


2017

APCCMPD
Annual Member
Benchmarking Survey

HIGHLIGHTS



About the 2017 Survey


Administered:

- o Via the Qualtrics platform
- o Between **February 6 - 27, 2018**

Sample Size: the survey was distributed to **224 PDs**

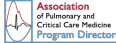
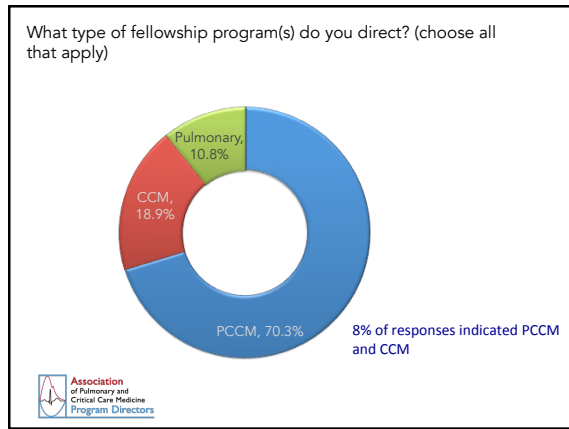
Response Rate (n = 101): **45%**

Completion Rate (n =99): **42.3%**




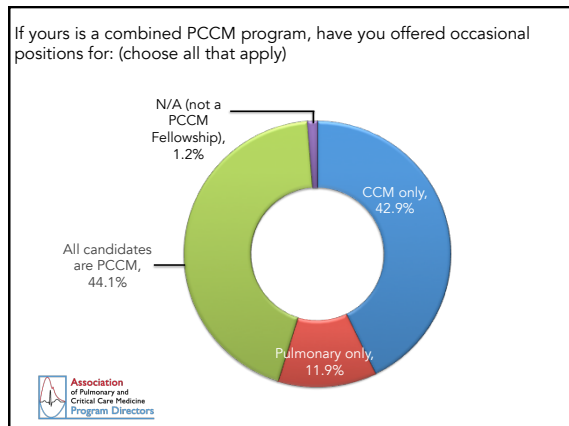
TOPIC 1

Program Characteristics & Leadership


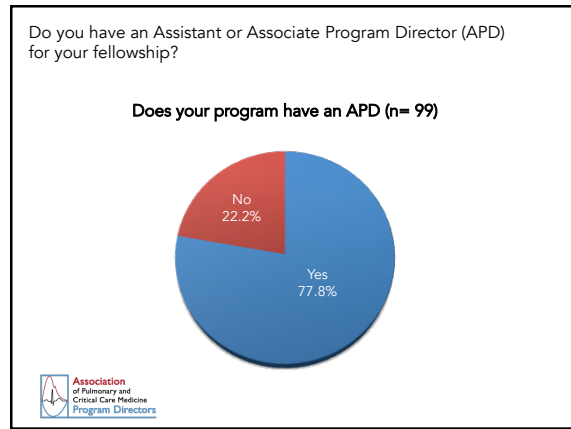
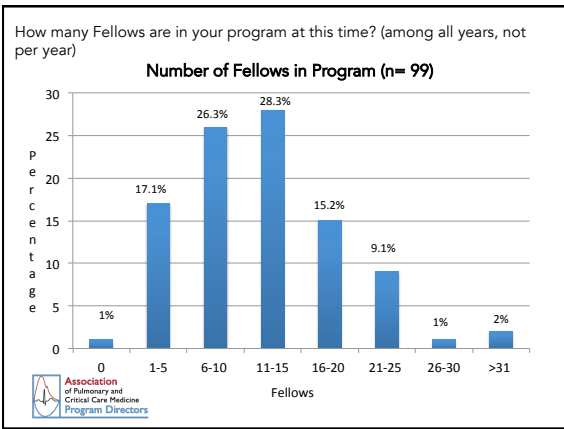
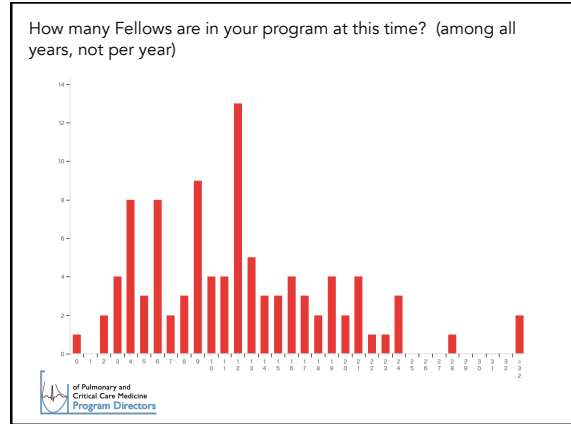
Q1 - What type of fellowship program(s) do you direct? (choose all that apply)

#	Answer	%	Count
1	Pulmonary/Critical Care Medicine Program (PCCM)	70.27%	78
2	Critical Care Medicine Program	18.92%	21
3	Pulmonary Medicine Program	10.81%	12
	Total	100%	111


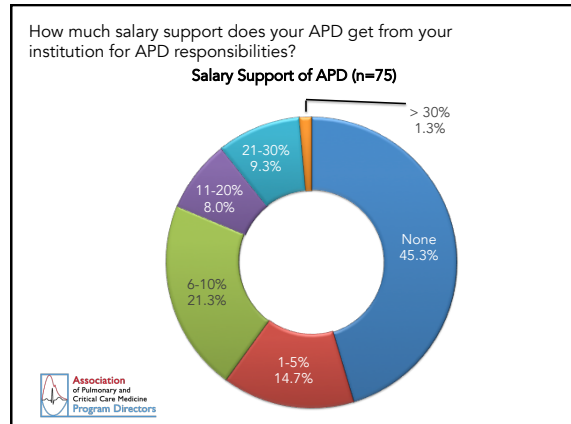
Q2 - If yours is a combined PCCM program, have you offered occasional positions for: (choose as many as applicable)

#	Answer	%	Count
1	CCM only	42.86%	36
2	Pulmonary only	11.90%	10
3	Neither, all candidates are PCCM	44.05%	37
4	N/A (not a PCCM Fellowship)	1.19%	1
Total		100%	84


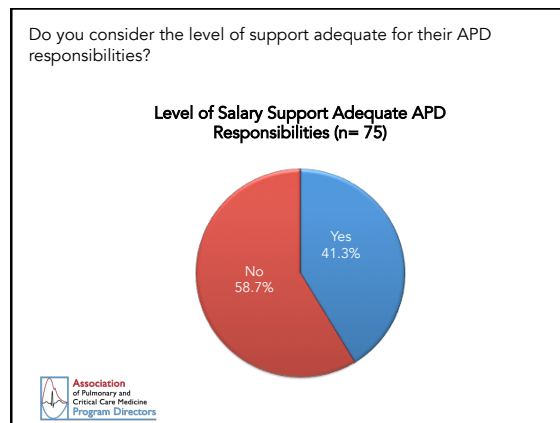
Q4 - Do you have an Assistant or Associate Program Director (APD) for your fellowship?

#	Answer	%	Count
1	Yes	77.78%	77
2	No	22.22%	22
Total		100%	99


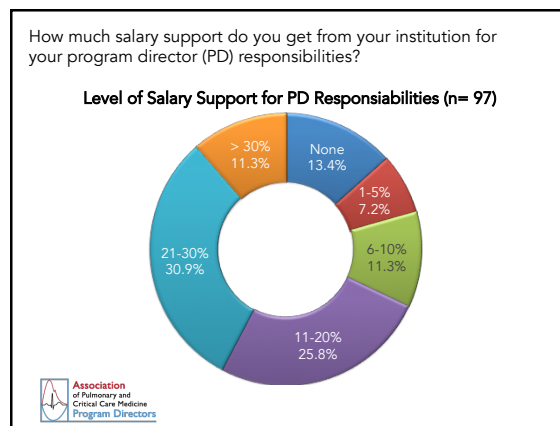
Q41 - How much salary support does your APD get from your institution for APD responsibilities?

#	Answer	%	Count
1	None	45.33%	34
2	1 - 5%	14.67%	11
3	6 - 10%	21.33%	16
4	11 - 20%	8.00%	6
5	21 - 30%	9.33%	7
6	> 30%	1.33%	1
Total		100%	75


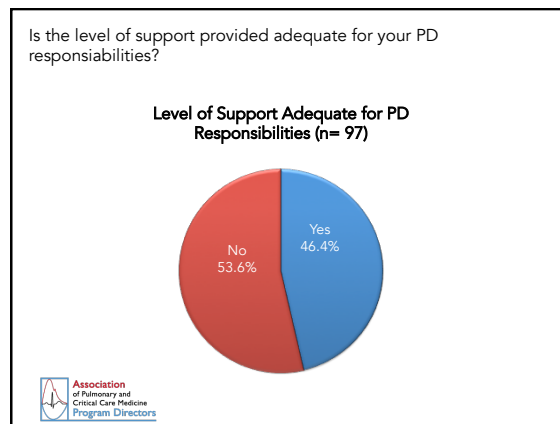
Q42 - Do you consider the level of support adequate for their APD responsibilities?

#	Answer	%	Count
1	Yes	41.33%	31
2	No	58.67%	44
Total		100%	75


Q40 - How much salary support do you get from your institution for your program director (PD) responsibilities?

#	Answer	%	Count
1	None	13.40%	13
2	1 - 5%	7.22%	7
3	6 - 10%	11.34%	11
4	11 - 20%	25.77%	25
5	21 - 30%	30.93%	30
6	> 30%	11.34%	11
Total		100%	97


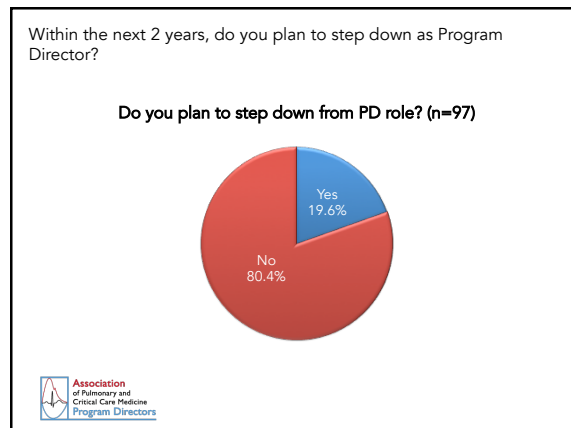
Q6 - Is the level of support provided adequate for your PD responsibilities?

#	Answer	%	Count
1	Yes	46.39%	45
2	No	53.61%	52
	Total	100%	97




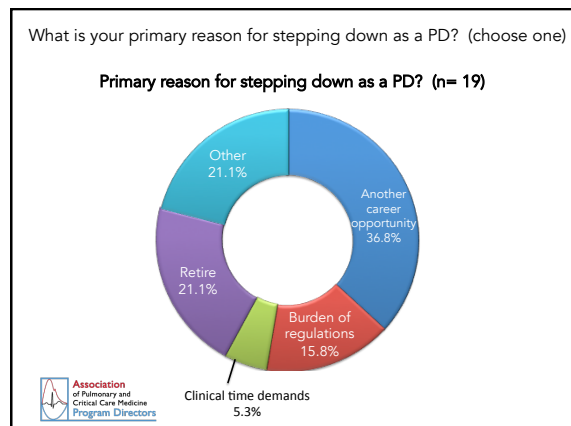

Q7 - How many total months of protected research time does your program offer?

#	Answer	%	Count
6	None	12.37%	12
1	1 - 3 months	14.43%	14
2	4 - 6 months	20.62%	20
3	7 - 9 months	16.49%	16
4	10 - 12 months	13.40%	13
5	13 - 17 months	7.22%	7
7	18 months	11.34%	11
8	> 18 months	4.12%	4
	Total	100%	97

Q8 - Within the next 2 years, do you plan to step down as Program Director?

#	Answer	%	Count
1	Yes	19.59%	19
2	No	80.41%	78
	Total	100%	97

Q9 - What is your primary reason for stepping down as a PD? (choose one)

#	Answer	%	Count
1	Another career opportunity	36.84%	7
2	Burden of regulations	15.79%	3
3	Clinical time demands	5.26%	1
4	Retirement	21.05%	4
5	Other (please specify):	21.05%	4
	Total	100%	19


Other (please specify): - Text

have been doing this for close to 10 years


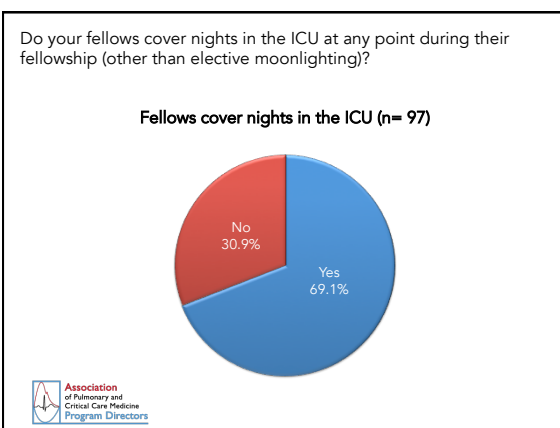
not specified

I am an interim PD

Administrative Overload


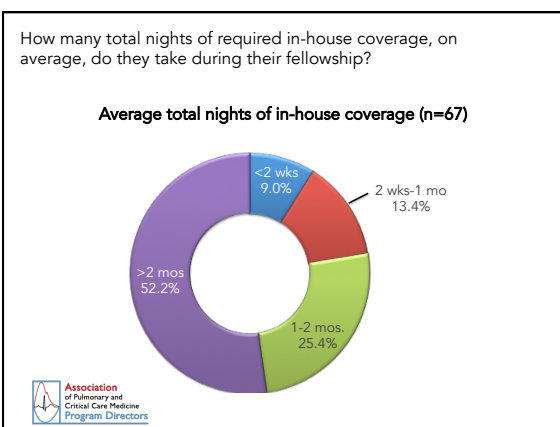


TOPIC 2
ICU Staffing


Q10 - Do your fellows cover nights in the ICU at any point during their fellowship (other than elective moonlighting)?

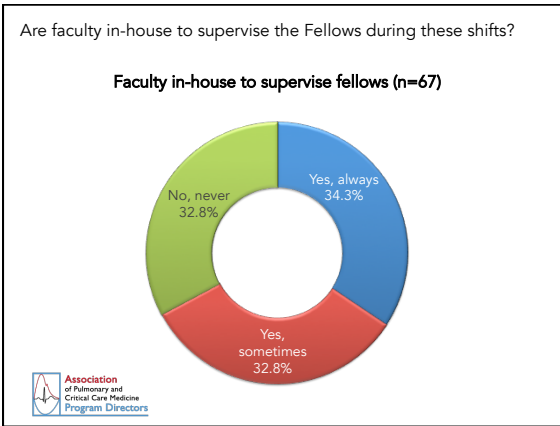
#	Answer	%	Count
1	Yes	69.07%	67
2	No	30.93%	30
	Total	100%	97

Q11 - How many total nights of required in-house coverage, on average, do they take during their fellowship?

#	Answer	%	Count
1	2 weeks or less	8.96%	6
2	Between 2 weeks and 1 month	13.43%	9
3	Between 1 and 2 months	25.37%	17
4	More than 2 months	52.24%	35
	Total	100%	67

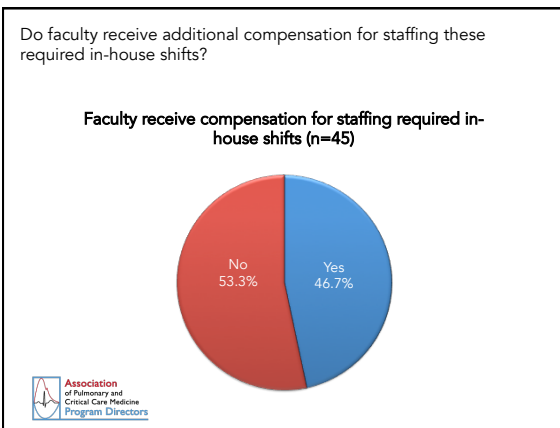




Q12 - Are faculty in-house to supervise the Fellows during these shifts?

#	Answer	%	Count
1	Yes, always	34.33%	23
2	Yes, sometimes	32.84%	22
3	No, never	32.84%	22
	Total	100%	67

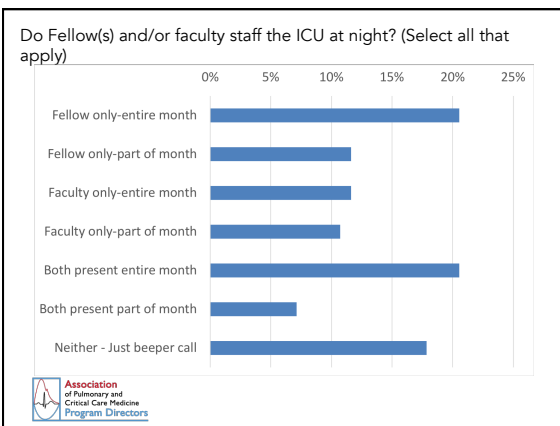
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Q13 - Do faculty receive additional compensation for staffing these required in-house shifts?

#	Answer	%	Count
1	Yes	46.67%	21
2	No	53.33%	24
	Total	100%	45

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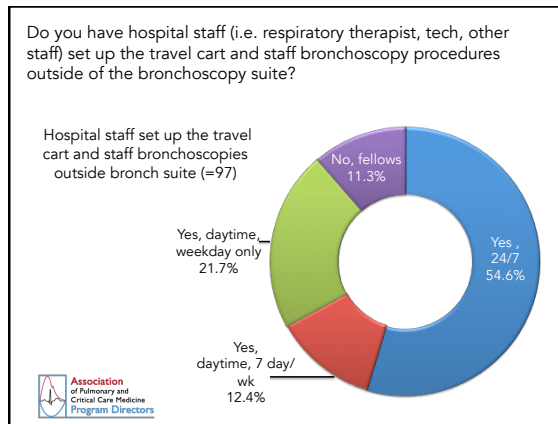
Q14 - Do Fellow(s) and/or faculty staff the ICU at night? (Select all that apply)

#	Answer	%	Count
1	Fellow present (without faculty) for the entire month	20.54%	23
2	Fellow present (without faculty) for part of the month	11.61%	13
4	Faculty present (without fellow) for the entire month	11.61%	13
3	Faculty present (without fellow) for part of the month	10.71%	12
5	Both faculty and fellow present for the entire month	20.54%	23
6	Both faculty and fellow present for part of the month	7.14%	8

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Q14 - Do Fellow(s) and/or faculty staff the ICU at night? (Select all that apply)

#	Answer	%	Count
7	No faculty and fellow present at night in the ICU- only beeper call	17.86%	20
	Total	100%	112

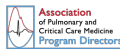
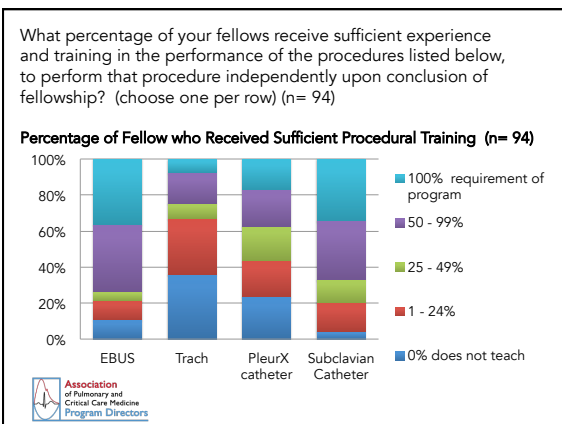
Q15 - Do you have hospital staff (i.e. respiratory therapist, tech, other staff) set up the travel cart and staff bronchoscopy procedures outside of the bronchoscopy suite?

#	Answer	%	Count
1	Yes - 24 hours a day, 7 days a week	54.64%	53
2	Yes - during daytime hours, 7 days a week	12.37%	12
3	Yes - during weekday business hours only	21.65%	21
4	No - the fellows are always required to bring and set up the travel cart	11.34%	11
	Total	100%	97




TOPIC 3

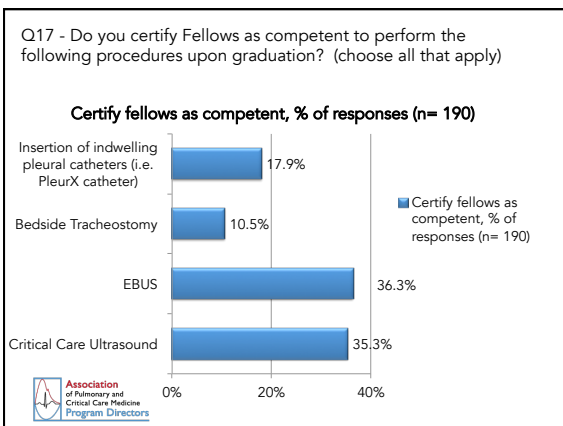
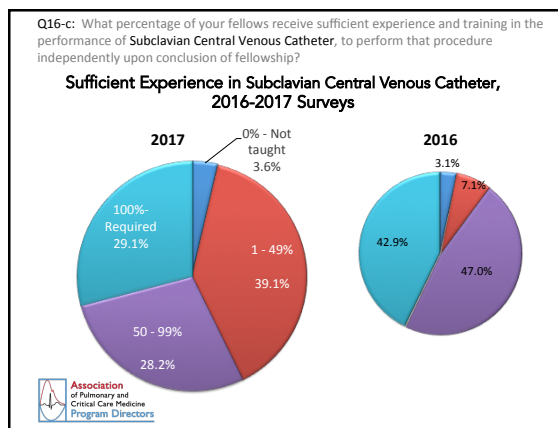
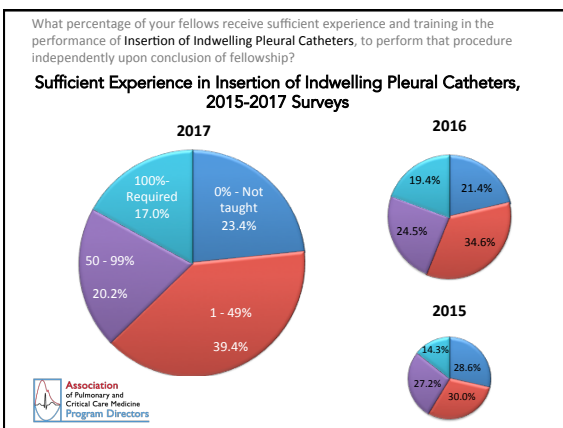
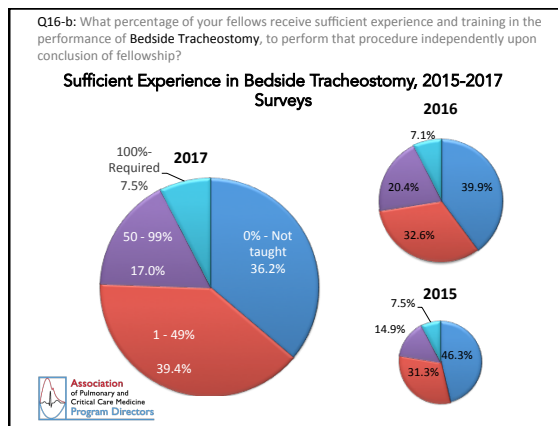
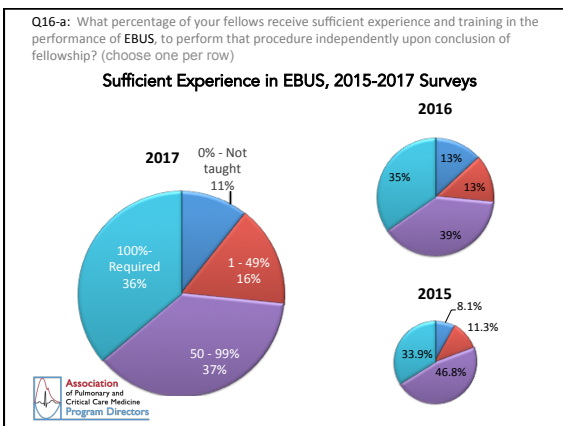
Procedural Competency

Q16 - What percentage of your fellows receive sufficient experience and training in the performance of the procedures listed below, to perform that procedure independently upon conclusion of fellowship? (choose one per row)

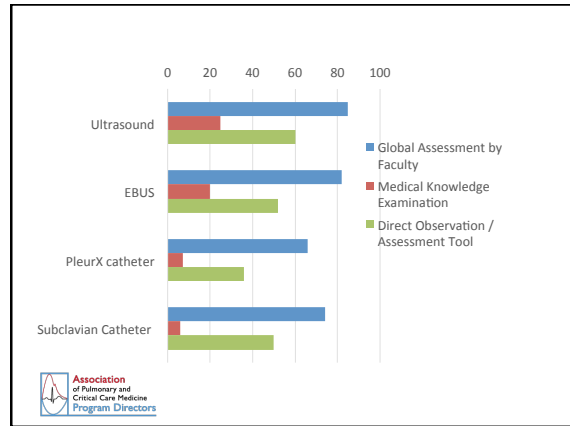
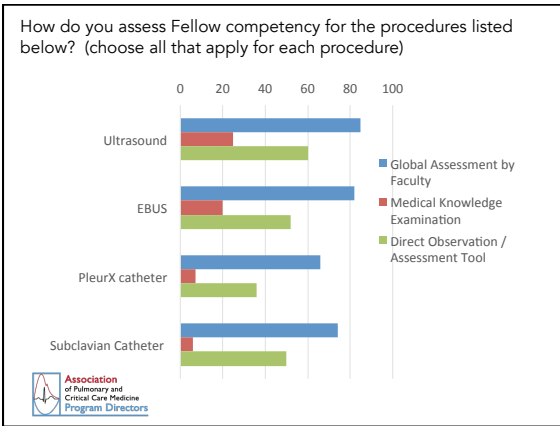
#	Question	%our program does not teach this procedure	1 - 24%	25 - 49%	50 - 99%			
1	EBUS	10.64%	10	10.64%	10	5.32%	5	37.23%
2	Bedside Tracheostomy	36.17%	34	30.85%	29	8.51%	8	17.02%
3	Insertion of indwelling pleural catheters (i.e. PleurX catheter)	23.40%	22	20.21%	19	19.15%	18	20.21%
4	Subclavian catheter	4.26%	4	15.96%	15	12.77%	12	32.98%





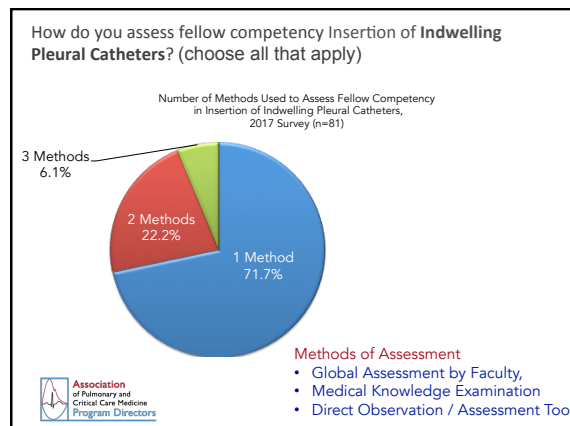
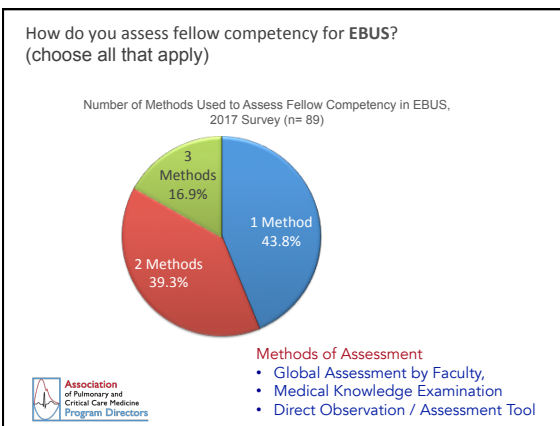
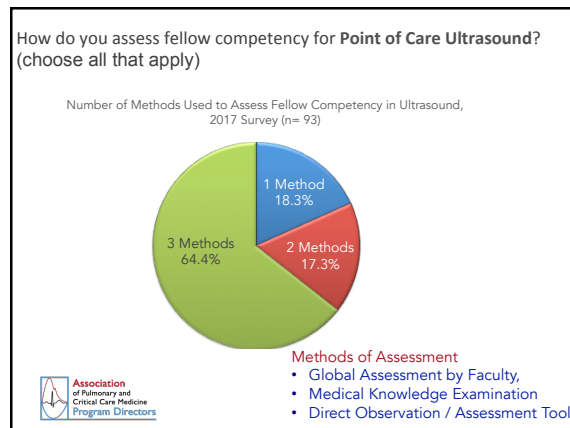
Q17 - Do you certify Fellows as competent to perform the following procedures upon graduation? (choose all that apply)

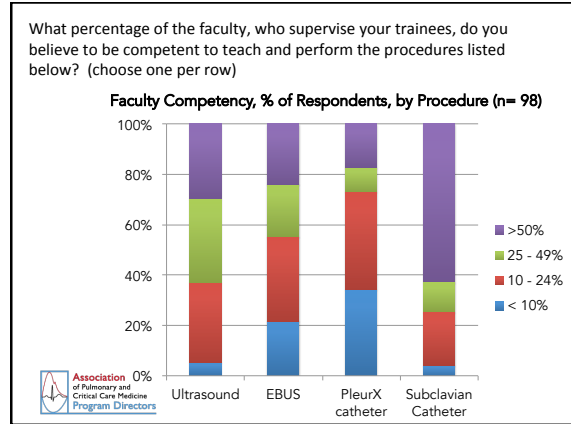
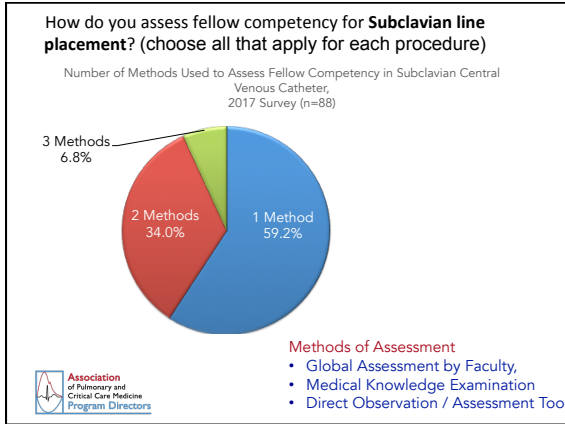
#	Answer	%	Count
1	Critical Care Ultrasound	35.26%	67
2	EBUS	36.32%	69
3	Bedside Tracheostomy	10.53%	20
4	Insertion of indwelling pleural catheters (i.e. PleurX catheter)	17.89%	34
	Total	100%	190



Q18 - How do you assess Fellow competency for the procedures listed below? (choose all that apply for each procedure)

#	Question	Global Assessment by Faculty	Medical Knowledge Examination	Direct Observation / Assessment Tool	Total
1	Point of care ultrasound	50.00%	14.71%	35.29%	170
2	EBUS	53.25%	12.99%	33.77%	154
3	Indwelling pleural catheters (i.e. PleurX catheter)	60.55%	6.42%	33.03%	109
4	Subclavian Central Venous Catheter	56.92%	4.62%	38.46%	130





Q19 - What percentage of the faculty, who supervise your trainees, do you believe to be competent to teach and perform the procedures listed below? (choose one per row)

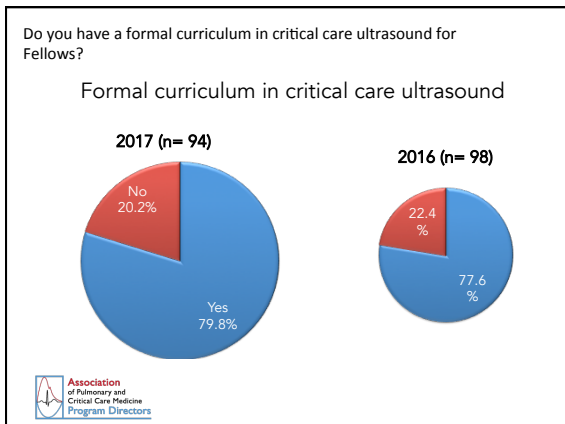
Question	< 10%	10 - 24%	25 - 49%	≥ 50%				
Point of care ultrasound	5.32%	5	31.91%	30	32.98%	31	29.79%	28
EBUS	21.74%	20	33.70%	31	20.65%	19	23.91%	22
Insertion of dwelling pleural catheters & PleurX catheter	34.41%	32	38.71%	36	9.68%	9	17.20%	16
Subclavian Central Venous Catheter Placement	4.26%	4	21.28%	20	11.70%	11	62.77%	59

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TOPIC 4

Ultrasound

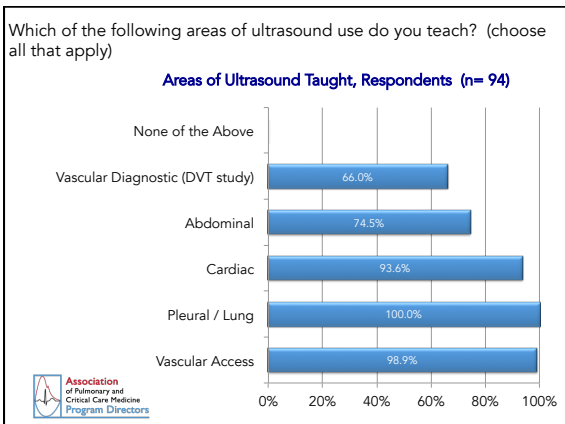
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Q20 - Do you have a formal curriculum in critical care ultrasound for Fellows?

#	Answer	%	Count
1	Yes	79.79%	75
2	No	20.21%	19
	Total	100%	94

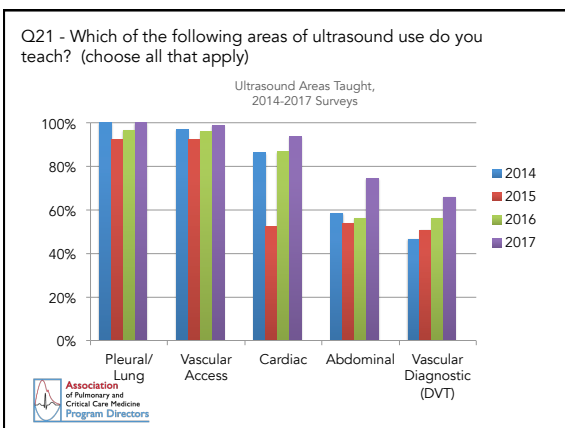
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Q21 - Which of the following areas of ultrasound use do you teach? (choose all that apply)

#	Answer	%	Count
1	Vascular Access	22.85%	93
2	Pleural / Lung	23.10%	94
3	Cardiac	21.62%	88
4	Abdominal	17.20%	70
5	Vascular Diagnostic (DVT study)	15.23%	62
6	None of the Above	0.00%	0
Total		100%	407

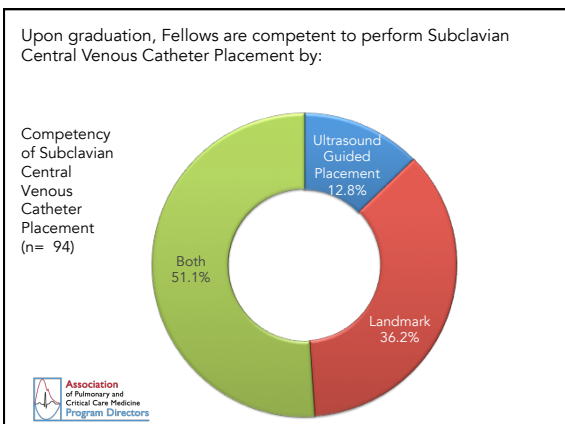
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TOPIC 5

Subclavian Central Venous Catheter Placement

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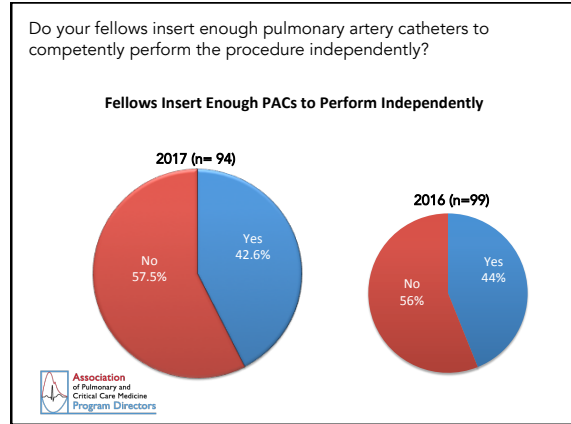
Q22 - Upon graduation, Fellows are competent to perform Subclavian Central Venous Catheter Placement by:

#	Answer	%	Count
1	Ultrasound Guided Placement	12.77%	12
2	Landmark	36.17%	34
3	Both	51.06%	48
Total		100%	94

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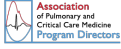
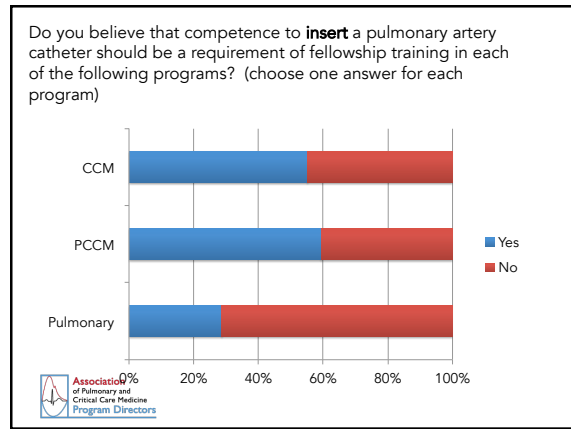
TOPIC 6

Pulmonary Artery Catheterization


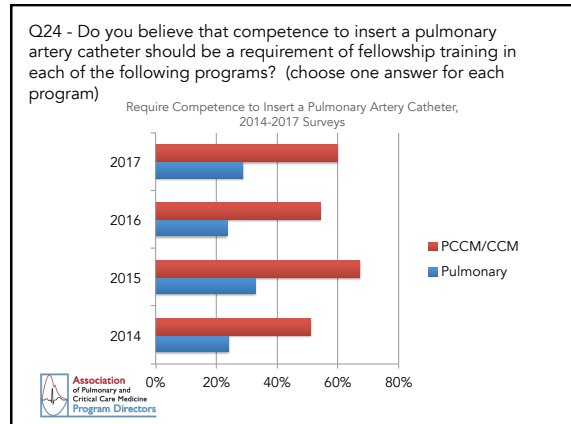
Q23 - Do your fellows insert enough pulmonary artery catheters to competently perform the procedure independently?

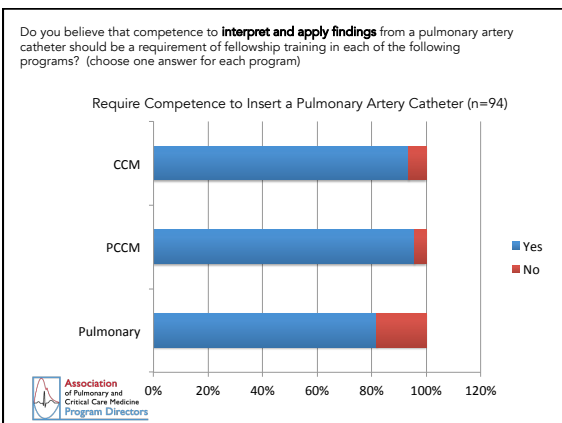
#	Answer	%	Count
1	Yes	42.55%	40
2	No	57.45%	54
	Total	100%	94

Q24 - Do you believe that competence to insert a pulmonary artery catheter should be a requirement of fellowship training in each of the following programs? (choose one answer for each program)

#	Question	Yes	No	Total
1	Pulmonary	28.72%	71.28%	94
2	PCCM	59.57%	40.43%	94
3	CCM	55.32%	44.68%	94

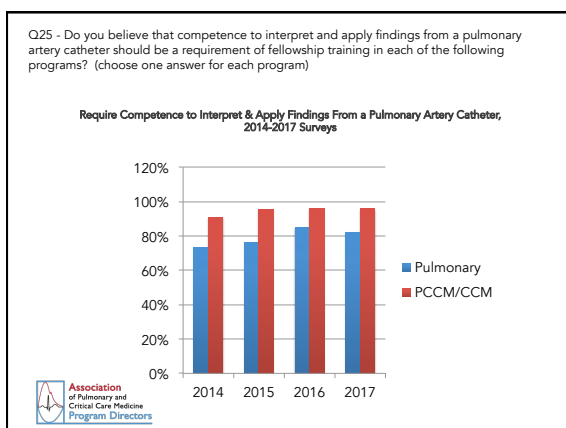





Q25 - Do you believe that competence to interpret and apply findings from a pulmonary artery catheter should be a requirement of fellowship training in each of the following programs? (choose one answer for each program)

#	Question	Yes	No	Total
1	Pulmonary	81.91%	18.09%	94
2	PCCM	95.74%	4.26%	94
3	CCM	93.62%	6.38%	94

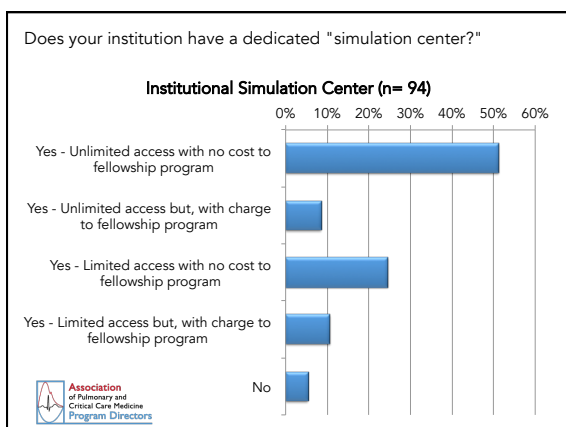
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TOPIC 7

Simulation

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Q26 - Does your institution have a dedicated "simulation center?"

#	Answer	%	Count
1	Yes - Unlimited access with no cost to fellowship program	51.06%	48
2	Yes - Unlimited access but, with charge to fellowship program	8.51%	8
3	Yes - Limited access with no cost to fellowship program	24.47%	23
4	Yes - Limited access but, with charge to fellowship program	10.64%	10
5	No	5.32%	5

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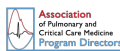
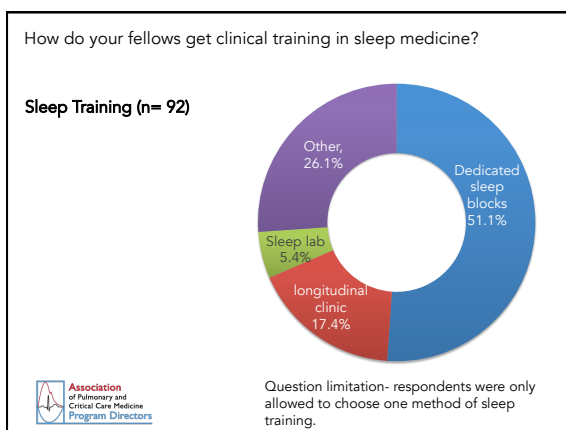
Q26 - Does your institution have a dedicated "simulation center?"

#	Answer	%	Count
	Total	100%	94




TOPIC 7

Sleep Education

Q43 - How do your fellows get clinical training in sleep medicine? (check all that apply)

#	Answer	%	Count
1	Dedicated sleep medicine blocks	51.09%	47
2	Sleep patients in longitudinal clinic	17.39%	16
3	Sleep lab time, reading sleep studies	5.43%	5
4	Other, please describe	26.09%	24
	Total	100%	92



Q43 - How do your fellows get clinical training in sleep medicine? (check all that apply)

Other, please describe - Text

Didactics

N/a

dedicated sleep medicine clinic

clinic

Sleep didactics


Sleep clinic, not reading studies

attending sleep clinics and conferences. Reading sleep studies

This question doesn't allow multiple checks. Ours get dedicated sleep clinic during VA block; also longitudinal clinic patients and some time interpreting studies.

Sleep medicine is a mandatory elective and fellows have sleep patients in their continuity clinic.

problem with check boxes- all of the above



Q43 - How do your fellows get clinical training in sleep medicine? (check all that apply)

Other, please describe - Text

didactics only

outpatient block in sleep clinic with time reading studies as well

sleep clinic

NA

mixed into continuity clinic and ability to learn to read by own interest

Not in CCM Fellowship


Fellows sleep during part of their fellowship

not applicable

n/a

sleep clinic time - not an entire block

Elective only in critical care.




Q43 - How do your fellows get clinical training in sleep medicine? (check all that apply)

Other, please describe - Text

CPMC rotation

Sleep Lectures, longitudinal clinic, elective rotation.

Not applicable



How many months of training do your Fellows get in Sleep Medicine?


Months of Sleep Training (n= 94)

Training Duration	Percentage
None	18.1%
up to 1 mo.	47.9%
>1 mos- 4 mos	34.0%



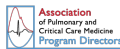
Q28 - How many months of training do your Fellows get in Sleep Medicine?

#	Answer	%	Count
4	None	18.09%	17
1	up to 1 month	47.87%	45
2	>1 months - 4 months	34.04%	32
3	> 4 months	0.00%	0
	Total	100%	94



TOPIC 8


Fellowship Application & Orientation



How do you review applicants for your fellowship program?


Review method of applicants (n=94)

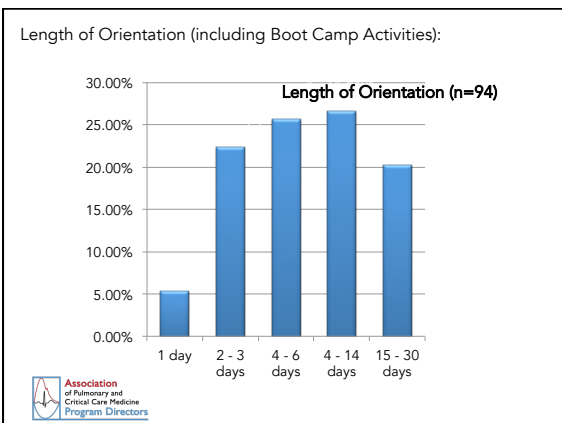
Review Method	Percentage
ERAS	92.6%
Institution-App. only	5.3%
ERAS & Institution-App.	2.1%



Q29 - How do you review applicants for your fellowship program?

#	Answer	%	Count
4	Universal Application Form through ERAS	92.55%	87
5	Universal Application Form and Institution-Specific Application Form	2.13%	2
6	Institution-Specific Application Form only	5.32%	5
	Total	100%	94

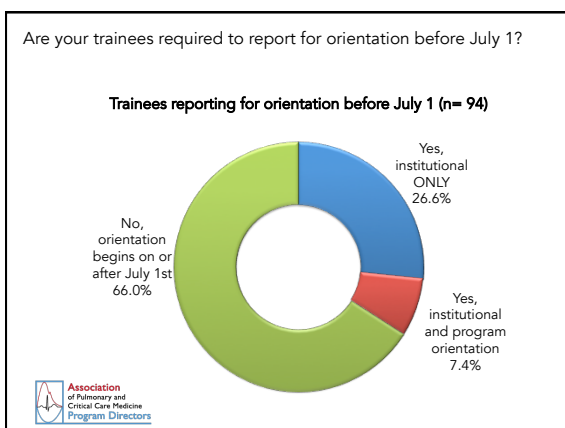




Q30 - Length of Orientation (including Boot Camp Activities):

#	Answer	%	Count
1	1 day	5.32%	5
2	2 - 3 days	22.34%	21
3	4 - 6 days	25.53%	24
4	4 - 14 days	26.60%	25
5	15 - 30 days	20.21%	19
	Total	100%	94

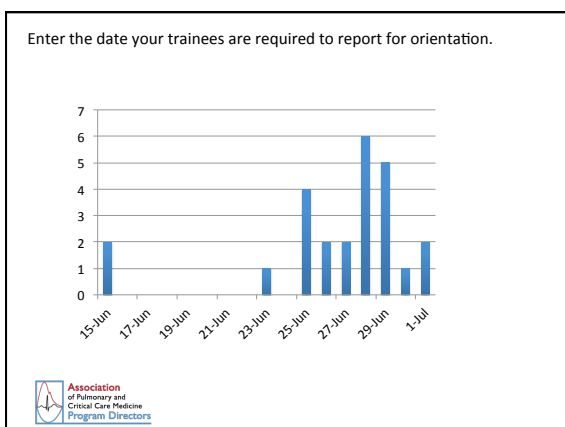
Association of Pulmonary and Critical Care Medicine Program Directors



Q44 - Are your trainees required to report for orientation before July 1?

#	Answer	%	Count
1	Yes, institutional ONLY	26.60%	25
2	Yes, institutional and program orientation	7.45%	7
3	No, orientation begins on or after July 1st	65.96%	62
4	No, I do not have an institutional or program orientation	0.00%	0
	Total	100%	94

Association of Pulmonary and Critical Care Medicine Program Directors



Q45 - Enter the date your trainees are required to report for orientation.

Enter the date your trainees are required to report for orientation.

29 th June

28 or 29 June

~June 27

June 28

Generally 3 days before, but not always (can be modified for specific fellows needs)

We ideally like to have the institutional orientation on 6/30, but the last two years have not started until 7/1.

GME orientation on 6/29, Program orientation July 1. Fellows are compensated for coming on 6/29

6/28

Do not know


middle of June

Association of Pulmonary and Critical Care Medicine Program Directors

Q45 - Enter the date your trainees are required to report for orientation.

Enter the date your trainees are required to report for orientation.

around June 25th
1 week early if possible, exceptions made
Last week June
July 28
institutional is end of June; program is July 1
June 30th
July 1
June 25th
Varies but usual two days before.
June 26
June 28



Q45 - Enter the date your trainees are required to report for orientation.


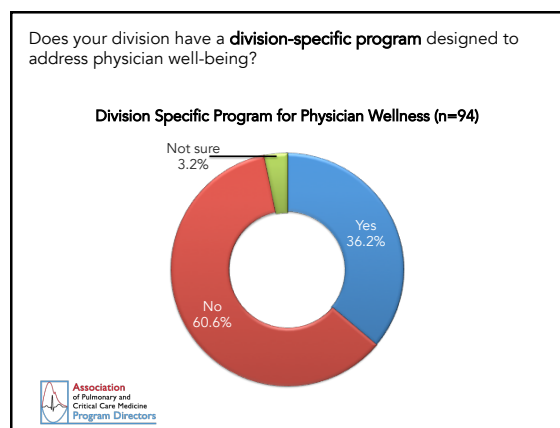
Enter the date your trainees are required to report for orientation.

July 1st
Variable every year but typically last 1.5 wks of June
Usually around June 26th
June 29, 2018
Last week of June
June 27th or so
June 23
June




TOPIC 9

Physician Wellness Resources

Q46 - Does your division have a division-specific program designed to address physician well-being?

#	Answer	%	Count
1	Yes	36.17%	34
2	No	60.64%	57
3	Not sure	3.19%	3
	Total	100%	94



Q47 - Please describe the resources or activities that your division offers to promote physician wellness.

Please describe the resources or activities that your division offers to promote physician wellness.

Team approach to care and decision making as well as back up coverage

Resiliency training

Yoga, mindfulness


A. The PCCM Fellowship encourages trainees to engage with the Resident and Fellow Assistance Program on a routine basis during the first year of fellowship, with the expectation that establishing initial contact with the RFAP will improve access to additional individual support if needed at a later date.

B. Each academic year, at least one Division-level session focuses on physician mindfulness and wellness; this occurs within the context of an academic retreat, Pulmonary Grand Rounds, or other Division activity

C. The program maintains a faculty advisor program that pairs incoming fellows with mid-career or senior faculty who serve as an informal advisor in matters related to career development and wellness. These advisors are separate from the fellows' research mentors and program leadership.

D. Fellows meet regularly as a group with the Program Director to discuss issues relating to training. This forum is also an opportunity for feedback to the Program Director, including ways to address perceived barriers to wellness among trainees.

E. Fellows meet one-on-one with the Program Director every six months to discuss training milestones. During these meetings, the fellows and Program Director universally discuss one or more of the pillars of wellness.



Q47 - Please describe the resources or activities that your division offers to promote physician wellness.

Please describe the resources or activities that your division offers to promote physician wellness.

division book club (non-medical), hospital wide movie nights (non-medical), hospital wide fun nights/parties. (all resident/fellows are invited to these events through the Association of Residents and Fellows.)

Lectures and counseling services

A representative from Missouri physicians Health Program speaks to our faculty and fellows once a year .

Series of discussions led by wellness counselors


Wellness modules, lectures

We meet for social events approximately every 6-8 weeks.

Social activities, journal clubs

seminars/development workshops, educational sessions on stress and burnout, sessions for grieving, fun activities to blow off steam

life balance panels; social events; class level psychology sessions; career development lectures; financial issues outside of work lectures;



Q47 - Please describe the resources or activities that your division offers to promote physician wellness.

Please describe the resources or activities that your division offers to promote physician wellness.

daily meeting/ celebration birthday/ mandatory time off x vacations/ flexible schedule in case personal needs/ dinners/ parties/ daily monitoring working hours/ training program in well been-resilience

This is a new program we just started: Strict control of work hours and total number of shifts worked in a year, scheduled 1/2 day group retreats to address issues that impact stress and well-being (for Fellows and for Faculty, but separate for each group), well structured process to cover physicians for illness and fatigue (including family),

New physician lounge; promotion to use various wellness programs offered throughout the institution

Gatherings, exercise and others

Monthly educational sessions on humanism (mindfulness, yoga, etc)

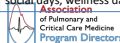
Wellness days available to all fellows

Establishing a wellness coach/mentoring system

Formalizing a wellness curriculum

None. The hospital sponsor activities for residents and fellows wellness

social days, wellness day off, yoga, counseling, coaching



Q47 - Please describe the resources or activities that your division offers to promote physician wellness.

Please describe the resources or activities that your division offers to promote physician wellness.

Lecture series

Uses institutional resources on division level

we have monthly sessions with the program director to discuss sleep and fatigue mitigation, mental health and get feedback on how those are helpful or need to be improved. Additionally we have a biannual meeting with the chair of the ethics committee to de-stress about challenging or sad cases in the ICU.


Physician wellness consultant who does quarterly wellness/self-empathy sessions.

Retreats for fellows and faculty, open discussions and panel discussions about how burnout can be reduced, social activity calendar

Retreats, monthly faculty meetings offsite, biannual meetings with fellows to discuss fellowship

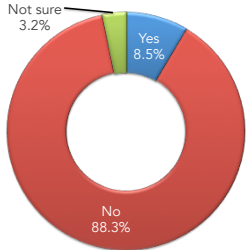
Quarterly conference, online modules, happy hour

Monthly downtime with food and games




Does your division have a physician wellness committee?

Division Physician Wellness Committee (n= 94)




Response	Percentage
No	88.3%
Yes	8.5%
Not sure	3.2%



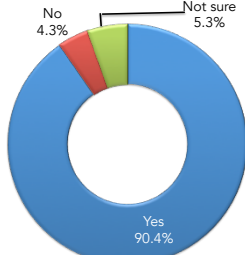
Q48 - Does your division have a physician wellness committee?

#	Answer	%	Count
1	Yes	8.51%	8
2	No	88.30%	83
3	Not sure	3.19%	3
	Total	100%	94




Does your hospital or department offer resources or activities specifically designed to promote physician well-being?

Hospital Resources Promoting Physician Wellness (n= 94)




Response	Percentage
Yes	90.4%
Not sure	5.3%
No	4.3%



Q49 - Does your hospital or department offer resources or activities specifically designed to promote physician well-being?


#	Answer	%	Count
1	Yes	90.43%	85
2	No	4.26%	4
3	Not sure	5.32%	5
Total		100%	94



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.


wellness committee
 activities promoted thru this committee
 Outdoor acactivities ivities. rest. Vacation. Social events
 Video lecture
 Lectures, interactive sessions
 Resiliencing training. Mental health provider access.
 Wellness lectures
 Various morale activities, ie picnics, etc.
 concierge services, get-togethers, counselling services
 Employee access program, Association of Residents and Fellows get together, uber rides for residents/fellows too tired to drive home
 Swaddle program
 Rejuvenate program
 Multiple health club membership, massage, yoga, support groups



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.


We have resources through the Graduate Medical Education of our university.
 Resources available help trainees with stress related symptoms
 modules; lectures; resident wellness committee and activities
 Med Staff Office conduit for counselling.
 Employee wellness program - mental health services (free/anonymous), social activities (but not usually supported financially), spiritual counseling, yoga (GME), balint groups (medicine),
 Seminars, happy hours, social outings, dedicated time to discuss during orientation
 Healthy initiatives. These include Steps Challenges, evening yoga sessions, free gym passes, health screenings, and individual meetings with wellness coaches. Additionally, hospital offers discounted gym memberships.
 The GMEC Well-Being subcommittee has posted resources on MedHub including a speakers' bureau and how to develop an individualized wellness plan to promote resilience.
 A break room for house staff that has snacks, recliners, quiet area. Open referrals to Employee Assistance Program.



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.


availability to gym, lectures on wellness
 fitness programs; relaxation courses and techniques; access to medical, dental, mental health and counseling; caring for caregivers program to identify and manage issues that lead to stress and burnout
 There is a wellness week and monthly activities in the form of grand rounds. Outings such as tickets to baseball games. These are directly mainly for trainees. There is no wellness promotion activity directed for faculty
 Physician wellbeing committee in hospital not division
 group service projects, discussion of fatigue mitigation, assessment of well-being, anonymous referral to employee assistance
 social activities
 Regular programming, individualized visits and presentations to departments and divisions, and most importantly is easy access for trainees to an individual counselor (LCSW, MD, etc)
 access to gym (university), ability to order and bring home meals, on site (ish) emergency day care



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.


Aademic affairs office has wellness program and employed on-site counselors
 wellness program
 Physician wellness days / retreat
 EAP (Employee Assist Program) offers counseling
 Periodic lecture series regarding burnout and wellness prevention and assessment.
 We have a "Professional Development Office" that has online and onsite resources to promote physician wellness.
 Very limited
 Resident/Fellow center with lounge, conference room, exercise equipment, television. Housetaff forums to discuss common concerns.
 GME Physician Wellness Committee
 Dean's Peer to Peer Program
 iCARE
 Phone numbers, email with help at the other end.



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.

funds for retreats; funds for social evening events; funds for specific lecturers
 via GME - wellness days and counselling, but not specific for our division and we do not offer wellness days at this time
 There are seminars, wellness center offering various therapies.
 training programs with different activities ie stress management / exercise/ music therapy
 We have a physician life coach (a licensed psychologist) who meets with individual physicians to provide counseling and helps direct group activities. This service is no-cost to any physician or group in the corporation.
 Gym
 Various wellness activities
 1) physicians for physicians faculty support program
 2) GME Wellness Committee
 institutional resources for distressed trainee, regular mindfulness sessions, social events, fatigue mitigation policy
 Conferences; PD meetings; Personnel;



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.

pays for fitness center
unlimited access to experts in stress management and professional counseling
yearly survey to assess housestaff wellness

Hospital wide program called Vitive Health-web-based education and in-person activities such as cooking classes. Also, the GME approved \$200 per fellow to fund wellness activities.

Our GME program has dedicated staff and resources dedicated to wellness.


Through the department and hospital websites: retreats, recreational activities and social events

We have many, many with a weekly wellness email that goes out from GME including yoga, mindfulness, activities for trainees with kids, massages (low cost for trainees), discounts on activities in the city, etc.

Seminars regarding physician burnout.

same as above

Exercise and gatherings



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.

wellness programs for yoga, meditation, zumba, walking, nutrition
mental health resources

Recently appointed VP for Wellness. Health/Fitness Department for Employees with incentive-based health and wellness challenges (cash prizes for completing health screenings, monthly awards for top performers in activity & weight loss challenges).


Social activities out of the hospital

physicians wellness center and events

during orientation GME provides all residents and fellows training as well as required online module completion

Gme resident wellness lectures monthly are required over various topics. Institution sponsors Meals on occasion for faculty and resident outings. Division sponsors top golf or local food/drink 3-4 times yearly for socials

Physician wellness committee
Employee assistance program
Pastoral and spiritual care

~~Dept. of Medicine has a~~  committee (including residents) to determine activities to promote physician well-being.

Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Specific sessions during in processing, orientation, and January reorientation session as well as support for faculty from the GME office including online resources, lunch and learns, and sessions for faculty and fellows.

Visiting speakers; formal physician wellness program.


Comprehensive wellness program specifically for residents and fellows but available to faculty

Orientation activities (sleep deprivation mitigation, impairment), anonymous mental health counseling services, ombudsperson(s) for discussing/reporting mistreatment, resilience week/training, taxi service to prevent sleep-deprived driving

there is an entire committee on this here and they have monthly sessions that are open to all trainees. In addition we have an excellent employee assistance program that is available 24/7 for fellows who are in need of some help.

Art/humanities sessions.

Housestaff get together, forums to discuss issues, "Code Lavender", free mental health sessions, community programs



Q50 - Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Please describe the resources or activities that your hospital or department offers to promote physician wellness.

Stipend for travel home after long shifts, call rooms, fitness center on campus

Too numerous to list

Online and in person group sessions

There is a new training retreat for program directors

