

Scholars of Wellness

Train Physicians to Advance Well-Being with Effective Pilot Interventions



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How Will This Toolkit Help Me?

Learning Objectives

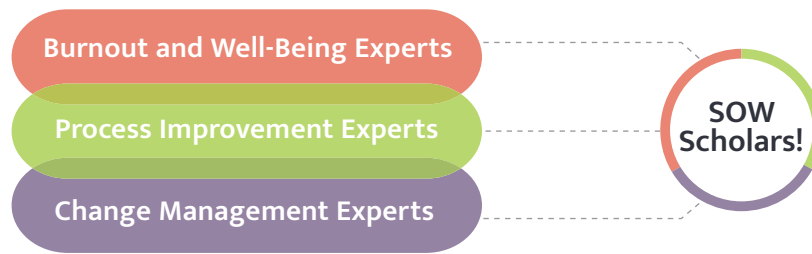
- 1 Describe Scholars of Wellness and their vital role in establishing physician well-being
- 2 Summarize how to develop and test well-being pilot interventions



Introduction

Physicians in practice have many good ideas about changes that would improve practice efficiency and culture within their work unit. The National Academy of Medicine Consensus Study highlights the importance of making these systemic changes as we work to improve professional satisfaction.¹ But how do they move from an idea to effective action when working within a larger system? A Scholars of Wellness (SOW) program can provide the framework and skills for effective and fulfilling action. In this program, physicians whose ideas have been vetted and selected by program or unit leaders are paired with a process improvement coach and a well-being expert to design, implement, and test the idea—thereby becoming Scholars of Wellness. These physician Scholars develop the knowledge and skills to effect meaningful change at a system level, while the unit benefits from improved workflows and culture (Figure 1).

Figure 1. The Scholars of Wellness Model



For example, the Obstetrics and Gynecology Department created a [pilot peer support intervention](#) in the inaugural year of Northwestern Medicine’s SOW program. This program allowed Scholars to understand the legal groundwork needed to support such a program and identify the referral sources that could best identify physicians in need of support. With this understanding, the Scholars created a training program for peer supporters, identified peer supporters, set up a marketing system to raise awareness, and established a process for clinicians to seek peer support. The pilot’s encouraging data allowed Scholars to make a persuasive argument for peer support across the organization. Northwestern Memorial Hospital implemented the peer support system the year after the pilot program. This led to a commitment to scale peer support across the health system.

Eight STEPS to Establish a Scholars of Wellness Program

1. Form a Dyad Leadership Team

2. Approach Leadership for Buy-In and Funding

3. Use a Wide-Reaching Application Process to Select Scholars

4. Pair Scholars with a Process Improvement Coach and a Well-Being Coach

5. Create and Deliver Curriculum Focused on Dual Core Objectives

6. Implement Pilot Interventions

7. Set Timepoints to Assess Progress

8. Use the Identify–Develop–Scale–Sustain Model to Harvest Program Results

1

Form a Dyad Leadership Team

Joint leadership is essential to establish a Scholars of Wellness program. A dyad leadership team for the program should consist of a physician lead (well-being expert) and an administrative lead (project manager) who work together to expand the program's reach and ensure its success. The physician lead is responsible for creating and delivering the curriculum, recruitment and selection of Scholars, marketing and communication, well-being coaching and expertise, and advising Scholars on how to design their pilots and overcome barriers to change. The administrative lead is critical to support and implement logistics, maintain progress, manage communications, and coordinate the program's delivery.

Q&A

What qualities should a physician lead have?

The physician lead should be respected by both executive leadership and physician colleagues. The chief resident model is useful to consider here as the person should have credibility with both constituencies and serve as a bridge in communication. A coach approach to faculty development is one way to teach physician colleagues, while a systems approach can be applied to change management. Personal qualities including flexibility, patience, strong oral and written communication skills, and reliability are crucial.

How much time should the physician lead dedicate to the SOW program?

At least 20% time should be protected for the physician lead to direct this program.

What if there is no physician well-being expert within the organization?

Prior experience is not required to be a successful physician lead in an SOW dyad. A variety of resources are available to help a motivated physician who wishes to learn more about well-being act as the lead. Examples include:

- The American Medical Association's [Practice Transformation website](#)
- Other toolkits on the AMA STEPS Forward™ website that [address burnout & well-being](#)
- [National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience](#)

What could an administrative lead anticipate in terms of time commitment and responsibilities?

On average, an administrative lead can anticipate assisting the physician lead for 8 hours per week, with additional hours required at certain times throughout the year. Sample responsibilities include:

- Manage annual timeline, budget, and all logistics (including food and room bookings)
- Manage application process and organize steering committee meetings
- Act as the central communication contact and organize:
 - Bi-weekly communication with Scholars to ensure progress is maintained
 - Bi-weekly communication with process improvement coaches
 - Bi-weekly planning sessions with physician leads
 - Regular communication and coordination with designated course facilitators
- Own and create all standard work documents for facilitators, participants, and coaches
- Coordinate accountability touchpoints such as mid-point presentations and graduations

2 Approach Leadership for Buy-In and Funding

Understanding your organization's leadership structure will enable you to identify the essential support for an SOW program. Consider collaboration with leaders from the following areas:

- Operations
- Informatics/Information Technology
- Quality and Safety
- Performance Improvement
- Risk and Legal
- Department chair(s)
- The Medical Staff Office
- The Office of the Chief Medical Officer
- Individual medical directors
- Medical group and hospital president(s)



These services and individuals can support Scholars in addressing the systemic barriers and operational inefficiencies that drive burnout, both at the system and work-unit levels.² These system functions can also help to obtain the data needed to diagnose problems, assess improvements, and overcome barriers to change.

When approaching leadership for buy-in and support, it is helpful to have an outline or proposal of funding beneficiaries and uses.

Funding needs will vary, but may include:

- Funding for program leadership
- Funding for the Scholars [eg, protected time, Relative Value Unit (RVU) equivalents]
- Funding for pilot intervention projects
- Miscellaneous costs such as food for the classes and graduation costs

Q&A

How much funding is needed to start this program?

The amount of funding needed will depend on the:

- Specific objectives of the program at your organization
- Comprehensiveness of in-scope projects
- Decision whether to pay the Scholars for their participation in the program
- Salaries of the program leaders

For the most comprehensive version of the program at Northwestern Medicine, the Scholars are funded for 5% time (eg, given 5% protected time from clinic and credited with equivalent RVUs). Physician leads are funded for 20% to 30% time, and administrative leads are funded 20% to 40% time for supporting the program. The Scholars of Wellness Program created and selected projects with a total annual budget between \$20,000 to \$50,000 per year and provided meals for Scholars during class time.

Should Scholars be paid?

Give strong consideration to providing some level of funding to Scholars if they are being asked for comprehensive pilot interventions in addition to the program's faculty development objective. Workload and work-life integration are important drivers of burnout, so adding work alone can amplify burnout in these leaders. If monetary compensation is not possible, there is still value in mentorship and development opportunities available exclusively through the SOW program that may lead to career advancement.

3

Use a Wide-Reaching Application Process to Select Scholars

Organizations can choose to nominate physicians to be Scholars, but an application process demonstrates interest, initiative, and passion. Selecting the right Scholars is an integral part of thoughtful resource allocation. Considerations include the person's leadership qualities and passion, project proposal thought process, and individual departmental needs for a well-being leader. This is also an important time to study the proposed pilots for alignment with other system initiatives and priorities, leading to a higher success rate for pilots.



Q&A

What are the best ways to promote this opportunity to physicians?

The communication plan for recruitment is a critical step for obtaining a diverse range of projects and candidates to select from as you build your Scholar cohort. While everyone who applies may have a sincere interest in wellness, not all individuals with this interest have the skills and attributes necessary to be effective change agents and leaders.

Strategically promote the program to stakeholders by:

- Sending flyers and communications to The Chief of Staff and Medical Staff Office email communications liaisons
- Sending personal emails to chairs and department leaders
- Sending personal emails to system function leaders
- Posting flyers in the physician lounges
- Sharing announcements with existing well-being councils and committees at department and organization levels
- Delivering individual in-person department presentations to speak directly to physicians
- Hosting a wellness “kickoff” day, complete with a well-being-related Grand Rounds speaker, that also serves as a forum for announcing the program to a variety of individuals who are already interested in the topic

It is essential in all these communications to highlight the faculty development opportunity as well as curriculum topics, CME credits, funding, and coaching support.

What should an application include?

Applications should not be complicated and could even be distributed as an online survey. It is important to include questions that ask the applicant to:

- Describe their pilot intervention and ensure that it is addressing a driver of burnout in their practice setting
- Explain any baseline or anecdotal evidence supporting the pilot intervention idea

- Begin thinking about metrics, such as which and how many individuals will be affected by the intervention and what success will look like
- Predict possible barriers, support needed, costs, and time to implement

Applicants should also include a letter of interest, their CV, and a letter from their supervisor indicating support for their application and pilot project.

4

Pair Scholars with a Process Improvement Coach and a Well-Being Coach

Assigning coaching for the program's duration increases the probability that project timelines will be maintained, and progress is being made in personal development around change and wellness leadership. The SOW curriculum is typically dense and fast-paced. Coaching meetings can be a place to check for understanding and to practice application that is specific to the needs of each Scholar and their pilot. Coaching has also been shown to be a strategy that can decrease burnout in medicine.^{3,4} Consider providing two coaches for each Scholar: a well-being expert coach and a process improvement coach.



Q&A

Who should act as coaches?

The physician lead of the SOW project should be the well-being coach for the Scholars. They can also enlist an assistant physician lead to help.

The appropriate process improvement coach will depend on the specific pilot intervention chosen by the Scholar. For example, a Scholar working on a pilot project to make EHR changes may benefit from an IT process improvement coach's support.

Is formal coaching training available or recommended?

Formal coaching training can be helpful and is available through various organizations. However, a coach approach is sufficient to help the Scholars develop and examine their thought processes around making constructive change and process improvement.

What is the time commitment required for the coaches?

The purpose and time commitment of the coaches will likely vary based on the time of year. In the first 3 to 4 months of the program, the well-being expert coach has a primary role as the Scholar's knowledge and skills are growing. In the second half of the year, the Scholar spends most of his or her time with the process improvement coach as they begin to implement the pilot program.

The Scholars should meet with one of their coaches at least once a month. Coaches should keep a progress report to identify issues and barriers early on and ensure continued progress and commitment to the program.

Why is mentorship important?

The coaching and mentorship resources provided for the Scholars can:

- Foster loyalty to the organization

- Reduce turnover intent and improve retention of faculty
- Increase the likelihood of recommending your organization as a place to work
- Build a community of like-minded individuals across departments
- Encourage fruitful cross-pollination of ideas
- Build a common vocabulary and mission

Continued involvement of Scholars in leadership and wellness initiatives after the curriculum ends is a wonderful marker of success.

5

Create and Deliver Curriculum Focused on Dual Core Objectives

Recognizing that a comprehensive program has dual core objectives—**faculty leadership development** and **well-being pilot development/implementation**—allows you to tailor the scope of the curriculum and program to your own organization based on your needs and readiness to invest.

For example, if your ability to secure funding is low and the buy-in level from leadership to assist the Scholars in their pilots is in its early stages, it may be best to begin by focusing the curriculum on faculty development. Focus can shift to the pilot interventions as additional funding becomes available.

The SOW curriculum focuses on:

- Developing well-being expertise through literature review
- Internalizing best practices for [change management and readiness](#)
- Training in leadership skills
- Understanding [process improvement principles](#) and project management methodology

Possible topics for your curriculum include (Figure 2):

Figure 2. Scholars of Wellness Sample Curriculum

Leading Change	Burnout and Well-Being	Process Improvement
<ul style="list-style-type: none"> • Team-Building/Introductions • Storytelling Workshop • Change Management and Leadership • Advocating for Your Project with Leadership • How to Make the Business Case • Well-Being Coaching • Wellness Leadership Roles and Consulting 	<ul style="list-style-type: none"> • Well-Being and Burnout Overview • Well-Being Quantitative Measures • Drivers of Burnout, Part 1 • Drivers of Burnout, Part 2 • Well-Being Quantitative Measurement and Focus Groups • EHR and Burnout • Peer Support • Moral Distress 	<ul style="list-style-type: none"> • Define, Measure, Analyze, Improve, Control (DMAIC): Define/Charter • DMAIC: Measure • DMAIC: Analyze • DMAIC: Improve • DMAIC: Control

Curriculum generously provided by the author and Northwestern Medicine.

The physician and administrative leads will deliver most of the lectures. However, securing guest speakers, such as leaders within the organization, is not only valuable in building ownership amongst organizational leadership, but also in elevating the profile of the Scholars with leadership and connecting them to system resources. Having additional speakers also provides an opportunity to help the Scholars with perspective—they can learn how to make their pitch to leadership as they learn the leaders' perspectives on these requests.

Q&A

How does an SOW program help an organization identify future leaders?

It is rare to have a one-year opportunity to observe how someone leads change before promoting them to a high-profile role. The SOW program provides this unique opportunity to select the appropriate people to continue the path towards a culture of health. If a Scholar has the aptitude, emotional self-regulation, and passion to be a well-being leader, try to promote the Scholar to a role needed in the organization. This shows that the program can foster career advancement, generating deeper commitment to the program by future Scholars.

How can Scholars gain organizational leadership skills through the SOW program?

Scholars typically start the SOW program solely focused on implementing the pilot they proposed in their application. They are not often aware of the need for their personal development in terms of skills, knowledge, and influence. However, throughout the year, they learn how to:

- Assess the [drivers of burnout within themselves and others](#)
- Prioritize and create solutions that are for them and the program
- Build buy-in and build consensus on the approach to well-being to overcome potential dissenting views and voices
- Learn how to remove barriers and make persuasive arguments to secure funding
- [Listen to their colleagues' needs without bias](#)
- Use formal and informal measurement tools to analyze areas of need
- Prepare themselves to guide a coalition to implement the pilot

As a result, Scholars transform from well-being advocates into organizational leaders. They learn the skills to [work constructively with other organizational leaders](#), leverage system resources, and expand their well-being interventions.

What are some helpful ways to measure our program's success?

The dual objectives can guide appropriate expectations to measure the success of the program. For example, in any version of the program, the development of faculty well-being leaders is the definitive measure of success. However, as pilots begin to integrate into the program and culture, measuring the program's success can shift to include the individual accomplishments of the pilot interventions.

6

Implement Pilot Interventions

Now that the Scholars are well-versed in the principles of the program that are covered in the curriculum, it is time to begin implementing their pilot interventions.

Pilots are essential for multiple reasons:

- Successful pilots improve the well-being of physicians, which is what we all seek.
- The pilots allow practical application of the curriculum, which is based on frameworks and theory.
- These small wins, or even failures, provide key pearls to the organization that can be used as best practices.
- Certain successful pilots can help create a better business case for scaling initiatives across the organization, leading to an acceleration of positive change as the risks and barriers to successful implementation are known or have been removed, while the benefits are made clearly visible.



Q&A

How many people should a pilot intervention aim to include?

There is not a set number of physicians that we feel a pilot should touch to be viable. Providing an realistic scope for the pilot is a vital skill; many people tend to want to “boil the ocean” and please everyone, leading to indefinite delays or initiatives diluted to the point of having no impact. We aim to help as many physicians as we can; however, we are most interested in making a meaningful difference in people’s lives rather than checking a box.

What are the characteristics of a promising pilot intervention to implement through an SOW program?

In the Northwestern Medicine experience, the pilots with the highest probability of success were the ones that followed the process improvement methodology instead of trying to skip steps. Closely following the methodology means the Scholars have:

Taken the time to accurately diagnose the drivers of burnout and identified one that they want to address

Listened to how their colleagues experience the selected driver and how it impacts their work

Included their affected colleagues in the design of the intervention so there is strong buy-in for the pilot

Rather than becoming an additional burden or unwanted change with unintended consequences, these pilots support Scholars and physicians in the way they want to be helped.

7

Set Timepoints to Assess Progress

Although the Scholars are motivated and passionate about this work, they are busy clinicians with competing priorities. While the coaching check-ins serve to maintain momentum and progress, having key accountability points is necessary to keep focus across the delivery of a year-long curriculum.

At a minimum, accountability points should include a mid-point presentation and a final presentation on graduation day (Figure 3). These presentations provide goalposts when Scholars present their work to leaders and to each other.




Figure 3. Graduates of the 2019 Northwestern Medicine Scholars of Wellness Program



From left to right: D. Mark Courtney, MD, Jeanne Horowitz, MD, Anne Schultz, MD, Jenna Swisher, MD, Mehmet Dokucu, MD, Amy Halverson, MD, Manjot Gill, MD, Anthony Yang, MD, Angela Chaudhari, MD, and Rajan Shah, MD.

In addition to accountability, these presentations serve the following purposes (Figure 4):

Figure 4. Additional Purposes and Benefits of SOW Scholar Mid-Point and Final Presentations

<p>Inspiring Scholars and providing them with the drive to implement their projects </p>	<p>Increasing awareness among leadership, who can help remove barriers the Scholars may be facing or align with other initiatives that may be occurring across the organization </p>	<p>Sharing best practices across the institution, which ultimately leads to the culture of health we all seek to achieve </p>
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Q&A

What does a mid-point presentation look like?

The recommended mid-point presentation is an “elevator pitch” PowerPoint presentation lasting about 5 to 8 minutes. The presentation framework addresses the following components:

- The Scholar’s identified driver of burnout
- The measurements and methods the Scholar used to identify need(s) and to listen to and collect colleague input
- An analysis of those measurements and methods
- The Scholar’s proposed intervention(s) and next steps

Consider inviting department and division leaders, vice presidents of system functions, presidents of the hospital and medical groups, and the chief of staff to join the audience. Inviting senior leadership from various functions gives senior leadership a sense of ownership in the pilot, as they want to be helpful and contribute to the pilots’ success. It also encourages chairs and department heads to assist with the pilot interventions to ensure the interventions’ success while highlighting their own efforts to improve the work-unit climate for the physician community.

What does graduation look like?

Graduation is an opportunity for broad dissemination of the piloted intervention, best practices learned, and the intervention results. A high-traffic area where faculty and leaders are likely to walk by is an ideal venue to hold a poster session to encourage faculty and leaders to stop to learn about the work that was done. Distribute invitations and announcements for this session broadly across the organization. Making graduation more accessible creates an opportunity to recruit future Scholars as they see the various ongoing efforts implemented from the program. Finally, after the poster session, display the posters in the physician lounge and on your website so that other departments with similar challenges can learn from them in the future.

How can a Scholar highlight this work on their curriculum vitae (CV)?

Scholars can cite both their SOW training as well as their pilot intervention on their CVs. For example:

Scholars of Wellness (SOW) Professional Development Program, Northwestern Memorial Hospital
Team-Based Care Pre-Visit Planning Pilot, 2018-2019

Or consider a more detailed version:

Northwestern Medicine Scholar of Wellness (2018-2019):

- Selected to complete a professional development program with a primary focus on becoming a wellness expert who drives meaningful change in the work environment to reduce physician burnout and improve physician well-being
- Used a data driven quality strategy for improving processes (DMAIC method), designed and led an interdisciplinary wellness project involving multiple operational changes and optimizations to increase care team productivity and physician professional fulfillment
- Achieved a 19.2% reduction in average physician burnout score, a 19.7% increase in average professional fulfillment score, and a 24.7% reduction in average work exhaustion score using the Stanford Professional Fulfillment index after implementation and without hiring additional staff
- Conducted a post-intervention survey that found physicians felt their care teams worked more efficiently together, reduced amount of time spent on the electronic health record (EHR) system, and gained control over their workload



Use the Identify–Develop–Scale–Sustain Model to Harvest Program Results

After completing the pilot project in an individual department, the data and learnings from that pilot's implementation will allow the organization to concretely see the benefits of such a program and, consequently, permit the intervention to be scaled the very next year (Figure 5). Certain projects clearly address a common driver of burnout or increase professional fulfillment regardless of specialty or local environment. An example is a peer support program—every physician can benefit from having support from a physician colleague available to them. On an individual level, during this pilot scale-up process, Scholars gain invaluable leadership skills to become future departmental or organizational leaders (Figure 6).

Figure 5. The Identify–Develop–Scale–Sustain Model

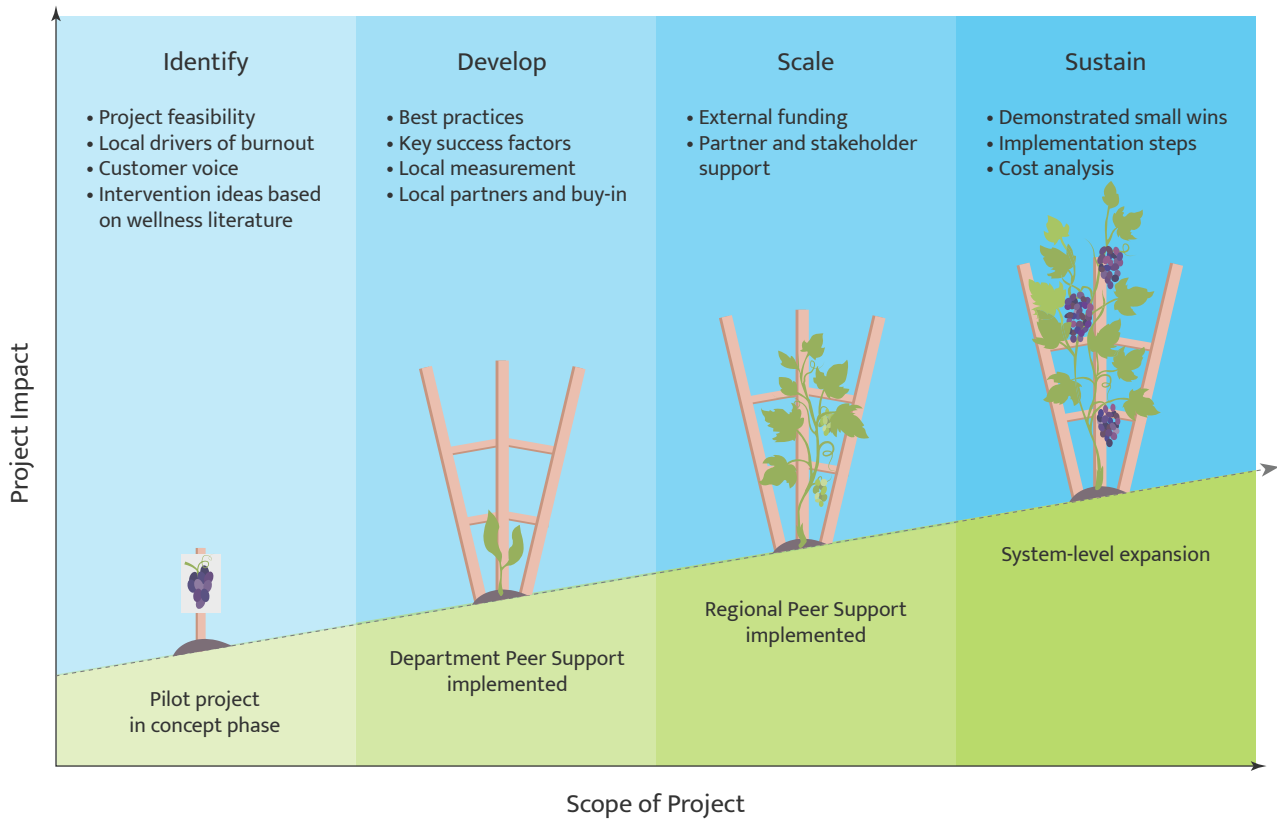
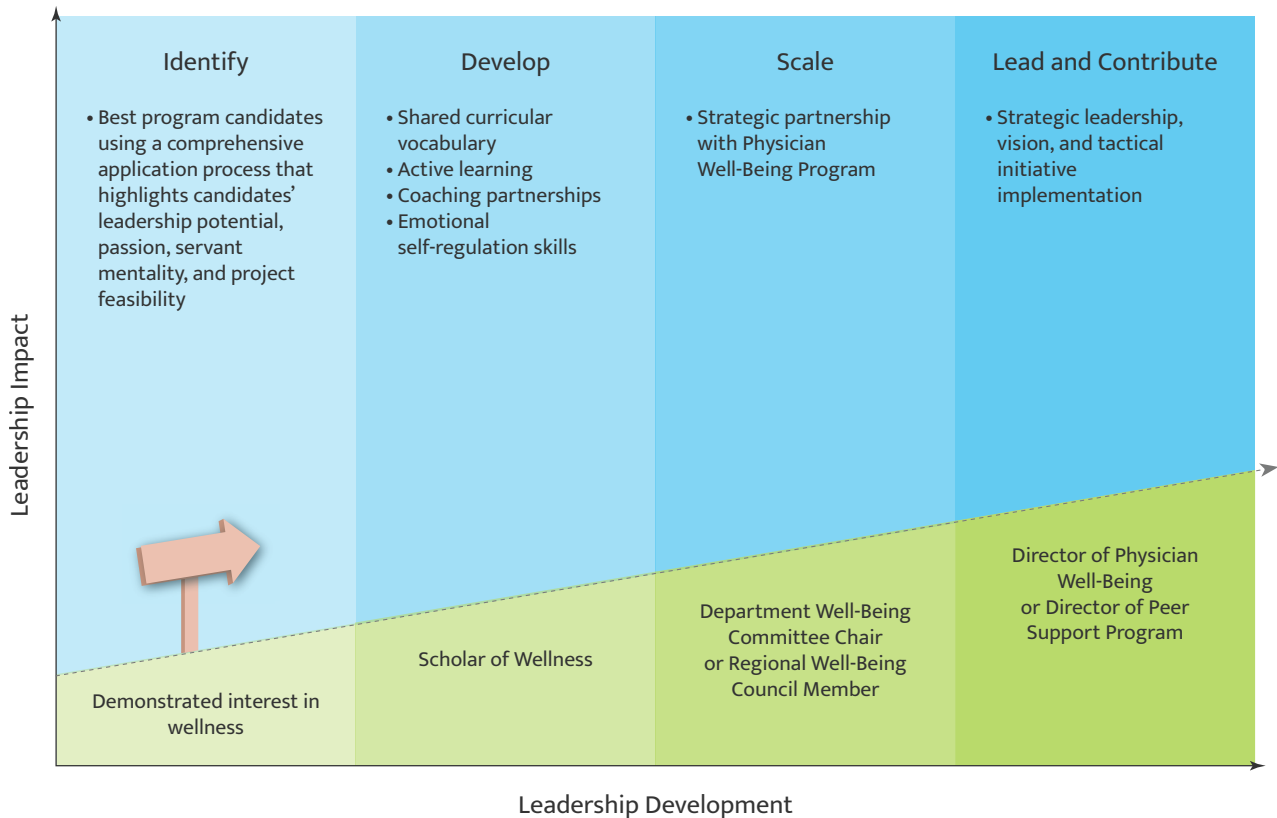


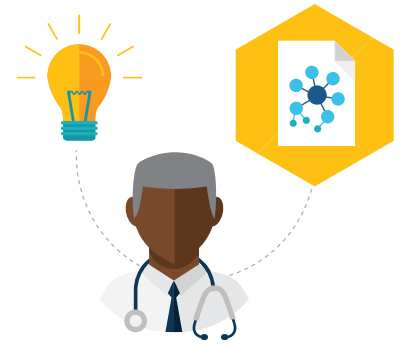
Figure 6. Leadership Development Trajectory for Scholars



Images adapted from Northwestern Medicine.

Conclusion

A faculty development program with a curriculum focused on well-being research, process improvement methodology, and change management not only empowers physicians to make changes to their work environment to enhance well-being, it provides them with the requisite knowledge and skills to make these changes effective and lasting.



AMA Pearls

- Harnessing the passion of physicians who care about well-being is critical to transforming that passion into actual change
- Physicians require additional training, including a knowledge of well-being literature, change management and leadership principles, and process improvement skills, to be able to execute change to the work environment
- Pilot interventions are effective change management tools that allow for small wins, best practice learnings, and positive momentum

Further Reading

Journal Articles and Other Publications

- Leiter MP, Maslach C. *Banishing Burnout: Six Strategies for Improving Your Relationship with Work*. Jossey-Bass; 2013.
- Maslach C, Leiter MP. *The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It*. Jossey-Bass; 2014.
- National Academies of Sciences, Engineering, and Medicine. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. Washington, DC: The National Academies Press; 2019. doi:10.17226/25521
- Shanafelt T, Stolz S, Springer J, Murphy D, Bohman B, Trockel M. A blueprint for organizational strategies to promote the well-being of health care professionals. *NEJM Catal*. 2020;1(6). doi:10.1056/CAT.20.0266

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References

1. National Academies of Sciences, Engineering, and Medicine. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. Washington, DC: The National Academies Press; 2019. doi:[10.17226/25521](https://doi.org/10.17226/25521)
2. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clin Proc*. 2017;92(1):129-146. doi:[10.1016/j.mayocp.2016.10.004](https://doi.org/10.1016/j.mayocp.2016.10.004)
3. Dyrbye LN, Shanafelt TD, Gill PR, Satele DV, West CP. Effect of a professional coaching intervention on the well-being and distress of physicians: a pilot randomized clinical trial. *JAMA Intern Med*. 2019;179(10):1406-1414. doi:[10.1001/jamainternmed.2019.2425](https://doi.org/10.1001/jamainternmed.2019.2425)
4. Schulte EE, Sikon AL, Love L, Simonsen K, Berry A, Agarwal G. (2019). Enhancing physician wellness through coaching: an occupational psychiatry tool. *Psychiatr Ann*. October 10, 2019;49(11):492-496. doi:[10.3928/00485713-20191010-02](https://doi.org/10.3928/00485713-20191010-02)