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Professional Fulfillment Index (PFI) after participating in this program for 6 months.

Introduction/Background: Physician burnout is a well-known phenomenon and is a work-related syndrome driven by an intricate interplay between healthcare organizational structures, societal influences, and individual level factors. Burnout has been labeled to be a public health crisis and reported to be as high as 70% amongst Emergency Medicine (EM) residents. Given that burnout can lead to an increase in substance abuse, physical/mental health issues, and professional attrition, interventions that can help decrease this phenomenon are imperative. In the traditional workforce, peer-to-peer recognition programs have shown great success in reducing burnout by building a sense of community and camaraderie to create a wellness culture.

Curricular Design: This is a 6-month study that involves 84 EM residents in an urban EM residency. All residents have access to the recognition platform called Bonusly, an intuitive program that allows residents and attending physicians to acknowledge the residents for their achievements through praise on a public forum and the provision of points that can be redeemed as meaningful rewards. Residents were queried with an anonymous voluntary survey before the implementation of the intervention and then will be surveyed again at 6 months. The survey contains the Stanford PFI and 6 additional Likert-style questions assessing well-being and work engagement. The pre-intervention survey answers showed that 86% of the EM residents answered some degree of burnout and only 11 % were happy at work.

Impact: Our intervention aims to reduce the onus of physician self-care on an individual level. Since inception in July 2021, on average each month, 87% of residents are recognized on the platform and 70% of residents gave recognition. Using the Stanford PFI, we hope to show that the implementation of a peer-to-peer recognition program improves physician well-being and if successful, can easily be extended into residency programs across the nation to help build a culture of wellness.

51 Resident-Led Wellness Program

Sean Scott

Learning Objectives: 1) Anonymously survey residents to obtain rates of burnout and identify gaps in resident wellness. 2) Create a resident-led, self-sustaining wellness committee 3) Integrate wellness education into a formal grand rounds curriculum 4) Reduce self-reported resident burnout rates

Introduction/Background: Residents suffer from numerous stressors that lead to poor mental health and significant rates of burnout. The Madigan Army Medical

Center Emergency Medicine (EM) residency program had aspects of wellness built into its program but lacked a formal wellness curriculum or internal evaluation system.

Curricular Design: To address the lack of formal wellness resources, anonymous surveys were sent to residents, a formal wellness curriculum developed, and a resident-led wellness committee was formed. Following an introductory wellness lecture, residents were anonymously surveyed to assess knowledge of local wellness resources, rates of burnout, and gaps in resident wellness. This survey will be administered biannually, at the beginning and middle of each academic year. A resident-led wellness committee was formed with the goals of serving as a monitoring group for resident mental health and wellness, serving as a think tank to address identified mental health and wellness gaps, and creating and planning wellness interventions. A wellness curriculum was added into the current grand rounds curriculum, covering burnout, mindfulness, financial planning, professionalism, peer support, local behavioral health resources, sleep hygiene, and faculty experiences on work-life balancing.

Impact/Effectiveness: This innovation will provide an anonymous before and after evaluation of a multi-faceted approach to resident wellness in an EM residency program. Formal reevaluation of resident wellness and burnout rates are pending repeated surveying. The initial survey generated multiple initiatives, which the wellness committee has already addressed such as EM food pantry creation and shift schedule alterations. Anecdotally, residents have responded very positively to these interventions and the renewed focus on resident wellness. Program leadership is supportive of this program and plans are in place to sustain this initiative for the foreseeable future.

52 Virtual Peer Support Program: A Novel Community-Building Platform in an Emergency Medicine Residency Program

Human Vongsachang, Aarti Jain

Learning Objectives: Our Virtual Peer Support Program aimed to enhance residents' comfort engaging in discussions about their workplace challenges and foster a sense of community within the residency program.

Introduction: Burnout is highly prevalent in resident physicians and is associated with depression, substance use, and suicide. While residents' social networks are integral in supporting wellness, the recent pandemic has limited in-person social support, potentially exacerbating residents' existing burnout and increasing barriers to communication. As such, we sought to implement a Virtual Peer Support Program (VPSP) within our residency program to provide a safe space for residents to discuss the work and life