

Burnout Mitigation in Resident Physicians

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BACKGROUND

- With increasing awareness, physician burnout has become a topic of interest. Studies have found that physician burnout and fatigue lead to poorer patient outcomes^{1,2,3}.

WHAT IS BURNOUT?

Physician burnout, as defined by the AMA, is a long-term stress reaction characterized by depersonalization. This can include:

- Cynical or negative attitudes toward patients.
- Emotional exhaustion.
- A feeling of decreased personal achievement.
- Lack of empathy for patients.

According to a resident specific study⁴: “ Resident physicians appear to be especially prone to burnout due to the number of hours spent at work each week, the large body of clinical knowledge to master, and the challenges of balancing work and home life.”

Our Goals

- Our goal is to mitigate burnout for residents in the inpatient setting, as these rotations are the most hour intensive.
- Our program has one month inpatient rotations; three months during PGY1, two months during PGY2, and one month during PGY3.

Physicians suffer from stress and burnout related to our workload. What we don't know is what we can do to help reduce, if not eliminate stress and burnout. The Wellness Tools we've suggested are evidence based and are meant to help you, NOT hurt you! By participating in this research study, our hope is to be able to provide Physicians with tools to incorporate into your daily life to improve self wellness! We appreciate your participation!

Tool options:
A stroll with your loved one or pet
Journaling
Sports- basketball, tennis, running, etc.
Art therapy
- Phone Apps:
"Headspace"- guided meditation
"Calm"- meditation and breathing
"Stretching exercises"
"Jefit"- workout routines

Instructions
Fill out a pre-intervention survey
Send in the attached envelope and place in locked box labeled "Wellness Research" in the call room.

Use various tools
We have listed a couple suggestions in the middle column. Have fun with it! Remember, ideally you should pick something you enjoy!

Keep Track
Use a calendar (some apps have it built in) on how often you use these tools and which ones. For your convenience, we've attached a paper copy.

Fill out a post-intervention survey
You've survived a month of PHT2! Time to fill out the post-intervention survey, send it in the attached envelope and place in the same locked box labeled "Wellness Research" in the call room.

We provided each participant a pamphlet to help residents select the different modalities to practice throughout the month.

RESEARCH METHOD

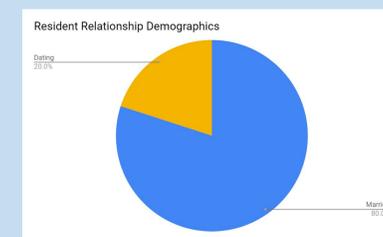
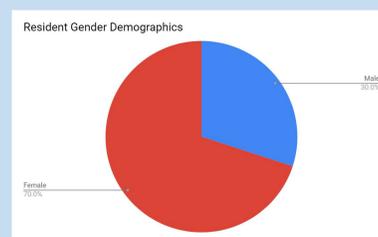
- The purpose of this study is to investigate if having a wellness tool would prevent physician burnout in the inpatient setting.
- By introducing a curriculum based wellness program, we collected data to track resident burnout/fatigue to determine if it can be mitigated/prevented.
- We used a pre and post intervention survey. Our data was evaluated by a double sided t-test analysis to determine variance between PGY2 and PGY3 results.

	Strongly disagree -2	Disagree -1	Neutral 0	Agree 1	Strongly Agree 2
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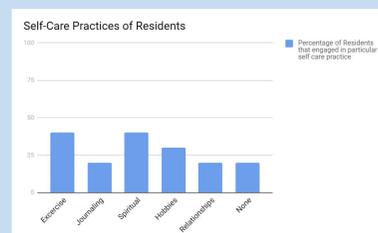
	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
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RESULTS

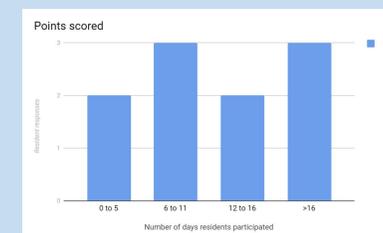
Chart 1 & 2: Resident Demographics



Graph 1: Modalities Utilized



Graph 2: Days participated within a month



PARTICIPANTS



DISCUSSION

- Results
 - Between upper level classes, the PGY2 class showed the greatest improvement in participation in wellness activities
 - Although both PGY 2's & 3's demonstrated a decrease in perceived stress after the intervention of the wellness curriculum, the change is not statistically significant
 - Small sample size may affect results
 - PGY 3's understand the need for wellness activities and report high levels of participation
- Conclusions
 - PGY 1 response seemed much more "confident" than predicted
 - Suspect due to lack of prior inpatient month to compare and had direct supervision by upper level
 - Improvement observed in scores of upper levels suggesting implementing a wellness tool prevented burnout
- Limitations: small sample size, short study duration, PGYs only participated in post-intervention survey
- Next steps
 - PGY 1 responses seemed much more 'confident' than predicted
 - Consider longitudinal review of residents understanding of wellness/self care as they matriculate through training
 - Consider including Faculty in future research

REFERENCES

1. AMA "What should be done about the physician burnout epidemic" <https://www.ama-assn.org/practice-management/physician-health/what-should-be-done-about-physician-burnout-epidemic>

2. Panagioti M, Geraghty K, Johnson J, et al. Association between physician burnout and patient safety, professionalism, and patient satisfaction [published online September 4, 2018].

3. Tawfik, Daniel S., et al. "Physician Burnout, Well-Being, and Work Unit Safety Grades in Relationship to Reported Medical Errors." *Mayo Clinic Proceedings*, Elsevier, 9 July 2018, www.sciencedirect.com/science/article/abs/pii/S0025619618303720.

4. Hall, Louise H, et al. "Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review." *PLoS One*, Public Library of Science, 8 July 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC4938539/.

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