

THE MEDRAP PROGRAM



Why Well-Being Matters?

More than 50% of U.S. physicians and nurses experience stress and burnout, impacting:

- ◉ Optimal patient care and satisfaction
- ◉ Medical errors
- ◉ Medical malpractice suits
- ◉ Recruitment and retention
- ◉ Rates of suicide among health care professionals

Why Now?

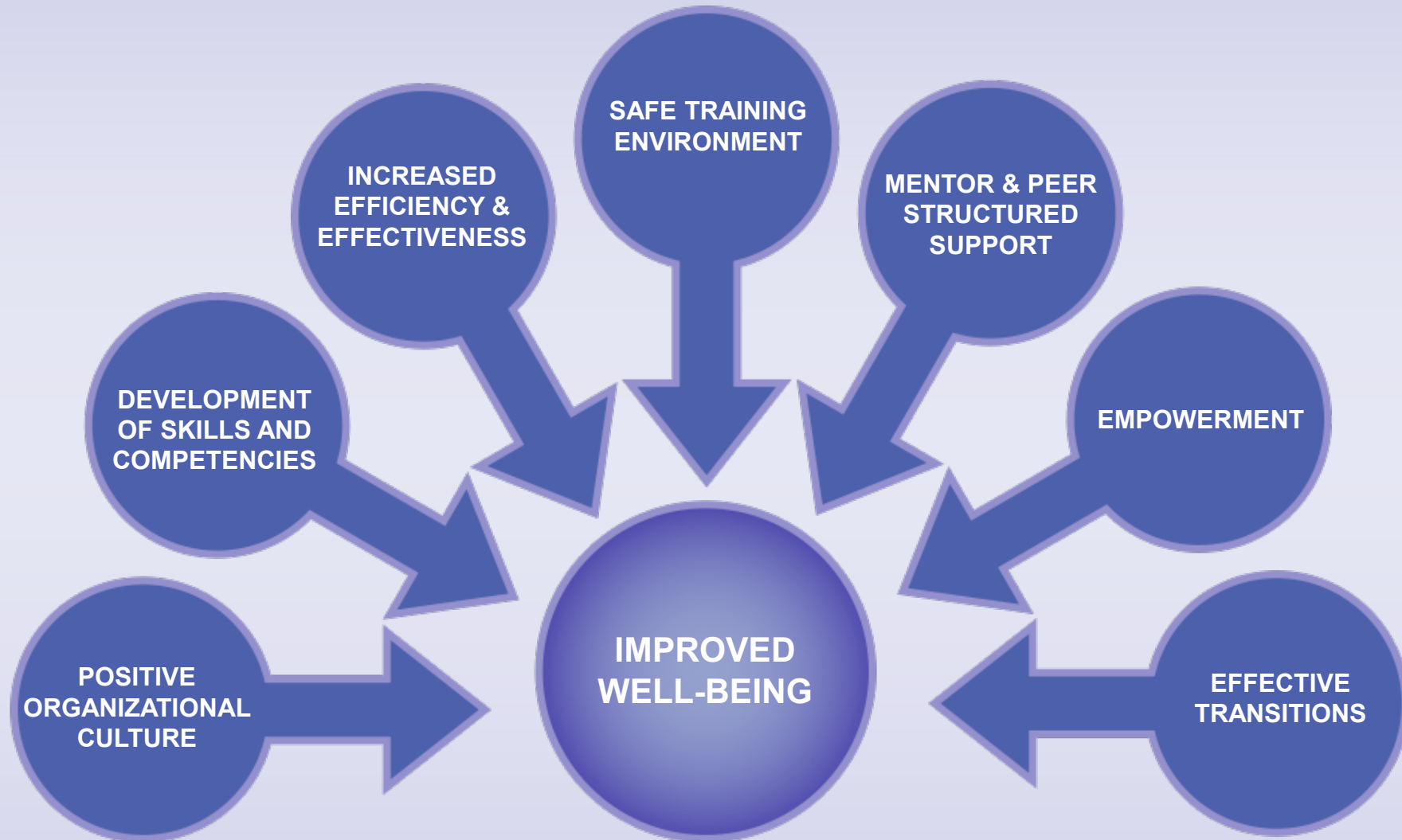
- ◉ Optimal data on how to reduce stress and burnout requires further research and will take time
- ◉ Successful models have already been implemented
- ◉ Providers' well-being, stress and burnout needs to be addressed now

Too much is at stake!

MedRAP Mission Statement

- ◎ Improve the work and training environment
- ◎ Foster well-being
- ◎ Advance professional and personal growth
- ◎ Develop non-academic clinical skills and competencies
- ◎ Involve the health care team in improving patient care

Steps to Improve Well-Being



Program Components

- ◎ Skills Sessions
- ◎ Mentorship
- ◎ Individual Assistance
- ◎ Safe Environment
- ◎ Continuous Quality Improvement
- ◎ Fostering Professionalism

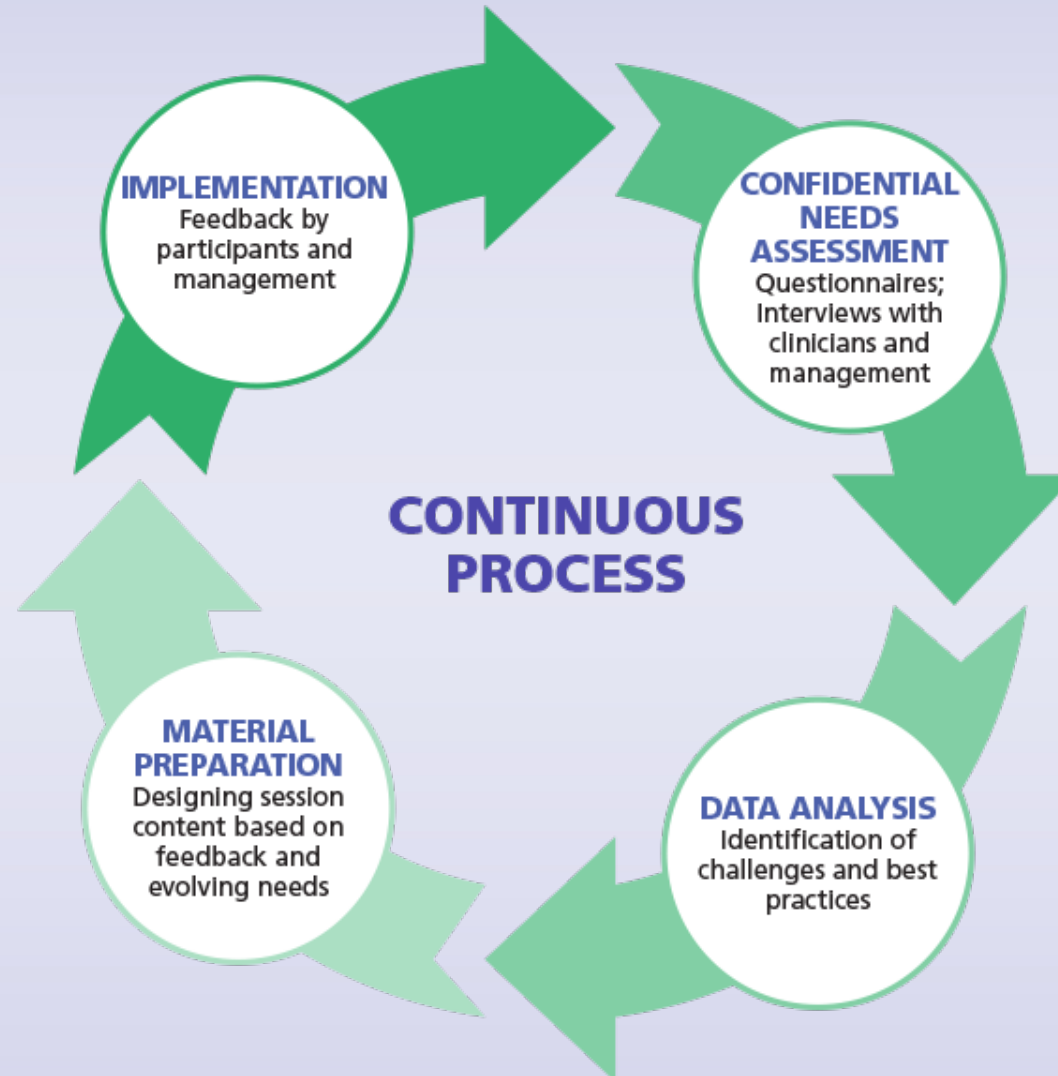
Program Building Blocks

- ◎ Needs Analysis and Assessment
- ◎ Formalizing Informal Training
- ◎ Continuous Feedback

Program Structure

- ◎ Small groups of trainees meet monthly through the academic year with facilitators and selected senior resident mentors
- ◎ Senior resident mentors are carefully chosen and trained
- ◎ Facilitators are operationally independent of the training program

Program Design



Pre-Implementation Steps

3 MONTHS PRIOR TO INITIAL IMPLEMENTATION:
Conduct a Needs Analysis

1 MONTH PRIOR TO IMPLEMENTATION:
Select Group Leaders

1 MONTH PRIOR TO IMPLEMENTATION:
Create PGY-1 Groups

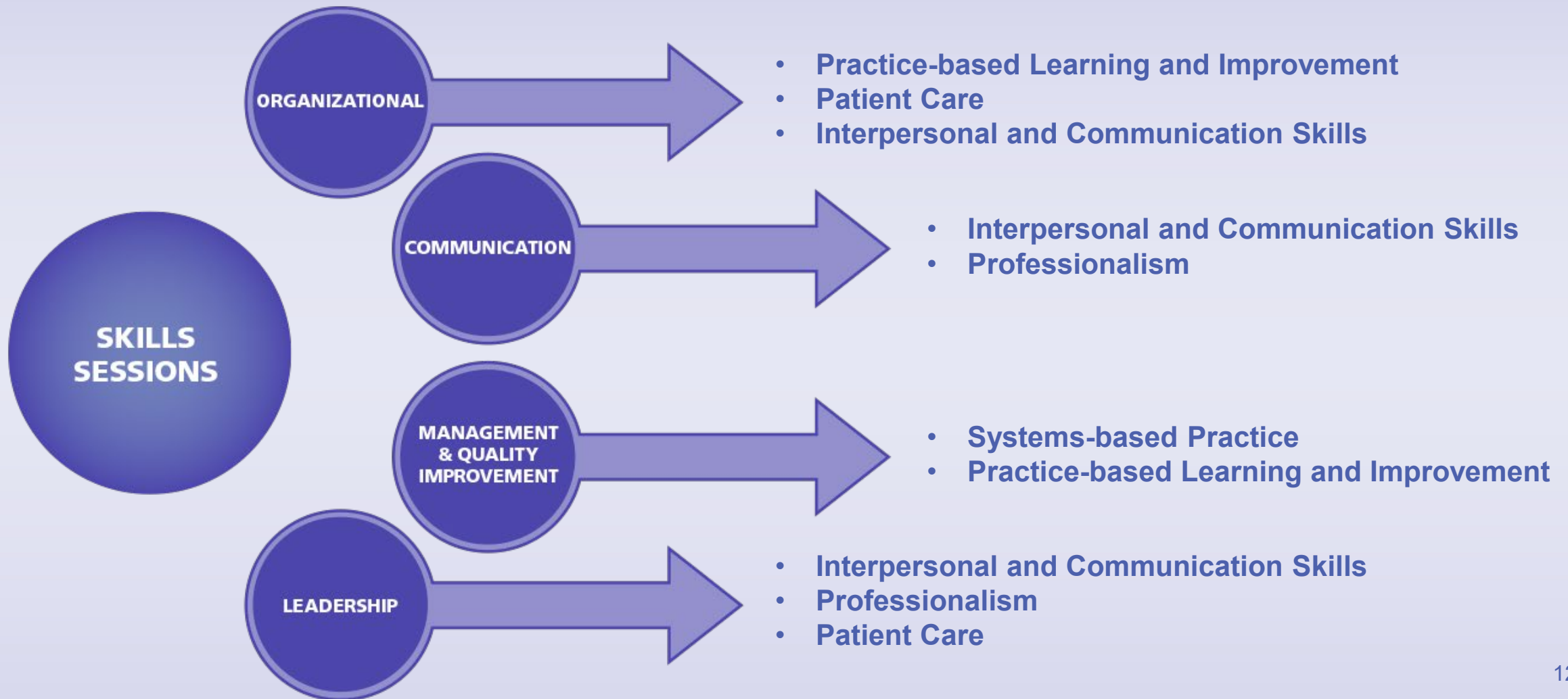
3 WEEKS PRIOR TO IMPLEMENTATION:
Conduct Group Leader Training

3 WEEKS PRIOR TO IMPLEMENTATION:
Tailor Program to Meet Real vs. Assumed Needs

Combination of CQI and AI

- ◎ Continuous Quality Improvement (CQI) and Appreciative Inquiry (AI) are utilized in a mutually-inclusive way
- ◎ Meaningful changes in an organization occur when a vision for a better future is based on identifying challenges (CQI) coupled with best practices as envisioned by all members of the organization (AI)

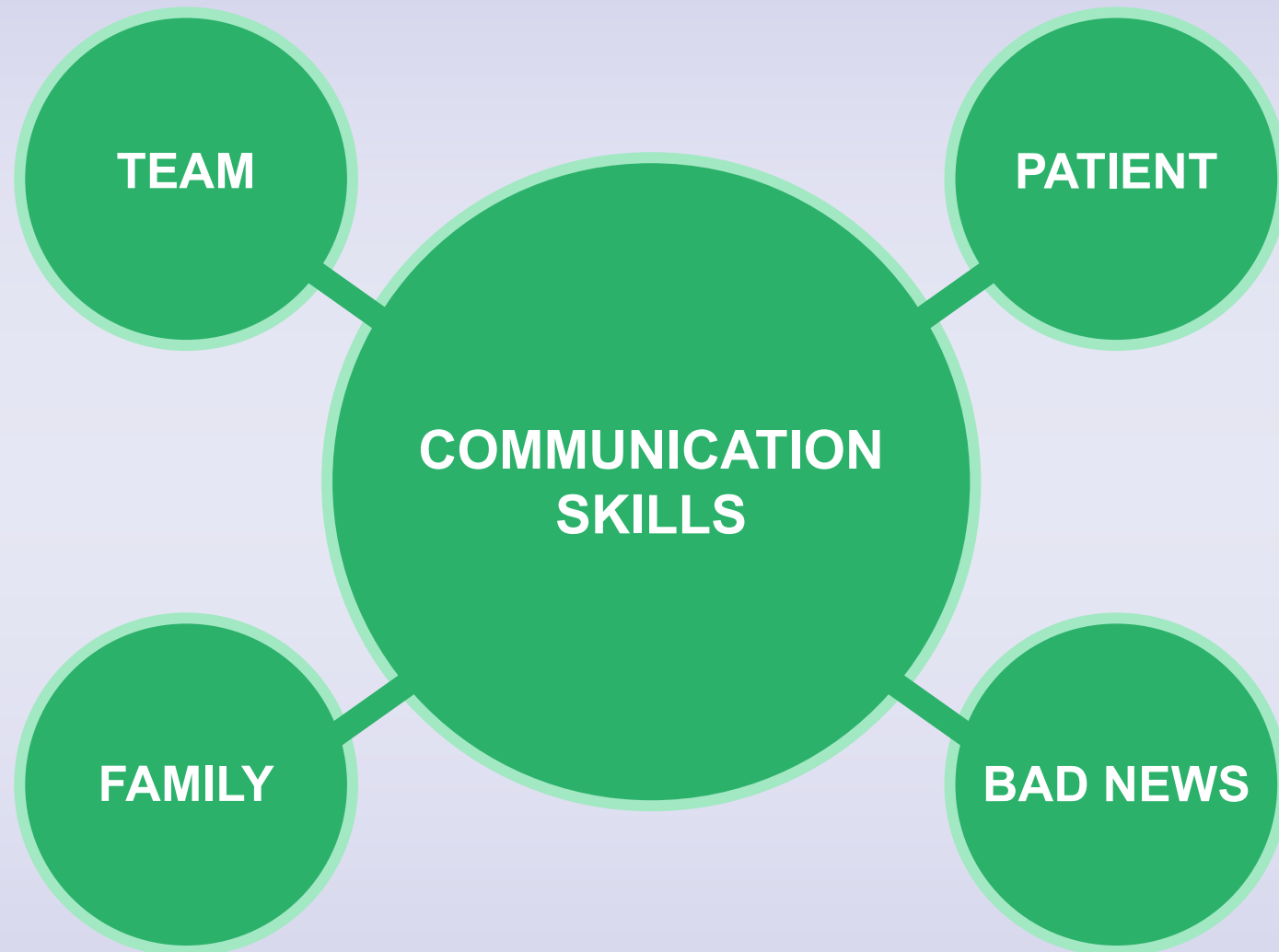
ACGME Competencies



Organizational Skills Sessions



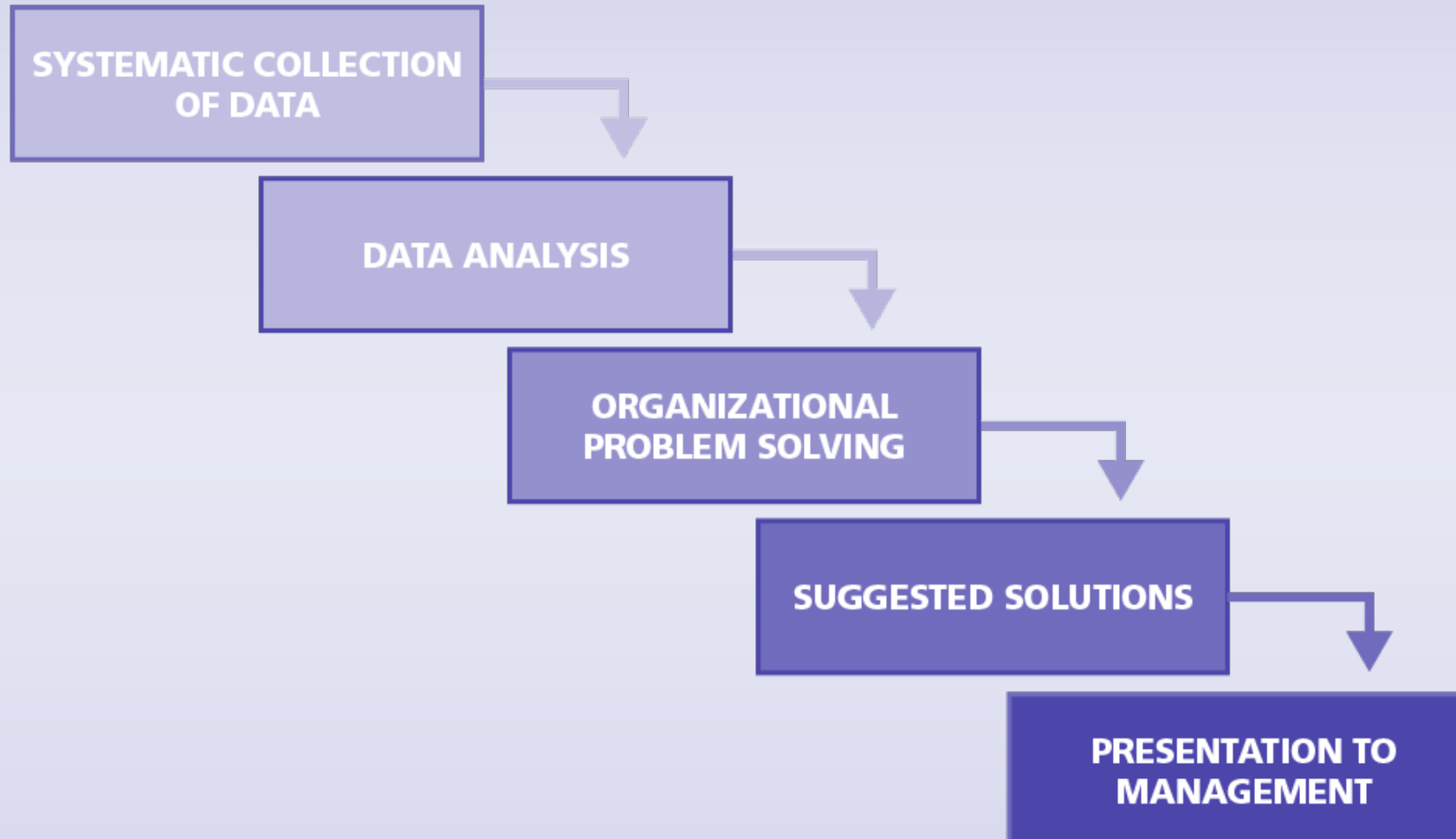
Communication Skills Sessions



Leadership Skills Sessions



Continuous Quality Improvement



CQI Goal and Objectives

Goal:

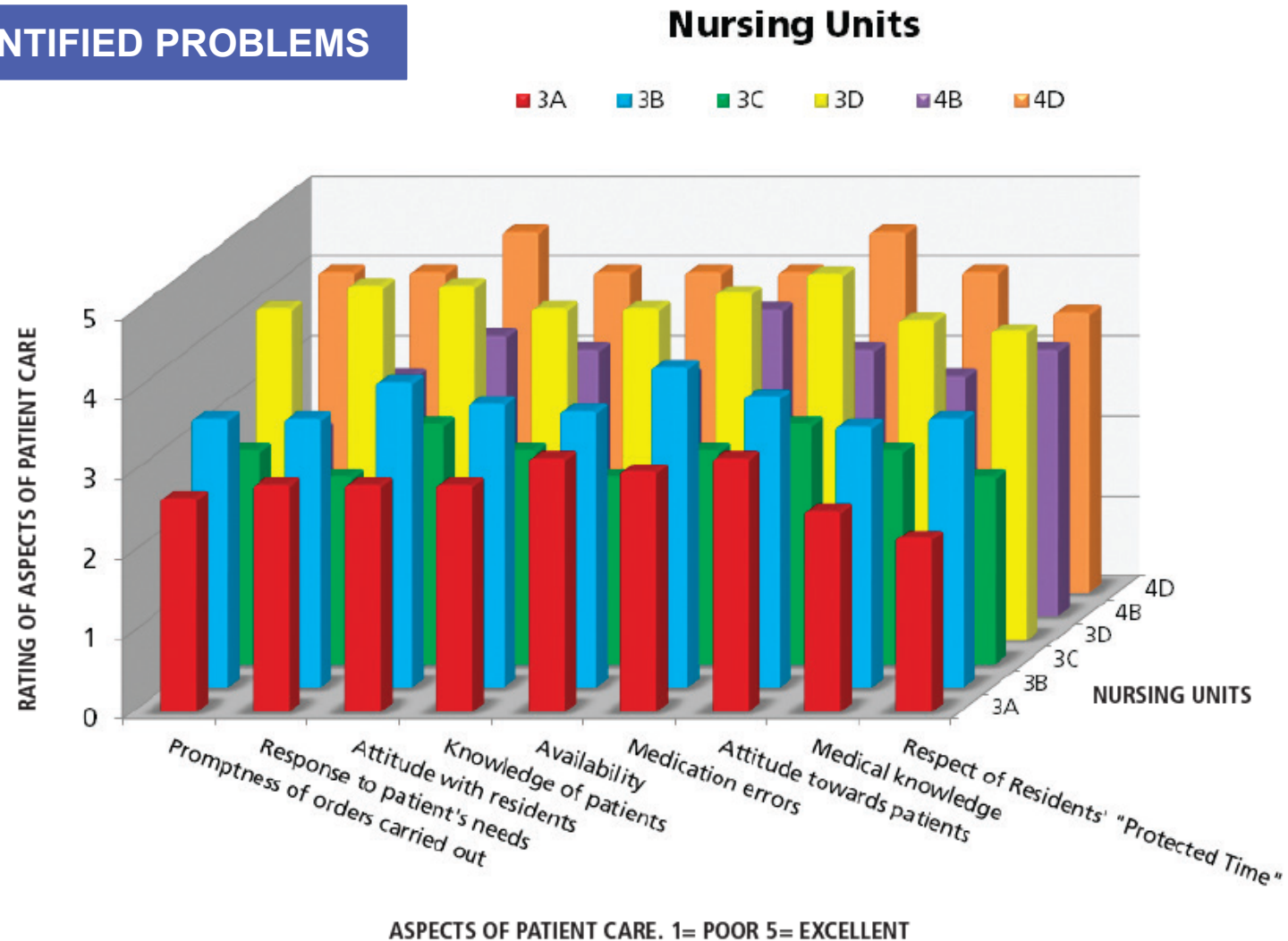
To have the entire health care team participate in improving the working and training environment

Objectives:

- ◎ To help facilitate communication between the house staff and the health care team about problems that exist in the hospital work environment
- ◎ To find positive, creative, realistic and collaborative solutions that will contribute to more effective patient care and an efficient work environment
- ◎ To suggest improvements while fully understanding constraints faced by all members of the health care team

Data Collection

SAMPLE OF IDENTIFIED PROBLEMS



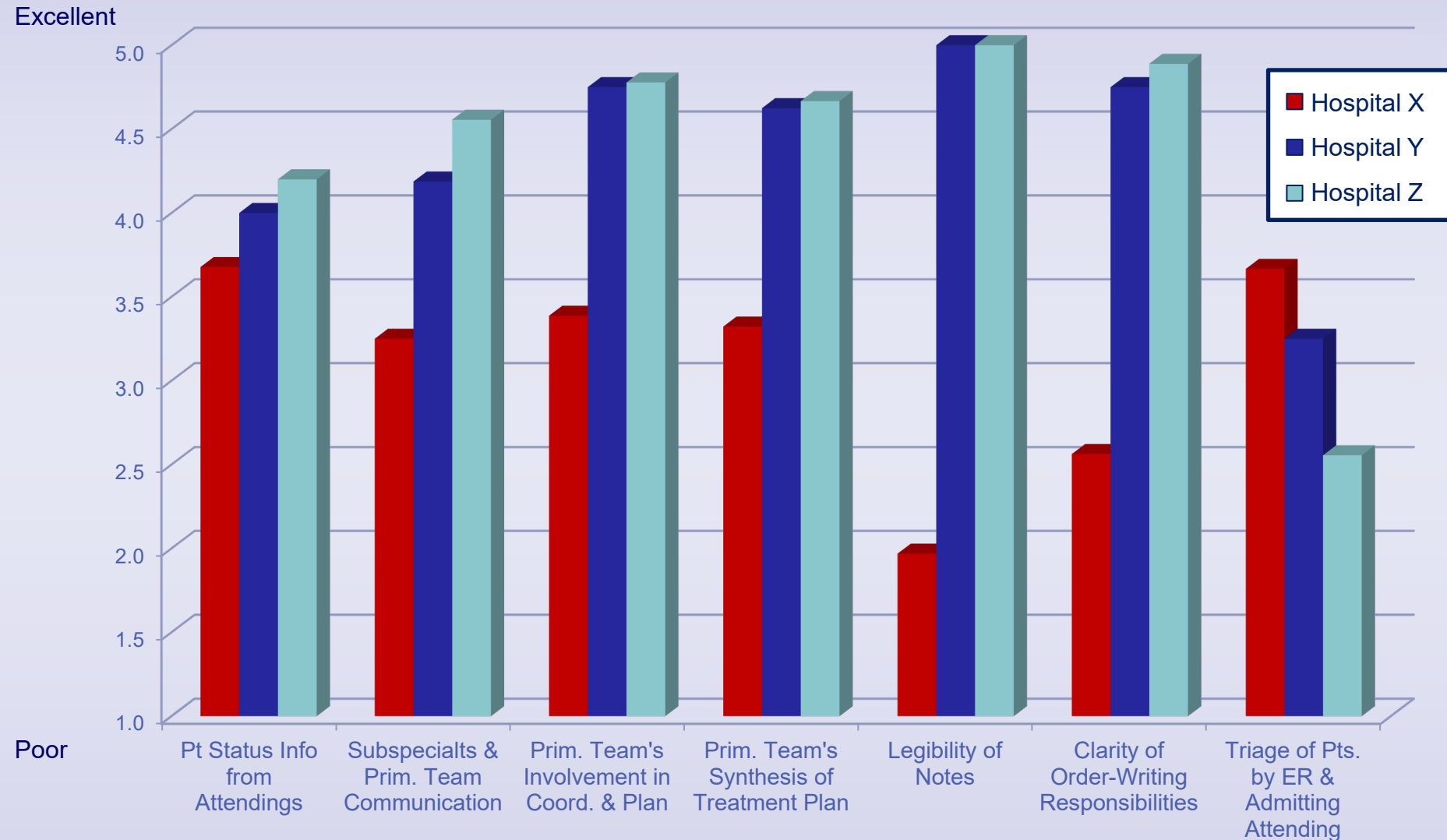
Data Analysis and Suggested Solutions

PROBLEM	SUGGESTED SOLUTIONS
1. Timely vital sign documentation and MD notification of abnormal vitals <ul style="list-style-type: none"> • shifts missing documentation • shifts recorded in nurse note and not in vitals section • MDs not always notified of abnormal vitals 	1. Implement systems shown to be effective in other units: <ul style="list-style-type: none"> • weekly meetings initiated by NU manager to discuss performance • NU managers round with teams to address concerns • Institute weekly meetings on all units • Encourage NU managers to ensure nursing duties are being appropriately done
2. I/Os, daily weights <ul style="list-style-type: none"> • These are often requested and sometimes not done appropriately 	2. Implement consistent documentation: <ul style="list-style-type: none"> • Clearer accountability: nurse vs. tech • Recording vitals on white board by tech • Metrics in EMR to gauge compliance
3. Order delays <ul style="list-style-type: none"> • Delays in ordering meds, labs, imaging in emergency situations on the floor because a physician must first place orders and sign them 	3. Encourage acceptance of verbal orders through a set of clearly defined set of situations or criteria: <ul style="list-style-type: none"> • True emergency • Indisposed during procedure or with another patient
4. Communication with the PGY-1 resident on call ('the float') <ul style="list-style-type: none"> • Many residents feel that RNs call without having necessary info ready (i.e. patient's team, current vitals) 	4. Implement a standard communication protocol <ul style="list-style-type: none"> • Includes identification of the patient, the patient's team, the reason for admission, a current set of vitals, and current question/concern
5. Clarification of capabilities of the medicine wards <ul style="list-style-type: none"> • Certain meds/interventions are allowed on some units and not others 	5. Provide list of acceptable practices on each unit <ul style="list-style-type: none"> • Avoids confusion and facilitates transfer to higher level of care when needed
6. Differential performance and resident experience on different floors/units	6. Implement rating scale which allows differential unit ratings by residents. <ul style="list-style-type: none"> • Use data to identify problems with protocols or personnel • Identify "best practices" and enact in units lagging behind • Engage nursing leadership in evaluation process

CQI Process Applied to:

- 1. Hospitals affiliated with the medical school**
- 2. Multiple departments within each hospital**
- 3. Department and health care team members, including:**
 - Radiology
 - Emergency Room Department
 - Pharmacy
 - Phlebotomy
 - Social Services
 - Admitting and Discharge
 - Health Care Team Communication

Comparison of Hospital Communication



Factors Contributing to Program Success

**GLOBAL APPROACH TO
IMPROVED WELL-BEING**

**ONGOING
FEEDBACK COLLECTION**

**MEETING REAL RATHER
THAN ASSUMED NEEDS**

SAFE ENVIRONMENT

EARLY IDENTIFICATION OF PROBLEMS

COLLABORATION AND TEAMWORK

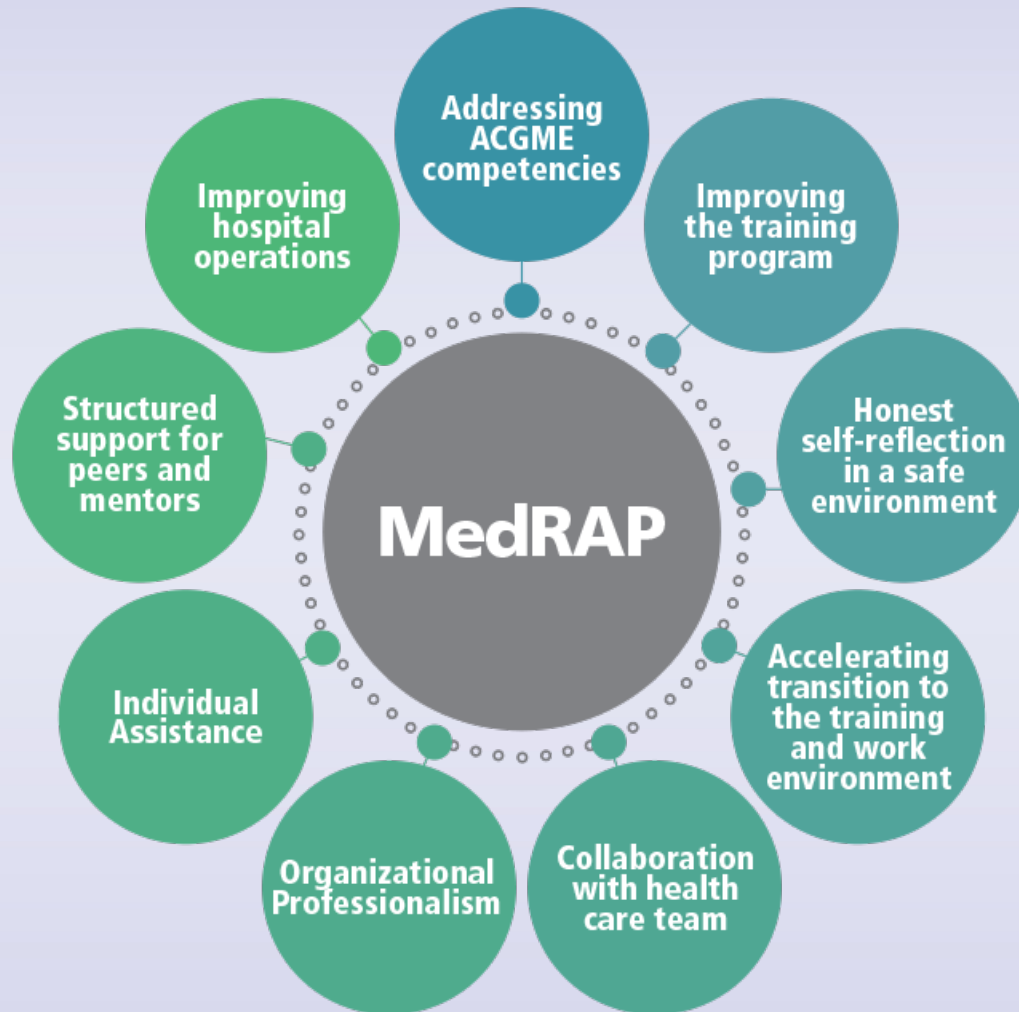
**IMPROVED RELATIONSHIP WITH THE
ORGANIZATION**

POSITIVE WORK ENVIRONMENT

RECRUITMENT AND RETENTION

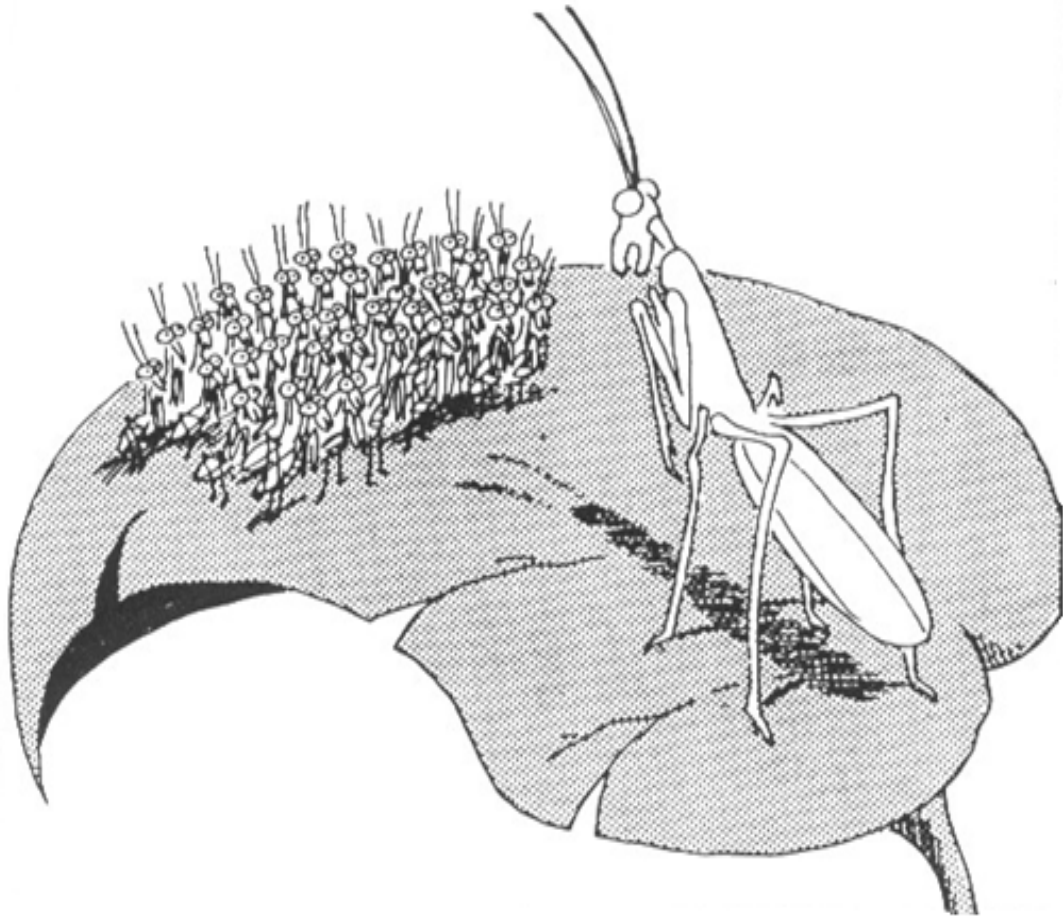
PROMOTING PROFESSIONALISM

MedRAP in a Nutshell



MedRAP is a uniquely comprehensive program that can promote professional development and well-being in medical trainees and health care professionals

A Public Health Issue...



Of course, long before you mature, most of you will be eaten."

The medical world is increasingly focused on the growing epidemic of physician burnout and its effect on patient care during training and beyond