

What's Getting On Your Nerves? *Creation of Neurology Advisory Group*

Alexander G. von Bormann M.Sc., MBA; Karen Helfinstine, MA Ed; Sarah Yeakel MHA, MBA; Nathan Guyse MHA, MAE
Mayo Clinic, Rochester, Minnesota

Background

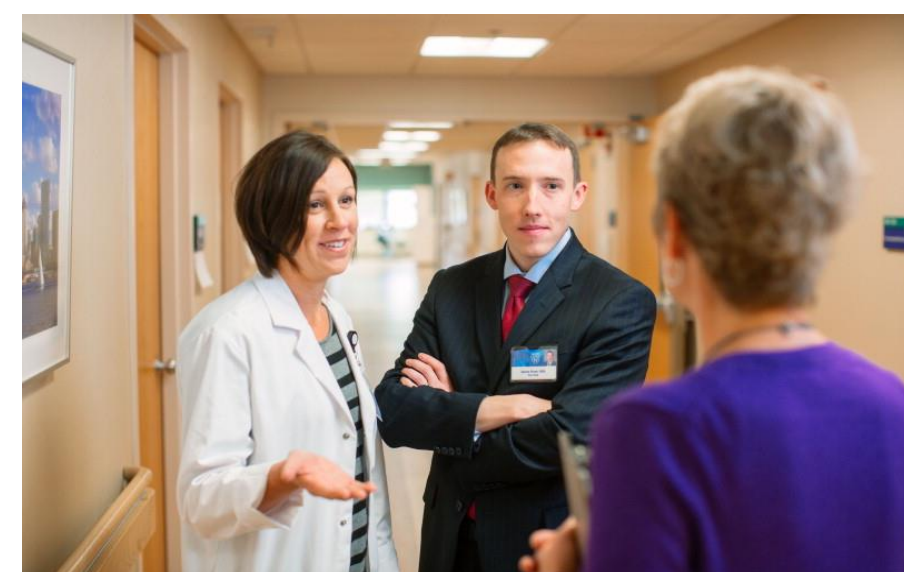
Physician burnout is prevalent across institutions as patients become more complex in care, electronic health record increases administrative burden, and financial pressures weigh heavy. The burnout leaves physicians increasing in feelings of cynicism, feeling ineffective at work and emotionally exhausted. The Department of Neurology at Mayo Clinic, which consists of 123 physicians, saw an increase in burnout in staff satisfaction surveys between 2017 and 2019. On further analysis, a decrease in physician flexibility and autonomy was contributing to burnout. In response, the Department developed a forum for physicians to engage in an advisory group format with leadership. The plan included inviting physicians who did not hold a leadership position to allow an informal forum to network with colleagues, create a space to allow a greater sense of engagement, and cross-pollinate ideas across divisions. In addition it provided a venue to discuss opportunities that would affect their work as attendees.

Objectives

- ☐ Increase satisfaction and joy in clinical practice
- ☐ Create a safe atmosphere to share concerns
- ☐ Help diminish burnout and create a sense of belonging
- ☐ Provide a format to bring forward operational concerns
- ☐ Address concerns and ongoing challenges with the recent implementation of the Mayo Electronic Health Record (EHR)

Planning

An hour meeting of the advisory group is held monthly. 30 minutes of each agenda is dedicated to a specific topic or theme, such as digital health concerns and opportunities, EHR improvements, and fostering diversity in the workplace. The other 30 minutes is deliberately kept for an open forum for questions and a roundtable discussion. The agenda is distributed ahead of time so that those who cannot be in attendance are able to share their thoughts, questions and feedback in absentia. Participants who are able to attend in person are encouraged to come ready to discuss the agenda topics plus bring forward concerns from the practice. Following each meeting a summary document is sent out that captures the discussion and identifies any key action items. These summaries are not confidential and can be discussed freely to help facilitate solutions.

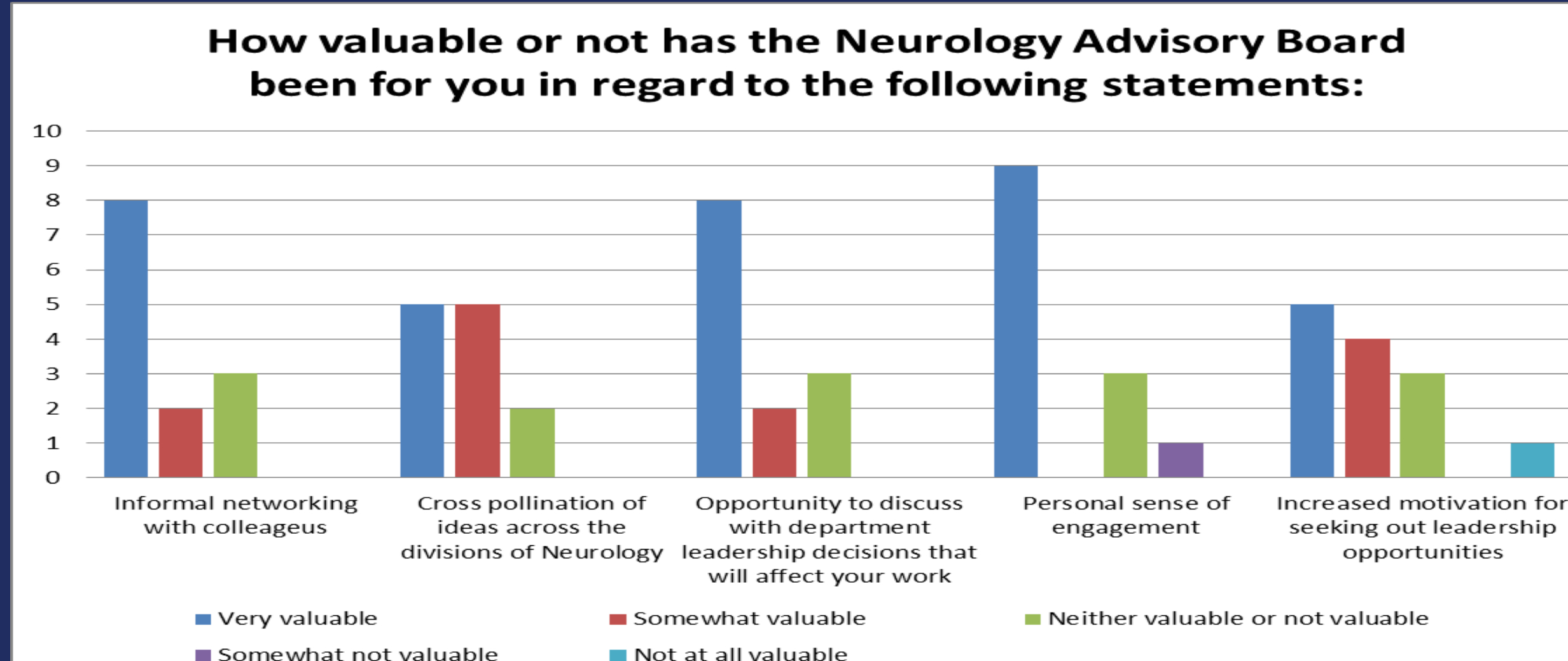


Interventions Implemented

Based on the feedback collected, actionable solutions ranged from quick fixes to larger projects. Examples:
Quick fixes: providing different kinds of refreshments than currently was available, additional personalized training for EHR support, and non-clinical training opportunities such as change management workshops and professionalism curriculum.
Larger projects: issues that would impact patient care and safety concerns, staff recruitment and retention, and physician calendar optimization.

Results

Participating physicians were surveyed to assess the value of the forum as it pertains to delivering on the advisory group objectives, opportunities offered by participating in the group, and expansion of the advisory group model to other areas of the practice. The survey had a 100% response rate (13 out of 13). Likert scale ranging from very valuable to neutral to not at all valuable was used.



How has your attendance at these meetings impacted the following:



Lessons Learned

- ☐ Physicians valued the opportunity of the forum and sharing of the agenda ahead of time. The advisory group allowed the opportunity to talk with colleagues and gather feedback for meaningful discussion with leadership.
- ☐ This format was able to identify leadership talent and motivated two individuals to move into formal leadership roles.
- ☐ The advisory group gave a voice to individuals who may not have had one through a forum for open and direct conversations.
- ☐ Physicians appreciate that department leadership listens to their concerns and seeks to remedy issues in a thoughtful and timely manner.

Next Steps

- ☐ Broader implementation of advisory group model across specialties to create a Neuroscience advisory group combining areas Neurosurgery and Neurology.
- ☐ Promote the advisory group format outside Neuroscience and encourage similar groups.
- ☐ Survey feedback has promoted creation of additional advisory groups to focus on education and research strategies.

