

Faculty Wellness Program: Framework, Implementation, Assessment & Dissemination

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INTRODUCTION

Wellness is an outcome of healthcare systems. It is also an important component for every component of academic medicine, education, research, & delivery of healthcare. A vital component of sustainability for faculty in academic medicine to maintain work-life integration, burnout rates remain high. For instance, as measured in clinical faculty by the Maslach Burnout Inventory, a gap exists in this regard in almost every specialty and subspecialty ^{1,2}. In Canada, The CanMEDS 2015³ framework highlights the importance work-life integration. The creation of a novel wellness framework, outlined previously⁴, was used to implement⁵ & assess⁶ this program at our school through individual, organizational and systems level strategies to embed this vital value at our school. Successful collaborative outreach, education, & contextual meaningfulness is key to creating wellness. During completion of this IAP, the Covid 19 pandemic created significant challenges but also important contextual learning opportunities on the impact of this pandemic while working with colleagues at the front line in Critical Care & Pulmonary Medicine at my institution. To undertake ongoing work, multiple phases provide important highlights & outline this work on this IAP poster.

PURPOSE

wellness To disseminate our at individual, organization & systems level strategies at our institution both before & during Covid 19 pandemic to gain insight into our health system & institution.

Background

Phase 1: Understanding the Gap

Our institution's strategic planning and the results of our WeSPEAK survey and follow up WeACT focus groups outlined the need for work-life integration as a key priority for our faculty, in medicine, dentistry, and basic medical science. As a result, the decanal leadership responsible for Faculty Affairs worked to develop a comprehensive white paper on Faculty Affairs (http://www.schulich.uwo.ca/hospitalandinterfa cultyrelations/faculty affairs/office of faculty a ffairs_white_paper.html)6 provided information about Canadian and American environmental scan on this area.

Phase 2: Establishing Resources to Mandate Wellness

An inaugural Assistant Dean, Faculty Equity & Wellness and office, was established with the mandate to carry wellness work forward. She struck a committee of experts, TOR, and a Wellness Framework meaningful to our SOMD integrating individuals, systems, organizations in our health system.

Phase 3: Communication of framework & build

A priority was communication of this framework, SOMD implementation plan throughout our institution. Communications team facilitated meaningful branding to represent & communicate the important work of Faculty Wellness (Figure 1).

of milestones and competencies to optimize Phase 4: Implementation of The Faculty Wellness Framework

Every opportunity to embed wellness into daily work in addition to policies & processes for implementation of wellness was carried out (Table 1.). Many point-of-care related wellness measures were enabled as required

BODY	MIND	<u>SPIRIT</u>
Primary Care Physician/Dentist Reminder at orientation/ workshops/ICU	 Wellness Workshops Wellness Workshops Faculty Retreat for faculty in distributed sites; Western University Leader Summit (2019) across Western University 	 Mentorship Establish inaguaral Faculty Mentorship Award

Nutrition/Hydration

PPE/Mask- prolonged barrier to eating drinking- significant morbidity for front line team & PPE relatedskin injury

Deliberate Purpose

Outline collaborative & shared purpose frequently among colleagues across areas caring for Critically III

Support/Morale

Isolation from colleagues & family & "outside world/ community" & emotional exhaustion

Time to attend- selfawareness & care

Outlined in Onboarding, CDP & orientation documents

Sponsorship/Equity

Revision of metrics in team members, Strategic Plan ("Goal #5: Foster growth & success of faculty")/ Training colleagues in role in all equity/implicit bias workshop & certification

Compassion- for

patients & family/friends as the increased communication (visitor

restriction)

Figure 1. SCHULICH MEDICINE & **DENTISTRY FACULTY WELLNESS** BRANDING

Blue = Body; positive state of being joyous and well Orange = Mind; dynamic, signifies change, thinking and learning Green = Spirit; leaf symbolizes spirituality in almost every culture

Figure 2: Faculty Wellness Word Cloud



Phase 5: Embedding Wellness into our Daily Work, Process & **Policies**

We have integrated this Wellness Framework into our Strategic Planning Process as a SOMD and emphasized its role. We have outlined 4 and 10 year metrics on our strategic plan & other documents. Our new faculty orientation includes the Faculty Wellness framework (2019) as does leadership orientation. All faculty academic documents with deliverable include wellness strategies. Our recent Conditions of Appointment document also highlights this aspect. The cohesiveness & collaboration is strong at our centre & helps facilitate messaging from various areas of our health system to create positive change. In addition, creating opportunities such as the Mentorship Award elevates the contributions of faculty to other faculty & recognizes the importance of such work in creating opportunities for networking and facilitating careers (Table 1).

Phase 6: Using Disruption as an Opportunity to Create Wellness: Covid 19 Pandemic

There are opportunities to create meaningful wellness around us regardless of circumstances, such as the Covid 19 Pandemic. This not only provided opportunity to create aspects that ultimately benefitted our front line colleagues in the Critical Care Units, those we cared for as well as their families & no doubt ultimately our health system. Outlining our shared purpose during the "first wave" of the pandemic & supporting or teams was crucial to have our Critical Care Units function optimally.

Phase 6: Using Disruption as an Opportunity to Create Wellness: Covid 19 Pandemic

In the moment solutions for "hidden consequences" of measures such as prolonged PPE use resulting in dehydration & skin injury allowed our teams to stay safe, healthy, and serve our community over a prolonged period of time that is an ongoing component of this pandemic. Recognizing the importance of compassion in our daily work in the ICU for our team members, our patients & families as well as external stakeholders makes it possible to pivot when necessary to change the way we deliver care in the setting of changing guidelines during this pandemic.

DISCUSSION

The successful creation of an office and enabling a mandate to move forward is an important opportunity to create, implement, & deliver on systematic approach to wellness. The framework provided a foundation on which to build meaningful aspects of wellness both during stable and disruptive times in our SOMD & health system. The implementation involved clear communication & collaboration with other key stakeholders to enable & facilitate this work over our region & health system. Key processes and procedures took place to embed Faculty Wellness at individual, organizational and systems levels to create sustainable changes during stable and disrupted times (Table 1). These strategies form an important part of our current Strategic Planning Process with 5 and 10 year deliverables for Faculty Wellness outcomes at our SOMD. We hope that every challenge provides an opportunity to create positive change.

IMPLICATIONS

The successful integration of a meaningful Faculty Wellness program framework with the development of programmatic resources and systematic changes in response to our faculty's needs no doubt has had great impact at our school. We strive to educate ourselves from our learnings so that we can empower faculty at our school to engage in life-long wellness, a key strategic priority. Our overarching goal is to create sustainability in our academic centre & heath system. There is much to learn during both stable & disruptive conditions to innovate, empower & create a path forward for sustainable wellness.

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