Title
Leading Change to Address the Needs and Well-Being of Trainees During the COVID-19 Pandemic.

Permalink
https://escholarship.org/uc/item/7vc2d4rq

Journal
Academic pediatrics, 20(6)

ISSN
1876-2859

Authors
Weiss, Pnina G
Li, Su-Ting T

Publication Date
2020-08-01

DOI
10.1016/j.acap.2020.06.001

Peer reviewed
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Leading Change to Address the Needs and Well-being of Trainees During the COVID-19 Pandemic

Pnina G. Weiss MD, Su-Ting T. Li MD, MPH

PII: S1876-2859(20)30240-0
DOI: https://doi.org/10.1016/j.acap.2020.06.001
Reference: ACAP 1563

To appear in: Academic Pediatrics

Received date: 8 May 2020
Accepted date: 1 June 2020

Please cite this article as: Pnina G. Weiss MD, Su-Ting T. Li MD, MPH, Leading Change to Address the Needs and Well-being of Trainees During the COVID-19 Pandemic, Academic Pediatrics (2020), doi: https://doi.org/10.1016/j.acap.2020.06.001

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2020 Published by Elsevier Inc. on behalf of Academic Pediatric Association
Leading Change to Address the Needs and Well-being of Trainees During the COVID-19 Pandemic

Pnina G. Weiss, MD¹; Su-Ting T. Li, MD, MPH²

¹Department of Pediatrics, Yale, Yale School of Medicine, New Haven, Connecticut
²Department of Pediatrics, University of California Davis, Sacramento California

Corresponding Author: Su-Ting T. Li, MD, MPH; 2516 Stockton Blvd, Sacramento, CA; telephone: (916) 734-2428; FAX: (916) 734-0342; email: sutli@ucdavis.edu

Sources of funding: None

Conflicts of interest/competing interests: The authors declare they have no competing interests.

Author contributions: All authors are responsible for this work and have participated in the drafting and revising of the manuscript.

Word count: 2031
Abstract

The coronavirus disease 2019 (COVID-19) pandemic challenged program leaders to respond rapidly to changes in healthcare delivery, protect trainee safety, and transform educational activities. The pandemic demanded that program directors prioritize and address myriad threats to trainees' well-being. In this paper, we adapt Maslow's needs framework to systematically address trainee well-being during the COVID-19 pandemic and identify potential interventions to meet trainee needs at the program, institution, and extra-institutional levels. Transforming education to effectively respond to trainee well-being needs requires leadership, and we use Kotter’s 8 step change management model as an example of a framework to effectively lead change. Program leaders can take this opportunity to reflect upon their training programs and take the opportunity to improve them. Some of the systems of education we develop during the COVID-19 pandemic, such as telehealth, tele-education, and ways to stay connected may provide advantages and will be important to continue and expand upon post-COVID-19.
The coronavirus disease 2019 (COVID-19) pandemic challenged program leaders, as stewards of trainee well-being and the educational mission, to respond rapidly to changes in healthcare delivery, protect trainee safety, and transform educational activities. The threat of infection, insufficient personal protective equipment (PPE), shelter-in-place and physical distancing measures, and the barrage of (sometimes conflicting) information disrupted personal and professional life. Face-to-face encounters with patients, ambulatory visits, and elective procedures were limited requiring adoption of telemedicine. Some trainees were removed from clinical service while others were deployed to care for adult patients. The pandemic demanded that we, as program leaders, prioritize and address myriad threats to our trainees’ well-being.

Using a well-being framework allows program leadership to systematically address trainee well-being needs. In this paper, we adapt Maslow’s needs framework to systematically address trainee well-being during the COVID-19 pandemic. Transforming education to effectively respond to trainee well-being needs requires leadership. We use Kotter’s 8 step change management model as an example of a framework to effectively lead change.

**Modified Maslow’s Framework**

Maslow identified 5 fundamental human needs: physiological, safety, belonging, esteem, and self-actualization. We modified Maslow’s framework to identify the needs of trainees during the COVID-19 pandemic (Table 1). Table 1 shows examples of potential interventions to meet trainee well-being needs on the program, institution, and extra-institutional level.
Physiologic Needs

We defined physiologic needs during the COVID-19 pandemic to include food, sleep, physical health, mental health, and childcare.

Food

The Accreditation Council for Graduate Medical Education (ACGME) requires access to food while on duty. Food service closures, physical distancing and infection control measures, time constraints, and expense may limit trainee access to food. Provide information to trainees about community provided meals, hospital-sponsored grocery stores, and volunteer networks and advocate for meals for trainees on duty and gift cards for food delivery services.

Sleep

The ACGME recognized the importance of adequate rest to protect trainees and patients when it preserved the work hour requirements even for institutions granted Stage 3 Pandemic status. Monitor trainee access to adequate rest, including call rooms and respite lodging.

Physical health

Trainees are exposed to and at risk of COVID-19 illness and death. Screening and rapid access to COVID-19 testing for trainees is critical to minimize infection to co-workers and patients. High quality clinical care, isolation policies, and return to work criteria must be provided to trainees with COVID-19.

Track trainee exposures, testing and illness status, communicate the need to leave work at the first signs of illness to minimize the risk to others, and ensure adequate backup plans.

Mental health
Trainees are at greater risk of depression, anxiety, insomnia, and distress during the COVID-19 pandemic. Program leaders play a critical role in monitoring trainees and ensuring access to mental health services (e.g., on-call telehealth mental health providers, employee and family assistance programs, stress and resilience town halls). Schedule debriefing of teams, frequent check-ins, and mindfulness activities to help support trainee mental health.

**Childcare**

School and childcare closings have added to trainee stress. Provide trainees with information about state- and institution-supported childcare options. Consider flexible scheduling, when possible (e.g., a parenting or newborn elective).

**Safety**

Threats to safety include sequelae related directly to COVID-19 infection as well as loss of routine and stability.

**Personal Protective Equipment (PPE)**

Concerns about adequate access to PPE are widespread and often exacerbated by conflicting policies and information. Program leaders and institutions must provide both adequate PPE and training and be notified of any deviations. Applying high reliability principles to infection control on an institutional level are critical.

**High risk conditions**
Accommodating high-risk individuals is important, but challenging, because criteria outlined by the Centers for Disease Control and Prevention or institution may not be clear. While pregnancy has not been listed as a risk factor, many program leaders are hesitant to expose their pregnant trainees to COVID-19 patients. Responses can vary between total removal from face-to-face clinical care to transfer to lower risk environments (e.g. newborn intensive care unit), and may be mandatory or voluntary.

**Family safety**

The risk of infection that trainees pose to their loved ones and families is an important concern. Ensure trainees have access to information about short- and long-term housing for health care workers who have been exposed to or are ill with COVID-19, disinfection protocols, showering facilities, and extra scrubs.

**Financial insecurity**

Financial stress on trainees may be compounded by worries about compensation if they fall ill, additional childcare and other expenses, spouses’ loss of income or post-graduate positions falling through. Be sensitive to financial stressors and provide guidance and resources.

**Routine schedule**

Shifting schedules, including uncertainty about covering adult patients, challenges trainees’ sense of safety. Provide, when possible, short-and long-term schedules, including vacations and staffing for COVID-19 surges. In this regard, chief residents have played a critical, and often heroic, role during this pandemic.

**Sense of belonging**
Social distancing and cancellation of regular activities create isolation from colleagues, families, and friends which contributes to anxiety and can threaten trainee well-being.9,10,11,12

Social support from program

Institutions, departments, and programs have adopted virtual technology, email updates, and websites to connect. Program leaders have developed web-based group-based learning activities, town halls and meetings, social activities such as games, competitions, and happy hours, and journaling as ways to enhance connection. Consider creative ways to create a community for incoming interns in the face of physical distancing.

Social support from families and friends

Engagement with family and friends is important for trainee wellness.11,12 Assess this factor as part of trainee check-ins. Consider making video communications (e.g., Zoom, Cisco Webex) more available to trainees to help them connect with families and friends.

Esteem Needs

Suspension of program activities, physical distancing, and isolation may limit opportunities for achievement and recognizing accomplishments necessary for building self-esteem.

Appreciation by and for others

Physicians are being recognized world-wide for their dedication and sacrifices. However, those who have not cared for many COVID-19 patients may not feel they have earned recognition. Be deliberate about incorporating shout-outs, expressions of gratitude, and tokens like gift certificates for trainees and advocate for extra compensation and other recognition from hospitals or departments. Encourage expressions of gratitude by trainees to help support well-being. Recognizing accomplishments of
graduating trainees is challenging but consider personalized gifts and ceremonies that are virtual, comply with physical distancing, or that are rescheduled when rules are relaxed.

**Self-esteem**

Being sidelined can impact personal and professional identities of trainees, which can be mitigated by engaging trainees in alternative meaningful activities (e.g., clinical, advocacy, scholarship). For those caring for adult patients, adequate supervision and training are key in supporting self-efficacy. Collaborate with program leaders in Internal Medicine, combined Medicine-Pediatrics, and Family Medicine to optimize trainee learning climate. Training and scripts can help support trainees in communicating with adult patients and their families.

**Self-actualization**

Maslow defines self-actualization as the “desire for self-fulfillment….to become everything that one is capable of becoming.”² The pandemic challenged traditional modes of education, but also offered opportunity to innovate. Both ACGME and American Board of Pediatrics (ABP) responded by waiving some curricular requirements, especially for graduating trainees. However, program leaders are still responsible to ensure proficiency despite abbreviated training. Trainees have lost opportunities to network locally and nationally and participate in experiences that might be formative for their career choices. Association of Pediatric Program Directors (APPD) and Council of Pediatric Subspecialties (COPS) provide networking opportunities. In addition, consider developing virtual career mentoring and creating additional opportunities for trainees. Ensure adequate mentorship and help trainees build their curriculum vitae (e.g., including abstracts accepted but not presented at national meetings).
Development of new curricula to address changing educational and healthcare landscapes (e.g., distance learning and mentoring, telehealth) have the potential to positively transform trainee experience.

**HOW to Lead Educational Change Using Kotter’s 8-Step Change Management Framework**

Kotter’s 8 step change management framework can offer guidance on *HOW* to effectively lead change during the COVID-19 pandemic: establish a sense of urgency, form a powerful guiding coalition, create a vision, communicate the vision, empower others to act on the vision, plan for and create short-term wins, consolidate improvement and produce more change, and institutionalize new approaches (Table 2). While Kotter presents his steps as linear, many steps can be iteratively modified.

**Establish a sense of urgency**

The COVID-19 pandemic upends traditional medical education, creating challenges to direct in-person patient care, supervision, and education. Clarifying the importance and immensity of these challenges to all stakeholders, both educators and learners, is an important first step. A SWOT (strengths, weaknesses, opportunities, threats) analysis may help establish a sense of urgency and identify next steps.

**Create a guiding coalition**

In addition to program leadership, decide which additional stakeholders should be included. Consider including both those making larger clinical (Chair) and educational decisions (Designated Institutional Official, Vice Chair of Education), front-line faculty and trainees, and individuals with technical expertise.
Create a shared vision

Create a shared vision to direct the educational change effort by prioritizing multiple potentially conflicting goals, such as keeping trainees safe, delivering excellent patient care, and educating our next generation of pediatricians. Delineate strategies, such as leveraging telemedicine and tele-education, in order to meet set goals.

Communicate the vision

Communicate frequently and regularly, utilizing multiple communication modalities. Consider consolidating information from multiple sources into a central, online site and tailoring information to the audience to avoid information overload. Acknowledge that plans will change as situations change. Consider how to communicate changing information, including being transparent about why changes were made to help stakeholders understand and accept changes.

Empower others to act

Many individuals and institutions recognize the unprecedented disruption in trainee’s lives from COVID-19 and want to help. Provide them with a clear vision and plan for how they could intervene to improve trainee well-being and education. If your vision and strategy include expanding telemedicine and tele-
education opportunities, empower faculty to innovate to engage learners remotely. Consider ways to minimize obstacles to change, such as providing faculty development in telemedicine and how to actively engage an audience using tele-education. Empower faculty to experiment and creatively engage learners. Reiterate that ‘mistakes’ pave the road to success.

**Create short-term wins**

Empower your guiding coalition to experiment and model the way for others. For example, consider scheduling faculty who are most willing to experiment with novel tele-education modalities to lead resident didactics initially. Work one-on-one with faculty to ensure success delivering interactive educational conferences utilizing audience-response or virtual small group sessions. Recognize faculty who effectively utilize novel ways to engage learners with tele-education.

**Consolidate improvement**

Build on momentum created with short-term wins to create further change. Consider sharing best practices of how your faculty have engaged with learners remotely. Advocate within your institution for changes which could broadly improve the lives of local trainees, such as extra money on meal cards, child care assistance, a larger temporary physician workspace to allow for physical distancing, or temporary housing. Advocate within national organizations such as APPD and COPS for flexibility for programs and trainees to meet ACGME, ABP, and Liaison Committee on Medical Education requirements in light of disruption of education due to COVID-19.

**Institutionalize new approaches**
Articulate the relationship between new behaviors and success. For example, consider sharing feedback with all faculty about positive learner responses to specific techniques used to engage learners in distance learning. Consider building plans for succession by developing new leaders, such as developing faculty champions for tele-education or telemedicine.

Conclusions

Using a framework such as Maslow’s hierarchy allows program leaders to systematically address trainee’s needs during and post COVID-19. Using Kotter’s framework for leading change allows program leaders to effectively implement changes required to meet trainees’ needs. Additionally, program leaders can take this opportunity to pause and re-evaluate what is essential during training and how we can continue to improve our education. It is possible that we find that some of the systems of education we develop during the COVID-19 pandemic, such as telehealth, tele-education, and ways to stay connected during this era of required physical distancing may be important to continue and expand upon post-COVID19.
References

1. Carson SL, Perkins K, Reilly MR et al. Pediatric Program Leadership's Contribution Toward Resident Wellness. Acad Pediatr 2018;18(5):550-555.

2. Maslow AH. A Theory of Human Motivation. Psychol Rev 1943;50:370-96.

3. Hale AJ, Ricotta DN, Freed J, Smith CC, Huang GC. Adapting Maslow's Hierarchy of Needs as a Framework for Resident Wellness. Teach Learn Med 2019;31:109-18.

4. Kotter JP. Leading Change: Why Transformation Efforts Fail. Harvard Business Review 2007.

5. ACGME Program Requirements for Graduate Medical Education. (Accessed April 29, 2020, at https://www.acgme.org/.)

6. Accreditation Council for Graduate Medical Education. Stage 3: Pandemic Emergency Status Guidance. (Accessed April 30, 2020, at https://www.acgme.org/COVID-19/Stage-3-PandemicEmergency-Status-Guidance.)

7. Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020. MMWR Morb Mortal Wkly Rep;69(15):477-81.

8. Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Netw Open 2020;3:e203976.

9. Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. JAMA 2020.

10. Rambaldini G, Wilson K, Rath D, et al. The impact of severe acute respiratory syndrome on medical house staff: a qualitative study. J Gen Intern Med 2005;20:381-5.

11. Sagalowsky ST, Feraco AM, Baer TE, et al. Intimate Partner Relationships, Work-Life Factors, and Their Associations With Burnout Among Partnered Pediatric Residents. Acad Pediatr. 2019;19(3):263-268.

12. Eckleberry-Hunt J, Lick D, Boura J, et al. An exploratory study of resident burnout and wellness. Acad Med 2009;84:269-77.
Table 1. Examples of Potential Interventions to Address Resident/Fellow Wellness Needs Using Maslow’s Need Framework During COVID-19 Pandemic

| Adapted Maslow Need | Theme | Categories                          | Extra-institutional | Institutional | Department/Program |
|---------------------|-------|-------------------------------------|---------------------|---------------|--------------------|
| Physiologic         | Food  | Food while working                  | Extra money on meal cards | Provide meals while in hospital/clinic |
|                     |       | Food at home                         | Community-provided meals to healthcare workers | Hospital-sponsored groceries | Gift cards for food-delivery services |
|                     |       |                                     |                     |               |                    |
| Sleep               | Sleep on-call | ACGME work hour restrictions - pandemic status | Additional call rooms |               |                    |
|                     | Respite lodging | State/local lodging for health care workers | Respite housing |               |                    |
| Physical Health     | COVID-19 screening and testing | COVID-19 testing stations in community | Illness screening | Track COVID-19 exposure and testing |
|                     |       |                                     | Temperature screening |               |                    |
|                     |       |                                     | Sufficient expedited COVID-19 testing |               |                    |
|                     |       |                                     | Track COVID-19 exposure and testing |               |                    |
|                     | COVID-19 illness | Track sick residents | Track sick residents |               |                    |
| Management | Clinical monitoring | Occupational health | Isolation policies | Return to work criteria | Communication about processes | Adequate back-up systems |
|------------|---------------------|---------------------|-------------------|------------------------|-----------------------------|--------------------------|
| Mental Health | Mental health hotlines for health care workers | On-call mental health provider | On-line telehealth | Employee and family assistance program | Director of trainee well-being | Screening for mental health |
|            | Web-based mindfulness resources | Stress and resilience town halls and webinars | Web-based meditation | Institutional daycare | Volunteer network | Centralized resource list |
|            |                                    |                                    |                    |                        | Affiliations with childcare agencies | Debriefing of teams - scheduled and as needed |
|            |                                    |                                    |                    |                        | Assistance with paying for increased costs of childcare | Check-ins by Program Directors, chief residents |
|            |                                    |                                    |                    |                        |                             | Group discussions facilitated by mental health provider |
| Childcare | State-supported daycare facilities for health care workers | Institutional daycare | Volunteer network | Affiliations with childcare agencies | Assistance with paying for increased costs of childcare | Centralized resource list |
|           | Assistance with paying for increased costs of childcare |                                    |                    |                        |                             | Resident childcare sharing |
|           |                                    |                                    |                    |                        |                             | Flexible scheduling |
|           |                                    |                                    |                    |                        |                             | Parenting/newborn elective |
| Safety | Personal Safety | Personal protective | ACGME requirements | Adequate PPE | PPE training |
| Equipment (PPE) | PPE training | Just-in-time training |
|----------------|--------------|----------------------|
|                | Infection control training | Adherence to infection control |
| Accommodation of high risk individuals (pregnancy, immunocompromised, etc.) | Institutional policies defining high risk population | Scheduling to accommodate high risk individuals |
| Safety of family | Short and long-term housing (for COVID-19 exposure and positive) | Centralized information re: disinfection protocol and housing |
|                | Shower near work | Scrubs for work |
| Financial security | Governmental subsidies | Counseling about job alternatives |
| Job insecurity (personal or spouse) | Paid leave of absence | |
| Additional expenses | Childcare subsidy | |
| Schedule and patient care responsibilities | Vacation policy | Short- and long-term schedules, including vacation |
|                | Schedule for COVID-19 surge | COVID-19 surge coverage |
| Sense of belonging | Social support from APPD virtual events | Group based learning activities |
|                | Virtual institutional and departmental town halls | |

| Virtual institutional and departmental town halls | Group based learning activities |

*APPD* = American Public Health Association.
|                      |                          |                          |                          |
|----------------------|--------------------------|--------------------------|--------------------------|
| **colleagues**        |                          |                          | Town halls, meetings     |
|                      |                          |                          | Group-based virtual social activities: games, competitions, happy hours, journaling |
|                      |                          |                          | Email updates            |
| **Social support from friends and family** |                          |                          | Technology (i.e., ZOOM Webex, etc) to connect with friends and family |
| **Esteem**            | Appreciation by and for others | Expressions of appreciation | Community appreciation |
|                      |                          |                          | Additional compensation |
|                      |                          |                          | Departmental appreciation |
| **Self-identity as physician** | Engagement in meaningful activities |                          | Shout-Outs, expressions of gratitude, virtual graduation, gift certificates |
| **Caring for adult patients** | Adequate supervision and teaching |                          | Remote into rounds, electives, advocacy work, scholarship |
|                      | Communication scripts    |                          |                          |
| **Self-actualization** | Mentoring                |                          | Faculty mentoring program |
| **Curriculum**        | Structure and content    | ABP allowing PD to request waivers for graduating trainees | Development of new curricula (e.g., new rotations or electives, telehealth, web-based curricula) |
| Telehealth to promote physical distancing | ACGME requirements for education, including telehealth | Institutional policies in regard to telehealth and trainees |
| --- | --- | --- |
| CMS revising teaching attending rules for telehealth | Telehealth equipment | Training residents in telehealth |
| Institutional policies in regard to telehealth and trainees | Telehealth equipment | Appropriate supervision of residents with telehealth |

| Career development | APPD and COPS resources and guidelines for application to residency and fellowship programs | Virtual career mentoring by departmental chair, faculty, educational and program leaders |
| --- | --- | --- |

Virtual career mentoring, facilitate networking, provide exposure to trainees' fields of interest, support CV development
| Kotter’s 8 steps to Leading Change | Examples of Leading Change During the COVID-19 Pandemic |
|-----------------------------------|------------------------------------------------------|
| **1. Establish a sense of urgency** | COVID-19 pandemic disrupts in-person direct patient care and education  |
| - SWOT analysis (strengths, weaknesses, opportunities, threats) | Trainee duration of training remains unchanged |
| | Public continues to expect graduation of competent physicians |
| **Strengths** – Dedicated faculty interested in education, clinical care, and trainee wellness | **Weaknesses** – Lack of telemedicine and tele-education |
| **Opportunities** – Leverage telemedicine and tele-education to improve education for trainees | **Threats** – Mandated physical distancing; ACGME and ABP requirements |
| **2. Form a powerful guiding coalition** | Program leadership (program director, associate program directors, coordinators, chief residents) |
| - Include pertinent stakeholders | Chair, Designated Institutional Official |
| - Emphasize Teamwork | Faculty |
| | Trainees |
| **3. Create a vision** | Keep trainees safe |
| - Vision to direct change effort | Deliver excellent patient care |
| - Strategies to achieve vision | Educate our next generation of pediatricians |
| **Strategies:** Leverage telemedicine and tele-education to deliver excellent patient care and educate our trainees while minimizing infection risk | **4. Communicate the vision** |
| - How will you communicate vision and strategies? | Communicate frequently and regularly |
| | Use multiple communication modalities (email, teleconference, texts, postings, etc) |

Table 2. Examples of How to Lead Educational Change During the COVID-19 Pandemic Using Kotter’s 8 Steps to Leading Change Framework
|   |   |   |
|---|---|---|
| **5. Empower others to act on the vision** | Create on-line repository of most up-to-date information  
Acknowledge plans evolve  
Be transparent about reasons behind changes | Empower faculty and trainees to engage in interactive distance learning modalities and telemedicine  
Provide faculty development in best practices for telemedicine and tele-education  
Install teleconferencing software, microphones and video cameras on existing computers  
Encourage members of guiding coalition to experiment with tele-education |
| - Identify/get rid of obstacles to change |   |   |
| - Change systems/structures that undermine vision |   |   |
| - Encourage risk taking |   |   |
| - Use guiding coalition as role models |   |   |
| **6. Plan for and create short-term wins** |   | Front-load didactic schedule with faculty willing to experiment with novel tele-education modalities  
Work closely with faculty to implement interactive remote teaching  
Recognize faculty who effectively utilize novel ways to engage learners with tele-education |
| - Plan for visible performance improvements |   |   |
| - Create those improvements |   |   |
| - Recognize/reward others involved in those improvements |   |   |
| **7. Consolidate improvement and produce still more change** |   | Share best practices of how faculty engage with learners remotely  
Advocate for changes in your local institution  
Advocate within APPD, COPS, and COMSEP for flexibility for programs/trainees to meet ACGME, ABP, LCME requirements |
| - Build on momentum to change systems, structures, and policies that don’t fit vision |   |   |
| **8. Institutionalize new approaches** |   | Provide feedback to faculty about learner response to changes  
Develop faculty champions |
| - Make it a habit by articulating the relationship between the new behaviors and success |   |   |
| - Plan for succession by developing new leaders |   |   |