



**DOM WELLNESS COUNCIL**

# **Step Right Up: Building Wellness in Our Three-Ring World**

November 5, 2025



No Disclosures

# Setting the Stage for Well-Being



## Mission

To establish norms and behaviors at all levels of the Department that drive a positive impact on the wellness of staff and faculty

## Vision

To be a leader that sets the institutional standard of wellness through initiatives that motivate, empower, and unify staff and faculty for the benefit of each other, patients, and community.



# Introducing the Cast

Meet the Wellness Troupe from Past to Present

# DOM Wellness Council Co-Chairs



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**Joshua Stripling**  
**Associate Professor**

Division of Infectious Diseases



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**Kaitlyn Waugaman**  
**Program Director**

Division of General Internal Medicine &  
Population Science

# Department Leaders



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**Carolyn Walsh, MA**  
*Administrative Director of Engagement*



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**Lisa Willet, MD, MACM**  
*DOM Executive Vice Chair,  
Vice Chair of Education and  
Faculty Development*

# DOM Wellness Council



**Audrey Landry**



**Christina  
Ochsenbauer**



**Patrick Frazier**



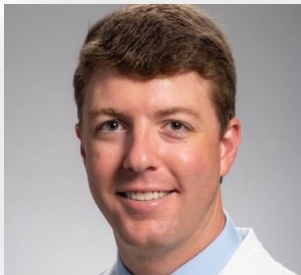
**Lyn  
Hambright\***



**Sylvia Huang**



**Artemise Rue-  
Johnson**



**Kirk Russ**



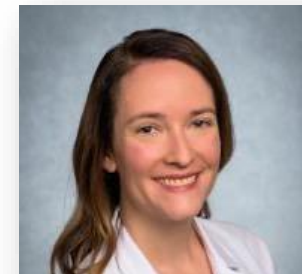
**Lisa Jinright**



**Bernadette  
Johnson**



**Carlie  
Somerville**



**Jessica Watson**



**Marjorie Webb**

\*HSOM Office of Wellness Wellness Champion



# DOM Wellness Council (Cont'd)



**Sue Ellen  
Binkley**



**Kate Bryan**



**Jane Davis**



**Kristen  
Spraggins**



**Regina Dickey**



**Harriette Reed-  
Pickens**



**Tatiana Torres  
Herman\*\***



**Claire  
Auriemma\*\***



**Olivia Van  
Gerwen\*\***



**Mischell  
Massey\*\***

**\*\*UAB Office of Access & Engagement Liaisons**



# DOM Wellness Council Members-at-Large



- Jared Ball, MPH
- Erica Barnes, MS
- Cathy Cartagena
- Efren Chavez Morales, MD
- Jessica Clute, MBA
- LaTonya Conner
- Brice Daniels
- Antonio Di Stasi, MD
- Michael Fordham, MSHA
- James Fowler, MS
- Elizabeth George, MD, MPH
- Bibi Aneesah Jaumally, MD
- Jennifer Larson-Casey, PhD
- Catherine Lewis, MSW
- Karen MacPherson Harrison, MEd, RD, LD, CDCES
- Rachel Mathers, MD MPH BS
- Jamie Moody, MA
- Jackie Palmore RN, CHPN
- Monica Vasiliu, PhD

# Taking a Bow: Thank You to Our Past Council Members 10

- Madeline Eckenrode, MD
- Kaylea Phillips, BSN, RN
- Carmen De Miguel, PhD, MS
- Song Ong, MD
- Rita Paschal, MD
- Brianna Patterson, MPH,
- Jessica Thomas, MBA
- Megan Rhoads, PhD
- Ishita Shah, BDS, MPH
- Mollie DeShazo, MD
- Charmelle Garrett
- Brandy Freiger
- Courtney Haskin



# Subcommittees

Spotlight Acts Leading the Change



# Leadership Evaluation

Audrey Landry, AS-P, MSN-NE, RN



**DOM WELLNESS COUNCIL**

# **Walking the Leadership Evaluation Highwire**

**Subcommittee Members:**

**Sue Ellen Binkley BSN, MS; Kate Bryan; Patrick Frazier MBA, BSN, RN; Sylvia Huang PhD, MA, MEd & Audrey Landry MSN, RN**

# Finding Balance on the Highwire

Creating  
rhythm for  
annual  
check-ins



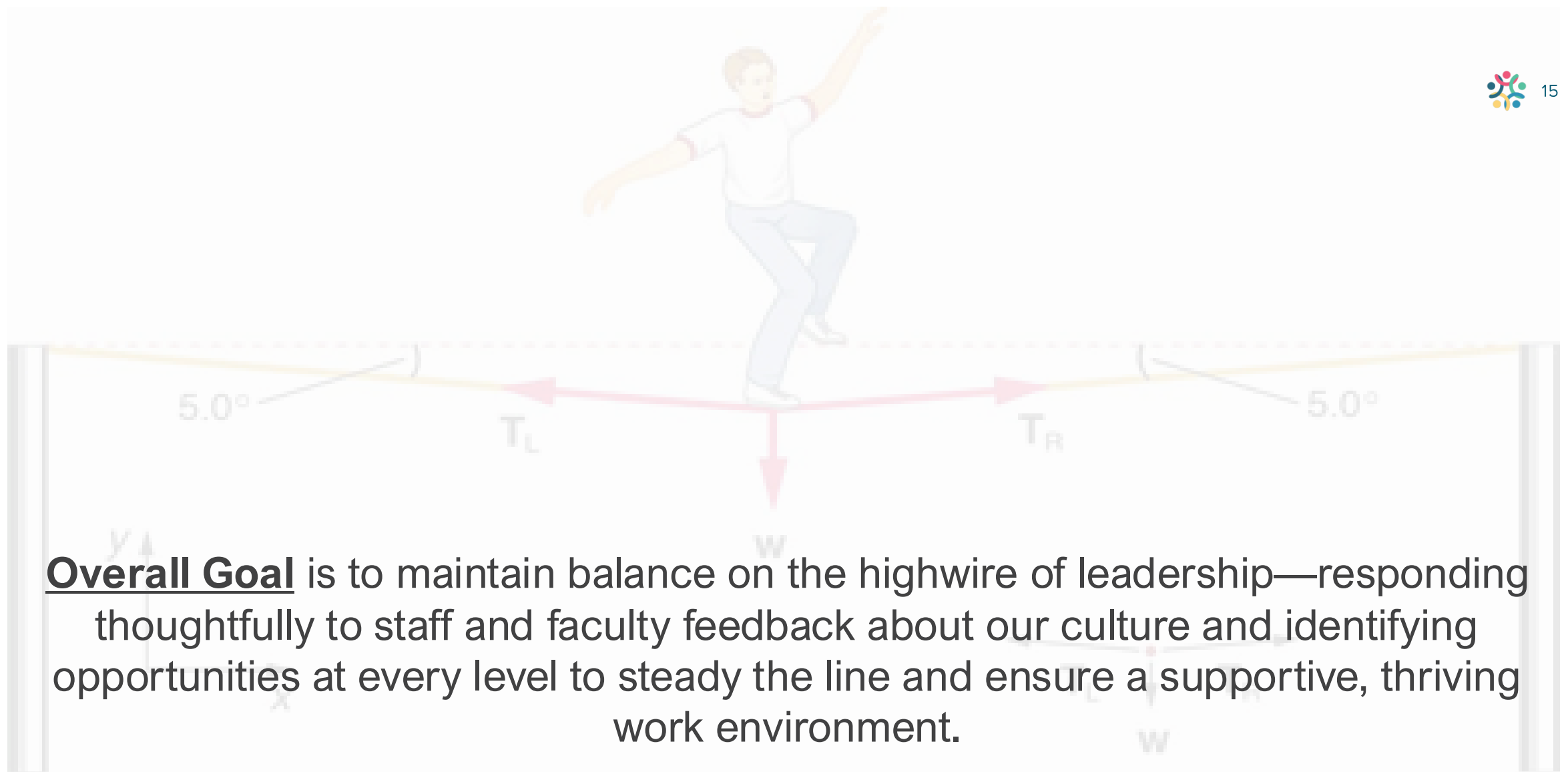
Take a clear  
look at  
leaders +  
team  
dynamics

Offer  
individualized  
leadership  
coaching &  
development

Launching  
a culture  
survey

Gauge the  
health of our  
work  
environment





# Finding Our Center of Gravity



## INITIAL OBJECTIVES:

- Identify an appropriate evaluation tool.
  - Use the right balancing pole – the Leadership Impact Index (LII) – to keep feedback fair and focused
- Pilot with one division chair and administrator + work to establish process for entire department
  - Discussions within Wellness Council and with DOM Leadership Liaisons to determine which division to pilot program
- Determine who will participate in the evaluation process and ensure the opportunity for feedback is inclusive and multidirectional.
  - Open the ring to everyone—faculty, administration, students, lab assistants, etc. – Evaluate UP!



**Our pilot evaluation was with the Division of Nephrology.**

**Thank you, Dr Gutiérrez and Ms. Hambright for agreeing to be our first aerialists!**

# Why the Leadership Impact Index?

## Pros

1. Validated Tool
2. Simple
3. Not time consuming
4. Affordable

## Cons

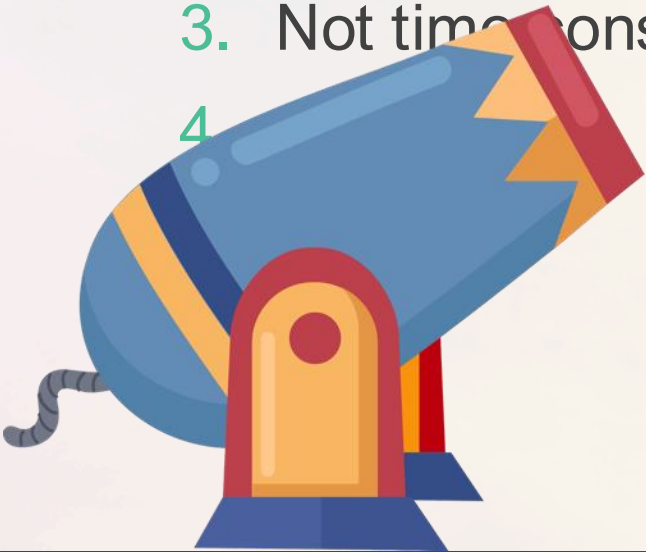
1. Physician-oriented
2. Organizational Structure Differences

# Why the Leadership Impact Index?

## Pros

1. Validated Tool
2. Simple
3. Not time consuming
- 4.

**A 1-point improvement in the leadership impact index score decreases burnout by 3.3% and improves satisfaction by 9%**



# Orchestrating the Performance



## Guiding the Act and ensuring steady footing!

- Division Director with Department Chair
- Division Administrator with Shane Wiley

## Celebrate the strengths in our performance and spotlight opportunities for growth.

- Provide individualized tools or coaching when applicable to help leaders maintain their balance.

## The safety net below the wire:

- Results should never be punitive; only supportive!



## EXTRA! EXTRA! READ ALL ABOUT IT!

# Division of Nephrology Leads the Way!



### **Big Top Gatherings Unite the Crew**

Monthly all-staff meetings bring everyone under the tent, fostering transparency and connection.



### **Center Ring Resource Hub Opens**

A centralized site with tools, policies, forms, and a “kudos” corner helps every performer shine.



### **Digital Tightrope Keeps Acts in Sync**

Streamlined communication and evolving digital infrastructure keep the show running smoothly.



### **Equity Spotlight Shines Bright**

HSF-led review leads to salary increases for all clinical administrative staff—recognition for every star!







# Juggling Excellence: Practice Makes Perfect

3 divisions/year, repeat every 3 years (one year will have 4 divisions, when we re-survey Nephrology)

**2025:** Endocrinology, Rheumatology, Heme/Onc

**2026:** Cardiology, GGPC, Pulmonary

**2027:** GIMPOP, ID, GI, Nephrology

-  **Roping in Division Leadership**
  - Held an informational Q&A session to get everyone on the same page
-  **Building Audience Buy-In**
  - Engaging leaders to create excitement and support
-  **Meet the Performers**
  - Scheduled one-on-one sessions with division staff and faculty for each division
-  **Next Act Coming Soon**
  - Rolling out the next wave of evaluations in **January/February**





# Access Center

Kirk Russ, Mohammad Saleem, Kristen Spraggins,  
Jessica Watson & Marjorie Webb



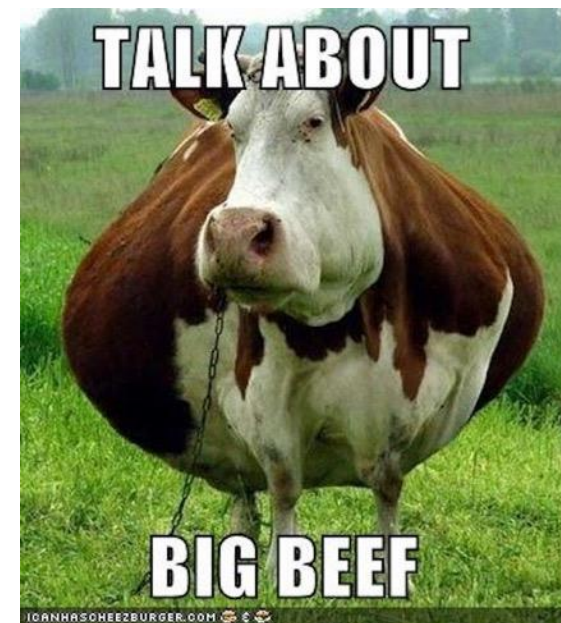
# Access Center Subcommittee

“What does this have to do with wellness?”



# The Access Center (AC)

- Launched in 2014, basically everyone using it
- Consists of call center, capacity management, pre-certification
- There are AC teams according to divisions w/ ~monthly meetings
- AC Schedules 95% of NEW appointments
- 40% of appointments scheduled outside AC
- The AC does not manage record capture or triage
- Fundamental “open door policy”
- **MAJOR BEEFS: high no-show/cancellation rates + long wait times + lack of record capture/triage = providers being their own schedulers**



# UNHAPPY PATIENT STATEMENTS



18 patients expressed specific statements regarding dissatisfaction with during the call. The top phrases are listed below.

”

This is the second time you have cancelled my appointment.

”

They keep changing and cancelling my appointment.

”

I'll be dead by then.



# 02

## Access Center

Improve communication to understand clinic needs and streamline scheduling.



**Improve communication between Divisions and the Access Center**

**Better understand individual clinics needs to identify opportunities and challenges**

**Minimize scheduling burden on providers**

# 02

## Access Center

Improve communication to understand clinic needs and streamline scheduling.



**Immediate Goal:** Revamp division specific access center meetings, identify challenges and opportunities, enhance scheduling processes within Divisions.

**Intermediate Goal:** Adjust templates to improve new patient appointment wait times, use existing access center and division processes to reduce no-show/cancellation rates.

**Innovative Goal:** Pilot innovative projects to enhance these processes



# What have we accomplished?

- Examples from Division of Gastroenterology & Hepatology
  - Simplified provider diagnoses lists in Provider Match
  - Added NEW internal referral slots to APP templates
  - Exploring NEW patient pooled clinic for APPs + 1 MD
  - No-Show/Cancellation Policy handout in clinic
  - Provider triage using online referral forms allowing for record capture



# Inflammatory Bowel Disease Referral Form

[Home](#) | [For Medical Professionals](#) | [Refer a Patient](#) | [Inflammatory Bowel Disease Referral Form](#)

## Refer a Patient

Admission, Discharge &  
Transfer Notifications

Advanced Heart Failure

Patient's Full Name *(Required)*

First

Last

Patient's Date of Birth *(Required)*

# Challenges

- Automatic “warning” texts for patients at high risk for no-show or same day cancellation
- Engagement across divisions
- Recruitment

**DENIED**

# Did it work?





# Hope on the horizon?





**Alex Cadence**  
Male, 64 y.o., 12/24/1960  
608-271-9000  
MRN: 202415  
EMH BURN / 156-01  
Fam Waiting Room

**Physician Family Medicine, MD**  
PCP - General

**COVERAGE & FINANCIAL INFO**  
Aetna/Aetna PPO  
Guarantor: P/F - Self ( +2 )  
Paperless Billing  
Self-Pay Bal Due: \$0.00

**NO SHOWS**  
83% All departments

**NEXT APPOINTMENT**  
6/18 ESTABLISHED - GEN PC ONE CLICK  
8:45 AM (in 2 days)  
EMC FAMILY MEDICINE

[Book It](#) [One Click](#) [Walk In](#) [Request](#) [Patient Station](#) [Reports](#)

**Patient Summary (Edit)**  
**Cadence, Alex (64 yrs)**  
1979 Milky Way  
Chandler AZ 85249  
DOB: 12/24/1960  
SSN: xxx-xx-2964  
Legal Name: Cadence, Alex

**Guarantor Accounts**

Future	Admissions	Past	Wait List	Referrals	Active Requests	Finalize
Encounter Date	Arrive By	Time	Status	CNS		
6/18/2025 Wed	8:45 AM	8:45 AM	Sch	No		

**Top No Show Rates for this Patient**

Department	Rate	No Show Count
EMC FAMILY MEDICINE	75%	3 out of 4
All departments	83%	5 out of 6

# Where do we go from here?



- Need more engagement from other Divisions
  - *Currently have representation from Cardiology, ID, GI*
- Track no-show/cancellation rates and patient wait times with current interventions
- Continue to pilot innovative approaches within Divisions
- Create toolbox to improve access center processes for use throughout DOM



# Onboarding and Retention

Kaitlyn Waugaman, MPH, RDN, LDN &  
Christina Ochsenbauer, PhD

# 03

## Onboarding & Retention

Streamline onboarding, clarify responsibilities, reduce staff turnover, and address workload stressors and frustrations.



**Immediate Goal:** streamline and standardize the onboarding process for all new hires.

**Intermediate Goal:** improve faculty and staff retention by implementing standardized processes.

**Innovative Goal:** transform the organizational culture to one that values feedback and criticism, eliminates any culture of retaliation or hopelessness, compensates for training time, provides additional support for training, and fully utilizes PRN positions to facilitate this change.

# 03

## Onboarding & Retention:

Streamline onboarding, clarify responsibilities, reduce staff turnover, and address workload stressors and frustrations.



### **CHALLENGE:**

Many moving parts with **onboarding**, lack of knowledge of existing onboarding materials (including excellent checklists)

### **SOLUTION:**

Survey new DOM employees on onboarding process.

# Non-Physician Employee Onboarding

- Surveyed new employees about quality of onboarding  
Survey with 3 questions
  - How would you rate onboarding experience? (1 – 5 scale)
  - Did you feel supported during onboarding? (1 – 5 scale)
  - Now that you have been onboarded, are there things that could have been better? Things that went well? (free text)
- Generally, employees have a positive experience with onboarding
  - 84% of respondents rated it between good and excellent
  - 16% of respondents rated it as poor
- 95% of respondents felt supported during onboarding

# Non-Physician Employee Onboarding


- Existing Onboarding Resource

## New Employee Onboarding at UAB

### Tools & Tips for Managers

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Contents	
Onboarding Overview .....	2
Manager's Quick Checklist .....	3
Phase One .....	4
Phase Two .....	5
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Department Orientation Guide .....	7
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Overview of the Hiring Process .....	11

 **ORGANIZATIONAL  
LEARNING & DEVELOPMENT**



# 03

## Onboarding & Retention:

Streamline onboarding, clarify responsibilities, reduce staff turnover, and address workload stressors and frustrations.



### **CHALLENGE:**

Many moving parts with onboarding, lack of knowledge of existing onboarding materials (including excellent checklists)

### **SOLUTION:**

Disseminate available onboarding materials to all within the DOM



## Human Resources

Home Careers Benefits & Wellbeing Compensation Forms Faculty &

### Manager's Toolkit

Getting Started

Recruiting Employees

**Onboarding Employees**

Developing Yourself & Others

HR Services & Resources

**Tell us what  
you think...**

## Onboarding E

Getting off to the right start begins before  
motivation and retention. The resources

Phases of Onboarding

### Tools for Onboarding

- [Records Administration](#): Support  
ACT form.
- [Welcome to UAB](#): The onboarding  
how to access important resources
- [Manager's Guide to Onboarding](#)  
Managers

**ONBOARDING FACULTY?** Additional

Related UAB Policies & Procedures



Onboarding toolkit/

## Human Resources

[CONTACT HR](#) [CURRENT UAB EMPLOYEES](#)



[Home](#) [Careers](#) [Benefits & Wellbeing](#) [Compensation](#) [Forms](#) [Faculty & Staff Development](#) [HR Departments](#) [Policies & Handbooks](#) [Calendar](#)

## UAB Employee Onboarding

[Home](#)

[Step 1: Tasks](#)

[Step 2: Learning](#)

[Step 3: Connecting](#)

### Welcome to UAB

This website will help new staff of UAB set the foundation for a successful start at UAB. Follow the links below for information on onboarding tasks to complete, learning resources to help orient you, and how to connect with other new hires and resources available to UAB employees.

*Faculty members, please visit the [Faculty Onboarding site](#) for more information.*



Step 1: Tasks



Step 2: Learning



Step 3: Connecting



# Onboarding step-by-step for employees

# 03

## Onboarding & Retention:

Streamline onboarding, clarify responsibilities, reduce staff turnover, and address workload stressors and frustrations.



### CHALLENGE:

To identify if the barriers affecting **retention** are as diverse as the roles of DOM employees, or if there are common barriers that could be overcome with universal “best practices.”

### SOLUTION:

Focus our efforts on a small group in a pilot project to identify types of barriers and possible strategies to overcome them.

# 03

## Onboarding & Retention:

Streamline onboarding, clarify responsibilities, reduce staff turnover, and address workload stressors and frustrations.



# Are there evidence-based strategies to improve employee retention?

## Retaining Healthcare Workers: A Systematic Review of Strategies for Sustaining Power in the Workplace

[Neeltje De Vries](#)<sup>1,2</sup>, [Olivia Lavreysen](#)<sup>3</sup>, [Anke Boone](#)<sup>3</sup>, [José Bouman](#)<sup>2</sup>, [Szymon Szemik](#)<sup>4</sup>, [Kamil Baranski](#)<sup>4</sup>, [Lode Godderis](#)<sup>3,5</sup>, [Peter De Winter](#)<sup>2,6,7,8,\*</sup>

New hires are more likely to stay on when they have **regular check-ins** with managers who act as mentors, making sure new hires have the tools they need to succeed.

Healthcare (Basel). 2023 Jun 29;11(13):1887.

# 03

## Onboarding & Retention:

Streamline onboarding, clarify responsibilities, reduce staff turnover, and address workload stressors and frustrations.



### **Immediate Goal:**

Identify an employee group within DOM likely to participate in our pilot study.

### **Intermediate Goal:**

1. Conduct focus groups with employees to discuss barriers to retention.
2. Based on what we learn, design/deploy an intervention to address the issues identified.

### **Innovative Goal:**

If pilot proves successful, plan to expand pilot to other groups within DOM.



# Engagement

Kaitlyn Waugaman, MPH, RDN, LDN



## Engagement

Build a culture where all faculty & staff have a voice in the decisions that impact their wellness.



**Immediate Goal:** create a culture of inclusion in the DOM that includes all marginalized groups, fosters team relationships, and supports safe environments.

**Intermediate Goal:** revise program and educational materials to be inclusive of all marginalized groups.

**Innovative Goal:** establish an inclusive culture, led by all leaders, prioritizing inclusion in hiring, promotion, and retention practices.

# Integrating Shared Priorities into Subcommittee



- Creating a welcoming environment
- Access to resources and success pathways
- Valuing diverse perspectives



# The Heart of the Big Top: Why We Do What We Do

# Kristen Spraggins



## At the heart of her message:

Wellness is about creating pathways to well-being—even through research.

# Christina Ochsenbauer



## At the heart of her message:

When wellness is neglected, the consequences can be devastating.

# Artemise Rue-Johnson



## At the heart of her message:

Wellness is shaped by those working quietly behind the scenes.

# Lisa Jinright



## At the heart of her message:

No one should feel alone—  
wellness begins with  
connection and support.



# Sylvia Huang



## At the heart of her message:

Wellness begins with feeling seen, heard, valued, and cared for. From that foundation, compassion and resilience grow.

# Carlie Somerville



## At the heart of her message:

When I prioritize wellness, I can fully engage in the joyful work of caring for patients, teaching, and building a better healthcare system.

# Kate Bryan



## At the heart of her message:

Every role matters, and every voice deserves to be heard.



# The Next Big Act: Your Chance to Shape Wellness

Apply to join the DOM Wellness Council

# Who should apply?

We are looking for enthusiastic and committed staff and faculty members from each division in the department who:

- Have a strong interest in wellness and well-being, personally and professionally.
- Are motivated to drive positive change and actively advocate for wellness.
- Enjoy collaboration with others with different experiences and positions.
- Are willing to dedicate time and effort to lead change.

# Qualifications

- A faculty or staff member, PT or FT, in the Department of Medicine
- Employed for at least 12 months prior to term
- Be in good standing with the University: must not have received any written corrective actions within 12 months prior to term
- Be prepared to attend monthly meetings (1 hour on the second Thursday of the month, from noon to 1pm) and take an active role in council activities
- Serve a two-year term

# Dates & Details

November 5: Applications open

December 5: Application deadline

December 6 – 30: Applicant review and selection

January 2025: Selected members announced, and new term begins



# How to apply

- Watch your email for a survey application link
- Application should include a brief statement explaining why you want to join the DOM Wellness Council and how you plan to contribute.

# CONTACT US



DOMWellness@uabmc.edu



DOM Wellness Council Website:

<https://www.uab.edu/medicine/dom/about/dom-wellness>



# Questions?

We want to hear from you! Now or later.