



Beth Israel Deaconess HealthCare<sup>SM</sup>

# ***Enhancing Clinician Agility***

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# Who Am I: 10/23/2019

6:00 am: Wake up  
6:15 am: Twins wake up, chaos ensues  
6:45 am: Nanny arrives, off to work  
7:00 am: Finalize agenda for November Leadership Academy  
7:15 am: Scrub patient list/prep for the day  
7:30 am: Huddle with Brookline practice, huddle with my medical assistant  
7:45 am: Patient care - 16 visits...light morning  
12:30 pm: Interview physician candidate for Haverill Practice site  
1:30 pm: Check-in with practice team nurse and dyad partner  
1:45 pm: Facilitate role clarity/teamwork workshop at Lexington practice site  
3:00 pm: Check in-basket for critical results, messages, and refills  
3:15 pm: Planning call for end-of-week practice meeting on PDSA/pop health  
3:30 pm: Orient new physician and AP cohort at corporate HQ  
4:30 pm: Review/Coaching with regional medical director of Plymouth  
5:45 pm: Meet with Boston physician for litigation peer support program  
7:00 pm: Home with twins, bottle/bath/bed time, best part of my day  
8:00 pm: Dare I open my laptop?



# One Art

*The art of losing isn't hard to master;  
so many things seem filled with the intent  
to be lost that their loss is no disaster.*

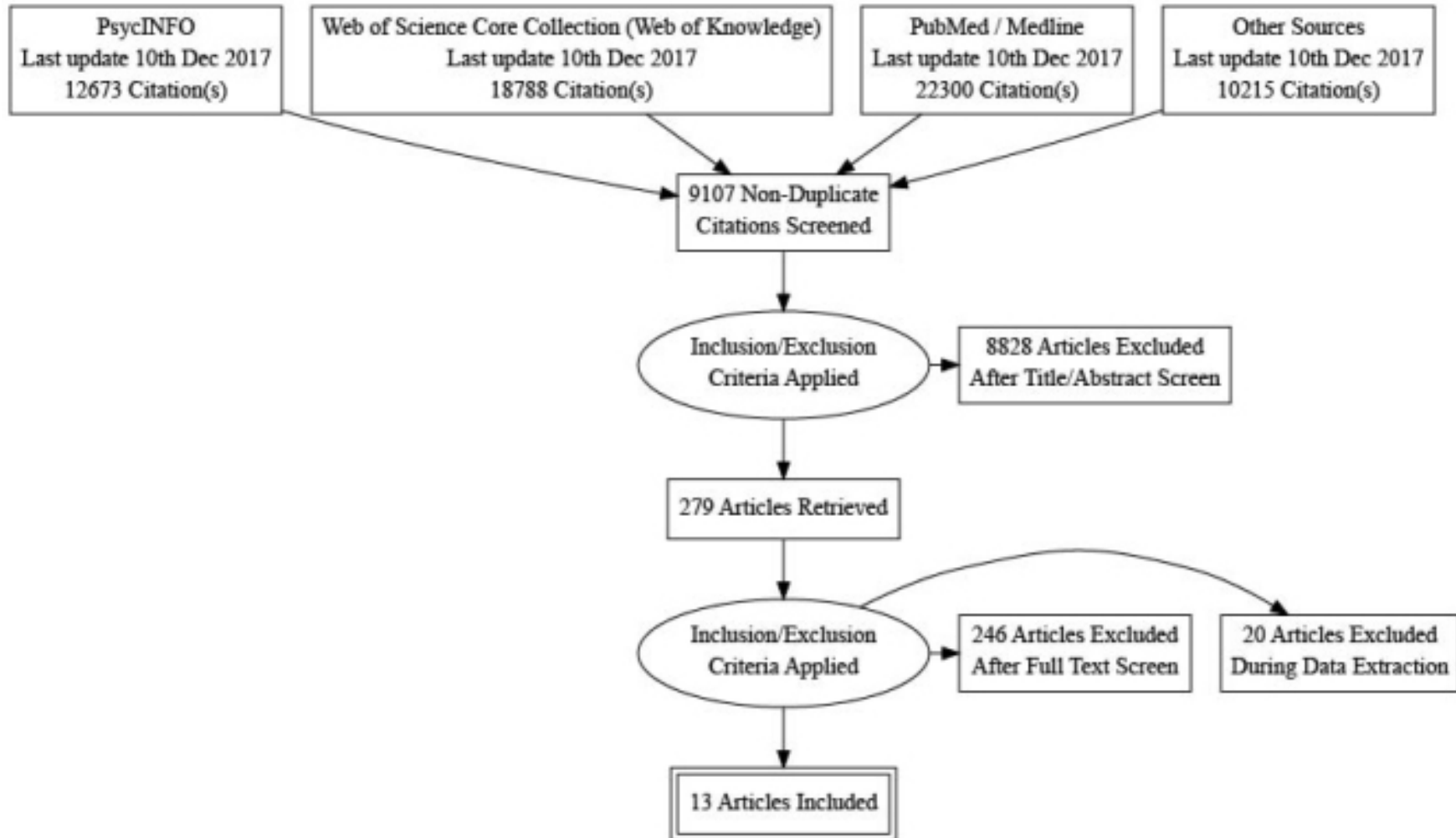
*-Elizabeth Bishop*





# Intervention for Physician Burnout: A Systematic Review

[Wiederhold BK](#)<sup>1,2</sup>, [Cipresso P](#)<sup>3,4</sup>, [Pizzioli D](#)<sup>1</sup>, [Wiederhold M](#)<sup>2</sup>, [Riva G](#)<sup>3,4</sup>



# BIDHC Clinician Experience



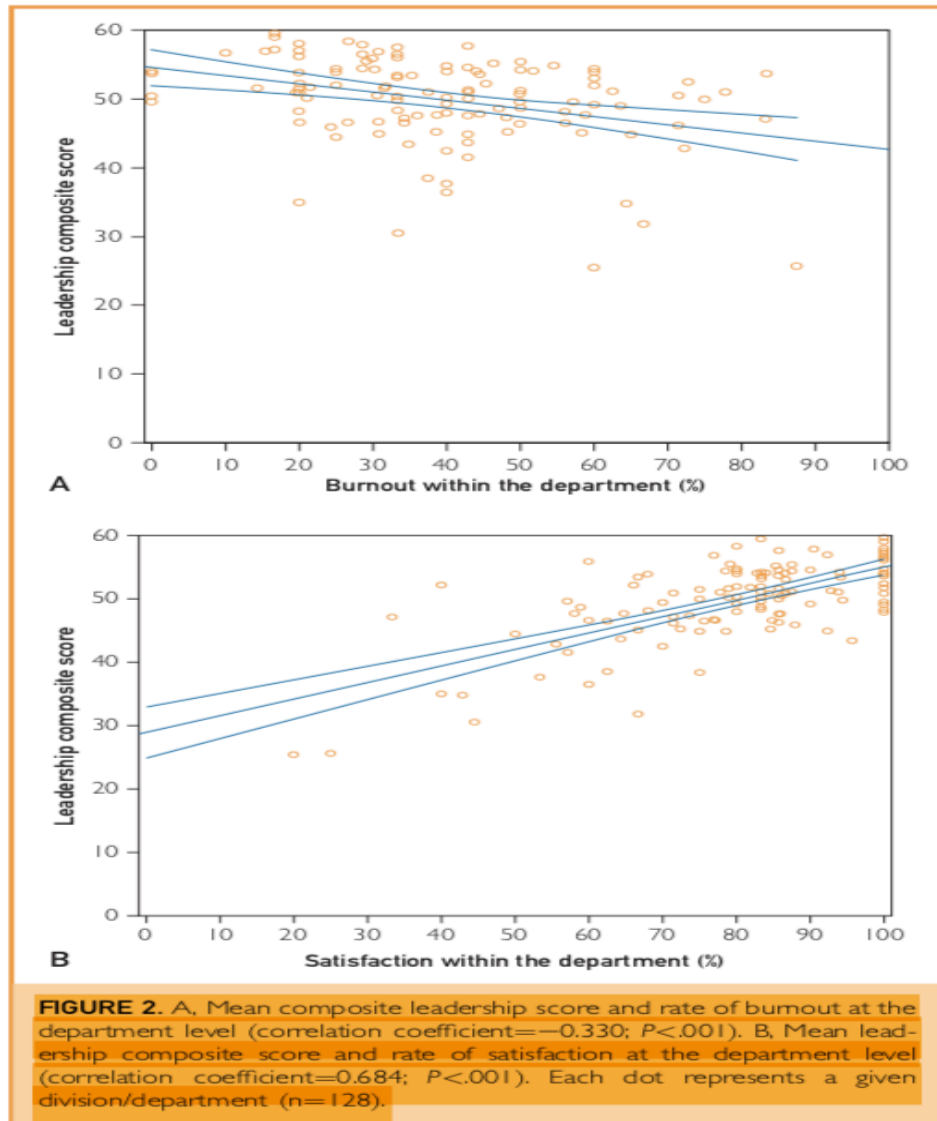
✓ Leadership

✓ Community

✓ Experience



# Leadership



# Leadership at Home

- ✓ Think about a time when you were asked to lead a team, manage a project, or act as a leader
- ✓ How did it go?
- ✓ Were you prepared?
- ✓ What did you learn?
- ✓ How does leadership show up at your practice/organization?

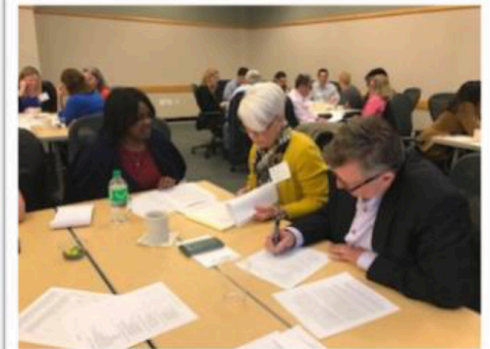




# Leadership Academy

## Twice Yearly Full Days:

- ✓ Unconscious Bias
- ✓ Peer to Peer Coaching
- ✓ Negotiations
- ✓ Team Dynamics
- ✓ Emotional Agility
- ✓ Process Improvement
- ✓ Marshmallow Challenge
- ✓ Mount Everest Case Study



# Longitudinal Leadership Curriculum

## Monthly/Bi-Monthly:

- ✓ Behavioral Interviewing
- ✓ Feedback
- ✓ Mentorship
- ✓ Difficult Conversations
- ✓ Meeting Management
- ✓ Team Management
- ✓ Understanding Bias
- ✓ Psychological Safety



# Clinician Development Program

## Program Overview

### 1. Goal Planning Meeting



Staff gives anonymous feedback via 360 survey



Clinician fills out Talent Development Tool (Self-Development and Goal Setting)



- Clinical Leader receives copy of Clinician's 360 results and Talent Development Tool
- Clinical Leader schedules meeting with Clinician to review



- Clinical Leader meets with Clinician to discuss above results
- Clinical Leader documents in "GROWS" model meeting notes (link provided)

### 2. End of Year Feedback Meeting



- Clinical Leader receives Clinician's provider dashboard summary and all prior documents
- Clinical Leader schedules "End of Year" meeting with Clinician to review the above



- Clinical Leader meets with Clinician to discuss above dashboard and prior documents
- Clinical Leader documents in "GROWS" model meeting notes (link provided)



# Data Thus Far?

- ✓ **95%** of BIDHC leaders 👍 on applicability & usefulness of the content to their role
- ✓ **97%** of BIDHC leaders and physicians have engaged in feedback process
- ✓ Physician attrition reduction from **12% to 5%**
- ✓ Goal alignment score improvement from **62% to 75%**
- ✓ Goal correlation between leadership score and performance measures



# Community



# Community

ANNALS OF  
FAMILY MEDICINE

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## Professional Loneliness and the Loss of the Doctors' Dining Room

John J. Frey III, MD <sup>↑</sup>

Author Affiliations

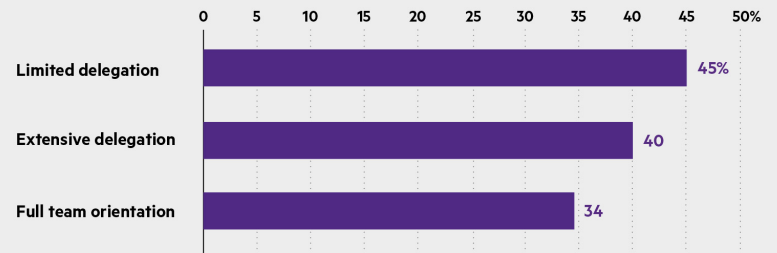
**CORRESPONDING AUTHOR:** John J. Frey III, MD, Emeritus Professor of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health, 8 Avenida de La Scala, Santa Fe, New Mexico 87506, [john.frey@fammed.wisc.edu](mailto:john.frey@fammed.wisc.edu)

**Abstract**

Historically, family physicians moved among all the venues of medical care— office, hospital, community—and were a part of a connected professional community. That connected community was sustained in great part through informal gatherings of clinicians in hospitals, clinics, and professional organizations. The current fragmentation of medicine into narrowly defined, bounded workspaces and job descriptions, as well as the increasing size of practices has negatively affected the professional culture in which physicians work. These structural changes have led to an increasing sense of professional loneliness that not only threatens the quality of clinical care by replacing personal discussions about patients but also poses risks to physician personal and professional wellbeing.

## Physicians in team-based practices are less prone to burnout

Percent of physicians reporting signs of burnout by team orientation



Source: athenahealth

Sample: Survey of 1,391 physicians, June 2018. Methodology available at [athenahealth.com/insight/methodology](http://athenahealth.com/insight/methodology).

J Healthc Manag, Swenson et al. 2016  
**Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience.**



**Camaraderie or social connectedness:**  
RCT: getting together for a meeting or a meal raised camaraderie and lowered markers of burnout.



# Community and Collegiality at Home

- ✓ Think about a time when you felt alone in your practice or your organization
- ✓ Why did you feel alone at that time?
- ✓ Did it affect the way you provided care?
- ✓ How does teamwork and collegiality show up at your practice and in your organization?



# Community

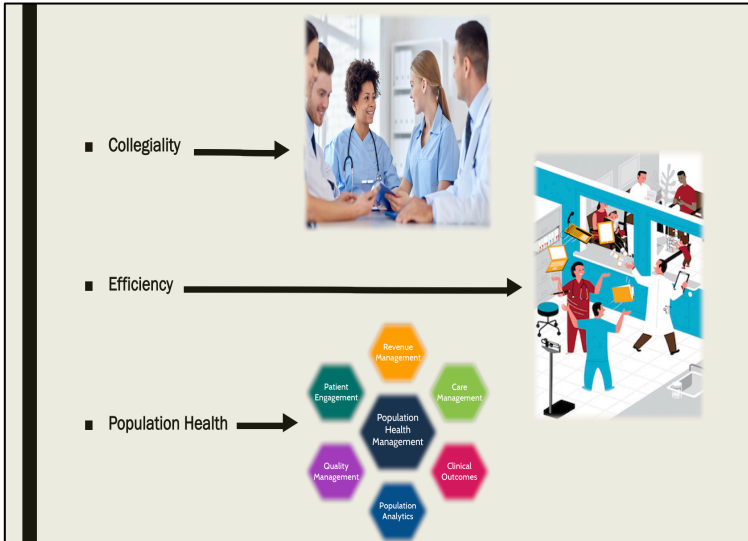
## Tribes

- ✓ Family Medicine
- ✓ Advanced Practitioners
- ✓ Early Careerists
- ✓ Women in Primary Care
- ✓ Instructors Teachers
- ✓ Clinical Leaders





# Community



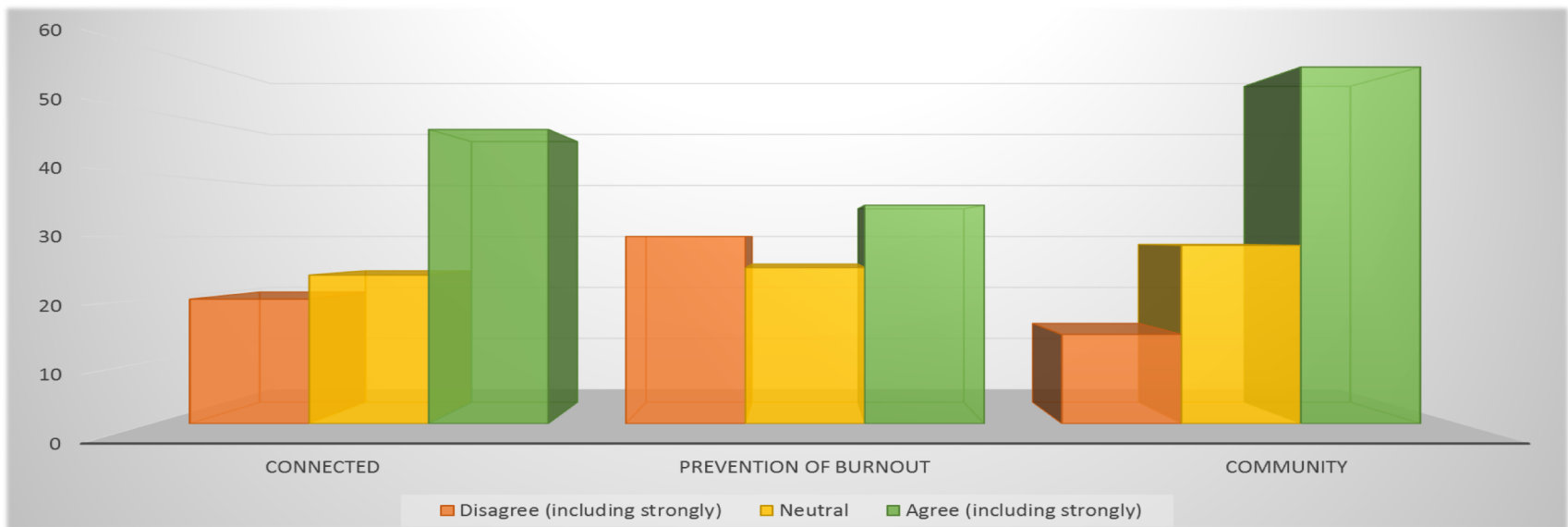
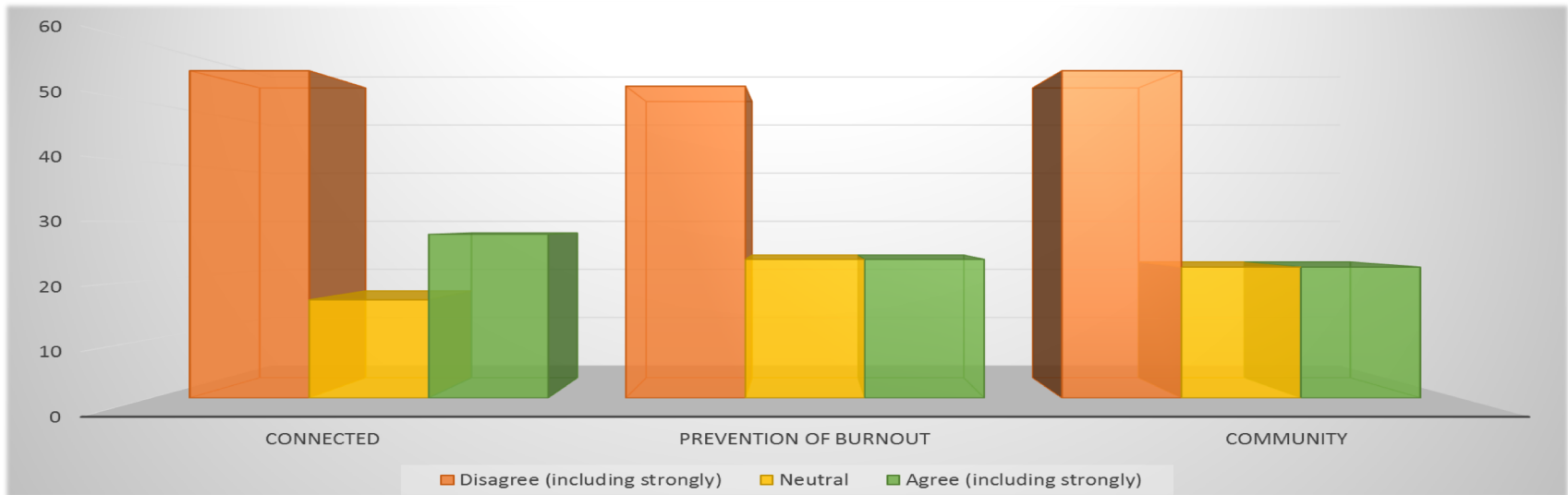
Do you know of a peer who needs support?



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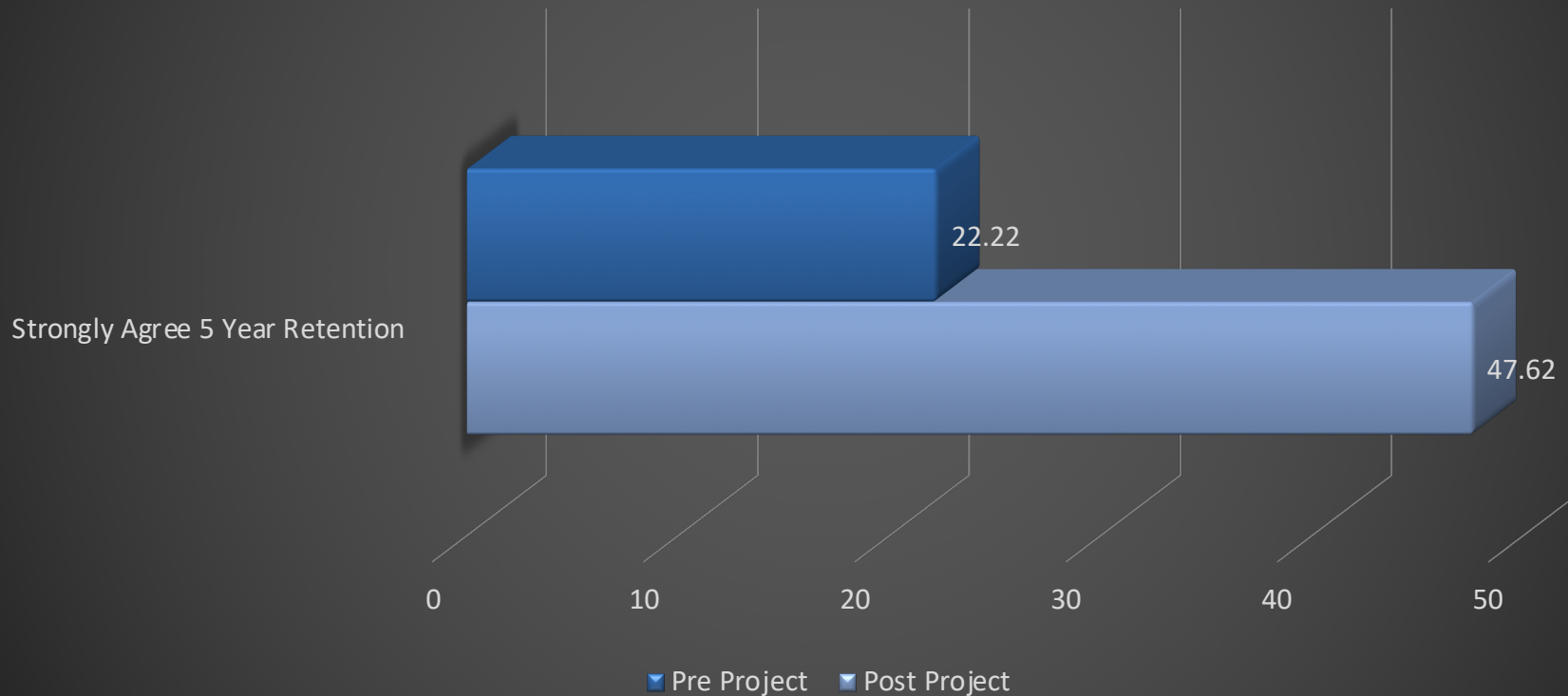


# Data Thus Far?



# Data Thus Far?

“I am likely to remain a physician at BIDHC for the next 5 years”



# Data Thus Far?

ASPR Benchmarking Committee

**-20k recruitment cost, 200k startup expense, 400k in billing per physician**



**220k x 11.8 providers (25.2% improved retention post project)**



**2.6 Million Dollars**



# Experience

- ✓ Think about your experiences in your practice and at your organization on any given day
- ✓ Which experience do you wish you could change?
- ✓ Why do you want to change that experience?
- ✓ Are you able to communicate this desired change?
- ✓ Is this experience change at all possible?



# Experience Continuum

Teaming and Clinician Development - Citizenship - Value Based Compensation and Recognition

## Career Diversification

### Early Career Clinician

Transitions into Practice Protocol  
Clinician Tribe Activities  
Clinical and Professional Mentor  
**Virtual Scribe**  
Practice Teamwork and Teaming  
Coach a Clinician Program  
**Robust IT Support**



### Mid Career Clinician

Peer Support Program  
Live Scribe or Virtual Scribe  
**Coach A Clinician Program**  
Leadership Development Track/Training  
Clinician Tribe/Community Activities  
**Team Based Care**



## Succession Planning

### Late Career Clinician

**Teaching/Academics**  
Transitions Out of Practice Protocol  
Research  
Authorship/Writing  
Transcription Service  
**Advanced Practitioner Integration**



# Experience Resources



# Data Thus Far?

- ✓ **92%** clinician participation rate in team meetings and/or huddles
- ✓ Staff attrition rates at certain sites: **184% to 30%**
- ✓ Clinician attrition reduction from **12% to 5%**
- ✓ *“My virtual scribe is the best thing since sliced bread!”*
- ✓ *“The coaching program has dramatically changed how efficient I am!”*
- ✓ *“I didn’t realize how much my MA could do, she’s amazing!”*
- ✓ *“I am so humbled by this honor and award, I feel so motivated to go on.”*





# BIDHC Clinician Experience

✓ Leadership

✓ Community

✓ Experience



# Thank You!

