

Well-Being Committee Leader Guidebook

Domain 1: Creating Optimal Work and Learning Environments

Pillar 1 - Workplace Efficiency / Hindrance Job Demand Reduction

Leader Prompt – Identifying and reducing hindrance job demands – those things that get in the way of work has a profound impact on the WLE. They signify “you matter, your work matters, and we will help you grow and be capable in your work”

- Review last meeting identified hindrance job demands
 - What has been accomplished and has it been put on stoplight report and communicated back?
 - Are there items “in process” that have become impossible and need to be deferred? If so develop high quality communication on the why and update stoplight report
 - Are there items “in process” that are stalled and need escalation?
- What new hindrance job demands have been reported
 - Determine impact and feasibility
 - Add to tracker, determine accountable and responsible parties
 - Place on stoplight report in appropriate location

Pillar 2 - Autonomy Support

Leader Prompt – This is not independence, freedom, lack of structure or requirements, or lack of supervision. Autonomy is both decision latitude when possible and desired, but

also understanding the why in a way that leads to endorsement. The opposite is feeling controlled, compelled, or forced to do things. We want to find where we can support autonomy better in the built environment (brick and mortar, food, parking, etc), our program policies and procedures, and interpersonally with supervision, feedback, and the way our teams function.

- Are there rotations in which you feel you have too little autonomy (“micromanaged”)?
- Are there faculty that do not allow you enough decision making?
- Are there requirements of the program that ask you to do something but you don’t understand the why?
- Where in the program do you feel you would like more input on how we do things or how your work gets done?
- Have there been work related communications (verbally, email, or signage) that sound coercive or demanding that we can learn from?

Pillar 3 - Belonging Support

Leader Prompt – Belonging includes warm and close relationships at work, feeling understood and accepted, opportunities for mutual care, and feeling connected and part of a group or community.

Where is Belonging Thwarted?

- Are there rotations that do this? Why? To whom? What might be helpful to alleviate this issue?
- Are there types of individuals/roles that may feel this way? Medical students? PGY1s? Foreign medical graduates? MD vs DO? Transfer residents/fellows? Those who moved for training versus those who did not? Those with spouses/families? Those with disabilities? Those with different religions, sexual orientation, gender, race, or ethnicity?

- Are there social events we plan that exclude people? Focus on alcohol (SUD/Religion), Choice of foods (Gluten/Celiac Dx., Vegan/Vegetarian), May be embarrassing (eg. ropes course for those afraid of heights), Too expensive for out of pocket costs for some.
- Mistreatment – are there individuals or locations that routinely are perceived as mistreating team members?

Can we support belonging better?

Leader Prompt: There are four types of social support that can help support belonging.

1. *Emotional:* Empathy, compassion, and understanding, especially for those with stress or negative emotions.
2. *Informational:* Knowledge or facts needed for success
3. *Instrumental:* Practical tangible assistance for success
4. *Appraisal:* Information needed for self-evaluation, encouragement, or decision making

Emotional Social Support Options

- Routine planned check ins by text and/or email
- Peer-to-Peer Support “Battle Buddies”
- Peer interest groups (pickle ball, dog parks, gaming)
- Mentors (Faculty and Peers)
- Thank you notes (holidays, ICU, etc.)
- “Missing you” videos / emails
- Birthdays and Milestones
- Community Service Days
- Social events / Team building events

- Care baskets/packages for difficult rotations
- Letters of encouragement from families
- Get to know the [attending/resident/fellow] series
- What Went Well Exercise
- Photos of residents & family in call rooms and GME space
- Newsletter features of residents' life outside of work
- Social Events / Team Building
- Team Jackets and other “team branding”
- Significant other groups
- Shared concerns
- Shared interests
- Ensure use of TheMedCommons platform for significant others
- Significant other “rounds” or meals
- Significant others in simulations
- Notes to significant others

Informational Social Support Options

- Block Transition “Parties”
- Rotation Guidebooks (unofficial guidebooks)
- “How to” CPOE Guides
- Lists of Recommended Services (cleaning, dog sitting, mechanics, plumbing)
- Lists of Recommended Restaurants & Entertainment
- PTO and HR issues (how to arrange for vacation)
- Frequently asked questions “one-pager”
- Annotated maps of hospitals, clinics, outside facilities

Instrumental Social Support Options (depending on employer)

- TheMedCommons Platform for significant others and physician families
- Help with:
 - Dog sitting
 - Baby sitting
 - Drives to the airport / carpools
- Cleaning coupons / Grocery delivery / Food delivery / laundry service
- Hotel-style mini-shop on honor system
- Counseling/Therapy Options
- Coaching options

Appraisal Social Support Options

- Peer-to-peer mentors (senior liaison)
- Faculty mentors
- Affinity groups
- Kin groups
- Anonymous submissions to panel
- Fellowship/Sub-specialty mentors
- TheMedCommons Circle

Pillar 3 - Competence Support

Leader Prompt – Competence support includes recognizing and amplifying a sense of mastery and providing opportunities to ensure growth

- Are there rotations that routinely undermine a sense of competence in learners?
(constantly feel incompetent without growth)?
 - Why do they do this? Is it an individual, structure, process?

- How might it be improved?
- Are there individuals who undermine your sense of competence routinely?
 - Faculty, fellow residents, nursing, administration?
 - How might this be addressed?
- Are there clinical situations, presentations, or procedures that routinely undermine a sense of competence?
 - How could these be mitigated? Are there educational programs?
- Are there courses, educational tracks, experiences, or simulations that are particularly good at building a sense of competence?
 - Can they be expanded, adapted to other fields, integrated into a senior resident teaching role?
- Are there opportunities for trainees/faculty who are particularly skilled at something to teach or supervise this skill?
 - Amplifies sense of competence
- Are there opportunities to build a mini-fellowship that helps trainees develop specific competence in a narrow field?
 - Self-initiated projects that are highly meaningful and lead to growth.

Pillar 4 - Amplifying Meaning

Leader Prompt – The felt experience of the impact of your work in a meaningful way has a profound impact on how you feel about your workday. We should be deliberate in identifying, amplifying, and reflecting back meaning.

- Do you have routine practices in the workday to capture meaning?
 - Do you point out meaningful impact on a regular cadence?
 - What about an end of day huddle to share one thing you did to make a difference in someone's experience?

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- What about an end of day huddle to share one thing you did to make a difference in someone's experience?
- How about asking people to pay attention to meaning throughout the day in preparation for the closing huddle sharing?
- Can you have patients/families return in person or virtually to comment on their experience?
 - How would you recruit them? What would this look like?
 - Does the program obtain positive patient experience comments from the hospital and share with the residents/faculty?
 - Does the program share “saves” or “optimal care” cases focusing on the impact to the patient/family?
 - Do you translate available relevant hospital metric data into patient lives? Sepsis mortality, stroke mortality, trauma mortality, etc.
 - What Went Well Practice
 - Mini-Fellowships on something personally meaningful
 - Letters to trainees/significant others

Domain 2: Individual Factors and Mental Health & Stigma

Help Seeking Knowledge and Motivation

Leader Prompt – Help seeking is difficult for both residents and attendings. They must not only know how to ask for help but be willing and able to do so.

- Does everyone know HOW to reach out for help? What are the options? Can we make those clearer? Table tents, posters, announcements. Demonstrate during didactics how to get an appointment via currently available systems.

- If coaching is available does everyone know?
- Is stigma reduced?
 - Can we do an opt-out approach vs opt-in?
 - Are leaders willing to share their own experience with asking for help?
 - Can we discuss barriers to accessing mental health support? Location, time, burdening others, cost, fear of negative impact
 - Are there people or situations that are worsening stigma?

Supporting Mental Health

Should we do some small group discussions or exercises on high yield individual psychological topics?

- Dealing with Imposter Phenomenon (highly correlated with depression in residents/students)
- Maladaptive Perfectionism
- Improving Self-Compassion (surgeons use the term self-assessment) Crisis assistance – how to help others who may be in depression/suicidal crisis (how would you identify these people? How would you help them?)
- Impact of residency/fellowship on outside relationships (marriage, children, significant others)
- Alcohol and Substance Use Disorders – glamorization of heavy drinking among residents
- Dealing with Vicarious Emotional Trauma – watching others suffer / coupled with debriefing
- Moral Injury – when the system does not allow you to do what you feel is right
- Mindfulness (though research shows this helps with depression/anxiety but not so much burnout)

- Sleep hygiene (large moderator of the association between work environment and burnout)
- Interpersonal conflicts at work – dealing with others in the workplace who are difficult
- Second victim syndrome – trauma related to errors
- Isolation and Loneliness (physicians have higher levels of isolation than other professionals)
- Increasing stress tolerance - Some Dialectical Behavioral Therapy concepts – developing distress tolerance, interpersonal effectiveness, emotional stability
- Gratitude practices
- What went well technique – focusing on growth, belonging, and meaning
- Mindset – Focus on Alia Crum’s work on “stress mindset.”

Supporting Individual Level Well-being Initiatives

Leader Prompt – Individual level initiatives are the focus for the individual (the program should focus on optimizing work and learning environment) however we want to support these whenever possible.

Are there ways to better support the individual in:

- Diet/Nutrition
- Exercise
- Sunlight
- Circadian Rhythm management
- Social connection
- Exposure to nature
- Relaxation / Stress management
- Dental / medical care / mental health / emotional support
- Family support / significant other support