Developing Medical Educators Big Question 1

Attention to student and clinician well-being is important in the current era with growing burn out rates. There is a risk with focusing on self for a profession that has traditionally emphasized focusing on others. What specific strategies could we employ to ensure our trainees develop a strong professional identity in line with such values, while paying attention to well being?

Question 1: major themes

- Don't make them antithetical, have transparent conversations about the tension between wellbeing and professional identity
- Focus on faculty well being first
  - Create time
  - Establishing "well-being" committee or task force as an integral part of every scientific meeting/conference.
  - Reduce reporting/recording duties (EMR!) and other extraneous work
- Importance of role modeling
  - Attendings share what they do to "stay well"
  - Introductions include info about what people do for fun instead of credentials
- Create community, and focus on inclusion

Developing Medical Educators Big Question 2

Workplace-based learning is the heart of medical education. Optimizing the environments in which this learning takes place requires engagement of health systems. How do we engage health systems in promoting the quality of learning environments at our institutions? Who should we be talking to, what ideas can we bring to the table to get them engaged?

Question 2: Greener Pastures - easier(?) to do

- Monthly one hour meetings in which staff are excused from regular duties
- Demonstrate to leadership that medical students are a value added resource (prestige, faculty satisfaction).
- Have IT techies go on rounds and or in clinic with teams to see first hand the issues that take so much time on the EMR and then the IT techies can come up with solutions to reduce clinician time on the EMR
- Early IPE experiences

Question 2: Blue Skies - aspirational ideas

- New financial model that values education but also sustains quality care and education.
- New models of governance: intentional efforts to get leadership from health systems and education as well as learners and patients together (on equal footing) to set shared goals
    - Having health systems leaders relying on learners as 'canaries in the coal mine' to see unintentional consequences of system, learning environment.
- Reconfigure the EMR to benefit both the clinicians and the administrator
- Shared accreditation between UME and GME -shared vision for clinical learning environments (even more blue sky: an accreditation system for the learning and caring institution (In order to train learners or treat patients the following criteria need to be met…..)

Q2: Connecting greener pastures to blue skies

- Work both on changes at the leadership level and at the frontline – people in the workplace who can generate change by actions in day-to-day work