

BEST PRACTICES FOR PROGRAMS TO SUPPORT WELL-BEING

The Washington University School of Medicine/Barnes-Jewish Hospital/St. Louis Children's Hospital Consortium acknowledges that medical providers are best able to provide excellent, safe, reliable, and compassionate patient care when the psychological, emotional, and physical well-being and health of the providers themselves are maintained and promoted. In keeping with the 2017 ACGME Common Program Requirements Section VI.C. and the Clinical Learning Environment (CLER) Pathways to Excellence version 2.0 Pathway to Well-being, the Graduate Medical Education Committee (GMEC) of the Consortium is committed to the wellness of all participants within the clinical environment, including patients, students, residents, fellows, faculty, and staff. To that end, the GMEC desires to partner with residency and fellowship training programs in this systematic and sustained intention toward wellness and recommends that training programs incorporate the following best practices.

Development of Wellness Curriculum

Program directors, with assistance of the GME Wellness leadership, are responsible for ensuring wellness curricular activities are integrated into the educational program. This should include attention to:

- Maintenance of well-being – such as, but not limited to, establishing a culture that promotes help-seeking, creating opportunities for reflection and sharing of vulnerability, attention to developing resilience, positive psychology, mindfulness, discussion groups, and team-building activities.
 - o For larger programs, maintenance of well-being and initiatives maybe addressed each year at retreats
 - Programs can review initiatives and strategies and address needed changes in their curriculum
 - For smaller programs without a retreat, this can be addressed at a meeting involving the house staff
 - Programs should be able to report on how they are integrating this into their curriculum
- Fatigue and Burnout – recognition and mitigation
- Provider in distress/ at risk for self-harm – recognition and next steps
 - o Education should be addressed annually as part of a module or lecture that is reviewed by house staff.
 - o Yearly review should occur to include resources and reporting options

The GME Wellness Committee will assist with curricular development and implementation.

Promotion of Wellbeing by the CLE and (GME) Leadership:

- Engage the house staff, faculty for their input regarding how to promote wellbeing
 - o Work with GME Wellness Champions and faculty advisors to identify program-specific wellness needs and to disseminate and implement GME wellness programs within your individual program
 - o House staff and faculty should be surveyed at regular periods on how to better promote wellbeing
 - o Programs should also use their program-specific Mayo Well-being index data and ACGME survey data to benchmark their state of well-being in comparison to national means. These data will be provided by the GME wellness program.
 - o Survey data should be presented to trainees and faculty annually and action plans based on those results should be provided in order to provide closed-loop communication
 - o Programs should implement some mechanism for house staff or faculty to make suggestions about potential improvements or concerns

- Ensure education-to-service balance
 - Protected educational time
 - Programs should restrict house staff from clinical obligations as much as is feasible during planned didactic sessions
 - Programs should make use of asynchronous teaching modalities so that house staff are still provided learning opportunities even if they cannot always attend dedicated educational sessions
 - Minimize non-physician obligations, offload administrative tasks
 - Programs should monitor their trainees clinical work flow to determine the amount and types of non-physician tasks that they are doing
 - When feasible and reasonable, these tasks should be designated to the proper support personnel
 - Contact for the supervising physician should be easily available for both the trainee and other services interacting with the resident/fellow (i.e., the task of the resident/fellow serving as a gatekeeper to the attending should be removed)
- Attend to issues of bias or mistreatment in the clinical learning environment and provide opportunities for reporting
 - Establish program expectations and provide mechanism for house staff and faculty to report these issues
 - Provide information on how house staff or faculty can contact the GME office or human resources should the recipient of the mistreatment or bias need these resources.
- Monitor workload and intensity (volume and complexity) and compression and intervene to provide balance between workload and personal needs
 - Assessment of needs – program directors and trainees should work together to periodically assess work-load and assess adequacy of ancillary support and present these findings to Department and Hospital leadership
 - Duty hours should be tracked
 - House staff work flow should be regularly monitored and assessed to better understand their work load and where interventions can be made to off load non-clinician tasks and improve ancillary support
 - Reports and findings should be regularly reported to Division or Department leadership with any applicable action plans
 - Findings and action plans could be presented at an annual retreat or meeting
- Maintain equitable and transparent policies regarding leave (personal and family leave, parental leave) and personal day policy
 - Programs should develop expectations for program-level administration of the GME Leave policy. Expectations should be reviewed at orientation and reviewed annually with all trainees.
 - Program coordinators should be able to provide the policies upon the trainee’s request
- Access to confidential mental health resources
 - GME provides confidential counseling and some psychiatric services free of charge to all house staff
 - WUSM and BJH/SLCH offer Employee Assistance Programs that also provide confidential mental health support
 - House staff should be made aware of these resources during orientation and receive yearly reminders regarding access
 - Program leadership should direct the trainee to these resources as needed
 - GME and program leadership should provide additional options for counseling and psychiatric referrals outside of the GME program

- Promote anonymous screening of personal well-being using the Mayo Well-being Index provided by the GME Wellness program
- Address needs of providers involved in adverse patient events
 - o Programs should establish mechanisms to identify trainees that have been involved in adverse events and provide resources for support
 - The Physician Peer Support program at Washington University is one option for referral of trainees for support
 - Mental health resources previously noted are an additional option
- Provide regular check-ins with trainees by PD or designee to assess well-being, especially in first-year of training
- Offer to match house staff with a faculty wellness mentor/coach:
 - o Mentor/coach should be trained in recognition of distressed provider and intervention
 - o Meet regularly either one-on-one or as a group
 - o Review work-life balance, professional aspirations, etc.

Monitoring/Reporting Systems:

- Programs should regularly assess the effectiveness of the program and institution at promoting wellbeing, mitigating fatigue/burnout, and caring for those at risk for self-harm.
 - o Promote regular completion and review of Mayo Wellbeing Index
 - o Programs should regularly track Mayo WBI, ACGME and other defined metrics
 - o Metrics should be reported at a defined time and evaluated by leadership
- Identify impediments to wellbeing and work with Division/Department leadership, hospital and GME to mitigate
 - o All wellness-related concerns impacting GME can be brought to the GME Wellness Program at gmehealth@wustl.edu or by contacting the Director of Wellness directly
 - If applicable, an action plan should be developed and the results reviewed at the program level to provide closure
- Programs report into APE specific wellness initiatives including:
 - o Compliance with completion of curricular activities for fatigue/burnout and distressed physicians
 - o Program curricula related to maintenance of well-being
 - o Mechanism for tracking House staff (protected) attendance at educational sessions
 - o Mechanisms in place for reporting concerns related to bias or mistreatment
 - o Use of wellness mentoring/coaching
 - o Dates of review/presentation of wellness surveys, Mayo WBI and ACGME data and action plans
 - o Mechanism for identifying trainees involved in adverse events and whether referring to physician peer support program
 - o Mechanism for monitoring workload and non-physician obligations, findings and action plans