
WELLNESS MOSAIC:

A Guide to Grow and Enhance an Effective Wellness Program

INTRODUCTION

As its name implies, the Wellness Mosaic is a purposeful assembling of “small pieces” or wellness best practices put together to create an intentional, artful result. It was born as a development of our Wellness Bistro, reorganized, streamlined, and with added new features. The Mosaic presents nine domains in which wellness interventions can be most effective, based in the results we obtained from the Bistro activities, literature reviews and national case studies, and the input from two years of working closely with our Programs with aspirational wellness scores and those which wellness had been challenged and have made tangible progress in their well-being.

We recommend Programs to address at least three to four wellness domains as a baseline. An advanced wellness program will address five or more domains. If your Program is addressing two or less domains, we highly recommend you continue developing wellness activities and resources adapted to your needs. Knowing that most Programs already have Community Building events in place, we encourage them to start by developing two additional domains, then grow their wellness programs as able.

Wellness is the “active and evolving process of becoming aware and making choices toward a more successful existence” (adapted from The National Wellness Institute and Charles Corbin, Arizona State University); it’s a dynamic process involved in leading a healthy and fulfilling life. When creating or enhancing a wellness program it is essential to talk to your residents, discuss what wellness means for them in this context, and pay attention to the assessments. And know that through the Mosaic and directly working with your Program, the GME Wellness Team offers resources, guidance, and suggestions to help you enhance our residents and fellows’ wellbeing.

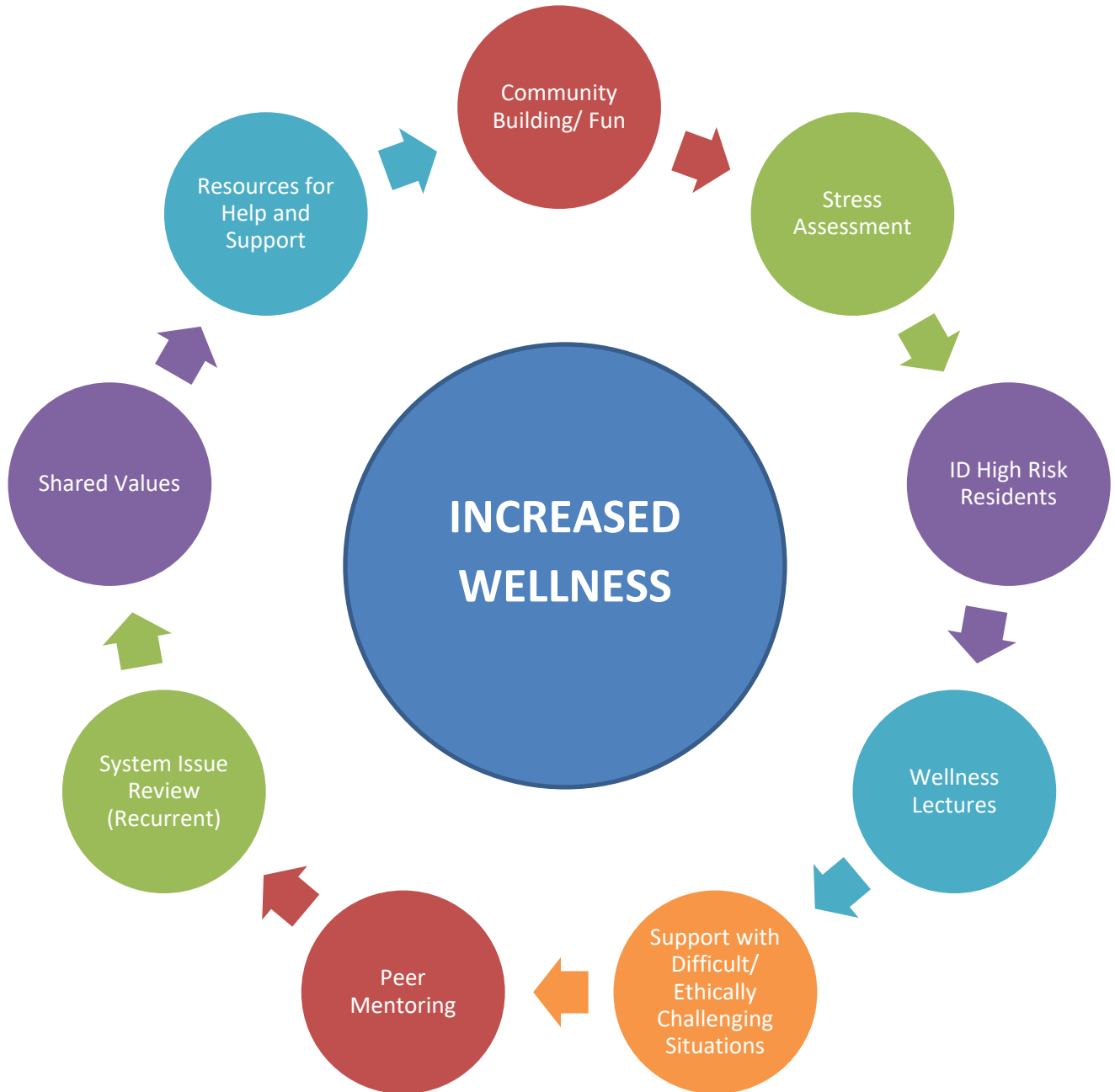
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WELLNESS MOSAIC MODEL



Designing or Enhancing your Wellness Program: How to Begin

Designate Wellness Team

Identify at least one Faculty Wellness Champion (may be the program director or a member of the Wellness and Work-life Action Committee) and a Resident Wellness Champion (usually the program’s wellness chief) that will work together with you, the program director, the GME Wellness Team, and the program coordinator to implement your wellness curriculum.

Needs Assessment (Critical First Step)

1. Start by asking residents the three questions in the Needs Assessment survey. Make sure the answers are anonymous to promote honesty and prevent pressure to conform. Ask the Chief Resident or Resident Wellness Champion to collect the information, extract the data and then provide you with a list containing specific categories. You may find common themes you can address.

**For a printable form see [Appendix A](#). This activity is a needs assessment which you can then state in your WebADS, Ex. “we did a needs assessment for all of our trainees and then used the results to enhance our current wellness curriculum”.*

2. Use the Color-Coded ACGME Survey results and the Needs Assessment responses to determine in which of the domains proposed by the Wellness Mosaic you might concentrate your efforts. We have provided you with your department’s Color-Coded ACGME Evaluation results.

Aspirational,
exceeding well-
being goals.

Well-being goals
being met.

Well-being goals might need
improvement, investigation is
recommended

Significant concerns,
investigation is
warranted.

3. Choose the categories you will concentrate on for the following year, which would then be included in your Web ADS submission. We recommend you choose at least three categories to concentrate your efforts for the time being. If you already have Community Building Activities in place, make sure they are accomplishing your goals and select another two domains.

Wellness Curriculum Domains: The Pieces of your Mosaic

1. **Community Building/Play.** Theorist agree that disconnection is the main source of human pain. They also agree that Play (engaging in an activity just for the sake of joy and satisfaction) is a human need across the lifespan closely connected to wellbeing. Residents in medical programs report high levels of loneliness and isolation. The risk for depression and anxiety is higher for those residents who left behind their support systems. Certain events and activities can create a sense of community and promote support among members of a program. Ideally each program would organize at least one event where Faculty and Residents are together. It would be even better if it is some type of competitive events. We propose just a few of the long possible list:

- Baseball, bowling, sport competitions.
- Escape rooms, scavenger hunts.
- Volunteering activities as a team.
- Welcome/End of the Year parties, lunches intentionally design to facilitate connection. Refer to [Appendix B](#) for easy Ice Breaker ideas.

End of the year parties and awards are great ways to validate, encourage, and recognize residents. Nevertheless activities and events such as the proposed here, held at the beginning of the year, are more effective in terms of community and support system building. *This helps the faculty well-being as well.*

2. **Stress Assessment.** Medicine is an extremely stressful field. Many people are able to identify stress when it has already built up to difficult to manage levels. Because everyone expresses stress in different ways, it is important to learn to identify your own early signs. Some get angry and drive aggressively, some develop headaches, some get tearful in call rooms, some become isolated and disconnected while others have severe stomach pain, a few begin to self-medicate. Helping individuals recognize these patterns allows them to see when their stress level is elevated so they can begin to take steps to alleviate it. We propose the following interventions to help identify personal levels and symptoms of stress:

- ISP (provided to your house staff biannually and accessible all year at <https://uthealth.caresforyou.org/welcome.cfm>)
- Petri Dish exercise (see [Appendix C](#))

- Self-care inventory (see [Appendix D](#))
 - Maslach Burnout Inventory (MBI) Burnout self-test (contact GME Wellness for licensed inventories)
3. **Identify residents at high risk and offer resources.** There are some factors that can put a resident at higher risk for depression, anxiety, suicidal thoughts and behaviors, or general lack of well-being. Use the following factors to help you identify those that might need extra support or resources, especially if they present with more than 2 or 3:
- Matching to a low ranked program or through the SOAP process (non-matches.)
 - Traveled to program and left behind their support system.
 - Single.
 - Member of a group that is minority within your Program, including but not limited to race, cultural background, religion, age, or sexual identity. Remember some groups might not be a minority in society at large but be a minority within your program or vice-versa.
 - Hx of depression, anxiety, or other pre-existing conditions.

*We created the **Transition to Residency Risk Index (TRRI)**, an assessment tool (in publication process) that is available to use with incoming residents and fellows. It is designed to be use with new residents and fellows only. Please contact the GME Wellness Team for more information. The TRRI will be actively rollout by early June 2020 in time for New Resident Orientation.*

If you have a peer mentoring program that follows the structure we propose, this step is included in the process.

Some resources that could be offered include:

- Match with a peer mentor that helps them feel comfortable.
- Remind them to fill out our voluntary assessment (ISP.)
- Chief resident/program coordinator/ Wellness Champions check-in between July-September.
- Refer to our counseling services.

- Promote “brother’s and sister’s keeper” culture (introduced in New Resident Orientation). If anybody notices concerning symptoms in someone else, encourage them to ask, explore, and start a conversation.
 - Talk with your residents, invite them to stop by your office, include them in group conversations.
4. **Wellness Lecture Series.** Although there might be some resistance to discuss wellness topics, we know the benefits of finding language to address personal experiences and learning ways to promote well-being far exceed the discomfort of having these conversations. Have a quarterly or biannual lecture on a well-being topic that addresses the needs of your residents. Those might include:
- Stress Management.
 - Flourishing in Medicine.
 - Time Management
 - Wellness and Work-Life Integration.
 - Conflict resolution.
 - Emotional Intelligence.
 - Dealing with failure and Promoting Resilience, or
 - The Science of Mindfulness.

These workshops or lectures series can be adapted to your needs. The list continues to increase, so please contact the GME Wellness Team for more information. You can also request specific topics of importance to your Program.

These lectures should replace other standard lectures instead of becoming an additional set of activities.

5. **Prepare for difficult or ethically challenging situations.** It can be extremely stressful for a resident to deal with complex medical or ethical challenges where the right decision is not so obvious. Taking cases that apply directly to your program and spending an hour talking about how to approach them is extremely important and always well received by residents. For more senior residents, the day to day cases that they are presented with are usually routine, but when faced with a challenging one where the right answer is not always clear, it is very help to have the experienced faculty discuss their approaches. Some possible topics for discussion include:

- How to face challenging patients,
 - End of life conversations,
 - Dealing with angry patients and families,
 - How to deal with guilt and doubt over possible mistakes, or
 - How to cope with the emotional vestiges of ethical decision making.
 - Code Lavender (It is a circuit breaker on stressful days, immediate support after bad outcomes or traumatic events within an Institution – Center for Caring- UHS, Sally Taylor, MD)
 - Institutional Protocol in the Case of a Missing Resident or the Death of a Resident or Fellow (contact GME Wellness for support).
6. **Peer to peer mentoring program.** Created by residents for residents. Match an upper level with an intern, this helps ensure that a new intern is not lost in the system or isolated early in their training. The GME Wellness Team obtained permission from Physical Medicine and Rehabilitation to share their very successful model. Contact GME Wellness for information and assistance growing your mentoring program. We also encourage you to contact Dr. Allred, PM&R Program Director, or their Wellness Chief, Dr. Colby Beal, for more information and guidance.
7. **System-issue review and improvement.** When you get back the results of your needs assessment questionnaire, you may find that many dissatisfiers for residents involve problems in the system in which they practice. Those could include clinic efficiency, call schedules, scheduling patients for the OR, time off for medical or dental visits, specific rotation logistics, and dirty call rooms, among many others. Once you have identified one or at most two of these issues, work with your Faculty, Chiefs and Resident Reps to help solve the problem. When residents know that they can voice a significant concern, the concerns are reviewed, and a fix is crafted and implemented it helps them understand that they have some control over their environment. This is sometimes referred to a **“Pebble in the Shoe”** exercise.

Periodic Reassessment

We recommend periodic reassessment of systemic and personal challenges to wellness. You can use our needs assessment tool and refer to our annual Color-coded Evaluation ACGME Survey results to determine progress and further needs. Repeat needs assessments and stay attuned to the mood and comments of your residents.

Recall the 6 primary drivers of Burnout/ System Impediments:

- Excessive **Workloads** (see Domains #2 and #7)
 - Lack of any **Control** over their working environment (see Domains #7 and #8)
 - Loss of **Community** in the program (see Domains #1, #3, #6 and #9)
 - No **Transparency** in the program (see Domains #3 and #7)
 - **Fair** processes. This is often related to call schedules/ holidays (see Domains #2 and #7)
 - Unified **Values** and working toward a common goal (see Domains #4, #5 and #8)
8. **Establish clear and unified values.** Teams function more efficiently when they share common goals and values. Clear values and goals can help members of your program understand and accept the reason behind some actions, without losing the sense of control. For example, when it is clear that life-long learning and process improvement are valued principles, even over perceived perfection, residents will be more open to evaluations and critiques, and more willing to correct course. Some ideas to establish clear values in your program:
- Refer back to our institution, department, and program’s mission statements.
 - Explore your values and compare them with the previous ones? (see [Appendix E](#))
 - Go back to WHY? (see Appendix B and [Appendix F](#))
 - Discuss openly with Faculty, Staff, and Residents to find common ground.
 - Determine and share a conflict resolution process (see [Appendix G](#))
9. **Resources for Growth and Support.** The Office of GME, often in partnership with our sponsoring institutions, Programs and the House Staff Council, offers a variety of resources to promote wellness and resilience among our trainees. Those include:
- Counseling
 - Academic Success Coaching
 - Support group for significant others: Every 3rd Monday of the month at 6:30pm, GME Conference Room.
 - Wellness lectures series and workshops- contact GME Wellness to schedule.
 - Referrals to other services (Psychiatry, EAP, specialist if organic issue is suspected)
 - Quarterly Wellness Newsletter

- Tele-counseling through Zoom
- **Mindfulness and Meditation practices through our YouTube Channel** Coming Soon

Some programs such as Pediatrics have implemented “Doctor Days”, protected times for residents to take care of personal matters, as part of their wellness activities. This year one of their goals was to offer Wellness Check-in appointments at each wellness didactic with a GME Licensed Therapist. One of GME Wellness Behavioral Health Consultants, Liza Maldonado, Psy.D., will be available for (4) 30 minutes meetings on specific Fridays during the 2019-2020 academic year. These meetings are first come first serve and residents use a Google form to sign up. These are not considered mental health sessions, but more of an opportunity to meet and assess the situation. Appointments for mental health services will be established if needed and desired (See [Appendix H.](#))

Remember the GME Wellness Team is here to support you, your Program and your trainees in achieving wellness and personal and professional success. Don't hesitate to contact us with any question or comment.



APPENDIX A
Wellness Needs Assessment

Program: _____ Date: _____

1. Please tell me what is the greatest PERSONAL challenge to your well-being as a resident.

2. Please tell me what the greatest challenge to your well-being as a resident is as it RELATES TO THIS PROGRAM.

3. Given the issue you listed in question # 2, please provide one or two realistic suggestions which may be helpful in solving this issue, be specific.

APPENDIX B

COMMUNITY BUILDING ACTIVITIES

- [Me Collage](#): Using old magazines and poster boards, invite your residents to create a collage that represents who they are. Hang them on the walls and allow time for everyone to walk around the room and admire the collages. Then let each participant give a quick presentation about the pictures they chose and why.
- [Speed Meeting Ice Breaker](#): Have you ever attended a speed dating session? They were quite the rage for a while. This icebreaker was modeled on the concept of speed dating. It lets you meet many meeting participants in just a short amount of time. It's fun and gets your participants moving physically around the room for an added warm-up advantage. Check it out.
- [45 Ice Breaker Games \[That Your Team Won't Find Cheesy\]](#)
<https://www.sessionlab.com/blog/icebreaker-games/>
- [3 Great Ice Breaker Activities for Team Building at Work](#)

<https://www.reddooreescape.com/blog/3-great-ice-breaker-activities-for-team-building-at-work>


- [People Bingo](#): Print copies of the Bingo Card (next page) or make your own with information you know about your residents and faculty members (even better!). Ideally, have two or three different versions of the Bingo Cards. Let them know the goal, should they complete a line, an X, the whole card? Then let participants walk around and talk to people to find someone who... When they find someone who fits the description, they must get their names written in the appropriate box. Once they achieve the goal they must yell BINGO!



RED DOOR
ESCAPE ROOM

ICE BREAKER BINGO

FIND SOMEONE WHO...

HAS A BIRTHDAY THIS MONTH <hr/>	HAS TRAVELED OUTSIDE THE COUNTRY <hr/>	CAN PLAY AN INSTRUMENT <hr/>	HAS A TATTOO <hr/>	CAN SPEAK A FOREIGN LANGUAGE <hr/>
IS AN ONLY CHILD <hr/>	IS A LEFTY <hr/>	ACTUALLY FLOSSES THEIR TEETH EVERYDAY <hr/>	HAS A FOOD ALLERGY <hr/>	PLAYED ON A SCHOOL SPORTS TEAM <hr/>
WATCHES REALITY TELEVISION <hr/>	RAN A MARATHON <hr/>	 FREE SPACE	HAD BRACES <hr/>	HAS BROKEN A BONE <hr/>
HAS LIVED IN ANOTHER STATE/COUNTRY <hr/>	HATES MATH <hr/>	LOVES TO SING KARAOKE <hr/>	HAS MET A CELEBRITY <hr/>	HAS NEVER SEEN A STAR WARS FILM <hr/>
HAS A PET <hr/>	CAN TOUCH THEIR TOES <hr/>	HAS A FACEBOOK ACCOUNT <hr/>	DISLIKES CHOCOLATE <hr/>	MADE A NEW YEAR'S RESOLUTION AND KEPT IT <hr/>

APPENDIX C

Name: _____

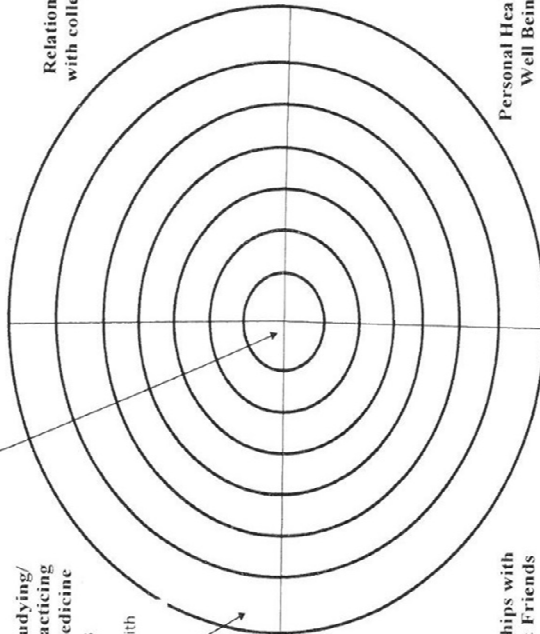
Professional/Personal Values Assessment

Reminder – Values!

- Remember, frequent engagement with your values = practicing wellness

Studying/Practicing Medicine
 My work life is totally inconsistent with my values

Relationships with colleagues

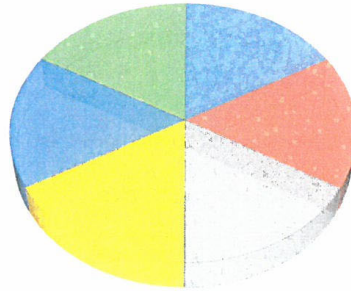


Personal Health & Well Being

Relationships with Family & Friends

Instructions: Place an "X" in each of the four quadrants above to represent the degree to which you are currently living according to the values you've just described.

COMMON STRESS REACTIONS



- Cognitive
- Emotional
- Behavioral
- Spiritual
- Interpersonal
- Physical

Cognitive

- Memory problems/forgetfulness
- Disorientation
- Self-doubt
- Difficulty calculating, setting priorities or making decisions
- Minimization
- Thoughts of self-harm or harm toward others
- Confusion
- Loss of objectivity
- Limited attention span
- Rigidity
- Perfectionism
- Spaciness

Emotional

- Powerlessness
- Helplessness
- Anxiety
- Guilt or “survivor guilt”
- Apathy
- Over identification with survivors
- Feeling misunderstood or underappreciated
- Depleted

Behavioral

- Change in activity level
- Decreased efficiency or effectiveness
- Inability to rest or relax
- Hyper-vigilance about safety or the surrounding environment
- Accident prone
- Periods of crying
- Increased use of tobacco, alcohol, drugs, sugar or caffeine
- Avoidance of activities or places that trigger memories
- Change in eating habits, sleep patterns, or job performance
- Gallows humor

Spiritual

- Loss of purpose
- Lack of self-satisfaction
- Anger at God
- Questioning of prior religious beliefs
- Questioning the meaning of life
- Ennui

Interpersonal

- Isolation from friends
- Decreased interest in intimacy or sex
- Loneliness
- Intolerance
- Projection of anger or blame
- Difficulty listening
- Difficulty sharing ideas
- Blaming
- Criticizing
- Intolerance of Group Process

Physical

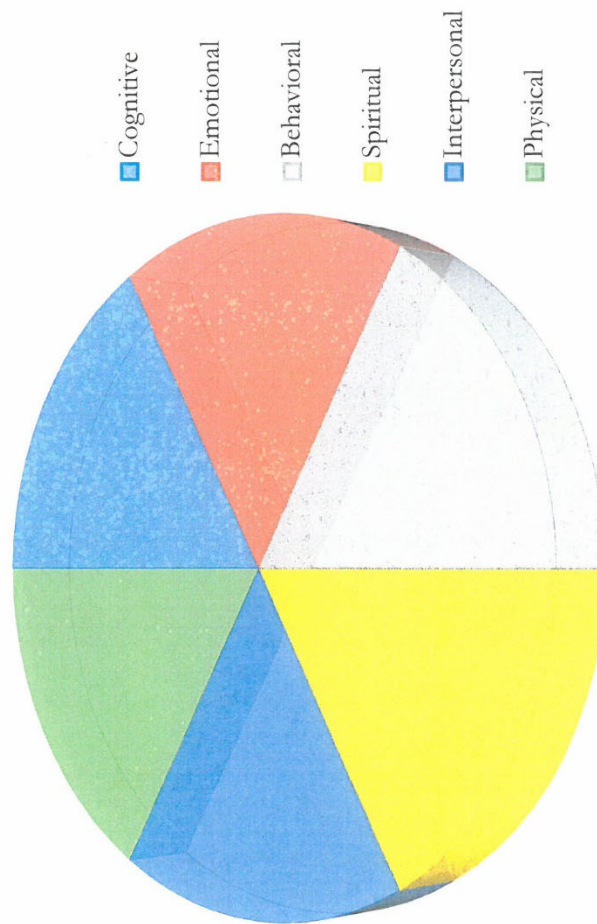
- Rapid heartbeat
- Increased blood pressure
- Sweating or chills
- Tunnel vision
- Headaches
- Easily startled
- Fatigue that does not improve with sleep
- Decreased resistance to cold, flu, or infections
- Aches and pains
- Tremor of muscle twitching
- Upset stomach, nausea, diarrhea

This chart was adapted from CMHS. Rev. Ed., 2002 and Figley Insitute 2008



Petri Dish Exercise

COMMON STRESS REACTIONS



Child Welfare Trauma Training Toolkit: Self-Care Inventory | March 2008 3
The National Child Traumatic Stress Network
www.NCTSN.org

Self-Care Inventory

Rate the following areas in frequency:

- 5** = Frequently
- 4** = Occasionally
- 3** = Rarely
- 2** = Never
- 1** = It never occurred to me

Physical Self-Care	
	Eat regularly (e.g. breakfast, lunch and dinner)
	Eat healthy
	Exercise consistently
	Get regular medical care for prevention
	Get medical care when necessary
	Take time off when sick
	Dance, swim, walk, run, play sports, sing or do some other physical activity that is enjoyable to self
	Take time to be sexual
	Get enough sleep
	Take vacations
	Wear clothes you like
	Take day trips or mini-vacations
	Make time away from telephones
	Other _____

Psychological Self-Care	
	Make time for self-reflection
	Engage in personal psychotherapy
	Write in a journal
	Read literature that is unrelated to work
	Do something in which you are not an expert or in charge

	Cope with stress in personal and/or work life
	Notice inner experience (e.g., listen to and recognize thoughts, judgments, beliefs, attitudes and feelings)
	Provide others with different aspects of self (e.g., communicate needs and wants)
	Try new things
	Practice receiving from others
	Improve ability to say “no” to extra responsibilities
	Other _____

Emotional Self-Care	
	Allow for quality time with others whose company you enjoy
	Maintain contact with valued others
	Give self affirmations and praise
	Love self
	Reread favorite book or review favorite movies
	Identify and engage in comforting activities, objects, people, relationships and places
	Allow for feeling expression (laugh, cry, etc...)
	Other _____

Spiritual Self-Care	
	Allow time for reflection
	Spend time with nature
	Participate in a spiritual community
	Open to inspiration
	Cherish own optimism and hope
	Be aware of nonmaterial aspects of life
	Cultivate ability to identify what is meaningful and its place in personal life
	Meditate/pray
	Contribute to causes in which you believe
	Read inspirational literature (lectures, music etc...)

Workplace or Professional Self-Care	
	Allow for breaks during the workday
	Engage with co-workers
	Provide self quiet time/space to complete tasks
	Participate in projects or tasks that are exciting and rewarding
	Set limits/boundaries with clients and colleagues
	Balance workload/cases
	Arrange work space for comfort
	Maintain regular supervision or consultation
	Negotiate needs (benefits, bonuses, raise, etc...)
	Participate in peer support group
	Other _____

* Review assigned numbers. Appreciate areas of strengths while making positive changes in areas with significantly low scores to improve balance in life.

APPENDIX E



List of **VALUES**

Accountability	Diversity	Intuition	Safety
Achievement	Environment	Job security	Security
Adaptability	Efficiency	Joy	Self-discipline
Adventure	Equality	Justice	Self-expression
Altruism	Ethics	Kindness	Self-respect
Ambition	Excellence	Knowledge	Serenity
Authenticity	Fairness	Leadership	Service
Balance	Faith	Learning	Simplicity
Beauty	Family	Legacy	Spirituality
Being the best	Financial stability	Leisure	Sportsmanship
Belonging	Forgiveness	Love	Stewardship
Career	Freedom	Loyalty	Success
Caring	Friendship	Making a difference	Teamwork
Collaboration	Fun	Nature	Thrift
Commitment	Future generations	Openness	Time
Community	Generosity	Optimism	Tradition
Compassion	Giving back	Order	Travel
Competence	Grace	Parenting	Trust
Confidence	Gratitude	Patience	Truth
Connection	Growth	Patriotism	Understanding
Contentment	Harmony	Peace	Uniqueness
Contribution	Health	Perseverance	Usefulness
Cooperation	Home	Personal fulfillment	Vision
Courage	Honesty	Power	Vulnerability
Creativity	Hope	Pride	Wealth
Curiosity	Humility	Recognition	Well-being
Dignity	Humor	Reliability	Wholeheartedness
	Inclusion	Resourcefulness	Wisdom
	Independence	Respect	<i>Write your own:</i>
	Initiative	Responsibility	_____
	Integrity	Risk-taking	_____



APPENDIX F



APPENDIX G

[Conflict Resolution Seminar](#) by Gus Garmel, MD and Barbara Blok, MD.

[Conflict Resolution in Health Care](#) by Haavi Morreim, JD, PhD.

APPENDIX H

Sample email from the Department of Pediatrics:

Greetings residents!

The Resident Wellness Committee has been busy working to ensure they are meeting your needs as seen by the implementation of “doctor days” and the continued wellness weeks and activities!

This year one of their goals was to offer Wellness Check-in appointments at each wellness didactic with a Licensed Therapist. We will have Dr. Liza Maldonado, Psy.D. Behavioral Health Consultant for GME available for (4) 30 minutes meetings again on **Friday, XXXXXXX, 20XX**. These meetings will be first come first serve and you will use the Google form to sign up.

-GOOGLE LINK-

Expectations and Information:

- Please note during the dates below the Resident Suite will be locked from 1:30-3:30 to allow for privacy as residents meet with Dr. Maldonado.
 - Please wait until your appointment time to enter the resident room. You do not need to check in with anyone and you can wait in the HSO if you want.
- These meetings are VOLUNTARY and to help you process, chat or create wellness goals and are **not considered** documented therapy appointments.
- If you are unable to attend after signing up please email [Beth Wueste \(paynee@uthscsa.edu\)](mailto:Beth.Wueste@uthscsa.edu) no later than two hours prior to the visit to allow time for reaching out to the next resident on the list.
- If there is an emergency just prior to the visit that prevents you from attending, please email [Beth Wueste](mailto:Beth.Wueste@uthscsa.edu) and provide a reason for not having attended. We understand that patient emergencies take priority, however, we asked that you let us know.

We hope you find these helpful and look forward to your feedback!!!

Wellness Appointment Days:

September XX, 20XX October XX, 20XX Nov XX, 20XX

Sincerely,

Resident Wellness Committee