Well-being in the clinical environment is a function of an individual interacting with their environment – including their peers, faculty, and patients.

1 of every 2 radiologists surveyed report classic symptoms of burnout defined by as a loss of enthusiasm for work, cynicism and a low sense of personal accomplishment.

Radiology ranked 10th in burnout of 26 specialties surveyed.

INTRODUCTION: BACKGROUND & CONTEXT

- Implemented 3 changes in our daily workflow plus dedicated time away from clinical duties to socialize in a relaxed environment.

1. CHANGE IN PROCEDURE FOR QUARTERLY “JOURNAL CLUB”
   - Previously, journal club was held during the work-day at noon conference. Now, we hold journal club after work hours at a restaurant, with food provided by the department.
   - This encourages social interaction amongst residents and fellows in a more relaxed atmosphere.

2. HELD A NEW RESIDENT WELCOME PARTY
   - Hosted at a local restaurant with food and beverages provided.
   - Allow for social interaction amongst residents and attendings in a relaxed atmosphere.

3. INCORPORATE 5 MIN “OFF TOPICS” DURING FRIDAY BOARD REVIEW
   - The “Off Topic” discussion is selected by the presenting resident, and provides a fun intermission to the typically busy and structured week day. Examples of “Off Topic” items previously presented include: Vacation pictures, 90’s Hip Hop Artist trivia, and Simpson’s trivia.
   - Gain insight on interests and hobbies of co-residents.

METHODS/INTERVENTIONS/CHANGES

TIME COMMITMENT: All interventions require increased time and/or effort from residents and attendings.

- STRATEGY: Encourage but not require participation in the social events and “off topic” discussions.

ATTENDING PARTICIPATION: Fewer than desired faculty attend journal club and the resident welcome party.

- Feedback indicated that there is interest, but insufficient time to make arrangements by many of the attendings.

- STRATEGY: Attempt to increase lead-time in making more attendings aware of these events.

DATA COLLECTION: Obtaining data to support PDSA adds stressor.

- STRATEGY: Gather data during sessions omitting need for ‘extra’ time / reminders.

BARriers — STRATEGIES

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 work.

AIM/PURPOSE/OBJECTIVES

- Continue to foster a sense of community/connection among the radiology residents/attendings and individual feelings of well-being amongst residents attendings, as measured by the Mayo Well-Being Index.

MORES/METRICS

OUTCOME: Mayo Well-Being Inventory to monitor individual well-being of residents and attendings at baseline and quarterly throughout PDSA cycle process.

- Surveys/feedback re: each intervention
- End of rotation evaluation - well-being item (GMEC require)

DISCUSSION: NEXT STEPS & AREAS SEEKING INPUT

WHAT ARE CRITICAL NEXT STEPS?
- Continue to obtain process/outcome measures and review.
- Formally poll residents and attendings regarding the perceived effectiveness of our interventions.
- Take that data and determine future steps consistent with PDSA Cycle 2: Continue with current interventions or revise?

AREAS SEEKING GUIDANCE/INPUT
- Ideas for other possible work week interventions that have increased well-being in other programs.
- Ideas for increasing attending participation.

GROUP FEEDBACK