



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

Ensuring Clinician Well-Being in an Age of Uncertainty: Emerging Lessons from the COVID-19 Pandemic and a Systems Approach for the Future

**October 28-29, 2020
Virtual Meeting**



**NATIONAL
ACADEMY
of MEDICINE**

Founded in 1970 as the Institute of Medicine

Opening Remarks



Victor J. Dzau

*Chair, Action Collaborative on Clinician Well-Being
and Resilience*

President, National Academy of Medicine



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Planning Committee



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Meeting Objectives



Overarching objective: Elevate the urgency of national action and map efforts needed to coordinate the long-term health and well-being of clinicians through COVID-19 and beyond this pandemic.

Day 1: Review data and observations on clinician well-being since the COVID-19 pandemic

Day 2: Focus on operationalizing targeted systems approaches to clinician well-being



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Goals of the NAM Action Collaborative on Clinician Well-Being and Resilience



- Raise visibility of clinician burnout, depression, moral injury, and suicide
- Improve understanding of challenges to clinician well-being
- Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver



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Working Group Participants



~65 Working Group participants representing:

- Medicine, nursing, pharmacy, dentistry
- Professional societies and membership organizations
- Government agencies
- Health IT vendors
- Large health care centers
- Payers
- Researchers
- Trainees and early career professionals
- Patient and consumer perspectives

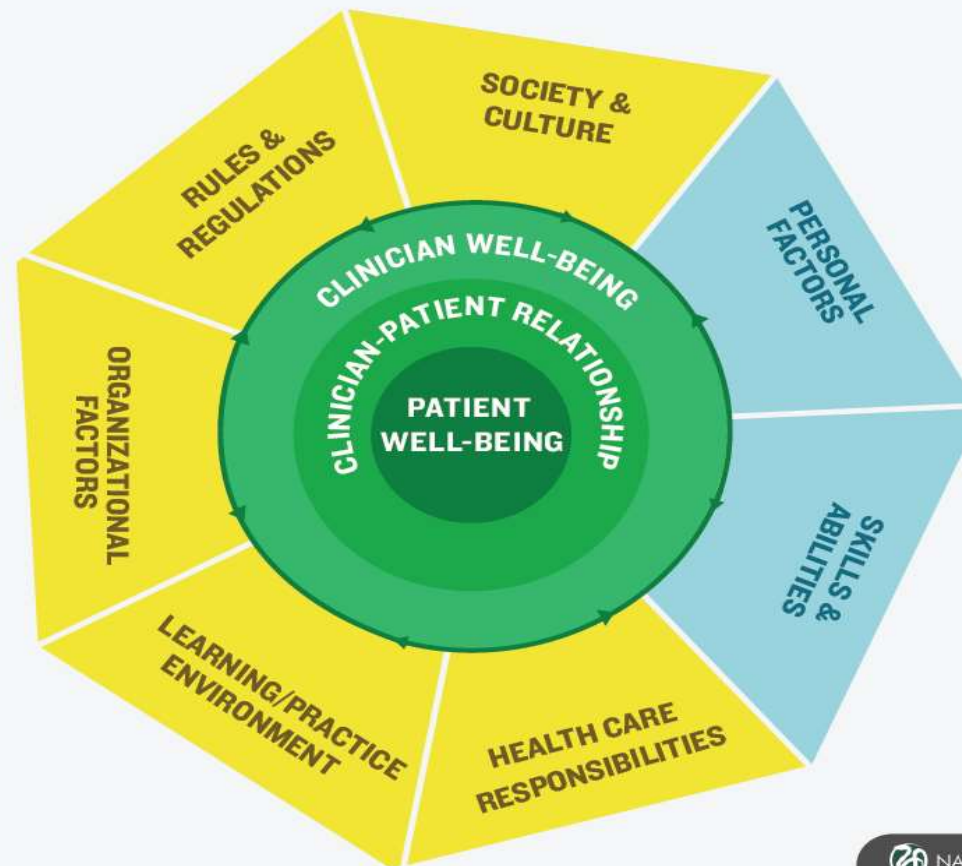


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Factors Affecting Clinician Well-Being and Resilience



External Factors and Workflow Activities

Impact of EHRs

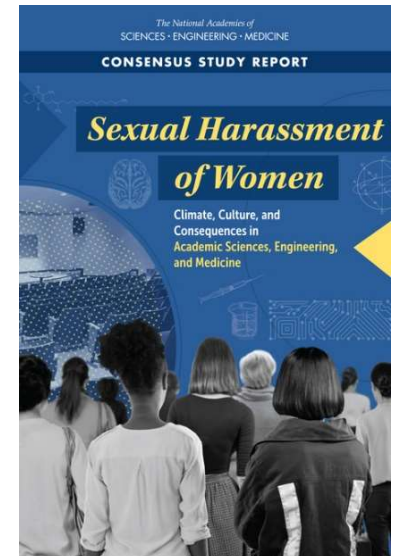
- Majority agree EHRs contribute to burnout, takes valuable time away from patients (Stanford Medicine Harris Poll)
- Major vendors and relevant stakeholders: how to improve EHRs to support workflow/reduce burnout



Workload, administrative responsibilities, workflow, teamwork

Harassment and power dynamics

- Addressing impact of harassment, power dynamics on burnout, career advancement, etc.
- Consensus Study & Action Collaborative: Sexual Harassment of Women in Academic Sciences, Engineering, and Medicine



Leadership engagement

- Making the case for the Chief Wellness Officer
- Ensuring wellness in the workplace, e.g., dissemination of best practices and lessons learned from successful wellness programs

Individual Factors Affecting Clinician Well-Being and Resilience

PERSONAL FACTORS

- Financial stressors/economic vitality
- Personality traits
- Personal values, ethics and morals
- Physical mental, and spiritual well-being
- Relationships and social support
- Sense of meaning

ENABLING SKILLS AND ABILITIES

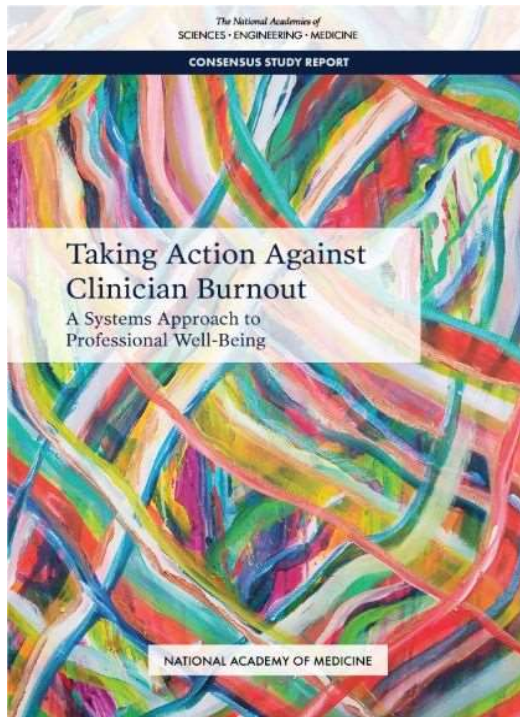
- Coping
- Empathy
- Resilience
- Expression and communication
- Teamwork



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Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being



October 23, 2019

The report is a call to action and highlighted systems failure rather than individual failure; calls for system change. It outlines six goals that these stakeholders should pursue to prevent and mitigate clinician burnout and foster professional well-being.

- Create positive work environments
- Address burnout in training and at the early career stage
- Reduce tasks that do not improve patient care
- Improve usability and relevance of health IT
- Reduce stigma and improve burnout recovery services
- Create a national research agenda on clinician well-being

Action Collaborative Working Groups (2019-2020)



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. Post-2020 Sustainability Planning
6. Action on Consensus Report Recommendations



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NAM Supporting Clinician Well-Being During COVID-19



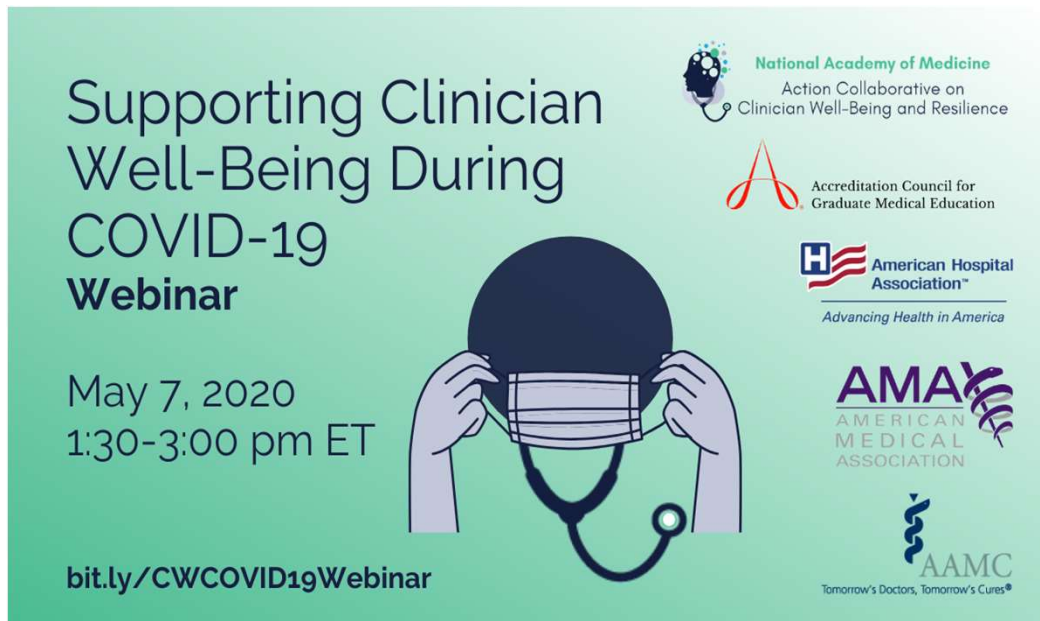
- ***Expressions of Clinician Well-Being*** traveling art gallery as an entry point for conversations on clinician burnout
- **Resource page** on the Clinician Well-Being Collaborative website to collect and share emerging strategies and resources on supporting clinician well-being during COVID-19 across the Collaborative's membership
- **Public webinars** as platforms to address ongoing efforts, challenges, and lessons learned during COVID-19
- **Publications:** Breaking the culture of silence perspective series, NAM Perspectives, NEJM, Consensus study



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- **119 resources** from a range of organizations: WHO, U.S. government agencies, professional associations and societies, health care providers and schools of health professions, and relevant peer-reviewed journals, textbooks, and trade press
- Submit a resource: ClinicianWellBeing@nas.edu



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Leading Voices of COVID-19: The Family of Dr. Lorna Breen

Family of New York ER doctor who died by suicide: Getting COVID 'altered her brain'

Dr. Lorna Breen's tragic death has left her loved ones reeling, and brings attention to the mental health challenges currently facing health care workers.



Stigma Compounds the Consequences of Clinician Burnout During COVID-19: A Call to Action to Break the Culture of Silence

An NAM Perspectives Commentary

August 6, 2020

By Jennifer B. Feist, J. Corey Feist, and Pamela Cipriano



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NEJM Perspective: Preventing a Parallel Pandemic A National Strategy to Protect Clinicians' Well-Being



Perspective

Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being

Victor J. Dzau, M.D., Darrell Kirch, M.D., and Thomas Nasca, M.D.

The Covid-19 pandemic, which had killed more than 60,000 Americans by May 1, has been compared with Pearl Harbor and September 11 — cataclysmic events that left indelible

imprints on the U.S. national psyche. Like the volunteers who flooded into Manhattan after the World Trade Center attacks, the health care providers working on the front lines of the Covid-19 pandemic will be remembered by history as heroes.

These courageous people are risking their lives, threatened not only by exposure to the virus but also by pervasive and deleterious effects on their mental health. Tragically, we are already seeing reports of clinicians dying by suicide amid the pandemic, including the highly publicized death of a prominent emergency medicine physician in Manhattan, the epicenter of the U.S. Covid-19 outbreak.¹ Before the virus struck, the U.S. clinical workforce was already

experiencing a crisis of burnout. We are now facing a surge of physical and emotional harm that amounts to a parallel pandemic.

Just as the country rallied to care for September 11 first responders who suffered long-term health effects, we must take responsibility for the well-being of clinician first responders to Covid-19 — now and in the long run. We are calling for several immediate actions to lay the groundwork for a clear and accountable national strategy to safeguard the health and well-being of our clinician workforce (see box).

The first locus of responsibility is health systems and other employers of clinicians. Organization leaders need to understand and

squarely confront the unprecedented strains on their workforce. Underlying clinicians' anxieties over the scarcity of personal protective equipment and limited availability of testing is the fear of spreading the disease among patients and coworkers or bringing it home to their families. Clinicians have expressed uncertainty about whether employers would support them if they got sick. Amid extra-long work hours, many are also being asked to fill emergency roles for which they feel underprepared.² As the Covid-19 crisis stretches on, the burden of stress will only mount.

After the 2003 SARS outbreak in Toronto, studies found high levels of emotional distress among hospital workers — stemming from social isolation, the pain of losing colleagues to the disease, and social stigma associated with exposure to SARS, among other factors.³ Stigma, including self-stigmatization, was also a problem

116TH CONGRESS
2D SESSION

S. 4349

To address behavioral health and well-being among health care professionals.

IN THE SENATE OF THE UNITED STATES

JULY 29, 2020

Mr. KAINE (for himself, Mr. YOUNG, Mr. REED, and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions



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50 years
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Reflecting on Our Progress & Achievements



- Convened key players and entities to address the highest-priority elements of the nation's response to the clinician burnout crisis, including 210 stakeholder organizations and over 150 submitted organizational commitment statements
- Convenings, webinars, and a CEO summit on clinician well-being
- Knowledge hub and *Expressions of Clinician Well-Being* art gallery
- Data collection and analysis, including the case study series
- Publications, sector briefs, and infographics
- Special projects and activities with an emphasis on the COVID-19 response



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