

Mental Health and Wellness in Resident Physicians

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Mixed Methods Research Lab
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Background

- This study was launched out of a larger parent study
 - Showed allowing flexibility in duty-hour schedules did not adversely affect 30-day mortality
 - Inflexible duty-hour rules in medical residency programs may adversely affect the training of physicians
- Rise in Wellness and Burnout studies
- COVID-19 changing the current programs ways of operating

Table 1. Duty-Hour Policies for Inpatient Rotations in Flexible Programs and Standard Programs.*

Policy	Flexible Programs	Standard Programs
Difference between groups		
Maximum length of shift		
PGY-1	No restriction	Duty-hour periods must not exceed 16 hr
PGY-2 or higher	No restriction	Duty-hour periods must not exceed 24 hr, with an additional 4 hr permitted for transitions in care
Mandatory time off between shifts	No restriction	All residents must have ≥ 14 hr off after 24 hr of in-house duty and ≥ 8 hr (and should have ≥ 10 hr) off after a regular shift
No difference between groups		
Weekly maximum work hr	80 hr	80 hr
Minimum no. of days off	1 day off every 7 days	1 day off every 7 days
Frequency of in-house call	In-house call no more frequent than every third night	In-house call no more frequent than every third night

* Residency programs that were assigned to be governed by flexible policies were allowed to waive limits on maximum shift length and mandatory time off between shifts. In a practical sense, this policy affected only inpatient rotations because outpatient rotations did not include shifts with lengths that would be affected. Flexible programs were provided duty-hour waivers from the Accreditation Council for Graduate Medical Education (ACGME). Time periods were averaged over a 4-week period. PGY denotes postgraduate year.

Significance

- In 2017 the ACGME revised duty hours and retained the 80 hour work week on average but allowed flexibility in creating work schedules and shifts.
- Need to know what interventions and behaviors residents need and use to optimize the wellness in their professional lives



Accreditation Council for
Graduate Medical Education

Study Aims

- Aim 1: To construct developmental trajectories that detail how trainees view wellness and burnout and how both are integrated into their educational experiences.
 - Common themes, examples and experiences of 'wellness' and 'burnout' will be observed.
- Aim 2: To discover high-impact people and events in terms of attributed/perceived influence on wellness and burnout

Study Design

- Ecological momentary assessment
 - Observational study
- Respondents respond to survey questions through electronic means
 - High frequency, low effort responses
 - One telephone interview
- 4 sites in Philadelphia/Baltimore area
 - UPenn
 - Lankenau
 - Johns Hopkins
 - Bayview

Monday, November 18, 2019	3	Workday reflections
Wednesday, November 27, 2019	4	Training reflections
Monday, December 9, 2019	5	Poem
Tuesday, December 17, 2019	6	ACGME Recommendations
Monday, January 6, 2020	7	Resolutions
Thursday, January 16, 2020	8	Self-Improvement
Monday, January 27, 2020	9	Resident Input
Wednesday, February 5, 2020	10	Inpatient Rotation
Monday, February 17, 2020	11	Outpatient Rotation
Wednesday, February 26, 2020	12	Training Quality
Wednesday, March 11, 2020	13	COVID-19
Monday, March 16, 2020	14	Social Isolation
Tuesday, March 31, 2020	15	
Monday, April 6, 2020	16	
Wednesday, April 15, 2020	17	
Monday, April 27, 2020	18	

Methods

- Data collection
 - Survey
- Data management
 - Downloaded into NVIVO
 - Codebook established
 - Data coded
 - Inter Rater Reliability
- Data analysis
 - Codes summarized and examined for pa
 - Linked with the literature

Q12 Search Project			
Name	Files	Referen	
Appropriate staffing needs	1	15	
Avoid Burnout	1	3	
Improve Salary and Benef	1	15	
Improve Work Environme	1	15	
Improved Interperson In	1	8	
Improved Training Progra	1	20	
Negative Impact on Welln	1	4	
Opportunities for Feedba	1	9	
Scheduling and Protected	1	35	
Work Load	1	20	

Shea Q12_Prompt 1			
ID	Record ID	How can we improve resident well-being while preserving the quality of clinical training programs	
1	101	better work rooms that are spacious and have windows 2) a true retreat for each class that is outside of the city 3) free coffee	
2	102	1) I think wellness is very much linked to "value." Residents are undervalued in regards to hourly pay/salary. Compared to other young professionals with graduate degrees, we make a third as much and work double the hours (for instance, first year lawyers probably work similar hours but get paid 100K+). Feeling exceptionally undervalued and overworked not surprisingly decreases wellness. 2) Aside from increases pay there are other ways to increase wellness and support to increase our value - making better call rooms/work rooms, or stocking fridges with grab n go coffees, and providing better food options for a long call days (for instance UCLA gives resident's uberEats/DoorDash credit each month to order food). 3) I think one really difficult part about residency is the low flexibility and inability to make family/friends events. I think giving residents two "personal days" each year that can be used at anytime for any reason (assuming jeopardy pool is available, and therefore needs to be approved by chiefs first) would permit resident to make more family events. NYU residency started this this year. All of these initiatives would increase wellness without jeopardizing clinical training.	
3	103	Improve physical work environments-clean call room, dedicated house-staff work stations, easy access to food and hydration. To have those comforts greatly facilitates better quality of life even in the midst of long work hours -adequate compensation for the hours worked. The burden of debt is a huge negative influence on overall quality of life and pretending it doesn't matter while in residency while interest causes it to explode is very problematic. -well staffed teams to match patient volume and demand.	
4	104	Haha, the golden question - aka, what every program director asks themselves every year. Honestly, building a culture of wellness (supporting residents, listening to feedback, responding to changes) is the best way. Second to that, there would need to be a large scale hours reform which would most likely require more APP's	
5	105		
6	106	1. Try to find ways to get more contiguous days off. Weekends are so far and few between, and scheduling to maximize true weekends off even rare would be a huge improvement 2. Isolated days in the middle of the week off is very isolating. Try to avoid giving random Tuesdays/Wednesdays 3. Increase salary. I know this may be unrealistic but it would truly go a long way towards wellness. 4. Better resident work rooms. We are in the hospital so long, it is truly sad to be in a room that is too small for teams with no windows	
7	107	Giving us days off on weekend days instead of weekdays. Eliminating 24 hour call. Giving more weekends off. No night cover or weekend cover shifts while on outpatient. Reducing coverage on major holidays to give more people time off. Giving incentives for resident wellness- going to the gym and getting a day without phones to the person with the most days logged for example	
8	108	Protected weekends off. More dedicated time to learning procedures. Providing counseling services for residents.	

Outcomes



The workroom(s) flooded.
Banned from the fitness center.
What's wellness at Penn?

Residency sucks.
It leaches the life from me.
Please make it stop soon.

We are constantly getting bombarded by emails regarding COVID-19 and this is a time filled with anxiety, stress, and often times mass hysteria. I am worried about my family's wellbeing and health. There are travel plans that are now up in the air. We are getting daily emails about COVID with recommendation that often do not make a lot of sense. It feels heavy to be in the hospital at this time.

Would consider asking about relationships outside of medical profession and if they are affected by our workload, what we do to keep those relationships intact, etc.

- 1) Better work rooms that are spacious and have windows
- 2) A true retreat for each class that is outside of the city
- 3) Free coffee

Caring and healing,
This is a dream job each day,
So much left to learn.

Preliminary conclusions

- Scheduling
- Work Environment/Community
 - Social Connections
 - Teamwork- other hospital staff
- Work Life Balance
 - Efficient use of time
- Education
- Benefits and Access
- COVID-19 Stressors

★	Name	Files	References
●	Appropriate staffing needs	1	15
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+	● Improve Salary and Benefits	1	15
	● Improve Work Environment	1	15
+	● Improved Interpersonal Interactions	1	8
+	● Improved Training Program Quality	1	20
	● Negative Impact on Wellness	1	4
	● Opportunities for Feedback	1	9
+	● Scheduling and Protected Time Off	1	35
	● Improve Access to Resources	1	2
	● Improve Work Hours	1	36
	● More Administrative Support	1	18
	● More Personal_Family Time	1	13
	● Use Time Efficiently	1	6
●	Work Load	1	20

Potential Analysis



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Main Line Health

Lankenau Medical
Center

- By person and their location at the time of response
- Different demographics
 - By program (4 sites)
 - Year in prgm
- Pre-Covid vs Covid
- First and Last Responses
 - Change over time
- Fun weeks
 - Poems and Pictures
- Methods Paper

Lessons Learned

- The benefits of combining qualitative and quantitative research
- Growth in my research skills
- How important networking and communicating research
- Academia and Clinical practice
 - DMD/PhD route

Thank You

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- LDI
- Dr. Fran Barg
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