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Improving Burnout through Resident Shift Adjustments: A Wellness Innovation

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shift social opportunities.

Impact/Effectiveness: Pre- and post-pilot data will be collected using a set of well-validated measures of wellbeing and burnout, including the Mini Z. Patient outcomes and department flow will also be studied to ensure there is no harm caused by the staffing changes. Based on feedback the schedule may be adjusted and piloted again in a later block. We expect residents involved in this pilot study will report lower levels of burnout, with increased time for sleep, exercise, and socializing. If results are promising, these changes will become the standard schedule in this residency program for following years.

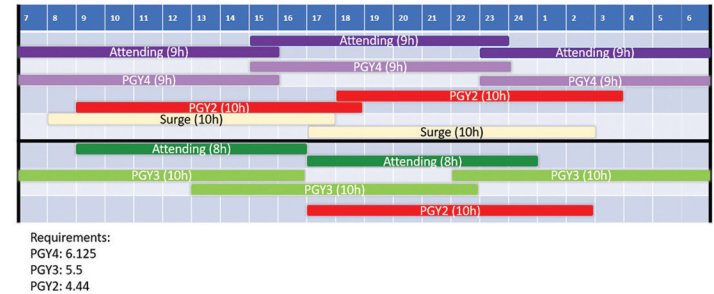


Figure 1. The current resident schedule.

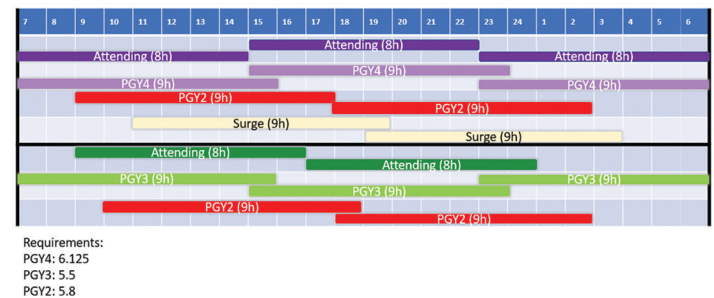


Figure 2. The pilot schedule.

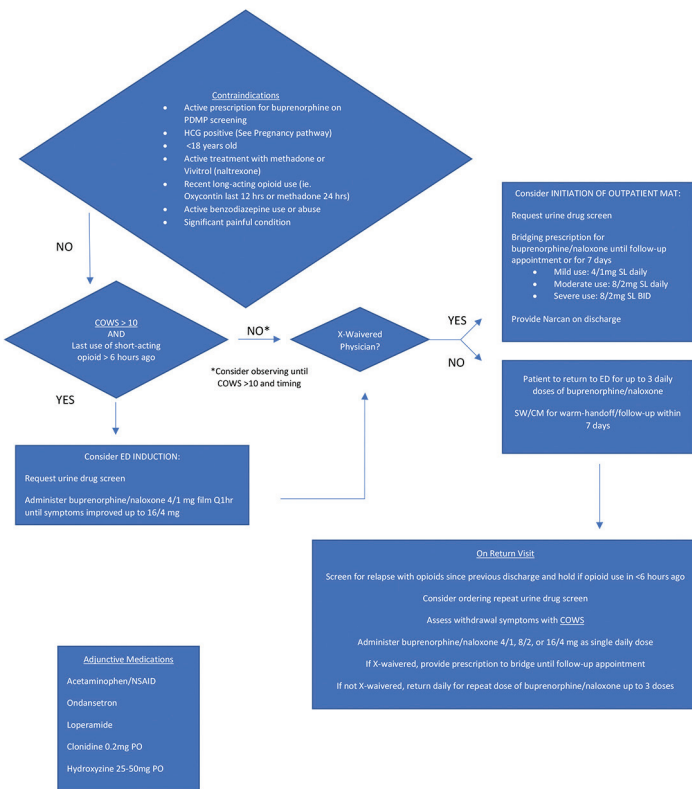


Figure 2. ED Discharge Buprenorphine/Naloxone Pathway.

23 Improving Burnout through Resident Shift Adjustments: A Wellness Innovation

Manchester L, McParlane J, Dehon E / Yale Emergency Medicine Residency; Beaumont, University of Mississippi Medical Center

Introduction/Background: According to the 2017 National Emergency Medicine (EM) Wellness Survey, 76% of EM residents report symptoms of burnout. Shift work is frequently cited as a leading source of burnout. Recent evidence has indicated that 8-hour shifts are ideal for EM, yet most residencies are not using such short shifts. Physician workload and emergency department (ED) crowding are also commonly cited causes of burnout.

Learning Objective: The objective of this innovation is to improve resident self-reported burnout by adjusting shift times and staffing in the emergency department (ED).

Curricular Design: Based on the results of a residency-wide needs assessment which noted frequent concerns over long shift times and resident understaffing, a pilot 4-week block was created (see image 1 and 2). This block reduced all resident shifts to 9 hours (including 1 hour overlap for sign out), and increased resident staffing during busier times. Second year residents will also work fewer “swing shifts” per block, and sign-out times were clustered across most shifts to foster post-

24 Integrating Developmental Medicine into Longitudinal Pediatric Emergency Medicine Teaching for EM Residents

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Introduction: The pediatric component of the core curriculum at the University of Rochester was previously covered in lectures from pediatric emergency medicine (PEM) fellows and faculty members along with simulated cases run by PEM faculty. The redesigned PEM curriculum now includes small group sessions where the residents discuss cases with PEM fellows and faculty members; each session with its own theme (cardiac, GI, etc.), each group also explores the intricacies of taking care of patients suffering with developmental delays, autism and ADHD. Additionally, the curriculum includes simulations and hands-on sessions with standardized pediatric patients.