GME WELLNESS
OFFICE

ORIENTATION 2018
WE CARE ABOUT YOUR WELLBEING

• Our Mission:
  • Ensuring that residents and fellows remain physically, mentally, emotionally, and spiritually healthy while completing their training program.

• Our Vision:
  • That wellness becomes considered and infused into every part of the training environment. Our hope is that this strengthens a culture of appreciation and respect for everyone who works at the University of Utah especially our residents and fellows.
PREVENTION: APPRECIATION CAMPAIGN

GME Wellness Campaign for Gratitude and Appreciation!

What you can do?
When you see or hear any of the following about your fellow trainees:

- They go out of their way to help you/others
- Great teaching
- Received a compliment
- They are having a hard day/week/case/life, etc.
- Have a great attitude
- Gives excellent care to a patient
- Struggling/needs a pick me up
- Others (e.g. extra stress, job seekers, test takers, new parents, etc.)

Provide us some details and we'll send them something to make their day.

The absence of positive job features (e.g., autonomy, recognition for one’s work and utilization of skills) may be more important in causing burnout than the presence of negative characteristics (e.g., overload). (Kushin & Cohen, 2008)

Email Amy Armstrong with the name of the resident or fellow to be recognized.

- Campaign for Gratitude and Appreciation
  - “It says a lot about the University of Utah that you reached out, and I feel so lucky to be a part of this University.”
  - “Thank you again for making my week!”
- Newsletters
PREVENTION: WORKSHOPS

- 67 Workshops over last fiscal year.
- Stress Debrief Groups
- Personal Wellness Strategies
- Mindfulness
- Suicide Prevention
- Working in Teams
PREVENTION: MINDFULNESS

- MBSR Course
  - 11 residents have taken the course.
  - 7 residents were given scholarships
- Many workshops or presentations on mindfulness to residencies as part of their wellness curriculum
  - Scholarships to Wellness Retreat put on by psychiatry department.

“I think the ‘martyrdom’ myth is perpetuated in medical training and having young kids I have also felt pressure to not spend too much time worrying about myself. In fact, dedicating the time to this course and a Sunday caused me a lot of guilt. After the retreat however, the clarity and presence I felt was wonderful on a personal level, but I notice the way I interacted with my kids and wife, how I was present with them, how much calmer I felt was a sufficient return on that investment in time.”
POLICY & OTHER CHANGES

- Vacation Policy: All residents in GME programs shall receive one week (5 working days) of personal/professional development (PPD) time annually. PPD may be used in the same way as vacation but is intended to create opportunity for residents to attend medical, mental health, and dental care appointments in fulfillment of ACGME Common Program Requirement VI.C.1d.(1) and/or conferences, job interviews or other professional development activities.

- Will be working on transparent procedures for resident remediation plans or contract non-renewal.

- ACC Update
  - 2,900 Square Feet for Resident touch-down space.
  - Hospital has committed to provide coffee, snacks and housekeeping
  - We are working to put in a few pieces of exercise equipment if possible.
RESIDENT TOUCH-DOWN SPACE IN ACC
PLACES TO WORK OUT

• Primary Children's: If you rotate through PCH during residency you have access to a gym! A yearly fee of $130 is required. Contact marlee.brown@hsc.utah.edu if interested.

• VA: If you rotate through the VA you have access to a gym and a pool! Stop by out-patient PT on the ground floor at VAMC and sign the waiver form. 24/7 access.

• HCI: If you work at Huntsman at least 50% of your time, you can access the new gym! Go to 5th floor of the new research building and see Gayle or Rachel. They can program your badge for access.
OTHER INITIATIVES TO BE AWARE OF:

• Resident Interdisciplinary Council

• Wellness Champions
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<tr>
<th>Program</th>
<th>Match Grant</th>
<th>Description</th>
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<tbody>
<tr>
<td>Anesthesia</td>
<td>Yes</td>
<td>Wellness Retreat; Mindfulness Series; Day in the Life of a Resident</td>
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<tr>
<td>Internal Medicine</td>
<td>Yes</td>
<td>4 didactic sessions dedicated to wellness; Healthy snacks in workrooms; Rock-climbing team building</td>
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<tr>
<td>IM/EM/Neurology</td>
<td>Yes</td>
<td>3 service activities (RMH meal prep, Clothing Drive, Trail Clean-Up)</td>
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<td>Plastic Surgery</td>
<td>Yes</td>
<td>Team building activity (Paint night with residents &amp; partners)</td>
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<tr>
<td>PM&amp;R</td>
<td>Yes</td>
<td>6-didactic wellness sessions &amp; 6 debrief groups; 2 wellness retreats;</td>
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<td>Family Medicine</td>
<td>No</td>
<td>1st &amp; 2nd year wellness retreat; Intern support group; Resiliency and Recovery debrief group; Community outreach activities; Peer mentors; Extra hour of admin time created each Wednesday.</td>
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<tr>
<td>Ophthalmology</td>
<td>No</td>
<td>Creation of 2 half-days/month of admin time; 1x/month Wellness Series</td>
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<tr>
<td>Neurology</td>
<td>No</td>
<td>Monthly Wellness Rounds; Social activities</td>
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WHY WELLNESS?

- New job
- Move
- Working 80 hours/week
- Stress of caring for sick patients and families
BURNOUT IS A SIGNIFICANT ISSUE
(SHANAFELT ET.AL., MAYO CLIN PROC, 2015)

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<th>2011</th>
<th>2014</th>
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<tr>
<td>Burnout</td>
<td>45.5%</td>
<td>54.4%</td>
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<tr>
<td>Satisfaction with Work-Life Balance</td>
<td>48.5%</td>
<td>40.9%</td>
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• Minimal changes in US sample in terms of burnout and satisfaction which means disparity between physicians and other professions is increasing.
BURNOUT

FIGURE 1. Burnout (A) and satisfaction with WLB (B) by specialty 2014 vs. 2011. For 1A and 1B, specialty discipline is shown on the y axis and burnout (A) and satisfaction with WLB (B) are shown on the x axis. For 1C, satisfaction with WLB is shown on the y axis and burnout on the x axis. GIM = general internal medicine; OBGYN = obstetrics and gynecology; PM&R = physical medicine and rehabilitation; Prev = Preventive medicine, occupational medicine, or environmental medicine; WLB = work-life balance. *P < .05 from comparison 2014 to 2011.
BURNOUT

1) Emotional Exhaustion or Fatigue
   • Tired and don’t recover easily

2) Depersonalization or Cynicism
   • Negative, cynical attitude
   • Thinking of patients as one more thing to do

3) Low Personal Accomplishment
   • Low self-efficacy!
   • Imposter syndrome
HOW DOES THIS RELATE TO RESIDENTS: BURNOUT

• In 19 studies on burnout among residents prevalence rates reported varied between 18% and 82%. (Prins, et al.; Medical Education, 2007)

• Chronic burnout can lead to depression and thoughts of suicide as the only way out.
RISK STARTS EARLY AND CONTINUES...

- Cohort study of 740 interns across 13 US hospitals found that the incidence of depression increased from 3.9% to 27.1% in the first 3 months of their intern year and that interns’ thoughts of death increased by 370% (Kranzler et al., JAMA 2010)

- Within a year of starting residency there is a median absolute increase in depressive symptoms of 15.8% (Mata, et al., JAMA 2015)

- Prevalence rate of depression among residents is an astounding 28% (Mata, et al., JAMA 2015)
RISKIEST TIMES?
(YAGHMOUR, ET. AL., ACADEMIC MEDICINE, 2017)

- Intern Year
  - First 3 months
- Jan, Feb, March
BURNOUT AT UNIVERSITY OF UTAH

• Trainees with significant burnout symptoms
  • Residents: 46% (Oct) - 59% (Jan)
  • Fellows: 23% (Oct) – 40% (Jan)
• Residency Program Range 0%-82%
DEPRESSION AT UNIVERSITY OF UTAH

- Residency Program Range 0-69%
  - Residents: 16-35%
  - Fellows: 8.5-26%

- Depressed residents made 6.2 times as many medication errors per month as non-depressed residents. Fahrenkopf et al., 2007
WHAT CAN YOU DO?

• Be Aware / Watch out for each other

• GME Website: medicine.utah.edu/gme/wellness/
DURING MY RESIDENCY/FELLOWSHIP:

• I have not felt the need for mental health treatment (therapy/medication) 58%

• I have contemplated mental health treatment but did not obtain it 23%

• I have utilized mental health treatment 20%

*Not a selection issue!*
MENTAL HEALTH RESOURCES

- Wellness Coaching
- Test Anxiety
- Mental Health
- EAP – 801-587-9319
SUBSTANCE ABUSE RESOURCES

• Utah Recovery Assistance Program – confidential, non-reportable, treatment & monitoring program
  • Can be referred by self, peers, family, or DOPL investigation.
  • Advantages – license remains in good standing, doubles chance of successful treatment, completion of program closes and seals any investigations.
  • Bottom line: Addiction happens to physicians, rehabilitation works and intervening is a profound act of caring.
Taking care of yourself through self-care or with the help of others is an act of strength!
BIG COTTONWOOD CANYON

WE ARE GLAD YOU ARE HERE!!

ENJOY