Physician Leader Forum

Physician Formation Initiative Summaries

November 15 – 17, 2015 | Hotel Valley Ho, Scottsdale, Arizona
Physician Leader Forum Panelists

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Bon Secours Virginia Medical Group
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Physician Leader Forum Panelists

1. Avera Health

Initiative summary
Avera LIGHT program: A Well Being Program for physicians, physician assistants and nurse practitioners, Avera’s LIGHT program represents a new level of care and action to optimize personal development and professional performance. The program offers strategies for sustaining a fulfilling career, from onboarding to retirement.

The LIGHT program officially began in July 2014. A committee had been meeting for a year prior to discuss starting the program.

Whether providers are looking for ways to renew their enthusiasm for their practice or are feeling overwhelmed by burnout, LIGHT delivers resources to help. The LIGHT program offers a continuum of care for our health care providers to care for themselves so they can serve others. LIGHT has been designed as a proactive program to help prevent compassion fatigue and help those who have felt the effects of burnout.

LIGHT is guided by a steering committee of physicians, physician assistants, leaders and a physician spouse. This committee formed a year prior to LIGHT being implemented. It sets the initiatives and drives the momentum to implement services. The committee meets quarterly to evaluate the program and provide direction.

In its first year of implementation, LIGHT concentrated on an awareness campaign. The campaign focused on the development of the LIGHT website, smart phone app, brochure, CME’s, presentations, burnout book giveaways and newsletter articles. Recently we have added physician videos with EMR tips to the website.

LIGHT’s program director became a certified executive coach and started providing coaching services for physicians, physician assistants and nurse practitioners. The program director will become a certified coach trainer and begin training physicians, physician assistants, nurse practitioners and leaders to be Peer Strategy Coaches throughout the system. Physicians often feel most comfortable talking with a peer when initially reaching out for assistance.

Successes
To kick off LIGHT, Dr. Dike Drummond provided on-site burnout prevention presentations throughout the system; 350 physicians and 35 spouses attended. Also, Avera Medical Group paid for 50 percent of a six-session series for individual burnout prevention coaching. Six physicians and three advanced practice providers took advantage of this benefit.

We have had nine providers in coaching services. The small number coaching can be attributed to the newness of the program. However, this is a prevention program so obviously the ultimate goal is to reach providers and give them strategies for burnout.
We noticed a breakdown of the stigma for providers to talk about stress and how they are feeling. We are creating a safe environment where physicians and advanced practice providers can ask for help and receive it in a safe, nonjudgmental way. We have been leaders in the field of helping physicians deal with stress and burnout on an organizational level, rather than seeing this as an individual physician’s responsibility. LIGHT has become a priority in our system by being granted a budget and appointing a medical director and program director.

Other accomplishments include:
- Provided a Retirement Series for physicians and their spouses
- Two professionals from ACUMEN consulted for two days on how to sustain a healthy physician workforce in a systemic manner
- A pilot project in one of the clinics surveyed physicians and advanced practice providers about what causes them the most stress. From the feedback, a LEAN team analyzed the EME and paperwork process and offered best practice recommendations.
- Avera EAP provided a record 122 hours of counseling services for physicians.

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2. Bon Secours Virginia Medical Group

Initiative summary
New provider orientation is a day-long orientation offered for all providers and includes mission and history presentation.

Practitioner Leader Development (PLD) Curriculum:
- This program began in September 2010 with the first graduating class in May 2011. The five-course curriculum is specifically designed for providers in leadership roles. These courses focus on building leadership skills with a special emphasis on communication, influencing and cultivating relationships, as well as formation for ministry. They are: Facilitative Leadership, Foundations of Catholic Health Care, Financial Management, Vital Conversations and Change Management. To date, the program has had 129 participants.

Integrative Retreat:
- The retreats started on May 8, 2015. A day-long retreat followed PLD series to discern calling in a healing ministry and explore the vocation of a healer and integrate the learnings of the PLD courses into one’s personal leadership. There have been 89 participants to date.

Physician Self-Evaluation:
• Self-assessments began in March 2011. This is completed annually by individual physicians and then reviewed with their practice-site physician leader and submitted to HR. The assessment evaluates Mission/Vision/Values, Citizenship in the Group, Quality of Care, Patient Satisfaction, Clinical Performance and Strengths and Areas for Growth. Participant tracking for this program started in 2015. In 2015, 89 physicians participated.

Annual Leadership Summit:
• This is a gathering of all providers in leadership roles at local and regional level together for day-long focus on innovation, quality and leadership development. There are various speakers and topics.

Mission Moments:
• This is an occasional series of formation bulletins via email to all providers and leaders regarding various mission topics: religious holidays, diversity and inclusion, our heritage and values, and well-being. There is a Reflective Integration presentation at bi-annual All-Provider Meetings; topics vary and are led by Mission Leader. Daily Reflection is offered via email to all employees (including employed providers). Blessing Ceremonies of new or renovated practice sites are held.

Catholic Identity and Ethics workshop:
• These are half-day workshop on tenets of Catholic identity and an introduction and overview of the Ethical and Religious Directives for Catholic Health Care Services, with case studies and group interaction.

Successes
• High reviews by participants (4-5/5 pts.)
• Low turnover of leaders
• Establishment and enhancement of medical group culture
• Alignment with Bon Secours Ministry
• Physician Engagement Scores above 90th percentile
• Active support and engagement of CEO and C-suite team in making formation a priority
• C-suite team all participated and actively living out
• Talented collaborators and program faculty
• "Halo" effect of strong program leading to Med Staff formation program under development for non-employed physicians, modeled after this program

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3. St. Joseph Health

Initiative summary
- Physician Leadership Formation – built from a pilot tested in 2011. Consists of quarterly cohort formation sessions focused on the vocation of health care and the role of the physician leader in extending the mission, vision and values of St. Joseph Health. Conducted with leadership development content through Advisory Board and integrated throughout.
- Physician Practice Formation – initiated in 2015. Consists of 11 formation sessions on the application of mission, vision and values in the provider setting; conducted on site, monthly, with medical foundation physicians.

Successes
- Mission engagement
- Leadership development
- Physician community building within the region and within the practice
- To date, 125 participants in Physician Leadership Formation and 24 participants in Physician Practice Formation

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Physician Leader Forum Initiative Proposals

1. Ascension Health: Borgess Health

Initiative summary
Burnout of health care professionals is a major issue in the health care profession. The Balint Group Training-Method has been shown to improve physician understanding of the patient-clinician relationship and to improve communication skills.

This proposal involves the formation of Balint Groups comprised of providers from Borgess Medical Center inpatient services (hospitalists), Obstetrics and Gynecology and Critical Care. Improvement in understanding the dynamics of patient-clinician interactions will be assessed by the Jefferson Empathy Scale and Maslach Burnout Inventory before and after the study.

The study will begin early in 2016 and will statistically measure the impact of Balint group process based on score differentials.

Successes
Results pending

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2. Ascension Health: Family Medicine Residency Formation

Initiative summary
Over the past three years, since 2012, we have piloted a resident physician formation curriculum amongst three of the family medicine residency programs within Ascension – St. John's in Michigan, Genesys in Michigan and St. Vincent in Indiana. We are connecting formation to the educational competencies of professionalism, communication and systems-based practice. Burnout and wellness inventories are tools to promote self-reflection and self-awareness. Residents partner with mission integration leaders to understand and assess community benefit and needs assessments. Additionally, spiritual histories and spiritual distress are important parts of holistic care that residents learn how to provide. These are key components of the curriculum which is being expanded throughout the system.

Successes
In the three years since the start of the pilot at the three Ascension Family Medicine Residency programs there have been approximately 150 family medicine residents impacted by this curriculum.
The success of this initiative is anecdotal at this point. We are currently formally studying across each of our pilot programs the longitudinal impact of the burnout and wellness inventories. Our hypothesis is that through the formation program we will diminish the usual effect of residency training and thus maintain wellness.

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3. Ascension / Ministry Health Care / Ministry Medical Group

Initiative summary
a) The program started in October 2013.
b) Physician executives are expected to attend a formation presentation via Ascension.
c) Physician Champion has been named.
d) Formal Formation facilitated discussion.
e) A four-session facilitated discussion exploring the call to serve, how the call to serve matches our founding sister call to serve, a healing ministry, developing right relationship.
f) Prayers/reflections at MMG leadership lead meetings.
g) Redesigning our primary care system such that it restores the joy of medicine and supports a positive formative experience. The key is team documentation of care that fosters relationships, frees the clinician to spend more time with the patient and supports clinic staff to execute the plan for each patient.

Successes
We are really in our infancy. We have gone from no idea of what formation is to recognizing it is a key to achieving joy and work/life balance for our clinicians and associates. To date, about 30 clinicians have participated in a formal activity, but many more have been touched by formation related activities.

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4. CHI Franciscan Hospice and Palliative Care

Initiative summary
A Model for Relationship Centered Care
This model is taught in our Palliative Care Academy (Generalist Palliative Care Training) and was originally developed in 2012 by Tammy Bhang, ARNP, and Juan Iregui, MD, as a tool to use when having goals of care conversation. Our participants have given us consistent feedback about how the model can be used with virtually any encounter.

The model consists of building a house – starting with the foundation. In the foundation are our values, competency, respect and trust.

The first wall built is the “patient story” wall: finding out from the patient/family what they understand about their current condition and what is important to them. The next wall is “medical information,” sharing new information or prognosis.

Communication and techniques used all along the way include “ask before you tell,” “listen after you ask,” tailor your tell to the needs, show empathy, and use silence when appropriate.

The next structure is the supporting beam that links the patient story and medical information – making a medical recommendation – based on what you know is important to the patient/family.

The final structure in the roof is “collaborative decision making,” then moving forward with a plan of care.

If every component of the house model is robust and built in the correct order, then we can cultivate a climate for healing. This is a simple, visual model that is effective and can be incorporated into clinical practice by all clinicians.

Successes
The effect of this approach to patient-physician relationship is difficult to measure. It may be reflected in patient satisfaction scores or in provider satisfaction scores.

We had one young physician tell us that after the academy and this teaching she decided not to resign as she now had a different hope for how she will care for patients. We have had 170 clinicians through the academy, including MDs and APCs. We have also used the model in special training for 85 care managers.

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5. CHRISTUS Health

Initiative summary
CHRISTUS Health began its formation programs in August 2010. The programs are not specifically for physicians but for physician leaders as well.

- Clinic Formation - six 30-minute modules were developed and presented to physician clinics: exploring the call and commitment to the healing profession; understanding work as ministry; heritage, mission, vision, values; the spirit of service; spiritual care and ethics.
- New physician orientation - this two-day event with newly hired physicians included sessions on understanding our heritage, mission, vision, values and also an overview of the Ethical and Religious Directives for Catholic Health Care Services (ERDs). Each physician joining the medical staff is required to participate in an orientation process which includes an understanding of who we are as a health care organization and exposure to the ERDs. This is done differently in each region, some in person, and some via electronic computer modules.
- Physician executives participate in a five-module formation process along with other executives focusing on understanding the foundations of Catholic health care; understanding Church, sponsorship and leading within a ministry; Catholic Social Teaching; Catholic Identity, Ethics and Discernment, and ending with them telling their story as a leader in the ministry.

Successes
We have received positive feedback from our physicians regarding the clinic formation and the orientation for the newly-hired physicians. To date, approximately 20 physicians along with other system executives have participated in the programs.

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6. Columbia St. Mary’s Health System, Ascension Health

Initiative summary
Annual Formation Plan Overview
The physician formation priority and initiative at Columbia St. Mary’s aligns with one of the seven Mission Integration Centers of Expertise – Theological and Spiritual Formation. Physician Formation at Columbia St. Mary’s is sponsored by the Office of Mission Integration in collaboration with a Physician Formation Advisory Committee. The committee, organized in 2014, is comprised of eight physicians and led jointly by Adam King, MD, Physician Formation Champion, and Michael Sanderl, Ed.D., Chief Mission Integration Officer, Wisconsin Ministry Market, Ascension Health.
Each year, since its inception in 2014, an annual Formation Plan is developed for different affinity groups, including Physician Formation. Below is a fuller description of each program component contained in the FY16 Physician Formation Plan.

Physician Well-Being Grand Rounds
- Strategically embedded in the existing Grand Rounds structure for the medical staff, Physician Well-Being Grand Rounds provides a venue twice a year for the presentation and discussion of physician well-being topics and themes. It also provides a different setting and time to invite and engage the physician community on these topics. This program was initiated in 2015. It is offered twice yearly and has had 75 participants to date.

Medicine in Search of Meaning Reunion/v2.0
- This is a new physician formation opportunity being offered for the first time in FY16. It is the direct result of participant comments from the evaluation forms and discussions of the Physician Formation Advisory Committee following the Medicine in Search of Meaning program offered in the spring. The Reunion/v2.0 version of Medicine in Search of Meaning allows an opportunity for all past participants in the program (since 2009) to reconnect and reconvene. It also provides an opportunity for participants in the program six months prior to engage in a reunion-type setting. The third audience it engages is physicians who might be interested in learning more about physician formation.

The Reunion/v2.0 is designed to be offered in a shorter time frame and different setting than Medicine in Search of Meaning. As we prepare for the first offering of the reunion/v2.0, it will be during a weeknight, for two to three hours, in an informal setting, and structured around dialogue and discussion on physician formation themes initially encountered in the Medicine in Search of Meaning program.

Annual Medical Staff Physician Formation Dinner
- This event was the result of discussions and planning between the Office of Mission Integration and Medical Staff leadership. Medical Staff leadership sought to have a Medical Staff Dinner in the fall to complement their traditional spring dinner. The Office of Mission Integration, as a result of Physician Formation Advisory Committee meetings, was planning to have a larger event in the fall to complement and balance the Medicine in Search of Meaning program offered in the spring.

As a result, the first Medical Staff Physician Formation Dinner occurred in November 2014 with a commitment to make it an annual event for physicians and their spouses/guests. The 2015 title was “Meaning in the Messiness: Physician Identity and Community,” and the keynote speaker was Mary Jo Lewis, MD, Ph.D., Director of Physician Formation, Ascension. There were 75 participants this year.
Project HEAL
- Project HEAL (Humanities, Entertainment, Arts and Literature) occurs monthly and is an opportunity for physicians, health care providers and allied hospital staff to meet on a regular basis and discuss how the practice of medicine is depicted in the cultural realm of nonmedical fields. Examples of ways to engage these topics include YouTube videos, TED Talks, art, book chapters and movie clips. Project HEAL was initiated by a physician and member of the Physician Formation Advisory Committee. This program was initiated in January 2015 and averages 10 to 12 participants at each monthly session.

Medicine in Search of Meaning
- Medicine in Search of Meaning is a program (Friday evening, Saturday morning) facilitated by Bill Bazan, author of the book, *Medicine in Search of Meaning: A Spiritual Journey for Physicians*. The format allows for discussion, case study reviews that connect with themes of physician well-being, reflection on one’s own spiritual journey and integration, consideration of physician identity and meaning, and supporting the physician community. This program started in 2010 and averages 12 to 14 participants per session.

Annual Physician Formation Gathering
- The Annual Physician Formation Gathering, began in 2014, is an informal gathering during a weekday evening to reconnect physicians who have participated in physician formation program offerings over the past year. It is also a forum to invite and introduce physicians who have not yet participated in the program offerings to learn about physician formation initiatives, the Physician Formation Advisory Committee and the Office of Mission Integration. The gathering averages 20 to 25 participants per session.

**Successes**
The establishment of the Physician Formation Advisory Committee, with the commitment and support of the Office of Mission Integration, is a foundational component to mature and advance the physician formation priority. This committee provides the forum for physician engagement, including Physician Formation Champion leadership and program development. The planning of programs occurs in the strengthening of each initiative and the development of the annual Physician Formation Plan. The plan then provides a variation of time and topics, as well as the connection and complementary aspect among the program offerings.

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7. Covenant Health

*Initiative summary*
Covenant started a pilot program in 2014. The goals of this program were to “optimize healthcare provider engagement in understanding the alignment and integration of mission and values within clinical practice.” There were three sessions presented; with each session one hour in duration.

Session One:
- Objectives: Review original and unique factors in their decision to pursue a career in health care; identify how these factors translate into motivation and engagement as a health care provider in Catholic health care.

Session Two:
- Objectives: Relate Catholic Social Teaching (CST) to the way in which their clinical practice is conducted within a Catholic health care institution; articulate the integration of key CST principles into their professional lives within their respective organizations and within their respective areas of clinical practice.

Session Three:
- Objectives: Examine and analyze the core values of Catholic identity that underpin the *Ethical and Religious Directives for Catholic Health Care Services*; apply specific directives to their practice areas to further understand the implications of those directives in their clinical roles.

*Successes*
Average attendance at these sessions was 130. From the evaluations, the most successful part of the program was reconnecting providers to his/her decision and path to a career in health care and a reinvigoration of purpose and meaning in the career field; refresher on the underpinning of CST and values which direct care models was also noted as being helpful.

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8. Mayo Clinic, Franciscan Health Care, La Crosse, Wisc.

*Initiative summary*
"Medicine in Search of Meaning" (a program for physicians and their spouses) was first provided in 1995. We continued the program for six years, until 2000, and would like to bring it back again.

Objective for the physician: Offer an opportunity for physicians to reaffirm their connection with deeper levels of meaning and purpose in the practice of clinical medicine. Objective for spouse:
Offer an opportunity for MD spouse to explore the meaning and purpose that the demands of medical practice bring to bear on family, children and community involvement.

**Successes**
The program was well received; both physicians and spouses who participated found it helpful: “re-charged my batteries,” “wonderful validation of my current struggle and journey, supportive and enriching,” “a step in a journey of rediscovering my meaning and reason for being a doctor,” “a low-key environment to discover depth among colleagues,” “this helped me focus on the spirit and why I am a doctor,” “helped reaffirm the meaning in medicine.”

At each session, there were eight to 12 participant physicians (in some cases this included married physician couples, so both the physician and spouse attended the MD program), and four to eight participant non-physician spouses. Over the six years, 57 physicians and 22 non-physician spouses attended the program.

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9. **Mercy**

**Initiative summary**
Physicians have been an integral part of Mercy’s formation initiatives that include various approaches with distinct groups and settings of care. The initiatives began in 2010. Physicians serving in our Mercy Clinic practices and physicians serving in ministry leadership roles have been a key focus of our formation efforts. Currently, physicians serving in more than 480 Mercy Clinic physician practices are engaging in formation to help integrate the Mercy heritage, mission, values and charism into the culture of care.

In addition, other physician formation initiatives have been created to help physician leaders form a culture of care that is based on our foundational beliefs and values, and guide them in their understanding and commitment to sustaining our health ministry. These initiatives include formation within physician leader board meetings, physician-led formation committees, physician-led formation groups, physician leader advanced formation and personal formation for individual physician leaders.

**Successes**
Since its conception, over 800 physicians have participated in the Mercy physician formation initiative. Physicians appreciated the time together to reflect on the personal and professional meaning of the healing profession and the influence of our mission and values on their practice of care.

Physician leaders especially valued the learning opportunities that formation offered them related to their ministry responsibilities and decisions and leading various strategic initiatives.
that include quality care and co-worker engagement. Physician and patient satisfaction took on new meaning because of their deeper understanding and respect for our mission and ministry culture.

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10. Mercy Health Physicians

Initiative summary
Mercy Health Physicians is Mercy Health’s multispecialty employed medical group of approximately 1,300 providers throughout Ohio and Kentucky. In a complex health care environment we have made it our responsibility as leaders to simplify the message of how we will become a nationally recognized high-performing medical group that supports the Mercy Health mission and promise. All our work at Mercy Health Physicians is be coordinated through three simple pathways: amazing patient care, operational excellence and creating the future.

We have chosen one “big hairy audacious goal,” or BHAG, for each pathway for the next three years.

- Amazing patient care: Make it easy for patients to get amazing care when they want it or need it
- Operational excellence: Reduce mission support subsidy by 50% per provider per year by the end of 2018
- Creating the future: Create one of the most satisfying and engaging work environments for providers and staff

Successes
Within the categories of amazing patient care, operational excellence and creating the future, some of the successes have been:

- Amazing patient care:
  - Demonstrated improvement in patient access in many of our markets
  - Met or exceeding five out of six key primary care clinical quality performance metrics

- Operational excellence:
  - Increased visits per provider by 19% over the last 18 months.
  - Maintained non-clinical staffing ratios below national averages
  - Became a leading member of an ACO and Clinically Integrated Network with savings realized in the Medicare Shared Savings Program
Creating the future:
- Started a leadership in medicine course in 2015 where 40 front line physicians are undergoing intensive leadership training
- Created a new primary care compensation model that will drive performance to support value-based care
- Developed cultural norms, also referred to as a compact, for providers

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11. Providence Health and Services

Initiative summary
Providence has a comprehensive 2 1/2 year formation program for all Providence leaders, including employed physicians. The program was started in 2010. This curriculum for this program includes the fundamentals of Catholic health care and the Providence charism as well as what it means to be a Mission inspired leader. After much discussion and discernment, it was determined that a separate program for physicians was not in their (or the organization’s) best interest.

Physician On-boarding:
- This would probably fall in the category of pre-formation as it provides information about Catholic health care, including the Ethical and Religious Directives for Catholic Health Care Services and the heritage and tradition of Providence. This is offered to any physician working within a Providence ministry.

Mission Integration:
- As part of an overall effort to ensure that Mission is integrated into all aspects of the Providence ministry, Mission leaders are an essential part of every leadership team and ministry-providing opportunities for formation on a regular basis.

Physician Leadership Development:
- For physicians new to leadership, we offer a leadership development program that includes some elements of formation. We call it “formative development.”

Successes
In general, we enjoy great success. To date, 68 physicians have been engaged in the program. Most physicians describe our formation programs as one of the most significant professional opportunities they have ever had. That said, we have much to learn and much more work to do to assist our physicians in the formation experience.

Contact
12. St. John’s Providence Health System

Initiative summary

- Meaning in Medicine: A group of six to 10 physicians from across the health system who meet one evening monthly to discuss ideas and topics that bring meaning to our lives in medicine. The program was started approximately six years ago. We usually have a reading or book that is used for a conversational springboard. We have also done writings and had a poetry writing experience. This group is open to anyone who wants to attend. Although advertised widely at its inception five to six years ago, people find us now mainly by word of mouth.

- Conference Presentations: We have begun to ask any group sponsoring a major CME for the health system to consider one session devoted to physician well-being. So far, this has been done at an ob-gyn conference at St. John Hospital. In October, there was a session at our Behavioral Health Conference on Chronic Pain Management.

- Book Club: This is a new effort, began in 2015, by Dr. Jeffrey Zaks at Providence. Currently they are meeting quarterly to discuss Atul Gawande’s book, Being Mortal. The meetings are open to all physicians and are teleconferenced between our two campuses. About 40 people attended the first meeting.

Successes
The Meaning in Medicine group has had steady and slightly increasing attendance over the years. To date, there have been approximately 15 participants. All of us who attend find it to be a great support and look forward to our monthly meetings. We would like to see this replicated in other small groups across the system. The conference inclusions and book club are too new to really know what our successes will be but there have been about 40 physicians participating in the book club.

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13. Trinity Health

Initiative summary
Trinity Health is currently engaged in two pilot physician wellness initiatives at the system level; the first is designed as a collaborative with Graduate Medical Education (two pilot sites) and the second is focused on Physician Engagement Strategies. These programs began in August 2014.

We are offering our executive formation program both at the system office and at the regional health ministry level. The physicians that have participated to date would be serving as CEOs,
COOs, chief medical officers, physicians who are heading physician networks, physicians who lead major hospital departments/service lines (hospitalist services, quality and safety, surgery) and physicians working with graduate medical education.

With respect to physician formation, a system-wide initiative is currently in the planning stage. Physician leaders/executives are participating in the executive formation program that is currently being offered across Trinity Health. Some of Trinity Health's Regional Health Ministries have created their own physician formation programs.

**Successes**
Approximately 40 physicians from the system and five regional health ministries have participated to date. At this early stage and with limited physician participation beyond the executive level, one of the successes is that physicians have commented that connecting our core values with Catholic social practices has helped to remind them the reason that they entered medicine in the first place. The comments indicate that they feel more connected to healing patients and building relationships with colleagues.

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A Shared Statement of Identity for the Catholic Health Ministry

We are the people of Catholic health care, a ministry of the church continuing Jesus’ mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

As the church’s ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church