Program Directors Meeting

October 13, 2016
Agenda

- Program Letter of Agreements (PLAs)

- Wellness Initiatives
  - GME
  - Surgery
  - Anesthesia
  - Pediatrics

- Discussion
Program Letter of Agreements (PLAs)

Presented by Ann Dohn, MA
Nancy Piro, PhD
Program Letters of Agreement (PLAs) – What you Need to Know

• All PLAs are NOT current
  – New ACGME Requirements (7/1/2016) added:
    • The faculty (at the rotation site) must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
  – Inserted in New Template
  – All PLAs must be redone and re-signed by November 15th. Program Managers can assist you and will validate them as being in compliance.

• General PLA requirements
  – For any required rotation outside of Stanford (includes LPCH as it is a separate legal entity) of 4 weeks or more
  – Signed and dated by both the Program Director and the Site Director (Program Director can also be Site Director) (DIO must sign PM & R)
  – Must be re-signed:
    • Every five years
    • When either the Program Director or the Site Director changes
    • When there are new ACGME requirements
    • When there is a legal Name Change with respect to Stanford or the Site
Master Affiliation Agreements (MAAs) – What you Need to Know

• Between SHC and Major Affiliates (Institution to Institution)
  – Usually involves finances and malpractice
  – Requires Legal Review / DIO Oversight
  – May NOT be signed by PD
GME Wellness Resources

Presented by  Larry Katznelson, MD
              Ann Dohn, MA
Resources

• An inclusive health insurance plan that waives co-pays and deductibles for residents, as well as their spouses and children, who seek care at Stanford

• Careful scrutiny and organization of resident work schedules resulting in the average weekly work hours of a resident at Stanford Medicine being 56 hours (well below the national maximum of 80 hours per week)

• Free access to a digital clinic (“Clickwell”) with extended hours, personal wellness coaches, and prescription pickups
Resources

• Free access to “Health Connect,” which provides residents with confidential, 24/7 psychiatric services
• Twelve free visits with therapists on the “Well-Being Panel,” comprised of 60 non-Stanford psychiatrists and psychologists
• Free access to all Stanford athletic facilities
• Construction of a gym (a gift of Helen and Peter Bing) to which House Staff have free access
Self-Care: Dental Care

- Click Well
- Dental Care
An Introduction to Mindfulness

As Dr Mark Welton explains, being mindful during long hours is about finding small moments to actively facilitate calm.

Watch on YouTube

5 Minute Meditation Podcasts

Please take a few minutes to listen to these short programs that offer different tools for mindfulness. These may help you cope with your busy lives.
• To determine feasibility and acceptability of a smartphone based app for mindfulness education by residents.

• To determine the effect of a smartphone based mindfulness app on perceived stress over 30 days

• Participants:
  – Louise Wen, MD (Anesthesia)
  – Tim Sweeney, MD, PhD (General Surgery)
  – Lindsay Welton, BA (Patient Safety)
  – Mickey Trockel, MD

• 40 residents: significant associations with
  • Freiburg Mindfulness Inventory (FMI)
  • Positive Affect Schedule (PANAS)
Surgery Wellness Initiatives

Presented by Claudia Mueller, MD
Disclosure

© 2011 The Board of Trustees of the Leland Stanford Junior University—Dr. Ralph S. Greco (grecors@stanford.edu)

Formerly the Director of a Malignant Program
Disclosure

This was all Ralph’s idea
Burnout and Satisfaction With Work-Life Balance

Associate of Resident Fatigue and Distress With Perceived Medical Errors

Burnout Among U.S. Medical Students, Residents, and Faculty: Correlates and Consequences

Burnout and Serious Thoughts of Dropping Out of Medical School: A Multi-Institutional Study
Investigate stress and balance in Stanford residents

Develop a program to address imbalance

Attract national attention

Assemble a team to keep movement going
Stanford Surgery
Life in Balance by PG Year 2013

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How do we promote “balance” for our residents? The vision...

Establishment of / or participation in a resident well being program

Resident participation in the design and governance of the program
Balance in Life

Physical Well-Being

Professional Well-Being

Psychological Well-Being

Social Well-Being

- Healthy Food
  - Doctors’ Visits

- Counseling sessions
  - Retreat

- Class Representation
  - Resident Mentorship
  - Leadership

- Social Events
  - After hours guide
Resident Refrigerator and Club House in the Goodman Simulation Center
Team Building
Resident Mentorship Program
Ropes Course
Psychological Health

• Balance in Life Class Meetings

• Lisa Post, Ph.D
“After Hours” Brochure

- Primary Care Physicians
- Dentist
- Hiking/Biking Trails
- Restaurants
- Local Travel
- Gyms
Physical Health

- Visits to Doctors and Dentists
- Healthy diet
- Exercise
Outcomes

• Refrigerator

  • Allotted $50 out of 100 by residents

  • Used several times per week

  • Residents found it to be, on average, “extremely valuable”
    • “Greatest thing on the planet”
    • “Would skip many more meals if I didn’t have it”
    • “Totally a mood improvement”
    • “Coke zero and string cheese are integral to my survival in residency”

Salles et al. 2015
Outcomes

• Social Events

  • Found to be valuable
  • Allotted $26 by residents

  • Many positive comments:
    • “Amazing opportunity to interact with co-residents and faculty out of the hospital. Incredibly beneficial; something that sets us apart from other training programs.”
    • “Instill a feeling of class unity.”

Salles et al. 2015
Outcomes

• Counseling session
• 76-100% attendance on average
• Allotted $24 by residents

• Mostly positive comments (27 of 30):
  • “It's helpful to debrief with fellow residents about our struggles/challenges which are often shared experiences.”
  • “It is very validating and supportive to hear about the shared experiences of residency among individuals dealing with similar scenarios that could individually make one feel very isolated.”

Salles et al. 2015
Promoting Balance in the Lives of Resident Physicians
A Call to Action

As physicians, we spend a significant amount of time counseling our patients on how to live healthier lives. Ironically, as trainers and practicing physicians, we often do not prioritize our own physical and psychological health. Most residents go to work despite significant physical impairment and severe anxiety. Compared with population controls, residents are more likely to experience burnout and exhibit symptoms of depression. These problems persist in practice; a recent national survey found that 40% of surgeons were burnt out and that 30% had symptoms of depression. Another study reported that 64% of surgeons experienced suicidal ideation in the preceding 12 months. Perhaps most startling, there are roughly 300 to 400 physician residents by residency per year - the equivalent of 3 medical school graduating classes.

Against the backdrop of compelling data suggesting the need for intervention to promote wellness, our general surgery training program suffered the tragic suicide of one of our recent graduates in November 2010. After mourning his loss only 5 months after having left Stanford, our residency program took decisive action to create a multifaceted program aimed at enhancing resident wellness. Our goal was to create a program in which residents cope with daily stress, provide tools to manage challenges during residency, and reduce the risk of burnout, depression, and suicide.

We first formed a committee consisting of residents and faculty. Through several meetings over the course of 4 months, we arrived at the structure of balance in life program, now in its fourth year of implementation. Others, faced with similar challenges, have created educational mental health lectureships. Our comprehensive curriculum strives to promote wellness balance despite the inherent stressors of surgical training. As outlined here, the program is divided into 4 domains of well-being: professional, physical, psychological, and social.

Professional Well-being
There are 2 components of the Balance in Life program aimed at improving professional well-being: a resident mentorship program and leadership training. To supplement our existing faculty-resident mentorship structure, we added a program pairing senior residents with junior residents. To create effective mentorship pairs, in September of each year, junior residents select their senior resident mentors. Quarterly lunch meetings between the junior and senior pairs are funded by the program to facilitate an ongoing relationship. This provides junior residents a private, informal setting in which to discuss concerns about work, research, or their personal lives.

Physical Well-being
A significant challenge our residents faced was the lack of healthy food options in the hospital, particularly in the evenings and on weekends. To solve this problem, we purchased a refrigerator that was placed in a secure location in our surgical education center to which residents have badge access. The residents appreciate having a refrigerator that is stocked weekly with healthy drinks and snacks. In addition, residents are encouraged and expected to see a physician annually and a dentist semiannually. To facilitate residents seeking regular health care, incoming interns are provided with a guide listing physicians, dentists, and physiatrists versus professional versus recommended by resident peers.

Psychological Well-being
One of the primary goals of the Balance in Life program is to provide residents with tools to manage stress in their lives. We enlisted an expert clinical psychologist with experience working with high-performance teams to meet with our residents weekly. These 90-minute confidential meetings are scheduled by postgraduate year on a rotating schedule, with each postgraduate year group meeting with the psychologist every 6 weeks. This time is protected in the same way as weekly educational time, and topics are selected by the residents. Residents have the opportunity to discuss issues with their peers and develop strategies for managing their concerns.

As one resident stated, “It is very validating and supportive to hear about the shared experiences of residency among individuals dealing with similar scenarios that could individually make one feel very isolated.” Residents increasingly take advantage of the opportunity to meet with our clinical psychologist individually to discuss personal issues.

The Balance in Life program also builds on a proven leadership curriculum in our department that includes sessions on leadership style and teamwork. We expanded this program to include an annual outdoor ropes course focused on leadership, mutual support, and team bonding. Residents form groups across postgraduate year levels and participate in various team building activities, including finding their way through a maze while blindfolded, lifting team members safely through a wall of ropes, and discovering the hidden contents of a container using string, paper clips, and a mirror. These activities afford unique opportunities for residents to collaborate outside the hospital setting and build rich relationships with each other.

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Why The Toxic Treatment of Doctors Needs to Change

Rhoda Feldman and Ralph Greco
Time magazine Aug 31, 2015

The medical profession can be extremely proud of a stellar record of teaching residents how to take care of patients. Now it is time to teach them how to take care of themselves.
Anesthesia Wellness Initiatives

Presented by Ravi Prasad, MD
Anesthesia Resident Wellness: The PRIME Program

Ravi Prasad, PhD
Associate Chief, Division of Pain Medicine
Clinical Associate Professor
Department of Anesthesiology, Perioperative, and Pain Medicine

Peer Support and Resiliency In MEDicine
Established in 2010

Co-founders: Emily Ratner, MD & Tara Cornaby, MD

Primary goal: create a program to maximize the emotional wellness of our trainees
PRIME Program Components

- Retreat
  - Held at Chaminade at the start of CA-1 year
  - Based on Jon Kabat-Zinn’s MBSR
  - Residents divided into 2 group led by trained facilitators (all department faculty members)
  - Facilitates gaining insight, developing social support
Retreat Attendance

Residents at Retreat
Total Residents
Wellness Sessions

- Participants remain in the same groups as retreat with same facilitator
- Held consistently throughout all 3 years of training
- Sessions provide a space for support, development of wellness skills
PRIME Program Components

- PRIME Symposium
  - Promotes the importance of wellness-related issues across departments
  - Reinforces messages delivered to residents
  - Taking Leaps of Faith Together: A Symposium Led by Rachel Thomas (LeanIn.org co-founder)
PRIME Scholarship Program

- Up to $1500 to promote trainee wellness and resiliency

- Financial support from the Amy Wang Memorial Fund: supports resident wellness initiatives in the department
PRIME Scholarship Activities

1. Attendance at national or international meeting/program focusing on the promotion of physician resiliency/wellness

2. Implement a program that focuses on the promotion of physician health

3. Perform a research project or participate in an ongoing research project that promotes physician/trainee health/resilience
2014 PRIME Scholarship Recipients

- Lindsay Borg, MD
- Chris Miller, MD
- Adam Was, MD
- Louise Wen, MD
2015 PRIME Scholarship Recipients

- Sandra Sacks, MD
- Jed Cohn, MD
- Alvin Garcia, MD
2016 PRIME Scholarship Recipients

- Nicole Arkin, MD
- David Creighton, MD
- Cynthia Khoo, MD
- Jocelyn Wong, MD
Research Endeavors

- Q/A data collected since program inception
- IRB approval pending
- Future assessments
Pediatrics Wellness Initiatives

Presented by Laura Bachrach, MD
Impetus for Program

• Subjective
  ▪ Tears during Class Advisor meetings
  ▪ Comments during open forums

• Objective
  ▪ Maslach survey data – longitudinal and cross sectional
Burnout Begins in Internship

And persists....

Pantaleoni JL. Acad Ped 2014; 14: 167-72
Humanism & Professionalism

• Initiated in summer of 2011

• Modified from program at Boston Children’s
  ▪ Katharine Garvey, M.D.
  ▪ Jennifer Kesselheim, M.D.
Faculty Development

• Selection

• Training
  ▪ Confidentiality
  ▪ Watching for distress
  ▪ Facilitating – not lecturing

• Handbook
Humanism Program

- Facilitated peer group discussions
  - Ideally 6-8 PL I, II, III
  - 2 faculty
- Noon with food in protected spots
- Beepers off (I wish)
- Case to launch discussion
- Wrap up – residents offer coping methods
Humanism Topics

- Work life balance
- Conflict resolution with staff
- Difficult conversations with parents/patients
- The illness experience
- Depression and burnout
- Medical errors
- Death of a patient
- Harassment
- Finding meaning in medicine
Impact of the Program
Survey After Year 1

- Topics important/valuable  91%
- Small group format works  97%
- Scenarios worthwhile
  - Helpful  51%
  - Neutral  43%
Mixed Reviews at Year 1

- I know intellectually discussing these issues is important but I find it stressful

- Encourage faculty to share their experiences

- This is a great and necessary program

- Cases are a great springboard for conversation. Great to know we are not alone
Wellness Days Added 2014-2015

- Providing “tool kit” sessions at morning report
- Humanism groups at lunch – all on same day
- Small acts of kindness
  - Massage stations
  - Ice Cream breaks
  - Evenings at faculty homes
Wellness Morning Reports 2014-15

- Three good things
- Leaving work at work
- Stress reduction
- Compassion video/patient interactions
- Mindfulness
- Resilience/humor
- Destressing while at work
- Meditation breathing
- Happiness TED talk (Shawn Anchor)
Wellness Program 2015-16

- Humanism & wellness on different days – goals vary

- Wellness activities
  - Sunshine days
  - Bring a friend to work
  - Ice cream
  - Gingerbread house
  - Pumpkin decorating
  - Therapy dogs
  - Resident appreciation week
  - Golden ticket expanded
Cost – Benefit Ratio?

• Costs are small
  ▪ Humanism faculty unpaid (thank you gifts this year)
  ▪ Ice cream/massage, pumpkins, gingerbread houses
  ▪ The remainder is free

• Benefits are mixed
  ▪ Surveys & positive remarks (recruitment)
  ▪ Does not work for everyone
  ▪ Burn out still occurs – Seniors requesting more protection for therapy, option of half-day “free time”
What’s Planned 2016-17

• Humanism
  ▪ Single class and mixed resident groups
  ▪ Discrimination session added
  ▪ Formal assessment – collaborate with Boston Children’s

• Wellness
  ▪ Goals – resiliency “tool kit” vs. “fun” / appreciation
  ▪ Wellness Representative from each class to help decide
Open to New Ideas
Questions

Questions are guaranteed in life;
Answers aren't.