EVALUATING WELL-BEING IN OB/GYN RESIDENTS AND FACULTY

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INTRODUCTION

Physician Burnout & Well-Being
- Between 22-60% of practicing physicians are reported to have experienced burnout1
- OB/GYN resident burnout has been reported at 90%2
- Duty hour limitations were implemented for patient safety and has been associated with some increase in overall resident quality of life and potential sacrifices in resident education and patient care3
- Contributors to burnout (and drivers of engagement)4
  - Workload and job demands
  - Control and flexibility
  - Poor work-life integration
  - Check Box Requirements (filling out surveys, on-line module requirements, paperwork)

Data Related to Well-Being
- Multiple survey tools available but:
  - May cost money and/or are time-consuming to complete
  - Vary in what measure (e.g., achievement, anxiety, depression)
- Existing/Archival Data: Residents and faculty are required to complete multiple surveys annually/biennially:
  - Press Ganey Annual Engagement Survey (PG-ES)
  - Survey on Patient Safety
  - ACGME Annual Survey

PROJECT AIM

Improve well-being through addressing workplace balance and purpose, measured using validated tools with a minimum goal of being above the national mean

OBJECTIVES

1. Interventions: Implement 2 workload and 1 wellness half-day:
   - Limit weekend rounding (workload)
   - Redistribute postpartum rounding on weekdays < 6-7 patients per resident (workload)
   - Introduction of quarterly wellness meetings
2. Data Sets: Identify existing data sets and/or develop a quick ‘check in’ survey as process and outcome measures for resident and faculty wellbeing

METHODS

AIM 1: RESIDENT WELL-BEING INTERVENTIONS

1. Effective July 2017 two workload protocols changed:
   - Weekend rounding protocols: residents continue to round on all antepartum and gynecology 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

2. Effective Sept 2017 Quarterly wellness mornings began using protected education time for faculty and resident physicians
   - 4x/yr on any month with 5 Fridays (as no core academics)
   - Residents/faculty encouraged to schedule needed appointments (schedule 3-6 mos out health visits) & well-being activities

AIM 2: DATA SETS TO EVALUATE INTERVENTIONS

- PROCESS MEASURE: Well-Being Check-In Cards (WBCIC)
  - 3-item WBCIC asks participants to:
    - Rate adequacy of time for wellness
    - Rate level of meaning in their work
    - List one activity they have done recently that contributed to their overall wellness

- OUTCOME MEASURE: Press Ganey Engagement Survey (PG-ES)
  - Identified crosscutting items on resident and faculty PG-ESs consistent with our aim
  - Items in the engagement, organization, leadership/manager, and employee domains

RESULTS

Well-Being Check-In Card (WBCIC)
3 WBCICs Completed
Sept 2017-Feb 2018
- Insufficient time spent on personal well-being
  - Time spent varies by trainee/faculty and time of year
  - Gradual increase over time except for PGY1-2
- Baseline all reported their work is meaningful
  - (1=Strongly Disagree to 7=Strongly Agree)
  - Baseline Means: Residents = 4.9 / Faculty = 5.5
  - PGY mean ratings decline during winter
- Meaningful Well-Being Activities
  - Faculty: Exercise/workout in Gym; Make time for Family, Leave work at work; Leave work on time
  - Residents: Eat, Sleep, Time with Friends/Family; Health visits

Press-Ganey Engagement
- Ob/Gyn local results vs national healthcare averages provide improvement targets at >0.20 above baseline on targeted items:
  - I’d like to be working at AHC 3 years from now
  - AHC supports me in balancing my work life and personal life
  - I am involved in decisions that affect my work

CONCLUSIONS

- Quick 3-item WBCIC provides baseline and on-going process measures—with overlap with PG-ES item on work/life balance support continuous improvement
- PG-ES Items provides a baseline benchmark with national comparisons for Ob/Gyn residency with annual follow-up

REFERENCES