

# 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 burnout<sup>1</sup>
- OB/GYN resident burnout has been reported at 90%<sup>2</sup>
- Duty hour limitations were implemented for patient safety:<sup>3</sup>
  - 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)<sup>4</sup>
  - 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

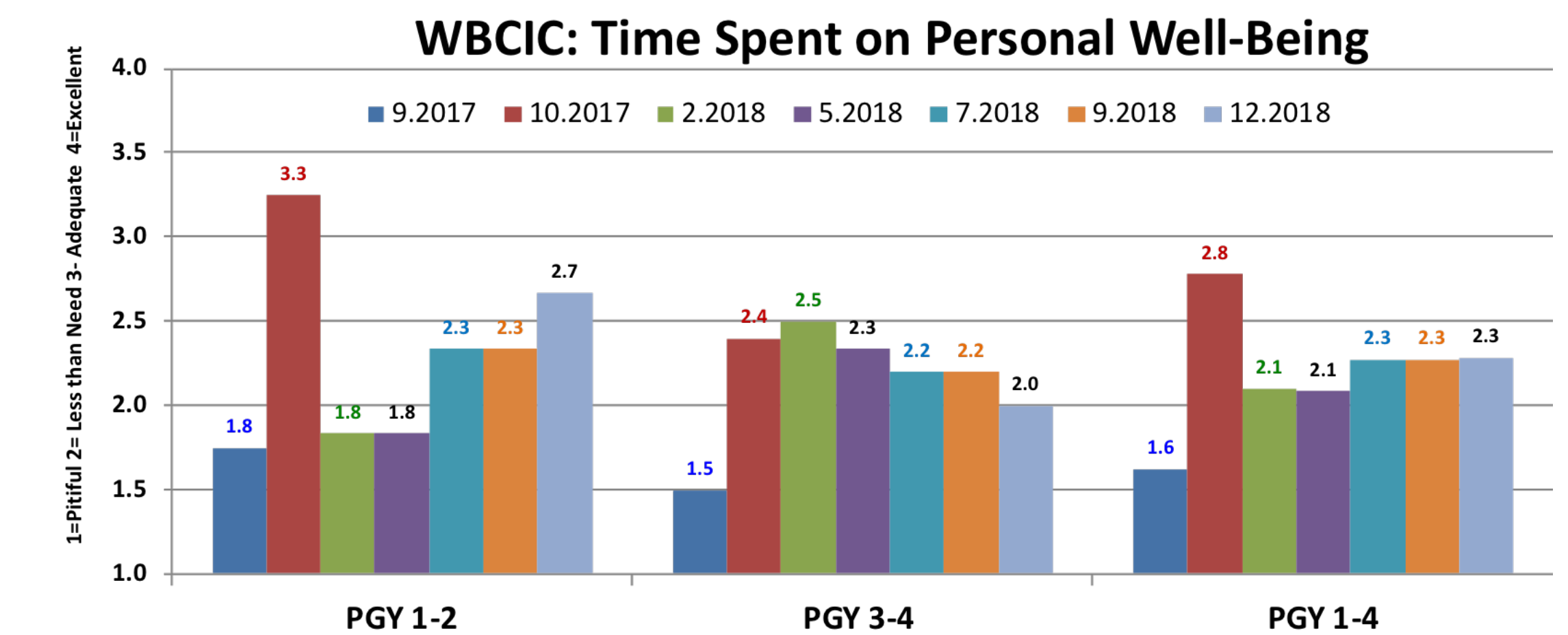
- 2. Outcome Measures: Press Ganey Engagement Survey (PG-ES) and Mayo Well Being Index (MWBI)**

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

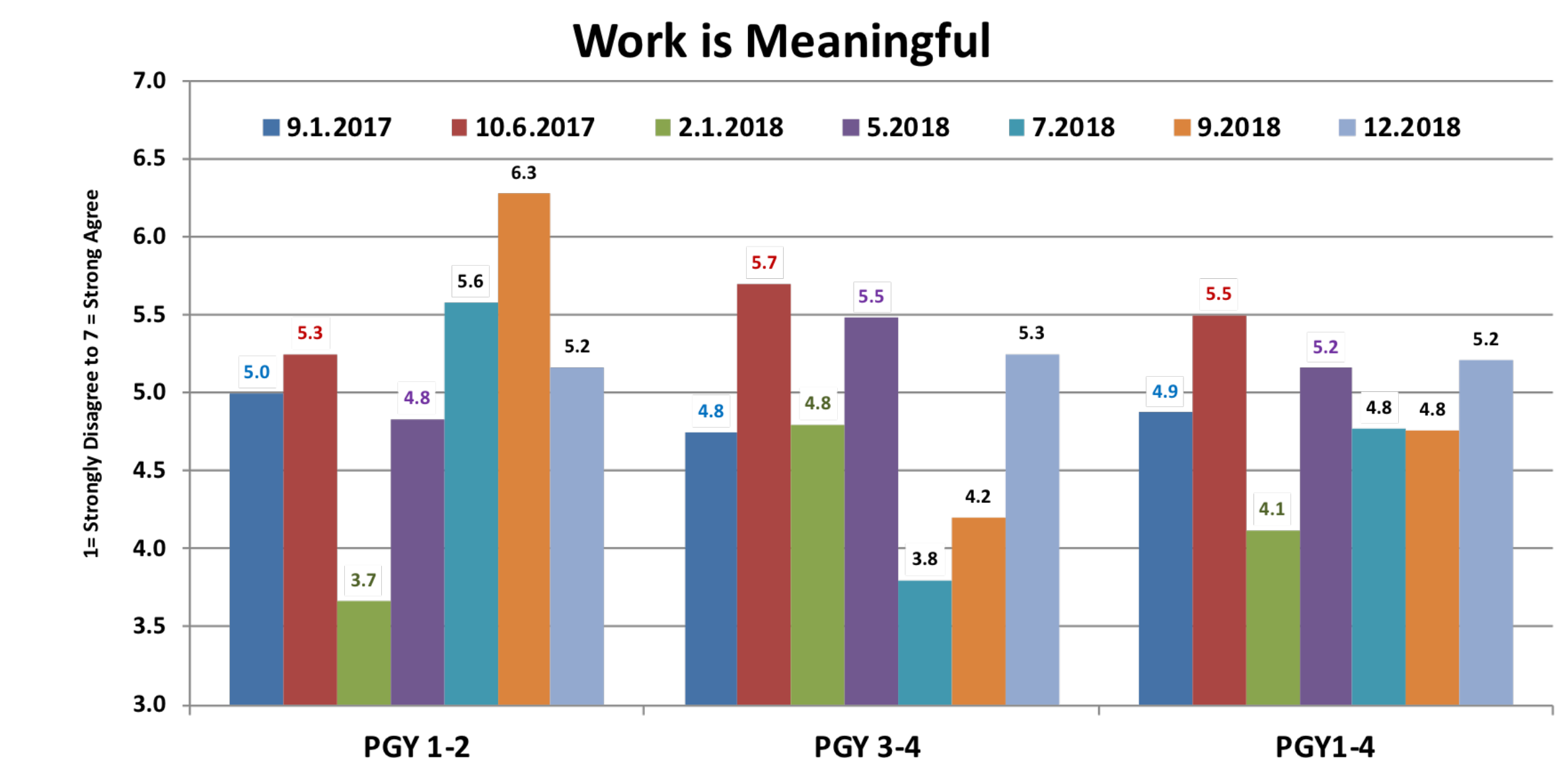
## RESULTS:

### 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