**Introduction: Background & Context**
- Burnout in internal medicine (IM) ranks among the highest of all specialties with rates up to 76%.
- Residents recover from existential burnout by:
  - Feeling validated, forming connections with patients/colleagues
  - Increasing competence, career development initiatives
- Local IM resident survey revealed desire address well-being by:
  - Increasing competence as physicians
  - Improving physical and mental health


**Mission/Vision Statement**
- Vision: Aurora Health Care’s GME programs will be nationally recognized for preparing our current and future physicians to help people live well – our patients, each other, and ourselves.
- Mission: Apply IHI Model for Improvement to continuously improve well-being through GME wide and program specific initiatives to address well-being drivers from workload and control/flexibility to culture/community and work-life integrations to promote meaning in the workplace.

**Aim/Purpose/Objectives**
To improve resident well-being by:
- Increasing residents’ self-competence (clinical/medical knowledge)
- Building colleague relationships within the workplace

**Methods/Interventions/Changes**
1. **Quarterly Wellness Challenges with Well-Being Resources**
   - Each quarter has a focus/emphasis: for individual + group challenge
   - Group Challenge supports social interaction amongst residents outside of the hospital setting
   - Resident “buddy” system with each challenge
   - **Quarter 1: Exercise, Health Diet Choice, Connections**
     - Days 1-10: Work out 30 min of exercise 9/10 days with multiple options
     - Days 11-20: Healthy Diet Choice: Cook your own meal, no sweets
     - Days 21-30: Connections: Unplug tech, friend/date night, recycling/turn off lights, support a charity, make someone smile
   - **Quarter 2: Physical Fitness**
     - 7 day segments of physical activity (total of 4 weeks)
     - 2 sessions focused on meditation and stress relief (during work hours)
     - 1 weekend group event

2. **Improving Medical Competence and Confidence**
   - **Board review** through monthly quizzes targeted at in-service board score gaps – using interactive, engaging approach with core and sub-specialty faculty to promote connections with other physicians
   - **Improving real-time faculty feedback** around clinical performance

**Measures/Metrics**
**Outcome**: Mayo Well-Being Inventory

**Process Measures**
- Residents’ self-reported participation in challenge
- Smiley Face Rating Tool

**Discussion: Next Steps & Areas Seeking Input**
- **What are Critical Next Steps?**
  - Continue quarterly challenges and monthly board prep
  - Implement feedback training at quarterly faculty meetings
  - Use data to determine future steps consistent with IHI PDSA Cycle Approach: Continue with current interventions or revise?

- **Areas Seeking Guidance/Input**
  - How to motivate residents to take steps towards balancing medical competence and personal well-being
  - Well-being challenges that are feasible for residents

**Barriers – Strategies**
- **Evolving Leadership**: IM NI-VI Workgroup membership varies with clinical schedules, interest levels, meeting deadlines
  - **Strategy**: Monthly meetings co-chaired by PGY2 leaders with agenda and action items
- **Thinking Big**: 1st Quarterly challenge was multifaceted and complicated with social media report check-in requirements
  - Participation rates and faces scores declined over time
  - **Strategy**: Simplify focus & reporting for upcoming challenges
- **Motivating Peers**: Residents are competitive...
  - “We like prizes and recognition.” 1st challenge winner awarded off campus “event” but cost is consideration for sustaining challenges
  - **Strategy**: Requesting on-going budget for incentives, seek to motivate through peer/team competition

**Group Feedback**

**Process Measures**
- Residents’ self-reported participation in challenge
- Smiley Face Rating Tool

**Outcomes**
- Mayo Well-Being Inventory

**Measures**
- Residents’ self-reported participation in challenge
- Smiley Face Rating Tool