Does a Wellness Curriculum Impact Resident Burnout and Medical Knowledge?

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Disclosures

None

Mismatch Between Individual and Learning Environment









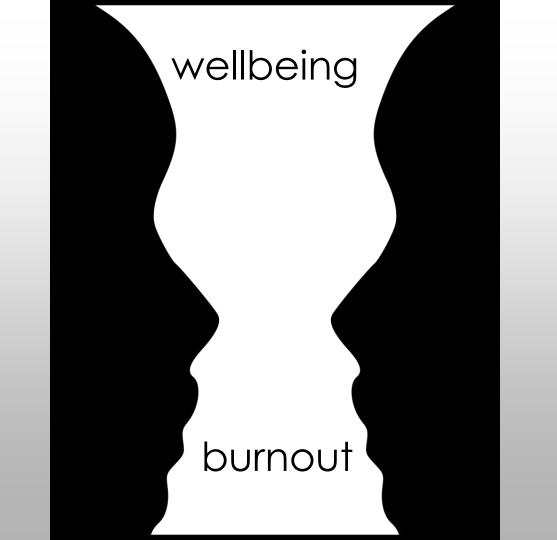




50%

Effects of Burnout

- Patient Care
- Safety Events
- Patient Satisfaction
- Mental Health
- Career Choice Regret



ACGME Common Program Requirements

"Programs...have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other."

Needs Analysis

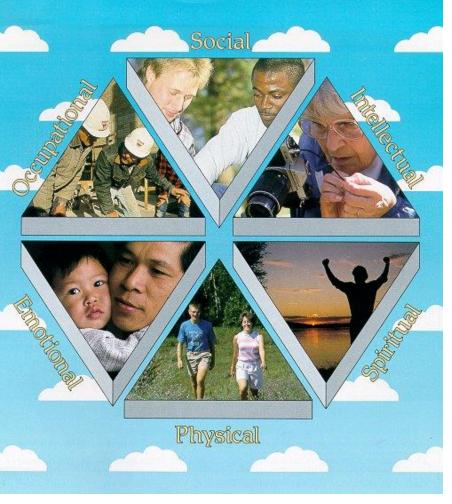
- How important is it to include education about wellness topics into residency training?
- How relevant is the topic of wellness to the resident physician?
- How comfortable are you with your knowledge of wellness principles as they apply to the practicing EM physician?
- How highly do you value the incorporation of wellness principles into maintenance of your career as a practicing EM physician?











http://www.hettler.com/sixdimen.htm

Wellness

OVERVIEW

SOCIAL
SPIRITUAL
OCCUPATIONAL
PHYSICAL
EMOTIONAL
INTELLECTUAL

Choose Wellness EM

Emergency Medicine Curriculum

Mission

To promote health and resilience through engagement in the six common dimensions of Wellness--Emotional, Intellectual, Occupational, Physical, Social, and Spiritual--in order to create a lifelong approach to self-care, and sustained joy and satisfaction as an emergency physician.

Vision

Train and sustain healthy, fulfilled emergency physicians

Social	Spiritual	Occupational
Physical	Emotional	Intellectual

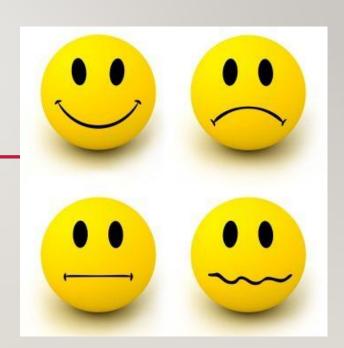
The Six Dimensions of Wellness. Bill Hettler. 1976. www.hettler.com/sixdimen.htm

EMOTIONAL WELLNESS

CHOOSE WELLNESS EM

EMERA

NICK HARTMAN, MD MPH



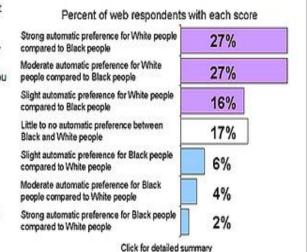
You have completed the African American - European American IAT.

Your Result

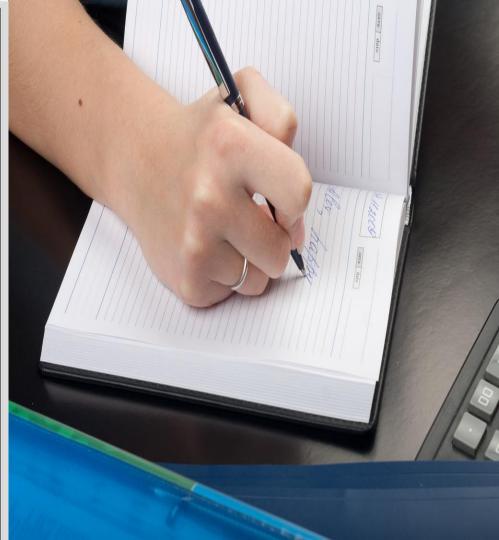
Your data suggest little to no automatic preference between European American and African American.

Thank you for your participation. Just below is a breakdown of the scores generated by others. Most respondents find it easier to associate African American with Bad and European American with Good compared to the reverse.

Many of the questions that you answered on the previous page have been addressed in research over the last 10 years. For example, the order that you performed the response pairing is influential, but procedural corrections largely eliminate that influence (see FAO #1). Each visitor to the site completes the task in a randomized order. If you would like to learn more about the IAT, please visit the FAOs and background information section.



You are welcome to try <u>additional demonstration tasks</u>, and we encourage you to register (easy) for the <u>research site</u> where you will gain access to studies about more than 100 topics about social groups, personality, pop culture, and more.







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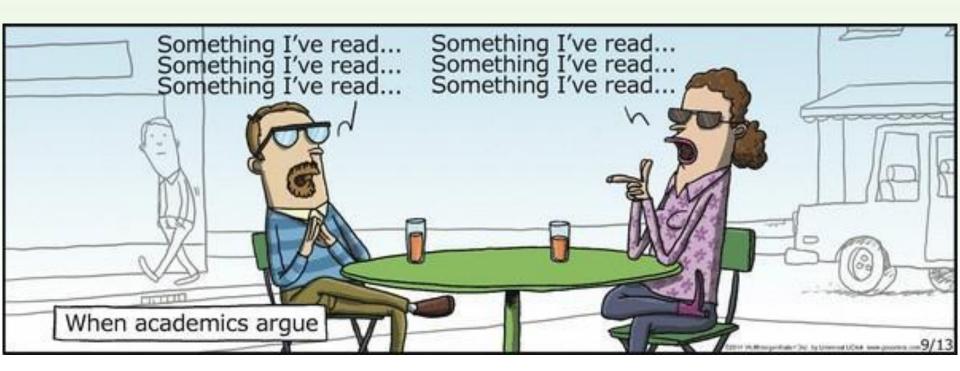
Social	Spiritual	Occupational
Physical	Emotional	Intellectual

The Six Dimensions of Wellness. Bill Hettler. 1976. www.hettler.com/sixdimen.htm

Lessons Learned



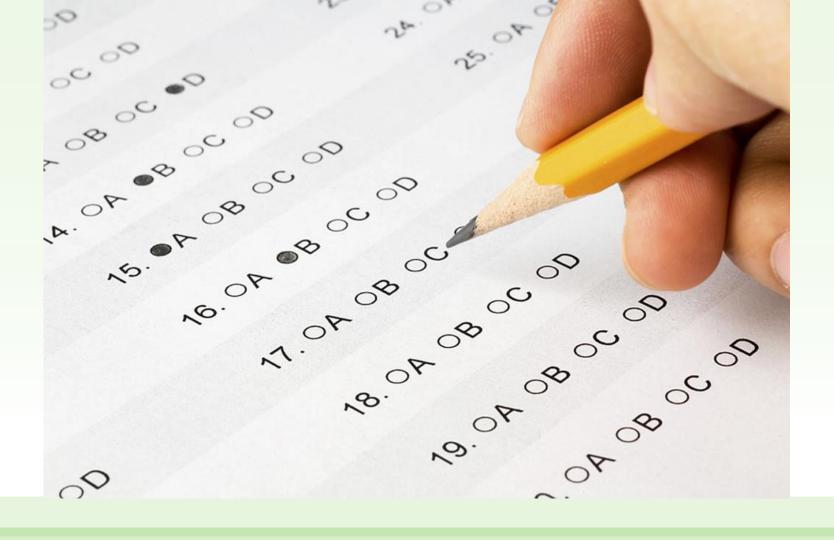






Burnout Prevalence

	Intervention	Control
Feb 2017	13.8%	7.3%
Aug 2017	7.9%	8.5%
Feb 2018	10.3%	8.5%



Recap

- Burnout relatively stable over time
- Burnout not associated with medical knowledge
- Burnout and medical knowledge not affected by wellness curriculum

...we looked at one more association: Burnout and Depression

- During the past month, have you often been bothered by feeling down, depressed, or hopeless?
- During the past month, have you often been bothered by little interest or pleasure in doing things?

Research Conclusions

- Burnout relatively stable over time
- Burnout not associated with medical knowledge
- Positive depression screen associated with higher burnout
- Wellness Curriculum: no effect on burnout scores, medical knowledge, or rates of positive depression screens



Next Steps....Wellness 2.0

- Emphasize resident autonomy and engagement
- Align values / Needs assessment
- Encourage but don't mandate
- Individualize, provide options
- Respect preexisting time burden
- Target both individual and learning environment
- Measure burnout/depression/grit
- Culture



Back to Bedside



Request for Proposals: Due March 15, 2019

Are you a resident or fellow looking to foster meaning in your learning environment?



National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience





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I AM A: CHOOSE ONE ~

Wellness & Resiliency

In This Section

UME GME Program Resources

Innovation Grants

Wellness & Resiliency

CHARM

The Collaborative for Healing and Renewal in Medicine (CHARM) is a group of medical educators, leaders at academic medical centers and experts in burnout research and interventions designed to promote learner wellness, which is formed with the support of the Alliance for Academic Internal Medicine (AAIM): CHARM's mission is to gather best practices; promote investigation of the impact of learner burnout; develop tools for educators to address learners in distress; and advocate for the recognition and inclusion of initiatives that foster well-being among learners.

Surveys & Data -



The American Balint Society

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Performance Training and Public

Health for Physician Burnout

Rich Joseph, MD, MBA

Brigham and Women's Hospital

Article · March 15, 2017



CAROL S. DWECK, Ph.D.

HOW WE CAN
LEARN TO FULFILL
OUR POTENTIAL

*parenting
*business
*school
*relationships

fluminates how our beliefs about our capabilities exert tree influence on how we learn and which early, we take in life." ANGELA DUCKWORTH

THE POWER of PASSION

and PERSEVERANCE

MASTER RESILIENCE TRAINING SKILLS OVERVIEW

The Future

- Longitudinal study of interventions
- Collaboration/Investigations across specialties and practice environments
- Ongoing investigation of measurement instruments
- Integration of organizational and individual strategies

EMERGENCY MEDICINE EDUCATION RESEARCH ALLIANCE



EDUCATIONAL DISCOVERY AND INNOVATION THROUGH COLLABORATION

Top References

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Dyrbye L and Shanafelt T. A narrative review on burnout experienced by medical students and residents. Med Educ. 2016 Jan; 50(1): 132-49.

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West CP, Dyrbye LN, Erwin PJ, and Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet. 2016 Nov; 388(10057): 2272-2281.

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National Collaborations

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IM: Ripp JA, Privitera MR, West CP, Leiter R, Logio L, Shapiro J, and Bazari H. Well-Being in graduate medical education: a call for action. Acad Med. 2017 Jul; 92(7): 914-917.

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National Collaborations

ACGME: Physician well-being. Accreditation Council for Graduate Medical Education website. https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being

https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/ACGME-Symposium-on-Physician-Well-Being

AMA: Steps Forward. https://edhub.ama-assn.org/steps-forward/module/2702511

National Academy of Medicine: Action Collaborative on Clinician Well-Being and Resilience: https://nam.edu/initiatives/clinician-resilience-and-well-being/