

ASSESSING OB/GYN RESIDENT AND FACULTY WELLBEING THROUGH EXISTING MEASURES AND A 3-ITEM WELL-BEING CHECK-IN CARD

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INTRODUCTION

PHYSICIAN BURNOUT & WELL BEING

- Between 22-60% of practicing physicians are reported to have experienced burnout¹
- OB/GYN resident burnout has been reported at 90%²
- Duty hour limitations were implemented for patient safety and has been associated with some increase in overall resident quality of life and potential sacrifices in resident education and patient care³
- Contributors to burnout (and drivers of engagement)⁴
 - Workload and job demands
 - Control and flexibility
 - Poor work-life integration
 - Check Box Requirements (filling out surveys, module requirements, duplicates, paperwork)

DATA RELATED TO WELL BEING

- **Multiple survey tools available** but may cost money and/or are time-consuming to complete
- **Existing/Archival Data:** Residents and faculty are required to complete multiple surveys annually/biennially:
 - Press Ganey Annual Engagement Survey (PG-ES)
 - Survey on Patient Safety
 - ACGME Annual Survey

PROJECT AIMS

- 1. Interventions:** Implement 2 workload and 1 wellness am:
 - Limit weekend rounding (workload)
 - Redistribute postpartum rounding on weekdays \leq 6-7 patients per resident (workload)
 - Introduction of quarterly wellness mornings
- 2. Data Sets:** Identify existing data sets and/or develop a quick “check in” survey as process and outcome measures for resident/faculty well being

REFERENCES/RESOURCES

1. Shanafelt, Tait D., et al. "Burnout and satisfaction with work-life balance among US physicians relative to the general US population." Archives of internal medicine 2012;172(18):1377-1385.
2. Linzer, Mark, et al. "Predicting and preventing physician burnout: results from the United States and the Netherlands." The American journal of medicine. 2001;111(2):170-175.

METHODS

AIM 1: RESIDENT WELL-BEING INTERVENTIONS

- 1. Effective July 2, 2017 two workload protocols changed:**
 - Weekend rounding protocols: residents continue to round on all antepartum and gynecology patients at the end of each 24-hour shift *but now* faculty complete all postpartum rounding
 - Weekday postpartum rounding redistributed decreasing number of patients per junior resident from >10 patients to maximum: 6-7 patients per resident
- 2. Effective Sept 2017 Quarterly wellness mornings** began using protected education time for faculty and resident physicians

WELL-BEING CHECK-IN
Rate based upon your experience/feeling in the last week.

1. The amount of time I spend on personal well-being is: (circle one)

Pitiful Less than I need Adequate Excellent


2. The work I do is meaningful to me:

Strongly DISAGREE Strongly AGREE

3. The one thing I have done for well-being that is the most meaningful to me:

(circle one) PGY1-2 PGY3-4 FACULTY

AIM 2: DATA SETS TO EVALUATE INTERVENTIONS

- **Process Measure: Well Being Check-In Cards (WBCIC)**
 - 3-item WBCIC asks participants to rate
 - Adequacy of time for wellness
 - Level of meaning in their work
 - List one activity they have done recently that contributed to their overall wellness
- **Outcome Measure: Press Ganey Engagement Survey (PG-ES)**
 - Identified crosscutting items on resident and faculty PG-ESs consistent with our aim 
 - Items in the engagement, organization, leadership/manager, and employee domains.

3. Goitein, Lara, et al. "The effects of work-hour limitations on resident well-being, patient care, and education in an internal medicine residency program." Archives of Internal Medicine. 2005;165(22):2601-2606.
4. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. Mayo Clinic Proceedings. 2017;92(1): 129-146.

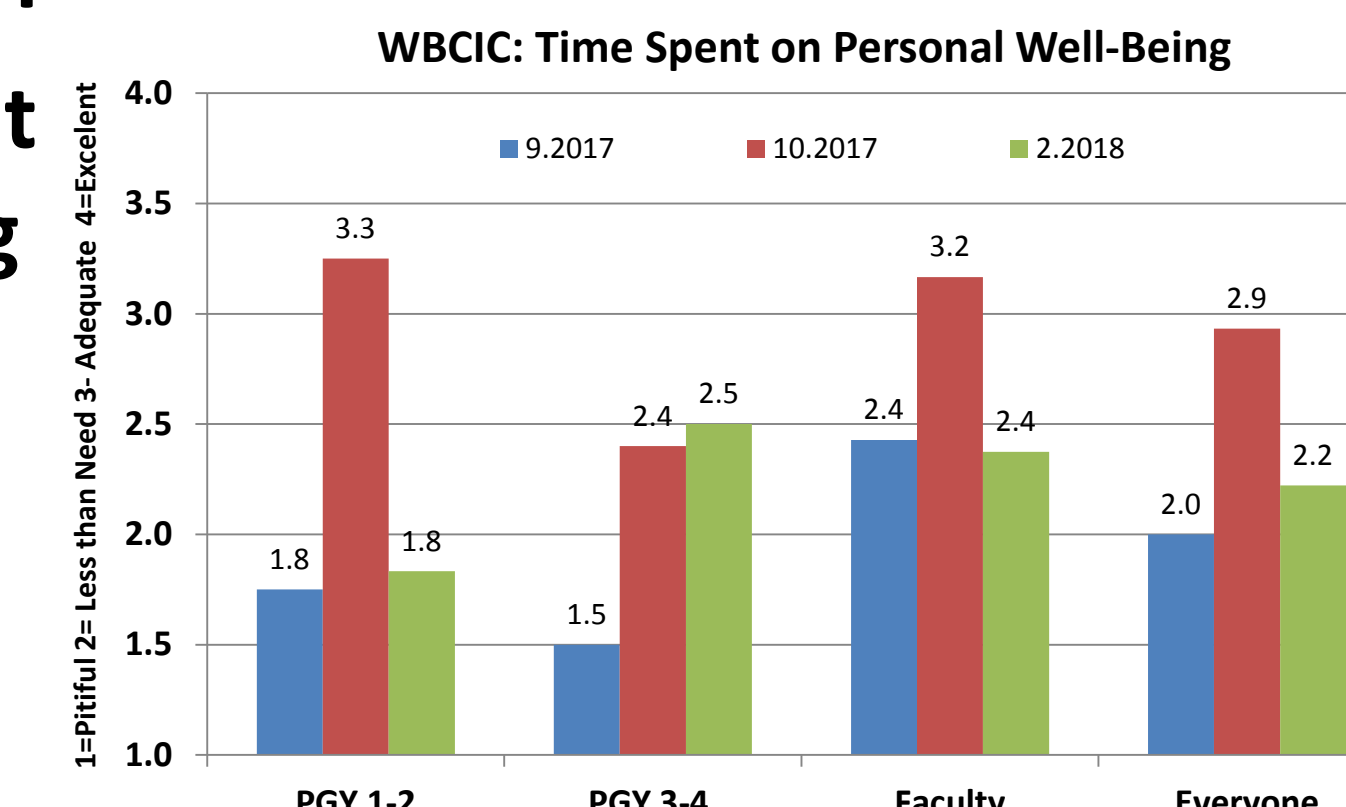
RESULTS

WELL BEING CHECK-IN CARDS (WBCIC)

3 WBCICs Completed Sept 2017-Feb 2018

- **Insufficient time spent on personal wellbeing**

- Time spent varies by trainee/faculty and time of year
- Gradual increase over time; except PGY1-2s



- **Baseline all reported their work is meaningful**

(1=Strongly Disagree to 7 = Strongly Agree)

- Baseline Means: Residents = 4.9 / Faculty = 5.5
- PGY mean ratings decline during winter

- **Meaningful Well Being Activities**

- Faculty: Exercise/workout in Gym; Make time for Family, Leave work at work; Leave work on time
- Residents: Eat, Sleep, Time with Friends/Family; Health appointments

PRESS-GANEY ENGAGEMENT

- Ob/Gyn local results vs national healthcare averages provide improvement targets at >0 .20 above baseline
 - I'd like to be working at this organization 3 years from now
 - This organization supports me in balancing my work life and personal life
 - I am involved in decisions that affect my work
 - I like the work I do

SUMMARY & NEXT STEPS

- Quick 3-item WBCIC provides baseline and on-going process measures – with overlap with PG-ES item on work/like balance support continuous improvement
- Use of PG-ES items provides a baseline benchmark with national comparisons for Ob/Gyn residents and faculty with annual follow-up
- **NEXT STEPS:** Continue to track scores, modifying interventions as appropriate