Dr. Barbara Couden (pronounced “cow-den”) Hernandez is the Director of Physician Vitality and Professor in the Loma Linda University School of Medicine. She formerly served as Director of Doctoral Clinical Training in the School of Behavioral Health and coordinator of the Medical Family Therapy program at Loma Linda University. Dr. Hernandez holds a Master of Science degree in Marriage and Family Therapy from Loma Linda University and a PhD in Family Social Science from the University of Minnesota. She is a Clinical Diplomate in the American Association of Marital and Family Therapy. She has worked as an intensive care nurse for over 20 years, taught marriage and family therapists, psychologists, public health, and social work graduate students for 15 years, and has provided individual and family therapy services in community mental health, hospital, and university settings, as well as private and group practices. Her publications address issues of spirituality, ambiguous loss, and partner violence.
Promoting Physician Vitality Across the Career

BARBARA HERNANDEZ, PHD
LOMA LINDA UNIVERSITY
So what makes a good doctor?
What can I offer to enhance good doctoring given my skill set?
Needs Assessment, 2011

- Students
  - Overwhelmed, specialty area, relationships, acculturation
- Interns and Residents
  - No control, hungry, affirmation and tools, reprieve
- Fellows
  - Professional development, refinement of self and skills
- Junior Faculty
  - Tired, research agenda, practice management, family life
- Senior Faculty
  - Futility of care, administration, reimbursement, training, career fulfillment, meaning and legacy
Education

- Schwartz Center Rounds
- Medical Humanities concentration
- Chief Resident Peer Coaching certificate
- Grand Rounds and Seminars
  - When the Nurse Drives You Crazy
  - It’s Not Your Mother’s Birds & Bees Talk
  - Suicide: A Goodbye Gone
  - Staying Warm Without Burning Out
  - How to Hold Effective Family Conferences
Collaborative Reflective Training
Support For Residents and Faculty

- Peer Support Training
- Family Medicine Support Group
- Lunch Meetings (Group and Individual)
- Evaluation and Referral Service
- Palliative Care Rounds
- Crisis Management
- Consultation
- Coaching
Retreats and Conferences: Power of the Pause

Pediatrics
NICU
Med Students
Psychiatry
Family Medicine
Internal Medicine
Prev Medicine
Chief Residents
Faculty Leadership
Department Chairs
Physician Gallery and Exhibits
School of Medicine

- Recruit by fit to our mission
- Ongoing program evaluation
- Altruistic and mission opportunities
- Advising, mentoring, coaching
- Incorporation of reflection
  - ORM course
  - Senior project
  - Portfolios
Medical Student Coaching

- Time management
- Study skills
- Self-defeating attitudes
- Relationship stressors
- Acculturation into medicine
- Family and relationship concerns
The Small Print About Being a Doctor

- Burnout prevention strategies
- Substance abuse and diversion programs
- Mental health and help-seeking
- Suicide
- Intimate partner violence
- Litigation
- Work-life balance strategies
School of Medicine Electives

- Electives
  - Critical Life Narratives in Clinical Practice
    - Self of physician
    - Power, privilege
    - Narrative emphasis
  - Sexual Health and Wellness
    - Self of physician
    - Skill set
    - Diversity
Student Vitality Track--2015

- Option to standard medical education
- Change culture re: hidden curriculum
- Adds 72 hours of curriculum aimed to
  - Promote reflection
  - Develop self-management skills
  - Teach psychosocial-relational clinical skills
  - Increase ability to tolerate ambiguity
  - Create resilience plan for the career span
  - Identify markers for resilience
Michael S. Goldstein, Ph.D. (Brown University)

**UCLA Associate Vice Provost, Healthy Campus Initiative**  
**Professor, Community Health Sciences and Sociology**  
**Faculty Associate, UCLA Center for Health Policy Research**

Michael S. Goldstein, has served the campus as interim Vice Provost for Graduate Education and the Dean of the Graduate Division. Goldstein was co-principal investigator and program director of CHIS-CAM, an NCI-funded follow-up study to the 2001 California Health Interview Survey that examines use of complementary and alternative medicine (CAM) among California adults, particularly those with cancer, and other chronic illnesses. At UCLA, he teaches graduate courses on complementary and alternative medicine, self-help, and self-care.

Goldstein’s published research on health promotion spans 30 years. During the late 1980s, his research examined factors that led conventionally trained physicians to become involved with CAM. In the early 1990s, Goldstein spent two years conducting research at The Wellness Community, a support center for people with cancer. In the mid-1990s, he was among the first researchers supported by the Office of Alternative Medicine for his study of patient satisfaction with CAM. More recently, he collaborated on a study to compare the impact of treatment confidence on pain and disability among patients with low-back pain treated by either physicians or chiropractors. His current work deals with the potential for CAM providers to assume a greater role in the provision of primary care in the nation’s health care system.

Goldstein is the author of two books: *The Health Movement: Promoting Fitness in America* (Macmillan 1992), and *Alternative Health Care: Medicine, Miracle, or Mirage* (Temple Univ. 1999). Both strive to understand changes in the way people seek to prevent and respond to serious illnesses as part of broader social and cultural changes in American society.

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Building a Social Movement Around Health & Wellness: The UCLA Healthy Campus Initiative*

Michael S. Goldstein, Ph.D.
Associate Vice Provost, UCLA
Professor, Fielding School of Public Health, UCLA

Medical Board of California
Sacramento, CA
July 24, 2014

• Envisioned and supported by a generous grant from Jane and Terry Semel.
The UCLA Healthy Campus Initiative

- Chancellor Gene Block’s commitment to make UCLA the healthiest campus in America;
- Jane & Terry Semel share the vision and provide the means to make the vision a reality.
- What does “health” or being the “healthiest” campus mean?
  - Is health the absence of symptoms and disease?
  - World Health Organization: health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”
  - Does a group of healthy individuals = a healthy community/campus?
What is the best way to build a healthy campus?

- Include existing programs and targeted interventions.
- However, a review of best practices made it clear that while HCI would include all sorts of targeted interventions, building a healthy campus would require a different focus:
  - Marginal success of targeted interventions
  - “Success” is either non-existent or very small, not long lasting nor clinically significant, especially for vulnerable populations

- Glasgow et. al. The future of health behavior change research: What is needed to improve translation of research into health promotion practice? ANNALS OF BEHAVIORAL MEDICINE 2004 27:3-12.
Although targeted programs showed only limited success, history demonstrated that major changes on campus were possible...

- Over the past 50 years we have seen significant changes:
  - Civil rights/racial and ethnic diversity
  - Feminism
  - Disability rights
  - LGBT rights
  - Environmentalism/sustainability

- What each of these changes had in common is that they grew out of social movements.
- Given these vivid successes, the decision was made to attempt to build a social movement around health and wellness on campus.
A health-driven social movement begins with:

• Understanding that the unhealthy choice is usually the norm;
• Acknowledging that society has not made healthy choices easy choices;
• Accepting that these norms reflect the dominance of certain groups and interests who benefit from the way things are.
The health-driven social movement evolves as the focus shifts from:

CHANGING the INDIVIDUAL to

CHANGING the STRUCTURE/CONTEXT in which the individual exists
Is it realistic for health and wellness to be core values on campuses today?

- On one hand, institutions of higher education can be particularly inhospitable to making health a core value:
  - Higher education places value on skepticism and questioning authority, versus conforming to rules about how to live one’s life.
  - College life presents students with newfound opportunities to make myriad of choices about life on a daily basis: what you eat, what substances you imbibe, who you have sex with, how late you stay up...
• On the other hand, colleges increasingly recognize that health and wellness can be:
  ▫ A means of “branding” themselves;
  ▫ A way (hypothesized) of saving money;
  ▫ A major issue for a growing number of campus groups:
    • Gender/sexuality
    • Ethnic (especially health disparities)
    • Sustainability/green/environmental
    • Health oriented groups: nutrition, mental health (meditation etc.), physical exercise, bicycle coalitions

• Thus, for many campuses, including UCLA, the time is ripe for making health and wellness core values on campus!
Key Organizing Principle: BOTTOM UP

• We start where people are:
  ▫ Defining health according to their own ideas, needs and values
  ▫ Placing value on shared personal experiences
  ▫ In terms of cost/benefits for risk, what do people really want?
    • Jobs, happiness, fulfillment, creativity, security, achievement
      versus
    • Cutting risk of illness or injury
A Healthy Campus movement is...

• Unafraid of conflict:
  ▫ Law students want to protest quality of dining commons;
  ▫ Faculty want to measure and improve air quality in the workplace;
  ▫ Cyclists challenging University relationship with politicians over off campus bike lanes.

• Supports groups with opposing goals:
  ▫ Campus bike group fosters the use of bike helmets;
  ▫ Another bike group wants to increase bicycle commuting and opposes helmet use, which is seen as a deterrent to cycling.
  ▫ Student groups favoring caloric labels on all foods;
  ▫ Body image support groups opposed to caloric labeling.

• Supports gender and ethnic-specific programs
  ▫ LGBT groups with a focus on identity specific goals;
  ▫ Groups (e.g. Sex Squad) that focus on common concerns (STDs, ability to say “no”).

WE SUPPORT THEM ALL!
“TOP DOWN” approaches are also important:

- Successful organizations (e.g. Kaiser Permanente, IBM, LAUSD) which have made health and wellness core values all say that strong leadership from the top is key to success.
- But for the most part, the top is responding to the bottom, not telling the bottom what to do.

LEADING BY EXAMPLE
Executive Directives & Actions

MEDIA
Statements from the Chancellor...
BruinPost, launch, press releases...

DECISION-MAKING
An independent Steering Committee with representatives from every part of campus including students and staff...

POLICY
Preamble to planning and development document...
100% Tobacco Free campus...
Negotiations with beverage companies for pouring rights...
Cutting Recreation membership fees for low salary level workers...

INFRASTRUCTURE
Building healthier dining halls...
Bike lanes...

MSGoldstein
WE BUILD

- Alliances
- Awareness
- Our brand
- The movement

Our logo goes most everywhere...