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# NEWSLETTER

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## A Practical Approach to Fostering Clinician Well-Being in an Academic Anesthesiology Department

by Jina Sinskey, MD; Joyce Chang, MD; Megha Parekh, MD; and Michael Gropper, MD, PhD

### THE MISSION OF ACADEMIC MEDICINE

The mission of academic medicine is to advance the field of medicine and provide excellent patient care. There are three major academic spheres: medical education, scientific inquiry, and leadership. Clinician burnout has negative personal and professional consequences, including substance use disorders, decreased quality of care, and increased medical errors.<sup>1</sup> Thus, clinician well-being may translate to increased clinician and patient safety. Here we share our department's experience and discuss how anesthesiology departments can promote clinician well-being in these three realms.

Since clinician well-being is about supporting our people, it is important to understand why clinicians choose to pursue a career in academic medicine. Clinicians may choose to enter academic medicine because they want additional roles and responsibilities beyond core clinical care, most commonly in medical education and research. Clinicians may also wish to pursue administrative and leadership roles, and the distribution between these different roles may vary based on their interests. Anesthesiology departments must provide flexibility and opportunities for clinicians to pursue these roles. Spending at least 20% of time at work (i.e., 1 day/week) on activities that are most meaningful may be protective against burnout.<sup>2</sup>

The National Academy of Medicine (NAM) recommends that health care systems and academic institutions should create positive work and learning environments,<sup>3</sup> emphasizing the need to create an inclusive culture that empowers all clinicians to bring their authentic selves. Thus, well-being efforts are intimately connected with efforts to promote diversity, equity, and inclusion.

### MEDICAL EDUCATION

Academic institutions have the immense privilege and responsibility of training the next generation of clinicians. To better equip clinicians for a fulfilling career in medicine, well-being should be taught as a core curriculum topic during medical training. At our institution, we have a residency well-being curriculum spanning three years that incorporates didactic sessions and small group discussions on pro-



fessional development and well-being topics such as facing failure, emotional processing, self-compassion, and conflict management.<sup>4</sup>

Academic anesthesiology departments must cultivate a culture of support to foster both faculty and learner well-being. Faculty well-being is essential for learner well-being since faculty drive institutional culture and serve as role models for learners. Faculty value opportunities for connection and professional development, and our department has several programs to support these needs. The Visiting Scholars in Pediatric Anesthesia Program (ViSiPAP) is a national faculty and fellow exchange program created by our department to provide opportunities for community building and academic advancement.<sup>5</sup> The ViSiPAP program has been demonstrated to enhance well-being, improve didactic conferences, and provide opportunities for networking and collaborating.<sup>6</sup> By encouraging collaboration and knowledge sharing across institutions, this program has the potential to improve the practice of anesthesiology to provide safer patient care.

Within our department, we have established a Clinical Seed Fund to support clinical faculty who wish to engage in research. This is a program where new investigators with higher clinical commitments can apply for departmental funding and nonclinical time to pursue a research project. In addition, we have formed an Anesthesia Biostatistics and Clinical Design group that includes anesthesiology faculty with

research expertise who provide formal and informal research advice and mentorship. We have created a series of professional development workshops for faculty to achieve career success, with topics such as creating an individual development plan, using social media for advancement, mentorship, and time management. We also have financial well-being workshops to help faculty and learners achieve their financial goals, since it has been shown that medical student debt is negatively associated with mental well-being.<sup>7</sup>

### SCIENTIFIC INQUIRY

The NAM recommends that health care systems invest in research on clinician well-being.<sup>3</sup> Research questions proposed by the NAM include factors that contribute to burnout and well-being, implications of clinician and learner distress, and system-level interventions to improve well-being. Clinician well-being research incorporates existing research methodologies such as epidemiology, implementation science, quantitative research, and qualitative research. Academic departments often have existing infrastructure such as research networks and administrative support in place to support well-being research programs and are well-positioned to lead early research efforts. Collaboration between academic and nonacademic institutions can further accelerate research in clinician well-being.

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# Addressing Perioperative Clinician Well Being Requires All Stakeholder Engagement

## From “Clinician Well-Being,” Preceding Page

Since 1996, our department has received a T32 institutional training grant from the National Institutes of Health (NIH) to train a new generation of anesthesia professionals with expertise in research fundamentals. In 2021, we received an administrative supplement from the NIH to create a well-being program for anesthesia research trainees. This new program includes community building events, career mentorship, well-being research seminars, and a map of well-being resources for anesthesiology research trainees. In addition, the T32 program leadership is conducting qualitative research to determine drivers of well-being and burnout in anesthesiology research trainees and assess the effectiveness of the well-being program.

## LEADERSHIP

Leaders can promote well-being in their department by developing a guiding approach, building a team, and communicating regularly. Open lines of communication are more important than ever before. Leaders should communicate transparently about ongoing initiatives, provide the rationale for crucial decisions, communicate when problems arise, and share solutions.

Investments in well-being must be balanced with other financial components of the department such as clinical compensation, research, and more. This investment represents a long-term strategy that focuses on retention of faculty, since current literature estimates the cost to replace a physician to be 2–3 times the physician’s annual salary.<sup>8</sup> An example of such investment in well-being is funding protected time for faculty well-being positions. Our departmental infrastructure includes an associate chair of well-being who leads departmental efforts, director of faculty and director of learner well-being positions, as well as a steering committee that incorporates representation from all groups of our department. Departmental well-being leaders collaborate closely with leaders in diversity, equity, and inclusion, and academic affairs.

Organizational well-being efforts require a systematic strategic plan to be effective. Our department uses two frameworks to structure our well-being efforts: the six areas of worklife (workload, control, reward, community, fairness, values)<sup>9</sup> and the Modified Maslow’s Hierarchy of Needs for well-being.<sup>10</sup> We have developed a novel, systematic approach incorporating principles of human-centered design, quality improvement, and implementation science that we term Quality of Life Improvement.<sup>11</sup> With our

department’s well-being efforts, our annual faculty satisfaction scores have steadily increased over the past five years.

## OUR VISION FOR THE FUTURE

Organizations can enhance clinician well-being by fostering a supportive work culture and work environment that enable clinicians to focus on patient care. It is important to recognize that well-being efforts do not exist in a vacuum. Efforts to address perioperative clinician well-being require engagement from all stakeholders. With this in mind, we have established a team of anesthesia professionals, surgeons, and nurses to design and implement perioperative well-being interventions. Our hope is that our efforts will promote a systems approach to clinician well-being within our department and beyond.

*Jina Sinskey, MD, is an assistant professor and associate chair of Well-Being of the Department of Anesthesia and Perioperative Care at the University of California, San Francisco, CA. She is also the vice chair of the American Society of Anesthesiologists Committee on Physician Well-Being.*

*Joyce Chang, MD, is an assistant professor and Director of Faculty Well-Being of the Department of Anesthesia and Perioperative Care at the University of California, San Francisco, CA.*

*Megha Parekh, MD, is an assistant professor in the Department of Anesthesia and Perioperative Care at the University of California, San Francisco, CA.*

*Michael Gropper, MD, PhD, is professor and chair of the Department of Anesthesia and Perioperative Care at the University of California, San Francisco, CA.*

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## Vision

*The vision of the Anesthesia Patient Safety Foundation is to ensure that no one shall be harmed by anesthesia care.*

## & Mission

*The APSF’s mission is to improve the safety of patients during anesthesia care by:*

- Identifying safety initiatives and creating recommendations to implement directly and with partner organizations
- Being a leading voice for anesthesia patient safety worldwide
- Supporting and advancing anesthesia patient safety culture, knowledge, and learning