HAPPY NEW YEAR!

2017 was a year of tremendous accomplishment by the WellMD Center and the Physician Wellness Committee (PWC). In 2018, we hope to build on that success with the programs listed below.

Over the last three months, the WellMD center developed its initial strategy to foster physician wellness across Stanford Medicine. This strategy is multi-faceted and includes interventions and collaborations to promote physician well-being at all levels.

- **School & Hospitals** – Engage hospital boards regarding physician wellness; continue to strengthen the business case for efforts to promote efficiency of practice and leadership involvement
- **Leaders** – equalize knowledge regarding drivers of physician wellness; understand and promote positive accountable leadership behaviors
- **Department/Divisions** – develop a Department Well-being Director Council to drive wellness improvement for the unique needs of each department/division
- **Individual** – enhance support for new hires; promote adequate sleep, self-compassion, and community among faculty and trainees.

Future columns of our WellMD Center Newsletter will provide more detailed insights into these activities.

The PWC is also evolving in 2018! Originally created to serve an administrative function, the PWC expanded to become a place for physicians to share ideas and build momentum for organizational change. Although the PWC previously reported directly to the Medical Staff Office as a formal sub-committee, oversight will now migrate to the WellMD Center. Given the format and focus, the group will be recast as the Physician Wellness Forum with Drs. Smith-Coggins and Dana Welle continuing as co-chairs. They will lead organizing and planning the meetings with the support of the WellMD team.

We believe that this creates an opportunity to engage even more colleagues across our organization, to expand awareness and promote well-being. The Physician Wellness Forum meets at lunchtime on the second Friday of each month. If you are interested in becoming involved please contact Sehin Belew (sbelew@stanford.edu) for more information.

**Research:**


Authors suggest novel metrics to identify the burdens of inefficient practice and to evaluate how EHR interactions affect care delivery and patient outcomes. Suggested parameters include time spent in work after work, click counts, ratio of physician vs. team member entries, EHR tasks vs. face time with patients, tracking uncompensated EHR work such as answering patient e-mails, and the proportion of EHR documentation required solely for regulatory or billing purposes.