

## Marcia Nelson, MD, on benefits of restoring physician lounge

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AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

### Featured topic and speakers

In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with Marcia Nelson, MD, chief medical officer at Enloe Medical Center in Chico, California, about how her organization's culture changed dramatically with the restoration of its physician lounge.

#### Speaker

- Marcia Nelson, MD, chief medical officer, Enloe Medical Center

### Transcript

**Unger:** Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're talking to Dr. Marcia Nelson, chief medical officer at Enloe Medical Center in Chico, California, about how her organization's culture changed dramatically with the restoration of its physician lounge. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Nelson, thanks so much for joining us today. I am always fascinated when I read a lot about systemic improvements that lead to improvements in wellness, simple things you might not think about. This physician lounge one, is one I read in the work from AMA. And I'm eager to talk to you more about what impact it had. Why don't you start first by telling us what was it like before you made these changes?

**Dr. Nelson:** So picture this, a 550 square foot room—dark, poor lighting even in a dark room, in the basement, cramped, maybe about 15 chairs and some mediocre food. That was the doctor's lounge. It was not inviting, it was not a place that promoted people coming together and connecting.

**Unger:** Yes, it doesn't sound very appetizing, literally or figuratively. And speaking of appetizing, it's interesting because the renovation process really got kicked off because of food quality. Can you talk more about ... sometimes things start in a funny place and then end up differently.

**Dr. Nelson:** Yeah. So Enloe is a Planetree affiliate, and part of being a Planetree affiliate means that we have a patient and family advisory council. The patients on that group told us the food wasn't great. So we went about looking for a new food service provider.

Well, we selected the one that we have currently, and part of their business model is to put a chef in the doctor's lounge. And that really triggered all the different possibilities. We had already been thinking about expanding the physician lounge space but that really was the icing on a cake.

**Unger:** That's very interesting, chef in the lounge itself. That's a big change because I've read a lot about how physician lounges have been eliminated or they've been relegated to the space where physicians sit alone and do paperwork.

How ... obviously you're approaching the design of this very differently. How did you think about it, as a place to foster connection, instead?

**Dr. Nelson:** Well, as I saw the original physician lounge contract from a place that was a site to eat and a site to have quiet meetings, a library ... we lost the library space, just had the dismal little 550 square foot space. And I saw the toll that, that took on physicians' relationships. People didn't talk the same way. They didn't relate the same way. They didn't share those small bits of their lives with their colleagues that really drives satisfaction in the workplace. And so, when we were thinking about a newer site, really the biggest reason in the design, was to have a place where physicians could connect. It doesn't have an ROI but it was a place to connect and a place that would drive better medical care because the physicians would be working with colleagues again.

**Unger:** I'm curious what you were trying to channel, when you think about going on your ... from this. On one end, you have Buffalo Wild Wings, lively place. On the other end, you have a quiet library. Where were you imagining this?

**Dr. Nelson:** We had to have a place that was lively. That was the eating area. And, that's also a place where we have a physician art exhibit, that rotates about every year. It's also a place where people sign out. We have TVs muted in the background but we also have OR schedules.

Right adjacent, through a door, is a little bit smaller space. It has couches, recliners, it has computer stations. It has a more private room, where you can do peer review. Do the peer review charts, not the actual meeting. So, there's two different spaces because docs need to have a place where they can be offstage but offstage and quiet just to recharge.

**Unger:** I like that. We would call these use cases. It's obviously, you thought through how it was going to be used in terms of the space and then built that in the design. Who uses it now and how are they using it?

**Dr. Nelson:** Interestingly, one of the biggest decisions was answering, "Who was going to use it?" Because, it's called a physician's lounge or a doctor's lounge but it's for physicians and APPs. And that was one of the big decisions that had to be made early on, is who got access with their badge. And in the old days, when I started my practice in the 80s, it was all about physicians. But now, an integral part of the clinical team is the APPs.

And so, I worked with medical staff leadership. We agreed that APPs needed to have access. That was a little bit of a difficult discussion though with HR because it's free food in the doctor's lounge. We still have free food. And so, the APPs also have free food in the doctor's lounge but not going through the cafeteria line because of perceived inequities. But when they're in the doctor's lounge, they're part of the physician care team. So the APPs have access, doctors who work in the community who are on the medical staff, have access. All the active docs here, have access to the lounge.

**Unger:** So you've got this chef in there and you've got a team environment. It's like Google but for doctors. I really like this. What about outside of mealtimes? What's the activity looking like there?

**Dr. Nelson:** People come in and just do quiet work. There's stacks of JAMA, New England Journal in there for them to look at. I see people just checking their phones, just chilling, sitting back in the recliners, talking in small groups. Also, pre-COVID, we were doing popup noon lectures and just using the computer screens and positions would show interesting cases and talk about care. We would give CME for those.

**Unger:** So I'm curious, when you entered into this renovation process, did you have your eye on ... that you were going to see substantial changes in terms of culture and to really identify benefits?

**Dr. Nelson:** Well, I knew that from my reading and from courses I had been to, that promoting community will have a positive impact on culture. A New England Journal article with Rosenthal and ... talked about the importance of bringing physicians together, to have that community so that you could have a full relationship with your colleagues and that improves care and it also improves satisfaction. And also, I learned about commensality from Chris Sinsky of the AMA, at the chief wellness officer course.

And all of this just told me that we were going the right direction, bringing people together so that they could create relationships that would be satisfying on a human scale and also a professional scale.

**Unger:** You mentioned Dr. Chris Sinsky at the AMA and that's the first place, from her work, that I'd read about the importance of a physician lounge as an ingredient in a system wide approach to

addressing burnout. Have you seen this have an impact on burnout?

**Dr. Nelson:** Yeah, we have been measuring engagement and burnout with the Gallup Organization since 2009. The first time we added a burnout question was 2017 and the medical staff's overall burnout percentage was 48%. It's pathetic that that's a good score but that was just a little bit below Medscape's overall physician burnout. So it's like, "Okay, not too bad."

But right after 2017, we had the devastating campfire that destroyed the town up the hill. We were the epicenter of a measles outbreak. We evacuated a town, south of us, because the Oroville Dam was threatening to breach. We had it all. Well, and a flood also. So, a bottle of biblical proportions.

Engagement in 2017 was at the 85th percentile. So we measured engagement and burnout again in 2020, right at the tail end of a cyber-attack. And our engagement was at the 87th percentile but burnout had gone down to 37%. And that, to me, was just wild. With all of the challenges, and this was pre-COVID, with all of the challenges going on, physicians could still feel supported and fulfilled and less burned out than their colleagues across the country. And, when I published an article, asking physician leaders from all the different departments that sit on MEC, they identified coming together in the physician lounge as one of those positive things.

**Unger:** That does say a lot because this is not a necessarily quote, "Revenue generating space." And I have to imagine the trend is not toward necessarily increasing that space. So it must have sent a pretty strong message to the physicians and the care teams. Did it?

**Dr. Nelson:** Yeah, it did send a strong message. And then, I largely credit our CEO with that because he understood the importance of community and of attending to physician wellness, let me and the physician leaders run with that and help design the space. He also deferred the upgrading of a pretty antiquated C-suite until the physician lounge was finished. And that, again, shows a message about what the priority of physician wellness is.

**Unger:** You obviously had a little bit of a wrench thrown into this with, of course, the pandemic. Did this change the nature, obviously how the space was used?

**Dr. Nelson:** Yes. I remember March 16, 2020, like it was yesterday. That's when things officially kicked off here in California, at Enloe, with regard to the pandemic. And my number one priority was to keep the doctors lounge open because I knew that there had to be a place where doctors could come and just feel whatever they were going to feel and get information. So that was my number one priority, keep it from a super spreader space. And we haven't had any cases attributed to people congregating in the doctor's lounge. We did remove about half the seats but we transformed it in the course of one day.

I started doing 12 o'clock, on the dot, verbal presentations about what was going on with COVID. I started sending out emails, through Constant Contact, to everybody on the medical staff that were shared with the board and the rest of the hospital, about what we were doing with COVID. People would come with their masks on, standing room only though. It became the hub. It became the hub for sharing information and diffusing the fear. Diffusing the fear of what was going on. If I knew something, my doctors were going to know it.

**Unger:** That really is an important element. Burnout has been so enormous during the pandemic and to have the space in place must have been really important. You've also been utilizing this space with programming, I guess I would call it that has a wellness focus. Has that made a big difference as well?

**Dr. Nelson:** Well, since the inception of the lounge, we started doing our annual flu shots and then tuberculosis, either the PPDs or the screening questions, every October to November. But now we're offering COVID boosters. We just want to make it easy. We want to make it easy for doctors, so there's really one stop shopping for them. They don't have to go out of their way, doesn't add anything to the burden of a day. It's easy. And we have candy for them.

**Unger:** What about your three things? I caught that program, that content ...

**Dr. Nelson:** Oh, right. Yeah. I have really been looking for ways to try to encourage the physician wellness here. And, when I was at the chief wellness officer training through Stanford, Dr. Mickey Trockel introduced the research that was done on the practice of gratitude. And so I thought, "I'm going to introduce that in my COVID updates."

In the midst of all of this turmoil for COVID, there's still some good, there has to be something that we're grateful for. So every Friday, I have three things and I share three things I'm grateful for—two of them always have to do with the hospital. But one of them always is personal because I want to show the humanity. It's not all about business. It's not all about me as a doctor or the organization.

And so, I have been so happy to see the response. I've had board of trust members send me photographs of gratitude walls in Denver that they saw when they were on a vacation. I've had colleagues of mine, send me their own personal three things list. One week, I wrote that I was grateful for this great cashmere yarn I was working with. And then one of my colleagues brought me some cashmere yarn.

I know that people are listening and thinking about it because in the midst of all the difficulties, we're still human. We're still human and having nurturing gratitude will make it easier to get through the hard times.

**Unger:** So when you think about that, and I would say maybe things folks aren't thinking about, designing in to a facility, what's your advice to other hospital administrators who would like to

reestablish a physician lounge or upgrade it the way that you did? Are there any tips in terms of getting buy-in that you would suggest?

**Dr. Nelson:** Well, I would suggest that you won't have any trouble getting buy-in, because physicians ... Part of our culture is talking together, getting curbside consults, just being together and also having a place to be off stage. It's so important and it really is beneficial to have a place for physicians and APPs to be together and just recharge.

So, number one I would say, prioritize it. Number two, work with your medical staff leadership because our physicians helped design it. We, at one point when we've been through three different iterations of where we were going to put the lounge and settled on the basement still but with skylight panels.

Also, they helped design the area once we launched it with a lot more couches and seating in the library area. But they said, "No, we want to be able to work in peace and not up on the floors." So we added computers, took out a few couches.

So, prioritize it, know that it makes a difference. And then work with your medical staff leaders. Nobody's going to say no to a good physician lounge.

**Unger:** Well, Dr. Nelson, thank you so much for sharing that; about how a physician lounge can be important in the overall systems efforts to improve wellness and morale. It sounds like it's been a really important place for all of your physicians and the care teams. That wraps up our episode today. Dr. Nelson, thanks again.

We'll be back with another Moving Medicine video and podcast shortly. Be sure to subscribe to the AMA's YouTube channel or Apple, Spotify or wherever you listen to your podcasts. Find all of our videos and podcasts at [ama-assn.org/podcasts](https://ama-assn.org/podcasts). Thanks for joining us. Take care.

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