

**Project Title:** The Anchor Program: Creating a Culture of Caring Connections & Well-Being in Academic Medicine

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**Background/Significance:** Medical school faculty are not thriving in their work; rather, they are stressed, exhausted, and disillusioned. Rates of physician burnout are >50% and rising; similar levels are seen in basic science faculty. Burnout has numerous professional and personal consequences including retention. Creating an environment that truly supports faculty is imperative. Known “drivers” of burnout include organizational culture, efficiency/resources, workload, control/flexibility, work-life integration, social support/community, and meaning; these drivers are influenced by both individual and organizational factors which makes a “both and” approach critical. Recent reports by the National Academy of Medicine and the Surgeon General highlight the importance of cultivating a culture of connection and support. The Anchor Program is based on the evidence-based Mind-Body Skills Program that began at Georgetown University School of Medicine. Evidence has demonstrated reductions in stress, depression, anxiety, sleep disturbances, isolation, and burnout; an increase in meaningful connections, mindfulness, and empathy; and a profound impact on the culture of medical schools. This program targets culture by: (1) teaching skills that embrace self-care and development of strong social connections yielding strong “ripple effects”; and (2) engaging both faculty and leaders to experience the program.

**Goals:** Program goals are to: (1) increase sense of community/social connectedness; and (2) demonstrate beneficial impact on relevant outcomes (burnout, perceived stress, mental/physical health, flourishing) in medical school faculty and medical center leaders.

**Methods:** We are using a single-arm, non-randomized, mixed-methods approach to pilot the program in faculty and administrative leaders (goal: 100). Program sessions meet weekly for two hours for 9 weeks with a maximum of 10 participants and 2 facilitators. Each meeting follows a structured format: (1) opening (5 min); (2) check-in (45 min); (3) introduction of new skill (e.g., autogenic training, walking meditation) (20 min); (4) practice skill/discuss impact (45 min); and (5) closing (5 min). Program feasibility will be assessed by participation, accrual, retention, and adherence. Pre-post outcome measures include: Maslach Burnout Inventory, Perceived Stress Scale, PROMIS-29 (mental/physical health), Modified Differential Emotions Scale, Flourishing Scale, Brief Resilience Scale, and the Social Connectedness Scale. Program feedback will include brief weekly ratings, post-program feedback, and qualitative interviews.

**Results (to date):** Program interest has been high. Session #1 is currently running with 8 participants (basic scientist n=3; organizational leader n=2; clinician-physician or psychologist

n=3) who completed pre-program surveys. Nearly 40 others expressed interest in joining a future session.

**Discussion:** Program launched recently; results are not yet available.

**Summary/Conclusion:** The program launched recently; interest has been high. Ongoing efforts focus on program implementation and evaluation, sustainability, and inclusion. Participants will be invited to train as program facilitators to increase sustainability.