INTRODUCTION: BACKGROUND

PHYSICIAN BURNOUT & WELL BEING

- Between 22-60% of practicing physicians are reported to have experienced burnout.
  - Stems from lack of work satisfaction, overwhelming schedules, and loss of support from colleagues.
  - 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%.

DATA ON INTERVENTIONS:

- Residents recover from existential burnout by:
  - Feeling validated
  - Forming connections with patients/colleagues
  - Increasing competence, career development initiatives
- Medical Students whose aerobic exercise and/or strength training habits are consistent with CDC guidelines appear to have higher quality of life and are less likely to experience burnout.

METHODS: INTERVENTIONS

AIM #1: PEER ADVISOR TEAM (RAPS)

- Form Resident Advising Program for Success (RAPS) Team
- 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

- January 9th, 30th FitLife Survey January Fitness Challenge
- Internal Medicine February Newsletter
- January 9th, 30th FitLife Survey January Fitness Challenge

RESULTS:

FIT4LIFE SURVEY

- Semi structured 3-5 min individual interviews with interns
- Focus: overall value of RAPS

MAYO WELL-BEING INDEX

- Scores ≥ 5 predict resident burnout and associated symptoms such as low mental quality of life, high fatigue, or recent suicidal ideation.

RAPS PROGRAM

- Attendance at Events
  - June 2018- 11 interns
  - Jan 2019- 4 interns
- Interns Interviewed (N=13)
  - 85% (11) welcomed idea of a more structured peer advisor program
  - 15% (2) felt not necessarily helpful but potential
- Meetings w peer advisor
  - 100% weekly (at clinic)
  - 0% outside clinic setting

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