

THE CLINICIAN EXPERIENCE

HELPING ALL CLINICIANS THRIVE

THE RESEARCH AND APPROACH TO TACKLE THE WELLNESS CHALLENGE

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CLINICIAN
EXPERIENCE
PROJECT
BY PRACTICING EXCELLENCE

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WELCOME

We built the Clinician Experience Project (CEP) to help clinicians find the best of this profession, to be the clinicians we want to be, and to make the kind of impact that creates joy, energy, and enthusiasm in the life we have chosen. We are also steadfast in our belief, with the research to back us, that caring for those who care for others is essential to achieving the imperatives before us. The complex and daunting healthcare challenges will not be solved through policies, regulations, payer incentives or top-down approaches.

We must think differently.

We need unbridled, engaged, passionate, and innovative teams driven by purpose, supported to do what works, and partnered with leaders to co-design care solutions.

We need leaders who manage change, tap team intelligence, sponsor improvements, communicate effectively who model behaviors and mobilize care teams.

We need clinicians who connect to patients, collaborate within and across teams, adhere to evidence and leverage their influence to improve care.

Care transformation will require the support and development of individuals, teams and leaders to provide clinical excellence in a culture that values, appreciates, develops and partners with those providing care.

Today, the Clinician Experience Project is home to thousands of leaders and clinicians from across the country. Together, we are developing skills and exchanging ideas to advance care through patient connection, team collaboration and leadership techniques that bring the best from care teams. We are seeing transformative impact on the patients we serve, the teams providing care, and compelling progress on practice conditions that are taking down some of our best and brightest clinicians.

The purpose of this piece is not to cite the numbers associated with the burnout epidemic. There are plenty of those reports around. This body of work is about the imperative of the clinician experience, its fundamental drivers, its impact on culture, our research backing it, and how we tap proven methods to power change.

As clinicians, we joined this profession to spend our professional lives advancing wellness, managing disease, and making an impact with our craft for which we sacrificed so much. We deserve to love this work and all of the experiences that make for a clinical life. This is why we are here, to dive deep into the state of the clinician experience and to listen, learn, research, and discover all we can to make the life of clinicians better together.

We hope these insights, research and approaches will inspire action on caring for the caregiving team to advance the clinician experience where you are.

Stephen Beeson, MD
Founder of the Clinician Experience Project



THE IMPERATIVE OF THE CLINICIAN EXPERIENCE

It's estimated that **1,000,000** American patients lost their physician last year due to suicide. I recently spoke to one patient whose neurologist had taken his life two years before our conversation. "Everything seemed so normal and he looked like he really loved being a doctor. I got a call from his nurse to reschedule an appointment. She told me he had passed away. I later found out that he took his own life. It was absolutely heartbreaking..." Like it happened yesterday, tears rolled down her face as she wondered what could have become so bad.

Physicians have one of the highest suicide rates across all professions.¹ Hundreds of physicians each year take their own lives with a devastating ripple effect on families, friends, patients, staff, classmates, colleagues and all of us that are witness to this tragedy.

Physician burnout levels continue to progress with significant impact on patient connection, diagnostic accuracy, treatment efficacy, cost of care, malpractice risk, early career exit, and harm events.² All of this is occurring at a time when the pressure to improve safety, patient-centeredness, and cost of healthcare is at its highest level ever.

WANT TO FIX HEALTHCARE?

It will not happen without passionate, committed, revitalized, energized, participatory clinicians who are willing and able to leverage their significant influence and ideas to change healthcare.

This is our quest--to rebuild, restore and strengthen the clinician experience. We built the Clinician Experience Project as a learning community to improve the experience of clinicians everywhere. To be a hub to inspire learning, connect us to our purpose and drive results together.

With clinicians accounting for **90%** of all clinical activity and with **80%** of all healthcare costs running through us, the clinician experience must be prioritized to have any chance of achieving meaningful healthcare improvement. Healthcare leaders today are flooded with common accountabilities: patient experience, population health, harm reduction, quality and value, to name just a few. These worthy and important objectives are profoundly influenced by the disposition of clinicians. The question is, how do we successfully execute on them without caring for those that provide the care?

It can be tempting to "skip" the step of caring for the care team in a rushed pursuit of other pressing organizational goals and accountabilities. Many of us have been part of or witnessed cultures which fail to prioritize the growth, development, support and wellness of care teams.

Without fail, those organizations with disillusioned, exhausted and disengaged clinicians will have enormous difficulties gaining traction on meaningful change. When we are up late closing charts and clerical burden consumes our day, it is difficult to participate in organizational efforts, regardless of their merit.

With the total cost of losing a single physician approaching **\$1 million**,³ the cost of failing to care for those providing care is simply insurmountable. As burnout diffuses cynicism, exhaustion and indifference into and across clinical teams, we must turn our attention to the care of the clinician as a condition for all other activities that depend on our engagement.

We believe the state clinician experience to be one of the most pressing threats to care delivery and one of the most important duties for payers, regulators, government, policy makers, boards, executives and clinicians alike. It will take all of us.

While policy shifts are important, we cannot wait another day to make a change. The most important drivers of our experience as clinicians emerge from the culture we create where we are today.

Welcome to The Clinician Experience eBook, where we look to define it, review what drives it and take actions to improve it.

THE CLINICIAN EXPERIENCE DEFINED

If clinician burnout is defined as a combination of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, and the Beryl Institute defines the patient experience as, "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care," what is the clinician experience, exactly?

Burnout and the clinician experience are related, but not the same.

The clinician experience is about the conditions that revitalize physicians, taps innovations and facilitates contribution to the care we need. While the approaches to advance the clinician experience reviewed in this report align with the most progressive burnout countermeasures published to date, the clinician experience extends beyond efforts to reduce burnout.

The focus of the clinician experience is the restoration of purpose, energy, enthusiasm, contribution, innovation, influence, and impact.

With this in mind, we sketched the definition of the clinician experience as:

"the ability to connect to patients, collaborate with colleagues and partner with leaders to provide exceptional care for both patients and caregivers..."

The rationale behind the clinician experience definition emerged from thousands of conversations, observations, and research around what prompts clinicians to love this demanding work.

It is an imperative that we help set organizational conditions that can counter cynicism, depersonalization, and exhaustion inherent in burnout. We believe there is more to the clinician experience than merely keeping cynicism and detachment at bay. The clinician experience, when supported, should render the following commentary from the clinicians providing frontline care:



THE VOICE OF THE CLINICIAN EXPERIENCE

"I feel supported, listened to, involved and appreciated as an active participant toward care solutions..."

"My clinical care team is humming, my administrative tasks are improved and my work levels are reasonable..."

"I am getting regular feedback on how things are going and I have the help and support I need to improve..."

"We are making impact with patients all day long, we are doing it as a team and I see every knock on an exam room door as a chance to do it again..."

"Anyone on our team can say anything at any time to help improve the quality and safety of the care we provide together..."

"Our clinical team is like a family. We help each other, support each other and learn from each other to tackle patient care together..."

"We work hard, but if there is a big challenge that interferes with our care delivery and my ability to get home at a reasonable time, we will tackle challenges with our leadership team to co-design a solution..."

"My practice circumstances are what I hoped for when I decided to become a clinician and can't imagine going anywhere else to practice medicine..."

"Our leaders are visible and communicate with us regularly on our big vision in what we are trying to become and supporting us in our role to get there..."

These are the things we hear from places that support, partner, communicate, and collaborate with clinicians. These are the clinicians every healthcare organization needs, patients want and clinicians deserve. This is what the clinician experience can do, what clinicians might say and why it is such an imperative to advance this work.

ORGANIZATIONAL IMPACT OF THE CLINICIAN EXPERIENCE

The Imperative of Mission over Metric

The clinician experience is in part driven by delivering care consistent with a value system that is built around what's best for patients. Today's healthcare environment makes setting these conditions challenging. What we have discovered in our work is this: again and again, well-intended, highly-pressured healthcare leaders often deploy strategies to pursue metric improvement as "the mission" in response to an environment driven by data, regulations and pay for performance.

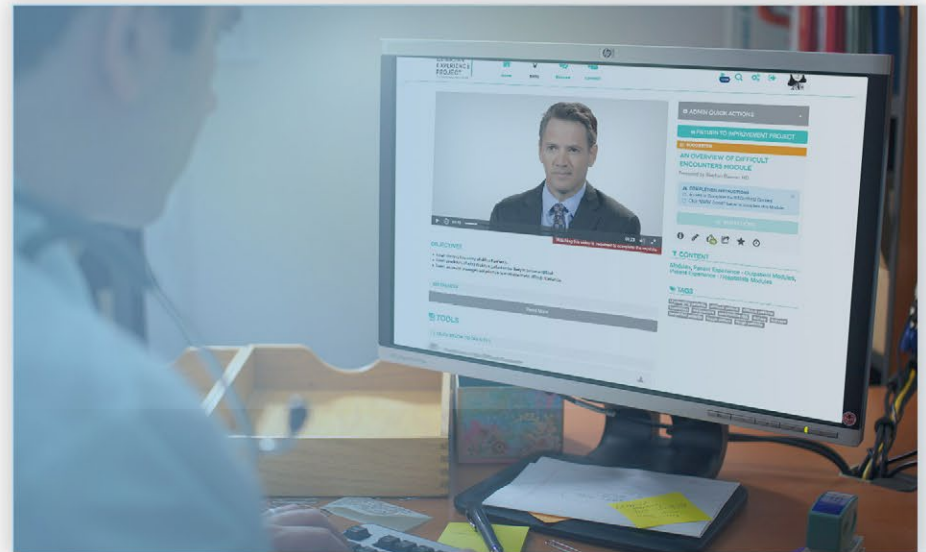
The pressures emerging from these market conditions often create leader actions that appear more focused on compliance and turning scorecard boxes from red to green, then mobilizing caregivers around a common purpose of clinical excellence and patient impact.

We have effectively allowed the metric to become the mission, making those at the frontline of care more accountable for looking good than doing good as they slowly drift away from their fundamental values of the right and best care for patients.

As the pressure for performance increases and the voice for moving a measure becomes louder, the greater the chasm grows around “why we are here.” It has become a leader’s paradox—the more leaders push to achieve metrics, the less engaged the care team is to the actions necessary to move them.

We contend and believe, with notable research behind us, that when clinicians are immersed in metric obsessed conditions, we run the very real risk of decoupling clinicians from the value system that brought us here. The rise of metric over mission threatens the very reason clinicians joined this profession and can generate cynicism and loss of purpose from some of the most dedicated physicians.

We are not saying ignore the metrics. Metrics have become the currency of healthcare, and we must move them. That said, talking about metrics incessantly as a number to achieve is perhaps the least effective method to improve them. Leaders who advance the clinician experience don’t spend their words on moving numbers. They tell stories of patient impact, celebrate team members at the front line, model behaviors, develop talent, place safest and best care for patients above all else, treat care teams as their most important partners and speak passionately about a big vision that syncs with why we all joined healthcare. Cause and meaning must trump dashboard and scorecard messaging to enroll clinicians and restore our core clinical purpose.



This is what we set out to solve. To distill into actionable changes that begin with mission over metric, to empower the clinical team to achieve the imperatives that lie ahead, and to do so in a way that brings accomplishment, purpose and joy for every clinician.

OBSERVATIONAL DRIVERS OF THE CLINICIAN EXPERIENCE

Healthcare leaders across the country seem uniformly committed to reducing harm, advancing the patient experience, delivering quality, engaging teams, building culture while providing value, and maintaining margin.

While everyone wants to improve, only some do. The question is why.

We set out to understand what groups did to forge tangible results. We wanted to know what is present in organizations that are moving the needle compared to those that are working equally hard but not improving.

Here is what we observed...

Finding the Power of Clinician Participation and Patient Connection

Organizational observations of those who improve began with my own group where I served as a family medicine physician, leader and physician coach for fifteen years. In 2002, our group committed to improving the experience for patients, staff and physicians. In time, we improved patient experience from bottom to top decile, significantly reduced physician turnover, increased clinical quality, created double-digit margins and achieved 10 consecutive years of improved physician engagement.

Initially tasked to "improve patient experience," we quickly realized that enrolling physicians in the effort was key to our success. The staff was on-board with the organization-wide strategy a year before physicians, but there was little improvement despite significant staff engagement efforts. An employee engagement survey at the time revealed the top dissatisfier with our nurses and staff was the absence of physicians in the organizational change effort labeled as "our highest priority." Without the engagement and visibility of physicians, the staff questioned the credibility and seriousness of the entire effort. The power of physician participation was beginning to reveal itself.

In response, we enrolled our physician leaders in our improvement strategies and got to work in supporting clinicians. Physician leaders began to message our new commitment to a better place for patients, staff and physicians. We coached clinicians individually and in small groups on simple actions to improve their connection to patients. We presented at large physician meetings to update our colleagues on our patient experience goals, the progress we were making and how we could work together to transform the care experience for patients as our shared purpose. Soon, physician stories emerged about the impact of simple patient connection skills as more and more clinicians joined the effort. We recognized physicians that were embracing our renewed mission. We provided progressively transparent data so clinicians could see where they stood relative to goals and colleagues. We redesigned both the physician selection and orientation process to support new clinician success from day one.



The journey from bottom to top decile took over six years and helped to create one of the top performing medical groups in the state. The journey that began as "what do we do to improve our patient experience?" now serves as a reflection of "what was present that facilitated the transformative change we went through?"

THE ANSWER

It was a mission of impacting patients that deeply resonated with physicians who were supported to pursue something that truly mattered to them. It was the messaging of physician leaders that signaled to clinicians the power of patient connection.

As clinicians began to actively and visibly participate in our mission, other team members joined the effort. The puzzle of what it takes to improve was beginning to come together.

A Summary of Conditions for Successful Group Improvement

Before we map observations and data to tackle the question of who will improve, there are other circumstances of healthcare that are profoundly important to success. Because we have had extensive opportunity to work with healthcare systems from across the country looking to advance group performance, we have identified distinct patterns that mapped to success. With extraordinary consistency, groups who have created significant and sustainable improvement are remarkably similar in what they value, how they communicate and what they do. **Here is a summary of observed organizational success indicators:**



CONNECTION

- "What's best for the patients we serve" drives decisions, resource allocation and language across the organization.
- Leaders speak with authenticity about patient-centeredness in both words and actions.
- Clinicians often describe patients like family and time with patients as the best part of clinical work.
- There is recognition and appreciation for clinicians that are impacting patients, with frequent stories told about caregivers and the difference they are making.
- Patient experience data is viewed as reflective of what clinicians do, as helpful information to inform what is going well and guide what needs improvement.



COLLABORATION

- There is a strong and clear sense of group-wide shared purpose that is embraced and well understood.
- Team members help, support and care about each other within and across teams.
- Teams have low authority gradients, high trust and mutual respect within clinical micro-systems.
- Teams socialize together in and out of the workplace, creating a sense of community.



LEADERSHIP

- Clinicians describe leaders as authentic partners who listen, appreciate and support them who subscribe to a value system consistent with their own.
- Leaders manage change effectively and tap team members to codesign care solutions.
- Leaders model behaviors consistent with the organizational vision.
- Leaders value the caregiving team as its most important resource.

We are the first to admit that observing what was present in groups that improved was hardly robust science. However, the consistency of the retrospective analysis was compelling. What our observations highlight is that significant improvements never seemed to be at the hand of extrinsic accountabilities or incentives.

Clinical teams getting big results were connected to patients, collaborative with each other, and effectively led.

We also observed that all three conditions were necessary. If you place a highly passionate clinician in a toxically led organization, loaded with top-down mandates from invisible leaders, the clinician's joy and purpose will quickly transition to cynicism and exhaustion. We need to be individually connected to purpose. We need to collaborate and support each other in all theaters of care. We need to be led in a way that brings the best out of us. We need all three.

Others inside and outside of medicine began to affirm our observations that the clinician experience was a critical ingredient to transformative change. Gallup research has demonstrated that the engaged employee generates innovation, delights customers, advances the mission and fundamentally creates the success of an organization. These results reinforced our observations.

The drivers of engagement?

Connection to purpose, the support to do your job well, a best friend at work, appreciation from others, an opportunity to grow and develop, "my voice is heard" and colleagues doing quality work. Further, our observations confirmed that conditions for the clinician experience and organizational improvement predictors were two sides of the same coin. **The very things that drove big improvements (connect, collaborate and lead) seemed to be the very same things that restored clinicians.**

Our observations were that the very conditions that energized and engaged clinicians were simply not present in most healthcare organizations. While we saw connection, team collaboration and effective leadership creating participation and results, we witnessed many healthcare leaders ineffectively use scorecards, mandates and top-down approaches to drive improvements. **The organizational presence of connect, collaborate and lead was the exception and not the norm.**

TESTING DRIVERS OF THE CLINICIAN EXPERIENCE

As we analyzed the success of organizations across the country and our belief in the clinician experience as a catalyst for the work at hand, we set out to test our observations. Through our online community of over 15,000 clinicians, we conducted a qualitative and quantitative study of nearly 500 physicians from over 40 organizations to provide a deeper understanding of conditions that advanced the clinician experience.

Our study findings were consistent with our observational clinician experience and organizational success drivers. When clinical team members were effectively led, highly collaborative with each other and deeply connected to a common purpose, burnout levels were lowered and organizational performance improved.

OUR RESEARCH FINDINGS

When organizational leadership prioritized impacting lives and patient connection, burnout rates plummeted nearly **4X** among clinicians in those organizations.

The Clinician Experience Project Study 2018

The data affirmed the protective benefits of authentic patient-centeredness. Our research found that when organizations had leaders who modeled behaviors and managed change effectively, clinicians became significantly more collaborative with leaders and more connected to patients.⁵

Connection matters. Purpose matters. Leadership matters.
Collaboration matters.

Our experience and data began to tell a clear and emerging story. Organizations that improve have committed to the wellness of their caregiving team members as an imperative, and they did so by connecting to a purpose of impacting lives, collaborating to get the work done together and leading to bring the very best of the caregiving team.

We saw no organizations that created meaningful change on the backs of disillusioned, cynical and exhausted clinicians. Connect, Collaborate and Lead - a source code to the deepest drivers of human contentment and facilitators for the work in front of us.

THE FALLACY OF ENGAGEMENT ALONE

Despite the importance of clinician engagement, our research shows that engagement on its own is insufficient to position organizations and clinicians for success. We asked the question, if clinicians are engaged, do they naturally achieve other components of their experience in joy, purpose, energy and enthusiasm?

Here is what our research found...

Engaged clinicians who were committed and participated in organizational efforts fell short of preserving the clinician experience. In fact, the majority of our surveyed clinicians were engaged, with only about **10%** of clinicians feeling disengaged with their profession, organization or purpose.⁴ Despite this, burnout symptoms remain pervasive.



Despite high engagement measures, engaged clinicians are just as likely to bring stress home as the rest of the surveyed clinical population.

8 in 10 engaged clinicians identify themselves as stressed while at home, while **1 in 4** engaged clinicians are emotionally exhausted at the end of the workday. Additionally, we found that these engaged clinicians were only **17%** more connected to patients and colleagues compared to their less engaged colleagues.⁵ Active participation and involvement in organizational efforts did not appear to buffer against the stress and exhaustion that characterize burnout.

In summary, the engaged clinician appears equally stressed when compared to the disengaged, with only incremental differences in patient connection and team collaboration.

Our conclusion?

The clinician experience is more than just engagement and participation, and achieving engagement still falls short of solving the physician attrition, burnout, exhaustion, vitality and the early retirement challenge.

Clinician engagement is crucial, but engagement alone is an inadequate measure of the clinician experience. The highly engaged clinician often experiences burnout forces and the impacts of those forces just like the rest of the clinician population.

CURRENT EFFORTS TO ADDRESS THE BURNOUT CHALLENGE

There have been thousands of publications on the frequency, scope and causes of burnout and the implications on practice exit, retention, clinical quality, patient rapport, diagnostic accuracy, med/mal risk and organizational culture.

Though visibility of the challenge is emerging, dedicated and focused efforts are less prominent. Here is what we know.

A 2017 Medical Group Management Association (MGMA) reports **71%** of those surveyed have no engagement program to reduce burnout. Only **9%** of surveyed organizations have a well-being approach dedicated to physicians.

The lack of systemic response to the burnout epidemic is compelling when we consider the cost of physician attrition and the profound impact of clinician cynicism and exhaustion on organizational culture, care delivery and the quality of a caregivers life. Now the surgeon general is joining the call, warning that physician burnout represents the second-most pressing public health concern, after the opioid epidemic.

The take home? The clinician experience is under siege, the diagnosis is confirmed and the impact undermines much of what we need to accomplish in healthcare, while organizational approaches to fix it are anemic and inconsistent.

Why is this looming threat relatively unmanaged even as it continues to threaten the quality of care and the lives of those who provide it?

Good question.

We believe there is no single cause for the paucity of action to tackle the clinician experience. It is some mixture of not knowing where to begin, of doctors appearing fine as they soldier on, a lack of clarity around who owns the issue, too many other distractions or a lack of resources dedicated to caregiver wellness. It reminds me of the cartoon of cavemen struggling to pull a wagon with square wheels, waving off the fellow caveman round wheel suggestion because they are too busy to look up.

A culture of purpose, collaboration and agility cannot emerge when the care team is merely trying to survive. Caring for those who care for others must come first to create the capacity, energy and effort needed to improve care. We simply cannot get the work done of transforming care on the backs of disconnected and exhausted teams.

While there is organizational urgency around caring for the caregiver that should fuel the clinician experience as an organizational imperative, there is also a greater personal urgency in this work.

Let's take a look at the toll of a clinician's experience, and the impact it having...

THE PERSONAL IMPACT OF THE BURNOUT EPIDEMIC

Pamela Wible MD, a brave pioneer shining the light on physician suicide, wrote a compelling piece around "What I have Learned from 757 Physician Suicides," and the heart-wrenching question of "Why?"

Dr. Wible wrote about some of the underlying circumstances surrounding physician burnout. Here is what she shared:

CONTRIBUTORS TO BURNOUT

- Medical errors resulting in patient harm can be devastating, and there is rarely a place to go or someone to help.
- Malpractice events can have a dramatic toll on the heart and soul of a physician where physicians are left with fear, self-doubt, humiliation and scrutiny that can last for years.
- Academics in medicine can destroy medical students through bullying senior residents or failing Boards. That is enough to send clinicians in training over the edge.
- Physicians with symptoms of burnout who need help don't access it for fear it will not remain confidential.
- Overwhelming workloads with endless administrative burden and inhumane working conditions.
- A sense of being alone and the crushing notion that, "I am the only one..."

In a KevinMD publication, Dr. Wible quotes letters from physicians and a medical student in reference to the issue of suicide:



Here is what they said:

"I'm in my first year of practice outside of residency and I can't begin to tell you how often I think of death. Not because I hate my life. I have a wonderful husband and family. But the pressures of daily life as a doctor are overwhelming. When I take a day off, I pay for it later by double the amount of work waiting for me. I have patients yelling at me when all I wanted to do was help. Insurance companies deny my patients, leaving me with no resources to help. I want to build a relationship and do what's right for my patients — but the group pushes me to see more and more patients in less and less time. I cry at work, I cry myself to sleep sometimes. I don't feel depressed, and I know my life has value, but sometimes the thought of suicide is just to escape the pressure of it all."

- Michelle

"I didn't realize that so many others in the field suffered as I do. I have tried to get help many times but it's hard because I don't think that anyone takes me seriously and I don't think I can be completely honest with anyone without major repercussions. I don't have any friends to socialize with and all my relationships have failed. I come from a background where I was the first to get a higher education so they think that I should be elated to just have MD behind my name and tell me to suck it up. I don't want to possibly lose my license because honestly, I love taking care of patients and sometimes that is the only time I get a few moments of happiness..."

- Dee

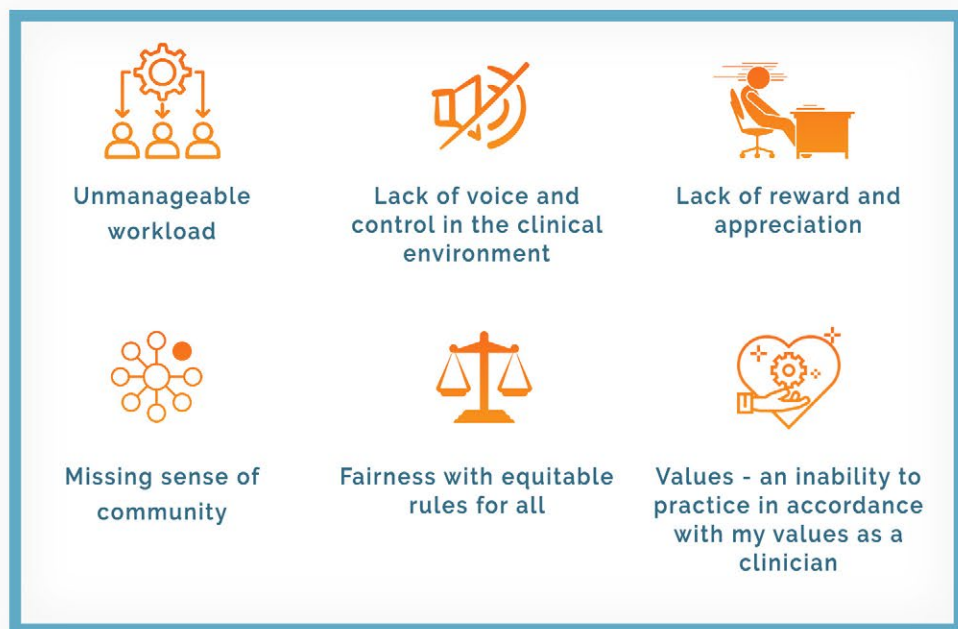
"I am a third-year medical student. I have done very well in both my coursework and national boards. I have publications and research. On paper, I am successful. Yet I find myself thinking about killing myself frequently. Walking into traffic, jumping through the window, just dying in the course of a normal day. Miserable thoughts. I went to the school psychologist to be fixed; I was referred to the school psychiatrist, who looked just as broken as I felt. He offered me antidepressants, if I 'wanted to take them.' It doesn't make sense. I never felt this way before medical school. I enjoyed being creative, yet now I'm chained by procedure, bureaucracy, and paperwork. There are no creative solutions to problems, there is no effective effort to improve the system except from big top-down initiatives of whatever hierarchy you're subject to. It's maddening. I used to watch the stars and smile. I volunteered. I ate well and exercised. I enjoyed playing with children. Now I'm finding a sort of perverse pleasure in patients' pain; I recognize this as sadistic. I'm shocked. I'm revolted at how far my soul has degraded. It's insane. I'm chronically sleep deprived. I can't think or learn when I don't sleep. I can't smile without ulterior motive. I've confided in my family, who don't understand the demands or the situation and have told me that 'it's my decision to feel sad.'"

- John

The suicide letters written by medical students, residents and physicians to their loved one, apologizing for the pain they have caused are simply heartbreaking. Parents, brothers, sisters and patients learning that someone who they love, support, talk to on the phone is gone forever while pursuing their dream of this profession.



The stories of our lost and struggling colleagues, suffering in the most challenging clinical working conditions, demand we act to tackle the fundamental factors that can revitalize those who care for patients. Attention is focusing, awareness is increasing at the very time that the primary contributors to burnout remain, including:



Restoring those who care for others will be the most important work American healthcare takes on. Harm reduction, patient-centeredness, population health, value and innovation require the full capacity of the caregiving team. We asked the question, what is present in those places where clinicians grow, thrive and fully engage where the known causes of burnout are addressed, and the best of this profession play out? Here is what we found...

THE FUNDAMENTAL DRIVERS OF THE CLINICIAN EXPERIENCE

Our quest from the beginning was to find what resides in places and practices where clinicians love their work. In our research, the research of others and remarkably consistent observations of organizations across the country, three central themes were always present. To connect, to collaborate, to lead.

Every known causative agent for burnout falls squarely into these channels. Connecting to patients, building relationships, creating impact and the restorative power of the relationship that resides behind every exam room door. Collaborating in all we do where we help each other, support each other, design solutions together and deliver care together driven by shared purpose, low authority gradients and respect within and across teams. Leading from the executive team to the frontline clinician on shared leadership principles of growth mindset, team intelligence, change agility where clinical excellence and the quality of the lives of the caregiving team is modeled in words and actions.

If we contend that connect, collaborate and lead represent the route to the clinician experience as we have defined it, the next goal is to bring evidence beyond our observational insights. Let's dive in.



CLINICIAN EXPERIENCE DRIVER #1: CONNECTION

Try this activity with a group of clinicians. Ask them to reflect on their best moment they have had as a clinician. Let the room sit silently for a minute or two...then, ask someone to share a story. Someone always will go first. Sit back, listen...and grab a tissue. Here are some of the stories we have heard...

An Urgent Care physician made a diagnosis of Lambert-Eaton Myasthenic Syndrome...in the Urgent Care! (Many clinicians won't make that diagnosis in their careers). The condition is a paraneoplastic condition (a condition that is often associated with a malignancy) for lung cancer that was also discovered. The physician told the story of an extraordinary save, followed by the grateful patient whose daughter came to see him over a year later, with her dad, to thank him. "Because of you, I still have a dad..." This seasoned physician was unable to finish the story as he cried.



A neurosurgeon in the midwest recalls a traumatic brain injury to a high school pitcher, hit in the head with a line drive, suffering a lethal intracranial bleed. He spoke about the loss and telling this young man's parents and how deeply that affected him. How they cried together and that he attended the memorial with the team and many from the school. He spoke about the relationship he created with both the parents and coaches as they leaned on each other through an unimaginable loss. To this day he still attends high school baseball games in remembrance of that young man.



A family medicine physician who paid for a medication after a patient lost her job, and the tearful gratitude, extraordinary connection and meaning that followed in their relationship.



An ED physician reflects on a patient who came to the emergency room with painless jaundice. He found pancreatic cancer on the abdominal CT and spoke about the conversation with the patient and his wife. He took the time they needed on a chaotic day. He sat side by side with them as he explained their new brutal reality. Later that year, the family called him personally to let him know the patient had passed away, and they wanted him to attend the funeral and how they frequently spoke about the extraordinary kindness he showed. He was the only physician that was invited.

One after another recalling their best moment. With each story, physicians remember why they made the choice to do this, why they sacrificed everything to get here and a chance to reflect together the fundamental meaning of it all. As each story is told, there is an unspoken unity in the room about the privilege of doctoring and what meaning does to contentment, joy, purpose and our reason for being.

After going around the room, and immersing ourselves into the best of this profession, we pose another question... "These things that we call our best moments, the reason why we are here...can we not do those things, still?"

A room full of colleagues emotionally spent from exchanging their best moments and longing to be there again and to remember that this life as a clinician can, and must be, purposeful. The reminder that we have dominion over our own experience in that exam room is empowering. Colleagues remembering together is restorative.

We have spoken again and again about the importance of connection as one of the legs of the clinician experience. Being in a room full of clinicians is a compelling testimony to affirm this belief, but what is the evidence that our belief is true, tested in different circumstances and in large groups?

If strong patient connection supports the clinician experience, then improving the patient experience should also reduce clinician burnout. Cleveland Clinic demonstrated this truth. By teaching over 1,000 clinicians basic communication skills with patients, the patient experience and personal accomplishment improved significantly while burnout, as measured by exhaustion and depersonalization, was simultaneously reduced.⁶

A 2016 Medscape Physician compensation report surveyed nearly **20,000** clinicians. The results demonstrated **98%** of clinicians experience fulfillment from seeing, evaluating and treating patients. Topping the list was: establishing good relationships with patients and being good at their work. As an interesting aside, plastic and orthopedic surgeons, two of the highest earning specialties, were the least likely to go into medicine again if they had a do-over.⁷ At least in this research, a high income was not the principal determinant of the clinician experience.

Research reviewing the relationship between physician satisfaction and patient satisfaction demonstrates a close correlation between the two, supporting the supposition that patient connectivity fuels the clinician experience.⁸

Another study reviewed the impact of organizational culture between the top and bottom quartile "culture score" hospitals. Not surprisingly, organizations with strong cultures (defined as treating patients as valuable customers, providing care consistent with clinicians values, having pride in the care provided and feeling a part of the organization) scored higher on patient experience, employee engagement and physician engagement.⁹

Author and scientist, Todd Kashdan, summarized findings by saying, "Years of research on the psychology of well-being have demonstrated that often human beings are happiest when they are engaged in meaningful pursuits and virtuous activities." Impacting others in positive ways and being witness to our impact have repeatedly demonstrated enrichment of the human experience.

Connection to patients and the impact on the clinician experience is perhaps one of the most fundamental paths to joy, self-worth, accomplishment and purpose. If we want to get the most from every team member, building a shared cause around impacting lives must serve as a foundation. We also know that a stool cannot stand on one leg. Collaboration with each other and leadership to bring the best of the team must also be in place.

Let's look deeper...



CLINICIAN EXPERIENCE DRIVER #2: COLLABORATION

Healthcare, and being a physician in particular, can be a lonely place. Often we are tasked with taking the patient history, conducting an examination, ordering tests, documenting findings, figuring out the diagnosis and issuing treatment recommendation alone.

During our training, the more we did on our own, the more we were celebrated.

If you can put in the central line, place the chest tube or get the champagne spinal tap on your own, you were commended by attendings and senior residents. Steadfast self-determination, self-reliance and "I got this" was the wiring of those who rose to the top.

In fact, one prominent vascular surgeon recently said to me his guiding principle for getting through residency and fellowship was: "Trust no one, double check everything, and do it yourself."

Collaboration just wasn't part of our training.

Let's look further into our research and the impact of low and high collaboration on the clinician experience...

When clinicians rated collaboration and collegiality low, there was a...



The Clinician Experience Project Study 2018

The Impact of Loneliness

As we distilled the drivers of the clinician experience, collaboration became an obvious one. Perpetual self-reliance in a highly complex and demanding environment can drive the best to exhaustion. In a large meta-analysis assembled by Julianne Holt-Lunstad, Ph.D, a neuropsychologist at Brigham Young University, found that loneliness exacts a morbidity and mortality toll that approaches smoking nearly a pack a day.¹⁰

While studies on loneliness demonstrate potential personal harm, the protective effect of a community is double the risk incurred by loneliness.¹¹ There is truth and science to the Swedish proverb, "a shared joy is double joy, while a shared burden is half a burden." We are simply not designed to do life alone, and certainly not in something as demanding and complex as the work of caring for others. The culture of together and community counters burnout and represents a consistent observation in organizations where clinician vitality is high.

A Cardiology Team Breaks Silos

We recently worked with a group who had successfully navigated a clinical team challenge. The physician leader of the group was an interventional cardiologist and spoke of the process of developing a team to do percutaneous heart valve replacements in their medical center. The challenge had been around historical turf battles between cardiology, radiology and CT surgery. Collaborative projects between these teams had not historically worked due to significant and persistent distrust. Pioneering the new valve procedure was going to require the collaboration of multiple cardiac disciplines to work side by side on the effort. They met once a week, set a charter, exchanged cell phone numbers and found themselves planning, collaborating, innovating and texting as the time got closer. The initial procedure was completed successfully.

The cardiologist then described the interactions between the departments prior to the joint percutaneous valve case.

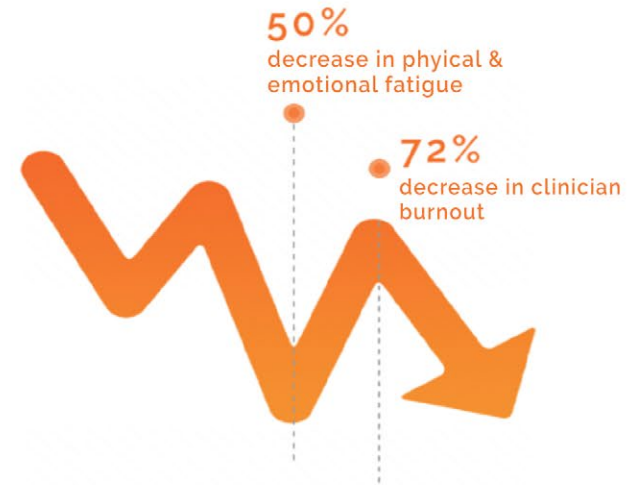
He characterized the culture as toxic, siloed and dysfunctional.

He then described what it was like when they were tasked to do something together and what a common purpose, community intelligence and care innovation felt like.

They crafted a groundbreaking clinical solution as they exchanged ideas and innovations while they forged a new service for the hospital and community. This collaboration between teams fractured silos, mended long-standing distrust and created friendships.

Clinical team collaboration advances safety, change agility and care coordination while fundamentally supporting the experience of every care team member that is part of a healthy community.

How does strong clinician collaboration counter burnout and fatigue?



The Clinician Experience Project Study 2018

Beth Israel Deaconess Healthcare Primary Care Builds Community to Counter Burnout

One of our partner groups at Beth Israel Deaconess Healthcare tackled isolation with a different approach. Faced with burnout and all-time low morale among family physicians within the network, a small group of clinicians led by family medicine physician, Nicolas Nguyen MD, took on the challenge. Their baseline

well-being assessment revealed **78%** of clinicians intended to leave practice within 5 years for reasons that ranged from feelings of isolation at work to professional dissatisfaction with an unmanageable workload.

One of their solutions? Create a structured community for family medicine, where physicians were encouraged to meet through networking opportunities, educational retreats, social events, and regular meetings. Physicians had a chance to connect with each other and to realize they were not alone as they shared their experiences of daily life, both clinical and personal.

The results? Over the course of the community building project, attrition rates dropped from **12% to 5%** and intention to stay more than doubled. Staff turnover at primary care sites also improved as meetings extended to all team members to tap into the fundamental needs of connection to each other, collaboration as a team, and kinship.

The Impact of Collaboration at Mayo Clinic

Our observations of the power of community and collaboration as a driver of the clinician experience are being affirmed by others, as well. In a controlled study conducted within Mayo Clinic, physicians gathered one hour every other week to have a meal together and talk about a variety of facilitated topics from work/life balance, to dealing with medical errors, or frustrations with technology. The goal was to build a clinician community and show physicians that they were not alone in the burnout battle.

Clinicians who participated in the group meetings experienced significantly improved meaning and joy in their roles compared to control groups.¹² The initial cohort results were compelling enough for Mayo Clinic to sponsor group conversations across the entire system as a burnout countermeasure. Clinicians in fellowship with one another builds community, friendships and camaraderie as fundamental contributors to the clinician experience.

Clinician Experience Project Research on the Impact of Collaboration

Our research process was set up to assess the impact of connection, collaboration and leadership on the clinician experience. Our emerging data affirmed the impact of each of these channels on the broader clinician experience. Clinician sense of collaboration and collegiality were found to be powerful correlates of the clinician experience and clinical workplace perception.

We found **97%** of clinicians experiencing strong and ubiquitous collegiality describe their organizational experiences as respectful, quality focused and intolerant of unprofessionalism where they felt highly partnered with leadership.¹³ Collegiality and a spirit of knowing, helping and supporting each other seem to coexist with a positive clinician experience in these healthy organizations.

The evidence on the importance of collaboration was overwhelming. Here is what we found:

1. The presence of collaboration and peer support corresponded to clinician physical and emotional fatigue reduction, two of the most prominent symptoms of burnout, by more than **50%**.¹⁴
2. Collaboration with colleagues increases patient connection and respectful treatment of patients and families by **50%**.¹⁵
3. **94%** of clinicians who treat one another respectfully also treat the patient and their families respectfully.¹⁶ Conversely, a lack of collegiality among clinicians decreases connectivity to patients by nearly **40%**.¹⁷
4. A collegial environment among clinicians is associated with a **72%** increase in working with leaders and an **82%** greater likelihood to effectively drive change.

Can low clinician collegiality drive feelings of inefficacy?

Clinicians who describe environments low in collegiality are

3X

more likely to believe: "I don't belong here" OR "I'm not making a difference"



The Clinician Experience Project Study 2018

As we reflected on the meaning of our research efforts, we were taken aback by the compelling associations of collaboration with key tenets of the clinician experience. Collaboration and collegiality have profound correlations to a clinician's sense of purpose, impact, patient connection, belonging and the ability or willingness to actively participate and drive change. The data on the effects of collaboration verifies the importance of community and the impact of being part of a clinical family as we provide care and tackle delivery demands together.

The evidence for connection and collaboration impacting the clinician experience is profound and consistent. **Is connection to purpose and collaboration with each other enough to foster the clinician experience? No.** There is a final crucial element to the clinician experience: leadership.



CLINICIAN EXPERIENCE DRIVER #3: LEADERSHIP

Despite compelling data and observations in support of connection and collaboration as foundational drivers of the clinician experience, organizational leadership may be the greatest predictor of all. When we think of leadership, we often think of people - department chairs, chief medical officers, service line leaders, executive team members, board members, quality leaders, organizational development leaders, administrative leaders and nursing leaders.

Yes, those are leaders, but leadership as a driver of the clinician experience is not about who, it is about how. How leaders lead will impact engagement, commitment, contribution and enthusiasm of every care team member. Do we lead to foster innovation, team intelligence and common purpose that supports the best of the care team, or do we lead with regulatory mandates, compliance requirements with distant, top-down initiatives? The fundamental question here is whether the basic elements of leadership that listen, respond, engage, challenge, support and inspire the care team are present everywhere? Leadership that fosters the best from the team is an absolute requirement for the clinician experience.

Let's look at some of the evidence supporting the influence of leadership on clinicians.

In 2015, Mayo Clinic conducted a study assessing burnout among nearly **3,000** clinicians. As part of the study, clinicians were given validated leader evaluation tools to evaluate their leaders and their general effectiveness. The study found that for every one point increase in the leader evaluation score, there was a greater than **9%** increase in physician satisfaction and a greater than **3%** reduction in burnout.¹⁸

The take home? Leader effectiveness had a profound impact on clinician satisfaction and served as a countermeasure to burnout.

As we look and reflect of organizational culture and caregiver wellness, how clinicians interact and speak of leaders correlates strongly with the quality of their experience on the care team. The clinician who says, "our leaders are visible, they communicate effectively, they tap our ideas for care delivery improvement, appreciate us for the work we do, are committed to the quality of care for patients, and listen to us on the support we need in our clinical work" will serve as the bedrock for the clinician experience.

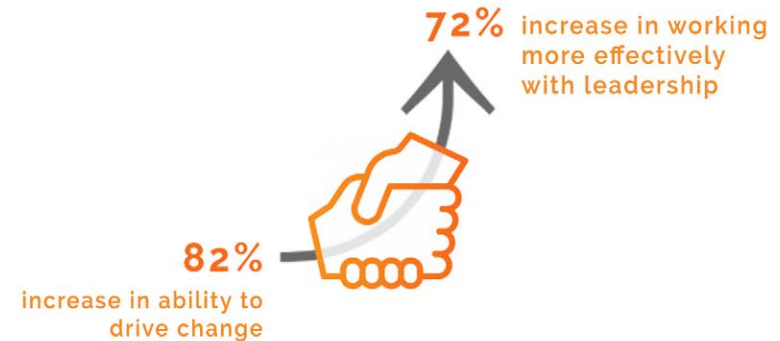
At a recent conference on Physician Wellness, former U.S. Surgeon General Vivek Murthy said it best when it comes to leadership and how to best support clinician wellness. "Organizations should hire people for the way they treat others, not for their ability to win a Nobel Prize."

With clear affirmation of the relationship leadership efficacy has on physician satisfaction and burnout reduction, the next question is, what actions did these leaders take that reduced physician burnout?

The study suggests that leaders who diminished burnout and advanced satisfaction were appreciative of those they lead, took an interest in the professional development of their clinicians, asked their opinions on how to tackle challenges and communicated regularly and effectively.¹⁹ Mayo Clinic also demonstrated that by developing leaders who learned basic communication and leadership skills, their organizational burnout levels dropped, while the rest of the nation's rates rose.

Can collegiality inspire clinicians to work effectively with leadership?

Where we find high collegiality, clinicians report:



The Clinician Experience Project Study 2018

Given the premise that effective leadership is about bringing the best from those we lead, optimizing practice conditions for success is a fundamental responsibility of the leadership team. Leaders cannot sit idle while clinical teams flail, immersed in overwhelming administrative burden without helping and supporting care delivery improvement. Leaders who mobilize commitment and enthusiasm in their clinicians are actively involved in practice operation support. Here are some solutions we have seen to improve the clinician experience through workload management and administrative burden reduction:

1. Ambulatory template redesign with 20-minute visits to allow improved flow and time for documentation.
2. Using LEAN principles to improve clinical flow and reduce waste.
3. Tapping scribes/MAs in the ambulatory environment to assist in EHR documentation burden.
4. Robust EHR support and training to assure clinicians are utilizing the EHR effectively, efficiently and optimally.
5. Clinician specific Peer Support to assist clinicians who are struggling or are part of an adverse event.
6. Co-located clinicians and MAs, sitting side by side during the clinical day to create single-click disposition of tasks to improve chart closure times and raise local collaboration.
7. Daily team huddles to build community, support for one another and clinic efficiency.

When the clinician experience is made a priority, administrative burden reduction must be a part of the solution. With a **"let's tackle this together"** collaborative spirit, these leaders round, listen, respond and sponsor solutions to care delivery. Tapping the ideas of those at the clinical frontline brings innovative solutions, provides clinicians a voice in what happens and ownership of a solution they helped create. When clinicians experience leadership that listens, appreciates and taps the ideas of care teams, the stage is set to reverse the loss of autonomy and administrative burden that continue to stifle the clinician experience.

Sentara Medical Group Leaders Listen, Respond and Support Clinicians

We have witnessed this transformation firsthand in one of our partner organizations, Sentara Medical Group. With over 1,000 clinicians participating in the Clinician Experience Project, Sentara had been pursuing patient experience improvement for years, with marginal success. They were providing patient experience data and making the case for the patient experience while providing guidance on how to improve it. The response? No improvement.

Dr. Mark Weisman, Sentara's Medical Director of Analytics, Informatics, Innovation, and Strategy at the time, dug into the data that showed chart closure times for their physicians were deep into night hours, sometimes as late as midnight. Data often serves as illumination, and this was certainly the case for Sentara. With this knowledge, the organization realized that their physicians were getting smothered with EHR related clinical work. Until this reality was addressed, the prospect of reconnecting with patients was far more challenging.



Sentara Medical Group then launched their Home for Dinner Campaign. The intention was to use Epic optimization and patient flow support to get physicians home earlier. The results? The average clinical encounter dropped by 3 minutes, and chart closure times improved by over an hour.

As leadership focused on helping, supporting and listening to physicians, participation and support for the long-standing patient experience efforts began to gain traction. Mary Sue Easmeil, Director of the Patient Experience for the medical group, then tapped the Clinician Experience Project to deploy system-wide learning on the simple actions of patient connection.

The training catapulted the group from the 46th percentile to above the 70th percentile in patient experience in just 18 months, while physician turnover dropped representing an over \$2.5 million savings to the medical group.

Sentara's success demonstrates that leading in a way that listens, appreciates, and supports to reflect a "we've got your back" message can transition clinicians from survival mode to active participation in organizational efforts while keeping vital talent inside the group.

The Clinician Experience Project Research on Leadership Impact

How leaders lead impacts not only physician burnout risk and global satisfaction but also clinician support of organizational goals. Our research found that if leaders failed to provide clarity of vision and didn't model behaviors consistent with the organizational vision, there was a **97%** increased likelihood that organizational goals would be viewed as not clear, achievable or relevant to clinicians.²⁰

Our research also demonstrated that when organizational leaders do not take action on managing the administrative burdens of clinicians, connectivity to patients is reduced by **78%** and organizational cynicism doubles.²¹ Our data reinforce our observations that clinician participation in improvement efforts is difficult when clinician workload demands are unaddressed. Like the Sentara story, when clinicians feel leaders listen, respond and support, engagement in organizational efforts shift.

Our research found that **42%** of clinicians believe that their organization's leadership is ineffective in managing change.²² We also discovered that among clinicians who reported ineffective change management among leaders, there was a high incidence of feeling like they have not gotten enough done at work and a sense that they haven't made a difference. Additionally, ineffective management of change increases clinician work-related stress by **30%**.²³ The other interesting finding of our research was that clinicians in our study registered high trust with their leaders, but the impact of ineffective change management had a significant impact on the perception of workload, work-related stress and a sense of accomplishment, all of which threaten the clinician experience.

How the organization is led will and does infiltrate every facet of the clinician experience. Over and over, our research supported the belief that co-designed, collaborative solutions for care challenges advance the clinician experience. Here are a few other research insights when clinicians were provided the chance to craft solutions:

When leaders collaborate with clinicians in designing work processes to reduce administrative workload, we saw a **65%** reduction in exhaustion and a **58%** decrease in clinicians bringing work home.²⁴

In organizations where clinicians are the drivers of change, clinician cynicism is reduced by **62%**.²⁵

As we reviewed our research, the literature, observations and our own experience, there were common leadership approaches that brought the best from care teams.

Here are **five leaders behaviors** we saw consistently with demonstrated impact on the clinician experience:



Out front/modeling behaviors: They are visible to the clinical team. They attend safety huddles, round on their team, get out of their office and are highly present and visible.



Communicate effectively. They present the why and what of organization priorities frequently, consistently, authentically, and passionately.



Tap teams for care challenge solutions. They see the clinical frontline as the richest source of innovation and will gather ideas and sponsor solutions.



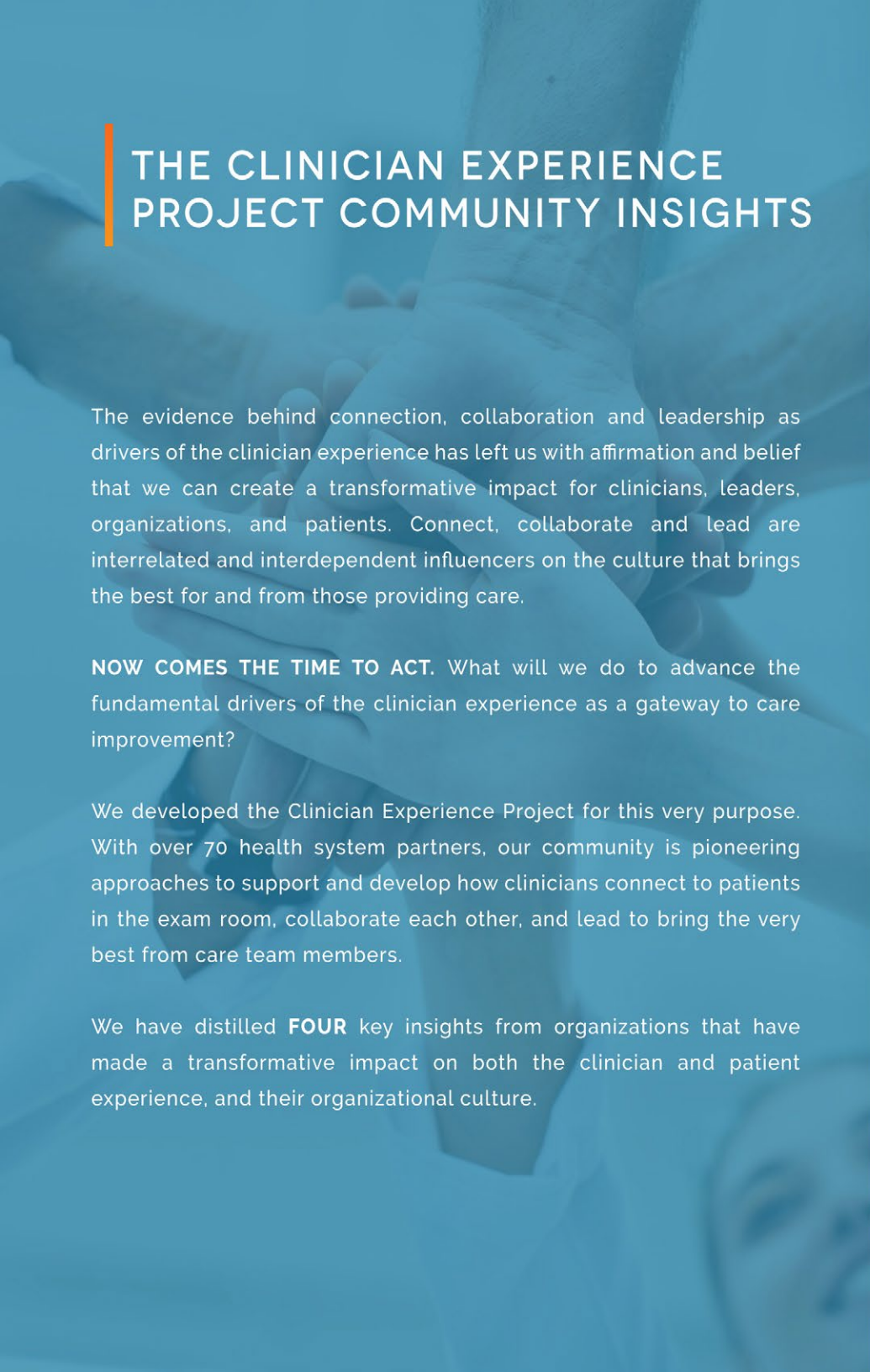
Value and appreciate all parts of the care team. They are deeply appreciative of the care providers and express that appreciation frequently and visibly.



Develop their care team. They invest in their clinicians to advance growth and development to support career goals and a mastery culture.

The evidence is clear. How an organization is led impacts the clinician experience in the most fundamental way.

The actions of leaders that bring the best of teams apply to all of those that lead, from executives, to the family medicine physician leading their small team, to the cardiologist in the cath lab. Modeling, communicating, appreciating, tapping the team and developing others can create the best of teams and organizations. The very actions of leaders that advance engagement, reduce burnout and improve the meaning of work, should be the leadership blueprint for everyone leading anyone, anywhere.



THE CLINICIAN EXPERIENCE PROJECT COMMUNITY INSIGHTS

The evidence behind connection, collaboration and leadership as drivers of the clinician experience has left us with affirmation and belief that we can create a transformative impact for clinicians, leaders, organizations, and patients. Connect, collaborate and lead are interrelated and interdependent influencers on the culture that brings the best for and from those providing care.

NOW COMES THE TIME TO ACT. What will we do to advance the fundamental drivers of the clinician experience as a gateway to care improvement?

We developed the Clinician Experience Project for this very purpose. With over 70 health system partners, our community is pioneering approaches to support and develop how clinicians connect to patients in the exam room, collaborate each other, and lead to bring the very best from care team members.

We have distilled **FOUR** key insights from organizations that have made a transformative impact on both the clinician and patient experience, and their organizational culture.

These insights represent actions taken by organizations that fueled their success and how members of the Clinician Experience Project community tapped learning, skill-building and continuous improvement to generate change in how they lead, collaborate and connect.

Here are Community Insights and how they orchestrated change...

The Clinician Experience Project Community Insights

INSIGHT #1: START BY MAKING THE CLINICIAN EXPERIENCE A PRIORITY

There is compelling evidence that the clinician experience ties to increased retention, patient loyalty, clinical quality, reduced medical error, med/mal risk, and staff turnover as well as improved organizational culture.

Declare the clinician experience a priority.

TRY THIS:

Build a Clinician Experience Steering Committee. With all that is at stake, a deeply committed, highly effective operating team to source solutions can be a powerful step forward. Actions to consider:

Measure the Clinician Experience. As the clinician experience is declared a priority, there must be a baseline and tracking measure to assess the impact of improvement efforts. Connect with us to learn more about how your organization can participate in our clinician insight research and gather recommendations on the assessment and tracking of the clinician experience. You can reach us at Members@PracticingExcellence.com.

Share Your Baseline Assessment of the Clinician Experience with a Commitment to Act. Being transparent regarding the current state of the clinician experience data is vital. So is a robust and visible response. If organizations make an effort to collect engagement results but fail to respond to that data, trust in leadership will fall. Leader responsiveness and follow-through are some of the key clinician descriptors of those leaders who advance the clinician experience.

Make the commitment to the Clinician Experience Highly Visible and Real. The clinician experience should stand side-by-side with patient experience, quality measures and margin as an organizational imperative that travels right up to the Board. Set a leader rounding schedule, appear at meetings and communicate through every channel you have to create leader visibility, build relationships and gather the voice of clinicians to hear clinician experience priorities.

Identify a Big Pain Point for Clinicians, and Solve it. The dividends in clinician disposition and engagement when a long-standing clinician challenge is solved is a culture shifter. "They are listening and helping us" is one of the greatest clinician experience accelerators we have observed and represents a fundamental part of building a responsive leadership culture.

INSIGHT TWO: LEAD WITH LEADERS

Uniformly, those organizations who have created transformative impact on patient and clinician experience have visible leaders that support caring for the care team in their words and actions. How leaders lead has consistently been one of the largest drivers of the care team experience. Starting the process with leaders to bring the proven behaviors that bring the best of others sends a compelling organizational level message of "we are here...and we are tackling this together."

TRY THIS:

Focus initially on developing leaders with the simple skills of mobilizing others so there is a common and shared "how leaders lead here..." blueprint. Here are some paths to achieve this:

Reflect on organizational leadership approaches. Beginning the process of advancing the clinician experience involves leaders leading in a way that brings the best of others. Take an inventory of how leaders lead where you are. Are basic and consistent leadership skills in place in those who hold formal leadership positions? Are there basic leadership assessments to determine effectiveness? Have they received training on how to lead? Leaders who listen, round, tap co-designed solutions, appreciate teams and communicate effectively are essential to advancing the clinician experience. Building leader skills to effectively connect, communicate, engage and mobilize clinicians and teams are KEY!

Identify what leadership skills need to be present everywhere... then design a leadership development approach to assure those skills are used by all leaders. Change management, emotional intelligence, growth mindset, leading self, appreciative leadership, reducing authority gradients and team intelligence are popular topics groups have placed in their leader development path to support "this is how we lead here..."

TRY THIS:

Communicate to clinicians what leaders are learning and trying. The goal is for the organization to learn proven actions that advance the clinician experience at the individual clinician, team and leader levels. In successful organizations, everyone learns key leadership, collaboration and connection skills. Everyone one is in, but leaders must go first. They learn publically and share their commitments and new skills to better support the team. Leaders "going first" helps authenticate a group-wide effort and a tangible commitment to "we are getting better together..."

Supporting and developing leaders to bring the best of their teams is where we begin and what organizations do to create meaningful improvements. The skills, language and actions of leaders remain the largest influence on the clinician experience and it is vital this step be seen and felt by everyone. Leader visibility and active sponsorship in words and actions is the strongest predictor of organizational success to improve the clinician experience (or anything else for that matter).

INSIGHT #3: LEARNING TOGETHER

Learning together on common challenges with shared approaches and idea exchange is a powerful tool to develop skills and build a collaborative culture of getting better together. Just like leaders learn to lead together, teams learn together to help and support each other. Much of the process of learning to be a physician is built on the foundation of see one, do one, teach one and clinicians and teams learning from each other. The Clinician Experience Project is no different, with members getting bite-sized learning to apply in their clinical work, then sharing what happened with their teams. This simple learn; try; share process is one any clinician can replicate in his or her clinical environment. The learn, try, share applied learning method is how skills from the Clinician Experience Project spread, colleague to colleague and across an organization.

Tapping the Clinician Experience Project to accelerate existing organizational efforts in patient experience, safety, leadership development and wellbeing strategies has brought fuel and scale to improvement efforts in our member community. Teams are using the Clinician Experience Project to power existing committees in wellness, safety, patient experience and leadership development.

Does engaging in micro-learning work to improve the clinician experience? Here is some of the data we distilled after members participated in skill-building learning paths inside the Clinician Experience Project:

Members Who Completed a 12-minute Patient Experience Skill-Building Video Learning Path Report:



Members Who Completed an 8-minute Skill-Building Learning Path on Respecting Patients Report:



Members Who Completed a 10-minute Learning Path on Team Communication Reported:



From managing opioids to patients requesting antibiotics for viral conditions, to providing learning on the fly for patient experience drivers, supporting the development of clinicians is a key component to a clinician experience strategy.

TRY THIS:

Spending time getting better on common challenges is a compelling collaboration builder and silo breaker. During a standing meeting with colleagues or a quick team huddle, view a tip below or select one of your own. Share what happened when you tried the technique to spark group discussion, and invite others to give it a try. Groups in our community frequently participate in learn, try, share sessions with clinicians that generate synchronous learning, skill exchange and shared commitment. Clinical teams learning together and exchanging approaches helps to build common effort, shared purpose and community as teams learn together and help one another.

Learn, Try and Share Tips:

- What Worries You the Most?
- The Impact of Empathy
- Improving Adherence

INSIGHT #4: DEVELOPING THE INDIVIDUAL CLINICIAN

There is nothing crueler than to provide data to clinicians, without helping them improve. Clinicians who struggle with connecting to patients, running on time, including patients in decisions or having end-of-life conversations or any other of the hundreds of things that represent doctoring, don't struggle by intent. Clinicians are committed to doing their work well, but often are held accountable for skills they have never learned. Supporting and helping clinicians on things that matter to them is part of a clinician experience strategy.

Member organizations are mapping the Clinician Experience Project to important domains of work that clinicians care about. From establishing first impressions, to managing patients requesting tests they don't need, to connecting to patients while using the EHR to leading huddles to having tough colleague conversations. Determine which skills are most relevant to your clinicians. Knowing which skills are most important, and why, will fuel participation in skill-building efforts. For learning path samples on building patient connection, team collaboration or leadership development, connect with us at Members@PracticingExcellence.com.

The process of mastery of our work, help to get better on things that matter, and to feel the impact of patient connection and team collaboration are key ingredients to an effective clinician experience approach.

TRY THIS:

In support of previous "try this" exercises, get clinicians together to simply discuss the challenges of being a doctor. Determine what challenges they have, and build a skill-building response to the challenge that encourages them to learn together with their group.

Members who completed a 10 minute skill-building video course on team communication strategies reported:



The Clinician Experience Project Study 2018

Our members consistently have tremendous success engaging their colleagues with this exercise, resulting in targeted physician-led efforts that reinforce collaboration, fellowship and friendship as they address challenges together. Building a clinical community to help, support and care about each other will serve as a foundation for the clinician experience. There's nothing more powerful than "we are in this together" to restore the clinician community.



A FINAL NOTE

We have made a passionate claim that caring for those who care for others matters as much as anything in all of healthcare. The price of an overlooked, untended clinician experience is unacceptable for patients, clinicians and the entire care delivery system. We must act. We built the Clinician Experience Project to help clinicians find the best of this profession, to be the clinicians we want to be and to make the kind of impact that creates joy, energy and enthusiasm in the life we have chosen. To connect, collaborate and lead.

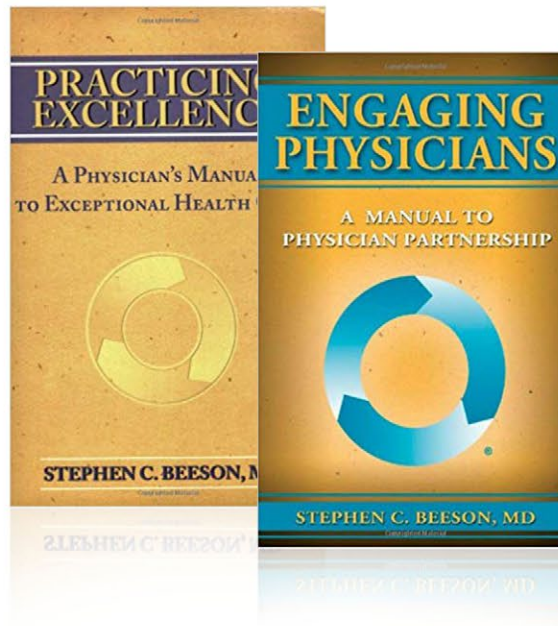
It is there for the taking and it is sitting right in front of us...now let's get to work.



ABOUT THE AUTHOR

Dr. Stephen Beeson is a nationally recognized author, physician, speaker, and founder of Practicing Excellence and the Clinician Experience Project. Dr. Beeson has provided approaches for developing clinicians for hundreds of medical groups and hospitals across the country to transform care for patients and those providing care.

A board-certified family medicine physician, Dr. Beeson practiced with the Sharp Rees-Stealy Medical Group in San Diego County for 18 years. During his tenure with the medical group, Dr. Beeson was selected by Sharp HealthCare leadership to serve as the Physician Director for the "Sharp Experience," an organizational commitment to service and operational excellence. Dr. Beeson's patient satisfaction ranked him in the 99th percentile nationwide, and the San Diego County Medical Society voted Dr. Beeson as one San Diego's best physicians for eight consecutive years. During this time, the medical group improved their patient satisfaction from the bottom to the top decile, won four AMGA Acclaim Honoree awards for clinical performance, and Sharp Healthcare was the recipient of the Malcolm Baldrige Award.



Dr. Beeson's first book, "[Practicing Excellence: A Physician's Manual to Exceptional Health Care](#)," became a national bestseller that articulates a prescriptive "how-to" approach to improve physician performance to drive organizational success. In 2009, he released his second book, "[Engaging Physicians: A Manual to Physician Partnership](#)." This critically acclaimed book takes system leaders on a staged journey to physician enrollment in organizational change efforts.

MEET THE CLINICIAN EXPERIENCE PROJECT



70+

Partner Health Systems



15,000+

Clinician Members



500

Clinician Leaders

Developed by Practicing Excellence, the Clinician Experience Project is a scalable learning and development program proven to connect clinician insights with practical skills — preventing burnout and accelerating patient care goals.

To advance patient connectivity, team collaboration and leadership, we prioritize over 600 microlearning physician-designed skills to tackle your everyday patient care and team challenges. Members deploy targeted on-demand tools with speed — facilitating clinician and team learning across your system to make applying skills in the exam room easy and collaborative.

To learn more about how to bring The Clinician Experience Project to your organization visit us at PracticingExcellence.com

The Clinician Experience Project research was conducted for twenty-four days (April 11th – May 4th 2018) using a survey tool design for the purpose of capturing member perceptions of their organizational, team, and individual experience. Survey items were classified in three macro indices, measuring factors that impact the capacity of an organization, team and individual to lead, collaborate with colleagues, and connect to patients. Members were also asked to specify elements of exhaustion, cynicism, and inefficacy as related to their experiences at work and at home. The survey concluded with a self-assessed proficiency rating on a random selection of skills that support the capacity of an organization, team, and individual to lead, collaborate with colleagues, and connect to patients.

Responses during the measurement window categorized by the role classification of the member revealed that of the 468 responses collected 363 are from clinicians (306-physicians; 36-nurse practitioners; 21-physician assistants) and 105 are from various administrator roles.

Forty organizations are represented in the research with thirty of those organizations having an $n > 5$ and 15 organizations with an $n > 10$.

Additional analysis of member activity and behavior within the Clinician Experience Project was conducted by referencing respondent profile, activity and behavior data to the survey tool data. Providing the ability to interpret member response in context of their experience within The Clinician Experience Project.

Internal consistency was tested using ANOVA determining cronbach alpha coefficients forming three indices, Leading Others $\alpha = .96$, Clinician Collaboration $\alpha = .92$, Connecting to Patients $\alpha = .92$. High measures of internal consistency provided an opportunity to reduce the length of the survey tool by reducing the redundancies within each of the three indices. A condensed tool will be used in future measurement and study.

Correlations of the survey tool factors with other available metrics such as engagement, burnout, fatigue, skill competency and activities measured within the Project community were tested using Pearson's Correlation Coefficient, Leading Others $r = .85$, Clinician Collaboration $r = .82$, Connecting to Patients $r = .81$. Other measures that were tested for correlation had values lower than these three indices.

Future community research will focus on the reliability of the measurement tools factors and organizational specific sample sizes to provide prescriptive actions for improving the clinician experience.

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