## Background
Recent studies have reported an epidemic of physician burnout. Residency is an ideal time to build resilience in defense against burnout. At our institution a needs assessment which included the Abbreviated Maslach Burnout Inventory as well and one-on-one interviews indicated residents were experiencing symptoms of burnout. Literature supports the implementation of resilience measures to reduce burnout.

## Goal(s) of the Curriculum
1. Implement a longitudinal resilience curriculum inclusive of a variety of activities and opportunities.
2. Conduct a formal assessment of resident stress and coping to quantify the effects of curriculum and inform further resilience efforts.
3. Create a resilience barometer to quickly quantify resident stress, coping and resilience on an ongoing basis.

## Program Objectives
1. Shift program culture from burnout to resilience.
2. Foster skills and coping strategies to promote lifelong wellness for pediatric residents.

## Resident/Fellow Learning Objectives
1. Develop an understanding and appreciation of the importance of resilience.
2. Develop life-long resilience skills and behaviors to maintain a healthy, balanced lifestyle.
3. Increase self-awareness and reflective practices in an effort to increase effectiveness and happiness among residents.

## Educational Strategies/Activities
Curriculum consists of evidence based activities aligning with ACGME resident wellness recommendations:
1. Increase awareness of stress in training
2. Develop systems to identify and treat depression in trainees in a confidential way and reduce barriers to accessing help
3. Enhance mentoring by senior peers/faculty
4. Promote a supportive culture
5. Encourage additional study of the problem to deepen our current understanding

## Learner Assessment
1. Self-assessment and reporting by residents during various wellness and reflection activities.
2. Advisor evaluation and discussion during semi-annual meetings.
3. Program director on-going assessment addressed during clinical competency committee discussions.
4. Wellness check-ins and discussions by chief residents on an on-going basis.

## Program Evaluation
We are using a combination of qualitative techniques to determine if current initiatives align with residents’ needs. Specifically, three non-physician members of our research team shadow residents, observe all portions of the curriculum, and conduct one-on-one in-depth interviews and focus groups. Data used to make culture changes when possible and empower residents with resilience strategies when stressors cannot be reduced.

## Implementation
**Collaborators:** program leadership, chaplaincy
**Resources:** multiple resilience and wellness curriculums in programs across the country.
**Faculty Development:** simultaneous emphasis on faculty wellness/resilience by leadership
**Barriers:** funding, time and ongoing assessment for modification

## Lessons Learned
1. Resilience is not one size fits all, you must offer a variety of different activities at different times to meet the needs of a wide variety of residents
2. Resident wellness correlates with faculty wellness
3. Wellness initiatives can fit into any budget
4. Chief residents are the ideal individuals for implementation
Resilience Curriculum: Strategies for Lifelong Wellness
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ACGME Recommendation #1: Increase awareness of stress in training
1. Needs Assessment: We began with a needs assessment of housestaff and faculty consisting of a survey as well as individual meetings with all residents.
2. Stakeholder Discussions: Met with stakeholders in the institution to promote awareness, discuss needs assessment and propose interventions.
3. Quarterly resilience lectures/discussion: Lectures hosted by faculty and community experts based on the Schwartz Center for Compassionate Healthcare Quality, improving quality through clinician resilience initiative (5).

ACGME Recommendation #2: Develop systems to identify and treat depression in trainees in a confidential way and reduce barriers to accessing help—
1. Resilience Rounds: Hosted monthly, resilience rounds are small group discussions in which residents are invited to debrief various patient and training experiences with a non-physician moderator. Sessions are based on the trainee debriefing session guidelines developed by the AAP Section on Palliative and Hospice Medicine (9). Intern and senior sessions are hosted separately. Discussions are organic and not pre-planned.
2. Coffee with the chiefs. When struggling residents are identified or during difficult rotations the chief residents take the resident on a coffee break to debrief with the goal of meeting with each resident at least once during the year.
3. PACT (Provider/Associate Care Team): The PACT program is a hospital-wide initiative to support providers through secondary victim trauma. We selected a group of residents to be trained as PACT (Provider/Associate Care Team) peer supporters (7).

ACGME Recommendation #3: Enhance mentoring by senior peers and faculty
1. Mentorship Program: Interns are matched with senior resident peer mentors based on common interests or other similarities.
2. Faculty Resilience Initiatives: Our efforts have aligned with wellness/resilience efforts at the faculty level. Faculty and leaders that feel supported are critical to ensuring the success of a wellness program.
3. 360 feedback: At housestaff meetings residents recognize an individual who has been instrumental in their learning fostering appreciation and positivity.
4. Letters to an Intern Project. Working to publish a compilation of stories and advice from senior residents to pass down to the incoming intern class, modeled on the University of Texas Health Science Center at San Antonio School of Medicine, Letters to a Third Year project (8).

ACGME Recommendation #4: Promote a supportive culture
1. Wellness scavenger hunt: Longitudinal scavenger hunt consisting of wellness activities around the hospital and city. Based on “Get a Life” contest at OHSU Pediatric Residency Program (4). Residents receive additional points if they complete these activities with a person from a different class.
2. End of Block Social: Event for all residents and their families consisting of a variety of different activities that emphasize peer bonding and support.
3. Annual spring retreat for all residents with team-building and self-awareness exercises.
4. Positive Feedback: Encourage faculty and residents to provide positive feedback and create a venue for display of this feedback.
5. Celebratory Praise: Publicly celebrate accomplishments during monthly housestaff meetings. We have “resident of the month” awards in addition to small prizes for recognition of tasks well done. We include praise for accomplishments inside and out of the hospital.
6. Wellness Wednesdays: Monthly events during the noon hour that consist of dessert and a group activity. We have had board games, a reflective writing workshop, holiday card making and many other activities.

ACGME Recommendation #5: Encourage additional study of the problem to deepen our current understanding of the issue
1. Barometer: Monitor overall moral with monthly “wellness barometer” survey at all housestaff meetings. This is sometimes a verbal check in with residents and other times and official poll everywhere survey.
2. Formal evaluation: We have partnered with a research team at the University of Texas to formally evaluate our state of stress, coping and resilience along with the effectiveness of our interventions.

Modified from Niebuhr & D’Alessandro. Planning for Online Teaching-Learning Activities. Workshop at PAS Vancouver, 2010