Family Medicine Resident Wellness ½ Days – Early Results

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NI VI Meeting #3 STORYBOARD

INTRODUCTION: BACKGROUND

- **Primary care residents/faculty** who spend 6 hrs/wk (median) on EHR work outside normal clinical hrs are 3x more likely to report burnout & 4x more likely to attribute it to EHR[1]
- **Family Medicine (FM) residents perform an average of**
  - 13.6 hours per month of "non-visit care"[2]
  - 84 minutes/day spend on in-box work[3]

Our FM residents identified lack of time to manage patient related "in-boxes" as a barrier to their well-being[4]

1. Robertson SL, et al. EHR Effects on Work-Life Balance & Burnout Within the I3 Population Collaborative. JGME. 2017;9(4):479-84.
2. Jacobsen, V. "Effect of Non-visit Care on Resident Work Load" Presented at AAFP Program Director's Workshop. Mar 2017, Kansas City.
3. Arndt BG, et al. Tethered to the EHR: primary care physician workload assessment using EHR event log data and time-motion observations. Ann of Fam Med. 2017;5(5):419-26.
4. Sinsky CA, et al. In search of joy in practice: a report of 23 high-functioning PC practices. Ann Fam Med. 2013;11(3):272-8.

AIM/PURPOSE/OBJECTIVES

Improve resident well-being & patient satisfaction by explicitly designating one ½ day per week as "clinical resource/administrative time."

METHODS: INTERVENTIONS/CHANGES

Clinical Resource/Administrative Half Day

- ONE ½ day per non-call clinical week
- Scheduled by residents AFTER all other call and clinic schedules have been created
- Time intended for:
  - In-Box (digital or paper) management including medication refills, lab results, and patient calls
  - Chart documentation
  - Collaborate with clinic team nurses, MAs, and support staff
  - Program curriculum requirements, scholarly projects (research, QI), modules, longitudinal track-related work

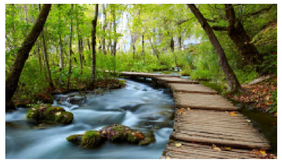
PDSA Cycle 1:

- Oriented residents/faculty during standing meetings, core curriculum sessions, e-mails from NI-VI leaders

PDSA Cycle 2:

- Created 11" x 17" poster to improve awareness, explain scheduling details, and distinguish the Clinical Resource/Admin ½ days from the GME and FM Program ½ days already in place
- Re-oriented all residents/faculty

METHODS: CHANGES CONTINUED



Resident Wellness ½ Days

Are you using all your dedicated wellness time??

The 3 Types of Dedicated Wellness Times Are:

Resource ½ Days (NI-6)	***Self-Care ½ Days*** (Aurora GME)	***Wellness Afternoon*** (FM Program)
Weekly During Non-Call Blocks	Quarterly During Non-Call Blocks	Quarterly During Wednesday Didactic Time
You decide AFTER your clinic schedule is set. In place of preceptor time. Only let preceptor know, not chiefs or schedulers.	You decide BEFORE your clinic schedule is set. In place of clinic time. Email Sr. Chiefs and clinic schedulers to request.	Scheduled by Junior Chiefs and added to the didactic schedule. Event ideas always welcome.
Time to complete administrative and project related tasks: Epic Inbox, Notes, QI Projects, Evaluations, Research, etc.	Time to schedule and attend appointments for health care: PCP, Dental, Optometry, Program Requirements (TB), etc.	Time for residents to establish and build relationships among each other: Bowling, Lunch & Board Games, Grill in the Park, Yoga, etc.
Purpose: Reduce/eliminate residency workload during non-work time.	**Purpose:** Provide opportunity for self-care and role model for patients.	**Purpose:** Foster social connections and teamwork among residents.

If you are having trouble scheduling in your wellness ½ days contact your Junior Chiefs for help!

METHODS: MEASURES/METRICS

Outcomes:

- Mayo Well-Being Index
- Clinic metrics for patient experience (CG-CAHPS test results, between visit communication)

Process Measures

- 4 items added to required end-of-rotation evaluation focused on Clinical Resource/Administrative ½ Day to track:
  - # of ½ days taken during rotation, scheduling barriers, how time used
  - Degree to which ½ day "*made me feel that things were more under my control*"
- Progress Check In Survey implemented PDSA Cycle 2
  - 7 Likert scale items adapted from existing surveys
  - 1 demographic question and a comment box

RESULTS: PROGRESS TO DATE

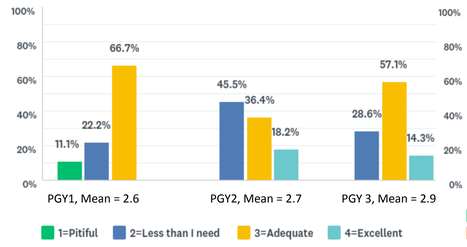
CG-CAHPS Percentile: 2 Family Medicine Residency Clinics (FCC and FPC) [2017 vs to date 2018 (July)]

- Between Visit Communication
  - FCC ↑ 3 points
  - FPC no change
- Test Results
  - FCC ↑ 12 points (N=141 Jan-July 2018)
  - FPC ↑ 8 points (N=266 Jan-July 2018)

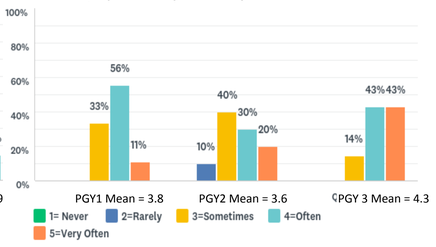
"It's a simple stress test - I do your blood work, send it to the lab, and ~~never~~ get back to you with the results."

Resident Wellness Check-In Survey

My ability to utilize and navigate EPIC to work for me is



I feel that I am growing/learning in my career/specialty in ways that I care about



DISCUSSION: BARRIERS & STRATEGIES

Barriers

- Residents are aware of the resource ½ days, but how to actually schedule the ½ days still confusing
  - Strategy: Identify underlying "gaps" in knowledge and then educate
- Residents are deciding not to use resource ½-days and seeking to increase preceptor 1-on-1 contact time
  - Strategy: Seeking to revise scheduling so that preceptor time is increased and schedules are predictable
  - Program leadership will explore increasing preceptor availability/time

Next Steps and Sustainability

- Launch PDSA #3 focused on identified barriers and engage program coordinators (e.g., scheduling prioritization)
- Track data and compare to baseline and national norms
- Sustainability:
  - Junior Chiefs were added to the team
  - GMEC requires well-being updates in APE