What Do FM Residents Want For Burnout Prevention? Time.

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Introduction

- Burnout in medical trainees is high and impacted by many factors; recent changes to ACGME guidelines increase focus on resident wellness
- Challenging for programs to address these factors with finite resources
- University of Utah Family Medicine Residency Program has longitudinal wellness curriculum:
  - protected support group
  - established policies for physical/mental health appointments
  - structured wellness check-ins
  - structured peer support
  - structured faculty support
- Yet, our residents still report burnout/depression symptoms at higher rates than we would like.

Methods

- During one didactic session, we asked residents the question, “What else could our residency program do to support wellness?”
- Using nominal group technique, residents:
  - Provided any/all answers, #nofilter
  - Took turns providing suggestions until all ideas exhausted
  - Voted for top 8, weighted (8 = top priority, 1 = low priority)
- The authors independently coded these suggestions into themes

Results

- Time is of the essence – by priority and popularity 42% of votes favor time for personal and professional needs
  - Self-care: dental visits, exercise, adequate sleep
  - Patient care: complete notes/charting, patient panel outreach, read up on challenging cases
- Structured events
  - 26% favored implementing activities for wellness
  - Reducing redundancy and improving efficiency, as well as “basic needs” (snacks, suggested health care providers) were less heavily favored by this voting.

Discussion

- Our residents overwhelmingly prioritize time
  - Personal / self-care
  - Professional / patient-care
- Data from single residency, but likely translates across residencies and settings.
- Difficult to implement other strategies (mindfulness, healthy eating, medical appointments) without this.
- Strained, moment-to-moment mentality impairs:
  - introspection
  - processing of emotions
  - learning from challenging patient encounters
  - possible leading factor in dissatisfaction leading to burnout
- We have a system of training that normalizes over-commitment. It is time to open a conversation about redesigning medical training to reflect what we really need as people – time for work, and time for life.

References

Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements Section VI with Background and Intent. 2017. Accessed 4/17/17