

Generating Respect Engagement Advocacy Teamwork

The BMC Wellness & Professional Vitality GREAT Initiative Toolkit

Generating Respect, Engagement, Advocacy and Teamwork

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INTRODUCTION

The GREAT Initiative was initially developed to promote wellbeing for faculty in the Department of Medicine, but its principles apply to teamwork and professional wellbeing in all areas of healthcare. This toolkit serves as a guide and a resource for those who wish to promote engagement, empowerment and efficient collaboration inspired by the frontline members of healthcare teams, working alongside a traditional top-down leadership model. Studies have demonstrated that trust, belonging and engagement increase professional fulfillment and promotes employee retention.^{1,2,3,4}

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HOW TO IMPLEMENT THE GREAT INITIATIVE (Steps to GREATness)

There are 6 key Steps to GREATness, which are meant to be repeated as quality improvement cycles.^{1,5,6} This is loosely based on the AMA GROSS (Getting Rid of Stupid Stuff) Initiative,^{7,8,9} but an important difference is that the GROSS Initiative is based on top-down leadership, while the GREAT Initiative works from the frontlines up.

Step 1: Identify GREAT Champions

A GREAT Champion for each team role oversees each step of the Initiative. It is fundamental to the GREAT Initiative that some of the champions are at the frontlines, are respected colleagues, and are energetic, creative, collaborative thinkers. There may be important considerations with respect to the labor environment at BMC.

It is helpful to identify a Lead GREAT Champion within the division or section to help coordinate everyone and keep an eye on team goals and improvement data, as well as advocate for team individuals and the team as a group to department and BUMC leadership.

A wellness champion, i.e. a GREAT Facilitator coach and/or BUMC Equity, Vitality & Inclusion (EVI) representative, can reach out to divisions/departments to introduce the GREAT Initiative to department and division teams, and act as a resource for the Lead GREAT Champion.

Step 2: Engage & Listen

GREAT Champions engage and listen to all team members, which includes clinicians, MA's, nurses and front desk staff (or others depending on the service), to ensure that they have captured all relevant perspectives and that everyone contributes. It is important to "say back" what is heard to refine understanding and ensure that everyone feels heard.

This can be accomplished through one-on-one confidential meetings, asynchronous and anonymous suggestions, team meetings, or surveys. Each section or division can determine which approach or combination of methods works best, but must ensure that each individual feels safe and confident about providing feedback, and understands that their thoughts and experiences are valued.

It is also essential that meetings are conducted within existing work hours and meeting structures whenever possible, to minimize the impact of the GREAT Initiative upon perceived workload and time management.

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Step 3: Synthesize, Prioritize & Strategize

Teams will synthesize team feedback and prioritize ONE area for improvement. Then they must strategize to agree upon tailored solutions addressing this top priority. See GREAT Best Practices for ideas and inspiration. The team also needs to agree on an assessment tool, to monitor the effectiveness and impact of any changes made.

Step 4: Team Training & Implementation

Champions should utilize existing meeting and work times as much as possible to ensure that everyone on the team (including rotating members such as float MA's & clinical trainees) understand what needs to be done to implement best practices and provide assessment data. This may include both administrative meetings and pre-clinic team huddles.

Step 5: Assess Effectiveness

It is important not only for administrative leaders but also for individuals to be able to see whether the changes are making a difference, both on the spot, using validated tools such as BMC's own "Time to Chart Closure,"¹⁰ the NASA Task Load Index,^{11,12} or other measures the team agrees to use.

Tools that aim to specifically assess GREAT improvement best practices in real time are recommended in order to help differentiate the impact of multiple improvement efforts that are being implemented at the division, department or medical center level simultaneously. Real-time assessments also promote mindfulness and motivation for team members.

Step 6: Celebrate & Advocate

Every occupational wellbeing initiative must acknowledge successes and excellence in teamwork and leadership, advocate for awards and professional advancement, and to add to GREAT Best Practices whenever innovation occurs.

Emphasizing team-level wins at the department and medical center level are particularly encouraged to promote continued engagement in teamwork and a sense of belonging and pride in working at BUMC.

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GREAT INITIATIVE BEST PRACTICES

GREAT teamwork fosters open communication, collaboration, and accountability, promoting a culture of continuous improvement to enhance clinical team dynamics and patient outcomes.

GREAT Best Practices are adapted from team-building resources including Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS)^{14,15,16,17,18,19} and were further refined based on semi structured/ empathy interviews with clinicians and support staff, including medical assistants in the Section of General Internal Medicine at Boston Medical Center.

The practices provide a framework for building optimal teams by focusing on role clarity, communication, feedback and continuous improvement, and professional development.

Applying GREAT Initiative Best Practices: This is a compilation of representative case studies and suggestions. It is intended to be edited and updated over time with modifications and innovations tailored to other sections, divisions, and departments.

GREAT Practices Categories:

1. **Understanding roles and contributions** lays the foundation for effective teamwork by clarifying responsibilities and expectations.
2. **Information Sharing through Consistent Communication Channels:** Clear information sharing and communication enable team members to collaborate efficiently and effectively regarding patient care based on these defined roles.
3. **Feedback and Continuous Improvement:** Open feedback and engaging in continuous improvement processes leads to actionable insights to make changes where necessary, enhancing performance by everyone on the team.
4. **Professional Development:** This is supported by continuous feedback, allowing for everyone's professional growth and elevating all to perform at the top of their license. As team members grow professionally, they build the confidence and skills needed to take initiative, contribute at higher levels, and share the responsibility of team leadership.

1. Understanding Roles and Contributions

Challenges: Inconsistent communication practices and relationship-building strategies between clinicians and other team members such as medical assistants (MAs) can lead to

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misunderstandings, diminished team cohesion, and inefficiencies. When teams do not engage in structured introductions, regular check-ins, or role-clarifying conversations, it becomes difficult to establish trust and coordinate care effectively. This limits the team's ability to align with expectations, adapt to schedule changes, and foster a supportive working environment. There is a need for intentional communication practices to enhance mutual respect and teamwork that can lead to team cohesion and improved care delivery (such as efficient clinic flow) and patient outcomes.

Opportunities & Solutions: The GREAT Initiative fosters open communication, collaboration, and accountability, promoting a culture of respect and continuous improvement to enhance team dynamics and patient outcomes.

Its best practices provide a framework for building optimal teams by focusing on role clarity, information sharing, collaborative decision-making, feedback, continuous improvement, and professional development.

Introductions

Encourage team members to start the day with introductions, especially when working together for the first time. Clinicians and other team members such as medical assistants should feel equally empowered to introduce themselves and inform others how they prefer to be addressed.

- **Lead GREAT Champion:** Posting team headshots for the day reminds team members of everyone's names and roles.
- **Clinicians:**
 - **Every clinician is a leader:** Be mindful of preexisting hierarchy expectations (in spite of aims to break down barriers) and consider ways to show respectful leadership and teamwork. When working with a new MA or other team member, you may need to take the lead in initiating introductions and outlining preferences or routines for the day.
 - Introductions are best done in person
 - Epic Chat messages can supplement as a greeting and to open a channel for communication through the day.
 - **Promote an environment of openness:** Invite open communication where schedule changes, needs, questions and concerns can be discussed without hesitation.
- **Medical Assistants:**

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- **Be proactive.** Proactively introduce yourself to clinicians you haven't worked with before and ask about any preferences or expectations.
- Consider sending an Epic Chat message to open this channel for communication if the clinician has not already done so.

Team-Building Practices

- **Foster mutual respect:** Remembering everyone's name and expressing gratitude goes a long way.
- **Acknowledge each other's contributions and "wins:"** Make it a practice to debrief at the end of each session sharing what went well. Identify "wins." (For example, worked together effectively on behalf of a specific patient)

2. Information Sharing Through Consistent Communication Channels

Team:

- **Conduct pre-session short team huddles** to align daily priorities, anticipated patient needs, and review communication and support strategies.
- **Agree in advance on how to communicate** acute patient needs, workload concerns, or support you might require during the clinical session.
- **Clarify Tasks as needed** to confirm responsibilities and avoid confusion, especially in larger teams.
- Remain ready and open to others' input or concerns.
- **Clinicians:**
 - **Pre-session huddle**
 - Inform the team of any changes in the day's schedule or anticipated special patient needs, including late add-ons or priority patients
 - Educate team members on the importance of certain tasks, especially urgent ones
 - **During clinical session**
 - Ensure that you use the agreed-upon methods for communicating needs.
 - Use direct face-to-face communication for emergent patient care needs.
- **Medical Assistants:**

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- **Communicate patient/schedule concerns promptly:** Inform clinician if a patient arrives late or you are concerned about acute clinical status observations
- **Share other relevant information:** Communicate any other issues that may affect patient flow (For example, printer doesn't work, back order of supplies, patient concerns expressed during rooming) in a timely manner.
- **Close communication loops**

3. Feedback and Continuous Improvement

Challenges: Lack of standardized feedback mechanisms between clinicians and medical assistants hinders continuous improvement in patient care and workflow efficiency. Without structured and respectful feedback within the team structure, it is difficult to foster a culture that embraces learning opportunities, limiting the team's ability to adapt and grow.

Opportunities & Solutions: There is a need for routine use of feedback channels and supportive debriefs to foster open dialogue, identify improvement areas, and enhance clinician-MA collaboration.

Team:

- **Foster a Culture of Continuous Improvement:** Promote a safe environment where feedback is encouraged, respected, and acted upon. Embrace teachable moments.
- **Establish Structured Feedback Channels:** Implement regular team debriefs to maintain open lines of communication.
- **Monitor and Evaluate Progress:** Regularly assess the effectiveness of feedback processes and adjust as needed.
- **Ensure Accountability:** Hold all team members accountable for participating in communication efforts and continuous improvement practices.

Clinicians:

- **Model Constructive Feedback Practices:** Give respectful, specific, and actionable feedback during and after patient encounters.
- **Encourage Feedback from MAs:** Actively seek and express appreciation of feedback regarding workflow, communication, and patient care experiences.

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- **Participate in Regular Debriefs:** Engage in structured check-ins to reflect on what went well and what could be improved.
- **Support Professional Development:** Identify training needs and provide coaching or mentorship where applicable.

Medical Assistants:

- **Provide Constructive Feedback:** Share insights about communication and workflow challenges.
- **Engage in Reflection:** Participate in debriefs to evaluate team performance and individual contributions.
- **Identify Training Needs:** Communicate areas where additional training or support could enhance performance and efficiency.

4. Professional Development

Challenges: There is a lack of structured learning opportunities, clinical discussions, and mentorship within clinic teams. Clinicians may not consistently explain the rationale behind clinical tasks, limiting MA understanding of clinical workflows and limiting their professional growth. MA's have expressed appreciation of clinician teaching, but they find it happens infrequently.

Staff meetings are not always leveraged for educational purposes, and mentorship between experienced and new MA's is underdeveloped. These gaps can impact team cohesion, decrease job satisfaction, and limit opportunities for growth.

Opportunities & Solutions: An intentional and structured approach to promote collaborative learning and to support MA development can elevate the quality of patient care.

Learning Opportunities and Engagement:

Clinicians:

- Lead debriefs that promote learning.
- Share clinical insights and explain the rationale behind medical decisions (e.g., why rechecking blood pressure was necessary, or why both glucose and A1C were ordered).
- Encourage active participation and questions from MAs.

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Medical Assistants (MAs):

- Recognize and engage in learning opportunities.
- Contribute to a culture of continuous learning by asking questions and making suggestions.

Mentorship Opportunities:

- **Clinician:** Support mentorship by identifying learning opportunities. Encourage a culture of professional development.
- **Experienced MA's (Mentors):** Provide one-on-one guidance to newer MA's. Demonstrate clinical workflows, patient interaction techniques, and documented best practices. Offer feedback and encouragement.
- **Newer MA's (Mentees):** Shadow experienced MA's to learn clinic workflows and patient care techniques. Ask questions and seek clarification. Practice skills under supervision and receive constructive feedback.

GREAT Clinical Scenarios:

Here are scenarios set in General Internal Medicine, meant to demonstrate GREAT Initiative principles at work. These examples may not be fully applicable to all departments and services. We hope to collect scenarios and solutions here from all over BUMC over time, to share, inspire, innovate and celebrate excellence in patient care.

GREAT Practices in General Internal Medicine Scenario #1

- **Dr. Suen:** "Hi Charlie, I'm Dr. Suen. I tend to move quickly, but I rely heavily on MA's for prep and clinic flow." (*Roles and Contributions*)
- **MA Charlie:** "Nice to meet you, Dr. Suen. I'm still getting familiar with this clinic's flow, so I might check in a few times about expectations. (*Roles and Contributions*) Would you prefer updates directly between patients or during visits through Epic Chat?" (*Consistent Communication Channels*)

They agree to use **Epic Chat for quick communication** and check in verbally at **midday** to realign as needed. (*Consistent Communication Channels*)

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- **MA Charlie:** “We’ve had a couple patients arrive late, and Room 4’s otoscope isn’t working which I let the team lead know about. I also noticed the next patient seems unsure about her medication refills. Should I clarify her pharmacy and print out her med list to review before you see her?” (*Consistent Communication Channels*)
- **Dr. Suen:** “Thank you! Yes, please clarify the pharmacy and med list with that patient. Also, I just got a message about an add-on at 2:15. Wanted to make sure you knew that to manage your workflow.” (*Consistent Communication Channels*)
- **MA Charlie:** “Should I room the patient booked at 2:30 first, since they arrived early? Then I can prep the vitals for the patient at 2:15.” (*Consistent Communication Channels*)
- **Dr. Suen:** “Perfect. And if you see any concerns along the way, Epic chat message me. And let me know if there’s anything I’m doing that slows things down for you or causes confusion, I appreciate feedback.” (*Consistent Communication Channels, Promoting Feedback and Continuous Improvement*)

End of Day Debrief: (*Feedback and Continuous Improvement*)

- **Dr. Suen** “Great work! You were really on top of things today—especially with the add-on case. Let’s plan to huddle again tomorrow morning for a quick rundown.”
- **MA Charlie:** “Thanks. I felt more confident knowing how you work. And I really appreciated the mid-day check-in to re-adjust. The real time communication is very helpful.”

Outcomes:

- **Established Clear Communication and Workflow Alignment:**
Dr. Suen and MA Charlie agreed on communication methods (Epic Chat + verbal midday check-in), which created a structured approach to updates and feedback, improving workflow efficiency and mutual understanding.
- **Proactive Problem Solving and Mutual Support:**
Charlie identified and communicated issues (e.g., late patients, broken otoscope, refill confusion) early, and Dr. Suen reciprocated with key updates (add-on patient). This proactive exchange allowed for smoother adjustments throughout the day.
- **Improved Team Dynamics and Confidence:**
Both Dr. Suen and Charlie expressed appreciation for each other’s contributions. The

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end-of-day debrief showed that respectful, real-time collaboration not only enhanced clinic flow but also boosted Charlie's confidence and Dr. Suen's trust.

GREAT Practices in General Internal Medicine Scenario #2

Clinician: Dr. Johnson is seeing Ms. Curtis for a follow-up and learns she had chest pain last week. She orders an EKG and puts up the MA rooming flag, but noticing the MA Nick is busy, she also sends an Epic Chat message to alert him before moving on to her next patient.
(Consistent Communication Channels)

MA: Nick receives the Epic Chat, confirms he will perform the EKG after finishing with another patient, and later informs Dr. Johnson via Epic Chat that the EKG is ready for her review.
(Consistent Communication Channels)

GREAT Practices in General Internal Medicine Scenario #3

Clinician: Dr. Smith is running 15 minutes behind due to an unexpected patient issue. As soon as Dr. Smith realizes they'll be delayed, they send a message to MA Jessica: "Hi Jessica, I'm running 15 minutes behind with the current patient. Please inform the next few patients about the delay." *(Roles and Contributions, Consistent Communication Channels)*

MA: Jessica receives the message and communicates with the next patient who is waiting. "Hello, Mr. Taylor, Dr. Smith is running 15 minutes behind. We apologize for the wait, thank you for your patience, I will check your vitals while you wait for the clinician." Jessica continues checking in with the clinician to confirm the next steps and prep for the following patients, ensuring a smoother transition throughout the day. *(Roles and Contributions, Consistent Communication Channels)*

Outcomes:

- **Efficient Communication:** Using existing communication channels streamlines workflow without disrupting others.

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- **Respect for Workload:** Clinician acknowledges that MA is busy, showing situational awareness and mutual respect.
- **Follow-Through and Accountability:** MA confirms the task and follows up after completion, maintaining clarity and closing the loop.
- **Proactive Communication:** Clinician notifies the team promptly regarding running behind, enabling front-line staff to manage patient expectations, preventing frustration.
- **Improved Clinic Flow:** Active coordination helps avoid worsening delays that will affect the rest of the day's flow.
- **Elevate Support Staff:** MA confidently handles patient communication regarding delays and multitasks to keep the visit efficient.

GREAT Practices in General Internal Medicine Scenario #4

(Roles and Contributions, Consistent Communication Channels, Feedback)

MA Jack is rooming Mr. Flaherty, who reports several days of dizziness. Vitals reveal a low blood pressure of 98/64. Aware that Dr. Peters is with another patient, Jack sends an Epic chat message updating him on the clinical situation and notifies nurse triage to assess the patient.

Dr. Peters replies that he is currently with a grieving patient who recently lost a family member and will come as soon as possible. Meanwhile, Jack informs the next patient of a delay due to an urgent situation. Nurse triage performs a focused assessment, including a targeted history and a focused exam.

Dr. Peters arrives shortly after, confirms the history and vitals and exam. The team decides that Mr. Flaherty should be transferred to the emergency room. The patient agrees with the plan. Dr. Peters calls the ED expect line, and nurse triage arranges emergency transport.

At the end of the session, Dr. Peters debriefs the team, thanking Jack for recognizing the urgency and involving triage promptly, and the nurse for their clinical assessment. He acknowledges the excellent teamwork in managing an acutely ill patient.

Outcomes:

- **Early Recognition of Clinical Risk:** MA identified abnormal vitals and concerning symptoms, triggering timely intervention.

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- **Timely Escalation and Communication:** MA used appropriate communication channels, ensuring no delays despite the clinician being unavailable.
- **Effective Use of Team-Based Care:** Leveraging team resources. Nurse triage stepped in to assess the patient, preventing delays in evaluation and management.
- **Efficient Use of Provider Time:** The clinician could remain focused on his current patient without compromising the care of another, thanks to team support.
- **Positive Team Culture and Debriefing:** The debrief reinforced a culture of appreciation, learning, and teamwork, strengthening team collaboration.
- **Professional Growth and Engagement:** The MAs initiative and judgment were validated, encouraging confidence and accountability in future clinical situations.
- **Improved Patient Experience:** The patient received attentive, timely, and coordinated care, likely increasing his trust and satisfaction with the team.

GREAT Practices in General Internal Medicine Scenario #5

(Consistent Communication Channels, Feedback and Continuous Improvement)

Scenario: MA Sara is covering for a colleague at lunch and rooming patients for multiple providers. While rooming a patient for Dr. Smith, Dr. Harris steps out of an exam room and urgently asks Sara to check an A1C for another patient.

Sara acknowledges the request and finishes rooming Dr. Smith's patient, who reports chest pain—requiring more time and attention. As a result, Sara falls behind and forgets to complete the A1C.

Later, Dr. Harris notices the A1C wasn't done and when he passes Sara in the hallway, it reminds her. Sara apologizes and rushes off to complete the task.

During the end-of-day debrief, Sara gently reminds Dr. Harris about the importance of using the orange sheets to check off MA and nursing orders. She emphasizes that these sheets make it easier for MAs to keep track of provider's patient care requests, so there are no patient care delays. Dr. Harris expresses appreciation of the feedback and encourages Sara to feel comfortable in reminding him in real time if he forgets to do this.

Outcomes:

- **Professional Accountability:** Sara took responsibility for the oversight, and the clinician took responsibility for his oversight in not using communication tools effectively.

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- **Constructive Feedback and Debriefing;** Sara used the end-of-day debrief to offer respectful, solution-focused feedback, promoting better workflow communication.
- **Supportive Clinician-MA Relationship:** Dr. Harris welcomed feedback and reinforced a culture of mutual respect and open communication.
- **Process Improvement:** The team reinforced the importance of utilizing an existing communication channel to reduce the likelihood of future missed tasks.

GREAT Practices in General Internal Medicine Scenario #6

(Feedback and Continuous Improvement, Professional Development)

Scenario: MA Natalie is new to the clinic and takes pride in being efficient and organized. When a patient, Mr. Torres, presents with a blood pressure of 158/94, Natalie doesn't recheck it manually, focused instead on keeping the schedule on time.

Later, NP Forde notices the elevated reading and asks Natalie to repeat it manually. Natalie feels a bit frustrated, thinking the automated cuff should be sufficient and viewing the request as extra work.

After the visit, NP Forde asks to debrief:

NP Forde: "Natalie, I wanted to explain why I asked for a manual BP. Mr. Torres is on three blood pressure meds and has a history of stroke. Accuracy in blood pressure readings is important before adjusting treatment because overcorrecting could lead to hypotension, which is dangerous.

You're doing a great job moving efficiently, and I want you to feel confident that sometimes we need to slow down to carefully consider the clinical situation.

Natalie: "Thanks for explaining this. I completely understand now. Should I start flagging those kinds of readings more often? And manually recheck any high readings?"

NP Forde: "Yes, that would be very helpful. If a patient has high blood pressure — especially with symptoms like headache or dizziness—please repeat it manually and let me know. And anytime something seems unclear, I want you to feel comfortable asking. I'll always explain the 'why' so you feel supported and informed."

Outcomes:

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Shift in Engagement: Shift in team engagement. Brought out the **teachable moment**.

Reinforced both MA and clinician roles in allowing and creating **learning moments**, even in a high-paced environment.

Collaborative learning: Opened the door for collaborative learning across the team. Provided an opportunity for the medical assistant to ask questions, recognize clinical reasoning, and participate more actively in patient care decisions.

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APPENDIX A

Clinical divisions and teams may benefit from using standardized forms to promote consistency in providing information to team members while still allowing for some adjustment for preferences when they can be accommodated.

Sample GIM Provider Preference Sheet

Suite:

Provider:

Rooming Notes:	
Rooming Preferences:	
Communication (In-person, EPIC chat, pager, etc.):	
Screenings:	
Interpreter Services (ipad, phone):	
Specimens/POC:	
Procedures (gloves, scissors, light):	
Procedures – Cart Set Up	
Issues:	

APPENDIX B

Guidelines for Conducting GREAT Initiative Interviews

(aka Empathy Interviews – What’s it like to be you?)

Purpose: To gather information from individual faculty and other clinical team members/employees, to understand what their job experience is and to help individuals feel heard and respected.

The interviews would identify priorities for change as well as what is working well and should be preserved or emphasized.

Time commitment: Generally the interviews can be done within 30 minutes.

Approach: Each interview would have an individualized course and should be confidential, but would include questions like those below.

Initially, questions should be as open-ended as possible, and utilize active listening skills (“say back” what is heard and confirm that what the interview heard is what was intended).

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We recommend that for faculty/employees who are exhibiting signs of burnout or who have expressed interest in reducing work time or leaving their job be offered 1-3 confidential formal coaching sessions. Some individuals are not interested in coaching but many do not know what it is. It is important to communicate that it is NOT remedial or punitive, but rather, a form of support.

Sample questions:

Tell me about your work here at BMC.

How do you feel about working at BMC?

What are the reasons you choose to work at BMC?

Is there anything that would help you do your job better?

Is there anything you would like to see changed/improved?

What are your thoughts about improving teamwork where you work?

What impacts your wellbeing at work the most?

Do you feel empowered to affect positive change at work? (or ... How would you like to be an agent for positive change?)

Is there anything else you would like me (or BMC leadership) to know?

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APPENDIX C

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.



Components

Creating a plan with all workers to enact these components can help reimagine workplaces as engines of well-being.

Protection from Harm

- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health
- Operationalize DEIA* norms, policies, and programs

Connection & Community

- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

Work-Life Harmony

- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Increase access to paid leave
- Respect boundaries between work and non-work time

Mattering at Work

- Provide a living wage
- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

Opportunity for Growth

- Offer quality training, education, and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback

*Diversity, Equity, Inclusion & Accessibility

Office of the
U.S. Surgeon General

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