



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

**Clinician Retention in the Era of COVID:
Uniting the Health Workforce to Optimize Well-Being
March 15, 2022**

The NAM Clinician Well-Being Collaborative held a virtual convening on March 15, 2022, where attendees participated in simultaneous breakout groups to identify specific actions to advance well-being during session 3 on Commitments to Building and Sustaining Well-Being as a Core Value. Breakout groups focused their discussion on three elements from the [NAM Resource Compendium for Health Care Worker Well-Being](#).

- 1) Advance Organizational Commitment
- 2) Strengthen Leadership Behaviors
- 3) Cultivate a Culture of Connection and Support

A recording of the breakout group reports is available on the [event page](#). The comments and resources shared in the following chat do not necessarily represent the views of any one organization, the Action Collaborative on Clinician Well-Being and Resilience, or the National Academies of Sciences, Engineering, and Medicine, and have not been subjected to the review procedures of, nor are they a product of, the National Academies. We are sharing these items as part of a summary of the meeting, and the transcript has been edited for clarity.

Breakout 1: Advance Organizational Commitment

Facilitated By: Pam Cipriano

Sami Phillips: <https://nam.edu/compendium-of-key-resources-for-improving-clinician-well-being/>

Beth Lown, MD - Schwartz Center: Given the poll results, it would be helpful to hear others discuss how to engage executive leaders to align actual decision-making and resource allocation with valuing and operationalizing strategies for workforce wellness.

Mary Hoey: Executive leadership rounding is helping

Leanna Graham: Yes Leanna Graham

Peg Hudock: Our organization had company sponsored events. Ways for people to discuss issues. Behavioral health folks available for discussion

Chantal Brazeau: I think it's a matter of perseverance/ getting on the right committees to bring up the issue of wellness

Heidi Bellamente (she/her/hers): What's helping: exec leader rounding and stay interviews are indicating the need for focus on wellbeing. Leaders are listening and realize if we don't invest more, now, we'll risk more employee retention issues; the business case is being made for it as well (\$ saved)

Leanna Graham: UHN has also incorporated commitment via all Quality Structures - all programs have as an indicator

Beth Lown, MD - Schwartz Center: Is anyone working on financial risk mitigation strategy modelling; i.e., balancing risk of attrition with need to recoup financial losses of the pandemic?

Jana Bitton: Is anyone here from a setting that is not a hospital/acute care? I'm curious if engaging leadership differs based on care setting.

Adrienne Kovacs: Following up on Beth's comments....I have observed that organizational commitment/awareness/assessment alone (without allocated resources) can have the opposite-of-desired effect. Clinicians/staff can detect when leadership is genuine.

Breakout 2: Advance Organizational Commitment

Facilitated By: Sarah Delgado

Debra Logan: I teach nursing in an online academic setting for undergraduates and graduates. The personal and professional challenges that nursing students have experienced as they have cared for patients in their job and in clinicals has been an important role for me to address as their professor.

Donna Zankowski: ANA recently released its second Covid related survey:

<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-impact-assessment-survey---the-second-year/>

Daisy Smith, ACP (she/her/hers): Make the effort to meet clinicians where they are and give them choices and autonomy

Ashley Meyers: Our organization developed a daily email that included covid numbers, PPE availability, etc. and continued to take staff input on measures necessary to measure such as breaking down numbers based on vaccination status, then further boosted or not. overall - taking into account frontline requests and not just listen but to ACT.

Marisa Streelman: The Academy of Medical Surgical Nurses (AMSN) developed COVID Resources for nurses to use with their units/areas: <https://www.amsn.org/practice/covid-19-resources-nurses/covid-19-safety-checklist-nurses>

Rebecca Miltner: Yes. We owe them accountability for our leadership failures.

Libby Ross, AACP: Agree. Pharmacy burnout is also a significant patient safety issue that has been exacerbated by the pandemic.

Daisy Smith, ACP (she/her/hers): The approach that Jay is outlining could also be used for stay interviews with employees- so you can prevent them from leaving.

Donna Zankowski: lots of frontline staff had to use most of their PTO for being sick with Covid. Now they have no time left for vacation

Jonathon Truwit: We had to mandate breaks during the day as people felt not enough team members to cover

Jay A. Kaplan: Relational rather than transactional. People don't care how much you know until they know how much your care - as important for our staff as for our patients.

Nancy Lewis (she/her): Amen, Andrea!

Daisy Smith, ACP (she/her/hers): Agree with Andrea for the need to stop doing those wellbeing interventions that don't improve staff wellbeing and even make people feel worse- well being rooms in the hospital that are locked, free ice cream, pizza parties, online wellbeing modules, calling people healthcare heroes, etc...

Donna Zankowski: Wayne - the ANA survey lists where folks work

Breakout Group 2: Reaction Poll Results

1. Select up to 3 practices your organization implements well. (Multiple choice)



Breakout 3: Strengthen Leadership Behaviors
Facilitated By: Kirk Brower

Julie Sees, DO: Welcome to our Session 3 breakout Strengthen Leadership Behaviors 😊

April Clark (she/they) Sunrise Services, Inc QA Manager: I think implementing individual/group sessions to discuss some of the challenges that staff are feeling.

Greg Guldner (He, Him, His): We are working on building a shared set of beliefs around well-being for our 61 teaching hospitals (GME) as step 1 for culture. We're focusing on autonomy supportive leadership principles - supporting autonomy, belonging, and competence.

Kate: What resonated for me was Dr. Murthy's comment about going back to business as usual before the impact of the last 2 years has been reflected upon

Carol Bernstein: We are proposing developing coaching programs and training for leaders "on the ground" - in other words, the people most proximal to staff since they create the micro-environment that staff experience..

Liz Ferron: I feel that there was a reoccurring theme of the importance of leaders and administration "listening." Or perhaps seeking out input. I really liked the passing comment by someone that her team will often accompany these leaders when they are rounding to make sure important matters are said and heard.

Kate: We are doing some measurement of moral distress

Shelby Kuhn: I think the leader rounding is helpful. And implementing daily rounding (like safety huddles, etc.) that incorporate a focus on workforce safety/wellness. But looking for more concrete activities to engage in

iPhone 11: There is a difference between creating a Chief of Wellness position and giving them the power to take action. How do you recommend people transition those roles to one's of power and transformation?

Lillian Emlet: @Kate totally agree, it's worrisome that it is feeling that way, need reflection space to give leaders ideas of what good things to keep.

Linda Hawes Clever (she, her, hers): A take-away: the importance of leaders SHOWING UP on the front lines—regularly—and listening—and acting!

Tom Campbell: We have a good measurement annually for staff, so I am fortunate. However we do not have a leadership measurement tool which I plan on trying to gain support or initiate on some level. Also need a full dedicated leader CWO that is at least 50% dedicated to the role.

Linda Kim: Emphasize importance of wellbeing in leadership meetings and provide training and resources to leaders so that they can share with their staff and ROLE MODEL behaviors by focusing on wellbeing themselves

Alyssa Brown: As a bedside ICU RN, having directors who have witnessed tragedy alongside us have decompression rounds where we can openly discuss what we have experienced

Phyllis, Colorado Safety Net Collaborative: I'm going to try and get a graduate student to go through all the resources presented to see what we can do to support our clinics across the state in the journey. I'm thinking of how we can develop peer support for clinic directors and EDs across all the clinics, but don't have \$\$ to manage it, so am interested in what the costs are so that we can ask for grant funds to implement.

Arianna Galligher: We are in the beginning stages of creating a framework for a systemwide Director to coordinate the many wellness options that are available. I like the idea of incorporating a multidisciplinary team approach, and housing information about all the options in one location.

lisa.ellis@vcuhealth.org: Hi I am curious about the metrics being used at organizations for wellness. I think data speaks loudly - we use retention and burnout measures but really want to see the other metrics or measures being used to help leadership understand the implications into quality or finances?

Holly Simms Carpenter: A free nurse wellness program open to everyone is Healthy Nurse, Healthy Nation available at www.hnhn.org.

Amy Felix: I thinking bringing this idea of well-being for clinicians on every platform including C-suite meetings, patient flow committees, staffing models etc.

Carol Bernstein: I think tracking retention is critical as are exit interviews.

Christopher Davis: Leaders need to be visible and transparent in their well-being efforts, as should the metrics that are tracked.

Michelle Fernández Gabilondo (she/her/ella): I agree Carol, we also conduct stay interviews not just exit interviews to understand why people stay and want to work here. And what are the changes we need to make to listen to the workforce

Angie Flynn: More intentional training and support for leaders around how to implement strategies that encourage well being and reduce burnout. Example....leaders are tasked to improve work environments but are not given time to develop and create effective strategies within their team (build relationships, professional development, caring behaviors, etc.)

lisa.ellis@vcuhealth.org: Do you all do your own exit interviews from a wellness standpoint or a 3rd party?

Amy Felix: Leaders need to also demonstrate and share how they are practicing well-being. This includes taking lunch breaks, sending emails, during working hours, and taking time off. We lead by example.

Carol Bernstein: I think exit interviews should be conducted by people are in the same department, but not in supervisory positions. I think HR exit interviews may be too generic.

Arianna Galligher: Expanding access to peer support, and creating a seamless pathway for connection to stigma-free therapy when it would be helpful is important.

Greg Guldner (He, Him, His): Extensive research shows that well-being is connected to a supportive work environment where leaders deliberately support the narratives, "I matter," "what I do matters," and "I'm growing and capable." Much of these practices discussed fall under these narratives.

April Clark (she/they) Sunrise Services, Inc QA Manager: So AGREE!

Jim Chang: Today's presentation helps focus the issues we're seeing as wellness related. Our efforts have been scattered and been driven by our patient/family liaisons. My take home is to have a

conversation with our vp for HR to share the ideas presented here and hopefully focus/coordinate our efforts.

Lillian Emlet: Wellness competencies for leaders? If it's not on leaders evaluation form in a 360 fashion then it's currently just an "extra" thing to do that doesn't have true measures of success for them to go after.

Carolyn Halley: Can people share the wellness surveys they use?

Lillian Emlet: we use the Stanford Wellbeing Index annually

Carol Bernstein: We need to ask "what matters to you", develop strategies to address whatever issues are uncovered and have regular feedback loops to insure that there is follow up. We also need stigma free access to appropriate, excellent mental health resources.

Amy Felix: We used the Stanford Well-being initiative as well

Kate: Agreed Carol on access to quality mental health resources....and beyond EAP

Charlee Alexander: <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>

Carol Bernstein: There are many surveys listed in the NAM Knowledge Hub and I believe there are some in the NAM Wellbeing Compendium.

Carolyn Halley: Thank you!

Tom Campbell: We use Dan Shapiro Associates out of Penn State Health who survey and perform stats and national comparisons and suggest areas for most value to work on.

Kate: frequent communication.....grief leadership

Greg Guldner (He, Him, His): Hand written notes to employees, providers, and others is a has a very high return on investment so to speak.

Purvi Gandhi: I appreciate you mentioning psychological safety. I think it's building a connection with an employee, about what matters to that employee, supporting them, showing empathy, etc

Amy Felix: Social activities builds commodity with team members. It was challenging to do so during COVID.

Angie Flynn: Great discussion! Empathic listening and authentic leader behaviors are important for leaders

David Weissman: The earlier comment about intentional training of leaders in the value of worker well-being and effective strategies in achieving and maintaining well-being are very important. A related issue is intentional training in building and maintaining strong organizational safety culture.

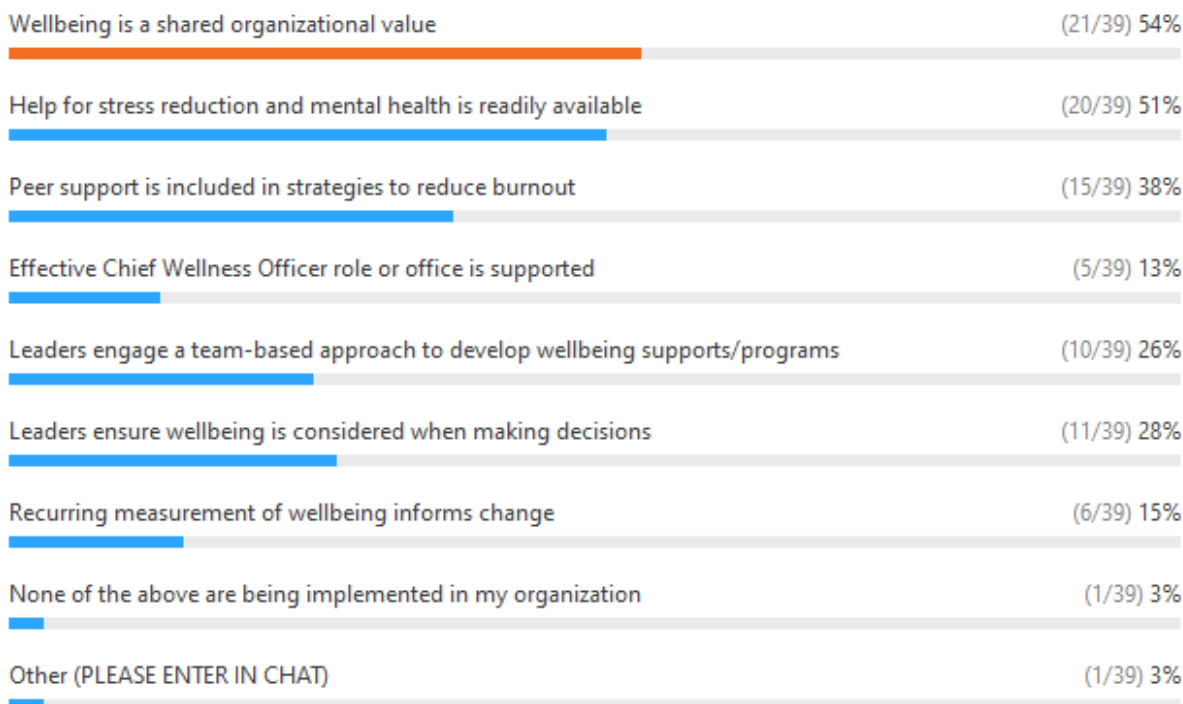
David Weissman: Value on investment isn't the same as return on investment.

Purvi Gandhi: This was a great discussion. I am sorry I missed part of it. Glad it is recorded!

Julie Sees, NAM Fellow: Thank you everyone for the rich dynamic discussion!

Breakout Group 3: Reaction Poll Results

1. Select up to 3 practices your organization implements well. (Multiple choice)



Breakout 4: Strengthen Leadership Behaviors
Facilitated By: Lucinda Maine

Aline Saad: Thank you Dr. Maine for being the voice of Pharmacists on this very important subject.

Amy Locke: Really appreciate the time in breakout/discussion.

Katie Schatz: C-suite regular rounding with action plans and follow up assessments on what they find with the rounding

Brian Lownds: Leadership visibility is so important, enabling quick action on pain points, but also to show empathy and emotional support

Brad Romig (he/him) -LCMC Health: One takeaway is to focus my locus - what can I own/where is my agency in my people leader role as a non-clinical director - what are the small wins for impact over the grand gestures - easy things like incorporating a wellness/well-being question into my standing 1:1s and knowing our resources communicates to my team I value wellness/their well-being. And modeling the way by being authentic and transparent about my own well-being. Name it/normalize the convo.

Amanda Luepke: Rounding upper level leadership without first level supervisor to ensure front-line staff can speak freely, some key phrases: Human before HERO, Self-care being a clinician PPE

Mallory Salentine, MD: So important to create relationships with your teams so that you understand how people are doing, what their passion is in this work, and support them in elevating that passion.

Karen MacDonald: How are leaders being cared for?

Aline Saad: Take away as academician: Incorporating wellbeing into health care professionals curricula

Katie Schatz: Aline, YES!!!

Amanda Luepke: What I want to take back: How do we engage the staff to take some ownership and see the value of taking time to "recharge" in different areas of self-care...we have tons of resources - what types of education or incentives can we offer to show the importance of overall health and wellness - we cannot continue to provide high quality care without caring for ourselves. Expanding our focus from Nursing staff and providers to the other clinical staff on site. (Registered Dieticians, Recreation Therapy, Occupation/Physical Therapy, Housekeepers, Unit coordinators on the Inpatient LTC, etc.)

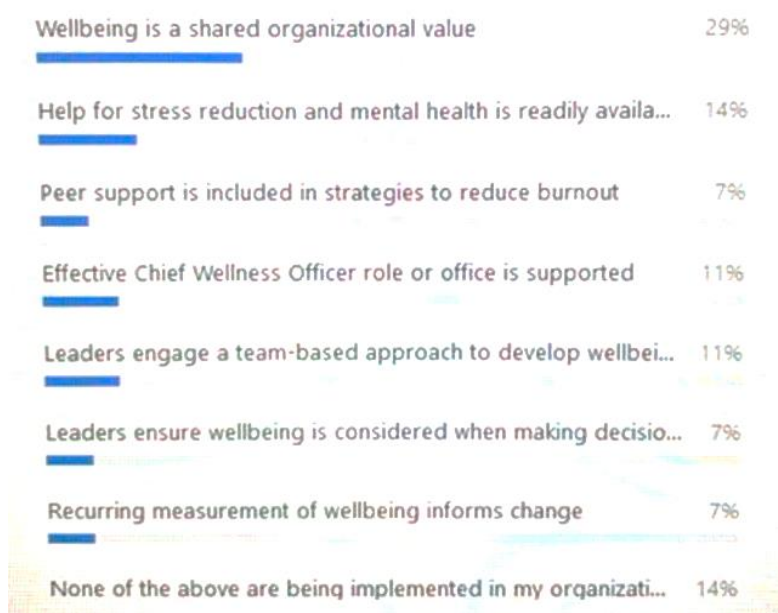
Jen Bickel: Aline, yes, professionalism must include wellness not the silent curriculum of excessive self sacrifice.

Katie Schatz: Christine -- Thanks for representing rural healthcare! It is unique - and has unique needs.

Karen MacDonald: Minnesota Organization of Leaders in Nursing (MOLN) has sponsored 2 boot camps to support nurse leader members to develop personal skills in well-being and resilience. They have been well-received.

Breakout Group 4: Reaction Poll Results

1. Select up to 3 practices your organization implements well. (Single Choice) *



Breakout 5: Cultivate a Culture of Connection and Support

Facilitated By: Heather Farley

Lois Frankel (she/her): I'm not at a care provider organization. My group works with them on well-being through connection, so this breakout is of great interest to me!

Wendy Ellis: Nice to see so many familiar faces

Org 1- AAPA Noel Smith (She/Her): We support the clinicians as an association rather than being clinicians

Cheri: Hybrid work force

Debora Hess: continuing to encourage the voices of the people on the front line and what they need / want

Dawn Clark, MD: We are committed to reducing stigma rounding around asking for mental health support

Teri Hecker: Had listening sessions and trying to get rid of the "stupid stuff"

MJ Brown: Meaning in medicine forums

Uma Anand: Supporting the role of department level wellbeing champions

Alaa Elnajjar(she/hers): Better access to mental health services

Marie Cockerham, University of Washington Medical Center: Reducing barriers to accessing support

Cheri: More admin support/decrease clinician admin burnout!

Wendy Ellis: adopting a commitment to a culture of wellbeing as an organizational strategic value

Stephanie.Herbert@inova.org: At Inova Health System- would love for the CWO role to come into play.

Robert Cain: As an association, we've made wellbeing something we value by using it as a strategic driver and it is part of executive leadership decision making. We are also adding an executive advisor for wellbeing. We need to focus more on our students and creating stronger partnerships with them.

Dawn Clark, MD: We have also committed to Schwartz Center Rounds at every hospital in our system.

Debora Hess: regular meetings with our EAP department to educate on resources.

Wendy Ellis: In re: reducing barriers - creating affinity group

Wendy Ellis: groups and scaling peer support initiatives across our network

Sandy Goel: @Robert Cain - can you talk more about how you made well-being a strategic driver with executive level decision making?

Alaa Elnajjar(she/hers): I love the opt out approach that Uma just shared

Uma Anand: Thank you. Happy to share more with anyone who is interested; usanand@ucdavis.edu

Dawn Clark, MD: Stigma reduction: Doing a survey around mental health stigma, having our physicians tell their stories around mental health/addiction (four times a year in each of our 13 areas) and creating a video with many stories of mental health/addiction struggle and sharing it widely. Continuing peer support/ continue to share wellbeing resources.

Kristin Kennedy: Do most hospitals pay a stipend for those that are on the peer support team? or voluntary?

Teri Hecker: Medical of WI - Peer Supporter Program is voluntary

Stephanie.Herbert@inova.org: for our peer support team it is voluntary

K Sarah Hoehn, MD, MBe: @DawnClark, how did you get clinicians to share their stories?

Wendy Ellis: voluntary

Org 1- AAPA NoelSmith (She/Her): We focus a fair amount about how working in healthy teams where each team member is working to their strengths, is appreciated, and given opportunities in how I communicate and educate others. I also speak to the need for the same supports for ALL clinicians as they are all impacted by burnout, moral injury, toxic work environments, etc.

Dawn Clark, MD: @kristin our peer support team is voluntary.

Kristin Kennedy: Thank you all.

Dawn Clark, MD: @K. Sarah - we collected willing participants when we had a day of peer support training and opened it up to our entire group (peer supporters and ALL)

K Sarah Hoehn, MD, MBe: Thank you

Teri Hecker: We have a link on internal website to all Peer Supporters within our institution; regularly updated

Uma Anand: Thanks Leila. we have also started doing that - I attend the monthly Wellness Forum meeting for new physicians to disseminate information about our EAP. The fact that the organizers started including us is another small step towards reducing stigma.

Robert Cain: It will probably seem simplistic—but it was about behavior change over time. We use a continuous model of strategic planning that assures every major meeting (executive team, board, etc.) embeds planning activities and refers back to key elements of the plan. We have four lens the team and others are expected to 'see' through—professionalism, diversity, wellbeing, and osteopathic philosophy. Through repetition the team has reached a point they call out conversations leading to action where these are addressed. Three years of work so far—recognizing three more likely needed. But buy-in has been high. As we (leaders embed) we try to spread it outward in concentric circles across the team.

Teri Hecker: We also have a phone number to page the peer support team

Sandy Goel: Thank you so much, would be interested to talk with you more if don't mind

Robert Cain: Sorry-that was in response to question from @Sandy Goel.

Alaa Elnajjar(she/hers):I love peer support and it inspired me to build an app. to help match buddy system with the right peer

Teri Hecker: Alaa - that's wonderful

Dawn Clark, MD: @Alaa, is that available for everyone or proprietary?

Uma Anand: Agree - Alaa - that is great!

Connie Barden:Alaa..is your app available publicly?

Dawn Clark, MD: Someone already mentioned it, but Finding Meaning In Medicine groups continue strong even through the pandemic.

Leila Durr: @Alaa i'd love to hear about that app also

Alaa Elnajjar(she/hers):Yes on both apple and google store "Buddies Space"

Alaa Elnajjar(she/hers):We are at the alpha stage with programs testing it to adopt it

Cheri Constantino-Shor (she/her): In Washington and Oregon, we have a similar NW Narrative Medicine Collaborative that creates quarterly storytelling events for healthcare workers, often including patient-told stories. These are powerful 7 minute stories over about a 90 minute event.

<https://nwnmcollaborative.org/the-interstitium/>

Lois Frankel - X4 Health (she/her): Happy to share this link to 3rd Conversation:

<https://www.3rdconversation.org/>

Marie Cockerham, University of Washington Medical Center: Happy to connect with anyone in this group! marie678@uw.edu

Liz: Wellness champions are voluntary, need to have salary support

Stephanie.Herbert@inova.org: happy to connect as well! stephanie.herbert@inova.org

Teal Ingalsbe: Barriers: leadership buy in and value of providers. Business numbers tend to be overvalued over the health of providers and in turn the health of the community.

Alaa Elnajjar(she/hers):Yes wonderful conversation from well-being champions!

Debora Hess: Thank you!!

Connie Barden:Barrier: competing priorities

Uma Anand: Thank you

Alaa Elnajjar(she/hers):Thanks again

Breakout 6: Cultivate a Culture of Connection and Support

Facilitated By: Ernest Grant

Diane Levasseur: It appears that my camera is not working with Zoom

Patricia Patrician: more staff to do the work

Pam Schauben:How do we get more staff?

Liza Perpuse: More C suite presence in the conversation

Kimberly Robertello: less talk, more implementation of ideas

Kim Templeton- AMWA: talking with clinicians about what they need. especially to address issues faced by women. the assumption is that we have infinite bandwidth- there is a point at which this no longer works.

Crissy Walter, ACP WBPf: Make safe spaces known for folks that do not feel that they have it in their institutions

Pam Zinnecker:Actually providing staff the time to participate in the discussions with the leaders/admin.

Barbara Lakatos: Having provided support throughout COVID to the front line staff- what I have from staff- is more resources at the point of delivery. Its frustrating to have resources made available that they are unable to leave work to access

Suzanne McWilliams: I am faculty with Northern Arizona University and we are addressing the issue for our nursing students. We are looking at ways to incorporate this in our curriculum not just once but throughout the curriculum

Kim Templeton- AMWA: addressing stigma in seeking help or discussing burnout or mental health issues. need additional emphasis on licensure and credentialing language. great recommendations out there, but people need to be empowered to effect this change- with the support of health system leadership/C-suite.

Carmen Murray: Realistic expectations of what is needed for patients to receive QUALITY health care...proper scheduling, adequate staffing with compassionate professionals.

Tina Shah: +1 carmen . These are all excellent points

Suzanne McWilliams: Well said Patricia, we are still at the will of the bean counters.

Sara Waters (she/her): Is this geared just towards nursing/medical staff or mental health clinicians as well?

Emily: Incorporating wellbeing strategies, resiliency training, normal responses to stress within our education of nurses and healthcare team members while also continuing this education/training upon transition to professional roles. Our organization just completed a week of resiliency training last week and the feedback was majority of individuals suggested this type of training is helpful for all staff not only for when they are at work but in their personal lives as well.

Amanda Roberge: Lack of interdisciplinary collaboration to distribute workloads in ways that actually make sense and make sure all members of the team are actually practicing at the top of their licensure.

Tina Shah: @Amanda - great comment. Anyone have examples of innovations in leveraging all care team members during covid?

Joe Rotella AAHPM he/him: Some of our local hospice physicians took the hospice aide training so they could provide personal care to patients during a severe aide shortage. It's not always about working at the top of one's license!

Amy Vinson: I hate to leave this incredible conversation, but have to pick up my son from school. This incredible community gives me hope!

Suzanne McWilliams: I ran some peer support groups for nurses and one of the issues they had was that they don't have access or time to take advantage of services. Some also expressed concern that seeking help would be seen as negative.

Tina Shah: @suzanne - thanks for sharing. The double hit of not having time and fear of penalty are important barriers we need to address.

Christine Garcia Pabico: @Crissy, professional nursing organizations play an essential role especially in the Asian community. I'm very active in the Philippine Nurses Association and our Heal the Healers Program has been extremely successful. Sometimes, nurses are afraid to speak up and share even when resources are provided at their hospitals. They feel more safe sharing with others that are similar to them and outside of their work setting. We've been a great resource for connection and support.

Barbara Lakatos: Excellent point. Resource allocation not just adding on

Tina Shah: YES

Crissy Walter, ACP WBPF: How might we help with making a culture of connection and support part of the KPI?

Crissy Walter, ACP WBPF: for orgs

Deborah McIntosh: universal access to no cost higher education with mentoring support; peer support for mental health, mental health clinicians

Dawne Schoenthal | Oregon Center for Nursing: Yes, Ethan, there is burnout talking about burnout and nurses don't want another self-care strategy delivered to them. What we are hearing is the need for action, the need for prevention. Not to undermine the need for destigmatizing asking for help, but tackle it structurally, and completely at all levels.

Barbara Lakatos: Yes, the isolation was profound during COVID. Creating space for fun and joy

Joe Rotella AAHPM he/him: Personal acts of gratitude, love and kindness can have a transformative impact on others and oneself!

Crissy Walter, ACP WBPF: one small step: normalizing emotional support/ mental health

Ethan Lester: Thank you dawne! Really agree

Ethan Lester: Yes Chrissy,!!

Tina Shah: What has helped address isolation?

Christine Garcia Pabico: In ANCC Pathway to Excellence, we've also created ways for nurses at all levels to connect with nurses performing the same role (e.g., in addition to support for frontline clinicians, also forming social support groups for nurse managers, groups for CNOs, because they need support as well). Creating this safe space for sharing is extremely helpful - creating "battle buddies". as Tina shared. And they use this opportunity also to share what has worked well since sometimes strategies implemented in healthcare settings are positively-intended by doesn't always land well with the frontline staff.

Korth: My clinic recently implemented "Orange Frog" and this is a great way to incorporate acts of kindness and happiness into the work culture.

Tina Shah: @korth - interesting I have not heard of this program thank you for sharing

Crissy Walter, ACP WBPF: Advocacy Toolkit: Revising License and Credentialing Applications to Not Ask About Mental Health

Crissy Walter, ACP WBPF: <https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment/advocacy-toolkit-revising-license-and-credentialing-applications-to-not-ask-about-mental-health>

Barbara Lakatos: Focusing on the multiple components of professional health and wellbeing. Walking together, shared meals, creating "step" challenges, drinking enough water, meditating at the start and end of the shift, telling a joke, pausing for a moment during a death

Crissy Walter, ACP WBPF: In this together with AMWA!!