



## Housekeeping Items

- Welcome to L.A. Care Provider Continuing Education (PCE) Program's Live Webinar!
- The Live Webinar is being recorded.
- Webinar participants are muted upon entry and exit of webinar.
- ***Webinar attendance will be noted via log in and call in with assigned unique Attendee ID #. Please log in through a computer (instead of cell phone) to Join Meeting / Webinar and please choose the Call In option to call in by telephone with the meeting call in number, meeting number access code and assigned unique attendee ID number. If your name does not appear on our WebEx Final Attendance and Activity Report (only as Caller User #) and no submission of online survey, no CME or CE certificate will be provided.***
- Questions will be managed through the Chat feature and will be answered at the end of the presentation. ***Please keep questions brief and send to All Panelists. One of our Learning and Development Team members and/or webinar host***, will read the questions via Chat when it's time for Q & A session (last 30 minutes of live webinar).
- Please send a message to the Host via Chat if you cannot hear the presenter or see the presentation slides.





**L.A. Care**  
HEALTH PLAN®

## L.A. Care PCE Program Friendly Reminders

- ***Partial credits are not allowed at L.A. Care's CME/CE activities for those who log in late (more than 15 minutes late) and/or log off early.***
- PowerPoint Presentation is allotted 60 minutes and last 30 minutes for Q&A session, total of 90-minute webinar, 1.50 CME credits for L.A. Care Providers and other Physicians, 1.50 CE credits for NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals. Certificate of Attendance will be provided to webinar attendees without credentials.
- **Friendly Reminder**, a survey will pop up on your web browser after the webinar ends. Please do not close your web browser and wait a few seconds, and please complete the survey. **Please note: *the online survey may appear in another window or tab after the webinar ends.***
- Within two (2) weeks after webinar and upon completion of the online survey, you will receive the PDF CME or CE certificate based on your credential and after verification of your name and attendance duration time of at least 75 minutes for this 90-minute webinar.
- The PDF webinar presentation will be available within 6 weeks after webinar date on lacare.org website located at <https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars>
- Any questions about L.A. Care Health Plan's Provider Continuing Education (PCE) Program and our CME/CE activities, please email Leilanie Mercurio at [lmercurio@lacare.org](mailto:lmercurio@lacare.org)



# Presenter's Bio

Joshua Khalili, MD, is an internal medicine physician who practices traditional primary care, complex medical care for the UCLA Health Extensivist Program in Santa Monica, and HIV care at the UCLA CARE Center. He is board certified in internal medicine and uses evidence-based methods and a multidisciplinary team approach to improve health outcomes for patients.

Dr. Khalili is the principal investigator of a randomized control trial investigating the effects of professional coaching on reducing burnout among physicians. He is currently the Associate Chief Wellness Officer and Director of Physician Wellness in the Department of Medicine, Medical Director of the Extensivist-Santa Monica clinic, and Program Director of the Extensivist Kennamer Clinical Training Fellowship.

He has been directly involved and interested in physician wellness, LGBTQ health services and HIV clinical research.

# Presenter's Bio

Sun Yoo, MD, MPH, serves as the Chief Wellness Officer for the Department of Medicine at the David Geffen School of Medicine at UCLA Health, tasked with assessing the wellbeing of physicians and staff and overseeing strategies to target drivers of burnout.

Dr. Yoo chaired the Department of Medicine Well-being Committee since January of 2022, and launched the Office of Wellness in December of 2023, setting up an infrastructure of 22 division wellness champions with representation from all of our academic divisions. Dr Yoo also serves as section chief of Extensivist and Palliative Care Services at UCLA Health.

Dr. Yoo received a Bachelor of Science from Massachusetts Institute of Technology (MIT). She received her Doctor of Medicine at Harvard Medical School, and her Master of Public Health at Harvard School of Public Health. She completed her internal medicine residency and chief residency at UCLA.

# Healthcare Provider Burnout Prevention and Wellness

January 30, 2025 Live Webinar, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits  
Directly Provided CME/CE Activity by L.A. Care Health Plan

Presented by:

Joshua Khalili, MD, Associate Chief Wellness Officer & Director of Physician Wellness

Sun Yoo, MD, MPH, Chief Wellness Officer

UCLA Department of Medicine, David Geffen School of Medicine

# Financial Disclosures

The following CME Planners and Faculty do not have relevant financial relationships with ineligible companies in the past 24 months:

Leilanie Mercurio, L.A. Care Provider Continuing Education (PCE) Program Manager, CME Planner.

Joshua Khalili, MD, Associate Chief Wellness Officer and Director of Physician Wellness, UCLA Department of Medicine, David Geffen School of Medicine, CME Planner and CME Faculty.

Sun Yoo, MD, MPH, Chief Wellness Officer, UCLA Department of Medicine, David Geffen School of Medicine, CME Planner and CME Faculty.

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.

# Learning Objectives

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1. Summarize the three (3) components of healthcare provider burnout.
2. Identify three (3) downstream effects of burnout on provider health, patient care and healthcare systems.
3. Describe at least three (3) evidence-based interventions to decrease burnout among healthcare providers.
4. List at least two (2) national resources available to help address healthcare provider burnout and wellbeing.

# Overview

- Defining and Understanding Burnout
- Burnout: Downstream Effects
- Burnout Assessment
- Healthcare Provider Well-being and Wellness
- Evidence-Based Interventions to Address Healthcare Provider Burnout and Wellbeing
- Resources to Prevent Burnout and Enhance Wellbeing
- Establishing a Wellbeing Program: the UCLA Department of Medicine Experience



# Defining Burnout

- Burnout is an occupational syndrome that is a response to chronic, work-related stressors leading to decreased efficacy at work.
  - Imbalance between occupational demands and available resources.

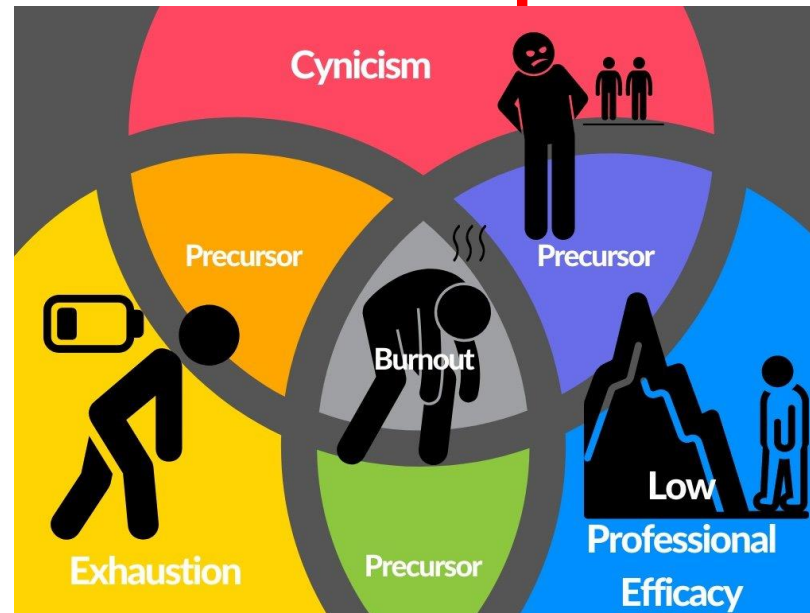


[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

# Defining Burnout

Three key components that make up burnout include:

1. Increased **Emotional Exhaustion**
2. Increased **Depersonalization**
3. Decreased **Personal Accomplishment**



Thomas S. More Than Tired: Understanding Burnout. 2022.

Maslach C, et al. Consulting Psychologists Press, 1996.

# Understanding Burnout

## Emotional Exhaustion

- Loss of energy
- Depletion
- Fatigue



## Depersonalization

- Withdrawal
- Feelings of cynicism towards one's job

## Decreased Personal Accomplishment

- Reduced feelings of accomplishment and professional productivity

# Healthcare Provider Burnout

- Healthcare provider burnout is a national crisis
- As of 2021, the majority (61%) of physicians suffer from burnout
  - Disproportionately higher than non-physician workers in the US
  - Prevalence rose especially in the setting of the COVID-19 pandemic
  - Trends towards a decrease in burnout in the last 1-2 years
    - 2023 AMA Organizational Biopsy: 48% burnout among physicians across the US



Shanafelt TD, et al. *Arch Intern Med.* 2012.  
Shanafelt TD, et al. *Mayo Clin Proc.* 2014.  
Shanafelt TD, et al. *Mayo Clin Proc.* 2022.  
AMA Organizational Biopsy. July 2024.

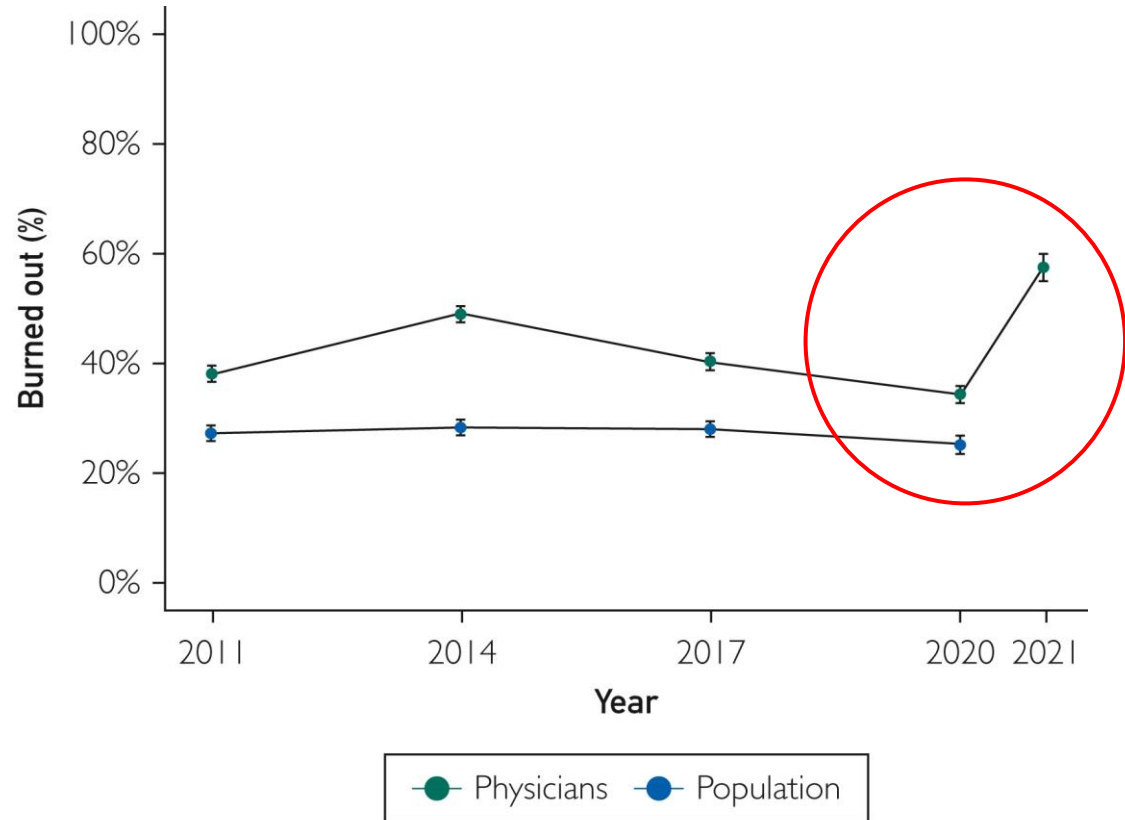
# Healthcare Provider Burnout in FQHCs

- Longitudinal surveys in two waves (2013 and 2014) assessed the experience of clinicians and staff at 296 CMS FQHCs
  - All measures of professional satisfaction worsened significantly over time
  - Overall satisfaction rates declined from 84.2% to 74.4%
  - Rates of burnout increased from 23.0% to 31.5%
  - The proportion of respondents reporting that they were likely to leave their practices within two years increased from 29.3% to 38.2%

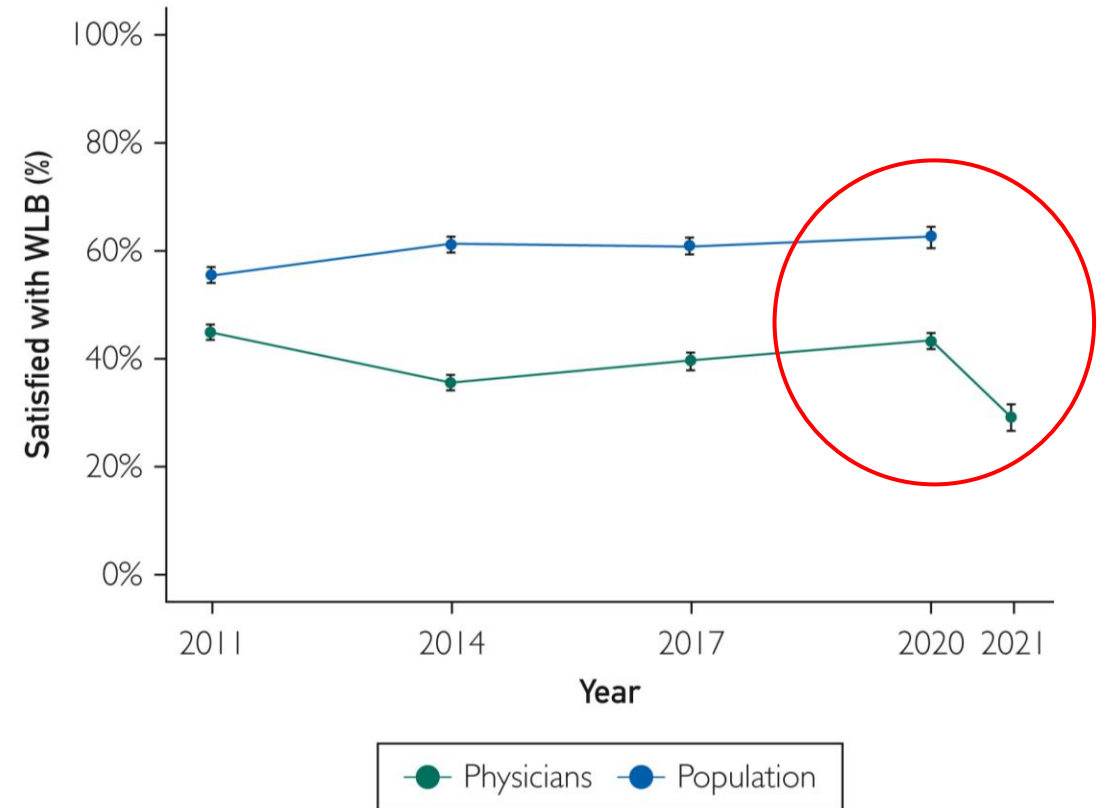
# Healthcare Provider in FQHCs, cont.

- 2018 survey of 74 clinicians in one large California-based FQHC with 44 primary care clinics
  - 30% of physicians (MDs and DOs) and 29% of non-physician providers (NPs and PAs) were burned out
  - Providers in clinics with leaders who promote change were less burned out
  - More pressure from patient care (higher demand) = higher burnout
- There is a significant need for more updated data on burnout among healthcare workers in FQHCs!

# Burnout and Work-Life Balance Satisfaction

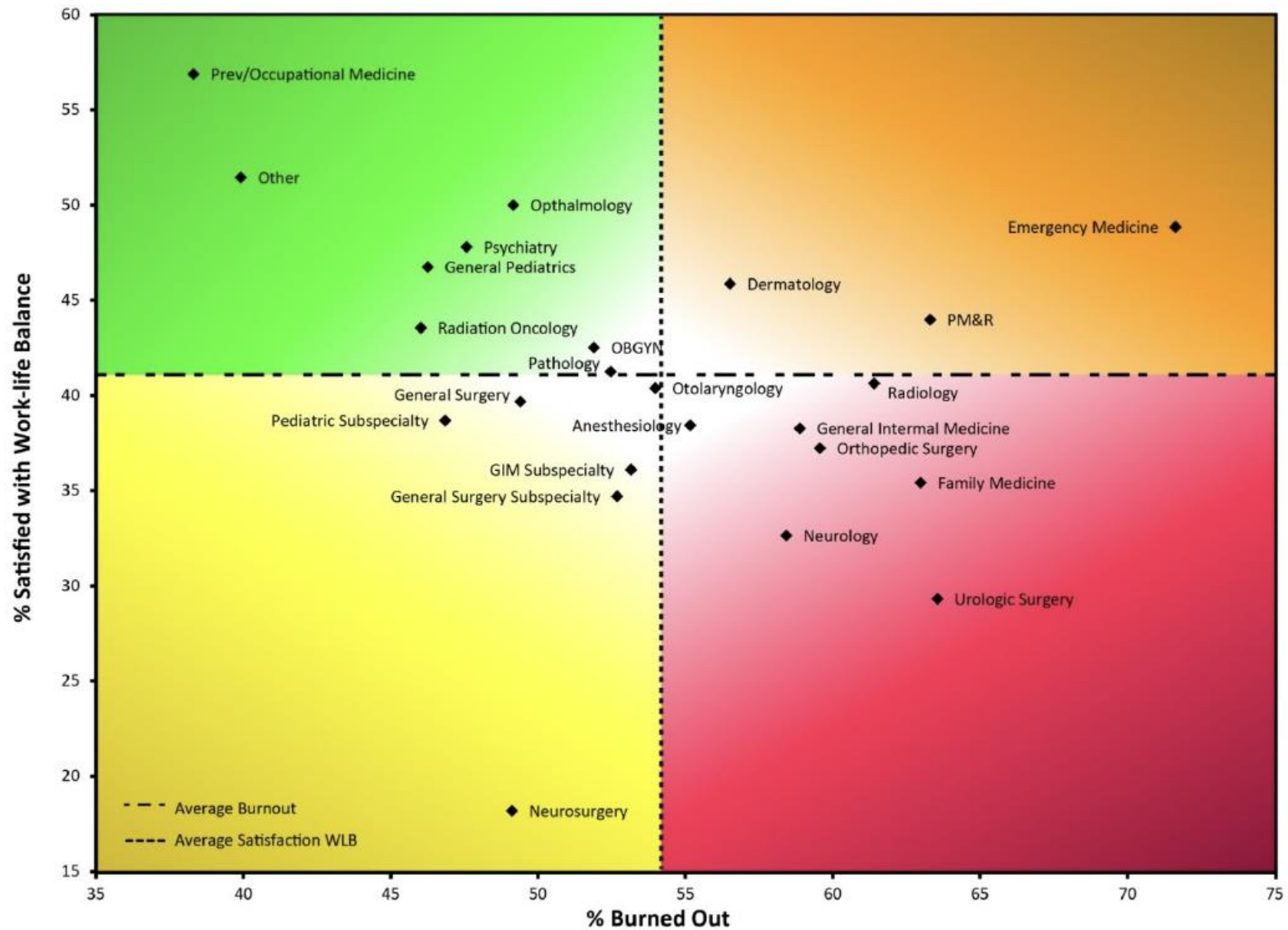


A



B

# Burnout and Work-Life Balance Satisfaction (by physician specialty)





# Disproportionate Impact on Healthcare Provider Well-being

- Healthcare Workers (HCWs) of Color
  - Longstanding structural inequities result in workplace environment disparities
- Low-earning HCWs
  - 90% lower-earning health workers are women and almost one-third live below the federal poverty level
  - Susceptible to irregular hours, contract positions and the need to juggle multiple jobs.

# Disproportionate Impact on Healthcare Provider Well-being, cont.

- Female HCWs
  - Make up nearly 70% of the global health workforce and have higher rates of burnout, depression, anxiety, and insomnia
- HCWs in Rural Communities
  - Face severe healthcare-related constraints due to closures, especially at the start of the COVID-19 pandemic
- HCWs in Tribal Communities
  - Face increasing work demands from chronic lack of program funding and ongoing workforce shortages, including a lack of behavioral health specialists

# Drivers of Burnout

- Societal / Cultural
- Health Care System
- Organizational
- Workplace and Learning Environment

Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. 2022.

## Factors associated with burnout among health workers



# Drivers of Burnout

## Systemic/Structural

- Excessive Workload
- Decreased Work Efficiency
- Poor Team-Based Systems
- Low Personal Autonomy



## Individual

- Sex, age
- Educational debt
- Relationship status
- Age of children
- Partner occupation

# Burnout: Sources of Distress

- Increased clinical demands
- Decreased control over work and schedule
- Decreased time with patients
- Regulatory issues and administrative burden
- Difficulty with work-life integration
- Moral distress and isolation
- Role ambiguity
- Inefficiency of the EHR

Shanafelt, T. Physician Distress & Well-being: State of the Problem and Framework for Solutions. 2024.





# Burnout: Electronic Health Record (EHR)

- 50% clinician workday is spent on EHR and clerical tasks.
  - Average of 28 hr/month EHR work on nights and weekends.

Sinsky C, et al. *Ann Int Med.* 2016.


Arndt BG, et al. *Ann Fam Med.* 2017.

Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. 2022.

**For every hour of direct patient care, physicians currently spend 2 hours on the Electronic Health Record (EHR) system.**



**Nurses spend up to 41% of their time on EHRs and documentation.**

 Office of the  
U.S. Surgeon General



# Burnout: Electronic Health Record (EHR), cont.

- Burnout risk associated with specific EHR functions
  - Order Entry
  - Inbox message volume
- Greater issue in United States
  - US physicians spend more time on notes, orders, in-basket messages, & clinical review
  - US physicians received 2.6 x as many inbox messages as colleagues in other parts of the world
  - Clinical notes in US physicians ~4 times longer than those outside the US

Shanafelt, T. Physician Distress & Well-being: State of the Problem and Framework for Solutions. 2024.

Shanafelt T, et al. *Mayo Clinic Proceed.* 2018.

Tai-Seale M, et al. *Health Aff.* 2017.

Holmgren AJ, et al. *JAMA Int Med.* 2023.

Downing NL, et al. *Ann Int Med.* 2018.

Melnick ER, et al. *Mayo Clinic Proceed.* 2020.

# Burnout Drivers by Occupation in Healthcare: Not all the same

**A**

## Physicians



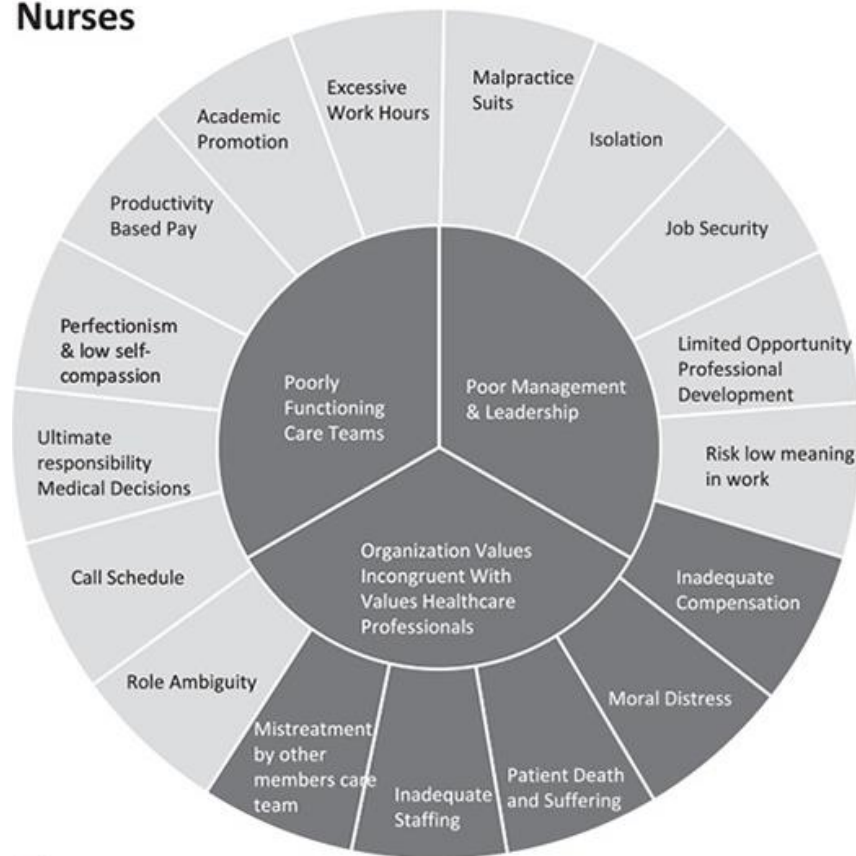
## Advanced Practice Providers





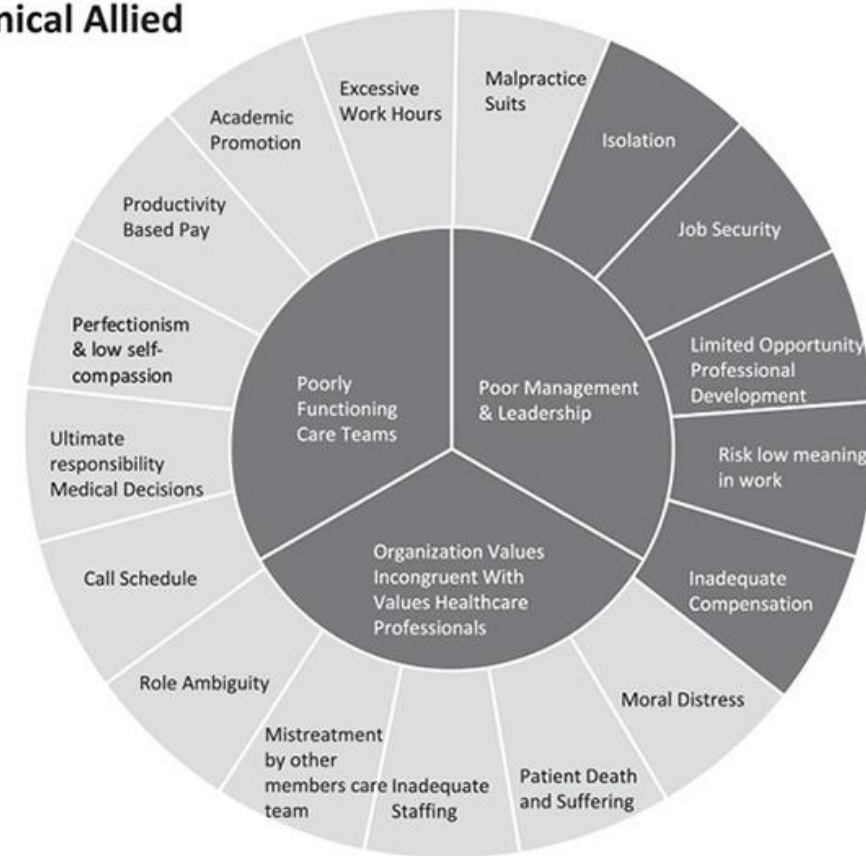
# Burnout Drivers by Occupation in Healthcare: Not all the same, cont.

## Nurses



B

## Non-Clinical Allied Health



# Downstream Effects of Physician Burnout

## Healthcare System

- Increased Physician Turnover
- Decreased Productivity
- Increased Cost



## Physician Health & Wellbeing

- Increased Depression
- Poor Self Care
- Decreased QOL



## Patient Care

- Medical Errors
- Lower Care Quality
- Lower Patient Satisfaction



# Downstream Effects of Physician Burnout

Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce, 2022.



*"I can't provide  
the best care to  
my patients..."*

*"I can't get the  
care I need..."*



## Health worker burnout can have many negative consequences



### Health Workers

- Insomnia, heart disease, and diabetes
- Isolation, substance use, anxiety, and depression
- Relationship and interpersonal challenges
- Exhaustion from overwhelming care and empathy

### Patients

- Less time with health workers
- Delays in care and diagnosis
  - Lower quality of care
  - Medical errors

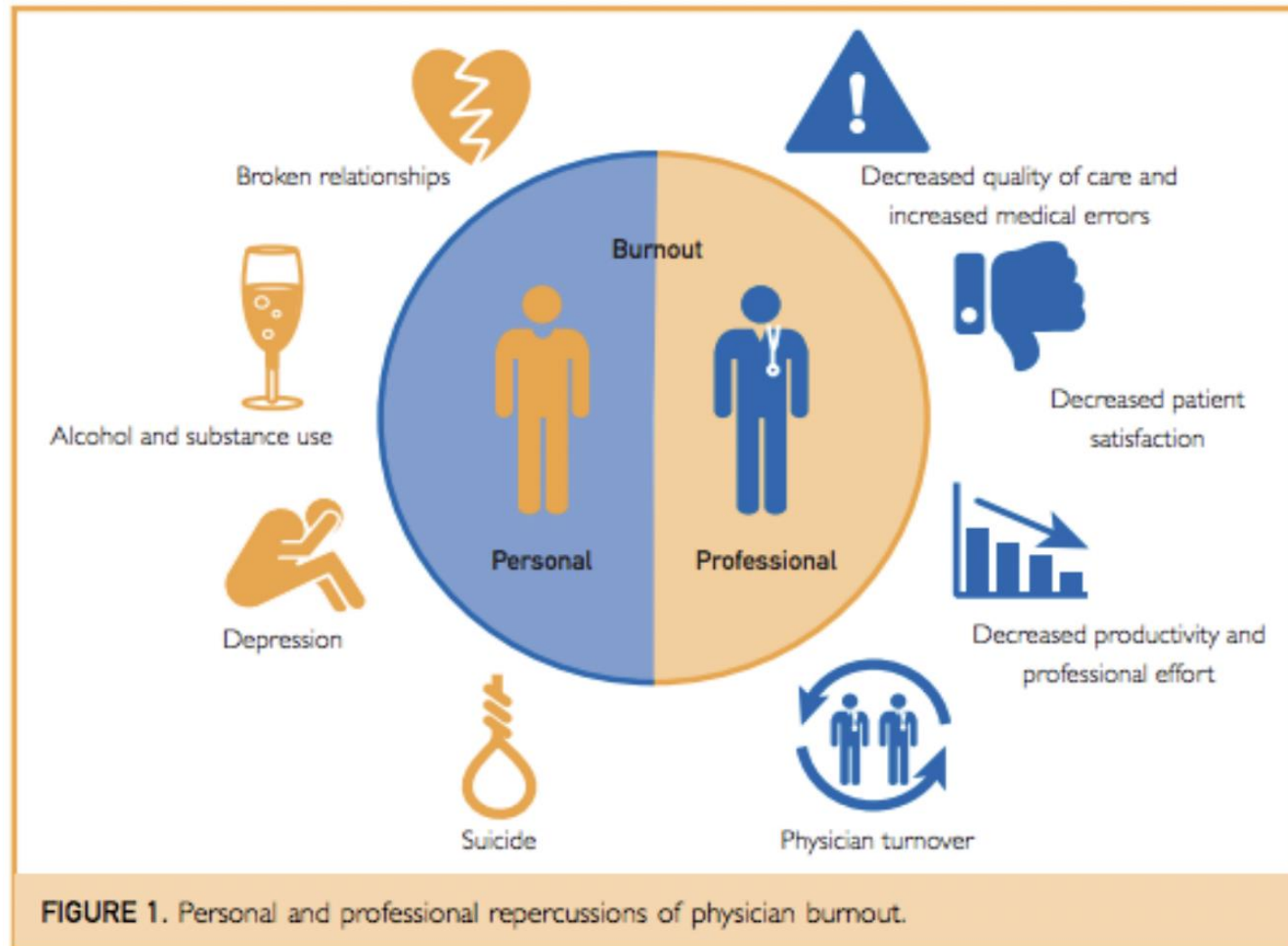
### Health Care System

- Health workforce shortages and retention challenges
  - Limited services available
- Risk of malpractice and decreased patient satisfaction
  - Increased costs

### Community and Society

- Erosion of trust
- Worsening population health outcomes
  - Increased health disparities
- Lack of preparedness for public health crises

# Downstream Effects of Burnout: Personal and Professional



# Downstream Effects of Burnout: Personal Relationships

- Large survey-based study of >6000 physicians across the US, 2020-2021.
- Adverse impact of work on personal relationships (IWPR) reported by > 40% physicians.
  - 21.4% moderate and 21.2% severe adverse IWPR.
- Impact is higher in single physicians, women, those with children ages 5-12.
- Physicians more likely than workers in other fields (outside healthcare) to endorse:
  - “In the past year, my job contributed to me feeling more isolated or detached from the people who are important to me”.





# Downstream Effects of Physician Burnout

- Costs of Burnout in Medicine
  - Estimated \$4.6 billion/year on a national scale.
  - By institution: ~\$6000-8000/physician/year in primary care, up to \$500k when physicians turnover many of whom do because of burnout.



# Burnout Assessments

- **Maslach Burnout Inventory** (gold standard)
- **Stanford Professional Fulfillment Index:** measures symptoms of burnout (work exhaustion and interpersonal disengagement) as well as professional fulfillment
- **Physician Worklife Study (PWLS):** single-item to measure burnout symptoms
  - “Overall, based on your definition of burnout, how would you rate your level of burnout?”
- **Mini-Z 2.0:** validated and short measure of burnout, domain for EHR included
- **Mini ReZ (Resident Mini-Z):** validated burnout assessment for resident physicians

# Burnout Assessment: Mini-Z 2.0

- All Mini-Z surveys are available for free access
  - <https://www.professionalworklife.com/mini-z-survey>

**1. Overall, I am satisfied with my current job:**

5=Agree strongly 4=Agree 3=Neither agree nor disagree 2=Disagree 1=Strongly disagree

**2. Using your own definition of "burnout", please choose one of the numbers below:**

5=I enjoy my work. I have no symptoms of burnout.

4= I am under stress, and don't always have as much energy as I did, but I don't feel burned out.

3=I am **beginning to burn out** and have one or more symptoms of burnout, e.g. emotional exhaustion.

2= The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.\*

1=I feel completely burned out. I am at the point where I may need to seek help. \*

\*If you select 1 or 2, please consider seeking assistance – call your insurance provider or employee assistance plan (EAP)

**3. My professional values are well aligned with those of my clinical leaders:**

5=Agree strongly 4=Agree 3=Neither agree nor disagree 2=Disagree 1=Strongly disagree

**4. The degree to which my care team works efficiently together is:**

1=Poor 2=Marginal 3=Satisfactory 4 =Good 5 =Optimal

**5. My control over my workload is:**

1 = Poor 2 = Marginal 3 = Satisfactory 4 = Good 5 = Optimal

**6. I feel a great deal of stress because of my job**

1=Agree strongly 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

**7. Sufficiency of time for documentation is:**

1 = Poor 2 = Marginal 3 = Satisfactory 4 = Good 5 = Optimal

**8. The amount of time I spend on the electronic medical record (EMR) at home is:**

1=Excessive 2=Moderately high 3=Satisfactory 4=Modest 5=Minimal/none

**9. The EMR adds to the frustration of my day:**

1=Agree strongly 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

**10. Which number best describes the atmosphere in your primary work area?**

Calm	Busy, but reasonable	Hectic, chaotic
5	4 3 2	1

**11. Tell us more about your stresses and what we can do to minimize them:**

**Total Score**

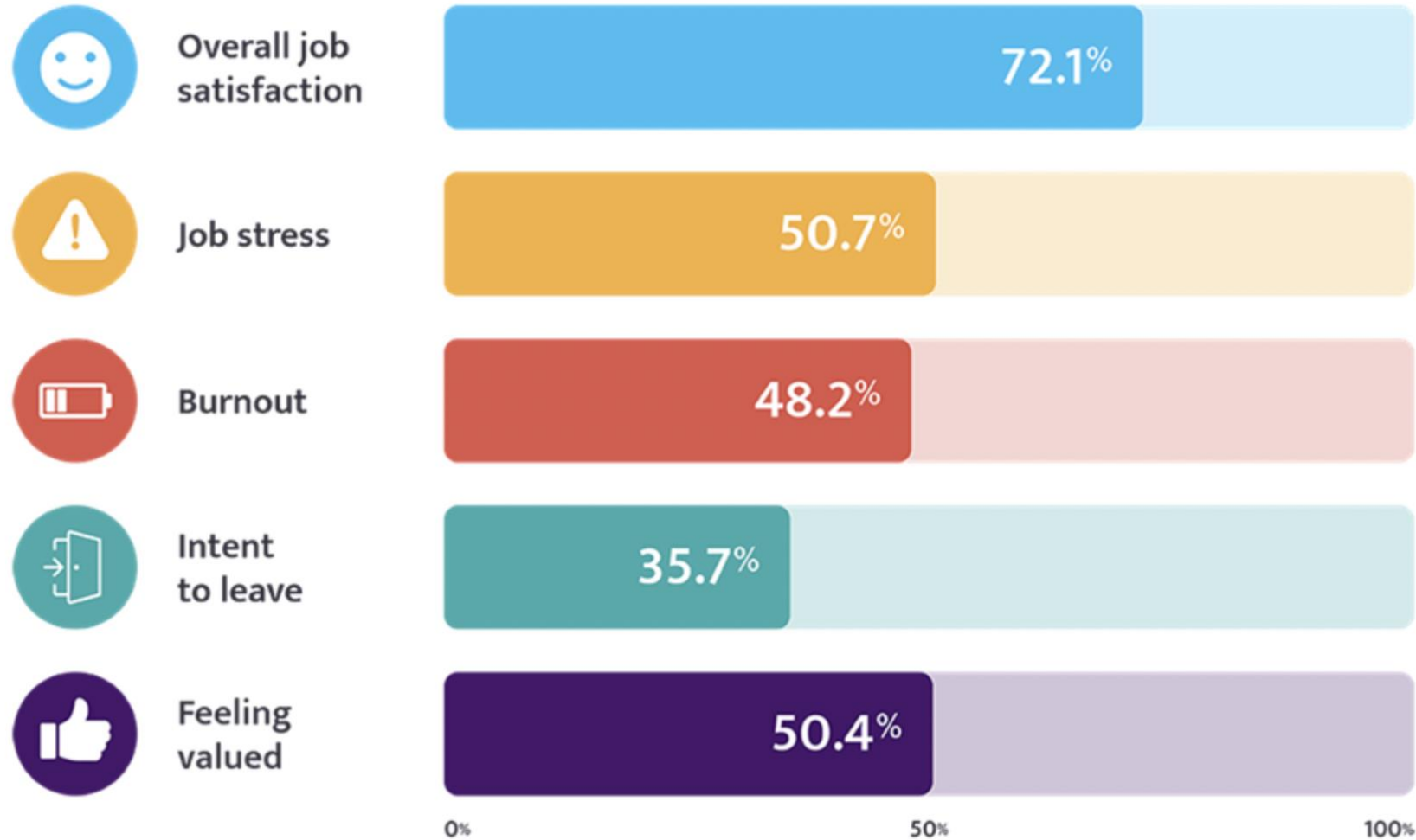
Scoring your Mini Z: add the numbered responses from questions 1-10. Range 10-50 ( >= 40 is a joyful workplace).

**Subscale 1** (supportive work environment) = add the numbered responses to questions 1-5. Range 5-25 ( >= 20 is a highly supportive practice!).

**Subscale 2** (work pace and EMR stress) = add the numbered responses to questions 6-10. Range 5-25 (>= 20 is an office with reasonable pace and manageable EMR stress!).



# Healthcare Organization Key Performance Indicators



# Clinician Well-being Assessments in Hospitals & FQHCs

- 2022 survey of all Joint Commission-Accredited Hospitals and FQHCs across the US.
  - 396 (20%) hospitals and 85 (33%) FQHCs responded.
  - 34% conducted a well-being assessment of clinicians in the last 3 years.
  - 10% hospitals and 5% of FQHCs established a senior leadership position for addressing clinician well-being (i.e., Chief Wellness Officer).

# Workplace Well-being and Engagement

- 7 domains that lead to increased work engagement.
  - Each is influenced by individual, work unit, organizational and national/systemic factors.

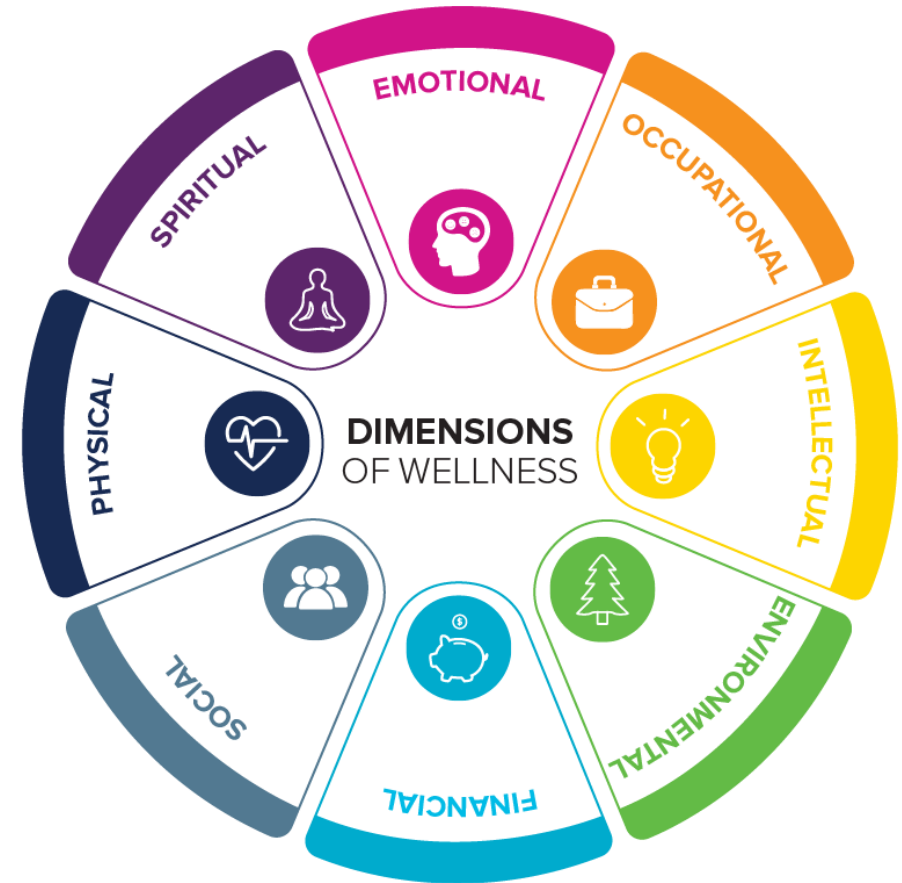


# Stanford WellMD: Professional Fulfillment Model



# Dimensions of Wellness

- While occupation is a significant contributor to overall wellness, other factors are necessary to address wellness in a holistic approach.



# HCW burnout: brief guided mindfulness interventions ranging from 4-8 weeks

- RCT of 8-week brief stress management intervention for social workers to increase psychological flexibility consisting of four 3-hour sessions led by a pair of therapists; findings: statistically significant lower level of perceived stress (PSS) than the controls and lower burnout symptoms (MBI-total scale).
- ICU nurses with burnout participated in 8-week mindfulness-based intervention experienced reductions in emotional exhaustion and depersonalization and increases in personal accomplishments at 1-month and 3-month follow-ups.
- Pilot RCT for Primary Care Physicians- participants in the intervention group reported significant improvements in stress ( $P < 0.001$ ), mindfulness ( $P = 0.05$ ), emotional exhaustion ( $P = 0.004$ ), and depersonalization ( $P = .01$ ).

# HCW Burnout and Mindfulness: some mixed results

- RCT of unguided digital mindfulness-based self help app showed reductions (small effect size) in stress, depression, and anxiety, but not burnout (Taylor et al., 2022).
- Efficacy of Transcendental Meditation to Reduce Stress Among HCWs showed statistically significant decrease in secondary end points of burnout, anxiety, and insomnia, but no statistically significant decrease in psychological distress on Global Severity Index (Joshi et al., 2022).

# HCW Burnout and Professional Coaching

- Professional coaching has been demonstrated to reduce burnout in physicians.
  - One-on-one coaching RCT at Mayo Clinic (2019): 88 physician participants.
    - Six one-on-one coaching sessions (3.5 hrs total, \$1400/participant).
    - 17% overall burnout reduction vs 5% increase in control.
  - Online group coaching pilot + expanded RCTs among female resident physicians (2022, 2023).
    - Reduction in burnout + improved measures of well-being.

Dyrbye LN, et al. *JAMA Intern Med.* 2019.  
Mann A, et al. *JAMA Netw Open.* 2023.  
Fainstad T, et al. *JAMA Netw Open.* 2022.





# Coaching Themes

## Occupational Wellness

- Optimizing meaning and engagement
- Improving efficiency
- Addressing workload and boundary setting
- Building leadership skills



## Personal Wellness

- Pursuing hobbies
- Promoting self-compassion and self-care (with a focus on physical and mental health)
- Enhancing Communication



## Social Wellness and Community

- Building social support, exploring connectedness and community



# Health Work Place (HWP) Study: improving working conditions

**Table 1.**

List of Representative Interventions in Healthy Work Places Study by Category

Communications	Workflow	Targeted quality improvement (QI)	Other
Improved interpersonal communication and teamwork	Utilize MA to enter data into EHR	Establish quality metrics for injections and mammograms	Dashboard patient population measures for clinicians
Improved communication among providers	Better patient flow through the clinic	New automated prescription line, freeing time for nurses	OWL data presentation (to prompt discussions on changing the clinic environment)
Monthly clinician meetings (formal discussions on patient care) to improve collegiality	Sharing information to make clinic more efficient	Medication reconciliation project	
Informal survey of clinicians for a 'wish list' of identified issues	Assess workflow between MAs and nurses	Project to improve ophthalmology and podiatry screening in diabetics	
Monthly email from firm leaders with systems updates	More time for nursing/MA staff to complete tasks	Examination of hypoglycemic events and associated medications	
Clinicians meeting individually with leadership to review schedules and identify concerns	Pairing one MA with each attending	Initiation of depression screening	
	Nurse coordinator providing oversight for patient issues	PDSA program for patient portals	
	Call schedule changed to share call		
	Planned increase in time for return visit from 15 to 20 minutes		
	Staff support with patient forms		

# Improvement in burnout, satisfaction, stress, and intent to leave in intervention group vs control

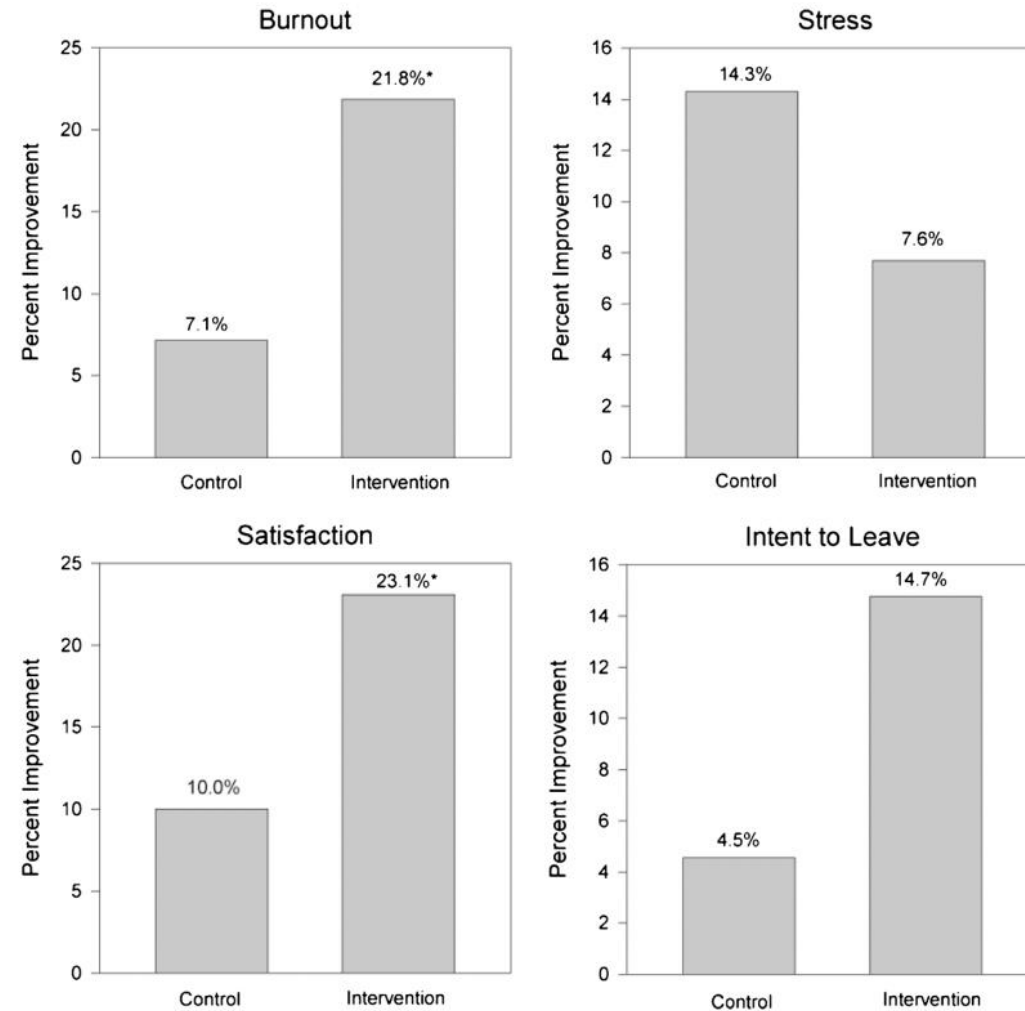


Figure 2. Percent of HWP clinicians showing improvement in burnout, stress, satisfaction and intention to leave in intervention versus control clinics. \* $p < 0.05$ .

# Burnout Improvement by Category of Intervention

**Table 4. Separate Multilevel Logistic Regression Analysis of Clinician Improvement by Specific Intervention Type: Control Clinics Versus 1) Targeted QI Clinics and 2) Communication or Workflow Change Clinics**

	Improvement in burnout			Improvement in stress			Improvement in satisfaction			Improvement in intent to leave		
	Odds Ratio (se)	<i>p</i> value	95 % CI	Odds Ratio (se)	<i>p</i> value	95 % CI	Odds Ratio (se)	<i>p</i> value	95 % CI	Odds Ratio (se)	<i>p</i> value	95 % CI
Quality improvement (QI) ( <i>n</i> =6)	4.8 (3.2)	0.02	(1.3, 18.0)	0.6 (0.5)	0.47	(0.1, 2.8)	2.4 (1.6)	0.17	(0.7, 8.8)	2.1 (2.0)	0.44	(0.3, 13.5)
Communication or workflow emphasis ( <i>n</i> =11)	3.0 (1.9)	0.08	(0.9, 10.5)	0.5 (0.3)	0.30	(0.1, 1.9)	3.1 (1.7)	0.04	(1.0, 9.2)	4.2 (3.2)	0.06	(1.0, 18.3)

*Controlling for age, gender and practice type*

# DoM IS COMMITTED TO WELLNESS

## ANNUAL WELLNESS SURVEY

**2022: 80%** Response Rate      **2024: 82.6%** Response Rate  
**2023: 73.4%** Response Rate

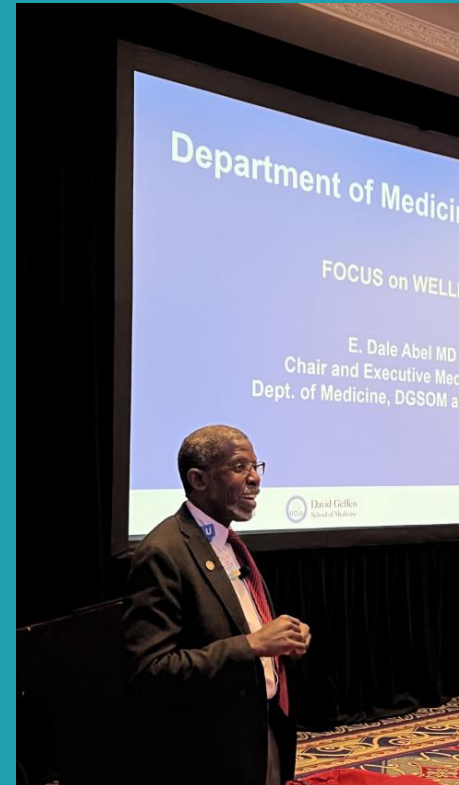
**UCLA Health**

Thank you for taking the time to complete the Department of Medicine Practice Group Wellness Survey. We are interested in hearing about your experience and opinions. The answers that you provide will be de-identified, aggregated with responses from others, and summarized as feedback to you, your colleagues, and to the Department of Medicine to guide wellness efforts. It should take approximately 5 minutes to complete.

Please choose the answer that best describes your experience with your job

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Overall, I am satisfied with my current job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a great deal of stress because of my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My professional					

## REGIONAL WELLNESS TOWNHALLS



# UCLA Department of Medicine invests in Office of Wellness



# OFFICE OF WELLNESS and the DoM STRATEGIC PLAN

The DoM Office of Wellness will align with and complement the DoM strategic plan's people-centered initiatives. **The success and wellbeing of our people is at the heart of our department.**

## Research

- Research faculty survey
- Research faculty onboarding
- Early career roundtable

## Education

- Mentorship for trainees
- Mentorship for staff
- Faculty educator support and recognition

## Patient Care

- Ambulatory operational standards (inbasket management and Rooming/after visit activities)

## Community Engagement + Investment

- Contracting for partnerships with community organizations

## Foundational Goal

- Staff engagement programming (Office of EDI)
- Affinity groups
- Staff communities of practice and appreciation events



# OFFICE OF WELLNESS- Strategic Pillars

Lead in innovations to cultivate wellness, professional fulfillment, and transformative practices.



# DIVISION WELLNESS CHAMPIONS



- Increase Engagement with Division
- Co-Lead Wellness Focus Groups
- Lead and participate in DoM Wellness Strategic Pillars
- Lead Division-Specific Wellness Initiative
- Set Division-Specific Wellness Goals
- Wellness information sharing with division
- Organize and Promote Wellness Events/Community Building
- Provide support and connect faculty to appropriate resources as needed

# DoM Wellness Townhalls

## WESTWOOD, SANTA MONICA, EAST CAMPUS

**MONDAY, August 5, 2024** | 5-7 PM

5 - 6 PM - Reception  
6 - 7 PM - Presentation



UCLA Conference Luskin Center

## SOUTHBAY & EAST CAMPUS

**MONDAY, August 19, 2024** | 5-7 PM

5 - 6 PM - Reception  
6 - 7 PM - Presentation



Torrance Marriott Redondo Beach

## NORTH VALLEY, CENTRAL COAST, EAST CAMPUS

**WEDNESDAY, August 14, 2024** | 5-7 PM

5 - 6 PM - Reception  
6 - 7 PM - Presentation



Westlake Village Inn

## HOSPITALISTS

**THURSDAY, August 22, 2024** | 5-7 PM

5 - 6 PM - Reception  
6 - 7 PM - Presentation



UCLA Conference Luskin Center

## RESEARCH FACULTY

**MONDAY, November 4, 2024** | 5-7 PM

5 - 6 PM - Reception  
6 - 7 PM - Presentation



UCLA Faculty Club

# Wellness Focus Groups

## DIVISION WELLNESS FOCUS GROUPS

- Cardiology
- Dermatology
- Endocrinology
- Digestive Diseases
- GIM - Primary Care
- GIM - Hospital Medicine
- GIM – Palliative Care
- Geriatrics
- Hematology/Oncology
- Infectious Diseases
- Nephrology
- Pulmonary Critical Care, Sleep Medicine, Clinical Allergy & Immunology
- Rheumatology

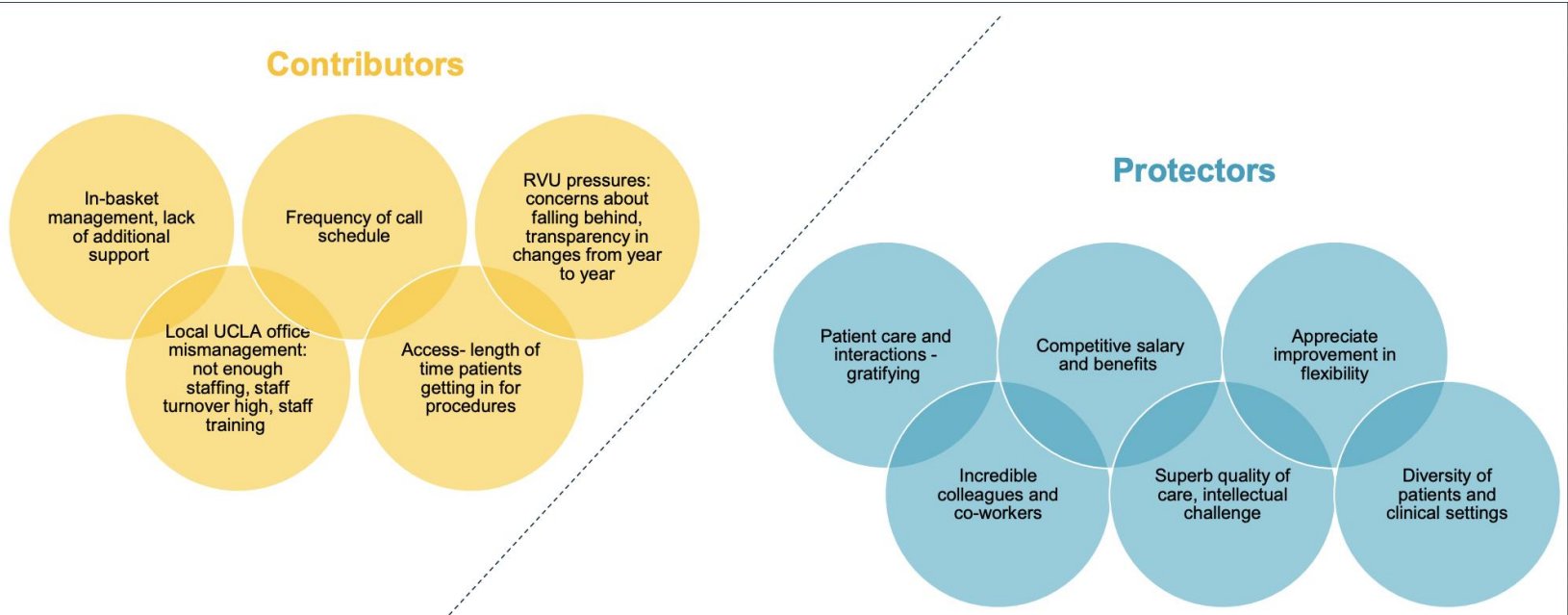
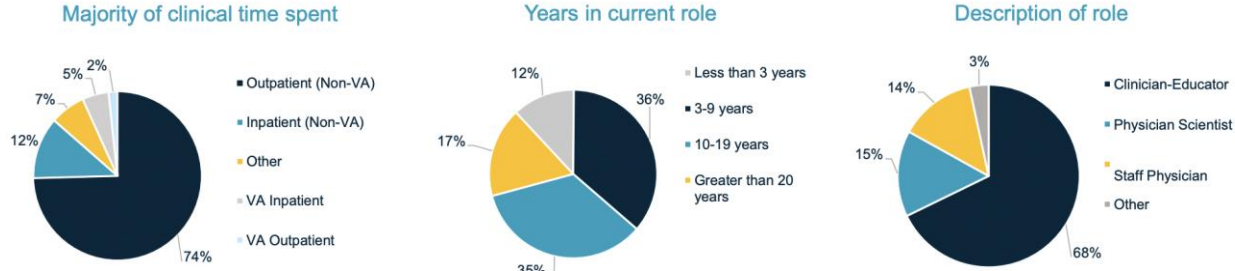
## SPECIAL INTEREST WELLNESS FOCUS GROUPS

- Early Career – 0 to 3 years
- Women in Medicine
- Physician Scientist
- Work Life Integration While Parenting
- Underrepresented in Medicine

# Division Wellness Reports

## Key Milestones

**Domains:** Burnout Rates, Leadership Ratings, Mentorship, Experience in Role, Workload





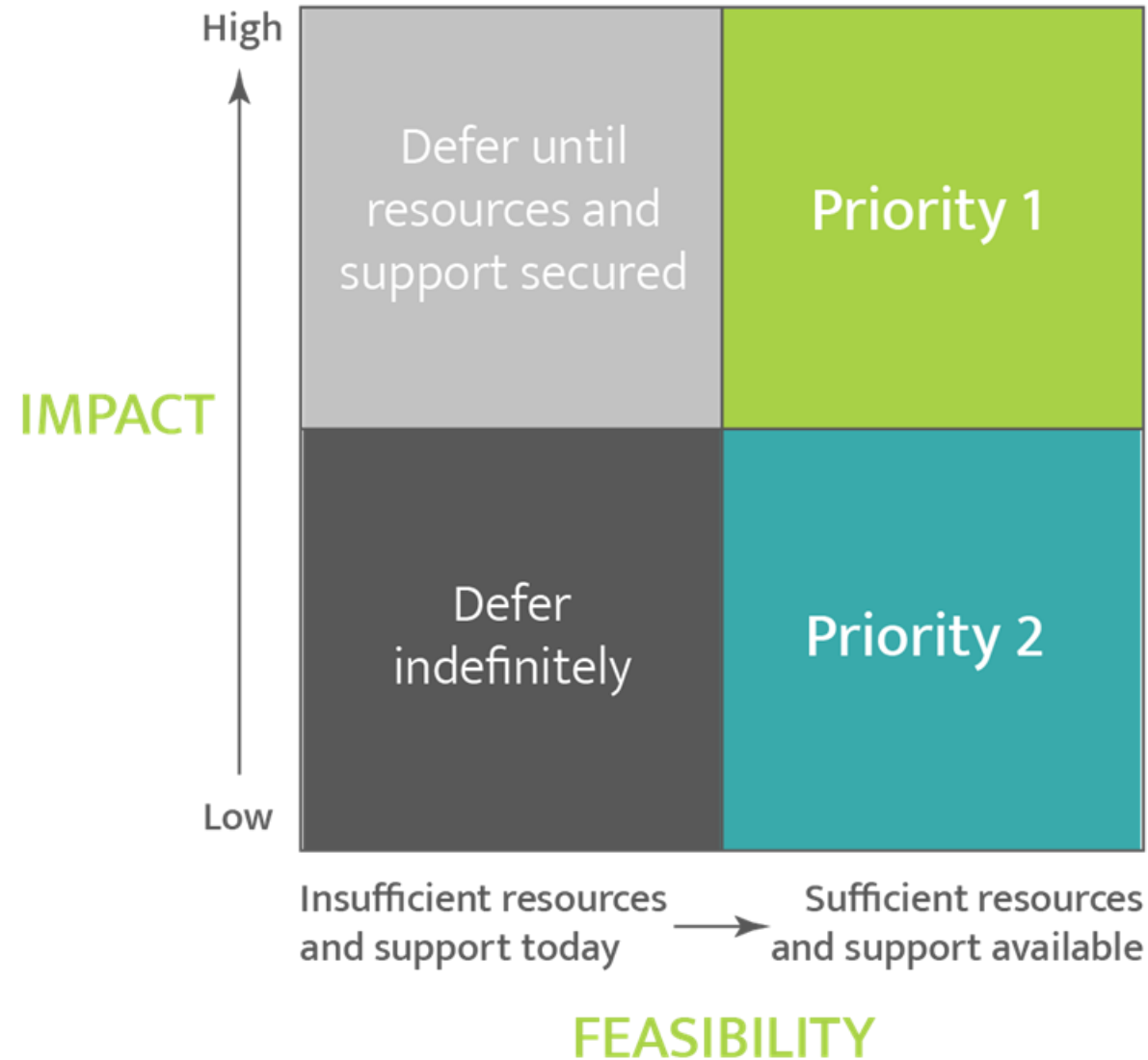
# Division Wellness Initiative: Local Opportunities for Improvement (LOFI)



1. LISTEN to the team to uncover LOFIs that are unique to your practice/division – You have done this through FOCUS groups.
2. SORT the LOFIs to prioritize them for resolution.
3. EMPOWER team members to make changes and resolve issues.
4. REPEAT to revisit or replenish your list of LOFIs.

## Part 2: Prioritize LOFIs based on categories

### Assess Feasibility and Impact of LOFI





# WELLNESS RESOURCES, POLICIES, AND EVENTS

Discover what wellness can do for you

**U** ARE OUR #1 PRIORITY

The Department of Medicine (DoM) at UCLA Health is committed to the well-being of faculty and staff. As a valued member of the department, you are invited to explore the wellness resources and services offered to support your well-being at UCLA Health.

Wellness  
Spotlight

Wellness  
Resources

Mental Health  
Resources

DoM  
Policies

Workplace  
Incentives

DoM Latest  
News

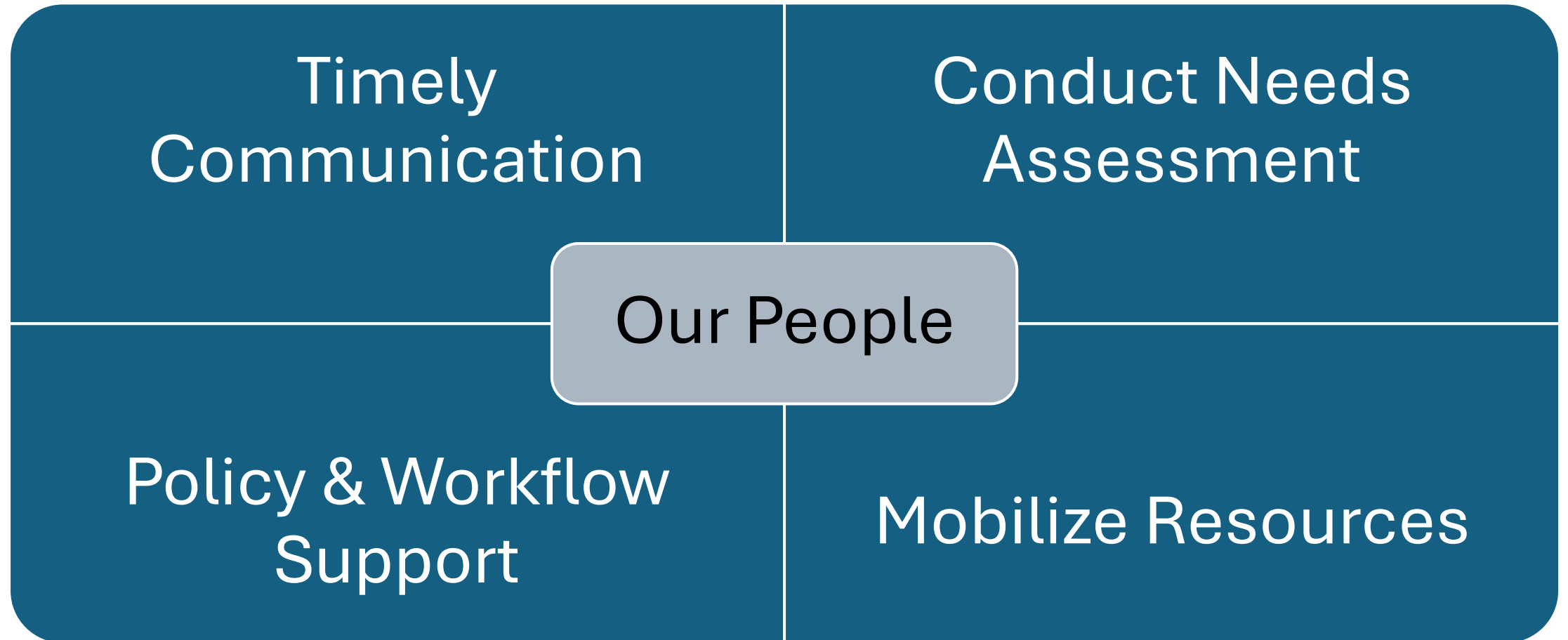
[www.dom.med.ucla.edu/dom-wellness](http://www.dom.med.ucla.edu/dom-wellness)

# SOCIAL CONNECTION STRENGTHENING COMMUNITY

- Established to provide an opportunity for an informal gathering of faculty and staff outside of clinic to foster a stronger sense of community.
- Divisions allotted funding to improve social connection in their units.
  - Debrief Sessions
  - Ropes Course: Team-Building
  - Zoom Yoga
  - Clinic/region lunches
  - Division Picnics
  - Wine & Sip Paint Night
  - Food Trucks
  - Lunch and Learns



# OFFICE OF WELLNESS: **DISASTER RESPONSE**



# National Mental Health Resources

- Healthcare Worker Support Line:
  - National Suicide Prevention Lifeline: 1-800-273-8255 (24/7)
  - **Disaster Distress Helpline:** 1-800-985-5990 (24/7)
- Physician Support Hotline:
  - Emotional Support: 1-888-409-0141 (M-F, 8am-5pm, volunteer psychiatrists)

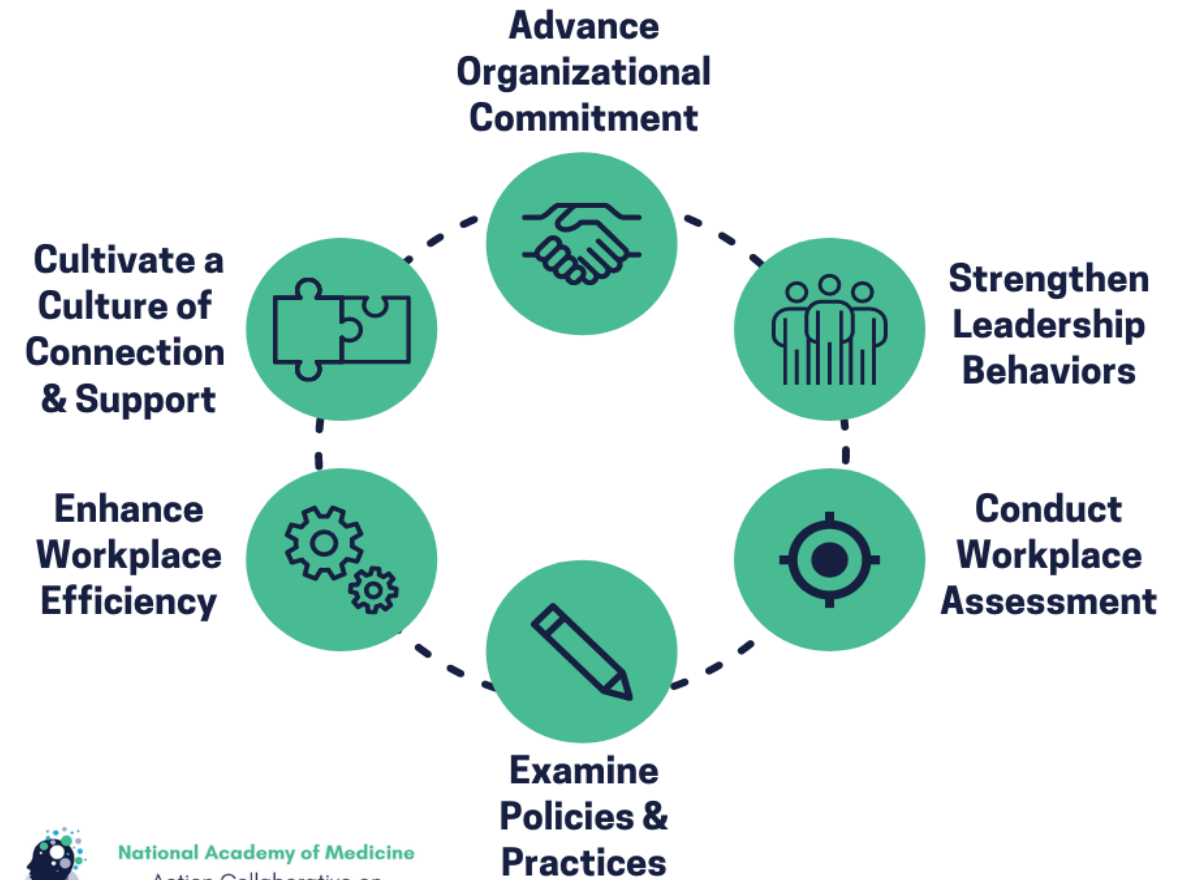
# National Academy of Medicine Report on Health Workforce Well-Being



## NATIONAL PLAN for health workforce well-being



## Resources for Health Care Worker Well-Being: 6 Essential Elements



[nam.edu/CW](https://nam.edu/CW) | #ClinicianWellBeing

# AMA STEPSforward



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## Redesign your practice. Reignite your purpose.

AMA STEPS Forward® open-access resources offer innovative physician-developed strategies that allow physicians and their organizations to thrive in the new health care environment. These resources can help you prevent physician burnout, create the organizational foundation for joy in medicine, and improve practice efficiency.



AMA STEPS Forward® presents actionable, practical toolkits and customizable resources that you can use to successfully implement meaningful and transformative change in your practice or organization. [See How it Works](#)

AMA STEPS Forward

PROFESSIONAL WELL-BEING 0.25 Credit

### [“Real PTO” for Physicians: Reduce Barriers to Taking Time Off](#)

AMA STEPS Forward

PROFESSIONAL WELL-BEING 21m 24s

### [Frontline Connect: Eliminating Barriers to Mental Health Services for the Health Care Workforce](#)

AMA STEPS Forward

PROFESSIONAL WELL-BEING 30m 39s

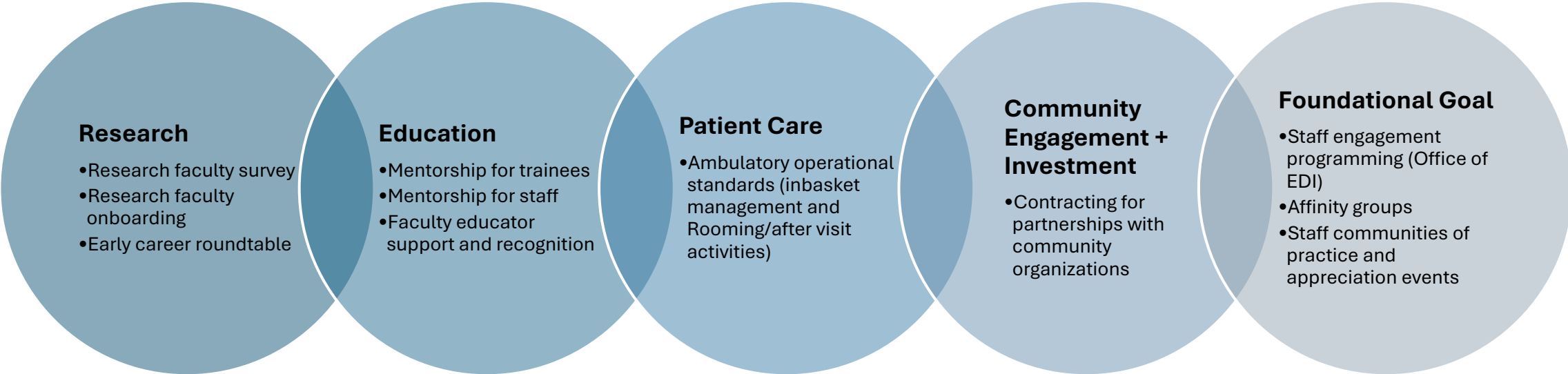
### [Rapid Supportive Debriefs: A Tool for Embodying Wellness-Centered Leadership After Stressful Events](#)

AMA STEPS Forward



# CULTURE TO PRIORITIZE WELL-BEING

The success and wellbeing of our people is at the heart of our department.





# FAQs

1. Which of the following factors are most commonly associated with increased risk of burnout among healthcare providers?

- A) High levels of personal accomplishment.
- B) High workload.
- C) Strong support systems.
- D) Personality Type.

# FAQs

2. What is a common sign of burnout among healthcare providers?

- A) Increased empathy for patients.
- B) Enhanced job satisfaction.
- C) High emotional exhaustion.
- D) Decreased communication skills.

# FAQs

3. What is the most recent (2023) estimated prevalence of burnout among physicians in the US?

A) 90%

B) 48%

C) 24%

D) 10%

# FAQs

4. Which strategy is considered effective in preventing burnout among healthcare providers?

- A) Ignoring stress and focusing solely on patient care.
- B) Establishing a system-wide culture of wellbeing and support.
- C) Working longer hours to manage patient loads.
- D) Avoiding conversations about mental health.

# Q & A Session





## L.A. Care PCE Program Friendly Reminders

**Friendly Reminder**, a survey will pop up on your web browser after the webinar ends. Please do not close your web browser and wait a few seconds, and please complete the online survey.

**Please note**: *the online survey may appear in another window or tab after the webinar ends.*

Upon completion of the online survey, you will receive the PDF CME or CE certificate based on your credential, verification of name and attendance duration time of at least 75 minutes, **within two (2) weeks after today's webinar.**

*Webinar participants will only have up to two weeks after webinar date to email Leilanie Mercurio at [Imercurio@lacare.org](mailto:Imercurio@lacare.org) to request the evaluation form if the online survey is not completed yet. No name, no survey or completed evaluation and less than 75 minutes attendance duration time via log in means No CME or CE credit, No CME or CE certificate.*

***Thank you!***

