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

Maya M. Hammoud, MD, MBA
Alexandra P. Wolanskyj-Spinner, MD
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Marie T Brown, MD, FACP
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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
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
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
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*
Student Wellness Initiatives and The Well Being Index

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

- Lower academic performance
- Decline in empathy
- Impaired professionalism
- Increased risk of quitting medical school
- Increased risk of substance abuse
- Suicidal ideation

THERE IS GOOD NEWS...
Effective Individual Strategies to Reduce Burnout/Improve QOL

- Physical Health
  - Adequate Sleep
  - National Exercise Guidelines

- Cultivating Community
  - Build Relationships & Social support
  - Peer Support

- Promote Self Care
  - Manage Stress
  - Preventative care
  - Personal Health care

- Resilience/Mindfulness
  - Maintain Pos Outlook
  - Find Meaning in Work

- Cultivate Creativity
  - Engage in Recreation and Hobbies

- Maximize Work Life
  - Balance/Integration

- Avoid Mentality of Delayed Gratification

- Financial Health
  - Seek Advice about Debt Reduction

- PRACTICE ALL OF THE ABOVE

Promote a Culture of Self-Care & Help-Seeking

- Knowledge
- Information
- Modeling

Recognize distress

Willing to seek help
- Normalization
- Modeling

Resources
- Opportunity
- Modeling

Access to care

Modeling= Peers, Upper Classmen, Residents, Faculty
TRAIN and SUSTAIN
SURVIVE to THRIVE

Foundational Principles in Training Medical Students to Be…

Humanistic Professional
Resilient Well and Healthy
Individual Academic Success
Innovative Servant Leaders
Lifelong Learner with Vocational Excellence

Based on demonstrable strategies to promote well being.

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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

SMART
Stress Management & Resilience Training Curriculum

HEALTH & EXCERCISE
Fitness Center Subsidized Access

LEADERSHIP SUPPORT
SELF-CARE MODELING
Deans Mentors/Advisors

MY STORY
Personal Narratives by MDs and MS of Overcoming Failure

PROMOTE HELP SEEKING
Prophylactic Visits with MH Counsellor

LEARNING ENVIRONMENT
Pass/Fail pre clinical Assessments
Non-Mistreatment Culture

SIWA
Student Initiated Wellness Activities

OVERALL WELL BEING ASSESSMENT
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

WBI: Immediate Distress Score/Self-Identify

WBI: Real Time Access to Local and National Resources

Percent Students with High Levels of Distress
(Dates: Jul 01, 2014 - Jun 30, 2016)
Mayo Medical School Rochester

High Levels > =4:
2X risk of suicidal ideation
2X risk of poor MH
3X risk of Burn out
2X risk of Dropping out

MSWBI:BASELINE DISTRESS
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

Transcript:

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

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Your MISSION is Our MISSION
Senior Medical Students: MATCH DAY Transitioning to Residency
Building a comprehensive wellness and suicide prevention program for medical trainees and faculty

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

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

400
die by suicide each year, a rate more than 2X that of the general population
Andrew & Brenner, 2015

24%
of ICU nurses tested positive for symptoms of post-traumatic stress disorder
Mester et al., 2007

Physician rates of depression remain alarmingly high at 39%
Thase et al., 2008

23–31%
Prevalence of emotional exhaustion among primary care nurses
Gomez-Ungurza et al., 2016

How can we protect the health of the people who protect our own?
National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience
Learn more at nam.edu/ClinicianWellBeing
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
• 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.”
Residents and Fellows (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**

<table>
<thead>
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<th>OHSU Res Cases</th>
<th>OHSU Res Utilz. Rate</th>
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<tr>
<td>32</td>
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**Comparisons:**
- **OHSU faculty:** 6-8%
- **OHSU EAP:** 6.5%
- **UW Resident:** 14.1%
- **Universities:** 10.4%
- **US Adults:** 13.4%

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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
References by Slide Number:

4 - The Jed Foundation [https://www.jedfoundation.org/]
Suicide Prevention Resource Center: [http://www.sprc.org/resources-programs]

[https://doi.org/10.1016/j.mayocp.2017.06.020]

Givens JL, Tjia J. Depressed medical students' use of mental health services and barriers to use. Academic medicine. 2002 Sep 1;77(9):918-21.


References by Slide Number:


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.


AMA strategies to revitalize your practice and improve patient care
AMA work on physician burnout

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

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AMA’s strategic focus areas

Health Outcomes

Physician Satisfaction & Practice Sustainability

Medical Education
Redesign your practice. Reignite your purpose.

AMA’s Practice Improvement Strategies.

Browse modules >

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

Neuwirth ZE. Newsweek. 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
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.

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.

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 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.
As health navigators, students see value of team approach
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
Medical practice solutions

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

Taking action
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 Sinsky MD FACP
Vice President AMA

Where to begin
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 Blika, 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”
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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Questions
Future Events

Continue the discussion

Please join us to ask questions of our panelists at:


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

Future webinars

May 2018

Student Leadership