

PROCEEDINGS OF THE MASSACHUSETTS MEDICAL SOCIETY'S MEDICAL STUDENT AND RESIDENCY BURNOUT ROUNDTABLE

*A product of the MMS-MHA Joint Task Force on Physician
Burnout workgroup on Medical Student and Residency Programs
Thursday, January 30, 2020
MMS Headquarters*



MASSACHUSETTS
MEDICAL SOCIETY



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Participating Institutions

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- Berkshire Medical Center
- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Boston Medical Center
- Boston University School of Medicine
- Brigham and Women's Hospital
- Cambridge Health Alliance
- Harvard T.H. Chan School of Public Health
- Lahey Hospital and Medical Center
- Mass General Brigham
- Massachusetts General Hospital
- Massachusetts Health and Hospital Association
- Massachusetts Medical Society
- North Shore Medical Center
- St. Elizabeth's Medical Center
- Tufts Medical Center
- Tufts University School of Medicine
- UMass Medical School
- UMass Medical School — Bay State
- UMass Memorial Medical Center
- VA Boston Health System

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Executive Summary

Burnout Taskforce Background

In 2018, the Massachusetts Medical Society and the Massachusetts Health and Hospital Association joined forces to address the rising trend in physician burnout, identify and prioritize effective strategies to mitigate it, and advocate for state-wide adoption of identified strategies and practices. The Taskforce worked closely with Harvard T.H. Chan School of Public Health and the Harvard Global Health Institute and published a groundbreaking report, "A Crisis in Health Care: A Call to Action on Physician-Burnout," with lead author Ashish Jha, MD, MPH. This report, which is available [here](#), declared burnout as a "public health crisis" and laid out three recommendations and six continued stakeholder engagements. It has also helped to influence health systems, government, insurers, and others to examine all the issues that contribute to the problem of physician burnout and to work to improve it. One of the six key stakeholder engagements centers on improvements in medical school and residency programs, specifically to foster systems improvements and to ensure sufficient support for self-care and counseling services and adequate staffing during off hours while also encouraging proper mentorship opportunities for students and residents.

Purpose of the Roundtable

The Roundtable served as an information exchange intended to build and strengthen collaborations across Massachusetts academically affiliated medical institutions and schools and to advocate for the aforementioned stakeholder engagement priorities. Each leader and/or their team shared available resources, such as screening tools, surveys, and data as well as institutional policies, practices, and programs with regards to burnout prevention and strategies. This report summarizes the discussions and offers recommendations for reducing burnout within medical institutions and schools.

Summary of Events of the Day

A total of 45 representatives from medical schools and residency programs, including medical students and residents from Massachusetts, attended the Roundtable. The day began with introductions and an overview presentation from Alexander Ommaya, DSc, the senior director of Clinical Research and Policy for the Association of American Medical Colleges, on the problem of burnout in residency and medical schools. Dr. Ommaya also presented

on key messages from the NAM consensus study, "Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being." These key messages included: mitigating clinician burnout and supporting professional well-being is essential to providing high-quality patient care; institutions should measure and understand clinician burnout within their own organizations; interventions should target known factors that contribute to clinician burnout and include clinician and patient feedback; addressing burnout requires improving the design and organization of the environments in which clinicians and learners train and work; methodologically strong studies, dedicated funding, and collaboration are needed. The group then listened to 16 presentations from three medical schools and various residency programs focusing on each program's burnout strategies, barriers to success, programs, and tools. Finally, representatives were broken up into four groups: Residency Programs A, Residency Programs B, Medical Schools, and Medical Students and Residents. These groups were tasked with answering questions about what key areas need improvement to reduce burnout. The meeting ended with a report back from each group on what was discussed and closing remarks.

Barriers to Addressing Burnout

When considering all the presentations, many barriers were identified to address burnout in residency programs and medical schools. While resident and student wellness programs are prevalent, the identified changes that need to be made are slow to be fully realized. Among the barriers identified, the following stand out for both residency programs and medical schools:

- Lack of leadership buy-in
- Lack of resources and budget constraints
- Lack of sufficient time to accommodate personal needs and program expectations
- Competing priorities
- Culture
- Accurate screening and measurement
- Lack of uniform institutional support
- No one-size-fits-all solution

Breakout Groups: Discussions and Recommendations

For this portion of the roundtable discussion, participants were broken up into four groups: 1) Residency Programs A, 2) Residency Programs B, 3) Medical Schools, and 4) Residents and Medical Students. The group discussions centered on the following questions:

1. What needs to happen at the national or local level to advance change?
2. Which organizations and/or governmental agencies do we need to target (AMA, AACME, NAM, etc.)?

The following are takeaways from each group's discussion.

Residency Programs

These groups discussed many issues surrounding burnout in residency programs, including revenue cycle documentation burdens, Federation of State Medical Boards (FSMB) licensing and credentialing stigma, putting more of an emphasis on the overall holistic learner experience, and additional topics that added focus to the overall burnout discussion.

Revenue Cycle Documentation Burdens

The participants discussed the need to reduce Electronic Health Record (EHR) documentation burden to ensure that the data being recorded is meaningful. They also acknowledged that there is a definite need to work with the Centers for Medicaid and Medicare Services (CMS) and third-party payers to reduce these burdens and to create meaningful change.

FSMB and Hospital Licensing/Credentialing Stigma

The participants emphasized the need to work with the Federation of State Medical Boards and local medical boards and local hospital credentialing committees to decrease stigmatizing questions on licensing and credentialing forms. There are several ways to approach this, but two of the most basic approaches are to change how questions on these forms are asked, or to just change the sets of questions all together.

Using More Innovative Methods to Evaluate Students' Learning

The participants noted the need to include different and innovative methods to truly evaluate trainee performance. These methods include being more transparent, particularly about pass/fail for Steps 1 and 2, and beginning to accept high-stakes examinations.

Additional Topics Discussed

- **Adding burnout survey results to hospital operational reports and tying burnout statistics to hospital rankings.**
- **Offering more targeted leadership training:** The participants stressed the importance of leadership training early on in a physician's career and the need to promote qualities in those leaders that support well-being.
- **Developing a national EHR system:** This will also help work to reduce unnecessary physician requirements and paperwork, in turn allowing physicians to focus more on patient care.
- **Fostering hope in trainees:** The participants noted that this goes beyond making promises. Trainees need time and space away from clinic and practice for their own wellness needs. Giving "win days" or just more allotted time away from clinical work may help.
- **Developing strong peer support programs:** It's extremely important that these programs are non-discoverable given the proven efficacy of peer support and its long-term effects on physician wellness and happiness.

Medical Schools

The Medical Schools breakout group discussed many important issues, especially those centered around standardized testing requirements at the medical school level. Standardized testing affects the health and well-being of medical students nationwide. Topics discussed by this group included:

- Making the Step 1 examination pass/fail. Note: Subsequent to this roundtable, Step 1 will be pass/fail beginning in 2022.
- Creating Standardized clinical year assessments that assess competency. This has the potential to be extremely useful for students and program directors alike to evaluate student happiness and success.
- Removing/decreasing the chance of bias in student evaluations and assessments.
- Working with residency programs nationwide to create a more holistic admissions approach to residency programs

Medical Students and Residents

This group consisted of medical and residency students from various programs and institutions in the state of Massachusetts, ready and eager to give their thoughts on burnout. This group's input was invaluable to the overall

discussion. *Overall, residents and students alike want to see a wellness approach that is proactive and bottom-up. The needs of students and residents need to be heard, and there needs to be an understanding that there is no one-size-fits-all solution for wellness. Topics discussed by the medical students and residents included:*

Medical Students:

Step 1 Exam

This exam dominates the medical school experience. For example, while schools try to promote both individual wellness as well as building up meaning in the work by having first-year students gain experiences working in free clinics, humanism in medicine such as the Healer's Art, or other endeavors, *the truth is that students are constantly torn between growing as a physician and studying for the all-important step exam. There is an intense sense of guilt around any activity that isn't related to studying for Step 1.* All of this results in several years of being told one thing (grow as a doctor, be humanistic, care for yourself) but knowing the reality is to do another (push yourself to study for Step 1, and everything else is a checkbox that is in the way of Step 1). If the shadow of Step 1 falls on early medical students, they won't be able to pursue the activities that promote wellness and growth in our profession.

More Personal Days for Medical Students

Students, like any adults, have a variety of personal health, financial, and other non-educational needs. They are often at the mercy of normal business hours for many of these important appointments and errands. Unfortunately, it is not easy to simply request time off to go to a doctor's visit, to visit the bank, or pick up prescriptions. Requesting time off while on service is fraught with issues, and the easiest way to circumvent these issues is to offer a few more flexible personal days that are entirely approved by the school and used without question on any routine day.

Reducing the Number of Mandatory Events

Medical schools can mandate attendance for a variety of events, everything from attending lectures to after-hours workshops. Sometimes, mandating attendance makes sense (for example, if there is a structured session with faculty and staff available at the anatomy lab, it is more than reasonable to mandate that students are present at that time). On the other hand, some events are less beneficial. Having excessively strict restrictions on the day-to-day schedule of students treats them as undergraduates rather than professional students. This leads to a lack of sense of identity; the lack of control over one's schedule is also a contributor to burnout.

Residents:

Equity

Discrimination against gender, race, ethnicity, etc., are unfortunately all too common at training programs across the state — and they certainly promote burnout. This ranges from microaggressions to overt harassment and even structural inequality. The group would like to see more reliable, protected, and anonymous means of reporting these events and we'd like to see action on the part of our institutions. Words aren't enough. Residents would like to see anonymous reporting and have confidential committees that include house staff to review these in detail and fix them.

Wellness Coaches Readily Available for 24/7 Mental Health Services Access

Residents appreciate what a wellness coach or other rapid access mental health service offers. Unfortunately, residents work on resident hours and can rarely arrange for a meeting in the middle of the workday. Any system designed to support residents should be flexible. Residents understand that emergencies may have a separate 24/7 outlet — like a suicide hotline — but they need non-emergent services available on nights and weekends as well. Residents often don't see nights and weekends as non-work time. It would be appreciated if some degree of coaching or mental health were available to residents during those hours, as well.

Electronic Health Record Assistance

The group would like to see more assistance available to residents for navigating the EHR, as residents are often the ones ordering tests and inputting data into the system on a regular basis.

A Desire to Be Taken Seriously by Superiors

Residents are the front line for much of the care delivery in academic medicine. They provide a critical perspective on the ground, yet so many decisions are made without their input. One of the major drivers of burnout is not having a voice and not feeling heard, so if we want to improve the efficiency of our systems, patient outcomes, and reduce burnout, residents need to feel and be heard. Having the frontline view enables them to also have constructive opinions about what could be made better. The group would like to see residents included at a variety of levels of organizational leadership meetings and committees. An agreement should be reached where a pool of residents is available and invited to attend and, more importantly, be heard at these meetings.

Appendix A: Institutional Presentations — Medical Schools

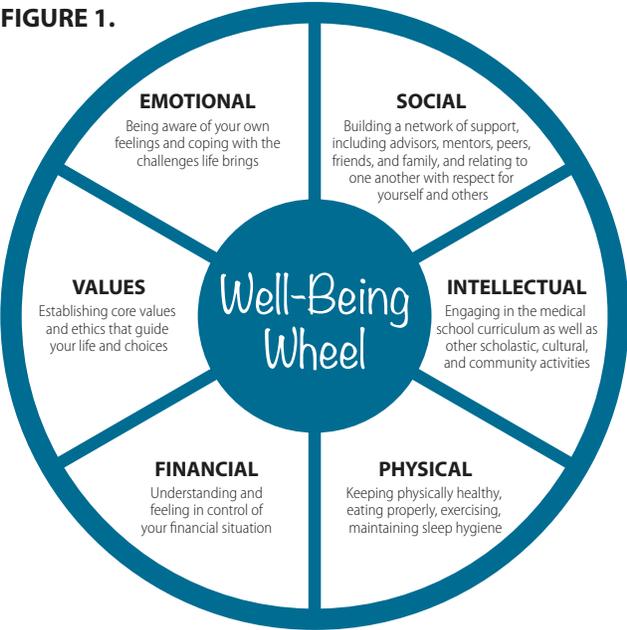
Supporting Student Well-Being

Presented by Angela Jackson, MD, Melissa Paz, MA, and Camille Serelus
 Boston University School of Medicine

Student well-being is multifactorial, and each student has different needs. No single wellness resource is enough for an entire student body.

Boston University School of Medicine (BUSM) developed a “wellness wheel” (see below) to help identify student needs and what may contribute to burnout. It was important for BUSM to identify resources associated with each “spoke” of the wheel with the goal of decreasing stress and burnout while increasing resilience building for the entire student body.

FIGURE 1.



Challenges Identified and How They Are Being Addressed

- **Stress over Academic and Professional Development**
 - More academic enhancement office appointments and group sessions readily available, as well as study strategies, a step schedule, and pre-templated study schedules
 - Decreased testing on Fridays
 - PCS (Pre-Clerkship Subcommittee & Clerkship Curriculum Subcommittee with student representation)

- Pairing advising with curriculum:
 - *Peer Advisors (PAs)*: Medical students in their second and fourth years who are assigned to first-year students (M1s) to help them smoothly transition into medical school
 - *Field Specific Advisors (FSAs)*: Advisors who are available for third- and fourth-year students applying for residency programs
 - *Academy of Medical Educators (AMEs)*: Advisors who teach in the doctoring curriculum and are available to help students navigate challenges and access resources
 - *Deans in the Office of Student Affairs (OSA)*: Deans who hold office hours for students seeking guidance

- **Treating Isolation**
 - Well-being challenges are held virtually and in-person (e.g., gratitude, acts of kindness)
 - Dean conducts “Walks & Talks”
 - *Coffee & Co*: Two students from different clinical years get up to \$15 to grab coffee and have one-on-one time to relax away from school
 - *Wellness Funding Proposals*: BUSM encourages individual and groups of students to come up with ideas for wellness programming while also empowering students to advocate for their own wellness needs
- **Lack of Control (e.g., Schedules)**
 - *Wellness Initiatives and Student Organizations*: Student-led organizations are encouraged to put on events across campus that increase and promote wellness in student life, and this also allows students to take part in some systematic change that will be meaningful for all students on campus
 - Personal days have been added for students (for example, third-year students get two personal days for when they are participating in clinical rounds)
- **Lack of Awareness of Resources**
 - Lunch and Learns
 - “What’s Next?” added to class meetings
 - Open office hours, dean on duty, wellness office hours
- **Financial Constraints**
 - Food Insecurity Survey
 - Increased presence of Student Financial Service team in Student Affairs

The goal of all BUSM wellness efforts is to help students find balance, while also building resilience skills.

In addition, BUSM wants students to be aware of and feel empowered to engage in help-seeking behaviors by informing them of all available wellness resources. This is key in ensuring successful student wellness. Finally, student feedback will help wellness leaders find gaps in offerings at BUSM and develop programming that meets those gaps.

Student Wellness at Tufts University School of Medicine

Presented by John Matias, MEd
Tufts University

Tufts University leadership spent 18 months revising the academic, as well as the wellness curriculum at the medical school to prioritize a well-rounded student experience.

The main goal was to make the programming explicit and comprehensive in order to make it clear to students what their experience will be like from their first steps on campus, all the way through graduation. This includes personal and professional development/identity formation that will be incorporated in all courses.

Tufts Student Wellness: Curricular, Co-curricular and Extracurricular

- Co-curricular wellness activities and sessions are run by the full-time wellness advisor on campus, who is involved in many student-organized events to emphasize the need for wellness activities, community building, and breaks from academics intended to support students throughout their time at Tufts.
- Extracurricular activities and events are co-sponsored throughout Tufts' learning communities and student wellness representatives, which are newly elected student council positions.
- Mental health counseling is a newly provided service available on campus five days a week (and 24/7 by phone) that is free of charge and entirely confidential.
- New student council positions have been added that are specifically focused on student wellness.

Curricular Wellness Courses and Session Examples

- Compass is a mindfulness course that is co-lead by second year students. It meets weekly and focuses on mindful meditation.
- Healers Art is an elective national program that addresses the human aspects of the medical profession.

- Practical Approaches to Wellness (PAWS) is a first-year course with 10 total sessions that meets for approximately two hours every three weeks. Course topics include Sleep Hygiene (Healthy Sleep), Managing Money during Medical School, Alcohol and Substance Misuse, among others.
- Tufts also has a Medical Student Well-Being Committee that meets quarterly to give feedback on general student wellness and make recommendations to the curriculum committee for review.
- Tufts has put on several successful wellness activities for students. Examples of these activities include the following:
 - Support groups for students experiencing loss
 - Alcohol-free activities
 - Ice-skating on Frog Pond
 - Apple picking
 - Bowling
 - Pop-up tea and coffee study breaks with the Tufts student wellness advisor (weekly)
 - Walk and Talk with the dean of students, a weekly "ask me anything," judgement-free time for students to talk to the dean

Wellness at UMMS: Challenges, Strategies and Programming

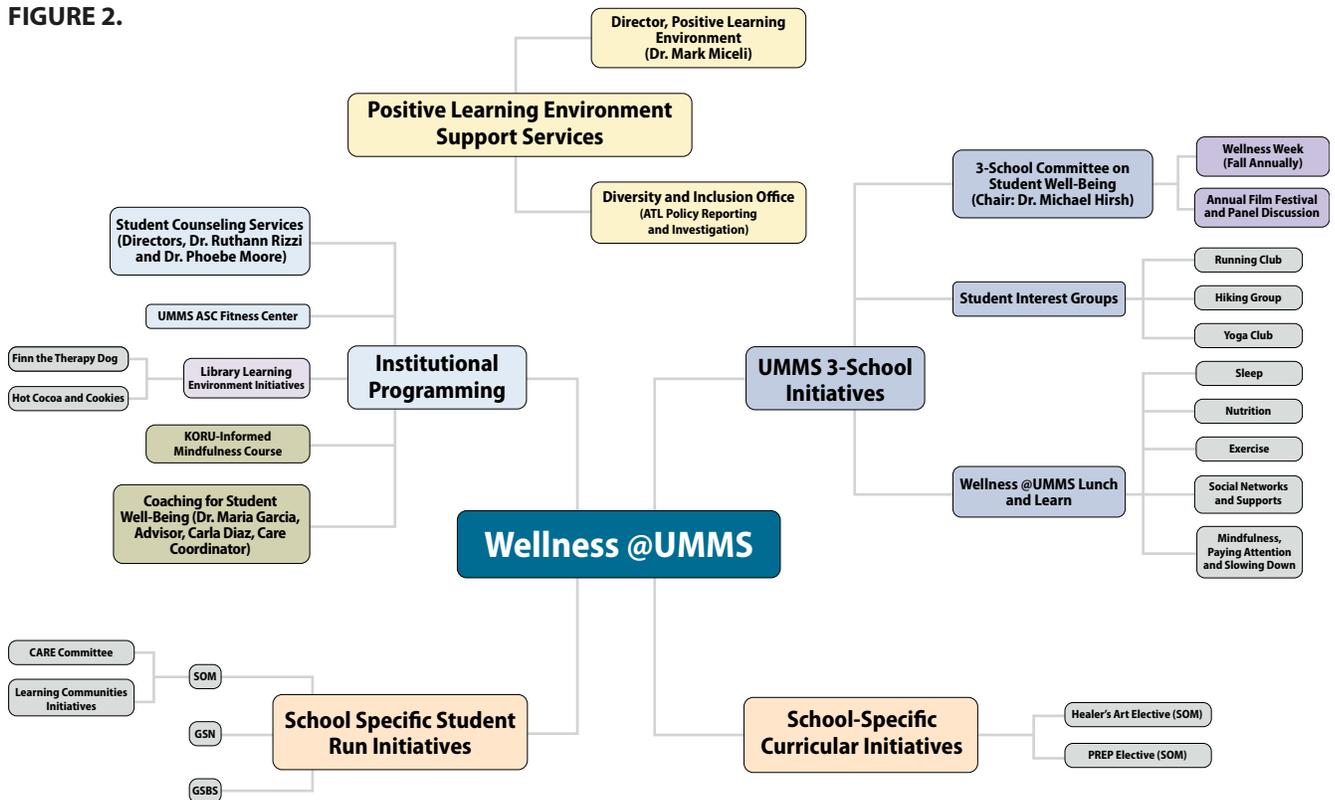
Presented by Sonia N. Chimienti, MD, FIDSA, and Michael Hirsch, MD
UMass Medical School

The University of Massachusetts Medical School (UMMS) contains three graduate schools with different calendars, unique curricula and goals, and specific communities with individual identities. Trying to bring all these schools together with their long-standing silos in student supports in order to talk about wellness is a challenge. In order to properly address student wellness, UMMS has employed the following strategies:

- **The Medical School Has Created a New "Office of Student Life" to Oversee The Learner Experience Across the Three Graduate Schools, Throughout the Continuum of Student Experience**
 - The office is meant to bring together leadership and learners from all three schools to collaborate, align services, and create a shared vision of student success.
 - Having a physical space creates a sense of community, but there is a culture shift that also needs to happen and will take time to achieve.

- **A Student Counseling Service Has Long Been Available on Campus and is an Outstanding Resource.**
- **The Office of Student Life Has Created the “Committee on Student Well-Being”**
 - The mission of the committee is to collaboratively create and support programs and events in support of UMMS learners, to foster a sense of community and well-being.
 - The committee brings together representatives from all three schools to work together and serve as a focal point, connecting dots within student well-being.
- The committee is separate from student counseling services (this is intentional) but communicates with the office and its staff.
- The committee has monthly meetings and sends out a monthly newsletter, hosts three school events annually, and has lunch and learn sessions, among other activities.
- **UMMS Map of Programming and How It Is All Connected (Figure 2).**

FIGURE 2.



Appendix B: Institutional Presentations — Residency Programs

Can Yoga Reduce Burnout in Berkshire Mental Health Care Workers?

Presented by Alex Sabo, MD, DME/DIO, Berkshire Medical Center
Berkshire Medical Center

Staff members at Berkshire Medical Center acknowledge that addressing system-based interventions are key in mitigating burnout, but there is also a need to address resilience training with individuals.

One of the interventions that has been successful at Berkshire is creating a yoga program for residents that spans eight weeks total, for eight hours in 15-minute sessions.

Residents have shown improvement in overall mental health and stress levels. Other notable improvements include the following:

- Increased fruit and vegetable intake
- Decreased alcohol Intake
- Decreased overall heart rate
- Reduction in stress and overall better mental health

Staff Comments after Taking the Program

“This program taught me that I don’t always put myself first, but I am learning that without self-care as a priority, all other priorities suffer.”

“I am learning to stretch time between emotions and action and am better able to handle conflict.”

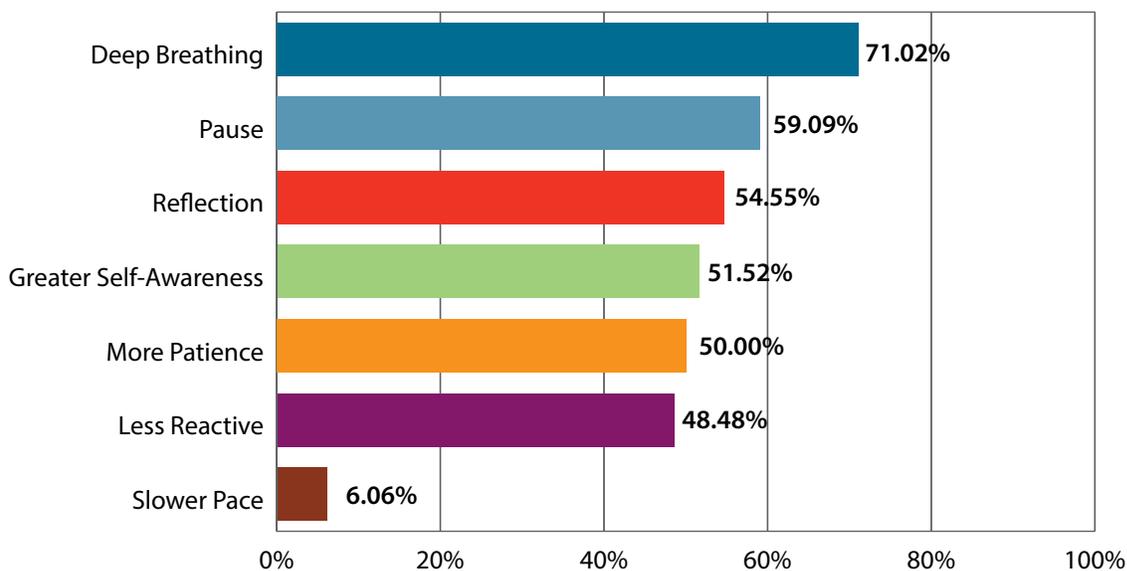
“I find myself pausing for deep breaths when I might previously have jumped into a response that may not have been a productive response.”

Management Survey

“With Increased exposure to mindfulness, what tools and techniques have you added to your toolbox?”

A survey of 80 managers across the health system was used to measure pleasure drivers that make managers able to do their job well, with increased exposure to mindfulness tactics across the organization. Deep breathing, pause, and reflection were the responses most recorded by responders. Responses are displayed below (Figure 3):

FIGURE 3.



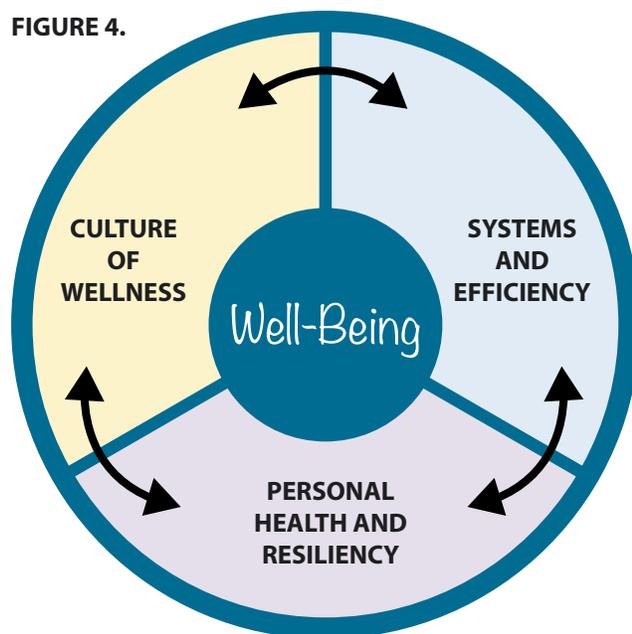
Supporting Trainee Wellness at BIDMC

Presented by Ritika Parris, MD, and Julie Beckerdite, MBA
Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center (BIDMC) has a comprehensive model to support resident and fellow wellness, at all levels of the organization. The BIDMC model recognizes that while there is a personal health and resilience component to trainee wellness, there are also culture and systems issues that must be addressed.

The model of well-being at BIDMC has three main components, as depicted in the below figure and elaborated on below (Figure 4):

FIGURE 4.



Adapted from Menon et al. 2019.

A Culture of Wellness

- Many programs within BIDMC have chief residents and associate program directors that spearhead wellness at the program level.
- Graduate medical education (GME)–level support with a dedicated director of wellness for GME.
- A trainee-led Interdepartmental Wellness Committee run with faculty and GME support. Trainees determined the mission statement for the committee and chose specific areas for the group to focus on: community building and volunteering, career and professional development, healthy lifestyle and promotion of resilience.

A Focus on Systems-Based Interventions to Support Trainees in Their Work

- Development of GME policies to provide standardization and guidance across all programs.
- Electronic Health Record (EHR) optimization and minimalization of non-physician paperwork to mitigate inefficiencies across the board.
- Workspaces that foster collaboration as well as facilities for rest and lactation.

Support of Individual Resiliency as well as Physical and Mental Health

- On-site fitness classes and meditation/mindfulness resources.
- Mental health staff is available to trainees 24/7 (an MMS objective).
- Comprehensive employee assistance program.

Although BIDMC's program is extremely comprehensive, they have faced some barriers to success, including limitation of resources and budget constraints, expanding clinical workload, the inherent demands of the training period, and no one-size-fits-all solution to improving wellness.

However, there have been some major successes in the wellness effort, including the formation of an engaged wellness committee and progress on top priorities (EHR optimization, improved access to website/online resources).

Well-Being Resources for BIDMC Resident and Fellows

<p>Employee Assistance Program</p>	<p>All One Health: 800-451-1834 allonehealthheap.com (username: BIDMD; pw: employee) ✓ 24/7 free and confidential support for BIDMC residents and fellows (and their household members) ✓ Assistance with both personal and professional-related issues ✓ Short-term counseling available by phone or financial planner</p>
<p>Clinician Health Services</p>	<p>Clinician Health Services: 617-667-0651 and 617-667-8322 ppeck@bidmc.harvard.edu and mkahn@bidmc.harvard.edu ✓ Self-referral service for all physicians, including residents and fellows ✓ One to three confidential psychiatric consultations ✓ No online records kept and insurance is not billed ✓ Contact Dr. Pamela Peck at 617-667-0651 to arrange a meeting, typically within 24 hours ✓ Referrals made to outside providers as needed (ppeck@bidmc.harvard.edu)</p>
<p>Peer Support Program</p>	<p>Peer Support Programs: ✓ Volunteers available from many departments who are trained to offer formal support to peers after a stressful event or difficult day at work ✓ Page psychiatric nurse specialists Leslie Aji (31569) or Joanne Devine (31303), or view list of peer supports on the Portal</p>
<p>Self Screening Tool</p>	<p>Well-Being Index mywellbeingindex.org/signup (Code: 85793KT) ✓ Free, easy to use, and anonymous self-assessment tool available on Medhub or using above address ✓ Access national resources on well-being ✓ Track your well-being over time</p>
<p>Interdepartmental Trainee Wellness Committee</p>	<p>GME-Wide Trainee Wellness Committee ✓ Trainee-led interdepartmental committee ✓ Meets on the first Tuesday of the month at 6 pm; all residents and fellows invited and dinner provided ✓ Email rparris@bidmc.harvard.edu or masumtan@bidmc.harvard.edu for more information</p>
<p>Crisis Resources</p>	<p>National Suicide Prevention Lifeline ✓ Call 1-800-273-TALK (8225), 24/7 or chat online at suicidepreventionlifeline.org Samaritans Statewide Hotline ✓ Call or text 1-877-870-HOPE (4673), 24/7</p>

To learn more about GME Wellness initiatives at BIDMC, please contact Ritika Parris, MD
rparris@bidmc.harvard.edu

The Occupational and Environmental Medicine Residency

Presented by David Rainey MD, MPH, Assistant Program Director
Harvard T.H. Chan School of Public Health

Preventive medicine and occupational medicine experience the lowest rate of physician burnout. That being said, the Occupational and Environmental Medicine Residency has many initiatives in place to ameliorate burnout and promote wellness for its trainees. These include the following:

- Giving residents a schedule that promotes work-life balance
- Clinical services that don't rely on resident work
- Minimizing micromanaging and giving residents more autonomy and control over their work
- Program-supported resident-run social activities
- Graduated responsibility (demand) and preparation for rotations and transition to help decrease stress
- Promoting a healthy lifestyle:
 - Nutrition focus
 - Exercise and bike friendly environment
 - Making enough family time
- Didactics: an annual wellness seminar, reasonable course-work demands, protected time for board review, and a weekly resident meeting

Wellness at Lahey Hospital and Wellness Center

Presented by Alyce Getler PsyD, BCC, and Edwin Ozawa, MD, PhD
Lahey Hospital and Medical Center

Lahey Hospital and Health Center is working on a top-down approach to alleviating physician and staff burnout using the Stanford WellMD model, which emphasizes a culture of wellness, personal resilience, and efficiency of practice.

One of the first projects is identifying and describing all the wellness programs and resources currently offered with the following goals:

- Identifying areas currently offered and those which need to be developed
- Designing an easy to navigate centralized Wellness Webpage for providers and all colleagues

In terms of a culture of wellness, Lahey has implemented a number of programs and initiatives for trainees and staff. These include but are not limited to the following:

- Provider Wellness Retreats
- Connect and Reflect Sessions
- Schwartz Center Rounds
- Faculty development
- Resident Wellness Initiatives
- Wellness Days for all Colleagues (employees)
- Hospital Art Initiative
- Just Culture Initiatives
- Lahey Engagement Team (LET), which plans social events
- New Mothers Nursing Room
- 24/7 Access to quiet space in Interfaith Chapel
- Developing an internal Wellness Webpage with all wellness activities, resources and events listed for staff use

Lahey acknowledges the importance of personal resilience and offers the following programs:

- Employee Assistance Program "Guidance Resources"
- Physician Coaching
- Peer Support
- A Physician Health Committee for managing impaired physicians
- Department of Psychiatry support
- Promotion of the Massachusetts Medical Society's Physician Health Services

Efficiency of practice is also extremely important, and Lahey has implemented practices and programs to promote this important topic, including the following:

- Addition of a Chief Medical Informatics Officer
- Medical Scribes
- Physician-nurse partnerships
- Water Dispensers
- Staff Gym
- Healthy food vending machines (Farmer's Fridge)

Wellness Dashboard

Lahey is in the process of developing a wellness dashboard for the entire organization. Although the organization is

actively combating burnout, it has experienced some barriers including resources, time, money, competing priorities, consolidation, changing leadership, and organizational culture.

Trainee Well-Being at Mass General Brigham

Presented by Lori Berkowitz, MD, Associate Director, GME Partners Healthcare
Mass General Brigham

Partner's Healthcare actively works to improve trainee well-being across the organization. One of the ways it has done this is by creating the Partners GME Well-Being Taskforce. This Taskforce consists of 14 members including surgeons, psychiatrists, and internal medicine physicians, including attendings, fellows and trainees from all levels. The vision of the Taskforce was that all trainees and faculty will understand the importance of and use resources to promote health and well-being for themselves and the overall health care team.

The Partners GME Well-Being Taskforce arrived at three domains/recommendations for its work around well-being, at all levels of the organization:

1. Maximizing Trainee Well-Being
2. Addressing Individual Needs
 - Counseling/Crisis intervention (MGH, BWH)
3. Institutional Considerations
 - Faculty well-being
 - 24/7 access to trainee-centered mental health care (friendly staff)
 - Faculty and Trainee Surveys

The work of the Taskforce led to the development of a GME Trainee Well-Being Council, and the Partners Education Committee approved an FTE Faculty member to serve on the council to advise and give trainees a voice in moving well-being initiatives forward.

Physician Wellness: Strategies, Barriers, and Accomplishments

Presented by Alan Hackford, MD, DIO
St. Elizabeth's Medical Center

Short-Term Strategies

St Elizabeth's Medical Center has both short- and long-term strategies to improve physician wellness.

- Demonstrating to the organization that there is a wellness problem

- Identifying available resources to assist individuals
- Increasing staff awareness
 - Medical staff education
 - Presentations on well-being, self-care, and mindfulness
 - Resident orientation programs
 - Promoting available resources to staff
- Integrating a resilience training curriculum into the residency program
- CARES (compassion, accountability, respect, excellence and stewardship) training

Long-Term Physician Wellness Strategies at St. Elizabeth's Medical Center

- Identifying the global and unit-specific drivers for burnout through focus groups, and creating action plans to address the local circumstances
- Continuing to develop, model, and implement team-based interprofessional care
- Exploring the impact of physician leadership quality on the level of physician burnout and work satisfaction and work-life balance and working with the organization to incorporate such information into performance reviews
- Continuing to explore areas where the organization can support community at work

Barriers to Success St. Elizabeth's Medical Center Has Encountered around Physician Wellness

- A lack of belief that wellness programs will lead to substantial improvements in physician health
- Concerns that information identifying risk could jeopardize licensure and/or physician employment
- Insufficient time for wellness programs given existing work-life obligations
- A lack of corporate perceptions that investment in workforce wellness provides a positive ROI (e.g., lack of resources such as money and time)
- A lack of leadership development and assessment
- Difficulty identifying and measuring specific stressors around wellness and burnout

Measurable Wellness Accomplishments/ Successes at St. Elizabeth's Medical Center

- Establishment of a Wellness Committee
- Completion of the Physician Wellness survey of the resident and medical staff with list of resources

- Robust educational program
 - Bi-monthly video bulletins: Wellness Wednesdays
 - Creation of a Women in Medicine forum
 - Presentations by Physician Health Services, other outside speakers
 - Presentation by Steward Life Coach at Resident orientation
- CARES training for all staff and MDs
- Purchase of a resilience training program for residency programs (Core Wellness)

Brigham and Women's General Surgery Residency

Presented by Naomi Shimizu, MD
Brigham and Women's Hospital

The Brigham and Women's Hospital General Surgery Residency has its own wellness committee. The committee, which launched in 2016, consists of two representatives from clinical and two from research and is led by a wellness chief (resident). The committee's mission statement has changed each year, and its 2019 mission statement led with creating a wellness curriculum for the department.

The residency program's 2018 wellness survey revealed many issues around physician burnout and wellness, including culture, workload, lack of workspace, and discrimination. Since 2018, the department has been actively creating and deploying strategies to deal with the issues identified in the survey.

Strategies to Mitigate Burnout

- A Brigham Faculty/Trainee Mental health program with 24/7 immediate access to counseling for residents that will not be recorded in Epic
- Small group discussions with clinical teams regarding gender bias (58% of the residents in the program are female)
- Liberal use of moonlighting physicians to allow residents more time away from clinic
- Safe Ride: Uber transportation for residents post-call
- Protected time for medical appointments and family time: residents are given 90 minutes where they can catch up on whatever they need to
- Class mentors: each PGY has a faculty mentor
- Social events such as Mission Thursdays, a happy hour each Thursday with an attending (all residents are invited)
- Educational events such as financial planning seminars and grand rounds speakers

The Program Has Encountered Barriers to Success

- A lack of system organization, including not enough workspaces (small lounge with not enough computers)
- More mentors are needed (clinical, research, and professional development)
- Scheduling events during days off impinge on personal time and don't contribute to sufficient work-life balance
- The scope of issues to focus on is hard to define and agree upon among leadership

Healthcare Professional Education

Presented by David Topor, PhD, MS-HPED
VA Boston Healthcare System

The VA system trains over 120,000 medical trainees a year. The VA Boston Healthcare System is one of the largest VA medical centers, training over 33,000 medical trainees a year across all health professions and is committed to improving wellness for all veterans, faculty, and trainees.

The VA has implemented many strategies to reduce burnout and increase wellness, including the following:

- Whole Health/Lifestyle Medicine Program.
- My Life, My Story, a program that pairs a trainee with a veteran to hear their story. This program has high satisfaction rates from trainees who complete this program at the onset of their VA training.
- Employee Health and Wellness initiatives and programming, including exercise classes.
- Individual physician coaching.
- Resources on VA Boston Education site (vabostoneducation.org/projects).
- Faculty and trainee needs-assessments and surveys.
- A Ride Home program for psychiatry residents that reimburses for an Uber ride home after call and back to the VA the next day.
- Lactation rooms.
- Occupational health programs, including an employee exercise facility.
- Smoking cessation programs.

The VA has experienced some barriers to success in its physician wellness efforts. One of the largest barriers is the length of clinical rotations for trainees. Rotations

last anywhere from one week to a few months, so getting trainees the access to services they need can be difficult. In addition, responses to surveys are low and other demands on trainee time (administrative and clinical burden) make it difficult to carve out time for wellness. Although the VA has encountered barriers, it has also had measurable successes. Most notably, the VA Boston has lower average employee burnout scores than other regional and national VA Systems. In addition, the VA host burnout talks every Friday at noon, and it has extremely high trainee participation in both the My Life, My Story program and the Lifestyle Medicine Program.

We Have Enough Information to Act: Improving Well-Being by Creating a Culture of Safety and Trust

Presented by Jo Shapiro, MD
Massachusetts General Hospital

Physicians have a tremendous responsibility and power to change the culture in medicine today on a structural and organizational level. In order to do this, the community must create a “culture of psychological safety” for its physician members.

A *safety culture* is a broad, organization-wide approach to safety management, and organizations with safety culture show a deep concern for employee well-being reflected at all levels of the organization. When things start to change in the organization, it is important to build trust and keep the waters calm. This will help everyone to see improvements. In addition, it is important to enforce accountability and to create a process that holds everyone accountable for being visible, involved, and respectful. Team psychological safety is especially important.

In medicine, every physician faces major and emotional challenges, and it is extremely important that physicians have peer support to discuss their own well-being. Peer support is applicable in many situations, including the following:

- Adverse events
- Communication coaching after errors
- Board of Registration complaints
- Litigation
- Chronic stress
- Patient aggression
- Care of trauma victims

Old Culture	Culture of Safety
Shame and Blame	Promote Just Culture
Personal Invulnerability	Human Factors
Expectations of Emotional Denial	Normalizes Reactions
Isolation	Community Solidarity
Self-Care Is Selfish	Self-Care Gets You Back to What You Do Well

Wellness at UMMS Bay State

Presented by Tara Catanzano, MD, Program Director,
Radiology Residency Program
UMMS Bay State

At UMMS Baystate, there is no unified institutional approach to addressing burnout, and there was an emergent need to shift to a better learning environment. Aligning a mission and goals between each program chair is essential to addressing burnout throughout the UMMS Baystate community of trainees, faculty, and staff. Although there is no unified approach to addressing burnout, the Department of Radiology has implemented burnout strategies on its own to ensure the wellness of its trainees.

These mitigating burnout strategies include the following:

- Appointing social chairs to plan activities and retreats
- Hosting lectures on wellness and financial planning
- Holding retreats
- Allowing flexibility for trainees during work hours to accomplish personal tasks

The Department of Radiology has encountered barriers in addressing burnout, most notably a lack of personnel in the institution to create system-wide resources for burnout. In addition, program directors are used to working in their silos and are reluctant to work together to make content or programming for all departments. In general, leadership is reluctant to make the changes necessary to accurately address burnout throughout the organization.

UMass Clinician Experience and Vision for Wellness

Presented by Steve Bird, MD
UMass Memorial Medical Center

At UMass Memorial, Wellness efforts are focused in seven different “buckets”:

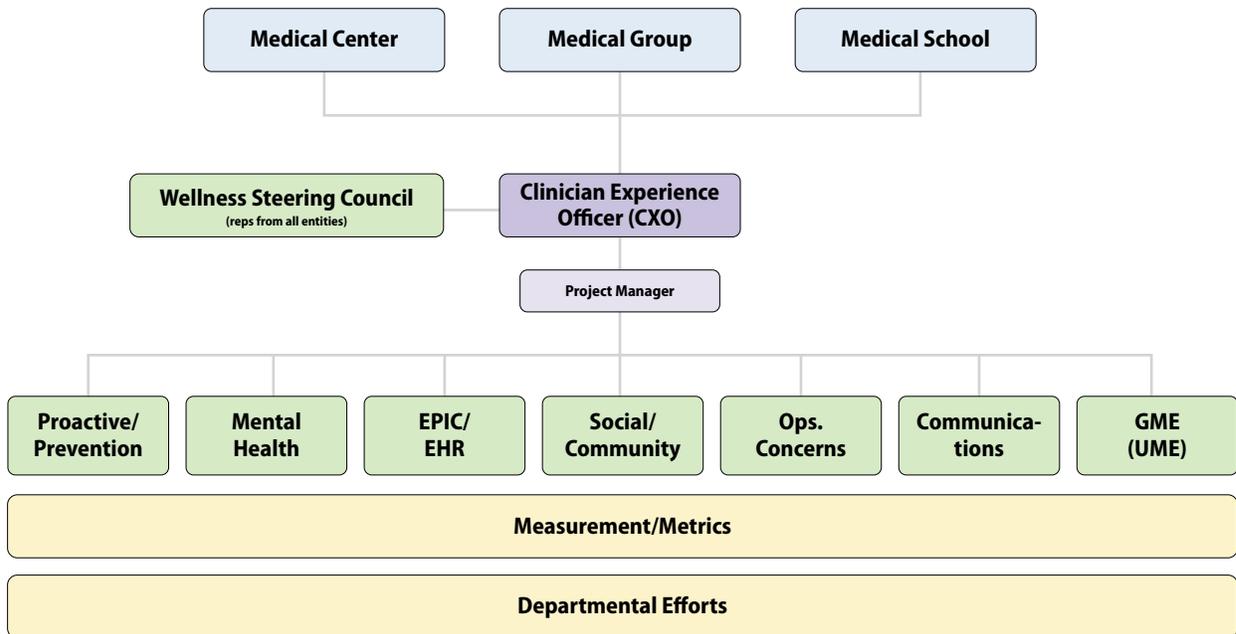
1. **Proactive/Prevention:** The Team at UMass is re-starting the peer support network in March of 2020 with a total of 23 trained faculty ready to assist.
2. **Mental Health:** This work is focused on improving the quality and coordination of care for trainees and students.
3. **EPIC/EHR:** The GROSS (Get Rid of Stupid Stuff) Initiative is an example of an EHR initiative that UMass has implemented to reduce administrative burnout. If a physician wants an EPIC ticket removed, they can email gross@umassmemorial.org, and the team will respond within 48 hours addressing the ticket the physician wants removed.

4. **Social/Community:** The UMass Memorial team recently created CXO grand rounds and also introduced a cohort of wellness coaches that will provide free wellness coaching for up to four hours per resident.
5. **Operational Concerns**
6. **Communications:** Communication is an issue because of the size of the UMass network.
7. **Graduate Medical Education (GME)/UME**

UMass Memorial’s biggest barriers to addressing burnout through the UMass network are coordinating efforts and communication. In addition, there is little ability to have a large impact on operational concerns, although they have decided to add additional positions to help with this issue.

FIGURE 6.

UMass Clinician Experience Officer & Vision for Wellness



Well-Being at the Boston Children's Hospital

Presented by Amy Vinson, MD, FAAP, and
Melissa Christino, MD
Boston Children's Hospital

Boston Children's Hospital (BCH) has an organizational approach that emphasizes that wellness itself needs to be addressed at every level. The organization is currently establishing a culture of wellness and creating a centralized hub of wellness resources (educational and training resources). In addition, BCH established a GME subcommittee on Wellness, and an MSO Wellness Committee.

The chief experience officer at BCH is currently exploring opportunities around education for peer support and

mechanisms for resource consolidation and is seriously considering establishing division "wellness champions." Boston Children's also promotes community-building activities for trainees including breakfasts and off-campus social activities as an opportunity to interact with other members of the BCH trainee community, while also disseminating resources and raising awareness around physician wellness.

A quarterly wellness survey is sent out to trainees as a way to analyze data around wellness and burnout throughout BCH, and this survey generally has a strong response rate. The survey focuses on vulnerable populations and modifiable factors, and it serves as an opportunity to improve current systems. Boston Children's is also placing high-visibility resources awareness posters throughout the hospital to improve access and utilization of existing support constructs.

Who to Call If...

You are too fatigued to safely commute home	GME Taxi Voucher Program Located at the valet desk
You want an escort to your car	Security 617-355-7455
You are experiencing personal or work-related stress	Office of Clinician Support (OCS) 617-355-6705
You have a concern for a substance abuse disorder in yourself or a colleague	Occupational Health Services, Program Director, GME Office OHS: 857-218-3048; GME: 617-355-4372
You want to harm yourself	National Suicide Prevention Lifeline 1-800-273-8255
You have interpersonal conflict	Program Director, GME Office, Ombudsman, Office of Clinical Support GME: 617-355-4372, Ombudsman@harvard.edu ; HR: 617-355-6705
You have experienced any type of harassment	Designated Institutional Officer, Human Resources DIO: alan.woolf@childrens.harvard.edu ; HR: 617-355-7780
You are a physician in need of financial assistance for any reason	Massachusetts Medical Benevolent Society Jennifer Day: jday@mms.org
You need child care resources or information	Employee Assistance Program (KGA) 1-800-648-9557, 24/7 EAP counseling sessions Thursdays between 9 am and 3 pm Longwood Ave.

*Indicates resources only available to trainees

If you have any additional questions, please contact the GME Office at 617-355-4372



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Boston Children's Hospital
Until every child is well™

Action Collaborative on Clinician Well-Being and Resilience

Presented by Alexander Ommaya, DSc
Association of American Colleges
National Academy of Medicine

The National Academy of Medicine has launched an Action Collaborative on Clinician Well-Being and Resilience to improve baseline understanding of challenges to clinician well-being, raise visibility of clinician stress and burnout, and elevate evidence-based, multidisciplinary solutions. Over 150 organizations have submitted commitment statements to the Action Collaborative (MMS-MHA Joint Task Force on Physicians Burnout is included), and over 200 news articles have mentioned it.

The Action Collaborative has a wealth of resources, and the conceptual model has helped organizations understand factors and take action to enhance clinician well-being, and discussion papers have highlighted key drivers of burnout, interventions to address burnout and improve well-being, research gaps, and future actions. A compilation of validated instruments to assess well-being has also been developed.

The Collaborative is also working to advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver. Examples of this include engaging Centers for Medicaid and Medicare Services (CMS) in streamlining Evaluation and Management documentation guidelines, engaging EHR vendors to make modifications to reduce burden and improve clinician well-being, and working with the Federation of State Medical Boards (FSMB) to create guidelines to treat questions about mental health in the same way as questions about physical

health by focusing on current impairments. In addition, the National Academy of Medicine is laying the foundation for long-term culture change by providing organizations with case studies dealing with how to implement their own well-being initiatives.

The Action Collaborative has also established five new working groups:

1. Leadership Engagement
2. Breaking the Culture of Silence
3. Organizational Best Practices and Metrics
4. Workload and Workflow: Administrative Tasks and the EHR
5. Action on Consensus Report Recommendations

Key messages from the NAM consensus study, "Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being," include the following:

- Mitigating clinician burnout and supporting professional well-being is essential to providing high-quality patient care.
- Institutions should measure and understand clinician burnout within their own organizations.
- Interventions should target known factors that contribute to clinician burnout and include clinician and patient feedback.
- Addressing burnout requires improving the design and organization of the environments in which clinicians and learners train and work.
- Methodologically strong studies, dedicated funding, and collaboration are needed.

Appendix C: List of Attendees

Last Name	First Name	Designation	Title	Institution
Abbott	Jeffrey		Project Manager	UMass Memorial Medical Center
Beckerdite	Julie	MBA	Administrative Manager, GME	Beth Israel Deaconess Medical Center
Berkowitz	Lori	MD	Associate Director, GME	Mass General Brigham
Biary	Bissan	MHA	Senior Practice Solutions Specialist	Massachusetts Medical Society
Bird	Steven	MD	CXO, Professor of Emergency Medicine	UMass Memorial Medical Center
Bombaugh	Maryanne	MD, MSc, MBA, FACOG	President	Massachusetts Medical Society
Catanzano	Tara	MD	Vice Chair of Academic Affairs, Department of Radiology	UMass Medical School-Baystate
Chaoui	Alain	MD	Immediate Past President	Massachusetts Medical Society
Chimienti	Sonia	MD, FIDSA	Vice Provost for Student Life and Enrollment	UMass Medical School
Christino	Melissa	MD	Co-Chair, GME Subcommittee on Trainee Well-Being	Boston Children's Hospital
Defossez	Steven	MD, EMHL	Vice President, Clinical Integration	Massachusetts Health and Hospital Association
Flores	Chris		Medical Student	Tufts University School of Medicine
Gaufberg	Elizabeth	MD	Director, CHA Center for Professional and Academic Development	Cambridge Health Alliance
Getler	Alyce	PSYD	Co-Chair, Wellness Committee	Lahey Health
Hackford	Alan	MD, FACS, FASCRS	DIO, St. Elizabeth's Medical Center and Carney Hospital	St. Elizabeth's Medical Center
Hennessey	Coleen		Manager, Member Relations	Massachusetts Medical Society
Hirsch	Michael	MD	Assistant Vice Provost for Wellness and Health Promotion	UMass Medical School
Jackson	Angela	MD	Associate Dean, Office of Student Affairs	Boston University School of Medicine
Klapholz	Natalie		Medical Student	Tufts University School of Medicine
Lacy	Jessica	MHA	Practice Solutions and Medical Economics Coordinator	Massachusetts Medical Society
Li	Ingrid	MD	Department of Psychiatry	Tufts Medical Center
Liu	Mark		Medical Student	UMass Medical School

Addendix C: List of Attendees (continued)				
Last Name	First Name	Designation	Title	Institution
Matias	John	MEd	Associate Dean of Students	Tufts University School of Medicine
Miller	Yael	MBA	Director, Practice Solutions and Medical Economics	Massachusetts Medical Society
Ommaya	Alexander	MA, DSc	Senior Director, Clinical Research and Policy	Association of American Medical Colleges
Osman	Samia	MD	General Surgery Resident	Beth Israel Deaconess Medical Center
Ozawa	Edwin	MD	Co-Chair, Wellness Committee	Lahey Health
Parris	Ritika	MD	Director of Wellness, GME	Beth Israel Deaconess Medical Center
Paz	Melissa	MA	Academic Enhancement Specialist	Boston University School of Medicine
Rainey	David	MD, MPH	Assistant Program Director, Harvard Occupational and Environmental Health Residency	Harvard University
Rajendran	Iniya	MD	Internal Medicine Resident	Boston Medical Center
Roberts	Kari	MD	Associate Chief Medical Officer for Graduate Medical Education	Tufts Medical Center
Sabo	Alex	MD	Director, Medical Education/DIO	Berkshire Medical Center
Serelus	Camille		Wellness and Advising Program Coordinator	Boston University School of Medicine
Shah	Madhura		Medical Student	Boston University School of Medicine
Shapiro	Jo	MD, FACS	Center for Medical Simulation, Associate Professor of Otolaryngology — Head and Neck Surgery	Massachusetts General Hospital
Shimizu	Naomi	MD	Associate Program Director, General Surgery Residency Program	Brigham and Women's Hospital
Shrout	Tara	MD	Internal Medicine Resident	Boston Medical Center
Swamy	Lakshman	MD	Pulmonary Critical Care Resident	Boston Medical Center
Talib	Usama	MD	Internal Medicine Resident	North Shore Medical Center
Tarab	Basel	MD, MHA	Patient Relations Specialist	Boston Children's Hospital
Topor	David	PhD, MS-HPed	Associate Director of Healthcare Professional Education	VA Boston Health System
Vinson	Amy	MD, FAAP	Co-Chair, GME Subcommittee on Trainee Well-Being	Boston Children's Hospital



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