



ABC Approach to Trainee Wellness: Assessment, Big-picture & Core Skills

APPD 2019 Spring Meeting, New Orleans

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We have no financial disclosures or conflicts of interest.

Objectives:

Participants will be able to:

1. Generate a first-draft of potential questions for a systems-level needs assessment to determine what protective or corrosive factors exist in your program and what needs exist around trainee wellness.
2. Explain institutional elements that are known to influence burnout and well-being, and share best practices from their home institutions.
3. Describe evidence-based interventions and tools to increase individual resiliency and promote wellbeing, and practice one skill in today's session.
4. Develop an implementation plan for a specific 'wellbeing initiative' designed for your program.

AGENDA

10 minutes	Welcome and Introductions	
15 minutes	Panel : ABC approach to trainee wellness Assessment Big picture Core skills	McNamara McPhillips Batra
15 minutes	Assessment: Worksheet and table discussion	McNamara & Rassbach
20 minutes	Big picture: discuss and share best practices to address organizational/structural factors	McPhillips & Henry
20 minutes	Core Skills: Practice exercise to increase individual resilience	Batra & Buckway
10 minutes	Large group: Closing remarks and wrap up	



Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of...competence.

**Accreditation Council for Graduate Medical Education
(ACGME)**

Common Program Requirements 2017



The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

Accreditation Council for Graduate Medical Education (ACGME)

ACGME approved major revision: June 10, 2018; effective: July 1, 2019

What does the literature tell us?

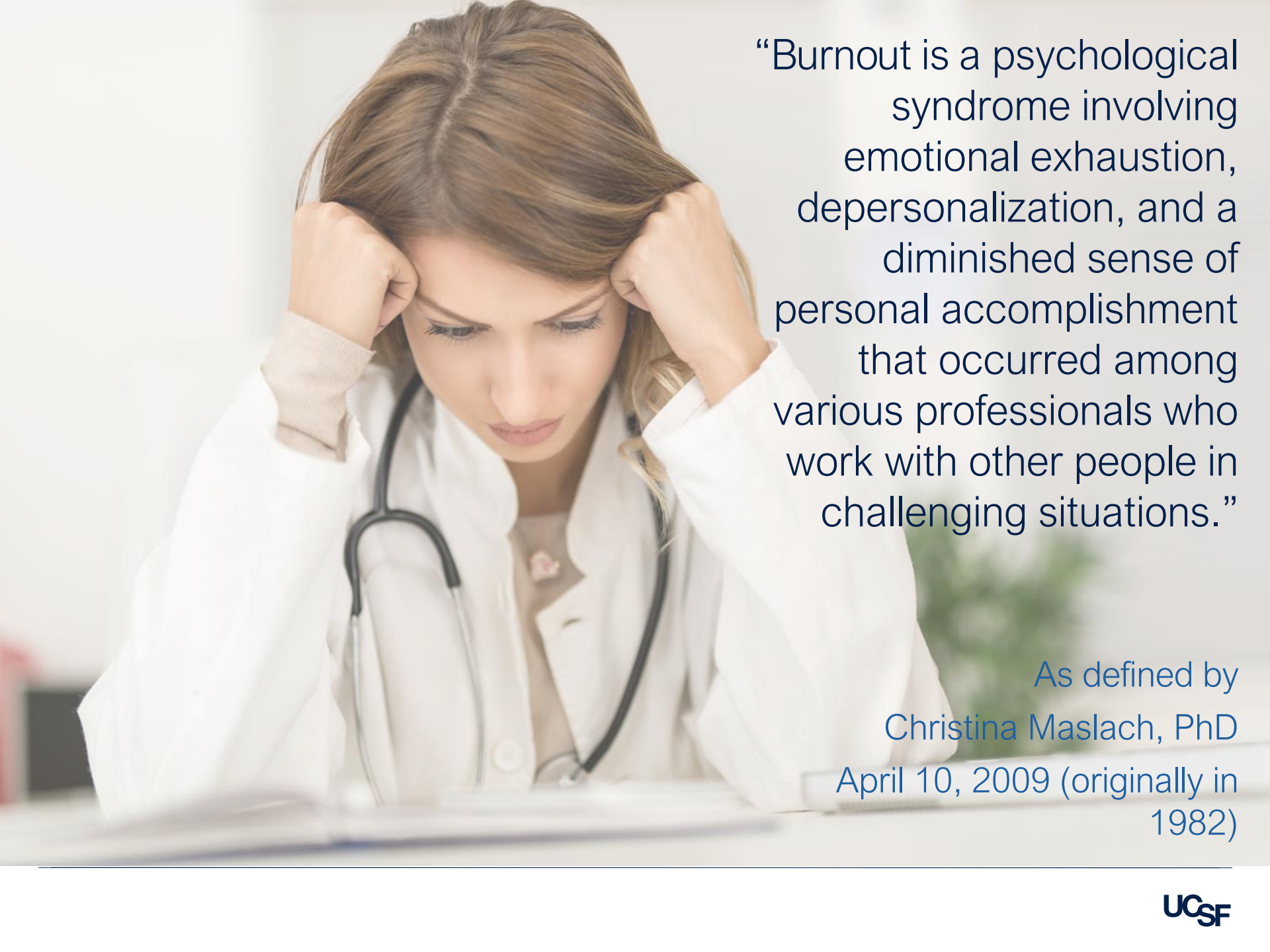
The current landscape in US Medicine

- ½ of US physicians affected by burnout
- Burnout nearly 2x as common among physicians compared with other US workers
- All health care professionals experience high levels of burnout
- Prevalence 75% among all pediatric trainees

Fahrenkopf AM, et al, BMJ 2008

- Prevalence increased from 17% to 46% between start of pediatric residency and mid-intern year

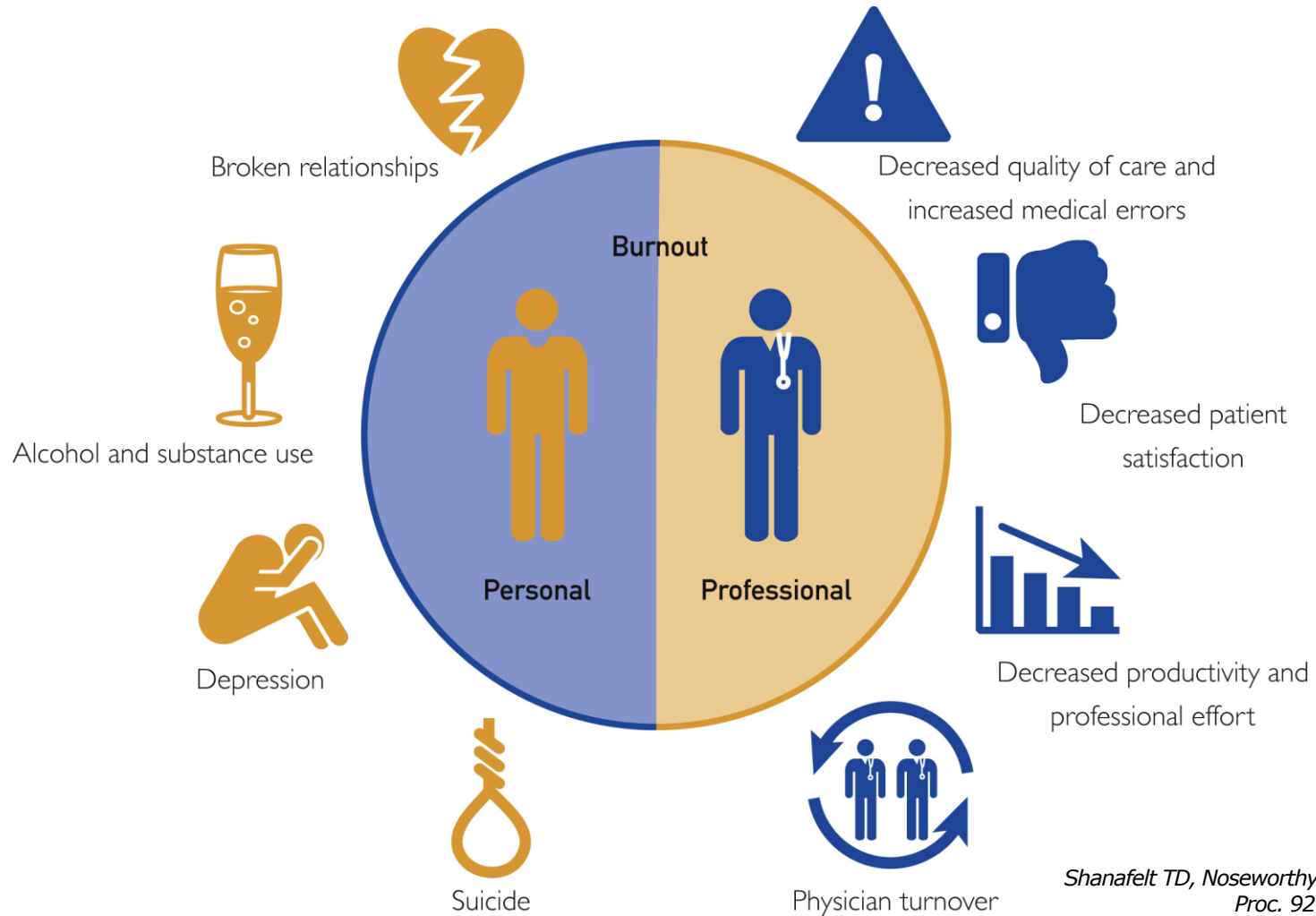
Pantaleoni, JL, et al, Academic Pediatrics 2014



“Burnout is a psychological syndrome involving emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment that occurred among various professionals who work with other people in challenging situations.”

As defined by
Christina Maslach, PhD
April 10, 2009 (originally in
1982)

What are the implications of burnout?



Shanafelt TD, Noseworthy JH. Mayo Clinic Proc. 92:129-146, 2017

Assessment

Individual Assessment > How are the individuals in our program doing?

- Maslach Burnout Inventory
- Mayo Clinic Wellbeing Index
- APPD Learn Consortium Survey

Programmatic Assessment > How are we supporting our trainees?

- What is working and what is not?
- What are the pain points?
- What are the strengths?

“

*“We keep studying the fish;
we need to study the water.”*



Is Calling Physicians “Burned-out” Blaming the Victim?

“Physicians are smart, tough, durable, resourceful people. If there was a way to MacGyver themselves out of this situation by working harder, smarter, or differently, they would have done it already.”

-Simon Talbot & Wendy Dean

Physician distress: key drivers

Excessive workload – Too many patients, seen too quickly

Inefficient work environment – work that takes away from contact with patient

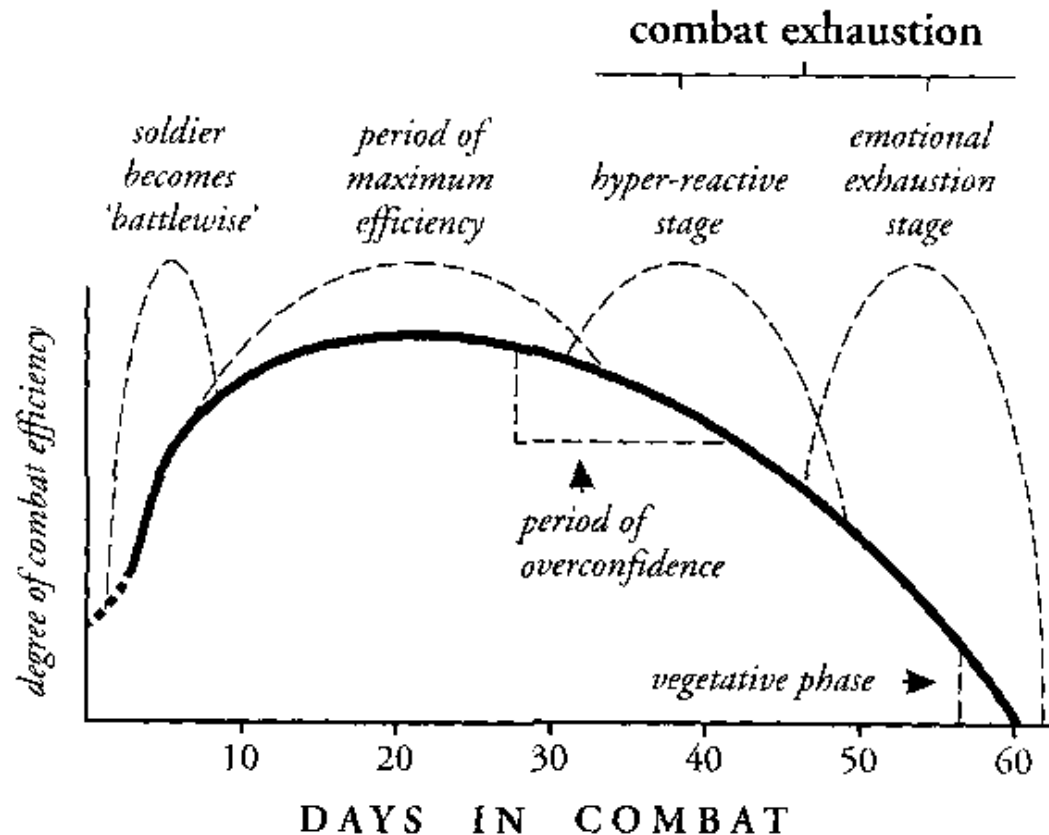
Problems of work-life integration – ever increasing demands of family and work (charting at home, email)

Loss of autonomy/flexibility/control – increased supervision, documentation requirements, Dr. Google (lots of challenges to knowledge, physician reviews, etc.)

Trainees also bear witness to human suffering—for longer sustained periods than more experienced physicians

Adapted from work of Colin West, MD, PhD

What are Parallels between Combat and Physician Training?



Portrayal of the relation of stress and the development of combat exhaustion to the combat efficiency (heavy black line) of the average American soldier.²¹

(c) 1997 Margaret Sargant

Physicians aren't Burning Out. They're suffering from Moral Injury.



Simon Talbot and Wendy Dean, July 26, 2018 (Stat News)

How can I Fix a Broken System?

Subtext: Umm, I'm just the Program Director...

- Are there ways to advocate for and/or even improve autonomy (appropriate graduated supervision)?
- Are there workload issues that the residency program can address (caps, other providers, restructuring blocks/weeks/call)?
- Can you increase flexibility and/or control? Call trades, resident involvement in systems changes, individualized training pathways
- What is the culture of your learning community? Can you find resources to improve community?
- Electronic Health Records? What are residents doing with notes? Chart stalking from home? What are best practices? How do we get more patient contact?

Individual Wellness Initiatives are still good—
they can be the necessities provided in a
disaster zone





“Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost; resilient individuals not only ‘bounce back’ rapidly after challenges but also grow stronger in the process”



Epstein & Krasner in Acad Med 88: 301-303, 2013

Physician Resilience: What it Means, Why it Matters, and How to Promote it

Dealing with Stress and Burnout – *the old way*

- **Suppress**
- **Deny**
- **Workaholism**
- **Busyness**
- **Chemical**
- **Food**
- **Shopping**

Dealing with Stress and Burnout – *the new way*

- **Mindfulness**
 - Awareness of body, thoughts, emotions, assumptions
- **Curiosity**
- **Purpose**
- **Community/Network**
- **Big mind**
- **Prevention**

- **One size does not fit all**
 - Individual and personal journey

Domains of Wellness Programs

- **Connection to purpose (self)**
- **Connection to community**
- **Self care**
- **Institutional commitments**

EBM: Benefits of Mindfulness Meditation

Physiological Benefits

- Decrease in hypertension
- Decrease in heart rate
- Decrease cortisol levels
- Reduced sympathetic arousal
- Strengthened immune system
- Reduced levels of pain

Psychological Benefits

- Reduced stress level
- Decreased anxiety
- Decreased depression
- Improved confidence and concentration
- Undercuts worry and rumination
- Increased peace of mind, optimism, self-worth



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