

The Development and Implementation of a Novel Physician Well-being Leadership Fellowship for Junior Faculty

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Introduction:

Physician burnout adversely affects nearly every aspect of healthcare and has worsened during the pandemic. Understanding drivers of burnout and factors that contribute to well-being are essential. Deep knowledge of evidence-based individual and organizational level interventions and the ability to longitudinally measure their effects are also necessary. Training opportunities to address these needs are limited and have a demand that outpaces their availability. Addressing this multifaceted challenge is vital and necessitates the training of physician leaders with specialized skills.

Methods:

A novel fourth-year fellowship was designed to provide in-depth training around provider well-being promotion and to launch new physician leaders into this burgeoning field. The 12-month non-ACGME fellowship was designed and implemented within our university-based family medicine program in September 2020 utilizing evidence-based resources and input from leaders in the field. Graduates of the fellowship are expected to: 1) summarize and apply literature around well-being, 2) observe, design, implement, and evaluate interventions to promote well-being at the individual (e.g., mindfulness) and organizational levels (e.g., quality improvement), and 3) develop leadership skills to champion systems-level change in partnership with health-systems leaders.

Results:

The fellowship was funded via a partnership with a Federally Qualified Health Center (FQHC) where the fellow cared for patients half-time. Resources included a pre-existing framework for individually tailored fourth-year fellowships including faculty support and monthly thought-leader didactics. Evaluation of this fellowship incorporated several methods: 1) monthly faculty and fellow meetings were conducted to assess knowledge gained and understanding of program elements, 2) completion of one scholarly activity around well-being promotion to allow for application of information learned, and 3) completion of a post-fellowship survey to assess attitudes and perceived readiness to supply well-being related expertise and assess for areas for improvement. A follow-up survey will be conducted at intervals of 1 and 5 years after fellowship completion and implementation in practice. In addition, an outline of the curriculum, lessons learned, and best practices have been documented to aid future fellows and other institutions in the implementation of similarly focused curricula. Our 2021 graduate successfully obtained a position at a local FQHC as a "Provider Wellbeing Specialist" following completion of the program.

Conclusion:

There is an urgent need to create a new generation of uniquely trained physician leaders in the rapidly evolving field of physician well-being promotion. This fellowship can serve as a model to equip new resident graduates with the tools and expertise necessary to combat our physician burnout crisis. The fellowship can be replicated using an established curriculum outline and suggested readings.