Mental Health and Wellness in Resident Physicians

Abdul-Rakeem Yakubu Mixed Methods Research Lab Dr. Fran Barg

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

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 h 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

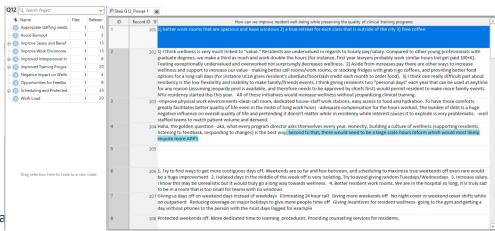
Study Design

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

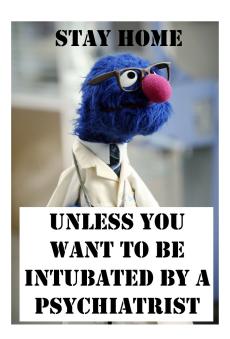
Monday, November 18, 2019	3	Workday reflections	
Wednesday, November 27, 2019	4	Training reflections	
Monday, December 9, 2019	5	Poem	
Tuesday, December 17, 2019	6	ACGME Recommendations	
Monday, January 6, 2020	7	Resolutions	
Thursday, January 16, 2020	8	Self-Improvement	
Monday, January 27, 2020	9	Resident 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



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
Appropiate staffing needs	1	15
	1	3
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





JOHNS HOPKINS HEALTHCARE





- By person and their location at the time of response
- Different demographics
 - O 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
 - o DMD/PhD route

Thank You

- Joanne Levy
- Evelyn Fabian
- LDI
- Dr. Fran Barg
- Mixed Methods Research Lab