

Introduction

The mission of the Billings Clinic Internal Medicine Residency Program is to train expert physicians to care for complex medically ill patients in rural environments. Successful recruitment and retention of physicians in these rural communities requires improved understanding of resilience and well-being to promote joy in practice.

- Advance undergraduate and post graduate medical education opportunities and research
- Optimize workforce planning
- Enable individuals through tools and training

Aligning with the Billings Clinic Physician Leadership strategy on physician well-being, two Resident physician lead projects were funded in part by the Harry B. & Leona M. Helmsley Charitable Trust to help improve our understanding of physician resilience and well-being.

Primary Aims

Decreasing Burnout in Medical Residency: Implementing a Balance Coaching Program

The purpose of this study is to examine 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.

- What are the baseline, four month, and eight month well-being and burnout scores for residents in the Billings Clinic Internal Medicine Residency?
- Do residents who participate in “Balance Groups” experience an improvement in their well-being scores over the study time period?

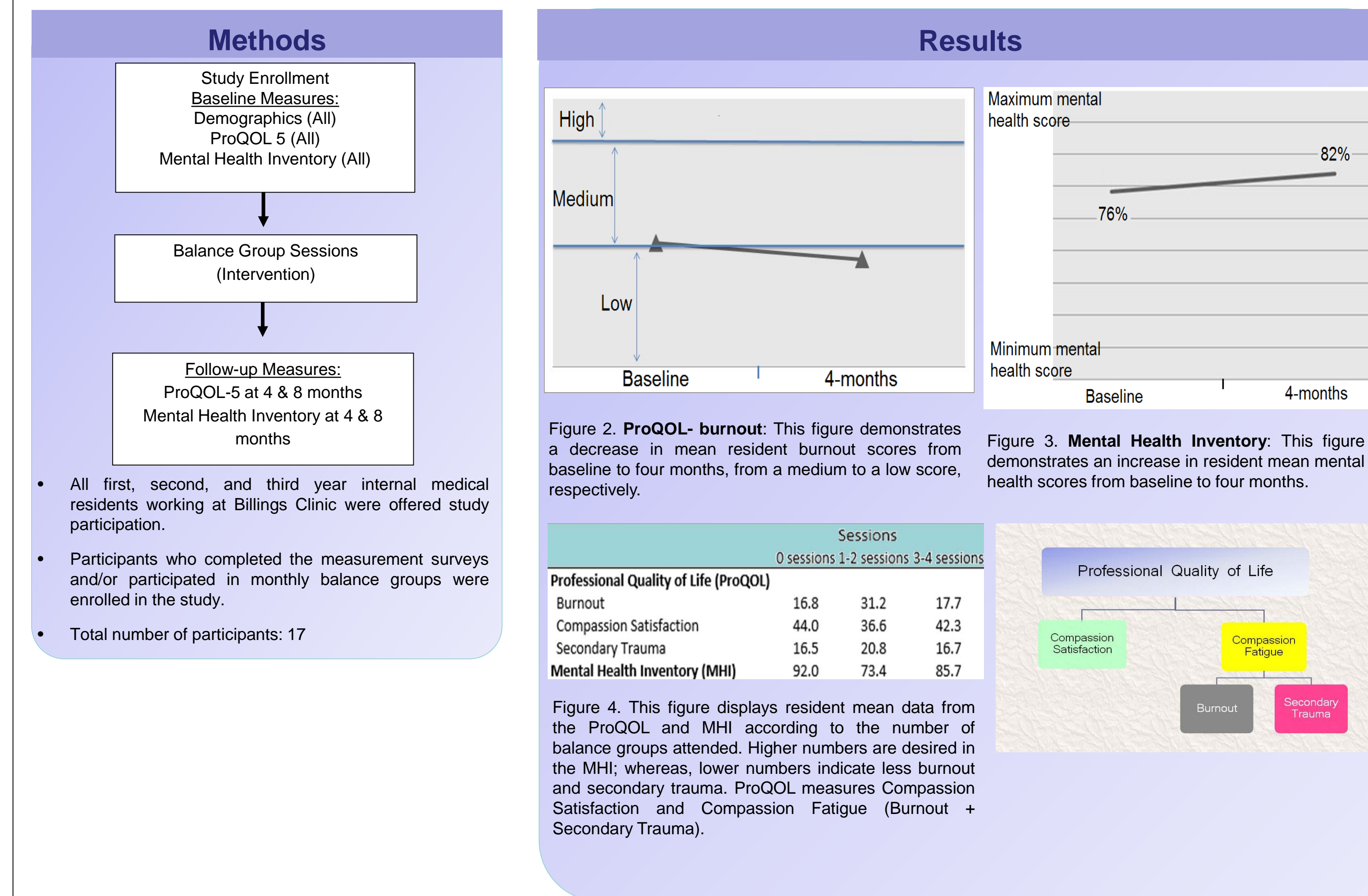
Qualitative Analysis of Internal Medicine Physician Recruitment and Retention in Rural Montana and Northern Wyoming

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.

Project Descriptions

Decreasing Burnout in Medical Residency: Implementing a Balance Coaching Program



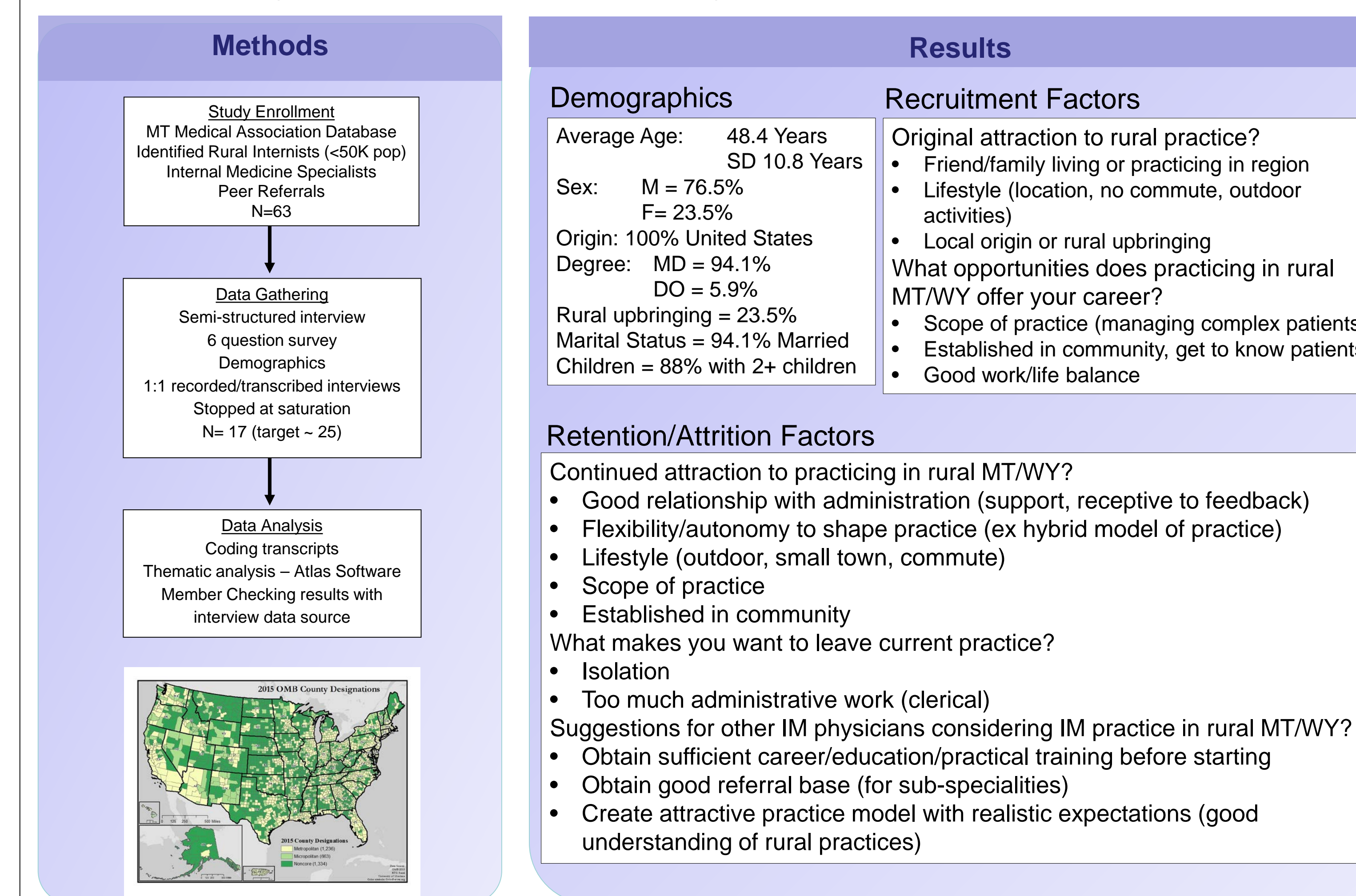
Barriers – Lessons Learned

- Scheduling conflicts – Difficulty ‘switching gears’ from patient care to self care
- Relevant topics – Occasional perceived dissonance between session topic and relevancy
- Group atmosphere – Mixed feeling about group/peer interactions
- Uncertain benefits – Occasional reported feelings that although wellness concerns were identified, solutions and interventions were difficult to implement
- Limitations include: small sample size, inconsistent attendance and survey completion, inability to adequately pair data, and selection bias.

Discussion – Next Steps

- 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

Qualitative Analysis of Internal Medicine Physician Recruitment and Retention in Rural MT and Northern Wyoming



Coding Methodology

Challenge – Barrier to practice, Isolation, Lack of anonymity, Too close to patients
Continued Attraction – Established in community, Flexibility, Autonomy, Environment
Practice Role – Appealing practice model, Scope of practice, Barrier to practice
Recruitment – Friend/family, Lifestyle, Local origin, Rural rotation
Rural Opportunity – Complex patients, Variety of specialty practice
Satisfaction
Other

Barriers – Lessons Learned

- Data Gathering – Challenges in connecting with interviewee
 - Administrative office staff barriers
 - Scheduling conflicts with busy practices
 - Tendency to request face to face interviews
 - Lack of interest to involved in a resident study
- Geographic Barrier – Commute time in rural healthcare as a limitation
 - Paucity of rural airport access
 - Automobile commute times > 5 hours each way

Discussion – Next Steps

- Complete Data Analysis
- Scholarly dissemination - forthcoming
- Expansion of study to regional states to demonstrate consistency of observations in rural Internal Medicine practices