



POSTER SHOWCASE

20 poster presentations

Friday, October 2, 2026 | Thompson Houston

Leadership | Connection | Innovation

Leadership

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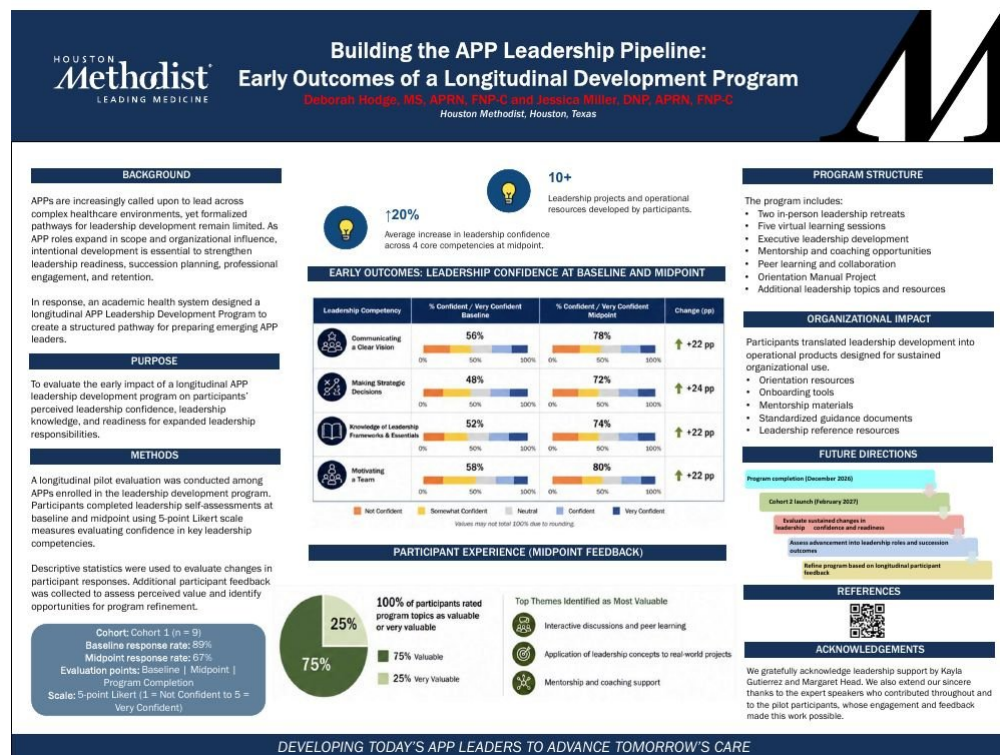
LEADERSHIP

01

Developing Sustainable APP Leadership: Early Outcomes of a Longitudinal Pilot

Deborah Hodge, MS, APRN, FNP-C; Jessica Miller, DNP, APRN, FNP-C

Houston Methodist Physician Organization



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Building the APP Leadership Pipeline: Early Outcomes of a Longitudinal Development Program

Deborah Hodge, MS, APRN, FNP-C and Jessica Miller, DNP, APRN, FNP-C
Houston Methodist, Houston, Texas

BACKGROUND

APPs are increasingly called upon to lead across complex healthcare environments, yet formalized pathways for leadership development remain limited. As APP roles expand in scope and organizational influence, intentional development is essential to strengthen leadership readiness, succession planning, professional engagement, and retention.

In response, an academic health system designed a longitudinal APP Leadership Development Program to create a structured pathway for preparing emerging APP leaders.

PURPOSE

To evaluate the early impact of a longitudinal APP leadership development program on participants' perceived leadership confidence, leadership knowledge, and readiness for expanded leadership responsibilities.

METHODS

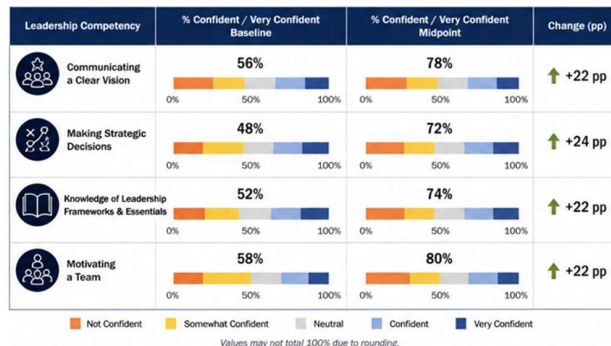
A longitudinal pilot evaluation was conducted among APPs enrolled in the leadership development program. Participants completed leadership self-assessments at baseline and midpoint using 5-point Likert scale measures evaluating confidence in key leadership competencies.

Descriptive statistics were used to evaluate changes in participant responses. Additional participant feedback was collected to assess perceived value and identify opportunities for program refinement.

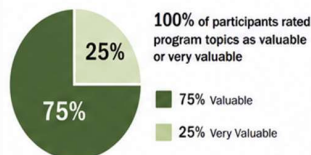
Cohort: Cohort 1 (n = 9)
Baseline response rate: 89%
Midpoint response rate: 67%
Evaluation points: Baseline | Midpoint | Program Completion
Scale: 5-point Likert (1 = Not Confident to 5 = Very Confident)



EARLY OUTCOMES: LEADERSHIP CONFIDENCE AT BASELINE AND MIDPOINT



PARTICIPANT EXPERIENCE (MIDPOINT FEEDBACK)



Top Themes Identified as Most Valuable

- Interactive discussions and peer learning
- Application of leadership concepts to real-world projects
- Mentorship and coaching support

PROGRAM STRUCTURE

- The program includes:
- Two in-person leadership retreats
 - Five virtual learning sessions
 - Executive leadership development
 - Mentorship and coaching opportunities
 - Peer learning and collaboration
 - Orientation Manual Project
 - Additional leadership topics and resources

ORGANIZATIONAL IMPACT

Participants translated leadership development into operational products designed for sustained organizational use.

- Orientation resources
- Onboarding tools
- Mentorship materials
- Standardized guidance documents
- Leadership reference resources

FUTURE DIRECTIONS



REFERENCES



ACKNOWLEDGEMENTS

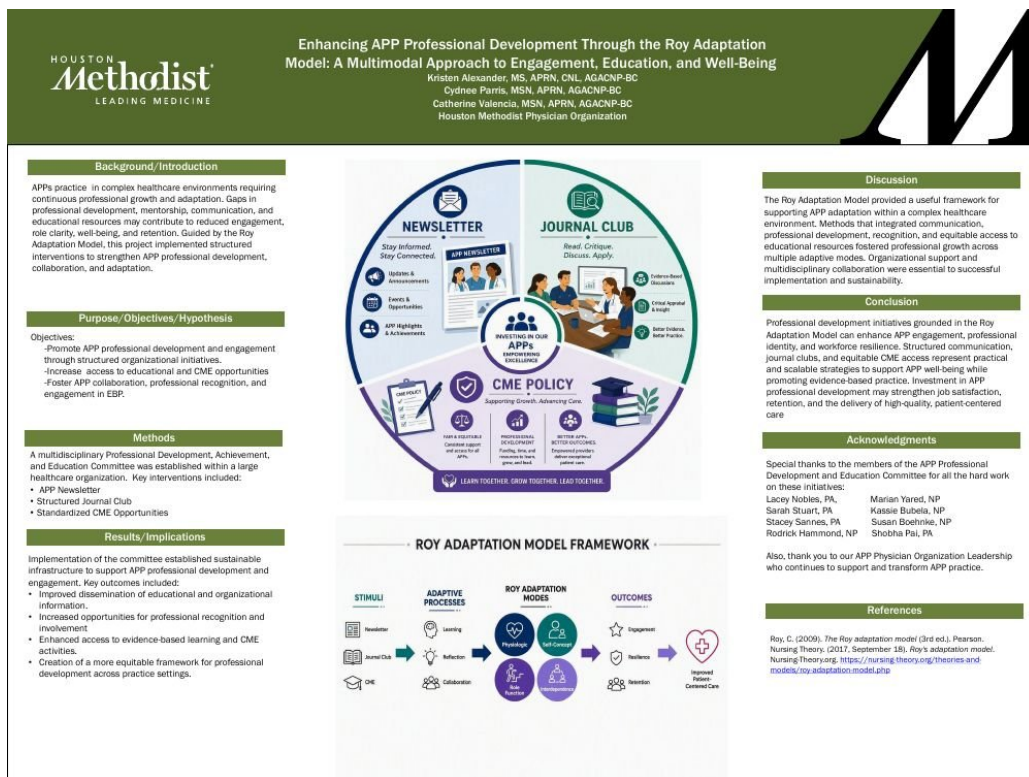
We gratefully acknowledge leadership support by Kayla Gutierrez and Margaret Head. We also extend our sincere thanks to the expert speakers who contributed throughout and to the pilot participants, whose engagement and feedback made this work possible.

LEADERSHIP

02 Enhancing APP Development and Well-Being Through Standardized CME and Structured Education Initiatives

Kristen Alexander, MS, APRN, CNL, AGACNP-BC; Cydnee Parris, MSN, APRN, AGACNP-BC; Catherine Valencia, MSN, APRN, AGACNP-BC

Houston Methodist



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Enhancing APP Professional Development Through the Roy Adaptation Model: A Multimodal Approach to Engagement, Education, and Well-Being

Kristen Alexander, MS, APRN, CNL, AGACNP-BC
Cydnee Parris, MSN, APRN, AGACNP-BC
Catherine Valencia, MSN, APRN, AGACNP-BC
Houston Methodist Physician Organization

Background/Introduction

APPs practice in complex healthcare environments requiring continuous professional growth and adaptation. Gaps in professional development, mentorship, communication, and educational resources may contribute to reduced engagement, role clarity, well-being, and retention. Guided by the Roy Adaptation Model, this project implemented structured interventions to strengthen APP professional development, collaboration, and adaptation.

Purpose/Objectives/Hypothesis

Objectives:

- Promote APP professional development and engagement through structured organizational initiatives.
- Increase access to educational and CME opportunities
- Foster APP collaboration, professional recognition, and engagement in EBP.

Methods

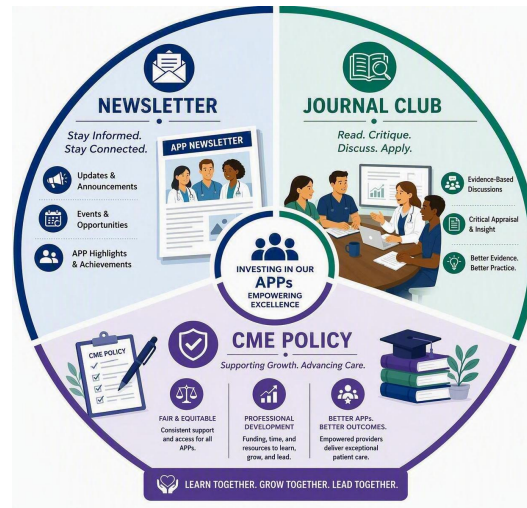
A multidisciplinary Professional Development, Achievement, and Education Committee was established within a large healthcare organization. Key interventions included:

- APP Newsletter
- Structured Journal Club
- Standardized CME Opportunities

Results/Implications

Implementation of the committee established sustainable infrastructure to support APP professional development and engagement. Key outcomes included:

- Improved dissemination of educational and organizational information.
- Increased opportunities for professional recognition and involvement
- Enhanced access to evidence-based learning and CME activities.
- Creation of a more equitable framework for professional development across practice settings.



Discussion

The Roy Adaptation Model provided a useful framework for supporting APP adaptation within a complex healthcare environment. Methods that integrated communication, professional development, recognition, and equitable access to educational resources fostered professional growth across multiple adaptive modes. Organizational support and multidisciplinary collaboration were essential to successful implementation and sustainability.

Conclusion

Professional development initiatives grounded in the Roy Adaptation Model can enhance APP engagement, professional identity, and workforce resilience. Structured communication, journal clubs, and equitable CME access represent practical and scalable strategies to support APP well-being while promoting evidence-based practice. Investment in APP professional development may strengthen job satisfaction, retention, and the delivery of high-quality, patient-centered care

Acknowledgments

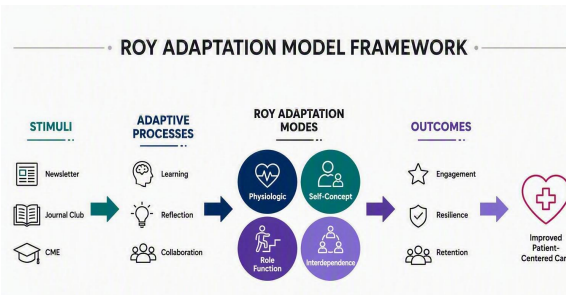
Special thanks to the members of the APP Professional Development and Education Committee for all the hard work on these initiatives:

Lacey Nobles, PA,	Marian Yared, NP
Sarah Stuart, PA	Kassie Bubela, NP
Stacey Sannes, PA	Susan Boehnke, NP
Rodrick Hammond, NP	Shobha Pai, PA

Also, thank you to our APP Physician Organization Leadership who continues to support and transform APP practice.

References

- Roy, C. (2009). *The Roy adaptation model* (3rd ed.). Pearson. Nursing Theory. (2017, September 18). *Roy's adaptation model*. Nursing.Theory.org. <https://nursing-theory.org/theories-and-models/roy-adaptation-model.php>



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03

Finding Joy Together: Evaluating the Impact of a Faculty Wellness Initiative

Rupa Mahdevan, MD, FAAP, ABOIM; Michelle Barratt, MD, MPH; Monica Kodakandla, MD
UTHealth Houston/Memorial Hermann Physician Wellness Committee



Full poster on the next page

From Feedback to Action: A Division-Wide Approach to Improving Joy and Well-Being in Academic Pediatrics

Rupa Mahadevan, MD • Mallika Mathur, PhD • Monika Kodakandla, MD • Sushma Hebbar, MD

Division of General Academic Pediatrics, Department of Pediatrics, McGovern Medical School at UTHealth Houston

Our Continuous Improvement Cycle

1
LISTEN

Mini-Z survey plus needs assessment.

2
ACT

Year-long series of low-cost interventions: speakers on humor, joy & resilience; faculty appreciation lunches; holiday & pickleball socials; wellness morning meetings; a faculty WhatsApp group.

3
MEASURE

Mini-Z re-administered about one year later (2026) and compared to the 2025 baseline to assess change in well-being, satisfaction, and stress.

4
REFINE

Monthly team meetings review feedback across four domains — Education; Clinical Operations; Research, QI & Scholarship; Professional Development & Well-Being — to set leadership priorities and guide the next cycle of action.

May 2025

2025–2026

Program Timeline

Fall 2026

Aug 2026

Baseline Survey

Mini-Z distributed division-wide; 32 faculty respond.

Interventions

Speakers, lunches, socials, wellness mornings & WhatsApp group.

Follow-Up Survey

Mini-Z re-administered; 26 respondents (65% of division).

Feedback Launch

Structured monthly feedback across 4 domains begins.

Background

Burnout and professional dissatisfaction remain persistent challenges in academic medicine, where faculty must balance clinical care, education, scholarship, administrative duties, and professional development.

In May 2025, the Division of General and Academic Pediatrics launched a division-wide effort to understand faculty well-being and intentionally build connection and wellness into routine divisional activities.

Who We Reached

1–40

years in practice

40

faculty & staff division-wide

100%
general pediatric clinics, greater Houston area

Objective

To evaluate whether a year-long, faculty-informed series of wellness and engagement initiatives was associated with improvement in physician well-being and workplace experience within an academic pediatric division.

Limitations

Small sample (32 baseline / 26 follow-up respondents) from a single division after one year of programming. Sample size too small to support formal statistical testing (p-values / effect sizes not reported).

Methods

In May 2025, all faculty were invited to complete an anonymous wellness survey including the Mini-Z, a validated measure of physician well-being and burnout — 32 faculty completed the baseline survey.

Based on baseline findings, the division implemented a year-long series of low-cost interventions:

- 3 nationally recognized speakers on humor, joy & resilience in medicine
- 2 faculty appreciation lunches
- 2 holiday celebrations and 1 pickleball social event
- 2 wellness-focused morning meetings with small-group discussion
- A faculty WhatsApp group to strengthen communication & community

Approximately one year later, the Mini-Z and follow-up wellness questions were redistributed; pre- and post-intervention results were compared to evaluate impact.

Sustainability & Next Steps

Sustainable well-being requires more than episodic activities. The division launched a structured faculty feedback process as the next phase of this work.

Beginning August 2026, dedicated time during monthly division meetings invites faculty and staff to discuss: “What is going well?” and “What needs improvement?” Feedback is organized across four domains:

Education

Clinical Operations

Research, QI & Scholarship

Professional Development & Well-Being

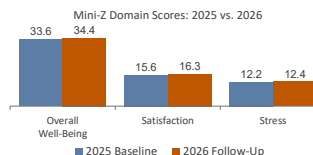
Themes and recommendations are reviewed longitudinally to recognize successes, inform leadership priorities, and evaluate whether changes improve the workplace experience.

Results

32
baseline respondents
(2025)

26
follow-up respondents
(2026)

65%
follow-up response rate
(of 40 faculty)



Overall well-being/burnout score: 33.6 → 34.4 (+2.8%)
Satisfaction: 15.6 → 16.3 (+4.5%)

Stress: 12.2 → 12.4 (little change; +1.6%)

• All three domains trended in the desired direction over the one-year period; the small sample size precludes formal significance testing.

What faculty told us:

I appreciate our focus on well-being and positivity, but true well-being also means having a space where we can be heard about the processes and systems that need improvement.

“

Wellness is not only about focusing on things going well, although I do appreciate all of the initiatives. It is also about creating a forum to be heard, identify what is not working, and work together toward meaningful change.

“

I really liked the WhatsApp group — it made our division feel smaller, being able to stay in touch with one another, celebrate birthdays, and ask questions.

Conclusions

Low-cost, faculty-informed approach integrating well-being into the routine operations of an academic pediatric division helped strengthen connection, communication, workplace culture.

This initiative combined social connection and wellness programming with a recurring mechanism for faculty to identify what was working and where change was needed across education, clinical operations, scholarship, and professional development/well-being.

The Mini-Z provided a practical framework for measuring change over time and evaluating the impact of these efforts.

Implications

Academic divisions seeking to address burnout may benefit from pairing validated well-being measurement with repeated opportunities for faculty feedback and visible, responsive leadership action.

This model requires relatively limited financial resources and can be incorporated into existing division meetings and activities — potentially making it scalable and sustainable across other academic clinical units.

Our experience suggests that creating protected opportunities for faculty voice, connection, reflection, and responsive leadership action can serve as a feasible model for embedding well-being into the culture of an academic medical division.

Why This Model Works

Low-Cost

Built into existing meetings & activities — minimal added budget.

Faculty-Led

Priorities driven directly by staff feedback, not top-down.

Sustainable

A recurring listen-act-measure-refine cycle, not a one-time event.

LEADERSHIP

04 From Doing to Being: Fostering Professional Identity Development During Residency

Amy Engler, MD; Christine Ford, EdD

Houston Methodist Hospital



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From Doing to Being: Fostering Professional Identity Development During Residency

Christine Ford, EdD and Amy Engler, MD
Houston Methodist Hospital

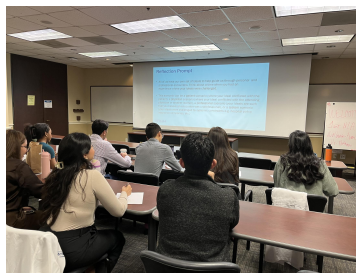
Background

Professional Identity Formation (PIF) is the process by which a person is socialized into a community of practice that results in their "thinking, feeling, and acting like a physician" (1). This socialization happens at every step of medical training, from medical school through residency and fellowship, and even into developing one's practice as an attending physician. This undertaking is a crucial step in every trainee's development into the type of doctor they eventually become.

Intentional reflection on PIF may be helpful to trainees navigating a complex modern medical landscape. Amid a national crisis of burnout in medicine, lack of societal trust in the healthcare field, and the seemingly never-ending barriers to providing quality patient care, deliberate reflection on PIF with intentional community building can provide trainees with the resilience to maintain joy in their practice of medicine.

Purpose

This four-part series on Professional Identity Formation (PIF) was developed for categorical internal medicine residents at Houston Methodist Hospital to intentionally develop a community of practice. The ultimate goal of this series was to develop resilience amongst trainees.



Methods

The Houston Methodist Hospital Internal Medicine (IM) residency program and the Office of Curriculum and Educational Development created a 4-part longitudinal curriculum on PIF for all IM residents (2).

The sessions were structured with a brief lecture to introduce key concepts, followed by a reflection prompt related to the day's topic, with most time spent on small group discussion. The final session was an overview of the main topics from the previous sessions, followed by dedicated time to write and share a 6-55 style reflection on a meaningful experience from their time in residency.



Results

Across the four sessions, trainees rated the usefulness of the small group discussions at 89 out of 100. They also rated the quality of their reflective process at 92 out of 100. They especially appreciated the interactive nature of the sessions and having multiple PGY levels present to offer different perspectives.

What did you like most about today's session?

"The time to reflect and write. I feel like we're always trying to go faster than our brains can tolerate, and it was very calming to do this exercise"

"The reflection portion was very interesting. I learned about what motivations people had and it reminded me of what my end goal is."

"Interactive discussion with attending insight. Diverse perspectives across multiple PGY levels."

"The level of interaction and discussion regarding thoughts on patient care was very useful. It also helped understanding how other members of my cohort felt about difficulties they were facing throughout residency."

6-55 Resident Reflection

Can I please die today, Doctor?

I remember a morose look in his eyes, abdomen distended.
His wife next to him, a single tear rolled down.

"Can I die today?" he said, eyes meeting mine directly.

I almost didn't believe my ears, my mind completely blank.
His wife looked up to me, waiting for my response.

"Let's make you more comfortable."

Implications

The intentional process of reflecting on one's own Professional Identity Formation has the potential to influence the resilience, sense of meaning, joy, and satisfaction in the careers of physicians.

This resilience can influence the teams with whom residents work, including nurses, social workers, and faculty physicians.

Purposeful building of resilience in training can also provide future attending physicians with the tools to sustain purpose in their medical practice in the long term. Attendings play a crucial role in creating a positive learning climate for residents, which in turn is strongly associated with greater resident work engagement and job satisfaction (3). Providing future attending physicians with these tools has the potential to help maintain positive work and learning environments.

Future Actions

Future directions include expanding this curriculum beyond internal medicine residents to other residency programs and faculty.

Acknowledgments

Houston Methodist Hospital Internal Medicine Residency Program
Office of Curriculum and Educational Development

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2. Glod SA, Richard D, Gordon P, Fecile ML, Kees-Folts D, Kreher M, Moser EM, Wolpaw DR, Yang C, Haidet P. A Curriculum for Clerkship Students to Foster Professionalism Through Reflective Practice and Identity Formation. *MedEdPORTAL*. 2016;12:10416.
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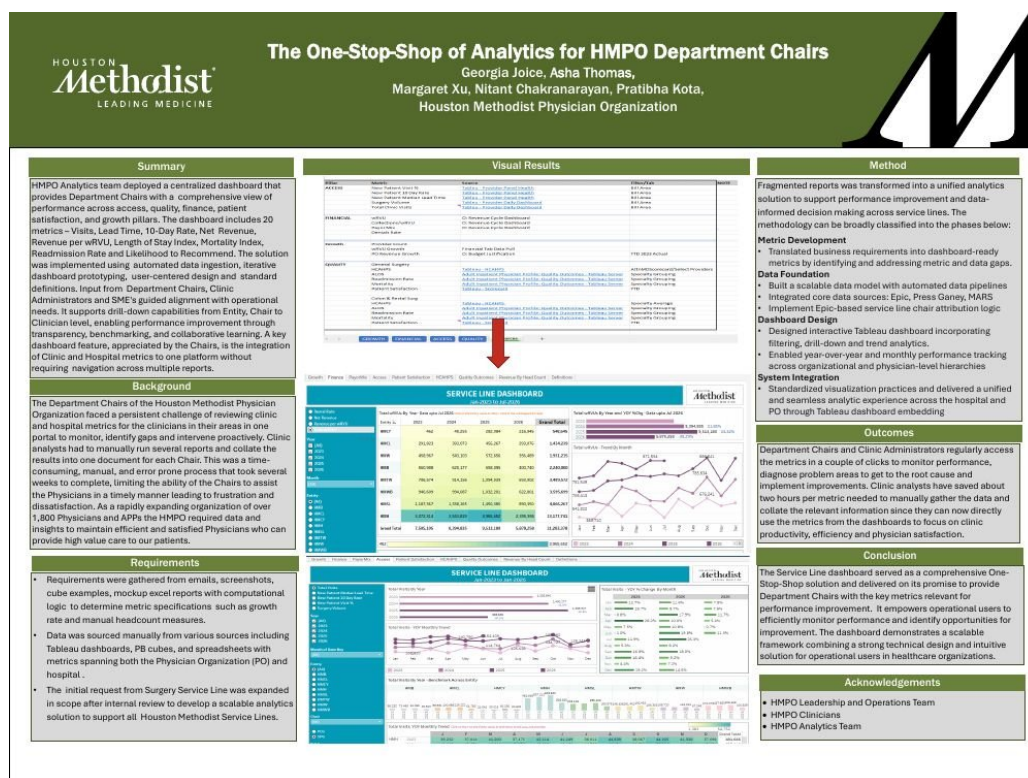
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05

The One-Stop-Shop of Analytics for HMPO Department Chairs

Nitant Chakranarayan; Asha Thomas; Georgia Joice; Pratibha Kota

Houston Methodist Physician Organization



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The One-Stop-Shop of Analytics for HMPO Department Chairs

Georgia Joice, Asha Thomas,
Margaret Xu, Nitant Chakranarayan, Pratibha Kota,
Houston Methodist Physician Organization

Summary

HMPO Analytics team deployed a centralized dashboard that provides Department Chairs with a comprehensive view of performance across access, quality, finance, patient satisfaction, and growth pillars. The dashboard includes 20 metrics – Visits, Lead Time, 10-Day Rate, Net Revenue, Revenue per wRVU, Length of Stay Index, Mortality Index, Readmission Rate and Likelihood to Recommend. The solution was implemented using automated data ingestion, iterative dashboard prototyping, user-centered design and standard definitions. Input from Department Chairs, Clinic Administrators and SME's guided alignment with operational needs. It supports drill-down capabilities from Entity, Chair to Clinician level, enabling performance improvement through transparency, benchmarking, and collaborative learning. A key dashboard feature, appreciated by the Chairs, is the integration of Clinic and Hospital metrics to one platform without requiring navigation across multiple reports.

Background

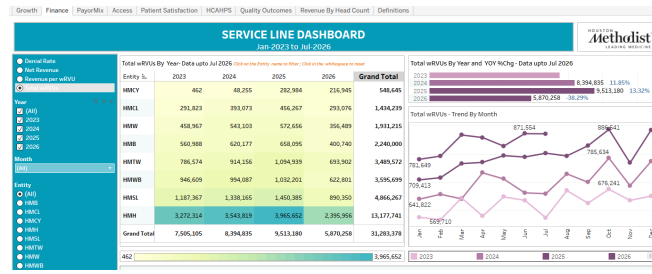
The Department Chairs of the Houston Methodist Physician Organization faced a persistent challenge of reviewing clinic and hospital metrics for the clinicians in their areas in one portal to monitor, identify gaps and intervene proactively. Clinic analysts had to manually run several reports and collate the results into one document for each Chair. This was a time-consuming, manual, and error prone process that took several weeks to complete, limiting the ability of the Chairs to assist the Physicians in a timely manner leading to frustration and dissatisfaction. As a rapidly expanding organization of over 1,800 Physicians and APPs the HMPO required data and insights to maintain efficient and satisfied Physicians who can provide high value care to our patients.

Requirements

- Requirements were gathered from emails, screenshots, cube examples, mockup excel reports with computational logic to determine metric specifications such as growth rate and manual headcount measures.
- Data was sourced manually from various sources including Tableau dashboards, PB cubes, and spreadsheets with metrics spanning both the Physician Organization (PO) and hospital.
- The initial request from Surgery Service Line was expanded in scope after internal review to develop a scalable analytics solution to support all Houston Methodist Service Lines.

Visual Results

PIER	METRIC	SOURCE	ERROR/FAQ	NOTE
ACCESS	New Patient Visit %	Tableau - Provider Detail Health	Bill Area	
	New Patient 30 Day Rate	Tableau - Provider Detail Health	Bill Area	
	New Patient Median Lead Time	Tableau - Provider Detail Health	Bill Area	
	Surgery Volume	Tableau - Provider Detail Health	Bill Area	
FINANCIAL	Total Clinic Visits	Tableau - Provider Detail Health	Bill Area	
	NetVU	Tableau - Provider Detail Health	Bill Area	
	Collection/NetVU	Tableau - Provider Detail Health	Bill Area	
	Payor Mix	Tableau - Provider Detail Health	Bill Area	
GROWTH	Provider Count	Tableau - Provider Detail Health	Bill Area	
	YTD Revenue Growth	Tableau - Provider Detail Health	Bill Area	
	Financial Tab Data Pull	Tableau - Provider Detail Health	Bill Area	
	YTD 2023 Actual	Tableau - Provider Detail Health	Bill Area	
QUALITY	General Surgery	Tableau - Provider Detail Health	Bill Area	
	HCAHPS	Tableau - Provider Detail Health	Bill Area	
	ALOS	Tableau - Provider Detail Health	Bill Area	
	Readmission Rate	Tableau - Provider Detail Health	Bill Area	
MORTALITY	Readmission Rate	Tableau - Provider Detail Health	Bill Area	
	Mortality	Tableau - Provider Detail Health	Bill Area	
	Readmission Rate	Tableau - Provider Detail Health	Bill Area	
	Mortality	Tableau - Provider Detail Health	Bill Area	
SATISFACTION	Readmission Rate	Tableau - Provider Detail Health	Bill Area	
	Mortality	Tableau - Provider Detail Health	Bill Area	
	Readmission Rate	Tableau - Provider Detail Health	Bill Area	
	Mortality	Tableau - Provider Detail Health	Bill Area	



Method

Fragmented reports was transformed into a unified analytics solution to support performance improvement and data-informed decision making across service lines. The methodology can be broadly classified into the phases below:

Metric Development

- Translated business requirements into dashboard-ready metrics by identifying and addressing metric and data gaps.

Data Foundation

- Built a scalable data model with automated data pipelines
- Integrated core data sources: Epic, Press Ganey, MARS
- Implemented Epic-based service line chair attribution logic

Dashboard Design

- Designed interactive Tableau dashboard incorporating filtering, drill-down and trend analytics.
- Enabled year-over-year and monthly performance tracking across organizational and physician-level hierarchies

System Integration

- Standardized visualization practices and delivered a unified and seamless analytic experience across the hospital and PO through Tableau dashboard embedding

Outcomes

Department Chairs and Clinic Administrators regularly access the metrics in a couple of clicks to monitor performance, diagnose problem areas to get to the root cause and implement improvements. Clinic analysts have saved about two hours per metric needed to manually gather the data and collate the relevant information since they can now directly use the metrics from the dashboards to focus on clinic productivity, efficiency and physician satisfaction.

Conclusion

The Service Line dashboard served as a comprehensive One-Stop-Shop solution and delivered on its promise to provide Department Chairs with the key metrics relevant for performance improvement. It empowers operational users to efficiently monitor performance and identify opportunities for improvement. The dashboard demonstrates a scalable framework combining a strong technical design and intuitive solution for operational users in healthcare organizations.

Acknowledgements

- HMPO Leadership and Operations Team
- HMPO Clinicians
- HMPO Analytics Team

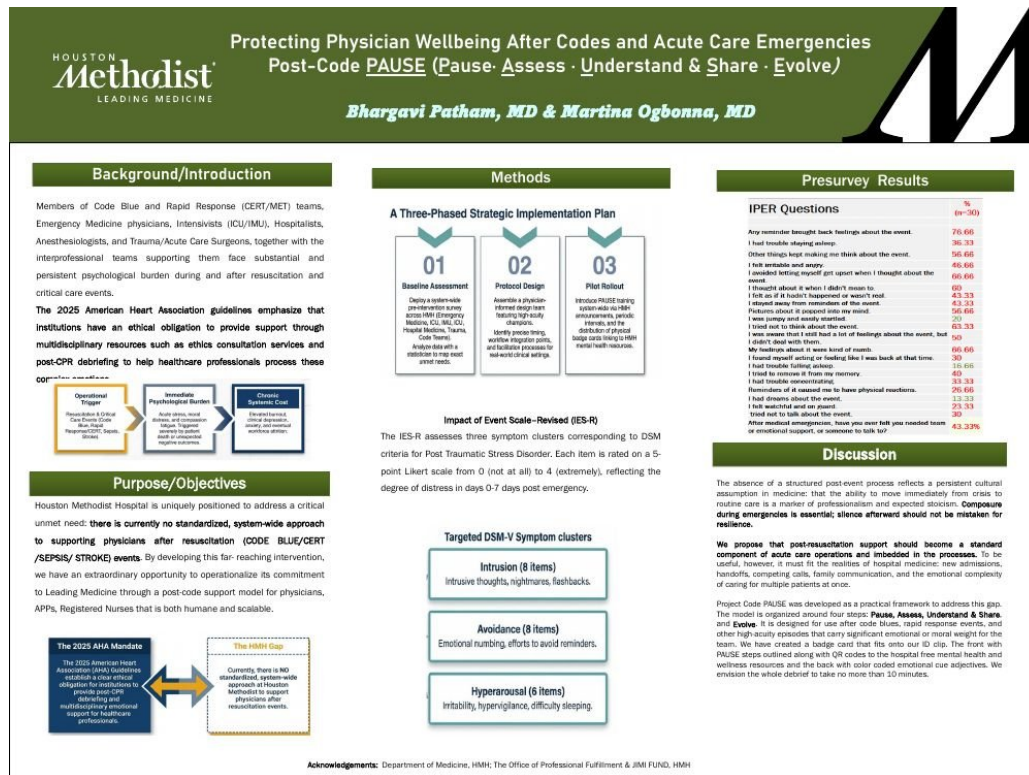
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06

Protecting Physician Wellbeing After Codes and Acute Care Emergencies - Post Code PAUSE

Bhargavi Patham, MD; Martina Ogbonna, MD

Houston Methodist Hospital



Full poster on the next page

Protecting Physician Wellbeing After Codes and Acute Care Emergencies

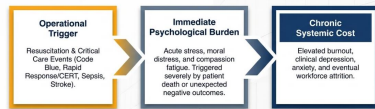
Post-Code PAUSE (Pause · Assess · Understand & Share · Evolve)

Bhargavi Patham, MD & Martina Ogbonna, MD

Background/Introduction

Members of Code Blue and Rapid Response (CERT/MET) teams, Emergency Medicine physicians, Intensivists (ICU/IMU), Hospitalists, Anesthesiologists, and Trauma/Acute Care Surgeons, together with the interprofessional teams supporting them face substantial and persistent psychological burden during and after resuscitation and critical care events.

The 2025 American Heart Association guidelines emphasize that institutions have an ethical obligation to provide support through multidisciplinary resources such as ethics consultation services and post-CPR debriefing to help healthcare professionals process these complex experiences.



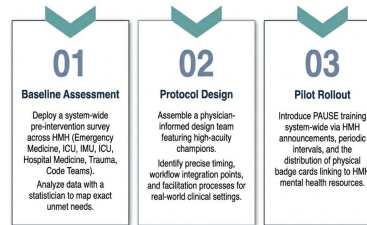
Purpose/Objectives

Houston Methodist Hospital is uniquely positioned to address a critical unmet need: **there is currently no standardized, system-wide approach to supporting physicians after resuscitation (CODE BLUE/CERT /SEPSIS/ STROKE) events.** By developing this far- reaching intervention, we have an extraordinary opportunity to operationalize its commitment to Leading Medicine through a post-code support model for physicians, APPs, Registered Nurses that is both humane and scalable.



Methods

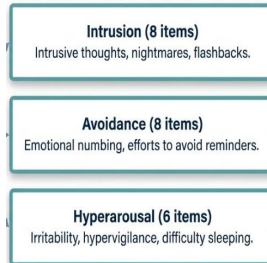
A Three-Phased Strategic Implementation Plan



Impact of Event Scale-Revised (IES-R)

The IES-R assesses three symptom clusters corresponding to DSM criteria for Post Traumatic Stress Disorder. Each item is rated on a 5-point Likert scale from 0 (not at all) to 4 (extremely), reflecting the degree of distress in days 0-7 days post emergency.

Targeted DSM-V Symptom clusters



Presurvey Results

IPER Questions	% (n=30)
Any reminder brought back feelings about the event.	76.66
I had trouble staying asleep.	36.33
Other things kept making me think about the event.	56.66
I felt irritable and angry.	46.66
I avoided letting myself get upset when I thought about the event.	66.66
I thought about it when I didn't mean to.	60
I felt as if it hadn't happened or wasn't real.	43.33
I stayed away from reminders of the event.	43.33
Pictures about it popped into my mind.	56.66
I was jumpy and easily startled.	20
I tried not to think about the event.	63.33
I was aware that I still had a lot of feelings about the event, but I didn't deal with them.	50
My feelings about it were kind of numb.	66.66
I found myself acting or feeling like I was back at that time.	30
I had trouble falling asleep.	16.66
I tried to remove it from my memory.	40
I had trouble concentrating.	33.33
Reminders of it caused me to have physical reactions.	26.66
I had dreams about the event.	13.33
I felt watchful and on guard.	23.33
I tried not to talk about the event.	30
After medical emergencies, have you ever felt you needed team or emotional support, or someone to talk to?	43.33%

Discussion

The absence of a structured post-event process reflects a persistent cultural assumption in medicine: that the ability to move immediately from crisis to routine care is a marker of professionalism and expected stoicism. **Composure during emergencies is essential; silence afterward should not be mistaken for resilience.**

We propose that post-resuscitation support should become a standard component of acute care operations and imbedded in the processes. To be useful, however, it must fit the realities of hospital medicine: new admissions, handoffs, competing calls, family communication, and the emotional complexity of caring for multiple patients at once.

Project Code PAUSE was developed as a practical framework to address this gap. The model is organized around four steps: **Pause, Assess, Understand & Share, and Evolve.** It is designed for use after code blues, rapid response events, and other high-acuity episodes that carry significant emotional or moral weight for the team. We have created a badge card that fits onto our ID clip. The front with PAUSE steps outlined along with QR codes to the hospital free mental health and wellness resources and the back with color coded emotional cue adjectives. We envision the whole debrief to take no more than 10 minutes.

LEADERSHIP

07

Well-AMP: An Immersive Mindfulness Program Supporting the Well-Being of Allied Health Professionals

Bhargavi Patham, MD

Houston Methodist Hospital



Well-AMP: An Immersive Mindfulness Program
Supporting the Well-Being of Allied Health Professionals

Bhargavi Patham, MD, PhD

BACKGROUND

Allied medical professionals (AMPs), including medical assistants, office managers, and administrative staff, play a vital role in healthcare delivery and patient satisfaction.

However, high workloads, limited autonomy, and administrative demands can negatively affect their well-being, performance, and job satisfaction.

The WELL-AMP initiative was created within the Department of Medicine to support medical assistants through targeted wellness interventions that promote professional fulfillment, practice efficiency, and resilience.

SURVEY- QUANTITATIVE

The workshops were **available to all 50 DOM medical assistants**. During each workshop, participants could engage in conversations, enjoy a meal, and build something from scratch. They could take their creations home.

n1=36, n2=42, n3=40.

- Program Alignment:** 100% confirmed content aligned directly with personal and professional well-being needs.
- Sustained Engagement:** 100% indicated intent to participate in subsequent hands-on offerings.
- Peer Endorsement:** 100% recommended expanding the curriculum across clinic teams and faculty.

SURVEY- QUANTITATIVE

Qualitative Affective Shift
(Pre- vs. Post-Workshop Mood Assessment)

- Pre-Intervention Baseline:** Dominated by depletion and cognitive overload (*Stressed, Overwhelmed, Drained, Rushed*).
- Post-Intervention State:** Marked transition to restorative affect and grounding (*Calm, Refreshed, Focused, Grounded*).

DISCUSSION

Conversation-based, hands-on immersive workshops created a meaningful opportunity for medical assistants to **pause, connect with others, engage in restorative activities, and support their personal and professional well-being**. These findings make a compelling case for investing in evidence-based mindfulness programs to strengthen the well-being of allied health care professionals.





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Well-AMP: An Immersive Mindfulness Program Supporting the Well-Being of Allied Health Professionals

Bhargavi Patham, MD, PhD

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CONNECTION

08

The Supportive Symphony: Elevating Patient Experience in Hospitalized Pregnant Women

Abel Abraham, MT-BC, NICU-MT; Jacque Brown, MMT, MT-BC, NMT; Jennifer Townsend, MMT, MT-BC
Center for Performing Arts Medicine, Houston Methodist

The Supportive Symphony:
Elevating Patient Experience In Hospitalized Pregnant Women
Abel Abraham MT-BC, NICU-MT and Jacque Brown, MMT, MT-BC, NMT
Houston Methodist Hospital, Center for Performing Arts Medicine

Background/Introduction

Antepartum hospitalization often presents significant challenges including heightened anxiety, isolation, and disruption of maternal identity and bonding. Music therapy can serve as a patient centered modality to support emotional expression, reduce distress, and facilitate meaningful connection between patients and fetus during extended hospital stays.

Through the integration of music therapy, and implementing creative arts resources, healthcare professionals, also cultivate moments of joy and emotional resonance for antepartum patients experiencing significant medical and psychological stress. These tools can empower clinicians as they build connection not only between provider and patient, but also between mother and developing child.

Literature Review

Music therapy is an evidence-based clinical service delivered by a board-certified music therapist using therapeutic musical interventions to support physical, emotional, developmental, and psychosocial health. The prenatal period represents a critical window of attachment formation (Ho & Rahaman, 2026). Beside music therapy interventions demonstrate high satisfaction and reported experiencing relaxation, and regulated emotional states in antepartum patients, along with a perceived connection with their developing infant during sessions. Researchers have noted expressive modalities, such as music therapy, provide evidence-based support through individualized interventions during therapeutic interactions and valuable multisensory experiences. (Corey, et al., 2019).

Music Therapy sessions for hospitalized pregnant patients often include verbal processing where patients reflect the use of music across their lifespan. Patients are invited to share about the role music has played in their life, and how it may evoke feelings and spark memories that remind them of a time before they were admitted into the hospital (Maul et al., 2024). Music therapists can also utilize adaptive instrument teaching to promote caregiver-infant bonding (Wuff et al., 2020), provide positive sensory stimulation for baby in-utero, and facilitate opportunities for autonomy and joy through active music-making (Standley, J. M., 2023). Recording materials may be used to capture individualized songwriting projects to promote infant attachment with the parent through listening to caregiver voice (Maul et al., 2024).

Expecting parents often report that music therapy sessions bring them joy, peace, and comfort during times when they are asked to remain at the hospital due to complications that arise or the immediate need for medical intervention that disrupts their birth plan (Corey et al., 2019; Horn et al., 2022). Therapeutic, music-based experiences can aid in promoting emotional expression normalize a patient's lived experience.

Case Examples- Music Therapy Application

Individualized Songwriting

Patient Summary: 27 yr old G1P0 admitted at 36w6d pregnant with severe preeclampsia. Per SBH note, patient was not responding well to medications for anxiety, and verbalized feeling great support from family, as relationship with FOB was severed. Patient also expressed distress in medical staff caring for her.

Music Therapy Goal: Promote autonomy through decision making, cultivate relationships with medical team, promote caregiver-infant bonding, and encourage creative expression.

Intervention: Music Therapist (MT-BC) utilized creative song writing to write of patient preferred music to encourage emotional expression and teach positive coping skills. Patient worked on song with MT-BC, humming staff and OB/GYN, which allowed for rapport and trust to be built. Song was later played as a lullaby for this for patient's baby while in the NICU.

Family Voice Recordings & Playlist Creation

Patient Summary: 39 yr old G2P1 admitted for Premature Rupture of Membranes (PROM) at 29 weeks gestation. Previous history of NICU admission with 1st child. Goal to remain inpatient until scheduled delivery at 34 weeks.

Music Therapy Goal: Encourage Choice and Control, Connection with family outside of hospital, encourage spouse & older child to bond with baby, teach positive coping strategies.

Intervention: Music Therapist (MT-BC) assisted patient in obtaining voice recordings from her older son and husband as a way for them to bond with baby in-utero and remain a part of the patient's care during her admission. Family recorded themselves singing, reading and talking stories from home, using a free app on their iPhone and emailed recordings to MT-BC for editing. Later Playlist was created with patient to allow for autonomy and music-assisted relaxation using her preferred music, Dacey Lubiano.

Instrument Teaching & Active Music Making

Patient Summary: 31 yr old G2P01 admitted for hypertension. Patient appeared anxious of medical staff during fetal monitoring, collecting labs, and during positional changes. Of note, patient's previous pregnancy ended in the death of the infant in-utero from complications with preeclampsia.

Music Therapy Goal: Facilitate bilateral upper extremity movement, normalization of emotions, enhance body-mind integration, development of music based coping strategies.

Intervention: Music Therapist (MT-BC) assessed the patient, and introduced structured activities playing to provide individualized, strength-based approach to development of new skill using patients preferred music. Patient was agreeable. Laughing throughout session, reported 7 point reduction in anxiety score, played for autonomy and music-assisted relaxation as felt empowered to integrate new skills with FOB to write a song together.

Practical Application for Clinicians

Cultivating Joy at the Bedside

Bedside staff are often the most consistent presence in a patient's hospital experience, providing round the clock care. Nurses, POCs, RAs and other members of the multidisciplinary team are essential in assessing a patient's needs and connecting them to the best support staff and resources. Even with a robust ancillary team, there is so much support that anyone can offer to an antepartum patient which can positively impact their hospitalization and the memories they have of their pregnancy. These suggestions are not music therapy, but are music & creative arts experiences anyone can share for holistic care benefiting both patient and staff.

Encouraging Positive Coping Skills

Bedside staff can alleviate some of these difficult feelings through teaching and encouraging positive coping strategies. Houston Methodist's Center for Performing Arts Medicine (CPAM) have created creative arts project packets which are available to patients at no cost. These selections include water coloring kits, journals with creative writing prompts, coloring books and reverse coloring activities to provide opportunities for self-expression and encourage positive coping skills. Digital Resources are available by scanning the QR code here.

Making Milestones Happen

One way to support your antepartum patient would be to encourage and help facilitate normal milestones in a pregnancy. This can be the simple effort of referring to the baby by their first name or even helping the patient plan a prenatal photography session in picturesque areas around the campus. If there is an antepartum patient when a NICU admission is expected for their child, connecting the patient with NICU staff for a tour of the NICU prior to delivery and decrease anxiety and allow the patient to mentally prepare and manage expectations.

Creating Calm: Promoting Sleep and Relaxation

Encouraging sleep hygiene and establishing a routine for ample rest and recovery is essential to an antepartum patient's mental and physical health. Providers can encourage rest by clustering care to minimize disturbances during the evening, encouraging movement or changes of position during the day, and providing resources for patient relaxation and music for sleep curated by Board-Certified Music Therapists on the Houston Methodist Team.

PATTERNS® MODEL IN NICU MUSIC THERAPY

Adapted for Antepartum Application

A framework of the model, emphasizing personal application of the PATTERNS® Model to support healing in times of illness and emotional distress.

ENCOURAGING RESILIENCE
Encouraging Resilience: Building self-worth and coping mechanisms through creative expression and emotional release.

SELF-REGULATION
Supporting the ability to manage emotions, maintain calm, and foster self-awareness.

RECONNECTION
Helping patients re-establish a sense of connection with family, friends, and self.

RESILIENCE THROUGH CREATIVITY
Encouraging creative expression through various art forms to foster emotional release and self-expression.

RESILIENCE THROUGH MUSIC
Utilizing music to provide emotional support, reduce stress, and foster a sense of calm.

RESILIENCE THROUGH COMMUNITY
Encouraging patients to share their experiences and seek support from others.

© PATTERNS OF HEALING & RESILIENCE

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Full poster on the next page

The Supportive Symphony: Elevating Patient Experience in Hospitalized Pregnant Women

Abel Abraham MT-BC, NICU-MT and Jacque Brown, MMT, MT-BC, NMT
Houston Methodist Hospital, Center for Performing Arts Medicine

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Through the integration of music therapy, and implementing creative arts resources, healthcare professionals also cultivate moments of joy and emotional resonance for antepartum patients experiencing significant medical and psychological stress. These tools can empower clinicians as they build connection not only between provider and patient, but also between mother and developing child.

Literature Review

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Music therapy sessions for hospitalized pregnant patients often include verbal processing where patients reflect the use of music across their lifespan. Patients are invited to share about the role music has played in their life, and how it may evoke feelings and spark memories that remind them of a time before they were admitted into the hospital (Maul et al., 2024). Music therapists can also utilize adaptive instrument teaching to promote caregiver-infant bonding (Wulff et al., 2020), provide positive sensory stimulation for baby in-utero, and facilitate opportunities for autonomy and joy through active music-making (Standley, J. M., 2023). Recording materials may be used to capture individualized songwriting projects to promote infant attachment with the parent through listening to caregiver voice (Maul et al., 2024).

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PATTERNS® MODEL IN NICU MUSIC THERAPY Adapted for Antepartum Application

6 PILLARS OF HEALING & RESILIENCE

A trauma-informed, pregnancy-focused application of the PATTERNS® treatment goals that engages human resilience to support healing in times of stress and uncertainty.



Source: Stewart, K. (2010). PATTERNS: A Model for Counseling Trauma & PTSD Music Therapy P&T - Trauma Parameters. Music and Medicine, 12(1), 129. Pregnancy-focused application is an adaptation to antepartum protocol.

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Case Examples- Music Therapy Application

Music Therapy for Antepartum includes the use of music-based interventions during pregnancy to support the physical, emotional, and psychological well-being of the pregnant individual within the therapeutic relationship of a music therapist and the patient, with the potential to positively influence both maternal and fetal health. Below are Case Examples for 3 Antepartum patients who received music therapy services.

Individualized Songwriting

Patient Summary: 27 yr old G1P0 admitted at 36w4d pregnant with severe preeclampsia. Per SW note, patient was not responding well to medications for anxiety, and verbalized lacking social support from family, as relationship with FOB was severed. Patient also expressed distrust in medical staff caring for her.

Music Therapy Goal: Promote autonomy through decision-making, cultivate relationships with medical team, promote caregiver-infant bonding, and encourage creative expression

Intervention: Music Therapist (MT-BC) utilized creative song re-write of patient preferred music to encourage emotional expression and teach positive coping skills. Patient worked on song with MT-BC, nursing staff and OB/GYN, which allowed for rapport and trust to be built.

Song was later played as a lullaby for this for patient's baby while in the NICU.



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Patient Summary: 35 yr old G2P1 admitted for Premature Rupture of Membranes (PROM) at 29 weeks gestation. Previous history of NICU admission with 1st child. Goal to remain inpatient until scheduled delivery at 34 weeks.

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Intervention: Music Therapist (MT-BC) assessed the patient, and introduced structured ukulele-playing to provide individualized, strength's-based approach to development of new skill using patients preferred music. Patient was agreeable, laughing throughout session, reported 7-point reduction in anxiety scores pre/post on anxiety scale (10 -->3), and stated she felt empowered to integrate new skills with FOB to write a song together.



Practical Application for Clinicians

Cultivating Joy at the Bedside

Beside staff are often the most consistent presence in a patient's hospital experience, providing round-the-clock cares. Nurses, PCAs, RTs and other members of the multidisciplinary team are essential in assessing a patient's needs and connecting them to the best support staff and resources. Even with a robust ancillary team, there is so much support that anyone can offer to an antepartum patient which can positively impact their hospitalization and the memories they have of their pregnancy. These suggestions are not music therapy, but are music & creative arts experiences anyone can share for holistic care benefiting both patient and staff.

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CONNECTION

09

Caregiver Oasis: Creating Moments of Joy, Connection, and Support for Families in Long-Term Acute Care

Lalita Rambrich, RN; Tara Dacus, BSN, RN

Houston Methodist Continuing Care Hospital



Full poster on the next page

CAREGIVER OASIS

Creating Moments of Joy, Connection, and Support

Lalita Rambrich, RN, BSN • Tara Dacus, RN, BSN
Houston Methodist Continuing Care Hospital



BACKGROUND

Family caregivers are vital partners in patient care but may experience stress, fatigue, and isolation during prolonged hospitalizations. In long-term acute care, opportunities for respite, support, and social connection may be limited. The **Patient and Family Experience Shared Governance Committee** recognized an opportunity to better support caregivers while strengthening connections with the healthcare team

PURPOSE

To recognize caregivers as essential partners in the care team by creating meaningful opportunities for appreciation, respite, connection, and emotional support throughout their loved one's hospitalization.

METHODS

The Caregiver Oasis initiative was developed in response to caregiver needs identified through observations by Nichole Flanagan, Patient Liaison. The Patient and Family Shared Governance Council, led by Chair Tara Dacus, collaborated with council members, interdisciplinary partners, and unit leadership to plan and implement two themed events: a Christmas Caregiver Oasis and a Summer Camp Caregiver Oasis. Each event included refreshments, games, prizes, social engagement, and opportunities for meaningful interaction with staff. Educational question-and-answer sessions with Social Work connected caregivers with helpful information and available resources. Caregivers were also encouraged to connect with one another, share experiences, and build supportive relationships. The initiative was implemented using minimal financial resources and relied on interdisciplinary teamwork, creativity, and a shared commitment to improving the caregiver experience.

RESULTS



CONNECTEDNESS IMPROVED AFTER THE OASIS

Survey statement: "I felt connected to other caregivers and families." 7 respondents
RESPONSE SCALE: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree

BEFORE THE OASIS
AVERAGE SCORE: 2.7 / 5
5 of 7 chose 3 = Neutral
2 of 7 chose 2 = Disagree

CHANGE IN AVERAGE SCORE
+2.3 POINTS
Higher scores mean stronger agreement

AFTER THE OASIS
AVERAGE SCORE: 5.0 / 5
7 of 7 chose 5
= Strongly agree

WHAT THIS MEANS: Before the event, caregivers selected Disagree or Neutral. After the event, every caregiver selected Strongly agree.

OVERALL SATISFACTION: 5 OUT OF 5

IMPLICATIONS

Intentional acts of compassion can meaningfully enhance caregiver well-being and the overall healthcare experience. Recognizing caregivers as valued partners strengthens caregiver-staff relationships and promotes a compassionate, patient- and family-centered culture. Educational engagement with Social Work empowers caregivers with information and resources, while peer connections provide opportunities to share experiences, build supportive relationships, and reduce feelings of isolation.

FUTURE ACTIONS

- Continue quarterly Caregiver Oasis events.
- Use caregiver feedback to guide improvement.
- Expand interdisciplinary participation.
- Explore implementation in other care settings.
- Share outcomes and lessons learned with other teams.

ACKNOWLEDGMENTS

Special recognition to **Nichole Flanagan**, **Lionesia Deboest**, **Benita Amadi** and **Carvrenna Maddox** for their contributions and support of the Caregiver Oasis Initiative, Patient and Family Experience Shared Governance Committee, and unit leadership for their collaboration and commitment to enhancing the caregiver experience.

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CONNECTION

10 Building Connection Through Reading: A Digital Library Initiative to Support Joy in Medicine

Eleanor Banks

Houston Methodist Sugar Land Hospital



Full poster on the next page

Building Connection Through Reading: A Digital Library Initiative to Support Joy in Medicine

Eleanor Banks
Houston Methodist Sugar Land Hospital

Background/Introduction

Healthcare professionals face increasing demands on their time and attention, leaving little opportunity for personal enrichment, reflection, or restorative activities outside of work. While many well-being initiatives focus on stress reduction in the workplace, fewer provide equitable access to learning and leisure resources that support professional growth and personal well-being. Recognizing that meaningful employee engagement extends beyond traditional wellness programming, Houston Methodist Sugar Land Hospital developed a digital library to foster learning, connection, and joy in medicine through equitable access to digital reading resources.

Purpose/Objectives/Hypothesis

- Increase equitable access to educational and recreational reading resources.
- Promote lifelong learning, personal growth, and joy in medicine
- Enhance employee engagement through leadership-supported content and reading resources tailored to employees' interests.
- Assess the impact of the program using utilization data and Employee feedback

Methods

Program Implementation

- Launched a hospital-wide digital library in February 2023
- Provided employees free e-books & audiobooks via the Libby mobile app
- Foundation-funded

Engagement Strategies

- Curated reading collections
- Executive-recommended reading lists
- Themed reading campaigns
- QR code access points for easy enrollment
- Internal communications and marketing

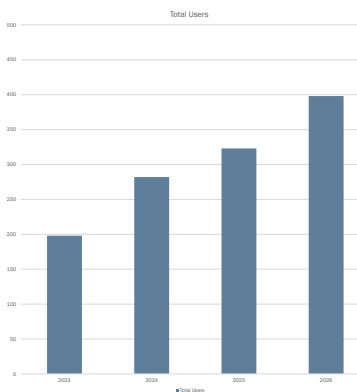
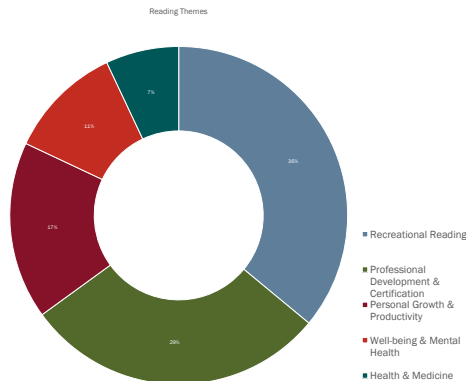
Content Focus

- Leadership development
- Professional growth
- Well-being and resilience
- Leisure and recreational reading

Evaluation Measures

- Enrollment
- Checkouts
- Campaign participation
- User feedback
- Professional and personal impact

Result



Results/Implications

Program Reach & Engagement

- 361 unique users enrolled since program launch
- 1,690 digital checkouts of e-books and audiobooks
- Sustained participation demonstrated ongoing employee interest and utilization

Organization Learning

- Curated collections and targeted campaigns increased visibility an engagement
- A reading collection supporting the hospital's 5S initiative was checked out 54 times, reflecting voluntary engagement with organizational priorities beyond required education

Employee Impact from Qualitative Surveys

Library resources helped:

- Prepare for nursing certification examinations
- Support research and scholarly projects
- Strengthen personal faith and well-being
- Navigate personal and professional challenges

Community Building

- Strong employee engagement led to the creation of a hospital-wide employee book swap
- Expanded opportunities for learning and shared experiences beyond the digital platform

Future Actions

Future initiatives will build on the success of the digital library by expanding literacy programming through employee book swaps, themed reading campaigns, leadership engagement, and ongoing assessment of employee needs. As the program continues to evolve, it provides a scalable model for integrating literacy into employee engagement strategies, demonstrating how equitable access to reading resources can strengthen learning, well-being, and organizational culture.

Acknowledgments

- Kaelyn Bujnoch, Chris Siebenaler, and Alicen Swift for championing this initiative.
- Sarah Fleming for strategic guidance and support,
- Houston Methodist Foundation donors for funding this program.

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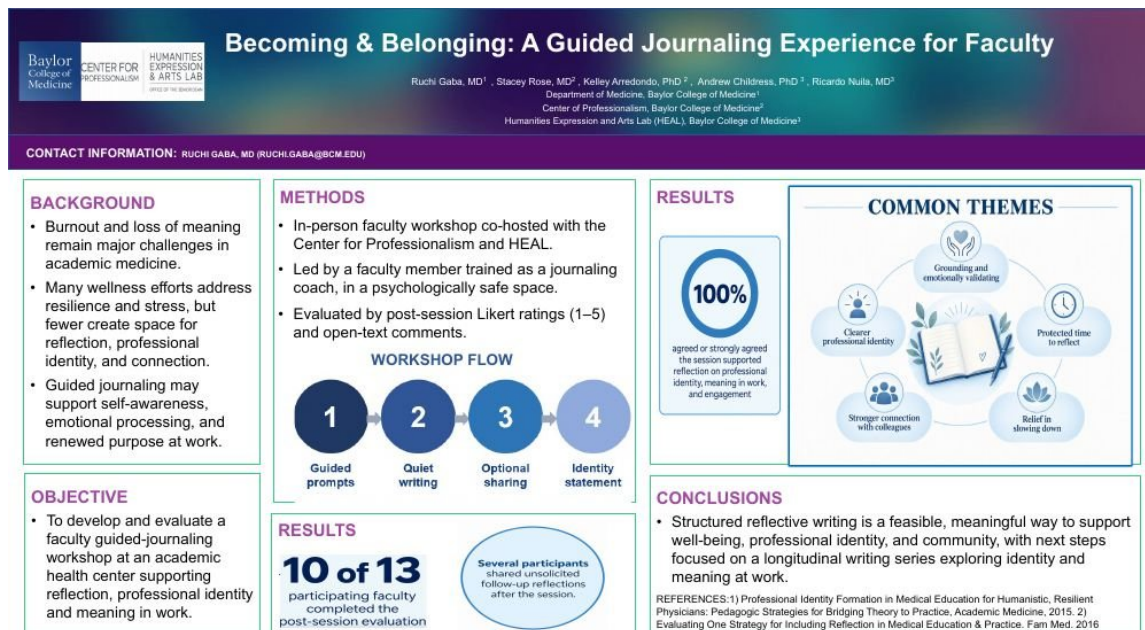
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CONNECTION

11

Becoming & Belonging: A Guided Journaling Experience to Support Professional Identity, Reflection, and Connection Among Faculty

Ruchi Gaba, MD; Stacey Rose; Andrew Childress; Kelley Arredondo; Ricardo Nuila
Baylor College of Medicine



Full poster on the next page

Becoming & Belonging: A Guided Journaling Experience for Faculty

Ruchi Gaba, MD¹, Stacey Rose, MD², Kelley Arredondo, PhD², Andrew Childress, PhD³, Ricardo Nuila, MD³

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BACKGROUND

- Burnout and loss of meaning remain major challenges in academic medicine.
- Many wellness efforts address resilience and stress, but fewer create space for reflection, professional identity, and connection.
- Guided journaling may support self-awareness, emotional processing, and renewed purpose at work.

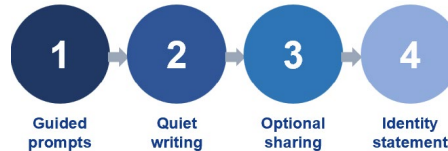
OBJECTIVE

- To develop and evaluate a faculty guided-journaling workshop at an academic health center supporting reflection, professional identity and meaning in work.

METHODS

- In-person faculty workshop co-hosted with the Center for Professionalism and HEAL.
- Led by a faculty member trained as a journaling coach, in a psychologically safe space.
- Evaluated by post-session Likert ratings (1–5) and open-text comments.

WORKSHOP FLOW



RESULTS

10 of 13
participating faculty
completed the
post-session evaluation

Several participants
shared unsolicited
follow-up reflections
after the session.

RESULTS



COMMON THEMES



CONCLUSIONS

- Structured reflective writing is a feasible, meaningful way to support well-being, professional identity, and community, with next steps focused on a longitudinal writing series exploring identity and meaning at work.

REFERENCES: 1) Professional Identity Formation in Medical Education for Humanistic, Resilient Physicians: Pedagogic Strategies for Bridging Theory to Practice, Academic Medicine, 2015. 2) Evaluating One Strategy for Including Reflection in Medical Education & Practice. Fam Med. 2016

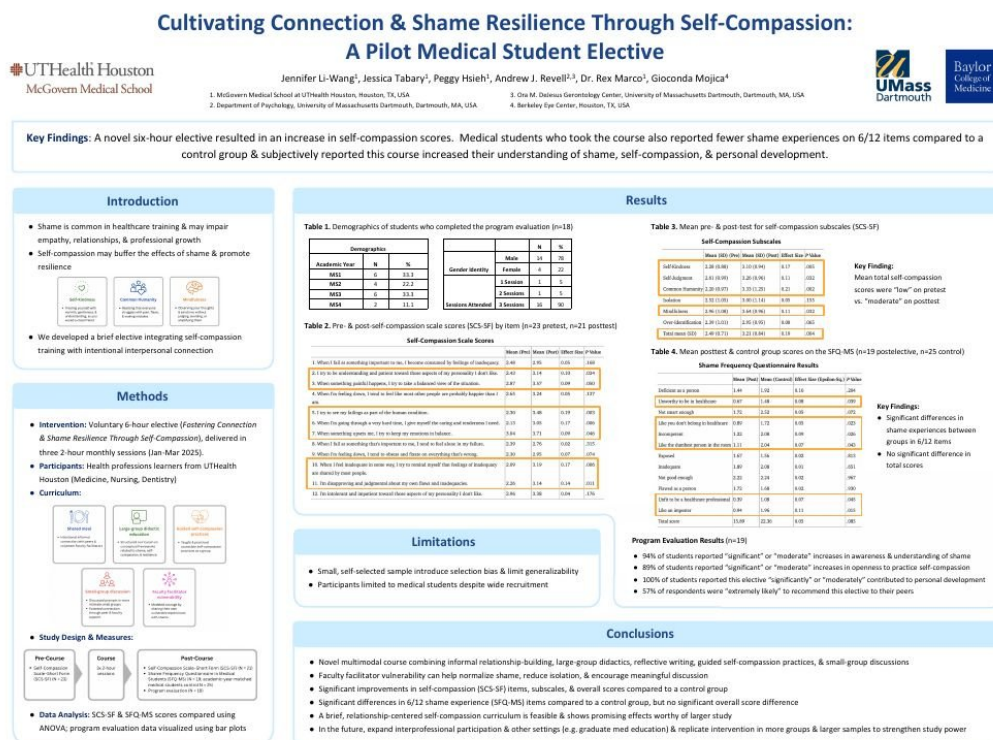
CONNECTION

12

Reimagining Medical Education: A Self-Compassion Elective Cultivating Connection and Shame Resilience

Jennifer Li-Wang, BA; Jessica Tabary, BA, BS; Peggy Hsieh, MD; Andrew J. Revell, PhD; Rex Marco, MD; Gioconda Mojica, MD

UTHealth Houston



Full poster on the next page

Cultivating Connection & Shame Resilience Through Self-Compassion: A Pilot Medical Student Elective



Jennifer Li-Wang¹, Jessica Tabary¹, Peggy Hsieh¹, Andrew J. Revell^{2,3}, Dr. Rex Marco⁴, Gioconda Mojica⁴

1. McGovern Medical School at UTHealth Houston, Houston, TX, USA

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4. Berkeley Eye Center, Houston, TX, USA



Key Findings: A novel six-hour elective resulted in an increase in self-compassion scores. Medical students who took the course also reported fewer shame experiences on 6/12 items compared to a control group & subjectively reported this course increased their understanding of shame, self-compassion, & personal development.

Introduction

- Shame is common in healthcare training & may impair empathy, relationships, & professional growth
- Self-compassion may buffer the effects of shame & promote resilience



- We developed a brief elective integrating self-compassion training with intentional interpersonal connection

Methods

- Intervention:** Voluntary 6-hour elective (*Fostering Connection & Shame Resilience Through Self-Compassion*), delivered in three 2-hour monthly sessions (Jan-Mar 2025).
- Participants:** Health professions learners from UTHealth Houston (Medicine, Nursing, Dentistry)
- Curriculum:**



Study Design & Measures:



- Data Analysis:** SCS-SF & SFQ-MS scores compared using ANOVA; program evaluation data visualized using bar plots

Results

Table 1. Demographics of students who completed the program evaluation (n=18)

Demographics					
Academic Year	N	%	Gender Identity	Male	N
MS1	6	33.3	Female	4	22
MS2	4	22.2	1 Session	1	5
MS3	6	33.3	2 Sessions	1	5
MS4	2	11.1	3 Sessions	16	90

Table 2. Pre- & post-self-compassion scale scores (SCS-SF) by item (n=23 pretest, n=21 posttest)

Self-Compassion Scale Scores				
	Mean (Pre)	Mean (Post)	Effect Size	P Value
1. When I fail at something important to me, I become consumed by feelings of inadequacy.	2.48	2.95	0.05	.188
2. I try to be understanding and patient toward those aspects of my personality I don't like.	2.43	3.14	0.10	.034
3. When something painful happens, I try to take a balanced view of the situation.	2.87	3.57	0.09	.090
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	2.65	3.24	0.05	.137
5. I try to see my failings as part of the human condition.	2.30	3.48	0.19	.003
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.	2.13	3.05	0.17	.006
7. When something upsets me, I try to keep my emotions in balance.	3.04	3.71	0.09	.046
8. When I fail at something that's important to me, I tend to feel alone in my failure.	2.39	2.76	0.02	.315
9. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	2.30	2.95	0.07	.074
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	2.09	3.19	0.17	.006
11. I'm disapproving and judgmental about my own flaws and inadequacies.	2.26	3.14	0.14	.011
12. I'm intolerant and impatient toward those aspects of my personality I don't like.	2.96	3.38	0.04	.176

Limitations

- Small, self-selected sample introduce selection bias & limit generalizability
- Participants limited to medical students despite wide recruitment

Table 3. Mean pre- & post-test for self-compassion subscales (SCS-SF)

Self-Compassion Subscales				
	Mean (SD) (Pre)	Mean (SD) (Post)	Effect Size	P Value
Self-Kindness	2.28 (0.88)	3.10 (0.94)	0.17	.005
Self-Judgment	2.61 (0.99)	3.26 (0.96)	0.11	.032
Common Humanity	2.20 (0.97)	3.33 (1.25)	0.21	.002
Isolation	2.52 (1.05)	3.00 (1.14)	0.05	.135
Mindfulness	2.96 (1.08)	3.64 (0.96)	0.11	.032
Over-identification	2.39 (1.01)	2.95 (0.95)	0.08	.065
Total mean (SD)	2.49 (0.71)	3.21 (0.84)	0.19	.004

Key Finding:

Mean total self-compassion scores were "low" on pretest vs. "moderate" on posttest

Table 4. Mean posttest & control group scores on the SFQ-MS (n=19 posttestive, n=25 control)

Shame Frequency Questionnaire Results				
	Mean (Post)	Mean (Control)	Effect Size (Eta-sq)	P Value
Deficient as a person	1.44	1.92	0.16	.204
Unworthy to be in healthcare	0.67	1.48	0.08	.039
Not smart enough	1.72	2.52	0.05	.072
Like you don't belong in healthcare	0.89	1.72	0.05	.023
Incompetent	1.22	2.08	0.09	.026
Like the dumbest person in the room	1.11	2.04	0.07	.043
Exposed	1.67	1.56	0.02	.813
Inadequate	1.89	2.08	0.01	.651
Not good enough	2.22	2.24	0.02	.967
Flawed as a person	1.72	1.68	0.02	.990
Unfit to be a healthcare professional	0.39	1.08	0.07	.045
Like an impostor	0.94	1.96	0.11	.015
Total score	15.89	22.36	0.05	.085

Key Findings:

- Significant differences in shame experiences between groups in 6/12 items
- No significant difference in total scores

Program Evaluation Results (n=19)

- 94% of students reported "significant" or "moderate" increases in awareness & understanding of shame
- 89% of students reported "significant" or "moderate" increases in openness to practice self-compassion
- 100% of students reported this elective "significantly" or "moderately" contributed to personal development
- 57% of respondents were "extremely likely" to recommend this elective to their peers

Conclusions

- Novel multimodal course combining informal relationship-building, large-group didactics, reflective writing, guided self-compassion practices, & small-group discussions
- Faculty facilitator vulnerability can help normalize shame, reduce isolation, & encourage meaningful discussion
- Significant improvements in self-compassion (SCS-SF) items, subscales, & overall scores compared to a control group
- Significant differences in 6/12 shame experience (SFQ-MS) items compared to a control group, but no significant overall score difference
- A brief, relationship-centered self-compassion curriculum is feasible & shows promising effects worthy of larger study
- In the future, expand interprofessional participation & other settings (e.g. graduate med education) & replicate intervention in more groups & larger samples to strengthen study power

CONNECTION

13 Heal the Healers with Art in Medicine

Linda Pearson, MD

Houston Methodist The Woodlands Hospital

Heal the Healers with Arts in Medicine

Linda Pearson, MD, Alysia Robichau, MD, Ritu Parikh, MD, Gregory Gibbons, MD
and Melissa Aytenfisu
Houston Methodist The Woodlands

Background/Introduction	Result	Results/Implications
Medicine is an Art. Art can be used as Medicine. The Houston Methodist Center for Performing Arts Medicine (CPAM) is part of the Houston Methodist Physician Organization's Quality Initiatives to improve patient experience. CPAM also provides services to Houston Methodist employees. However physicians, advanced practice clinicians and PhD clinicians do not have dedicated creative arts projects that could help to improve their own health and well-being. Most physicians may not have had Arts and Humanities in their medical education that has been shown to improve a clinician's ability to be more empathic and creative in the care they provide to their patients.	Mosaic Tile Art Mandal Coloring "Centering oneself" Custom Lego Kits: Methodist "M"	Mosaic Tile Art: 80 take home kits were distributed Aromatherapy: 30 aromatherapy rollers were made or distributed Mandala Art: 45 stencil and cardstock kits were distributed Wooden Methodist "M" – 50 M's were distributed Custom Lego Kits – 50 kits were ordered and distributed Collaborative Art Healing Tree Leaves – 35 leaves were created Sketch Basics – 50 kits planned for event in October 2026 Music Therapy Grand Rounds completed May 2026 Creative Artist in Residence at HMTW started Fall 2026
Objectives/Hypothesis Our objective was to bring CPAM's ability to use art as medicine to heal the healers – physicians, advanced practice clinicians, and PhD clinicians – at Houston Methodist The Woodlands (HMTW). We hypothesize that the healers will appreciate the power of art as medicine to improve their sense of well-being and their joy at work. In exposing the clinicians to CPAM services to benefit their own health, we hypothesize that the clinicians may then prescribe more art and music-based therapies for their patients. We also hope to encourage a sense of community within our work teams and the greater community we live in.	Mandal Coloring "Centering oneself" Custom Lego Kits: Methodist "M"	Future Actions We will continue to plan events with CPAM for each HMTW General Medical Staff meeting held quarterly. Based on the American Medical Association survey of physician burnout rates, we identified 6 departments to provide department specific CPAM art and music activities to help improve clinician burnout, professional fulfillment and self-valuation. We plan to track professional fulfillment items before and after the CPAM projects curated for each department. We also plan to track referrals for music therapy, art therapy, and to the Health Education and Learning Center at HMTW.
Methods We collaborated with CPAM to curate art related activities to offer to physicians, APPs, and PhD clinicians. Our goal was to create individual and group art activities during previously established staff meetings. Four activities were planned for 2025: Mosaic Tile Art – take home kits Aromatherapy roller making experience – make your own Mandala Art – take home kits Wooden Methodist "M" decorating – create and take home Four activities were planned for 2026: Custom Lego kits of Houston Methodist "M" – take home kits Collaborative Art piece – Healing Tree with Leaves of Encouragement Sketch Basics – practice during meeting and take home kits Grand Rounds presentation by CPAM HMTW Music Therapy	Collaborative art piece: "Healing Tree with Leaves of Encouragement" Make your own Aromatherapy Roller"	Acknowledgments Thank you to the Houston Methodist Physician Organization Joy In Medicine Initiative Seed Funds for supporting this project. Thank you to Melissa Aytenfisu with CPAM and to the HMTW Clinician Wellbeing Committee for supporting and executing these events.
References 1. Ferguson, Daisy & Finn, Sophie (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organization, Regional Office for Europe. https://iris.who.int/handle/10665/329834 2. Howley L, Gaultberg E, King B. The Fundamental Role of the Arts and Humanities in Medical Education. Washington, DC: AAMC; 2020. 3. Moore T, Goldbaum M, Gaspar CM, Adams NE, Haidet P, Sathya J, Volpe yRL, de Boer C, Lingard L. The prism model: advancing a theory of practice for arts and humanities in medical education. <i>Perspect Med Educ</i>. 2021 Aug;10(4):207-214. 4. https://read.houstonmethodist.org/cpam-leads-the-way-to-better-health-care-for-performing-and-visual-art		

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Heal the Healers with Arts in Medicine

Linda Pearson, MD, Alysia Robichau, MD, Ritu Parikh, MD, Gregory Gibbons, MD
and Melissa Aytenfisu
Houston Methodist the Woodlands

Background/Introduction

Medicine is an Art. Art can be used as Medicine. The Houston Methodist Center for Performing Arts Medicine (CPAM) is part of the Houston Methodist Physician Organization's Quality Initiatives to improve patient experience. CPAM also provides services to Houston Methodist employees. However physicians, advanced practice clinicians and PhD clinicians do not have dedicated creative arts projects that could help to improve their own health and well-being. Most physicians may not have had Arts and Humanities in their medical education that has been shown to improve a clinician's ability to be more empathic and creative in the care they provide to their patients.

Objectives/Hypothesis

Our objective was to bring CPAM's ability to use art as medicine to heal the healers – physicians, advanced practice clinicians, and PhD clinicians – at Houston Methodist the Woodlands (HMTW).

We hypothesize that the healers will appreciate the power of art as medicine to improve their sense of well-being and their joy at work. In exposing the clinicians to CPAM services to benefit their own health, we hypothesize that the clinicians may then prescribe more art and music-based therapies for their patients. We also hope to encourage a sense of community within our work teams and the greater community we live in.

Methods

We collaborated with CPAM to curate art related activities to offer to physicians, APPs, and PhD clinicians. Our goal was to create individual and group art activities during previously established staff meetings.

Four activities were planned for 2025:

- Mosaic Tile Art – take home kits
- Aromatherapy roller making experience – make your own
- Mandala Art – take home kits
- Wooden Methodist "M" decorating – create and take home

Four activities were planned for 2026:

- Custom Lego kits of Houston Methodist "M" – take home kits
- Collaborative Art piece – Healing Tree with Leaves of Encouragement
- Sketch Basics – practice during meeting and take home kits
- Grand Rounds presentation by CPAM HMTW Music Therapist

Result

Mosaic Tile Art



Mandala Coloring
"Centering oneself"



Make your own
Aromatherapy Roller"

Decorate a Wooden
Methodist "M"



Custom Lego Kits:
Methodist "M"



Collaborative art piece:
"Healing Tree with Leaves of Encouragement"



Results/Implications

Mosaic Tile Art: 80 take home kits were distributed
Aromatherapy: 30 aromatherapy rollers were made or distributed
Mandala Art: 45 stencil and cardstock kits were distributed
Wooden Methodist "M" – 50 M's were distributed
Custom Lego Kits – 50 kits were ordered and distributed
Collaborative Art Healing Tree Leaves – 35 leaves were created
Sketch Basics – 50 kits planned for event in October 2026

Music Therapy Grand Rounds completed May 2026
Creative Artist in Residence at HMTW started Fall 2026

Future Actions

We will continue to plan events with CPAM for each HMTW General Medical Staff meeting held quarterly. Based on the American Medical Association survey of physician burnout rates, we identified 6 departments to provide department specific CPAM art and music activities to help improve clinician burnout, professional fulfillment and self-valuation. We plan to track professional fulfillment items before and after the CPAM projects curated for each department. We also plan to track referrals for music therapy, art therapy, and to the Health Education and Learning Center at HMTW.

Acknowledgments

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References

1. Fancourt, Daisy & Finn, Saoirse (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/329834>.
2. Howley L, Gaufberg E, King B. The Fundamental Role of the Arts and Humanities in Medical Education. Washington, DC: AAMC; 2020.
3. Moniz T, Golafshani M, Gaspar CM, Adams NE, Haidet P, Sukhera J, Volpe yRL, de Boer C, Lingard L. The prism model: advancing a theory of practice for arts and humanities in medical education. Perspect Med Educ. 2021 Aug;10(4):207-214.
4. <https://read.houstonmethodist.org/cpam-leads-the-way-to-better-health-care-for-performing-and-visual-art>

CONNECTION

14

Workspace Ergonomics: Vertical Mice to the Rescue

Linda Pearson, MD

Houston Methodist The Woodlands Hospital



Full poster on the next page

Workspace Ergonomics: Vertical Mice To the Rescue

Linda Pearson, MD, David Marker, MD, Christina Mashburn, MBA
Houston Methodist the Woodlands

Background/Introduction

Physicians, Advanced Practice Providers (APPs), and PhD Clinicians may spend a significant amount of their workday at computer workstations and their personal workspace. A comfortable and ergonomic designed workspace may reduce pain from either overuse or underuse injuries. The current standard issue mouse at Houston Methodist the Woodlands (HMTW) requires constant wrist pronation which is a known contributor to Repetitive Strain Injuries (RSIs) such as carpal tunnel syndrome. This may cause discomfort and affect the work ability and longevity of a clinician's career.

Objectives/Hypothesis

We propose replacing the current standard issued computer mouse with an ergonomic vertical mouse (VM) to address poor wrist ergonomics which can reduce pain and increase productivity and career longevity. The VM is a durable and trackable item with a high return on investment. We hypothesize that a wired VM will be an easy-to-use device that minimally affects daily workflow. The wired component makes the VM an easy plug and play device. The buttons and functions of the VM are the same as the standard issued computer mouse.

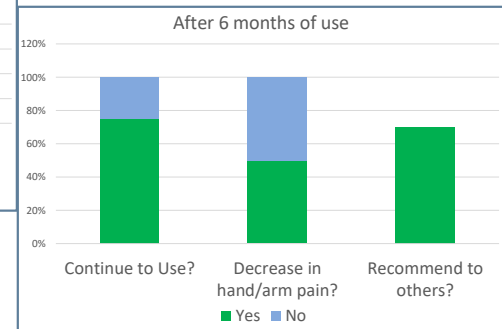
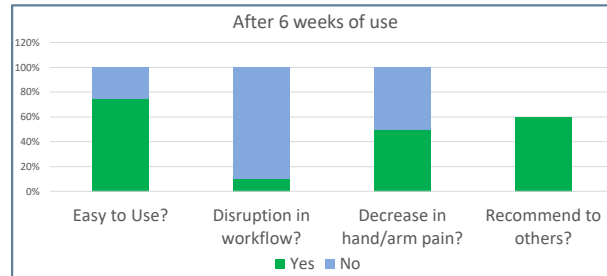


Methods

We applied for and received funds from the Houston Methodist Physician Organization (HMPO) Joy In Medicine Initiative (JIMI) Seed Funds to purchase 30 wired VM. We chose a total of 30 physicians, APPs, and PhD clinicians across multiple specialties currently practicing in the Houston Methodist the Woodlands hospital and outpatient practices to use the wired VM for 6 weeks. After 6 weeks of use, a survey was conducted to gather feedback on use of use and likelihood to continue use and/or recommend the VM for their colleagues to use. After 6 months, a survey was conducted to gather feedback on continuation of use, sustained decrease in pain, and recommendation to others.



Result



Result/Implications

This project demonstrated that a wired ergonomic vertical computer mouse is easy to use with few disruptions in daily workflow. Users indicated mild challenges with overarching benefits of reduced wrist strain and pain. Most users would recommend a VM to their peers. Most users continued their use of the VM with continued benefits of pain reduction and have recommended a VM to their colleagues.

A vertical mouse is a durable and trackable investment to improve workspace resilience while promoting a culture of wellness that keeps our physicians, APPs and PhD clinicians free from injury and support their professional longevity.

Future Action

We believe this project has system wide implications for the well-being of the physicians, APPs, and PhD clinicians working at Houston Methodist. We hope to continue collaboration with our supply chain and executive leadership within the HMPO to invest in a culture of well-being in the workspace.

This project provides a simple, effective, durable and economical tool to invest in our clinicians. Feeling valued is a key driver of engagement, professional fulfillment and reduction in occupational burnout. We hope this work inspires other healthcare organizations to invest in workspace ergonomics for their clinicians and all employees.

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Acknowledgments

Thank you to the HMPO JIMI Seed Funds for funding this initiative. Thank you for Christina Mashburn, the Director of Supply Chain at HMTW, for making it easy to order any ergonomic workspace product. Thank you to all the participants in this initiative for their feedback.

INNOVATION

15

Medical Psychology of Care: An Invisible Social Innovation

Ramegowda Belakere, MD, PhD

Houston Methodist Sugar Land



Full poster on the next page

1. The Unrecognized Dimension of Healthcare

Modern healthcare excels at technology, pharmaceuticals, diagnostics, protocols and operational efficiency. Yet one of the most powerful determinants of patient outcomes remains **unrecognized** — the psychological environment in which care is delivered.^{1,5}

Medical Psychology of Care (MPC) is a clinical and systems framework that integrates the psychology of patients, families, clinicians, teams and organizations into medical care.

It recognizes that perception, emotion, cognition, communication, relationships and social context influence how illness is experienced, how decisions are made, and whether care is understood, accepted and sustained.^{1,5}

The innovation is not simply adding psychology to medicine. It is recognizing psychology as part of the operating system of healthcare.

2. The Traditional Medical Model

Focuses on the visible and measurable:

- Diagnosis
- Laboratory findings
- Imaging
- Procedures
- Medications
- Protocols
- Operational metrics

But it does not fully explain why:

- Similar patients experience different outcomes
- Communication failures lead to harm
- Burnout alters judgment
- Anxiety amplifies symptoms
- Distrust reduces adherence
- Families can destabilize care
- Institutional pressure changes physician behavior.^{13,6}

MPC focuses on the invisible variables that interact with medical treatment.

3. Why This Is a Social Innovation



Social innovation addresses unmet human needs by changing how people, organizations and systems work together — not just by introducing new technology.⁷

MPC integrates psychological, emotional and relational factors into everyday healthcare, transforming interactions among patients, families and clinicians, and encouraging organizations to recognize relational care as a core component of quality practice.

The innovation is a change in the social architecture of care — not merely a new technology.

4. The Social Impact Potential



MPC may improve:

- Patient trust
- Adherence
- Physician morale
- Team communication
- Family engagement
- Ethical decision making
- Healthcare sustainability
- Burnout prevention
- Safety culture

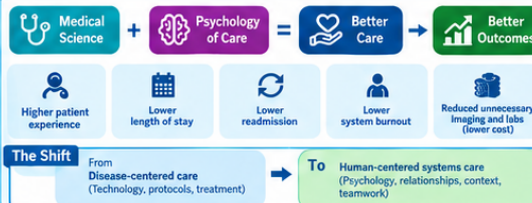
It may reduce unnecessary suffering that arises not from disease itself, but from psychological fragmentation within healthcare systems.¹⁴

The Medical Psychology of Care An Interconnected Human Ecosystem



Care is not delivered in isolation.
It is an interconnected human ecosystem.

The Main Equation



5. Four Core Principles

- 1. Care Is a Psychological Ecosystem**
Outcomes emerge from interactions among patients, families, clinicians, teams, institutions, communication and social expectations.^{1,5}
 - 2. Perception Influences Physiology and Behavior**
Fear and uncertainty can increase stress responses and symptoms. Calm, clear communication can reduce distress and support regulation.⁸⁻¹³
 - 3. Institutional Psychology Shapes Care**
Shared norms and pressures (e.g., litigation, metrics, throughput, burnout) influence decisions and behavior.¹⁴⁻¹⁶
 - 4. Human Factors Are Clinical Variables**
Fatigue, burnout, communication, family anxiety, cognitive load and emotional containment directly affect outcomes.¹⁷⁻²⁰
- These are not "soft issues."
They are clinical variables within the healthcare system.

6. From Mechanical Care to Human-Centered Systems



7. Closing Reflection

- The next major innovation in healthcare may not emerge from technology alone. It may emerge from recognizing that medicine is not merely the treatment of organs and diseases, but the management of human experience under conditions of fear, uncertainty, vulnerability and hope.¹⁴
- ✓ Healthcare innovation must be human-centered.
 - ✓ Medicine treats disease — and human experience.
 - ✓ Psychology shapes patient outcomes.
 - ✓ Medical psychology of care makes the invisible visible.
 - ✓ Human experience can transform healthcare.
 - ✓ Medical psychology of care is a new social innovation.

Invisible Innovation in Care.
Invincible Power. Transforming Healthcare.

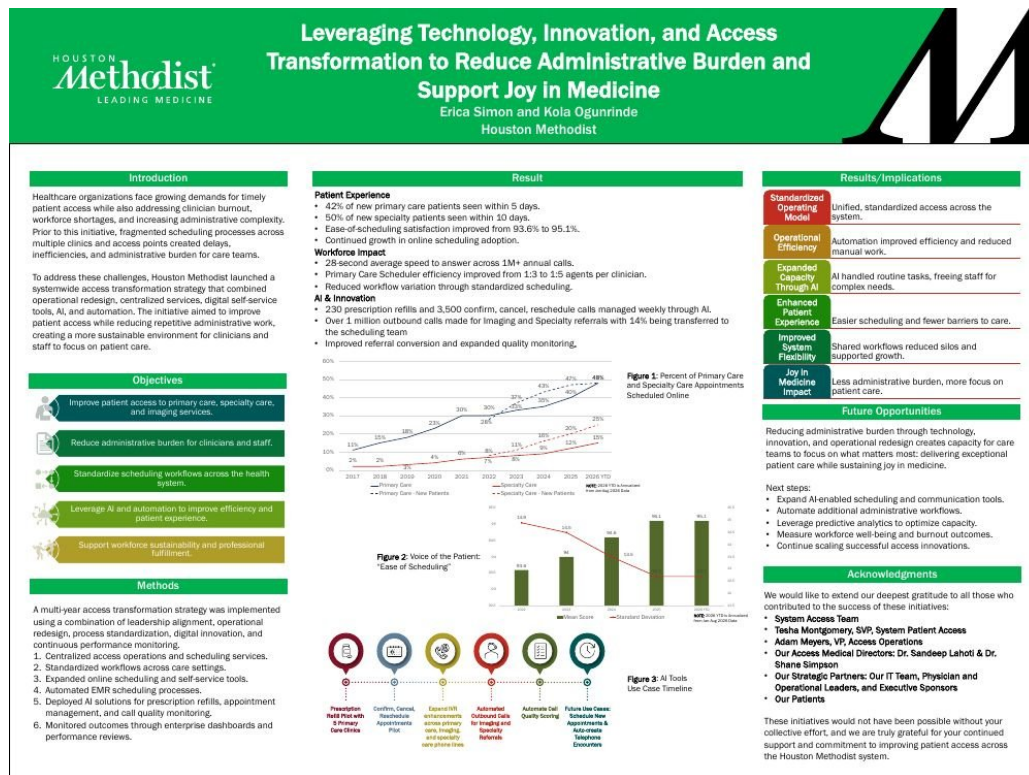
INNOVATION

16

Reimagining Access to Improve Patient and Clinician Experience Through Technology and Innovation

Erica Simon, MBA, CMCS; Kola Ogunrinde, MHA; Pooja Sheth, MBA

Houston Methodist



Full poster on the next page

Leveraging Technology, Innovation, and Access Transformation to Reduce Administrative Burden and Support Joy in Medicine

Erica Simon and Kola Ogunrinde
Houston Methodist

Introduction

Healthcare organizations face growing demands for timely patient access while also addressing clinician burnout, workforce shortages, and increasing administrative complexity. Prior to this initiative, fragmented scheduling processes across multiple clinics and access points created delays, inefficiencies, and administrative burden for care teams.

To address these challenges, Houston Methodist launched a systemwide access transformation strategy that combined operational redesign, centralized services, digital self-service tools, AI, and automation. The initiative aimed to improve patient access while reducing repetitive administrative work, creating a more sustainable environment for clinicians and staff to focus on patient care.

Objectives

- Improve patient access to primary care, specialty care, and imaging services.
- Reduce administrative burden for clinicians and staff.
- Standardize scheduling workflows across the health system.
- Leverage AI and automation to improve efficiency and patient experience.
- Support workforce sustainability and professional fulfillment.

Methods

A multi-year access transformation strategy was implemented using a combination of leadership alignment, operational redesign, process standardization, digital innovation, and continuous performance monitoring.

- Centralized access operations and scheduling services.
- Standardized workflows across care settings.
- Expanded online scheduling and self-service tools.
- Automated EMR scheduling processes.
- Deployed AI solutions for prescription refills, appointment management, and call quality monitoring.
- Monitored outcomes through enterprise dashboards and performance reviews.

Result

Patient Experience

- 42% of new primary care patients seen within 5 days.
- 50% of new specialty patients seen within 10 days.
- Ease-of-scheduling satisfaction improved from 93.6% to 95.1%.
- Continued growth in online scheduling adoption.

Workforce Impact

- 28-second average speed to answer across 1M+ annual calls.
- Primary Care Scheduler efficiency improved from 1:3 to 1:5 aspects per clinician.
- Reduced workflow variation through standardized scheduling.

AI & Innovation

- 230 prescription refills and 3,500 confirm, cancel, reschedule calls managed weekly through AI.
- Over 1 million outbound calls made for Imaging and Specialty referrals with 14% being transferred to the scheduling team
- Improved referral conversion and expanded quality monitoring.

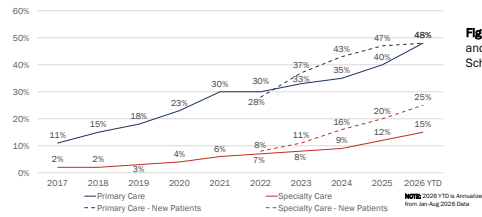


Figure 1: Percent of Primary Care and Specialty Care Appointments Scheduled Online

Figure 2: Voice of the Patient: "Ease of Scheduling"

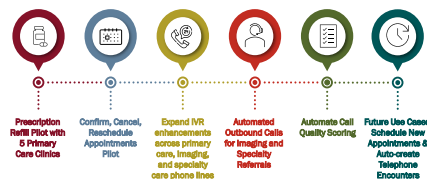
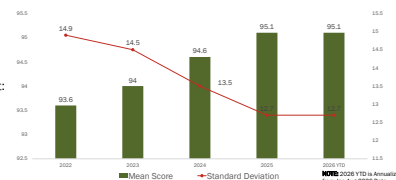


Figure 3: AI Tools Use Case Timeline

Results/Implications

Standardized Operating Model	Unified, standardized access across the system.
Operational Efficiency	Automation improved efficiency and reduced manual work.
Expanded Capacity Through AI	AI handled routine tasks, freeing staff for complex needs.
Enhanced Patient Experience	Easier scheduling and fewer barriers to care.
Improved System Flexibility	Shared workflows reduced silos and supported growth.
Joy In Medicine Impact	Less administrative burden, more focus on patient care.

Future Opportunities

Reducing administrative burden through technology, innovation, and operational redesign creates capacity for care teams to focus on what matters most: delivering exceptional patient care while sustaining joy in medicine.

Next steps:

- Expand AI-enabled scheduling and communication tools.
- Automate additional administrative workflows.
- Leverage predictive analytics to optimize capacity.
- Measure workforce well-being and burnout outcomes.
- Continue scaling successful access innovations.

Acknowledgments

We would like to extend our deepest gratitude to all those who contributed to the success of these initiatives:

- System Access Team**
- Tesha Montgomery, SVP, System Patient Access**
- Adam Meyers, VP, Access Operations**
- Our Access Medical Directors: Dr. Sandeep Lahoti & Dr. Shane Simpson**
- Our Strategic Partners: Our IT Team, Physician and Operational Leaders, and Executive Sponsors**
- Our Patients**

These initiatives would not have been possible without your collective effort, and we are truly grateful for your continued support and commitment to improving patient access across the Houston Methodist system.

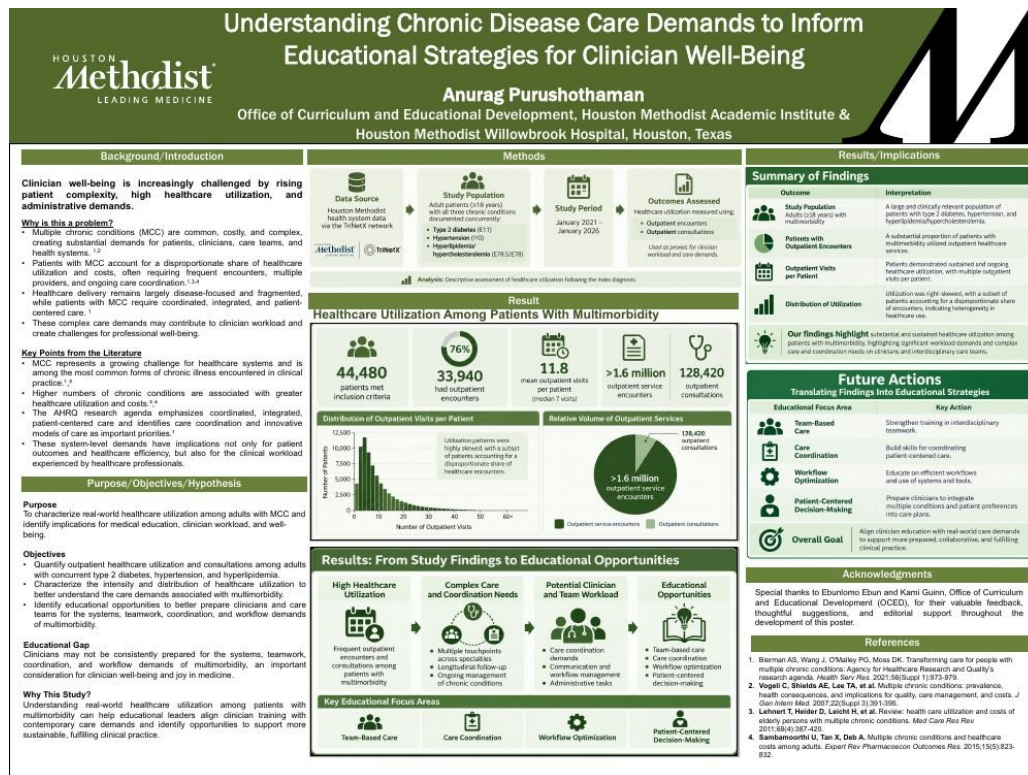
INNOVATION

17

Understanding Chronic Disease Care Demands to Inform Educational Strategies for Clinician Well-Being

Anurag Purushothaman, PhD

Houston Methodist Willowbrook Hospital



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Understanding Chronic Disease Care Demands to Inform Educational Strategies for Clinician Well-Being

Anurag Purushothaman

Office of Curriculum and Educational Development, Houston Methodist Academic Institute &
Houston Methodist Willowbrook Hospital, Houston, Texas

Background/Introduction

Clinician well-being is increasingly challenged by rising patient complexity, high healthcare utilization, and administrative demands.

Why is this a problem?

- Multiple chronic conditions (MCC) are common, costly, and complex, creating substantial demands for patients, clinicians, care teams, and health systems.^{1,2}
- Patients with MCC account for a disproportionate share of healthcare utilization and costs, often requiring frequent encounters, multiple providers, and ongoing care coordination.^{1,3,4}
- Healthcare delivery remains largely disease-focused and fragmented, while patients with MCC require coordinated, integrated, and patient-centered care.¹
- These complex care demands may contribute to clinician workload and create challenges for professional well-being.

Key Points from the Literature

- MCC represents a growing challenge for healthcare systems and is among the most common forms of chronic illness encountered in clinical practice.^{1,2}
- Higher numbers of chronic conditions are associated with greater healthcare utilization and costs.^{2,4}
- The AHRQ research agenda emphasizes coordinated, integrated, patient-centered care and identifies care coordination and innovative models of care as important priorities.¹
- These system-level demands have implications not only for patient outcomes and healthcare efficiency, but also for the clinical workload experienced by healthcare professionals.

Purpose/Objectives/Hypothesis

Purpose

To characterize real-world healthcare utilization among adults with MCC and identify implications for medical education, clinician workload, and well-being.

Objectives

- Quantify outpatient healthcare utilization and consultations among adults with concurrent type 2 diabetes, hypertension, and hyperlipidemia.
- Characterize the intensity and distribution of healthcare utilization to better understand the care demands associated with multimorbidity.
- Identify educational opportunities to better prepare clinicians and care teams for the systems, teamwork, coordination, and workflow demands of multimorbidity.

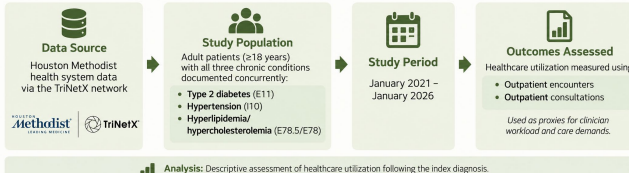
Educational Gap

Clinicians may not be consistently prepared for the systems, teamwork, coordination, and workflow demands of multimorbidity, an important consideration for clinician well-being and joy in medicine.

Why This Study?

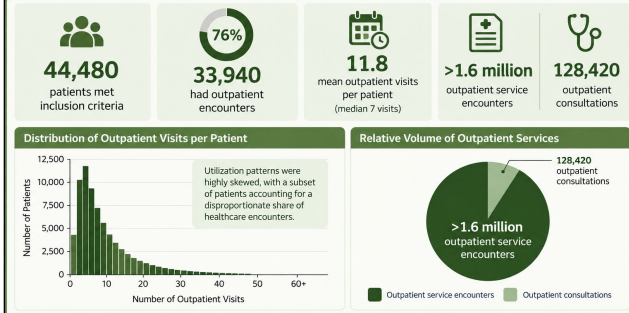
Understanding real-world healthcare utilization among patients with multimorbidity can help educational leaders align clinician training with contemporary care demands and identify opportunities to support more sustainable, fulfilling clinical practice.

Methods

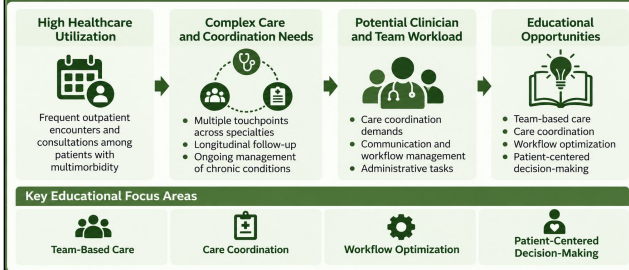


Result

Healthcare Utilization Among Patients With Multimorbidity



Results: From Study Findings to Educational Opportunities



Results/Implications

Summary of Findings

Outcome	Interpretation
Study Population Adults (≥18 years) with multimorbidity	A large and clinically relevant population of patients with type 2 diabetes, hypertension, and hyperlipidemia/hypercholesterolemia.
Patients with Outpatient Encounters	A substantial proportion of patients with multimorbidity utilized outpatient healthcare services.
Outpatient Visits per Patient	Patients demonstrated sustained and ongoing healthcare utilization, with multiple outpatient visits per patient.
Distribution of Utilization	Utilization was right-skewed, with a subset of patients accounting for a disproportionate share of encounters, indicating heterogeneity in healthcare use.
Our findings highlight	substantial and sustained healthcare utilization among patients with multimorbidity, highlighting significant workload demands and complex care and coordination needs on clinicians and interdisciplinary care teams.

Future Actions

Translating Findings Into Educational Strategies

Educational Focus Area	Key Action
Team-Based Care	Strengthen training in interdisciplinary teamwork.
Care Coordination	Build skills for coordinating patient-centered care.
Workflow Optimization	Educate on efficient workflows and use of systems and tools.
Patient-Centered Decision-Making	Prepare clinicians to integrate multiple conditions and patient preferences into care plans.
Overall Goal	Align clinician education with real-world care demands to support more prepared, collaborative, and fulfilling clinical practice.

Acknowledgments

Special thanks to Ebunlomo Ebum and Kami Guinn, Office of Curriculum and Educational Development (OCD), for their valuable feedback, thoughtful suggestions, and editorial support throughout the development of this poster.

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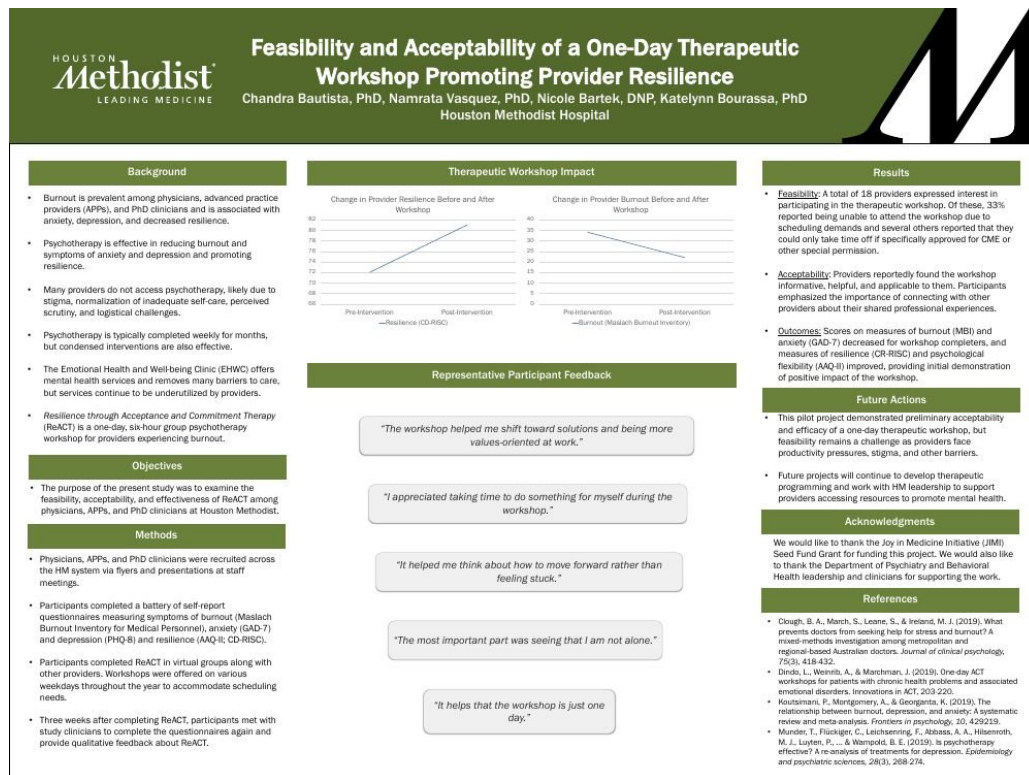
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INNOVATION

18

Feasibility and Acceptability of a One-Day Therapeutic Workshop Promoting Provider Resilience

Chandra Bautista, PhD; Namrata N. Vasquez, PhD; Nicole Bartek, DNP; Katelynn Bourassa, PhD
Houston Methodist Hospital & Houston Methodist Academic Institute



Full poster on the next page

Feasibility and Acceptability of a One-Day Therapeutic Workshop Promoting Provider Resilience

Chandra Bautista, PhD, Namrata Vasquez, PhD, Nicole Bartek, DNP, Katelynn Bourassa, PhD
Houston Methodist Hospital

Background

- Burnout is prevalent among physicians, advanced practice providers (APPs), and PhD clinicians and is associated with anxiety, depression, and decreased resilience.
- Psychotherapy is effective in reducing burnout and symptoms of anxiety and depression and promoting resilience.
- Many providers do not access psychotherapy, likely due to stigma, normalization of inadequate self-care, perceived scrutiny, and logistical challenges.
- Psychotherapy is typically completed weekly for months, but condensed interventions are also effective.
- The Emotional Health and Well-being Clinic (EHWC) offers mental health services and removes many barriers to care, but services continue to be underutilized by providers.
- *Resilience through Acceptance and Commitment Therapy* (ReACT) is a one-day, six-hour group psychotherapy workshop for providers experiencing burnout.

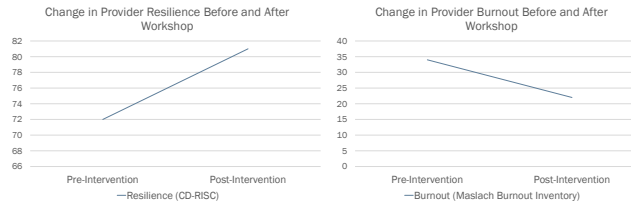
Objectives

- The purpose of the present study was to examine the feasibility, acceptability, and effectiveness of ReACT among physicians, APPs, and PhD clinicians at Houston Methodist.

Methods

- Physicians, APPs, and PhD clinicians were recruited across the HM system via flyers and presentations at staff meetings.
- Participants completed a battery of self-report questionnaires measuring symptoms of burnout (Maslach Burnout Inventory for Medical Personnel), anxiety (GAD-7) and depression (PHQ-8) and resilience (AAQ-II; CD-RISC).
- Participants completed ReACT in virtual groups along with other providers. Workshops were offered on various weekdays throughout the year to accommodate scheduling needs.
- Three weeks after completing ReACT, participants met with study clinicians to complete the questionnaires again and provide qualitative feedback about ReACT.

Therapeutic Workshop Impact



Representative Participant Feedback

"The workshop helped me shift toward solutions and being more values-oriented at work."

"I appreciated taking time to do something for myself during the workshop."

"It helped me think about how to move forward rather than feeling stuck."

"The most important part was seeing that I am not alone."

"It helps that the workshop is just one day."

Results

- **Feasibility:** A total of 18 providers expressed interest in participating in the therapeutic workshop. Of these, 33% reported being unable to attend the workshop due to scheduling demands and several others reported that they could only take time off if specifically approved for CME or other special permission.
- **Acceptability:** Providers reportedly found the workshop informative, helpful, and applicable to them. Participants emphasized the importance of connecting with other providers about their shared professional experiences.
- **Outcomes:** Scores on measures of burnout (MBI) and anxiety (GAD-7) decreased for workshop completers, and measures of resilience (CR-RISC) and psychological flexibility (AAQ-II) improved, providing initial demonstration of positive impact of the workshop.

Future Actions

- This pilot project demonstrated preliminary acceptability and efficacy of a one-day therapeutic workshop, but feasibility remains a challenge as providers face productivity pressures, stigma, and other barriers.
- Future projects will continue to develop therapeutic programming and work with HM leadership to support providers accessing resources to promote mental health.

Acknowledgments

We would like to thank the Joy in Medicine Initiative (JIMI) Seed Fund Grant for funding this project. We would also like to thank the Department of Psychiatry and Behavioral Health leadership and clinicians for supporting the work.

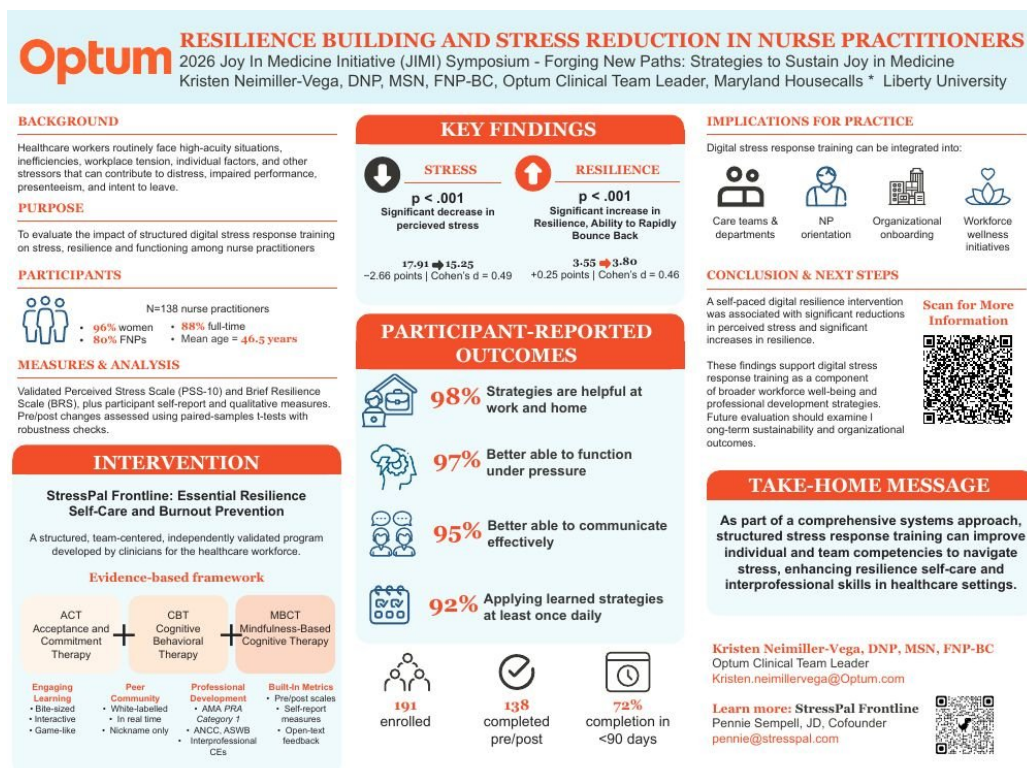
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INNOVATION

19 Resilience Building and Stress Reduction in Nurse Practitioners

Kristen Neimiller-Vega; James Monroe, PhD; Pennie Sempell, JD; Karen Knecht, MSN, RN-BC
Liberty University/StressPal



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RESILIENCE BUILDING AND STRESS REDUCTION IN NURSE PRACTITIONERS

2026 Joy In Medicine Initiative (JIMI) Symposium - Forging New Paths: Strategies to Sustain Joy in Medicine

Kristen Neimiller-Vega, DNP, MSN, FNP-BC, Optum Clinical Team Leader, Maryland Housecalls * Liberty University

BACKGROUND

Healthcare workers routinely face high-acuity situations, inefficiencies, workplace tension, individual factors, and other stressors that can contribute to distress, impaired performance, presenteeism, and intent to leave.

PURPOSE

To evaluate the impact of structured digital stress response training on stress, resilience and functioning among nurse practitioners

PARTICIPANTS



N=138 nurse practitioners

- 96% women
- 88% full-time
- 80% FNP's
- Mean age = 46.5 years

MEASURES & ANALYSIS

Validated Perceived Stress Scale (PSS-10) and Brief Resilience Scale (BRS), plus participant self-report and qualitative measures. Pre/post changes assessed using paired-samples t-tests with robustness checks.

INTERVENTION

StressPal Frontline: Essential Resilience Self-Care and Burnout Prevention

A structured, team-centered, independently validated program developed by clinicians for the healthcare workforce.

Evidence-based framework

ACT
Acceptance and
Commitment
Therapy



CBT
Cognitive
Behavioral
Therapy



MBCT
Mindfulness-Based
Cognitive Therapy

Engaging
Learning
• Bite-sized
• Interactive
• Game-like

Peer
Community
• White-labelled
• In real time
• Nickname only

Professional
Development
• AMA PRA
Category 1
• ANCC, ASWB
• Interprofessional
CEs

Built-In Metrics
• Pre/post scales
• Self-report
measures
• Open-text
feedback



191
enrolled



138
completed
pre/post



72%
completion in
<90 days

KEY FINDINGS



STRESS

$p < .001$
Significant decrease in
perceived stress

17.91 $\rightarrow$ 15.25
-2.66 points | Cohen's d = 0.49



RESILIENCE

$p < .001$
Significant increase in
Resilience, Ability to Rapidly
Bounce Back

3.55 $\rightarrow$ 3.80
+0.25 points | Cohen's d = 0.46

PARTICIPANT-REPORTED OUTCOMES



98% Strategies are helpful at work and home



97% Better able to function under pressure



95% Better able to communicate effectively



92% Applying learned strategies at least once daily

IMPLICATIONS FOR PRACTICE

Digital stress response training can be integrated into:



Care teams & departments



NP orientation



Organizational onboarding



Workforce wellness initiatives

CONCLUSION & NEXT STEPS

A self-paced digital resilience intervention was associated with significant reductions in perceived stress and significant increases in resilience.

These findings support digital stress response training as a component of broader workforce well-being and professional development strategies. Future evaluation should examine long-term sustainability and organizational outcomes.

Scan for More Information



TAKE-HOME MESSAGE

As part of a comprehensive systems approach, structured stress response training can improve individual and team competencies to navigate stress, enhancing resilience self-care and interprofessional skills in healthcare settings.

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Learn more: StressPal Frontline
Pennie Sempell, JD, Cofounder
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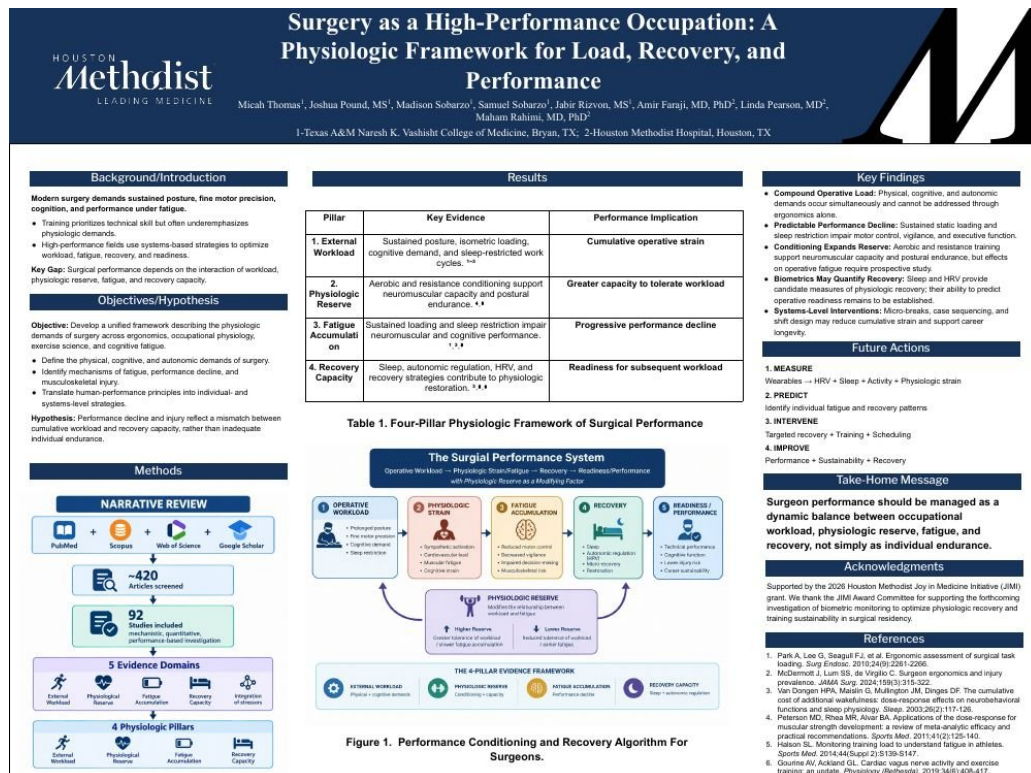


INNOVATION

20

Surgery as a High-Performance Occupation: A Physiologic Framework for Load, Recovery, and Performance

Joshua Pound, MS4; Micah Thomas, MS4; Samuel Sobarzo, MS4; Madison Sobarzo, MS4
Texas A&M University School of Medicine



Full poster on the next page

Surgery as a High-Performance Occupation: A Physiologic Framework for Load, Recovery, and Performance

Micah Thomas¹, Joshua Pound, MS¹, Madison Sobarzo¹, Samuel Sobarzo¹, Jabir Rizvon, MS¹, Amir Faraji, MD, PhD², Linda Pearson, MD², Maham Rahimi, MD, PhD²

1-Texas A&M Naresh K. Vashisht College of Medicine, Bryan, TX; 2-Houston Methodist Hospital, Houston, TX

Background/Introduction

Modern surgery demands sustained posture, fine motor precision, cognition, and performance under fatigue.

- Training prioritizes technical skill but often underemphasizes physiologic demands.
- High-performance fields use systems-based strategies to optimize workload, fatigue, recovery, and readiness.

Key Gap: Surgical performance depends on the interaction of workload, physiologic reserve, fatigue, and recovery capacity.

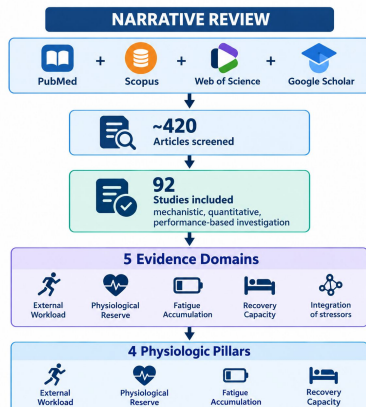
Objectives/Hypothesis

Objective: Develop a unified framework describing the physiologic demands of surgery across ergonomics, occupational physiology, exercise science, and cognitive fatigue.

- Define the physical, cognitive, and autonomic demands of surgery.
- Identify mechanisms of fatigue, performance decline, and musculoskeletal injury.
- Translate human-performance principles into individual- and systems-level strategies.

Hypothesis: Performance decline and injury reflect a mismatch between cumulative workload and recovery capacity, rather than inadequate individual endurance.

Methods



Results

Pillar	Key Evidence	Performance Implication
1. External Workload	Sustained posture, isometric loading, cognitive demand, and sleep-restricted work cycles. ¹⁻³	Cumulative operative strain
2. Physiologic Reserve	Aerobic and resistance conditioning support neuromuscular capacity and postural endurance. ^{4,5}	Greater capacity to tolerate workload
3. Fatigue Accumulation	Sustained loading and sleep restriction impair neuromuscular and cognitive performance. ^{1,3,6}	Progressive performance decline
4. Recovery Capacity	Sleep, autonomic regulation, HRV, and recovery strategies contribute to physiologic restoration. ^{3,7,8}	Readiness for subsequent workload

Table 1. Four-Pillar Physiologic Framework of Surgical Performance

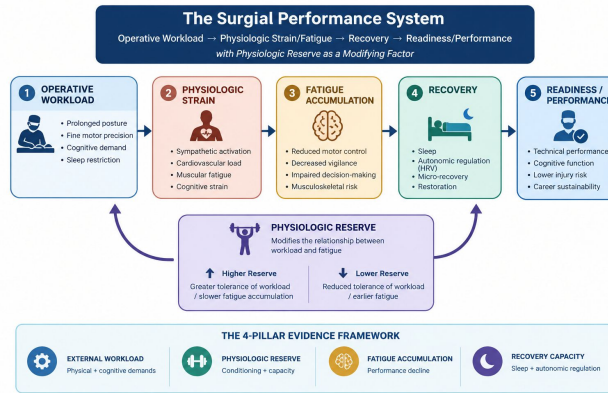


Figure 1. Performance Conditioning and Recovery Algorithm For Surgeons.

Key Findings

- **Compound Operative Load:** Physical, cognitive, and autonomic demands occur simultaneously and cannot be addressed through ergonomics alone.
- **Predictable Performance Decline:** Sustained static loading and sleep restriction impair motor control, vigilance, and executive function.
- **Conditioning Expands Reserve:** Aerobic and resistance training support neuromuscular capacity and postural endurance, but effects on operative fatigue require prospective study.
- **Biometrics May Quantify Recovery:** Sleep and HRV provide candidate measures of physiologic recovery; their ability to predict operative readiness remains to be established.
- **Systems-Level Interventions:** Micro-breaks, case sequencing, and shift design may reduce cumulative strain and support career longevity.

Future Actions

1. MEASURE

Wearables → HRV + Sleep + Activity + Physiologic strain

2. PREDICT

Identify individual fatigue and recovery patterns

3. INTERVENE

Targeted recovery + Training + Scheduling

4. IMPROVE

Performance + Sustainability + Recovery

Take-Home Message

Surgeon performance should be managed as a dynamic balance between occupational workload, physiologic reserve, fatigue, and recovery, not simply as individual endurance.

Acknowledgments

Supported by the 2026 Houston Methodist Joy in Medicine Initiative (JIMI) grant. We thank the JIMI Award Committee for supporting the forthcoming investigation of biometric monitoring to optimize physiologic recovery and training sustainability in surgical residency.

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