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# AMA Innovations in Medical Education Webinar Series

## Medical Student Wellness and Beyond: Creating a healthy culture for all

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Maya M. Hammoud, MD, MBA  
Alexandra P. Wolanskyj-Spinner, MD  
Sydney Ey, PhD  
Marie T Brown, MD, FACP  
March 19, 2018

*Your* MISSION is *Our* MISSION

## Today's Host



Maya M. Hammoud, MD, MBA

Director, Medical Education Innovation,  
American Medical Association

# Objectives

- Define wellness and understand the importance of wellness for the trainee and the entire organization
- Understand the prevalence and factors which contribute to physician burnout
- Learn about successful wellness programs across the medical education continuum
- Identify ways to measure wellness to monitor physician well-being and gauge the effectiveness of wellness programs

*This webinar is co-sponsored by the*  
**AMA Academic Physicians Section**  
**(AMA-APS)**

- AMA member section that represents all academic physicians
- Helps develop and review proposed AMA policies
- Holds educational sessions at AMA Annual, Interim meetings
- Offers networking and professional development opportunities

**Learn more at [ama-assn.org/go/aps](https://ama-assn.org/go/aps)**

# AMA Accelerating Change in Medical Education Goals:

- Create competency based assessment & **flexible individualized learning plans**
- Develop exemplary methods to achieve **patient safety, performance improvement and patient centered team care**
- Understand the **health care system and health care financing**
- Optimize the **learning environment**

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Sidney Kimmel  
Medical College.  
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CHICAGO  
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OF MEDICINE

# AMA Accelerating Change in Medical Education Consortium Innovation Themes

- Integration of medical education and health care systems
- Technology in support of learning and assessment
- Competency-based programming
- Workforce solutions to improve population-based care
- Faculty development: Coaching and quality improvement
- Envisioning the learner of the future
- Medical student well-being

# Student Wellness Interest Group

Consortium representatives formed a Student Wellness Interest Group in May 2016 with a mission to optimize wellness, resilience, and self-awareness within the academic medicine community



# What is wellness?

- “Wellness is a conscious, self-directed and evolving process of achieving full potential
- Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment
- Wellness is positive and affirming.” - *The National Wellness Institute*
- “...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”- *The World Health Organization*

## Presenter



Alexandra P. Wolanskyj-Spinner, MD, FACP

Senior Associate Dean for Student Affairs,  
Mayo Clinic School of Medicine  
Professor of Medicine, Mayo Clinic College of  
Medicine

***Student Wellness Initiatives and Well Being  
Index***

## Presenter



Sydney Ey, PhD

Professor of Psychiatry, Associate director,  
Resident and Faculty Wellness Program and  
OHSU Peer Support Program, Oregon Health  
& Science University

***Building a comprehensive wellness and  
suicide prevention program for medical  
trainees and faculty***

## Presenter



Marie T Brown, MD, FACP

Senior Physician Advisor, Physician Satisfaction and Practice Sustainability Group, American Medical Association & Associate Professor of Medicine, Rush Medical College

***AMA work on physician burnout-  
STEPSforward***



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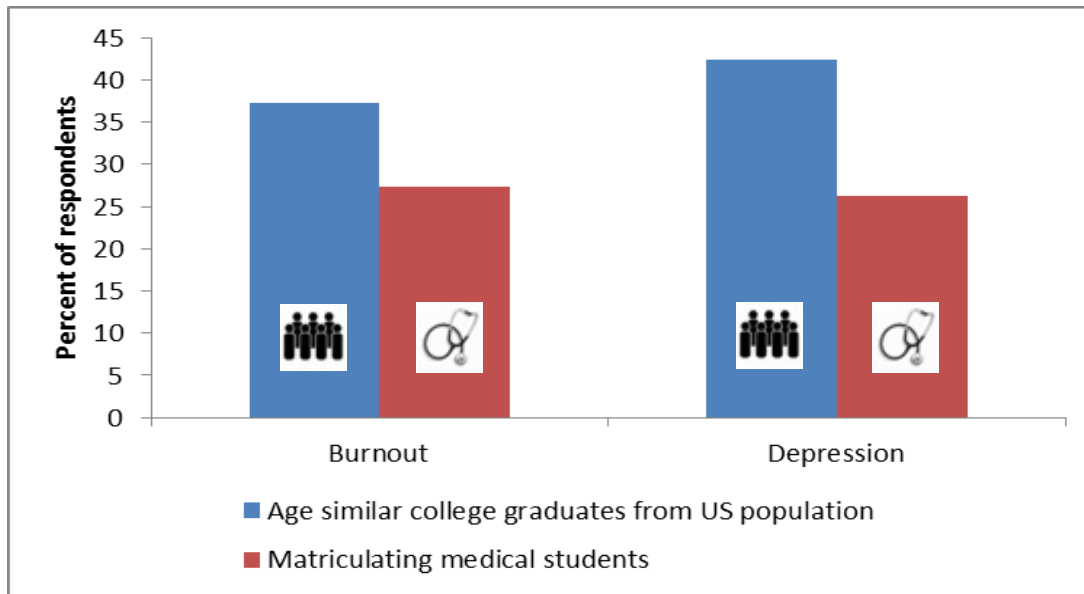
## Student Wellness Initiatives and The Well Being Index

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**Alexandra P. Wolanskyj MD, FACP**  
**Senior Associate Dean for Student Affairs,**  
**Mayo Clinic School of Medicine**  
**Professor of Medicine, Mayo Clinic College of Medicine**

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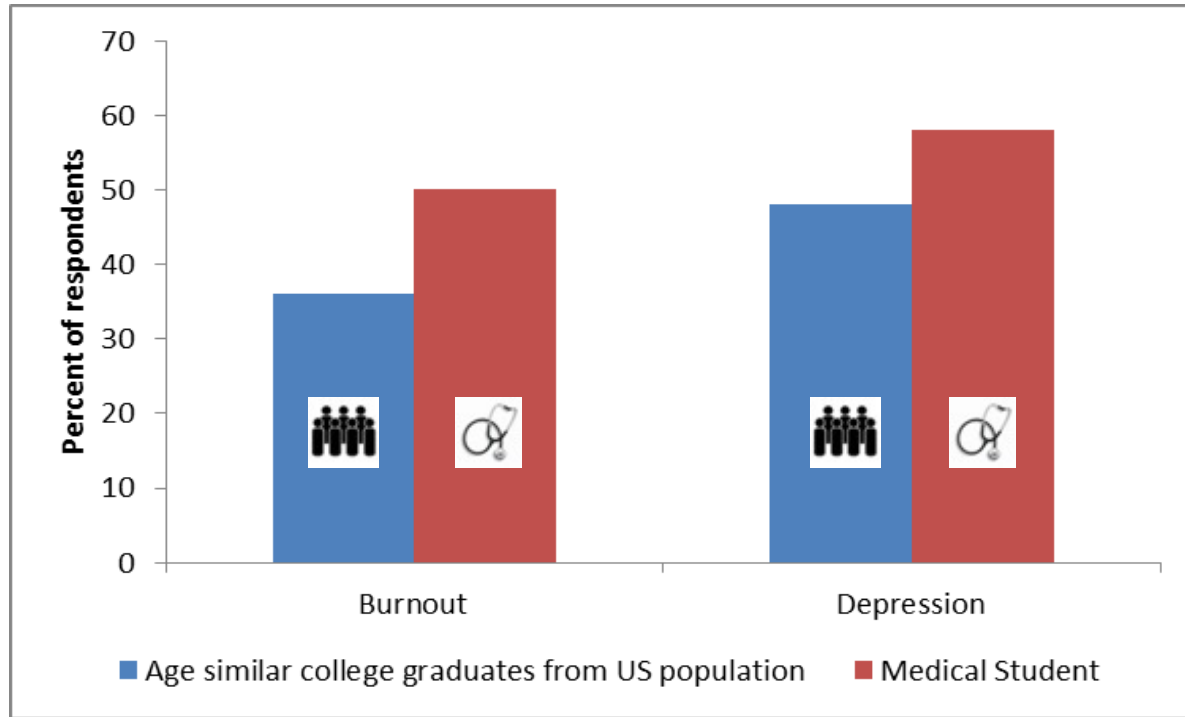
# Matriculating Medical Students have Lower Distress than Age Similar College Graduates from US Population



Brazeau et al. Acad Med 2014:89 (11)



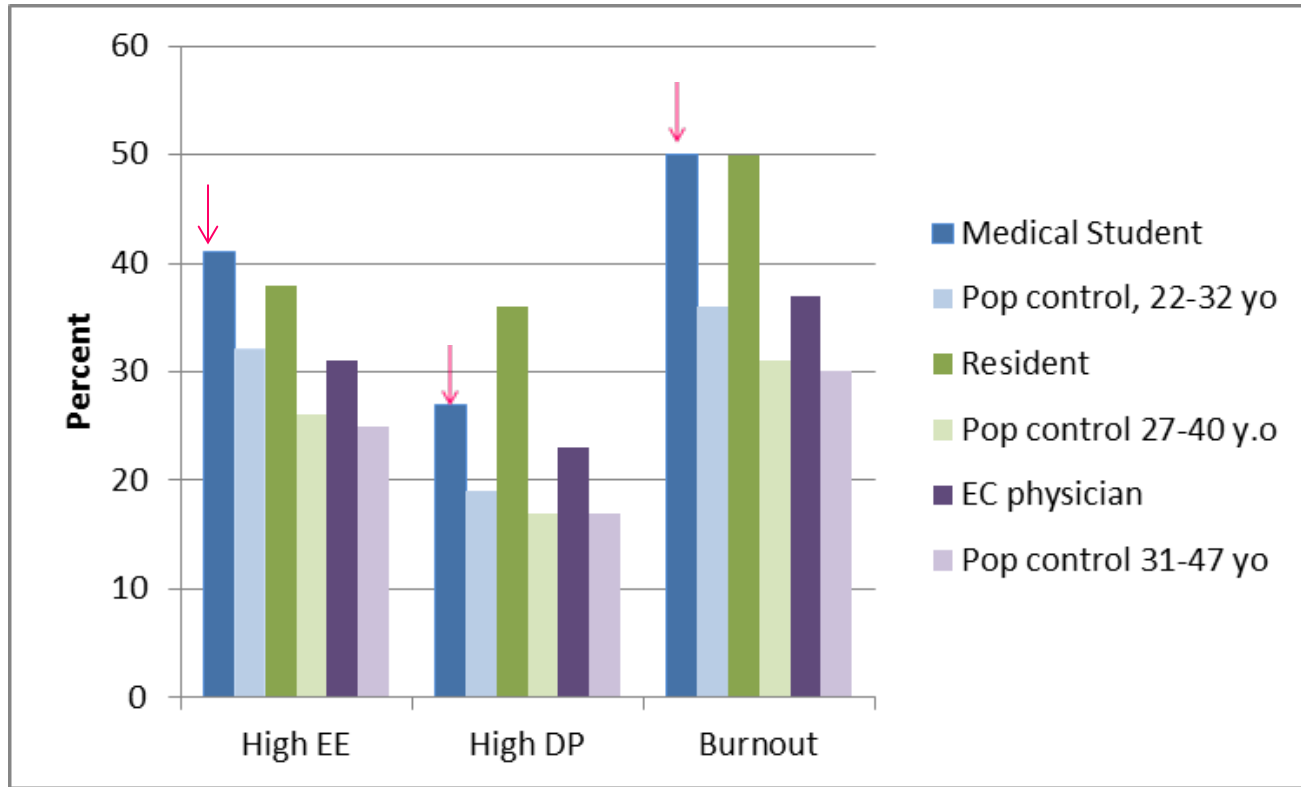
# Distress Increases Relative to US Population after the Start of Medical School



Dyrbye Acad Med 89:443



# Burnout Levels are Higher in Medical Students in Training



Dyrbye Acad Med 89:443

All pairwise comparisons  $p < 0.0001$



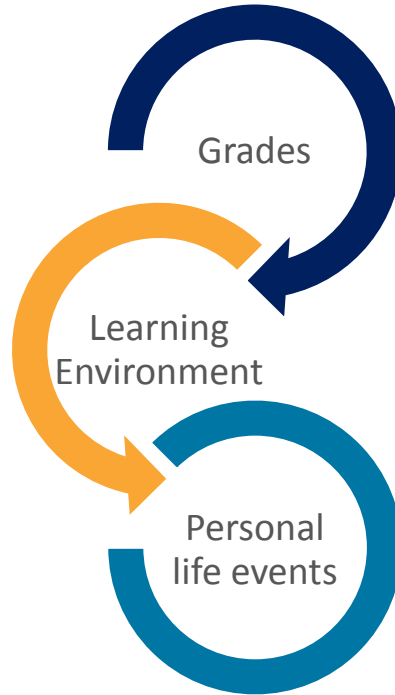


# CONTRIBUTORS TO PROFESSIONAL DISTRESS



# Contributing Factors to Medical Student Distress Include

- Absent Coping & wellness strategies
- Lack of Social support
- Mentality of delayed gratification
- Non-Compliant w. CDC exercise guidelines

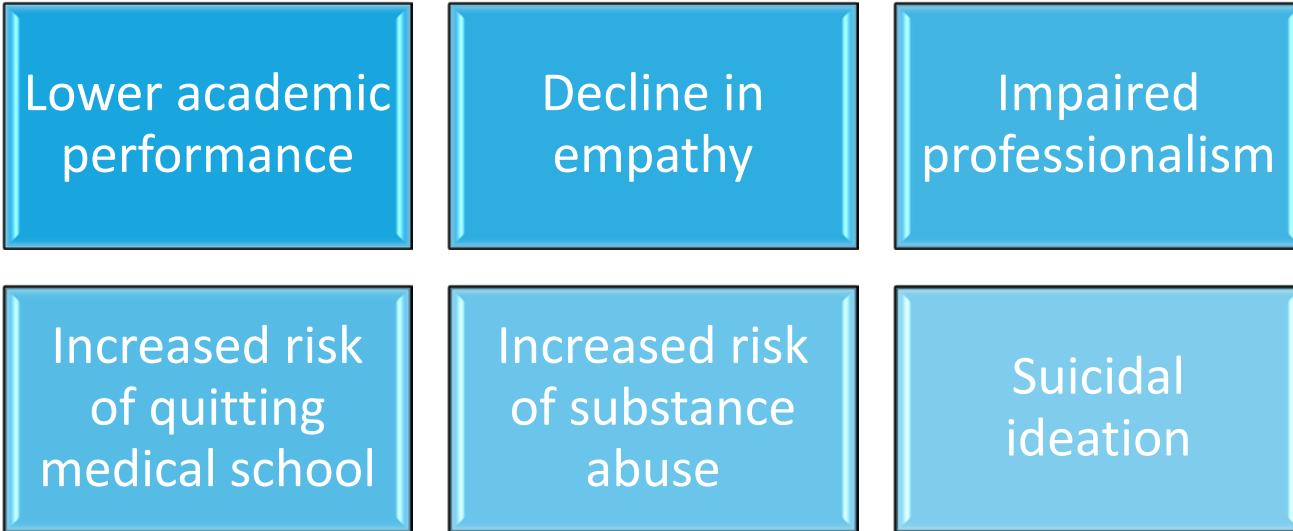


- Poor overall learning environment
- Inadequate support from faculty
- Disorganized rotations
- Cynical residents
- Inadequate supervision
- Discrimination/ Mistreatment

Med Educ 43:274 ; Acad Med 86: 1367



# Poor Mental Health in Medical Students Results in



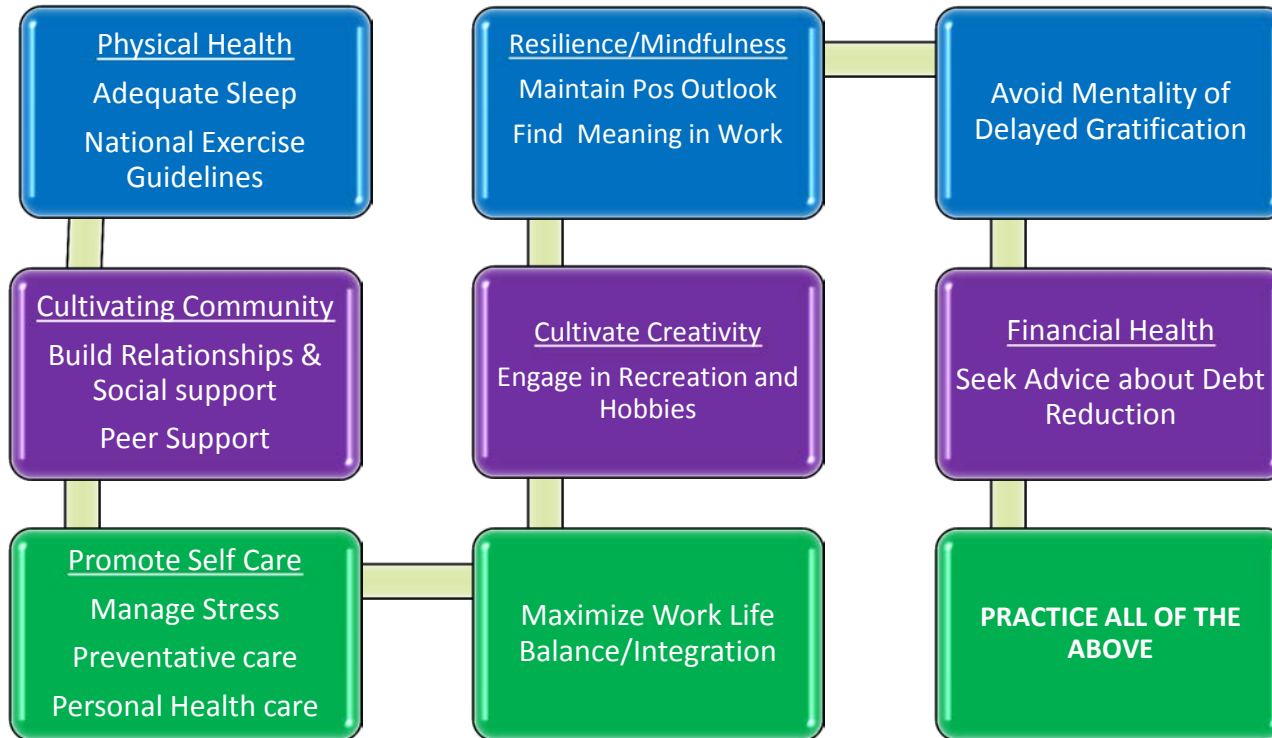
JAMA 304:1173; Ann Intern Med 149:334; JGIM 22: 177; Acad Med 85: 94;  
JAMA 260;2521



# THERE IS GOOD NEWS...



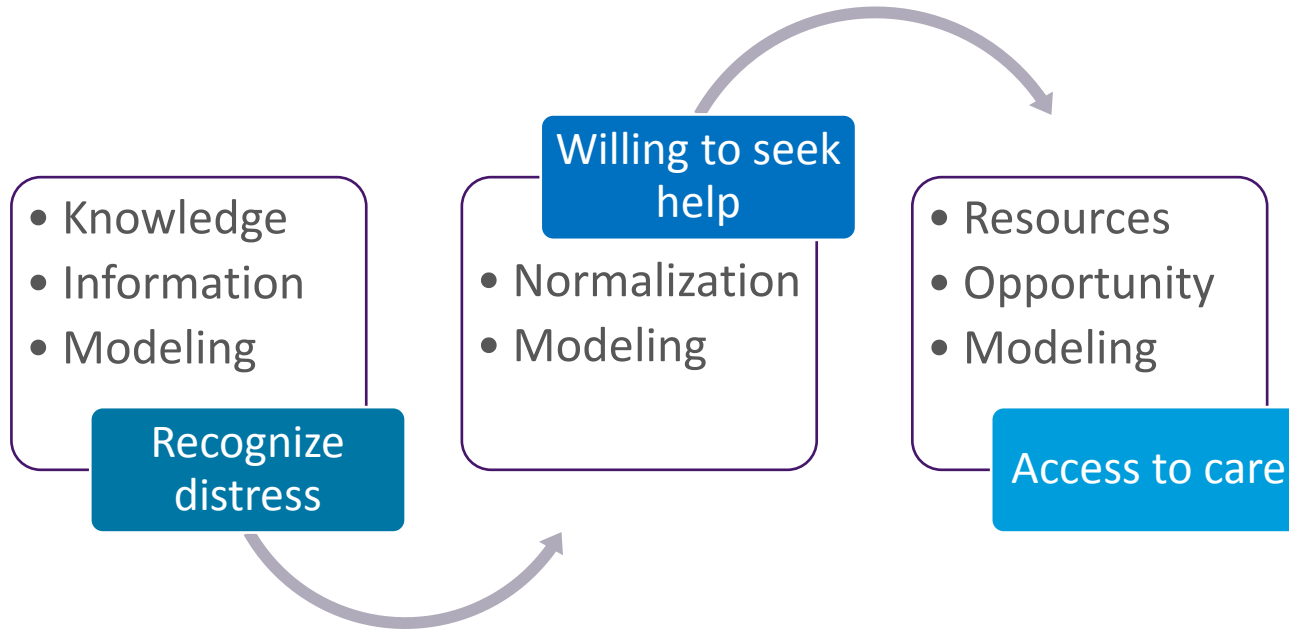
# Effective Individual Strategies to Reduce Burnout/Improve QOL



Dyrbye Med Educ 2009;43; Dyrbye Med Educ 2014;44; Prins Med Educ 2008;42; Shanafelt Ann Intern Med 2002;136; Ripp Acad Med 86;1304; Campbell Acad Med 85;1630 West JAMA 2011;306; Dahlin BMC Med Educ 2007;12; Dyrbye Med Educ 2010;44



# Promote a Culture of Self-Care & Help-Seeking



Modeling= Peers, Upper  
Classmen, Residents,  
Faculty



TRAIN and SUSTAIN  
SURVIVE to THRIIVE

Foundational Principles in **Training** Medical Students to Be...



BASED ON DEMONSTRABLE STRATEGIES TO PROMOTE WELL BEING



# Value of Well Being-Thriving

- “GOOD HEALTH IS AN ESSENTIAL TO HAPPINESS, AND HAPPINESS IS AN ESSENTIAL TO GOOD CITIZENSHIP.” — Charles H. Mayo, M.D.



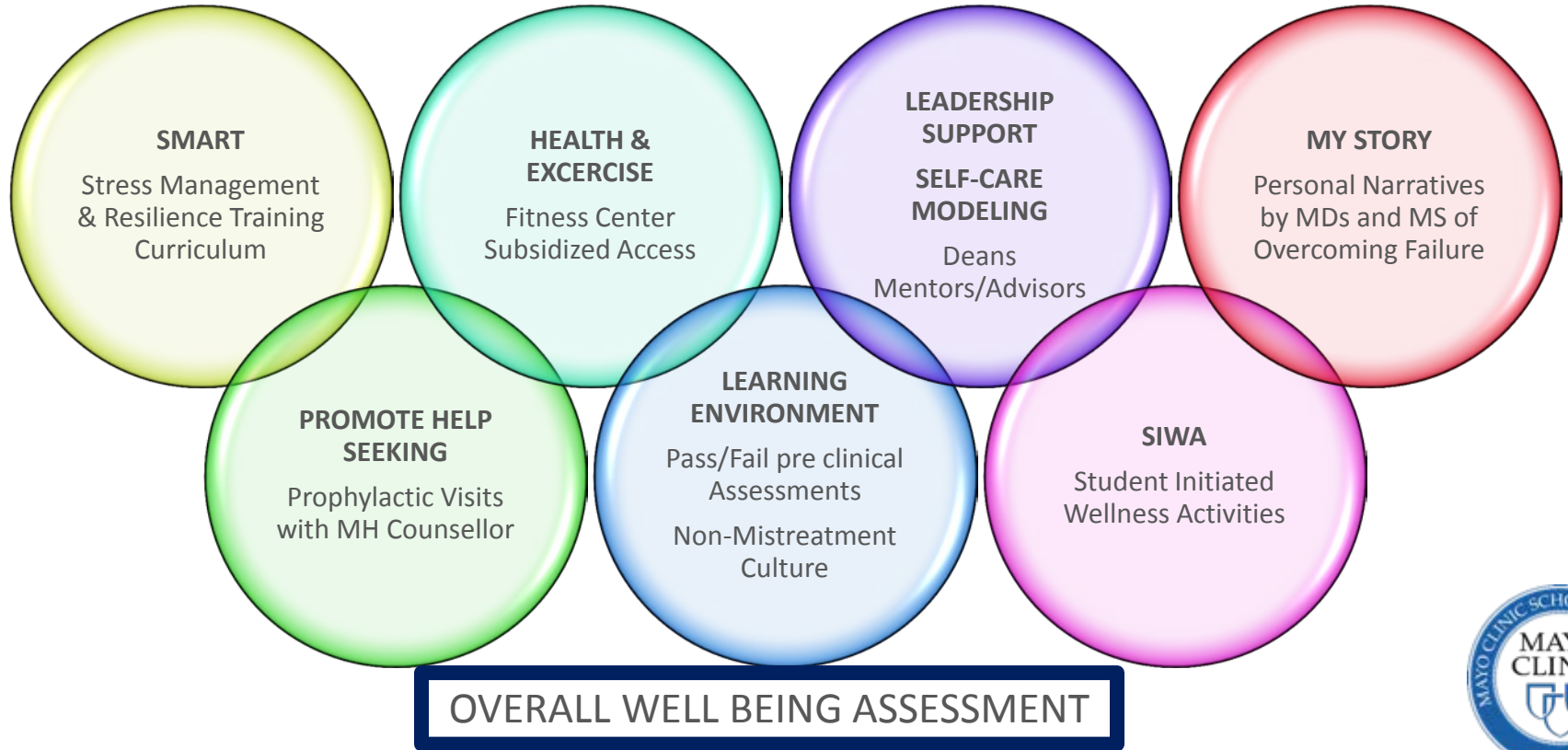
“From my first day of medical school, the importance of taking care of myself was stressed. It was abundantly clear that this is a priority for the school’s administration and they want us to make it a priority as well. THRIVE is embedded in the curriculum, yet it continues to evolve in ways to best meet student needs.”

Erin Triplet, M.D./Ph.D. Student





# KEY WELLNESS INITIATIVES AT MCSOM



# MEDICAL STUDENT WELL BEING INDEX (WBI)



- Web-based tool developed at Mayo Clinic.
- Simple 7-item instrument- < 5 minutes
- Evaluates multiple dimensions of distress
- Has strong validity evidence in medical students ( ~ 7000) physicians and other US workers
- Predicts important outcomes: Burnout, poor MH, Suicide Ideation risk and dropping out from Medical School
- National benchmarks from large samples of medical students, residents, practicing physicians, nurses, adv practice providers, and other health care professionals

Acad Med **86**: 907-914; J Gen Intern Med, **28**(3): 421-427; J Grad Med Educ 2014 Mar;6(1):78-84



# WBI: Immediate Distress Score/Self-Identify

Physician Well-Being Index

- Dashboard
- Transcript
- Articles of Research
- Resources

My Account Help Logout

© Well-Being Index™. All rights reserved.

Your Well-Being Index Score Is: **Very Low**

[View on Scale](#)

Your Well-Being Index Score Is: **Lower than 80% of US Physicians**

How can well-being be determined from 7 to 9 questions?

<p><b>Meaning In Work</b></p> <p>Based on scores in US physicians™</p> <p>Average</p>	<p><b>Likelihood of Burnout</b></p> <p>Average prevalence among US physicians*</p>	<p><b>Severe Fatigue</b></p> <p>Average prevalence among US physicians*</p>
<p><b>Work-Life Integration</b></p> <p>Based on scores in U.S. physicians*</p> <p>Poor Good</p>	<p><b>Risk for Medical Error</b></p> <p>Average prevalence among US physicians*</p>	<p><b>Suicidal Ideation</b></p> <p>Average prevalence among adults in US**</p>

Acad Med 86: 907-914; J Gen Intern Med, 28(3): 421-427; J Grad Med Educ 2014 Mar;6(1):78-84



# WBI: Real Time Access to Local and National Resources

Physician Well-Being Index

Resources

Stress & Resiliency

Fatigue

Emotional Concerns

Suicidal Thoughts

Healthy Behavior

Money

Alcohol / Substance Abuse

Career Development

Relationship & Work-Life Balance

Medical Errors and Malpractice

Organizational and Leadership Resources

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Acad Med **86**: 907-914; J Gen Intern Med, **28**(3): 421-427;  
J Grad Med Educ 2014 Mar;6(1):78-84



# Percent Students with High Levels of Distress

(Dates: Jul 01, 2014 - Jun 30, 2016)

Mayo Medical School Rochester

## MSWBI:BASELINE DISTRESS

### High Levels

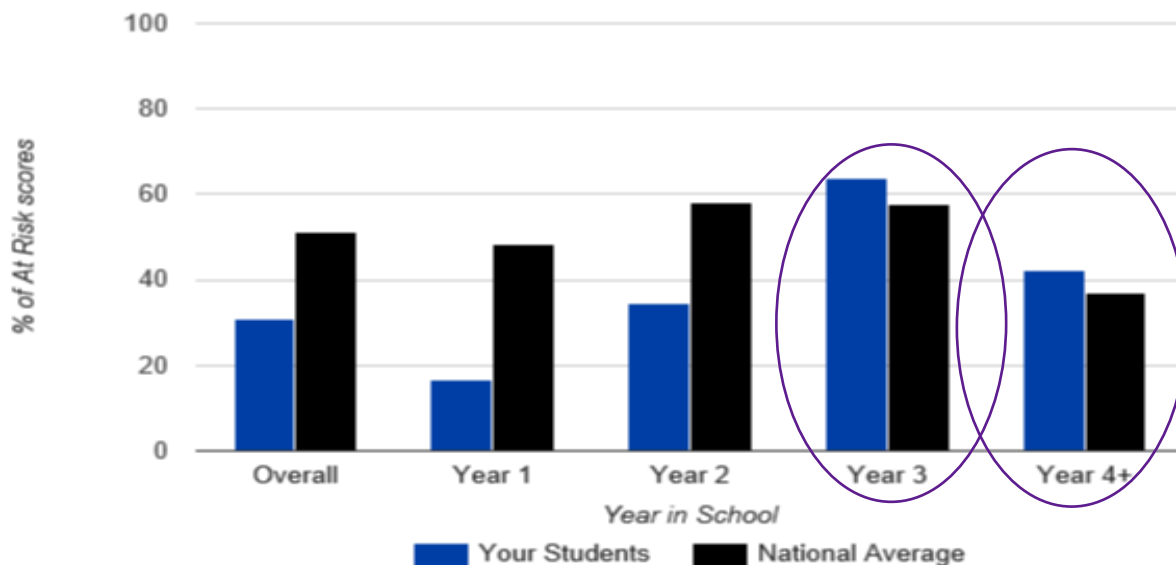
> =4:

2X risk of  
suicidal  
ideation

2X risk of  
poor MH

3X risk of  
Burn out

2X risk of  
Dropping  
out

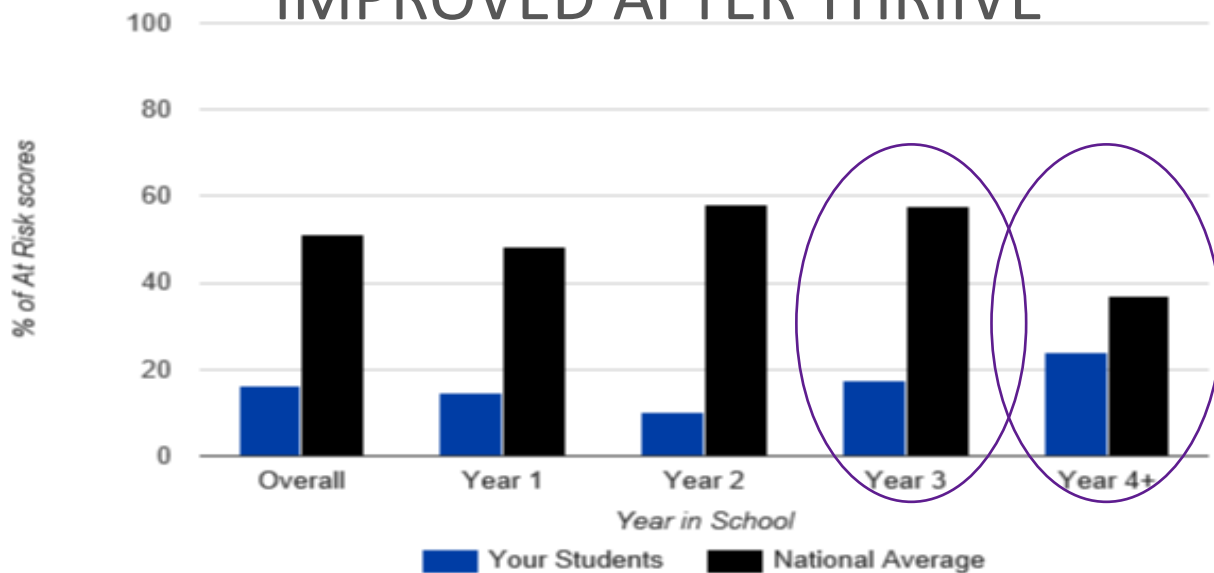


# Percent Students with High Levels of Distress

(Dates: Jul 01, 2016 - Jul 01, 2017)

Mayo Medical School Rochester

## MSWBI: DISTRESS/WELL BEING IMPROVED AFTER THRIVE



# Medical Student Well-Being Index

LOGIN TO MY ACCOUNT

Overview, Features, & Benefits

Physician WBI

Resident & Fellow WBI

Medical Student WBI

Employee WBI

Nurse WBI

WBI Research & Academic Use

Commercial Pricing

FAQs

Contact Us



## Transform the Approach to Well-Being

Throughout medical training, providing an environment that promotes positive development is extremely important. However, many studies have reported that students in medical education and training experience an environment that is overall not favorable for success.

The Medical Student Well-Being Index was invented by Mayo Clinic and is a reliable tool that helps medical schools and individuals screen psychological well-being. It evaluates fatigue, depression, burnout, anxiety/stress, and mental/physical quality of life in medical students. It has been validated as an accurate tool to predict and help identify students with severe distress for early intervention.



## Prevents Distress and Harmful Habits

Emphasizing the importance of wellness during schooling is the most effective tactic to reduce distress and harmful habits down the road. Teaching the habit of continual self-assessment will increase well-being awareness and the ability to associate the effect certain events have on their well-being. Reinforcing resiliency is perhaps one of the top skills a successful medical professional can have.

## Impact of the Medical Student Well-Being Index



To Find out More: Text **EZWBI** to **797979** or **wbiapp** to **507-316-6002** or  
Download free App on i-tunes: Search the term **My Well-Being Index**  
Organization Level: <https://www.mededwebs.com/medical-student-well-being-index>





# Senior Medical Students: MATCH DAY Transitioning to Residency







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# Building a comprehensive wellness and suicide prevention program for medical trainees and faculty

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**Sydney Ey, Ph.D., Professor, Psychiatry  
Associate Director, Resident and Faculty Wellness Program  
Oregon Health and Science University**

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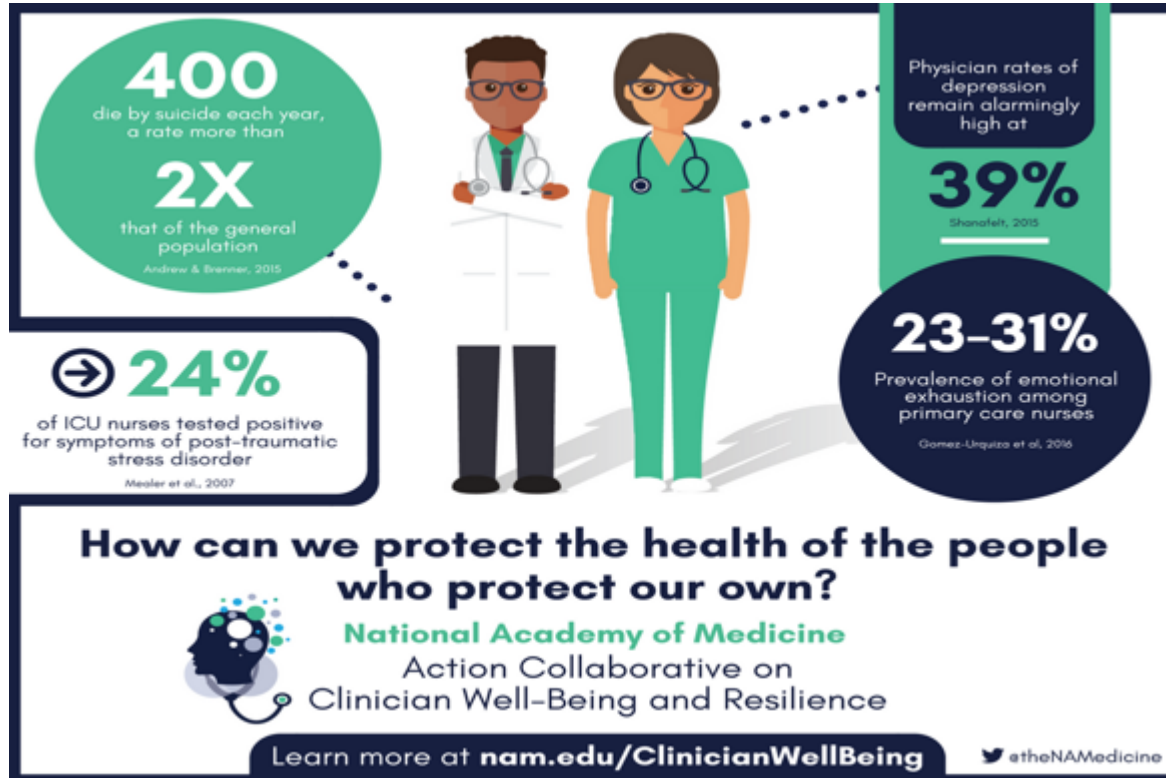
## At Risk



“I thought being suicidal during residency was normal.”  
--Resident



# National Efforts



# Best Practices (Jed Foundation, SPRC)



## Voiced Concerns

*“I feel embarrassed to be depressed, even though I know I shouldn’t... the thought of friends or even my co-workers or patients somehow finding out (that I came for counseling) is terrifying.”* – Fellow

*“I never would have come to this wellness program if I knew my counseling records were going to be in hospital electronic health record.”*  
-Early career faculty physician

*“It is extremely difficult for surgical residents to find time to see a counselor unless you have a senior resident DIRECTLY above you who is ok with it. I would have otherwise felt pressured, and could not leave the service for an hour.”* –Resident



# Barriers to Trainees and Physicians Seeking Care

- Confidentiality
- Time to Access
- Helpfulness
- Stigma
- Cost
- Reporting or disclosure concerns



## Different Treatment Models

- Mental health providers outside of institution
  - off-duty hours, using private insurance, co-pays, diagnoses
- Employee Assistance Plan (EAP)
  - usually limited to a few sessions, then referred on
- Resident specific wellness/counseling programs on-site, off-site
- Resident/Faculty support groups
- Online tools (e.g., <https://moodgym.com.au>)



# Building the OHSU Resident and Faculty Wellness Program

Need identified  
Critical event  
Visionary leaders  
Funding  
Experienced clinical team  
Small start-up



Left to right: Marie Soller, MD; Mary Moffit, PhD, Dir.; Sydney Ey, PhD, Associate Dir.





# OHSU Model of Care

- Individual counseling, coaching
- Psychiatric evaluation, medication management
- Case coordination, referrals to specialists
- Consultation with residency, faculty leaders, chief residents, GME
- Educational outreach workshops
- Suicide prevention screening
  - Interactive Screening Protocol <https://afsp.org/our-work/interactive-screening-program/>
- Peer Support program for adverse events
- Telehealth for rural rotations



# Crucial Decisions to Address Barriers and Promote Help-Seeking

- On-site, private area
- Clinicians not involved in training
- Free, no insurance billing
- Clinical records not in hospital electronic health record
- Explanation of limits of confidentiality
- Counseling not reportable on Oregon board licensure app.
- No gatekeepers-clinicians schedule
- Appointments 8-6 PM, after hours urgent pager for clinician
- Educational outreach with resident/faculty groups
- Stories of hope--physicians helped by counseling



## **Making Mental Health Treatment Accessible to Medical Trainees (ACGME Common Program Requirement Core VIC.2).**

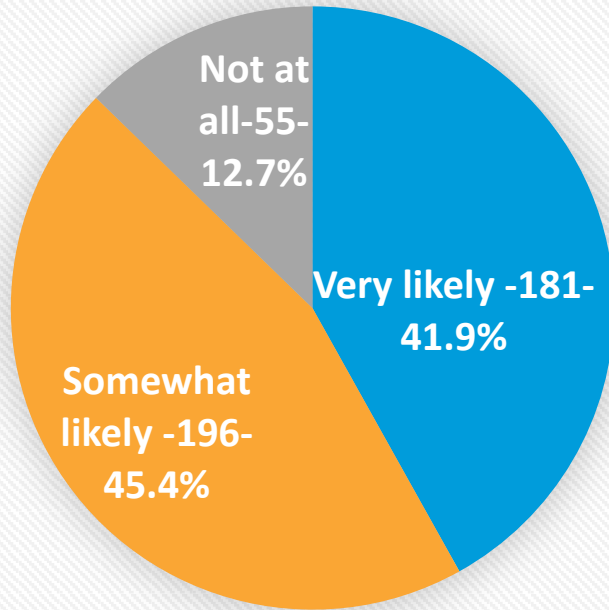
“The program, in partnership with its Sponsoring Institution must: provide access to:

- confidential, affordable
- mental health assessment, counseling, and treatment,
- including access to urgent and emergent care 24 hours a day, seven days a week.”



# Anonymous Survey of Trainees (Ey, Moffit, Kinzie, Choi & Girard, 2013)

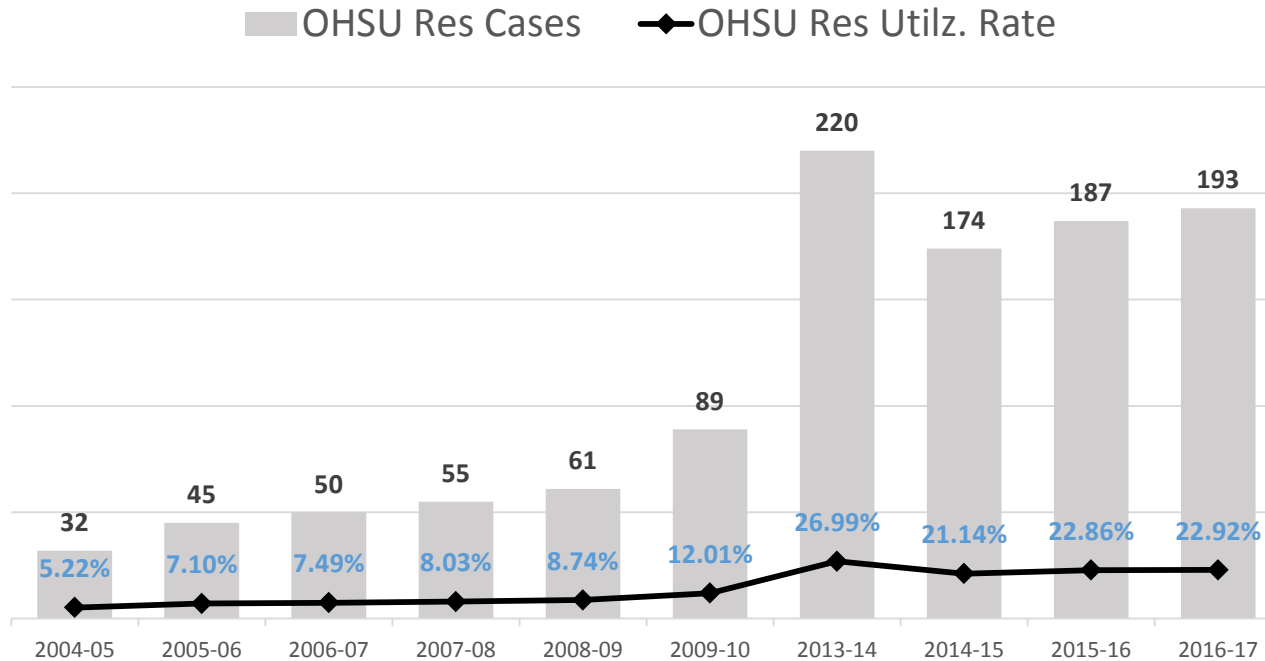
## Willingness to Seek Counseling



Resident and Fellow  
(N=432)  
Attitudes About Seeking  
Counseling at OHSU  
Resident Wellness Program



# OHSU Residents/Fellows Treated: Utilization Rate per Academic Year (Ey, Moffit, Kinzie, Brunett, 2016)



## Comparisons:

- OHSU faculty: 6-8%
- OHSU EAP: 6.5%
- UW Resident: 14.1%
- Universities: 10.4%
- US Adults: 13.4%



# What does this cost OHSU? How many physicians are eligible for services?

- Since 2004, health system funding through GME (1% of GME budget)
- Budget expenses: 85% clinician FTE
- Staffing: 2 psychologists, 1 psychiatrist (2.25 FTE)
- Eligible for OHSU Resident and Faculty Wellness Program services:
  - 1000 residents/fellows
  - 1400-2000 clinical faculty



## Culture Change: Stories of Hope

*“This program is invaluable. If I had my way, I would make it a requirement for all residents to visit at least once—so they could see if it helps them.”*

-- Resident

*“I came here because I was thinking of leaving medicine. This program is the best benefit that this academic medical center ever provided to me.”*

-Mid-career faculty physician

*“I am so grateful I was blessed with your guidance and help in keeping me alive. Just think how much I would have missed.”*

--Resident



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6- Center C, Davis M, Detre T, Ford DE, Hansbrough W, Hendin H, Laszlo J, Litts DA, Mann J, Mansky PA, Michels R, Miles SH, Proujansky R, Reynolds III CF, Silverman MM. Confronting Depression and Suicide in Physicians: A Consensus Statement. JAMA. 2003;289(23):3161-3166. doi:10.1001/jama.289.23.3161;

[Dyrbye LN, West CP, Sinsky CA, Goeders LE, Satele DV, Shanafelt T.](#) Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions [Mayo Clin Proc. 2017 October; 92 \(10\): 1486-1493.](#)  
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Pitt E, Rosenthal MM, Gay TL, Lewton E. Mental health services for residents; More important than ever. *Academic Medicine*, 2004 Sept. 79 (9): 840-844.

9-Moutier, Christine, et al. "The suicide prevention and depression awareness program at the University of California, San Diego School of Medicine." *Academic medicine* 87.3 (2012): 320-326.

10, 12-Ey S, Moffit M, Kinzie JM, Choi D, Girard DE. "If You Build It, They Will Come": Attitudes of Medical Residents and Fellows About Seeking Services in a Resident Wellness Program. *Journal of graduate medical education*. 2013 Sep;5(3):486-92.

13- Ey S, Moffit M, Kinzie JM, Brunett PH. Feasibility of a Comprehensive Wellness and Suicide Prevention Program: A Decade of Caring for Physicians in Training and Practice. *Journal of Graduate Medical Education*. 2016 Oct 10.  
Golub A, Best LA, Stern M, Johnson K. Emotional distress among physician residents and fellows: An observational study of trainees seeking counseling visits. *Acad Psychiatry*. June 2017.





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# AMA strategies to revitalize your practice and improve patient care

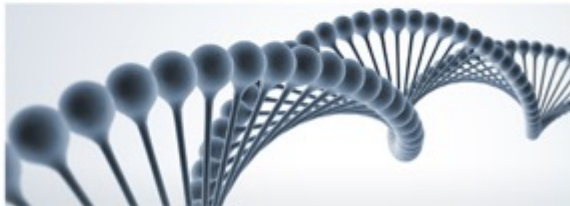
## AMA work on physician burnout

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**Marie T Brown MD FACP**  
**Senior Physician Advisor, American Medical Association**  
**Associate Professor, Rush University**

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**AMA strategies to revitalize your practice and improve patient care**  
**Medical Student Wellness and Beyond: Creating a healthy culture for all**  
**AMA work on physician burnout**



# AMA's strategic focus areas



# Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

[Browse modules >](#)

Watch overview video >

Short 2-minute overview video of AMA's practice transformation series

“  
The patients get a lot more time and attention from our team.  
”

“  
I rediscovered the beauty of reconnecting with my patients!  
”



“  
Every day I was walking into a fire hose of stuff coming at me...  
”

[See how it works >](#)

## Module Categories



Patient Care

[16 Modules >](#)



Workflow and Process

[14 Modules >](#)



Leading Change

[7 Modules >](#)



Professional Well-Being

[5 Modules >](#)



Technology and Finance

[8 Modules >](#)

Looking for modules?

Try our Practice Assessment tool.

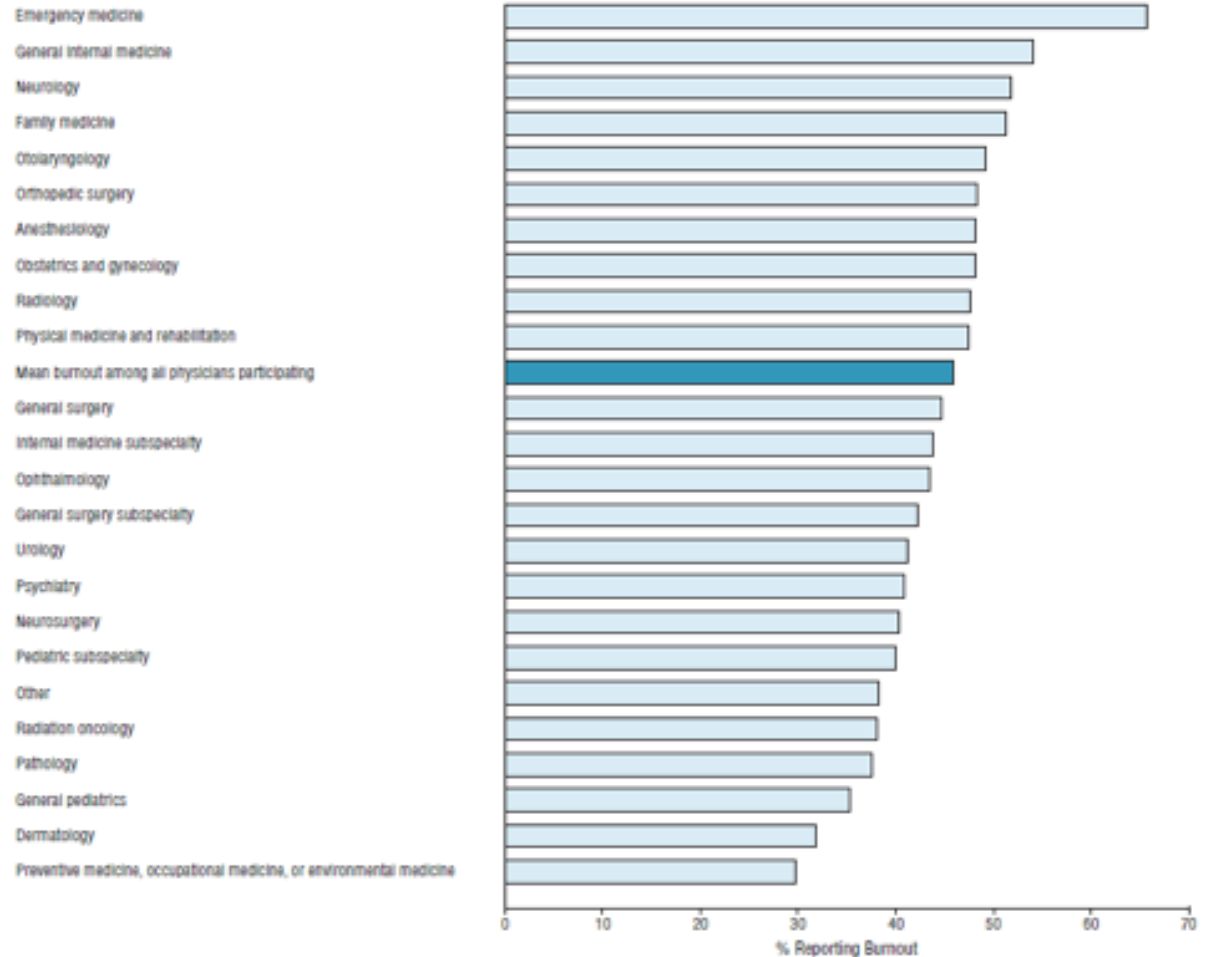
[Start Assessment >](#)

# Burnout

1. Emotional Exhaustion
  - Overwhelming work demands deplete an individual's energy
2. Depersonalization (cynicism)
  - Individual detaches from job
3. Low sense of personal accomplishment

Maslach C. Maslach Burnout Inventory Manual. 1986.  
Neuwirth ZE. *Newseek*. September 13, 1999:79.

# Burnout rates by specialty



# Causes of physician burnout

- EHR electronic health record
- Increasing administrative tasks
- Increasing regulatory burdens
- Uncertainty about future
- Financial reimbursement
- Lack of control over your day
- Time management
- Lack of pride in work



# Impact of burnout on patients

## Physician burnout ...

- ↑ Mistakes
- ↓ Adherence
- ↓ Empathy
- ↓ Patient satisfaction
- ↓ Health outcomes

# Addressing burnout in the practice setting

- STEPS Forward “Preventing physician burnout” module
  - Provides a framework for creating a culture that prioritizes wellness
  - Cornerstone of addressing burnout: regularly evaluating wellness among providers
  - “Mini Z” burnout survey
    - Assesses personal burnout and can be used practice-wide
  - Gives recommendations for addressing identified issues



Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

[Browse modules >](#)



## Creating the Organizational Foundation for Joy in Medicine™

Organizational changes lead to physician satisfaction



## Preventing Physician Distress and Suicide

Recognize and respond to physician distress and suicidal behavior.



## Physician Wellness: Preventing Resident and Fellow Burnout

Learn how to foster and implement a culture of wellness focused on the unique experiences of residents and fellows.



## Improving Physician Resiliency

Foster self-care and protect against burnout.



## Preventing Physician Burnout

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

# Practice burnout solutions

- STEPS Forward “Preventing physician burnout” module
  - Prioritize and select interventions to address burnout based on survey results
    1. Workflow redesign
    2. Improve communication between providers and team members
    3. QI projects targeted to address provider concerns
  - Continue to assess progress by surveying regularly to measure improvements
- STEPS Forward “Improving physician resiliency” module
  - Gives 18 solutions to improve personal wellness





# Introduction

What is resiliency in the practice of medicine?

Resiliency is the ability to adapt to and bounce back from the stress of the training and/or clinical environment. Physicians who practice resiliency are better equipped to handle the many challenges presented in medical training and when providing patient care and, therefore, are less likely to experience burnout. Promoting the well-being of physicians translates to benefits for patients and the practice as a whole.



Learning physician resiliency has numerous benefits for you, your training and/or your practice.



### **INDIVIDUAL BENEFITS**

- Reduce burnout and identify signs of burnout early
- Increase compassion and empathy
- Reconnect with the joy and purpose of practice
- Improve physical and mental health



### **PRACTICE BENEFITS**

- Less staff turnover
- Reduce costs to recruit and replace burned out physicians
- Increase patient satisfaction
- Fewer medical errors
- Improve work environment
- Less need for disciplinary action

# STEPS

## Action steps to managing physician, trainee, and medical student stress

Start small. Choose one item from the steps below and spend the next 30 days checking in daily (even if only briefly) to measure your progress. If you don't feel like you're improving, be patient and reassess tomorrow. If you are making progress, give yourself a pat on the back and keep up the good work. Consider focusing on another item once the previous one is firmly in place.

1. Take a deep breath and get organized  
-----
2. Think about your practice or training from a different perspective  
-----
3. Think about the big picture  
-----
4. Find support and guidance in outside groups  
-----
5. Find meaning outside of work  
-----
6. Last but not least...don't forget to have fun

## 2

Think about your practice or training from a different perspective

### A | Write your individual mission statement

What do you stand for? Write it down. Each time you are considering doing something, ask yourself whether this action is consistent with your mission statement. This may help you decide whether to agree to do it or not. Many CEOs write their own personal mission statements to guide their decisions.

### B | Write down inspiring patient stories

Regardless of whether you use a formal or personal approach, writing patient stories as narratives rather than for the medical record is a powerful way to connect with inevitable emotions stirred up by some patient contact.

There are formal programs in narrative medicine, such as the one at [Columbia University Medical Center](#). You may find it beneficial to write alone or with a group of peers. Of course, patients should never be named, nor should their stories be identifiable. Do not publish these stories in any form (such as in a magazine or on a blog) without explicit written consent from the patient. Seek legal advice if you wish to have your work read by a broader audience.





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## EDUCATION

# As health navigators, students see value of team approach

FEB 20, 2018

The problems in the American health care system are complex. By embedding first-year medical students within the system as health navigators for high-utilization patients, a program at Case Western Reserve University School of Medicine (CWRU) is turning to the next generation of physicians to help solve them.

The Patient Navigator program offers students the opportunity to gain knowledge from the other members of their interprofessional team. It also offers them a chance to contribute to the well-being of a patient.

# University of Colorado: Family Medicine



**Burnout 53% -> 13% 1 yr**

**↑ capacity +3.5 pt/d**

- Intern: 1 MA with expanded rooming
- R2: 2 MA's expanded rooming initial HPI collection
- R3: 2 MA's like faculty with in room support including scribing

# Take home messages

It's all about

- Planning ahead
- Teamwork
- Enjoying the work
- Enjoying your life









**STEPS***forward*<sup>™</sup>

## Medical practice solutions

- Prescription management
- Pre-visit planning
- Medication adherence
- Burnout and resiliency

## Taking action



# Where to begin

Christine Sinsky MD FACP  
Vice President AMA

## Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy

### In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

*Christine A. Sinsky, MD<sup>1</sup>*

*Rachel Willard-Grace, MPH<sup>2</sup>*

*Andrew M. Schutzbank, MD<sup>3,4</sup>*

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#### ABSTRACT

We highlight primary care innovations gathered from high-functioning primary care practices, innovations we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing primary care practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life's vocation. Innovations identified include (1) proactive planned care, with previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal messaging and in-box management; and (5) improving team functioning through co-location, team meetings, and work flow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.

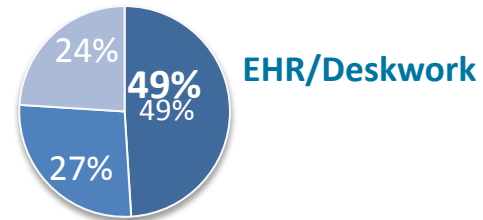
*Ann Fam Med* 2013;11:272-278. doi:10.1370/afm.1531.



# Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

- 50% day EHR/desk
- < 1/3 Face to Face (F2F)
- 1 hr F2F: 2 hr EHR
- 1-2 hr EHR at night  
**“Pajama time”**



Direct F2F w/ patient

Sinsky, C Annals Internal Medicine 9/6/16



# Qualities of successful practices

- Workflow Redesign
  - Improve quality
  - Relationship with team and patients
  - Plan ahead
- Communication
  - Among team members
  - Physicians ↔ administration

# Transformation toolkits

- Prescription management
- Pre-visit planning
- Expanded rooming and discharge
- Team documentation
- Huddles and meetings
- Medication adherence
- Preventing physician burnout
- Resiliency
- ... and more



Taking action

“ Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated. ”

*Sir William Osler, 1893*

# Thank you!

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**STEPSForward.org**



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AMA Innovations in Medical Education Webinar Series  
Medical Student Wellness and Beyond: Creating a healthy  
culture for all

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# Questions

*Your* MISSION is *Our* MISSION

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# Future Events

## Continue the discussion

**Please join us** to ask questions of our panelists at:

<https://ama-assn.org/communities/accelerating-change-in-medical-education>

- Implementation of wellness programs across the medical education continuum
- Measuring wellness and gauging the effectiveness of wellness programs

## Future webinars

May 2018

**Student Leadership**