



Burnout Prevention, Resilience and Wellness Promotion: Outcomes of a Three Year Residency Curriculum

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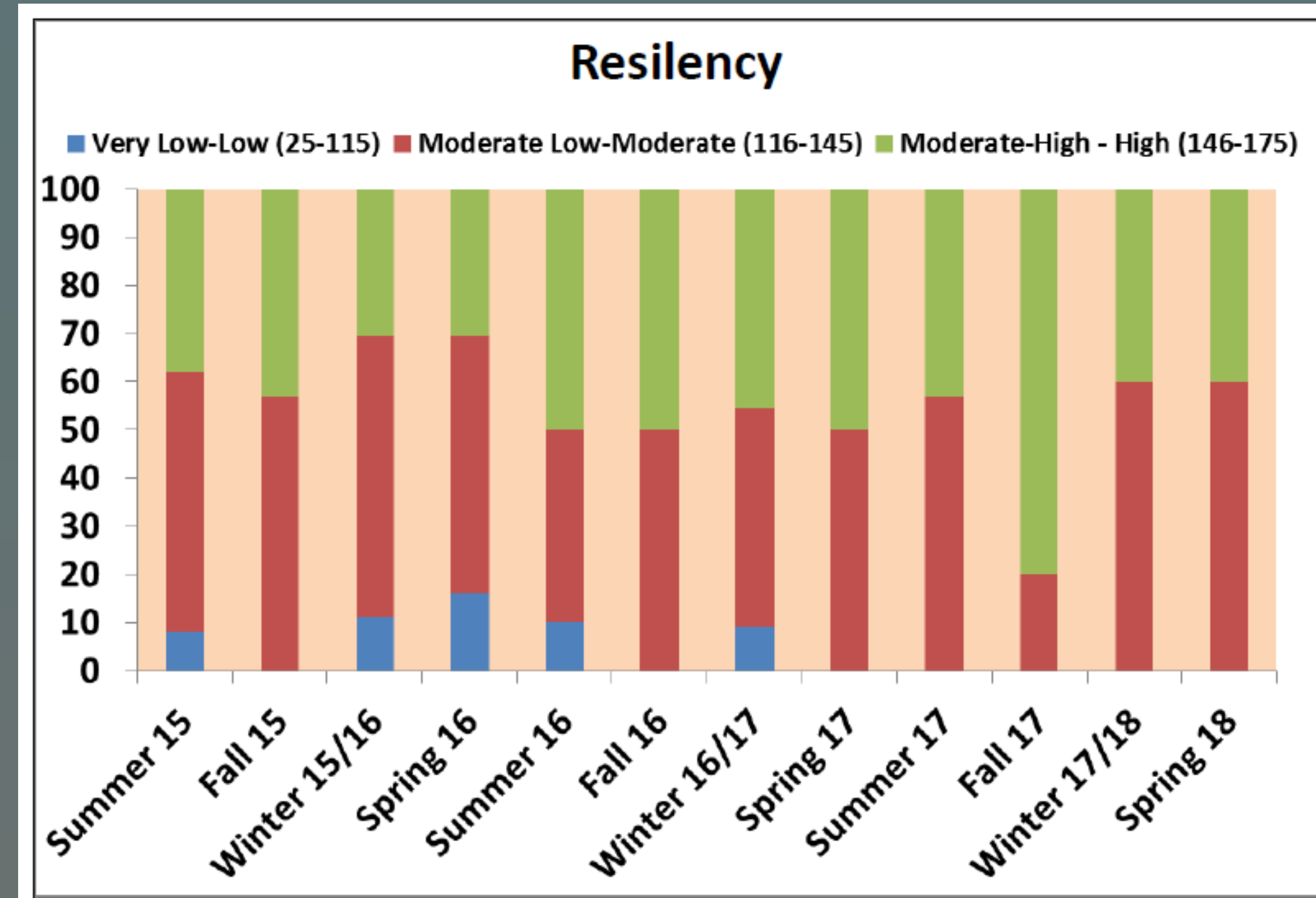


Introduction

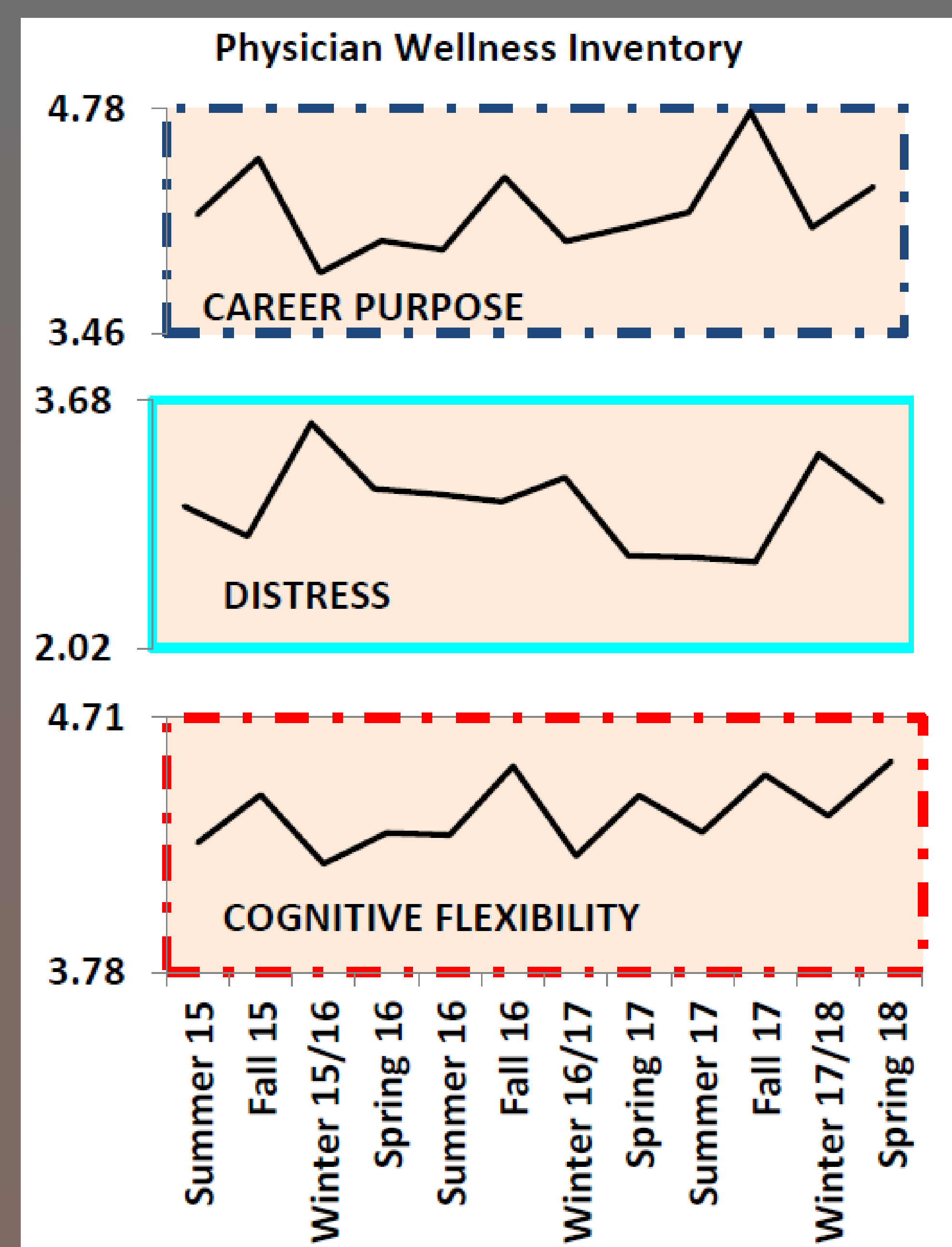
A 2014 national survey by Dyrbye *et al* of 1,489 residents and fellows found that 50% reported being burned out. The ACGME recently mandated curricula in burnout education and prevention in residency. We are reporting on the outcome of a three year burnout prevention and wellness promotion curriculum that was initiated at our institution in 2015.

Methods & Materials

- Held educational seminars on burnout, wellness, resiliency and the science of happiness.
- Skill building sessions included prevention of emotional exhaustion, cognitive flexibility, stress reduction and management, expressive writing, progressive muscle relaxation, mindfulness meditation, yoga, Tai Chi, giving and receiving feedback, and assertiveness training.
- Social activities were organized for residents and faculty.
- Assessed residents quarterly using the Maslach Burnout Inventory, the Physician Wellness Scale, and the Adult Resiliency Scale.
- Assessed residents self-care activities and extent of self-compassion.
- The data for this years PGY-1 and PGY-2 classes was removed from the analysis in order to control for length of exposure to the intervention.

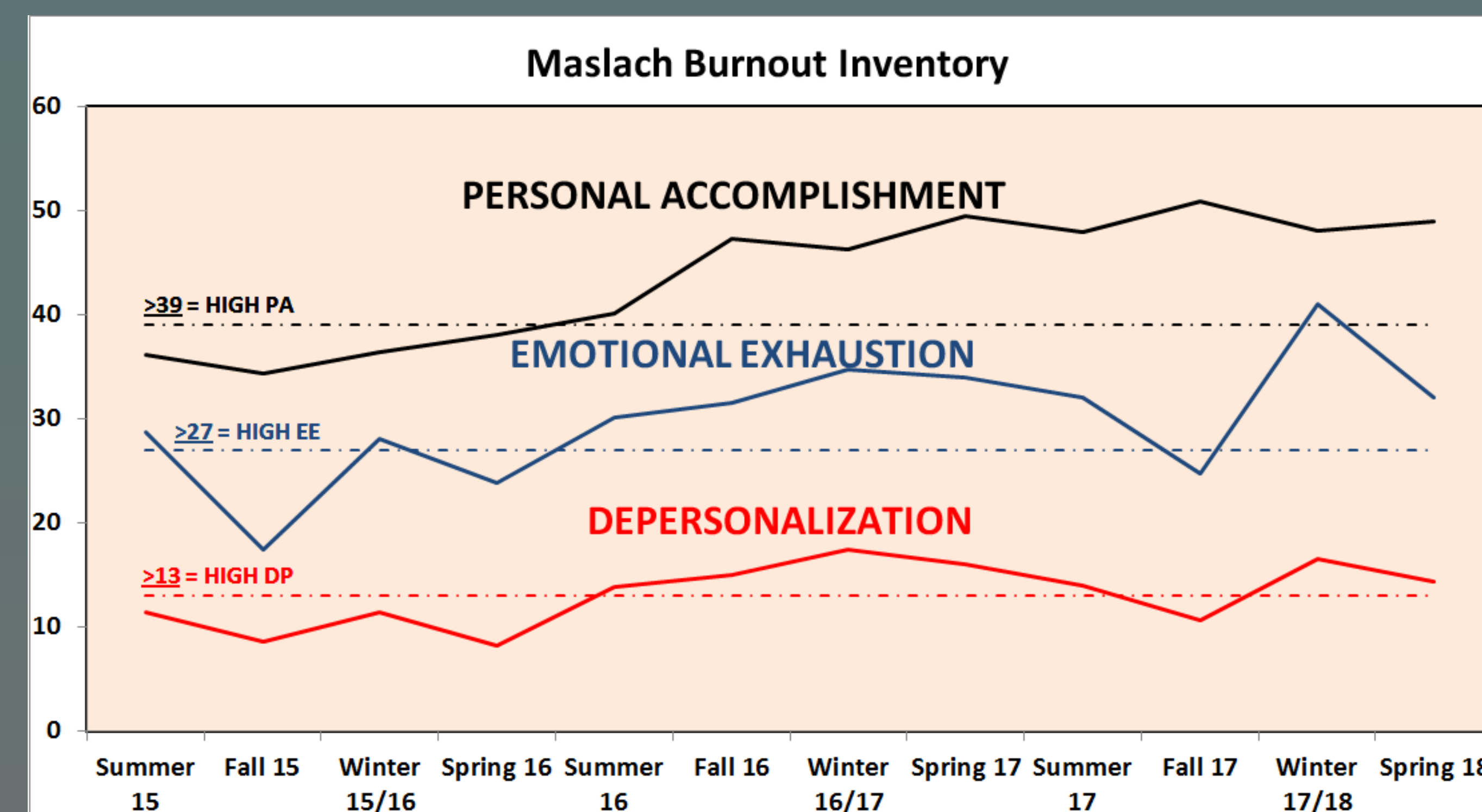


By the end of the second year, and throughout the third year, all residents reported moderate or high levels of resiliency.



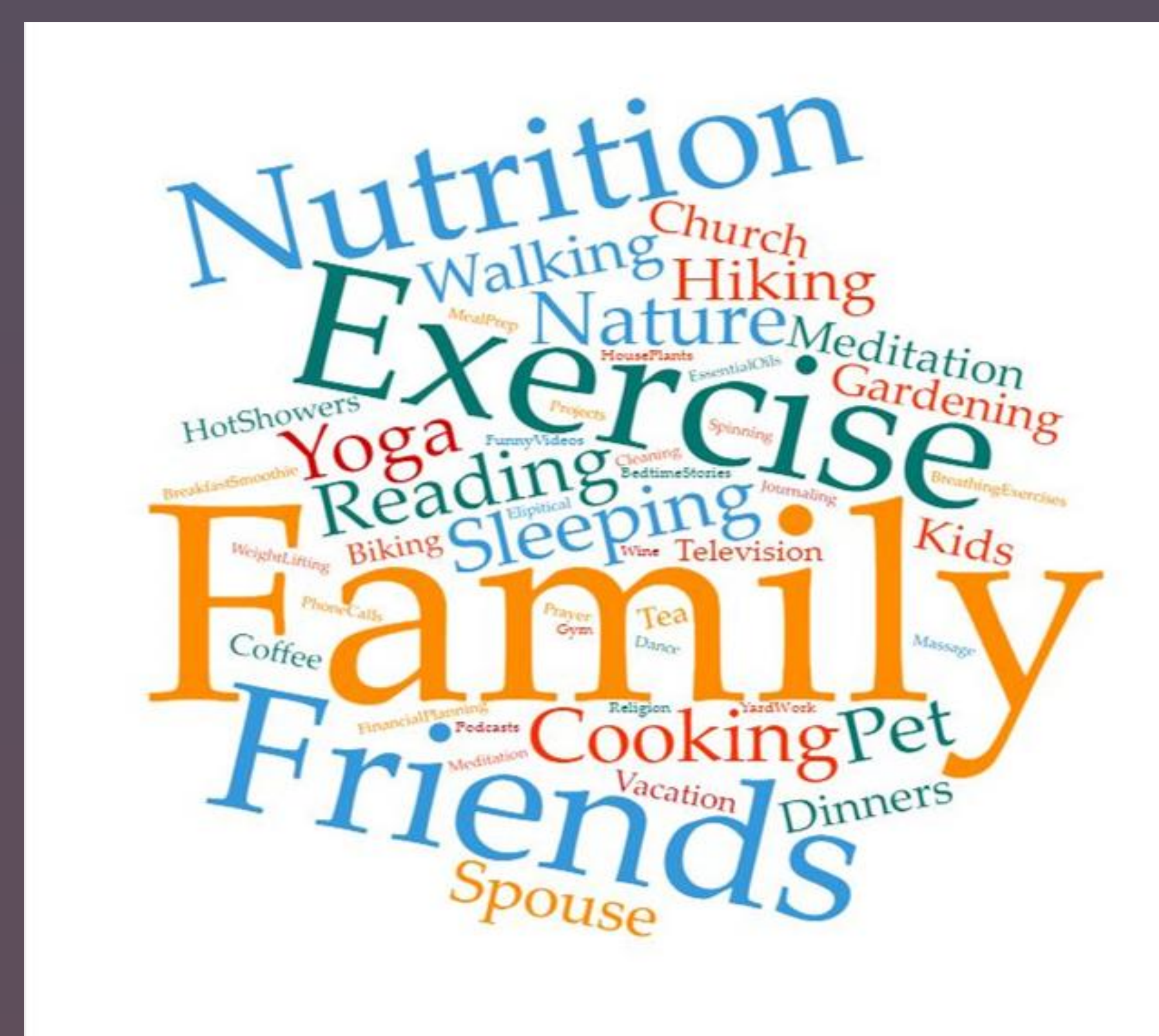
During the three years of wellness intervention, data showed that residents' cognitive flexibility showed an upward trend, however declines in the winter quarters were noted. Also, a sense of career purpose decreased in the winter quarters, and distress increased.

Results



With respect to burnout, our data indicated that across three years of residency, the residents' sense of personal accomplishment increased, but so did emotional exhaustion and depersonalization, with particular peaks in the winter.

Self-Care and Self-Compassion



Resident self-care activities with font-size corresponding to number of participating residents. 50% of residents acknowledge their own challenges 3-7 days per week; however, 41% rarely or never engage in supportive self-talk. 36% of residents rarely or never give themselves permission to feel their feelings. Only 23% do so regularly (6-7 days per week)

Conclusions

By the end of the second year and throughout the third year of burnout prevention curriculum, all residents reported moderate or high levels of resiliency. Additionally, a sense of personal accomplishment rose throughout the time period. Emotional exhaustion and depersonalization rose as well, and tended to peak in winter. Overall levels of cognitive flexibility rose, however again decreases were observed in the winter. In addition, a sense of career purpose declined and distress increased during the winter quarters. It will be important to continue to offer programming aimed at emotional exhaustion, as well as frequent wellness promotion interventions during the start of the third quarter each year in an attempt to mitigate the winter slump.

Interventions specifically designed to enhance self-compassion will need to be introduced into the curriculum.

Residents most often utilize family, friends, healthy eating, exercise and sleep for self-care. Continuing to expand their exposure to various stress management strategies and soliciting feedback on the usefulness of each will be an ongoing objective.

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Acknowledgements

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M. Houser, A. Diep, G. Worzella, C. Ahern, S. Blasi, and Kathy Tardif.

Burnout Prevention, Wellness Promotion, and the Development of Resilience: Outcomes of a Two Year Residency Curriculum



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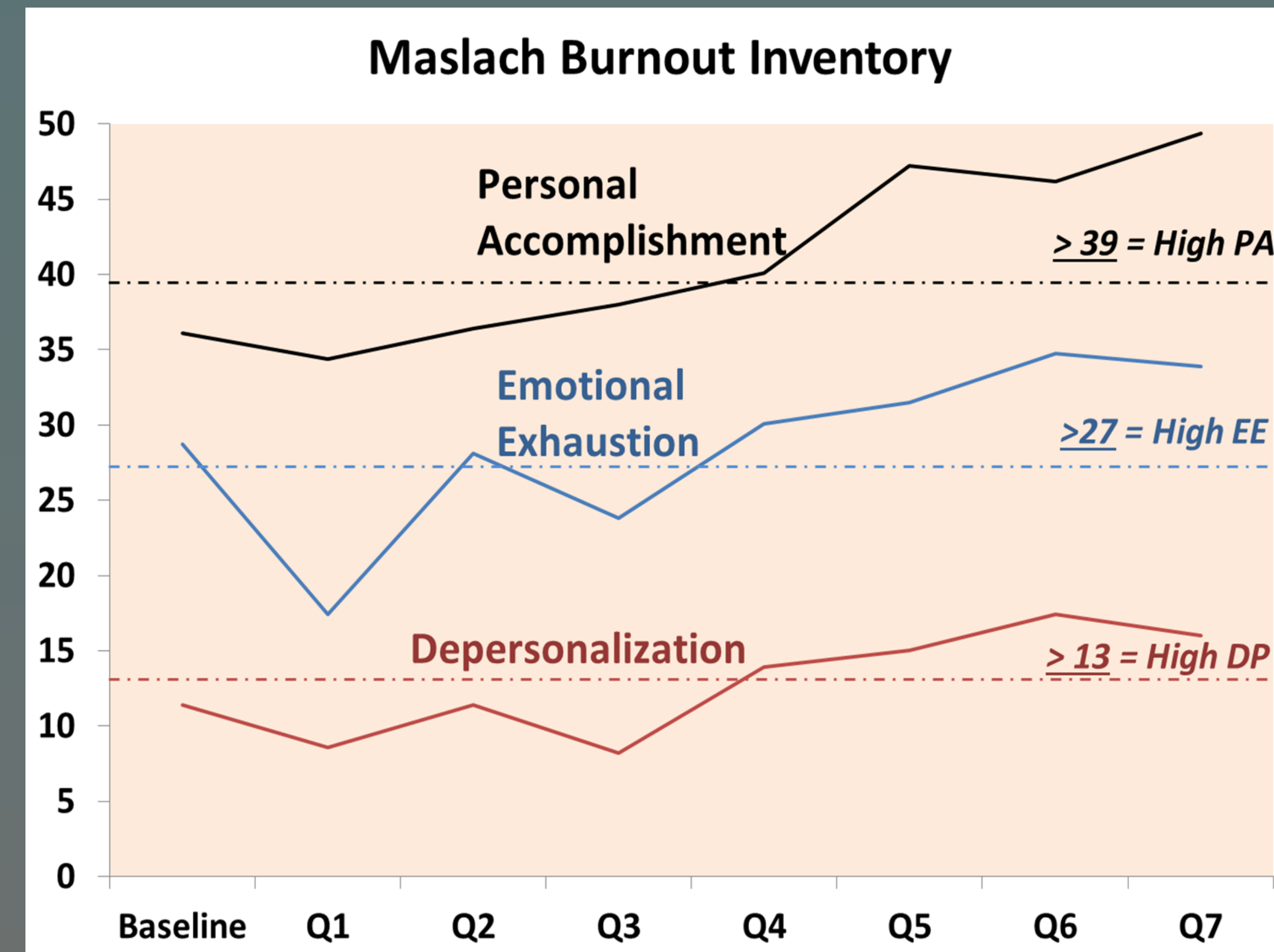
Introduction

A 2014 national survey by Dyrbye *et al* of 1,489 residents and fellows found that 50% reported being burned out. The ACGME recently mandated curricula in burnout education and prevention in residency. We are reporting on the outcome of a two year burnout prevention, wellness promotion curriculum that was initiated at our institution in 2015.

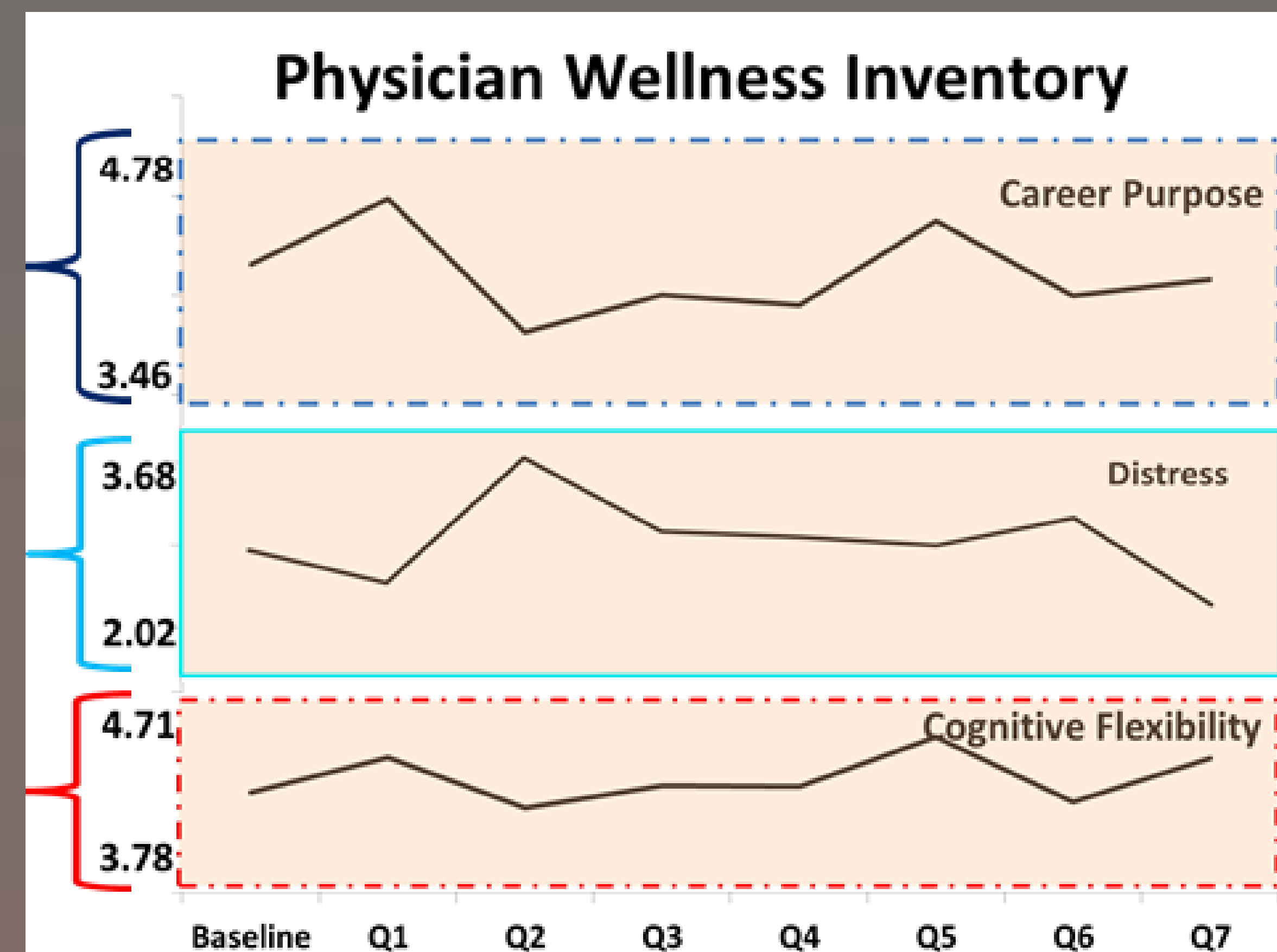
Methods & Materials

- Educational seminars on burnout, wellness and resiliency.
- Skill building sessions included cognitive flexibility, stress reduction and management, progressive muscle relaxation, mindfulness meditation, yoga, Tai Chi, giving and receiving feedback, and assertiveness training.
- Social activities were organized for residents and faculty.
- Assessed residents quarterly using the Maslach Burnout Inventory, the Physician Wellness Scale, and the Adult Resiliency Scale.
- Focus group discussions were held at the end of Q7 to determine the impact of the curriculum initiative.
- The data for the 2016-2017 PGY-1 class was removed from the analysis in order to control for length of exposure to the intervention.

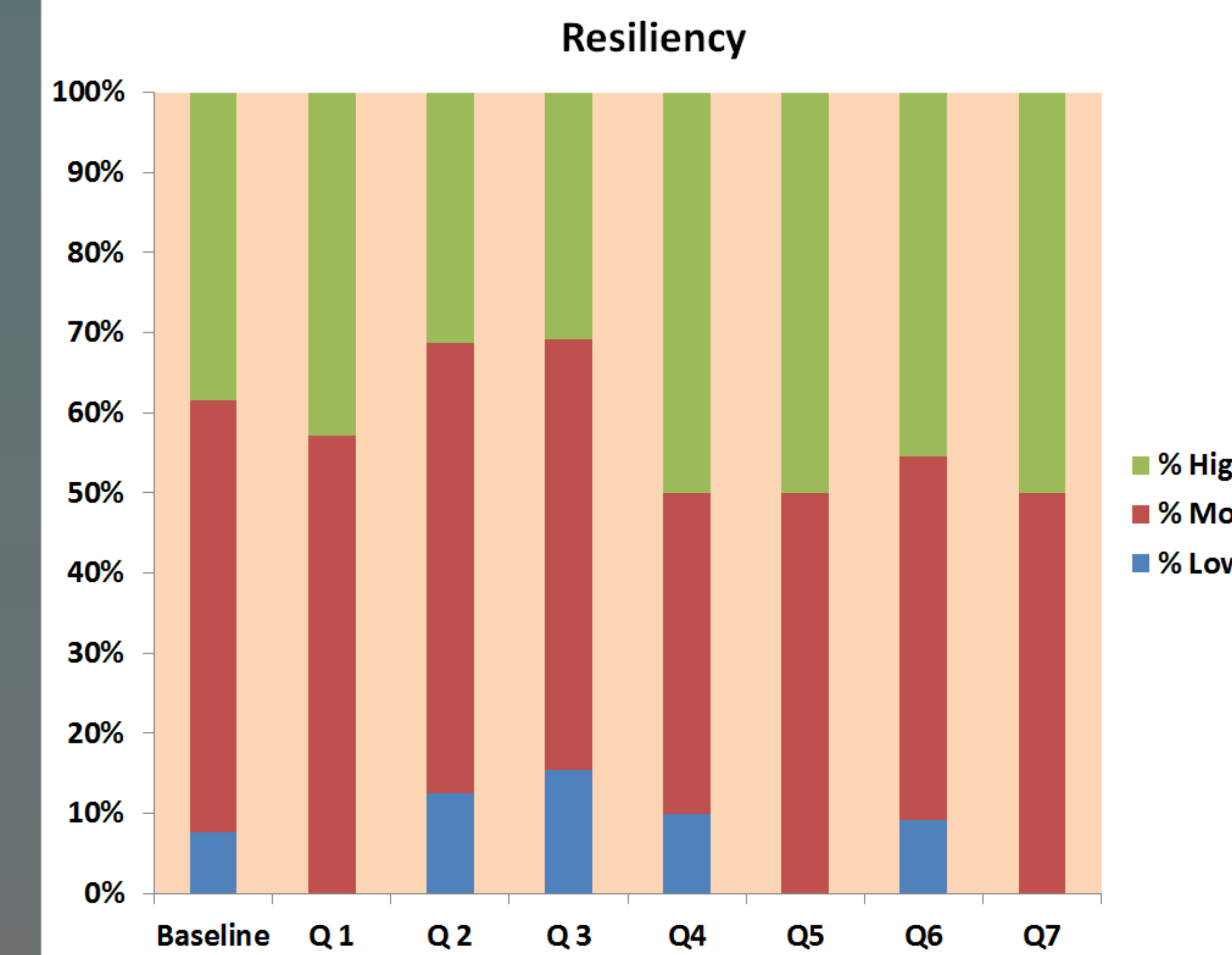
Results



With respect to burnout, our data indicated that across two years of residency, the residents' sense of personal accomplishment increased, but so did emotional exhaustion and depersonalization.



By the end of seven quarters of wellness intervention, data showed that residents' distress decreased from baseline and was at its lowest point during the data collection period. Cognitive flexibility increased from baseline and residents demonstrated average career purpose.



With respect to resiliency, by the start of the second year of intervention (Q4), an average of 49% of residents consistently scored a high level of resilience, and low levels of resiliency diminished.

Focus Group

The majority of residents did not think that this initiative resulted in significant changes in how burned out they felt. However, they felt the curriculum was valuable in self-awareness of burnout (identifying and tracking symptoms), recognizing that they are not alone with such feelings, increasing their knowledge of wellness activities and bonding, giving and receiving feedback, and enhancing cognitive flexibility. Residents suggested that they would appreciate balance in the types of social events offered (e.g. a mix of restaurants and activities in addition to "liver rounds"), and to incorporate wellness strategies into daily routine (such as aromatherapy in the office, and making exercise equipment available on campus).

Conclusion

This data suggests that over the course of 2 years, our interventions resulted in improvements in the areas of resilience and aspects of Physician Wellness Inventory (PWI). Our findings indicate that experience over time may increase confidence and skill, but may not necessarily foster a strong sense of career purpose. Importantly, our interventions (listed in the methods section) targeted cognitive flexibility and resilience, and not emotional exhaustion or depersonalization. It is known that depersonalization is considered to be a coping mechanism for emotional exhaustion. Thus, interventions that specifically target emotional exhaustion will need to be developed and implemented in order to target specific aspects of burnout. The literature suggests that compassion may be less energy draining than empathy, and that "detached concern" or "neutral empathy" can help the physician acknowledge the emotional state of another without experiencing the state itself. A recent study in the journal Cerebral Cortex (Kimecki et al., 2013) found that compassion allows us to connect to others' suffering without becoming too distressed. This skill may prove to be important in preventing Family Medicine residents from excessive emotional exhaustion and feeling overwhelmed. Moving forward, we intend to add focused interventions to the curriculum that could aid in decreasing emotional exhaustion.

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