

CHIEF WELLNESS OFFICER COURSE

Leadership Abstract 2021

Abstract Title (100 word limit)

First Name

Last Name

Degree (MD, RN etc)

Institution

Email address

Organization Name

Job Title

In your current position, what is your scope of wellness activities? (i.e. How many physicians you are responsible for in your organization?)

0 – 200 201 – 500 501 - 1,000 1,001 – 3000 3,001 - 10,000 10,001 +

What is your role as senior physician wellness leader in your organization? Please describe in one or two sentences.

Organization and Physician Well-Being Information

Provide a brief description of your organization

Describe 2-3 of the largest challenges currently facing your organization

Describe the current state of physician well-being in your organization (burnout, physician satisfaction and/or engagement etc.)

Provide an overview of your organizations' efforts to promote physician well-being to date.

Describe the biggest obstacles you/your organization has encountered in your efforts to make progress to promote Physician Well-being.

Describe your role and responsibility in your organization's efforts to make progress to enhancing physician engagement and well-being.