

## Gyn Oncology Faculty Wellness plan

This action plan details the goals of improving the learner environment and satisfaction on the Gynecologic Oncology rotation and to ameliorate any perceptions of learner mistreatment as well as to address wellness of the Gynecologic Oncology faculty.

Expectations will be made clear to all members of the Gyn Oncology team as to what their day-to-day expected performance will be.

1. OR assignments - the OR assignments will be made by the attending on service the week prior on Thursday. This will occur at Tumor Board where all the Gyn Oncology faculty are gathered. The attending scheduled on service on that day will set the upcoming schedule for the residents and the assignments will be given to the residents at the end of that teaching session. They will be instructed on which cases they will be present for and what role they will assume during that case. This will allow them to learn about the patient and be prepared for OR. On the day of surgery the faculty member performing the case with the learners will instruct the learners on the specific goals they are to achieve during that case. For example, performing one side of the hysterectomy or perhaps even more basically, clamping the uterine arteries and securing the pedicle with the appropriate square knots. These will be the specific learning expectations that can be appropriately evaluated on the surgical debriefing. These expectations will be gauged per the level of resident participating in the case. The residents will be aware that based on the complexity of the case things may change in real time. This effort will be a crucial transition as we integrate the fellow into the learning environment as well so that everybody has very clear expectations that have been well communicated on what their role and learning expectations are for that particular operative case.
2. Clinic Expectations - At the same time as the operating schedule is being assigned, clinic assignments will be made as well. Residents assigned to clinic will be expected to see a set number of patients which will be outlined at the beginning of clinic depending on the number of providers in clinic as well as the acuity of the clinic. When possible, patients will be selected by the faculty to enhance resident education. For example, residents should be involved with common procedures, such as colposcopy, vulvoscopy and endometrial biopsy. Residents should also be predominately involved in the preoperative preparations of patients going to the operating room to learn the proper assessment of surgical risk and preoperative optimization. Residents should also be largely involved in new patient assessments and management so as to learn the appropriate reason for Gyn Oncology consultation and issues in the diagnosis and subsequent management of gynecologic cancer. Chief residents will see no more than **8** patients in a full clinic session, PGY2 will see no more than **6** patients in a full clinic session and PGY1 will see no more than **4-5** patients (based on time of year on rotation) in a full day clinic session. Once the residents have seen their maximum number of patients they will be free to leave the clinic or stay to dictate and get their clinic work done. They will all be encouraged to ask questions to enhance their education for patient care.
3. Inpatient Assignments - The residents will round on inpatients and be expected to round on the same patients throughout the course of their hospital stay. Chief residents will be expected to round on the sickest patients on the service and to co-manage those patients

with the attending or fellow as well as with Monique Gaede, our skilled advanced practice inpatient manager who serves as the "hospitalist" to our service. Residents involved in the surgery will be expected to round and care for those patients throughout their hospital course. Patients presenting through the emergency room are evaluated through clinic and will be assigned by the chief or fellow to the appropriate level learner for inpatient management.

Clear resident assignments and expectations from a day-to-day operations perspective will improve much of the communication and set clear expectations of what and how they will be officially evaluated and avoid misunderstanding issues that have caused stress on the previous learners on our rotation.

Through the course of a rotation this will be proactively managed by the involved attending and specific assignments and expectations may need to be changed or altered. This communication will be made clear by the attending present. We also will protect time and support any attending or team member to attend communication seminars or additional training in complex team management.

Plan to help residents cope and manage their personal emotions during this rotation.

1. Dr. Muller will orientate the residents at the beginning of the rotation to the changes described above as well as the acknowledgement of the stress and the need for personal care during the rotation. The learners will be presented with the perspective that was published in the Obstetrics and Gynecology entitled "The Miracle of Life and Privilege of Death" so that they can start the rotation with an insight of how their obstetrical skill sets can be utilized to help manage end of life care. As presented in the orientation, during rotation the residents will be given *permission and encouragement* to take a moment if needed or if a difficult or uncomfortable situation is self-identified. The resident will state "I need a moment and will return shortly" and step away from the situation or event - which will be a safe statement to leave the room or situation without fear of penalty or retaliation in any way. A debriefing will occur once able with the attending when appropriate (to manage sadness, grief or anxiety from bad news or outcomes) or with the residents mentor (in cases of perceived mistreatment, discussed further below). A discussion with the Chief of Gyn Onc will be encouraged proximate to the event with the resident and/or mentor in order to immediately address resident concerns.
2. Resident evaluations will occur during the rotation both at the midpoint evaluation and towards the end of the rotation with the goal of evaluating strengths, weaknesses, opportunities for improvement and goal settings which are PGY appropriate. In addition wellness debriefings will occur after clinics (predominantly on Thursday with Dr. Muller) to help learners process some of the bad news encounters that have occurred during that time. Additional specific debriefings will occur in the event of an unexpected patient death or severe complication that occurs during that rotation. Again, at the time of the orientation the learners will be empowered to ask to be excused or take a moment or two and step away if they feel they need some personal space to process a difficult event or emotions. They will be encouraged to discuss and debrief on a one-on-one level when needed with any of the faculty or any of the team members for whom they feel comfortable with. If they do not feel comfortable with one of the team members at the time of orientation they will

also be presented with contact numbers for urgent assessment with CARS as well as the standard wellness processes that are built within the residency program, though ACGME.

3. Gyn Oncology wellness plan – a wellness plan was approved that strongly encourages residents to utilize faculty mentors in the Department of OB/GYN or other Department faculty chosen by the resident to serve as resident mentors or ombudsmen during the time of the rotation. We suggest that the residents on the Gyn Oncology rotation strongly consider meeting with the ACGME assigned psychiatrist at least once during the rotation (on the resident school Friday mornings) so that they may discuss some of these issues and be able to process some of their emotions and stressors related to the specific experiences on the Gynecologic Oncology rotation if they feel like they need expert advice in managing emotions or stressors that impact life or professional performance. This would be in addition to the mentor program that is set forth in the wellness plan. We highly desire however that the resident discuss any concerns particularly as it pertains to perceived mistreatment, unsafe workplace or an unproductive learning environment with the Chief of Gynecologic Oncology (Dr. Muller) who will be best suited to immediately assist with addressing and revising the situation to immediately improve the learning environment. In the event that the resident does not feel that bringing an immediate issue to the Division Chief will be productive, then the resident will be encouraged to contact Dr Kathleen Kennedy who will serve as an immediate ombudsman. The residents will be instructed at the time of orientation that just as in a “time out” the residents *must* speak up without any fears or concerns of retaliation or retribution. ***The Division of Gyn Oncology has a zero tolerance policy for retaliation for which the residents should feel fully protected.*** Based on our discussions with the present residents we feel this culture change will evolve with good outcome.
4. Managing faculty burnout. It is very clear that burnout is an increasing problem in health care providers – an epidemic that is far beyond the scope of this plan. However the Gyn Onc faculty are also under significant stressors with many varying academic roles that sometimes conflict with each other and cause additional stressors for the faculty. Communication of tight schedules or stressful deadlines will be had with the team including learners so that they can contextualize the environment which sometimes may be altered based on these conflicting demands. Communication will be essential and encouraged in a two way fashion between the learners and the care team. Discussions at orientation and at surgical debriefing in particular will review the appropriate and safe time during cases for learner involvement as well as understanding of times where faculty need to focus for the safety of the patient. This will be reviewed at surgical debriefing.

When concerns are raised about faculty burnout either from learners, mentors or leadership in the UNMCCC or Dept. of OB/GYN, or the faculty themselves, the faculty member will be required to meet with Dr. Joyce Phillips, the Faculty Wellness Director for evaluation and management of burnout. We would anticipate that the leadership of the Dept. of OB/GYN and UNMCCC as well as the Division of Gyn Onc will support any defined management plan outlined by experts to address faculty burnout. Academic and/or executive coaches will be made available to the faculty either upon request of the faculty or by request of the leadership or Wellness Director and a coaching plan will be executed to assist in improving the skills of managing burnout, improving communication and fostering a positive learning environment throughout the challenges of physician burnout.

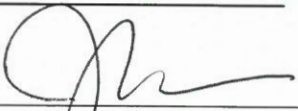
Once the coaching plan is completed, access to the professional coaches should be continued for the faculty to consult on an ad hoc basis.

Faculty that do not show improvement in managing burnout and who continue to have verified critical feedback regarding learner mistreatment will meet with the Dept. Chair and Executive Vice Dean for development of further action plans.

**APPROVAL**

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Approval:   
Residency Director

6/27/19

Approval:   
Chair, Department of Obstetrics & Gynecology

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Date