

Feasibility of a “Network of Champions” in Implementing a Program to Address Physician Well-being

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ABSTRACT

Introduction: Healthcare leaders have been challenged to mitigate burnout and foster well-being among physicians. Professional societies are beginning to address this in a systematic manner.

Methods: In 2014, the American College of Physicians (ACP) endeavored to improve well-being for its 160,000 members of internists and trainees through a Well-being Champion (WBC) program based in the majority of its 85 national and international chapters. The program was supported by an evidence-based curriculum, chapter volunteers who served as champions, and in-person and virtual trainings. Training included a 1-2 day program in 2018 and 2019, focused on educating champions on causes of burnout, means of systematically collecting well-being data, and methods for using data for system change to reduce burnout and improve well-being.

Results: Training included 158 WBCs in 8 countries. After training, over 90% of champions in both years of the program felt able to articulate the evidence for burnout prevention and suggest interventions, access resources, and administer well-being surveys. While 58% of champions noted high interest in wellness, only 26% had a budget allocated for this, and most budgets were small. Ninety-one percent in both years felt able to analyze survey data and 90% in both years felt able to enhance their own well-being. Eighty-eight to 90% felt able to foster a well-being community and importantly, 85% felt comfortable engaging leadership in this topic. Since 2017, 639 activities were recorded, accounting for 87/158 Champions in 69 Chapters. Annual direct costs varied each year but remained <1% of aggregate member dues.

Conclusion: This report describes a model for building regional networks to address physician burnout while promoting well-being and professional fulfillment. After training, champions felt capable of performing key aspects of burnout reduction, including survey administration, data analysis and engaging leadership in systems change. To our knowledge, this is the first model to scale burnout prevention throughout an entire professional society. Using the included program descriptions and curricula, this program may be generalizable for other large professional groups wishing to measure and enhance well-being among their membership.

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INTRODUCTION

The ability of physicians, and internal medicine (IM) physicians in particular, to deliver the highest quality and empathic healthcare may be limited by their “work conditions” [1]. Physicians are rushed, measured, and constrained by the combination of increasing administrative burdens with difficult-to-manage workloads and decreasing control over their work environments. The consequences of not addressing these factors have included a steadily evolving crisis of physician burnout, hours reduction and turnover, as well as concerns about the impact on care quality and patient safety [1, 2]. The toll burnout takes on physician mental and physical health is well-described [3–5]. Coordinated efforts appear to be necessary on structural and organizational levels to improve well-being and ensure sustainability of the profession [4].

The National Academy of Medicine’s (NAM) Taking Action Against Clinician Burnout consensus study calls for systems improvement to prevent burnout. Suggestions include 1) create positive work and training environments, 2) reduce administrative burdens, 3) enable technology solutions, 4) provide support to physicians and learners, and 5) invest in research [4]. The NAM report provides a framework for viewing existing interventions and assessing their value. In that report, they mention that “medical societies, state licensing boards, specialty certification boards, and medical education and health care delivery organizations all need to take concrete steps to reduce the stigma for clinicians of seeking help for psychological distress, and make assistance more easily available” [4]. Many of the factors impacting clinician well-being are due to and controlled by local environments; thus, approaches to address the issues should include a local focus.

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The American College of Physicians (ACP) is the largest medical-specialty society in the world with over 161,000 members. ACP's vision is to be recognized globally as a leader in promoting quality patient care, advocacy, education and career fulfillment in Internal Medicine and its sub-specialties. Integration of clinician well-being into mission, vision and values is important for organizations like ACP to lead by fostering healthy work and training environments. ACP's "Patients Before Paperwork" initiative catalyzed high-level efforts to decrease administrative burdens [6]. This effort was the beginning. It was soon recognized that the empowerment and well-being of the physician was a critical area of focus and more likely to be achieved through human connection, than access to an online toolkit (as many other organizations were employing). This paper describes ACP's development, implementation, and preliminary findings of an organization-wide well-being training strategy to foster communities of thriving physicians at the state and local level.

METHODS

In response to studies showing that physicians were experiencing high levels of work-life stress, ACP proposed a multifaceted response to physician burnout. Given ACP's reach via its 85 chapters throughout the world, a chapter-based approach was selected as the most feasible way to scale up to a world-wide program that fostered a unique human touch. In an initial effort to gather a sense of interest and engagement, ACP trained a pilot group of 20 Well-being Champions (WBC) in October 2015. Impressed with the enthusiasm of this group, ACP expanded the program to 1) understand and address more of its members' needs, and 2) transform physicians' work environments while improving their ability to cope with those environments.

Goal and Structure of the ACP Well-being Champion Program

The goal for the Well-being Champions Program was to equip Champions with knowledge, best practices, and skills to improve well-being locally. Because local needs were diverse, program directors allowed Champions discretion in terms of what they offered their chapters. Customization was a key aspect of the well-being training, as effective Champions must be prepared to customize their approach to the challenges their chapter is facing. For example, if a major stressor is the electronic health record, then offering programs on that topic would likely be well received (e.g., discussing templates and scribes), while if work-life integration challenges are primary, then emphasizing workflow redesign may be most helpful.

Each of ACP's 68 domestic and 17 international chapters planned to train one to two Well-being Champions to serve 3-year terms. Well-being Champions received travel reimbursements to attend training but were not compensated for their role. Training consisted of a one-day, in-person, initial interactive program as a pre-course to the ACP Annual Meeting, followed by virtual webinar training, mentoring, and year-long support. Complete training for the next two cohorts of 93 physicians was held in 2017 and 2018 during a one-day training

experience. Training in 2019 was expanded to two full days to allow more focus on physician coaching and positive psychology (as these were needs identified by the previously trained Champions). **Table 1** describes goals, objectives, and educational strategies of the curriculum.

Table 1: Curricular Objectives and Components

Learning Objectives - After the sessions, champions will be able to:	Curricular Components
Articulate the rationale for investing in improving physician well-being and professional satisfaction.	<ul style="list-style-type: none"> Making the case for burnout prevention Making the business case: \$250,000 - \$1,000,000 to replace a departing physician; improving quality, patient safety, physician morale and engagement (2)
Conduct an environmental scan and connect with existing well-being efforts in your chapter, practice, or health system.	<ul style="list-style-type: none"> Performing an environmental scan and landscape assessment of well-being efforts in your chapter
Draft a well-being champion identity statement (personal mission statement as a well-being champion).	<ul style="list-style-type: none"> Creating Vision Statement for Well-being Champion efforts
Employ positive psychology coaching and tools with individuals or groups trying to improve well-being and satisfaction.	<ul style="list-style-type: none"> Means to achieve "joy in practice" Positive psychology and coaching techniques for physician well-being (8,9)
Select an approach for measuring and analyzing physician well-being and professional satisfaction in your chapter. Recommend menu of potential interventions based on analysis of data.	<ul style="list-style-type: none"> Measurement techniques: instruments and necessary infrastructure, using the Mini-Z Practice sessions analyzing and sharing organizational data with leadership
Identify key resources that can help you in your Champion work.	<ul style="list-style-type: none"> In depth review of interventions that work Conceptual models for burnout, including the demand-control model of job stress (1,4,7,12) Specific, evidence-based interventions for improving satisfaction and reducing burnout (7) "Bold suggestions" for improving work-life (floats, scribes, and customizing standard work) Gender differences in burnout and how to mitigate them (adjusting panel sizes, encouraging part time, improving control)
Employ positive psychology coaching and tools with individuals or groups trying to improve well-being and satisfaction.	<ul style="list-style-type: none"> Coaching using the mini-Z 2.0
Develop a two-year physician well-being and professional satisfaction plan for your chapter that aligns with your mission statement.	<ul style="list-style-type: none"> Vision to action: Building a chapter well-being plan Review of ACP Resources to support Well-being Champion work Overcoming obstacles and sustaining success

Supplemental training, mentoring and ongoing support were provided. In 2017, ACP offered training in positive psychology to chapter leaders and a 4-hour refresher training to the original group trained in 2015. From 2018-2020, twelve virtual webinars were offered and attended by 371 people live and received 497 views through the Champions' resource center site. Champions also have access to an online community of staff and colleagues, and to resources curated by ACP staff.

Well-being Champion Training

Subject matter experts (SMEs) collaborated with ACP staff and leadership to design learning objectives to guide the curriculum and developed content to deliver on those objectives. The Champions' training was largely based on research in physician work-life and positive psychology [7-9]. These studies address NAM-suggested areas, such as the evidence base for burnout prediction and reduction, creating positive work and learning environments, reducing administrative burden, and providing support to physicians and learners. These findings were generalized during training for broader applicability, and clear examples of system changes within these groups were provided

for evidence-based interventions the champions could bring to their home chapters and institutions.

Participants learn the conceptual models underlying the etiologies of burnout and drivers of well-being, then learn positive psychology and coaching skills in an interactive format to foster listening and reflection. The syllabus provides measurement tools alongside evidence-based interventions, including use of the Mini Z work-life measurement tool, and ways to coach to create change based on Mini Z results [10]. This curriculum is taught by two experts in physician well-being and one expert in positive psychology and well-being, and is coordinated by 3 administrative staff. Prior to their training date, Champions were asked to complete an environmental scan of their Chapter to identify existing resources, areas of greatest need, other potential collaborators in their Chapter, and potential challenges that might exist. Their prior experience with and knowledge about physician well-being were also assessed. Based on survey results, Champions were guided through the drafting of a mission statement, vision, and action plan during the training. As part of outlining the action plan, Champions identified ACP resources that would help them succeed in achieving their goals. These steps were included to ensure that the training was more than an information transfer, and that Champions felt empowered to take the next steps toward their vision of success upon completion of training.

To support the Champions, ACP developed an online toolkit housing curricular materials, resources, and links to the Mini Z. Champions were connected via an online listserv and newsletter called “IM Thriving”. The listserv provided a vibrant example of how the camaraderie among Champions could be sustained with frequent sharing of new articles, techniques, and successes among participants and ACP leaders.

SMEs Mark Linzer and Sara Poplau were paid through their employer, Hennepin Healthcare, by the ACP for their work on this project. SME Kerry Palamara was paid as a consultant by ACP. SMEs’ travel costs to training sessions were also supported by ACP. There were no other fees or royalties, and the Mini Z used for measurement is currently free for use and is in the public domain. The ACP had no oversight of data analysis or in the decision to publish this paper. Other funding sources for the authors are listed in the conflicts of interest statement.

Well-being Champions Training Evaluation

Well-being Champions completed baseline surveys 2-4 weeks prior to the training sessions (with one reminder e-mail sent one week prior to the deadline) including demographics, clinical practice experience, prior well-being experience, chapter well-being efforts, and level of interest in well-being. Within 1 week after training, participants were asked to complete online surveys assessing knowledge, skills, and attitudes after their training. Surveys were designed to understand WBC’s comfort with specific skill sets which were aligned with the objectives and also would promote a high likelihood of being successful in reducing burnout within their Chapter / organization. In particular, information about their ability to articulate the evidence base for burnout reduction, design interventions, access resources, analyze survey data, foster a well-being community, deliver presentations, engage leadership, and use positive

psychology for coaching were included. Finally, surveys assessed how ready WBC’s were to begin a well-being program at their home site.

RESULTS

At present, there are 158 WBC’s from 8 countries. These Champions represent over 90% of ACP domestic chapters, and 100,000 members. Champions were predominantly female, with balanced representation of inpatient, outpatient, academic, and community-based practices (**Table 2**). All chapter sizes were represented, from fairly small (1-475 physicians) to very large (6,000+ physicians). While level of chapter interest in well-being was high in 58%, only 26% had a budget allocated for well-being maintenance / optimization, and most budgets were small. Initial plans for well-being efforts included program planning and utilizing or developing committees.

Table 2: Well-being Champions trained, 2018-2019: Baseline characteristics*

*Open ended comments

*Well-being experiences to date: resident wellness programs, well-being lead/co-lead, well-being committee member, mindfulness trainer, talks (especially at regional/national ACP), women in medicine talks, previously trained Champions invited in. (*10 Champions with lead role, leadership training or associate director role 2019 vs 1 in 2018)*

Chapter interests: member survey, burnout prevention, learning about interventions, work-life balance, coping strategies, individual vs organizational strategies, EMR (frequently noted in both years), gender-related issues, addiction/suicide risk, residency burnout, coaching, stress/time management.

Expectations from training: how to engage colleagues, practical tips and tools, coping mechanisms, personal burnout reduction, how to measure outcomes, making the business case, a program I can implement, improving chapter well-being, how to help struggling physicians, build skills in burnout reduction, join/build a network, suicide prevention/mental health, help for small/busy practices, mentorship, strategies for advocacy and improving joy.

	2018	2019
# Trainees (response rate)	73 (68%)	51 (76%)
# Chapters (Domestic/Int'l)	45/4	
Sex (% female)	74%	79%
Care setting:		
All outpatient	36%	32%
Primary inpatient/some outpatient	14%	26%
Primary outpatient/some inpatient	36%	16%
All inpatient	12%	18%
Practice type:		
Office	36%	24%
Teaching	32%	32%
Hospital	24%	34%
Other	8%	10%
Practice size:		
Large (>20 physicians)	34%	50%
Medium (6-20 physicians)	38%	26%
Small (1-5 physicians)	28%	24%
Employee status:		
Employee	82%	68%
Independent contractor	6%	16%
Full/part time owner	12%	11%
Prior well-being efforts:		
Yes	54%	50%
No	46%	50%
Chapter size		
1-475	34%	
476-950	18%	
951-1900	16%	
1901-3600	16%	
3601-6000	9%	
6000+	7%	
Planned/actual chapter involvement:		
Practice satisfaction/wellness committee	52%	50%
Meetings/program planning committee	42%	29%
Other committees (communication)	36%	29%
Not on any committees	16%	21%
Budget to support well-being?		
Yes	26%	
No	74%	
Level of interest in well-being?		
Very high	28%	
High	30%	
Moderate	28%	
Not much	2%	
Don't know	13%	

EMR=Electronic Medical Record, MOC = maintenance of certification; RVU relative value units

Table 3: Knowledge, skills, attitudes after training

	2018	2019
# Trainees (response rate)	73 (78%)	51 (43%)
# Chapters (domestic/international)	41 (36/5)	
<i>How well did training prepare you?</i>		
Extremely/moderately well	97%	100%
<i>Most helpful things learned:</i>		
Coaching/communication skills	44%	55%
Measurement techniques	14%	27%
Importance of the problem	32%	10%
Connections		18%
Active listening		10%
Resources available	32%	
Evidence based strategies	14%	
<i>Agree with ability to do the following:</i>		
Articulate the evidence base	96%	95%
Suggest interventions	92%	91%
Access resources	92%	91%
Administer and analyze mini Z survey	91%	91%
Enhance own well-being	90%	90%
Foster well-being community	88%	90%
Deliver program/presentation	86%	96%
Engage leadership	85%	86%
Use positive psychology coaching	76%	91%
<i>Balance of didactics and participatory training*:</i>		
Just right	68%	91%
More participation	20%	5%
More didactics	12%	5%
<i>How ready are you to get working on this?</i>		
Very	30%	27%
Ready but a little nervous	63%	64%
Not sure	7%	9%
<i>What was missing?</i>		
Not sure of next steps	44%	15%
More role play	14%	
Time to discuss with region		20%
<i>Foci for the future:</i>		
More on coaching	16%	25%
How to "sell" well-being	12%	8%
Chapter programming	11%	
Experience of other Champions	5%	10%
Specific topics (culture change, sleep, graduate medical education, undergraduate medical education, health system collaboration)		20%

* Note: 2019 had two-day training vs one day in 2018

Table 4: Outputs: Trainer activities since training*

Well-being Champion Activities	2017	2018	2019	2020	Total
Administered Mini Z or Other Well-being Survey		9	23	22	54
Community Engagement Activity-Chapter		27	89	151	267
Community Engagement Activity-Other			11	18	29
Developed New Partnerships Focused on Well-being			11	4	15
Establish Resource Repository			1		1
Established Well-being Committee		6	4	6	16
Formal Presentation on Well-being and Professional Fulfillment/ Burnout/Organizational Approaches	9	54	26	25	114
Led a Workshop	1	6	3	2	12
Provided Individual/Group Coaching				15	15
Wrote Newsletter or other articles	2	28	30	56	116
Total	12	130	198	299	639

*Information aggregated from the Well-being Champion Tracker and Champion monthly coaching calls. Activity types are organized in a way that mirrors the training curriculum – measurement, engagements, building partnerships, developing resources, delivering content and presentations, and 1:1 or group coaching.

In terms of knowledge, skills, and attitudes (Table 3), 85% of Champions from the 2018 and 2019 cohorts felt able to articulate the evidence base for wellness training, suggest interventions, access resources, administer a work-life and wellness survey, analyze well-being data, enhance their own well-being, foster a well-being community, deliver a program in well-being, and engage leadership. After expanding the positive psychology and coaching curriculum in year 2, those ready to use these skills increased from 76% to 91%. While 27-30% of attendees felt “ready to go” to implement programming after training, 63-64% felt “a little nervous getting started”.

After training, Champions engaged in diverse activities, including organizing well-being chapter committees, planning local presentations, implementing webinars, developing online resources, and being available for 1:1 meetings with fellow physicians.

Table 4 displays these interventions, as entered in the online tracking system. Of the 158 Champions trained, the activities for 87 Champions representing 69 Chapters and 639 unique activities are represented in this table. While impact data on participants is limited, we highlight several examples of high impact interventions by Champions in Table 5.

The following are the pre-COVID-19 pandemic activities reported by Well-being Champions as undertaken between January and February of 2020: 10 total activities in 2 months (5 per month) - 6 meetings, 1 workshop, 1 webinar, and 2 newsletters. During the pandemic, there were 93 total activities undertaken in the 8 months from March to October 2020 (>10 per month), including: 67 webinar or virtual meetings/trainings, 21 newsletter or related articles, 5 surveys, as well as a socially distanced walk, a story slam, and a Bibliotherapy session (a creative arts therapy modality that involves storytelling or the reading of specific texts with the purpose of healing).

DISCUSSION

In this report of a large scale, innovative program to address work-life and well-being within the field of Internal Medicine, we have shown that:

- Recruitment of volunteer physician faculty to engage in this multi-faceted work is feasible,
- It is possible to train a large number of people with knowledge, skills, and attitudes that enable them to feel ready to enact change, and
- Compared to the annual cost of burnout, the costs of the program may be reasonable for large organizations.

We anticipate this model will be exportable to other clinical or training environments to promote sustainable work-lives for physician and non-physician members. Data from 20 chapters and 1,300 internists show not only the need for the program but a mechanism for monitoring progress, with high overall burnout rates, and more challenging work environments among women internists [11].

Our main goal is to be sure that investments in local leadership and activism in well-being are felt by individual physicians who may be struggling. Our strategy, set forth by ACP’s Physician Well-being and Professional Fulfillment Committee,

Table 5: Examples of High Impact Interventions by Well-being Champions

Chapter/Territory	Well-being Intervention	Objective(s)	Impact
California Southern III, Netherlands, New York	Medicine in Motion: Advancing Medicine Through Equity	<ul style="list-style-type: none"> Engage with experts on creating an inclusive health care environment. Panel discussions focus diversity, equity, inclusion, and gender equity. Perform an environmental scan to identify gaps in diversity, equity, or inclusion, and then identify short- and long-term goals and steps to achieve them. Promote collaborations through the formation of work affinity groups based on shared interests and approaches. 	<ul style="list-style-type: none"> Projects and initiatives from this event include a podcast (The DEI Shift now running for three seasons) focused on DE&I, a book of case studies on DE&I initiatives, and a collection of video clips of DE&I perspectives in medicine. More than 100 attendees with 14 ACP chapters represented, as well as physicians from diverse specialties and non-physician team members. A dynamic virtual community of affinity groups focused on advancing medicine through DE&I
Illinois Netherlands	Resident Wellness Curriculum Development	<ul style="list-style-type: none"> Develop an educational resource that meets the needs of resident members Expand Chapter Well-being Champions' teaching skills and ability to reach the next generation of physicians Engage Well-being Champions in a Chapter activity 	<ul style="list-style-type: none"> The end product is a Resident Well-being Curriculum that consists of three modules aligned with the new ACGME requirements for resident training in well-being
Japan	Translate and Culturally Adapt the Mini Z 2.0	<ul style="list-style-type: none"> Translated/ back translated/validated the Japanese version of Mini Z 2.0 	<ul style="list-style-type: none"> Impact available in the Internal Medicine Journal: Translation, Cultural Adaptation, and Validation of the Mini-Z 2.0 survey Among Japanese Physicians and Residents
Missouri North Carolina New Mexico	Create a podcast series where physicians share experiences that have significantly impacted their personal lives or their career.	<ul style="list-style-type: none"> Listeners will learn from hearing conversations from a diverse group of physicians and can apply what has worked for others in their own lives Provide listeners with 3 take home well-being pearls after each episode 	<ul style="list-style-type: none"> ResetMD podcast series showcase physicians discussing their careers and lives with an expert interviewer who extracts well-being tips for listeners. The goal of the ResetMD Podcast is to share a variety of perspectives and experiences in a safe and supportive space.
New Mexico	Normalizing Mental Health Help-seeking in the Physician community	<ul style="list-style-type: none"> Promote resources for confidential and free counseling for physicians Identify actionable ways to change inappropriate medical licensing and hospital credentialing questions. 	<ul style="list-style-type: none"> Impact available—A study published as a research letter in May by JAMA. Thirty-nine states limited questions on initial licensing applications to current conditions with impairment, a nearly twofold increase from the 21 states in a 2017 study published in <i>Mayo Clinic Proceedings</i>. Complement article
New Mexico	Update and Stigmatize Language on State Medical Board Application	<ul style="list-style-type: none"> Revise state medical board licensing questions to remove stigmatizing mental health language. 	<ul style="list-style-type: none"> Impact available in the Annals of Internal Medicine: Improving How State Medical Boards Ask Physicians About Mental Health Diagnoses: A Case Study From New Mexico
South Dakota	Change Inappropriate State Medical Board Questions	<ul style="list-style-type: none"> Revise state medical board licensing questions to remove stigmatizing mental health language. 	<ul style="list-style-type: none"> Revision of Language for Inappropriate State Medical Board Licensure Application Question. The letter is available here.
Tennessee	Walking in Our Patients' Shoes—Toward Empathy, Well-being, and Better Patient Care	<ul style="list-style-type: none"> Use simulation to expose learners to the impacts of social determinants of health. Provide additional resources to support integration of SDH into care plans Equip learner with additional skills to better communicate and understand their patients (empathy). Demonstrate the benefits of a collective "team" approach toward patient care (physician well-being). 	<ul style="list-style-type: none"> 94% agreed that the simulations demonstrated how the patient's living situation affects their compliance to treatment plans. 88% agreed that the simulations demonstrated the importance of social, spiritual, and general history to tailor treatment plans. 94% agreed that the simulations demonstrated the value of a multidisciplinary team approach to patient care. 94% agreed that the simulations demonstrated how their empathy might affect patient care.
Utah	Utah Internal Medicine Mountain Challenge	<ul style="list-style-type: none"> Improve resident physician well-being by encouraging active, healthy lifestyles. Foster camaraderie and promote a supportive community to strengthen relationships among trainees 	<ul style="list-style-type: none"> 60% of residents participated in the Utah I.M. Mountain Challenge. 92.6% of all participants agree or strongly agree that hiking is a way for them to relieve stress. 95% of all participants agree or strongly agree that the Utah I.M. Mountain Challenge contributed to their sense of community within the residency (53% strongly agree, 42% agree). 78% of participants agree or strongly agree that the Utah I.M. Mountain Challenge contributed to their overall sense of well-being.
Virginia	Virginia Commonwealth University Health System Inaugural Conference "Wellness in Action"	<ul style="list-style-type: none"> Acknowledge and explain the problem of burnout at VCU. Describe the ways burnout may be affecting the health care at VCU. Identify practical approaches to mitigate burnout and inefficiency at the institution 	<ul style="list-style-type: none"> 286 registered attendees represented every specialty across the organization. The Top 10 priorities for change were announced based on input from the breakout sessions. The VCU Physician Wellness in Action Task Force has been charged with developing key performance indicators for the priorities, and four of the 10 are now fully resourced widespread initiatives including: <ul style="list-style-type: none"> Efficiency training in LEAN process improvement across the entire organization with scheduling for training from 2019 to 2021, Compensation Plan revamp with a variety of incentives derived from value-based care, Improved emphasis on team building across all clinics. Decreased documentation burden through team-based documentation and scribes.

focuses in the areas of improving the practice and organizational environment, fostering local communities of well-being, and promoting well-being (<https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment>). With the robust community created among Champions and chapter members, ACP leadership can learn from “boots on the ground” experiences; ACP leaders can also share what is happening at a systems level, and Champions can bring these experiences to their chapters.

To be successful, we (and other organizations that undertake such efforts) must work with Champion cohorts to leverage small budgets and grow plans for their chapters. Champion trainees can become local trainers and (with their self-reported abilities to demonstrate the evidence base for burnout prevention and perform positive psychology activities and coaching) spread the effort and enthusiasm for well-being action and activism. To better support Champions in their work, ACP began monthly group coaching for Well-being Champions in August 2020 to catalyze their efforts, further build community, troubleshoot shared challenges, and connect them with the resources needed for success. To date, 66 Champions and chapter well-being leaders from 45 chapters are involved in these sessions.

Costs for this program varied from year to year, based on the approach used. The annual direct costs of the program were well below 1% of aggregate ACP member dues and could be modified to be even less with strategic adjustments to the program (for example: adapting existing training materials and offering virtual training). Table 6 depicts key elements of the Champions Program and provides options for lower cost undertakings that organizations can tailor based on specific needs.

Several examples exist of other organizations aiming to achieve NAM's goals to take concrete steps to reduce the stigma for clinicians that seek help for psychological distress and make assistance more easily available. In 2011, the American Academy of Pediatrics developed a systematic approach to wellness, while several years later, the American Board of Family Medicine began measuring burnout for re-credentialing physicians [12, 13]. The American College of Surgeons offers wellness tracking (<https://www.facs.org/member-services/surgeon-well-being>), while the American College of Emergency Medicine has a well-being committee, and the American College of Gastroenterology has posted a toolbox based on the American Medical Association's STEPS forward modules [14, 15]. However, to our knowledge, there are few, if any, professional organizations that have instituted large-scale training programs to infuse their profession with Well-being Champions to implement training and well-being promotion activities, along with well-being measurement, aimed at changes at the local level. We hope that this manuscript can provide a model that can be readily exported to other organizations. We advise using the training framework and learning objectives in Table 1; additionally, a sample toolkit was made available on the ACP website - (<https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment/design-your-own-well-being-program>) and is described in Table 6.

Table 6: Key Elements of ACP Well-being Champion Program with Lower & Higher Cost Options

Well-being Champions Program Component	Lower Budget	Higher Budget
Overall Program Structure	<ul style="list-style-type: none"> One time/as needed 	<ul style="list-style-type: none"> Rolling Cohorts
Training		
<i>Faculty and materials</i>	<ul style="list-style-type: none"> Leverage organizational expertise Use existing materials 	<ul style="list-style-type: none"> Bring in consultant experts Create training specific materials
<i>Participants</i>	<ul style="list-style-type: none"> Participant pays training and any travel related expenses No honoraria for attending 	<ul style="list-style-type: none"> Cost of course covered Reimbursement for travel related expenses Honoraria for participation
<i>Location logistics (e.g., space, food, AV)</i>	<ul style="list-style-type: none"> In-house or other free location/no meals provided/virtual training 	<ul style="list-style-type: none"> Outside location/ catering charges
<i>Champion Continuous Education and Professional Development</i>	<ul style="list-style-type: none"> None/free options/virtual 	<ul style="list-style-type: none"> In person/fee courses
Program Infrastructure	<ul style="list-style-type: none"> Occasional communications through listserv No or limited data collection (e.g. well-being assessments, activity tracking, etc.) Use simple reporting forms Use existing data collection tools (e.g. existing employee surveys) Use free web services for any data collection 	<ul style="list-style-type: none"> Regular online newsletter Champion Resources Website Online Activity Tracking Ongoing regular well-being assessments and data analysis

*This matrix depicts key elements of ACP Well-being Champion Program and provides options for lower or higher budget undertakings that organizations can tailor based on their specific needs.

Given the work-life challenges noted for IM in the initial data collection from the 1,300 members, our plan is to continue to collect data and feedback from the Champions in a more robust and systematic manner. We hope in so doing that we can iterate the curriculum to support the areas of greatest need and monitor progress throughout the discipline of IM [11]. Refining training to promote effective system change is the main purpose of future training. Future studies will report progress in the realms of internist well-being and professional fulfillment.

Given that training was completed within the year prior to the onset of the COVID-19 crisis, the Well-being Champion network was in a unique position to offer well-being resources and approaches to promote work-life balance and sustainability during the crisis, as evidenced by the myriad ways they were able to support their colleagues during this time. Burnout prevention was at a premium as IM became immersed in the treatment of patients infected with the COVID-19 virus while developing unique models of care.

LIMITATIONS

There are limitations to this report. For one, we have few data that reflect change at the local level. Second, many of the international chapters have differing experiences and thus customization of training is required. Third, systematic measurement of well-being on the larger scale of the entire membership has not yet been performed. Finally, it is not clear if the best locus for a well-being program is at the national or local level.

CONCLUSION

With a documented crisis in physician burnout, ACP identified a need to invest in our physician members by giving them agency, data, evidence-based interventions, and ongoing support to foster local communities of well-being. This report outlines key components of that training and program infrastructure so that other organizations might reproduce relevant aspects of this approach. Additionally, we strive for internists worldwide to know that such a program exists and that a more favorable work environment is an aspirational and foreseeably achievable goal for our profession.

Abbreviations:

IM – Internal Medicine
 NAM – National Academy of Medicine
 ACP - American College of Physicians
 WBC – Well-being Champion
 SME – Subject Matter Expert

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