



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

National Plan for Health Workforce Well-Being Public Event:
Unperfected Transcript

SPARKING A NATIONAL MOVEMENT FOR HEALTH WORKFORCE WELL-
BEING

TOM NASCA, MD, MACP, President and CEO, Accreditation Council for Graduate Medical Education
(Collaborative Co-Chair)

GOOD DAY, EVERYONE. THANK YOU TO DR. CLANCY AND DR. RACHEL VILLANUEVA. MY NAME IS THOMAS NASCA. I'M THE PRESIDENT OF THE ACCREDITATION COUNCIL AND COCHAIR OF THE ACTION COLLABORATIVE. I WANT TO THANK THE AUDIENCE IN WASHINGTON, D.C. TODAY, AND OF COURSE THE COUNTRY, FOR YOUR PARTICIPATION TODAY. THIS IS AN EFFORT TO IMPROVE THE WELL-BEING OF THOSE WHO HAVE SERVED THE HEALTHCARE NEEDS OF THE PUBLIC, AND WHO WE HAVE SUPPORTED TO SERVE. OUR JOB IN THIS SESSION IS TO LIGHT THE SPARK THAT TRIGGERS A NATIONAL MOVEMENT FOR HEALTH WORKFORCE WELL-BEING. LET ME OPEN THIS SESSION WITH A BRIEF DESCRIPTION OF HOW I AND MY ORGANIZATION, THE ECG, BECAME INVOLVED IN THESE EFFORTS. IT BEGAN, UNFORTUNATELY, WITH THE DEATH BY SUICIDE OF A FELLOW SURGICAL PHYSICIAN IN CHICAGO. WE WERE TOUCHED BY THE COMMITMENT OF HIS FAMILY TO DO SOMETHING TO PREVENT SUCH TRAGEDIES IN THE FUTURE. A GOAL THAT WE SHARED. THE EMERGING LITERATURE ON BURNOUT AND DEPRESSION AMONG MEDICAL STUDENTS -- IN AUGUST OF 2014 TWO FIRST-YEAR RESIDENTS DIED OF SUICIDE IN THE SAME INSTITUTION WITHIN A WEEK AND WE BECAME ALARMED. THE ACGME INITIATED A NATIONAL DISCUSSION AMONG THE GROUPS RESPONSIBLE FOR MEDICAL EDUCATION. AND COMMITTED TO FUND FOUR ANNUAL MEETINGS TO ADDRESS THE ISSUE. AND ABOUT THAT TIME MY COLLEAGUES AND I COMPLETED A 15 YEAR STUDY OF THE CAUSE OF DEATH OF RESIDENCE AT THE TRAINING PROGRAMS. WE FOUND THAT RESIDENTS DIED AT A SIGNIFICANTLY LOWER RATE. DEATH BY SUICIDE WAS THE MOST FREQUENT CAUSE OF MALE RESIDENTS. AND THE SECOND MOST FREQUENT CAUSE IN FEMALE RESIDENTS. AFTER THE SECOND OF THE ANNUAL EDUCATIONAL CONFERENCES SPONSORED BY THE ACGME, DARRELL KIRCH AND I HAD A CONVERSATION TO RECOGNIZE THAT THIS WAS NOT A PROBLEM THAT COULD BE ADDRESSED SOLELY BY THE EDUCATORS. WE FORMED A GROUP THAT EVENTUALLY BECAME THE ACTION COLLABORATIVE, AS WELL AS THE CONSENSUS STUDY AND REPORT BY CLINICIAN WELL-BEING FOR RESILIENCE. FROM THOSE TWO EFFORTS A NATIONAL PLAN FOR ACTION EMERGED. IT'S TIME FOR ALL OF US NOT ONLY TO UNDERSTAND WHAT NEEDS TO BE DONE, BUT ALSO TO COMMIT TO DOING OUR PART TO MAKE THE DESIRED FUTURE STATE A REALITY. IF WE ARE GOING TO TRANSLATE THE NATIONAL PLAN INTO A SUCCESSFUL MOVEMENT TO ACHIEVE THE GOALS PLANNED EACH OF US MUST COMMIT TO AN ACTION. AND IF WE ARE GOING TO ASK YOU TO COMMIT TO THIS ACTION IS ONLY PROPER THAT WE GO FIRST. AS YOU WILL SEE IN THE NATIONAL PLAN ACCREDITORS ARE CALLED TO CERTAIN TASKS. AMONG THOSE THE CREATION AND MAINTENANCE OF A POSITIVE WORKING ENVIRONMENT IS PARAMOUNT. IN ADDITION TO COLLABORATIONS ACROSS ALL PROFESSIONS, ON BEHALF OF ACGME, WE MAKE COMMITMENTS IN SPECIFIC DOMAINS OF ACTIVITY. THEY HAVE COMMITTED TO AND WILL REMAIN COMMITTED TO THE CREATION AND SUSTAINING OF A POSITIVE WORKING AND EARNING ENVIRONMENT OF A CULTURE. LET ME BE SPECIFIC ABOUT SOME OF THOSE EXISTING EFFORTS AND FUTURE ENDEAVORS. CLINICAL LEARNING ENVIRONMENT ADHERES



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THAT ACGME FORMATIVE EVALUATIVE EFFORT IN SUPPORT OF SPONSORING INSTITUTIONS IN CLINICAL LEARNING AND CULTURE. INCLUDING HIS WELL-BEING TO EFFORTS AND ITS CULTURE. THE INDIVIDUAL INSTITUTIONAL RESULTS ARE ONLY SHARED WITH THAT INSTITUTION. AND THE NATIONAL AGGREGATE DATA IS PUBLISHED PERIODICALLY IN THE PEER REPORTS AVAILABLE ON THE ACGME WEBSITE. WE COMMIT TO CONTINUE TO PROVIDE AN INVOLVED COMMUNITY TO MEET THE NEEDS WITH A NATIONAL COLLABORATIVE TO IMPROVE THE CLINICAL LEARNING ENVIRONMENT. THIS IS AN INTERPROFESSIONAL EFFORT AND FOCUSES ON INTERPROFESSIONAL EDUCATION, SAFETY, AND WELL-BEING. WE WILL CONTINUE TO SUPPORT THAT EFFORT. SUSTAIN A BROAD ARRAY OF SYNCHRONOUS, AS WELL AS ASYNCHRONOUS EDUCATION AND TOOLS FOR PROGRAMS AND INSTITUTIONAL EFFORTS FOR WELL-BEING. THE ACG HAS DEVELOPED TOOLS FOR INSTITUTIONS TO COPE AFTER UNEXPECTED LOSSES OF COLLEAGUES. ACGME WILL SERVE 146,000 RESIDENTS AND OVER 90,000 FACULTY AND PROVIDE FEEDBACK FOR PROGRAMS AND INSTITUTIONS DESIGNED TO IMPROVE THE CLINICAL LEARNING ENVIRONMENT. THE ACG HAS IMPLEMENTED ITS STANDARDS THAT REQUIRE 24/7 MENTAL HEALTH SERVICES TO BE AVAILABLE TO ALL RESIDENTS. ACG HAS IMPLEMENTED ITS STANDARDS THAT REQUIRE PROGRAMS TO EVALUATE THEIR CULTURAL WELL-BEING AND EDUCATIONAL PROGRAMS. BOTH SYNCHRONOUS AND ASYNCHRONOUS IN DIVERSITY, EQUITY AND INCLUSION. AND HAVING LIMITED STANDARDS FOR IDENTIFICATION AND ELIMINATION OF DISCRIMINATION, HARASSMENT, BULLYING, AND OTHER UNPROFESSIONAL BEHAVIORS. THE ACGME HAS IMPLEMENTED PERSONAL RELIEF STANDARDS THAT SUPPORT PERSONAL, PARENTAL OR CAREGIVER LEAVE FOR RESIDENTS AND FELLOWS AT ACGME ACCREDITED PROGRAMS. THE ACG HAS IMPLEMENTED ITS STANDARDS FOR SAFETY FROM VIOLENCE AND OTHER THREATS FOR ALL ACG ACCREDITED PROGRAMS. THE ACGME COMMITS TO PERSISTENT ACTION TO REDUCE AND SUSTAIN POSITIVE WORKING AND LEARNING ENVIRONMENTS FOR ALL OF THOSE INVOLVED. NOT JUST THOSE FOR WHOM WE HAVE PRIMARY RESPONSIBILITY. WE SHARE THE LIFELONG CLINICAL WORKING ENVIRONMENT. IT MUST BE SAFE AND EFFECTIVE FOR ALL. NOT JUST PHYSICIANS AND PHYSICIAN LEARNERS. WE SUPPORT THE INTERDISCIPLINARY EFFORTS OF THE ACTION COLLABORATIVE. WE WILL CONTINUE TO WORK WITH COLLEAGUES FROM ACROSS PROFESSIONS TO BRING ABOUT THE CULTURAL CHANGE CALLED FOR IN THIS NATIONAL PLAN. IT'S NOW MY HONOR AND DISTINCT PRIVILEGE TO INTRODUCE YOU DR. ERNEST GRANT. A COLLEAGUE OF MINE ON THE STEERING COMMITTEE ON THE NATIONAL ACADEMY COLLABORATIVE. THE NATION'S LARGEST NURSES ASSOCIATION. REPRESENTING THE INTERESTS OF THE NATION'S 4 MILLION REGISTERED NURSES. DR. GRANT HAS MORE THAN 30 YEARS OF EXPERIENCE IN NURSING AND IS AN INTERNATIONALLY RECOGNIZED FIRE SAFETY EXPERT. HE RECENTLY SERVED AS THE BURN OUTREACH COORDINATOR FOR THE NORTH CAROLINA GC BURN CENTER. DR. GRANT, WE LOOK FORWARD TO YOUR COMMENTS.



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ERNEST GRANT PhD, RN, FAAN, President, American Nurses Association

THANK YOU VERY MUCH. THANK YOU. LET ME SAY IT IS INDEED AN HONOR TO BE HERE. DR. VICTOR DZAU, AND YOUR STAFF AT THE ACADEMY, WE THANK YOU FOR THE OPPORTUNITY TO BE HERE TODAY. THE AMERICAN NURSES ASSOCIATION IS PROUD TO HAVE HAD THE OPPORTUNITY TO HAVE COLLABORATED AND CONTRIBUTED TO THE WELL-BEING REPORT. WE RECOGNIZE THAT THE WELL-BEING OF THE NATION DEPENDS UPON THE HEALTH AND SAFETY OF ALL HEALTHCARE WORKERS AND PROVIDERS. WE ALSO RECOGNIZE THAT IT TAKES COLLABORATIVE ACTION AND WORKING TOGETHER TO MAINTAIN A FOCUS ON CLINICIANS HEALTH. THIS REPORT IS THE RESULT OF A CONSENSUS PROCESS THAT EXPLORED AREAS OF NEEDS FOLLOWING THE UNPRECEDENTED PANDEMIC THAT FURTHER STRESSED AND ALREADY STRAINED HEALTHCARE WORKFORCE. THE SEVEN PRIORITY AREAS ADDRESSED IN THIS REPORT FIT IN WITH INITIATIVES ALREADY UNDERTAKEN BY THE ANA. OUR NURSES ASSOCIATION. THE INDIVIDUAL MEMBERSHIP DIVISION, AND OUR 39 ORGANIZATIONAL AFFILIATES. FOR EXAMPLE, THE SECOND PRIORITY, INVEST IN MEASUREMENT, ASSESSMENT STRATEGIES, AND RESEARCH. THIS IS A PRIME EXAMPLE OF HOW ANA USED NATIONAL RESEARCH TO HELP DECREASE HEALTH WORKER BURNOUT AND IMPROVE THEIR WELL-BEING. AT THE BEGINNING OF THIS PANDEMIC THE AMERICAN NURSES FOUNDATION LAUNCHED A NATIONAL SURVEY THAT BECAME KNOWN AS THE PULSE OF THE NATIONS NURSES SURVEY. THE SURVEY HAS CONTINUED OVER THE PAST TWO YEARS AND HAS YIELDED VALUABLE INFORMATION. IN THE VERY FIRST SURVEY, AND CONTINUING TO OUR MOST RECENT ONE, WE NOTED THE SEVERE MENTAL FATIGUE THAT NURSES AND OTHER MEMBERS OF THE HEALTHCARE TEAM WERE FACING. OTHER FACTORS INCLUDING FINANCIAL STRAIN THAT OTHER HEALTHCARE WORKERS WERE FACING DUE TO FURLOWS. AND FOR THOSE THAT WERE AT THE BEDSIDE, IDENTIFYING A NEED THAT FURTHER EDUCATION ON THE CARE OF COVID-19 PATIENTS, PPE AND OTHER RESOURCES THEY NEEDED WAS IN NEED. IN A QUICK TURNAROUND ACTION, ANA CREATED A COVID-19 RESOURCE WEBSITE IN WHICH EDUCATIONAL PROGRAMS FREQUENTLY ASKED QUESTIONS AND OTHER VALUABLE INFORMATION WAS MADE AVAILABLE TO NURSES AND THE PUBLIC. ADDITIONALLY, NURSES WERE ENCOURAGED TO ACCESS, JOIN, AND PARTICIPATE IN OFFERINGS OF THE HEALTHY NATION PROGRAM, WHOSE GOAL IS TO CONNECT AND ENGAGE NURSES, EMPLOYERS, AND ORGANIZATIONS AROUND IMPROVING HEALTH IN SIX MAJOR AREAS. MENTAL HEALTH, PHYSICAL ACTIVITY, NUTRITION, REST, QUALITY-OF-LIFE, AND SAFETY. NURSES ARE ENCOURAGED TO TAKE AN ADDITIONAL HEALTH ASSESSMENT SURVEY AND OBTAIN A HEAT MAP OF THEIR HEALTH RISK. NEXT THEY PICK THEIR FOCUSED AREA EMMA OR AREAS, AND MAKE A HEALTH COMMITMENT TO PARTICIPATE IN HEALTH CHALLENGES. THEY MAY ALSO CONNECT WITH OTHERS FOR SUPPORT, ADVICE, AND SHARE THEIR SUCCESSES. HEALTHY NURSE, HEALTHY NATION, HAS BEEN MEASURING WELLNESS FOR THE PAST FIVE YEARS AND HAS A WEALTH OF DATA THAT REFLECTS NURSE BURNOUT AND THAT A NURSES WELL-BEING IS INDEED A PRIORITY. THE THIRD PRIORITY. SUPPORT MEDICAL HEALTH AND REDUCE STIGMA IS ALSO AN AREA IN WHICH OUR STATE NURSES ASSOCIATION HAS DILIGENTLY BEEN WORKING. THROUGH FUNDING SUPPORT OF OUR FOUNDATION AND REFLECTIVE OF THE MENTAL HEALTH NEEDS IDENTIFIED BY THE HEALTHY NURSE, HEALTHY NATION CAMPAIGN. THEY TEAMED UP WITH THE ASSOCIATION OF CRITICAL CARE NURSES. THE EMERGENCY NURSES ASSOCIATION AND THE ASSOCIATION OF PERIOPERATIVE NURSES. AND THE AMERICAN PSYCHIATRIC NURSES ASSOCIATION TO ESTABLISH THE WELL-BEING INITIATIVE. THIS GIVES NURSES ACCESS TO ADDITIONAL HEALTH AND WELLNESS RESOURCES. TOOLS AND MORE TO SUPPORT THEIR EMOTIONAL WELL-BEING. AND WHILE TAKING CARE OF THOSE AFFECTED BY THE VIRUS. THIS COMPREHENSIVE OFFERING INCLUDES BOTH



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RESPONSIVE MEASURES. SUCH AS PEER-TO-PEER CONVERSATIONS, WARM LINES, HOTLINES, COGNITIVE PROCESSING TECHNIQUES, ET CETERA. PREVENTIVE ACTIONS TO REDUCE STRESS, PROMOTE MINDFULNESS. OTHER HEALTHCARE PROVIDERS WERE RELUCTANT TO SEEK MENTAL HEALTH COUNSELING BECAUSE OF THEIR PERCEIVED STIGMA ASSOCIATED WITH SUCH ACTIONS IN THE FEAR THAT IT WOULD HAVE IMPACTED THEIR HEALTH INSURANCE OR PROFESSIONAL LICENSE. ANA AND OTHER NURSE ORGANIZATIONS HAVE HAD ADDITIONAL CONVERSATIONS WITH INSURERS AND OTHER REGULATORY AGENCIES TO IDENTIFY STRATEGIES THAT WOULD REDUCE THE STIGMA ASSOCIATED WITH USING MENTAL HEALTH RESOURCES. FINALLY, THE SEVENTH PRIORITY. RECRUIT AND RETAIN A DIVERSE AND INCLUSIVE HEALTH WORKFORCE. THIS HAS BEEN A PERSONAL GOAL OF MY PRESIDENCY. I HAVE LONG SAID THAT THE NURSING PROFESSION, AS WELL AS OTHER AREAS OF HEALTHCARE FOR THAT MATTER, SHOULD RESEMBLE THE POPULATION THAT WE SERVE. IT IS CRITICAL THAT WE BUNDLE OUR RESOURCES TO ENCOURAGE, RECRUIT, AND ADVOCATE FOR A MORE DIVERSE AND EQUITABLE HEALTH CARE TEAM OR SYSTEM THAT IS REFLECTIVE OF OUR SOCIETY. IT IS IMPORTANT THAT WE ROLE MODEL AND MENTOR MINORITY BOYS AND GIRLS AND PROVIDE THEM WITH RESOURCES THEY NEED IN ORDER TO BE SUCCESSFUL. IT MEANS HIGHER QUALITY OF CARE FOR PATIENTS. I ALSO BELIEVE THAT A MORE DIVERSE NURSING AND HEALTHCARE WORKFORCE WOULD BE MORE EFFECTIVE IN HELPING OUR SOCIETY ADDRESS THE GROWING RACIAL DISPARITIES IN HEALTHCARE AND HEALTH OUTCOMES. AND FINALLY, WE KNOW THAT IT IS IMPOSSIBLE FOR ONE ORGANIZATION TO UNDERTAKE THE PRIORITIES OUTLINED IN THIS REPORT ON THEIR OWN. WE MUST REALIZE THAT IT WILL TAKE ALL OF US WORKING TOGETHER TO SUPPORT A HEALTHY HEALTHCARE WORKFORCE. OUR PATIENTS AND OUR HEALTHCARE CONSUMERS WILL BENEFIT. AND WE, AS MEMBERS OF THE HEALTHCARE TEAM, WILL CERTAINLY BENEFIT AS WELL. IT IS NOW MY PLEASURE TO INTRODUCE TO YOU MR. JEFFREY T WOODS. JEFFREY?

JEFF WOODS, Second-Year Medical Student, Mayo Clinic Alix School of Medicine

THANK YOU SO MUCH. I REALLY APPRECIATE HAVING THIS CHANCE TO SPEAK WITH ALL OF YOU. IT'S A PRIVILEGE TO BE HERE. I'M REALLY GRATEFUL FOR THE EFFORTS THAT ARE GOING INTO DEVELOPING THIS NATIONAL PLAN. AS A MEDICAL STUDENT I'M GRATEFUL TO BE ABLE TO ADD A FINAL VOICE TO THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS. I WAS ASKED TO SHARE ABOUT MY OWN JOURNEY WITH WELL-BEING AS A BACKGROUND TO MY OVERALL REMARKS. I WILL SHARE A PERSONAL STORY. I HOPE IT PROVIDES A PERSPECTIVE THAT PROVES TO BE OF SOME VALUE TO YOU. BY WAY OF MY BACKGROUND I HAVE STUDIED PHILOSOPHY AND RELIGIOUS STUDIES AT STANFORD FOR UNDERGRAD AT HARVARD DIVINITY SCHOOL FOR GRADUATE SCHOOL. AFTER GRADUATE SCHOOL I PRACTICED AND TAUGHT MEDITATION AND YOGA FULL-TIME FOR 10 YEARS BEFORE STARTING MEDICAL SCHOOL A COUPLE OF YEARS AGO. IN MY UNCONVENTIONAL PATH TO MEDICAL SCHOOL MY TIME PRACTICING AND TEACHING MEDITATION AND YOGA WAS THE MOST INFORMATIVE FOR MY PERSPECTIVES ON WELL-BEING. UP TO THAT POINT IN MY LIFE THROUGH SCHOOL, UNDERGRAD, GRAD SCHOOL, I PRIMARILY DEVELOPED MY ABILITY TO THINK. TO ACQUIRE KNOWLEDGE AND TO ACHIEVE. NOT MY ABILITY TO KNOW WHO I TRULY WAS TO PROMOTE MY OWN WELL-BEING OR SUPPORT OTHERS HEALING AND WELL-BEING. AS A RESULT, WHEN I FIRST STARTED TEACHING MEDITATION I FELT COMPLETELY OUT OF MY DEPTH AND INEFFECTIVE. GRADUALLY, AS TIME WENT ON, I REALIZED I WAS NOT LACKING IN THE ABILITY TO TEACH. IT WAS SIMPLY THAT MY OWN HABITS, ESPECIALLY MY CONSTANT THINKING. MYSELF JUDGMENT WAS COLORED MY PERCEPTION AND SHAPING MY INTERACTIONS WITH OTHERS IN WAYS THAT PREVENTED ME FROM MAKING THE POSITIVE HEALING IMPACT I HAD HOPED. OVER TIME I LEARNED TO BE ATTENTIVE AND PRESENT. FINDING THAT WHEN



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FULLY PRESENT MY HABITS WOULD FALL AWAY INTO WHAT TRULY MOTIVATED ME. AND MY WISH TO BRING GOODNESS TO OTHERS WOULD SPONTANEOUSLY ARISE. ATTENTIVENESS AND PRESENCE BROUGHT ME GREATER PERSONAL WELL-BEING. BUT IT ALSO ENABLED ME TO INTERACT WITH OTHERS IN A WAY THAT WAS TRULY HEALING. I'M SHARING THIS AS PART OF MY PERSONAL JOURNEY. I WAS TRAINED AND INCENTIVIZED. I THINK THE VAST MAJORITY OF MEDICAL STUDENTS HAVE BEEN TRAINED AND INCENSE DEVISED TO APPROACH OUR STUDIES. AND MOST OR ALL OF OUR LIFE WE ARE AT GREAT ODDS WITH PERSONAL WELL-BEING AND PROMOTING OTHERS HEALING. BEFORE MEDICAL SCHOOL I FOCUSED ALMOST EXCLUSIVELY ON THINKING AND ACQUIRING KNOWLEDGE. I FOCUSED ON PERFORMING AND ACHIEVING AND EXCELLING IN COMPARISON TO OTHERS. I WASN'T CONNECTED TO WHAT TRULY MOTIVATES ME OR TO WHAT BRINGS ME WELL-BEING. THE QUALITY AND DEPTH OF MY INTERACTIONS WITH THE STUDENTS, AND AFTER THAT WITH PATIENCE, WAS LIMITED. IT WAS LIMITED BY THE QUALITY AND DEPTH OF MY CONNECTION TO MY OWN SELF. SINCE STARTING MEDICAL SCHOOL, EVEN THOUGH I SPENT ALL OF THAT TIME PRACTICING AND TEACHING WELLNESS, I FOUND THAT OLD HABITS DIE HARD. I FOUND MYSELF ONCE AGAIN DRAWN TO FOCUSING ON PERFORMANCE, COMPARISON, AND ACHIEVEMENT. AND I LOOK AROUND AND I SEE SO MANY FELLOW MEDICAL STUDENTS ACROSS THE COUNTRY LIKewise FOCUSING ALMOST SINGLE-MINDEDLY ON ACHIEVEMENT, COMPETITION, AND PERFORMANCE. BURNT OUT AND ALIENATED FROM THE MOTIVATIONS THAT DREW US TO MEDICINE IN THE FIRST PLACE. SOME OF THAT IS INHERENT TO MEDICINE. THERE IS A NEED TO FOCUS ON PERFORMANCE AND EXCELLENCE WHEN LIVES ARE IN OUR HANDS. THERE ARE OBJECTIVE STANDARDS FOR PERFORMANCE THAT WE MUST ATTAIN. MUCH OF IT CAN ALSO BE MITIGATED. FOR INSTANCE, THE WAYS THAT MEDICAL CULTURES AND HIERARCHIES CAN INJURE THE SELF. WAYS COMPETITION DETRACTS FROM GROWTH AND CARE. I ENTHUSIASTICALLY SUPPORT THE PLANS THAT ADDRESS THESE FACTORS THAT CAN BE MITIGATED. THE PRIORITY THE PLAN PLACES ON CREATING AND SUSTAINING POSITIVE WORK AND LEARNING ENVIRONMENTS AND CULTURE. INSTITUTIONALIZING WELL-BEING AND MEDICAL CULTURE. RECRUITING AND RETAINING NOT JUST A COLLECTION OF THE HIGHEST PERFORMERS BUT A TRULY DIVERSE AND INCLUSIVE HEALTH WORKFORCE THAT CAN MEET THE NEEDS FOR DIVERSE PATIENT POPULATIONS. AT THE MEDICAL SCHOOL LEVEL, THESE AREAS OF FOCUS CAN TRANSLATE TO GREATER DIVERSITY, INCLUSIVITY, AND MISSIONS. TO A REIMAGINATION OF UNDERGRADUATE MEDICAL CULTURE, TO THE CREATION OF MORE HOLISTIC EVALUATION METHODS THAT INCENTIVIZE MEDICAL STUDENTS TO CONNECT TO HEALING AND WHAT TRULY MOTIVATES US INSTEAD OF COMPETITION WITH OTHER LEARNERS. EVENTS LIKE THIS REALLY INSPIRE ME. THERE IS A BETTER FUTURE FOR MEDICINE THAT WE ARE ALL WORKING TOGETHER TO REALIZE. IF IT CAN BE ANY INSPIRATION FOR THOSE OF YOU, WHICH IS PRETTY MUCH ALL OF YOU WHO HAVE BEEN IN THE MEDICAL FIELD. KNOW THAT YOU HAVE PARTNERS, LIKE MYSELF, AMONG THE NEXT GENERATION OF PHYSICIANS AND HEALTHCARE LEADERS. THANK YOU SO MUCH AGAIN FOR THIS OPPORTUNITY.

TOM NASCA

THANK YOU FOR THOSE VERY IMPORTANT WORDS. ALL OF US HAVE HEARD OUR ASPIRATIONS FOR A BETTER FUTURE. THE CULTURE AND VALUES THAT EACH PERSON ON THE TEAM, GIVING THEM THE OPPORTUNITY TO SHARE THEIR GIFTS WITH HEALERS TO THOSE WE SERVE TO FOSTER PERSONAL AND PROFESSIONAL GROWTH. THIS IS THE KICKOFF TO SOLICIT, RENEW, AND REINVIGORATE STATEMENTS FROM ALL OF OUR NETWORK ORGANIZATIONS. AND WE INVITE NEW NETWORK STAKEHOLDERS TO THE REGIONAL DISSEMINATION MEETINGS THAT BEGIN THIS FALL. NOW IT'S MY PLEASURE TO TURN THE MICROPHONE BACK OVER TO OUR LEADER, DR. VICTOR DZAU. VICTOR?