# Presenters

<table>
<thead>
<tr>
<th>Moderator</th>
<th>Thomas Nasca, Accreditation Council for Graduate Medical Education</th>
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<tr>
<td>Research Data and Metrics</td>
<td>Bob Harbaugh, Society of Neurological Surgeons  &lt;br&gt;Steve Bird, Society for Academic Emergency Medicine</td>
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<tr>
<td>Conceptual Model</td>
<td>Art Hengerer, Federation of State Medical Boards  &lt;br&gt;Lois Margaret Nora, American Board of Medical Specialties</td>
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<td>External Factors and Workflow</td>
<td>Daisy Smith, American College of Physicians  &lt;br&gt;Pam Cipriano, American Nurses Association</td>
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<td>Messaging and Communications</td>
<td>Clifton Knight, American Academy of Family Physicians  &lt;br&gt;Neil Busis, American Academy of Neurology</td>
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<tr>
<td>Publications and Art Show</td>
<td>Sandeep Kishore, Icahn School of Medicine at Mount Sinai</td>
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# Research, Data, and Metrics

<table>
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<tr>
<th>Co-leads</th>
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<tr>
<td><strong>Steve Bird</strong> (Society for Academic Emergency Medicine)</td>
<td><strong>Lotte Dyrbye</strong> (Mayo Clinic)</td>
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<td><strong>Robert Harbaugh</strong> (Society of Neurological Surgeons)</td>
<td><strong>Jordyn Feingold</strong> (Icahn School of Medicine at Mount Sinai)</td>
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<td></td>
<td><strong>Lorna Lynn</strong> (American Board of Internal Medicine and the ABIM Foundation)</td>
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<td><strong>Kenya McRae</strong> (American Osteopathic Association)</td>
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<td><strong>Bernadette Mazurek Melnyk</strong> (Ohio State University)</td>
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<td><strong>David Meyers</strong> (Agency for Healthcare Research and Quality)</td>
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<td><strong>Edith Mitchell</strong> (National Medical Association)</td>
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<td><strong>Robert Phillips</strong> (American Board of Family Medicine)</td>
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<td><strong>Jonathan Ripp</strong> (Collaborative for Healing and Renewal in Medicine)</td>
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<td><strong>Srijan Sen</strong> (University of Michigan)</td>
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<td><strong>Javeed Sukhera</strong> (Schulich School of Medicine and Dentistry at Western University in London, Ontario, Canada)</td>
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**NATIONAL ACADEMY OF MEDICINE**
Research, Data, and Metrics

- Discussion Papers
  - “Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care”
  - Financial cost of burnout in nurses
  - Gender differences in burnout and its related factors
  - Which measurement tools to use in which contexts
- Compilation of validated survey instruments to assess work-related dimensions of well-being
- Annotated bibliography of individual and organizational interventions from recent systematic reviews
- Metrics to assess the impact of the NAM Action Collaborative

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Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care

Between 2011 and 2014, the prevalence of burnout increased by 9% among physicians, while remaining stable in other U.S. workers. (Institute of Medicine, 2013)

Suicide rates among female physicians are 130% higher than that of other females in the population. (Dyrbye et al., 2014)

Suicide rates among male physicians are 40% higher than that of other males in the population. (Dyrbye et al., 2014)

In a study of 1,171 registered in-patient nurses, 18% had depression versus a national prevalence of approximately 9%. (Dyrbye et al., 2012)

Health care professional burnout represents real suffering among people dedicated to preventing and relieving the suffering of others. The high prevalence of burnout among health care professionals is cause for concern because it appears to be affecting quality, safety, and health care system performance. Efforts are needed to address this growing problem. (Dyrbye et al., 2017)
## Conceptual Model

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<td><strong>Lois Margaret Nora</strong> (American Board of Medical Specialties)</td>
<td><strong>Timothy Brigham</strong> (Accreditation Council for Graduate Medical Education)</td>
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<td><strong>Helen Burstin</strong> (Council of Medical Specialty Societies)</td>
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<td><strong>Anna Legreid Dopp</strong> (American Society of Health System Pharmacists)</td>
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<td><strong>Jay Kaplan</strong> (American College of Emergency Physicians)</td>
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<td><strong>Sandeep Kishore</strong> (Icahn School of Medicine at Mount Sinai)</td>
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<td><strong>Beverly Malone</strong> (National League for Nursing)</td>
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<td><strong>LaVonne Ortega</strong> (Centers for Disease Control and Prevention)</td>
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<td><strong>Paul Rothman</strong> (Johns Hopkins Medicine)</td>
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<td><strong>Tina Shah</strong></td>
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<td><strong>Fan Tait</strong> (American Academy of Pediatrics)</td>
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<td><strong>Mark Upton</strong> (Department of Veterans Affairs)</td>
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Conceptual Model

- Conceptual Model of Factors Affecting Clinician Well-Being and Resilience
- Discussion Papers
  - "A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience"
- Further iterations of the conceptual model
- Terms and Definitions
FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience; applies these factors across all health care professions, specialties, settings, and career stages; and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. The model will be revised as the field develops and more information becomes available. Subsequent layers of the model, and an interactive version of the model, are in development in conjunction with the Action Collaborative’s other working groups and will be made available shortly.

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS
- Alignment of societal expectations and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT
- Accreditation, high-stakes assessments, and published quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members
- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health record
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

INDIVIDUAL FACTORS

HEALTH CARE ROLE
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/Connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES
- Clinical Competency/level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

Learn more at nam.edu/ClinicianWellBeing

NATIONAL ACADEMY OF MEDICINE
# External Factors

## Socio-Cultural Factors
- Alignment of societal expectation and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

## Organizational Factors
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members
- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

## Regulatory, Business, & Payer Environment
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
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## Learning/Practice Environment
- Autonomy
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- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence
Individual Factors

**HEALTH CARE ROLE**
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

**PERSONAL FACTORS**
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
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- Teamwork skills
## External Factors and Work Flow

<table>
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<tr>
<th>Co-leads</th>
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</thead>
</table>
| Pamela Cipriano (American Nurses Association) | Alan Balch (Patient Advocate Foundation)  
Sam Butler (Epic)  
Mark DeFrancesco (American Congress of Obstetricians and Gynecologists)  
Theodore Delbridge (Association of Academic Chairs of Emergency Medicine)  
Jessica Fried (Hospital of the University of Pennsylvania)  
Tejal Gandhi (National Patient Safety Foundation at Institute for Healthcare Improvement)  
Ron Harter (American Society of Anesthesiologists)  
David Hoyt (American College of Surgeons)  
Andrea Borondy Kitts (Lahey Hospital & Medical Center)  
Alex Ommaya (Association of American Medical Colleges)  
Hal Paz (Aetna)  
David Rogers (UAB Medicine)  
Lewis Sandy (UnitedHealth Group)  
Luke Sato (CRICO)  
Christine Sinsky (American Medical Association)  
Paul Tang (IBM Watson Health) |
| Cynthia Smith (American College of Physicians) | |
External Factors and Work Flow

- Streamlined suggestions to CMS re. E/M documentation guidelines
- Public call for best practices/workflow re-design*
- Discussion Papers
  - “Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout”
  - “Implementing Optimal Team-Based Care to Reduce Clinician Burnout”
  - “Person-Centered Health Information System”

*https://www.surveygizmo.com/s3/4339037/Public-Call-for-best-practices
# Messaging and Communications

<table>
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</table>
| **Neil Busis** (American Academy of Neurology) | **Carol Bernstein** (New York University School of Medicine)  
**Jay Bhatt** (American Hospital Association)  
**Sheila Blackstock** (Centers for Medicare and Medicaid Services)  
**Lynne Chafetz** (Alliance of Independent Academic Medical Centers)  
**Robert Cherry** (UCLA Hospital System)  
**Linda Hawes Clever** (RENEW)  
**Michael Colston** (Department of Defense)  
**Amy Hildreth** (Wake Forest Baptist Medical Center)  
**Saul Levin** (American Psychiatric Association)  
**Michael Maguire** (Jefferson/Christiana Care)  
**Aditi Mallick** (George Washington University School of Medicine & Health Sciences)  
**Graham McMahon** (Accreditation Council for Continuing Medical Education)  
**Stephen Shannon** (American Association of Colleges of Osteopathic Medicine)  
**Peter Slavin** (Massachusetts General Hospital)  
**Denice Stewart** (American Dental Education Association)  
**Deborah Trautman** (American Association of Colleges of Nursing) |
| **Clif Knight** (American Academy of Family Physicians) | }
Organizational Commitment Statements

- Over 150 organizational commitment statements collected since Fall 2017
- Provide an opportunity for organizations across the country to discuss and share plans of action to reverse clinician burnout and promote clinician well-being
- Call for statements remains open

Submit your organizational commitment statement at nam.edu/SupportClinicianWellBeing
Message Testing

- **High-level lessons**
  - Emphasize people over profits
  - Focus on fixing the system, not blaming clinicians
  - Keep messages brief
  - Use statistics and specifics
  - Use images that convey the seriousness of burnout
  - Frame the issue positively (promoting well-being vs. combatting burnout)
Healthy clinicians provide better patient care. Let’s build a better system that helps clinicians thrive.

nam.edu/clinicianwellbeing
Knowledge Hub is organized around three main topics

- **Causes:** Organizational factors, learning environment, practice environment, society and culture, personal factors, rules and regulations
- **Effects:** Safety and patient outcomes, clinician well-being, turnover and reduction of work effort, health care costs
- **Solutions:** Organizational strategies, measuring burnout, individual strategies
Let’s build a better system that helps clinicians thrive.

Communications toolkit to easily share the knowledge hub

[link]

**HEALTHY CLINICIANS.**

HEALTHY PATIENTS.

Burnout is widespread among U.S. clinicians, putting an unsustainable strain on the health system.

**LET’S BUILD A BETTER SYSTEM TO HELP CLINICIANS THRIVE.**

**BURNOUT** is nearly 2X as prevalent among U.S. physicians than among workers in other fields.

**43%** of inpatient nurses have a high degree of emotional exhaustion.

Medical trainees experience higher rates of DEPRESSION and BURNOUT than those of age-similar individuals pursuing different careers.

NATIONAL ACADEMY OF MEDICINE
## Publications and Art Show

<table>
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| Sunny Kishore (Icahn School of Medicine at Mount Sinai) | Carol Bernstein (New York University School of Medicine)  
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Javeed Sukhera (Schulich School of Medicine and Dentistry at Western University in London, Ontario, Canada)  
Deborah Trautman (American Association of Colleges of Nursing) |
Publications

• **Commentary 1**: “To Care Is Human – Collectively Confronting the Clinician Burnout Crisis”
• Commentary 2: Making the Case for a Chief Wellness Officer
• Commentary 3: An Inter-Generational and Inter-Professional Narrative of Clinician Well-Being

**Perspective**

To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.
“In order to direct a robust program serving large cohorts of physicians and other healthcare providers, it is vital to have an experienced leader as a guide to facilitate system-wide change to a culture of well-being and implement evidence-based interventions to improve outcomes. A leader with the authority, budget, and scope to implement such an ambitious agenda should reside within the executive team, or C-suite - Chief Wellness Officer (CWO).

Here, we make the case for a Chief Wellness Officer as a collective of former and current Deans of health professional schools, CEOs of health systems, and faculty members that have committed to the creation of CWO positions. We also include three current chief wellness officers from Stanford, Ohio State and the Icahn School of Medicine at Mount Sinai.”
Commentary 2 Authors

Tim Brigham, Chief of Staff, ACGME
Neil Busis, Chief, Neurology, University of Pittsburgh
Dennis Charney, Dean, Icahn School of Medicine at Mount Sinai
Pam Cipriano, President, American Nurses Association
Victor Dzau, National Academy of Medicine
Darrell Kirch, Association of American Medical Colleges
Sandeep Kishore, Icahn School of Medicine at Mount Sinai
Bernadette Melnyk, University Chief Wellness Officer; Dean of College of Nursing, VP for Health Promotion, Ohio State University
Lloyd Minor, Dean, Stanford University School of Medicine
Tom Nasca, Accreditation Council for Graduate Medical Education
Jon Ripp, Chief Wellness Officer, Senior Associate Dean for Well Being and Resilience, Icahn School of Medicine at Mount Sinai
Paul Rothman, CEO, Johns Hopkins Medicine
Tait Shanafelt, Chief Wellness Officer, Stanford University School of Medicine
Johnesse Spisso, President, UCLA Health
Questions?

• Please use the following format:
  – GENERAL: How can I get involved in the work of the collaborative?
  – RESEARCH: What instruments are included in the list of validated instruments?
Thank You!

For any questions, please be in touch with Charlee Alexander ClinicianWellBeing@nas.edu