RESILIENCY: A CONSENSUS STATEMENT & ACTION PLAN

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• Member: AIAMC Board of Directors & ACGME Well-Being Task Force

Support/Encouragement from 2 AIAMC BoD & Residents:
• Lynne Chafetz, JD – Sr. VP & Gen Counsel at Virginia Mason Medical Center
• Barry Mann, MD – Chief Academic Office – Main Line Health
• Residents: Molly Lepic, DO, Sara Stanenens, DO, Matt Gill, DO, et al
AIAMC 2017 Meeting Themes

- **Resiliency** - Individual
- **Resiliency** - System
- **Resiliency** — Specific Focus:
  - Faculty
  - Families
  - Residents
  - Residents
  - Other (please describe):
    ____________________

- Healthcare Disparities
- GME Financing
- Work Force Modeling
- Faculty Development
AIAMC 2017 – Plenary Sessions

Thursday

• Resiliency of College Athletes and Resident Physicians
  • Brian Hainline, MD (NCAA)

Friday

• Physician Well-Being
  • Tim Brigham, MDiv, PhD (ACGME)

• Choosing Resilience
  • Wayne Sotile, PhD (Sotile Center for Resilience)

Saturday

• Resiliency Across the Continuum
  • Graham McMahon, MD, MMSc (ACCME)
AIAMC 2017 – Break Outs & Posters

• The OASIS Proj: A 12-Mo Resiliency Initiative in MICU
  • Cristiana Care (Downing & Farley)

• How do you Measure Resident Wellness?
  • Crittenton Hosp Med Ctr & Wayne State U (Markova & Stansfield)

• Building a Culture of Well and Resilience: How to Characterize Burnout and Create a Targeted Cur for GME
  • OhioHealth Riverside Methodist Hospital (Hommema, Auciello)

• Supporting Resiliency through Intentional A, C, M
  • Aurora Health Care (Simpson, Lehmann, Kelly, Bidwell, Stearns)

• A Systems Approach to Physician Resilience & Wellness
  • Permanente Medical Grp (Chuck)
How did this Session Happen?

**SBAR for AIAMC BoD**

### AIAMC Meeting

Well-Being/Resilience=“Perfect Storm”

- A confluence of forces →
- AIAMC leverage WB/R as cross-cutting initiative:
  1. Strategic Plan (program development and advocacy in support for members, visibility)
  2. Annual Meetings 2017-2018
  3. AIAMC co-sponsor *National Academy of Medicine’s Action Collaborative of Clinician*
  4. Well-Being and Resilience.
  5. Scholarship
  6. NI V (Pending)

### 2017 AIAMC “Breakout” Sat Session PLAN

- Reflect-synergize thinking
- Identify **AIM** and **MEASURES** to help members start well-being “Plan” (IHI Model for Improvement)
  - AIM: What are we trying to accomplish?
  - Measures: How will we know that a change is an improvement?
  - Changes: What changes can we make that will result in improvement?
- Agreement: Focus individual & system
An important corollary is that **physician well-being** is crucial to deliver the safest, best possible care to patients.
Objectives – Agenda
Resiliency / Well-Being (R/WB)

Objectives
1. Reflect upon the Annual Meeting’s key learning points → IHI “Aim” (Session Consensus Statement)
2. Think “Measures” for “Aim(s)”

Agenda
• Think/Pair/Share – 3 R/WB Take Homes Actions
• Take homes – Aim
• Thinking Metrics Re: Well Being
• Debrief and Next Steps
### Think!

**Identify Take Homes**
- > 1 at Each Level
- Individual / Person
- Program/Department
- Organization/System

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**Worksheet #1: Think – “Take Home Actions” at > 3 Levels**

**Directions:**
- Ponder the resilience/well-being related plenary and concurrent sessions you attended (see below), posters you saw/discussed, and conversations you had during the conference.

**Plenaries:**
1. Atul Grover, MD, PhD: A New Administration & New Opportunities for Med Educ (AAMC) [Thur]
2. Brian Kinlin, MD: Resiliency of College Athletes and Resident Physicians (RCAA) [Thur]

**Concurrent Workshops:**
1. The OASIS Project: A 12 Month Resiliency Initiative in the MCU: Christiana Care (Downing/Porto) [Thur]
2. How Do You Measure Resilience? Criterion vs. Nomological (McNulty/Stephens) [Thur]

**List your top 3 take home actions/to do's for resilience/well-being at each of three levels**
- Individual, program/department, and system/organization level. Be prepared to discuss.

<table>
<thead>
<tr>
<th>Top 3 Take Home Actions at Individual Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 3 Take Home Actions at Program/Department Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 3 Take Home Actions at System/Organizational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>
Think, **Pair, Share** – 3 R/WB Take Homes

1. **PAIR & SHARE YOUR** top 3 Take Homes Actions at Each Level
   - Individual / Person
   - Program/Department
   - Organization/System

2. List top two shared take home actions (worksheet #2) for
   - Individual / Person
   - Program/Department
   - Organization/System

3. Be prepared to report out

4. Inform our Consensus “AIM” from meeting
Report Outs: Individual
Report Outs: Program/Depart
Report Outs: Organization/System
Aim: From Cross-Cutting Actions?

AIAMC and its members are uniquely positioned to...
Ex Aim: Cross-Cutting Actions?

• Aim is to **Improve Physician Well-Being which is a Family (Person x Clinical Workplace)**

  - **Person**: ↑ individual’s mental and physical health (eat better, strategic naps, meditative practice, PCP visits, exercise...)
  - **Program/Department**: Implement policies/procedures incentivize (not punish) culture well being (identifying” at risk individuals; taking ½ for health appointments; championing/role modeling “health”)
  - **Organization/System = Workplace**: Decision making aligned with provider well being with resources (policies/procedures attend wellbeing; EHR upgrades to improve platform; exercise facilities; food options)

Note: Findings from meeting will be shared as part of AIAMC Session materials
Rough Aim – IHI “Measure:
How will we know that a change is an improvement?

• Spark thinking at 3 levels about “existing” data
• Consider if these or any other data would be “meaningful metrics” measure for our AIM
### Existing Metrics: Individual

#### Burnout
- **Most Common**
  - Maslach Burnout Inventory (MBI) *(Depersonalization, Personal Accomplishment, Emotional Exhaustion)*
- **Others**
  - Shirom-Melamed’s Burnout Scale,
  - Copenhagen Burnout Inventory (CBI),
  - Physician Well-Being Index,
  - a single question approach
  - a symptom-based stress survey.

#### Well Being
- **Well Being – Varied**
  - General Health Questionnaire (GHQ)
  - Harvard National Depression Screening Day Scale (HANDS), Linear stress scales
  - Quality of Life scales,
- **E-Well-Being Index** *(e-WBI)*
  - Mayo – 9 items version
  - 2 items work life integration and meaning in work
- **Gallup-Healthways WB Index**
  - Purpose, social, financial, community, and physical

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### TABLE. Candidate Dimensions of Well-being for Organizations to Assess

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Potential standardized instruments to assess</th>
<th>No. of questions</th>
<th>National benchmarks for US physicians</th>
<th>Comparisons with the general population</th>
<th>Relevant to other health care workers</th>
<th>Shown to correlate with relevant outcomes</th>
<th>Select references</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement/professional fulfillment</td>
<td>Physician Job Satisfaction Scale</td>
<td>5 or 36</td>
<td>Yes&lt;sup&gt;e&lt;/sup&gt;</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>20, 21, 23, 31</td>
</tr>
<tr>
<td></td>
<td>Empowerment at Work Scale</td>
<td>12</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>52, 53</td>
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<tr>
<td>Burnout</td>
<td>Maslach Burnout Inventory</td>
<td>2 or 22</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>7, 10, 22, 39, 54, 55</td>
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<tr>
<td></td>
<td>Oldenburg Burnout Inventory</td>
<td>16</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>47, 56</td>
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<tr>
<td>Engagement</td>
<td>Utrecht Work Engagement Scale</td>
<td>9</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>Brief Fatigue Index</td>
<td>9</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Epworth Sleepiness Scale</td>
<td>8</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>59</td>
</tr>
<tr>
<td>Stress</td>
<td>Perceived Stress Scale</td>
<td>10</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>60, 61</td>
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<tr>
<td>Quality of Life</td>
<td>Short Form Health Survey (SF)-8/SF-12/SF-36</td>
<td>8 or 12 or 36</td>
<td>–</td>
<td>Yes</td>
<td>Yes</td>
<td>–</td>
<td>62, 63</td>
</tr>
<tr>
<td></td>
<td>Linear Analogue Self-Assessment Scales</td>
<td>1-10</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Composite well-being measures</td>
<td>Well-being Index/Physician Well-being Index&lt;sup&gt;d&lt;/sup&gt;</td>
<td>9</td>
<td>Yes&lt;sup&gt;e&lt;/sup&gt;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>65, 67</td>
</tr>
<tr>
<td></td>
<td>Mini-Z&lt;sup&gt;f&lt;/sup&gt;</td>
<td>16</td>
<td>–</td>
<td>–</td>
<td>No</td>
<td>–</td>
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</tbody>
</table>

<sup>a</sup>Can be used in nurses and other health care professionals (eg, applied at the medical center, hospital, community, or outpatient setting).

<sup>b</sup>Relevant outcomes include quality of care, patient satisfaction, turnover, professional work effort, and suicidality.

<sup>c</sup>Most recently 1999.

<sup>d</sup>Evaluates dimensions of meaning in work, burnout, stress, work-life integration, fatigue, mental/emotional, and physical health.

<sup*e</sup>Most recently 2014.

<sup>f</sup>Evaluates dimensions of professional satisfaction, burnout, and stress.

Existing Metrics: **Program**

**ACGME Surveys: Autonomy/Control & Relatedness**

### Resident/Fellow

- **Resources:**
  - Residents can raise concerns without fear

- **Educ Content:**
  - Supervisors delegate appropriately
  - Education not comprised by service obligations

- **Evaluation:**
  - Satisfied that program used evaluations to improve

### Faculty

- **Faculty Supervision & Teaching**
  - Sufficient time to supervise residents/fellows
  - Residents/fellows seek supervisory guidance
  - Interest of faculty and PD in education

- **Educ Content**
  - Effectiveness of graduating residents/fellows
Existing Metrics: Program

• GME - Annual Performance Evaluation?
• Attendance/Participation at “voluntary” social events?
• # Who have PCP? Seen in last year?
• # Scan in to use fitness center?
• Organization-wide metrics
Hospital Survey on Patient Safety

Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/unit...

1. People support one another in this unit .................................................................
2. We have enough staff to handle the workload.....................................................
3. When a lot of work needs to be done quickly, we work together as a team to get the work done .................................................................
Why are employee engagement surveys particularly important in the health care industry?

August 2016

<table>
<thead>
<tr>
<th>Model component</th>
<th>Sample statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executing tasks</td>
<td>My manager assigns tasks suited to my skills and abilities. My manager provides clear goals for the work of the team. My manager always knows how well our unit is performing its work activities.</td>
</tr>
<tr>
<td>Developing people</td>
<td>My manager provides me opportunities to develop my skills. My manager helps me with career planning and decisions. My manager helps me to access learning opportunities outside my organization.</td>
</tr>
<tr>
<td>Delivering the deal</td>
<td>My manager provides frequent recognition for a job well done. My manager makes fair decisions about how my performance links to pay decisions.</td>
</tr>
<tr>
<td>Energizing change</td>
<td>My manager encourages new ideas and new ways of doing things. My manager keeps me informed about changes in my organization that affect my work unit. My manager is good at explaining the reasons for changes that happen in the organization.</td>
</tr>
<tr>
<td>Authenticity and trust</td>
<td>My manager recognizes his or her own strengths and weaknesses. My manager listens carefully to different points of view before reaching conclusions. My manager acts in ways consistent with his or her words. My manager shows respect for my personal feelings and circumstances. My manager is a trusted source of information about what is going on in the organization.</td>
</tr>
</tbody>
</table>
### Improving physician wellness and resiliency in Emergency Medicine, from the ground up

**Wellness Think Tank National EM Wellness Survey**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>3-4x per week</th>
<th>1-2x per week</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social or happy hour with friends, coworkers, colleagues, and/or significant other</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>* must provide value</td>
<td></td>
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<tr>
<td>Exercising</td>
<td></td>
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<td>* must provide value</td>
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<tr>
<td>Sports (basketball, football, hockey, racquetball, soccer, lacrosse, etc.)</td>
<td></td>
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<tr>
<td>* must provide value</td>
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<tr>
<td>Outdoor activities (hiking, biking, climbing, fishing)</td>
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<tr>
<td>* must provide value</td>
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<tr>
<td>Indoor activities (playing music, drawing, writing, journal, blogging, etc.)</td>
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</tbody>
</table>
AMGA Provider Satisfaction Benchmarking Survey
The important subject areas (dimensions) of the survey include:

- Leadership and Communications
- Time Spent Working
- Compensation
- Quality of Care
- Patient Interactions
- Administration
- Computers
- Resources
- Acceptance by Colleagues
- Relationships with Staff
- Paperwork
- Pre-Authorization Hassles

AMGA Employee Satisfaction and Engagement Benchmarking Survey
The important subject areas (dimensions) of the survey include:

- Employee Engagement
- Rewarding Work
- Supervision
- Growth Opportunities
- Personal Relationships
- Leaves
- Pay
- Workload
- Physician Interactions
- Health Benefits
Identify Metrics = Aim  [Grps 3-4 at Tables]

• Consider the “Consensus” Action AIM
• Identify EXISTING METRICs that cross levels or by levels
• Criteria
  • Feasible (affordable, accessible)?
  • Inform action?
  • Baseline and on-going metrics?
• Be prepared to report out

AIAMC Breakout Session on Resiliency: Consensus Statement and Action Plan
Worksheet #3: Metrics at ≥ 3 Levels → Report out

DIRECTIONS:
• Consider the “Consensus” Actions generated in session (from top 3 take home actions for resilience/well-being)
• Identify EXISTING METRICs that cross and/or for each of three levels (individual, program/department, and system/organization level). Are they (Criteria): Feasible (affordable, accessible), inform action, can provide baseline and on-going metrics
• Be prepared to report out

**Metrics that Cross Levels**
1. 
2. 

**Metrics at Individual Level**
1. 
2. 

**Metrics at Program/Department Level (Pair)**
1. 

**Metrics at System/Organizational Level (Pair)**
1. 
2.
Report Out! “1 Best” per grp

<table>
<thead>
<tr>
<th>Cross Cutting</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Depart</td>
<td>Organization/System</td>
</tr>
</tbody>
</table>

Write Name & E-mail on Worksheet #3 and turn in – we will pdf back!
Next Steps

• Findings will be summarized/shared as part of AIAMC conference materials

Share with

• NI-VI Leaders and AIAMC BoD discuss
• NI-VI Planners
  • Hope all participate and some “shared” aims and metrics!

• Thank you ALL!!
Others References/Resources
