

# TSDA General Session

## May 4, 2019

### Wellness Handout

#### What is actually required by the ACGME?

##### VI.C. Well-Being

VI.C.1.a) This responsibility must include: efforts to **enhance the meaning that each resident finds in the experience of being a physician**, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)

VI.C.1.b) This responsibility must include: **attention to scheduling**, work intensity, and work compression that impacts resident well-being; (Core)

VI.C.1.c) This responsibility must include: **evaluating workplace safety data** and addressing the safety of residents and faculty members; (Core) Examples of data sources include (but are not limited to) Joint Commission and Occupational Safety and Health Administration (OSHA) reports.

VI.C.1.d) This responsibility must include: **policies and programs** that encourage optimal resident and faculty member well-being; and, (Core)

VI.C.1.d.(1) Residents must be given the opportunity to **attend medical, mental health, and dental care appointments**, including those scheduled during their working hours. (Core)

VI.C.1.e) This responsibility must include: attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, **must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions**. Residents and faculty members must also be educated to **recognize those symptoms in themselves** and how to seek appropriate care.

VI.C.1.e).(1) The program, in partnership with its Sponsoring Institution, must: encourage residents and faculty members to **alert the program director** or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)

VI.C.1.e).(2) The program, in partnership with its Sponsoring Institution, must: provide **access to appropriate tools for self-screening**; and, (Core)

X VI.C.1.e).(3) 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. (Core)

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have **policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities**. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (Core)

#### VI.D. Fatigue Mitigation

VI.D.1.a) Programs must: educate all faculty members and residents to **recognize the signs** of fatigue and sleep deprivation; (Core)

- VI.D.1.b) Programs must: **educate all faculty members and residents** in alertness management and fatigue mitigation processes; and, (Core)
- VI.D.1.c) Programs must: encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. (Detail)
- VI.D.2. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)
- VI.D.3. The program, in partnership with its Sponsoring Institution, must ensure **adequate sleep facilities and safe transportation options** for residents who may be too fatigued to safely return home. (Core)

### What Are Required Action Items?

1. Evaluate workplace safety data (Joint Commission, OSHA)
2. Develop wellness policy and program
3. Educate faculty members and residents
  - a. Identify the symptoms of burnout, depression, and substance abuse,
  - b. Assist those who experience these conditions
  - c. Recognize those symptoms in themselves
  - d. Know how to seek help for themselves
  - e. Alert the program director with concerns
4. Provide access to screening and assessment tools
5. Provide access to confidential, affordable assessment, counseling and treatment 24-7
6. Educate faculty members and residents about fatigue
  - a. Recognize signs
  - b. Manage fatigue
7. Policy on fatigue
  - a. Recognize signs
  - b. Manage fatigue
  - c. Sleep facilities
  - d. Transportation options
  - e. Plan for patient care

### What is a Well-Being Policy/Program?

1. Creating the Organizational Foundation for Joy in Medicine (AMA, 0.5 Credit CME)
  - a. 9 Steps (engage leadership, track the business of well-being, resource a wellness infrastructure, measure, strengthen local leadership, develop and evaluate intervention, improve workflow, reduce clerical burden, support the physical and psychological health of the workforce)
  - b. <https://edhub.ama-assn.org/steps-forward/module/2702510>
  - c.
2. Wellness toolkits
  - a. American College of Obstetricians and Gynecologists  
<https://www.acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/CREOG-Physician-Satisfaction-and-Wellness-Initiative/Physician-Wellness-Toolkit/Residency-Program-Best-Practices>

- b. Johns Hopkins Medicine Resident Wellness Toolkit (Toolkit )  
<https://christianacare.org/documents/medical-dental%20staff/ResidencyWellnessToolkit-Prototype-Dec17.pdf>
- c. Oregon Health & Science University Wellness Resources (Toolkit )  
<https://www.ohsu.edu/xd/education/schools/school-of-medicine/gme-cme/gme/resident-fellow-wellness-program/wellness-resources.cfm>
- d. University of Colorado Well-Being Resources (Toolkit )  
<http://www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians.pdf>
- e. Evidence for wellness, commitment of leadership, policies, assessment tools, action plans, assessment of action plans

### What are screening and assessment tools?

1. Mayo 9 question screening: <https://www.mededwebs.com/resident-and-fellow-well-being-index>
2. American Medical Association–Mini-Z Burnout Inventory (Screening/Survey Instrument )  
<https://www.stepsforward.org/Static/images/modules/15/downloadable/Mini%20%20burnout%20survey.docx>
3. Maslach Burnout 22 question assessment: <https://www.mindgarden.com/315-mbi-human-services-survey-medical-personnel>
4. American Medical Association–Mini-Z Burnout Inventory (Screening/Survey Instrument )  
<https://www.stepsforward.org/Static/images/modules/15/downloadable/Mini%20%20burnout%20survey.docx>
5. Professional Quality of Life Scale (PROQOL) 33-item scale measuring compassion satisfaction, burnout and secondary traumatic stress  
[http://www.proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score\\_3-2012.pdf](http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)
6. Depression screen: [http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9\\_English.pdf](http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf)

### How do I educate faculty and residents about wellness?

1. American Medical Association – Steps Forward Initiative Professional Well-Being (for CME credit)
  - a. Creating the Organizational Foundation for Joy in Medicine™
  - b. Preventing Physician Distress and Suicide
  - c. Appreciative Inquiry: Fostering Positive Culture
  - d. Preventing Resident and Fellow Burnout
  - e. Preventing Physician Burnout:
  - f. Improving Physician Resiliency
2. LIFE Curriculum Guides: Educational Modules on Resident Well-Being, Fatigue Mitigation, Substance Abuse and Other Challenging Situations
  - a. <https://sites.duke.edu/thelifecurriculum/files/2014/05/Macy-teachersguide1.pdf>
  - b. <https://sites.duke.edu/thelifecurriculum/files/2014/05/MACY-TeachersGuide2.pdf>
3. Suicide prevention videos
  - a. 18 minute story about physician suicide  
<https://www.youtube.com/watch?v=-YJQxLlq60g>

- b. Promotional/educational video  
<https://www.youtube.com/watch?v=I9GRxF9qEBA>
- 4. National Academy of Medicine-Action Collaborative on Clinician Well-Being and Resilience
  - a. Knowledge Hub: Growing warehouse of well-being evidence, guidelines, opinions
  - b. Creating a national community
  - c. <https://nam.edu/clinicianwellbeing/about/>
- 5. AAMC 10 facts about physician suicide  
<https://www.aamc.org/download/473388/data/10-facts-about-physician-suicide-and-mental-health.pdf>

### **How do I develop a Well-Being Policy?**

- 1. Mission statement: see samples at the following link from the National Academy of Medicine. Encourage your institution to submit a statement to NAM. Encourage TSDA to submit a statement? <https://nam.edu/initiatives/clinician-resilience-and-well-being/commitment-statements-clinician-well-being/>
- 2. Identify key stakeholders and their role in developing, maintaining and executing the policy. Consider establishing a wellness officer (other than program director)
- 3. Develop a curriculum (Why wellness, screening, assessment, intervention)
- 4. Develop a prevention plan
  - a. Educate faculty
  - b. Orientation curriculum for new faculty and residents
  - c. Develop retreats/Wellness days/Shared community service project
- 5. Develop an intervention plan for people at risk (analogous to remediation plan)
- 6. Develop a crisis plan (people at risk of harming self or others, what to do if a resident commits suicide or has an unexpected death, what to do in the setting of other life-changing events)

## Resident & Fellow Well-Being Index

### Address the Distress of Residents and Fellows

Workload, competition, and other stress factors have increased burnout rates among residents and fellows. Shaping residents and fellows to be aware of their well-being and to have a sense of resiliency is extremely important as they complete their programs. Adding the Well-Being Index to monitor and improve well-being will in-turn produce better physicians who are more capable of engaging with their patients and providing better care.



The 9-question Well-Being Index was invented by the Mayo Clinic for Residents and Fellows as a validated screening tool to evaluate fatigue, depression, burnout, anxiety/stress, and mental/physical quality of life in residents and fellows. An individual's score is compared to normative data from a large, national sample of U.S. residents and fellows. Evidence indicates that the Index is useful not only for identifying distress, but also for identifying those whose degree of distress places them at risk for adverse consequences (e.g. medical error or suicidal ideation).

### Proposed Changes to ACGME Common Program Requirements

ACGME has proposed new common program requirements that include Well-Being (V.I.C.), and the Resident/Fellow Well-Being Index is a validated tool for self-assessment screening purposes. Training physicians to realize the importance of self-care is most effective at the start of their careers. By completing the Well-Being Index regularly and tracking their results over time, residents and fellows are able to better identify the causes to a change in their well-being evaluation, promoting self-awareness down the road.



Providing a tool and promoting the importance of well-being encourages residents and fellows to feel supported. The Well-Being Index is one of the ways to facilitate a safe space and to remove the stigma of discussing burnout and meet the new proposed requirements.

[View Validation & Research](#)

#### RESIDENT & FELLOW WELL-BEING INDEX

### A Few Highlighted Features

 <b>ACGME Ready</b>	 <b>Peer Comparison</b>	 <b>Reporting</b>
<p>The Resident and Fellow Well-Being Index meets proposed ACGME self-screening tool requirements.</p>	<p>Individuals can compare results with their peers based on national averages, yet all data is 100% anonymous.</p>	<p>Resources and reporting features customized for your organization.</p>
 <b>Discussion Resources</b>	 <b>Trackable Well-Being</b>	 <b>Professionally Validated</b>
<p>Provides valuable resources and a safe space to remove the stigma of discussing burnout.</p>	<p>Promotes a habit of tracking well-being over time at the start of a physician's career.</p>	<p>Assessments are validated, proven effective, and have been used by more than 35,000 professionals.</p>

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## Our products: MBI: Human Services Survey for Medical Personnel

Authors: Christina Maslach & Susan E. Jackson

Recognized as the leading measure of burnout, the Maslach Burnout Inventory™ (MBI) is validated by the extensive research that has been conducted in the more than 35 years since its initial publication.



**MBI-Human Services Survey for Medical Personnel - MBI-HSS (MP):** The MBI-HSS (MP) is derived from the Human Services Survey specifically for Medical Personnel.

The MBI-HSS (MP) addresses three scales:

- **Emotional Exhaustion** measures feelings of being emotionally overextended and exhausted by one's work.
- **Depersonalization** measures an unfeeling and impersonal response toward patients.
- **Personal Accomplishment** measures feelings of competence and successful achievement in one's work.

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Maslach Burnout Inventory™: Manual 4th Edition

\$50.00

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Includes details on reliability, validity, scoring, etc. and a review-only copy of the MBI forms. PDFs are not refundable.



Individual Report: MBI-HSS (Medical Personnel)

\$15.00

Builds a report that interprets an individual's MBI-HSS (MP) scores. You invite participants to take the survey and Transform™ generates their reports.



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Interprets and reports on your MBI-HSS (MP) scores. You complete the survey and Transform™ generates your report. Transform will connect this report to the "Send To" email provided at checkout.



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Builds a report that calculates and summarizes average MBI-HSS (MP) scores for a group of participants.



Transform Survey Hosting: MBI-HSS for Medical Personnel (Data)

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Minimum purchase of 20. Allows you to administer the MBI-HSS (MP) as an online survey using Mind Garden's Transform™ System. Includes data collection: data file with participants' raw data and raw scale scores. Optionally, Individual Reports and Group Reports can be generated from the collected data - requires the purchase of report licenses. Customization services are available.



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Includes details on reliability, validity, scoring, etc. and a review-only copy of the MBI forms. This is a paper product. The manual will be printed, bound, and shipped to you (FedEx shipping costs apply).