RUNNING AND RAPPING OUR WAY TO WELLNESS: INTERNAL MEDICINE

RESIDENCY APPROACH TO PREVENTING BURNOUT
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INTRODUCTION: BACKGROUND

PHYSICIAN BURNOUT & WELL BEING
• Between 22-60% of practicing physicians are reported to have experienced burnout1
  o Stems from lack of work satisfaction, overwhelming schedules, and loss of support from colleagues
  o Physician burnout has lead to increased CV disease and shorter life expectancy, problematic alcohol use, depression as well as suicide
• Burnout in internal medicine (IM) ranks among the highest of all specialties with rates up to 76%1

DATA ON INTERVENTIONS:
• Residents recover from existential burnout by:1
  o Feeling validated
  o Forming connections with patients/colleagues
  o Increasing competence, career development initiatives
• Medical Students whose aerobic exercise and/or strength training habits are consistent w/ CDC guidelines appear:2
  o Less likely to experience burnout
  o Have higher quality of life
• Studies have shown that physical activity is a key to health including exercise/diet it’s impact on health and quality of life among US medical students. Academic Medicine. 2017 Jul 1;92(7):1006-11.

PROJECT AIMS
IMMEDIATE: Relationships w/Colleagues & Exercise
• To create a personal team for incoming residents to help with the transition into residency
• Education and promotion re: importance of personal health including exercise/diet it’s impact on health

LONG TERM:
• To continue monitoring the effectiveness of our interventions during upcoming academic year
• To gain a better understanding on the ongoing trends of the contributions of resident burnout

METHODS: INTERVENTIONS

AIM #1: PEER ADVISOR TEAM (RAPS)
• Form Resident Advising Program for Success (RAPS) Team
  o Faculty Advisor, Sr Resident, Jr Resident
• Assign incoming intern post NRMP Match Day to PGY-II/III in continuity clinic and corresponding RAPS team (April 1st)
• Email to intern from RAPS team including photo of their new team with fun facts about each team member (April 5th)
• Quarterly check-ins with team (team dependent)
• 3 out of hospital “bonding” events (June, January, May)

AIM #2: WELLNESS CHALLENGE

METHODS: METRICS

FITLIFE SURVEY
• 3 Item Survey sent 1/wk via MedHub per AHA guidelines
  o # days in last wk did you engage in > 30 minutes moderate AND/OR 25 minutes vigorously intensity exercise?
  o Did you pair exercise w other activities/priorities in your life?
  o Rate your overall health (physical, emotional) this past week?
RAPS PROGRAM
• Semi structured 3-5 min individual interviews with interns
  o Focus: overall value of RAPS

RESULTS:

FITLIFE SURVEY

MAYO WELL-BEING INDEX

RAPS PROGRAM

DISCUSSION, BARRIERS, STRATEGIES

KEY FINDINGS/DISCUSSION
• Initiating core teams pre residency begins may help initial transition and lead to long-term trusted relationships
• Simplicity is key and frequent reminders yielded higher completion rates but cumbersome for the team

BARRIERS
• Limited data collection and attaining data via surveys may be increasing burnout by adding more to be done

STRATEGIES
• Formation of Residency Program Wellness Committee to continue to sustain/build interventions