

Title: Implementation of a Resident Longitudinal Wellness Program in the Times of CoV-19

Background:

The practice of medicine possesses the potential for both significant professional satisfaction and insidious burnout. Responses by otolaryngology residents on the University of Colorado Annual House Staff Survey related to burnout revealed a negative trend for 3 consecutive years. Inability to readily attend personal medical appointments when needed was identified on survey responses as another challenge to resident wellness. Among residents, 95% identified development of a wellness and professionalism curriculum and retreat as moderately or highly important in a departmental survey.

Study Objective:

Measure the impact of a longitudinal resident wellness and professionalism curriculum, retreat and opt-out medical and mental health program on burnout during the CoV-19 pandemic.

Methods:

Four half-day sessions were dedicated to wellness/professionalism in a year-long curriculum. A full-day, off-site resident retreat was planned during the overlap week of outgoing graduates and incoming interns. An opt-out medical and mental health was initiated.

Two in-person conferences occurred prior to the transition to virtual conference. Social distancing restrictions prevented safely conducting the planned retreat. To help residents cope with the CoV-19 pandemic, we implemented virtual biweekly resident meetings with education leadership. A buddy system was encouraged to counter the psychosocial stressors. A faculty and staff-supported resident appreciation drive was formed to offset value loss from a GME-mandated salary raise freeze.

The Maslach Burnout Inventory (MBI), Toronto Empathy Questionnaire (TEQ), and Thriving Resilience Index (TRI) were administered prior to the initiation of the curriculum and subsequently at 7 months. The AMA Coping with Covid Caregiver Survey was administered at 10.

Results:

17 residents (RR=85%) completed the MBI, TEQ and TRI.

On the MBI, Depersonalization values trended away from burnout for both junior and senior resident cohorts. Emotional Exhaustion values did not reach burnout levels for either cohort, but did trend toward burnout levels for senior residents over time. Personal Achievement values remained stable out of the burnout range for both junior and senior resident cohorts.

TRI results showed improving values in Thriving, Resilience and Burnout for juniors over time. Seniors demonstrated no change over time

TEQ Empathy scores were above average at pre-curricular assessment. Empathy scores trended up (increased empathy) for both groups at re-assessment.

8 residents (RR = 40%) responded to the AMA survey. 0% reported feeling completely burned out (vs. 3% nationwide). 0% reported suicidal ideations over the last year (vs. 4% nationwide).

60% of residents utilized the opt-out medical/mental healthcare program.

Discussion:

Our residents showed stable values or trending improvement in most domains of burnout in the midst of a global pandemic. This suggests that our wellness and professionalism curriculum and opt-out medical/mental health program have had positive effects on resident wellness. We believe that improvement in burnout scores despite an extraordinary public health challenge was due in part to regular and authentic communication with the residents to problem solve concerns and issues in real time. Notably the junior cohort responded more positively compared to the senior cohort in several domains. We speculate this could be related to less burnout plasticity later in training, a tendency to protect junior colleagues, or other factors. These observations warrant further investigation.