BURNOUT WEBINAR SERIES

MAY 16, 2019

1PM EASTERN

www.chcworkforce.org

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Access to Care & Clinician Support

Recruitment & Retention

National Health Service Corps	Resources	Training	Networking

WHO WE ARE

Association of Clinicians for the Underserved

Funded by HRSA's Bureau of Primary Health Care

STAR² CENTER

- www.chcworkforce.org | 844-ACU-HIRE
- Allison Abayasekara | aabayasekara@clinicians.org
  - 703-562-8820
- Mariah Blake | mblake@clinicians.org
  - 703-562-8819
- Suzanne Speer | sspeer@clinicians.org
  - 703-577-1260

WEBINAR HOUSEKEEPING

We are Recording

Ask Questions

Have Fun

GOALS FOR THE SERIES

Emphasize the importance of addressing burnout within an organization

Examine how different organizations approach burnout

Learn strategies to address burnout

IMPROVING RECRUITMENT AND RETENTION THROUGH INCREASING PROFESSIONAL SUSTAINABILITY AND SATISFACTION

Eileen Barrett, MD, MPH, FHM, FACP

Division of Hospital Medicine, University of New Mexico

Regent, American College of Physicians

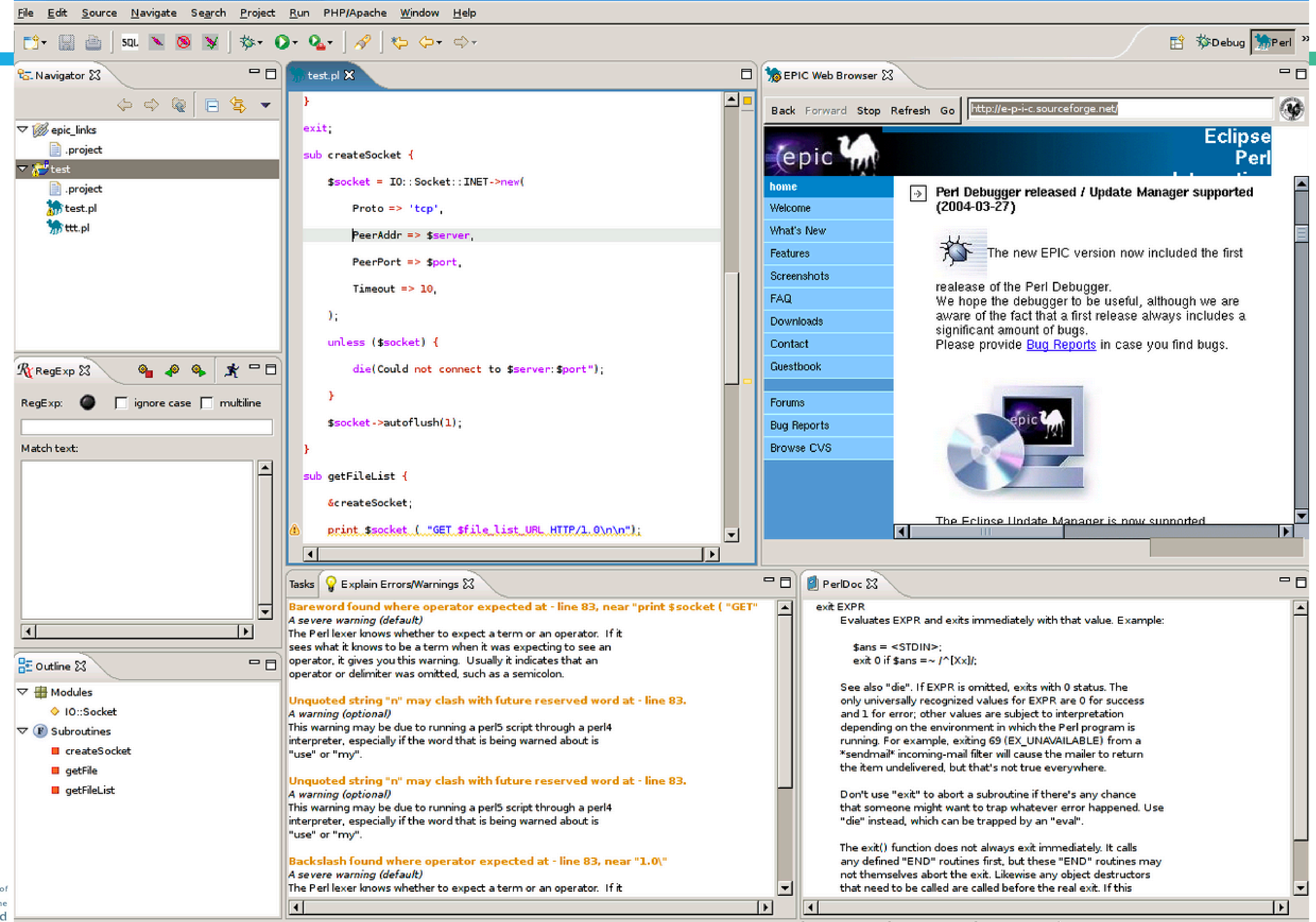
@EileenBarrettNM

ASSUMPTIONS

- Recruiting problems start with retention problems
- New hires are usually new graduates or new job seekers unhappy with their old jobs
- Burnout can be predicted, treated, prevented

A NOTE ABOUT MILLENNIALS

- Used to tech that has user-centered design
- Often raised to expect mentorship and to have a voice
- Have a higher risk for burnout
- Often very values-driven



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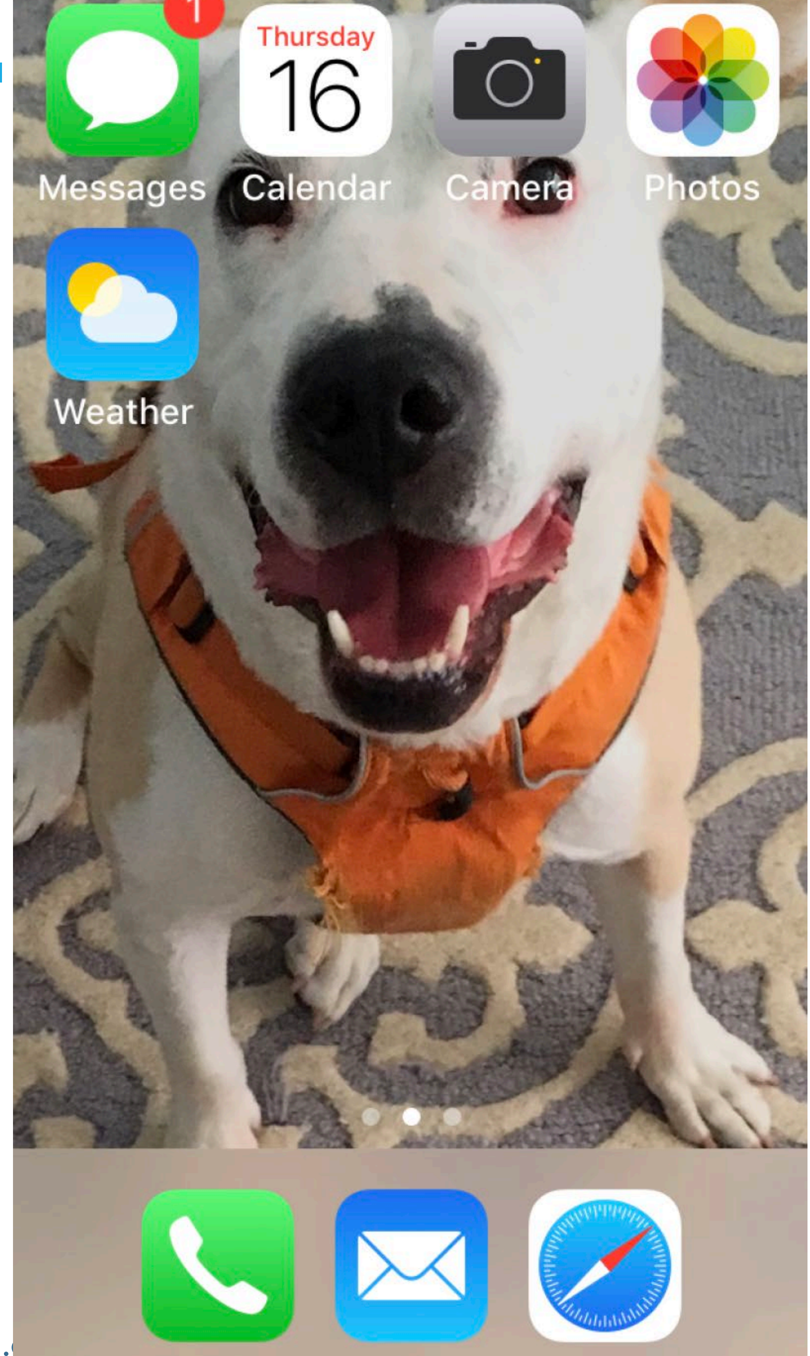
association of clinicians for the underserved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Thursday
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Photos
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Harvard Business Review

GENDER

Why So Many Thirtysomething Women Are Leaving Your Company

by Christie Hunter Arscott

MARCH 15, 2016

TOP 5 REASONS WOMEN

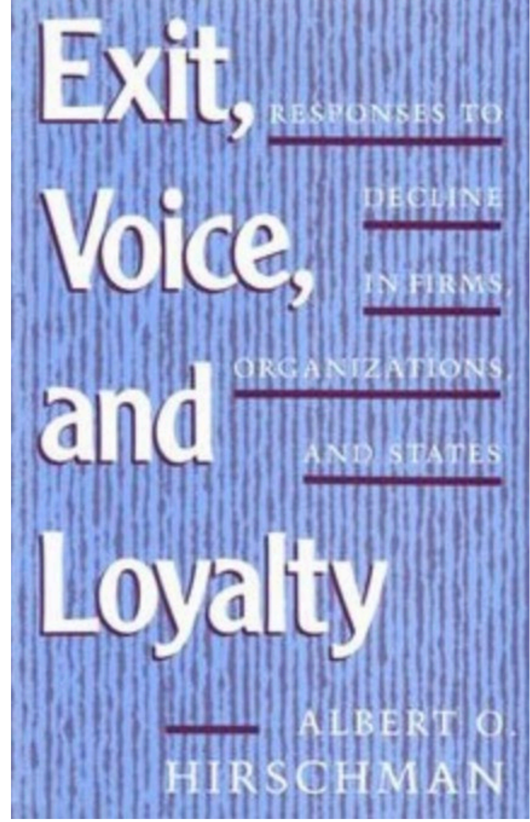
Rank	Reason	%
1	"I found a job elsewhere that pays more."	65%
2	"There are not enough opportunities for learning and development for me here."	62
3	"The work here is not as interesting and meaningful as I would like."	56
4	"There is not a fair balance between how hard I work and the compensation I receive."	56
5	"We are starting a family. I would like to spend more time with them."	54

TOP 5 REASONS MEN

Rank	Reason	%
1	"There are not enough opportunities for learning and development for me here."	65%
2	"I found a job elsewhere that pays more."	56
3	"The work here is not as interesting and meaningful as I would like."	50
4	"There is not a fair balance between how hard I work and the compensation I receive."	44
5	"I do not fit in well with the team."	41

JOB CHANGER

- Loyalty has been tested
- May have a higher risk for burnout
- Fundamentally hopeful



FOUNDATIONS

- Clinician burnout is a **public health crisis**
- Burnout is not a personal failure, and is usually a product of systems and culture
- We should respond with empathy and with science

A CRISIS IN HEALTH CARE: A CALL TO ACTION ON PHYSICIAN BURNOUT

MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Global Health Institute

https://nam.edu/initiatives/clinician-resilience-and-well-being/

National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

Explore the Knowledge Hub

https://nam.edu/initiatives/clinician-resilience-and-well-being/

Clinician well-being is essential for safe, high-quality patient care.

However, clinicians of all kinds, across all specialties and care settings, are experiencing alarming rates of burnout. Among the most telling of statistics, more than 50 percent of U.S. physicians report significant symptoms. Burnout is a syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work.

Clinician burnout can have serious, wide-ranging consequences, from reduced job performance and high turnover rates to—in the most extreme cases—medical error and clinician suicide. On the other hand, *clinician well-being* supports improved patient-clinician relationships, a high-functioning care team, and an engaged and effective workforce. In other words, when we invest in clinician well-being, everyone wins.

Supporting clinician well-being requires sustained attention and action at organizational, state, and national levels, as well as investment in research and information-sharing to advance evidence-based solutions.

FOUNDATIONS

- Clinician burnout is a public health crisis
- Burnout is not a personal failure, and is usually a product of **systems** and **culture**
- We should respond with empathy and with science

Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Lancet 2016; 388: 2272–81

Published Online September 28, 2016 http://dx.doi.org/10.1016/S0140-6736(16)31279-X

See Comment page 2216

Division of General Internal Medicine and Division of Biomedical Statistics and Informatics (Prof C P West MD), Division of Primary Care Internal Medicine (Prof L N Dyrbye MD), Medical Library (P J Erwin MLS), and Division of Hematology (Prof T D Shanafelt MD), Mayo Clinic, Rochester, MN, US

Correspondence to: Prof Colin P West, Division of General Internal Medicine and Division of Biomedical Statistics and Informatics, Mayo Clinic, Rochester, MN 55905, USA west.colin@mayo.edu

Summary

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation score (and high depersonalisation). We used random-effects models to calculate pooled mean difference estimates for changes in each outcome.

Findings We identified 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. Overall burnout decreased from 54% to 44% (difference 10% [95% CI 5–14]; $p<0 \cdot 0001$; $I^2=15\%$; 14 studies), emotional exhaustion score decreased from 23·82 points to 21·17 points (2·65 points [1·67–3·64]; $p<0 \cdot 0001$; $I^2=82\%$; 40 studies), and depersonalisation score decreased from 9·05 to 8·41 (0·64 points [0·15–1·14]; $p=0 \cdot 01$; $I^2=58\%$; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11–18]; $p<0 \cdot 0001$; $I^2=0\%$; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0–8]; $p=0 \cdot 04$; $I^2=0\%$; 16 studies).

Interpretation The literature indicates that both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians. Further research is needed to establish which interventions are most effective in specific populations, as well as how individual and organisational solutions might be combined to deliver even greater improvements in physician wellbeing than those achieved with individual solutions.

Funding Arnold P Gold Foundation Research Institute.

Introduction

A more complete understanding than at present of the

Research

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

DATA SOURCES MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

STUDY SELECTION Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

DATA EXTRACTION AND SYNTHESIS Two independent reviewers extracted data and assessed the risk of bias. The main meta-analysis was followed by a number of prespecified subgroup and sensitivity analyses. All analyses were performed using random-effects models and heterogeneity was quantified.

MAIN OUTCOMES AND MEASURES The core outcome was burnout scores focused on emotional exhaustion, reported as standardized mean differences and their 95% confidence intervals.

Editorial page 164

Supplemental content

CME Quiz at jamanetworkcme.com

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Keith Geraghty, PhD; Judith Johnson, PhD; Anli Zhou, MD; Efharis Panagopoulou, PhD; Carolyn Chew-Graham, MD; David Peters, MD; Alexander Hodkinson, PhD; Ruth Riley, PhD; Aneez Esmail, MD, PhD

IMPORTANCE Physician burnout has taken the form of an epidemic that may affect core domains of health care delivery, including patient safety, quality of care, and patient satisfaction. However, this evidence has not been systematically quantified.

OBJECTIVE To examine whether physician burnout is associated with an increased risk of patient safety incidents, suboptimal care outcomes due to low professionalism, and lower patient satisfaction.

DATA SOURCES MEDLINE, Embase, PsycInfo, and CINAHL databases were searched until October 22, 2017, using combinations of the key terms *physicians*, *burnout*, and *patient care*. Detailed standardized searches with no language restriction were undertaken. The reference lists of eligible studies and other relevant systematic reviews were hand-searched.

STUDY SELECTION Quantitative observational studies.

DATA EXTRACTION AND SYNTHESIS Two independent reviewers were involved. The main

Invited Commentary page 1331

Supplemental content

FOUNDATIONS

- Clinician burnout is a public health crisis
- Burnout is not a personal failure, and is usually a product of systems and culture
- We should respond with **empathy** and with **science**

For the Young Doctor About to Burn Out

Professional burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.

Richard Gunderman, MD

The Atlantic

www.chcworkforce.org

"Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience"._NEJM Catalyst: April 26, 2017

FOUNDATIONS

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FOUNDATIONS

- Clinician burnout is a public health crisis
- Burnout is not a personal failure, and is usually a product of systems and culture
- We should respond with empathy and with science
- **We can treat and also prevent burnout**

BURNOUT SPECTRUM

Systems changes

Resilience/mindfulness work

Burnout - low

Burnout - medium

Highly burnt out – depression, suicidal – Psych. assistance needed

M. Linzer 2016, personal communication
Slide credit to Suja Mathew, MD.

"Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience"._NEJM Catalyst: April 26, 2017

RECRUITMENT AND RETENTION

- Foundations
- Advanced
- Highest performing

FOUNDATIONS OF YOUR R&R

- Promote personal resilience
- Have a Professional Fulfillment and Sustainability Committee*
- Have a Workflow and IT Usability Committee

ORIGINAL ARTICLE

Professional Satisfaction and the Career Plans of US Physicians

Christine A. Sinsky, MD; Lotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD; Daniel Satele, MS; Michael Tutty, PhD; and Tait D. Shanafelt, MD

Abstract

Objective: To evaluate the relationship between burnout, satisfaction with electronic health records and work-life integration, and the career plans of US physicians.

Participants and Methods: Physicians across all specialties in the United States were surveyed between August 28, 2014, and October 6, 2014. Physicians provided information regarding the likelihood of reducing clinical hours in the next 12 months and the likelihood of leaving current practice within the next 24 months.

Results: Of 35,922 physicians contacted, 6880 (19.2%) returned surveys. Of the 6695 physicians in clinical practice at the time of the survey (97.3%), 1275 of the 6452 who responded (19.8%) reported it was likely or definite that they would reduce clinical work hours in the next 12 months, and 1726 of the 6496 who responded (26.6%) indicated it was likely or definite that they would leave their current practice in the next 2 years. Of the latter group, 126 (1.9% of the 6695 physicians in clinical practice at the time of the survey) indicated that they planned to leave practice altogether and pursue a different career. Burnout (odds ratio [OR], 1.81; 95% CI, 1.49-2.19; *P*<.001), dissatisfaction with work-life integration (OR, 1.65; 95% CI, 1.27-2.14; *P*<.001), and dissatisfaction with the electronic health record (OR, 1.44;

PROMOTING PERSONAL RESILIENCE

- Healthy foods in meetings and vending machines
- Water stations
- Spiff up workstations
- Awards and recognition
- Teach good sleep habits
- On-site exercise facilities
- Increase social connections
- Offer mindfulness training
- De-stigmatize help seeking

The Ochsner Journal 15:38–44, 2015
© Academic Division of Ochsner Clinic Foundation

Enhancing Resilience Among New Nurses: Feasibility and Efficacy of a Pilot Intervention

Sherry S. Chesak, PhD, RN,[1] Anjali Bhagra, MBBS,[2] Darrell R. Schroeder, MS,[3] Denise A. Foy, MSN, RN-BC,[1] Susanne M. Cutshall, DNP, APRN, CNS,[4] Amit Sood, MD, MSc[2]

[1]*Department of Nursing, Mayo Clinic, Rochester, MN*
[2]*Division of General Internal Medicine, Mayo Clinic, Rochester, MN*
[3]*Division of Biomedical Statistics and Informatics, Mayo Clinic, Rochester, MN*
[4]*General Internal Medicine Complementary and Integrative Medicine Program, Mayo Clinic, Rochester, MN*

ABSTRACT

Background: Orientation is one of the most stressful times in a registered nurse's career. Little information is available regarding the efficacy of stress management approaches among new nurses. The purpose of this study was to examine outcomes of the implementation of a brief Stress Management and Resiliency Training (SMART) program within a nurse orientation...

Conclusions: Integrating the SMART program within the nurse orientation program is feasible. While changes between groups were not significant, trends in the results indicate that the program has the potential for efficacy. Future research with larger numbers is indicated with a revised version of the program to increase its effect size.

The Ochsner Journal

Physician Burnout: Resilience Training is Only Part of the Solution

Alan J. Card, PhD, MPH

Department of Pediatrics, University of California San Diego School of Medicine, San Diego, California

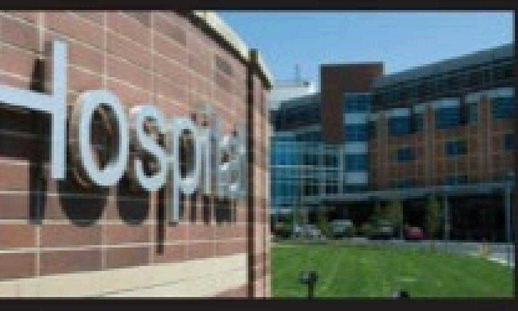
ABSTRACT

Physicians and physician trainees are among the highest-risk groups for burnout and suicide, and those in primary care are among the hardest hit. Many health systems have turned to resilience training as a solution, but there is an ongoing debate about whether that is the right approach. This article distinguishes between unavoidable occupational suffering (inherent in the physician's role) and avoidable occupational suffering (systems failures that can be prevented). Resilience training may be helpful in addressing unavoidable suffering, but it is the wrong treatment for the organizational pathologies that lead to avoidable suffering—and may even compound the harm doctors experience. To address avoidable suffering, health systems would be better served by engaging doctors in the co-design of work systems that promote better mental health outcomes.

Ann Fam Med 2018;16:267-270. https://doi.org/10.1370/afm.2223.

A Call to Action: Creating a Culture of Health

January 2011



A report of the AHA Long-Range Policy Committee:

John W. Bluford III, Chair
Richard P. de Filippi
Thomas M. Priselac
Richard F. Afable, MD, MPH
Steven M. Altschuler, MD
Ruth A. Colby
Teri G. Fontenot
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Gregory W. Lintjer
Jeffery Payne, SPHR
W. Paul Rutledge
James Skogsbergh
Glenn D. Steele, Jr., MD, PhD
Alfred G. Stubblefield
Steven J. Summer
Carol A. Watson, PhD, RN
Scott Wordelman

MAKE THE WORKSPACE A VISUAL REPRESENTATION OF THE INSTITUTION'S COMMITMENT

- Standing desks
- Widescreen computers
- Have printers where they are needed
- Art
- Plants
- Windows
- Lighting

NEJM Catalyst

- Consider organization/group supported semi-structured time during work hours for discussion and relationship-building
- The first 15 minutes have a discussion point

Getting Back to Medicine as a Community

ORIGINAL ARTICLE

Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions

Liselotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD; Christine A. Sinsky, MD; Lindsey E. Goeders, MBA; Daniel V. Satele, BS; and Tait D. Shanafelt, MD

Abstract

Objective: To determine whether state medical licensure application questions (MLAQs) about mental health are related to physicians' reluctance to seek help for a mental health condition because of concerns about repercussions to their medical licensure.

Methods: In 2016, we collected initial and renewal medical licensure application forms from 50 states and the District of Columbia. We coded MLAQs related to physicians' mental health as "consistent" if they inquired *only* about current impairment from a mental health condition or did not ask about mental health conditions. We obtained data on care-seeking attitudes for a mental health problem from a nationally representative convenience sample of 5829 physicians who completed a survey between August 28, 2014, and October 6, 2014. Analyses explored relationships between state of employment, MLAQs, and physicians' reluctance to seek formal medical care for treatment of a mental health condition because of

"ARE YOU CURRENTLY SUFFERING FROM ANY CONDITION THAT IMPAIRS YOUR JUDGMENT OR THAT WOULD OTHERWISE ADVERSELY AFFECT YOUR ABILITY TO PRACTICE MEDICINE IN A COMPETENT, ETHICAL AND PROFESSIONAL MANNER? (YES/NO)."

FEDERATION OF STATE MEDICAL BOARDS

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underserved

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION

DE-STIGMATIZE HELP SEEKING

- Update credentialing documents to eliminate stigmatizing questions
- Work with your licensing boards to eliminate stigmatizing questions
- Include mental health resources during orientation to everyone and for everyone

PROFESSIONAL FULFILLMENT AND SUSTAINABILITY

- Create a resourced committee demonstrates group/organizational commitment
- Should have a charter, mission, goals
- Include new hires, applicants

How to Create a Clinician Wellness Committee

Creating a wellness committee is a concrete first step an organization can take to foster a culture of clinician wellness.

- Get buy in from executive leaders – their support is necessary
  - Find executive champion
  - Use toolbox resources including:
    - Elevator Speech
    - Rationale, fast facts
    - Practice Advisor module entitled Making the Case to Address Clinician Burnout
    - Return on investment calculator
- Invite clinicians (physicians and APPs) from various departments and clinics within the system (inpatient, outpatient, surgical, primary care, etc.)
  - Try to get a mix of in terms of age, years worked at institution and gender so all voices represented

PROFESSIONAL FULFILLMENT AND SUSTAINABILITY*

- A resourced committee demonstrates group/organizational commitment
- Should have a charter, mission, goals
- Include new hires, applicants
- Should benchmark retention and burnout
- Should embrace transparency

stepsforward.org/

Preventing Physician Burnout

Improve patient satisfaction, quality outcomes and provider recruitment and retention.

AMA IN PARTNERSHIP WITH

Mini Z burnout survey

Answer the following questions as truthfully as possible to determine your workplace stress levels and how they measure up against others in your field. There are two sections of questions in this survey about your experience with burnout and your practice environment. When you have completed the survey, return it to the person who requested that you complete it or submit it to stepsforward@ama-assn.org. We will follow up with you to give you your results. Thank you.

Mini Z burnout survey					
Name:	**Role:**				
Team/department:	**Date of survey:**				
For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.					
1. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2. I feel a great deal of stress because of my job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

3. Using your own definition of "burnout," please circle one of the answers below:

   a. I enjoy my work. I have no symptoms of burnout.
   b. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
   c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
   d. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
   e. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
5. Sufficiency of time for documentation is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

PROFESSIONAL FULFILLMENT AND SUSTAINABILITY*

- A resourced committee demonstrates group/organizational commitment
- Should have a charter, mission, goals
- Should benchmark retention and burnout
- Should embrace transparency

ADVANCED R&R

- Embrace a QI mindset and skillset on R&R through promoting clinician satisfaction
- Focus on process and workflow

BURNOUT SPECTRUM

Systems changes

Resilience/mindfulness work

Burnout - low

Burnout - medium

Highly burnt out – depression, suicidal – Psych. assistance needed

M. Linzer 2016, personal communication
Slide credit to Suja Mathew, MD.

Adult Vaccinations: Team-Based Immunization

Save time and prevent disease with an immunization program

stepsforward.org/

AMA | STEPSforward™

Implementing a daily team huddle

Boost practice productivity and team morale, by communicating in real time about the day's events

AMA IN PARTNERSHIP WITH

CME

Eunice Yu, MD
Internal Medicine, Fellow in Primary
Care Innovation and Leadership, Iora

stepsforward.org/

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Essentials of Good Pain Care: A Team-Based Approach

Organize your practice to safely manage acute and chronic pain

CME CREDITS: 0.5

Jason Fodeman, MD, MBA
Assistant Professor and Associate Medical Director, Drexel University

Michael McNett, MD
Medical Director for Chronic Pain

Christine Sinsky, MD, FACP
Vice President, Professional Satisfaction, American Medical Association

Daniel P. Alford, MD, MPH

Laura J. Zimmermann, MD, MS, FACP
Assistant Professor of Preventive Medicine and Internal Medicine, Rush University

Marie T. Brown, MD, FACP

Harvard Business Review

CHANGE MANAGEMENT

The Secret to Leading Organizational Change Is Empathy

by Patti Sanchez

DECEMBER 20, 2018

ASPIRATIONAL R&R

- Benchmark leadership buy-in on commitment clinician satisfaction and professional sustainability
- Create longevity to the work
- Integrate patient experience and clinician experience

Physician Opinion of the Leadership Quality of their Immediate Physician Supervisor Survey[1]

To what extend do you agree or disagree with each of the following statements:

My immediate physician supervisor:

1. Holds career development conversations with me.

Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree	N/A
1	2	3	4	5	

2. Inspires me to do my best.

Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree	N/A
1	2	3	4	5	

3. Empowers me to do my job.

Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree	N/A
1	2	3	4	5	

4. Is interested in my opinion.

Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree	N/A
1	2	3	4	5	

5. Encourages employees to suggest ideas for improvement.

Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree	N/A
1	2	3	4	5	

6. Treats me with respect and dignity.

Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree	N/A
1	2	3	4	5	

Making The Case For The Chief Wellness Officer In America's Health Systems: A Call To Action

Sandeep Kishore, Jonathan Ripp, Tait Shanafelt, Bernadette Melnyk, David Rogers, Timothy Brigham, Neil Busis, Dennis Charney, Pamela Cipriano, Lloyd Minor, Paul Rothman, Johnese Spisso, Darrell G. Kirch, Thomas Nasca, Victor Dzau

OCTOBER 26, 2018

10.1377/hblog20181025.308059

HealthAffairs

CLOSING SUGGESTIONS FOR R&R

- Celebrate successes internally
- Use social media, your website, printed materials, break rooms, waiting room, newspaper to celebrate success externally
- Be transparent that this is on-going work that is clinician-driven

QUESTIONS?

THANK YOU!