Resident and Fellow Burnout

Create a Holistic, Supportive Culture of Wellness

Toyin Okanlawon, MD, MPH
Senior Health Care Research Associate, Harvard Business School

CME CREDITS: 0.5

How will this module help me?

1. Describes the importance of wellness.
2. Provides information about successful wellness programs.
3. Identifies ways to create a sustainable culture of wellness.
Introduction

The increasing number of residents and fellows who describe experiencing burnout highlights a growing crisis within the medical workforce. Among physicians, rates of suicides, depression, and burnout are higher than the rest of the population, while personal and professional satisfaction are low. It is becoming more important to identify ways to create a wellness program within graduate medical education (GME) programs. Resident burnout is also impacted by concern of career choice regret. Physician burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement, and a lack of empathy for patients. Conversely, wellness consists of multi-dimensional variables that interact to positively impact levels of health and emotional and social functioning. Residents and fellows who attend programs that emphasize wellness and resiliency are more likely to transform into physicians that are less stressed and better able to engage with patients to provide quality care.

Five STEPS to Create a Wellness Culture

1. Create a Framework.
2. Gather a Team.
3. Develop a Wellness Program.
4. Foster Individual Wellness.
5. Confront Burnout and Create a Culture of Wellness.

Create a Wellness Framework.

To create a sustainable and engaging wellness program, you need to develop the framework first. This requires the time and dedication of key people, especially residents and fellows who can lead their program and organization to make a commitment to the wellness of fellow trainees and potentially the entire medical staff.

Enlist trainees and faculty to serve as wellness advocates and champions. Many programs involve chief residents, the program director, faculty members, social workers, and psychiatrists—all who have a particular interest in wellness.

After you have identified wellness champions, schedule a meeting with the program director to gain leadership support. An organizational commitment to wellness leads to better chances of achieving a healthy workforce; the responsibility of wellness must be shared within the program. The meeting with leadership should be used to discuss how your organization defines wellness, the benefits of a wellness program, and the accomplishments of other successful initiatives.

Defining wellness should be a team effort. Prompt discussions by asking questions that include:

- What does it mean to be well?
- What aspects of wellness should be addressed as part of the wellness program’s scope?

After developing a definition for wellness, it is important to understand the program’s current state of wellness. At the beginning of the year, administer a survey to assess wellness within your program. Encourage trainees to
respond to the survey honestly and reflectively, emphasizing that individual responses will remain confidential. Plan to reassess wellness as interventions are introduced to determine whether the changes are making a positive impact.

After the surveys are completed, the wellness team should analyze the results and develop action plans to address any concerning themes. Many programs find this as opportunity to decide if more wellness activities are needed. You may want to display wellness scores on the department dashboard or scorecard, so everyone is reminded to think about wellness as a quality indicator.

Q&A

Why is wellness important?

Employers have found that happy, engaged workers are more productive. Years ago, companies such as Goldman Sachs and Google made an organizational commitment to create wellness programs for their employees. Since then, the cultural shift has been dramatic, resulting in a more productive and satisfied workforce with happier clients and better outcomes. The story of Goldman Sachs' resilience program's success can be found here. The same programs implemented by Goldman Sachs and Google can be used to impact the field of medicine.

What can we do to help our leaders better understand the value of wellness?

The more data you can show leaders, the better. Some useful information to present to leadership includes:

- Integrating wellness within a program enhances trainees' ability to fulfill the six core competencies as described by the Accreditation Council for Graduate Medical Education (ACGME).
  - Practice-Based Learning and Improvement.
  - Patient Care and Procedural Skills.
  - Systems-Based Practice.
  - Medical Knowledge.
  - Interpersonal and Communication Skills.
  - Professionalism.

- Work-related exhaustion is one of the many variables contributing to increased medical errors; a physician whose health is compromised is more likely to provide suboptimal care.

What if we have concerns about the time and energy required for regular wellness assessments?

Data is important when developing a framework for a wellness program. Regular surveys emphasize your program's commitment to wellness concerns. Additionally, confidential surveys may offer an opportunity for trainees to identify colleagues that may need help.

What if we think a member of our training program is burned out or in distress?

It is important to rely on other sources to determine if burnout exists. Trainees should be aware of the available resources to address burnout including the support of wellness leaders within the training program. If a trainee reaches out for help, leaders should find resources that the individual can use to seek confidential help.
Gather Your Team.

In order for your program to succeed you must create a team with representation of all of those who are invested in its success. These include residency leadership, GME office, one or more residents, residency coordinator, and social work/psychiatry backup. If you are not the program director (PD), you must have the cooperation of either the PD or the associate PD. Both will be integral to your wellness program, as some resources will be required, and will impact resident time commitments and scheduling. Your graduate medical education office and director will be important to both support your program, and to provide resources in the form of counseling or organization wide house staff activities. You will need a resident champion, preferably a senior resident who has credibility with their peers. In order to increase their buy in and that of their peers, create a job description and a title, perhaps “Wellness Lead”. By creating a leadership position for a resident or fellow, they will be more likely to perceive the program as being internally driven and representing the needs and interests of the current group of residents.

Q&A

How do we convince the residents that it's safe to ask for help?

You will need to normalize the opportunity to seek counseling and/or psychiatric help. At the beginning of each academic year, and periodically, residents should be informed as a group of the procedure to request confidential counseling, with assurance that a provider will be identified whom they will not encounter during their clinical work. They will need to be reassured that regardless of the rotation they are on, opportunities will be ensured for release from clinical duties in order to receive counseling.

What resources should I request from the GME office?

Your organization needs to be invested in the wellness of all residents & fellows in the organization. Providing confidential counseling & psychiatric services for all house staff may already be available, and if not should be requested. Some organizations with multiple training programs have leadership programs for house staff participation, such as those provided by residencies managed by the Council on Interns and Residents (CIR). Providing additional leadership opportunities for residents is one opportunity to reduce burnout.

Develop a Wellness Program.

Innovate and design custom interventions that meet the needs of both individual trainees and the training program. You can begin this process by assessing the results from the initial wellness survey. Consider holding a brainstorming session with the wellness team to determine which interventions or activities could increase wellness among trainees. Based on the survey results, you may want to consider some of the following interventions:

- If trainees are not transitioning well into their new roles, offer peer support with a “buddy” program where they can be paired with a resident or fellow that is a year ahead. The more advanced resident or fellow may be able to offer actionable advice as they recently experienced the same transition.
- If the threats to wellness involve working too many hours, the wellness team can work with program leaders to manage the amount of time trainees work over the different clinical rotations, or rearrange clinical schedules to alternate more demanding schedules with electives or consult services.
- If trainees express that the program lacks a strong team culture, schedule group wellness events. These are an opportunity for everyone to have fun and connect with one another outside of the workplace. Plan activities such as:
  - Movie nights or dinners.
  - Holiday potlucks.
• Ballroom dancing classes including spouses and significant others.
• Local charity work (e.g., volunteer at a soup kitchen).
• Lunchtime exercise or yoga classes.
• Participation in a local 5k or color run.
• Sporting events (e.g., playing in a recreational league, watching a televised match or attending a university game).
• Watching popular shows as a team.
• Painting or pottery classes.
• Exploring the local environment.

• A yearly or biyearly resident retreat may be an important way for the residents to feel empowered to focus on their team building and comradery. This will need the support of the PD, with some financial support, and can be an opportunity for the faculty to show their appreciation of the residents by covering some clinical services.

After you establish interventions, educate trainees, staff, and faculty on what wellness is and how you plan to achieve it. Incorporate wellness into the fabric of the training program by offering wellness learning sessions, interactive workshops, or implement it into grand rounds. The wellness team should strive to develop a holistic, engaging curriculum that exposes all trainees to important wellness practices to improve each trainee’s life as a physician.

The cyclical nature of residency and fellowship training programs requires constant innovation. Continuously re-evaluate these initiatives to ensure that they are aligned with the wellness program’s priorities. The preliminary assessment can serve as a benchmark. Keep track of the activities that the wellness program hosts or sponsors and how well trainees respond to them at the event and on post-event surveys. Use this feedback to establish which events should be continued. To learn more about the impact the interventions have had on wellness, use open-ended survey questions asking whether the interventions have made an impact and request information on other activities that they would be interested in. The wellness team will likely need to tailor the program every year to meet the needs of the current residents and fellows.

“The most important patient we have to take care of is the one in the mirror.”

—Robert Wah, MD, Former AMA president, Reproductive Endocrinology, National Institutes of Health (NIH) and Walter Reed National Military Medical Center, Bethesda MD
Foster Individual Wellness.

In addition to providing residents and fellows with a supportive environment that is committed to wellness, it is important to ensure that they have the tools and resources to develop individual wellness as well. To ensure individual wellness is established, you may consider incorporating the following components to shape the wellness program's curriculum:

- Nutrition (e.g., healthy food options and scheduled time to eat)—The wellness team can sponsor department meetings to ensure that healthy food is available.
- Fitness—Make sure residents have free access to a gym that is located in or near the medical center.
- Emotional health—Relax, renew and re-energize through hosted events (e.g., retreats with team-building and self-awareness exercises, stress management approaches).
- Preventive care (e.g., dental care and provisions to see a primary care physician)—Program leadership can commit to giving trainees an occasional weekday afternoon off for personal meetings or doctor appointments.
- Financial health (e.g., debt management, retirement planning and emergency fund support)—Bring in a financial counselor to have informal discussions with interested residents.
- Mindset and behavior adaptability—Assign “wellness partners” of faculty and trainees who will engage in goal-oriented discussions on emotional, spiritual, physical and social aspects of wellness, to help trainees develop a personal wellness approach.

Q&A

What are some effective individual strategies to achieve wellness?

There are many strategies that residents and fellows can use to take wellness into their own hands. They can engage with other trainees and leaders in the program to create an environment where the wellness tactics can be applied on an individual level.

**Balance personal and professional goals.**

- Clarify what is most important in your personal and professional life.
- Identify conflicts.
- Learn techniques to adapt your daily routine around factors that are out of your control (e.g., your work schedule).

**Shape your career and identify stressors.**

- Determine whether you need to make career changes.
- Identify what energizes you and what drains you.
- Decide how stressors can be modified.

**Nurture wellness strategies.**

- Relationships.
- Self-care.
  - Eat.
  - Sleep.
  - Exercise.
Confront Burnout and Create a Sustainable Culture of Wellness.

Maintain a strong wellness program through agility and leadership involvement. Be open to adapting strategies to fit the needs of the trainees and strive to survey residents and fellows on a regular basis, often every 4-6 months as residents and fellows change annually with new entering and those graduating. Provide opportunities for all team members to become involved in the wellness program. Continue to include faculty advisors and enable them to collaborate often. The hierarchy of the medical profession can make residents and fellows feel uncomfortable approaching a more senior member of the medical staff about wellness issues. While creating an anonymous reporting system can be helpful, trainees should be encouraged to seek and offer help as needed. Most importantly, create a community that is empowered to identify and act on signs of burnout. The combined agility and leadership involvement will help to ensure the longevity and success of the wellness program.

Q&A

What is the long-term goal of the wellness program?

In time, residents and fellows will have built a community where everyone prioritizes wellness. New trainees will be welcomed into a robust framework where physicians are resilient, engage in wellness activities, and are in tune with their level of wellness throughout their training. This increased self- and environmental-awareness will become an important part of learning during crucial developmental years for young physicians. These lessons will help keep the residents and fellows well enough to care for themselves and their patients as they continue to prepare for a successful career in medicine. In the future, physicians should experience longer, more fulfilling careers due to their ability to remain resilient and combat physician burnout.

Conclusion

A commitment to wellness will help ensure that residents and fellows are involved and engaged in their training program as well as in their care of patients. Equipping trainees with skills to foster their own wellness will serve them, their families, and their patients throughout their careers. The strategies, tools, and
resources in this module can assist you in creating a wellness culture that fits your training program's needs.

AMA Pearls

Even small changes can make a big difference.

There is no change too small when it comes to addressing burnout and improving the wellness and resilience of residents and fellows. Programs that prioritize their trainees’ wellness will produce more engaged physicians who can provide quality care to their patients. If your training program is hesitant to commit to developing a wellness program, align with others who are interested in wellness and create a special interest group or club. Host a grand rounds speaker and invite your colleagues and faculty to wellness events. Your involvement may make a big difference to someone who needs it, and in time your activities will gain support to create a larger program.

Case Reports

Resident and Fellow Burnout Case Report: Mayo School of Graduate Medical Education

Background: Nearly half of physicians surveyed for Medscape's 2014 Physician Lifestyle Report reported experiencing burnout. Available interventions geared towards residents and fellows lag in comparison to those that exist for senior physicians. “I experienced a lot of burnout and fatigue as a resident,” says Olufunso Odunukan, MBBS, MPH, a cardiology fellow in Mayo School of Graduate Medical Education at Mayo Clinic, Jacksonville, Florida. He adds, “Despite the ample evidence of the large burden, I grew frustrated at the lack of interventions to curb stress and fatigue among residents and fellows and felt we had to do something.”

Action: Dr. Odunukan pioneered the Fellows' and Residents' Health and Wellness Initiative (FERHAWI) in collaboration with the Center for Humanities in Medicine at Mayo Clinic's campus in Florida to combat stress and fatigue among medical trainees by providing creative outlets in the arts and humanities. Dr. Odunukan acknowledges that decreasing burnout among physicians is a multi-pronged effort that involves systematic change. “This particular effort is more about protecting time in residents’ and fellows' curricula—currently our lives—to incorporate the arts as a way to combat fatigue and stress,” he says. The FERHAWI program addresses ACGME's competencies of professionalism, interpersonal skills and communication, and aligns with the fatigue management portion of its clinical learning environment review program.

In a preliminary analysis, Dr. Odunukan reported that internal medicine residents who engaged in a watercolor painting activity reported less fatigue and improved work-related motivation compared to their counterparts who were randomized to a usual noon conference. A longitudinal cohort study of the program conducted for three months, with arts and humanities activities held every two weeks, replicated these initial findings. Using qualitative research methods, the group also investigated the use of other stress-reducing techniques, such as meditation, to determine which activities or combinations of activities yielded the best effects.
**Results:** The Internal Medicine residency now earmarks one noon conference every month as “Humanities Thursday” for activities including facilitated discussions of artwork, guided visual imagery and arts projects, such as watercolor painting, screen printing and origami. The FERHAWI initiative also includes weekly ballroom dancing and other activities aimed at decreasing burnout both for residents and fellows and for their spouses or significant others.

Preliminary results suggest that integrating arts and humanities into the educational curriculum may be a feasible intervention to address the prevalent issues of fatigue, stress and low motivation among graduate medical trainees. Dr. Odunukan and his colleagues are looking to expand this initiative to other training programs within the Mayo Clinic’s School of Graduate Medical Education.

**Resident and Fellow Burnout Case Report: Stanford Department of General Surgery**

**Background:** Four years ago, the Stanford Department of General Surgery was rocked by news that one of their star trainees, who had recently left Stanford to pursue his vascular surgery fellowship training in Chicago, committed suicide. Dr. Greg Feldman, MD, was one of the most accomplished resident physicians the program had ever seen. He was warm, outgoing and seemed happy. He was described by a fellow trainee as “extremely good at balancing his work and non-work life and cared about getting other residents to have fun both at work and outside the hospital.” His death shocked the Stanford surgery department. Faculty, staff and residents alike were stricken with grief. How can someone so amazing, so talented and so “happy” commit suicide? Why? What went wrong? What was missed? These questions remain unanswered.

**Action:** As the healing process continued at Stanford, the program leadership decided to take action by addressing underlying issues affecting resident physician health. Thomas Krummel, MD, chair of the Department of Surgery, asked Ralph Greco, MD, Program Director of the General Surgery Residency, to develop a wellness program for residents. With a committee comprised of three faculty members and four residents, Balance in Life (BIL) was created. BIL is a holistic, multifaceted program with the primary aim of educating about and facilitating physical and mental health among resident trainees.

**Results:** Four years since its inception, BIL’s active leadership team has created a wellness-focused training environment for surgery residents. They have established a “resident-only” clubhouse where physicians can have a quiet space to discuss and reflect on their days. They have developed a system that provides protected, weekly time when trainees can meet with a therapist alone or as a group in a confidential setting. They have implemented a curriculum that enhances wellness and teamwork. A strong sense of community has emerged since the initiation of yearly retreats, team sports events and other outings. Finally, a “big-sib/little-sib” mentoring program that pairs younger trainees with more experienced ones provides guidance for new members of the program.

BIL remains deeply embedded in the ethos of this world-class training program and creates an environment where asking for help is welcomed, encouraged and supported. In BIL, Dr. Feldman’s legacy is a successful program that promotes wellness and balance in the lives of current and future trainees. In helping residents address challenges during the rigorous training years, the BIL program ensures that these physicians will be better prepared to handle the continued stressors they will face in years of practice over long, successful careers.
We know that we cannot claim that our program will prevent suicide. Our goal was to do everything we could to prevent residents from thinking that suicide is a way to deal with problems and remove the stigma of asking for help.

—Ralph S. Greco, MD, FACS, Johnson & Johnson Distinguished Professor, Director of the Balance in Life Program, Stanford University, Stanford, CA

Resident and Fellow Burnout Case Report: Vanderbilt School of Medicine

**Background:** Early on during his tenure as Dean of Student Affairs at Vanderbilt School of Medicine, Scott Rodgers, MD, a board-certified psychiatrist and alumnus of the medical school, observed how the current structure of medical education nationwide was creating a toxic environment where the emphasis for students was on surviving, not thriving. Students were suffering from depression, experiencing symptoms of burnout and lacking mental resiliency. Running on fumes, these students then went on to residency training programs at a point where they were already on the edge of burnout.

**Action:** In 2005, Dr. Rodgers and a group of students formed what is now known at the Student Wellness Program, a medical school-wide initiative that has since become a premier model for other medical schools and even graduate training programs. The program includes activities such as yoga classes, community service events, healthy cooking classes, forums on nutrition and sleep and a mentoring program that pairs second-year students with first-year students. The College Cup, an annual “field-day” competition among the advisory college system, is a marquee wellness event designed to keep students happy and healthy. “The energy level was high, spirits were up, and the sense of community and support this event strives to achieve definitely came shining through,” said Matt Zackoff, former co-president of the student wellness program and former co-director of the College Cup.

**Results:** The Student Wellness Program is the first published model of a comprehensive medical student wellness initiative. This school-sponsored initiative has had a tremendous impact over the last ten years, with nearly every student participating in at least two wellness activities during their training. In addition to participation, student response has been highly satisfactory, as evidenced by their positive feedback. The successful wellness culture at the medical school level has spurred interest from graduate medical education leaders to create other initiatives and models for their residency programs at Vanderbilt.

Dr. Rodgers makes it clear that the key to the program’s success is “empowering and partnering with those who have the most at stake—the medical students themselves.” The commitment to wellness described in this vignette may inspire your wellness team to adopt a similar approach or activities that have impacted the lives of many students since the program’s inception.

Review Vanderbilt’s story on the [New York Times blog](https://www.nytimes.com/), and learn about what they and others are doing to mitigate student burnout in [US News & World Report](https://www.usnews.com/).
Resident and Fellow Burnout Case Report: The University of Alabama at Birmingham Tinsley Harrison Internal Medicine Residency Program

Background: The University of Alabama at Birmingham Tinsley Harrison Internal Medicine Residency program has always held dear our namesake's thoughts on medical education. Dr. Harrison believed that medical education required both the head and the heart. This was represented in his equation, \( E = hH^2 \), where the “h” represented the head (the medical knowledge) and the “H” represented the heart of medicine. Both are important, but giving your heart to teaching and learning was the more crucial part of the equation and thus it was capitalized and squared in his equation. Despite learning about burnout, many concepts do not become “real” until personally experienced. Some of the major components of burnout, including depersonalization, emotional exhaustion, and lack of autonomy, can drain the hearts of residents. The Tinsley Harrison Internal Medicine Residency Program sought to create a committee to preserve the hearts of residents and reemphasize Dr. Harrison’s inspiring thoughts on medical education.

Action: To focus on combatting the individual components of burnout and preserving the hearts of residents, the residency program created a resident driven committee, the Resident Wellness Committee. To prevent depersonalization, community service projects were organized that specifically did not involve the provision of medical care. The goals of these projects were to get residents out of the hospital to see different aspects of their community and spend time together. The community service also aimed to diminish feelings of inadequacy. To address emotional exhaustion, we pioneered a Memorable Patient Lecture series. In this series, faculty share positive patient stories, focusing on reflections about a specific patient he/she may have known for years or decades, a type of relationship residents have yet to experience in their early careers. For the lack of autonomy, we initiated a problem solving subcommittee with the goal of tackling 1-2 resident stressors a year with resident-driven solutions.

Results: Since the creation of the Resident Wellness Committee in 2013, residents have participated in community garden projects, The Over the Mountain Miracle League to help children with disabilities play baseball and Habitat for Humanity. The committee, comprised of residents from all levels of training, meets quarterly to plan future projects. The Memorable Patient Lecture series has had seven speakers from 2013-2015, including the Department Chair of Medicine and the Residency Program Director. Feedback from these presentations has been highly positive with attendees expressing “very heartfelt” and “great realistic discussion.” The problem solving committee addressed scheduling stressors by creating a new cross-cover system on General Medicine wards. The Resident Wellness Committee has enjoyed time together away from the hospital and has led to the creation of a standing social gathering and sports clubs. Early feedback suggests that combatting the individual components of resident burnout can be an effective way to preserve the hearts of residents.

The Resident Wellness Committee continues to be a positive influence for residents. Dr. Nicholas Hoppmann (PGY3) led the efforts to create this committee, with the support and encouragement of Program Director, Dr. Lisa Willett and Associate Program Director, Dr. Jason Morris. This summary was provided by chair of the committee, Nicholas Hoppmann (PGY3). To learn more about the committee please visit the link below. http://www.uab.edu/medicine/imresidency/alumni/l2t-issue6-spring2015/162-resident-wellness-update.

Learning Objectives
1. Describe elements needed to create a wellness framework
2. Discover the steps needed to develop a wellness program
3. List key aspects of personal well-being
4. Recognize the importance of personal empowerment and a sustainable culture of wellness
Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of 0.50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an MOC Part II CME Activity. Please review the ABMS Continuing Certification Directory to see what ABMS Member Boards have accepted this activity.

Renewal Date: December 10, 2016; October 03, 2019

Disclosure Statement: Unless noted, all individuals in control of content reported no relevant financial relationships.

References

7. Rubin R. Recent suicides highlight need to address depression in medical students and residents. JAMA. 2014;312(17):1725–1727. Google Scholar Crossref