Short Communication

Flourishing through continuous medical education:
Empowering medical educators

Florecer a través de la educación médica continua: Empoderar a los educadores médicos

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Rationale/Background

Health professions educators have competing demands on their time, high levels of stress and burnout, and limited capacity to meaningfully improve their education-related skills.\textsuperscript{1} While faculty development resources can provide knowledge and skills in these areas,\textsuperscript{2} health professions educators continue to struggle to engage in these resources.\textsuperscript{3} Creating and facilitating faculty development activities which promote community building, professional networking, and peer-to-peer learning can improve and maintain engagement.\textsuperscript{7}

In 2022, Mayo Clinic Department of Education created and hosted a faculty development course with the primary objective to address these challenges. Building on prior success of a pragmatic faculty development model,\textsuperscript{4} we included a daily 15-min well-being session in the course.

Course participants included physicians, advanced care, nursing, and allied health professionals, with 65 individuals in the 2022 4-day course and 156 in the 2023 3-day course.

Innovation/Methods

Evidence supports the inclusion of well-being and mindfulness training, deliberate integration of practical strategies, and intentionally crafted reflection prompts during small group discussions may positively impact satisfaction, joy, and resiliency of health professions educators.\textsuperscript{5} Our program included resources from the Kern National Network for Human Flourishing in Medicine,\textsuperscript{6} Harvard’s Human Flourishing Program,\textsuperscript{7} and research from the field of positive psychology.\textsuperscript{10} We sought to cultivate a positive state of mind and build skills to enhance well-being and resilience in the face of life’s challenges. A comprehensive summary of evidence-based strategies to mitigate stress and promote human flourishing has been reported elsewhere.\textsuperscript{5}

In 2022, each day began with a 5-min presentation and a 10-min activity such as completion of: (1) bingo cards designed to encourage introductions among participants and foster a sense of community during the course, (2) gratitude cards to be shared with colleagues, family, and friends, (3) reflection prompts to foster small group discussions and meaningful connections among participants, and (4) breathing exercises to boost energy levels and mitigate stress.

In 2023, course participants attended a daily 5-min presentation on well-being and empowerment which included research data and rationale for subsequent 10 min activities designed to reinforce the principles or practice of the information just shared. These included: (1) assessment of their level of flourishing, (2) posting value affirmations for their role as a medical educator on a communal bulletin board, and (3) completion of a personal reflection and commitment to action activity designed to reinforce the importance of spending time each day doing activities that elicit positive emotions and sense of accomplishment.

Both qualitative and quantitative data were collected through online surveys distributed by email to participants of the course. Thematic analysis was conducted to identify commonalities in responses and illustrative quotes. Descriptive statistics were calculated to report respondents’ level of confidence, utilization, and satisfaction specific to the well-being sessions and interventions introduced.

Results

Prior to the course, 88% of survey respondents (31/35) reported a high desire to learn how to recognize personal stressors and 91% (33/35) reported a high desire to employ strategies to increase well-being and resilience. Through the 2022 post-course survey, 94% of respondents (16/17) reported a high desire to employ such strategies introduced in the course, such as gratitude journaling, making time to connect with colleagues on a personal level, and practicing mindfulness and meditation, and 76% of the 2023 respondents (25/33) had shared something they learned with a friend, colleague, or learner before the course even ended.

All 2023 course respondents agreed that well-being information and activities should be included in continuous medical education (CME) courses, 39% indicated they should be included in ALL courses while 62% suggested this content and activities should only be included in select CME courses such as faculty development.

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Many of participants found the daily 15-min well-being sessions to be of high value, as evident in these qualitative comments to the post-course survey, “What was the best part of the Breakfast Well-Being sessions?”:

“Thought provoking reflection questions that illuminate the core of why we teach.”

“Love the idea - prompted me to thank some people I have been meaning to thank. Hand-written letters are more valuable than ever these days.”

“Being able to see how others responded to issues.”

“Opportunities to meet and talk with colleagues and reflect.”

It is important to note that 25% of the 2023 survey respondents reported they were “unsure” if the sessions were a good use of their time, and another 25% indicated that sessions were “not” a good use of their time. Qualitative comments to the question “How can we improve these sessions?” may shed some light on this data:

“Hard to engage in the flourishing session so early in the morning.”

“I thought these sessions definitely had some positives but I really wanted that time to chat with people at my table openly rather than in a directed fashion.”

“Needed more time and not so early.”

Respondents were asked to share the biggest barriers to sustaining well-being activities. The most common responses included existing bad habits which are difficult to change, competing demands and responsibilities, limited time, and lack of an accountability partner to motivate them to do so.

Discussion/Implications

An abundance of literature highlights the importance of well-being and resiliency for healthcare professionals, yet only recently has attention been directed on the value of teaching about and integrating known strategies into existing faculty development activities, such as a CME course.

Participants in this CME faculty development course reported feeling more prepared to role model and share well-being and mindfulness strategies with colleagues and learners, which one can expect would contribute to a more optimal teaching and learning environment within their home institutions. The ability to understand and learn from and with one another adds to the ties of which we are a part, and society at large.

Future research could include inferential statistical analysis to assess differences across demographics (age, gender, and specialty area), and correlational studies to measure strength and direction of relationships between interventions and episodic and sustained behavioral changes among participants.

Course directors planning to provide well-being training and activities into CME courses may want to keep the following considerations in mind:

1. Conduct a pre-assessment of participants’ desire to learn about well-being and employ strategies in their life.
2. Provide opportunity for structured and unstructured group discussion.
3. Suggest participants identify an “accountability partner” to help motivate and sustain use of the well-being strategies learned.
4. Plan duration and timing of these activities to maximize participation and engagement.

Conclusion

Through a pragmatic approach that incorporates well-being information and strategies within a faculty development CME course, educators of tomorrow’s healthcare workforce can learn with and from one another. In turn, they can share these strategies with learners and serve as role models and “accountability partners” for colleagues.

Ethical Issues

This work was deemed exempt by Mayo Clinic Institutional Review Board in accordance with the Code of Federal Regulations, 45 CFR 46.102. Authors agree with ethical code of the editors.

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Declaration of competing interest

The authors report none.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.mcpsp.2024.100460.

References