

Studies on Physician Resiliency and Well-Being in Rural Montana

James Jackson MD, Kylie Ebner DO; Robert Renjel MBBS, JD,
PGY-3; Virginia Mohl MD, PhD; Ashley Dennis, PhD; Keith Davis
MD; Sarah Peila MD; Joseph Peila MD; Mark Lee MD FACP

Study 1 - Decreasing Burnout in Medical Residency: Implementing a Balance Coaching Program

- Examined whether Internal Medicine residents who participate in a program designed to improve resident coping and communication (“Balance Groups”) experience an improvement in their well-being scores and a decline in their burnout scores.
 - Baseline, four month, and eight month well-being and burnout scores.
 - Do residents who participate in “Balance Groups” experience an improvement in their well-being scores over the study time period?

Study 1

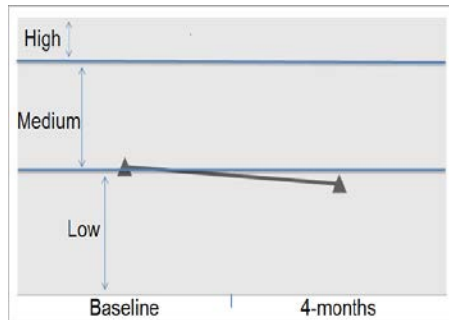


Figure 2. **ProQOL- burnout**: This figure demonstrates a decrease in mean resident burnout scores from baseline to four months, from a medium to a low score, respectively.

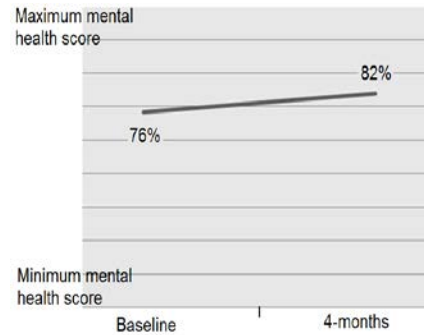
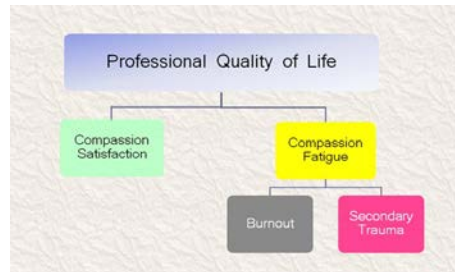


Figure 3. **Mental Health Inventory**: This figure demonstrates an increase in resident mean mental health scores from baseline to four months.

	Sessions		
	0 sessions	1-2 sessions	3-4 sessions
Professional Quality of Life (ProQOL)			
Burnout	16.8	31.2	17.7
Compassion Satisfaction	44.0	36.6	42.3
Secondary Trauma	16.5	20.8	16.7
Mental Health Inventory (MHI)	92.0	73.4	85.7

Figure 4. This figure displays resident mean data from the ProQOL and MHI according to the number of balance groups attended. Higher numbers are desired in the MHI and compassion satisfaction surveys; whereas, lower numbers indicate less burnout and secondary trauma.



- Residents at Billings Clinic experienced a medium level of burnout at study onset.
- Early data shows no correlation between outcome measures and balance group attendance.
- Qualitative data suggests residents who attended balance groups enjoyed the opportunity for confidential, small group discussions with their peers.
- Data analysis of 8 month follow up
- Connected with Mayo Physician Well Being initiative

Study 2 - Qualitative Analysis of Internal Medicine Physician Recruitment and Retention in Rural Montana

- The purpose of this study is to examine the common factors, which impact resiliency and well-being, that exist among Internal Medicine physicians practicing in rural MT/WY.
 - This study uses the grounded theory research methodology to conduct data gathering and analysis.

Study 2

Retention Factors

Continued attraction to practicing in rural MT?

- Good relationship with administration (support, receptive to feedback)
- Flexibility/autonomy to shape practice (ex hybrid model of practice)
- Lifestyle (outdoor, small town, commute)
- Scope of practice

What makes you want to leave current practice?

- Isolation
- Too much administrative work (clerical)

Suggestions for other IM physicians considering IM practice in rural MT?

- Obtain sufficient career/education/practical training before starting
- Obtain good referral base (for sub-specialities)
- Create attractive practice model Realistic expectations (good understanding of rural practices)

Recruitment Factors

Original attraction to rural practice?

- Friend/family living or practicing in region
- Lifestyle (location, no commute, outdoor activities)
- Local origin or rural upbringing

What opportunities does practicing in rural MT offer your career?

- Scope of practice (managing complex patients)
- Established in community, get to know patients
- Good work/life balance