Objective:
Enhancing physician wellness has emerged as a cornerstone initiative for hospitals around the country. Following the deployment of an institution-wide wellness survey in 2017, the Brigham and Women’s Hospital and Physicians Organization sought to identify physician-led initiatives for driving physician engagement and enhancing physician wellness. The goal of the Brigham-To-Table Initiative was to encourage and inspire Brigham Health physicians to connect with one of the most valuable assets of the institution: their colleagues. By emphasizing connections among physicians across the institution, participants would reestablish and reinvigorate their professional careers by reinforcing the reasons for choosing a career in medicine, draw inspiration from the cultivation of meaningful peer relationships, and be reminded of the importance the organization places on physician wellness and human capital.

Planning/Research Methods:
The Brigham-To-Table Initiative was built on a model launched at Harvard College titled “Classroom to Table” (https://oue.fas.harvard.edu/classroom-table). In order to foster academic engagement and personal connection, the Classroom to Table initiative covered meals at local restaurants for groups, comprised of faculty members and students in their courses. The events allow for enriching conversations and for personal connections to be fostered in an ambiance independent of the cost considerations for a nice meal. We envisioned building a similar program for physicians, with central administrative support allowing for effective intra- and interdepartmental meals to take place.

A dedicated Brigham-To-Table website was built as a central platform for the initiative. Groups of physicians were able to arrange times and dates for meals that were covered by the initiative funding and direct billed to the institution. To foster interconnectedness between and across individuals at Brigham Health, fixed group compositions would be promoted as follows: (a) groups of 3-5 Brigham physicians within a single department; (b) groups of 6-8 Brigham physicians, drawing upon at least 2 clinical departments. Specific restaurants in the local and surrounding areas were contacted in advance to ensure the ability to bill directly to the hospital source of funds and to allow faculty members to partake in meals in the surrounding neighborhoods and communities of the institution. In order to ensure the initiative would help to reduce burnout and increase professional fulfillment, each meal came with a mini “assignment”, ideally best completed after ordering food while waiting for the meal. Such assignments were “conversation starters” and meant to combat the burnout domains -- emotional exhaustion, depersonalization, and reduced personal accomplishment.

Implementation Methods:
Local restaurants in the area willing were contacted and invited to participate in this initiative. A mechanism for invoicing each establishment was secured by the project coordinators. The dedicated website for scheduling meals was built, and the program was promoted through word-of-mouth and hospital based communication channels. Following a “soft-launch” with two groups trialing the meal initiative, the initiative was opened to all physicians at the organization. Project coordinators facilitated physician reservations and delivery of guiding question assignments to participating restaurants ahead of meals. Additionally, all participating faculty were emailed a pre-meal survey to gauge markers of physician engagement and burnout. Following successful completion of meals, a post-meal survey was also distributed to all participants. The initiative ran from June 2018 – September 2018, at which time data were analyzed by project faculty. A $30,000 budget was secured for the 10 week pilot program.

Results:
16 local restaurants participated in the initiative and several more approached us about participating after hearing about the program’s success. Over 70 physician meals were completed during the ten week pilot initiative. Nearly 300 physicians from the organization participated in Brigham To Table meals during this time. Pre- (n=113) and post-meal (n=200) surveys were collected and analyzed. Data for physician happiness and emotional exhaustion demonstrated changes following the meal. The percentage of physicians agreeing with the statement “I feel happy at work” increased from 34% on the pre-meal survey to 44% on the post-meal surveys. Similarly, greater percentages of physician respondents endorsed “I do not feel emotionally exhausted at work” (12% pre-meal versus 22% post-meal). Data on self-reported burnout did not change based on this single intervention. Free-text comments received in post-meal surveys were overwhelmingly positive (95% of all responses) including statements affirming the initiative’s impact on personal and professional goals, building group camaraderie, and developing a meaningful sense of caring for other individuals in the group. Overall, we believe our initiative represents a successful, scalable pilot program with the ability to impact physician engagement and wellness by building upon meal-based, out-of-hospital interactions in the local community.

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