Calling all Leaders of Change and Champions of Wellbeing; 10 Essentials for Advancing Organizational Wellbeing

Catherine Florio Pipas, MD, MPH
Professor, Community & Family Medicine, The Dartmouth Institute for Health Policy and Clinical Practice (TDI) and Dept of Medical Education, Geisel School of Medicine, Dartmouth
Chair AAFP Physician Health First and Co-Chair AAFP Leading Physician Well-being Program
Chief Wellness Officer, Case Network - Core Wellness, Chair AAMC CFAS Faculty Resilience Committee
Author, *A Doctor’s Dozen; 12 Strategies for Personal Health and A Culture of Wellness*

STFM Conference on Practice & Quality Improvement
September 12, 2022
Disclosures

No relevant financial relationships to disclose.
Objectives:

1. Describe the urgency of addressing organizational wellbeing and leading change
2. Discuss the AAMC Report inclusive of 10 Recommendations for Wellness Champions and Initiatives
3. Apply learnings to advance their own organizational wellbeing
Moment of Gratitude
**Pipas Pathway to Curiosity, Collaboration and Continuous Improvement**

- AAFP/AAMC
- FMEC/STFM
- Palo Alto, CA
- Tookskok, Alaska
- Xian, China
- Beijing, China
- Shanghai, China
- Honduras
- South Africa
- Dartmouth, NH
- TDI-MPH
- Durham, NC
- NJ, SC, NH, Virtual
- JMC, Philadelphia
- UNC, NC
- MUSC Charleston, SC
- SWGFPR, Georgia
- WHO- Thailand
- Cambridge, MA
- TX
- TN
- FL
- KS
- NM
- WA
- CA
- OR
- CA
- NJ, SC, NH, Virtual
VISION: “Healthy Individuals Contributing to Healthy Communities Who Prioritize Personal and System Well-being”

Ecological & QI Framework for Wellbeing

COMMUNITY

ORGANIZATION

TEAM

FAMILY

Individual

- Self
- System

ACT
- PLAN
- STUDY
- DO
We can always IMPROVE

doi:10.1136/bmjqs-2013-002703
My Wellbeing is Critical to My Effectiveness as a ...
A Supportive Environment Is Critical to My Well-being
From Triple to QUADRUPLE AIM:

Better Care  Better Health  Lower Costs

Better CARE of Health CARE TEAM

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider
Thomas Bodenheimer, MD1 and Christine Sinsky, MD2,3
Ann Fam Med November/December 2014 vol. 12 no. 6 573-576
THE EPIDEMIC OF BURNOUT

> 50%
- Students
- Residents
- Nurses
- Clinicians
- Researchers

Shanafelt et al.
Mayo Clin Proc. 2015
Dec; 90(12):1600-1613

Mayo Clin Proc. 2019
Sep;94(9):1681-1694.

**FIGURE 2.** Changes in burnout and satisfaction with WLB in physicians and population year are shown on the x-axis. Burnout (A) and satisfaction with WLB (B) are shown on the y-axis. WLB = work-life balance.
IMPACT OF BURNOUT

**Individual:** job dissatisfaction, anxiety, sleep disturbance, MSK pain, memory impairment, unprofessional behavior, substance abuse, depression and suicide

**Health Care System:** performance, absenteeism, presenteeism, 7% turnover, replacement ($500k - 1M), increased costs ($4.6 B/yr)

**Patients/Society:** (case of health professionals) suboptimal care, medical error, dissatisfaction, complaints, distrust, poor quality and outcomes

2019 - Crisis for US Health Care System
Need a Systems Approach to Organizational, Team & Individual Change
What Phase of Well-being are YOU in?

1. JUST THE BEGINNING
   - Distress
   - Awareness
   - Action
   - < 2005
   - ’05 - ’21
   - > ’22+

2. Era of distress
   - Lack of awareness
   - Focus on institutional needs
   - Rigid environment
   - Individual
   - Ignore distress
   - Unfettered autonomy
   - Neglect
   - Ignorance of economic impact
   - Physicians & administrators function independently

3. Well-being 1.0
   - Awareness
   - Focus on patient needs
   - Choice
   - Team
   - Treat distress
   - Carrots and sticks
   - Blame individuals
   - Return on investment
   - Adversarial relationship between physicians and administrators

4. Well-being 2.0
   - Action
   - Focus on needs of people
   - Flexibility
   - System
   - Prevent distress & cultivate professional fulfillment
   - Aligned autonomy
   - Shared responsibility
   - Value on investment
   - Physician and administrator collaboration

Figure 1: Professional characteristics and mindset of the 3 eras of physician well-being.

Figure 2: Organizational characteristics and mindset of the 3 eras of physician well-being.

Physician Well-being 2.0: Where Are We and Where Are We Going?

Tait D. Shanafelt, MD
WHAT Will it Take for All to Flourish in Medicine?

Curiosity
Collaboration
Continuous Improvement
The Rise of Wellness Initiatives in Health Care:
Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs

Acknowledgements

AAMC’s Council of Faculty and Academic Societies (CFAS) Faculty Resilience Committee and Authors

- **Catherine Florio Pipas**, Jon Courand, Serina Neumann, Megan Furnari, Mona Abaza, Avid Haramati, Maureen Leffler, Eric Weismann, Anne Berry, Valerie Dandar
- Ross McKinney Jr., MD, AAMC Chief Scientific Officer, and Alison J. Whelan, MD, AAMC Chief Academic Officer

Leadership from the following organizations that supported the implementation and development of the survey, as well as their members who took the survey:

- American Academy of Family Physicians (AAFP)
- AAMC Council of Faculty and Academic Societies (CFAS)
- AAMC Group on Faculty Affairs (GFA)
- Accreditation Council for Graduate Medical Education (ACGME) Wellness Consortium
- CaseNetwork
- Center for Innovation and Leadership in Education (CENTILE)
- Family Medicine Education Consortium (FMEC)
- Society of Teachers of Family Medicine (STFM)

STFM, FMEC, and CaseNetwork leaders who collaborated to pilot the survey at the 2019 STFM Annual meeting in Toronto, Canada, and the FMEC meeting in Lancaster, Pennsylvania:

- Christienne P. Alexander, MD  
  Alexander W. Chessman, MD
- Gina Basello, DO  
  Jeffrey Levy, MD
- Sarah Bradford MD, CCFP, AAFP  
  Kamica Lewis, DO
- Joedrecka S. Brown Speights, MD, FAAFP  
  Tamatha M. Psenka, MD
Respondent Characteristics:

(n = 532)

- 33% in Family Medicine
- 12% Internal Medicine
- 72% Female
- 18% age 31-40,
- 27% age 41-50
- 29% age 51-60
- 47% faculty without an administrative title
- 10% Program Director
- 19% Deans Office/Administrator
- 17% Asst, 23% Assoc, 20% Professor
Well-being Champions (WBCs)

Respondents who Identify as WBC (n=461)

- 29.9% Identifies as a WBC
- 70.1% Not a WBC

83% HAVE WBC’s

Title of WBC (n=138)

- 31.2% CWO
- 31.9% Wellness Director
- 26.8% Wellness Committee/Task Force Chair
- 10.1% Other

83% HAVE WBC’s
Percent of Effort Dedicated to WBC Role Among Respondents Who Identified as a WBC

- **All WBC (138)**
  - None: 23.9%
  - 1 - 4%: 17.4%
  - 6 - 10%: 15.9%
  - 11-20%: 8.7%
  - 21 - 30%: 6.5%
  - 31 - 50%: 11.6%
  - > 50%: 15.9%

- **CWO (14)**
  - None: 21.4%
  - 1 - 4%: 7.1%
  - 6 - 10%: 14.3%
  - 11-20%: 7.1%
  - 21 - 30%: 28.6%
  - > 50%: 21.4%

- **Wellness Director (37)**
  - None: 10.8%
  - 1 - 4%: 8.1%
  - 6 - 10%: 5.4%
  - 11-20%: 13.5%
  - 21 - 30%: 8.1%
  - 31 - 50%: 16.2%
  - > 50%: 37.8%

- **Wellness Committee/Task Force Chair (44)**
  - None: 36.4%
  - 1 - 4%: 20.5%
  - 6 - 10%: 29.5%
  - 11-20%: 4.5%
  - > 50%: 9.1%

- **Other (43)**
  - None: 23.3%
  - 1 - 4%: 27.9%
  - 6 - 10%: 14.0%
  - 11-20%: 7.0%
  - 21 - 30%: 11.6%
  - 31 - 50%: 4.7%
  - > 50%: 11.6%
<table>
<thead>
<tr>
<th>Role</th>
<th>Yes (%</th>
<th>No (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All WBC (136)</td>
<td>30.9%</td>
<td>69.1%</td>
<td></td>
</tr>
<tr>
<td>CWO (14)</td>
<td>50.0%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>Wellness Director (37)</td>
<td>40.5%</td>
<td>59.5%</td>
<td></td>
</tr>
<tr>
<td>Wellness Committee/Task Force Chair (42)</td>
<td>9.5%</td>
<td>90.5%</td>
<td></td>
</tr>
<tr>
<td>Other (43)</td>
<td>37.2%</td>
<td>62.8%</td>
<td></td>
</tr>
</tbody>
</table>
Wellness Programming

Respondent Organizations with Wellness Programming (n=492)
- Yes, organization has 1 or more programs: 88.8%
- No, organization does not have a program: 11.2%

Audiences Served by Wellness Programs at Responding Organizations (n=437)
- Just learners (students & or residents): 48.5%
- Learners and Faculty only: 19.7%
- Learners and Staff only: 15.1%
- Learners, Faculty, and Staff: 5.5%
- Other: 11.2%
Curricular Elements Included in Wellness Programming

<table>
<thead>
<tr>
<th>Element</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement Processes (321)</td>
<td>31.5%</td>
<td>15.0%</td>
<td>34.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.6%</td>
</tr>
<tr>
<td>Resilience (327)</td>
<td>27.5%</td>
<td>15.3%</td>
<td>43.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.1%</td>
</tr>
<tr>
<td>Conflict Management (316)</td>
<td>25.3%</td>
<td>15.5%</td>
<td>37.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21.8%</td>
</tr>
<tr>
<td>Emotional Intelligence (326)</td>
<td>22.4%</td>
<td>17.8%</td>
<td>38.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21.2%</td>
</tr>
<tr>
<td>Self Reflection (326)</td>
<td>27.3%</td>
<td>11.7%</td>
<td>48.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.6%</td>
</tr>
<tr>
<td>Appreciative Inquiry/Gratitude...</td>
<td>23.9%</td>
<td>14.9%</td>
<td>41.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.9%</td>
</tr>
<tr>
<td>Leadership Training (324)</td>
<td>23.5%</td>
<td>14.5%</td>
<td>45.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.4%</td>
</tr>
<tr>
<td>Time Management (319)</td>
<td>23.5%</td>
<td>12.5%</td>
<td>47.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.9%</td>
</tr>
<tr>
<td>Cognitive Reframing (312)</td>
<td>16.7%</td>
<td>17.3%</td>
<td>36.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29.2%</td>
</tr>
<tr>
<td>Prioritizing Purpose (309)</td>
<td>16.2%</td>
<td>15.2%</td>
<td>37.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31.1%</td>
</tr>
<tr>
<td>Social Activities (331)</td>
<td>21.8%</td>
<td>7.9%</td>
<td>60.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.0%</td>
</tr>
<tr>
<td>Mindfulness/Meditation (335)</td>
<td>16.1%</td>
<td>11.0%</td>
<td>61.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.6%</td>
</tr>
<tr>
<td>Healthy Eating (326)</td>
<td>14.1%</td>
<td>10.10%</td>
<td>59.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.3%</td>
</tr>
<tr>
<td>Narrative Writing (318)</td>
<td>13.5%</td>
<td>10.7%</td>
<td>41.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34.0%</td>
</tr>
<tr>
<td>Exercise (334)</td>
<td>12.3%</td>
<td>8.4%</td>
<td>63.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.6%</td>
</tr>
</tbody>
</table>

- **Mandatory curricular component**
- **Hoping to add in the next 12 months**
- **Optional extracurricular activity**
- **Not planning to add**
Methods and Resources to Promote Well-being

- **Optional wellness activities:**
  - Presently using: 75.5%
  - Hoping to add in the next twelve months: 16.5%
  - Not selected: 8.0%

- **Outside speakers:**
  - Presently using: 52.5%
  - Hoping to add in the next twelve months: 23.6%
  - Not selected: 23.9%

- **Wellness workshop/retreat (4 hours or more):**
  - Presently using: 40.7%
  - Hoping to add in the next twelve months: 26.3%
  - Not selected: 33.0%

- **Online learning modules:**
  - Presently using: 32.7%
  - Hoping to add in the next twelve months: 32.2%
  - Not selected: 35.1%

- **Wellness learning community/mentoring program:**
  - Presently using: 35.4%
  - Hoping to add in the next twelve months: 28.6%
  - Not selected: 36.0%

- **Mandatory ongoing wellness lecture series:**
  - Presently using: 39.2%
  - Hoping to add in the next twelve months: 21.8%
  - Not selected: 38.9%

- **Wellness challenges:**
  - Presently using: 33.6%
  - Hoping to add in the next twelve months: 27.1%
  - Not selected: 39.2%

- **Wellness program consultants:**
  - Presently using: 27.1%
  - Hoping to add in the next twelve months: 26.5%
  - Not selected: 46.3%
Range & Philosophy for Funding Wellness Programs

All respondents with at least 1 program (413)
- Budgeted: 9.9%
- You can spend as much as needed - this is a top priority: 5.1%
- Funding occurs only if ROI is demonstrated: 28.6%
- This is an unfunded mandate: 27.6%
- Other (please specify): 12.6%
- Unsure: 3.4%
- Great idea, but....there is no budget for anything: 12.8%

Has an Organizational level WBC (173)
- Budgeted: 12.7%
- You can spend as much as needed - this is a top priority: 6.9%
- Funding occurs only if ROI is demonstrated: 34.7%
- This is an unfunded mandate: 13.9%
- Other (please specify): 15.6%
- Unsure: 2.3%
- Great idea, but....there is no budget for anything: 13.9%

Has a WBC, but not at the Organizational level (176)
- Budgeted: 9.1%
- You can spend as much as needed - this is a top priority: 4.5%
- Funding occurs only if ROI is demonstrated: 27.3%
- This is an unfunded mandate: 36.9%
- Other (please specify): 11.4%
- Unsure: 3.4%
- Great idea, but....there is no budget for anything: 7.4%
Establishing Well-being as an Institutional Priority

Is wellbeing an explicit part of your institution’s vision, mission and strategic plan? (% Yes)
- 77.8% Institution has an organizational level WBC
- 60.9% Institution has a WBC, but not at the organizational level
- 40.8% Institution has no WBC at any level at the organization

Does your institution have goals to drive a culture of wellness? (% Yes)
- 88.1% Institution has an organizational level WBC
- 64.8% Institution has a WBC, but not at the organizational level
- 56.3% Institution has no WBC at any level at the organization
Evaluation of Wellness Program Results and Outcomes

- All respondents with at least 1 program (339):
  - Yes, program has formal results/outcomes: 28.9%
  - No, program does not have formal results/outcomes: 39.0%
  - Not sure: 11.1%

- Has an Organizational level WBC (141):
  - Yes, program has formal results/outcomes: 47.2%
  - No, program does not have formal results/outcomes: 38.3%
  - Not sure: 14.5%

- Has a WBC, but not at the Organizational level (153):
  - Yes, program has formal results/outcomes: 20.8%
  - No, program does not have formal results/outcomes: 54.9%
  - Not sure: 24.3%

- Has no WBC at any level (45):
  - Yes, program has formal results/outcomes: 48.9%
  - No, program does not have formal results/outcomes: 11.1%
  - Not sure: 39.5%
Establishing Metrics for Measuring Well-being

**10% included Well-being as a component within performance reviews**
What Metrics are you Using?

- Not sure: 35.1%
- Maslach Burnout Inventory (MBI): 25.5%
- Other (please specify): 21.6%
- Mayo Clinic Well-Being Index: 19.7%
- Perceived Stress Scale (PSS): 8.7%
- Mindfulness Attention Awareness Scale: 5.8%
- Quality of Work-Life Questionnaire: 5.3%
- Areas of Worklife Survey (AWS): 5.3%
- Jefferson Scale of Physician Empathy: 3.4%
- Quality of Life scale: 2.9%
- Grit Survey: 2.9%
- Gratitude Survey: 1.9%
- Connor-Davidson Resilience Scale (CD-25): 1.9%
- Copenhagen Burnout Inventory (CBI): 1.4%
- Authentic Happiness Inventory (AHI): 1.4%
- WHO-5: 1.0%
- Postgraduate Hospital Education Environment Measure (PHEEM): 1.0%
- Meaning in Life Questionnaire: 0.5%
- Center for Epidemiologic Studies Depression Scale (CES-D): 0.5%
Appendix C. Wellness Screening Tools

The Organizational Well-Being Survey asked respondents to identify which wellness screening tools their organizations use (Question 29). The list below includes information about these tools and about additional assessments respondents named in the open-ended response option for the question.

- **Areas of Worklife Survey (AWS):**
  - https://www.mindgarden.com/274-areas-of-worklife-survey
- **Authentic Happiness Inventory (AHI):**
  - https://www.authentichappiness.sas.upenn.edu/
- **Brief Resilience Scale**
  - https://link.springer.com/article/10.1080/10705508002222972
  - https://measure.whatworkwellbeing.org/measures-bank/brief-resilience-scale/
- **Center for Epidemiologic Studies Depression Scale (CES-D):**
  - https://cesd-r.com/about-cesdr/
- **Connor-Davidson Resilience Scale (CD-25):**
  - http://www.connordavidson-resiliencescale.com/about.php
- **Copenhagen Burnout Inventory (CBI):**
  - https://infra.dk/da/Vaerktojer/Sporger-skemaer/Sporgskema-til-maaling-aff-Udbraendede/Copenhagen-Burnout-Inventory-CBI
- **EQi-2.0 Emotional Intelligence Quotient:**
  - https://www.eitrainingcompany.com/eq-i/
- **Gratitude Survey:**
  - https://ppc.sas.upenn.edu/resources/questionnaires-researchers/gratitude-questionnaire
- **Grit Survey:**
  - https://angeladuckworth.com/research/
- **Jefferson Scale of Physician Empathy:**
- **Maslach Burnout Inventory (MBI):**
- **Mayo Clinic Well-Being Index:**
  - https://www.mywellbeingindex.org
- **Meaning in Life Questionnaire:**
- **Mindfulness Attention Awareness Scale:**
  - https://ppc.sas.upenn.edu/resources/questionnaires-researchers/mindful-attention-awareness-scale
- **Mini-Z 2.0 Survey**
  - https://www.professionalworklife.com/mini-z-survey
  - https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771447
- **Moral Distress Thermometer:**
  - https://www.fairbankscenter.org/ethics-sub-specialities/fairbanks-program-in-nursing-ethics
- **Perceived Stress Scale (PSS):**
  - https://www.midss.org/content/perceived-stress-scale-pss
- **Physician Wellness Inventory**
  - https://www.plasticsurgery.org/documents/medical-professionals/wellness/Physician-Wellness-Inventory.pdf
- **Postgraduate Hospital Education Environment Measure (PHEEM):**
  - https://www.tandfonline.com/doi/10.1080/01421590500150874
- **Quality of Life Scale:**
  - https://orpheus.mapi-trust.org/instruments качества жизни-шкала
- **Quality of Work-Life Questionnaire:**
  - https://www.cdc.gov/niosh/topics/stress/qwlquest.html
- **Social Network Index:**
  - https://www.midss.org/content/social-network-index-sni
- **Stanford Professional Fulfillment Model and Index**
  - https://wellmd.stanford.edu/about/model-external.html
  - https://wellmd.stanford.edu/wellbeing-toolkit/
  - HowWeMeasureWell-Being.html
  - https://link.springer.com/article/10.1007/s40596-017-0849-3
- **WHO-5**
Survey Summary

1. **Well-being Champions and Wellness Programs** are major NEW positions and initiatives at all levels across all disciplines in all types of health care organizations.

2. **Similarities** in Urgency and need for curricular elements and methods.

3. **Variation** in titles, training, time, tools, resources, budget, metrics, evaluation, outcomes, publication.

4. **Expanding Resources** (AAFP, NAM, AAMC, ACGME, +)

5. **Opportunities for:** Standardization, Collaborative Training & Research to Determine and Disseminate Best Practices.

6. **Efforts impact** Well-being Champions, HCP, HCS and Society.
Define YOUR System/Team/Microsystem/Circle of Influence

- Patient Care team
- Educational team
- Clinical Practice
- Leadership Team
- Health Care Organization
- Community Group
- Other____
## SWOT YOUR TEAM/SYSTEM

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AAMC Well-being Report Recommendations

1. Approach organizational wellness initiatives within an **improvement framework** to lead change.

2. Develop and communicate an **organizational vision** for well-being.

3. Establish an **organizational-level well-being champion** to coordinate and align a network of wellness efforts across the organization.

4. **Embed well-being champions** throughout the organization to coordinate efforts for specific audiences.

5. **Standardize the job characteristics** of well-being champions and set clear expectations.

6. **Support the role** of all well-being champions by introducing training, providing resources, and dedicating funding.

7. Promote well-being as a **core competency for all health professionals**.

8. Incorporate **program evaluation** when designing comprehensive well-being initiatives.

9. Conduct ongoing **assessments of individual well-being**.

10. Prioritize well-being as a **professional development goal**.
What % of The 10 Recommendations are currently strengths at your team/system/organization?

STRETCH BREAK

1. 0% (ready to begin)
2. 10-30% (early)
3. 40-60% (mid)
4. 70-100% (advanced)
Always Room to Improve: Analyze SWOT & Create a “SMART” GOAL

SMART GOAL:

S - Specific – Actionable
M - Measurable – Process/Outcome
A - Achievable – Confidence 1-10
R - Relevant – Importance 1-10
T - Timely – Set dates

**Analyze Your SWOT and Draft a SMART GOAL**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Approach organizational wellness initiatives within an improvement framework to lead change.</td>
<td></td>
</tr>
<tr>
<td>2. Develop and communicate an organizational vision for well-being.</td>
<td></td>
</tr>
<tr>
<td>3. Establish an organizational-level well-being champion to coordinate and align a network of wellness efforts across the organization.</td>
<td></td>
</tr>
<tr>
<td>4. Embed well-being champions throughout the organization to coordinate efforts for specific audiences.</td>
<td></td>
</tr>
<tr>
<td>5. Standardize the job characteristics of well-being champions and set clear expectations.</td>
<td></td>
</tr>
<tr>
<td>6. Support the role of all well-being champions by introducing training, providing resources, and dedicating funding.</td>
<td></td>
</tr>
<tr>
<td>7. Promote well-being as a core competency for all health professionals.</td>
<td></td>
</tr>
<tr>
<td>8. Incorporate program evaluation when designing comprehensive well-being initiatives.</td>
<td></td>
</tr>
<tr>
<td>9. Conduct ongoing assessments of individual well-being.</td>
<td></td>
</tr>
<tr>
<td>10. Prioritize well-being as a professional development goal.</td>
<td></td>
</tr>
</tbody>
</table>

**AIM- Measure Wellbeing**

**Specific** – Implement a comprehensive wellbeing survey for all residents & faculty

**Measurable** – Process: completed(yes/no) Outcome: increase wellbeing (1-5)

**Achievable** – confident 8/10

**Relevant** – important 10/10 to my goal

**Timely** – Email leadership to advocate and prioritize a survey today - f/u 1 week
1. Approach organizational wellness initiatives within an improvement framework to lead change.

2. Develop and communicate an organizational vision for well-being.

### AIM - Lead Change with a Wellbeing Vision

**Specific** – Collaborate with wellbeing champions to create a “living” Vision

**Measurable** – Process: completed(yes/no) Outcome: increase alignment (1-5)

**Achievable** – confident 9/10

**Relevant** – important 10/10 to my goal

**Timely** – Prioritize vision on WBC’s monthly meeting agenda and share Ex.s

**Strengths**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Weaknesses**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Embed well-being champions throughout the organization to coordinate efforts for specific audiences.

4. Standardize the job characteristics of well-being champions and set clear expectations.

5. Support the role of all well-being champions by introducing training, providing resources, and dedicating funding.

6. Promote well-being as a core competency for all health professionals.

7. Incorporate program evaluation when designing comprehensive well-being initiatives.

8. Conduct ongoing assessments of individual well-being.

9. Prioritize well-being as a professional development goal.
Analyze Your SWOT and Set a SMART GOAL

1. Approach organizational wellness initiatives within an improvement framework to lead change.
2. Develop and communicate an organizational vision for well-being.
3. Establish an organizational-level well-being champion to coordinate and align a network of wellness efforts across the organization.
4. Embed well-being champions throughout the organization to coordinate efforts for specific audiences.
5. Standardize the job characteristics of well-being champions and set clear expectations.
6. Support the role of all well-being champions by introducing training, providing resources, and dedicating funding.
7. Promote well-being as a core competency for all health professionals.
8. Incorporate program evaluation when designing comprehensive well-being initiatives.
9. Conduct ongoing assessments of individual well-being.
10. Prioritize well-being as a professional development goal.

AIM - Advance Training in Evidence Based WB Strategies/ Skills

<table>
<thead>
<tr>
<th>Specific</th>
<th>Implement a Series of Wellbeing Curriculum Workshops (including QI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable</td>
<td>Process: attendance (yes/no) Outcome: increase KSA (1-5)</td>
</tr>
<tr>
<td>Achievable</td>
<td>confident 9/10</td>
</tr>
<tr>
<td>Relevant</td>
<td>important 10/10 to my goal</td>
</tr>
<tr>
<td>Timely</td>
<td>Complete Needs Assessment on WB topics for res &amp; faculty this month</td>
</tr>
</tbody>
</table>

Strengths

- Vision,

Weaknesses

- WB Curr

Embedded WBC's
WHATS YOUR SMART GOAL?

1. Approach organizational wellness initiatives within an improvement framework to lead change.
2. Develop and communicate an organizational vision for well-being.
3. Establish an organizational-level well-being champion to coordinate and align a network of wellness efforts across the organization.
4. Embed well-being champions throughout the organization to coordinate efforts for specific audiences.
5. Standardize the job characteristics of well-being champions and set clear expectations.
6. Support the role of all well-being champions by introducing training, providing resources, and dedicating funding.
7. Promote well-being as a core competency for all health professionals.
8. Incorporate program evaluation when designing comprehensive well-being initiatives.
9. Conduct ongoing assessments of individual well-being.
10. Prioritize well-being as a professional development goal.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities</td>
<td>Threats</td>
</tr>
</tbody>
</table>

49
NEXT STEPS

Please be sure to complete an evaluation for this presentation.

1. Share the report *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*

2. Attend AAMC LSL Conf Nov 14th in Nashville

3. Contact me @ [Catherine.f.pipas@Dartmouth.edu](mailto:Catherine.f.pipas@Dartmouth.edu)
QUESTIONS?

CHEERS TO OUR WELLBEING!!!