Small Things Create Big Change

BY TOM GALLO



n May 2018 the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience hosted its second public meeting focused on "Establishing Clinician Well-Being

as a National Priority" in Washington, D.C. The packed agenda for this one-day meeting included discussions on the effects of loneliness on clinician well-being, strategies to enhance human connection and a sense of community in the workplace, the healing power of art, and updates from the collaborative's working groups. Key takeaways from this multidisciplinary meeting included:

- The problem isn't how many people we're interacting with but the depth of the interactions. In this e-everything era, improving the quality of our interactions is imperative, said Vivek Murthy, MD, MBA, 19th Surgeon General of the United States. He shared a simple step he introduced to staff meetings when he served as Surgeon General—ask one person at each week's meeting to share for five minutes a picture or an interest outside of work. As healthcare leaders, Dr. Murthy said that it is our directive to create short, simple opportunities to get to know each other.
- We must make vulnerability and imperfection okay. Another gem from Dr. Murthy, who said that this sea change to medicine's culture of perfection can only come with institutional buy-in. Before this can happen, Margaret King, Professor of Organizational Behavior at Yale School of Management, said that the medical field must first rethink tenure, promotion tracks, RVUs, and other performance **measures.** Instead of rewarding clinicians for the number of patients they see in a day, she went on, develop a way to reward clinicians for the quality of their patient interactions.
- Care becomes depersonalized in an environment where clinicians are interacting more with keyboards than their patients. This key message came

during a panel of the Action Collaborative's five Working Groups. The panel went on to brainstorm solutions to this challenge, such as **streamlining E&M requirements so** that clinicians only do what is important and are not spending professional time on low-value activities. The Working Group panel agreed that the culture of perfection can sometimes be toxic in healthcare and stressed the importance of **challenging** norms, cultivating compassion, and enhancing empathy.

In a panel on creating a diverse and inclusive environment, April Bigelow, PhD, ANP-BC, AGPCNP-BC, Clinical Associate Professor at the University of Michigan, shared these pithy-but powerfultakeaways: small things create big change and culture eats strategy for breakfast. (Later, during a session on redesigning workflow to improve clinician well-being, one panelist added to this takeaway, saying infrastructure eats strategy for dinner.)

Session recordings are available on the Collaborative website: nam.edu/initiatives/clinician-resilienceand-well-being, where you can also read ACCC's commitment statement to this National Academy of Medicine initiative.

These takeaways helped inform our work at the June 27 ACCC Institute for the Future of Oncology where thought leaders, experts, and ACCC members came together to look at the issue of multidisciplinary team well-being and resiliency with an oncology-specific lens. We will share with you key takeaways, tools, and resources developed as a result of the 2018 ACCC Institute's discussion.

As I wrap up this column, I want to echo Bigelow's comments: Small things do create big change. To get you started, turn to the special "Fast Facts" on pages 4-7 in this issue. Though the topic of clinician well-being and resiliency is complex and multifactorial, I urge you to use this four-page infographic to jumpstart conversations at your cancer program or practice. Working together and leveraging the combined expertise of the ACCC membership, it is my hope that we can bring about change that is too big to be consumed by either culture or infrastructure. OI

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