



CREATION OF A MULTIDISCIPLINARY WELLBEING COMMITTEE AND THE BARRIERS TO EMERGENCY MEDICINE ATTENDING ENGAGEMENT



Wellbeing Fellows Program



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Background	Methods/Model	Conclusions and Discussion
<p>The Emergency Department (ED) is a stressful and at times chaotic place that requires cooperation amongst a multidisciplinary team. This team is composed of attending physicians, resident physicians, student providers, nurses, technicians, pharmacist, advanced practice providers (APPs), registration staff, environmental services, transportation staff and additional essential staff members. Burnout in health care is an ongoing crisis, and unfortunately emergency medicine ranks amongst the highest regarding rates of burnout¹. A few examples of sources of burnout include working at night, exposure to traumatic events, experiencing a fear of making mistakes, experiencing sleep disorders, and experiencing workplace violence². Currently no multidisciplinary committee exist in the Strong ED that is tasked with targeting wellbeing for the entire department.</p>	<p>For the formation of the committee, it was established that it would be co-chaired by the faculty wellbeing representative and the nursing wellbeing representative. In April 2025, an email was sent out to all stakeholders previous identified in the ED. The meeting would be held via Zoom at regular intervals with a predetermined agenda that was aimed at the creation of a charter and mission statement.</p> <p>To better understand poor attending engagement. A qualitative survey was created using Qualtrics. The questions included were:</p> <ol style="list-style-type: none"> 1. What does “wellbeing” mean to you in the context of your role as an attending in emergency medicine? 2. What aspects of your work most negatively affect your well-being? 3 What organizational, policy, or cultural factors make it difficult to prioritize your wellbeing? 4. What changes would help improve your wellbeing? <p>Optional demographic data was also collected asking how long attending physicians had been working at Strong in the ED and how many shifts a month they work. This survey was sent out via list-serv to the emergency medicine Faculty. The results were reviewed by a single reviewer and themes were noted.</p>	<p>The formation of a multidisciplinary wellbeing committee is feasible in a busy academic emergency department. The true benefit of its formation is still yet to be determined as follow up data regarding improved wellbeing is still required.</p> <p>Specifically looking at attending physician engagement with wellbeing initiatives it appears that the major driving forces for and against engagement are not driven by financial or physical needs. The more common themes tend to be more focused on a desire for a positive culture and respect. It appears that the lack of these is the primary barrier to attending engagement in wellbeing initiatives including a multidisciplinary wellbeing committee.</p>
Wellbeing Issue to Solve/Hypothesis	Results	Future Directions/Scalability
<p>The Strong ED has seen increasing levels of staffing vacancies and low scores on the institutional wellbeing index. Attempts have been made to target wellbeing in individual groups or cohorts but never as an entire department. Based on institutional experience and knowledge it was proposed that a multidisciplinary committee could be created to improve the overall wellbeing of the department.</p> <p>Previous experience has shown that attending level physicians tend to have low engagement with wellbeing initiatives in the Strong ED. On top of the creation of the committee it would be attempted to understand why attending engagement is low.</p>	<p>The first wellbeing committee meeting was held on April 28th, 2025, and included representation from nursing, APPs, pharmacy, technicians and a sole attending (the co-chair). Additional focused outreach was done with a minimal increase in attending engagement. In September 2025, the committee approved its’ inaugural charter.</p> <p>Over a month time frame in the fall of 2025 a total of 24 responses were received from the emailed survey. The respondents varied in 1 to more then 20 years as an attending. Number of shifts per a month varied from 1 to 13. Regarding question number one the most frequent themes were hope, balance and connection. Regarding question number two the most frequent themes were disrespect, inequity and resource scarcity. Regarding question number three the most frequent themes were toxic culture and disrespect. Regarding question four the most common themes were culture, disrespect and inefficacy.</p>	<p>On going effort is needed to continue to support the committee. As a result of the attending data, an attending only work group has been established. This workgroup will aim to provide departmental leadership policy and procedure recommendations. The end goal will be to continue to increase attending physical engagement in department wellbeing initiatives by working to improve departmental culture and perceived respect of the attending group.</p>
Acknowledgements/References		
<p>1. Berg S. Burnout falls, but still hits these 6 physician specialties most. American Medical Association. Published July 9, 2024. https://www.ama-assn.org/practice-management/physician-health/burnout-falls-still-hits-these-6-physician-specialties-most</p> <p>2. Zhang Q, Mu M, He Y, Cai Z, Li Z. Burnout in emergency medicine physicians: A meta-analysis and systematic review. <i>Medicine</i>. 2020;99(32):e21462. doi:https://doi.org/10.1097/MD.00000000000021462</p>		