

LETTERS—CONCISE RESEARCH REPORTS

Promoting Resident Well-being Through Programmatic Scheduled Wellness Consultation

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INTRODUCTION

Emotional challenges are inherent to physician's work. Burnout and depression are prevalent amongst resident physicians—ranging from 40 to 80%.¹ Despite a high prevalence, residents are unlikely to seek help on their own.² The ACGME has recognized the risk for burnout and depression in residents and they have charged residency programs with the responsibility to address resident well-being.³ Kolarik and colleagues recently showed that resident physicians want their program directors (PD) to inquire about wellness, and they may be more likely to seek and receive help if recommended and facilitated by their PD.² It is important that resident physicians develop a diversity of coping strategies to manage stress, including routine debriefing with psychological support. Furthermore, proactive psychological support of resident physicians may be a mechanism to optimize physician performance—beyond just responding to a crisis. For these reasons, we developed a programmatic innovation to de-stigmatize resident psychological support and assess the benefit of pre-scheduled wellness consultations in lieu of a clinical assignment.

METHODS

Based on a workshop presented by West Virginia University,⁴ our program developed an initiative to introduce residents to counseling services through their employment assistance program (EAP). Residents were scheduled to meet with counseling services during the workday in lieu of clinical responsibilities. Consultations were not required, as residents could “opt out.” If residents opted out of their consultation, they were then re-assigned to clinical responsibilities. Scheduling was prioritized for PGY1 and PGY2 residents during ambulatory rotations. Prior to the consultation, residents were asked via email to complete a pre-survey as well as the Physician Wellness Index (PWI)—an online 7-question screening tool to evaluate fatigue, depression, burnout, and

quality of life in residents and fellows.⁵ Participants were encouraged to share the results in the context of their confidential consultation. In addition, they were asked to develop an agenda of any specific goals, concerns, or problems with which they would like assistance. Residents in our program complete the PWI bi-annually in conjunction with scheduled semi-annual reviews to ensure an active dialog between residents and program leadership and to encourage ongoing reflection of well-being.

RESULTS

Seventy-nine percent of residents (41/52) accepted the offer for scheduled consultations (Fig. 1). Pre-consultation surveys captured most recent work hours and rotations and perceived value and scheduling logistics. Post-consultation surveys captured attitudes on value, confidentiality, and scheduling logistics on a 5-point Likert scale. Survey completion rates were 80.5% and 68% respectively. Pre-intervention survey data highlighted the majority (73% or 24/33) of residents had not utilized counseling and support services prior to this intervention. Additionally, of residents who had not previously participated, nearly half (46% or 11/24) noted they were not aware of how to schedule a consultation with their employment assistance program. These data highlight a critical intervention point—residents may be aware of offered services, but may not know how to initiate or seek out services.

Resident responses towards counseling services shifted “more positive,” post-consultation, improving from 3.43 (SD 0.62) to 3.93 (SD 1.22). Nearly all post-intervention respondents (96% or 27/28) felt it was helpful to have appointments directly scheduled for them and 79% (22/28) relayed that if it were up to them, they would have likely forgotten to schedule their appointment. Eighty-two percent (23/28) of residents perceived the wellness visit as valuable, and 79% (22/28) of residents relayed they would be likely to seek counseling services in the future if needed. Eighty-six percent (24/28) of residents would like to see the residency program continue to schedule introductory wellness visits in the future (Fig. 2).

DISCUSSION

Our findings from this programmatic innovation are overwhelmingly positive. This innovation was easy to

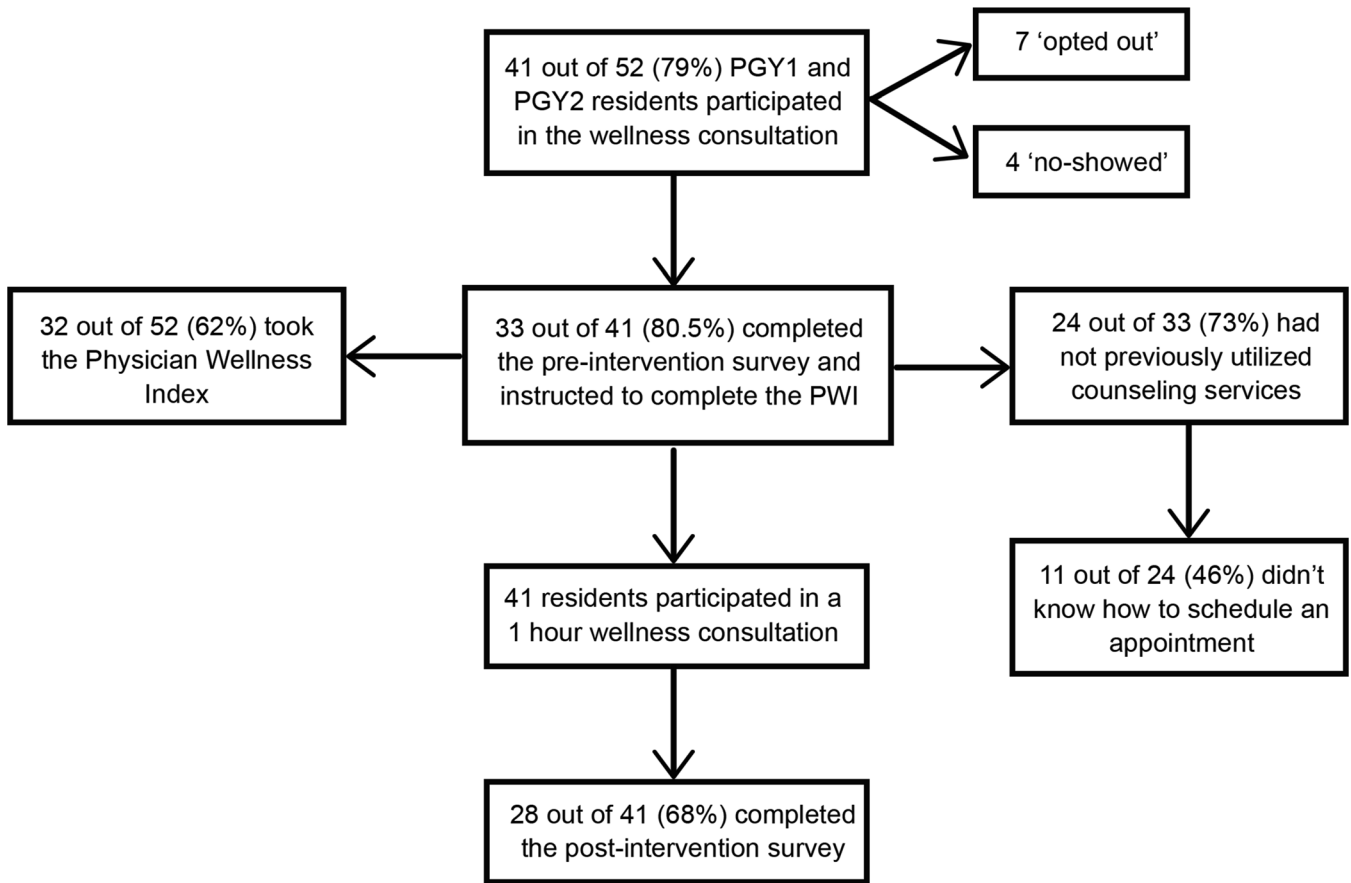


Fig. 1 The number of residents who accepted the offer for scheduled consultations

implement in our X+Y scheduling system utilizing no cost resources already available to our residents. Scheduling appointments during usual work hours in lieu of clinical responsibilities was critical to the program’s success. Our program coordinator streamlined scheduling with our EAP to easily identify times in a resident’s ambulatory block to

initiate the wellness consultation. We anticipate that these consultations will increase utilization of support services in times of need as well as allow residents to self-identify impending burnout. Because of the success of this innovation, we are working with our GME office to implement institution-wide wellness consultations for all residents.

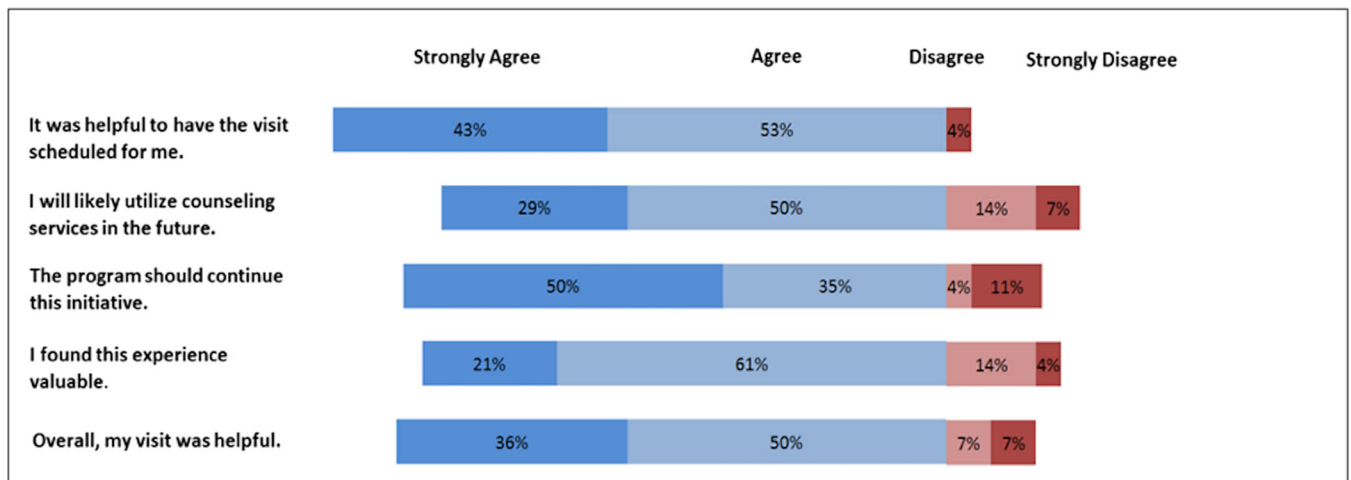


Fig. 2 Resident responses towards counseling services

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Compliance with Ethical Standards:

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