Understanding Physician Well-Being and Ways We Can Improve This

James D. Kang MD

Thornhill Family Professor of Orthopaedic Surgery
Harvard Medical School
Chief of Orthopaedic Surgery
Brigham and Women’s Hospital
Presenter Disclosure Information

James D. Kang MD

Disclosure Information
The following relationships exist:

NONE
Details on suicide among U.S. physicians: Data from the National Violent Death Reporting System

Katherine J. Gold, MD, MSW, MS,
Department of Family Medicine and Department of Obstetrics and Gynecology, University of Michigan, 1018 Fuller Street, Ann Arbor, MI 48104-1213, Phone: 734-998-7120 x323, Fax: 734-998-7335

Ananda Sen, PhD, and
Department of Family Medicine and Department of Biostatistics, University of Michigan

Thomas L. Schwenk, MD
Division of Health Sciences, University of Nevada School of Medicine, Reno, Nevada

Doctor found dead with knife in chest inside Manhattan apartment while home alone with 11-year-old daughter
By JOHN ANNESE, Rocco Parascandola and Stephen Rex Brown
Dec 10, 2017 | 7:10 PM
Outline

• Wellness/Burnout national issue
• Our experience at Brigham
  – Local Solutions and Programs
• AOC survey results (Ortho Departments)
  – Key priorities identified
• How we can individually work on ourselves
Faculty Wellness at Brigham Health
Burnout = Running on Empty

Components of Burnout

• Emotional Exhaustion
• Depersonalization
• Low Sense of Accomplishment
Physician Burnout Outpacing Other Professions

Suicide Among Female vs. Male Physicians

Impact of Burnout

- 11% Medical Error rate
- 28% Professional Effort
- 67% Productivity

Prevalence among Physician vs. Other Professions

National Environment for Burnout
Spectrum of Burnout and Professional Fulfillment

Not Ok

**Burnout**: Emotional exhaustion + interpersonal disengagement

Ok

Good-Great

**Professional Fulfillment**: Meaningfulness, self-worth, self-efficacy, satisfaction at work
Brigham Health Wellness Efforts: 2016-2017

2016
- ECare enhancements initiated
- Chairs work with faculty to engage in wellness efforts
- Frontline MDs provide feedback on how to measure and address burnout
- Dragon support initiated
- Physicians Council identifies key priorities:
  - Secure leadership engagement
  - Address administrative burden
  - Enhance personal resilience and fulfillment

Jan
- Physicians Council requests formal survey or focus groups
- PO Exec Committee creates Wellness measure with accountability:
  - Promote Awareness
  - Faculty survey (> 60% response rate)
  - Identify areas of opportunity centrally and in each Dept

Jun
- Wellness Task Force established (PO and Hospital)
- Survey reviewed and edited by Physicians Council, Medical Staff Executive Committee, Wellness Task Force
- Survey launched (March 15th – April 15th)

Dec

2017

Tait Shanafelt
MAYO

External Collaboration

Stanford WellMD

AMA
Brigham Health Wellness Efforts: 2017-2018

2017

- Survey results shared with departments
- PO & Hospital funding secured
  - Epic at the elbow training
  - Wellness accelerator program begins
  - Planning for Rapid Access Mental Health

2018

- Funding from PHS secured – 6 programs launched
  - Epic Usability
  - Communications & Transparency Strategy
  - Female Faculty Initiative
  - Local Department Efforts
  - Personal Wellbeing
  - Frontline Pilots
- Governance into PO exec established
  - Wellness Steering Committee
    - Physicians Council
    - Female Faculty Working Group
    - Rapid Access Mental Health
    - Peer Support Subgroup
- Department Wellness Champions selected
Fostering a Culture of Wellness: Organizational efforts that promote communication and transparency, recognition/appreciation, and values alignment

Addressing Operational Inefficiencies within Systems: IT/non-IT systems and workflows that contribute to a physician’s ability to deliver efficient/effective high-quality care (e.g., usability of EHR, adequate staffing models)

Promoting Personal Wellbeing – Initiatives that contribute to personal, physical, and emotional health

*From Stanford WellMD framework:
Stanford survey aligned with priorities identified by Physicians Council, Wellness Task Force and approved by BWPO Exec Committee

Framework addresses system issues and personal resilience

- **Measures for Culture of Wellness**
  - Perceived Appreciation
  - Personal/Organization Values Alignment
  - Peer Supportiveness
  - Perceived Support from Leadership
  - Control over Schedule

- **Measures for Efficiency of Practice**
  - Efficiency of the Electronic Health Record (EHR)
  - Perceived Negative EHR Experience

- **Measures for Personal Resilience**
  - Self-Compassion
  - Sleep-Related Impairment
  - Meaningfulness of Clinical Work
1177 self-identified clinical faculty from BWH, FH, Harbor (65% response rate)

Gender differences were statistically significant for both Burnout (p = 0.003) and Professional Fulfillment (p < 0.0001) rates

Questions based off Stanford's 2016 Physician Wellness Survey
Negative Comments

Top Comments were regarding:

- EPIC
- High Work Volumes
- Lack of Appreciation

Source: 2016 Brigham Physician Wellness Survey
Total physicians surveyed: 1500
Total free text comments: 322
Response Rate: 20%
Negative Comments = 196 (61%)
Positive Comments = 45 (21%)
Neutral Comments = 81 (25%)
Positive Comments

The top comments were regarding:

- Colleagues
- Having a stimulating research environment
- Caring for patients

Source: 2016 Brigham Physician Wellness Survey
Total physicians surveyed: 1500
Total free text comments: 322
Response Rate: 20%
Negative Comments = 196 (61%)
Positive Comments = 45 (21%)
Neutral Comments = 81 (25%)
BH Faculty Wellness: From Themes to Strategy

**Data Sources**
- Wellness Survey Data
- Open-ended Comments
- Targeted Focus Groups
  - Institution-wide
  - Department Specific

**Themes**
- *Administrative Burden*
- *Communication and Transparency*
- *Culture: Trust, Respect, Teamwork*
- *Gender Gap*
- *Personal Wellbeing*

**Action**
- Centrally Managed Efforts
- Local Department Initiatives
- Governance and Stewardship
BH Faculty Wellness: From Themes to Strategy

Data Sources
- **Wellness Survey** [Quantitative] Data
- Open-ended Comments in Survey
- Qualitative Feedback from Focus Groups

Themes
- *Administrative Burden*
- *Communication and Transparency*
- *Culture: Trust, Respect, Teamwork*
- *Gender Gap*
- *Personal Wellbeing*

Action
- Centrally Managed Efforts
- Local Department Initiatives
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Faculty Wellness: From Themes to Strategies

FY18 Strategic Plan

1. Epic Usability
2. Local Department Solutions
3. Communication and Transparency
4. Female Faculty Initiative
5. Faculty/Trainee Mental Health Program
6. Frontline Pilots

Systems
Systems/Culture
Systems/Culture
Culture
Personal Wellbeing
Personal Wellbeing
Epic Usability: Decreasing EHR Burden for Providers

Strategy: “IOS” Framework

Improve Epic

Optimize Provider Use

Supplement Epic

FY18 Initiatives

In Basket Optimization

EPCS

1:1 On-Site Support

Expand Dragon

Virtual Scribes

Tap and Go

1. EPCS: Electronic Prescribing for Controlled Substances
2. Tap and Go—Badge reader technology to enable fast workstation/EHR sign-in
Local Department:
Physician Wellness Advancement

Goal: Each Department will submit a specific wellness advancement plan. Each Department will present at FY end findings and results.

Key steps to achieve goal

- Q1: Department to review, identify & prioritize effort(s) to address wellness.
- Q1: Departments via their identified Wellness Champion to submit departmental priority wellness effort inventory.
- Q2-3: Department Wellness Champion to present on priorities and status during Physicians Council meeting.
- Q3: Department Wellness Champion to present findings & fiscal year end results to designated review group.
## FY’18 Faculty Wellness Dashboard: Orthopedics

### Baseline Survey Data*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Brigham Health</th>
<th>Dep’t Of Ortho</th>
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<tbody>
<tr>
<td>Burnout</td>
<td></td>
<td></td>
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<tr>
<td>Overall Average</td>
<td>37%</td>
<td>25%</td>
</tr>
<tr>
<td>Males</td>
<td>34%</td>
<td>N/A</td>
</tr>
<tr>
<td>Females</td>
<td>44%</td>
<td>N/A</td>
</tr>
<tr>
<td>&lt;40 years</td>
<td>43%</td>
<td>N/A</td>
</tr>
<tr>
<td>40-50 years</td>
<td>45%</td>
<td>N/A</td>
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<td>&gt;50</td>
<td>31%</td>
<td>14%</td>
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<tr>
<td>Professional Fulfillment</td>
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<td></td>
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<tr>
<td>Overall Average</td>
<td>42%</td>
<td>70%</td>
</tr>
<tr>
<td>Males</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>Females</td>
<td>34%</td>
<td>N/A</td>
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<tr>
<td>&lt;40 years</td>
<td>41%</td>
<td>N/A</td>
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<tr>
<td>40-50 years</td>
<td>37%</td>
<td>N/A</td>
</tr>
<tr>
<td>&gt;50</td>
<td>45%</td>
<td>71%</td>
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</tbody>
</table>

*April 2017 Brigham Faculty Wellness Survey

### Survey Data Review with Chair: Y/N

Date:

<table>
<thead>
<tr>
<th>Theme</th>
<th>FY’18</th>
<th>FY’19</th>
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<tbody>
<tr>
<td>Personal Wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health resource dissemination: DATE OF FACULTY MEETING</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Designated organization to support Wellness Initiatives

- Wellness Champion: Jay Zampini
- Wellness Committee: Y/N
  - Frequency of meetings:
- Additional Committees? [Names]
  - Frequency of meetings:

### Accelerator Program: Y/N

Current Status:

Be Well Brigham Grants: Y/N

Project Names:
Communication and Transparency

**BH Updates Email**

*Objective: Provide regular updates to faculty regarding matters of strategic importance to BH*

- Create monthly email that will go to chairs
  - Talking points
  - Presentations
  - Articles

- Expectation that chairs will share information at faculty meetings or in their own email updates

- Team will meet monthly to identify topics and develop content (~ 3 topics each month)

- Proposed distribution schedule
  - Team meets during first week of month
  - Email is sent to chairs during second week of month

- Possible topics: CNE, Magnet, Medicaid ACO, construction projects

**B-Well Brigham Newsletter**

*Objective: Create a dedicated channel between faculty and Wellness team for ongoing updates on Wellness initiatives*

- Launch e-newsletter that will be distributed to clinical and research faculty, as well as trainees
  - First issue will launch April 2018

- Each issue with focus on current and upcoming Wellness initiatives across BWH in the following areas
  - Culture
  - Systems
  - Wellbeing

- The first issue will include articles on:
  - Communication and transparency efforts
  - 1-1 Epic Support
  - Mental Health Resources

- Share comments, questions, news with BWellMD@bwh.harvard.edu
**Female Faculty Initiative**

**Project Overview:** External Consultant 12 week engagement, working alongside BWPO Wellness Steering Committee, Department Chairs, and Women’s Wellness Oversight Committee to canvas the landscape and create a blueprint for driving improved experiences for female faculty.
Objective: In response to increased concerns for physician burnout and its impact on mental health well-being, offer significantly streamlined access to psychiatric services at BWH.

- The PILOT program is available for all faculty and trainees.
- The program is **not** intended as an emergency service.
- The program is **not** intended for faculty facing disciplinary action.
## Personal Wellbeing:
**Be Well Brigham Grant Program for selected frontline physician project teams**

<table>
<thead>
<tr>
<th>Department</th>
<th>Project Name</th>
<th>Theme</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>BEI Wellness Initiatives</td>
<td>Culture</td>
<td>Yoga, pet therapy, and socials for faculty/trainees</td>
</tr>
<tr>
<td>Surgery</td>
<td>Female and Junior Surgery Burnout</td>
<td>Culture</td>
<td>Focus groups, dinner lecture series, and social events for female and junior faculty</td>
</tr>
<tr>
<td>Primary Care</td>
<td>PCP Wellness: Longwood Pilot</td>
<td>Peer Support</td>
<td>Book club, seminars, and social events for primary care practice</td>
</tr>
<tr>
<td>ALL</td>
<td>Personal Concierge Service</td>
<td>Personal Wellbeing</td>
<td>Auto servicing at the hospital for faculty</td>
</tr>
<tr>
<td>ALL</td>
<td>Brigham-to-Table Initiative</td>
<td>Peer Support</td>
<td>Covered meals and guided conversation topics at local restaurants for groups of faculty</td>
</tr>
<tr>
<td>ALL</td>
<td>Brigham Book Club</td>
<td>Peer Support</td>
<td>Curriculum focused on determination, engagement, balance, self-compassion/awareness</td>
</tr>
<tr>
<td>ALL</td>
<td>Peer Coaching Training</td>
<td>Peer Support</td>
<td>Facilitated meetings with 10 faculty focused on teaching how to solve professional challenges</td>
</tr>
<tr>
<td>ALL</td>
<td>Sleep Matters Initiative</td>
<td>Personal Wellbeing</td>
<td>Comprehensive sleep education program and risk assessment</td>
</tr>
<tr>
<td>DOM, EM, Psych, Radiology, Surgery</td>
<td>Perceived Appreciation Survey</td>
<td>Culture</td>
<td>Survey to identify drivers of perceived appreciation, lack of appreciation</td>
</tr>
<tr>
<td>Newborn, OBGYN</td>
<td>RISE – Kripalu</td>
<td>Personal Wellbeing</td>
<td>Participation in 6 week one hour/week yoga based skills and techniques training</td>
</tr>
<tr>
<td>Surgery</td>
<td>Discounted Gym Membership</td>
<td>Personal Wellbeing</td>
<td>Subsidy to faculty for fitness memberships (gym, pool, personal training, etc.)</td>
</tr>
</tbody>
</table>
Governance Structure

BWPO Exec Committee
*Decision making, investments*

Wellness Steering Committee (Chairs, Frontline, Hospital/PO Leadership)
*Review progress and make recommendations to PO Exec*

Physicians Council (Wellness Champions)
*Frontline input and shared learning*

- Epic Usability Working Group
- Women’s Wellness Oversight Committee
- Faculty/Trainee Mental Health Working Group

*Cross-functional operations, administrative, and frontline working groups*
## Wellness Steering Committee

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Responsibilities</th>
<th>Commitment</th>
</tr>
</thead>
</table>
| • Form highly-engaged, nimble committee with representatives across hospital/PO | **Strategic Planning & Development**  
  • Primary interface with BWPO leadership  
  **Guidance and oversight for specific Wellness initiatives**  
  • Female Faculty  
  • Epic Usability  
  • Accelerator Program  
  • Rapid Access Mental Health | • Meet every 3-4 weeks (schedule TBD)  
 • Available for ad hoc communications with female faculty consultant |
| • Retire current Wellness Advisory Committee | | |
Professional Fulfillment Rates across BH Departments

BH Faculty Professional Fulfillment by Department

Orthopedics

Overall
Orthopaedic Strategies: Be Proactive

Data Sources
- Wellness Survey Data
- Open-ended Comments
- Targeted Focus Groups

Themes
- *Administrative Burden
- *Communications and Transparency
- *Culture: Trust, Respect, Teamwork
- *Gender Gap
- *Personal Wellbeing

Action
- Centrally Managed Efforts
- Local Department Initiatives
- Governance and Stewardship
**Physician Wellness Advancement**

**Goal:** Each Department will submit a specific wellness advancement plan. Each Department will present at FY end findings and results.

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</tr>
<tr>
<td>Q3: Department Wellness Champion to present findings &amp; fiscal year end results to designated review group.</td>
</tr>
</tbody>
</table>
Physician Wellness: Orthopaedics

BWH Department of Orthopaedic Surgery Wellness initiatives

- Initiate EMR fatigue reduction pilot of Tap and Go technology. The purpose of the product is to enable a user to tap his or her BWH badge into a reader attached to the workstation and authenticate through to Epic. If feedback on this product is positive, BH leadership will evaluate keeping the technology and scaling to additional areas.

- Introduce wellness opportunities and information during faculty meetings. Sleep Matters Initiative course was presented by Dr Charles Czeisler, PhD, MD, to provide tools to reduce symptoms of burnout by improving sleep.

- Department leadership is continuing to evaluate support to the surgeons through the use of scribes, additional physician assistant responsibilities and roles, and secretarial pools.
Sleep disorders and burnout go hand in hand.

Dr Charles Czeisler (Brigham Division of Sleep and Circadian Disorder) gave Department mini-retreat and seminar. Several of my faculty signed up for further sleep analysis and work up....
What we can do to improve Physician well-being/burnout

Bobette Patterson, RN, BSN, MHA
Chief Administrative Officer
University of Iowa

Thursday, October 4, 2018
But there is so much more than leadership to address in trying to improve physician well-being…

We thought it would be interesting to go directly to Orthopaedic surgeons not to ask them if they are burnt out but to ask them to what could be done to make their professional lives better.
We sent a survey to Orthopaedic faculty across:
- Harvard/Brigham & Women’s
- Vanderbilt
- Baylor
- Wake Forest University
- New York University

Complete Responses: 87

Total Responses
Q1: Please describe your role

Answered: 87    Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty member</td>
<td>81.61%</td>
</tr>
<tr>
<td>Faculty leader (Chair, Vice Chair, Division Chief, Section Head)</td>
<td>18.39%</td>
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<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>
Q2: Gender

Answered: 86  Skipped: 1

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>76.74%</td>
</tr>
<tr>
<td>Female</td>
<td>23.26%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>
Q3: Please rate the degree to which you feel each of below would help create a healthier/happier life for you if implemented. Do not downgrade the answer because of perceived "practicality" of the item - rather speak to the impact of this if successfully adapted.

Answered: 87    Skipped: 0
Top Priorities

- Help with EMR. It literally kills me and I spend all my free time catching up.
- Control of EMR Transparency with finances.
- A scribe so that my evenings aren’t spent charting. Everyone else in my division has an option of one but me.

<table>
<thead>
<tr>
<th>Additional support to help physicians manage EMR requirements</th>
<th>HORRIBLE IDEA</th>
<th>BAD IDEA</th>
<th>NOT SURE</th>
<th>GOOD IDEA</th>
<th>AWESOME IDEA</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
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<tbody>
<tr>
<td></td>
<td>0.00%</td>
<td>0.00%</td>
<td>9.41%</td>
<td>34.12%</td>
<td>56.47%</td>
<td>85</td>
<td>4.47</td>
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</tbody>
</table>
Top Priorities

- Being off on post-call days, or at least morning off.
- Department sponsored social activities.
- Mentorship, encourage exercise, interactive activities with faculty and/or families.
The decisions shouldn’t be taken on behalf of physicians. Physicians need to be involved in decision process.

### Top Priorities

<table>
<thead>
<tr>
<th></th>
<th>HORRIBLE IDEA</th>
<th>BAD IDEA</th>
<th>NOT SURE</th>
<th>GOOD IDEA</th>
<th>AWESOME IDEA</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take an inventory of all</td>
<td>1.15%</td>
<td>1.15%</td>
<td>10.34%</td>
<td>47.13%</td>
<td>40.23%</td>
<td>87</td>
<td>4.24</td>
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<tr>
<td>Departmental meetings and</td>
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<td>committees that exist and</td>
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<td>consider the value of each</td>
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<td>and whether each</td>
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<td>modified, or deleted.</td>
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<td>Agendas, specific purpose,</td>
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<td>and accountability for each</td>
<td></td>
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<td>is REQUIRED.</td>
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</tbody>
</table>

- The decisions shouldn’t be taken on behalf of physicians. Physicians need to be involved in decision process.
Top Priorities

• I wish there were avenues in which administrators could interact with faculty, learn what’s working and what’s not and enact change without fear of retribution by those affected.

• Showing appreciation for job/effort put forth other than usual conciliatory bs would be nice.

• Work on behavioral issues between patients and departmental staff (e.g. establishment of a Code of Conduct).
Q4: Added Suggestions or Comments to help live a healthier/happier life.

- **Email Management needs help.** Takes 20 min per day to delete unnecessary emails. Way too much junk email and unnecessary institutional email
- **OR efficiency:** from instrument trays to positioning patients. Turn over time, changes in staffing, flipping rooms- the single biggest frustration is the amount of wasted time between cases. Getting that time back will make many surgeons happier.
- **Cross covering when you are on vacation.** You are gone 2 weeks and you still get tons of emails and patient issues to address.
- Clinic notes have to be done in 7 days, but I take a vacation. I have to stay late or be delinquent on completing them.
- **Reduce faculty required paperwork and administrative “tasks”**. That is the biggest waster! I have to work harder and longer to pay the salaries of people who have nothing better to do than think about how I’m supposed to spend my time. Read “Bullshit Jobs: A Theory” by David Graeber before coming up with more “survey projects. We are here for direct patient care, comfort, and research. EVERYTHING else should take a back seat. Thanks for asking!
- The problem is simple: **Doctors don’t want to be secretaries**
- Mentorship, encourage exercise, interactive activities with faculty and/or families
- Decrease shame around medical errors
- Invest in advanced practice providers, scribes
AOC 2018 - Optimizing Ourselves

William Runkle, FACHE
Administrator, Department of Orthopedic Surgery
NYU Langone Health
Is This You?
Spiritual Capacity
Provides a powerful source of motivation, determination, and endurance

Mental Capacity
Focuses physical and emotional energy on the task at hand

Emotional Capacity
Creates the internal climate that drives the ideal Performance State

Physical Capacity
Builds endurance and promotes mental and emotional recovery

Build personal resiliency

Some Parting Ideas...

- Go OUT to lunch with colleagues once/month
- Walk to/from meeting, even if it takes longer
- Leave early 1 day/week
- Schedule Team-Building/Bonding Activities
- Take time for Professional Development
- Discuss your well-being with your Chair
Thank You