

Physician Well-Being Committees

Hospital wellness must evolve to proactively address overall health

By Susan Reynolds, MD, PhD

A S I'VE TRAVELED the country talking about managing stress and preventing burnout, I have asked the physicians in my audiences if they have a physician well-being committee at their hospital, and if so, if they think it is effective. I've learned that in many hospitals these committees are barely functional, perhaps existing in name only, barely satisfying the Joint Commission standard 11.01.01.

Some committees never meet unless a case arises. And then it is often seen as just an alternative to peer review and corrective action for doctors demonstrating difficult behavior or signs of addiction. Rarely is the committee thought to have the function of reducing stress among the medical staff, helping them prevent burnout and feel passion once again for their profession.

The role of well-being committees should be regarded as more than a punishment alternative. These committees should be considered as valuable resources that can address issues such as stress and burnout as well as a physician's overall health and happiness. The committees can provide educational programs for the medical staff that aim to reinvigorate a passion for the profession of medicine, something many physicians have begun to lose.

How do you maximize the effectiveness of your physician well-being committee? First, it is important to look at who serves on the committee and for what period of time. This should be clearly stated in your medical staff bylaws. I like to see

an odd number of physicians on the well-being committee, preferably between three and seven. No one on the committee should be a current member of the medical executive committee. Past chiefs of staff can make excellent committee members. One member of the committee, but not all, should be a psychiatrist, since there are often emotional issues overlying a physician's sense of well-being. If committee members serve staggered terms of two or three years, there is more continuity in the work the committee does.

The committee should meet at least quarterly, if not monthly, even if there are no referred cases to discuss. In those meetings, medical staff education can be planned. There can also be small roundtable discussions with six to ten members of the medical staff so that they understand the functions of the committee.

There needs to be clear communication to the medical staff about how the committee can be accessed. There should be in place an easy-to-use self-referral system in addition to a referral mechanism from the medical executive committee, medical staff department, or committee.

When physician well-being committees start to address physician health issues, and stop being just vehicles for doctors to avoid corrective action, they can contribute significantly to physician satisfaction and the overall health of the organization.

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Immunization Awareness

THE MONTH of August is national immunization awareness month. As such, it's a great time for physicians to offer education on the importance of vaccinations to their patients, especially as both the flu season and the new school season approach. You can find a variety of resources at www.healthfinder.gov including sample tweets, website badges and e-cards designed specifically for various types of vaccines such as those for children and teens, those for pregnant women and those for seniors.

The Centers for Disease Control and

Prevention (CDC) also has a wide variety of resources that you can have your patients view. They offer information on different types of vaccinations written in plain English, making it easy for your patients to have their questions answered by a reliable Internet source. They also offer resources for physicians such as vaccine recommendations, vaccine schedules and safe practices for storing and handling vaccines.

The HPV vaccine is one that is of particular concern. As of mid-2015 the CDC reported that only 40% of teen girls and

22% of teen boys across the nation have finished the three-dose course of shots. Fortunately, Chicago is doing better than most of the nation. In 2014, the city received an \$800,000 CDC grant to test new vaccine strategies such as creating public service announcements on radio and TV. As a result, the city's three-dose coverage level for teen girls rose to 53% in 2015, which was up from 37% in 2014 when the grant was received.

In next month's edition of *Chicago Medicine*, we'll provide thorough coverage of tools you can use for vaccine compliance.