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/CPR Mission Statement

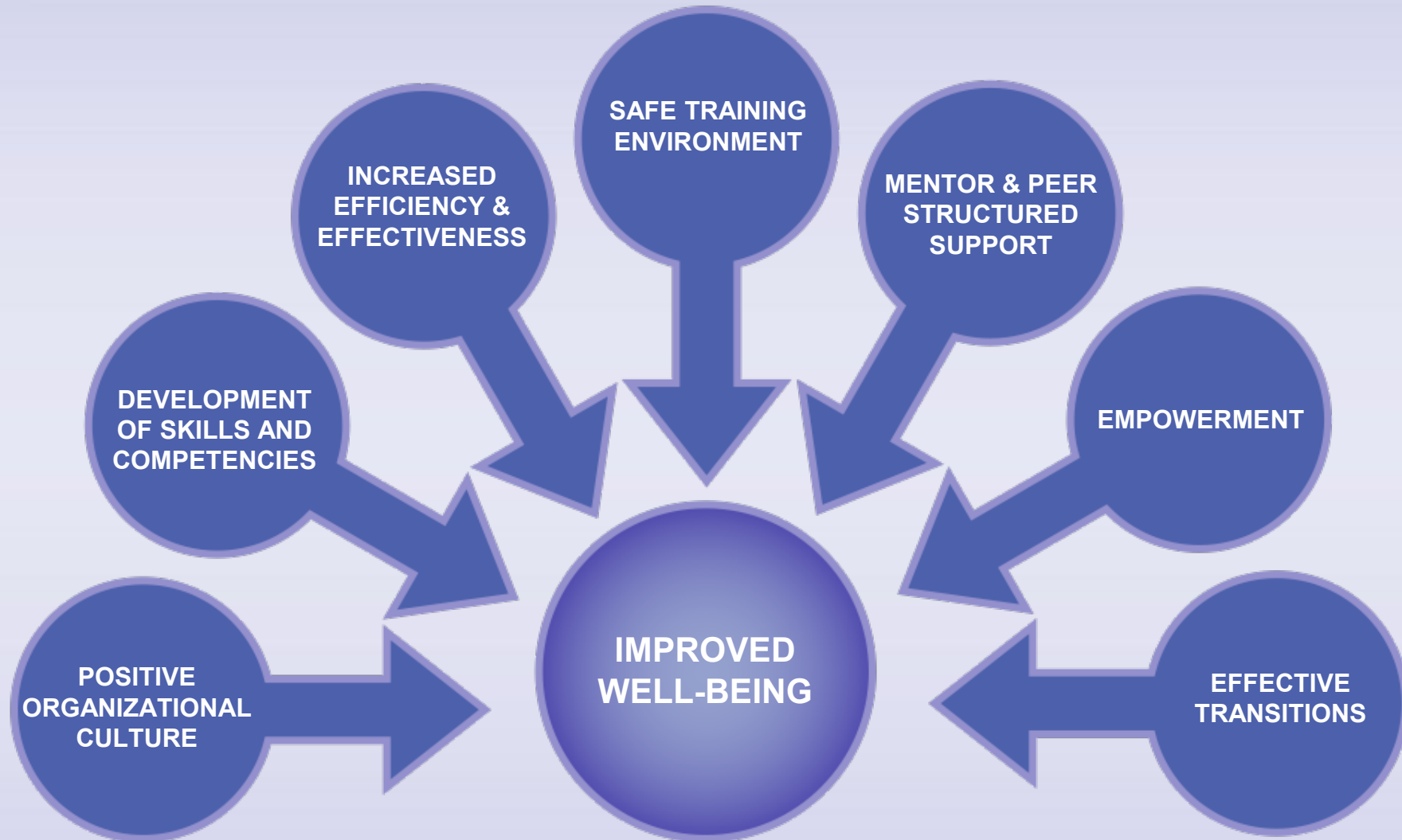**Improve the work and training environment**

Foster well-being

Advance professional and personal growth

Develop non-academic clinical skills and competencies

Involve the healthcare team in improving patient care

4

Steps to Improve Well-Being

SAFE TRAINING ENVIRONMENT

INCREASED EFFICIENCY & EFFECTIVENESS

MENTOR & PEER STRUCTURED SUPPORT

DEVELOPMENT OF SKILLS AND COMPETENCIES

EMPOWERMENT

POSITIVE ORGANIZATIONAL CULTURE

IMPROVED WELL-BEING

EFFECTIVE TRANSITIONS

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 clinician mentors

⦿ Senior clinician mentors are carefully chosen and trained

⦿ Facilitators are operationally independent of the training program

Program Design
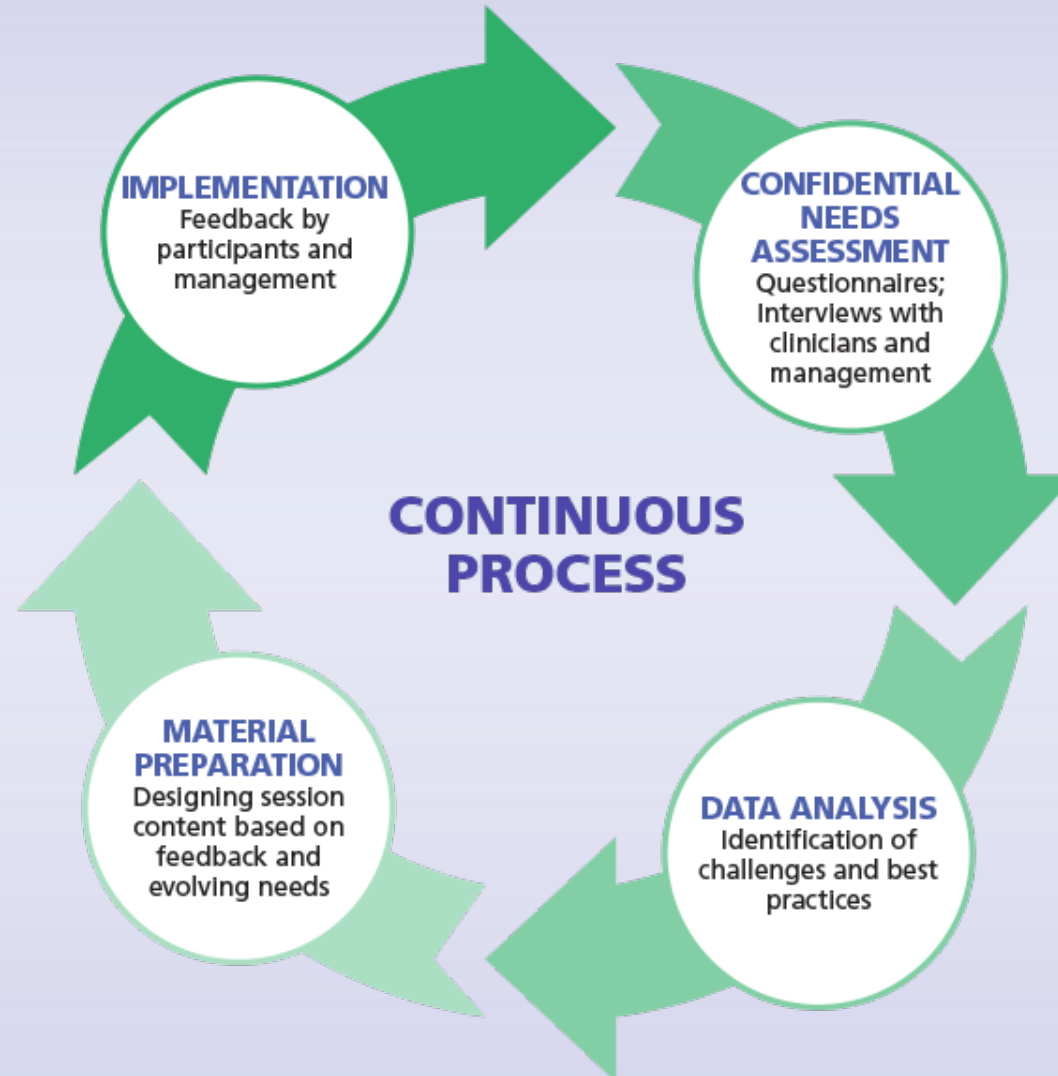
Pre-Implementation Steps

3 MONTHS PRIOR TO INITIAL IMPLEMENTATION:
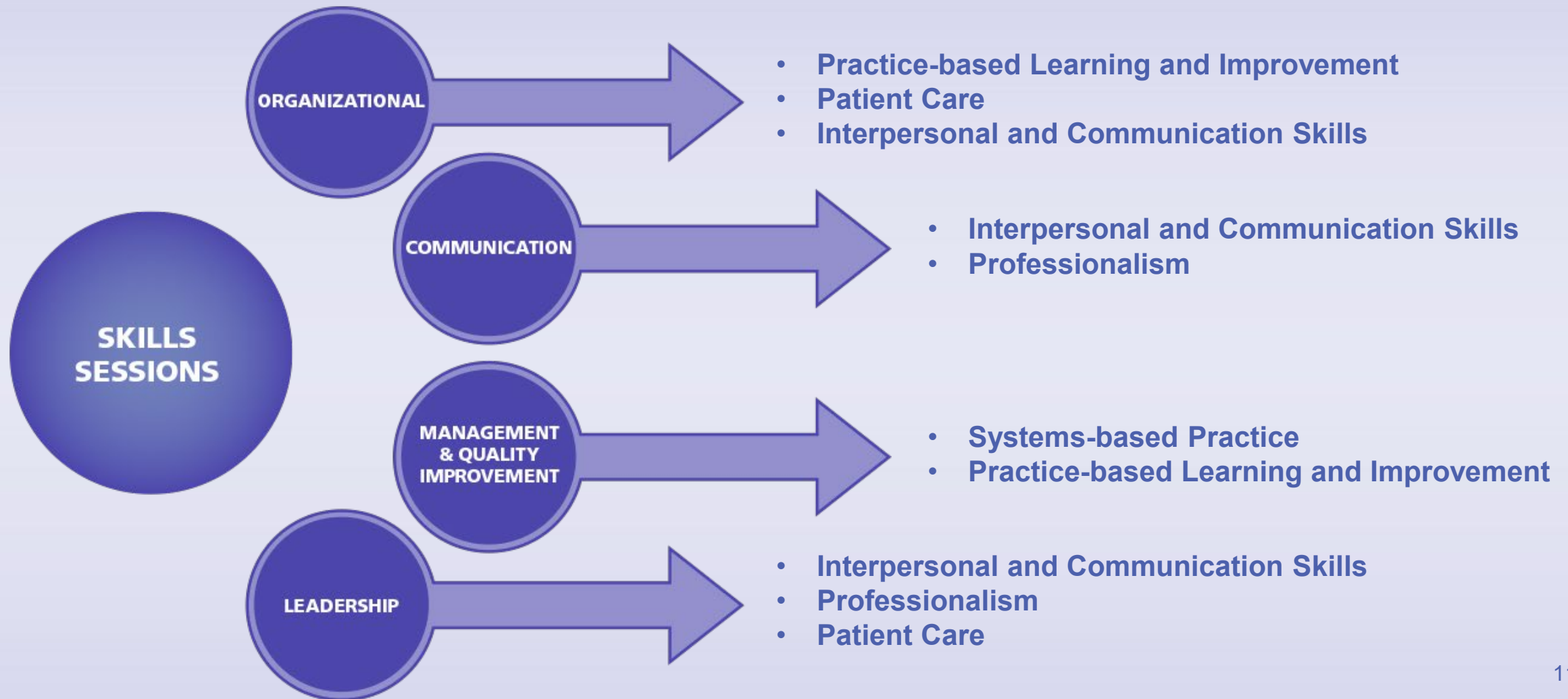**Conduct a Needs Analysis**

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:
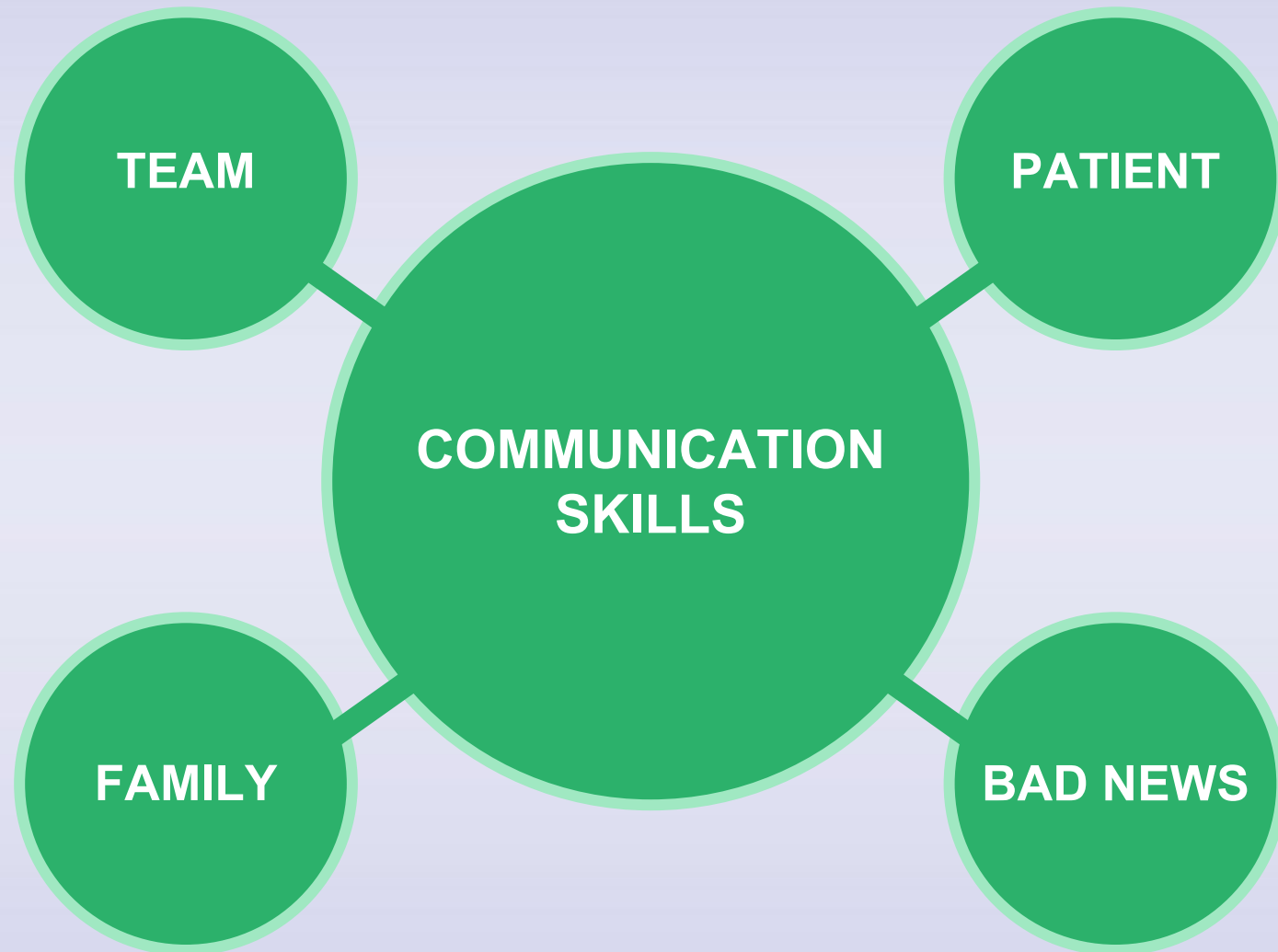**Tailor Program to Meet Real vs. Assumed Needs**
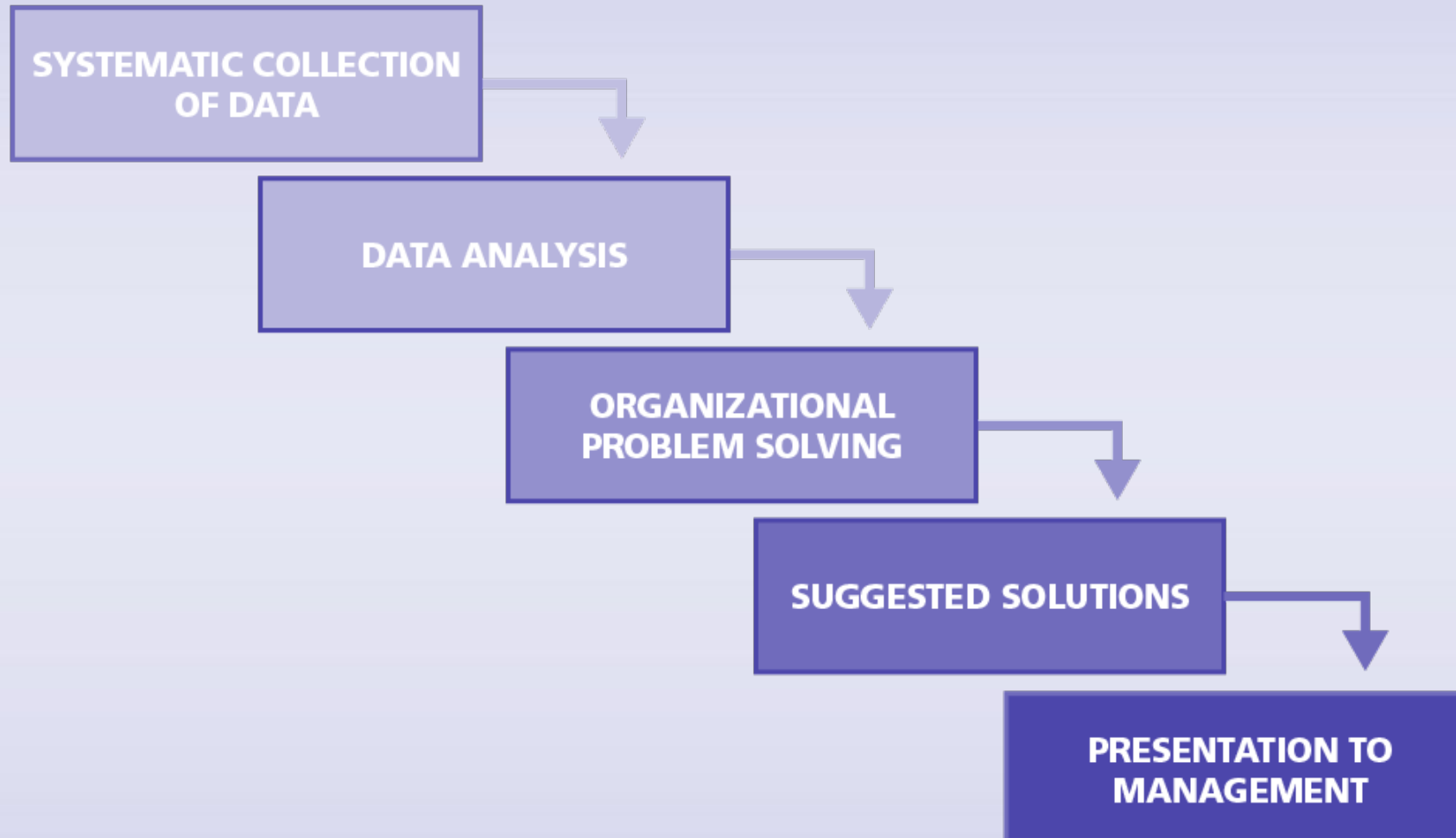
ACGME Competencies

SKILLS SESSIONS

ORGANIZATIONAL →
- Practice-based Learning and Improvement
- Patient Care
- Interpersonal and Communication Skills

COMMUNICATION →
- Interpersonal and Communication Skills
- Professionalism

MANAGEMENT & QUALITY IMPROVEMENT →
- Systems-based Practice
- Practice-based Learning and Improvement

LEADERSHIP →
- Interpersonal and Communication Skills
- Professionalism
- Patient Care

Organizational Skills Sessions

Communication Skills Sessions

Leadership Skills Sessions

Continuous Quality Improvement

SYSTEMATIC COLLECTION OF DATA

DATA ANALYSIS

ORGANIZATIONAL PROBLEM SOLVING

SUGGESTED SOLUTIONS

PRESENTATION TO MANAGEMENT

CQI Goal and Objectives

Goal:

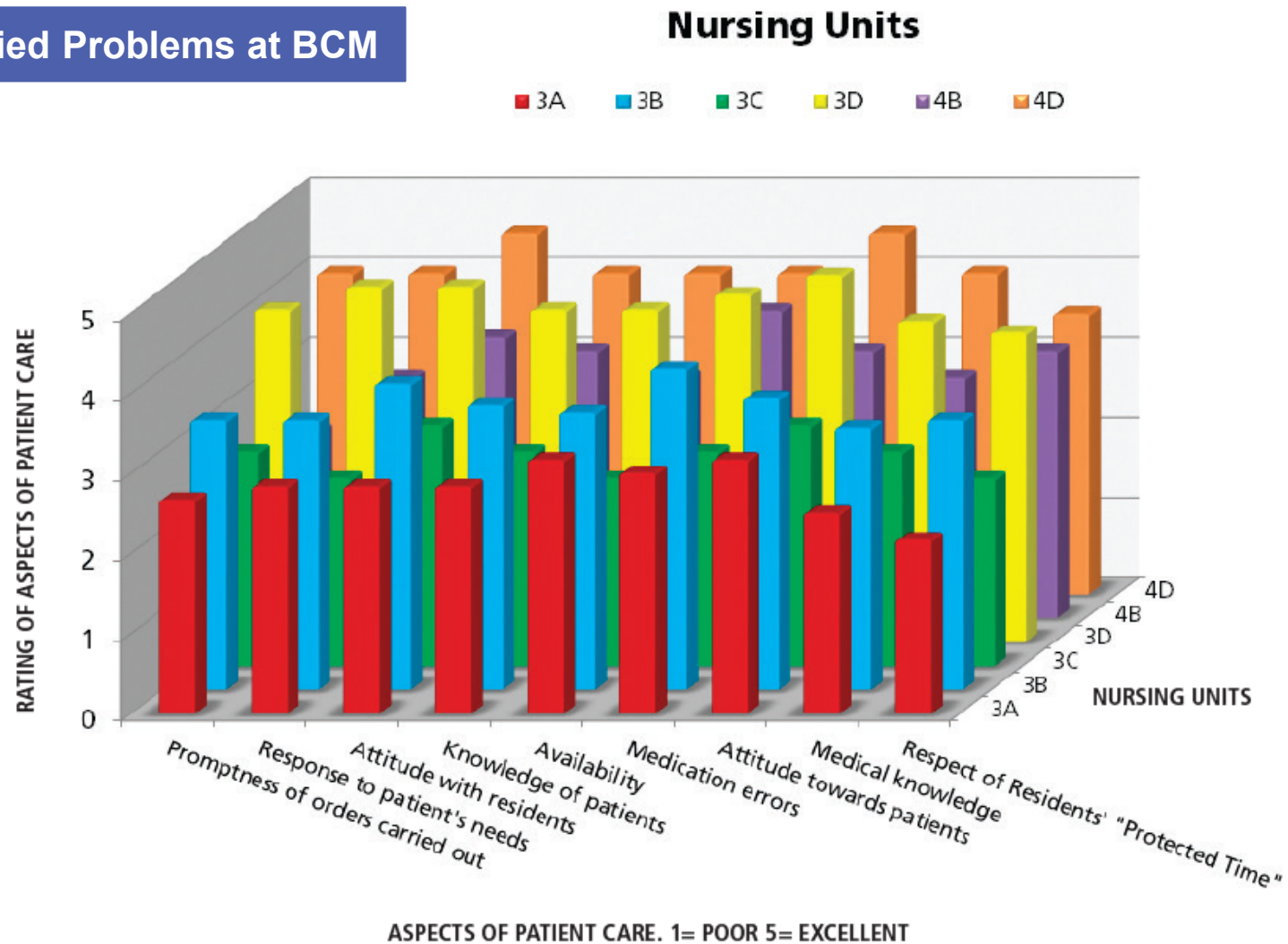To have the entire healthcare team participate in improving the working and training environment

Objectives:

◉ To help facilitate communication between the house staff and the healthcare 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 healthcare team

Data Collection

**Sample of Identified Problems at BCM**

Data Analysis and Suggested Solutions (BCM)

PROBLEM	SUGGESTED SOLUTIONS
1. **Timely vital sign documentation and MD notification of abnormal vitals** • 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:** • 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** • These are often requested and sometimes not done appropriately	2. **Implement consistent documentation:** • Clearer accountability: nurse vs. tech • Recording vitals on white board by tech • Metrics in EMR to gauge compliance
3. **Order delays** • 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:** • True emergency • Indisposed during procedure or with another patient
4. **Communication with the PGY-1 resident on call ('the float')** • Many residents feel that RNs call without having necessary info ready (i.e. patient's team, current vitals)	4. **Implement a standard communication protocol** • 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** • Certain meds/interventions are allowed on some units and not others	5. **Provide list of acceptable practices on each unit** • 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.** • 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 Applies to:

1. **Hospitals affiliated with the medical school**

2. **Multiple departments within each hospital**

3. **Department and heath care team members, including:**

   - Radiology
   - Emergency Room Department
   - Pharmacy
   - Phlebotomy
   - Social Services
   - Admitting and Discharge
   - Healthcare Team Communication

Comparison of Hospital Communication (BCM)
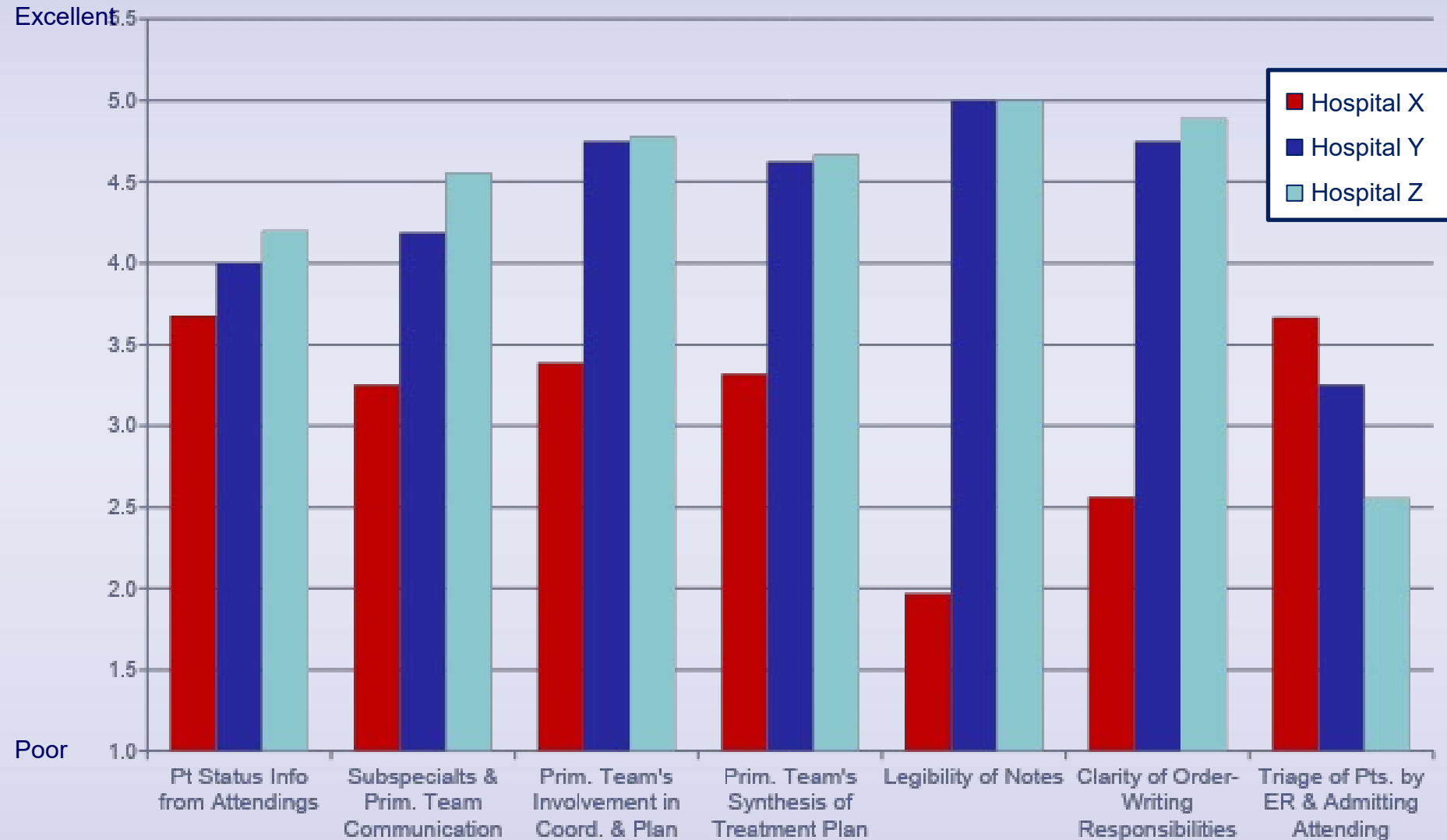
Factors Contributing to Program Success

GLOBAL APPROACH TO IMPROVED WELL-BEING

COLLABORATION AND TEAMWORK

ONGOING FEEDBACK COLLECTION

IMPROVED RELATIONSHIP WITH THE ORGANIZATION

MEETING REAL RATHER THAN ASSUMED NEEDS

POSITIVE WORK ENVIRONMENT

SAFE ENVIRONMENT

RECRUITMENT AND RETENTION

EARLY IDENTIFICATION OF PROBLEMS

PROMOTING PROFESSIONALISM

MedRAP/CPR in a Nutshell

Circular diagram with "MedRAP CPR" at the center, surrounded by:
- Addressing ACGME competencies
- Improving the training program
- Honest self-reflection in a safe environment
- Accelerating transition to the training and work environment
- Collaboration with healthcare team
- Organizational Professionalism
- Individual Assistance
- Peer and mentors structured support
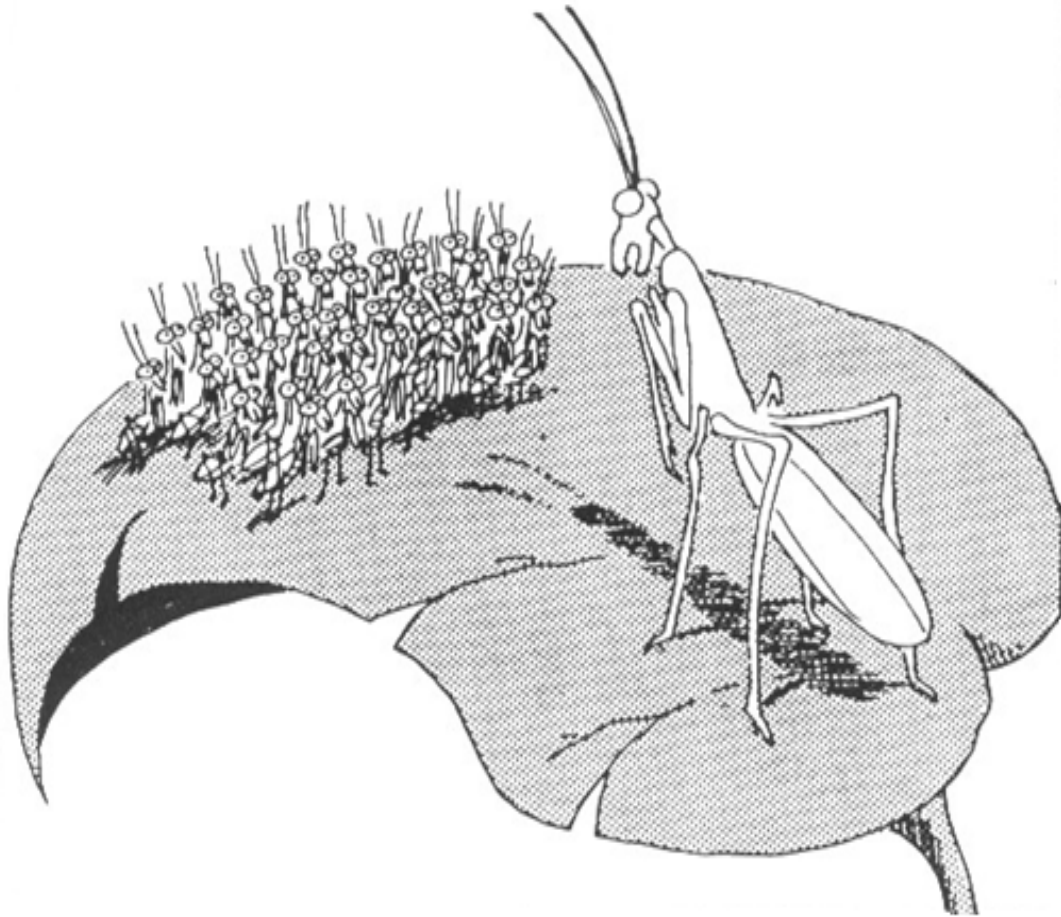- Improving hospital operations

MedRAP/CPR is a uniquely comprehensive program that promotes 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 clinician burnout and its effect on patient care during training and beyond