

OB/GYN RESIDENT WELLBEING FOCUSED ON WORKLOAD & WELLNESS TIME: MEASURED USING A 3-ITEM WELL-BEING CHECK-IN CARD

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INTRODUCTION: BACKGROUND

PHYSICIAN BURNOUT & WELL BEING

- Between 22-60% of practicing physicians are reported to have experienced burnout¹
- OB/GYN resident burnout has been reported at 90%²
- Duty hour limitations were implemented for patient safety:³
 - Associated with an increase in overall resident quality of life
 - Potential sacrifices in resident education and patient care
- Contributors to burnout (and drivers of engagement)⁴
 - Workload and job demands
 - Control and flexibility
 - Poor work-life integration
 - Check Box Requirements (filling out surveys, module requirements, duplicates, paperwork)

DATA RELATED TO WELL BEING

- **Multiple survey tools available** but may cost money and/or are time-consuming to complete
- **Existing/Archival Data:** Residents and faculty are required to complete multiple surveys annually/biennially:
 - Press Ganey Annual Engagement Survey (PG-ES)
 - ACGME Annual Survey

PROJECT AIMS

- 1. Resident Well-Being Interventions:** To implement workload changes and time for wellness
- 2. Data Sets:** Identify existing data sets and/or develop a quick “check in” survey as process and outcome measures for resident/faculty well being

REFERENCES/RESOURCES

1. Shanafelt, Tait D., et al. "Burnout and satisfaction with work-life balance among US physicians relative to the general US population." *Archives of internal medicine* 2012;172(18):1377-1385.
2. Linzer, Mark, et al. "Predicting and preventing physician burnout: results from the United States and the Netherlands." *The American Journal of Medicine*. 2001;111(2):170-175.
3. Goitein, Lara, et al. "The effects of work-hour limitations on resident well-being, patient care, and education in an internal medicine residency program." *Archives of Internal Medicine*. 2005;165(22):2601-2606.
4. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being...*Mayo Clinic Proceedings*. 2017;92(1):129-146.

METHODS:

AIM 1: WELL-BEING INTERVENTIONS

- 1. Effective July 2, 2017 changed 3 workload protocols:**
 - **Weekend Rounding Protocols:** Residents continue to round on all antepartum and gyn patients at the end of each 24-hour shift but now faculty complete all postpartum rounding
 - **Weekday Postpartum Rounding Redistributed** decreasing number of patients per junior resident from >10 patients to maximum: 6-7 patients per resident
 - **No Resident Service Obligations on Sundays** and two months of no residents on night float
- 2. Effective Sept 2017 quarterly wellness mornings** began using protected education time for faculty and resident physicians

AIM 2: DATA SETS TO EVALUATE INTERVENTIONS

- 1. Process Measure: Well Being Check-In Cards (WBCIC)**
 - 3-item WBCIC asks participants to periodically rate

WELL-BEING CHECK-IN
Rate based upon your experience/feeling in the last week.

1. The amount of time I spend on personal well-being is: (circle one)

Pitiful Less than I need Adequate Excellent

2. The work I do is meaningful to me:

Strongly DISAGREE Strongly AGREE

3. The one thing I have done for well-being that is the most meaningful to me:

(circle one) PGY1-2 PGY3-4 FACULTY

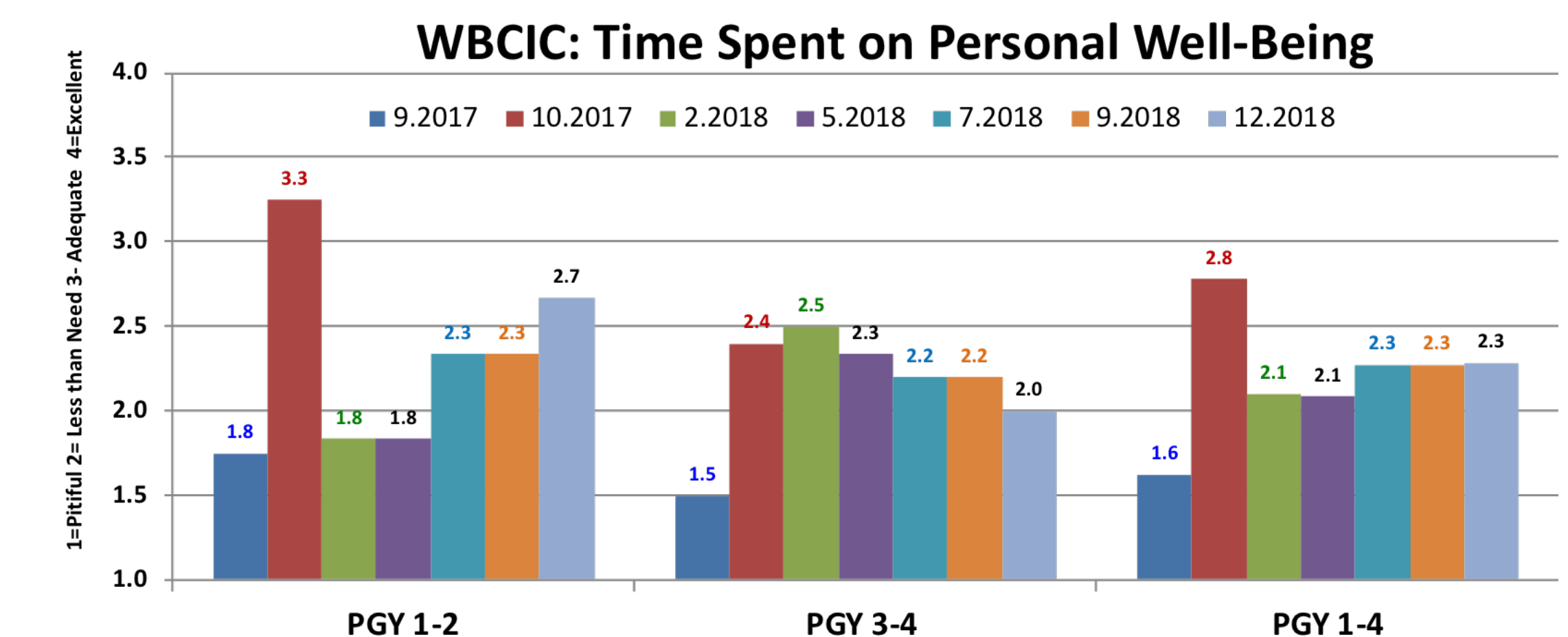
- 2. Outcome Measures: Press Ganey Engagement Survey (PG-ES) and Mayo Well Being Index (MWBI)**

- **PG-ES** identified crosscutting items/domains consistent with aim: engagement, organization, leadership/manager, etc.
 - PG-ES discontinued with organization merger
- **MWBI** individuals with scores ≥ 5 at risk of adverse outcomes due to poor quality of life, burnout and suicidal ideation

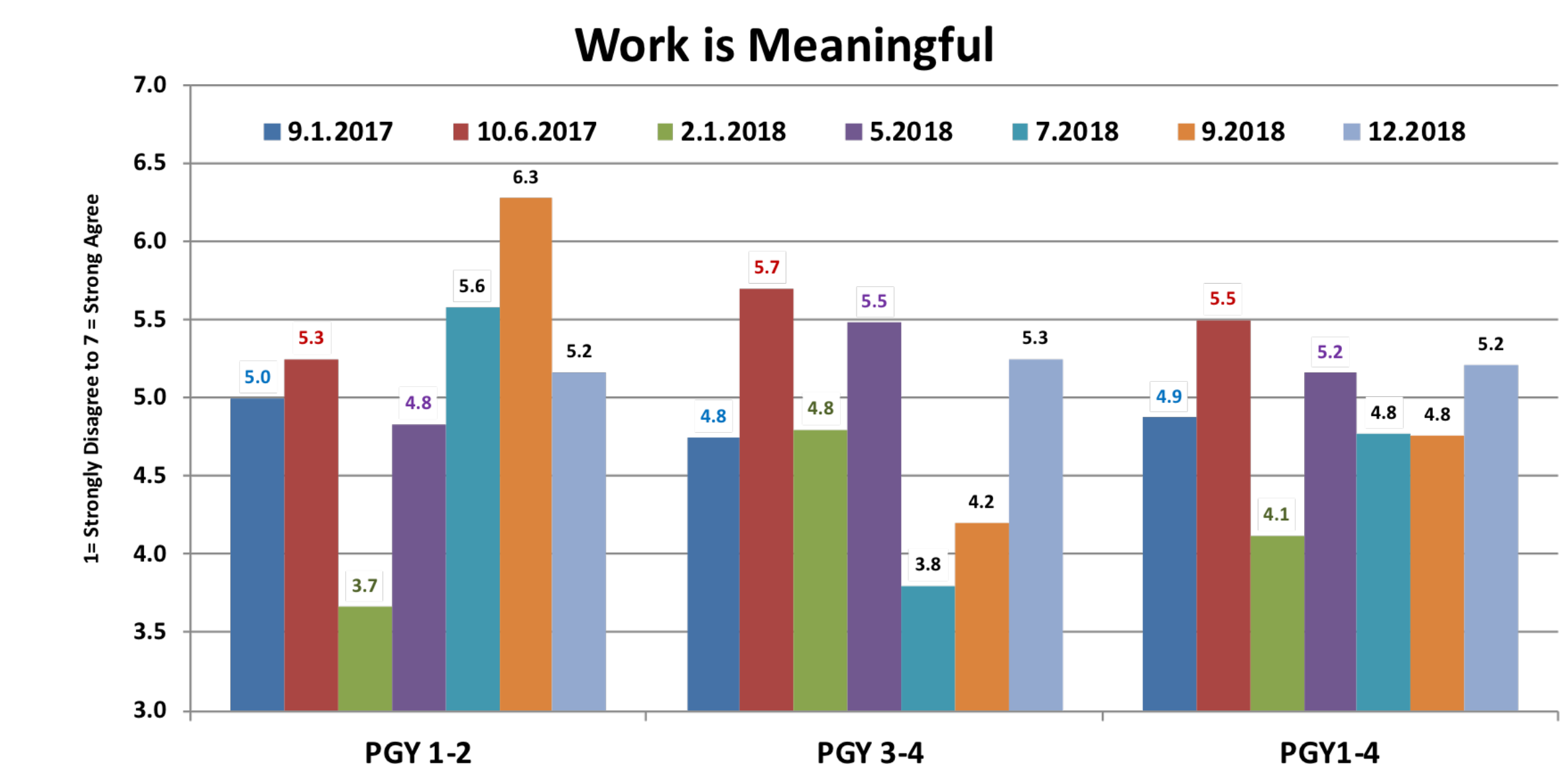
RESULTS:

WELL BEING CHECK-IN CARDS (WBCIC)

- 6 WBCICs Completed in Sept 2017-Dec 2018



- **Meaningful Well-Being Activities:** Eat, Sleep, Time with Friends/Family; Health appointments, Exercise (Squat Challenge), Travel, Read a book for fun



MAYO WELLBEING INDEX

- ↓ from 3.2 to 2.9 over 6 months; ↑ by 1.0 in Dec to 3.8

Discussion, Barriers and Strategies

Key Findings:

- 3-item WBCIC provides on-going process measures
- MWBI provides a benchmark with national comparisons for Ob/Gyn residents and findings appear = WBCIC
- Scores by trainee level & time of year

Barriers/Limitations: Lack of concurrent data for faculty and data collection

Strategies: Use protected time for data collection; Continue to implement interventions; and add/adjust as needed