



«Da`em» Framework

Saudi Commission For Health Specialties (SCFHS)
National Guide For Wellbeing and Combating Burnout in
Postgraduate Health Professions' Education

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To our trainees, chief residents (CR's), program administrators (PA's), trainers, program directors (PD's), and all designated institutional officials (DIO's) at training centers across our country, thank you for your trust and dedication. We hope that this guide will nourish your wellbeing and ultimately enhance your training experience.

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Foreword

Wellbeing of healthcare workers is not a luxury; in fact, it is an indicator of the quality of healthcare organizations. On the other hand, burnout is the most well-known inverse metrics for wellness of healthcare workers. Postgraduate training represent an integral part of the experience of the future healthcare workers, it also contribute to the quality of healthcare delivered. Regulators and supervisors of training in healthcare system must take the required measures to combat burnout and enhance wellness in the learning and professional environment.

In Saudi Arabia, Health is among the top targets of the national “Vision 2030” transformational plans. As of 2020, Healthcare system(s) and postgraduate training programs in Saudi Arabia have been through major growth and transformation to meet the expanding healthcare demands across the country. In addition, huge burden and unprovoked disruption have emerged recently in healthcare delivery in response to the unprecedented circumstances that have emerged with COVID19 pandemic! Trainees are required to learn on the job, maintain running healthcare services, study at home, and accept the fact that they are constantly being under evaluation. Such situation has exposed postgraduate training programs to increasing workload, moral pressures, emotional distress, time constraints to fulfill clinical, training and research requirements in addition to holding accountability toward patient safety and quality assurance.

Saudi Commission For Health Specialties (SCFHS) has established a national wellbeing framework called “*Da'em*”, an Arabic term means: *Supporter*, that aims to combat burnout and enhance wellbeing in postgraduate health training. We would like to thank our partners in all healthcare sectors across the country for their leadership and shared vision. We are so proud with the national team of experts leading *Da'em*. To our team thank you for your dedication and hard work. We are quite confident that *Da'em* will have a positive impact not only on our trainees experience but also on the quality of healthcare.

Yours,

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Preface

Healthcare workers' and trainees' *wellbeing* have become an important global healthcare concern. Evidence from the international and national literature shows that more than half of healthcare providers suffer from a high level of stress and have experienced at least some symptoms of *burnout*.

Burnout carries serious negative implications for the healthcare providers that go beyond their psychological, mental, and physical wellbeing to affect the quality of healthcare provided, and patient's safety and satisfaction. Attempts at analyzing the problem of *burnout* has revealed two important facts: First: *Burnout* is a multifactorial problem that is related to job satisfaction, engagement, and the balance between demands and support at work. Second: *Burnout* is a system's issue and managing it is not the responsibility of the affected individuals alone! As trainee's burnout becomes a global issue, many training centers and authorities in North America and Europe have taken steps to minimize trainee's burnout and promote wellbeing.

Healthcare institutions in Saudi Arabia have started to recognise the prevalence of burnout and its implications, with few of them moving to establish wellbeing services and mental health support. It has been obvious that there is a high need to establish a standardized national approach to endorse *wellbeing* and *combat burnout* in postgraduate healthcare training, which at the same time ensures confidentiality and sense of safety from stigma and negative repercussions on trainees. Early in 2017, SCFHS have recognized the magnitude of the problem and have started working on a national wellbeing program (called *Da'em*), that was successfully launched in 2019.

In this guide, we present *the national framework "Da'em" for promoting wellbeing and Combating Burnout in Postgraduate Health Professions' Education*. This framework has been reached by a multi-disciplinary, collaborative taskforce which analyzed the current situation and magnitude of burnout, identified the key drivers of wellbeing and burnout, and the contribution of various stakeholders, including trainees to each of these drivers. *Da'em* framework was built based on human factors and systems engineering. A multi-level onion-skin stakeholders' graph is presented in this document to simplify and disseminate the proposed model. Finally, this document presents the policies and procedures that SCFHS developed for getting this framework into implementation in training institutes via the following: providing general guidelines on the most important steps to be taken by training centers to cultivate the culture of wellbeing in the training programs, promote personal resilience of their trainees, emphasis on a healthy and balanced lifestyle, and how to deal with trainees with burnout and mental health issues if these have already occurred.

The initial feedback shows that *Da'em* is very effective in fulfilling trainees' wellbeing need. The preliminary data, that is still under analysis, suggest a great need for more wellbeing services for trainees. We hope that the implementation of *Da'em* framework, included in this document, in training institutions will leverage the *wellbeing* and *combat burnout* during training.

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I. Wellbeing and Burnout of Healthcare Professionals: A Problem Identification

a- Magnitude of the problem:

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. According to World Health Organization (WHO), burnout is characterized by three dimensions: (i) feelings of energy depletion or exhaustion; (ii) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and (iii) reduced professional efficacy (1). This definition emphasizes that *burnout* refers specifically to a phenomenon in the occupational context and should not be applied to describe experiences in other areas of life.

Burnout among healthcare providers is a global problem that has reached global epidemic levels. According to a study from the Department of Medicine Program on Physician *Wellbeing* at Mayo Clinic more than half of U.S. physicians had at least one symptom of professional *burnout* (2). Results from the 2018 Survey of America's Physicians Practice Patterns and Perspectives reported *burnout* among 78% of doctors (3). Similarly, the British Medical Association 2019 survey found that 80% of physicians were at "high or very high risk" of *burnout* (4).

Nationally, in their "Progressive Model for Quality Benchmarks of Trainees' Satisfaction in Medical Education" publication, Housawi et al (5), found that almost two third of the SCFHS postgraduate trainees respondents "feel that they experience a significant rate of *burnout* in their lives that has a key impact on their professional conduct and their lives". When the trainees were asked: (How frequently do you feel "burned out" and unable to cope anymore?), 28% responded that this is "always", 39% answered as "sometimes", 15.6% feel it rarely, 13.7% mentioned that it depends. Only approximately 4% reported that they have "never" felt burned out.

Alosaimi FD et al, examined the prevalence of perceived stress among 938 Saudi residents of medical training programs. They concluded that the perceived *stress* among residents of the surveyed medical programs in Saudi Arabia is at similar levels or even slightly more than that reported worldwide (6). Another study among Saudi radiology residents found that around 25% of them have high *burnout*, and more than 50% of the respondents scored high on emotional exhaustion (7).

Alfaleh HM, found significant levels of *burnout* among family medicine and internal medicine residents. Results showed that depersonalization and personal achievement *burnout* is more among family medicine residents compared to internal medicine (8).

Da'em research team led by Alomar S, conducted a national survey that was completed by 6606 trainees; 57.1% of trainees enrolled in SCFHS training programs in the academic year of 2018-2019. The survey sample included adequate representation of trainees from all specialties, levels of training, and provinces in Saudi Arabia. Fifty six percent of respondents reported *burnout* (high emotional exhaustion and/or high *depersonalization*). Moreover, 40% of the responding trainees met the criteria of major *depression* by patients' health questionnaire-9. The survey results also raise concerns about *stress* levels among the trainees as 74% of respondents reported that they suffer from moderate *stress* levels, and 11% reported having a high level of *stress*. Results of this survey is under publication during the time of releasing this guide.

Based on the international and national magnitude of the problem of *burnout* among healthcare providers, we find the problem statement of Shenafelt (9) that "The rising tide of *burnout*, coupled with its personal and professional effects on quality of care and access, make *burnout* a major threat to the healthcare delivery system" is very true.

b- Personal and Professional Consequences of Burnout:

SCFHS believes that healthcare providers are one of the nation's most precious resources and that they should be assisted to perform at the top of their competencies while feeling well and leading a balanced life. As healthcare providers' job is physically and mentally demanding, it can result in negative impact on their mental and physical health. Moreover, when *wellbeing* becomes at risk, different undesirable health issues such as cardiovascular disease, hypercholesterolemia, type 2 diabetes, coronary heart disease, musculoskeletal pain, prolonged fatigue, headaches, and respiratory problems (10) may result. Furthermore, *Burnout* contributes to broken relationships and many studies have found an association between *burnout* and *depression* (11,12) as well as higher risks of physician suicide (13,14).

Physician *burnout* implications are not only personal. Studies indicate that physician *burnout* influences level of performance and quality of care (15), incidence of medical errors, doctor-patient relationship (16,17) and as such patient safety, and patient satisfaction (18,19). As such, it has been argued that physician distress is an important quality indicator for medical centers to monitor (20). A national study conducted in 2018 in Saudi Arabia found that physicians' *burnout*, exhaustion, and work unit safety measures were associated with major medical errors. The study recommended evaluation and modification of workload as well as a rapid physicians' *wellbeing* and unit safety intervention [21].

Burnout can be considered as the major reason for job dissatisfaction. In healthcare, many studies have shown that *burnout* can negatively affect career journey for health professionals (22,23). Because of behaviors such as absenteeism and

leaving career, *burnout* is also economically affecting health organizations. *Burnout* has strong links to physician turnover and professional work effort (24,25). The costs of replacing a physician (recruitment, onboarding, and lost patient care revenue during recruitment, relocation, and ramp up) are estimated, internationally, to be equal to about two to three times the physician's annual salary (26,27). A study in the US showed that the cost to turnover and losing productivity because of medical doctors' *burnout* is more than \$4 billion yearly (28).

When it comes to the graduate training programs, trainees with *burnout* were found to have low job satisfaction rates, higher risk of drop from training programs and consider quitting or change of their current training program. In a national study investigating the prevalence of *burnout* among Saudi pediatric residents, *burnout* was found to negatively affect acquisition of medical knowledge, patient care quality and professional conduct (29). All the above, international and national, evidence point to the importance of dealing with trainee's wellbeing as a top priority in order to have safe and effective practice (30,31).

II. Key Factors Contributing to Wellbeing or Burnout: The Required Balance between Job Demands and Resources

There are many factors that can contribute to healthcare workers professional *burnout*. However, evidence from the literature point to factors related to job satisfaction as key drivers of either work engagement and *wellness* or *burnout*. These key drivers can be categorized under: (1) job-demands, or (2) job-resources.

Factors related to job-demands include excessive workload, administrative burden, workflow interruptions, patient and family factors and moral distress. While factors related to job-resources include culture and values, job control and autonomy, relationships and social support, meaning of work and rewarding (5,31-35). Figure-1 illustrates the needed balance between job-resources and job-demands. When job demands exceed the available and accessible job resources, healthcare professionals become at high risk of *burnout*.

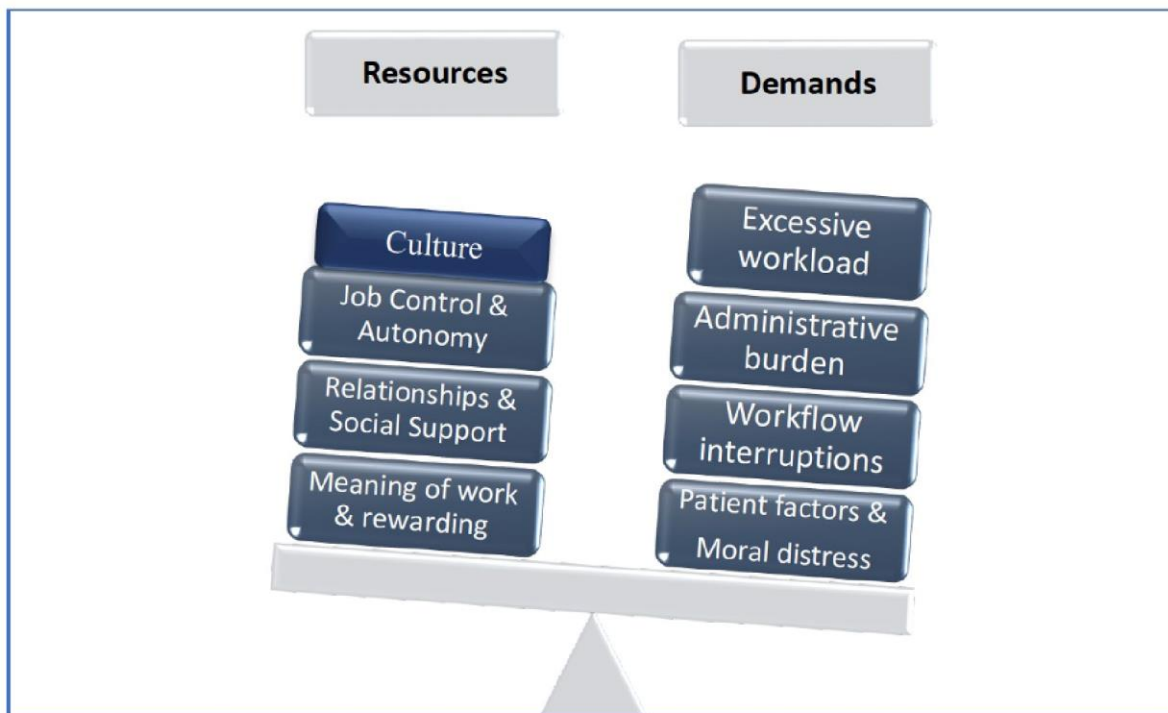


Figure (1): Work-System factors that contribute to burnout. (Based on the National Academies of Sciences, Engineering, and Medicine: Work system factors for clinician burnout and professional wellbeing (31))

Based on the national survey conducted by SCFHS (5), the overall satisfaction rate was found to be 58%. The highest satisfaction rate was reported by the Applied Health Science trainees (70%), while the lowest was among the Dentistry trainees (56.6%). Fellows were more satisfied than residents. Results of the trainees' satisfaction in relation to job demand showed that an average of 64% of residents were satisfied with their specialty, 65% were satisfied with the administrative support in training center, yet 35% reported being subjected to verbal abuse. As regards the satisfaction rates towards job resources and engagement, 76% of trainees were found

satisfied with the interaction with other residents and colleagues in training center while less than half of residents (41.4%) were satisfied with different academic activities provided in their training center. The reported satisfaction rates toward relationship with training stakeholders were 52%, 58% and 50% for training centers, training programs and SCFHS respectively.

Professional *burnout* is best to be looked at as a "systems issue". This means that its occurrence and prevention is not limited to the individual trainee/practitioner responsibility, but rather a shared responsibility between all the involved stakeholders in the hierarchy of healthcare postgraduate training and practice (5,35).

To build *Da'em wellbeing framework* on an evidence-based approach, we have identified first the key national drivers for wellbeing and *burnout*, as these relate to the workplace environment and trainee's personal resilience. Next, we have identified stakeholders and factors that can moderate and manage job demands and resources, in order to design a system that enhances wellbeing and prevents *burnout* and treats it if already happened.

SCFHS has developed a model (table-1) to outline the relationship between *stakeholders* contributing to *wellbeing* and *burnout* on one side, and the driving factors under *job-demands/resources* on the other side. This model was developed from the work of Shanafelt et al (31) as a national adaptation (with modification) derived from our national context. The model summarizes key driving factors of job-demands and job-resources with analysis of the following stakeholders' contribution: (1) Trainee, (2) Training program, (3) Healthcare Organization, and (4) Saudi Commission for Health Specialties (SCFHS) as the regulator of postgraduate health education. A set of factors have been deemed to be *bidirectional* where stakeholder performance can determine a *resource* versus *demand* effect.

The analysis presented in table (1) has been derived from review of national and international surveys, published research, and focus group rounds and was used to design "*Da'em*" national framework that targeted all levels of the four identified stakeholders (see next section). Moreover, SCFHS has been working on generating metrics to monitor the identified factors under the *job-resources* and *job-demands* domains. These metrics can then be integrated into training national *Quality* and *Accreditation* standards pertaining to *wellbeing*. The collective effect of these efforts shall provide clear guidelines to the training centers to build balanced work-training systems. Continuous feedback from the trainees and trainers can provide valid information to guide decision makers efforts towards continuous improvement.

Drivers	Trainee	Training Program	Training Institution	Regulator (SCFHS)
Demands	• Sleep deprivation • Moral distress • Interprofessional communication	• Mental workload • Ideal/high expectations • Poor task distribution	• Institutional internal regulations • Productivity targets • Administrative burden Patient load and complexity	• Compliance with regulations • Holding active institutional/program accreditation status • Maintaining professional registration and licensing • Time pressure related to training completion • Training tuitions
Bidirectional	• Personal values • Personality traits • Psychological capital • Professional habits • Socioeconomic status	• Specialty nature • Team dynamics • Balance between professional duties and training • Autonomy	• Institutional values • Physical environment • Safety • Staffing • Scheduling • Workload • Professional community • Information Technologies • Sponsorship • Rewarding	• Legislative function • Quality Assurance • Corporate Efficiency • Governance • Matching system for selection of best applicants
Resources	• Mindfulness • Resilience • Family Support • Healthy lifestyle	• Curriculum • Supervision • Mentorship • Coaching • Peer support • Recognition	• Learning opportunities • Wellbeing & Support • Administrative Support • Corporate Excellence	• National wellbeing program (Da'em) • Quality assurance & Monitoring • Regulations & Resources supporting trainee's rights & wellbeing • Institutional/program support • Faculty development • Trainees Empowerment program (Chief residents, Molhem, Horizon)

Table-1: SCFHS proposed analysis outlining the relationship between *stakeholders* contributing to *wellbeing* and *burnout* on one side, and the driving factors on the other side.

III. Da'em Framework:

Da'em project development and implementation was a project included in 2017-2020 SCFHS strategic plan. The overall aim of the project was to promote and support training institutes to host environment that improve the *health, safety* and overall *wellbeing* of trainees and to combat work associated *stress, burnout* and *mental health* diseases.

Figure (2) shows evolution of *Da'em* journey from raising the idea in 2017, launching the service in 2019, till expanding the service in 2020. On 29th, March 2020, in response to the COVID-19 pandemic, SCFHS have expanded the scope of *Da'em* services, beyond SCFHS postgraduate trainees, to include all health practitioners and postgraduate health profession scholarship recipients overseas. *Da'em* services have become available 24/7 to help healthcare workers and trainees to pass the unprecedented difficult times during pandemic. In June 2022, *Da'em* framework was released to guide and enable training centers to build their internal *wellbeing* system. Alignment has been made with SCFHS accreditation standards to have *Da'em* framework endorsed as a requirement for institutional accreditation by 2024. We are hoping that this gradual and modular approach of enhancing *wellbeing* is going to be effective in establishing healthy training environment across the country.

Figure (2): Evolution of Da'em as a national wellbeing program for healthcare system.



Da'em wellbeing framework emphasizes on the preventive measures through cultivating *wellbeing* concepts in the training centers policies and practice, enhancing personal resilience and encouraging healthy lifestyles and mindfulness. It also provides a model that endorses ongoing screening and provision of urgent support and mental health services for trainees by utilization of psychiatry and mental healthcare infrastructures readily available in training centers. *Da'em* brings all of this in highly confidential, safe and nonjudgmental environment.

Da'em wellbeing framework has been developed via an evidence-based approach that also applied engineering approaches of systems and human factors that affect professional *wellbeing*. The following methodology was used to build framework:

1. **Situational analyses:** To investigate magnitude of the problem of *burnout* among healthcare professionals (and trainees). This was held through review of national and international research in addition to focus group discussions with both trainees' and trainers' representations which were ran earlier during awareness and later launching campaigns held in four different regions across the kingdom.
2. **Define Drivers:** Identification of the key national drivers for wellbeing and *burnout* as these relate to the workplace environment and trainee's personal resilience.
3. **Define Stakeholders:** Identification of the multiple levels of stakeholders involved in moderating and managing the job-demands and job-resources and processes for enhancing wellbeing and preventing *burnout* and further treating it if already happened.
4. **Design Framework:** Building a *wellbeing framework* that is based on human factors and systems engineering according to the facts reached from earlier steps and recent international trends and recommendations. An "onionskin stakeholders' graph" has been developed (see figure-4) to present the framework and disseminate it.
5. **Review & Refine Framework:** To ensure that framework reached a level of content validity to assure that it is derived from and responsive to national context and needs.
6. **Policy Making & Alignment:** Development of the policies and procedures to ensure putting this framework into implementation, with full alignment with related policies in particular Accreditation standards and internal institutional policies.
7. **Change Management:** A plan was set to ensure modular and phased transformation in the training environment that includes but not limited to: awareness campaigns, identifying champions and advocates, alignment with policy making and implementations, and direct administrative and financial support.

Da'em framework has been developed by national multi-disciplinary team. It applies the recent approaches to professional *wellbeing*, in particular the recommendations of the 2019 National Academies of Sciences, Engineering, and Medicine report: "Taking action against clinicians *wellbeing*: A systems approach to professional *wellbeing*" that was presented in the 2020 ACGME conference in San Diego, USA.

Da'em framework was built utilizing a systems approach that clearly defines four levels of stakeholders, their roles and relationship across their levels of contributions. Continuous cycles of feedback and improvement are expected to result in a "learning healthcare system" that regularly maximizes its points of strength and minimizes areas of weaknesses. Figure (4) illustrates *Da'em* four-level stakeholders' framework.

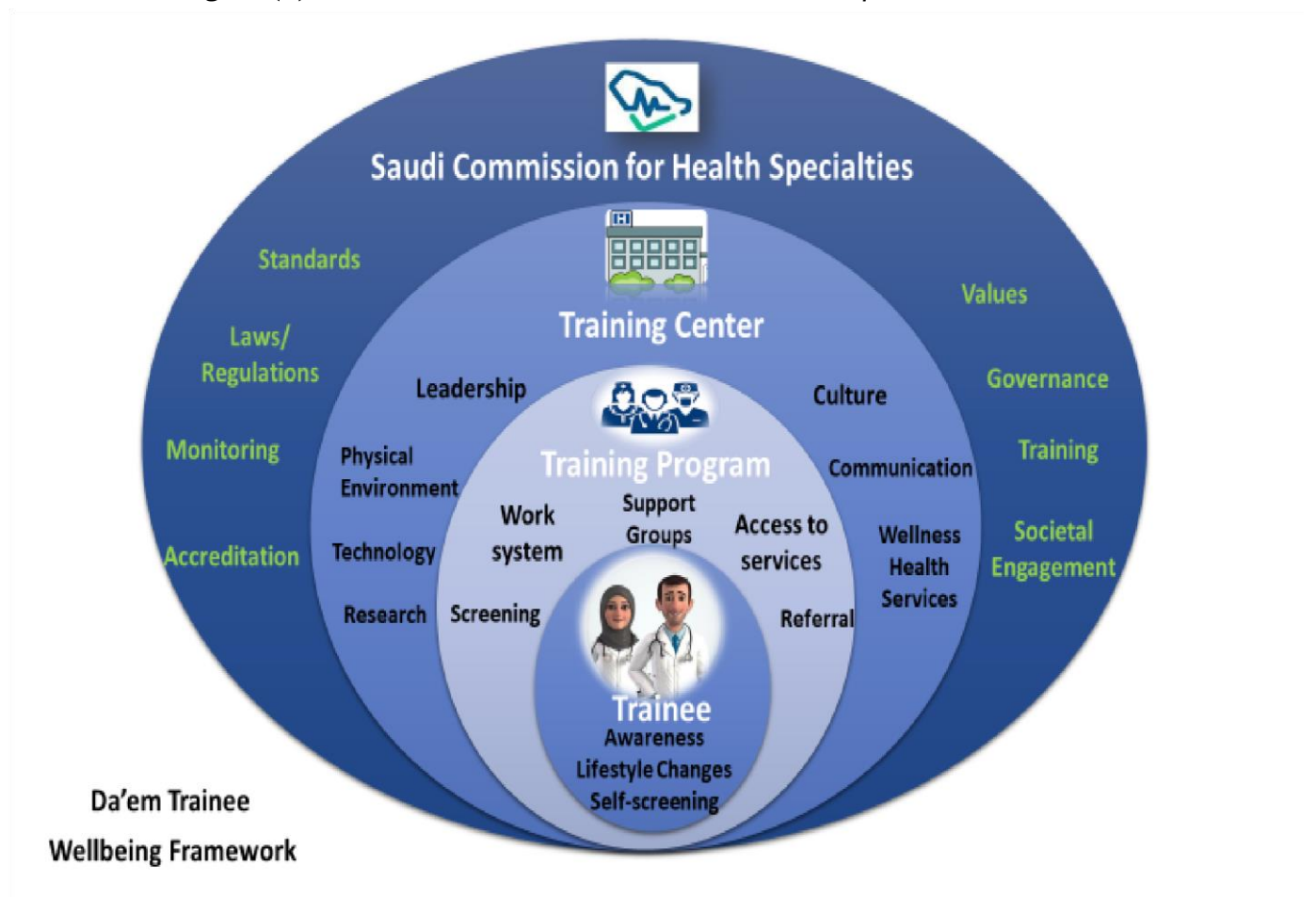


Figure (4) *Da'em* framework: Four-level onionskin stakeholders' graph.

IV. Wellbeing enhancement Guidelines for Training Institutes

a- Cultivating Culture of Wellbeing:

One of the main tasks of training centers is to cultivate a wellbeing culture and to create a resilient organization. This task involves different stakeholders across the training institute and aims at establishing a balanced organizational work environment; that adopts values and behaviors that promote self-care, personal and professional growth; and compassion towards self, colleagues and patients.

To establish the *wellbeing* concept in the training centers and programs, and change the *culture*, here are some key success factors:

- Leadership engagement and accountability
- Legislative changes to ensure regulated practices by *wellness* oriented policies
- Organizational infrastructure for *wellness* and health services (*wellbeing* committee, chief *wellbeing* supervisor, etc.)
- Balance between job demands and resources
- Assure user-friendly technology
- Engage trainees
- Engage others (nurses, quality department, patient safety, HR, etc.)
- Raise the awareness through communication and public relations (e.g. wellbeing website with online resources, Online self-screening tool for burnout, awareness campaign, internal lectures about impact of *burnout* on trainees, patients and institutes, periodic newsletter)
- Encourage research in *wellbeing* and work-related stress.

b- Enhancing Personal Resilience:

Resilience refers to the set of individual's skills, behaviors, and attitudes that contribute to physical, emotional, and professional *wellbeing* (36). Training centers are encouraged to organize activities that improve their trainee's personal resilience, such as:

1. Raise awareness of trainees regarding *resilience*, *wellbeing*, and *burnout*. Here are some useful resources:
 - a. Saudi Commission For Health Specialties (SCFHS); Da'em services:
<https://scfhs.org.sa/ar/training/daem>
 - b. Canadian Medical Association; Physician Wellness Hub:
<https://www.cma.ca/physician-wellness-hub>
 - c. Accreditation Council for Graduate Medical Education; Wellbeing Resources:
<https://dl.acgme.org/pages/well-being-tools-resources>
 - d. Royal College of Physician and Surgeon of Canada; Physician Wellness Taskforce Recommendations:
<https://www.royalcollege.ca/rcsite/canmeds/physician-wellness-e>
2. Ask all trainees to participate in a *Personal Resilience Survey* at the start of the program and periodically thereafter. The following are some suggested examples of such a survey:
 - a. Resilience Project, European Commission: (<http://www.resilience-project.eu/>)
http://www.resilience-project.eu/uploads/media/self_evaluation_en.pdf
 - b. The faculty of intensive care, UK; Resilience Hub:
(<https://www.ficm.ac.uk>)
<https://www.ficm.ac.uk/careersworkforcewellbeingresiliencehub/personal-resilience>
 - c. University of Denver, Academic Affairs:
(<https://academicaffairs.du.edu>)
https://academicaffairs.du.edu/sites/default/files/2022-03/resilience_self_assessment.pdf
 - d. Positive Psychology: (<https://positivepsychology.com>)
<https://positivepsychology.com/3-resilience-scales>
3. Encourage trainees to do self-screening to early detect any risk of *burnout*.
4. Assemble *peer support groups*:

In any organization, it is extremely healthy to have support and trust among colleagues, where they can share their struggle during difficult and

stressful situations. Such support is very important especially after stressful events like being involved in medical errors, patient aggression, or emotional stressors such as end of life encounters. Culture change is needed to move from culture of silence towards sharing and acceptance of human fallibility and to create a culture of psychological safety instead of shame and blame. Formal and informal peer support groups can serve this purpose. Peer Support Group should be confidential and legally protected. It is mostly provided by non-mental health clinicians who offer support to their colleagues after stressful or traumatic events. It can consist of a group of interprofessional healthcare providers from multiple specialties and levels of experience (faculty, fellows, residents) who have been trained to listen, offer perspective, stress self-care, and provide resources. The program can be activated by oversight groups such as safety, quality or risk; by managers or directors; by workers concerned about trainees and junior co-workers. Support can be activated by self-referral by emailing to a certain email or calling specific number. The American Medical Association has suggested the following five steps to build a peer support group (37):

1. Make the case to leadership that peer support is essential
2. Decide which healthcare team members your program will serve
3. Form a peer support team with strong communication skills
4. Train peer supporters and launch the program
5. Activate peer support interventions and provide additional resources

More details about each of these steps can be accessed on the American Medical Association medical education Hub; Peer support programs for physicians, through the following link: <https://edhub.ama-assn.org/steps-forward/module/2767766#section-247411629>

c- Lifestyle Changes:

Due to the competitive nature of healthcare career, trainees surprisingly might neglect their own basic needs, self-care, and in particular having healthy lifestyle (food, water, and exercise). As a result of high sense of commitment, trainees might feel that they are not supposed to get sick, and they tend to miss the balance between work and personal life. In this case, training centers should establish *wellbeing* programs to help trainees meet their basic needs.

The following interventions represent high impact easy wins within training center:

- Promote healthy eating habits and healthy food choices.
- Transform existing spaces into inspiring, clean, and quiet retreat zones.
- Utilize large area as a gym and encourage walking in the institute campus.
- Encourage social and sport activities among trainees.
- Provide education on negative coping strategies like smoking and substance abuse.

d- Mental Health Services:

Each training institute with mental health services, should be capable of providing psychological support for all trainees whenever needed. We developed the following intervention steps to help training institutes to initiate such services supported by guiding policies and procedures. The aim is to meet psychological demands of some trainees who might suffer psychologically during their training. The following graph illustrates the steps of establishing trainee's wellbeing services in the training institutes:



Figure (5): Steps of establishing trainee's wellbeing services in the training institutes.

After appointment of the Chief Wellbeing Supervisor and the formulation of the Wellbeing Committee (WC), the members of the WC will be responsible for the establishment and setup of Da'em Wellbeing Clinic (DWC) and the selection of the counsellors and clinic coordinator. Before starting the Da'em Wellbeing Clinic (DWC) and accepting any request or referral, the Wellbeing Committee and Chief Wellbeing Supervisor should launch awareness campaigns to present:

1. WC role, members and how to access
2. DWC role, function, time, scope of care, mode of access, confidentiality, privacy, covering counsellors, documentation, file system, etc.
3. Policy and procedures and how to reach such document.

V. Appointment of Chief Wellbeing Supervisor (CWS)

This should be the 1st step in initiating wellbeing services in the training center. As outlined below, the Chief Wellbeing Supervisor (CWS) should establish a Wellbeing Committee (WC).

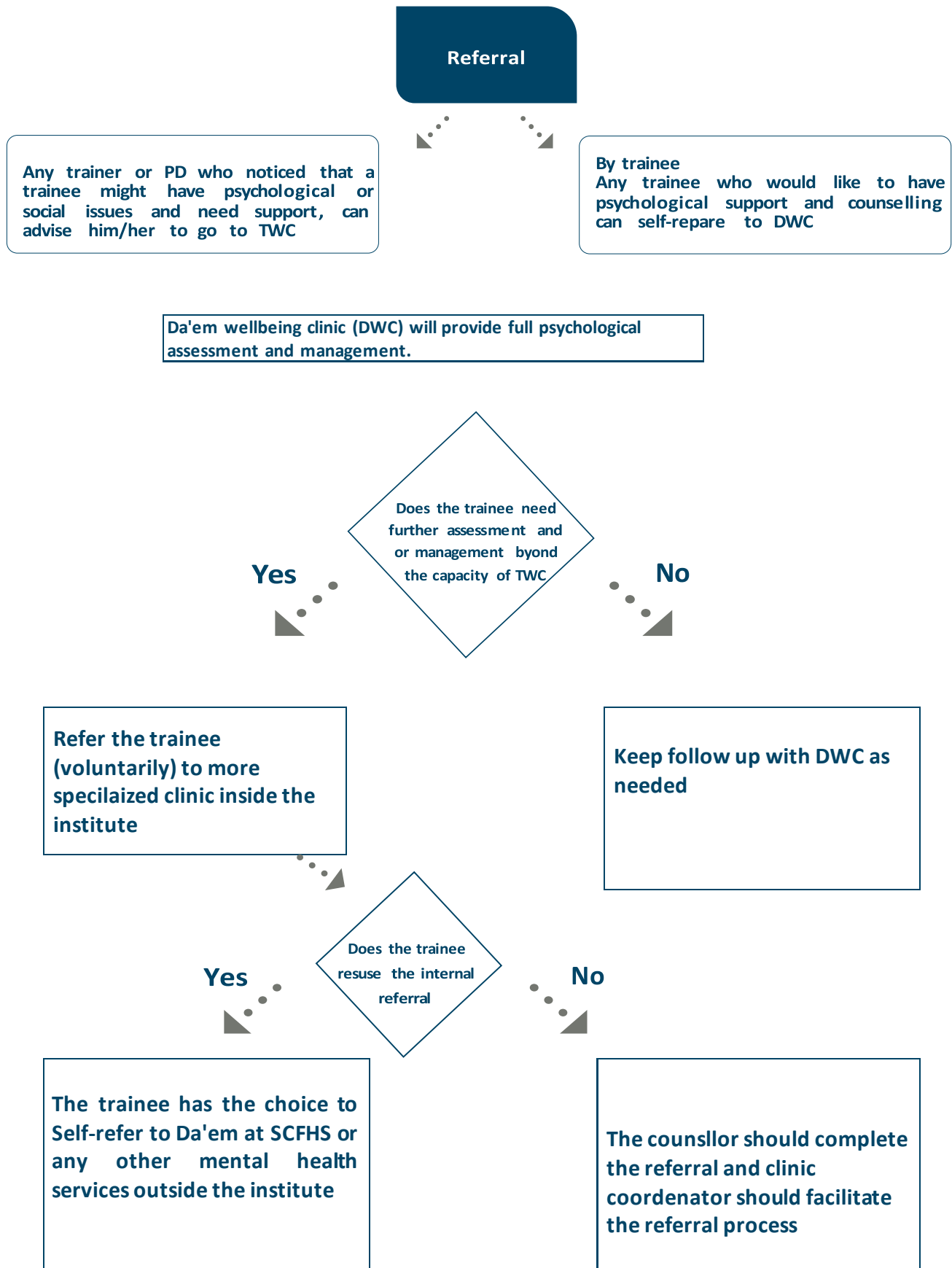
The American Medical Association has suggested the following helpful steps for leading change as a new Chief Wellness (38):

1. Clearly Define Your Scope and Charge
2. Study and Understand Your Organization
3. Build Your Team
4. Identify Existing Organizational Programs, Gaps, and Resources
5. Define and Develop Your Team's Mission and Strategy
6. Establish Partnerships, Distributed Leadership, and Thematic Task Forces
7. Develop a Bidirectional Communication Strategy
8. Set Performance Metrics for the Organization and the Team
9. Avoid Common Pitfalls and Mistakes

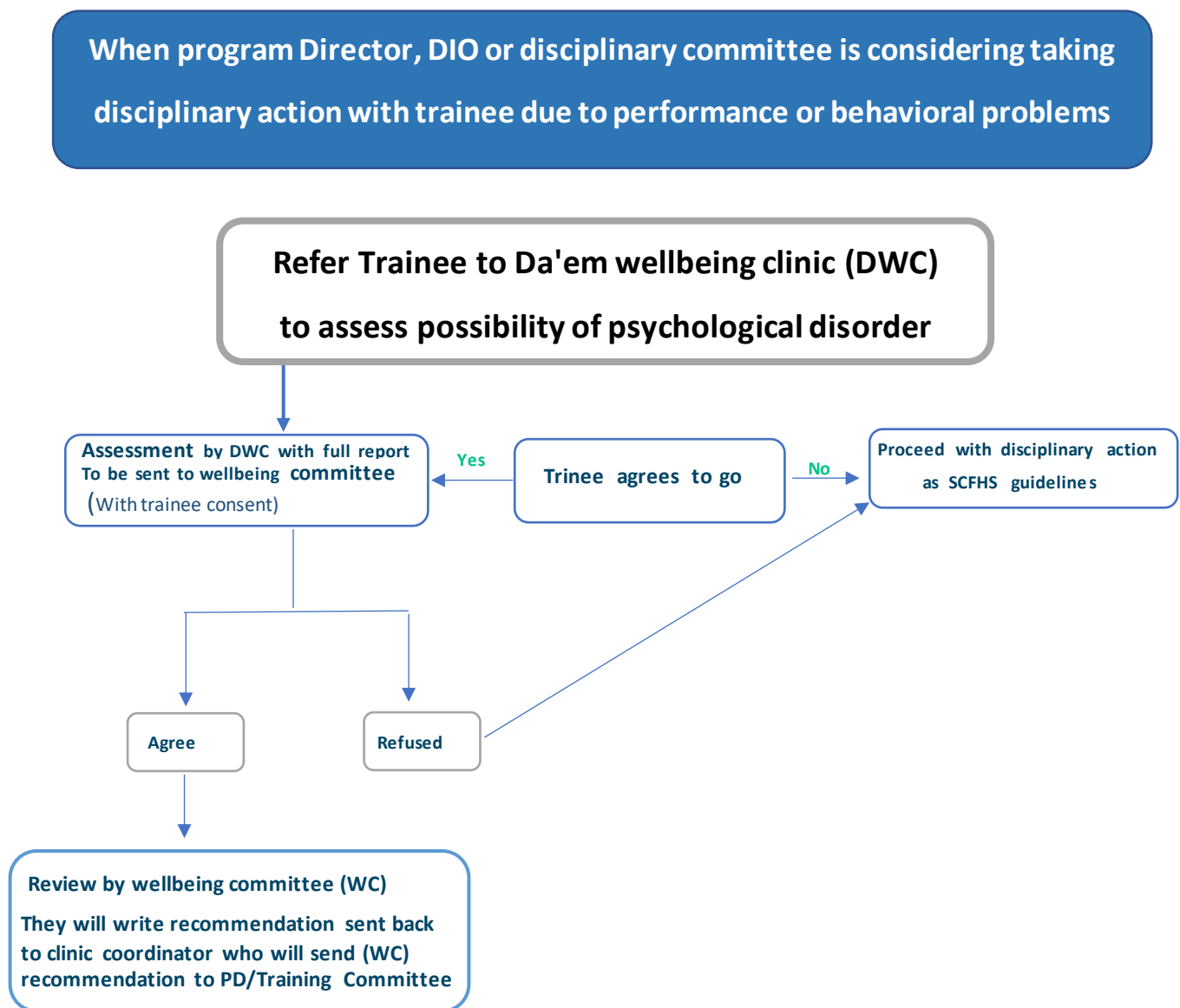
VI. Wellbeing Policy and procedures (see separate document: SCFHS Wellbeing Policy) VII. Appendix:
a- Consent form

نموذج موافقة لحضور جلسة برنامج الإرشاد الاستشارية Trainee's Counselling Session Consent Form		
Name:		مسلا:
Training Program:		صصختلا:
Training Level:		المستوى التدريبي:
Date of Session:		خيرات ةسلجلا:
Site of Session:		ناكم ةسلجلا:
رقاً انا _____ عقوملا هانداً يتقفلاومب بلع روضح ةسلج داشر لا قفو سياسات الهيئة السعودية للتخصصات الصحية ةمظنملا جمانربل "معاد" يتلاو نمضت قبيطت لاتاسايس ةماعلا ةيلاتلا: 1. فده ةسلجلا ماعلا زكترملو بلع يتدعاسم يميوقتو. 2. مراعاة الخصوصية والسرية. 3. مدع ريثأت ام رودي يف ةسلجلا بلع يراسم يف بيردتلا. مع علمي بعدم إجباري على حضور هذه . I _____ hereby give my consent to have a counselling session that complies with SCFHS "Da'em" wellbeing policies and procedures that ensure the following: 1. Aim of session to support and guide me to be better. 2. Compliance with confidentiality standards. 3. Session details will not primarily affect my training. With my full understanding that this session is not mandatotry.		
مسا راشتنسلا: Counselor Name:	خيراتلا: Date:	مسا بردتملا: Trainee's Name:

b. Algorithm for Da'em Wellbeing Clinic referral:



c. Algorithm for Da'em Wellbeing Clinic referral flow chart in **case of disciplinary action:**



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