

GME AS KEY LEADERS IN WELL-BEING

Leading from the Middle to Engage Residents, Faculty and CMO Partners

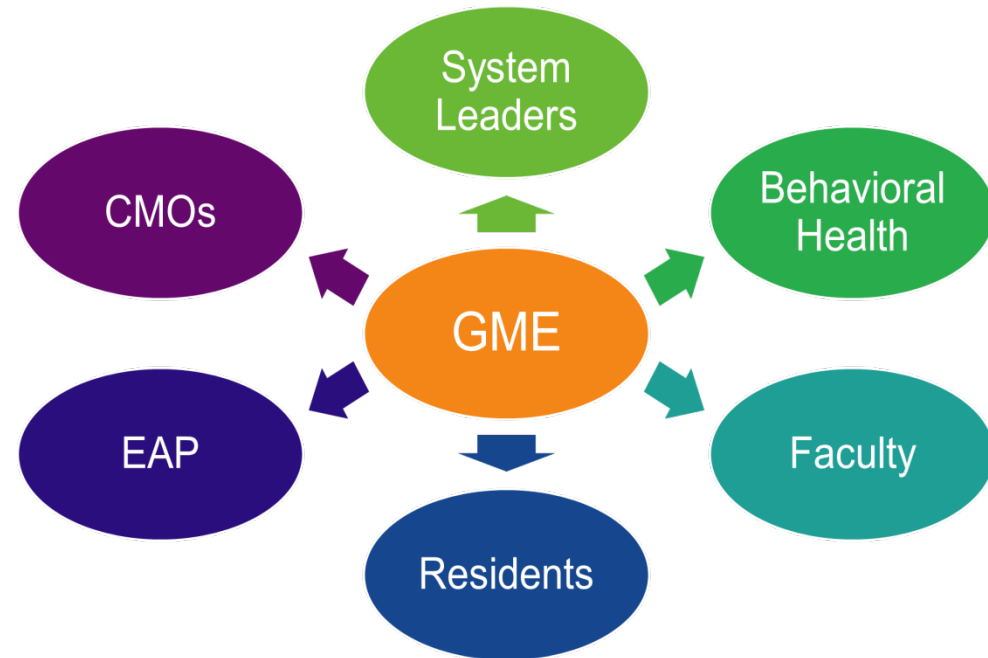
J Bidwell, MD, T La Fratta, MBA, D Simpson, PhD, N Eull, PsyD,
A Anderson, MD, MBA, H Su, MD, T Lineberry, MD, DB Thompson, MD,
AHC Residency Council
AHC Graduate Medical Education Council
NI-VI Residency Programs in Diagnostic Radiology, Family Medicine,
Internal Medicine, and Obstetrics & Gynecology

WHY GME CAN LEAD WELL-BEING



Unique (Ad)Vantage Points

- ACGME – Well-Being CPR & CLER priorities
- Breath of GME's Unique partnerships
 - System: Medical Group & CMOs to HR & EAP
 - GME: GMEC, Resident Council, Programs
- “1st” CLER Site Visit with well-being as focus



AIM & METHODS:

AIM: Use ACGME's CPRs and CLER standards on well-being as GME leadership opportunity to achieve the quadruple aim across multiple organizational levels



METHODS

- Identified and framed well-being as shared system/GME goal
- Convened groups – January 2017 GMEC Well-Being Retreat
- Seek strategic partners and partnership
 - System wide Well-Being Steering Committee (Convened June 2017)
 - 3 GME Reps invited to system-wide GME Well-Being Summit
 - Advocate for system wide well-being measure with national norms and resources

RESULTS: INNOVATIONS & METRICS

INNOVATIONS:

- “In the Room...”
- WB Index
- AIAMC NI-VI
 - GME
 - 4 Programs
- SNC Well-Being
- Coordinators

METRICS	PROCESS	OUTCOME
ACGME WB program inventory: 2x/yr + GMEC	✓	
APE WB section	✓	
GME wide end of rotation evaluation form	✓	
PG Engagement Survey	✓	✓
Well-Being Inventory	✓	✓
ACGME Res/Fac Surveys	✓	✓

WHAT WE ARE LEARNING / NEXT

INCREASE STAKEHOLDER ENGAGEMENT BY

- Identify/frame as org “win-win” at all levels
- Partner with system leaders early on
- Make things count 3x to minimize stress

Future Steps include:

1. Leverage NI-VI successes across programs
2. Monitor metrics and revise (PDSA)
3. Celebrate!

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

**Naomi Light, MD, Erika Copperman, DO,
Carla Kelly, DO, MMM, Deborah Simpson, PhD**

OB GYN RESIDENT BURNOUT = 90%

- **Its Spring – we're PGY2's – tired and...**
 - Expressed concerns or Voluntold to be Resident Leads on NI-VI WB
 - Meet Grad Requirement (travel nice places)
- **Opportunity: Wellness IS important**
 - Personally/professionally burnout - it's real
 - Program transitions – opportunity

Linzer, Mark, et al. "Predicting and preventing physician burnout: results from the United States and the Netherlands." *The Amer J Medicine*. 2001;111(2):170-175.

AIM & METHODS:

- To implement 3 Well-Being changes
 - 2 workload (rounding); ½ Day Wellness
- Measure it *Without stressing us out!*
 - Press Ganey Engagement Survey
 - Short 3-Item Well Being Check in Card

WELL-BEING CHECK-IN
How well are you doing since you started 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:

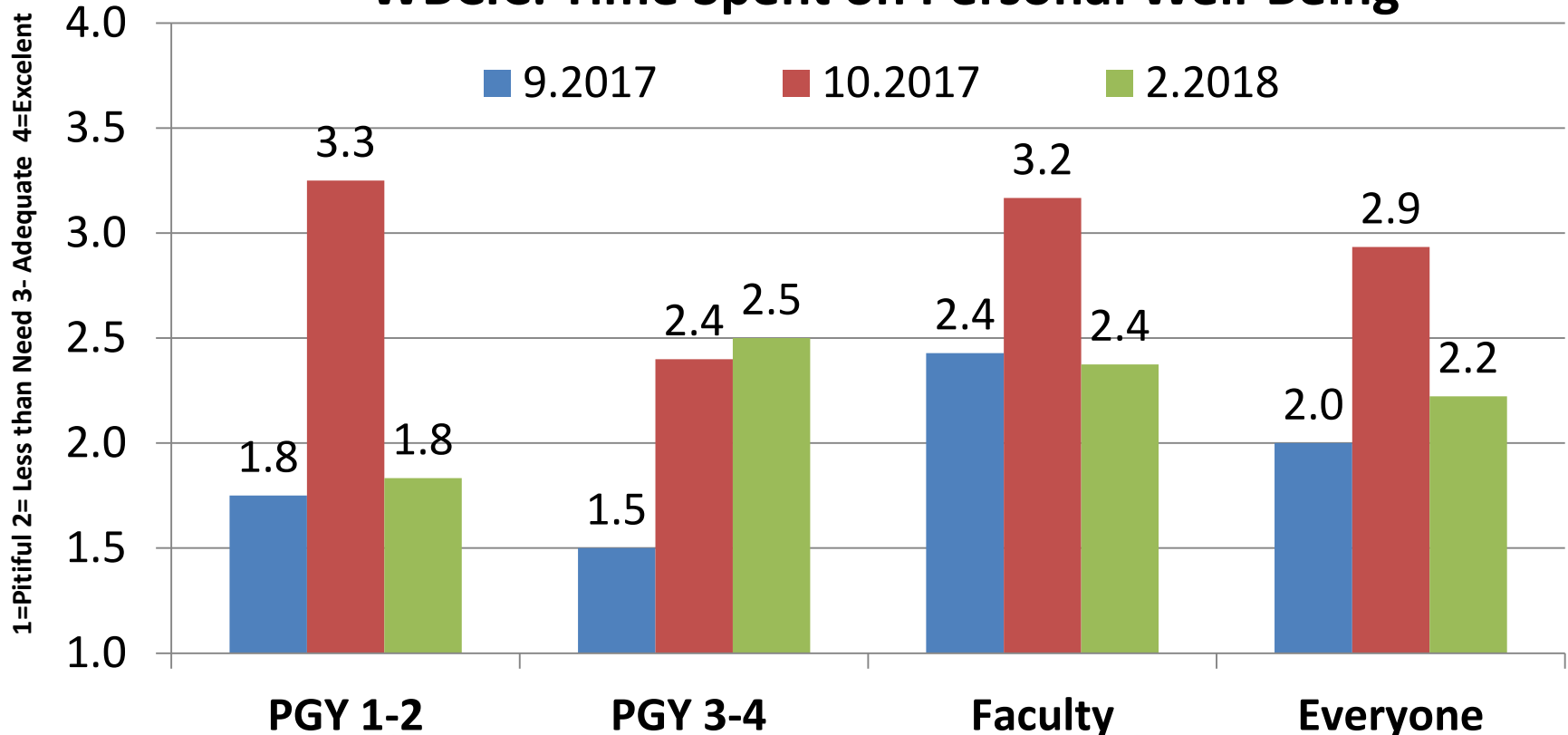
(circle one) PGY1-2 PGY3-4 FACULTY

RESULTS: PG-ES & WBCIC



4 Items: Ob/Gyn local results vs national
→ improvement targets

WBCIC: Time Spent on Personal Well-Being



WHAT'S NEXT

CURRENT

- Share WBCIC “meaningful WB activities”
(Faculty exercise > PGYs who sleep)
- Monitor WBCIC & end of rotation WB item
- Adjust interventions / address PGY1-2s

Future Steps include:

1. Use outcome measures (WB Inventory & PG-EG)
2. Graduate!



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Academic Medical Centers

Creating a New Mindfulness-Based Wellness Curriculum

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Obstetrics and Gynecology
St. Francis Hospital and Medical Center
Hartford, Connecticut
April 7, 2018

The Beginning –Preliminary Survey

Biannual Resident Wellness Survey (anonymous)

- 61 respondents
- Family Medicine, OB–GYN, General Surgery, Internal Medicine, Emergency Medicine, Podiatry

Establish baseline in the study population, guide choice of intervention

Questions from several validated questionnaires:

- PHQ–4: anxiety, depression, overall distress
- Maslach Burnout Inventory
- Mindful Attention Awareness Scale
- Neff's Self–compassion Scale (short form)
- Brief Resilience Scale
- Demographics, sleep, activity



Preliminary Survey– Results

- ▶ High **achievement** and **emotional burnout**
- ▶ Low **depersonalization**
- ▶ 33% **self-reported burnout**
- ▶ 39% experience **fatigue several times per week**
- ▶ 35% feel **emotionally drained several times per week**
- ▶ 30%, 17% and 20% scored high on **anxiety, depression and emotional distress, respectively**
- ▶ 53% **skip meals several times per week**
- ▶ Only 25% **engage in regular physical activity**



Preliminary Survey – Results

Is a Mindfulness-based intervention a good approach to address resident burnout and resilience?

- Mindfulness was **positively associated** with resilience
- Mindfulness was **negatively associated** with anxiety, depression, distress, emotional burnout, depersonalization.
- Mindfulness was **not associated** with achievement and self-compassion
- Self-compassion was associated with resilience, depression, overall psychological distress and emotional burnout.

Support Concept of Intervention as Planned



The Study – Approach and Outcomes

- ▶ **Randomized Crossover Design**

 - Intervention** = Formal Mindfulness Training

 - Control** = Journal article on resident burnout

 - Control group receives intervention 3–4 months later*

- ▶ **Outcomes measured at baseline; 2 weeks & 3 months post**

 - Primary** -- burnout, resilience, anxiety, depression, distress

 - Secondary** -- self-care, self-compassion, mindfulness

 - Covariates** -- age, PGY, ethnicity, gender

- ▶ **Statistics**

 - T-test, Chi-square, GLM (repeated measures).

- ▶ **Does mindfulness training decrease resident burnout, anxiety, depression and distress?**

- ▶ **Does training improve resident self-care?**

- ▶ **Does training improve mindfulness, self-compassion and resilience?**

 - Independent predictors
 - Assess Mediators and moderators



Sharing the Resident Wellness Scale for Multi-Institutional Study and Promotion of Resident Wellness

R. Brent Stansfield, Ph.D. & Tsveti Markova, MD.

Resident Wellness Scale

- Designed to measure Resident Wellness
- 10 items
- Positively worded
- Free to use

The screenshot shows a mobile interface for the Resident Wellness Scale survey. The URL is <http://gme.wayne.edu/wellness/>. The title is "Resident Wellness Scale". Below the title, there is a disclaimer: "Submitted data is anonymous and cannot be traced to you. Submitted data may be used for research purposes." The form includes several sections for data collection:

- Your Institution:** A text input field with "OCHER HOSPITAL" entered.
- Your Position:** Radio buttons for "Resident/Fellow", "Faculty", and "Other".
- Your PC Year if you are a resident or fellow:** Radio buttons for "PC1", "PC2", "PC3", "PC4", and "PC5+".
- Your specialty:** A text input field.
- Your gender:** Radio buttons for "Male", "Female", and "Other".

Below these sections is a table for rating 10 items on a scale from "Never" to "Very often". The items are:

	Never	Seldom	Sometimes	Often	Very often
Believed in how your work helps make the world a better place	●	●	●	●	●
Felt free-will to do your work	●	●	●	●	●
Felt supported by your co-workers	●	●	●	●	●
Had an enjoyable interaction with a patient	●	●	●	●	●
Was proud of the work you did	●	●	●	●	●
Was eager to come back to work the next day	●	●	●	●	●
You left your home, work, or rest	●	●	●	●	●
You ate well	●	●	●	●	●
Knew who to call when something went happened at work	●	●	●	●	●
Had to remember to give work a deep rest	●	●	●	●	●

At the bottom of the form, there is a "Next" button.

Barriers to Sharing

- ▶ Scattered data
- ▶ IRB and ethical use
- ▶ Legal barriers
- ▶ Logistical



The RWS Website

1

Sign our Data Sharing Agreement

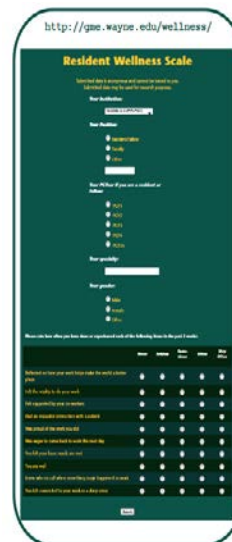
DATA TRANSFER AND USE AGREEMENT

This Data Transfer and Use Agreement ("Agreement") is made as of the date of the last authorized signature below ("Effective Date") by and between, having an address at _____ ("PROVIDER") and Wayne State University, having an address at 1560 East Maple Rd., Troy, MI 48063 ("RECIPIENT"). PROVIDER is the owner of certain data identified below and of right, title and interest therein and/or has the right to transfer such data. PROVIDER agrees to provide RECIPIENT with certain such data for purposes stated herein under the following conditions:

1. The Research (as hereinafter defined) will be conducted under the supervision of R. Brent Stanfield ("SCIENTIST"). The nature of this Agreement is data transfer and collaboration.
2. The data covered by this Agreement includes: Data which were collected under the PROVIDER'S IRB approved protocol " _____ " IRB # _____ or an approved IRB exemption (collectively "DATA").
3. Subject to the provisions of this Agreement, PROVIDER shall transfer to RECIPIENT the DATA as is mutually agreed upon and hereby grants RECIPIENT a non-exclusive, royalty-free license to use the DATA for the purpose of the Research (defined herein below) and as permitted by this Agreement.
4. The DATA has been collected from human subjects. RECIPIENT will not receive any private or individually identifiable information. The DATA has been collected under IRB approved protocol(s) listed above in paragraph 2, which includes all necessary informed consents and authorizations which disclose potential redistributions of the DATA in accordance with all applicable federal regulations for the protection of human subjects and individually identifiable information, including but not limited to, as applicable 45 CFR Part 46, "Protection of Human Subjects", and the Standards for Privacy of Individually Identifiable Health Information set forth in 45 CFR Parts 160 and 164. RECIPIENT is authorized to receive the DATA under either an IRB approved protocol or an exemption from IRB approval protocol.
5. The DATA shall be used by SCIENTIST in research to study _____ and the scale as a whole to identify aspects and trends in _____ (hereinafter "Research").

2

Send residents to the website



3

Log on and download (only) your data

Resident Wellness Scale Data Page

Welcome Database Administrator

What do you want to do now?

- List all available data
- Download available data (CSV file)
- Show history of available data



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Examination of Entering Residents' Self-Reported Confidence and Supervision Needs Performing AAMC Entrustable Professional Activities

William J. Yost, MD

UnityPoint Health–Des Moines

April 7, 2018

Background

- ▶ 2014 AAMC published Core Entrustable Professional Activities for Entering Residents
- ▶ 13 activities residents should be able to perform independently at start of residency training
- ▶ Sparse published data assessing EPAs as tools to determine readiness
- ▶ Existing evidence of low confidence/supervision need can affect resident stress & anxiety



Methods

- ▶ Entering residents from 7 Consortium residency programs surveyed (100% response rate)
- ▶ In 2015, residents completed survey on confidence performing EPAs on entry (n=46)
- ▶ In 2017, residents completed survey on confidence and supervision needs performing EPAs on entry (n=46)



RESULTS

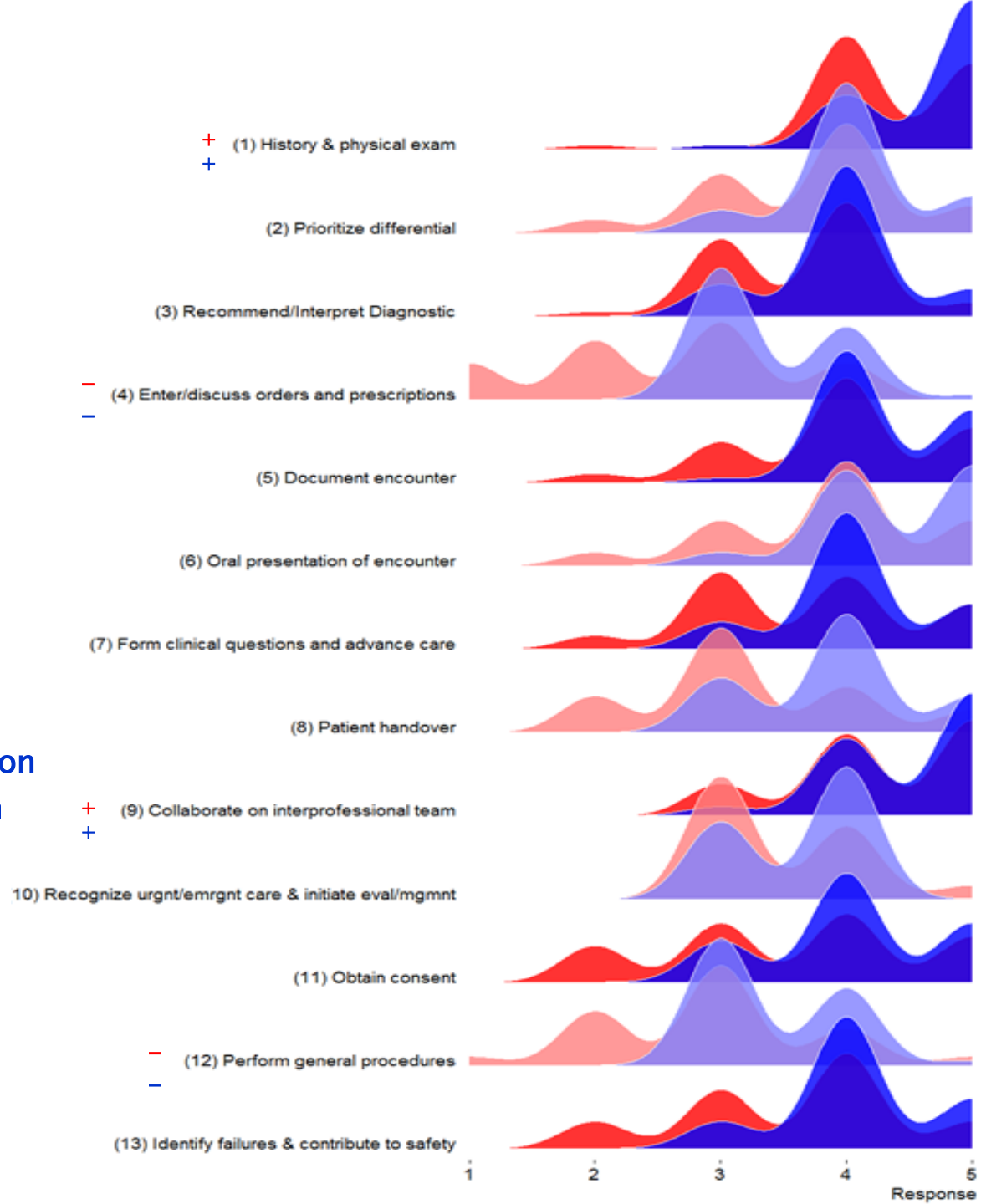
Self-Reported:

Confidence

- 1 = Not Confident
- 2 = Slightly Confident
- 3 = Somewhat Confident
- 4 = Confident
- 5 = Very Confident

Need for Supervision

- 2 = Not Able to Perform
- 3 = Perform w/ Extensive Supervision
- 4 = Perform w/ Minimal Supervision
- 5 = Perform Unsupervised



Conclusions/Lessons Learned

- ▶ Limited EPA confidence & supervision needs in areas the AAMC felt interns should be able to complete unsupervised
- ▶ Responses consistent across two resident cohorts
- ▶ Low confidence or need for supervision reported by residents from all contributing medical schools
- ▶ Addressing low confidence or perceived supervision needs may help reduce anxiety and improve well-being of entering residents

