
- General surgery 98 (13.3)
- OB/gynecology 42 (5.7)
- Pediatrics 94 (12.7)
- Psychiatry 63 (8.5)
- Emergency medicine 47 (6.3)
- Medicine/pediatrics 19 (2.6)
- Family medicine 19 (2.6)

Mean PHQ-9 increased from 2.4 to 6.4

Sen et al, Arch Gen Psych 2010
Practicing Physician Concerns

• Well-being
• Burnout
• Suicide
Moral Distress

• More than burnout

• The sense that we know and need to do the right thing but unable to do it
Suicide Among Practicing Physicians
Increasing National Attention
What to do?
Why us?
“Every system is perfectly designed to yield the result it produces.”

Paul Batalden
Fundamental Transformative Change
“One definition of insanity is doing the same thing over and over again, but expecting different results.”

Rita Mae Brown
Sudden Death, 1983. p. 68
"Somebody has to do something, and it’s just incredibly pathetic that it has to be us."

Jerry Garcia
The Grateful Dead
The ACGME has long been committed to well-being issues of residents and fellows.
Standards

• Common Program Requirements
  • Promote health and safety of patients, residents, and fellows

• Research
  • DeWitt C. Baldwin, Jr, MD
The Learning and Working Environment

- Excellence in the safety and quality of care rendered to patients by residents today
- Excellence in the safety and quality of care rendered to patients by today’s residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - The effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - The joy in curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the residents, faculty members, students, and all members of the health care team
Further Disclosure

63 years old
1989

36 years old
Stress Management:

A Guide for Senior Leaders

by the U.S. Army Physical Fitness Research Institute

Excerpt from the book: Executive Wellness, available online from the Army Physical Fitness Research Institute (APFRi), U.S. Army War College, Carlisle Barracks, PA at http://wwwarrêtтро.wwвет-sрррrt.png

Stress and the Mind-Body Connection

According to medical educator, Dr. Timothy Brigham, stress is "the basic confusion created when one's mind overrides the body's desire to choke the living daylights out of some jerk who desperately deserves it."

Whether or not one takes a more conventional view than Dr. Brigham, we live in a busy world where conflicts, disappointments, frustrations, losses, and pressures can make us feel nervous, keep us awake at night, get us angry, or make us sick. It is impossible to be alive and live without stress. Not surprisingly, stress has become the fashionable disorder of our time, and treatment of stress is an extraordinarily popular and profitable activity where everyone can participate. Dr. Ethel Roskies, a Canadian therapist who has spent over 15 years treating stressed-out managers and professionals, sarcastically observed, "The most distinctive characteristic of stress management as a treatment is its universality; there is no one for whom treatment is apparently uncalled or inappropriate."

Because stress is so ubiquitous and stress management so sweeping, it is tempting to dismiss this subject as a fad or to trivialize it. Confronted with more serious problems of mankind and attempting to find real solutions under deadlines, ambiguity, insufficient resources, and conflicting social priorities, one's patience for something that seems "all in your head" can be quite limited. Popular stress management prescriptions like, "make time for rest and recreation" can sound astonishingly naive and irrelevant to the fast pace and high-tempo of a modern executive. Accustomed to bulldozing through personal obstacles and achieving crisp goals, the fuzziness and wimpy nature of stress is foreign. No wonder some of the most distressed leaders deny their stress until they experience physical or mental burnout. Some of these symptoms are becoming more common.
Next Steps
The journey of a thousand miles must begin with a single step.
Establishment of a Task Force

The ACGME has established a Task Force composed of Board Members, administration, and selected external experts/stake holders to work together to facilitate change in the following areas:
ACGME Task Force

- Carol Bernstein, MD, Co-Chair*
- Timothy Brigham, PhD, MDiv, Co-Chair*
- Stanley Ashley, MD*
- DeWitt Baldwin, MD*
- Donald Brady, MD*
- Peter Carek, MD, MS
- Wallace Carter, MD*
- Jordan Cohen, MD, MACP*
- Lotte Dyrbye, MD, MHPE, FACP
- Rhea Fortune
- Helen Haskell, MA
- Kari Hortos, DO*

- Dinchen Jardine, MD*
- Lyuba Konopasek, MD*
- Kenneth Ludmerer, MD, MACP
- Cristin McDermott, MD*
- Christine Moutier, MD
- Thomas Nasca, MD, MACP
- Srijan Sen, MD, PhD
- Deborah Simpson, PhD
- Alison P. Smith, MPH, BSN, RN
- James H. Taylor, Dman, MHA, MBA
- Kevin Weiss, MD, MPH, MHSA
- Edwin Zalneraitis, MD*
- Rowen Zetterman, MD

*Members of the Symposium Planning Sub-Committee
To Recommend and Oversee a Process to Address Five Areas of Impact

- Education
- Using ACGME Levers to influence Change
- Ongoing Research
- Collaborating Across the Continuum to promote Culture/System Change
B = f (P, E)
Lewin’s Equation 1936
Education

• Building Awareness
• Ongoing Dissemination
• Building Website
  • Videos
  • Slide sets
  • Communities of Learning
• Work with Task Force
  • Tool Kit(s)
• Annual Symposium
• Annual Educational Conference (AEC)
2017 Annual Conference

- Eight sessions highlighting well-being
- Two resident led sessions
- Orlando, March 9-12, 2017
Series of Symposiums
Each building on the work of the previous
• Building Resilience
• Fostering/ Nurturing Well-Being
• Recognition
• Intervention
• Reduce Stigmatization
• Help Grieving Communities Heal
Goals of the Symposium

- **UNDERSTAND** the problem across the continuum.
- **ADVISE** the ACGME Board of Directors on how it can be an effective agent of positive, transformational change for resident/fellow well-being and the creation of more humane training environments.
- **BEGIN** a national dialogue on physician well-being that leads to positive, transformational change in the learning environment culture for medical students, residents/fellows, faculty members, and practicing physicians.
- **BEGIN** ongoing collaborations and relationships with other organizations inside and outside of the house of medicine to effect positive transformational change for the well-being of residents, fellows, medical students, practicing physicians and other health care professionals and to the culture of medicine/medical education.
Symposium Format
November 17-18, 2015

- Invitational
- Approximately 150 attendees from all facets of the GME community
- Format
  - Lectures
  - Small group work
  - Large group processing and discussions
The ACGME Second Symposium on Physician Well-Being: Commitment to Change

NOVEMBER 29-DECEMBER 1, 2016
2016 WELL-BEING SYMPOSIUM

What the best are doing
What CEOs need to hear
Poster presentations
Collaborative open space
GOALS OF THE SYMPOSIUM

• Develop concrete action plan to address the issue of Physician Well-Being for:
  – Programs/Systems
  – Learners/Faculty

• Continue the national dialogue and forge collaborations among stakeholders to effect positive transformational change for Physician Well-Being

• Provide guidance to the ACGME on how best to utilize its unique “levers of influence” to effect positive transformational change

• Promote a scholarly approach to well-being interventions and innovations
HOW

• Presentations
• Panel Discussions
• Small Group Work
• Large Group Discussion
• Reflective Dialogue
• Modified Open Space Design
• Electronic messaging capability for questions, reflections, agenda setting
OPEN-SPACE BREAKOUT GROUPS

• Innovation
• Mental Health Services
• Culture Change
• Building a Comprehensive Well-being Program
• Workflow
• Resilience
Using ACGME Levers for Change

• CLER
• Requirements
• Baldwin Award
ACGME Levers

The Clinical Learning Environment Review (CLER)

- Dr. Kevin Weiss and his team are broadening the current focus area “Fatigue Management, Mitigation, and Duty Hours” to **Physician Well Being**.

Accreditation Requirements

- Common Program Requirements
  - Revising and strengthening the Common Program Requirements in the area of well-being
Ongoing Research

- Resident Survey Voluntary Questions
- Studying the causes of resident death
- Collaborating with others to stimulate research in the field
- Providing a forum for disseminating research
  - AEC
  - Annual Wellness Symposium
  - Journal
  - Website
Continuum Collaboration

Focus of the next meeting of the Coalition for Physician Accountability

AAMC
ABMS
ACCME
ACGME
AMA
AOA
ECFMG
FSMB
LCME
AACOM

NBME
NBOME
Joint Commission
CMSS
Public Members
Nurses
Other health-care professionals
Continuum Collaboration

- National Academy of Medicine (NAM)
- Institute on Medicine (IOM)
- Emergency Medicine
- Others
Action Collaborative on Clinician Well-being
National Academy of Medicine

- First Meeting, January 6, 2017
- Chair: Victor Dzau, MD
- Co-Chairs: Thomas Nasca, MD and Darrell Kirch, MD
- More than 30 organizations and institutions
- Vivek Murthy, US Surgeon General
- Discussion of opportunities through NAM
- Benchmarks and how to define success
- 3 meetings/year for two years
Other Culture / System Change

- System Change
- Engage key stake-holders we don’t often think about bringing to the table
  - C-Suite
  - Insurers/funders
  - Policy makers
  - Patients/public
  - Etc.
What can you/we do?
“You don’t have to see the whole staircase, just take the first step.”

-Martin Luther King Jr.
Patient Care and Physician Well-Being

• Clinicians who care for themselves provide better care for others
• They are less likely to make errors or leave the profession
• Habits of practice to promote well-being and resilience need to be cultivated across the continuum
• A healthy learning environment will lead to improved health care for all, both providers and patients
The Medical Student’s and Resident’s Journey of Transformation
Let’s begin a conversation across distance, culture, specialties, professions, organizations, etc.
Deepen Our Commitment to Faculty, Residents and Patients
Think Globally

Act Locally
We’re facilitating the setting of expectations…

You’re working on the ground to innovate, motivate, and transform:

1. The faculty
2. The journey of the learner
3. The learning environment
The Drive Toward Mastery Compels us as Medical Educators:

• To model the values and virtues essential to good medical practices in our own everyday activities (the “hidden” curriculum)

• To have the courage to advocate for the needs of all our patients

• To have the courage to advocate for the needs of our residents

• To change our stories

Thomas J. Nasca, MD, MACP
Modified by T. Brigham
It is imperative that Program Directors, Faculty, etc., be freed and encouraged to mentor, challenge and guide
What can you do? How can you do it?

- Realize and use your power
- The motivation trifecta
- Take care of yourself
- Connect/collaborate
One Size Does Not Fit All
The system in which you operate
4 Room Apartment

Contentment

Renewal

Denial

Confusion/chaos

Claes Janssen 1982
You must swim in deep and scary waters

- We’re trained as Educational Leaders/Administrators to love and establish order and control
• Dance with the chaos
• Move away from order and control toward coordinating the chaotic ingenuity in your system
What to do in each room

**Contentment**
“I like it just as it is”
Leave people alone (unless the building’s on fire)

**Renewal**
“We have too many good ideas”
Offer help for implementation

**Denial**
“What, me worry?”
Ask questions, give support, raise awareness

**Confusion/chaos**
“What a mess!! Help!!”
Focus on the future, structure tasks, get people together

Weisbord, 1987, p. 220
• Autonomy
• Mastery
• Purpose

Daniel Pink, Drive
Take Care of Yourself
Three Important “C”s

- Control
- Commitment
- Connection
  - With each other
  - Regionally/locally/nationally
  - With the larger medical (education) community
“If you think you’re too small to be effective, you have never been in bed with a mosquito.”

Betty Reese (American officer and pilot)
Never be afraid to try something new. Remember that amateurs built the ark, and professionals built the Titanic.

Anonymous
Awe
Talmud
Stay Tuned
Thank you
Questions?

wellbeing@acgme.org
Results
Day 1

Question 1: From what you’ve heard so far, what has real meaning for you? What surprised you, what challenged you? What’s missing from this picture?

- Make business case to key stakeholders, c-suite, insurers, and other health care professionals to address burnout and the ability to demonstrate a return on investment.
- Package message to leadership on why we need to change.
- Recognize that this is both an individual and system issue, this has to be addressed on both sides.
Question 2: In relation to physician well-being, what does the perfect learning/practice environment in programs and institutions look like? How can that vision be turned into reality?

- All programs must have a systematic screening process for wellness/burnout/depression, linked to automatic actions and resources for positive screenings.
- Explicit alignment between institutional leadership and faculty in the learning environment with a commitment to establish a culture of respect; and accountability for maintaining it in the context of patient care and resident learning.
Question 3: What can the ACGME do, either by itself or in collaboration with others, to foster and improve physician well-being (e.g. promote resilience, aid in early identification and recognition of distressed residents, reduce stigmatization, ensure access to care, etc.) and intervene to help grieving communities heal?

- In collaboration with key stakeholders, redefine professionalism to include self-care and wellness.
- Create online resources for wellness to include self-assessment, curriculum and best practices.
- Work with experts to create a toolkit for program directors and DIOs (e.g. personal experience of PD’s, speaker’s bureau, etc.).
Questions from Day 2

• What are the next steps the profession needs to take to sustain process
• What would you be willing to commit to do personally/organizationally over the next year?
• Over the next four years would you be willing to commit to attending an annual meeting to learn about progress across the continuum on these issues?
Day 2 – Top Themes

- Collaborate/partner externally (with key stakeholders across the educational continuum)*
- Awareness/dissemination of information*
- Need for Wellness programs
- Milestones
- Program requirements
- CLER
- Surveys/assessment
- Tool kit/resources
- PR/marketing/JGME
- Research/data collecting

- Institutional leadership/C-Suite involvement
- Engagement of Faculty
- Dissemination of post symposium information
- Mentorship programs in training
- Interdepartmental involvement and support
- Emotional support for residents and faculty
- Ongoing forum to discuss the issues
- Signed commitments
Revised Common Program Requirements

- Duty Hours redefined as Clinical and Education hours
- Well-being section added
- Increased emphasis on support
Well-being: Program and SI Responsibilities

Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as to evaluate other aspects of competence. This responsibility must include:

- Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professions relationships; (Core) (VI.C.1.a)
- Attention to scheduling, work intensity, and work compression that impacts well-being (Core) (VI.C.1.b)
Changes Relevant to Well-being

Themes:

• Environment supporting self-care and connected
• Increased control over learning environment
• Increased meaning in work of faculty and learners
VI C: In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; is it also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs and Sponsoring Institutions have the same responsibility to address well-being as they do to ensure other aspects of resident competence.
ACGME Common Program
Requirements Revisions, Section VI

- New requirements for resident and faculty well being
- Promotion of meaning in work with patients
- Policies and programs that encourage optimal resident and faculty well being
- Residents must be given opportunities to attend medical, mental health and dental appointments including those scheduled during work hours
- Education of faculty and residents in identification of burnout, depression and substance abuse including the means to assist those who experience these conditions
• Encourage residents and faculty to alert PDs or other when they are concerned about residents/faculty
• Provide access to appropriate tools for self-screening
• Provide access to confidential, affordable mental health counseling and treatment, including access to urgent and emergency care 24/7 (*affordable=cost must not be a barrier to care)
• Policies and procedures to ensure coverage for residents when unable to perform patient care responsibilities
Evaluating workplace safety data and addressing the safety of residents and faculty members (Core) (VI.C.1.c)

- Emphasizes the responsibility shared by the Sponsoring Institution and its programs to gather information and utilize systems that monitor and enhance resident and faculty member safety, including physical safety.

- Issues to be addressed include, but are not limited to, monitoring of workplace injuries, physical or emotional violence, vehicle collisions, and emotional well-being after adverse events.
Well-Being: Program and SI Responsibilities

Policies and programs that encourage optimal resident and faculty member well-being (Core) (VI.C.1.d)

- 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.
Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core) (VI.C.1.d).(1))

• The intent is to ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.
Well-Being: Program and SI Responsibilities

- Attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. (Core) (VI.C.1.e)

- Programs and SIs are encouraged to review materials in order to create systems for identification of burnout, depression, and substance abuse.

- [http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being](http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being)
The program, in partnership with the SI, must encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence (Core) (VI.C.1.e).(1))

- Reluctance to seek help for burnout, depression, substance abuse and/or suicidal ideation, due to stigma associated with these conditions
- Essential that residents and faculty members are able to report concerns, so that PD or other designated personnel can assess
- Designated personnel should be familiar with institution’s impaired physician policy and follow institution’s policies for reporting
Well-Being: Program and SI Responsibilities

Provide access to appropriate tools for self-screening (Core) (VI.C.1.e). (2))

• ACGME Task Force on Physician Well-Being will develop a list of suggested self-screening tools
• Well-being page of the ACGME website will be updated as new information and resources are available
Well-Being: Program and SI Responsibilities

Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week (Core) (VI.C.1.e).(3))

• Immediate access at all times to a mental health professional
• In-person, telemedicine, or telephonic means are acceptable
• Care in the EM department may be necessary, but not as primary means to meet requirement
• “Affordable” intended to ensure that financial cost not be a barrier to obtaining care
Well-Being: Program and SI Responsibilities

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (Core) (VI.C.2)
NEW: Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core) (VI.B.6.)