

MEASURING YOUR PROGRAM

ONGOING PROGRAM MANAGEMENT

We would like to mention one caveat about measuring outcomes: Don't overdo it!

Once operational, your wellness committee or task force will probably need to meet for at least a year. With strong policies and procedures in place, a quarterly meeting during the first year may suffice for oversight and tweaking. Thereafter, the committee may need to meet less often and only on an as-needed basis.

We recommend you create a program dashboard to report program data back to your board. This information is effective at informing the board of the program's effectiveness and will help forecast PWP usage for future years, allowing you to budget appropriately.

We would like to mention one caveat about measuring outcomes: Don't overdo it! Your physicians are scientists by nature, and they are constantly being pressured for more and more proof of their effectiveness. You may be tempted (or pressured) to do the same with this program, and you can easily overcomplicate it.

With that in mind, if you are going to do any widespread or repeated surveys, we recommend that you only collect the minimal amount of information your board or steering committee needs to make effective choices, positively promote it, or solicit funds for it. Unless you are planning to publish research, keep it simple.

You may also discover that the committee will continue to add value by promoting the program and by keeping the conversation around well-being alive in the medical community even after the program launches. Committee members may further see the need to advocate for employer- and institutional-level changes to support physician/provider well-being.

It is easy once the program is operational and running smoothly to stop thinking about it. After your program has been operational for a few years, it may serve you well to go back and do a top-to-bottom policy and procedure review with a fresh set of eyes and open-mindedness. This could include perspectives from members who haven't been around as long, behavioral health specialists, and new staff. It may be beneficial to also “re-vet” all contracted mental health providers/professionals to be sure they still fit the program and to find out what their perspective is on how your program could be streamlined.



SAMPLE

Therapy Session Participant Survey



Any Medical Society Physician Wellness Program Participant Survey

The information collected on this form is useful for AMS to know how to best provide services to our members. Please mail completed form to the Medical Society in the envelope provided. To protect your identity, do not sign or add a return address.

First Time Session Follow-Up Session Date of Session _____

Please tell us about your experience with the AMS Coaching Program:

1. Who was your counselor?
2. Accessing the program and getting set up with the counselor went well. Yes No
3. The counselor was able to offer me an appointment time that worked for me. Yes No
4. The location was convenient. Yes No
5. The counselor was easy to talk to. Yes No
6. My meetings with this counselor have been helpful. Yes No
7. I plan to continue seeing this counselor. Yes
 No, was not satisfied with visit. No, services no longer needed.
8. I would recommend this counselor to my colleagues or patients. Yes No
9. I am confident that confidentiality is being maintained. Yes No Not sure
10. Additional comments or suggestions:

Basic Demographics

- Age 25-45 Age 45-65 Age 66+
- Male Female
- Physician Spouse or Partner

SAMPLES

Therapist Visit Demographics Form



Any Medical Society Coaching Visit Information

The information collected on this form is important for AMS in knowing how to best provide services to our members and to evaluate the usefulness of the AMS wellness program. This form should be completed for each client and returned to the AMS office at the end of each month. Assign each client with a unique number. This will be for AMS tracking purposes only.

Name of Coach: _____ Month/Year: _____ Unique ID: _____

Date	Appointment Type			
_____	<input type="checkbox"/> First Time Session	<input type="checkbox"/> Normal	<input type="checkbox"/> Urgent	<input type="checkbox"/> Critical
_____	<input type="checkbox"/> Follow-Up Session	<input type="checkbox"/> Normal	<input type="checkbox"/> Urgent	<input type="checkbox"/> Critical
_____	<input type="checkbox"/> Follow-Up Session	<input type="checkbox"/> Normal	<input type="checkbox"/> Urgent	<input type="checkbox"/> Critical
_____	<input type="checkbox"/> Follow-Up Session	<input type="checkbox"/> Normal	<input type="checkbox"/> Urgent	<input type="checkbox"/> Critical

Did the visit take place outside of your usual office hours? No Yes

Demographics Report

The following demographics should be reported for first-time appointments only (per year)

Age of Participant: 25-40 41-55 56-65 66+
Is Participant: Physician Spouse/Partner Resident/Fellow Student
Gender: Male Female
Reported Primary Medical Specialty:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Neurology | <input type="checkbox"/> Physical Medicine and Rehab |
| <input type="checkbox"/> Allergy and Immunology | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology, Medical or Radiation | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Surgical Subspecialty |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Pathology | <input type="checkbox"/> Medical Student |
| <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatric Subspecialty | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Internal Medicine Subspecialty | | <input type="checkbox"/> Other/Unspecified |

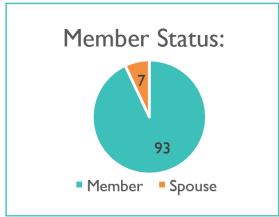
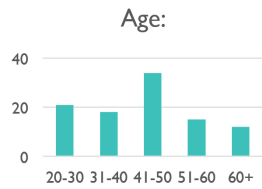
Employment Status

- | | |
|---|--|
| <input type="checkbox"/> Hospital system employed | <input type="checkbox"/> Private practice, associate or partner (not employed) |
| <input type="checkbox"/> Hospital based practice (ED, hospitalist, etc) | <input type="checkbox"/> Residency Program |
| <input type="checkbox"/> Employed by a large group (>9) | <input type="checkbox"/> Medical Student |
| <input type="checkbox"/> Employed by a small group (<10) | <input type="checkbox"/> Retired/Unemployed |
| <input type="checkbox"/> Non-patient care | |

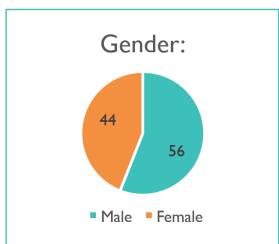
Physician Wellness Dashboard Report



YEAR



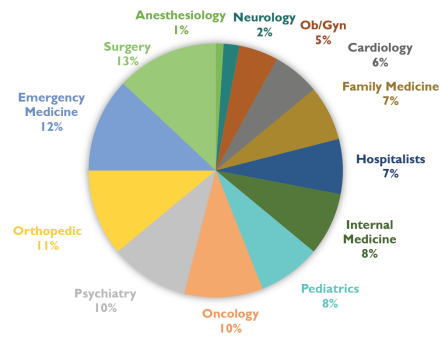
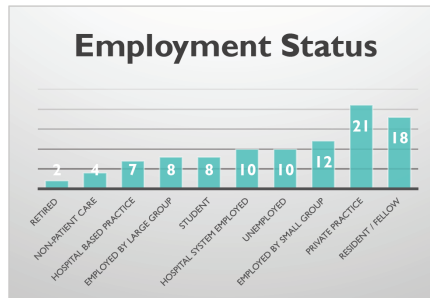
89 % OF PARTICIPANTS RATED THEY FELT REDUCED STRESS AFTER THREE SESSIONS.



ANY COUNTY MEDICAL SOCIETY PHYSICIAN WELLNESS DASHBOARD

THIS DASHBOARD WILL BE PRESENTED TO THE PHYSICIAN WELLNESS ADVISORY BOARD TO PROVIDE AGGREGATE DATA ABOUT THE USE OF OUR PROGRAM. ALL CHARTS REFLECT PERCENTAGES.

TOTAL YTD PARTICIPANTS: 39
TOTAL YTD THERAPIST VISITS: 142





BURNOUT SURVEY TOOLS

Since the publication of the first edition of the tool kit, an increasing number of tools have become available for PWP or medical societies to measure burnout. These tools can be used for self-assessment or across a population of clinicians, be it at a single institution or within a medical society's membership. Some of these are proprietary and available to use for a royalty fee and some are open source.

- The proprietary Maslach Burnout Inventory (MBI) was developed by Christina Maslach in 1981 as a statistical research tool. It is an introspective psychological inventory consisting of 22 items related to occupational burnout and organized around three dimensions: emotional exhaustion, depersonalization, and personal accomplishment. It has been demonstrated to be statistically reliable but is not a useful diagnosis tool. For that matter, DSM-5 does not even include burnout as a diagnosable condition. You can purchase the MBI at <http://www.mindgarden.com/117-maslach-burnout-inventory-mbi>.
- The Mini-Z Burnout Survey – Dr. Mark Linzer's Physician Worklife Survey was used as the basis for this tool. It is promoted by the American Medical Association as the wellness measure of preference and used in its Organizational Biopsy tool. The Mini-Z is available for free for use in research and educational capacities. www.professionalworklife.com/mini-z-survey

- The Professional Quality of Life tool was developed by Dr. Beth Hudnall Stamm and is an open-source tool with attribution. It measures compassion satisfaction and compassion fatigue, burnout, secondary traumatic stress, vicarious traumatization, and vicarious transformation. It includes 30 items measuring the quality one feels in relation to their work as a helper. It is available for free at <https://proqol.org>.
- Copenhagen Burnout Inventory – Developed in Denmark, this free 19-item self-reported measure of burnout contains three sub-scales measuring personal burnout, work-related burnout, and client-related burnout. <https://nfa.dk/da/Vaerktoejer/Sporgeskemaer/Sporgeskema-til-maaling-af-udbraendthed/Copenhagen-Burnout-Inventory-CBI>
- Oldenburg Burnout Inventory – This 16-item assessment was constructed and validated among different German occupational groups, assessing two core dimensions of burnout: exhaustion and disengagement. www.goodmedicine.org.uk/sites/default/files/assessment%2C%20burnout%2C%20olbi.pdf
- Well-Being Index (WBI) – Developed and validated at Mayo Clinic by notable researchers Drs. Liselotte Dyrbye, MHPE, and Tait Shanafelt, the WBI is available commercially for use by institutions. It provides a quick self-survey tool that allows clinicians to self-assess at intervals they determine. The Index also provides links to a variety of resources that can be customized to include local programs and tools. www.mywellbeingindex.org/about

- Stanford Professional Fulfillment Index – This is another tool developed by Dr. Shanafelt et al at the WellMD program at Stanford.
<https://wellmd.stanford.edu/self-assessment.html>
- Physician Work Life Single-Item Questionnaire – Barbara M. Rohland developed a nonpropriety single question and validated it against the MBI in 2004: “Overall, based on your definition of burnout, how would you rate your level of burnout?”

Responses are scored on a five-category ordinal scale:

1 = “I enjoy my work. I have no symptoms of burnout.”

2 = “Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.”

3 = “I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.”

4 = “The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.”

5 = “I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.”

<https://onlinelibrary.wiley.com/doi/10.1002/smi.1002>

INTERACTIVE SCREENING PROGRAM

Several local and state medical societies have integrated the American Foundation for Suicide Prevention's Interactive Screening Program (ISP) into their websites and triage process. The ISP "is an online program utilized by mental health services at institutions of higher education, including medical and professional degree schools, hospitals and health systems, law enforcement agencies, and organizations and workplaces through their Employee Assistance Programs (EAPs)." It is listed in the Best Practice Registry at AFSP.

<https://afsp.org/interactive-screening-program/>

THE ISP TOOL IS ALSO USED BY:

Tennessee Medical Foundation
<https://e-tmf.org/>

Ohio State Medical Association
www.osmawellbeing.org/care

Wyoming Professional Assistance Program
<https://wpapro.org/self-tests/>

METRO OMAHA MEDICAL SOCIETY PROVIDER WELLNESS QUESTIONNAIRE

Metro Omaha Medical Society in Nebraska built the ISP into its website as an initial step to receiving telepsychiatry services. The survey is voluntary and anonymous. After the client completes the form, a licensed counselor will respond regarding next steps and options for follow-up services. Via the secure website, the client may exchange messages with the counselor or get connected to other resources and make appointments to meet with a mental health provider.

<https://omahamedical.com/wp-content/uploads/2017/05/Provider-Wellness-Online-Assessment-Posters.pdf>

SAMPLES

OUTCOMES

[Participant Survey \(Generic\)](#)

[Demographics Form \(Generic\)](#)

[Online Billing Form](#)

[Event Survey \(WCMS\)](#)

[Dashboard Report \(Generic\)](#)

BURNOUT SURVEY TOOLS

[Mini Z Burnout Survey](#)

[Professional Quality of Life Survey](#)