ACGME Focus on Well-Being in the Clinical Learning Environment: The Beginning of a National Dialogue/Initiative

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ACGME Focus on Resident and Faculty Well-being

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Disclosure

- Senior Vice President, Education, ACGME
- Associate Professor of Medicine, Jefferson Medical College *(volunteer)*
- Senior Scholar, Department of Medical Education, University of Illinois at Chicago College of Medicine
- No conflicts of interest to report
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What are we trying to do?
“We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”

ACGME Mission Statement
How are we trying to accomplish this task?
MASTERY
Dreyfus Model

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
- Master
General Competences

- Patient Care and Technical Skill
  - Compassionate, appropriate, effective

- Medical Knowledge
  - Know and can apply
  - Do and apply

- Practice-Based Learning and Improvement
  - Assessment of own patient care, evidence-based approaches, improvement

- Interpersonal and Communication Skills

- Professionalism
  - Committed to professional responsibilities, ethical principles and sensitivity to diverse patient populations

- Systems-Based Practice
  - Awareness and utilization of the larger context and system of healthcare in providing optimal patient care
Our Social Contract Compels Medical Educators to Design Educational Programs that:

• result in graduates whose *outcomes* manifest the values and virtues of professionalism, including excellence in clinical practice, and meet society’s needs

• deliver safe, affordable, quality care in a fashion that models these values and virtues, and that meet society’s evolving needs

Thomas J. Nasca, MD, MACP
What do we do?
(sometimes)
Personality Characteristics

- Obsessive compulsive
- Overly conscientious
- Pleasure deferring
- Self doubt
Environment

- 80\(^{(+)}\) hours working
- 16-24\(^{(+)\) hours awake
- Change
- Little time for family/significant others
- Loneliness and social isolation
- Work overload
- Overwhelming responsibility
- “I can never read enough!”
House Officer Syndrome

- Episodic Cognitive Impairment
- Chronic Anger and Resentment
- Family/Significant Other Discord
- Pervasive Cynicism

Gary W. Small, MD
“House Officer Stress Syndrome”
Why now?
A few sobering realities:
Medical Students at Orientation
Psychologically healthier
• Depression
• Burnout
• Stress
• Empathy
• Compassion
Resident and Fellow Suicides
Practicing Physician Suicide
Increasing National Attention
TIME IN DEPTH: DOCTORS ARE STRESSED, BURNED OUT.

DEPRESSED, AND WHEN THEY SUFFER, SO DO THEIR PATIENTS.

Life SUPPORT

INSIDE THE MOVEMENT TO SAVE THE
MENTAL HEALTH OF AMERICA'S DOCTORS

By Mandy Oaklander / Photographs by Balazs Gardi for TIME
How Measurement Fails Doctors and Teachers

By ROBERT M. WACHTER  JAN. 16, 2016

What to do?
Why us?
“Every system is perfectly designed to yield the result it produces.”

Paul Batalden
Fundamental Transformative Change
“One definition of insanity is doing the same thing over and over again, but expecting different results.”

Rita Mae Brown
Sudden Death, 1983. p. 68
“Somebody has to do something, and it’s just incredibly pathetic that it has to be us.”

Jerry Garcia
The Grateful Dead
2009-2010 ACGME “Duty Hours Task Force” changed to “Task Force for Quality Care and Professionalism”. The actions of the ACGME must fulfill the social contract, and must **cause sponsors** to maintain an educational environment that **assures**:

- the safety and quality of care of the patients under the care of residents today

- the safety and quality of care of the patients under the care of our graduates in their future practice

- the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self interest to meet the needs of their patients

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Nasca, T.J., Day, S.H., Amis, E.S., for the ACGME Duty Hour Task Force. 
*Sounding Board: The New Recommendations on Duty Hours from the ACGME Task Force.*
Further Disclosure

62 years old
1989

36 years old
Stress Management:
A Guide for Senior Leaders
by the U.S. Army Physical Fitness Research Institute

Excerpt from the book: Executive Wellness, available online from the Army Physical Fitness Research Institute (APFRI), U.S. Army War College, Carlisle Barracks, PA at http://www.army.mil/apfri/

Stress and the Mind-Body Connection

According to medical educator, Dr. Timothy Brigham, stress is "the basic confusion created when one's mind overrides the body's desire to choke the living daylights out of some jerk who desperately deserves it."

Whether or not one takes a more conventional view than Dr. Brigham, we live in a busy world where conflicts, disappointments, frustrations, losses, and pressures can make us feel nervous, keep us awake at night, get us angry, or make us sick. It is impossible to be alive and live without stress. Not surprisingly, stress has become the fashionable disorder of our time, and treatment of stress is an extraordinarily popular and profitable activity where everyone can participate. Dr. Ethel Roskies, a Canadian therapist who has spent over 15 years treating stressed-out managers and professionals, sarcastically observed, "The most distinctive characteristic of stress management as a treatment is its universality; there is no one for whom treatment is apparently unnecessary or inappropriate."

Because stress is so ubiquitous and stress management so sweeping, it is tempting to dismiss this subject as a fad or to trivialize it. Confronted with more serious problems of mankind and attempting to find real solutions under deadlines, ambiguity, insufficient resources, and conflicting social priorities, one's patience for something that seems "all in your head" can be quite limited. Popular stress management prescriptions like, "make time for rest and recreation" can sound astonishingly naive and irrelevant to the fast pace and high-tempo of a modern executive. Accustomed to bulldozing through personal obstacles and achieving crisp goals, the fuzziness and wimpy nature of stress is foreign. No wonder some of the most distressed leaders deny their stress until they experience physical or mental burnout. Some of these symptoms are becoming more common.
• Building Resilience
• Fostering/ Nurturing Well-Being
• Recognition
• Intervention
• Reduce Stigmatization
• Help Grieving Communities Heal
Symposium Planning Committee Members

- Co-Chairs:
  - Carol Bernstein, MD
  - Timothy Brigham, MDiv, PhD
- ACGME Board Members:
  - Stanley W. Ashley, MD, Carol A. Bernstein, MD, Wallace A. Carter, MD, Jordan Cohen, MD, William A. McDade, MD, Edwin L. Zalneraitis, MD
- ACGME Council of Review Committee Residents:
  - Timothy J. Daskivich, MD, Dinchen Jardine, MD, Heather E.W. Schultz, MD
- Program and Content Experts:
  - Ralph S. Greco, MD, Liselotte (Lotte) Dyrbye, MD, Hanna Sherman, MD
- Public Member:
  - Mr. Howard Feldman
- ACGME Administration:
  - Dewitt C. Baldwin, Jr., MD, Kevin B. Weiss, MD, MPH, Debra Dooley, Amy Beane
- DIO: Lyuba Konopasek, MD
Goals of the Symposium

- **UNDERSTAND** the problem across the continuum.

- **ADVISE** the ACGME Board of Directors on how it can be an effective agent of positive, transformational change for resident/fellow well-being and the creation of more humane training environments.

- **BEGIN** a national dialogue on physician well-being that leads to positive, transformational change in the learning environment culture for medical students, residents/fellows, faculty members, and practicing physicians.

- **BEGIN** ongoing collaborations and relationships with other organizations inside and outside of the house of medicine to effect positive transformational change for the well-being of residents, fellows, medical students, practicing physicians and other health care professionals and to the culture of medicine/medical education.
Symposium Format
November 17-18, 2015

• Invitational
• Approximately 100 attendees from all facets of the GME community
• Format
  • Lectures
  • Small group work
  • Large group processing and discussions
Modified World Café

• Question 1: From what you’ve heard so far, what has real meaning for you? What surprised you? What’s missing from this picture?
• Question 2: In relation to physician well-being, what does the perfect learning/practice environment in programs and institutions look like? How can that vision be turned into reality?
• Question 3: What can the ACGME do, either by itself or in collaboration with others, to foster and improve physician well-being (e.g. promote resilience, aid in early identification and recognition of distressed residents, reduce stigmatization, ensure access to care, etc..) and intervene to help grieving communities heal?
Small Group Exercise Day II

• Question 1: From your personal and/or organizational perspective, what are the next steps you think the profession needs to take in order to sustain this effort?
• Question 2: What would you be able (willing) to commit to do personally/organizationally over the next year?
• Question 3: Over the next four years, would you be willing to commit to attending an annual meeting convened by the ACGME to learn about the progress across the continuum and throughout the profession and to report on your and/or your organization’s progress on enhancing physician well-being and changing the culture.
Results
Day 1

Question 1: From what you’ve heard so far, what has real meaning for you? What surprised you, what challenged you? What’s missing from this picture?

- Make business case to key stakeholders, c-suite, insurers, and other health care professionals to address burnout and the ability to demonstrate a return on investment.
- Package message to leadership on why we need to change.
- Recognize that this is both an individual and system issue, this has to be addressed on both sides.
Day 1

Question 2: In relation to physician well-being, what does the perfect learning/practice environment in programs and institutions look like? How can that vision be turned into reality?

• All programs must have a systematic screening process for wellness/burnout/depression, linked to automatic actions and resources for positive screenings.
• Explicit alignment between institutional leadership and faculty in the learning environment with a commitment to establish a culture of respect; and accountability for maintaining it in the context of patient care and resident learning.
Day 1

Question 3: What can the ACGME do, either by itself or in collaboration with others, to foster and improve physician well-being (e.g. promote resilience, aid in early identification and recognition of distressed residents, reduce stigmatization, ensure access to care, etc.) and intervene to help grieving communities heal?

- In collaboration with key stakeholders, redefine professionalism to include self-care and wellness.
- Create online resources for wellness to include self-assessment, curriculum and best practices.
- Work with experts to create a toolkit for program directors and DIOs (e.g. personal experience of PD’s, speaker’s bureau, etc.).
Questions from Day 2

• What are the next steps the profession needs to take to sustain process
• What would you be willing to commit to do personally/organizationally over the next year?
• Over the next four years would you be willing to commit to attending an annual meeting to learn about progress across the continuum on these issues?
Day 2 – Top Themes

- Collaborate/partner externally (with key stakeholders across the educational continuum)*
- Awareness/dissemination of information*
- Need for Wellness programs
- Milestones
- Program requirements
- CLER
- Surveys/assessment
- Tool kit/resources
- PR/marketing/JGME
- Research/data collecting

- Institutional leadership/C-Suite involvement
- Engagement of Faculty
- Dissemination of post symposium information
- Mentorship programs in training
- Interdepartmental involvement and support
- Emotional support for residents and faculty
- Ongoing forum to discuss the issues
- Signed commitments
As a result of the Symposium
Next Steps
The journey of a thousand miles must begin with a single step.
Establishment of a Task Force

The planning committee recommends that the BOD establish a Task Force composed of Board Members, administration, and selected external experts/stakeholders to work together to facilitate change in the following areas:
To Recommend and Oversee a Process to Address Five Areas of Impact

• Education
• Using ACGME Levers for Change
• Ongoing Research
• Collaborating Across the Continuum
• Large Scale/Culture/System Change
Education

• Building Awareness
• Ongoing Dissemination
• Building Website
  • Videos
  • Slide sets
  • Communities of Learning
• Work with Task Force
  • Tool Kit(s)
• Annual Symposium
• Annual Educational Conference (AEC)
Using ACGME Levers for Change

- CLER
- Requirements
- Milestones
- First Responders
- Baldwin Award
ACGME Levers

• CLER
  • Dr. Kevin Weiss
• Part of Section VI of the Common Program Requirements
  • Well-Being, Fatigue Mitigation, and Alertness Management work group
    • Dr. Thomas Nasca
    • Dr. Stanley Ashley
    • Dr. Jessica Bienstock
    • Dr. Ricardo Correa
    • Dr. Robert Gaiser
    • Dr. Jeffrey Gold
    • Dr. George Keepers
The Pediatrics Milestone Project

A Joint Initiative of
the American Board of Pediatrics
and
the Accreditation Council for Graduate Medical Education

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G. Competency Area: Personal and Professional Development*

1. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors

2. Use healthy coping mechanisms to respond to stress

3. Manage conflict between personal and professional responsibilities

4. Practice flexibility and maturity in adjusting to change with the capacity to alter behavior

5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

6. Provide leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients

7. Demonstrate self-confidence that puts patients, families, and members of the health care team at ease

8. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty

*Added by the pediatrics community; underlined phrases also added by the pediatrics community
Ongoing Research

- Resident Survey Voluntary Questions
- Resident Death Study
- Collaborating with others to stimulate research in the field
- Providing a forum for Disseminating Research
  - AEC
  - Annual Wellness Symposium
  - Journal
  - Website
B = f (P, E)

Lewin’s Equation
Continuum Collaboration

Focus of the next meeting of the Coalition for Physician Accountability

AAMC  
ABMS  
ACCME  
ACGME  
AMA  
AOA  
ECFMG  
FSMB  
LCME  
AACOM  

- IOM – stay tuned

NBME  
NBOME  
Joint Commission  
CMSS  
Public Members  
Nurses  
Other health-care professionals
Coalition for Physician Accountability

- May 3, 2016
  - Carol Bernstein, MD - opening address
  - Each organization shared their initiatives on well-being
- Panel Discussion
  - Medical Student
  - Resident
  - Patient
  - Nurse
  - Program Director
- Panel Discussion (vision, future directions)
  - Darrell Kirch, MD – AAMC
  - Susan Skochelak, MD – AMA
  - Steve Shannon, DO – AACOM
  - Thomas Nasca, MD, MACP - ACGME
Coalition for Physician Accountability

- Small groups
  - What can the Coalition do?
- Results
  - Consensus statement – Jeffrey Gold, MD
  - IOM/National Academy of Medicine
    - Darrell Kirch, MD
    - Thomas Nasca, MD, MACP
  - Coordinating efforts across the continuum
Large Scale Culture / System Change

• System Change
• Engage key stake-holders we don’t often think about bringing to the table
  • C-Suite
  • Insurers/funders
  • Policy makers
  • Patients/public
  • Etc.
What can you/we do?
The journey of a thousand miles must begin with a single step.
“You don’t have to see the whole staircase, just take the first step.”

-Martin Luther King Jr.
Deepen Your Commitment to Faculty, Residents and Patients
Here Be Dragons
Think Globally
Act Locally
We’re facilitating the setting of expectations…

You’re working on the ground to innovate, motivate, and transform:

1. The faculty
2. The journey of the learner
3. The learning environment
The Medical Student’s and Resident’s Journey of Transformation
The Hero's Journey

Return

Call to Adventure

Supernatural aid

Threshold Guardian(s)

KNOWN

UNKNOWN

Atonement

Transformation

REVELATION

Abyss
dead & rebirth

Challenges and Temptations

Mentor

Helper

Helper

Threshold (beginning of transformation)
The Drive Toward Mastery Compels us as Medical Educators:

- To model the values and virtues essential to good medical practices in our own everyday activities (the “hidden” curriculum)
- To have the courage to advocate for the needs of all our patients
- To have the courage to advocate for the needs of our residents
- To change our stories

Thomas J. Nasca, MD, MACP
Modified by T. Brigham
It is imperative that Program Directors, Faculty, etc., be freed and encouraged to mentor, challenge and guide.
The Source of your power
What can you do?
How can you do it?

• Realize and use your power
• Three “C”s
• The motivation trifecta
• Take care of yourself
The system in which you operate
4 Room Apartment

Contentment

Renewal

Denial

Confusion/chaos

Claes Janssen 1982
You must swim in deep and scary waters

• We’re trained as Educational Leaders/Administrators to love and establish order and control
• Dance with the chaos
• Move away from order and control toward coordinating the chaotic ingenuity in your system
What to do in each room

**Contentment**
“*I like it just as it is*”
- Leave people alone (unless the building’s on fire)

**Denial**
“What, me worry?”
- Ask questions, give support, raise awareness

**Renewal**
“We have too many good ideas”
- Offer help for implementation

**Confusion/chaos**
“What a mess!! Help!!”
- Focus on the future, structure tasks, get people together

Weisbord, 1987, p. 220
Three Important “C”s

- Control
- Commitment
- Connection
• Autonomy
• Mastery
• Purpose

Daniel Pink, Drive
“If you think you’re too small to be effective, you have never been in bed with a mosquito.”

Betty Reese (American officer and pilot)
Never be afraid to try something new. Remember that amateurs built the ark, and professionals built the Titanic.

Anonymous
“Do not fear mistakes. There are none.”

Miles Davis
LaSalle D. Leffall, MD
Awe
Talmud
Stay Tuned
Thank you
Questions?
Proposed Task Force

1. Carol Bernstein, MD, Co-Chair (ACGME Board)
2. Timothy Brigham, PhD, MDiv, Co-Chair (ACGME Administration)
3. Thomas Nasca, MD, MACP (ACGME CEO)
4. DeWitt Baldwin, MD (ACGME Administration)
5. Kevin Weiss, MD (ACGME Administration)
6. Stanley Ashley, MD (ACGME Board)
7. Jordan Cohen, MD (ACGME Board)
8. Peter Carek, MD (ACGME Board)
9. Rowen Zetteman, MD (ACGME Board)
10. Dinchen Jardine, MD (ACGME CRCR)
11. Resident to be selected (ACGME CRCR)
12. Wallace Carter, MD (Outside Expert)
13. Lyuba Konopasek, MD (Outside Expert)
14. Kari Hortos, DO (Chief Academic Officer for Statewide Campus System at Michigan University of Osteopathic Medicine) OR other osteopathic physician (Outside Expert)
You “see” things others don’t
Uniqueness of Middles

- Usually can see whole system
- Can function as system integrators
- Can influence Tops and Bottoms
- Can act as an intelligence pool

Middle Dilemma
Stopping the Insanity, Leading from the Middle

1. Resist the urge to make other people’s problems, issues, and conflict your own; empower others

2. Keep your own mind
   • Your point of view
   • Your values
   • Your solutions

3. Be a Top whenever you can and take responsibility for being on top
   • Seek forgiveness rather than permission

4. Be a Bottom when you should and take the consequences of being on the bottom
   • Recognize and deal with downward garbage
   • Reality check
5. Be a coach rather than a fixer
6. Facilitate solutions by bringing people together who need to be together
   • Help their interactions be as productive as possible
7. Integrate with one another
   • Strong, interactive peer relationships
     • Reduce alienation
     • Produce successful collaborators and facilitators

What would happen in your organization if you:

• Created a powerful and compelling mission for integrating
  • Chief residents, PD, and you
  • Coordinators

• Made these integration meetings sacred commitments?

• Met without “Tops” but kept them informed? Which “Tops” might be resistant and need to be reassured?

What would happen in your organization if you:

- Included “integration” in the job description for coordinators?
- Coached and supported one another?
- Held each other accountable for actions?
- Rotated leadership of the integration group?

Barry Oshry
Power Lab

In the Middle
The Middle
1. The position from which you lead

2. One of the most powerful instruments in your leadership arsenal
Middle Dilemma
Tops:
Experience isolation and feel burdened by responsibility and complexity

Middles:
Experience being torn and pulled in different directions → burnout

Bottoms:
Feel vulnerable, oppressed, and torn by “them”

Oshry, Barry, “Tops, Middles, Bottoms”
Modified by R. Doughty
Middles work long and hard, often in response to others. There’s always:

- Another meeting to attend
- Something more to accomplish
- Errands to run
- Unfinished paper work
- Constant intrusions
- Fires to put out!

Little support or gratitude – up or down
Confusion as Middles try to respond to Tops and Bottoms demands

- often assumes compromising positions
  - pleasing no one
Tops get to make strategic decisions

Bottoms get to deliver products and services

Middle role can feel comparatively unrewarding and lacking significant “action”
• Often feel lonely and isolated

• Not fully accepted by Tops or Bottoms

• Separated from peers by focus and work unit

• Can harbor interpersonal tension and competitive anxiety in relation to other Middles
Often feel role is primarily reactive
• Scope for independent thought and action can feel very limited
Middles often personalise their experiences

- When things go badly they tend to blame themselves
“Every system is perfectly designed to yield the result it produces.”

Edwards Deming?
Donald Berwick?
Paul Batalden?