Objectives

1. Discuss the causes of fellow burn-out and identify institutional and individual well-being initiatives
2. Describe potential barriers to initiating and maintaining a Fellow Well-being Program
3. Create an action plan for implementing a Fellow Well-being Program
4. Introduce outcomes to foster the study of a Fellow Well-being program.
ACGME requirements from Section VI

- Programs must be committed to the well-being of trainees, faculty members and all members of the health care team
  - Level of commitment must parallel other aspects of trainee competence
  - Programs and their Sponsoring Institutions are required to partner to address trainee well-being
- Well-being includes having time away from work to engage with family and friends, as well as to attend to personal needs and to one’s own health, including adequate rest, healthy diet, and regular exercise.
  - Self-care, fatigue mitigation stressed as educational requirements
- Requirements must include efforts to enhance the meaning that each trainee finds in the experience of being a physician
- Institutions are Required to
  - create systems for identification of burnout, depression, and substance abuse
  - have known personnel for reporting
  - Provide access to resources treating these conditions

Resources: [http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf)
Causes of burn-out

General key drivers
- Excessive workload
  - Institutional expectations steadily increasing
- Lack of control over work
- Lack of work-life integration
- Amount of medical knowledge is increasingly overwhelming
- Imbalance between personal and institutional goals
- Imbalance between job expectations and skills
- Disrespect
- Inefficiency of the work environment
  - EMR (time sync, change is slow or undoable, quality of notes is diminished, inaccurate)
- Decreased time doing meaningful work
- Financial drivers (physician and staff being told that they need to increase revenue), compensation plan/metrics (education is low)

Key drivers unique to trainees
- Isolation and lack of community
  - Especially with small programs and fellowships
  - Often relocating
- Financial stressors
  - Need for computers to complete work, housing costs, childcare burdens
- Unsupported environment with increased hierarchy
- Trainees feel unappreciated
- Work burden is often highest when personal life is also most stressful
Model of initiatives and programs used to target well-being

Satisfaction
- 3 Good Things
- Meaning in medicine journal clubs

Exercise
- Yoga
- Spin Classes
- Exercise facilities – easy access
- Exercise challenge: teams of trainees from different divisions compete with monthly prizes

Managing stress
- Pet Therapy
- Debriefing after untoward, unexpected events, deaths – with Palliative care or Psychiatry, others and monthly to discuss handling grief
- Hand massages
- Mindfulness training

Community building/peer support
- Retreats for trainees
- Team building activities: i.e. ropes course
- Big/little sib trainee program
- Smoothies at lunch
- Food 4 thought: confidential meetings with food
- Fellows’ council: fellow run committee: programs developed by and for trainees

Working smarter:
- EMR - improved templates, Dictation (Dragon), Scribes; enhanced positioning to assure eye contact

Curriculum
- Lectures on fatigue management, self-care, resiliency, stress management
- Healthy steps: collaboration between institutional well-being program targeted at teaching trainees breathing/mindfulness/movement as part of curriculum (15-minute wellness breaks)

Financial burdens
- Housing stipends
- Meal vouchers and food at most events

Fatigue
- Changes in schedules with duty hour restrictions
- Call rooms/napping pods or rooms
- Taxi/Uber vouchers

Personal Programs
- Coaching programs – coaches assigned to 1 – 2 trainees

National resources
- AAP wellness initiative for trainees
List of Possible Outcomes

1. **Quantitative measure using surveys**: validated tools available
   - **Burn-out rates:**
     - Maslach: [https://www.mindgarden.com/117-maslach-burnout-inventory](https://www.mindgarden.com/117-maslach-burnout-inventory)
   - **Resiliency**
     - Connor-Davidson Resilience Scale, Resilience Scale for Adults and Brief Resilience Scale
   - **Depression**
   - **Meaning**

2. **Qualitative measure using surveys**
   Can make these relevant to specific activities or curriculum

3. **Retention**: how many trainees stay at your institution in your field: post-training survey

4. **Theme specific outcomes**
   1. Working Smarter:
      - Time to chart completion, SOC assessment of fellow deadlines,
   2. Safe Environment:
      - survey of trainees & others following debrief sessions
   3. Get Moving:
      - Signup and class attendance, satisfaction survey at end
   4. Involving Leadership:
      - Attendance at leadership sessions, Self reflection tools
   5. Flexible Schedules:
      - Annual Program Evaluation, survey of fellows
   6. Finding Meaning:
      - Self reflection, survey of trainees re: what is meaningful to them
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