

Implementation of a Resident Longitudinal Wellness Program in the Time of CoV-19



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Background

The practice of medicine possesses the potential for both significant professional satisfaction and insidious burnout. Otolaryngology resident responses on the University of Colorado Annual House Staff Survey on burnout including ability to attend personal medical appointments revealed a negative trend for 3 consecutive years. 95% of residents identified development of a wellness curriculum and retreat as moderately or highly important in a departmental survey.

Objectives

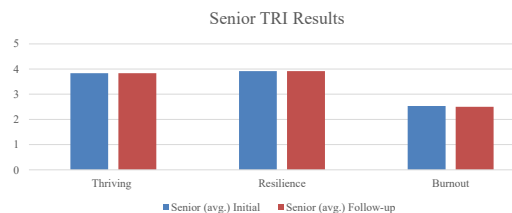
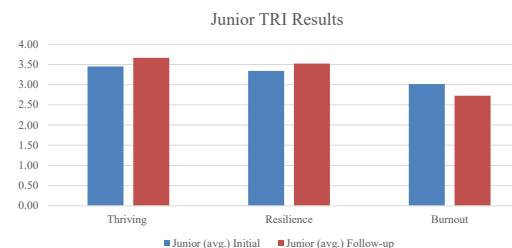
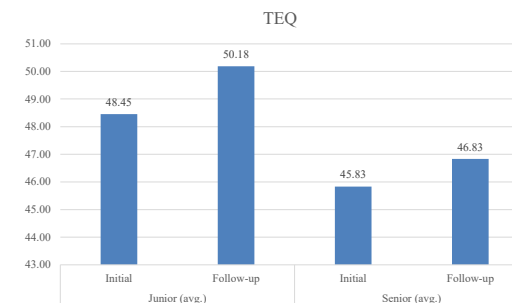
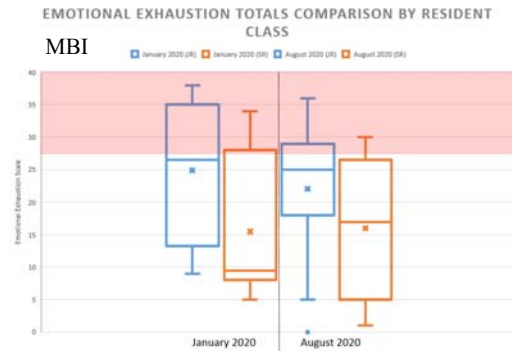
To measure the impact of a longitudinal resident wellness and professionalism curriculum, resident retreat and opt-out medical and mental health program on burnout during the CoV-19 pandemic.

Methods

Four in-person half-day sessions and a full-day, off-site resident retreat were planned in a year-long longitudinal wellness/professionalism curriculum starting January 2020. An opt-out medical and mental health program was initiated. Two in-person conferences occurred prior to CoV-19-related transition to a virtual platform. Social distancing restrictions prevented safely conducting the planned retreat. Uncertainties related to clinical care and education in the time of CoV-19 led to the implementation of virtual biweekly resident meetings with education leadership. A resident buddy system was implemented. A faculty and staff supported resident appreciation drive was formed to offset value loss from a 6-month 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 mid-year.

The AMA Coping with Covid Caregiver Survey was administered 10 months after initiation of the curriculum to assess stressors specific to the pandemic.

Results



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

AMA Coping with Covid Caregiver Survey Results:
0% reported feeling completely burned out.
0% reported suicidal ideations in the last year.

Conclusion

Our residents showed stable values or trending improvement in most domains of burnout, thriving, resilience, and empathy in the midst of a global pandemic.

This suggests that our wellness and professionalism curriculum and opt-out medical and mental health program have had positive effects on resident wellness despite significant unforeseen challenges.

We believe that improvements 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.

It is notable that the junior cohort seemed to respond more positively compared to the senior cohort in several domains. We speculate this could be related to less burnout plasticity over time in training, a tendency to protect their junior colleagues, or other factors. These observations warrant further investigation.

References

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