Collaboration with GME Mental Health Providers:
Lessons Learned in Opt-Out Counseling for Indiana University Pediatric Residents

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Disclosures and Notes

• No financial disclosures/conflicts
• We may leave you with more questions than answers, but we look forward to sharing
• We want to hear your input and ideas too
Learning Objectives

• To review pilot findings from Indiana University opt-out counseling project.

• To provide different perspectives in planning, implementation, and development of the program.

• To consider how other programs can adapt ideas and generalize our pilot lessons learned to your program.

• To share in the experiences and expertise in the room.

Agenda

• A brief review of some background
• A summary of the project and context at Indiana Pediatrics
• Indiana PGY2 resident pilot perspectives
  – Chief Residents [Dr. Sadie Puffer, Dr. Abby Stephenson]
  – Resident participant [Dr. Brogan Hayden]
  – Program Director [Dr. Jerry Rushton]
  – GME Counselor [Jessica Fultz, LCSW]
• Panel Q/A and Discussion
• Small group/Table Discussions
• Debrief and closing thoughts
Background- Literature

• Depression and burnout is a problem nationwide.
  – ~50% of pediatric interns experience burnout
  – 28% of residents experience a depressive episode during training
  – 300-400 physicians take their lives every year

• Physicians are less likely to seek mental health services
  – Many different barriers (time, stigma, etc.)

• See additional literature and resources in your handout

Background- IU Pediatrics

• Depression and burnout at IU: similar to national numbers
  – IU joined the Pediatric Resident Burnout Survey, collected baseline data, performed by the Resilience Study Consortium (2017)
  – Found similar levels of overall burnout, higher in some areas
  – Targeted by Chiefs and Program as an area for improvement

• General Wellness, Social initiatives, other efforts are ongoing

• Barriers to seeking IU GME mental health services
  – Prior to this pilot, counseling services (free, M-F 12-6PM)
  – Other national hotlines and ad hoc resources by arrangement
Pediatric Resident Burnout-Resilience Consortium Study

• Consider joining! Learn more at:
  • http://pedsresresilience.com/

Pediatric Resident Burnout Survey

• 99% of IU pediatric residents participated (major push by program)
• Similar levels of emotional exhaustion, but somewhat more depersonalization and poorer perceived physical and mental health
Opt-Out Counseling Pilot: Chiefs’ Perspective

- Shift from reactive to proactive approach
  - Provide protected time to residents to engage with mental health services
  - Part of work day / daytime hours
  - Decrease the stigma surrounding resident physician use of these services

- Barriers:
  - Limited resources
  - Buy-in from all stakeholders
  - Stigma concerns
  - Time for appointment
  - Confidentiality issues

IU Pediatrics Pilot- Preparation

- Planning
  - Discussed with key program stakeholders
  - Assessed capacity with GME Mental Health Services

- Logistics
  - Focused on Pediatric PGY2 residents
  - n = 25 categorical, n = 18 combined
  - Academic year 2017-18

- Communications
  - Resident Noon Conference presentation by GME Counselor
  - Introductory email sent to participating residents
IU Pediatrics Pilot- Scheduling

• Chief Scheduling
  – “Opt-Out:” Everybody scheduled
  – Norm for residents to leave clinical duties for appointment (i.e. no additional ‘coverage’ for appointment time)
  – Chief scheduled slots, taking into account clinics & post-call

• GME Mental Health Services
  – Set aside blocks of appointment times on 12 dates over 4-week period
  – Spanned 2 rotation blocks (during early Fall)
  – Appointment times: Tues. 9a-3p; Wed 9a-3p; Thurs 12-5p
  – 30-minute sessions on campus

IU Pediatrics Pilot- Implementation

• Confidentiality
  – Once scheduled, residents directly contacted GME counselor to reschedule or opt out
  – No communications back to program (except aggregate information)
  – Residents aware that exception to confidentiality for
    “events that would cause personal harm (harm to self, harm to others – things that you would refer a patient to further care).”

• Other logistics
  – Part of regular housestaff benefits
  – No billing
  – Separate records system
IU Pediatrics Pilot- Results

- 43 appointments made for 25 PGY2 pediatric residents and 18 combined residents

- 28 residents attended (65%)
  - 8 scheduled follow up (29% of attendees)
  - 7 opted out
  - 8 no showed

- Qualtrics Survey
  - Focus on stigma (pre vs. post)
  - Qualitative comments

Opt-Out Counseling Pilot: Chiefs’ Perspective

- Barriers:
  - Limited resources
  - Buy-in from all stakeholders
  - Stigma concerns
  - Time for appointment
  - Confidentiality issues

- Other considerations
Resident Perspective

Program Director Perspective
GME Counselor Perspective

Panel Discussion of IU Pilot

• Q/A for panel
• Additional ideas, comments
Small Group Discussions

• Discuss your current state
• How could you plan initiatives?
  – Can you engage your GME counseling?
  – How will this fit for your residents?
  – Other concerns/barriers
• Share your own experiences and ideas

Large Group Debrief/Sharing

• Discuss your current state
• How could you plan initiatives?
  – Can you engage your GME counseling?
  – How will this fit for your residents?
  – Other concerns/barriers
• Share your experiences, ideas, & suggestions
Closing Thoughts

• This is a vital issue at every level
• Counseling sessions are only one component of overall program wellness efforts
• ACGME and accreditation area of emphasis
• Many emerging studies, literature, and opportunities to share/collaborate

References

Ev, J Grad Med Educ. 2013  "If You Build It, They Will Come": Attitudes of Medical Residents and Fellows About Seeking Services in a Resident Wellness Program.

Cedfeldt Acad Med. 2015  Promoting resident wellness: evaluation of a time-off policy to increase residents’ utilization of health care services.

Ev, J Grad Med Educ. 2016  Feasibility of a Comprehensive Wellness and Suicide Prevention Program: A Decade of Caring for Physicians in Training and Practice

Raj, J Grad Med Educ. 2016  Well-Being in Residency: A Systematic Review


Carson, Acad Peds 2018  Pediatric Program Leadership’s Contribution Toward Resident Wellness.

Sofka, J Grad Med Educ. 2018; Implementing a universal well-being assessment to mitigate barriers to resident utilization of mental health resources.
Resources

• ACGME
  www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources
  www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_Clinician_Toolkit_Final_2.pdf

• National Academy of Medicine
  https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-
  underrecognized-threat-to-safe-high-quality-care/

• Pediatric Resident Burnout-Resilience Consortium Study
  http://pedsresilience.com/

• American Foundation for Suicide Prevention (AFSP) - for Healthcare Professionals

Contacts

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*Contact Abby for samples of introductory Chief letter