



# Applying QI Approaches to Improve the Joy of Work

Laurel K. Leslie, MD, MPH

# Disclosures

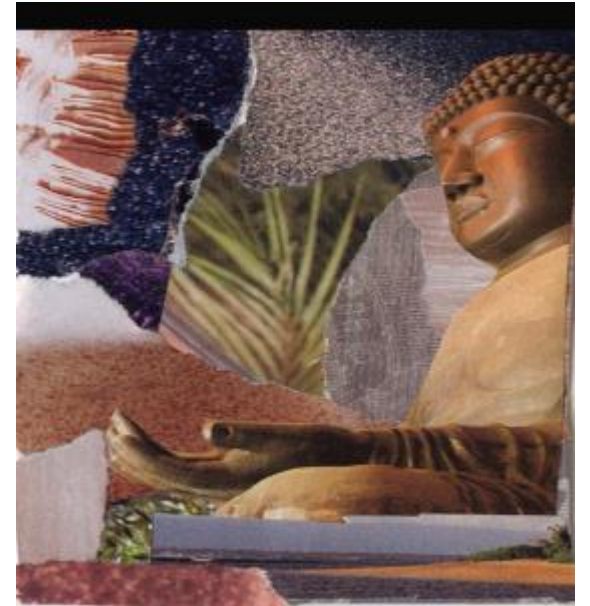
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- I have no relevant financial relationships to disclose or conflicts of interest to resolve
- I will discuss no unapproved or off-label pharmaceuticals

# The Real Disclosures

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- VP, Research, ABP and Professor, Tufts School of Medicine
- Taught QI processes/applications at Tufts
  - Clinical care
  - Research
- Interest in wellness; I practice yoga and meditation myself
- Believe in the QI motto

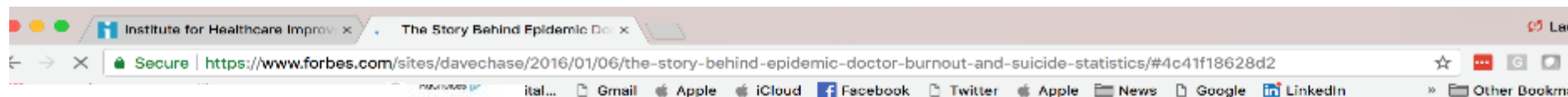


# Learning objectives

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- Define burnout
- Describe causes and effects of burnout in healthcare
- Identify 5 steps we can take as organizations to improve joy at work

# Health care staff burnout in the news



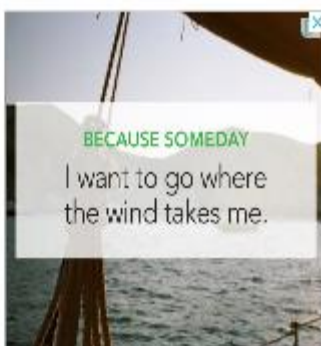
WELLNESS 09/21/2017 06:01am ET

## We Need Nurses More Than Ever. Why Are We Letting Them Burn Out?

The combination of an exodus of RNs and an influx of aging patients could create a health care crisis.



By Livia Gershon



Active on Twitter

NCAA Harmfully Takes Away Student-Athletes' Guaranteed Weekly Day Off

JAN 6, 2016 @ 10:41 AM 27,106

2 Free Issues of Forbes

## The Story Behind Epidemic Doctor Burnout And Suicide Statistics



Dave Chase, SUBSCRIBER

VC, Speaker, Author, Exec Producer, The Long Road

FULL BIO

Opinions expressed by Forbes Contributors are their own.

Rate: 2X General Population

### TWEET THIS

I've heard a version of the story below so many times that it's important for people to understand just how bad it is for many doctors today inside a large swath of healthcare systems

The other story I have heard countless times is doctors telling me they were about to leave practicing medicine until they found an organization such as the ones I highlighted

The [Mayo Clinic](#) released a study on doctor burnout that resulted in a spate of articles last month (e.g., [Forbes](#), [Washington Post](#)). Not only are the statistics jarring, the individual stories are gripping. They highlight the horrible statistic that doctors have the highest rate of suicide. Once again, it points out that it's a tragic mistake to ignore the [Quadruple Aim](#)--in particular, the "forgotten" aim of improving the care team experience. In this piece, I share a representative story behind the



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## Suicide In Nursing: Much More Common Than You Think



By: Mariam Yazdi, BSN, RN, CCRN

A [study](#) released earlier this year shed light on an alarming finding: of the female population, **nurses are 23% more likely to commit suicide than women in general**. The study linked this shocking statistic to nurses having easy access to lethal doses of medication and noted that suicide rates were higher amongst lower-paid healthcare employees verses higher-paid workers such as managers and CEOs.

Furthermore, nurses are [four times more likely to commit suicide](#) than people working outside of medicine.

[Search Nursing Schools Now](#)

### Popular Blog Posts



[Top 3 Reasons Nursing Schools Are Rejecting Applicants In 2018](#)



[How To Make The Most Money As A Travel Nurse: 10 Tips For Higher Pay](#)

### Trending Jobs

#### [Travel Home Health RN In Renton, WA](#)

Nurse PRN needs a Home Health RN in Renton, WA - The Home Health Nurse ...

[Nurses PRN | Renton, WA](#)

#### [Travel Emergency Department RN Specialty In Hyattsville, MD](#)

Nurse PRN needs a Emergency Department RN in Hyattsville, MD - Emergency Nurses assist patients ...

[Nurses PRN | Hyattsville, MD](#)

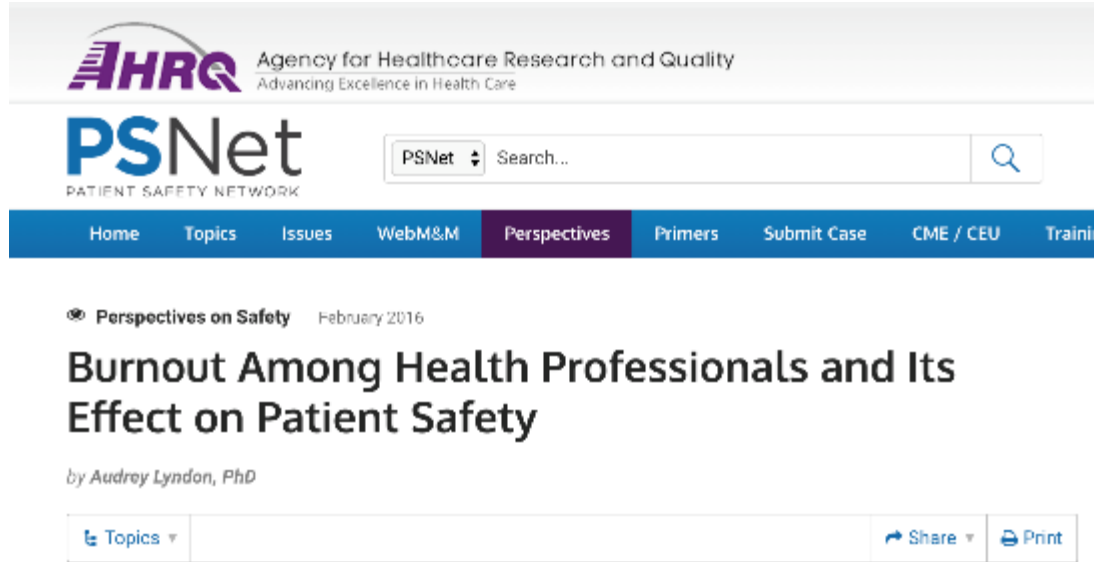
# Burnout

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- Experience of
  - Emotional exhaustion
  - Depersonalization
  - Feelings of low achievement and decreased effectiveness
- Multiple ways to “measure” burnout that vary in the cut-point

# How common is it?

- Nurses: 10-70%
- Physicians, NPs, PAs: 30-50%
- 2015 Mayo/AMA Study
  - >50% of physicians have at least one sign of burnout
  - 9% increase since study conducted 3 years earlier





# Burnout: Pediatrics

## Stats

- 40-75% of pediatric trainees
- 28% among early/mid career pediatricians in the AAP's PLACES study
- Increasing among pediatricians?

Pediatrics  
February 2017  
From the American Academy of Pediatrics  
Commentary

## Burnout in Pediatric Residents and Physicians: A Call to Action

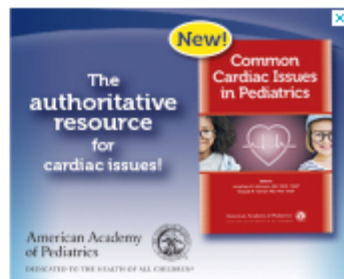
John D. Mahan

Article Info & Metrics Comments

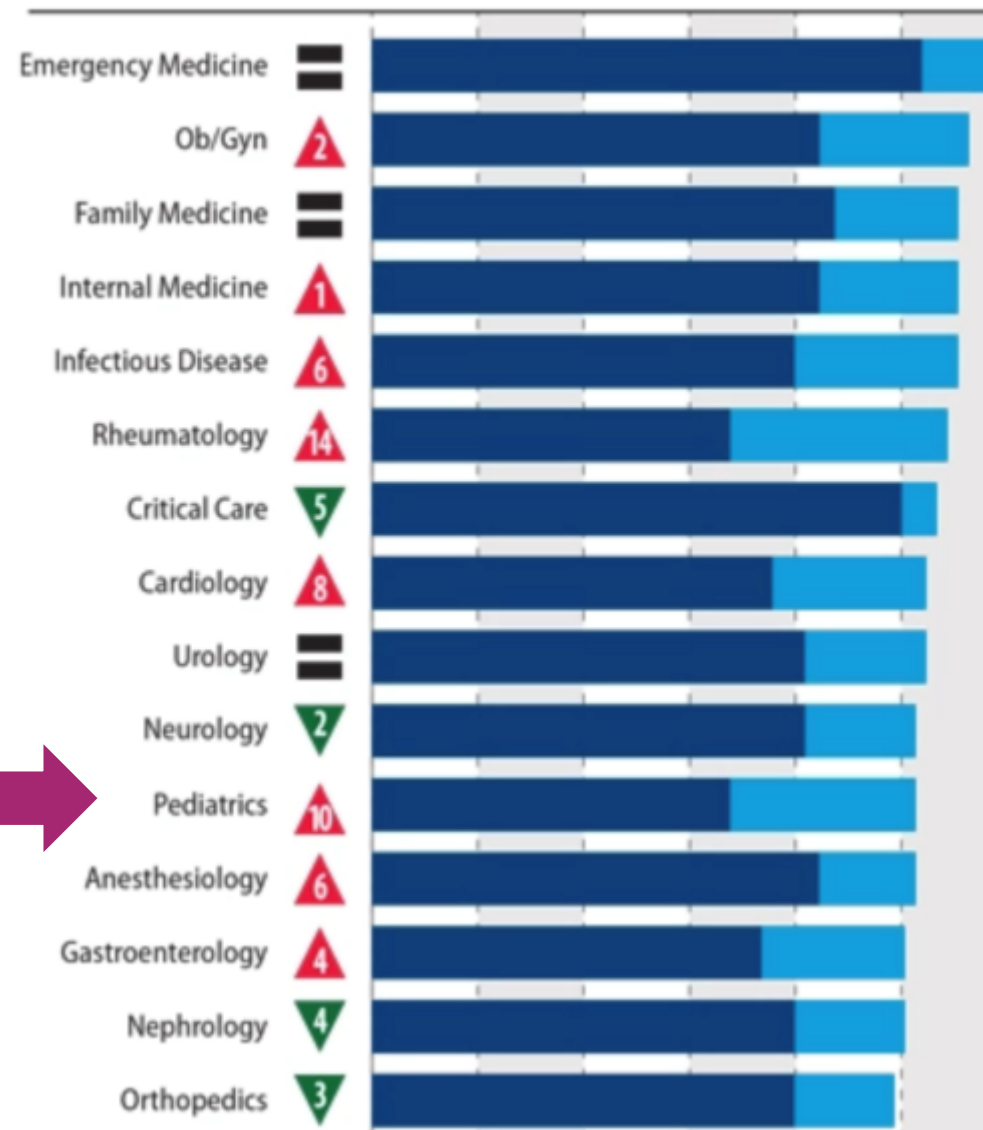
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The evidence is growing that burnout in trainees, as well as in practicing physicians, comes at a cost to the physicians, those they interact with at home and work, and their patients.<sup>1</sup> In their article in this issue entitled "Pediatric Resident Burnout and Attitudes Toward Patients," Baer et al<sup>2</sup> surveyed pediatric residents at 11 programs in New England to better understand the pathogenesis of burnout in these trainees; the goal was to assist in efforts to develop effective measures to prevent and/or address these maladaptive responses.

It is unsurprising to those who work with trainees that 101 of 258 pediatric residents reported being "burned-out."<sup>3-5</sup> In fact, many studies show higher rates of burnout in pediatric trainees (40%-75%) depending on site and year of training.<sup>6,7</sup> In the study by Baer et al,<sup>2</sup> there were no significant differences in burnout rates according to sex, race/ethnicity, and relationship or parental status; younger residents (<30 years of age) were slightly less likely to report burnout than older residents. Residency factors (year of



## Changes in burnout by specialty 2013-2017



# Causes of Burnout 1

---

## PROFESSIONAL FACTORS

- Expectation of unrealistic endurance
- Perfectionism
- Time pressures
- Excessive work hours
- Sleep deprivation
- Lack of resources
- Limited time with patients
- Difficult interactions with patients
- Coping with death and errors
- Unprocessed grief/guilt

## PERSONAL FACTORS

- Financial concerns (debt)
- Limited free time
- Isolation/lack of social support
- Uncertainty
- Disconnection with purpose and community
- Limited application of effective stress management/resilience skills

# Causes of Burnout 2

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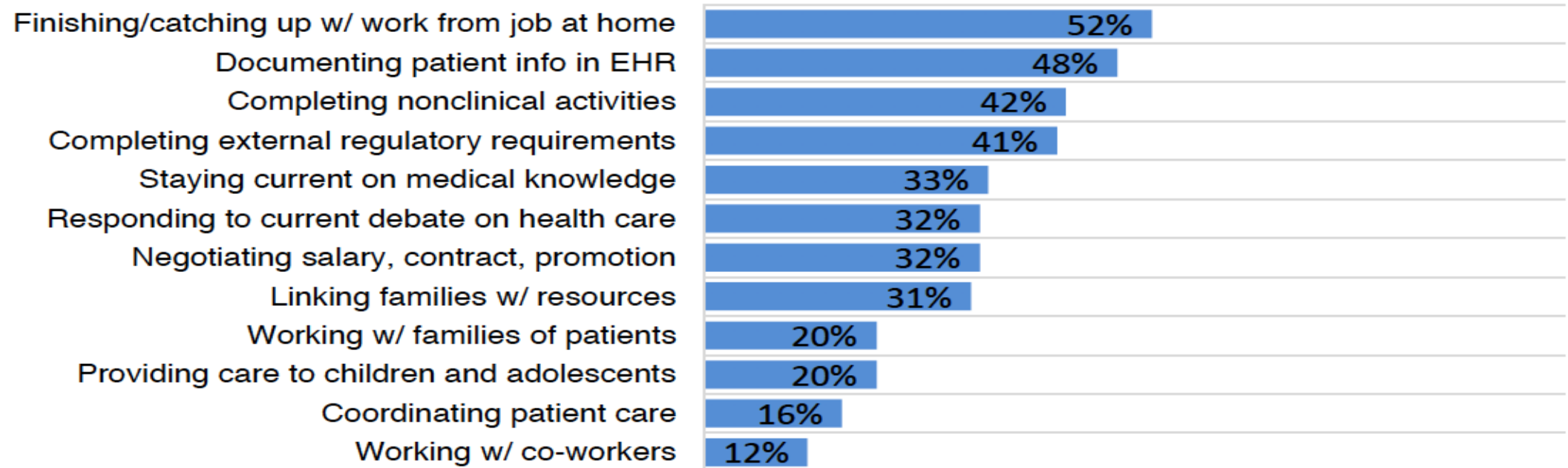
## SYSTEMS FACTORS

- Unsupportive work environments
- Cultures of silence
- Poor team functioning/communication
- Inequities
- Inefficiencies
- Increased fiscal/accountability/EHR demands with limited support
- Lack of flexibility
- Hectic, chaotic work setting

Burnout is  
related to  
**professional,  
personal AND  
systems  
factors**

# AAP PLACES survey with early/mid career docs

## Percent of early to mid-career pediatricians\* very or moderately stressed by different factors of their jobs (n=1,237)



\*Early career pediatricians: six to eight years post-residency in 2017; mid-career pediatricians: 13 to 15 years post-residency in 2017

Source: AAP PLACES Check Point Survey 6 (2017)

# Effects of Burnout: Personal

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- Dissatisfaction
- Poor workplace dynamics
- Poor family dynamics
- Worse health
- Substance use
- Depression
- Suicidal ideas/actions

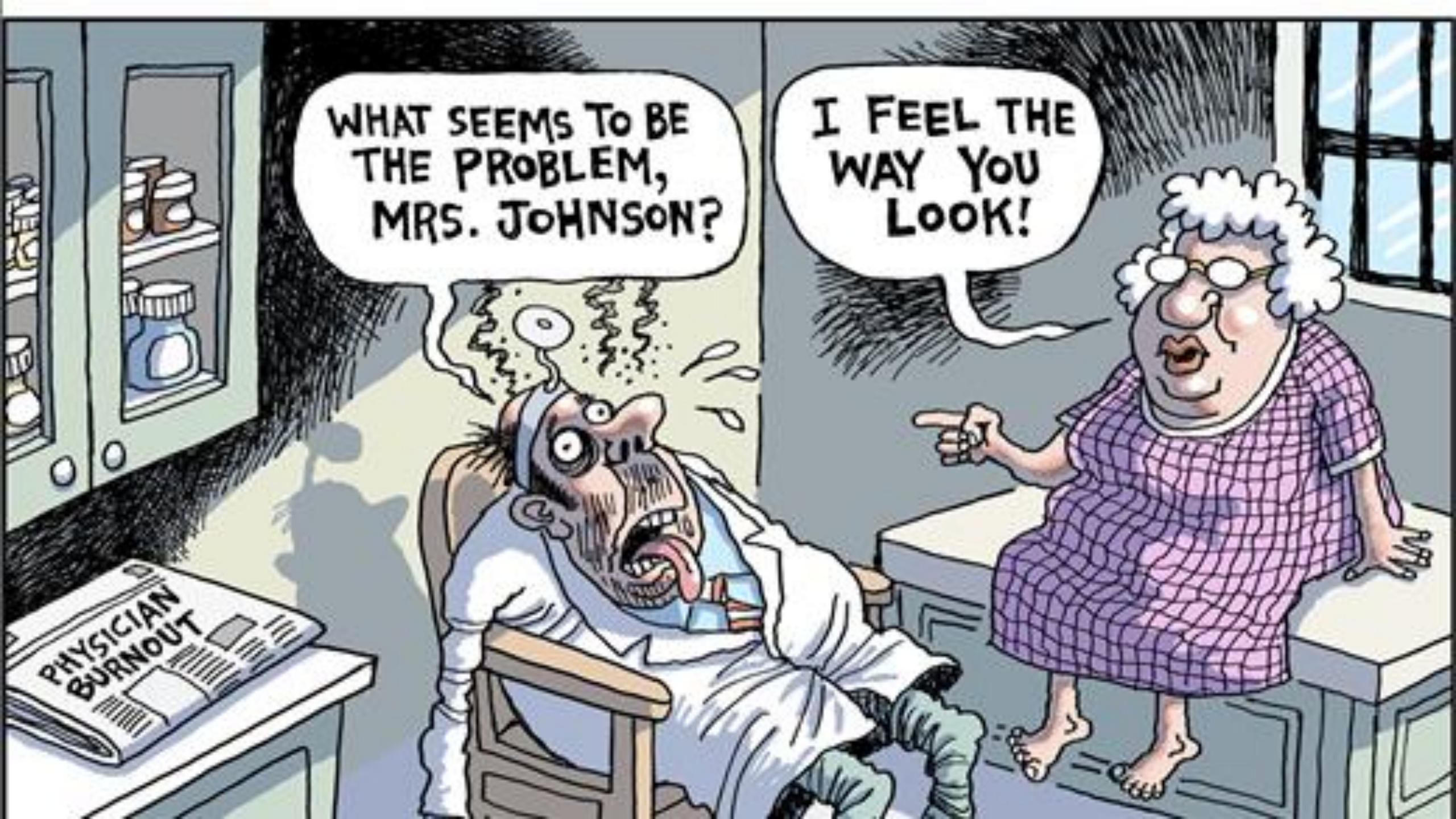


# Effects of Burnout: Healthcare

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- More likely to report having made a major medical error in past 3 months
- Limited clinician empathy with patients
- Lower patient-satisfaction scores





WHAT SEEMS TO BE  
THE PROBLEM,  
MRS. JOHNSON?

I FEEL THE  
WAY YOU  
LOOK!

PHYSICIAN  
BURNOUT

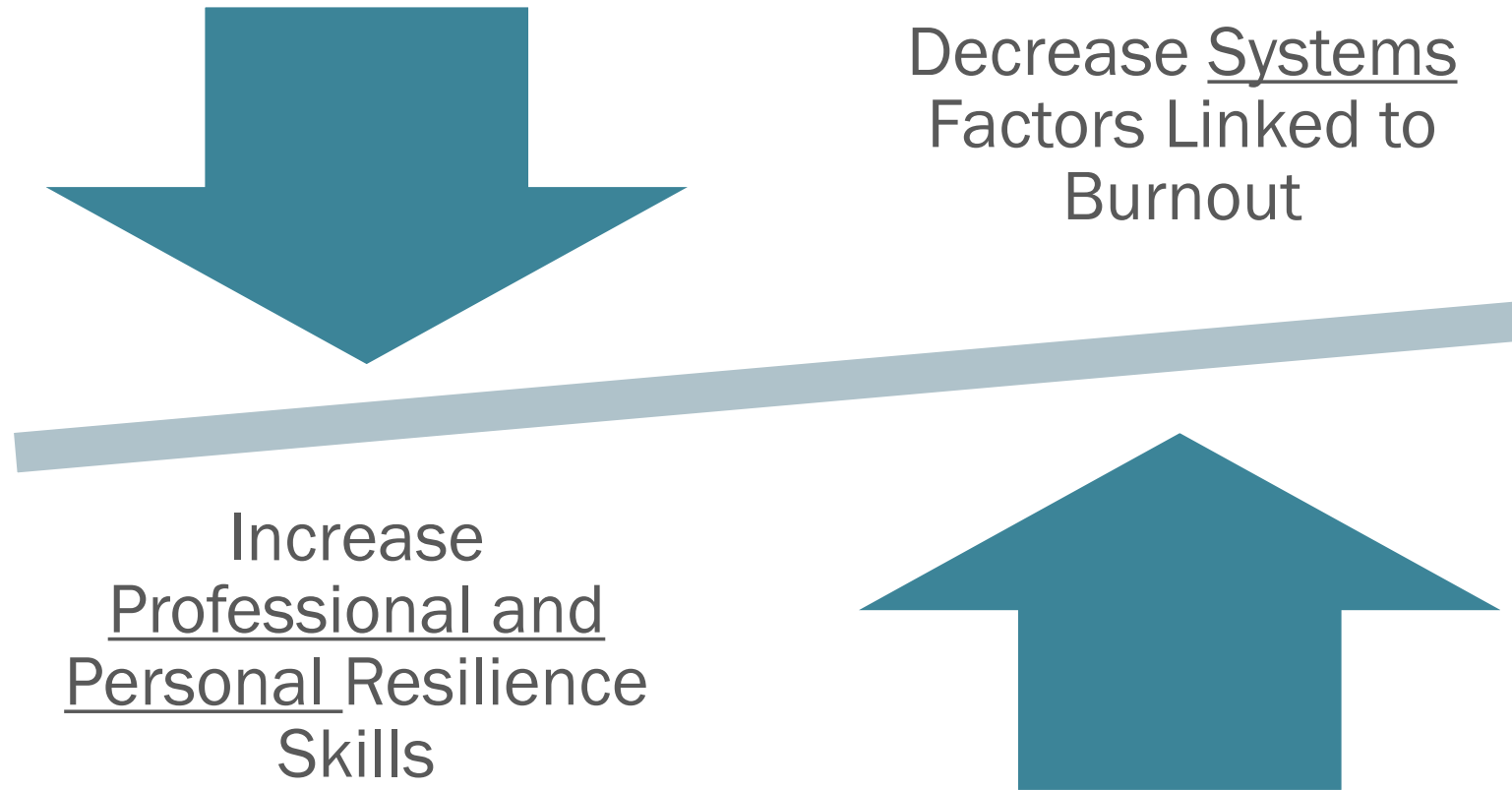
# Effects: Organizational

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- Lower morale
- Lower productivity
- Increased workplace accidents
- Increased staff turnover
  - Cost of replacing a physician \$250K to \$1 million
  - Cost of replacing a nurse \$85K, high nurse turnover

# What Can We Do About It?

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# Systematic review: What works

PubMed.gov  
US National Library of Medicine  
National Institutes of Health

PubMed

Advanced

Format: Abstract

Send to

JAMA Intern Med. 2017 Feb 1;177(2):195-205. doi: 10.1001/jamainternmed.2016.7674.

**Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis.**

Panagioti M<sup>1</sup>, Panagopoulou E<sup>2</sup>, Bower P<sup>1</sup>, Lewith G<sup>3</sup>, Kontopantelis E<sup>4</sup>, Chew-Graham C<sup>5</sup>, Dawson S<sup>6</sup>, van Marwijk H<sup>6</sup>, Geraghty K<sup>7</sup>, Esmail A<sup>6</sup>.

Author information

**Abstract**

**IMPORTANCE:** Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

**OBJECTIVE:** To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

**DATA SOURCES:** MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

**STUDY SELECTION:** Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

- While both intervention types had an effect on burnout scores, organizational interventions had a greater effect than individual
- Burnout is not just the responsibility of the individual

# What Can We Do About It?

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Systems:  
Leadership  
Culture  
QI



Decrease Systems  
Factors Linked to  
Burnout



Increase  
Professional and  
Personal Resilience  
Skills



# Systems

---

- Leadership
  - Focus on mission and what matters Authenticity
  - Commitment to “joy at work”
  - Demonstration of the “meaning” of work
- Culture
  - Strive for fair/just workplace
  - Improve communication
  - Give more control
  - Decrease chaos/hectic qualities in work setting
  - Build effective teams/community



# Why “joy in work”

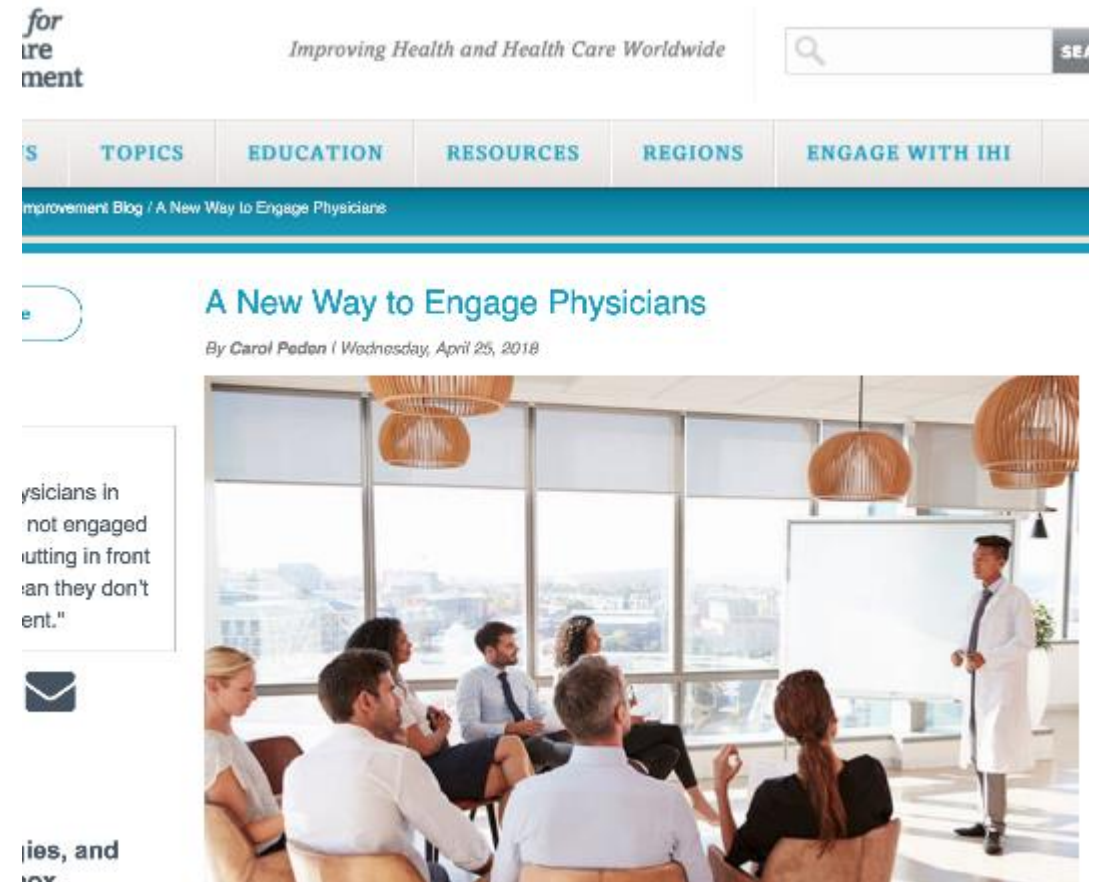
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“In our work in healthcare, **joy is not just humane; it’s instrumental.** . . . The gifts of hope, confidence, and safety that health care should offer patients and families can only come from a workforce that feels hopeful, confident, and safe. Joy in work is an **essential resource for the enterprise of healing.**”

Don Berwick, Institute for Healthcare Improvement

# Systems

- QI
  - Reframe clinical QI projects as empowering and promoting change
  - Engage in QI to remove inefficiencies, redundancies, and barriers to care and decrease administrative tasks
  - Relate QI work back to what gives joy in work (meaning, purpose)
  - Build community
  - Track well-being indicators and celebrate wins



## Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians

Alexi A. Wright, M.D., M.P.H., and Ingrid T. Katz, M.D., M.H.S.

In late 2016, a primary care physician with a thriving practice decided it was time to shut her doors. She felt her retirement was forced on her after she'd spent a year in the grips of her

“work after work” — at night, on weekends, even on vacation.

“EHRs can be a double-edged sword, because they give you more flexibility about where you work, enabling physicians to get home

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[Home](#) > [June 2018 - Volume 93 - Issue 6](#) > **An Integrated Career Coaching and Time-Banking System Promot...**

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# **An Integrated Career Coaching and Time-Banking System Promoting Flexibility, Wellness, and Success: A Pilot Program at Stanford University School of Medicine**

Fassiotto, Magali, PhD; Simard, Caroline, PhD; Sandborg, Christy, MD; Valantine, Hannah, MD; Raymond, Jennifer, PhD

Academic Medicine: [June 2018 - Volume 93 - Issue 6](#) - p 881–887

doi: [10.1097/ACM.0000000000002121](#)

Articles

# Combating Clinician Burnout with Community-Building

Article · July 31, 2018

Increasing evidence from medical studies and surveys has erased all doubt about the reality of what's happening in American medicine today: More than half of doctors are burning out.

The research is sobering. Burnout and isolation are leading to increased staff turnover, more clinical errors, unprecedented levels of depression, and some of the highest rates of suicide and suicidal ideation among any profession in the U.S. — and all this as we approach a shortage of health care professionals, a coming elder boom, and calls to expand the focus of our services to address social determinants of health.

It's clear we're facing an epidemic. For many of us in the trenches, our desperate need for relief is driving creative, effective interventions that show tremendous promise in turning the tide. And when we look at these interventions — from leadership models that underscore collaboration to peer-support networks — some of the most impactful solutions share one common feature: community-building.

## The Power of Peer Support

A primary care system within the Beth Israel Deaconess Medical Center in Boston provides a laudable example of the value of peer support. With morale at an all-time low among physicians in the network, a small group of providers — led by Nicolas Nguyen, MD — decided to invest in understanding and treating the problem.

Nicolas S. Nguyen, MD, Elizabeth L. Métraux, MA & Andrew F. Morris-Singer, MD

Beth Israel Deaconess Medical Center  
Primary Care Progress  
Harvard Medical School



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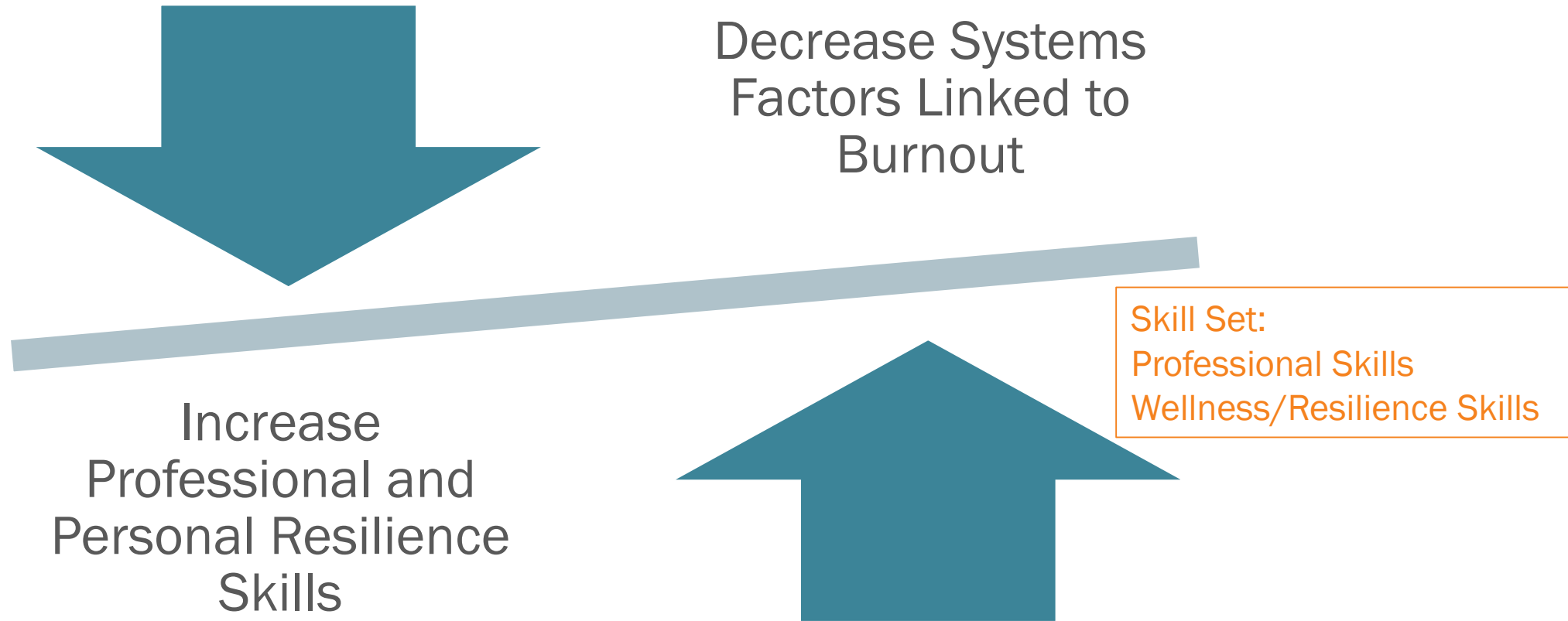


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Case consultations  
All-staff meetings  
Failure Bows

# What Can We Do About It?

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Challenge if focus only  
personal/professional  
Message: *“This is “your” problem”*

**PLACES participants provided many thoughtful comments about how work places can support physicians to enhance wellness and reduce burnout.**

**Example quotes related to reducing administrative tasks for physicians:**

- 
- *“Better support for all of the administrative tasks physicians are asked to do, or better recognition for the folks who do them.”*
  - *“Stop focusing on “fixing” physicians with burnout/wellness programs and make system changes to support physician autonomy and patient care.”*
  - *“More autonomy over decisions that are made and more say in the organization.”*
  - *“Improved support with administrative roles in patient care... filling out forms, screening forms at beginning of appointment, prescreening appointments.”*

# Professional

- Professional
  - Why we do the work we do- what gives us meaning and purpose
  - Address some of the challenges inherent in medicine through recognition, trainings, debriefs, and support
    - Articulating the impact of errors, deaths, difficult patients

Pediatrics  
January 2011, VOLUME 127 / ISSUE 1  
From the American Academy of Pediatrics  
Special Article

## Approaches to the Difficult Patient/Parent Encounter

Cora Collette Breuner, Megan A. Moreno

Article   Figures & Data   Info & Metrics   Comments

[Download PDF](#)

### Abstract

Most pediatricians have experienced uneasy interactions involving patients and/or their parents. The majority of literature on this topic reflects encounters in adult medicine, without providing much information for pediatricians who also face this challenge. Unique to the pediatric approach is the added quotient of the parent/family dynamic. Patients or



# Personal

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- Resilience “toolkit” and skills to manage the inherent challenges in being a healer
  - “Appreciative inquiry” or “gratitude” approaches
  - Self-care: physical health, sleep, exercise, diet
  - Positive psychology/cognitive behavioral therapy
  - Meditation, mindfulness

# Novant Leadership Development Program

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- Multi-day wellness retreat
- One-on-one coaching mentoring
- Themes
  - Focus on purpose, cognitive patterns of bias
  - Build an attraction to wellness
  - Develop new health habits
  - Be present and aware and live intentionally
  - Build a strong medical community
  - Function as champions at the organization re: EHRs, reimbursement, etc
  - Develop influential leadership

# Resilience Program



*Medical staff say the resiliency program has reignited their passion for medicine; made a positive difference in their health and well-being; improved relationships with patients, staff, friends, and family; and even saved marriages."*

Resilience Program Investment

Home: Hirsh Health Sciences Library  
<http://www.library.tufts.edu/hhsl/>



Novant Health has invested more than **\$2 million** in the program.



Several initiatives have been launched as a result of the program's dialogue.



Participants have become **champions** of critical programs and processes. Novant Health has developed an **EMR optimization team**.

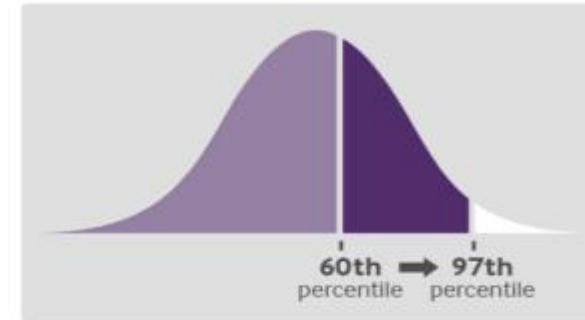


A yearlong **on-boarding program** has been launched for all new physicians. The program incorporates wellness, resiliency and empathetic communication skills.

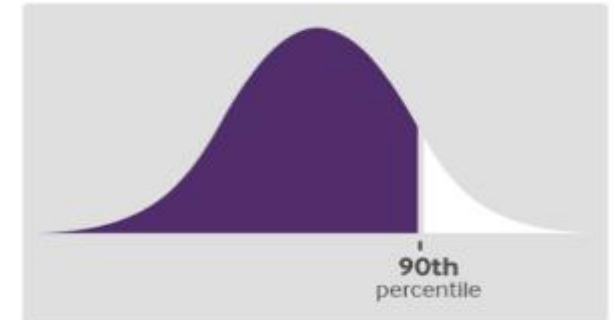


Participants scored higher – often by more than **50 percent** – than others on many key measures:

- + personal **fulfillment**
- + **alignment** with the health system's mission
- + **positive attitudes** toward the organization



Participants rank in the 97th percentile in both **engagement** and **alignment** with the organization. Prior to the program, scores were in the 60th percentile.



Novant Health's medical group, as a whole, now ranks in the **90th percentile** nationally in physician engagement.



Novant Health received dozens of notes saying the program has:

- + **reignited passion** for medicine
- + improved **personal wellbeing**
- + **saved marriages**





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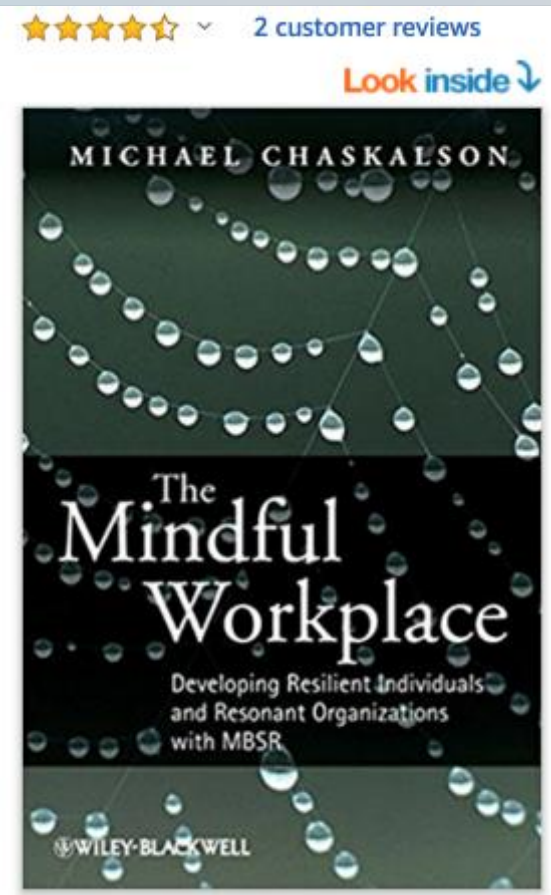
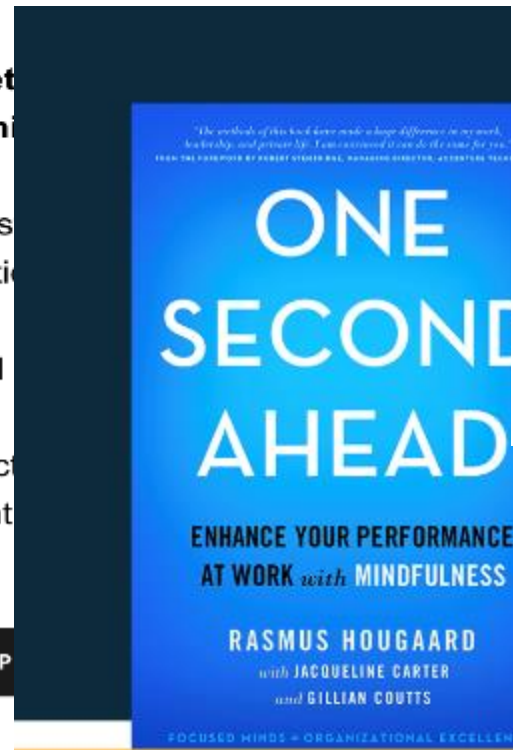
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- Create an environment for innovation

RETREATS & WORKSHOPS



# Hearing about it in patient care

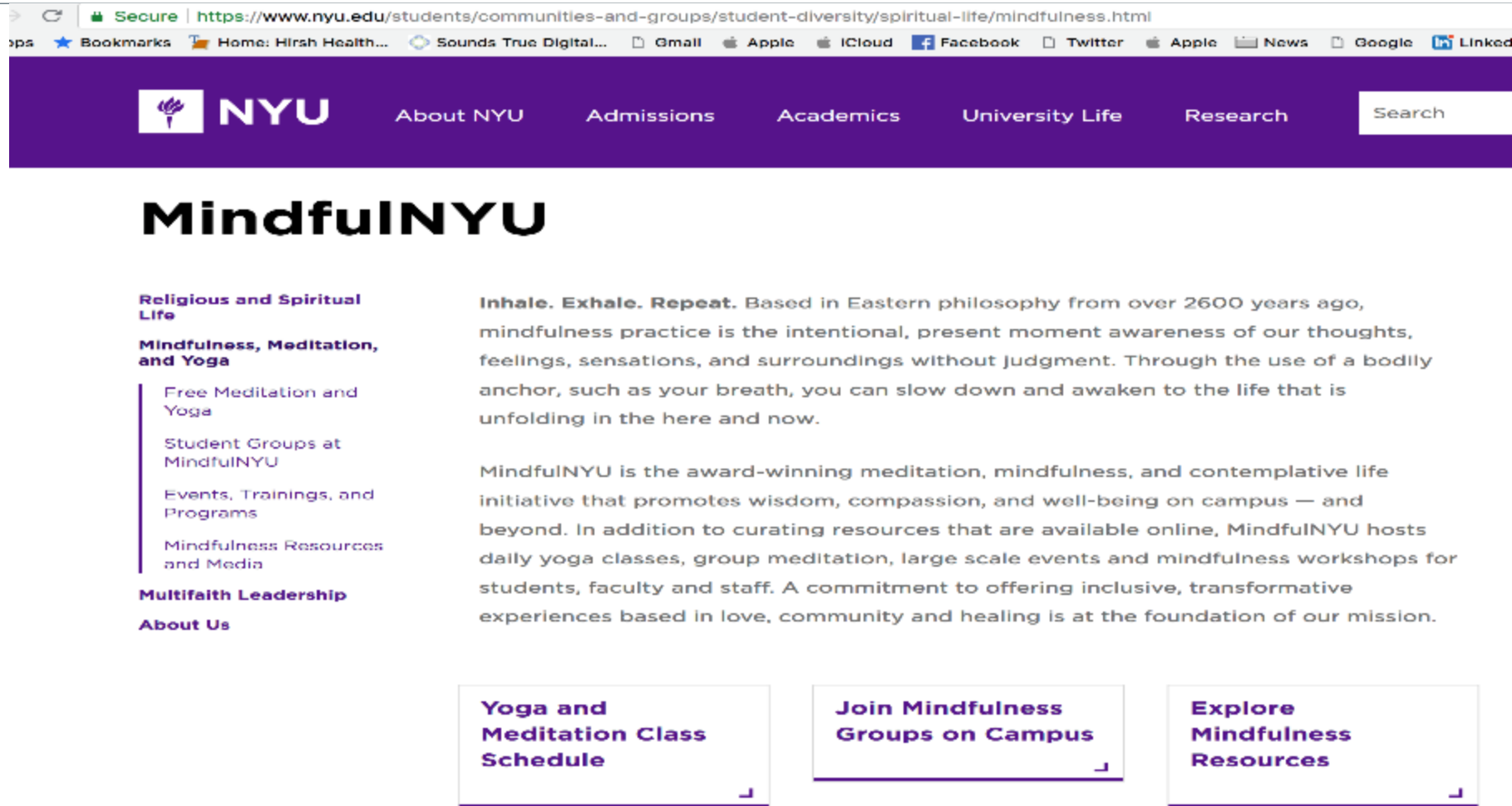


Mindful Awareness Research Center  
UCLA Semel Institute for  
Neuroscience and Human Behavior

760 Westwood Plaza, Rm. C8-243 Box 951759  
Los Angeles, CA 90095-1759

The screenshot shows a web browser displaying the Center for Mindfulness website. The URL is <https://www.umassmed.edu/cfm/mindfulness-based-programs/mbsr-courses/about-mbsr/history-of-mbsr/>. The page features a maroon header with navigation links: News, Calendar, Generosity, About Us, Directions, Contact, and an Advanced Search bar. The main content area is titled "History of MBSR" and includes the text: "Since its inception, more than 24,000 people have completed our Mindfulness-Based Stress Reduction (MBSR) Program and learned how to use their innate resources and abilities to respond more effectively to stress, pain, and illness." Below this text is a video player with the title "MBSR Research" and a play button. The video thumbnail shows a landscape with mountains and the text "A Foundation Built on Research". On the right side of the page, there is a sidebar with the heading "ABOUT MBSR" and links to "MBSR: Journal Articles", "MBSR Standards of Practice", and "History of MBSR".

# And trainees will be learning this at school. . .



The screenshot shows a web browser displaying the NYU MindfulNYU website. The browser's address bar shows the URL: <https://www.nyu.edu/students/communities-and-groups/student-diversity/spiritual-life/mindfulness.html>. The website has a purple header with the NYU logo and navigation links: About NYU, Admissions, Academics, University Life, and Research. A search bar is located on the right. The main content area is titled "MindfulNYU" and features a sidebar on the left with links to "Religious and Spiritual Life", "Mindfulness, Meditation, and Yoga", "Multifaith Leadership", and "About Us". The main text describes mindfulness practice as "Inhale. Exhale. Repeat." and mentions that MindfulNYU is an award-winning initiative promoting wisdom, compassion, and well-being. At the bottom, there are three buttons: "Yoga and Meditation Class Schedule", "Join Mindfulness Groups on Campus", and "Explore Mindfulness Resources".

Secure | <https://www.nyu.edu/students/communities-and-groups/student-diversity/spiritual-life/mindfulness.html>

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## MindfulNYU

**Religious and Spiritual Life**

**Mindfulness, Meditation, and Yoga**

- Free Meditation and Yoga
- Student Groups at MindfulNYU
- Events, Trainings, and Programs
- Mindfulness Resources and Media

**Multifaith Leadership**

**About Us**

**Inhale. Exhale. Repeat.** Based in Eastern philosophy from over 2600 years ago, mindfulness practice is the intentional, present moment awareness of our thoughts, feelings, sensations, and surroundings without judgment. Through the use of a bodily anchor, such as your breath, you can slow down and awaken to the life that is unfolding in the here and now.

MindfulNYU is the award-winning meditation, mindfulness, and contemplative life initiative that promotes wisdom, compassion, and well-being on campus — and beyond. In addition to curating resources that are available online, MindfulNYU hosts daily yoga classes, group meditation, large scale events and mindfulness workshops for students, faculty and staff. A commitment to offering inclusive, transformative experiences based in love, community and healing is at the foundation of our mission.

**Yoga and Meditation Class Schedule**

**Join Mindfulness Groups on Campus**

**Explore Mindfulness Resources**

# And in residency . . .

## Research

### Original Investigation

## Web-Based Cognitive Behavioral Therapy Intervention for the Prevention of Suicidal Ideation in Medical Interns A Randomized Clinical Trial

Constance Guille, MD; Zhuo Zhao, MS; John Krystal, MD; Breck Nichols, MD;  
Kathleen Brady, MD, PhD; Srijan Sen, MD, PhD

**IMPORTANCE** In the United States, approximately 1 physician dies by suicide every day. Training physicians are at particularly high risk, with suicidal ideation increasing more than 4-fold during the first 3 months of internship year. Despite this increase, to our knowledge, very few efforts have been made to prevent the escalation of suicidal thoughts among training physicians.

**OBJECTIVE** To assess the effectiveness of a web-based cognitive behavioral therapy (wCBT) program delivered prior to the start of internship year in the prevention of suicidal ideation in medical interns.

← Editorial page 1169

+ Author Audio Interview at  
[jamapsychiatry.com](http://jamapsychiatry.com)

+ Supplemental content at  
[jamapsychiatry.com](http://jamapsychiatry.com)

- Other examples
  - Riley Children’s Hospital implementing “opt out” program for seeing a counselor during internship



How can we integrate  
improvement in joy at work into  
the current QI paradigm at our  
institutions?

1. Find a champion  
and partners

2. Decide on a focus



3. Reframe the conversation



4. Steal shamelessly and share seamlessly



5. Think creatively





# 1. Find a champion and partners

Interested?

Doing something already that you could build on?

# Possible Partners

---

- Personal/professional
  - Medical school faculty or program directors
  - Other schools at your institution (e.g., business, social work)
  - Behavioral health staff who are teaching skills to patients
- Systems:
  - QI staff
  - Leaders
  - Managers and leadership (e.g., business)
  - Other schools at your institution (e.g., engineering)
  - Other hospitals/industries



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December 14, 2017

## HEALTH SYSTEMS ACROSS MINNESOTA COLLABORATE TO UNDERSTAND, REDUCE BURNOUT AMONG HEALTH CARE PROFESSIONALS

Led by a group of its physician leaders, the Minnesota Hospital Association (MHA) has launched a comprehensive statewide collaborative to address the rising tide of burnout among health care professionals. Burnout is a response to excessive job stress and is defined by the three dimensions of emotional exhaustion, cynicism and inefficacy.

In 2016, on behalf of its member hospitals and health systems, MHA began conducting a statewide survey to assess the prevalence of burnout among physicians and advanced practice providers (APPs) such as nurse



## 2. Decide on a focus

What will work with your program?

Will you focus on the system, professional, or personal level?

Who will you target?

How will you make your case?

→ ↻ **Secure** | <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2653912>

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🐦 **This Issue** Views **6,170** | Citations **12** | Altmetric **346**

📘 **Special Communication** | Physician Work Environment and Well-Being

✉ December 2017

More ▼

# The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD<sup>1</sup>; Joel Goh, PhD<sup>2,3</sup>; [Christine Sinsky, MD<sup>4</sup>](#)

» [Author Affiliations](#)

*JAMA Intern Med.* 2017;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340



# 3. Reframe the conversation

Change the “negativity bias” and  
build on the power of language





## 4. Think creatively

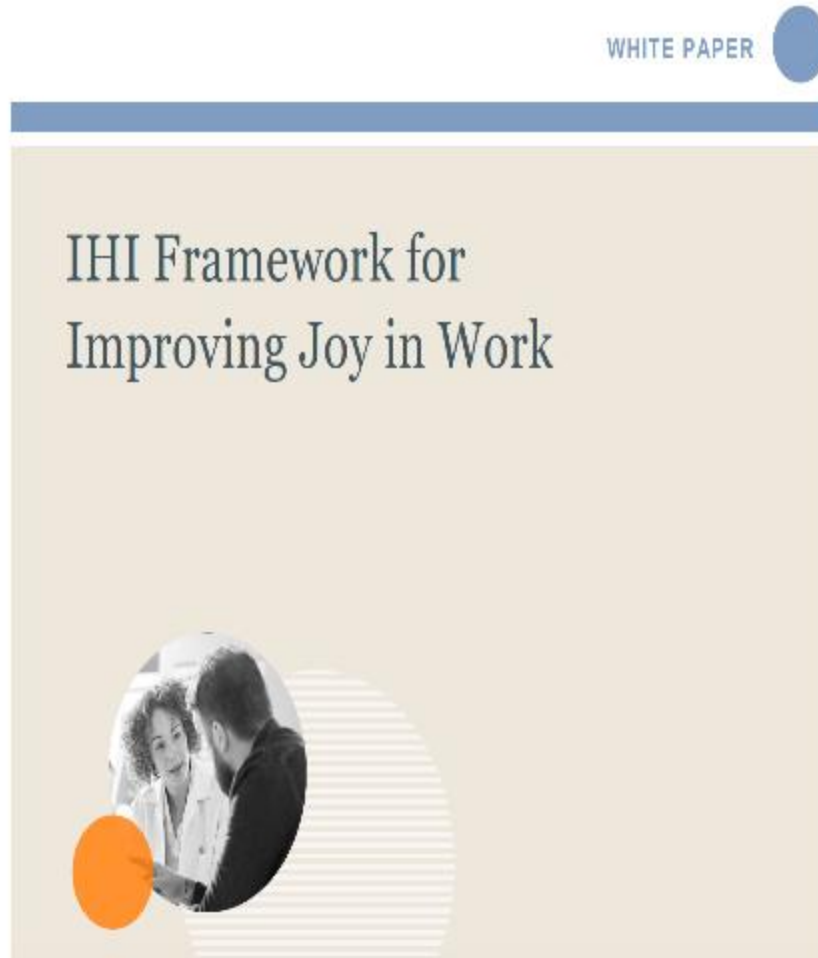
How do we translate ideas or ongoing activities into a QI project with aim(s), measures, change strategies, measurement, participants?



# 5. Steal shamelessly and share seamlessly

Use of national resources

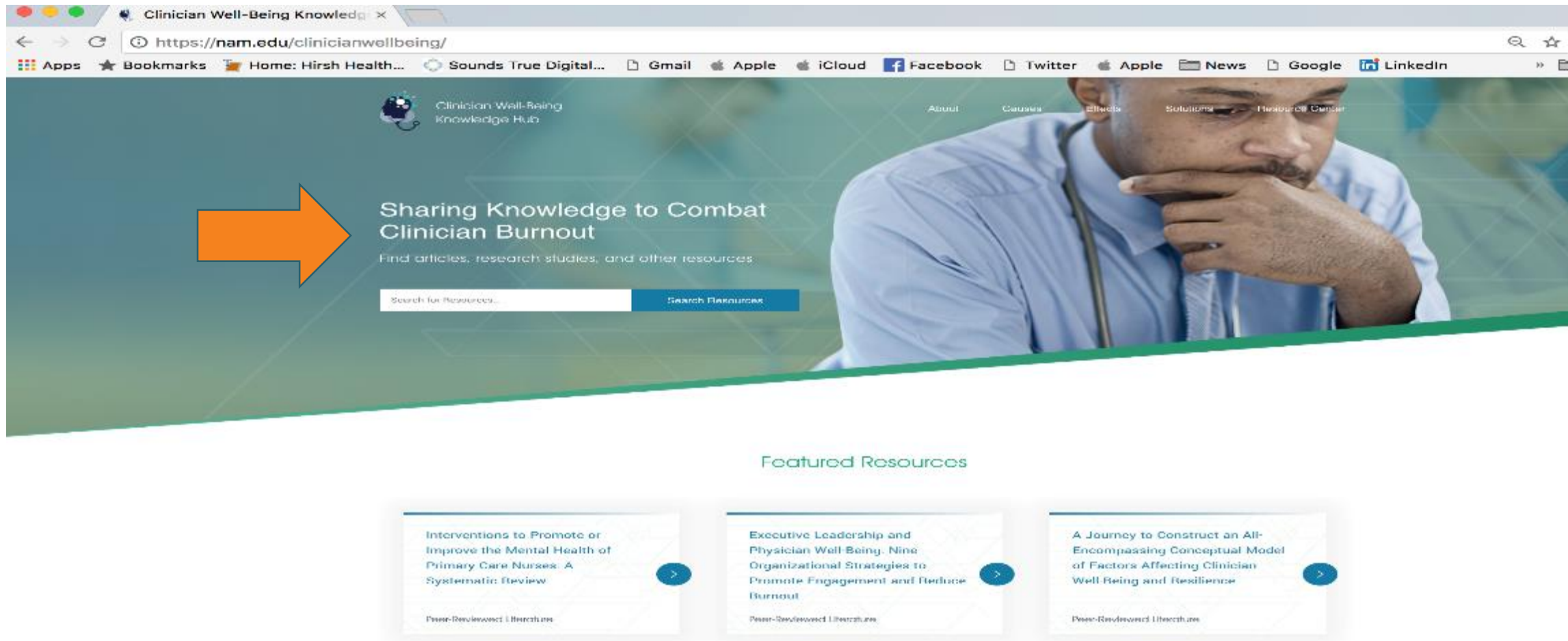
## White paper, toolkit, collaborative, "course" in Spring and Fall 2018, Focus at December 2018 meeting



“Organizations and leaders that want to improve joy can do so **using the same methods of aim setting, tests of change, and measurement** that they use in the more familiar terrain of clinical and operational process improvement.”  
Don Berwick

See: <http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx>

# National Academies of Sciences, Engineering, and Medicine (NASEM)



# American Medical Association (AMA)

Preventing Physician Burnout | x

Secure | <https://www.stepsforward.org/modules/physician-burnout>

Apps | Bookmarks | Home: Hirsh Health... | Sounds True Digital... | Gmail | Apple | iCloud | Facebook | Twitter | Apple | News | Google | LinkedIn | Other Bookmarks

PRACTICE SUPPORT | RESOURCE LIBRARY | CONTACT US | SHARE

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Improve patient satisfaction, quality outcomes and provider recruitment and retention.

## Preventing Physician Burnout

Mark Linzer MD, FACP  
Hennepin County Medical Center

Laura Guzman-Corrales,  
MPH Hennepin County Medical Center

Sara Poplau Hennepin County Medical Center

AMA IN PARTNERSHIP WITH Hennepin County Medical Center ACP SGIM

CME CREDITS: 0.5

How will this module help me successfully eliminate burnout and adopt wellness approaches in my practice?

- 1 Seven key steps to help you prevent provider burnout
- 2 Ten-item survey designed to assist you in assessing burnout
- 3 Examples of successful burnout prevention programs in a variety of practice/organization settings

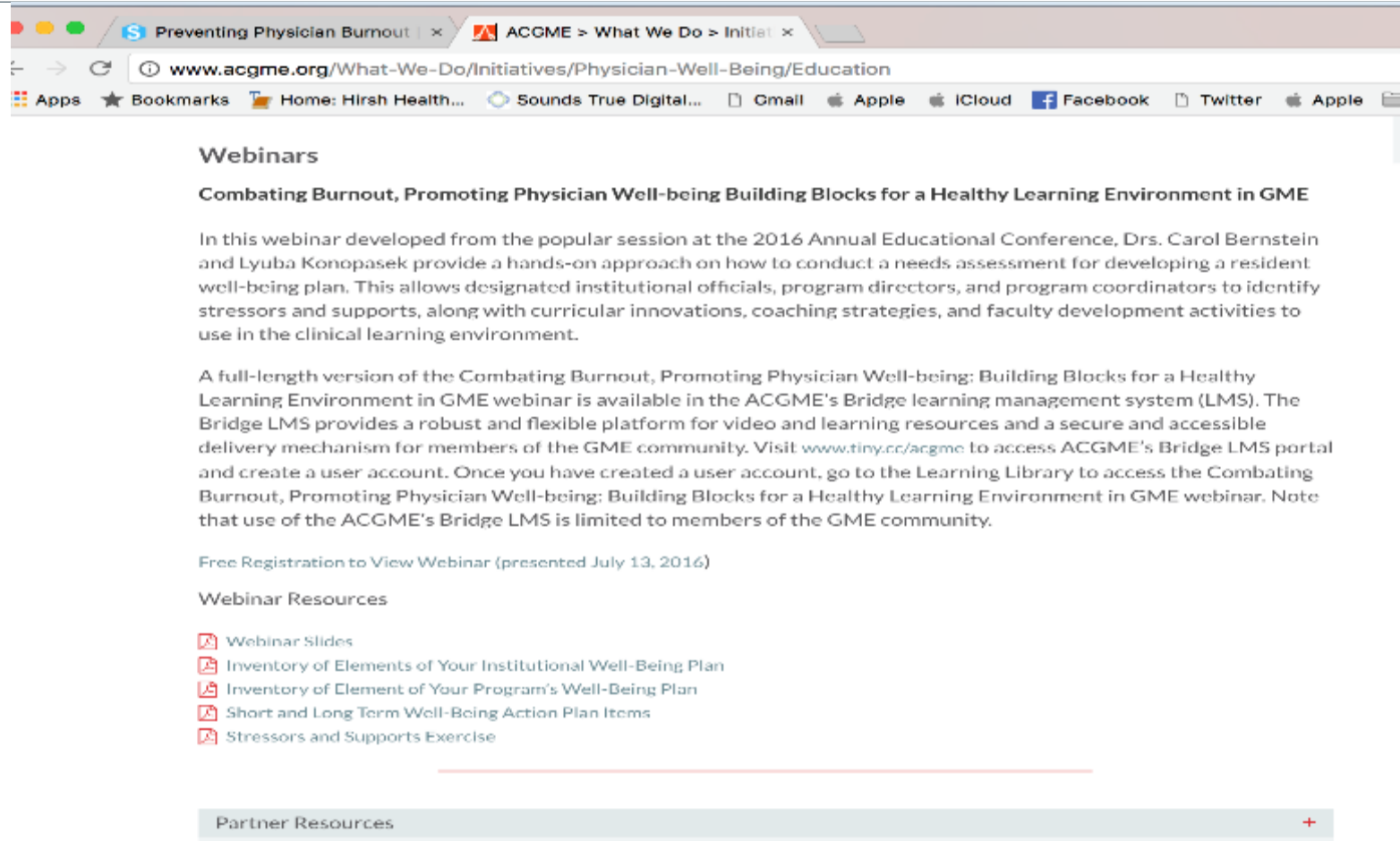
Share

Download module as PDF

Download module PowerPoint

Online module | STEPS in practice | Downloadable tools | Implementation support

# Accreditation Council for Graduate Medical Education (ACGME)



The screenshot shows a web browser window with the URL [www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Education](http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Education). The page is titled "Webinars" and features a section for a webinar titled "Combating Burnout, Promoting Physician Well-being Building Blocks for a Healthy Learning Environment in GME". The text describes a hands-on approach for conducting a needs assessment for developing a resident well-being plan. It also mentions that a full-length version of the webinar is available in the ACGME's Bridge learning management system (LMS). The page includes a "Free Registration to View Webinar (presented July 13, 2016)" link and a "Webinar Resources" section with links to various documents. At the bottom, there is a "Partner Resources" section with a plus sign icon.

**Webinars**

**Combating Burnout, Promoting Physician Well-being Building Blocks for a Healthy Learning Environment in GME**

In this webinar developed from the popular session at the 2016 Annual Educational Conference, Drs. Carol Bernstein and Lyuba Konopasek provide a hands-on approach on how to conduct a needs assessment for developing a resident well-being plan. This allows designated institutional officials, program directors, and program coordinators to identify stressors and supports, along with curricular innovations, coaching strategies, and faculty development activities to use in the clinical learning environment.

A full-length version of the Combating Burnout, Promoting Physician Well-being: Building Blocks for a Healthy Learning Environment in GME webinar is available in the ACGME's Bridge learning management system (LMS). The Bridge LMS provides a robust and flexible platform for video and learning resources and a secure and accessible delivery mechanism for members of the GME community. Visit [www.tiny.cc/acgme](http://www.tiny.cc/acgme) to access ACGME's Bridge LMS portal and create a user account. Once you have created a user account, go to the Learning Library to access the Combating Burnout, Promoting Physician Well-being: Building Blocks for a Healthy Learning Environment in GME webinar. Note that use of the ACGME's Bridge LMS is limited to members of the GME community.

[Free Registration to View Webinar \(presented July 13, 2016\)](#)

**Webinar Resources**

- [Webinar Slides](#)
- [Inventory of Elements of Your Institutional Well-Being Plan](#)
- [Inventory of Element of Your Program's Well-Being Plan](#)
- [Short and Long Term Well-Being Action Plan Items](#)
- [Stressors and Supports Exercise](#)

**Partner Resources** +



# Association of American Medical Colleges

Preventing Physician Burnout | ACGME > What We Do > Initiatives | Building a Framework for Clinician Well-Being and Resilience


Secure <https://news.aamc.org/patient-care/article/building-framework-clinician-well-being-resilience/>

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Tuesday, August 29, 2017 | by Darrell G. Kirch, MD, AAMC President and CEO


## Building a Framework for Clinician Well-Being and Resilience

As research innovators, medical schools and teaching hospitals are uniquely positioned to develop new approaches for tackling burnout, depression, and suicide among health care providers.




In July, the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience convened for its first public meeting since it began in early 2017. The NAM Action Collaborative was established out of a growing national awareness that the epidemic of burnout, as well as depression and suicide, has worsened significantly across the health professions in recent years. Its goal is to advance evidence-based solutions to promote clinician well-being and combat burnout, depression, and suicide among U.S. health care workers.


I have the privilege of cochairing the NAM Action Collaborative alongside Chair Victor Dzau, MD, NAM president, and Cochair Tom Nasca, MD, MACP, CEO of the Accreditation Council for Graduate Medical Education (ACGME). At our July meeting, the public and invited experts included representatives from professional associations, health care organizations, government, insurers, academia, nonprofits, and other sectors to provide feedback on the collaborative's overall direction, as well as on the goals of the collaborative's four working groups: research, data, and metrics; the conceptual



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March 06, 2018



When Physicians Become Patients  
February 27, 2018



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February 13, 2018

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