

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

August 23, 2016

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Disclosure

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-
- 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 advertizing 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. ”

ACGME Mission Statement



How are we trying to accomplish this mission?

MASTERY

Dreyfus Model

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-
- ☐ 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

Our Social Contract Compels Medical Educators to Design Educational Programs that:

- result in graduates whose outcomes manifest the values and virtues of professionalism, including excellence in clinical practice, and meet society's needs
- deliver safe, affordable, quality care in a fashion that models these values and virtues, and that meet society's evolving needs

Thomas J. Nasca, MD, MACP



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”
Psychosomatics 22:860-865, 1981



Why now?

A Deepening Awareness

A few sobering realities:

Medical Students at Orientation Psychologically Healthier

Lotte N. Dyrbye, MD, MHPE, FACP

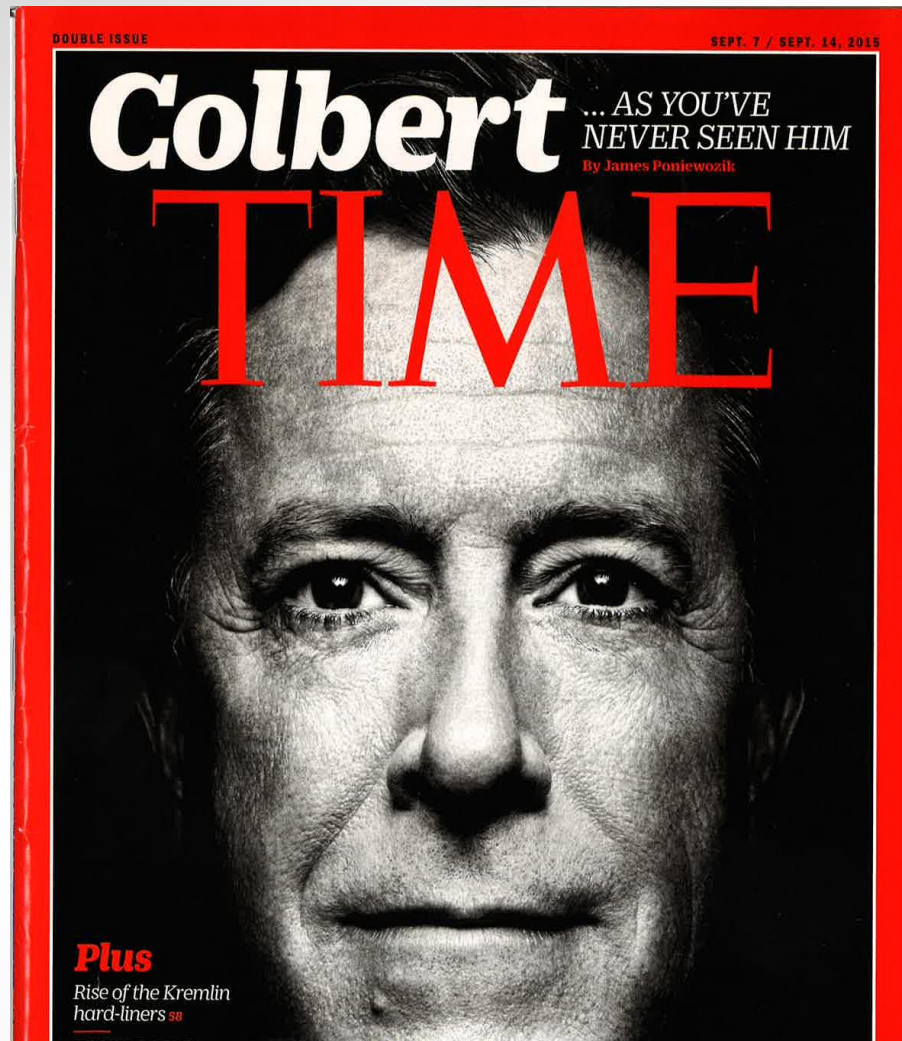


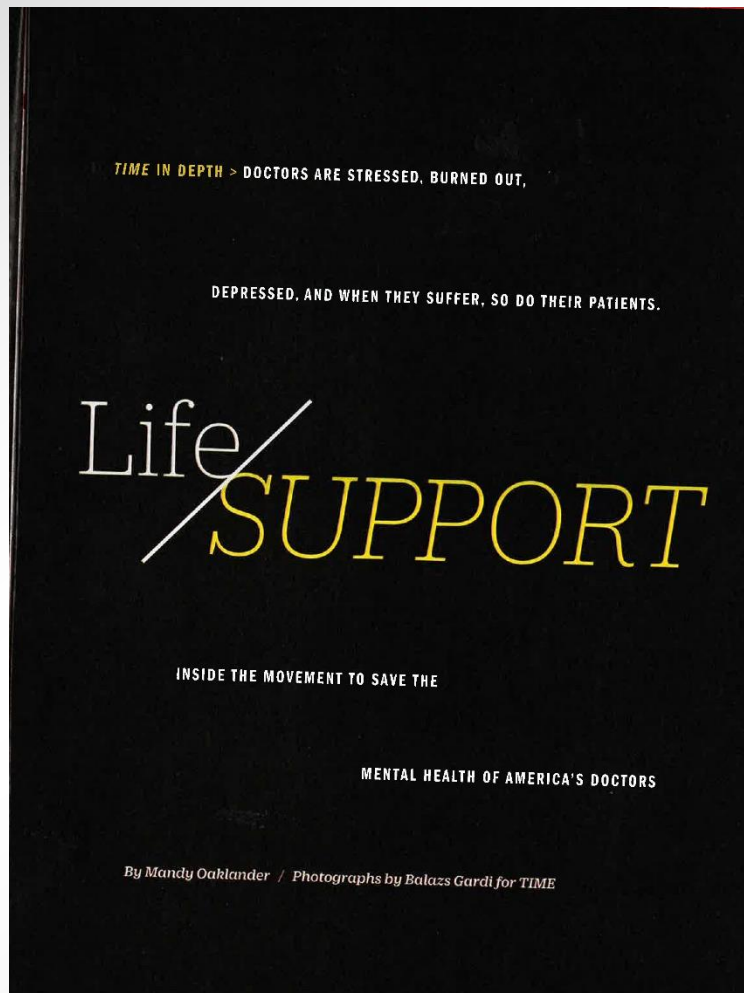
-
- Depression ↑
 - Burnout ↑
 - Stress ↑
 - Empathy ↓
 - Compassion ↓

Resident and Fellow Suicides

Practicing Physician Suicide

Increasing National Attention







What to do?

Why us?

“Every system is perfectly designed to
yield the result it produces.”

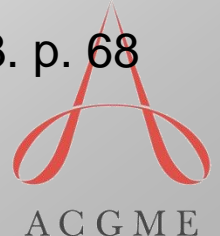
Paul Batalden



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

*2009-2010 ACGME “Duty Hours Task Force” changed to “Task Force for Quality Care and Professionalism”. The actions of the ACGME must fulfill the social contract, and must **cause sponsors** to maintain an educational environment that **assures**:*

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- the safety and quality of care of the patients under the care of residents today
- the safety and quality of care of the patients under the care of our graduates in their future practice
- **the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self interest to meet the needs of their patients**



ACGME

Nasca, T.J., Day, S.H., Amis, E.S., for the ACGME Duty Hour Task Force.

Sounding Board: The New Recommendations on Duty Hours from the ACGME Task Force.

New England Journal of Medicine. 362 (25): e3(1-6). 2010. June 23, 2010.

Further Disclosure

62 years old

1989

36 years old



medical educator timothy brigham stress

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www.zoominfo.com/p/Timothy-Brigham/63059014

View **Timothy Brigham's** business profile as Chief of Staff, Senior Vice President for ... MDiv, PhD ACGME | Accreditation Council for Graduate **Medical Education** ... and consultant in a variety of areas including resident **stress** and well-being; ...

Enhancing Teamwork Between Chief Residents and ...

www.ncbi.nlm.nih.gov/... National Center for Biotechnology Information
by HA McPhillips - 2011 - Cited by 1 - Related articles
The Accreditation Council for Graduate **Medical Education** sponsored a ... program directors reported that leadership and **stress** management were the most ... of Resident Services, ACGME; **Timothy P. Brigham**, MDiv, PhD, Chief of Staff, ...

Experiential Leadership Training for Pediatric Chief Residents

www.ncbi.nlm.nih.gov/... National Center for Biotechnology Information
by RA Doughty - 2010 - Cited by 7 - Related articles
In **experiential education** learning occurs when a person engages in some ... their openness to training, their function as role models for **medical** students and ... on resident morale contributes to lower resident **stress** and burnout in programs ... MD, Principal, Patrida Day Williams & Associates; **Timothy P. Brigham**, MDiv, ...

Accreditation Council for Graduate Medical Education ...

www.acgme.org/... Accreditation Council for Continuing Medical Education
Timothy P. Brigham, MDiv, PhD, Chief of Staff and Senior Vice-President, Accreditation Council for Graduate **Medical Education** (ACGME), and Kate Regnier, ...

PDF 2013-2014 - Rosalind Franklin University

www.rosalindfrank... Rosalind Franklin University of Medicine and Science
Rosalind Franklin University of Medicine and Science is pleased to share its Annual Report 2014, ... of graduate **medical education** by **Timothy Brigham**, MDiv, PhD, ACGME senior vice Virtually all ICG patients are under some **stress**.

"Milestones": Inspiration for the Next Generation of Medical ...

in-training.org/milestones-inspiration-for-the-next-generation-of-medical...
Oct 16, 2013 - ... lively discussion of the accreditation process for graduate **medical education**—also known as residency—led by Dr. **Timothy Brigham**, MDiv, ...

Recent Suicides Highlight Need to Address Depression in ...

saudeglobal.org/...recent-suicides-highlight-need-to-address-depression...
Nov 10, 2014 - The accomplished young man graduated medical school in May ... **Timothy Brigham**, MDiv, PhD, chief of staff and senior vice president, department of education, at the Accreditation Council for Graduate **Medical Education** (ACGME), ...
"Being a resident and being a physician is high **stress**," said Zisook, ...

PDF Residency Select

www.j3personica.com/wpstage/wp-content/uploads/RS-Overview.pdf
ACGME (Accreditation Council for Graduate **Medical Education**) standards. ... Ph.D., M.B.A., **Timothy Brigham**, Ph.D., M.Div., ... **Stress** Tendencies and Drivers.

Stress Busters - Tips on Recognizing and Managing ...

www.aans.org/...Article.as... American Association of Neurological Surgeons
According to **medical educator Timothy P. Bright**, PhD, **stress** is "the basic confusion created ... "Stress is a reaction to a perceived threat," said Dr. **Brigham**.

Ethics training for future doctors needs updating, say ...

www.sciencedaily.com/releases/2015/.../150424121120.ht... Science Daily
Apr 24, 2015 - "Ultimately, all **medical education** and training is about preparing future ... G. Kirch, **Timothy P. Brigham**, Barbara M. Barzansky, Stephen Wear, ...



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 (APRF), U.S. Army War College, Carlisle Barracks, PA at <http://carlisle-www.army.mil/apfri/>

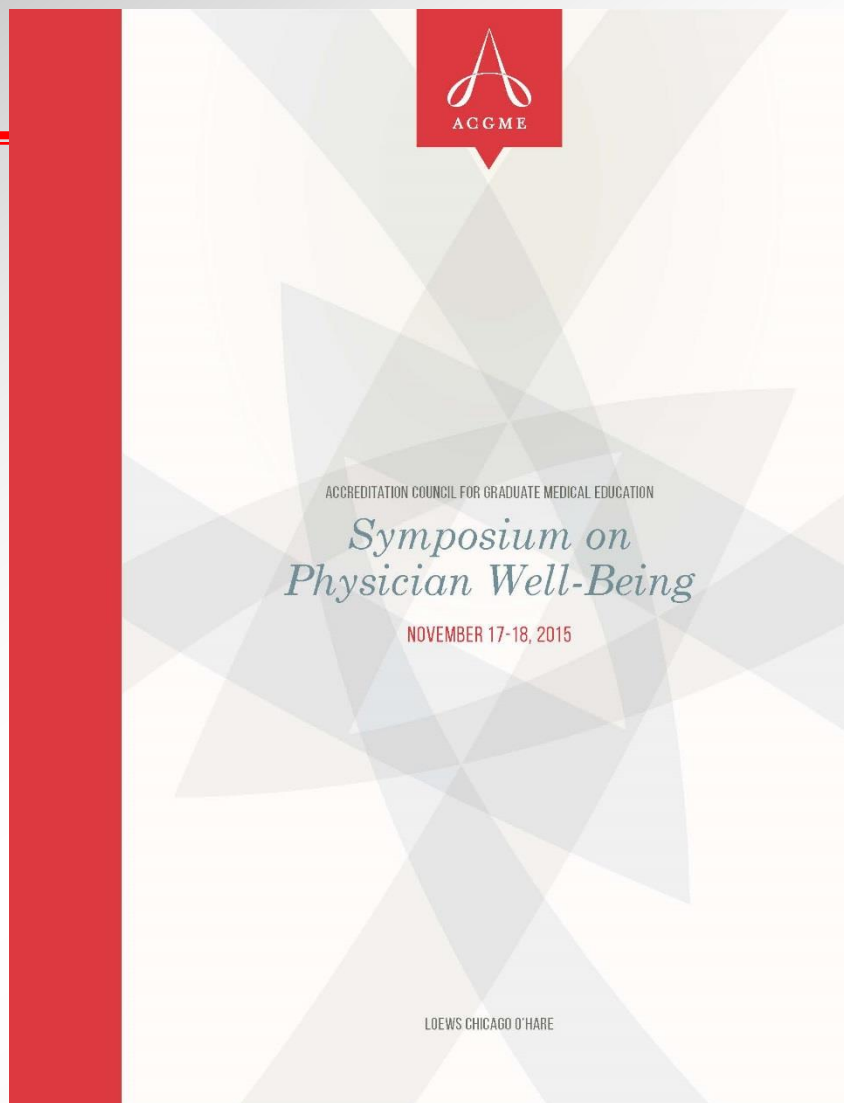


Stress and the Mind-Body Connection

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 daylight 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 unneeded 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:



-
- Building Resilience
 - Fostering/ Nurturing Well-Being
 - Recognition
 - Intervention
 - Reduce Stigmatization
 - Help Grieving Communities Heal

Symposium Planning Committee

Members

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- Co-Chairs:
 - Carol Bernstein, MD
 - Timothy Brigham, MDiv, PhD
- ACGME Board Members:
 - Stanley W. Ashley, MD, Carol A. Bernstein, MD, Wallace A. Carter, MD, Jordan Cohen, MD, William A. McDade, MD, Edwin L. Zalneraitis, MD
- ACGME Council of Review Committee Residents:
 - Timothy J. Daskivich, MD, Dinchen Jardine, MD, Heather E.W. Schultz, MD
- Program and Content Experts:
 - Ralph S. Greco, MD, Liselotte (Lotte) Dyrbye, MD, Hanna Sherman, MD
- Public Member:
 - Mr. Howard Feldman
- ACGME Administration:
 - Dewitt C. Baldwin, Jr., MD, Kevin B. Weiss, MD, MPH, Debra Dooley, Amy Beane
- DIO: Lyuba Konopasek, MD



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

42

- Invitational
- Approximately 100 attendees from all facets of the GME community
- Format
 - Lectures
 - Small group work
 - Large group processing and discussions

Results

Day 1

44

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 stake holders, 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.

Day 1

45

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

47

-
- 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?

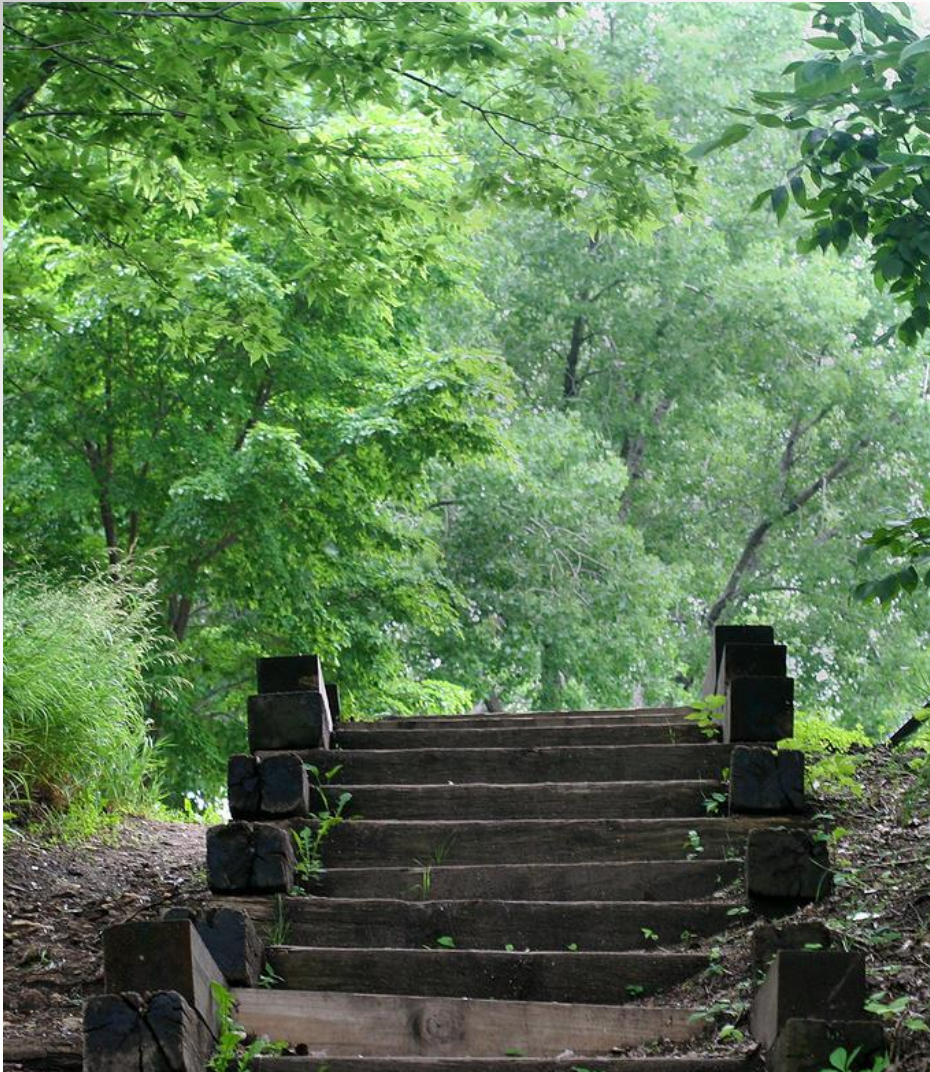
Day 2 – Top Themes

48

-
- *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*

As a result of the Symposium

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:

To Recommend and Oversee a Process to Address Five Areas of Impact

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-
- Education
 - Using ACGME Levers to influence Change
 - Ongoing Research
 - Collaborating Across the Continuum to promote Culture/System Change

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)

Using ACGME Levers for Change

- CLER
- Requirements
- Milestones
- First Responders
- 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

The Pediatrics Milestone Project



A Joint Initiative of
the American Board of Pediatrics
and
the Accreditation Council for Graduate Medical Education



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G. Competency Area: Personal and Professional Development*	99
1. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors	99
2. Use healthy coping mechanisms to respond to stress	101
3. Manage conflict between personal and professional responsibilities	104
4. Practice flexibility and maturity in adjusting to change with the capacity to alter behavior	108
5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	111
6. Provide leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients	116
7. Demonstrate self-confidence that puts patients, families, and members of the health care team at ease	118
8. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty	119

*Added by the pediatrics community; underlined phrases also added by the pediatrics community

Ongoing Research

59

- 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

$$B = f(P, E)$$

Lewin's Equation 1936

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

- IOM – stay tuned

Coalition for Physician Accountability

- May 3, 2016
 - Carol Bernstein, MD - opening address
 - Each organization shared their initiatives on well-being
- Panel Discussion
 - Medical Student
 - Resident
 - Patient
 - Nurse
 - Program Director
- Panel Discussion (vision, future directions)
 - Darrell Kirch, MD – AAMC
 - Susan Skochelak, MD – AMA
 - Steve Shannon, DO – AACOM
 - Thomas Nasca, MD, MACP - ACGME



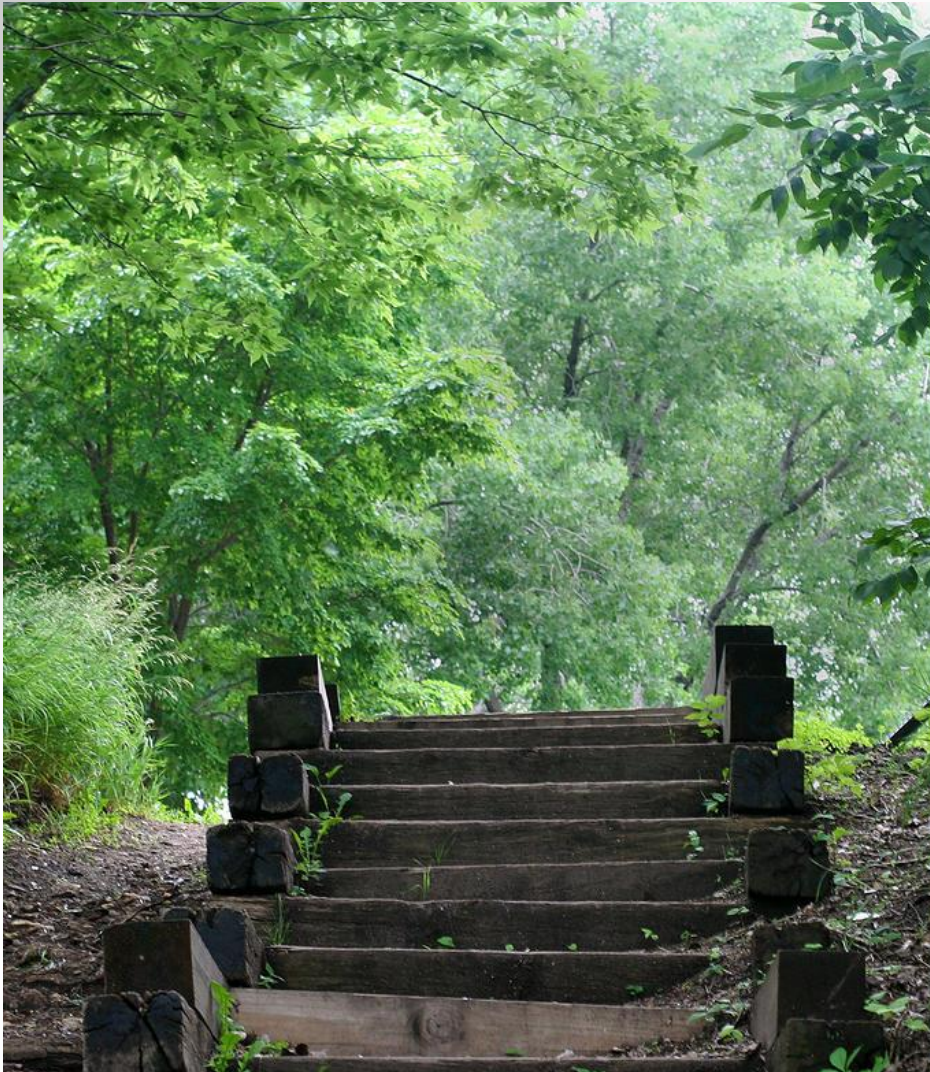
Coalition for Physician Accountability

- Small groups
 - What can the Coalition do?
- Results
 - Consensus statement
 - IOM/National Academy of Medicine
 - Darrell Kirch, MD
 - Thomas Nasca, MD, MACP
 - Victor Dzau, MD
 - Coordinating efforts across the continuum


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?



The journey
of a
thousand
miles must
begin with
a single step.



*"You don't have to
see the whole
staircase, just take
the first step."*

- Martin Luther King Jr.

Deepen Your Commitment to Faculty, Residents and Patients



Think Globally

Act Locally

We're facilitating the setting of expectations...

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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:

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-
- 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?

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- Realize and use your power
- The motivation trifecta
- Take care of yourself
- Connect/collaborate

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

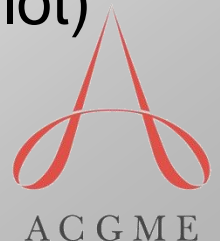
81

- 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.

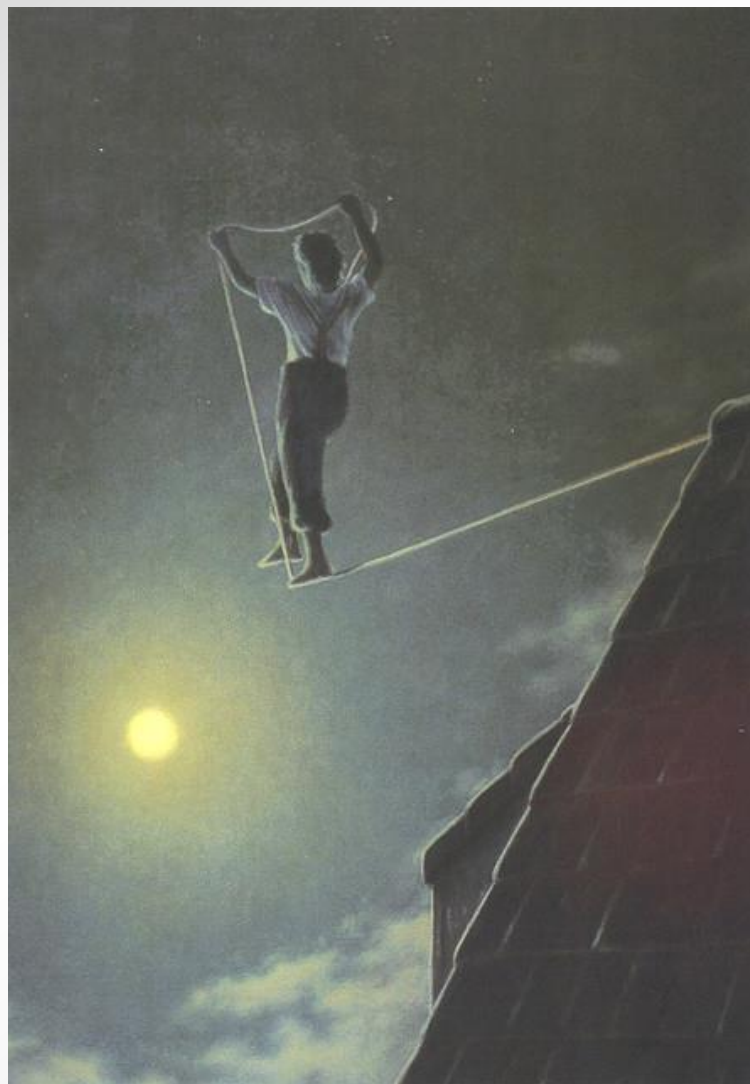
Anonymous



LaSalle D. Leffall, MD

Awe

Talmud



Stay Tuned

Thank you



Questions?
wellbeing@acgme.org