

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Promoting Wellness: An Internal Review of Systems

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Challenge: Despite being in the business of health care, physicians are generally not very good at taking care of themselves. Increased rates of stress, burnout, depression, anxiety, substance abuse and suicide have been well-described for both physicians-in-training and practitioners.

Medical schools cannot afford a double standard in which our own well-being is marginalized. Instead, our challenge is to thoughtfully integrate wellness into both the curriculum and our medical community. We need to ensure that our future physicians acquire fundamental knowledge, attitudes, and skills about wellness for both themselves and their patients. Topics include self-care, sleep, nutrition, exercise, lifestyle habits, techniques for developing resilience, recognizing burnout, learning empathic listening skills and motivational interviewing. The well-being of our faculty and staff is also essential to the learning environment. In addition, our college community should provide the resources and environment needed to thrive.

Improving wellness is necessary to meet accreditation standards, and is congruent with the medical school's strategic mission. ACGME reviews the clinical learning environment, and regularly surveys faculty and residents. LCME reviews concerns about student well-being. Faculty and trainee morale has a direct effect on our ability to recruit top applicants and retain excellent faculty.

Objective: A needs assessment was conducted in order to provide UIC-COM leadership with recommendations for improving wellness. The scope included undergraduate and graduate medical education at the Chicago campus.

Methods/Approach: Interviews and focus groups were conducted with stakeholders regarding wellness programs and needs. A structured questionnaire was employed as a reflective tool and stimulus for discussion. Follow-up communication was provided on request, in person and via email or phone, with opportunity for anonymous and confidential communication. Interviewees included COM and hospital leadership, residency and medical student program leadership, faculty and staff, academic advisors, medical students, residents and fellows. Interviewees were asked to identify areas of strength in the existing resources, as well as areas for improvement. Other existing data were reviewed (current curriculum, work-environment reports). Qualitative feedback was analyzed for each stakeholder group.

Outcomes and Evaluation: Multiple strengths were identified, including a newly developed undergraduate course series introducing basic wellness concepts. Areas of concern included stress and burn-out, counseling (access, stigma and privacy), turnover of academic advisors, curriculum (over-scheduling, redundancy, gaps, variable teaching quality), evaluation systems (fear of reprisal, unresponsiveness), lack of compassionate culture (isolation, morale, inconsistent and impersonal policies, variable leadership), chronic work environment concerns (call rooms, cafeteria), and faculty retention.

The needs assessment and recommended action plan will be presented to leadership for discussion and prioritization. Actionable items will be tracked to ensure progress. Follow-up focus groups and surveys will demonstrate whether or not the interventions have been effective.

The scope could eventually include faculty development, other employees, other UIC health science colleges, affiliated hospitals, our other three regional state campuses, or University-wide strategic planning.



Promoting Wellness: An Internal Review of Systems

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Background and Challenge

- Despite being in the business of health care, physicians are generally not very good at taking care of themselves. **Increased rates of stress, burnout, depression, anxiety, substance abuse and suicide** have been well-described for both physicians-in-training and practitioners.
- Therefore, medical schools cannot afford a double standard in which our own well-being is marginalized. Instead, our challenge is to thoughtfully **integrate wellness into both the curriculum and our medical community.**
- Improving wellness is necessary to meet accreditation standards, and is congruent with the medical school's **strategic mission.**
 1. **ACGME** reviews the clinical learning environment, and regularly surveys faculty and residents.
 2. **LCME** reviews concerns about student well-being.
 3. **Faculty and trainee morale** has a direct effect on our ability to **recruit** top applicants and **retain** excellent faculty.

Overall Goals

1. To ensure that our future physicians attain the **knowledge, attitudes and skills** required to maintain **their own wellness**, as well as facilitate **wellness in their patients.**
2. To create and maintain an **environment that supports wellness and a caring community** for our students, faculty, and staff.

Initial Objective

A **needs assessment** was conducted to provide UIC-COM leadership with recommendations for improving wellness.

Scope: undergraduate and graduate medical education at the Chicago campus.

Stakeholders: trainees, teaching faculty, leadership, and academic advisors in Office of Student Affairs.



Academic advisor and faculty with M-4 and her son



Medical students, residents, faculty and their families



M-4 and faculty advisor on Match Day

Method

Interviews and focus groups were conducted with stakeholders regarding wellness programs and needs. Instead of a survey, a **structured questionnaire** was employed as a reflective tool and stimulus for discussion. **Opportunity for confidential, anonymous follow-up** was provided on request.

Questionnaire
1. How do you define "wellness"?
2. What experience or skills do you have in wellness?
3. What curricular programming exists in your area? Please describe in detail.
4. What are our strengths in wellness at UIC-COM?
5. What are our barriers or obstacles to wellness?
6. What are your recommendations for improving wellness at UIC-COM?
7. Do you have specific recommendations or suggestions for implementation that we should follow up on (e.g., other faculty or staff with expertise, courses we should implement, other resources locally or nationally)?
8. Other comments:

Interviewees: COM and hospital leadership, residency and medical student program leadership, faculty and staff, academic advisors, medical students, residents and fellows.

Method of Analysis: Qualitative feedback was analyzed for each stakeholder group, and common themes were identified. Other existing data were reviewed (current curriculum, work-environment reports). A literature review was conducted, including comparison with model programs at other medical schools.

Report: The needs assessment and recommended action plan will be presented to leadership for discussion and prioritization.

Outcomes/Evaluation Strategy

A consensus-based strategic plan with actionable items will be developed and tracked to ensure progress. Follow-up focus groups and surveys will demonstrate if the interventions have been effective.

Discussion

Interpretation of results: Multiple strengths include a newly developed undergraduate course series introducing basic wellness concepts.

Priorities identified by stakeholders

1. **Topics to include in the curriculum:** self-care, sleep, nutrition, exercise, lifestyle habits, recognizing burnout, learning empathic listening skills and motivational interviewing. Techniques for developing resilience included training in mindfulness, time management, test anxiety reduction, coping with setbacks and failure and grief.
2. **Systemic areas of concern:** stress and burn-out, counseling (access, stigma and privacy), turnover of academic advisors, curriculum (over-scheduling, redundancy, gaps, variable teaching quality), evaluation systems (fear of reprisal, unresponsiveness), lack of compassionate culture (isolation, morale, inconsistent and impersonal policies, variable leadership), chronic work environment concerns (call rooms, cafeteria), and faculty retention.

Description of impact: Due to its interactive design, the needs assessment process generated significant conversation, reflection and attitude change about wellness. Action is already being taken to address problems identified in multiple systems, which will continue to improve morale, wellbeing, and a sense of community among trainees, faculty, and staff. We expect that our trainees will demonstrate increased resilience and compassionate care for self and others.

Summary

Conclusion: Knowledge, attitudes, and skills regarding wellness are important for our future physicians and their patients. The well-being of our faculty and staff is also essential to an effective learning environment. In order to thrive as a college community, we need to actively address resource needs and deliberately build effective systems of support.

Next steps: Depending on COM priorities and resources, the scope could include faculty development, other employees, other UIC health science colleges, affiliated hospitals, our other regional state campuses, or University-wide strategic planning.