

Title: Better Together: A Novel Web-Based Group Coaching Program to decrease Burnout in Female-Identifying Trainees in Medicine

Authors:

Tyra Fainstad, MD

Visiting Associate Professor of Medicine
University of Colorado
Department of Medicine

Pari Shah, MSW, LCSW

PhD Student
University of Denver
Graduate School of Social Work

Adrienne Mann, MD

Assistant Professor of Medicine
University of Colorado
Department of Medicine

Background: Female residents disproportionately experience burnout compared to age-matched peers. This persists into early and mid-career, making them vulnerable to long term consequences affecting professional development. Positive psychology coaching programs demonstrate efficacy in reducing burnout and improving coping skills among residents but rely on substantial faculty development and participant coordination. Emerging data show that professional coaching from non-physicians has a sustainable positive effect in only a few months on physician well-being. We hypothesize that coaching delivered by formally certified *physician* life coaches will have a greater effect due to the shared experience and increased credibility.

Methods/Program. This is a prospective, randomized control trial of a professional resident coaching program: Better Together Physician Coaching with a primary aim to decrease burnout. Secondary aims include: decreased imposter syndrome, decreased moral injury, and increased self-compassion. Two CU faculty (AM and TF), certified professional life coaches, built a website to host the 6 month coaching program. We offer weekly worksheets, didactic webinars, two 1-hour long zoom-based group coaching calls per week, and unlimited anonymous written coaching through an online forum on the program's secure website. We recruited women-identifying CU residents to voluntarily opt into the program. Participants completed a pre-survey with validated indices assessing our outcomes such as the Maslach Burnout Index and Moral Injury Scale. Participants were randomized into the intervention arm (coaching from January-June 2021) or the control group (no coaching). All participants will be offered a post-survey mirroring our pre-survey at program completion. Intervention participants will participate in focus groups to collect insight on process measures and program experience for a qualitative analysis. The control group will be offered coaching after data collection (July-Dec 2021).

Results/Outcomes. Our sample includes 101 CU women residents: 50 intervention, and 51 control. Pre-survey results demonstrate that our participants, as a whole, are experiencing significant burnout, specifically in the depersonalization component (M=10.81; SD=5.59). They are also experiencing low self-compassion (M=2.8/10; SD=0.60); higher imposter syndrome (M=5.32/8; SD=2.15); and moderate moral injury (M=42.02; SD=11.08, measured with scores between 10-100). Anecdotally, intervention participants are asking for coaching on a wide range of topics including feedback reception, professional appearance, balancing motherhood with residency, and low self confidence. Once the intervention is complete, we will conduct inferential statistical analyses using paired t-tests and linear regression to analyze the effectiveness of the coaching intervention and better understand protective and risk factors of burnout.

Discussion. Our preliminary data are consistent with prior data. CU women resident physicians are experiencing burnout, which may affect their mental health and patient care. Residents are engaging with the program in a vulnerable and meaningful way. This program's novel online, asynchronous group-based delivery is designed to mitigate the time constraints and faculty development required of traditional in-person programs. This coaching structure has not been described in the medical education literature and is an opportunity for meaningful contribution to the body of coaching and resident wellbeing scholarship.

References

1. National Academies of Sciences Engineering, Medicine. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. Washington, DC: The National Academies Press; 2019.
2. Dyrbye LN, West CP, Satele D, et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Acad Med*. 2014;89(3):443-451.
3. Houkes I, Winants Y, Twellaar M, Verdonk P. Development of burnout over time and the causal order of the three dimensions of burnout among male and female GPs. A three-wave panel study. *BMC Public Health*. 2011;11:240.
4. Dyrbye LN, Shanafelt TD, Gill PR, Satele DV, West CP. Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians: A Pilot Randomized Clinical Trial. *JAMA Intern Med*. August 2019. doi:10.1001/jamainternmed.2019.2425