

MENTORING FOR BURNOUT
REDUCTION AND PREVENTION

Burnout Elimination Through Education & Reflection

HENNEPIN HEALTHCARE
INSTITUTE FOR PROFESSIONAL WORKLIFE

BETER

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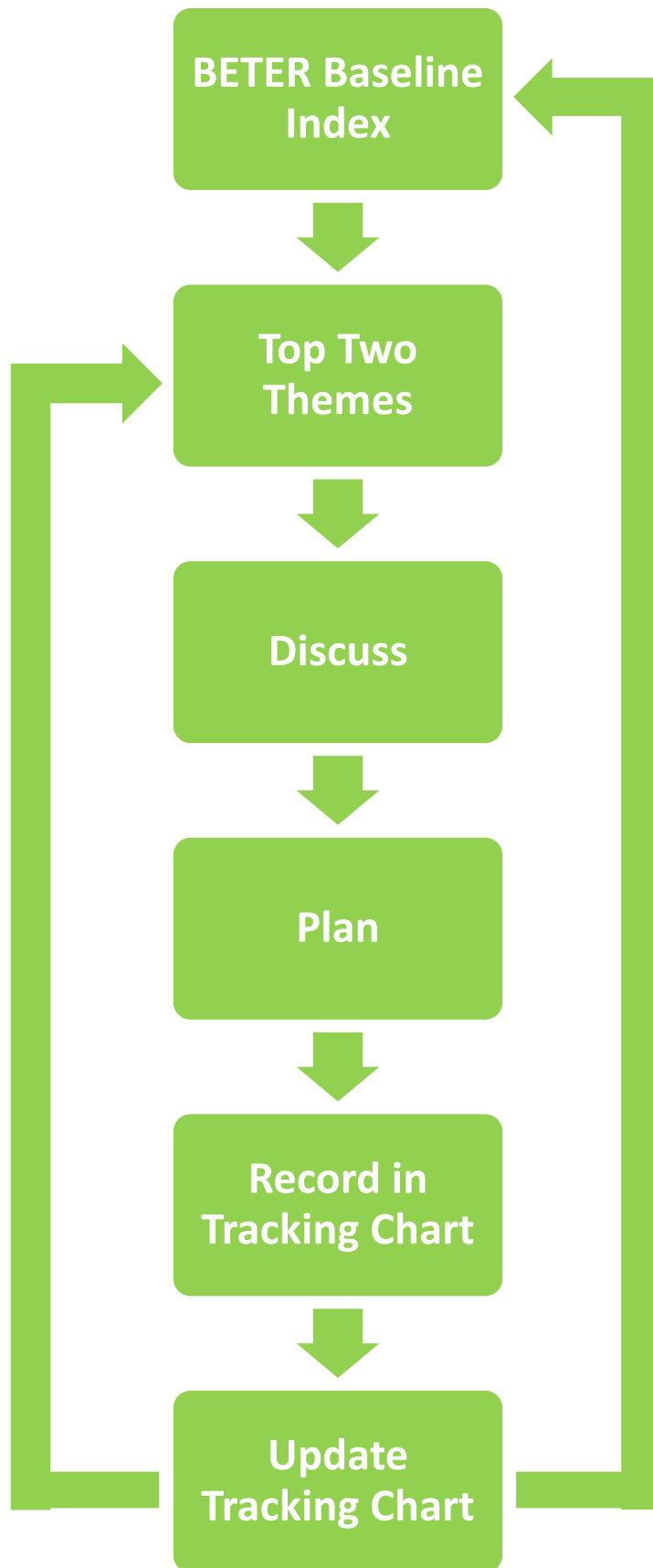
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PI and Study Team Responsibilities

- Randomize Divisions into Intervention and Control Groups
- Assign Mentors to Mentees
- Conduct Mentor Survey before Intervention
- Lead Mentors through Initial Training
- Meet with Mentors Monthly (Face to Face or via Email)
 - Support Mentors
 - Utilize the Train the Trainer Model
- Compile and Enter De-identified Data from Mentoring Sessions
- Conduct Mentor Survey after Intervention
- Conduct Mentee Survey after Intervention

Mentor Responsibilities

- Complete the Mentor Survey Before the Intervention
- Attend the Initial Training Session (Approximately 1 Hour)
- Meet with Each Mentee Face to Face for Initial Evaluation (Approximately 30-60 min.)
- Check in with Each Mentee via Phone or Email Quarterly, More Frequently if Necessary
- Document Interactions and Progress Using Tracking Sheet
- Meet with the PIs Quarterly, either Face to Face or via Email
- Complete the Mentor Survey at the Completion of the Study

Mentee Responsibilities

- Meet with Mentor Face to Face for Initial Evaluation (Approximately 30-60 min.)
- Check in with Mentor via Phone or Email Quarterly, More Frequently if Necessary
- Complete the Mentee Survey at the Completion of the Study

BETER Baseline Index

- This should be reviewed side-by-side to determine which two themes the mentor/ mentee pair will work on this year.
 - This should be primarily mentee driven with some guidance from mentors.
 - The themes include control over workload, EHR stress, chaos in the workplace, values alignment with team leaders, teamwork, and time spent on enjoyable work activities.
 - You may consider saying, “It appears to me that ____ and ____ are the two most troublesome areas. Does that sound right to you?”
 - Some mentees will know their distress areas right away. Others may need some guiding questions to begin the conversation such as:
 - “How important does working on ____ feel to you?”
 - “Which of these themes feel like they are most negatively affecting your worklife?”
 - Once the top two items have been identified and agreed upon, it’s time to discuss which elements of each item are causing distress. (See Mentor Discussion Guide)
-

My control over my workload is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

Sufficiency of time for documentation is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

The amount of time I spend on the electronic health record (EHR) at home is:

1 – Excessive 2 – High 3 – Satisfactory 4 – Modest 5 – Minimal/ None

My proficiency with EHR use is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

Which number best describes the atmosphere in your primary work area?

1 – Hectic/ Chaotic 2 3 – Busy, but reasonable 4 5 – Calm

My professional values are well aligned with those of my department leaders:

1 – Strongly disagree 2 – Disagree 3 – Neither disagree nor agree 4 – Agree 5 – Strongly agree

The degree to which my team works efficiently together is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

I spend at least 10% of my overall work time on something I enjoy/something I’m passionate about:

1 – False 2 – True

Mentorship Discussion Guide

The discussion between you and your mentee is completely dependent on personal preference, and does not need to follow a structure. However, you can use this guide as necessary to help discuss the top two priorities that you and your mentee identify as their stressors. This conversation may evolve differently with each mentee.

- If needed, consider the following prompts to start gathering meaningful information:
 - “Tell me more about how this affects you.”
 - “How does this impact your worklife?”
- To help you arrive at actionable items, we recommend addressing the following four questions for each of the two priorities you and your mentee identify as their stressors.
 - “In what area(s) of your practice is _____ most important/affecting you most?”
 - Clinic, Consults, Research, etc.
 - “Are there any aspects of the _____ that are going well?”
 - “Are there any aspects of _____ that are not going well?”
 - “How would working on _____ improve your stress/satisfaction/burnout?”
- Get an idea of your mentee’s timeline. You may say:
 - “Let’s look at a time frame to address this issue so I can get a feel for how critical this is for your work life balance.” Use the following options to agree on an ideal time frame.
 - Immediate (0-4 weeks)
 - Short Range (1-3 months)
 - Intermediate (3-6 months)
 - Long Range (6-12 months)
- Next, move on to planning next steps.
- Finally, make sure to record actionable interventions in your tracking chart after the meeting.

Intervention Chart

10%	Chaos	Control	EMR	Values Alignment	Teamwork
Look for ways the 10% can be a win for the physician and a win for the division (i.e. more teaching or more research for division)	Improve consistency of patient show rate (i.e. no show reduction strategies)	Standardize MA/ RN non-physician work (forms, refills, reminder calls)	Note template development	Regular meetings to discuss values and priorities Include interesting cases in meetings	Pair MAs and physicians
	Configure team rooms so team members are in direct proximity	Reorganize schedule template around beginning/ end of the day obligations	Real-time elbow-to-elbow training	Leaders email clinicians monthly with administrative updates (allows meeting time to be used for values based discussion)	Support/ training around difficult patient interactions
	Restrict number of learners in clinic on busy days	Standardize time off after call	Desktop slot (blocked appt. to catch up on charting)		Develop a float pool to help when short staffed
			Track home EMR use		
			In-basket coverage plan		
			Order sets		

Mentor Tracking Chart

Mentee Name: _____

Date: _____

Instructions: Please fill out this tracking chart during or after every meeting with your mentee. We also advise that you fill in the blanks as you progress in completing a task. For every task you identify with your mentee, write down what theme of burnout it falls under (Control, EHR work, Chaos, Values Alignment, Teamwork, and 10%), what the task is, who is responsible for completing it, when they have committed to completing it by, when it has been completed, and any obstacles that you encounter. There is also space for additional notes. You are welcome to fill this out electronically or print out a paper copy. We will request a copy of the chart at the end of each month.

Burnout Theme	Task	Person Responsible	Due By	Date Completed	Obstacles	Notes

Burnout Theme	Task	Person Responsible	Due By	Date Completed	Obstacles	Notes

Introduction to BETER

Hello! You have been randomized into the intervention group of a study called “Mentoring to Promote Professional Fulfillment and Reduce Burnout in a Department of Medicine”. This study is led by Dr. Elizabeth Goelz and Dr. Martin Stillman, funded by a grant from The Physicians Foundation, and supported by leaders within the Department of Medicine at HCMC.

The purpose of this study is to investigate whether mentoring about burnout and wellness is an effective method to prevent or reduce burnout, as well as promote professional fulfillment. Half of the Department of Medicine has been randomized into the control group, and the other half has been randomized into the intervention group. Within the intervention group, division heads and other leaders within the department receive training to mentor about burnout.

You, along with 3-7 others within your division, will meet individually with your mentor face to face quarterly for approximately one hour, and check in periodically via phone or email. First, you will work with your mentor to determine the top two stressors to address to prevent or reduce burnout in your worklife and select effective interventions. Then, you will have periodic check-ins to monitor progress on these top two priorities. It is your mentor’s responsibility to address the stressors you identify through the means available to him or her, and update you on his or her progress.

Sensitive information about work life, burnout, and professional fulfillment may arise throughout this mentoring process. Keep in mind that all correspondence you have with your mentor will be kept confidential. Any information shared beyond these meetings will be de-identified and/or aggregated before it is discussed and/or analyzed. Your mentor will be trained and overseen by the study team, including Drs. Goelz and Stillman, who are experienced in the study of burnout.

You will be enrolled in this mentoring program until October of 2018. Once the mentoring is complete, you will be asked to take a brief survey about the experience.

Below is the contact information of the study team, a list of the responsibilities of everyone involved in this study, and the Revised Mini-Z survey, which you and your mentor will use to identify your workplace stressors. Please familiarize yourself with the survey and go to your first mentoring meeting prepared to discuss it.