Wellbeing in Your Residency Program

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Disclosures

- No disclosures

Outline

- Who are we?
- Scope of the problem
- ACGME requirements
- CLER visit
- Our approach
- Next steps
- Resources

Who are we?

- 120 resident program
- MD, DO & IMG
- Partner Institutions
  - Residents & fellow employed by 3rd party
  - GME office oversees all programs
  - 3 primary hospital sites

Burnout affects our trainees

- Survey of 74% of all internal medicine residents
  - 51% reported at least 1 symptom of burnout
  - ~15% reported quality of life to be “somewhat bad” or “as bad as it can be”
  - ~33% reported dissatisfaction with work like balance
  - ~46% reported emotional exhaustion at least once weekly

West et al. JAMA. 2011: 306 (9) 952-960.

Acknowledgement of Burnout

Accreditation Council for Graduate Medical Education

2016 ACGME Symposium on Physician Well-Being

The ACGME Second Symposium on Physician Well-Being: *Commitment to Change*

2015: held its first symposium on Physician Well Being

2017: Resident requirement: Competence in wellbeing

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ACGME 2019 Requirements*

- In conjunction with partner institution:
  - Minimize non-physician tasks
  - Attention to work demands
  - Evaluate workplace safety
  - Provide time for medical/dental appointments

*draft

ACGME 2019 Requirements*

- In conjunction with partner institution:
  - Educate, Monitor & Notify
    - Encourage reporting to PD or designated person
    - Provide tools for self-assessment
    - access to mental health service
- Within your program allow for leave
  - Policy & procedure to ensure patient care
  - Implemented without fear of repercussion

*draft

The Reciprocal Domains of Physician Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.

Source: Patty Purpur de Vries

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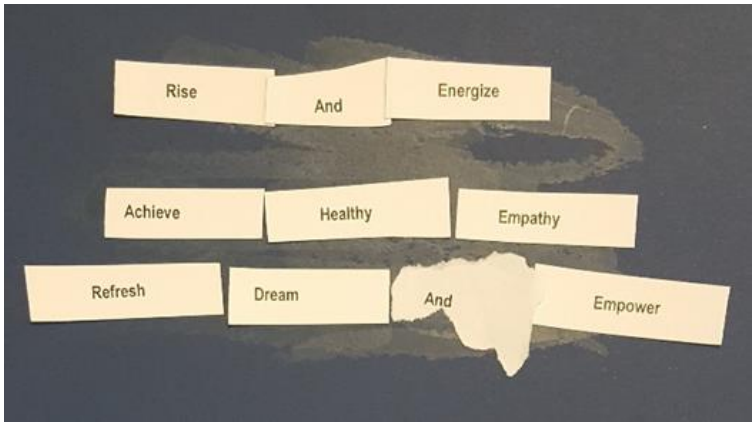
CLER Visit

Our Path

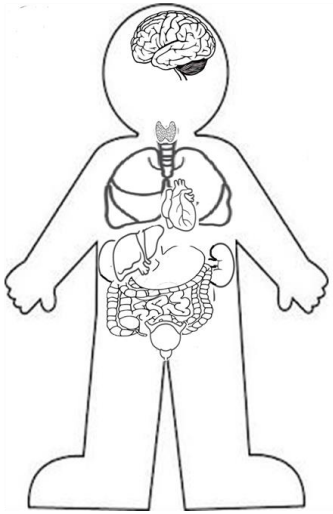
- July 2016 – Chosen as PIP
- 2017
  - Retreat (2nd & 3rd years): focus on mindfulness, stress, cbt, physical activity, lifestyle modification
- 2018
  - Wellness lunches (2 per site)
  - Retreat (2nd & 3rd years): focus on community and wellness activities
- 2019
  - Wellness lunches (2) & breakfast
  - Retreat (2nd and 3rd years): focus on volunteerism

Self Care Retreat

Self & Surroundings Retreat



Volunteering Retreat



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Wellness Meals

- Replace existing commitment
- During work day
- “Good Food”
- Run by chiefs
- Faculty selected by residents
- No “agenda”

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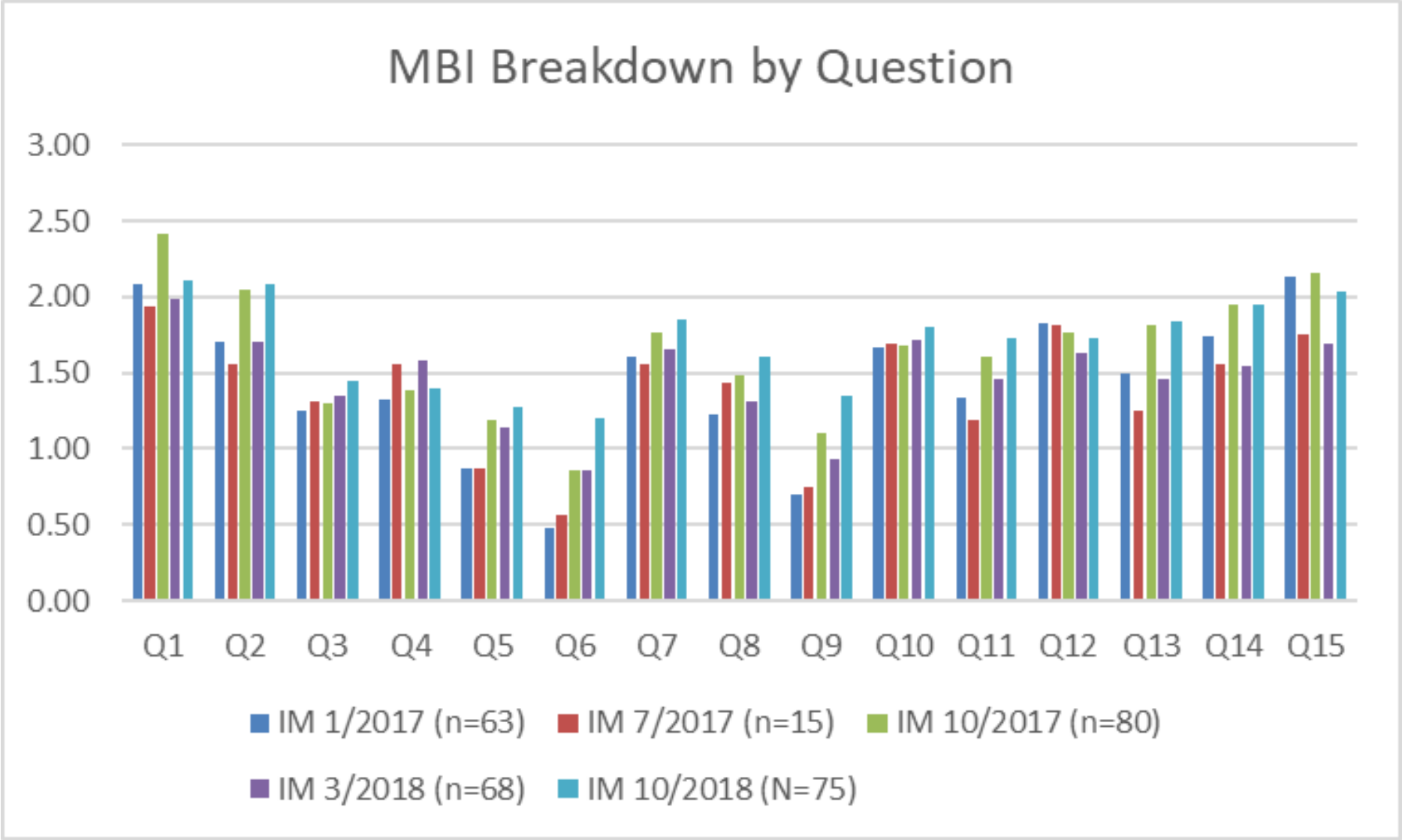

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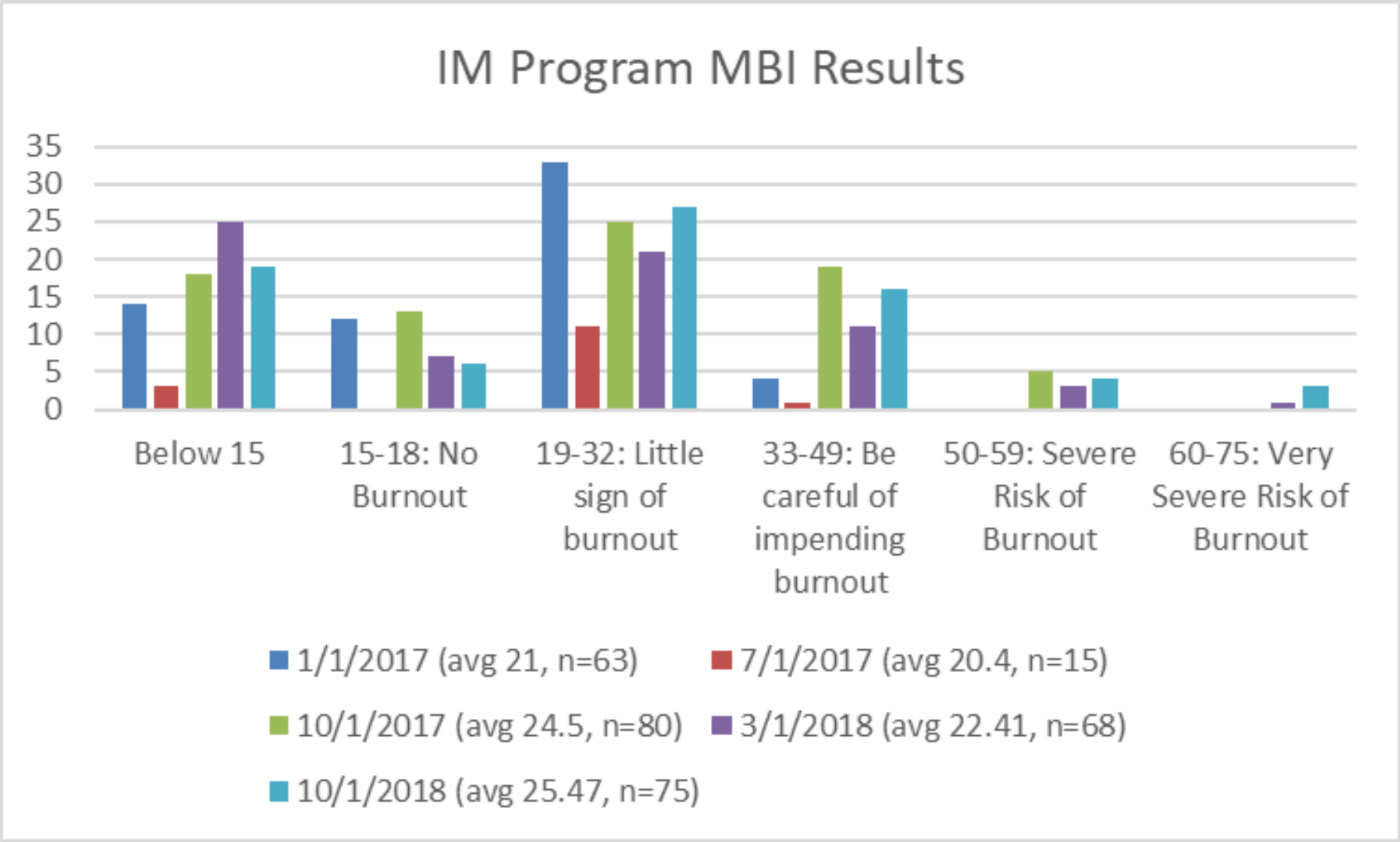

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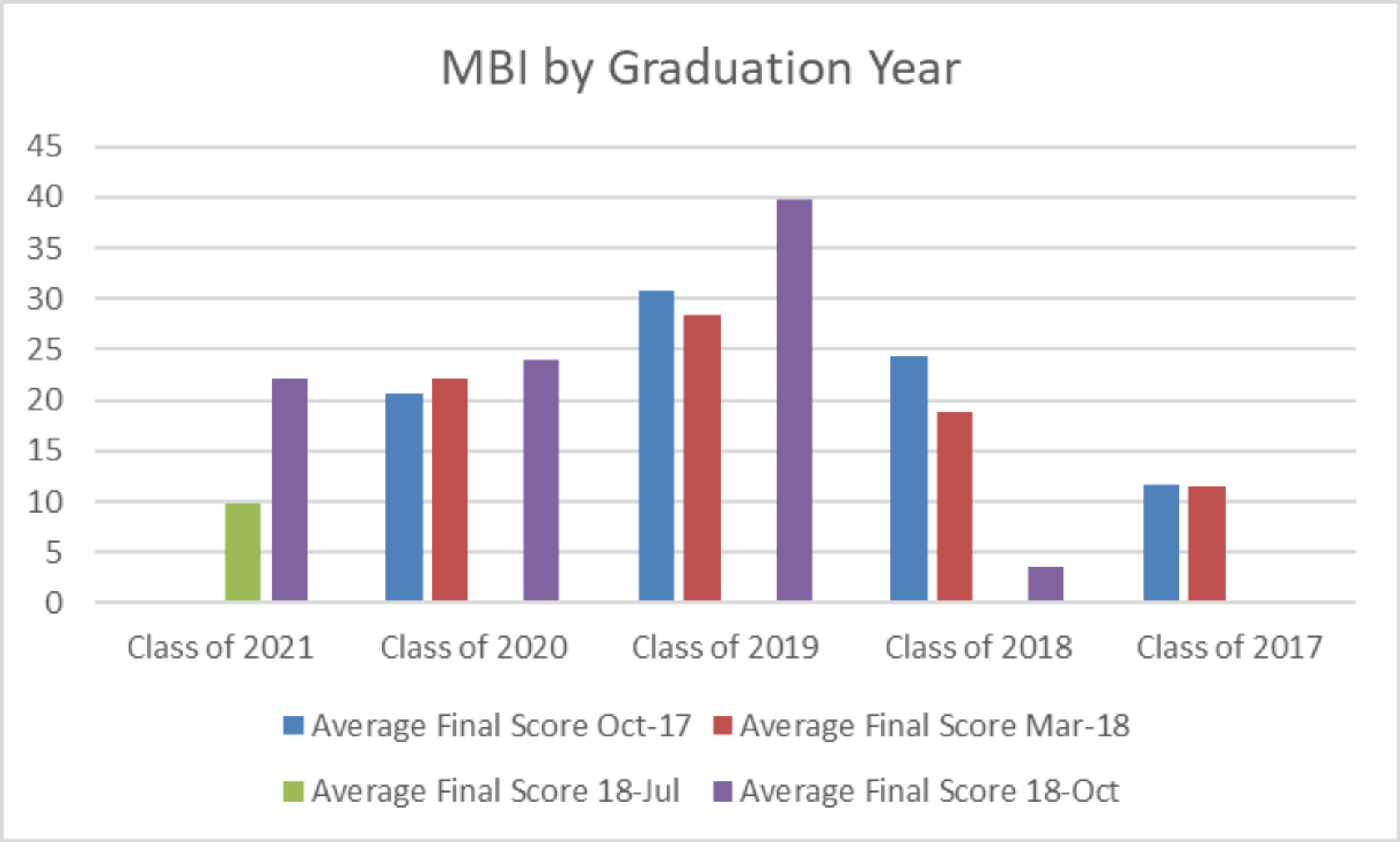
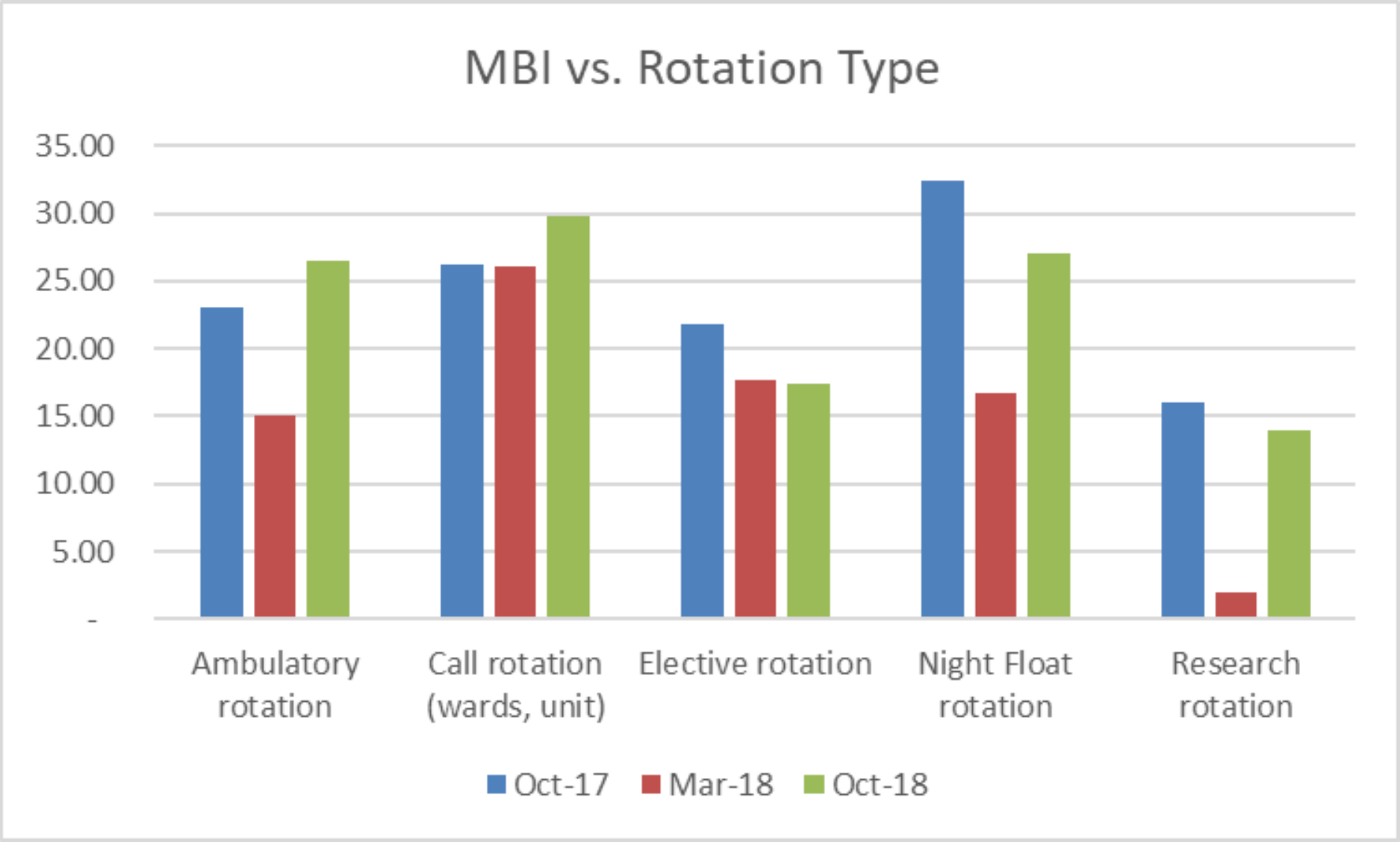

MBI by Graduation Year
45
40
35
30
25
20
15
10
5
0
Class of 2021
Class of 2020
Class of 2019
Class of 2018
Class of 2017
Average Final Score Oct-17
Average Final Score Mar-18
Average Final Score 18-Jul
Average Final Score 18-Oct



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Counseling Services

- For **FREE** consultation and/or counseling services, Capital Area Health Consortium (CAHC) residents/fellows may contact any of the providers listed below.

- There is **NO** need to notify your Program Director, the CAHC or Anthem Blue Cross

- **UConn's *Employee Assistance Program,* Liz Robinson, LMFT**, **David Francis, LPC**, **Allyson Powell, LCSW**
  195 Farmington Avenue – Suite 2000, Farmington
  860.679.2877

OR

- **Mary Ayre, MD**682 Prospect StreetHartford860.233.1141
- **Angela A. Cappiello, MD** 49 Welles Street, Suite 216, Glastonbury 860.430.1997
- **Eric Chamberlin, MD**49 Welles Street, Suite 202, Glastonbury,860.659.4010
- **Alfred Herzog, MD,** 200 Retreat Avenue**,** Hartford, 860.545.7877
- **Lisabeth Johnston, APRN,** 361 Park Road, West Hartford, 860.523.1101

To verify employment, please bring a current pay stub to each appointment. There is **NO** cost for this service.

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Our Efforts to Date

VI.C.1. The responsibility of the program, in partnership, to address well-being must include:				
	VI.C.1.a) efforts to enhance meaning			
		protecting time with patients	Program	Rounding in pts rooms
		minimizing non-physician obligations	Program	F/u appts at time of DC
		providing administrative support	Multi	triaging to MA/RN
		promoting progressive autonomy and flexibility	Program	Orientation, PPD
		enhancing professional relationships	Program & GME	Continuity Clinic
	VI.C.1.b) resident well-being			
		scheduling	Program	Changing rotations, ? Block sched
		work intensity	Program & Hosp	Extra residents, Fewer patients
		work compression	Program & Hosp	Extra residents, Fewer patients
	VI.C.1.c) evaluating workplace safety data		Consortium	Call room safety (locks)
		addressing the safety of residents and faculty members	Consortium & Hosp	Parking lot safety (lighting)
	VI.C.1.d) policies and programs for well-being		Program	Wellness Curriculum
		VI.C.1.d).(1) Opportunity to attend healthcare appointments	Program & GME	[ ] Priority
	VI.C.1.e) attention to			
		burnout	GME	MBI
		depression	Consortium & GME	Psych
		substance abuse	Other	HAVEN
		means to assist	Consortium & GME	Psych, HAVEN
		educated to recognize	Program & GME	Town Halls & MBI
		VI.C.1.e).(1) encourage alerting the PD	Program	Town Hall
		VI.C.1.e).(2) provide tools for self-screening	GME	MBI, Website
		VI.C.1.e).(3) provide 24/7 access to mental health	Consortium	Psych
VI.C.2. Allow for Leave				
	VI.C.2.a) policiy & procedure for patient care		Program	Backup
	VI.C.2.b) implemented without fear		Program	Backup

Next Step: Wellbeing Committee

- Membership: faculty, chiefs, residents
- Mission: engage in change
- Top Priorities
  - Best practice for medical appointments
  - Identify pain points at each site
  - Launch QI projects at each site

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Promote Medical Appointments

QI Projects for pain points at all 3 hospitals

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Resources

- AMA Steps Forward
- ACP Wellbeing website: https://www.acponline.org/practice-resources/physician-well-being-and-professional-satisfaction
- UConn GME Wellness website: https://health.uconn.edu/graduate-medical-education/wellness/

Questions?

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