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# WELLNESS CHAMPIONS FOUNDATIONS COURSE FALL 2022

*RESILIENCY CENTER | OSHER CENTER FOR INTEGRATIVE HEALTH*

**“Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.” ~ Margaret Mead**

# Wellness Champion Foundations Course

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Chair, Department of **Pediatrics**  
University of Utah School of Medicine  
Chief Medical Officer  
Intermountain Primary Children's Hospital



# DEPT OF PEDIATRICS: WAGGL 2018-2022

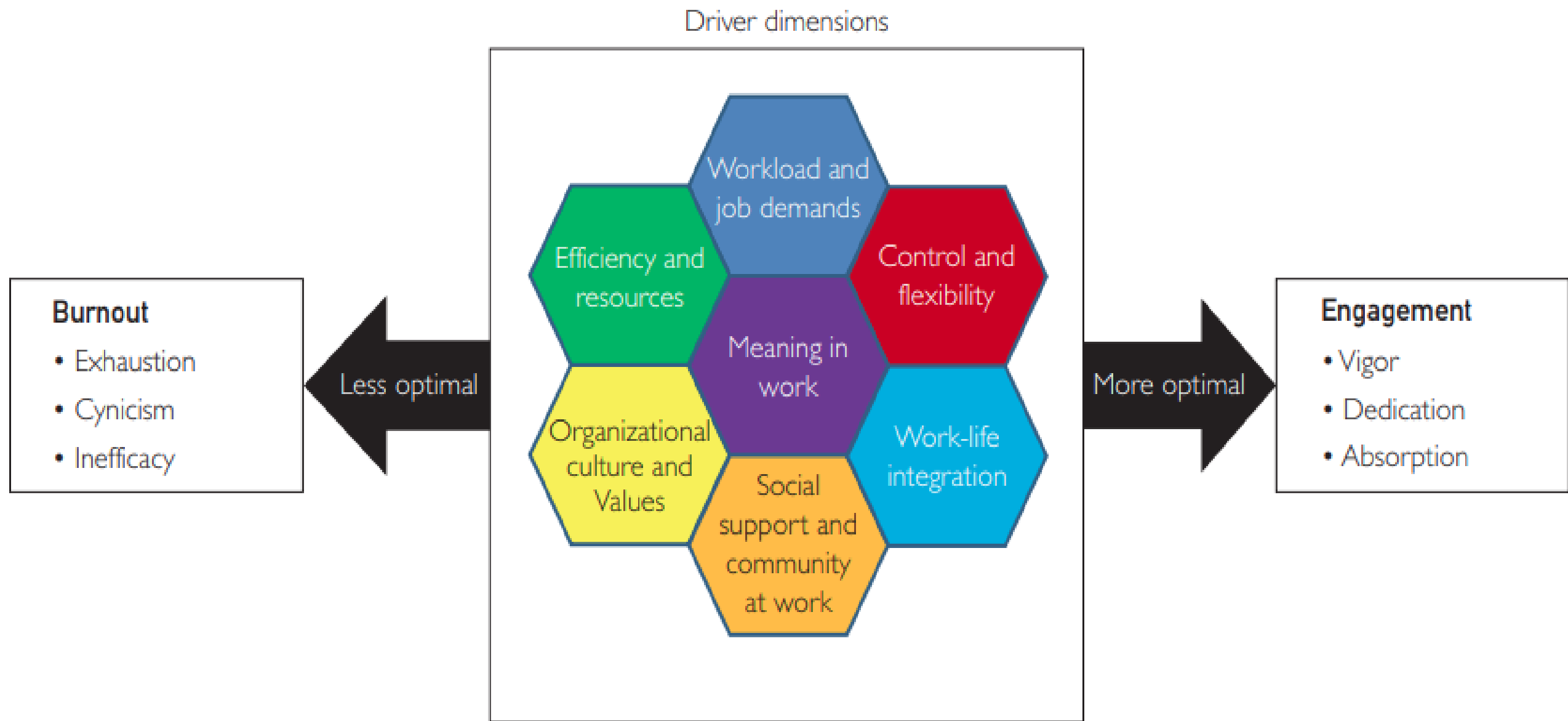
	2018	2019	2020	2021	2022
Overall satisfaction	60%	71%	71%	76%	71%
I would recommend UofU as a great place to work	93%	91%	93%	95%	92%
I have adequate opportunities to advance my career	51%	48%	53%	60%	59%
I have access to the tools and resources I need	80%	78%	82%	82%	78%
My work-related stress is manageable		68%	71%	70%	62%
I have control over my workload	43%	47%	47%	53%	46%
Burnout is a problem for me			52%	55%	66%
My input is sought, heard, and considered	65%	69%	71%	78%	76%

# THE MODEL FOR WELLNESS












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## The Stanford Physician Wellness Model Domains Measurements



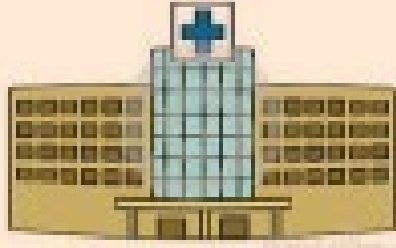







**FIGURE 2.** Key drivers of burnout and engagement in physicians.

Drivers of burnout and engagement in physicians	 Individual factors	 Work unit factors	 Organization factors	 National factors
 Workload and job demands	<ul style="list-style-type: none"> <li>• Specialty</li> <li>• Practice location</li> <li>• Decision to increase work to increase income</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity expectations</li> <li>• Team structure</li> <li>• Efficiency</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity targets</li> <li>• Method of compensation               <ul style="list-style-type: none"> <li>- Salary</li> <li>- Productivity based</li> </ul> </li> <li>• Payer mix</li> </ul>	<ul style="list-style-type: none"> <li>• Structure reimbursement               <ul style="list-style-type: none"> <li>- Medicare/Medicaid</li> <li>- Bundled payments</li> <li>- Documentation requirements</li> </ul> </li> </ul>
 Efficiency and resources	<ul style="list-style-type: none"> <li>• Experience</li> <li>• Ability to prioritize</li> <li>• Personal efficiency</li> <li>• Organizational skills</li> <li>• Willingness to delegate</li> <li>• Ability to say "no"</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of support staff and their experience</li> <li>• Patient check-in efficiency/process</li> <li>• Use of scribes</li> <li>• Team huddles</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Use of patient portal</li> <li>• Institutional efficiency:               <ul style="list-style-type: none"> <li>- EHR</li> <li>- Appointment system</li> <li>- Ordering systems</li> </ul> </li> <li>• How regulations interpreted and applied</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Requirements for:               <ul style="list-style-type: none"> <li>- Electronic prescribing</li> <li>- Medication reconciliation</li> <li>- Meaningful use of EHR</li> </ul> </li> <li>• Certification agency facility regulations (JCAHO)</li> <li>• Precertifications for tests/treatments</li> </ul>
 Meaning in work	<ul style="list-style-type: none"> <li>• Self-awareness of most personally meaningful aspect of work</li> <li>• Ability to shape career to focus on interests</li> <li>• Doctor-patient relationships</li> <li>• Personal recognition of positive events at work</li> </ul>	<ul style="list-style-type: none"> <li>• Match of work to talents and interests of individuals</li> <li>• Opportunities for involvement               <ul style="list-style-type: none"> <li>- Education</li> <li>- Research</li> <li>- Leadership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Organizational culture</li> <li>• Practice environment</li> <li>• Opportunities for professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Evolving supervisory role of physicians (potentially less direct patient contact)</li> <li>• Reduced funding               <ul style="list-style-type: none"> <li>- Research</li> <li>- Education</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>
 Culture and values	<ul style="list-style-type: none"> <li>• Personal values</li> <li>• Professional values</li> <li>• Level of altruism</li> <li>• Moral compass/ethics</li> <li>• Commitment to organization</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior of work unit leader</li> <li>• Work unit norms and expectations</li> <li>• Equity/fairness</li> </ul>	<ul style="list-style-type: none"> <li>• Organization's mission               <ul style="list-style-type: none"> <li>- Service/quality vs profit</li> </ul> </li> <li>• Organization's values</li> <li>• Behavior of senior leaders</li> <li>• Communication/messaging</li> <li>• Organizational norms and expectations</li> <li>• Just culture</li> </ul>	<ul style="list-style-type: none"> <li>• System of coverage for uninsured</li> <li>• Structure reimbursement               <ul style="list-style-type: none"> <li>- What is rewarded</li> </ul> </li> <li>• Regulations</li> </ul>
 Control and flexibility	<ul style="list-style-type: none"> <li>• Personality</li> <li>• Assertiveness</li> <li>• Intentionality</li> </ul>	<ul style="list-style-type: none"> <li>• Degree of flexibility:               <ul style="list-style-type: none"> <li>- Control of physician calendars</li> <li>- Clinic start/end times</li> <li>- Vacation scheduling</li> <li>- Call schedule</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling system</li> <li>• Policies</li> <li>• Affiliations that restrict referrals</li> <li>• Rigid application practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Precertifications for tests/treatments</li> <li>• Insurance networks that restrict referrals</li> <li>• Practice guidelines</li> </ul>
 Social support and community at work	<ul style="list-style-type: none"> <li>• Personality traits</li> <li>• Length of service</li> <li>• Relationship-building skills</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality in practice environment</li> <li>• Physical configuration of work unit space</li> <li>• Social gatherings to promote community</li> <li>• Team structure</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality across the organization</li> <li>• Physician lounge</li> <li>• Strategies to build community</li> <li>• Social gatherings</li> </ul>	<ul style="list-style-type: none"> <li>• Support and community created by Medical/specialty societies</li> </ul>
 Work-life integration	<ul style="list-style-type: none"> <li>• Priorities and values</li> <li>• Personal characteristics               <ul style="list-style-type: none"> <li>- Spouse/partner</li> <li>- Children/dependents</li> <li>- Health issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call schedule</li> <li>• Structure night/weekend coverage</li> <li>• Cross-coverage for time away</li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Vacation policies</li> <li>• Sick/medical leave</li> <li>• Policies               <ul style="list-style-type: none"> <li>- Part-time work</li> <li>- Flexible scheduling</li> </ul> </li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements for:               <ul style="list-style-type: none"> <li>- Maintenance certification</li> <li>- Licensing</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>

**FIGURE 3.** Drivers of burnout and engagement with examples of individual, work unit, organization, and national factors that influence each driver. EHR = electronic health record; JCAHO = Joint Commission on the Accreditation of Healthcare Organizations. Adapted from *Mayo Clin Proc.*<sup>39</sup>

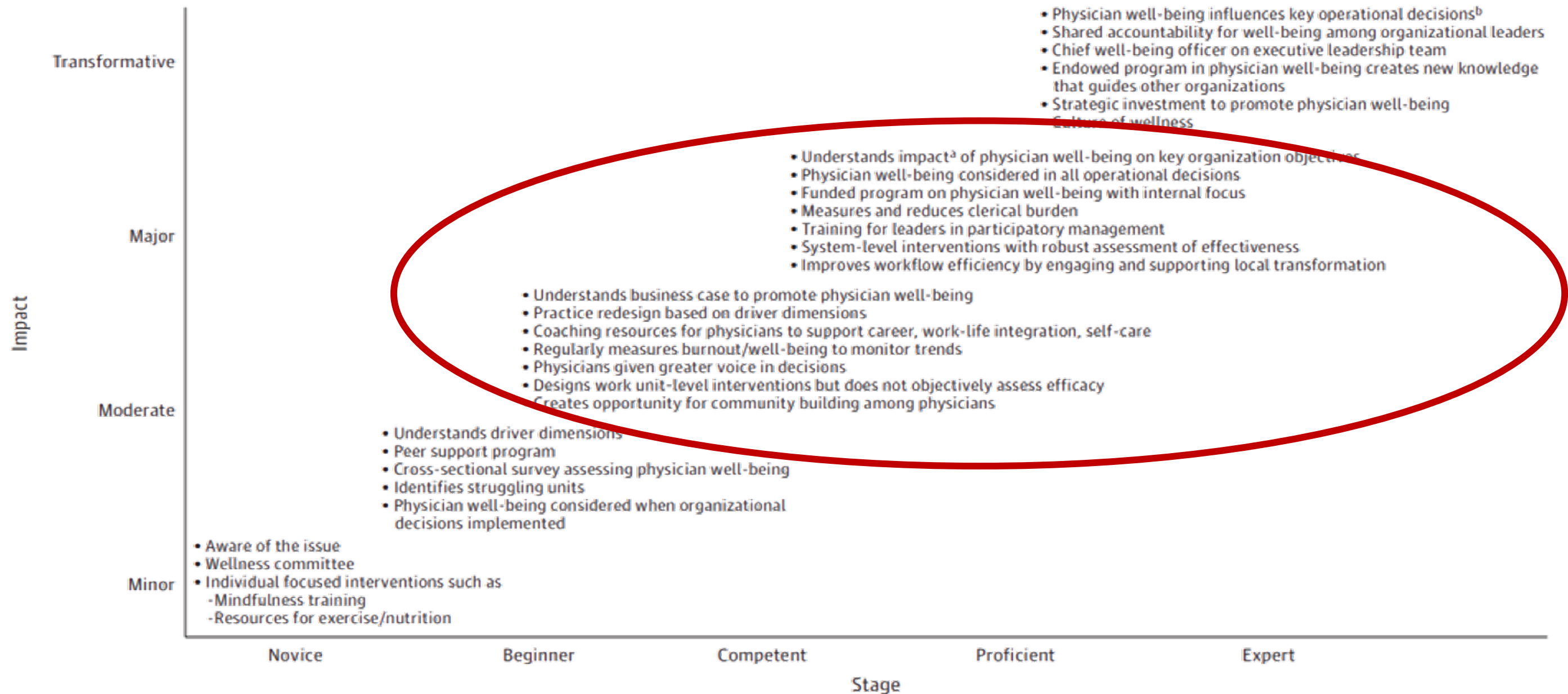
<p>Drivers of burnout and engagement in physicians</p>	 <p>Individual factors</p>	 <p>Work unit factors</p>	 <p>Organization factors</p>	 <p>National factors</p>
	<ul style="list-style-type: none"> <li>• Specialty</li> <li>• Practice location</li> <li>• Decision to increase work to increase income</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity expectations</li> <li>• Team structure</li> <li>• Efficiency</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity targets</li> <li>• Method of compensation <ul style="list-style-type: none"> <li>- Salary</li> <li>- Productivity based</li> </ul> </li> <li>• Payer mix</li> </ul>	<ul style="list-style-type: none"> <li>• Structure reimbursement <ul style="list-style-type: none"> <li>- Medicare/Medicaid</li> <li>- Bundled payments</li> <li>- Documentation requirements</li> </ul> </li> </ul>



Drivers of burnout and engagement in physicians	 <b>Individual factors</b>	 <b>Work unit factors</b>	 <b>Organization factors</b>	 <b>National factors</b>
 <b>Meaning in work</b>	<ul style="list-style-type: none"> <li>• Self-awareness of most personally meaningful aspect of work</li> <li>• Ability to shape career to focus on interests</li> <li>• Doctor-patient relationships</li> <li>• Personal recognition of positive events at work</li> </ul>	<ul style="list-style-type: none"> <li>• Match of work to talents and interests of individuals</li> <li>• Opportunities for involvement               <ul style="list-style-type: none"> <li>- Education</li> <li>- Research</li> <li>- Leadership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Organizational culture</li> <li>• Practice environment</li> <li>• Opportunities for professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Evolving supervisory role of physicians (potentially less direct patient contact)</li> <li>• Reduced funding               <ul style="list-style-type: none"> <li>- Research</li> <li>- Education</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>

# Maturity Model

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



# Maturity Model

**Proficient**



- Understands impact<sup>2</sup> of physician well-being on key organization objectives
- Physician well-being considered in all operational decisions
- Funded program on physician well-being with internal focus
- Measures and reduces clerical burden
- Training for leaders in participatory management
- System-level interventions with robust assessment of effectiveness
- Improves workflow efficiency by engaging and supporting local transformation

- Understands business case to promote physician well-being
- Practice redesign based on driver dimensions
- Coaching resources for physicians to support career, work-life integration, self-care
- Regularly measures burnout/well-being to monitor trends
- Physicians given greater voice in decisions
- Designs work unit-level interventions but does not objectively assess efficacy
- Creates opportunity for community building among physicians

**Competent**



# WHAT IS MOST IMPORTANT AND SATISFYING TO FACULTY AND STAFF

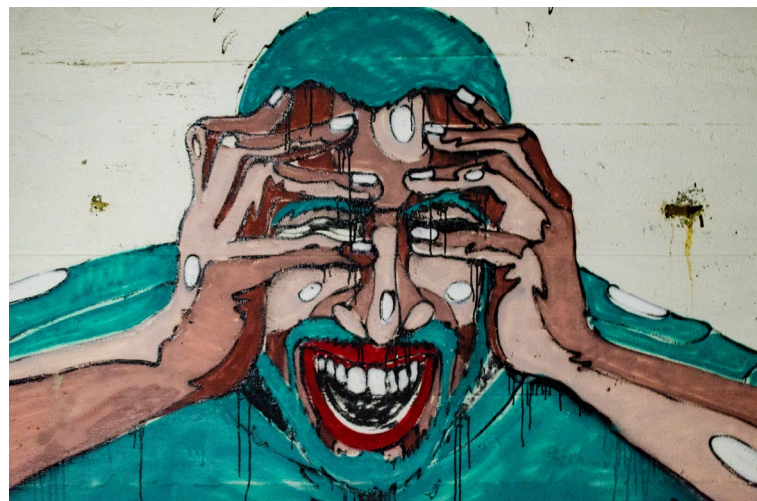
1. Adequate support staff
2. Match-up of work to my talents
3. Flexibility with setting my workload, workplace, and schedule
4. Being involved in teams/groups within my division
5. Meeting division expectations of productivity



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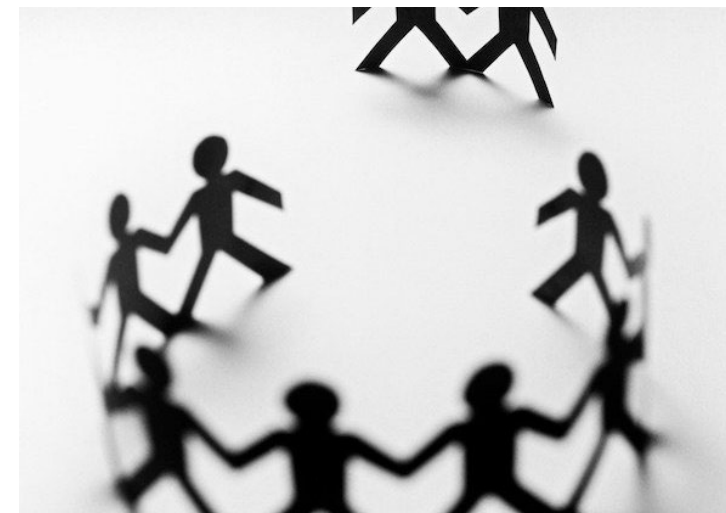
# MOVING FROM SURVIVING TO THRIVING IN HEALTHCARE

*AMY LOCKE, MD, FAAFP  
PROFESSOR AND CHIEF WELLNESS OFFICER  
UNIVERSITY OF UTAH HEALTH  
SEPTEMBER 2022*



Current State

Strategic Planning



Desired Future State

# HEALING THE CULTURE OF HEALTH

Current State	Desired Future State
Neglect and self sacrifice to a fault	Self care viewed as necessary to preserve effectiveness of HCW
Isolation	Activated support network
Fatigue	Healthy sleep habits
Asking for help is a sign of weakness	Accept vulnerability
No limits on workload	Systems that acknowledge humanity and human limitation
Perfectionism	Self compassion
Staffing model without redundancy and margin for illness; staffed to average demand	Systems acknowledge human limitation and staff for optimal care at peak demand
Work always first	Work-life integration

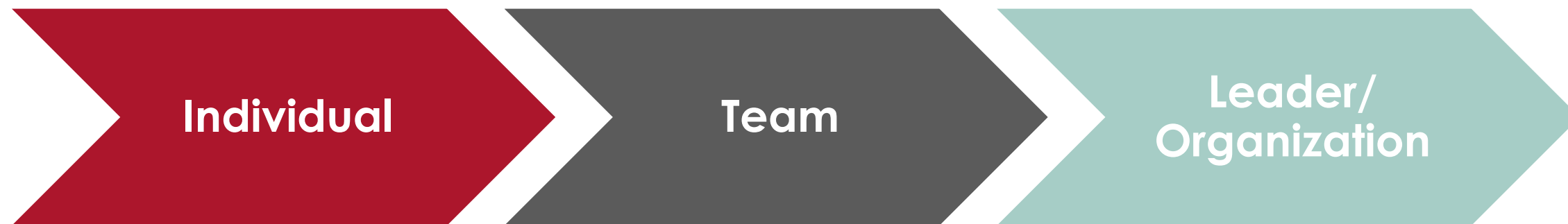
# Frameworks

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# PROFESSIONAL WELL-BEING MODEL



# PROFESSIONAL WELL-BEING MODEL

Leadership skills  
Values alignment  
Voice/ input  
Meaning in work  
Community/ collegiality  
Peer support  
Compassion  
Appreciation  
Flexibility



## Healthcare specific

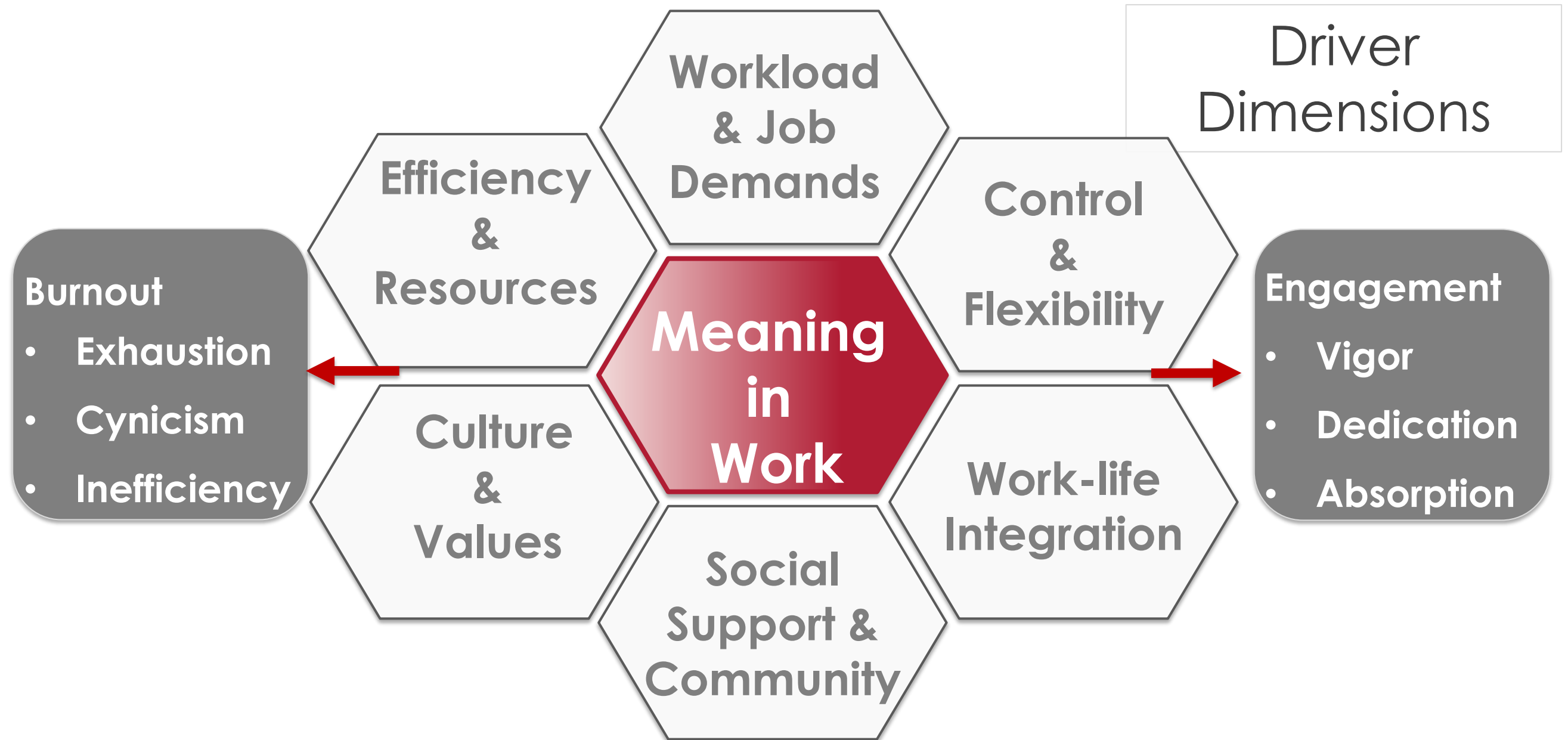
Triage  
Documentation method  
Team-based care  
OR turnaround times

## General workplace

Electronic system usability  
Schedules  
Efficient workflows  
Staffing  
Salary/benefits

Self-care (sleep, movement, nutrition)  
Self-compassion  
Meaning in work  
Work-life integration  
Social support  
Cognitive/ emotional flexibility

# KEY DRIVERS OF BURNOUT & ENGAGEMENT



What are the possible levers to pull at the individual, team, and leader levels?

*At your table or with the person next to you, choose 1-2 topics and discuss what options might look like.*

# PROFESSIONAL WELL-BEING MODEL

Leadership skills  
Values alignment  
Voice/ input  
Meaning in work  
Community/ collegiality  
Peer support  
Compassion  
Appreciation  
Flexibility



## **Healthcare specific**

Triage  
Documentation method  
Team-based care  
OR turnaround times

## **General workplace**

Electronic system usability  
Schedules  
Efficient workflows  
Staffing  
Salary/benefits

Self-care (sleep, movement, nutrition)  
Self-compassion  
Meaning in work  
Work-life integration  
Social support  
Cognitive/ emotional flexibility

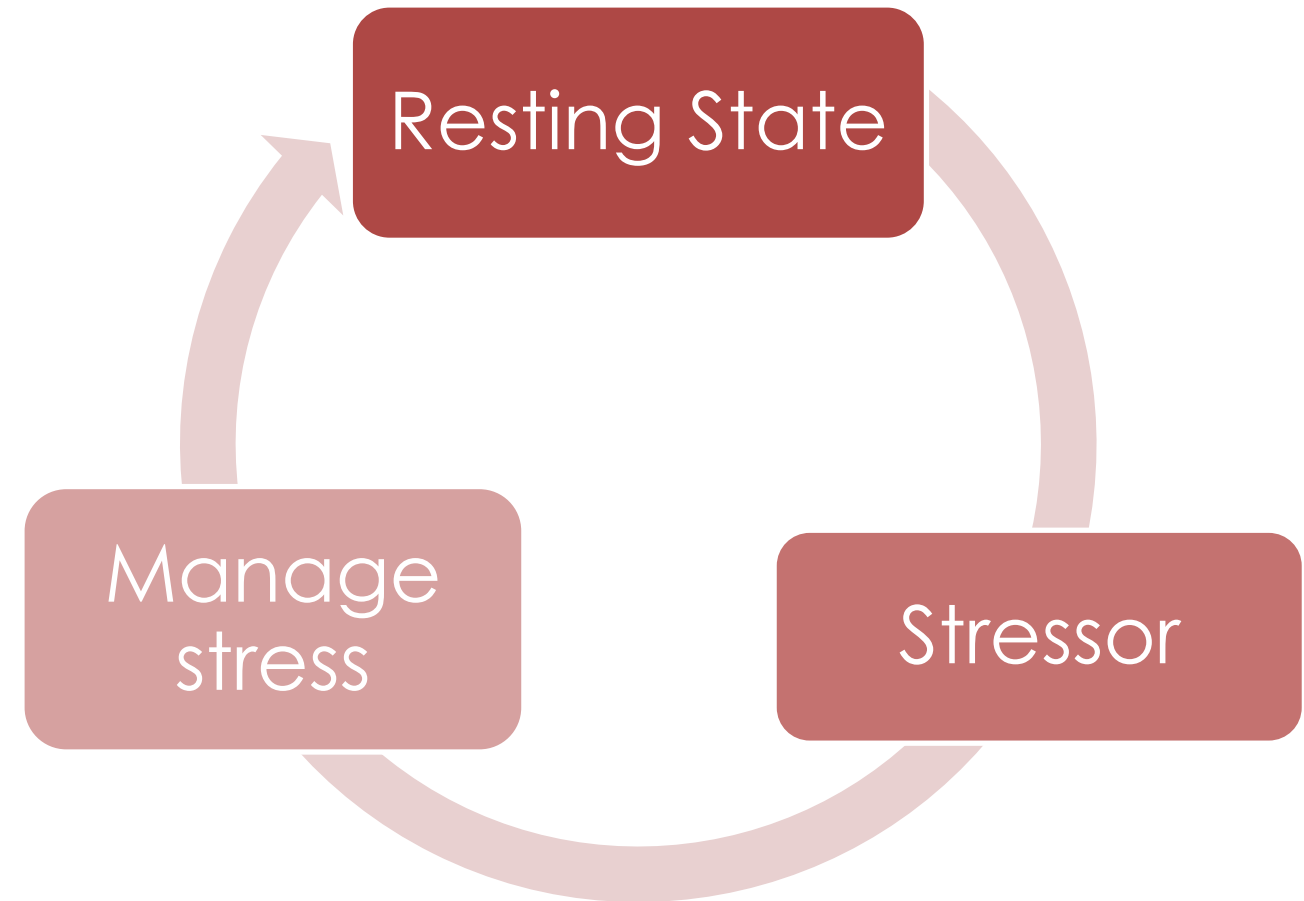
# Personal Well-Being

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# PERSONAL WELL-BEING: FOUNDATIONS OF HEALTH

- Nutrition
- Physical activity
- Sleep
- Connection
  - Self (self awareness)
  - Community
  - Meaning and purpose



# WHERE ARE YOU & YOUR GROUP AT ON THIS WELLBEING HIERARCHY?

## Health Professional Wellbeing Hierarchy

Adapted from Shapiro et al. Am J of Medicine 2019





# TRAITS ASSOCIATED WITH THRIVING

- Acceptance and realism
- Self awareness/monitoring
- Appreciating the good things
- Taking breaks
- Strong support
- Setting boundaries around work
- Recognizing when change is necessary

# Addressing Culture and Team Well-being

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# CULTURE: CORE COMPONENTS OF WELL-BEING



purpose



patients



peers

## RELATIONSHIPS & CONNECTION

*“I define connection as the **energy that exists between people when they feel seen, heard, and valued;** when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.”*

- Brené Brown



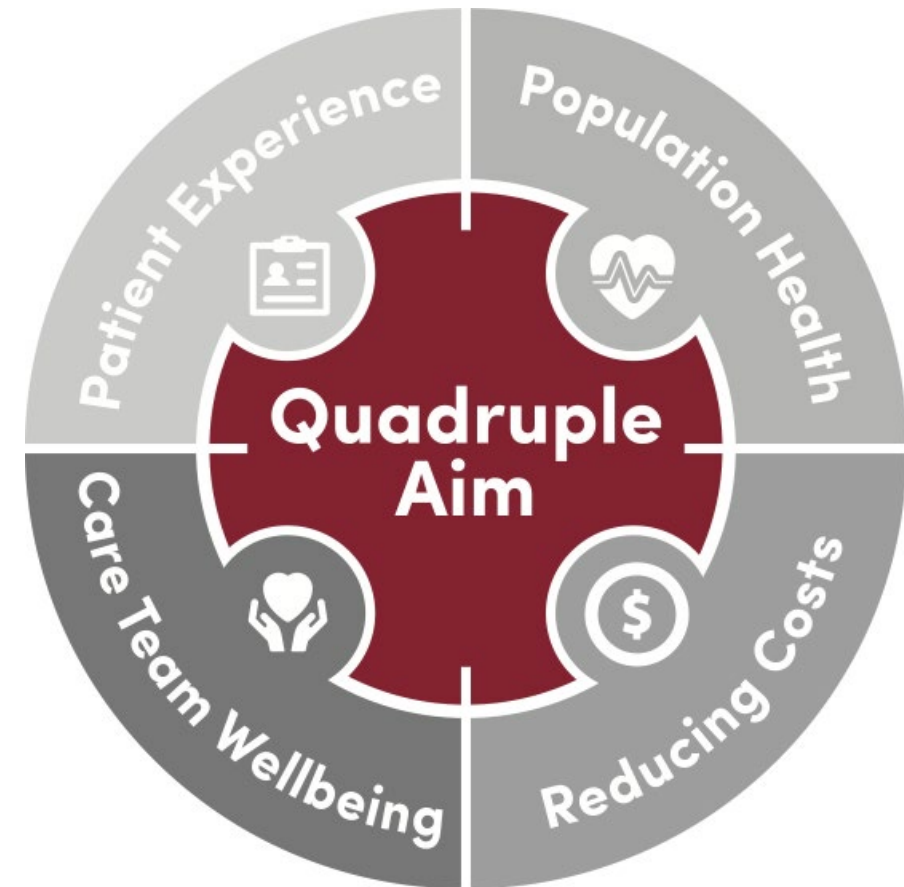
# System Design

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# UPSTREAM DRIVERS

- Right size workload
  - Usable systems
  - Team work
    - Top of license work
    - Clear lanes
- Example Targets
  - Phone and message management
  - Panel size
  - Communication
  - Room turnover time



# PEOPLE ROLES OF LEADERS

- Listen
- Validate
- Transparency
- Advocacy



# PERFORMANCE REVIEWS

- What brings you joy at work? What is most meaningful?
- Are you using your vacation time?
- Coaching
  - Cultivating an area of focus
  - How to say no



# BUILDING COMMUNITY

- Clear expectations of when people are working (i.e. cross cover)
- Equity in opportunity
- Practice standards
- Team meetings
  - Check-in
- Commensality groups



<https://accelerate.uofuhealth.utah.edu/resilience/resilience-toolkit>

# AMA STEPS FORWARD

## Redesign your practice. Reignite your purpose.

AMA STEPS Forward™ offers a collection of engaging and interactive educational toolkits that are practical, actionable “how-to” guides to transform and improve your practice.

[Browse All Toolkits](#)

[Practice Assessment Tool](#)

### PRACTICE TRANSFORMATION

[Burnout and Well-Being \(15\)](#)

[EHR and Technology \(10\)](#)

[Organizational Culture \(15\)](#)

[Patient–Physician Experience \(15\)](#)

[Team-Based Care and Workflow \(29\)](#)

# Organizational Change

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“Every system is perfectly designed to get the results that it gets.”

*Paul Batalden*

# BIGGEST BARRIERS

- We feel powerless
- It is too big
- It is too hard
- Low expectations



# BEING THE CHANGE

- Very small actions can take on a life of their own
- To make a big change you have to start small
- Notice the patterns you are making
- How are you contributing to the pattern?

# Typical Steps in an Organization’s Journey Toward Expertise in Health Care Worker (HCW) Well-Being

IMPACT	STAGE				
	Novice	Beginner	Competent	Proficient	Expert
<b>Transformative</b>				<ul style="list-style-type: none"> <li>• Well-being influences key operational decisions</li> <li>• Shared accountability for well-being among organizational leaders</li> <li>• Chief well-being officer on executive leadership team</li> <li>• Endowed program in well-being creates new knowledge that guides other organizations</li> <li>• Strategic investment to promote HCW well-being</li> <li>• Culture of wellness</li> </ul>	
<b>Major</b>			<ul style="list-style-type: none"> <li>• Understands impact of well-being on key organizational objectives</li> <li>• Well-being considered in all operational decisions</li> <li>• Funded program on well-being with internal focus</li> <li>• Measures &amp; reduces clerical burden</li> <li>• Training for leaders in participatory management</li> <li>• System-level interventions with robust assessment of effectiveness</li> <li>• Improves workflow efficiency by engaging and supporting local transformation</li> </ul>		
<b>Moderate</b>		<ul style="list-style-type: none"> <li>• Understands business case to promote well-being</li> <li>• Practice redesign based on well-being drivers</li> <li>• Coaching resources to support career, work-life integration, self-care</li> <li>• Regularly measures well-being/ burnout to monitor trends</li> <li>• HCWs given greater voice in decisions</li> <li>• Designs work unit-level interventions but does not assess efficacy</li> <li>• Creates opportunity for community building among HCWs</li> </ul>			
<b>Minor</b>	<ul style="list-style-type: none"> <li>• Aware of the issue</li> <li>• Wellness committee</li> <li>• Individually focused interventions, (e.g., mindfulness, exercise, nutrition)</li> </ul>				

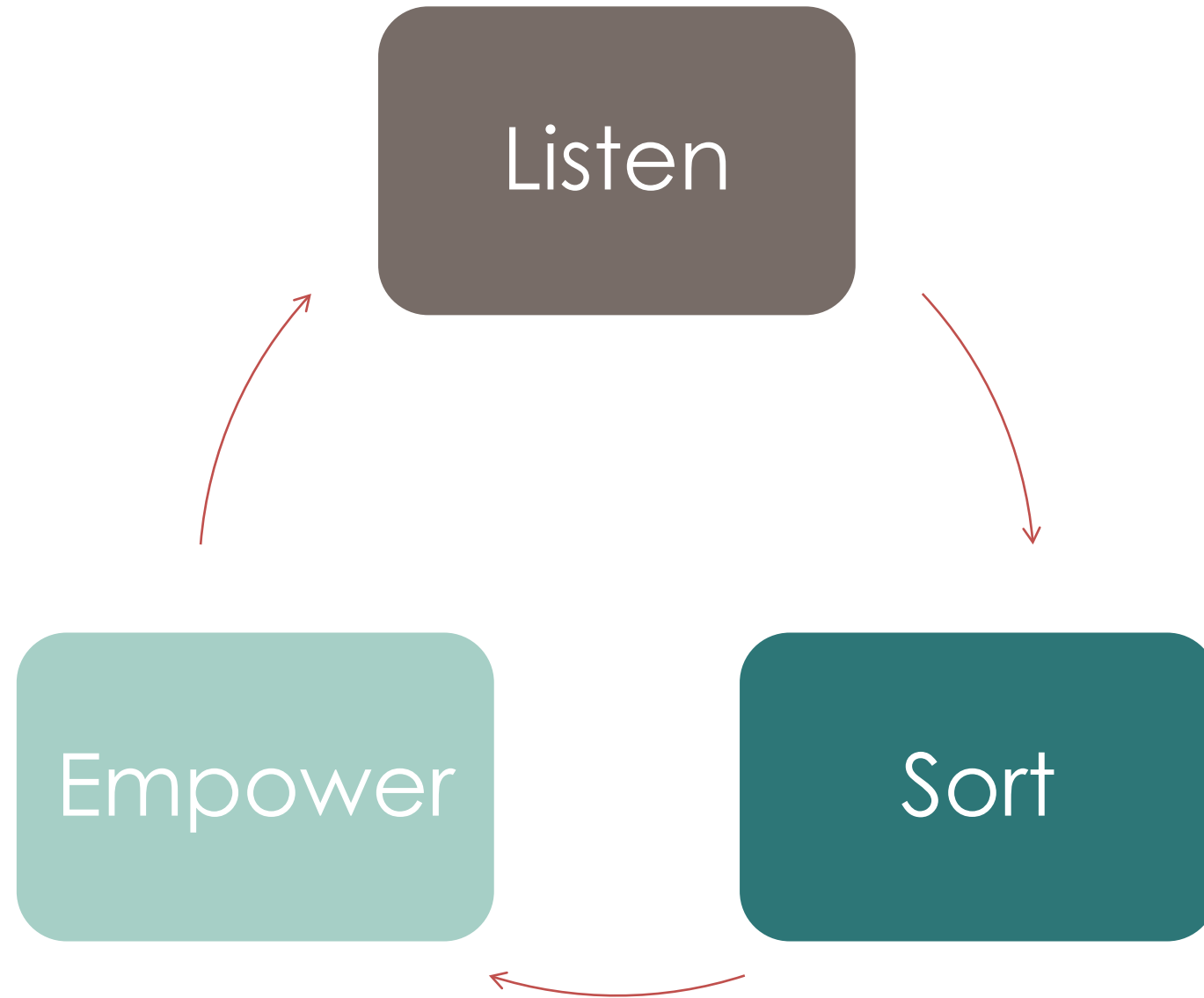
# TEAMS ADDRESSING WELL-BEING

- Look at the data
- Do a [self-assessment](#)
- Assess strengths
- Consider the [basics](#)
- Prioritize
  - What would have the biggest impact?
  - What is your bandwidth?
  - Who is already working in this space?
- Get help





# AMA STEPS FORWARD MODULE: LISTEN-SORT-EMPOWER

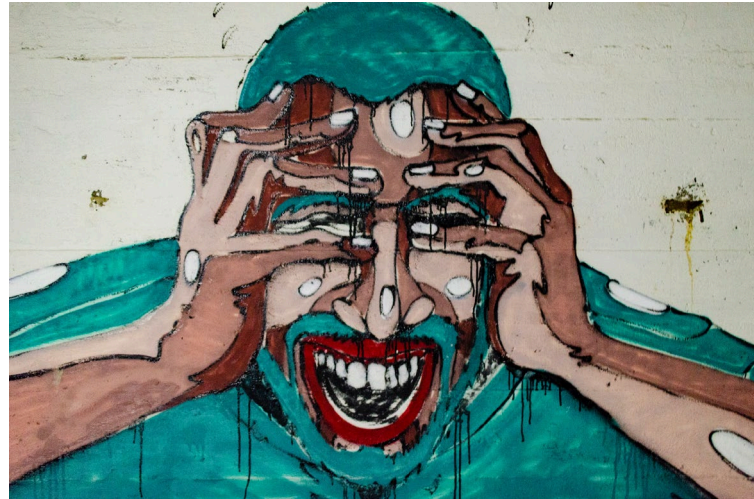


<https://edhub.ama-assn.org/steps-forward/module/2767765>; Steve Swensen

# Moving Forward

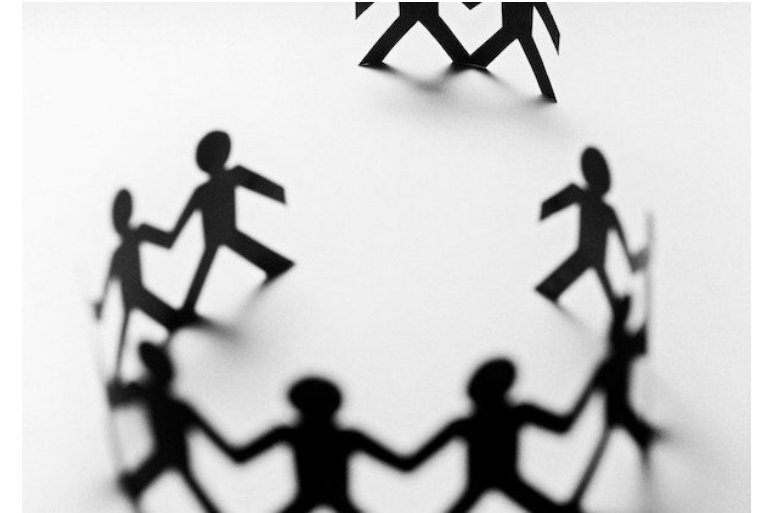
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Current State

Strategic Planning



Desired Future State

# TAKE HOME IDEAS

- We need to take care of ourselves to take care of others
- Culture can work for us or against us
- Change takes agency: find your locus of control
- Cogitative flexibility and self-awareness can drive successful change

Where does change begin for you?

# PERSONAL WELL-BEING & THE RESILIENCE TOOLKIT

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# BUILDING A CULTURE OF WELLNESS





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**PERSONAL WELL-BEING:**  
***REMEMBERING OURSELVES AS WE CARE FOR OTHERS***

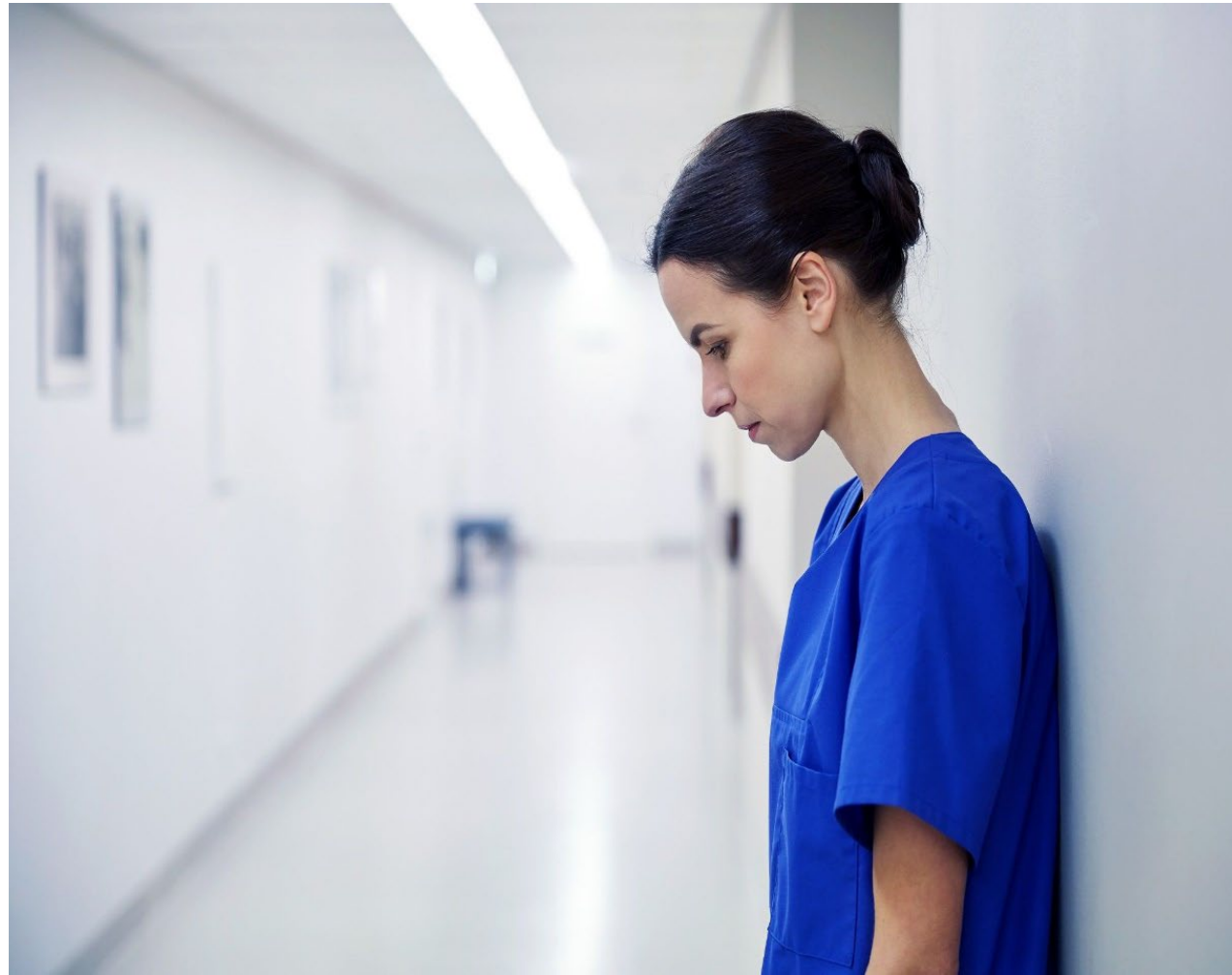
***TRINH MAI, LCSW***



# OBJECTIVES

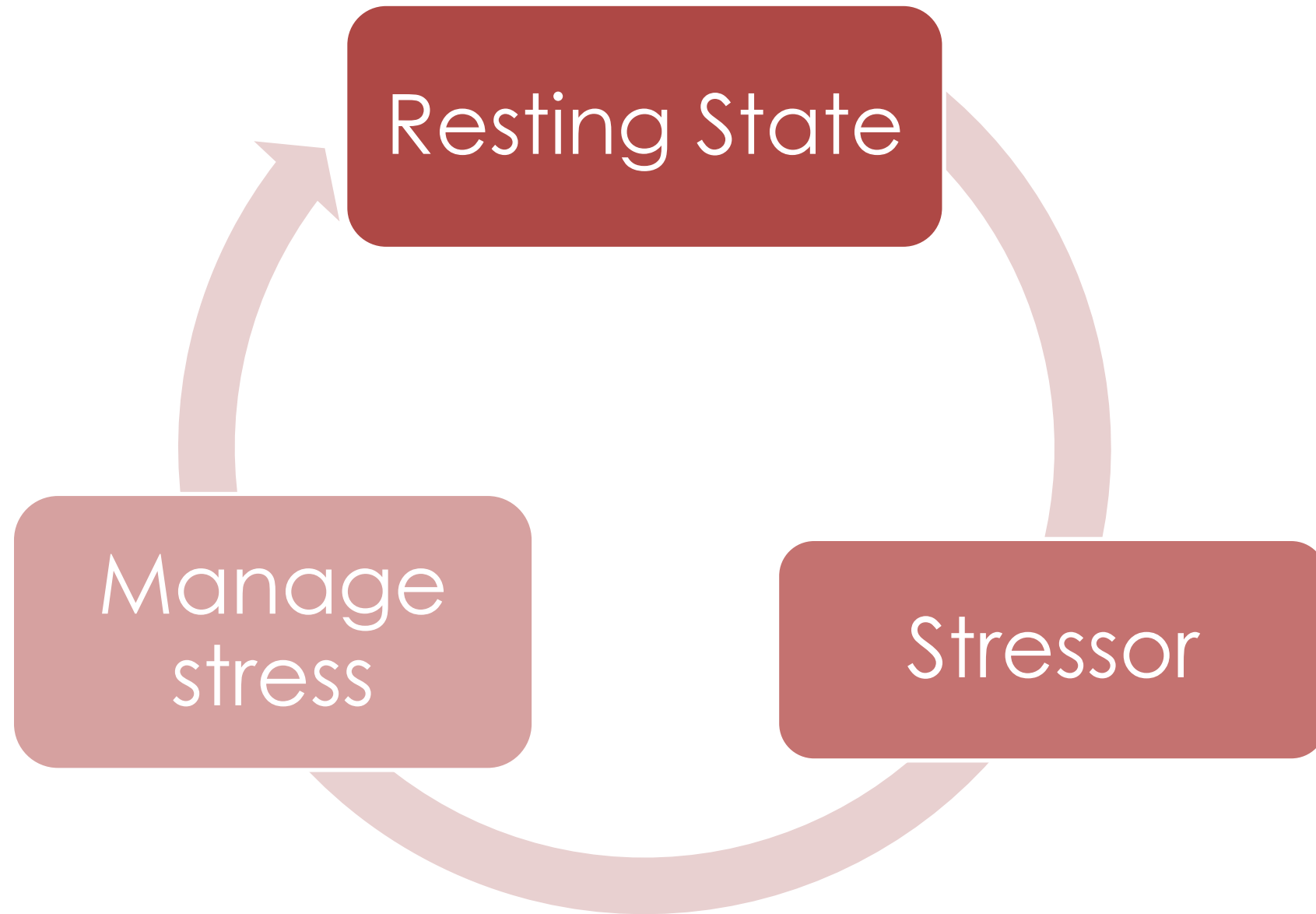
- Identify practices for professional and personal well-being
- Review the Resilience Toolkit
- Increase knowledge of resources

# STOP



- Stop/Slow down
- Take a breath
- Observe w/ openness
  - Thoughts, feelings, physical sensations
- Proceed with intention
  - Ask “What’s important now?”

# STRESS RESPONSE CYCLE



Nagoski and Nagoski, 2020, *Burnout: The Secret to Unlocking the Stress Cycle*

# FOUR CAUSES OF STRESS INJURY

LIFE THREAT	LOSS	INNER CONFLICT	WEAR AND TEAR
<b>A traumatic injury</b>	<b>A grief injury</b>	<b>A moral injury</b>	<b>A fatigue injury</b>
Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death	Due to the loss of people, things or parts of oneself	Due to behaviors or the witnessing of behaviors that violate moral values	Due to the accumulation of stress from all sources over time without sufficient rest and recovery

# ARE YOU EMOTIONALLY EXHAUSTED?

JAMA Network | **Open**



Original Investigation | Psychiatry

## Emotional Exhaustion Among US Health Care Workers Before and During the COVID-19 Pandemic, 2019-2021

J. Bryan Sexton, PhD; Kathryn C. Adair, PhD; Joshua Proulx, BSEE; Jochen Profit, MD; Xin Cui, PhD; Jon Bae, MD; Allan Frankel, MD

### Abstract

**IMPORTANCE** Extraordinary strain from COVID-19 has negatively impacted health care worker (HCW) well-being.

**OBJECTIVE** To determine whether HCW emotional exhaustion has increased during the pandemic, for which roles, and at what point.

**DESIGN, SETTING, AND PARTICIPANTS** This survey study was conducted in 3 waves, with an electronic survey administered in September 2019, September 2020, and September 2021 through January 2022. Participants included hospital-based HCWs in clinical and nonclinical (eg, administrative support) roles at 76 community hospitals within 2 large health care systems in the US.

**EXPOSURES** Safety, Communication, Organizational Reliability, Physician, and Employee Burnout and Engagement (SCORE) survey domains of emotional exhaustion and emotional exhaustion climate.

**MAIN OUTCOMES AND MEASURES** The percentage of respondents reporting emotional exhaustion (%EE) in themselves and a climate of emotional exhaustion (%EEclim) in their colleagues. Survey items were answered on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree); neutral or higher scores were counted as "percent concerning" for exhaustion.

### Key Points

**Question** Is the COVID-19 pandemic associated with an increase in health care worker emotional exhaustion?

**Findings** In this 3-year survey study with an overall sample of 107 122 responses from US health care workers before (2019) and twice during (2020 and 2021-2022) the COVID-19 pandemic, increases were reported in assessments of emotional exhaustion in oneself and in one's colleagues overall and for every role; nurses reported increases each year, but physicians reported decreases in 2020 followed by sharp increases in 2021. Exhaustion score clustering in work settings was suggestive of a social contagion effect of exhaustion.

**Meaning** These findings indicate that

- 107,122 responses from US HCW in 2019, 2020 and 2021-2022
- 27% increase in emotional exhaustion, 2019-2021
- Exhaustion scores clustering in work settings
- Every role reported higher EE scores for their colleagues than themselves

Title	Level	Key factors at level
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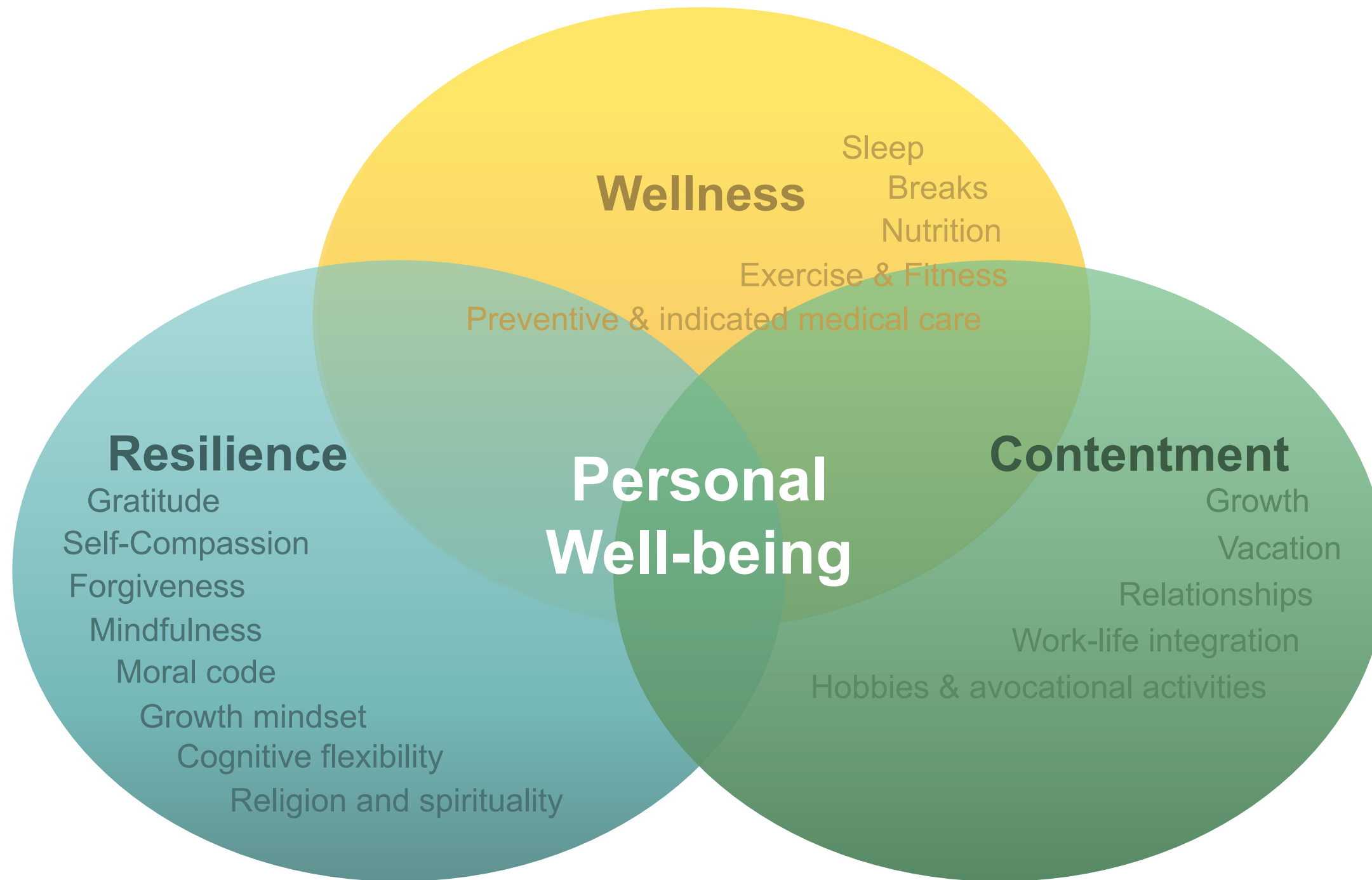


**Figure** Health professional wellness hierarchy.

Shapiro et al. American Journal of Medicine, 2019

# PROFESSIONAL WELL-BEING MODEL





Source: Swensen & Shanafelt, 2020, *Mayo Clinic Strategies To Reduce Burnout*



# WORK LIFE BALANCE

- In the last week have you:
  - Skipped a meal
  - Ate a poorly balanced meal
  - Worked through a day/shift without any breaks
  - Arrived home late from work
  - Had difficulty sleeping
  - Changed personal/family plans because of work
  - Felt frustrated by technology
  - Slept less than 5 hrs/night

Answering 3 or more days for any question indicates risk to work-life balance



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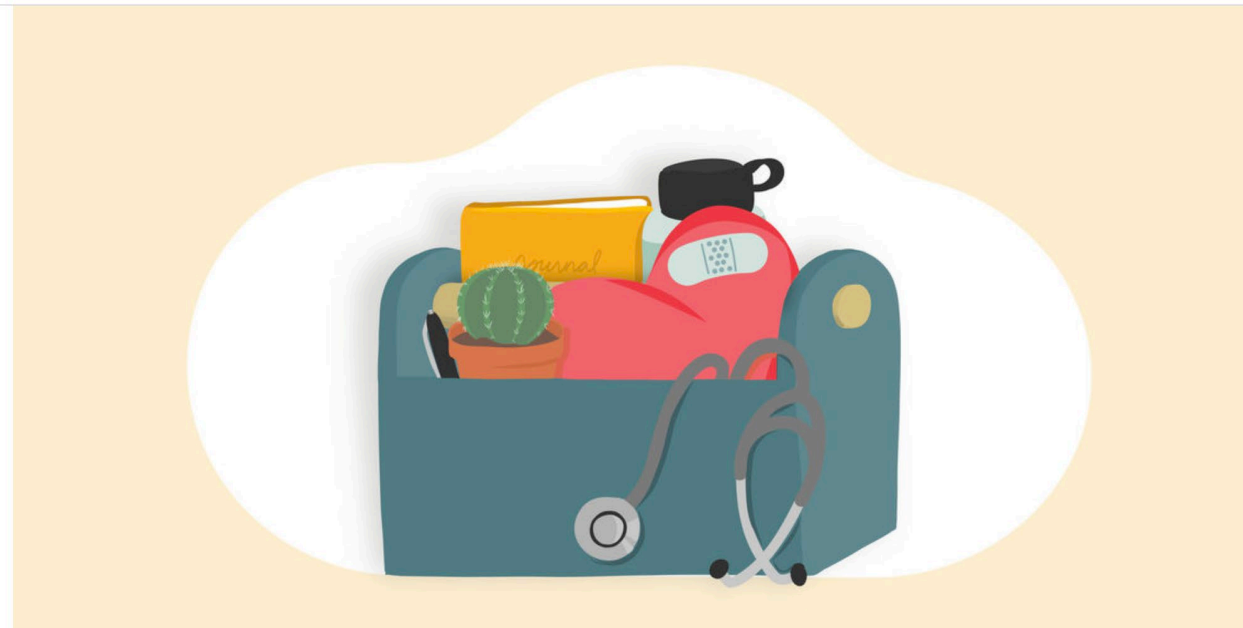
# Work-life Climate – Teamwork – Patient Safety

Team work-life climate represents the average work-life balance of its members. Higher scores are associated with improved teamwork & patient safety behaviors. Sexton JB, Schwartz SP, Chadwick

WA, et al. The associations between work–life balance behaviours, teamwork climate and safety climate: cross-sectional survey introducing the work–life climate scale, psychometric properties, benchmarking data and future directions. *BMJ Qual Amp Saf.* 2017;26(8):632. doi:10.1136/bmjqs-2016-006032

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# RESILIENCY TOOLKIT



Credit: Marcie Hopkins, U of U Health

RESILIENCE



## Resilience Toolkit

*The U of U Health Resiliency Center shares a growing list of resources you and your team can use to continue building resilience together.*

By Resiliency Center

# SELF-COMPASSION: A PROTECTIVE FORCE



## U.S. Department of Veterans Affairs

Public Access Author manuscript

*J Trauma Stress*. Author manuscript; available in PMC 2016 September 22.

Published in final edited form as:

*J Trauma Stress*. 2015 April ; 28(2): 127–133. doi:10.1002/jts.21995.

### Self-Compassion as a Prospective Predictor of PTSD Symptom Severity Among Trauma-Exposed U.S. Iraq and Afghanistan War Veterans

Regina Hiraoka<sup>1,2</sup>, Eric C. Meyer<sup>1,2,3</sup>, Nathan A. Kimbrel<sup>4,5</sup>, Bryann B. DeBeer<sup>1,2,3</sup>, Suzy Bird Gulliver<sup>3,6</sup>, and Sandra B. Morissette<sup>1,2,3</sup>

<sup>1</sup>Department of Veterans Affairs VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, TX, USA

<sup>2</sup>Central Texas Veterans Healthcare System, Waco, TX, USA

<sup>3</sup>Texas A&M Health Science Center, College of Medicine, College Station, TX, USA

<sup>4</sup>Durham Veterans Affairs Medical Center, Durham, NC, USA

<sup>5</sup>The VA Mid-Atlantic Mental Illness Research, Education, and Clinical Center, Durham, NC, USA

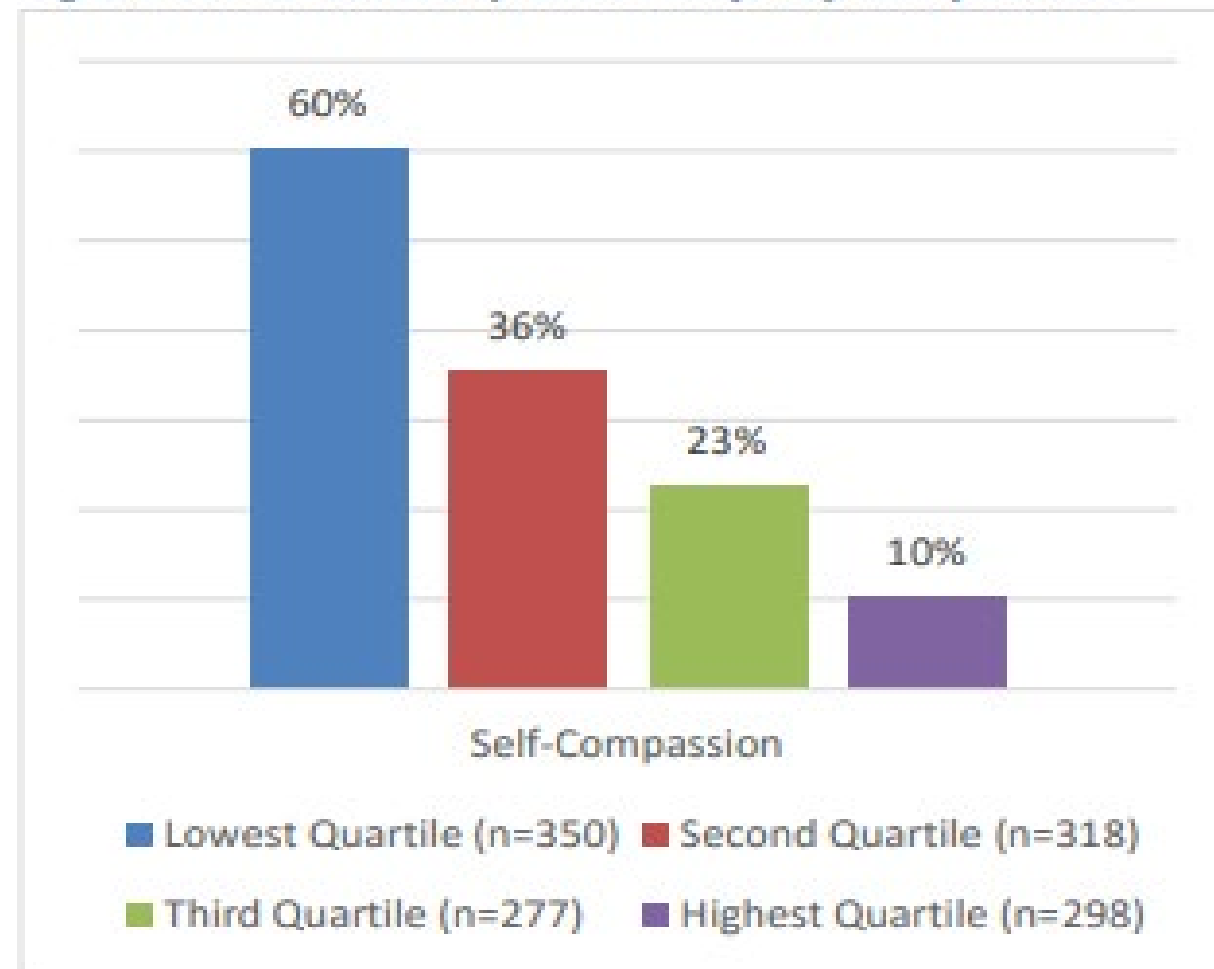
<sup>6</sup>Warriors Research Institute, Baylor Scott and White Healthcare System, Waco, TX, USA

#### Abstract

U. S. combat veterans of the Iraq and Afghanistan wars have elevated rates of posttraumatic stress disorder (PTSD) compared to the general population. Self-compassion, characterized by self-kindness, a sense of common humanity when faced with suffering, and mindful awareness of suffering, is a potentially modifiable factor implicated in the development and maintenance of

# SELF-COMPASSION

Figure 3: Prevalence of burnout by self-compassion



- Reduces emotional distress, cortisol, increases oxytocin
- Happiness
- Resilience
- Supportive relationships
- Physical health
- Accountability

<b>Myths</b>	<b>What the research<sup>1</sup> suggests:</b>
Self-compassion is a form of self-pity.	Self-compassionate people tend to brood less about their misfortune. <sup>2</sup>
Self-compassion means weakness.	“Self-compassion is one of the most powerful sources of coping and resilience available to us. When we go through major life crises, self-compassion appears to make all the difference in our ability to survive and even thrive.” <sup>1</sup>
Self-compassion will make me complacent.	Self-compassion strengthens personal accountability. <sup>3</sup>
Self-compassion is narcissistic.	“Self-compassionate people are better able to remain emotionally stable, regardless of others.” <sup>4</sup>
Self-compassion is selfish.	“Self-compassion helps people sustain the act of caring for others.” <sup>1</sup>

# SELF-COMPASSION: BECOMING A GOOD FRIEND TO YOURSELF



**Mindfulness:** Awareness & acceptance

“Name it to tame it.” E.g.: hurt, inadequate, fear



**Connectedness:** Remember you’re not alone

“I’m human; it’s ok to feel this.”  
Reach out to a trusted person



**Self-kindness:** How would you respond to a friend?

A kind touch or kind words: “It will be ok. I got this.”  
Breathe deeply, move  
Ask “What do I need?” & Provide

# Assess Your Stress

Where are you on the stress continuum?

<b>Thriving</b> <b>“I got this.”</b>	<b>Surviving</b> <b>“Something isn’t right.”</b>	<b>Struggling</b> <b>“I can’t keep this up.”</b>	<b>In Crisis</b> <b>“I can’t survive this.”</b>
<ul style="list-style-type: none"> <li>• Calm and steady with minor mood fluctuations</li> <li>• Able to take things in stride</li> <li>• Consistent performance</li> <li>• Able to take feedback and to adjust to changes of plans</li> <li>• Able to focus</li> <li>• Able to communicate effectively</li> <li>• Normal sleep patterns and appetite</li> </ul>	<ul style="list-style-type: none"> <li>• Nervousness, sadness, increased mood fluctuations</li> <li>• Inconsistent performance</li> <li>• More easily overwhelmed or irritated</li> <li>• Increased need for control and difficulty adjusting to changes</li> <li>• Trouble sleeping or eating</li> <li>• Activities and relationships you used to enjoy seem less interesting or even stressful</li> <li>• Muscle tension, low energy, headaches</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent fear, panic, anxiety, anger, pervasive sadness, hopelessness</li> <li>• Exhaustion</li> <li>• Poor performance and difficulty making decisions or concentrating</li> <li>• Avoiding interaction with coworkers, family, and friends</li> <li>• Fatigue, aches and pains</li> <li>• Restless, disturbed sleep</li> <li>• Self-medicating with substances, food, or other numbing activities</li> </ul>	<ul style="list-style-type: none"> <li>• Disabling distress and loss of function</li> <li>• Panic attacks</li> <li>• Nightmares or flashbacks</li> <li>• Unable to fall or stay asleep</li> <li>• Intrusive thoughts</li> <li>• Thoughts of self-harm or suicide</li> <li>• Easily enraged or aggressive</li> <li>• Careless mistakes and inability to focus</li> <li>• Feeling numb, lost, or out of control</li> <li>• Withdrawal from relationships</li> <li>• Dependence on substances, food, or other numbing activities to cope</li> </ul>

Source: Adapted from Colorado Healthcare Ethics Resource (2020) [The Stress Continuum](#).



# Address Your Stress

Okay, now what?

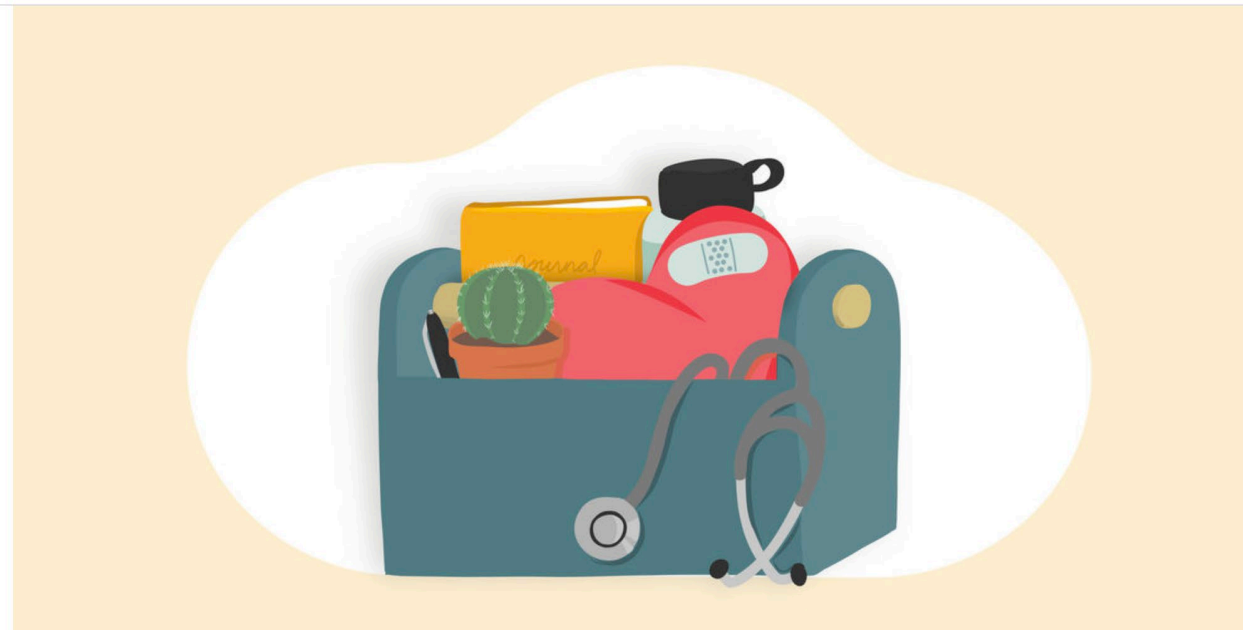
Now what?	Now what?	Now what?	Now what?
<ul style="list-style-type: none"> <li>• Take time to savor the good</li> <li>• Help others who are struggling</li> <li>• Keep using your go-to coping strategies</li> <li>• Let go of feeling guilty for feeling good (Yes, sometimes this happens!)</li> </ul>	<ul style="list-style-type: none"> <li>• Try to let go of some to-do list items</li> <li>• Add 1-2 coping strategies (exercise, limit social media)</li> <li>• Reconnect to purpose (What do I want to stand for right now?)</li> <li>• Use deep breathing to hold steady during difficult moments</li> <li>• Connect with support system</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on meeting basic needs</li> <li>• Establish boundaries where possible</li> <li>• Inform supervisor and identify next steps for bouncing back</li> <li>• Let support system know (FYI: You aren't a burden for doing this.)</li> <li>• Consider a resilience consult: 801-213-3403</li> </ul>	<ul style="list-style-type: none"> <li>• Connect with a mental health professional or team: 801-213-3403</li> <li>• Arrange for time off, whether that is PTO or a leave of absence</li> <li>• Ask support system for help, including supervisor</li> <li>• Focus solely on the short-term</li> <li>• Let go of self-criticism &amp; engage in self-compassion</li> </ul>

Source: Adapted from Colorado Healthcare Ethics Resource (2020) [The Stress Continuum](#).

# TEAM DISCUSSION QUESTIONS

1. How might this help us as individuals?
2. How can we use this tool as a team?
3. How do you feel introducing this tool to your team?
4. What are some ideas we can use from this tool to respond with care as a team?

# RESILIENCY TOOLKIT



Credit: Marcie Hopkins, U of U Health

RESILIENCY



## Resilience Toolkit

*The U of U Health Resiliency Center shares a growing list of resources you and your team can use to continue building resilience together.*

By Resiliency Center

# SELF-CARE CHECKLIST

- Are you meeting your **basic needs**?
- Are you taking **breaks**?
- Are you staying **connected**?
- Can you **ask for help** if you need to?
- Are you able to **recognize** the good?
- Are you **treating yourself like a friend** when you're not doing well?



Resiliency Center; Image by Marcie Hopkins

# RESOURCES: WHEN DISTRESS IS HIGH

- **Email:** [hmhioutpatientpsychiatry@hsc.utah.edu](mailto:hmhioutpatientpsychiatry@hsc.utah.edu)
- **Huntsman Mental Health Institute Resources**
- Crisis Line: 801-587-3000 (24/7)
- Warm Line: 801-587-1055 (8am-11pm)
- Same Day Psychiatry Clinic: 801-585-1212
- Mobile Crisis Outreach Team
  
- **EAP Crisis Line:** 801-262-9619
- **Resiliency Center:** 801-213-3403

# RESOURCES: RESILIENCY CENTER & WELLNESS & INTEGRATIVE HEALTH

[Resiliency Center Pulse Page](#)

[Mindfulness, Resilience, Communication Courses](#)

[Accelerate Resilience Toolbox](#)

[Employee Wellness](#)

[U's Wellness & Integrative Health Youtube Channel](#)



# Building a **Culture of Wellness** Together

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September 27<sup>th</sup>, 2022

Wellness Champions Conference

Jake Van Epps, PhD

Resiliency Center

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# The Great Resignation

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Health systems 6%

## Industry Average Attrition Rate in the Great Resignation

This chart shows the average attrition rate across 38 industries from April through September 2021. The industries with the highest percentage of blue-collar workers are noted in light blue.



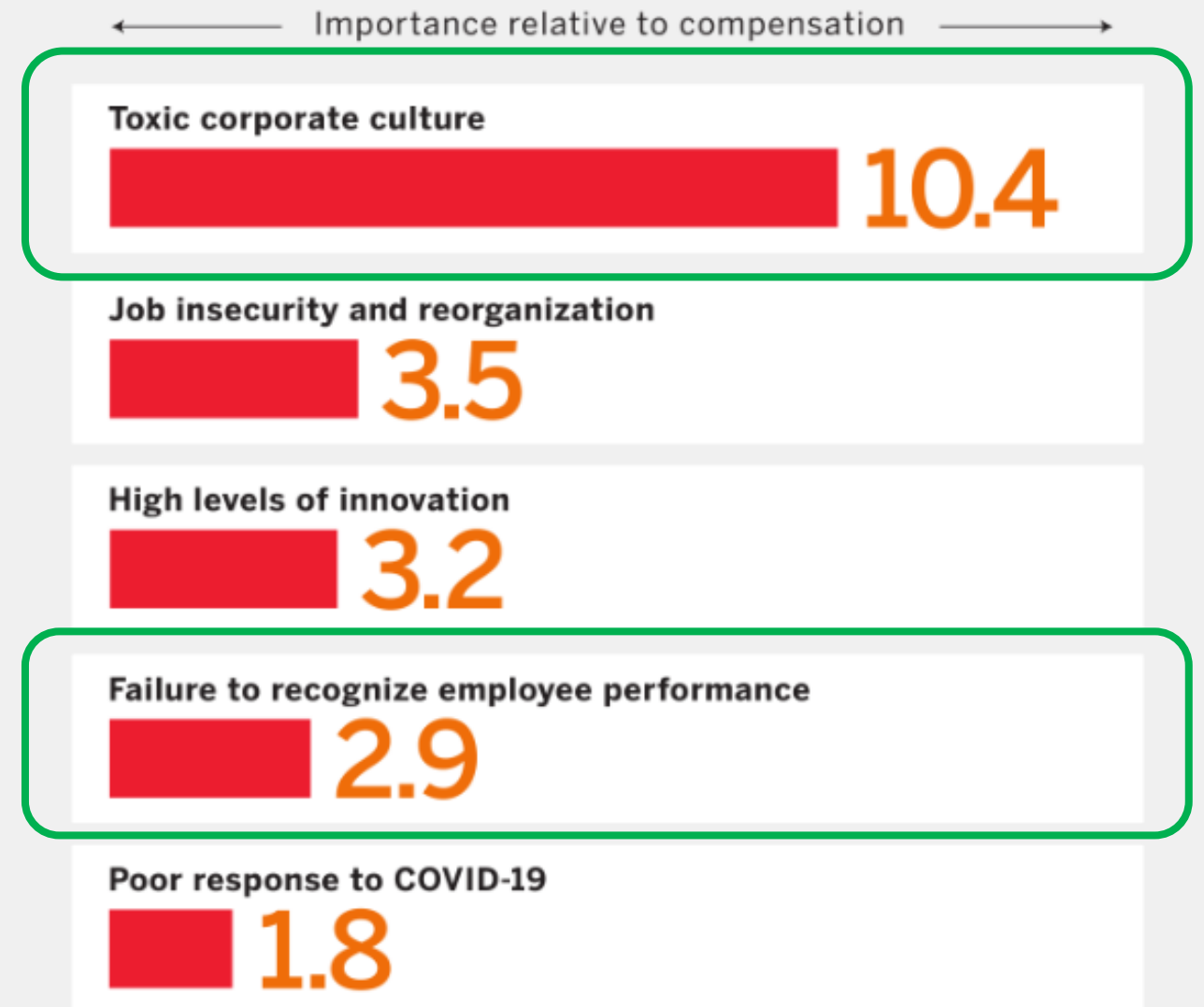


# The Great Resignation

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## Top Predictors of Attrition During the Great Resignation

The authors analyzed the impact of more than 170 cultural topics on employee attrition in Culture 500 companies from April through September 2021. These five topics were the leading predictors of attrition. Each bar indicates the level of importance of each topic for attrition relative to employee compensation. A toxic culture is 10.4 times more likely to contribute to attrition than compensation.





# STANFORD MODEL OF PROFESSIONAL WELL-BEING

Copyright © 2016 Board of Trustees of the Leland Stanford Junior University. All rights reserved.

Bohman, B., Dyrbye, L., Sinsky, C. A., Linzer, M., Olson, K., Babbott, S., Murphy, M. L., Purpur deVries, P., Hamidi, M. S., & Trockel, M. (2017). Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience. *NEJM Catalyst*. <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0429>

# Culture:

noun; cul·ture |'kəl-çər

The set of shared attitudes, values, goals, and practices that characterizes an institution or organization

*The unit's culture was oriented around productivity at all costs.*

# Culture is Communication

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Implicit and Explicit

It is easy to know what you don't want. It takes more effort and courage to envision and create what you do want. Thank you for daring to dream together.

- Trinh Mai, LCSW

Imagine waking up tomorrow and realizing that the culture of your team has miraculously become everything you ever hoped for. What would be different? How would you notice?

Take 10 minutes to note something that captures the essence of this imaginal exercise.

At your tables, discuss each person's ideas and use them as inspiration to create a group representation of the culture you want. Highlight elements that already exist in your department.

Be prepared to present to the larger group.



# [re]cognize

**Create space to *recognize***—  
check-in on how we're doing  
right now, acknowledge what  
we've been through, and how  
much we've accomplished.

**Acknowledge**

**Connect**

**Support**

# [re]cover

**Carve out time to *recover***—  
to identify what feeds our  
workforce intrinsically and  
develop upstream interventions  
that promote well-being.

**Safety**

**Empathy**

**Community**

# [re]build

**Reflect and *rebuild***—  
identify the parts of our “old  
normal” that weren't working, take  
action to create a healthier, more  
sustainable, and equitable future.

**Purpose**

**Improvement**

**Preparedness**







What does  
rebuilding  
culture look  
like?

What are the outcomes of  
interest?

# Goals



Psychological Safety



Equity, diversity and inclusion



Acknowledging the difficult and savoring the positive



Connection and Support



# Psychological Safety

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People's perceptions of the consequences of taking interpersonal risks in a particular context such as work



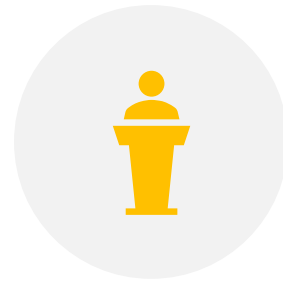
# Psychological Safety



FACILITATES  
CONTRIBUTION OF IDEAS  
AND ACTIONS TO A  
SHARED ENTERPRISE



IT IS WHY EMPLOYEES  
SHARE INFO AND  
KNOWLEDGE



SPEAKING UP WITH  
SUGGESTIONS FOR  
ORGANIZATIONAL  
IMPROVEMENTS



TAKING INITIATIVES TO  
DEVELOP NEW  
PRODUCTS AND SERVICES



LEARNING



PERFORMANCE



FEELINGS SECURE  
THROUGH  
ORGANIZATIONAL  
CHANGES



PATIENT SAFETY

# Psychological Safety Measure

## How much comfort team has with....

- Providing suggestions and ideas
- Escalating concerns to leadership
- Discussing difficult concerns with my colleagues
- Discussing difficult concerns with my leadership
- Asking for help
- Being provided opportunities to discuss with team after difficult events

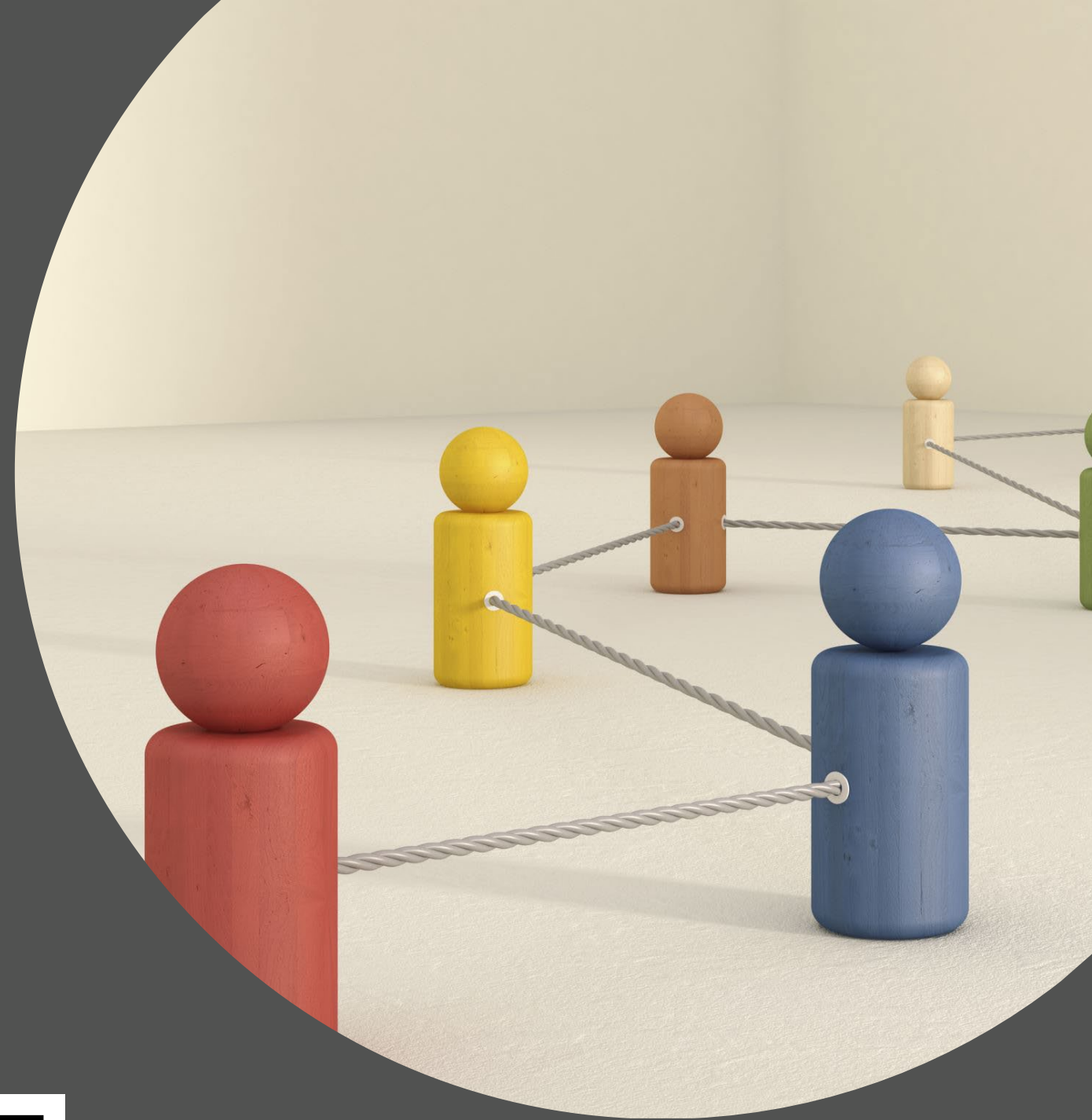
Think about a time you made a mistake. How was it handled?

---

What is the culture of mistakes? Why? How does this serve your mission? When do people learn best?

# Diversity with Equity and Inclusion

- Equitable career advancement and mentorship opportunities
- Fundamentally building a sense of belonging for everyone
- Cultural humility
- Openness to growth and feedback
- Compassion and connection as the guiding principles



# Acknowledging the difficult and savoring the positive

- Internally
- Socially with colleagues
- In leadership-employee relationships
- In teams

**READY (green)**

**DEFINITION**

- Optimal functioning
- Adaptive growth
- Wellness

**FEATURES**

- At one's best
- Well-trained and prepared
- In control
- Physically, mentally and spiritually fit
- Mission-focused
- Motivated
- Calm and steady
- Having fun
- Behaving ethically

**REACTING (yellow)**

**DEFINITION**

- Mild and transient distress or impairment
- Always goes away
- Low risk

**CAUSES**

- Any stressor

**FEATURES**

- Feeling irritable, anxious or down
- Loss of motivation
- Loss of focus
- Difficulty sleeping
- Muscle tension or other physical changes
- Not having fun

**INJURED (orange)**

**DEFINITION**

- More severe and persistent distress or impairment
- Leaves a scar
- Higher risk

**CAUSES**

- Life threat
- Loss
- Moral injury
- Wear and tear

**FEATURES**

- Loss of control
- Panic, rage or depression
- No longer feeling like normal self
- Excessive guilt, shame or blame
- Misconduct

**ILL (red)**

**DEFINITION**

- Clinical mental disorder
- Unhealed stress injury causing life impairment

**TYPES**

- PTSD
- Depression
- Anxiety
- Substance use disorders

**FEATURES**

- Symptoms persist and worsen over time
- Severe distress or social or occupational impairment

[https://www.ptsd.va.gov/professional/treat/type/stress\\_first\\_aid.asp](https://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp)



What are three things that went well today?

How did it occur?

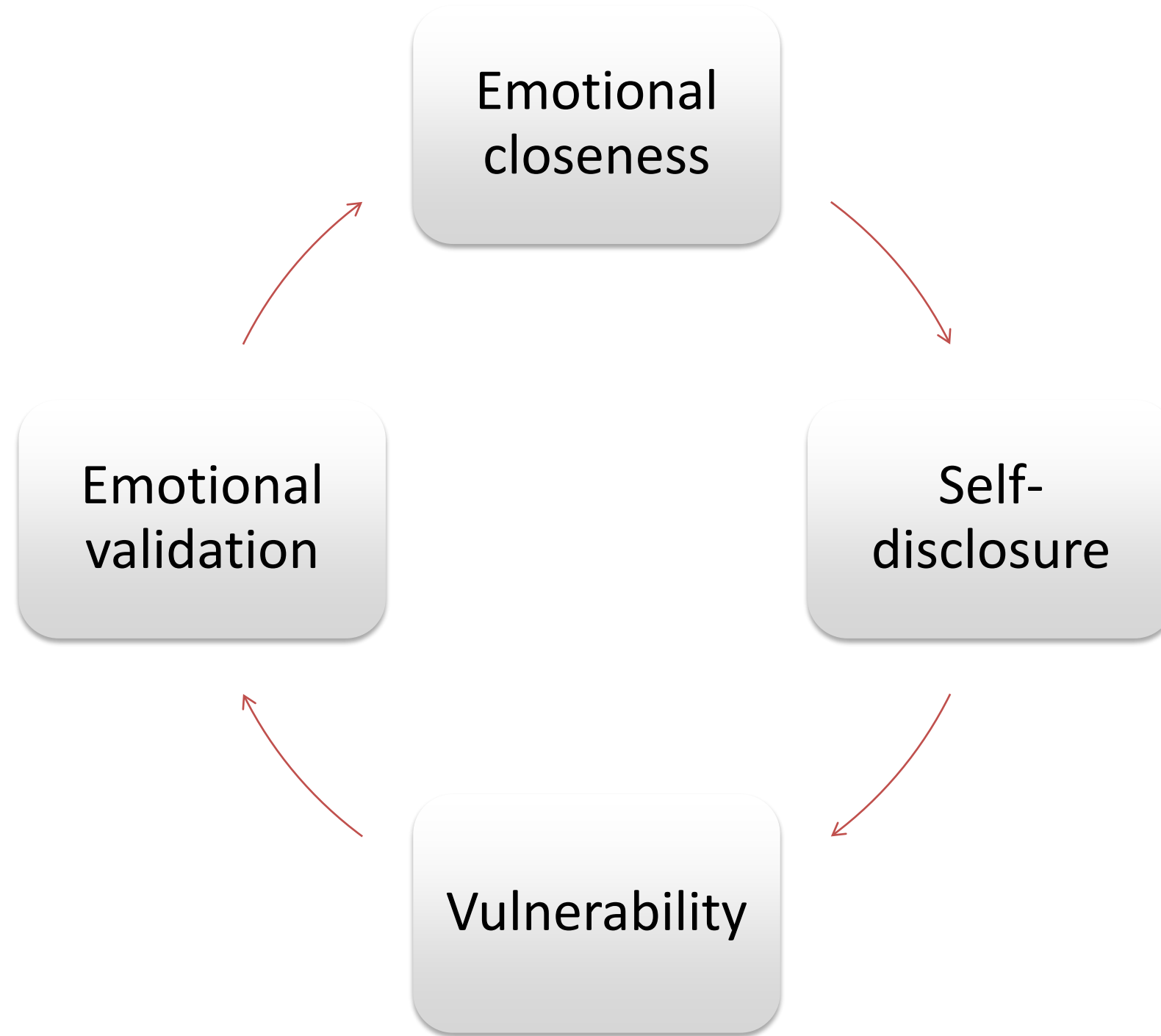
Your role in it?

Your feelings?





# Cultivating Connection



Listening to  
understand  
instead of  
trying to fix

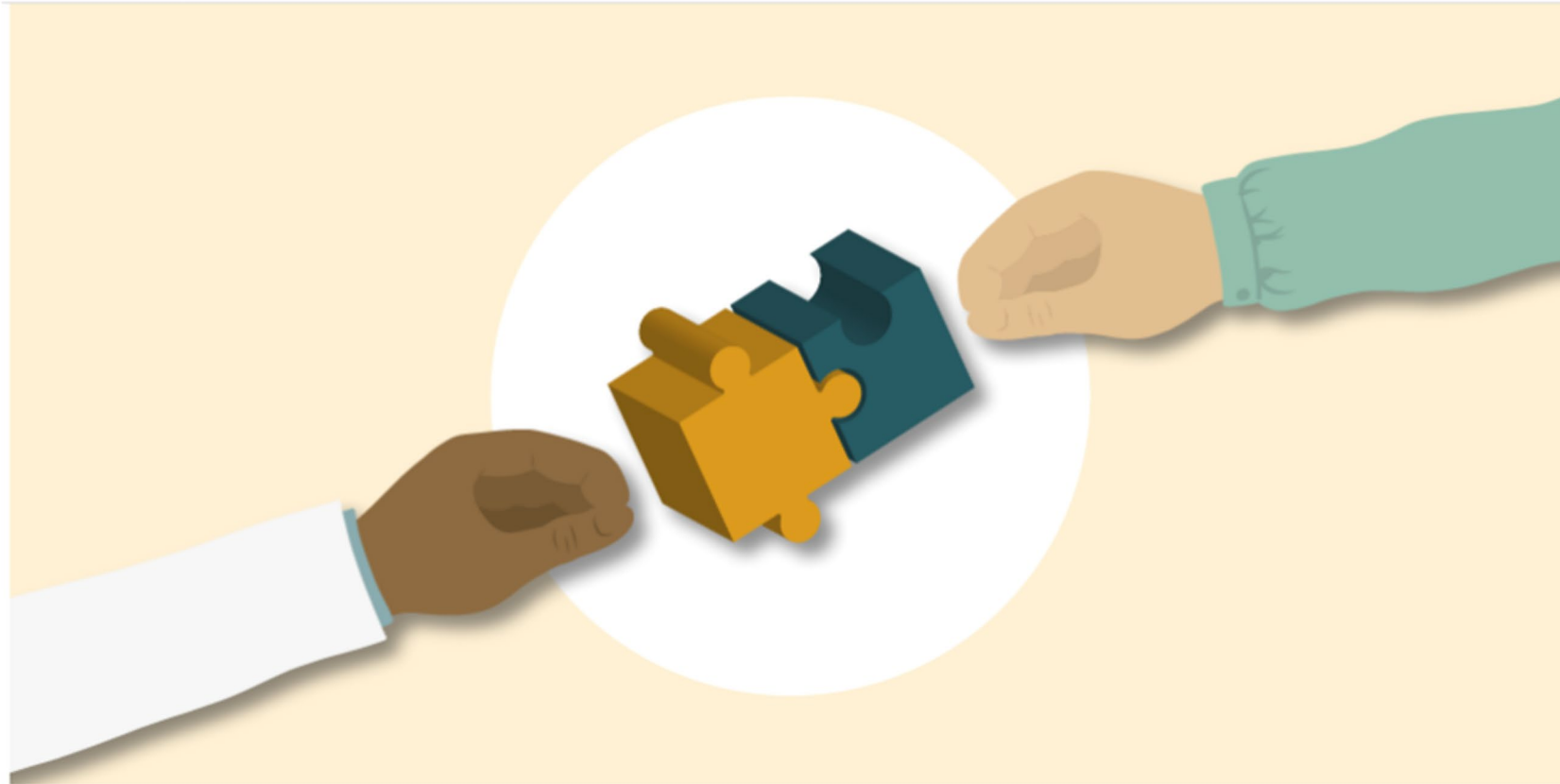




# Putting Pennies in the Culture Bank

- Finding opportunities to connect
- Recognizing each other for the hard work and successes
- Checking in on each other
- Being intentional about messages around work-life balance
- Finding alignment between organizational values and work meaning
- Finding appropriate playfulness





RESILIENCE



## Peer Support Toolkit

*The Resiliency Center uses a peer support model to provide increased institutional support for UUH employees during, or after, adverse clinical events and other stressful situations. Jake Van Epps and Megan Call share resources for joining the Peer Support Program and helping others process and cope with trauma.*

By Jake Van Epps and Megan Call

Sep. 16, 2022 | 6 resources



### Tools

[How to Recover from Adverse Events](#)

[Using Emotion Coaching to Build a Peer Support Culture](#)

[How to Have a Conversation with a Colleague About Suicide](#)

[How to Respond with Compassion when Someone is Hurt by Racism](#)

[Grief Support Groups for Your Patients: A Place of Hope and Comfort](#)

[Assess Your Stress](#)



# Accessing Peer Support



## Make a referral to Peer Support

If you would like to refer yourself or someone you work with at U Health to Peer Support, please complete the referral survey here: <https://bit.ly/3L6jZJI>



## Become a volunteer Peer Responder

We are looking for folks who excel in listening and communication to become trained Peer Supporters! Being a responder requires a 2-hour training, quarterly 1-hour meetings and occasional peer support interactions. All activated support experiences are requested to ensure time and availability works. Register here: <https://bit.ly/3RR0rc0>

Remind yourself of your dream from the beginning of the presentation.

Ask yourself what is the culture like on your team right now.

What are the differences?

What is one concrete step you could take right now that would take you in the direction of that dream?

Share with your table.



---

# WELLNESS OPPORTUNITIES

*BRITTA TREPP, WELLNESS PROGRAMS MANAGER  
OSHER CENTER FOR INTEGRATIVE HEALTH*

# TO CHAMPION WELLNESS ACROSS CAMPUS AND OUR COMMUNITY

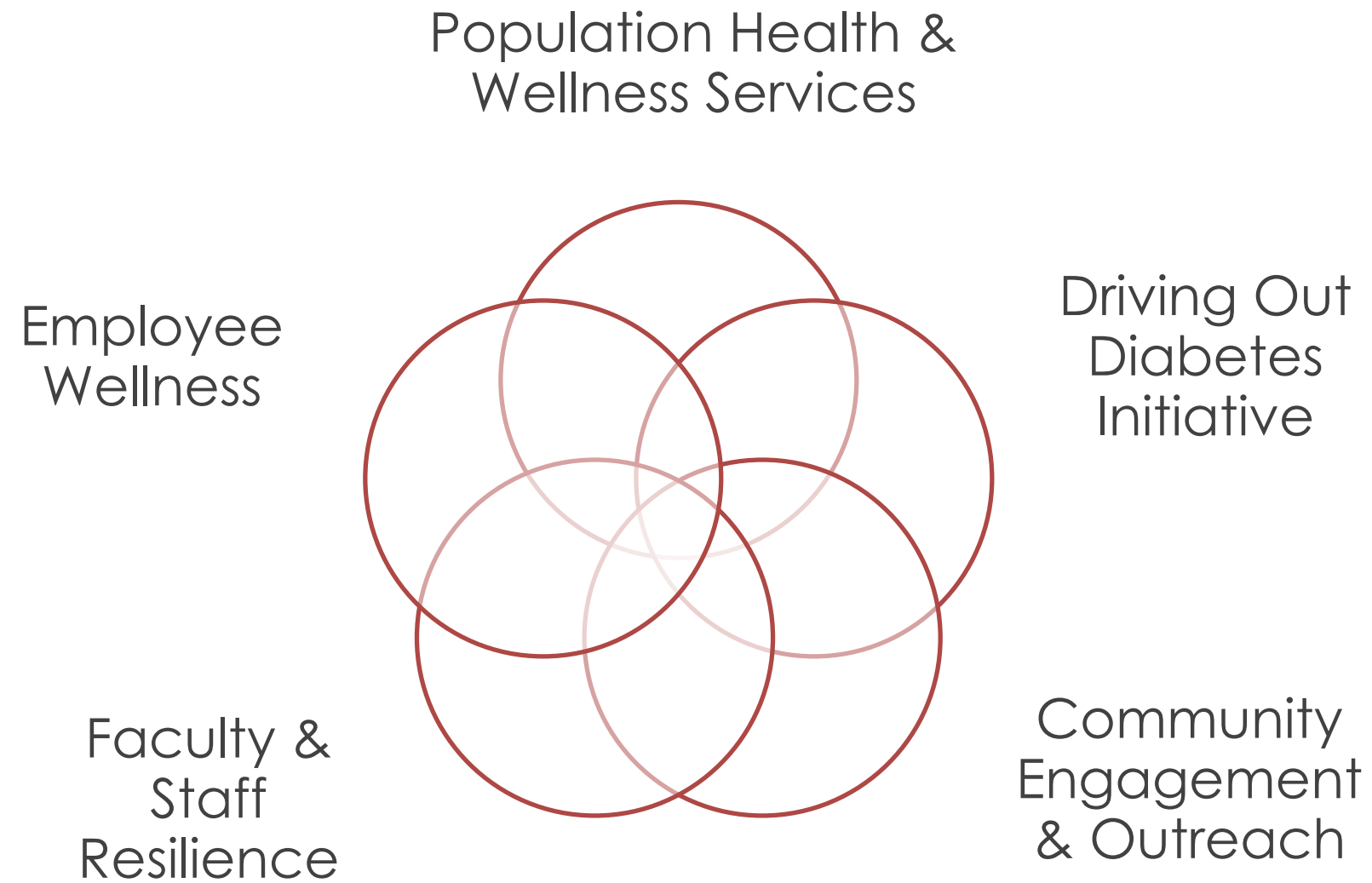
Patients want to come here.  
**People want to work, learn and train here.**  
Community wants to partner with us.

Empower patients, *employees*,  
trainees and *health care*  
*professionals* to live a healthy life.





# WELLNESS & INTEGRATIVE HEALTH INITIATIVES



# FOUNDATIONS OF HEALTH

- Serve as our wellness pillars
- At the University of Utah, this is how we:

Eat    Move    Sleep    Connect

- Pillars host continuum of services/programs

# WELLNESS PROGRAMMING GOALS

Enhance well-being through improved mindset and lifestyle factors at work and through U employees' daily lives.

Using the foundations of health, programming offered to elevate how we...

Eat    Move    Sleep    Connect

# How we Move

---



# FITTING IT IN: TIPS FROM THE PEAK STAFF MEMBERS

- Prioritize
- Plan (Calendar)
- Pack clothes & wipes (always)
- Fit it in down time
- Apps-quick options
- Find excuses to walk places
- Be OK with less time elsewhere
- Try something new (productive!)
- Double dip (reading or family time)
- At the desk
- Break it up!

# MOVEMENT BREAKS

- 5-10 minutes
- Can be a walk or more structured
- Seated, stretching, standing

# MOVEMENT BREAK SAMPLE

- Raise arms all the way up
- Shoulder press to cactus arms and pinch shoulder blades together
- Calf raises, toes in and out
- Hamstring curl- extension
- Side to side lunge
- Double leg squats
- Single leg squats
- Squat to jump?!
- Wall sit
- Wall push ups; elbows in, out
- Push OUT
- Arm circles
- Lunge walk
- Eagle arms
- Raise arms all the way
- Mountain pose

# WELLNESS OPPORTUNITIES & TOOLS

- Employee Wellness Website
  - [employeewellness.utah.edu](http://employeewellness.utah.edu)



# THANK YOU!

Email [wellness@utah.edu](mailto:wellness@utah.edu)  
with programming ideas or requests!

# A TASTE OF COMMENSALITY

- **INVITATION:** Reflect on 1 of these questions with someone
- What made you smile at work this week?
- What was hard at work this week?
- How do you decompress?
- What's one of your wellness goals?





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# COMMENSALITY: SURGERY PILOT

*SEPT 27<sup>TH</sup>, 2022*

*ELLEN MORROW, MD MS  
MEDICAL DIRECTOR, RESILIENCY CENTER  
ASSOCIATE PROFESSOR, SURGERY*

# COMMENSALITY

- Commensality (**the act of eating together**) is studied in a range of disciplines and often considered important for social communion, order, health and well-being, while simultaneously being understood as in decline.

Jönsson H, Michaud M, Neuman N. What Is Commensality? A Critical Discussion of an Expanding Research Field. *Int J Environ Res Public Health*. 2021 Jun 9;18(12):6235. doi: 10.3390/ijerph18126235. PMID: 34207626; PMCID: PMC8295993.

# WHY?

- Perceived need for support among women in surgery
- Isolation during covid



# HOW?

- Invited all clinical faculty in department who are women
- Doodle poll
- WIH seed grant

# QUOTES

- Thanks for making us have dinner. It was an actual meal for me yesterday which was a very long day and it was nice to vent/chat/meet new folks. I needed that more than I realized.
- It was WONDERFUL! I basically skipped into work today!

# CHALLENGES

- Scheduling/Time
- Who to include?
- Keeping it positive?





# MORE INFORMATION

<https://wellmd.stanford.edu/innovations-and-progress/commensality-groups.html>



---

# EXPRESSIVE ARTS

*CATHY SCHREIBER*  
*CHAPLAIN, U OF U HEALTH*

# INSTRUCTIONS

1. Use the black marker to draw a line. Start on one side of the paper and go off the other side without lifting your pen from the paper.
2. Fill in shapes with blocks of color.
3. Add your square to the wall (like Scrabble).



---

# WELLNESS CHAMPIONS PANEL

*FACILITATOR, TRINH MAI*

# WELLNESS CHAMPIONS PANEL

## PEDIATRICS

Sydney Ryan, MD

Assistant Professor, Department of Pediatrics

Dave Sandweiss, MD

Associate Professor, Department of Pediatrics

Project: **Thriving in Pediatrics**

## NURSING

Rita Aguilar, DNP

Associate Chief Nursing Officer,

Inpatient Services at University of Utah Hospitals and Clinics

Zlata Muhamedagic, MSN

Sr. Nursing Director

Craig H. Neilsen Rehab Hospital

Project: **Wellbeing Steering Committee/Health Taskforce**

## ENVIRONMENTAL SERVICES

Jessica Rivera

Director, Environmental Services

Community Clinics

Associate Editor for the EDI Learning Collaborative

Project: **Accelerate Article Addressing Discrimination With Your Team**

## PICU & CICU

Claudia Delgado-Corcoran, MD, MPH

Associate Professor, Department of Pediatrics

Divisions of Critical Care and Palliative Care Medicine

Name of the project: **Occupational Trauma and Grief Peer Support Group: A Strategy to Support the ICU Health Care Team after the Death of a Child**

## COLLEGE OF EDUCATION

Tracy M. Rees,

Marketing and Communications

College of Education

Safia Keller

Director of Development

College of Education

Name of the project: **Wellness Room**

## OSHER CENTER FOR INTEGRATIVE HEALTH

Britta Trepp, MS

Wellness Programs Manager

Projects: **Wellness Seed Grants, Requested Wellness Presentations, Invited movement breaks or yoga classes, Well Office Certification programming**

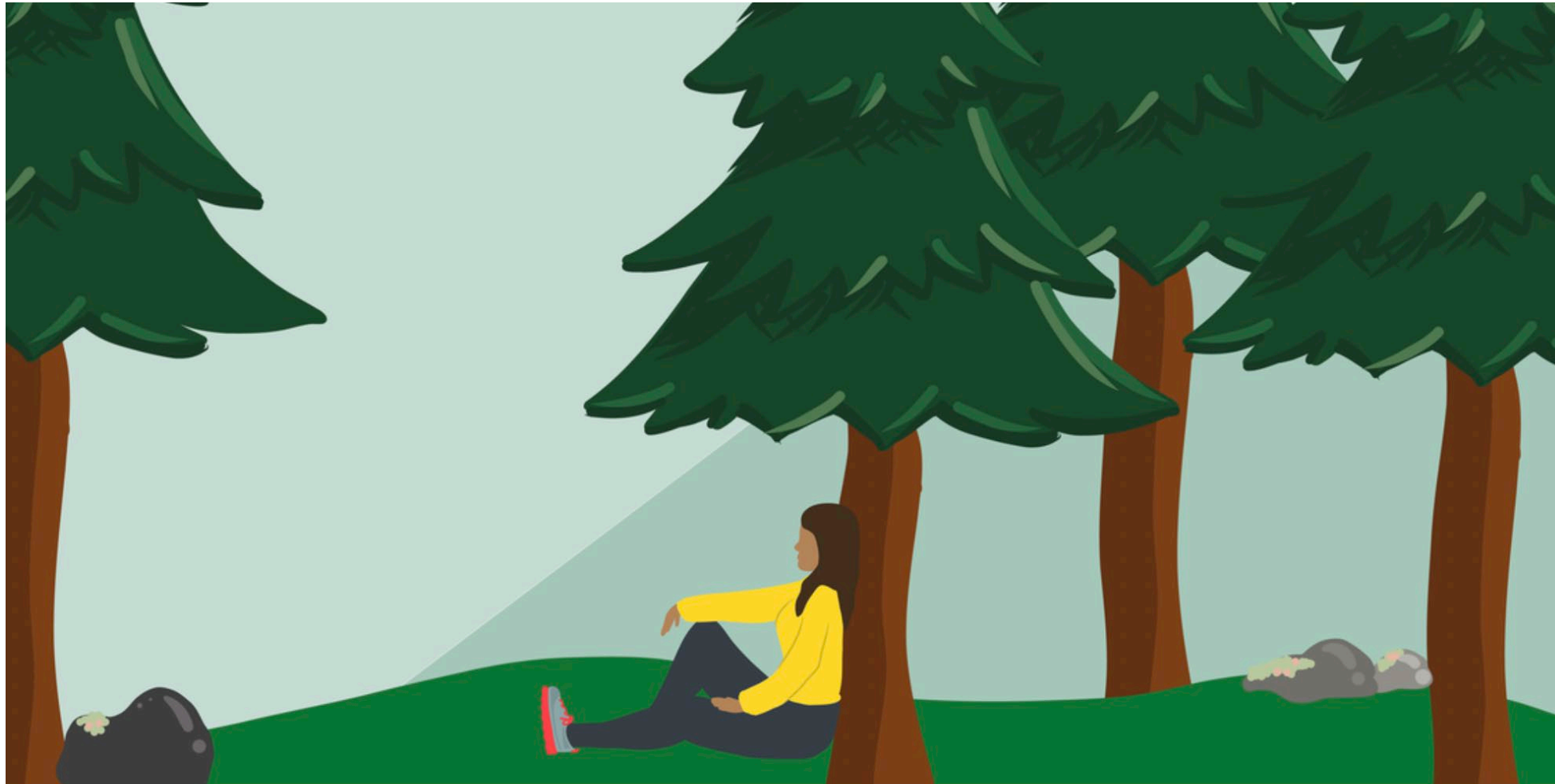


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# USING ASSESSMENT DATA TO FOSTER TEAM WELL-BEING: LISTEN-SORT-EMPOWER

*MEGAN CALL, PHD  
RESILIENCY CENTER*

*WELLNESS CHAMPIONS FOUNDATIONS COURSE | 9.27.2022*



Credit: Marcie Hopkins, University of Utah Health

All image credits go to Marcie Hopkins, with the UUH Accelerate team, unless otherwise noted

*“I SHOULD DO A SURVEY!”*



# REVIEW AVAILABLE DATA SOURCES

- Waggl/ Dialogue: Health Sciences
- Well-Check Survey: Hospitals & Clinics
- U of U Health Affiliate Surveys
- Patient Experience
- Patient Safety
- EHR & Digital Tracking
- Other Resources
- Previous Surveys

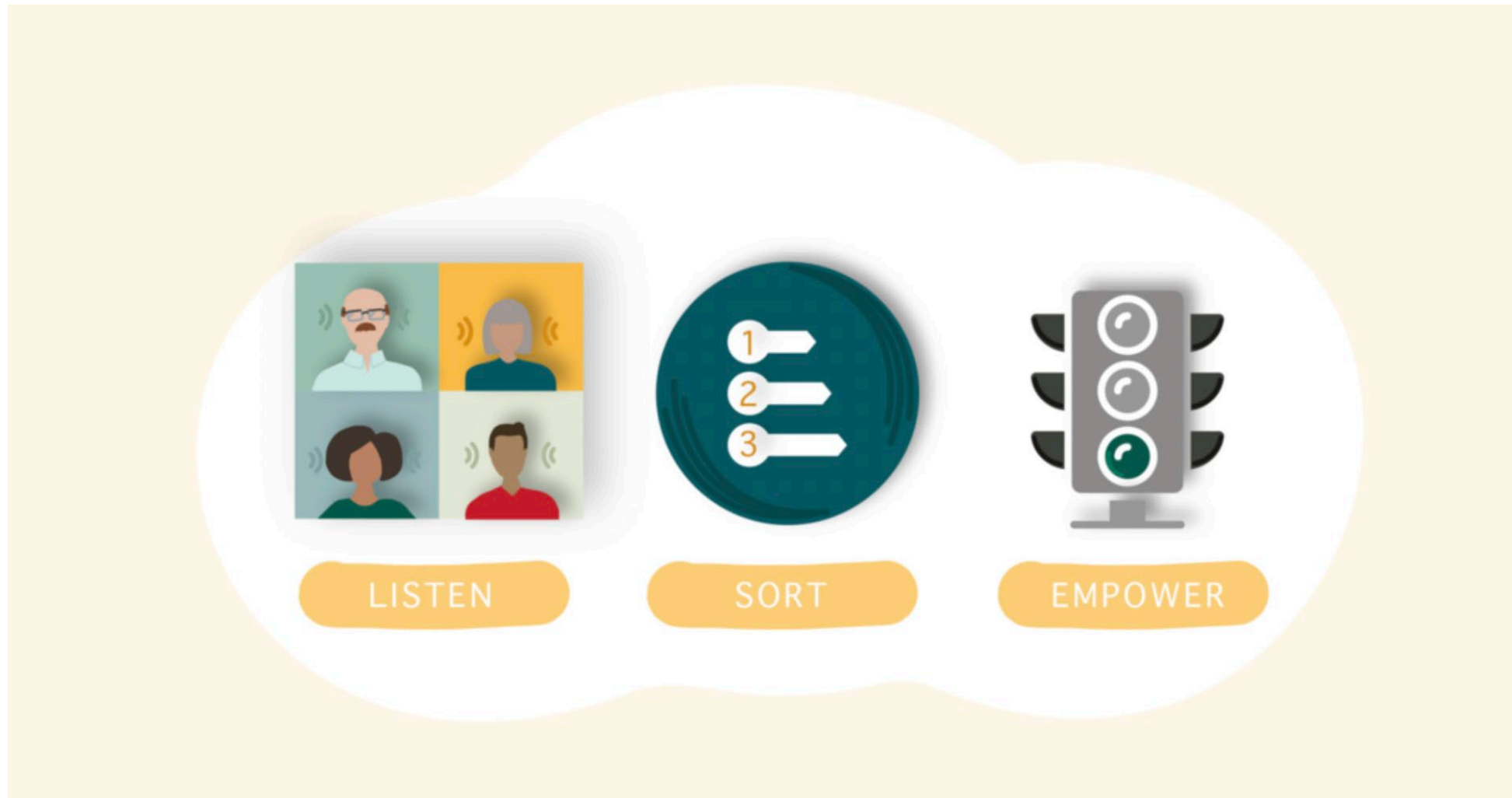


# REVIEW SURVEY OPTIONS AVAILABLE

- Academic Affairs
- Human Resources
- Organizational Development
- Patient Experience
- Patient Quality
- Patient Safety
- Resiliency Center
- Team/Self-Assessment
- University Health Equity & Inclusion
- University of Utah Medical Group
- Value Engineers



# LISTEN-SORT-EMPOWER



# LISTEN: DATA COLLECTION PROCESS



Adapted from Swensen, AMA 2020 (Figure 2)

# LISTEN: APPRECIATIVE INQUIRY

## Sample Questions

1. What works well in your workday?
2. What is most meaningful to you at work?
3. How could we make more days work well and be filled with meaning?
4. What frustrates you at work?
5. What are the inefficiencies in your day-to-day work?
6. What else could be improved?
7. If you could work on one thing under your control to make your life better in three months, what would it be?
8. What saps meaning from your work?
9. What should we stop doing?



This will generate Local Opportunities for Improvement (LOFI).

# SORT: PART 1 – WHO HAS CONTROL

## **Yours: Local control to remedy**

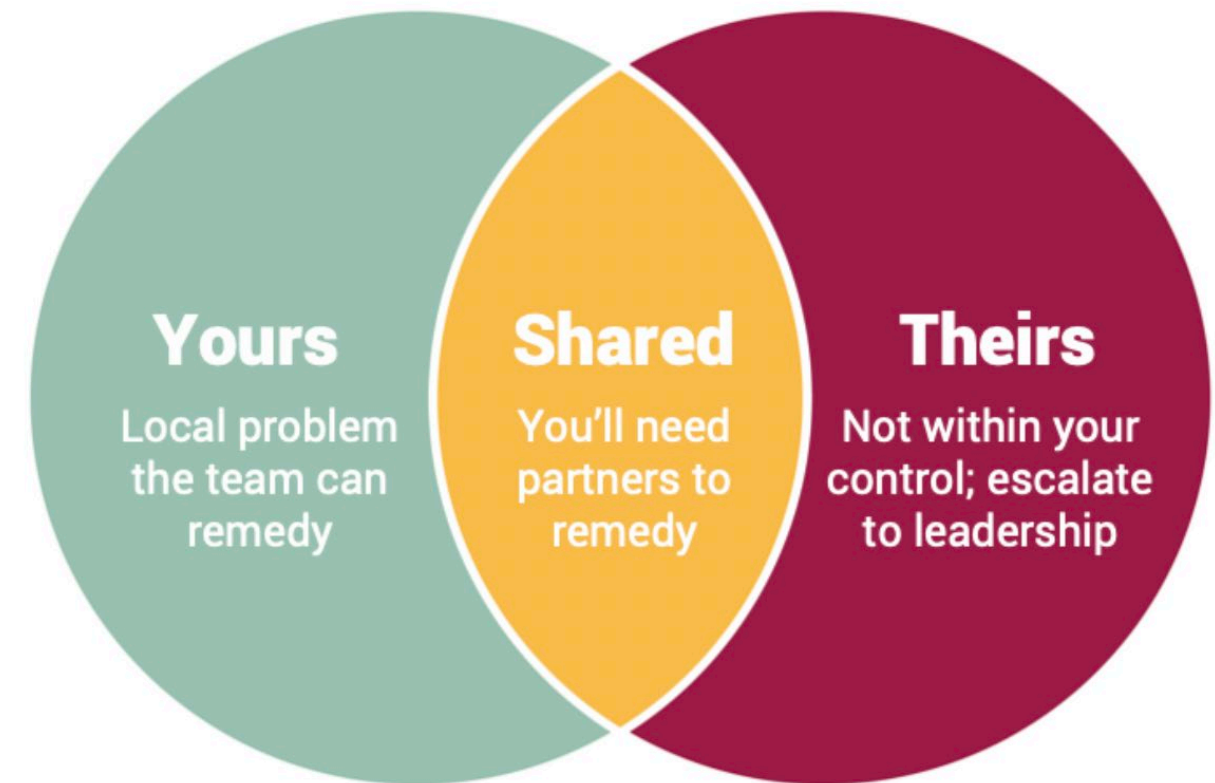
- These are LOFI that your team has authority to address.
- Advance these to Part 2.

## **Shared: Shared control to remedy**

- These are LOFI that require partnerships with other leaders or work units to remedy.
- Actions should be temporarily postponed.

## **Theirs: No local control to remedy**

- Escalate these LOFI to the next level of leadership that you do not have control over.
- Leadership must commit to feedback regarding their plans for these LOFI in a timely manner.



Adapted from Swensen, AMA 2020 (Figure 3).

# SORT: PART 2 - ASSESS FEASIBILITY & IMPACT



Adapted from Swensen, AMA 2020 (Figure 4).



# SORT: PART 3 – CREATE A RANK ORDER LIST

Rank order list of priority 1 & 2 LOFIs

Take into consideration:

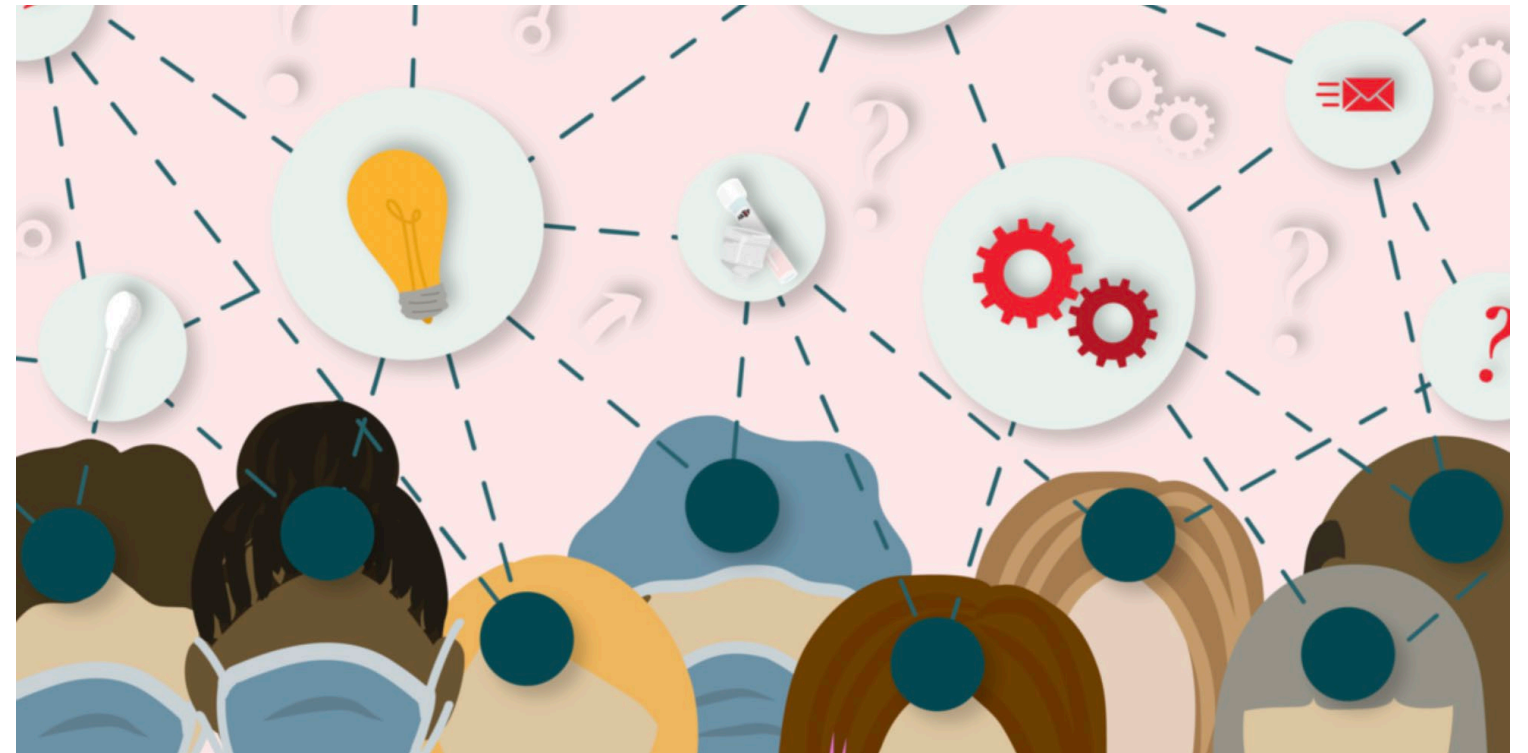
- Preferences
- Cultural readiness
- Difficulty
- Estimated time to complete



Adapted from Swensen, AMA 2020 (Figure 4).

# EMPOWER: THE TEAM

- Done together
- Collaboration for improvement
- Team finds the solution
- Conduct a pilot
- Evaluate
- Refine as needed
- Communicate results
- Recognize & celebrate



# QUALITY IMPROVEMENT TOOLKIT



Credit: Marcie Hopkins, U of U Health

# QUALITY IMPROVEMENT TOOLKIT

The objective for these lessons is to walk you step-by-step through a simple (PDSA) or complex problem as defined in the lessons.

1. Problem Solving Framework
2. Baseline Analysis
3. Investigation & Root Cause Analysis
4. Pilot Design & Implementation
5. Monitoring & Closing a Project

**How to Write a Problem Statement**

The first step in problem solving: clearly state the problem you are trying to solve.

It's important for everyone to agree on the problem that is being addressed

**A problem is a gap in performance (actual versus expected)**

You should not approach a problem with a solution in mind: a problem statement is not a lack of something or the solution you would put in place.

For example: you may be inclined to state: "Lack of standard work creates inefficiencies and delays in the process." Standard work in this case is a possible solution. A better statement is: "Variation in the process causes inefficiencies and delays."

Note: It is helpful to be able to support the answers to these questions with data, but often the analytical component isn't yet available this early in the process. Anecdotal observation is a good starting place.

**A well-defined problem statement should address these questions:**

1. What is the problem?
2. Why is it a problem?
3. How does the problem impact the customer & the process?
4. When does the problem take place?
5. Where does the problem take place?

**Example #1**

Psychiatric patients bound for UNI were bound for UNI were waiting in the ED, sometimes up to 8 hours. Multiple factors contribute to delaying patient acceptance and transfer to doctor communication, doctor communication, etc. transferring the patient to UNI from a delay in providing the patient with treatment resources.

**Example #2**

Women presenting for screening mammograms at Cancer Institute had to wait an average of 4-6 weeks for normal results. Anecdotal observation is a good starting place.

**IMPROVEMENT ESSENTIALS Fishbone Diagram**

Fishbone diagram is a tool to organize ideas and theories about what causes a problem or event. Teams work together to brainstorm and identify potential causes and group them into several categories to help highlight potential issues. Frequently used categories include people (or patients/providers/stakeholders), culture, method (or process), technology, equipment, supplies, etc. (customize categories as needed).

**FOUR STEPS TO FISHBONE**

On a piece of paper, whiteboard or charting program (like PowerPoint or Lucidchart), work as a team to follow the "Four Steps to Fishbone" below.

- STEP 1 Write down the problem you are trying to solve.
- STEP 2 Identify as many categories (or contributing factors) to the problem you can. Start with 4-6 main categories and expand as needed.
- STEP 3 Brainstorm possible causes of the problem and place them under the categories where they fit best.
- STEP 4 Prioritize what causes you should address first. Select 1-3 causes that will have the highest likelihood to solve the problem by considering feasibility (cost, support, timeframe, etc.) and likelihood to succeed.

**Problem Solving**

LUCA BOL, MHA | UNIVERSITY OF UTAH HEALTH

A problem is a gap in performance (actual versus expected)

Problem solving is identifying the possible causes of that "gap" and mitigating or eliminating them, so that the performance can meet expectations.

JUST DO IT OR RAPID IMPROVEMENT	COMPLEX & STRUCTURED PROBLEM SOLVING	RESEARCH STUDY OR INNOVATION
<ul style="list-style-type: none"><li>Quick action is preferred or necessary</li><li>The cause of the problem is self-evident</li><li>Proposed solution is small, easily testable, and not risky</li><li>Ask: how can I make this process better?</li></ul>	<ul style="list-style-type: none"><li>The cause of the problem is unknown</li><li>The countermeasures are difficult to adopt</li><li>Disciplined approach to problem solving is preferred</li><li>Multiple stakeholders or departments needs to be involved</li></ul>	<ul style="list-style-type: none"><li>New knowledge on how to treat disease or improve patient care</li><li>Data and statistical analysis are necessary</li><li>Human subjects participation and IRB approval process</li><li>It may consist of in-house research or externally funded research projects</li></ul>

**COMPLEXITY**

EASIER → HARDER

If there is an unknown cause or if the countermeasures are difficult to adopt, a disciplined approach to problem solving is preferred

There are various models (PDSA, DMAIC, A3, etc.) and all models follow these steps:

<b>Problem Statement</b>	In this step you answer the question "Do you have a problem?" by making your problem statement specific, measurable, relevant, and time-bound.
<b>Baseline Analysis</b>	In this step you study and observe the process to find out "Why is it a problem?" through data analysis and fact finding (process map and go and see the work).
<b>Investigation</b>	In this step you find out "What is causing the problem?" by doing a root cause analysis (fishbone diagram, ask why 5 times).
<b>Improvement Design</b>	In this step you brainstorm possible ways of "How are you going to solve the problem?" and select the one you should implement, by assigning responsibilities and timeframes for implementation.
<b>Implementation</b>	
<b>Monitoring</b>	All throughout the process you discussed "How will you know if it worked?" and what measure of success you will use to monitor the changed process.

# CASE STUDY

You are invited to attend a meeting with your department chair. She explains she knows that you just attended the Wellness Champions Foundations Course and is interested in your thoughts about next steps to address poor morale. She relates that a recent engagement survey indicates the following:

Item	% Yes	Item	% Yes
I am motivated to do my best everyday.	90%	I have the resources I need to do my job well.	50%
I have adequate opportunities to advance my career.	65%	I have control over my workload	20%
I can express my opinions without fear of retribution.	75%	Burnout is not a problem for me.	40%

Your department chair thinks the survey results might be inaccurate and that everyone should just think more positively. To help with this, she's thinking of buying everyone matching funny socks. What alternatives might you recommend?

# CASE STUDY

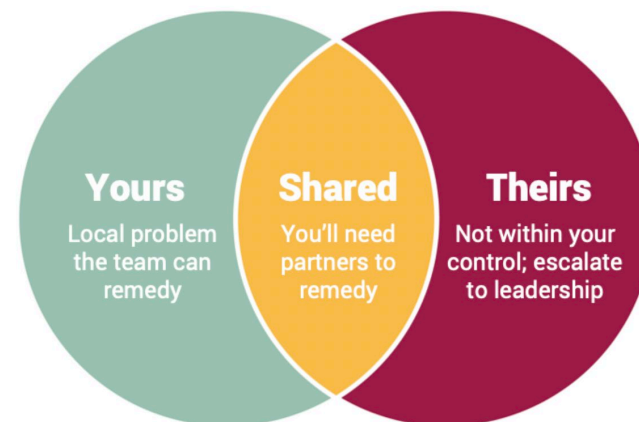
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Adapted from Swensen, AMA 2020 (Figure 2)



Adapted from Swensen, AMA 2020 (Figure 3)



Adapted from Swensen, AMA 2020 (Figure 4)



# KEEP GOING: WE ARE HERE TO HELP



What improvement really looks like Credit: Kim Mahoney

[resiliencycenter@hsc.utah.edu](mailto:resiliencycenter@hsc.utah.edu)

# Individual & Team Planning

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# INDIVIDUAL PLANNING

How am I doing right now? What are my thoughts & feelings?

What are my top 3 takeaways for myself today?

What is one action that I want to take short-term?

What is one goal that I have for myself long-term? What is a next step toward that goal?

# TEAM PLANNING

What are my top 3 takeaways for team today?

What is one action that I want to take short-term?

What is one goal that I have for my team long-term? What is a next step toward that goal?

# Wellness Champions Planning & Next Steps

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# POST COURSE SURVEYS

Check in on your progress & provide us feedback

- After the course
- Prior to each virtual support session

# WELLNESS CHAMPIONS VIRTUAL SUPPORT SESSIONS

- Reconnect with community
- Celebrate progress & problem solve challenges
- Receive updates on new resources

## **SAVE THE DATES:**

November 1, 2022, 9-10 am

January 17, 2023, 9-10 am

March 7, 2023, 9-10 am

Poster Session, April 10-14, 2023, more information to come

# WELLNESS CHAMPIONS TIER 2

- Individual support & consultation with a Resiliency Center Well-Being Specialist
- Help determine next steps, connect with resources, conduct assessment, facilitate group discussion, implement pilot project, etc.
- Application process: currently in development
- Available starting November 1, 2022
- If interested, email: [resiliencycenter@hsc.utah.edu](mailto:resiliencycenter@hsc.utah.edu) to be notified how to sign-up & complete application

# WELLNESS CHAMPIONS TIER 3

- For leaders with a well-being role or responsibilities
- Smaller group with more frequent meetings than Tier 1
- Emphasis on well-being leadership & system intervention
- Lead by Amy Locke, MD