**INTRODUCTION: BACKGROUND & CONTEXT**

- 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.


**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 work.

**AIM/PURPOSE/OBJECTIVES**

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

**METHODS/INTERVENTIONS/CHANGES**

Implemented 3 changes in our daily work flow plus dedicated time away from clinical duties to socialize in 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.

**BARRIERS – STRATEGIES**

- **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.

**MEASURES/METRICS**

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