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

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 gynec 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

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

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 adjust as needed

REFERENCES/Resources