



# Physician Wellbeing; Does The Disease Model Work?

AHME Webinar Series  
Tuesday, Feb 25, 2019

Kari Hortos, DO, FACOI, FAODME  
Chief Academic Officer-Statewide Campus System  
Associate Dean Southeast Michigan  
Michigan State University College Osteopathic Medicine



# Objectives

- Summarize ACGME Wellbeing Taskforce Strategic Plan and Initiatives.
- Describe Statewide Campus System's Osteopathic Recognition Model with Physician Wellbeing as one of the 3 domains.
- Apply Change Theory to define success expectations for wellness programs.



Accreditation Council for Graduate Medical Education

## CLER Pathways to Excellence

Expectations for an optimal clinical  
learning environment to achieve safe  
and high quality patient care

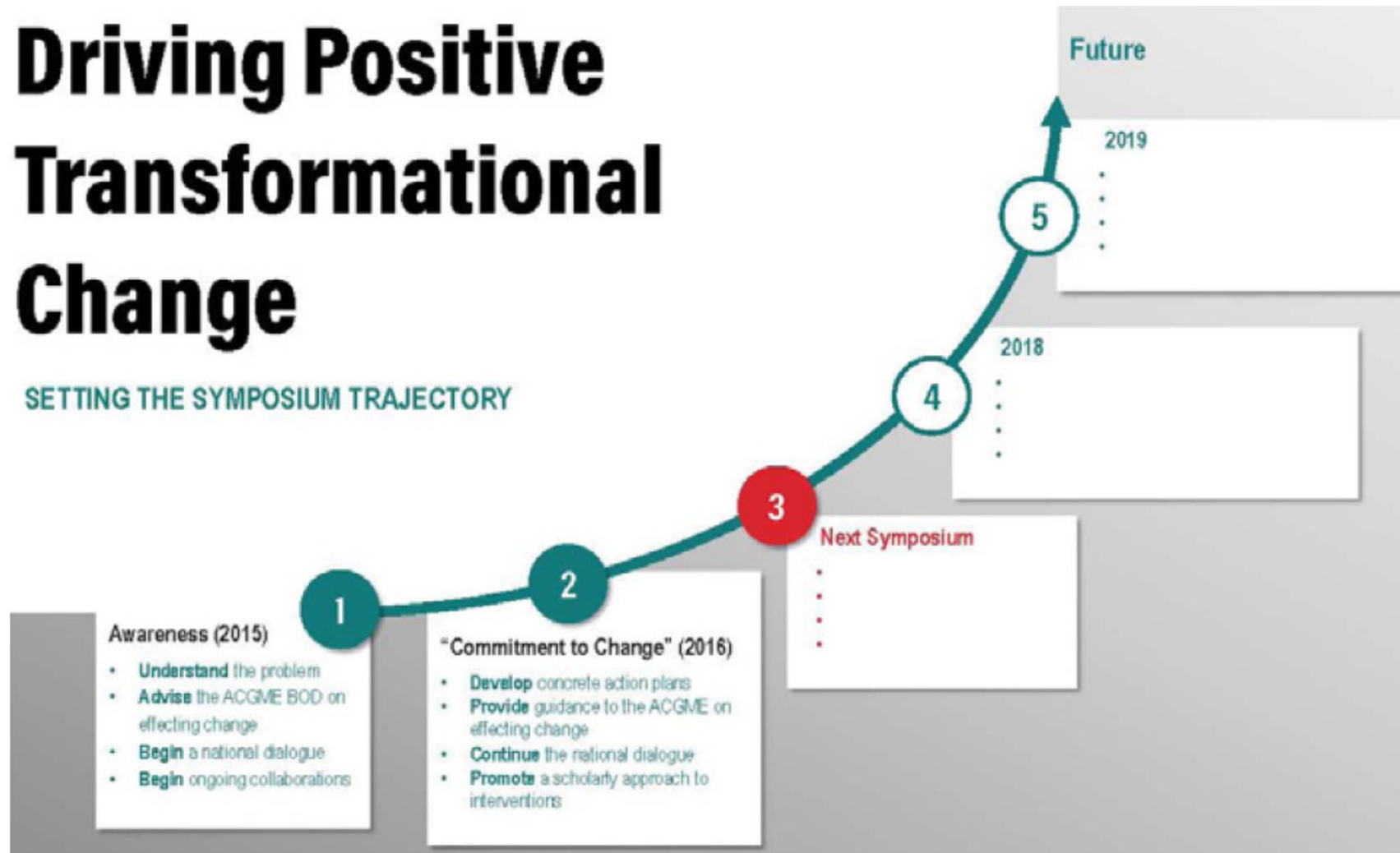
EXECUTIVE SUMMARY

- January 2014
  - 6 elements
- August 2016
  - Nasca letter to GME community



# Driving Positive Transformational Change

## SETTING THE SYMPOSIUM TRAJECTORY





# First Symposium – November 2015



## GOALS

1. **UNDERSTAND THE PROBLEM** across the continuum.
2. **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.
3. **BEGIN A NATIONAL DIALOGUE** on physician wellbeing that leads to positive transformational change in the learning environment culture for medical students, residents / fellows, faculty members, and practicing physicians.
4. **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 HCP's, and to the culture of medicine / medicine education.



# Second Symposium - November 2016



## GOALS

1. **DEVELOP CONCRETE ACTION PLANS** to address the issue of physician wellbeing for:
  - Residency & Fellowship Programs
  - Teaching Hospitals / Systems
  - Medical Students & Practitioners
2. **CONTINUE THE NATIONAL DIALOGUE** and forge collaborations among stakeholders to effective positive transformational change for physician wellbeing
3. **PROVIDE GUIDANCE TO THE ACGME** on how best to construct and utilize its "unique levers of influence" to effect positive transformational change
4. **PROMOTE A SCHOLARLY APPROACH** to well-being interventions and innovations



Statewide Campus System  
College of Osteopathic Medicine  
MICHIGAN STATE UNIVERSITY

# 2017



Accreditation Council for  
Graduate Medical Education

## Well-being (Selected Topics)

The delivery of safe and high quality patient care on a consistent and sustainable basis can only be rendered when the well-being of clinical care providers is assured. The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and clinical care team.

## CLER PATHWAYS TO EXCELLENCE

Expectations for an optimal clinical  
learning environment to achieve safe  
and high quality patient care

Version 1.1



ACGME  
Accreditation Council for  
Graduate Medical Education

## ACGME

## Common Program Requirements

## Section VI

## with Background and Intent

Requirement #: VI.C. – VI.C.2.

Requirement Revision (significant change only):

VI.C. Well-Being

*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; it is 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.*





# Third Symposium-November 2017

## Goals



1. Highlight “successes”
2. Ensure inclusivity and representation of community
3. Address anxiety related to new Common Program Requirements
4. Develop a plan for sustainability





Accreditation Council for  
Graduate Medical Education

LOGIN

[Accreditation Data System \(ADS\)](#)

[ACGME Surveys](#)

[Resident Case Log System](#)

What We Do

Designated  
Institutional Officials

Program Directors  
and Coordinators

Residents and  
Fellows

Meetings and  
Educational  
Activities

Data Collection  
Systems

Specialties

[Home](#) > [What We Do](#) > [Initiatives](#) > [Physician Well-Being](#) > [Tools and Resources](#)

## Tools and Resources

### ACGME Tools and Resources for Resident and Faculty Member Well-Being



Accreditation Council for  
Graduate Medical Education

LOGIN

[Accreditation Data System \(ADS\)](#)

[ACGME Surveys](#)

[Resident Case Log System](#)

im of  
elated

cal,  
'cian.

t meet

well-

gs. This  
d

If you are in crisis, please call the National  
Suicide Prevention Lifeline at  
**1.800.273.TALK (8255)**, or contact the  
Crisis Text Line by texting TALK to 741741

[Physician Well-Being](#)

[Physician Well-Being News and Features](#)

[Research](#)

[Symposium](#)

[Tools and Resources](#)



What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings and Educational Activities	Data Collection Systems	Specialties
------------	---------------------------------------	---------------------------------------	--------------------------	---	----------------------------	-------------

[Home](#) > [Residents and Fellows](#) > [Back to Bedside](#)

## Back to Bedside



BACK TO BEDSIDE

Request for Proposals: Due March 15, 2019

*Are you a resident or fellow looking to foster meaning in your learning environment?*

The *Back to Bedside* initiative is designed to empower residents and fellows to develop transformative projects that foster meaning and joy in work and allow them to engage on a deeper level with what is at the heart of medicine: their

### Quick Links

[Back to Bedside Initiative](#)

[Back to Bedside Project  
Highlights](#)

[Report an Issue](#)

[Get Involved](#)

[The ACGME for Residents and  
Fellows](#)



Statewide Campus System  
College of Osteopathic Medicine  
MICHIGAN STATE UNIVERSITY



ACGME

Accreditation Council for  
Graduate Medical Education

2019 ACGME  
ANNUAL EDUCATIONAL  
CONFERENCE

ENGAGING EACH OTHER:

# Rediscovering Meaning in Medicine



Statewide Campus System  
College of Osteopathic Medicine  
MICHIGAN STATE UNIVERSITY

PHYSICIANS | RESIDENTS | MEDICAL STUDENTS | PATIENTS | MEDIA

ABOUT AOA



AMERICAN  
OSTEOPATHIC ASSOCIATION

Advancing the distinctive philosophy and practice of osteopathic medicine

Search the

HOME

INSIDE THE AOA

OSTEOPATHIC MEDICINE AND YOUR HEALTH



Single GME Accreditation System

Single GME Accreditation System  
Timeline

Single GME FAQ: Timeline

Single GME FAQ: Governance

Single GME FAQ: ...

## The Single GME Accreditation System

In a historic vote during July 2014, members of the AOA Board of Directors support a decision by the AOA Board of Directors to implement a single system for graduate medical education accreditation.

for GME

**Feb. 9, 2015:** The AOA and AACOM were recognized as full member organizations at the ACGME Board of Directors meeting today in Scottsdale, Arizona. There were unanimous votes of approval for the ONMM Review Committee standards and the standards for the Osteopathic Recognition Review Committee, which will incorporate the tenets of osteopathic medicine into the six ACGME core competencies.

... benefit from a single standardized system to

View up  
Council  
Educational  
accreditation



A M E R I C A N  
O S T E O P A T H I C A S S O C I A T I O N

## **Tenets of Osteopathic Medicine**

1. The body is a unit; the person is a unit of body, mind, and spirit
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of the basic principles of the above three principles.



# History of SCS 2015

47 Hospitals

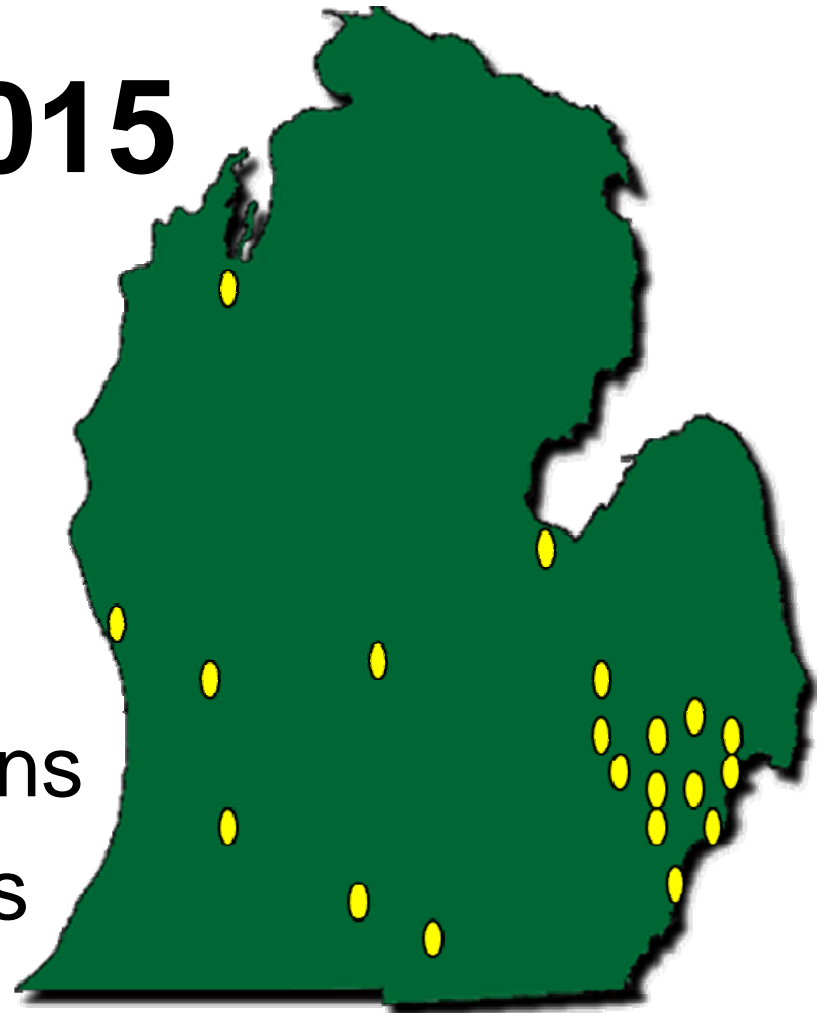
31 FQHCs

225 Residency Programs

~35 Specialties

2253 AOA approved positions

~1942 osteopathic residents





# Osteopathic Principles & Practice Committee

## **Osteopathic Recognition Task Force January 2016**

### Purpose:

Develop essential educational deliverables that  
SCS can provide to ANY residency seeking  
ACGME Osteopathic Recognition.





# Osteopathic Recognition Task Force

- 8 Residents
- 12 Faculty
- FM, IM, ONMM, PM&R, Psychiatry



## Survey of all stakeholders





# Osteopathic Recognition

## 3 Educational Components

### 1. Biomechanical Competencies

- (OMT)

### 2. Health Promotion Competencies

- (OPP/Lifestyle Medicine)

### 3. Physician Wellbeing Competencies

- (OPP/Professionalism)



*“To find health  
should be the object  
of the doctor.  
Anyone can find  
disease.”*

*-Andrew Taylor Still 1899*



is377-041 fotosearch.com

# Physical Wellbeing Current Reality

**Physicians' health practices strongly influence patient health practices**

-Orberg and Frank, 2009

- Physicians working on personal poor health habits are even more effective
- Differentiates between counseling vs. lecturing



- 1. Biomechanical Competencies**
- 2. Health Promotion Competencies**
- 3. Physician Wellbeing Competencies**

Build Osteopathic Recognition Literature Resource Library

- Components 1,2 & 3

Create module on OMT documentation, coding and billing

- Component 1

Restructure approach tactics to OMT modules with competency “workshops”

- Component 1

Development of Lifestyle Medicine modules (Health Promotion) with competency “workshops”

- Component 2 & 3



# OR Implementation: Physician Wellbeing Component

## Since March 2017

- 6 one-day workshops
- 1-webinar
- Te4Q single site curriculum
- Quarterly web-based OR Journal Club
- On-line lifestyle medicine resource development
  - <http://www.lifestylemedicine.org/Web-Based-Resources>

## Topics:

- Nutrition, Burnout, Wellbeing tools, Self-care, exercise prescription, Resilience



# Physician Wellbeing Index

Assess Wellbeing



# Discovery

primarily

mal

resource page can be individualized

tracks Progress

- Individual and institutional with comparison to national averages

[https://demo.mywellbeingindex.org/login?utm\\_campaign=Well-Being%2520Index%2520Demo&utm\\_source=hs\\_automation&utm\\_medium=email&utm\\_content=35807827&\\_hsenc=p2ANgtz-8YpxUGdUg\\_IYwOO9rdqEMHY3oSYI0XQK1qa5Jr-e-abJL2eWScPFLB\\_okooEudZP-TH336bUVGI7cTA31nYrYiIBVIA&\\_hsmi=35807827](https://demo.mywellbeingindex.org/login?utm_campaign=Well-Being%2520Index%2520Demo&utm_source=hs_automation&utm_medium=email&utm_content=35807827&_hsenc=p2ANgtz-8YpxUGdUg_IYwOO9rdqEMHY3oSYI0XQK1qa5Jr-e-abJL2eWScPFLB_okooEudZP-TH336bUVGI7cTA31nYrYiIBVIA&_hsmi=35807827)



Image accessed 2-21-19 <https://familypolicyalliance.com/issues/2018/04/12/canary-coal-mine-trying-get-attention/>





# Changing Behavior

## Prochaska's Stages of Change\*

### Transtheoretical Model

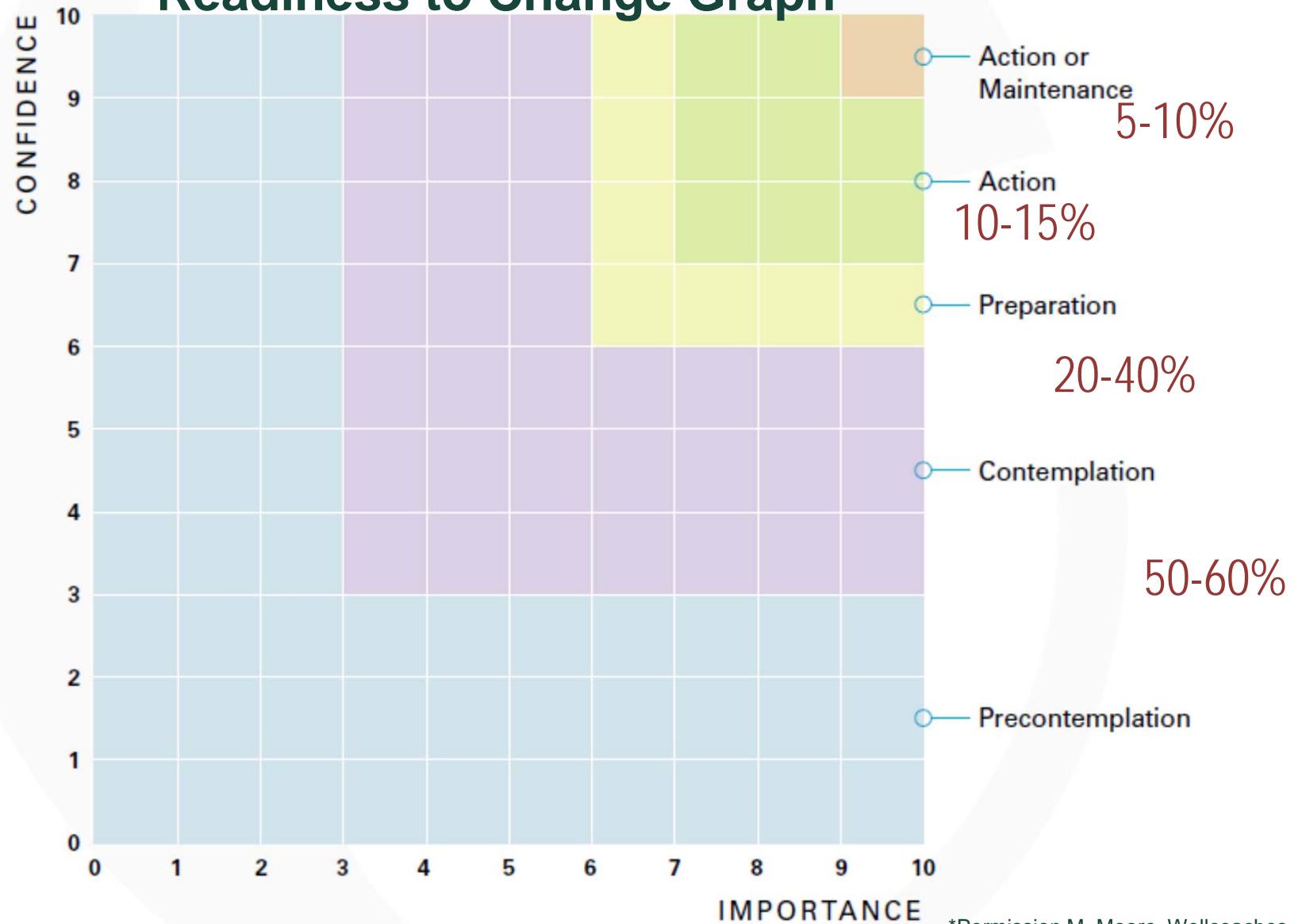
STAGE	ATTITUDE	
Pre-contemplation	Never	50-60%
Contemplation	Someday	20-40%
Preparation	Soon	10-15%
Action	Now	5-10%
Maintenance	Forever	

\*Am Psych 1992;47(9):1102-14





## Readiness to Change Graph\*



\*Permission M. Moore, Wellcoaches



Image accessed 2-21-19 <https://familypolicyalliance.com/issues/2018/04/12/canary-coal-mine-trying-get-attention/>



## Wellness Perception in Residency Programs after an Educational Intervention

### **Method:**

- Half-day Wellness Workshop
- Self-Care plan instruction
- Pre and post survey (3 mo) determine knowledge of burnout and wellness resources

### **Outcomes:**

- Statistically significant evidence that seminar educated participants on burnout and wellness resources.
- Those that completed a self-care plan marked increase awareness of burnout in self and others and the resources available.



*“Wellness Perception in Residency Programs  
after an Educational Intervention”*

## Using Readiness for Change Graph

Workshop Participants

N = 100

Pre-workshop survey

N = 47

Post-workshop survey

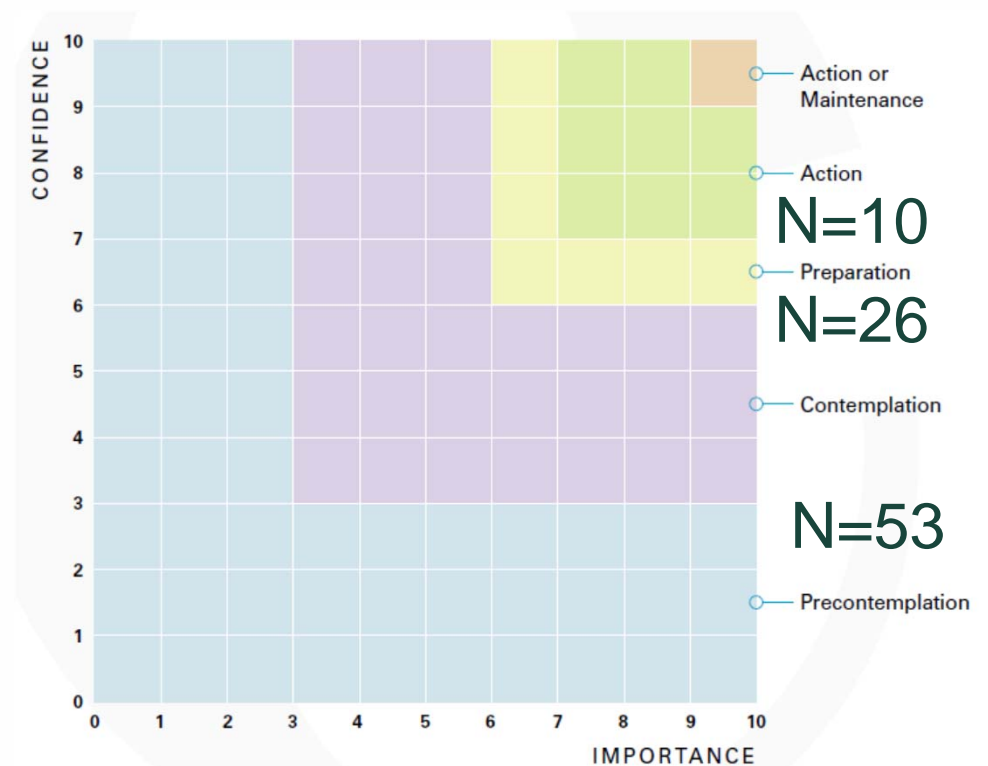
N = 26

3mo post-workshop survey

N = 26

Completed self-care plan

N = 10





# Coaching Behavior Change\*

- **Precontemplation/contemplation**
  - Empathy – Information – Exploring barriers
- **Preparation**
  - Investigation – Planning – Commitment
- **Action**
  - Rewards – Analyze challenges – Cues

<http://www.wellcoach.com/memberships/images/Chapter-3.pdf>





Image accessed 2-21-19 <https://familypolicyalliance.com/issues/2018/04/12/canary-coal-mine-trying-get-attention/>

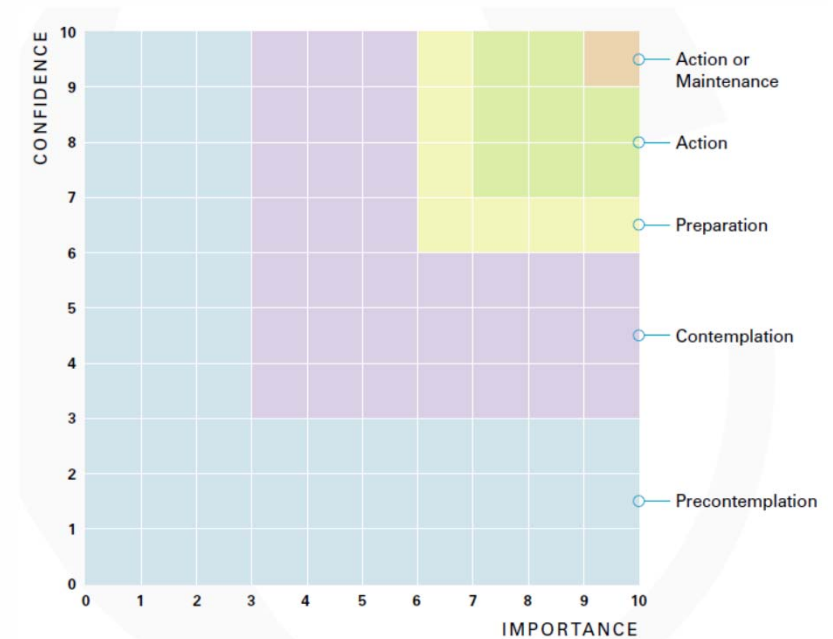




# Changing Organizations

## Organizational Change Programs

- “Fear-Facts-Force” Disease Model
- Action Oriented
  - “Imposed change is opposed change”

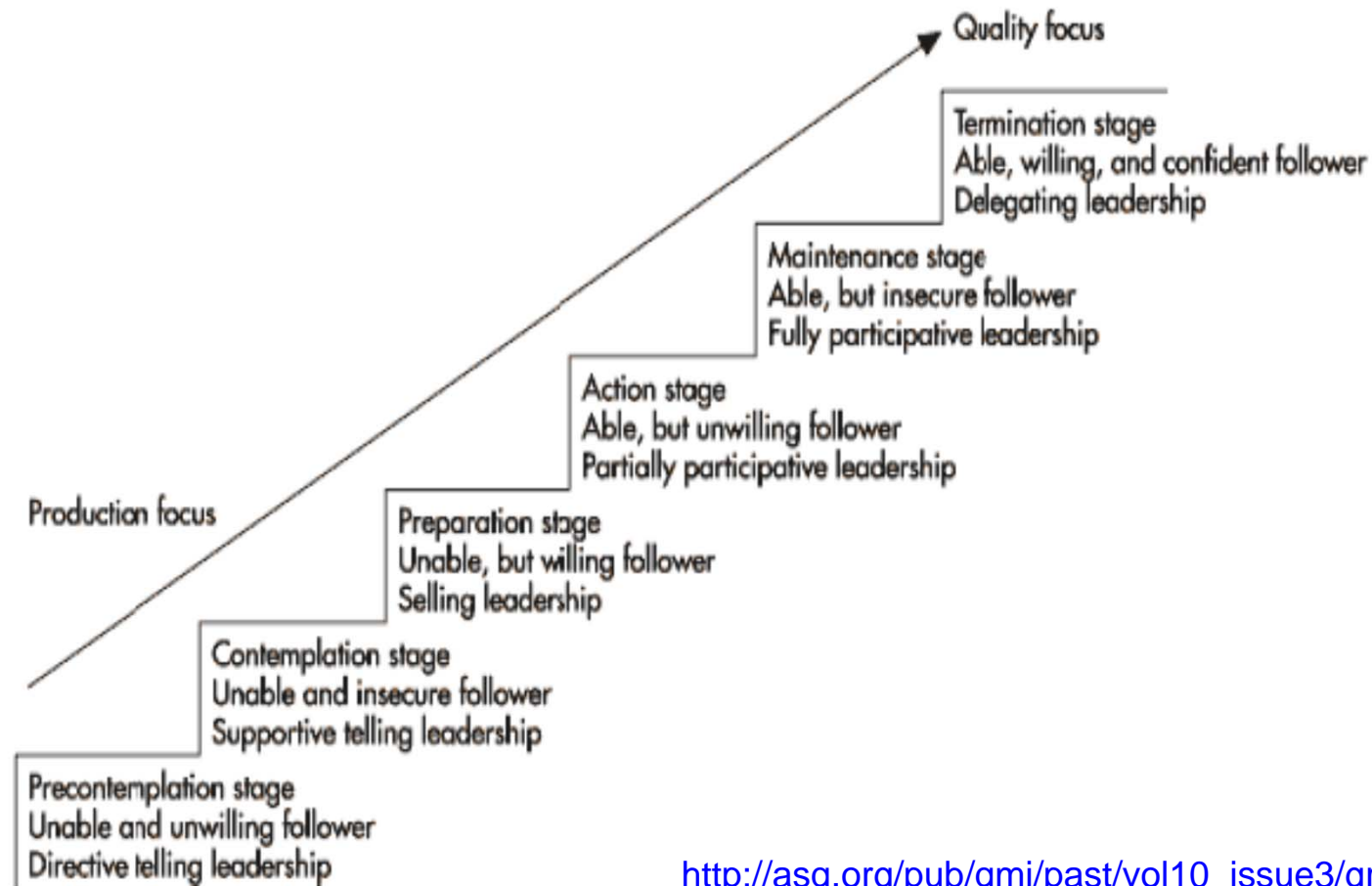




# Situational Leadership Model

-Blanchard and Hersey

Figure 1 Steps of change from production to quality focus.



[http://asq.org/pub/qmj/past/vol10\\_issue3/grover.html](http://asq.org/pub/qmj/past/vol10_issue3/grover.html)

## Stage matched approaches to change

- Reduces resistance
- Increases participation
- Reduces dropout
- Increases change progress



Image accessed 2-21-19 <https://familypolicyalliance.com/issues/2018/04/12/canary-coal-mine-trying>

# Questions?

hortos@msu.edu

Image 2-21-19 [https://occupiedtucsoncitizen.org/wp-content/uploads/2017/06/canary\\_550.jpg](https://occupiedtucsoncitizen.org/wp-content/uploads/2017/06/canary_550.jpg)