V 1.0

Toolkit for TAHSN Physician Wellness Leaders

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Version Control

Version	Date	Description
1.0	December 14, 2023	First version established.

Acknowledgements

A special thanks and acknowledgement to the Physician Wellness Working Group, Toolkit Action Team, and TAHSN Medical Affairs Committee for the development and approval of this toolkit. See Appendix 1 for the complete list of contributors.

Purpose

Toronto Academic Health Science Network (TAHSN) exists as a dynamic consortium of the University of Toronto and its affiliated academic hospitals to serve as a leader in Canadian healthcare. This is done through developing collaborative initiatives that optimize, advance, and sustain high-quality patient care, education, knowledge transfer and research innovation. A key priority at the TAHSN Medical Affairs Committee (TAHSNm) is to address physician wellness.

The pandemic has brought to the forefront the importance of our workforce's well-being and provides a unique opportunity for a lasting change in how healthcare organizations support their HCWs. How we support our clinicians and HCWs will define us as individuals and an organization.

This toolkit was developed by the Physician Wellness Working Group (PWWG), a subgroup of TAHSNm. It aims to facilitate TAHSN hospitals, CEOs, Chiefs of Staff, Board members and senior hospital leaders in the widespread standardization and adoption of best practices that promote clinician well-being. ***The tool kit is primarily for individuals leading wellness initiatives for clinicians*** (herein called "chief wellness officer").

This toolkit utilizes four key components identified by Dr. Tait Shanafelt and colleagues in their blueprint for organizational strategies to promote the well-being of healthcare workers (HCW):

1. cultural transformation
2. foundational programs
3. rapid iterative experimentation
4. sustainability

About Burnout

*"Burnout is primarily a **system-level problem** driven by excess job demands and inadequate resources and support, not an individual problem triggered by personal limitations" (Tait Shanafelt)*

The COVID-19 pandemic occurred several years after a recognized burnout epidemic amongst the healthcare workforce. Prior to COVID-19, 50% of clinicians reported experiencing at least one symptom of professional burnout (Shanafelt TD et al. 2015); the latest figures from the US show that 53% of physicians say they are burned out. While burnout among healthcare workers (HCW) is not new, the experiences of the pandemic have raised awareness of the phenomenon and its profound impact on the health and well-being of physicians, patients and organizations. According to the World Health Organization, burnout is an "occupational phenomenon resulting from chronic workplace stress that has not been successfully managed."

Burnout is characterized by three key components, visualized in ***Figure 1***.

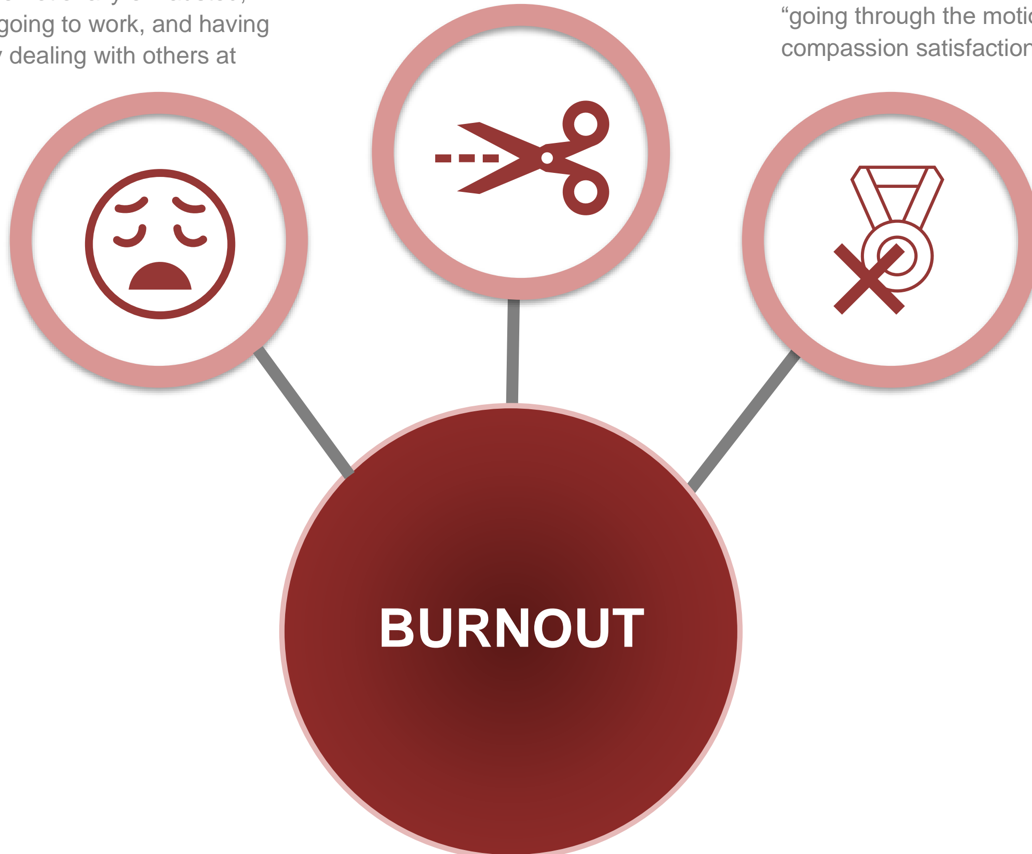

Figure 1: *The three key components of burnout.*

Burnout affects all facets of healthcare, including patient safety, patient satisfaction, medical error rates, institutional financial health, and physician satisfaction and retention (Gajjar J et al., 2021). The negative impact of clinician burnout was the impetus for the Ontario Medical Association to adopt a fourth aim, put forward by the Institute for Healthcare Improvement: improving the healthcare provider experience and creating a workplace that allows HCWs to thrive and be their best selves. This requires a coordinated effort to effect change at institutional and systems-based levels and is the goal of wellness leaders.

Evidence-based processes for addressing HCW wellness have yet to be widely adopted or standardized across the TAHSN hospitals. However, the response to HCW well-being should be multifaceted and coordinated within the TAHSN group, with institutions addressing both shared drivers of burnout and those unique to their micro-environment.

Tool #1: Cultural Transformation

Cultural transformation **is a shared responsibility** and a key aspect of wellness and plays a crucial role in Stanford's WellMD model. The following are approaches to assess and strengthen key aspects promoting an organization's wellness culture. It's important to note that clinician and staff wellness is an organizational priority and needs to be incorporated into the strategic plan and considered in all operational decisions.

Figure 2 shows three important steps that are required to begin the cultural transformation needed to implement physician-wellness initiatives.

Clearly establish the role of Physician Wellness Lead

- Clarify title: A "Chief/Corporate Wellness Officer" is often a physician-based role, but may have a broader range of responsibilities than those appointed as Physician Wellness Leads
- Clarify reporting structure (usually CEO and/or CMO). The governance of this role is very important and should be embedded in medical leadership. Human Resources, although an important partner, is not an appropriate place to embed the role of physician wellness leadership, as it may lead to compartmentalization and narrowing of the scope and responsibilities.
- Advocate for resources (administrative, financial, hospital leadership support) early
- Ensure resources are sufficient and sustained (e.g., permanent seat at leadership tables)

Build strong cross-institutional relationships to support physician wellness

- Seek to create a robust system support for physician wellness through Human Resources, EDI representatives, Nursing leadership, etc. (Appendix 2)

Be familiar with physician wellness-related internal & external resources (Appendix 3)

- Internal, e.g., policies, codes of conduct, HR, peer support
- External, e.g., OMA (Ontario Medical Association), CMA (Canadian Medical Association), CPSO (College of Physicians and Surgeons of Ontario)
- Collaborate with other wellness leaders to share ideas, challenges and success stories.
- Plan to attend advanced leadership and wellbeing courses, conferences and webinars – e.g. Stanford course, and Canadian/American/International Physician Health Conferences (see also ***appendix 4***)

Figure 2: *Three steps needed for cultural transformation to implement physician-wellness initiatives.*

Potential roles of the Chief Wellness Officer in driving cultural transformation may include (see *Figure 3*):

- Establishing well-being as a priority within health care organization; identify relevant metrics to provide accountability goals for the Board and executive leaders.
- Measuring and prioritizing:
    - Assessment of well-being at recurring intervals using validated wellness surveys (see **Appendix 5**) with the dissemination of results to clinical and operational leaders; use data to engage teams in conversation about the greatest opportunities for improvement.
    - Give clinical user groups the opportunity to identify, prioritize and address the local factors that irritate them ("pebbles in the shoe") and provide resources to address the needs of specific groups or issues — e.g., "getting rid of stupid stuff."
    - Assess the need for resources specific to the area of specialization and the stage of career (early, mid, late).
    - Facilitate teams committed to developing and implementing action plans in priority areas.
    - Measure and promote clinician engagement.
- Executing institutional-wide changes:
    - Review/modify leave policies (parental, health reasons).
    - Provide opportunities for leadership development & personal growth.
    - Integrate and align with Human Resources HCW wellness programs.
    - Ensure policies and procedures are in place to eliminate workplace violence.
    - Promote organizational strategies to build and sustain collegiality and community at work:
        - Design physical spaces to encourage connection.
        - Facilitate social events and recognition.
        - Discuss the best meeting formats that meet everyone's diverse needs (virtual, hybrid or in-person).
- Providing education and advocacy:
    - Provide leadership development training, coaching, and development opportunities to cultivate leadership skills that contribute to the well-being of team members.
    - Engage with EDI leadership to advance the protection and promotion of psychological safety, eliminating institutional bias and micro-aggression.
    - Provide regular feedback to leaders from those they lead, focused on leadership behaviours that promote professional fulfillment (e.g., wellness-centred leadership; Shanafelt et al. 2021).
- Be aware of moral distress (arising when an individual knows the ethically appropriate action to take but is unable to do so due to external constraints; Williamson et al. 2020) and enlist support in determining and acting upon the drivers.

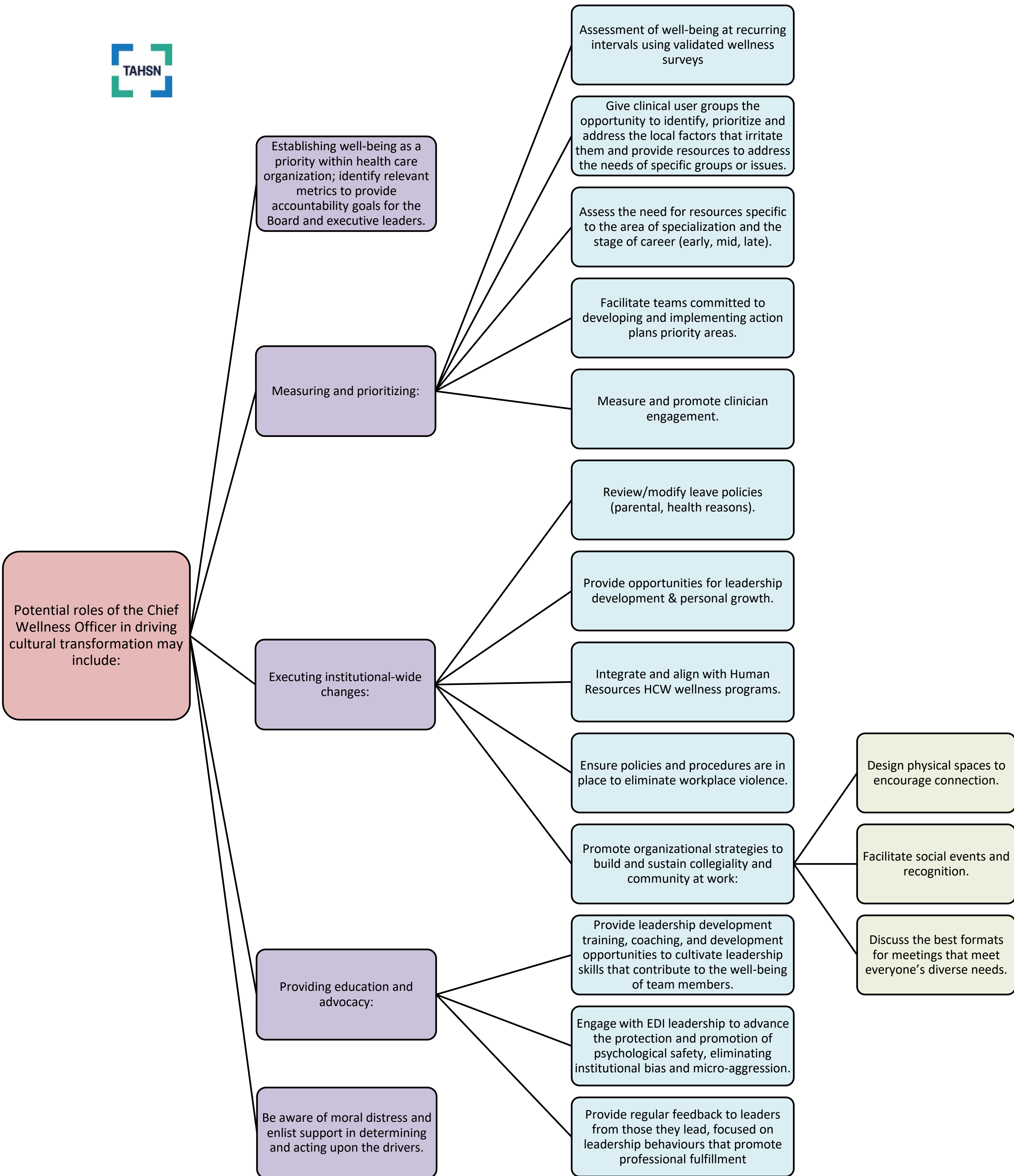

Figure 3: *Potential roles of the Chief Wellness Officer in driving cultural transformation**.***

Tool #2: Foundational Programs

Foundational programs are evidence-based interventions for which best practices exist. These foundational programs create a tiered portfolio of offerings (see ***Figure 4)*** that should be implemented across all healthcare institutions to facilitate well-being.

Resources

- Readily available safety-net resources for clinicians in distress (online resources - OMA, CMA, CMPA, CAMH (Centre for Addiction and Mental Health) Self-Referral, and PARO Helpline for residents) (see also ***appendix 6***).
- Rapid access to mental health resources for those experiencing severe burnout, depression, or suicidality.

Support

- Spiritual Care Team: with training specific to trauma and critical incidents that can provide "in the moment" support and ongoing guidance as needed.
- Mentorship programs for new staff, those interested in leadership development and clinicians dealing with professional or personal challenges during major life transitions.
- Create and normalize opportunities for health workers and peers to communicate about occupational distress, grief, and mental health challenges in the workplace, e.g., Schwartz rounds, Balint groups.
- Interventional Peer-support programs - Clinician performance and wellbeing are negatively impacted after experiencing a stressful event. The wellness peer support program actively supports individuals when unexpected, traumatic things occur in the workplace.
  - For HCW/clinicians involved in an adverse event ('second victims'), a supportive and knowledgeable peer helps guide the individual through the psychological trauma of the event
  - Buddy System program - pairing of colleagues to carry out agreed upon, regular check-ins by text or in person.
- Campaigns to reduce the stigma of burnout or mental health issues decreasing barriers to access self-care.

Connect

- EDI committee - community and organizational strategies are in place to eliminate individual and systemic based bias based on race, religion, gender, sexual orientation.
- Promote collegiality and community at work.

Educate

- Institutional self-care and wellness promotion offerings.
- Mindfulness training programs.
- Programs to promote leadership development and psychological safety training; develop opportunities to cultivate leadership skills that contribute to the well-being of team members.
- Programs to prevent workplace violence and support HCW victims.
- Peer support training program offered locally or through collaboration with another organization.

Figure 4: *Offerings that should be implemented across all healthcare institutions to facilitate well-being.*

Tool #3: Rapid Iterative Experimentation (RIE)

Rapid iterative experimentation (RIE) is required when there are no foundational programs (evidence-based programs) to resolve newly identified drivers of burnout. Through survey analysis and discussions with clinical user groups, drivers for burnout specific to each institution will be identified. RIE is a tool that allows specific, novel interventions to be tested as pilot programs before a corrective process is widely implemented. Programs are further developed and scaled up (or abandoned) based on pilot results and lessons learned.

Individual organizations will seek interventions specific to their local environment. Many driver domains for burnout have been cited in the literature. While some solutions may be applied at a systems level, some will be specific to each institution and will require some RIE-based approach. It is not unusual that multiple attempts are needed before an effective solution is found. Only after an approach is found to be effective is it scaled up.

Examples of issues that may benefit from an RIE approach at local levels are demonstrated in ***Figure 5***.

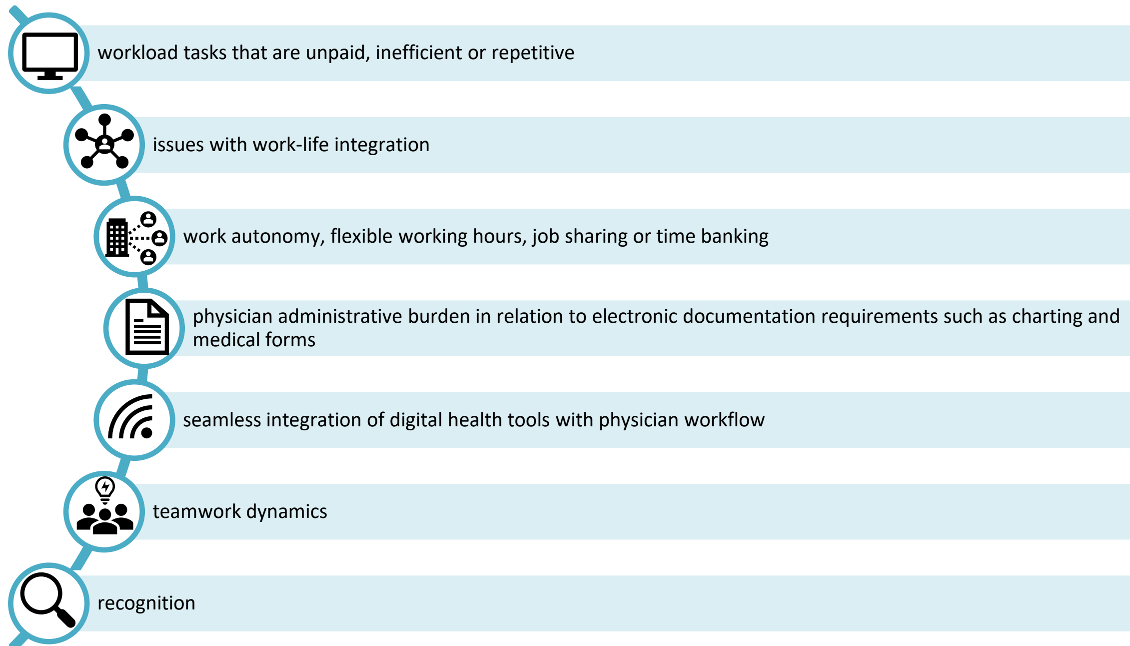

Figure 5: *Issues that may benefit from an RIE approach.*

Additional resources and/or training may be required to implement RIE in both local environments and across the institution, for example, principles of LEAN management, process improvement skills, and quality and safety principles.

Tool #4: Sustainability

"Efforts to advance the well-being of clinicians also require an operational infrastructure for people management, budget oversight, event planning, project management, communications, scheduling, and administrative support." (Dr. Tait Shanafelt)

There are multiple drivers for clinician burnout. Drivers may be due to legislation; others are common across TAHSN, and some will be unique to clinical user groups and individuals with work-life imbalance. Healthcare organizations will need a multidisciplinary team to address the drivers of clinician burnout. To obtain effective, sustainable programming, consider the following (summarized in ***Figure 6***):

- Tools 1, 2 and 3 contain important principles that will aid in establishing and maintaining a leadership role in a wellness/chief wellness officer position.
- The Chief Wellness Officer position is resourced and compensated. Sustainable funding for wellness interventions (e.g., RIE programs) enables continuity of intervention and evaluation.
- Foundational programs are adequately resourced and supported with resources available to allow the evaluation of rapid iterative assessments.
- Accountability – enlist executive and frontline leaders, HR, spiritual care, mental health professionals, communications, and organizational learning programs in wellness efforts.
- Leverage existing resources - coordinate physician wellness programs with the human resources and medical education departments' programs to synergize with allied health care workers and medical learner wellness programming.
- Regularly monitor and evaluate levels of physician burnout within organizations using validated tools and provide anonymous aggregate results to senior leadership and staff to create a shared understanding of the state of burnout. Use the results to help prioritize actions.
- Transparency - ensure clear bidirectional communication between physicians and senior leadership and ensure psychological safety to encourage dialogue. Provide HCWs the opportunity to identify, prioritize and address local factors that irritate them. Give HCWs confidence that their voices are being heard.
- Invest in leadership development - provide leadership training, coaching, and development opportunities to cultivate leadership skills that contribute to the well-being of team members.
- Invest in technological innovations that ease or reduce physician workload and improve the efficiency of their practice environment, e.g., integrated reappointment, professional assessment and CPSO paperwork, and EMR tools. Equip physicians with comprehensive and ongoing training in digital health tools.
- Recognition and celebration of local champions' commitment to wellness priorities.
- Culture - ingrain expressions of gratitude in the culture of the organization.

TAHSN

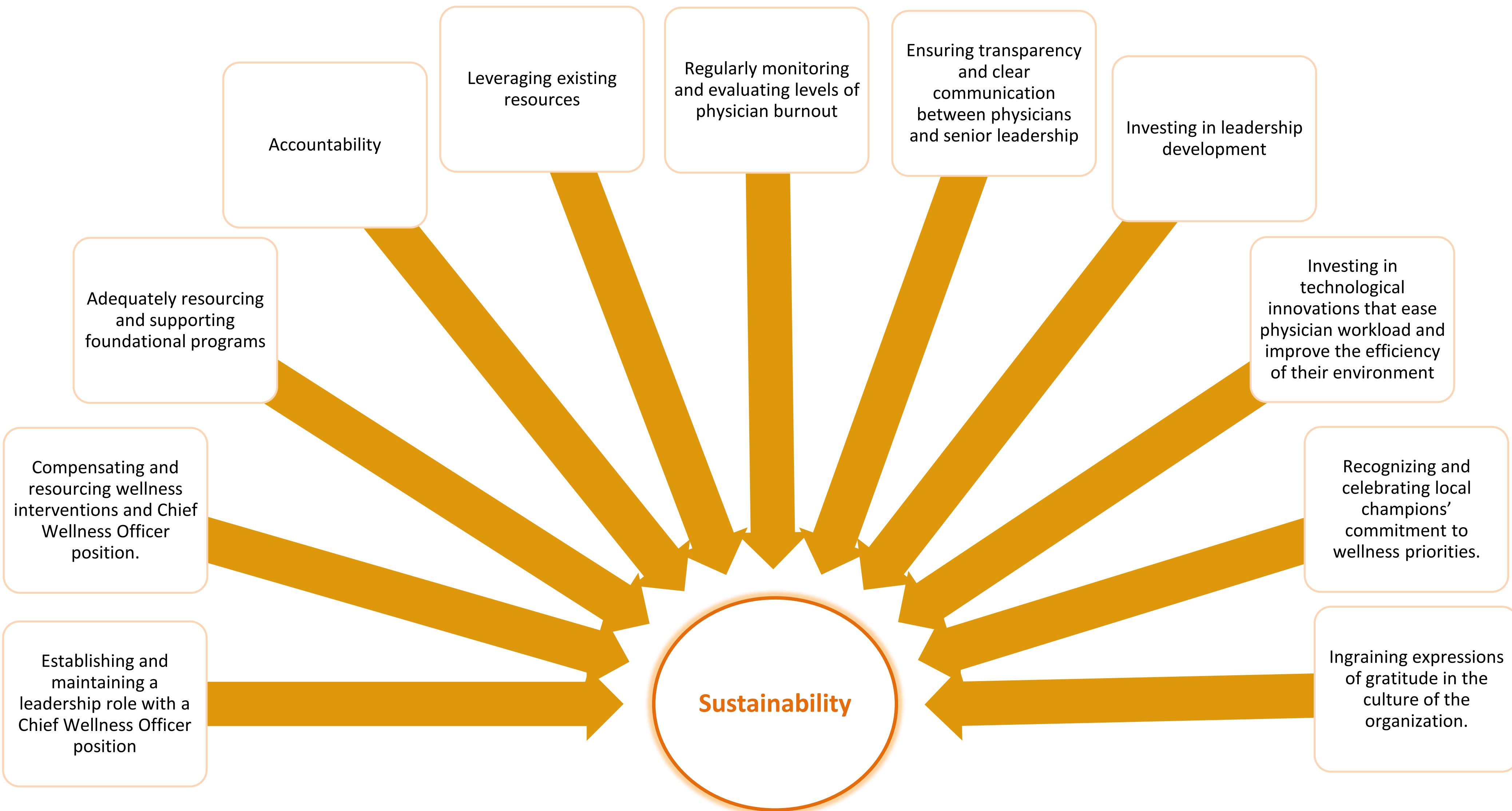

Figure 6: *Principles important in obtaining effective sustainable programming.*

Concluding Remarks

Being a wellness leader comes with challenges, particularly in the current healthcare environment. It is important to build a network of wellness advocates and institutional experts, as well as practice self-care and self-valuation. Build a network of allies and experts that will help successfully implement change and navigate institutional obstacles; their advice and guidance are invaluable. Be realistic about goals and priorities; there will be changes you can put into effect and changes you can advocate for. You can't fix everything, but by following this toolkit, you can make changes that significantly impact the wellness of clinicians and HCWs across Ontario. For more about the wellness journey, see Appendix 8.

Key Resources

Toronto

- University of Toronto - Temerty Faculty Wellness Resources
- University of Toronto – Office of Learner Affairs
- University of Toronto – Learner Wellness Supports
- Unity Health - Physician Wellness Steering Committee

Ontario

- OMA Healing the Healers: System-Level Solutions to Physician Burnout
- OMA Physician Health Program
- CPSO Physician Wellness Resources

Canada

- CMA Physician Wellness Hub - Resources for Leaders
- Royal College - Physician Wellness Taskforce Recommendations
- CMPA Physician Wellness

United States

- Establishing a Chief Wellness Officer Position - AMA
- Chief Wellness Officer Roadmap - AMA
- National Academy of Medicine - Clinician Well-Being Knowledge Hub
- Physician Burnout and Well-Being | AMA Steps Forward
- Stanford WellMD Courses & Conferences
- Mayo Clinic Program on Physician Well-being
- American Conference on Physician Health
- Work & Well-Being Toolkit for Physicians (University of Colorado)

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Appendices

Appendix 1: Full list of acknowledgements

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Appendix 2: List of Relationships to Build Across the Institution

- Executive Leadership & Medical Leadership, e.g., Medical Staff Association, Medical Advisory Committee, Physician Leadership Groups.
- Nursing Leadership.
- Digital / IT – representing Physician Wellbeing with respect to the EMR.
- Human Resources.
- Occupational Health and Safety.
- Recognizing the intersection with EDI, engage with EDI leadership.

Appendix 3: List of Internal and External Resources

Internal

- Counselling, peer support, EFAP.
- Personal Health promotion/fitness offerings (meditation/mindfulness, gym).
- Codes of Conduct, Workplace Respect / Civility, Harassment policies.
- Whistleblower policy.
- Physician professionalism guidance (Medical Affairs).

External

- Ontario Medical Association
- Canadian Medical Association
- American Medical Association - AMA Steps Forward
- Royal College of Physicians and Surgeons of Canada
- Canadian Medical Protective Association
- See also Appendix 4, a list of resources for crisis support or urgent needs.

Appendix 4: Educational and Training Resources

- Establishing a Chief Wellness Officer Position - AMA
- Physician Burnout and Well-Being | AMA Steps Forward
- National Academy of Medicine - Clinician Well-Being Knowledge Hub
- Stanford WellMD Courses & Conferences

Appendix 5: Selection of Wellness/Burnout Measuring Tools

- **Measuring burnout:**
  - Maslach Burnout Inventory
  - Mini-Z
  - Oldenburg Burnout Inventory
- **Measuring Wellness:**
  - Mayo Well-Being Index
  - Stanford Professional Fulfillment Index
- **Measuring engagement/satisfaction:**
  - Physician Job Satisfaction Scale
  - Empowerment at Work Scale
  - Utrecht Work Engagement Scale

Appendix 6: Urgent Care Resources

- OMA Physician Health Program: For counselling or crisis support, call 1-800-851-6606 or email php@oma.org
- CMA Helpline for Physicians in Distress: https://www.cma.ca/supportline
- CAMH Helpline for Health Care Workers: a variety of resources for those in need of urgent guidance
- Canadian Medical Protective Association: https://www.cmpa-acpm.ca/en/advice-publications/physician-wellness
- Toronto Distress Centres: 24-hour confidential emotional support and crisis intervention, available 7 days a week to individuals at risk. **416-408-4357 or text 45645**
- PARO Helpline (for residents and clinical fellows): Their toll-free number is accessible anywhere in Ontario, 24 hours a day, 7 days a week. In order to provide this service, PARO has partnered with Distress Centres of Toronto. **1-866-435-7362**.

Appendix 7: Committees and Interest Groups

- University of Toronto:
    - Faculty of Medicine Wellness Strategy Network
    - Leading for Wellness (course available at the University of Toronto Faculty of Medicine)
    - Toronto Academic Health Science Network: Physician Wellness Working Group
- Ontario: Organizational Wellness Virtual Network (OWVN; part of the PHP/OMA network)

Appendix 8: The Wellness Journey

Figure 1. Typical Steps in an Organization's Journey Toward Expertise in Physician Well-being

[a] Finances, turnover, safety/quality, patient satisfaction.

[b] Strategy, priorities, resource allocation, new initiatives.

(Shanafelt T, Goh J, Sinsky C. JAMA Intern Med 2017;177(12):1826–1832).

The steps from novice to expert and from minor to transformative impact take years of planning, implementation, and advocacy. Although each organization's priorities will differ, the following gives a rough guide to what a wellness journey might look like:

- **Initial weeks/months** – build awareness throughout the organization, strike the wellness committee, and compile a list of wellness activities already underway.
- **6 – 12 months** – seat at leadership tables, identify high-priority areas and activities, plan foundational programs, and strike partnerships within and outside the hospital.
- **1 – 3 years** – measure & monitor wellness, understand key drivers throughout the organization and start implementing programmes aimed at improving work efficiency.
- **3+ years** – cultural shifts in the organization, wellness embedded in everyday practice, wellness leadership role established in C-suite.