Does a Wellness Curriculum Impact Resident Burnout and Medical Knowledge?

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Disclosures

None
Mismatch Between Individual and Learning Environment

Community

Control

Work Load

Reward
50%
Effects of Burnout

- Patient Care
- Safety Events
- Patient Satisfaction
- Mental Health
- Career Choice Regret
ACGME Common Program Requirements

“Programs...have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other.”
Needs Analysis

• How important is it to include education about wellness topics into residency training?

• How relevant is the topic of wellness to the resident physician?

• How comfortable are you with your knowledge of wellness principles as they apply to the practicing EM physician?

• How highly do you value the incorporation of wellness principles into maintenance of your career as a practicing EM physician?
Choose Wellness EM

Emergency Medicine Curriculum

Mission

To promote health and resilience through engagement in the six common dimensions of Wellness—Emotional, Intellectual, Occupational, Physical, Social, and Spiritual—in order to create a lifelong approach to self-care, and sustained joy and satisfaction as an emergency physician.

Vision

Train and sustain healthy, fulfilled emergency physicians

Social    Spiritual    Occupational
Physical    Emotional    Intellectual

EMOTIONAL WELLNESS

CHOOSE WELLNESS EM
EMERA
NICK HARTMAN, MD MPH
You have completed the African American - European American IAT.

Your Result

Your data suggest little to no automatic preference between European American and African American.

Thank you for your participation. Just below is a breakdown of the scores generated by others. Most respondents find it easier to associate African American with Bad and European American with Good compared to the reverse.

Many of the questions that you answered on the previous page have been addressed in research over the last 10 years. For example, the order that you performed the response pairing is influential, but procedural corrections largely eliminate that influence (see FAQ #1). Each visitor to the site completes the task in a randomized order. If you would like to learn more about the IAT, please visit the FAQs and background information section.

You are welcome to try additional demonstration tasks, and we encourage you to register (easy) for the research site where you will gain access to studies about more than 100 topics about social groups, personality, pop culture, and more.
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Social  Spiritual  Occupational

Physical  Emotional  Intellectual

http://emeranetwork.org/wellness

Lessons Learned
When academics argue
# Burnout Prevalence

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
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<tbody>
<tr>
<td>Feb 2017</td>
<td>13.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Aug 2017</td>
<td>7.9%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Feb 2018</td>
<td>10.3%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>
Recap

• Burnout relatively stable over time
• Burnout not associated with medical knowledge
• Burnout and medical knowledge not affected by wellness curriculum
...we looked at one more association: Burnout and Depression

• During the past month, have you often been bothered by feeling down, depressed, or hopeless?
• During the past month, have you often been bothered by little interest or pleasure in doing things?
Research Conclusions

• Burnout relatively stable over time
• Burnout not associated with medical knowledge
• Positive depression screen associated with higher burnout
• Wellness Curriculum: no effect on burnout scores, medical knowledge, or rates of positive depression screens
What happened?
Next Steps....Wellness 2.0

- Emphasize resident autonomy and engagement
- Align values / Needs assessment
- Encourage but don’t mandate
- Individualize, provide options
- Respect preexisting time burden
- Target both individual and learning environment
- Measure burnout/depression/ grit
- Culture
RESIDENT WELLNESS CONSENSUS SUMMIT
May 15th 2017

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Alliance for Academic Internal Medicine

Pediatric Resident Burnout-Resilience Study Consortium

Back to Bedside

Request for Proposals: Due March 15, 2019
Are you a resident or fellow looking to foster meaning in your learning environment?
The Future

- Longitudinal study of interventions
- Collaboration/Investigations across specialties and practice environments
- Ongoing investigation of measurement instruments
- Integration of organizational and individual strategies
Top References

Overview:


Prevalence:


Effects of Burnout:


Interventions-Reviews:


National Collaborations


https://www.im.org/resources/wellness-resiliency/charm


National Collaborations

**ACGME:** Physician well-being. Accreditation Council for Graduate Medical Education website. [https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being](https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being)

**AMA:** Steps Forward. [https://edhub.ama-assn.org/steps-forward/module/2702511](https://edhub.ama-assn.org/steps-forward/module/2702511)

**National Academy of Medicine:** Action Collaborative on Clinician Well-Being and Resilience: [https://nam.edu/initiatives/clinician-resilience-and-well-being/](https://nam.edu/initiatives/clinician-resilience-and-well-being/)