

## Q&A: Helping doctors find the leader in themselves to cut burnout

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Taking on the role of chief wellness officer (CWO) at Nemours Children’s Health System in Wilmington, Delaware, in the thick of a pandemic, presented unique challenges for Maureen Leffler, DO, MPH. By the time Dr. Leffler took over as CWO in July 2020, physicians and other health professionals were experiencing a great deal of distress, exhaustion, uncertainty, anxiety and isolation.

“There was a lot of fear, so it was really a hard time for our associates and a time when starting in a role like this was really appreciated,” said Dr. Leffler, a pediatric rheumatologist at Nemours Children’s Health System. Nemours is one of the largest integrated pediatric health systems in the country, with more than 95 locations in four states.

“It was necessary to have a role dedicated to putting words to what people were experiencing, sharing ways of thinking about that and really being a megaphone for the resources that were available,” she said.

In an interview, Dr. Leffler discussed transitioning into her role of CWO while facing a pandemic and how finding the leader within yourself can help reduce burnout. Listen to more of this conversation with Dr. Leffler on Apple Podcasts, Spotify or anywhere podcasts are available.

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## AMA Moving Medicine

### Maureen Leffler, DO, MPH, on nurturing leadership skills to change systems

Apr 27, 2022

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**AMA:** What was behind Nemours' decision to create the CWO role?

**Dr. Leffler:** Nemours has a physician leadership development program that they had been running annually. And there were two groups that went through that who focused their efforts on a capstone project around physician burnout and well-being. The work product that those two capstone groups came up with was a proposal for well-being programming at Nemours. That included creating and funding a chief wellness officer position.

The climate when I applied for this position was one of financial instability. At that time, we were making some really hard decisions as an organization about some roles. The executive team remained committed to keeping this position open and funded and continuing to look to hire someone into it, because the organization really felt that, more than ever, having a dedicated role for associate well-being was critically important.

**AMA:** How do shifts in the C-suite, such as creating the CWO role, help an organization?

**Dr. Leffler:** Having C-suite representation of each aspect of our quadruple aim brings a clarity of that perspective to major decision-making functions. Although I really do think that at our institution, our leaders are all oriented towards improving quality, safety, financial stewardship, patient experience and associate experience, having someone dedicated to that in the seat just reinforces that those perspectives are considered in all that we do.

**AMA:** Why is the culture of leadership so important for well-being?

**Dr. Leffler:** Everything impacts well-being. And well-being is wrapped up into everything. So, when I think about leadership culture and its potential impact on our associates, there's so many pieces of that. If we have a leadership culture that truly creates a just culture, that improves well-being. And if we have a leadership culture that is truly meaningfully committed to inclusion and equity, we have a well culture. If we have a leadership culture that is committed to creating psychological safety, we have a well culture.

We know that leadership characteristics directly impact the likelihood of physicians and clinical care team members to develop burnout, so leaders are really important. They influence so many things in just how they show up. We can't achieve these important aims in medicine, inclusion, equity, a just culture, and really promote well-being and thriving in medicine without leadership that's committed to those values.

**AMA:** How can a physician find the leader within themselves, and how can it reduce burnout?

**Dr. Leffler:** When I was chief resident, I started doing work around leadership development for residents, and that really evolved into doing that work for chief residents, fellows and residents. I've done that with the Accreditation Council for Graduate Medical Education, on my own and with Nemours and other health care organizations.

As I was doing that work, I did it because I loved it. When I experienced that kind of training as a resident, I was so excited by it. I thought: These are really important skills and tools. And I think that they are really what I need to know to round myself out as a physician. I have the didactic knowledge, but these behaviors, these ways of seeing a system, these ways of managing conflict, of dealing with feedback, are going to make me the best version of myself that I can be at work and at home, and they're going to help me sustain myself.]

I really believed that that type of work ... and learning for people gives us the tools that we need to change our system, influence others, and build a career that is meaningful and sustainable. So how do you find a leader within yourself? Everybody has that person in them.

One of my favorite things about the leadership development experiences that I've had—and that I've been fortunate enough to work with others in providing for trainees—is that these skills are learnable. We can learn behaviors and behavioral modification to really be effective as leaders. And that can be a big “L” or a little “l” leader—you don't need to have a formal leadership role to lead.

To lead in culture shifts ... it takes some time to think about who you are, develop your self-awareness, and to learn some skills to moderate all those great things about yourself and things that need some work.

**AMA:** What changes have been made to help physicians have more face time with patients?

**Dr. Leffler:** I can think of two examples in our system where we've had changes in administrative tasks around documentation. One was for our residents. Pre-pandemic, we initiated a regular cadence meeting with our residents. It was really similar to the “Getting Rid of Stupid Stuff” program that the AMA sponsors.

In week one, we would meet with them briefly and hand them a notebook and say, “Hey, write down all the things that are annoying during the day, the things that get in your way, the things that are inefficient, the things that are taking you away from the bedside,” after having introduced them to this notion of well-being as a systems challenge and the drivers of burnout. Off they would go to their rotations, their clinics. They would do their thing as residents for two weeks. And then we would come back, and we would spend an hour during their noon lecture facilitating a conversational process that gave every resident the opportunity to interview each other about the things that came up. And then form small working groups around common themes, and then really bring to the surface five or six of the most-cited systems drivers of burnout that they experienced in those two weeks as residents at Nemours.

The chief residents who were present for that, facilitated conversation around the drivers of burnout. We would make a list of the things that they could act on. The chiefs would take it, they would change what they could, and they would report back in a weekly email to the residents what changes had been made based on what they heard. There were a few that were really great and that got acted on. One of them was an unnecessary documentation step in an intensive care unit that didn't add to patient care, didn't add to learning. It was a senior resident note that was redundant, and they were able to not just change it, but eliminate it. That increased the amount of time those senior residents had for teaching and direct patient care.

Another example was we had a slight policy change at the hospital around chart closures and really shortening the time period within which our physicians were expected to get charts closed. When that came out, the well-being team tried to offer resources to physicians who we knew maybe struggled with chart closure or were going to have a harder time hitting that new mark. In doing so, we met with a lot of docs and heard about what their limitations were, their challenges. We learned that there were many misinterpretations of who could actually document in a chart and who could write in what part of a medical record. These conversations led us to create a new policy at Nemours around documentation assistance.

That freed people up to rethink who is writing in their charts and what part of the chart is being done by different parts of the care team member. We helped some of those physicians meet that new goal of a more rapid chart closure with some help from others that hopefully would free them up to do the other things they want to do, which is take care of patients, research and teach.

**AMA:** Are there other initiatives you have implemented to reduce burnout and improve well-being?

**Dr. Leffler:** One thing I'm particularly excited about is a group that we call the Well-being Coalition. It is made up of well-being liaisons, which are 60 associates—clinical and nonclinical—from all across the organization. They were nominated by their managers as individuals who are interested in well-being. Not the super helpers, not the people who are already involved in everything, but people who would be likely to take action, to listen to their teammates, identify problems, take action, all of them.

The coalition has a monthly meeting—which happens at two different times so more people can join us—and the point of that is for our liaisons to share the challenges they're experiencing with well-being teams and with each other, for the well-being team to share resources that we've heard about both inside and outside of Nemours.

For example, some of the things we've learned from the AMA about team-based models of care. So, sharing of information. Also supporting one another knowing that changing some of this stuff can be hard, and being the person identified as the well-being person for your group can also be hard.

**AMA:** What are your goals for this year and beyond?

**Dr. Leffler:** Our first goal for the year is to maintain and improve a lot of the good work that we've started. Our peer support program, our well-being rounding, our well-being coalition are really excellent beginnings in laying the foundation for a really effective well-being strategy.

Two is to really improve how we're assessing the effectiveness or the impact of some of the things that are happening. So, to partner with people who are doing work, really try to get some measures of things that play into burnout or well-being so we can quantify the efficacy of the changes that we're seeing happen. Three is to share that information. We really want to be disciplined to submit the abstracts, go to the meetings, share the posters, because what we have found is that having that information available to us has been helpful in influencing change in our own organization. Medicine is an evidence-based culture, so we need evidence to help influence changes within our own organizations.