McLaren Health Care (MHC) has 5 teaching hospitals with a total of 580 residents. In total, there are approximately 20,000 employees within the organization which consists of 11 hospitals, as well as an insurance company and all ancillary services. There is a Corporate Director of Physician Wellness and a coordinated wellness program for Residents, Faculty and Fellows within Corporate Graduate Medical Education. Each hospital site has a wellness committee in which local issues are discussed and local activities are organized which contribute to resilience building.

The organization is committed to supporting the wellbeing of its learners and faculty. It is understood that physician distress and burnout is caused by multifactorial factors, including systematic problems within medical education and healthcare, as well as possible individual lack of resilience. Understanding that high quality patient care is tied to the health and wellness of the caregiver, it is McLaren’s intent to address individual and systemic issues in our wellbeing programming. Tied to these concepts are the implications of developing and sustaining a Just Culture. Just Culture is defined as a learning culture that is constantly improving and oriented toward patient safety.

In addition to each hospital conducting its own needs assessment, McLaren health Care is sponsoring corporate training in each of 3 years of residency. During the first year of residency, each new intern will receive ‘Crucial Conversations’ training in order to increase communication skills and decrease stress around ‘difficult conversations’ which interns have with patients, faculty and colleagues. In their second year, they will receive ‘Mindful Practice’ training as developed at the University of Rochester Medical School (Ron Epstein, Mick Krasner), which has been shown to decrease burnout and increase engagement in medicine. In the third year of residency, they will receive Leadership skill training.

The Clinical learning environment is also a crucial element of physician wellbeing. MHC endorses a zero tolerance environment that is free of bullying behavior and language, sexual and physical harassment and discrimination of any form. Recognizing that faculty have generally not been trained to the concepts of wellness and education theory, faculty development will include improvement of teaching methods during each academic year.

Additionally, realizing that recognition of mental health issues in medical education has been problematic in general for faculty, residents and fellows, training for all in recognition, identification of resources and the need for treatment will be regularly held. Additional services (EAP, counseling) will be available to all.

As we are aware that increased clerical duties and other onerous details of current physician life are at the head of burnout, quality improvement projects are encouraged which will decrease stress, engage learners in medicine and patient care and help alleviate those systemic problems which contribute to burnout. Although we are in the first year of a formalized wellness program for our faculty and learners, individual residencies have taken the lead in this area for a number of year. We look forward to rich programing and research.