

# Assessing and Promoting the Wellness of United States Ophthalmology Residents: A Survey of Program Directors

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**OBJECTIVE:** To report on the status of residency-based wellness initiatives in ophthalmic graduate medical education and identify strategies for promoting ophthalmology resident wellness by surveying US ophthalmology program directors (PDs).

**DESIGN:** The PDs were each sent an e-mail containing a link to an anonymous online 15-question survey. The PDs also received a letter with the survey link and a \$1 incentive. After 2 weeks, nonresponders received 2 weekly reminder e-mails and phone calls. Descriptive statistics were used to analyze the multiple choice responses and categorize the free response answers.

**SETTING:** National survey.

**PARTICIPANTS:** All 111 US ophthalmology PDs were invited to participate.

**RESULTS:** Of 111 PDs, 56 (50%) responded; 14 (26%) of 53 respondents reported that their programs faced an issue involving resident depression, burnout, or suicide within the last year; 25 (45%) of 56 reported that their department had a resident wellness program. Respondents without wellness programs reported a shortage of time (19/30; 63%) and

lack of training and resources (19/30; 63%) as barriers to instituting these programs. Respondents reported that the Accreditation Council for Graduate Medical Education could better promote resident wellness by providing training resources for burnout and depression screening (35/53; 66%), resilience skills building (38/53; 72%), and wellness program development (36/53; 68%).

**CONCLUSIONS:** This survey suggests that there is a substantial burden of burnout and depression among residents in ophthalmic graduate medical education and that this burden can be addressed by promoting the training of educators to recognize the signs of burnout and depression, and providing resources to develop and expand formal wellness programs. (J Surg Ed ■■■■-■■■. Published by Elsevier Inc on behalf of the Association of Program Directors in Surgery)

**KEY WORDS:** wellness, residents, graduate medical education, wellness programs

**COMPETENCIES:** Professionalism, Interpersonal Skills and Communication, Patient Care, Practice Based Learning and Improvement

## INTRODUCTION

Depression and burnout among residents is a pressing problem in graduate medical education (GME). Depressed residents are at higher risk for suicide and long-term morbidity as well as for administering poorer quality care to their patients.<sup>1,2</sup> In response to increasing concerns about

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residents' mental health, the Accreditation Council for Graduate Medical Education (ACGME) mandated the implementation of educational programs that provide fatigue management and mitigation as well as access to counseling and behavioral health services.<sup>3</sup> Although the ACGME measures address fatigue management and mitigation as one facet of resident well-being, wellness programs speak to a variety of wellness concerns that may or may not include duty hours, fatigue, and fatigue mitigation.<sup>4</sup>

Despite more than a decade of reform aimed to reduce stress during residency, the prevalence of depression among residents is persistent and increasing.<sup>1</sup> Moreover, the few published reports on medical school-based programs that address the mental health of residents lack solid evidence on their effectiveness and, to our knowledge, a national survey of resident wellness programs has not been published.<sup>5</sup> This is especially important in ophthalmology. Up to 60% of ophthalmology residents suffer from burnout and exhaustion, which is higher than residents in other specialties such as family medicine (27%), psychiatry (40%), and general surgery (40%).<sup>6,7</sup> Surveys of ophthalmology program directors (PDs) about surgical competency<sup>8</sup> and residents' perceived preparation for clinical practice upon residency graduation<sup>9</sup> suggest that some of the key drivers of resident burnout in ophthalmology include the high technical demands of ophthalmic surgery, the difficulty of simulating ophthalmic surgery in the laboratory, and the rapid evolution of ophthalmic technology and pharmacotherapeutics.<sup>10</sup> However, there is a dearth of published information on ophthalmology resident wellness programs. This study surveyed US ophthalmology PDs to report on the status of residency-based wellness initiatives in ophthalmic GME and to identify potential strategies for promoting ophthalmology resident wellness.

## MATERIALS AND METHODS

The Brown University Institutional Review Board determined that this study did not need formal review. The survey questions were developed from (1) the actionable goals identified by a national, multispecialty panel of residents and fellows targeting resident wellness,<sup>11</sup> (2) wellness-themed focus areas delineated by the ACGME in its Clinical Learning Environment Review program and institutional requirements,<sup>3,12</sup> and (3) reports of resident wellness initiatives from a variety of medical specialties.<sup>13-22</sup> The survey instrument was designed using Qualtrics<sup>23</sup> online survey software (Provo, UT). A survey methodologist and an experienced former PD critically reviewed the survey instrument, and revisions were made based on their feedback. All 111 US ophthalmology PDs were included in the study. The PDs' e-mail and mailing addresses were collected

from the American Medical Association's Fellowship and Residency Interactive Database website, FREIDA Online.<sup>24</sup> All eligible PDs were first e-mailed a link to the anonymous online survey, which consisted of multiple-choice questions that also permitted free response answers. Next, a letter was mailed to the PDs with the survey link along with a \$1 incentive and a brief description of the study and its purpose.<sup>25</sup> After 2 weeks, nonresponders received 2 weekly reminder e-mails and 2 phone calls, all spaced approximately 1 week apart. The survey was closed after 6 weeks. We used descriptive statistics to analyze the multiple-choice responses. We categorized the free response answers.

## RESULTS

Of 111 PDs, 56 (50%) responded (Table). Most respondents (55/56; 98%) noted that their residents had access to free counseling and behavioral services. Most respondents (47/55; 85%) reported that their residents' use of free counseling and behavioral services was confidential to them, and 38 (69%) of 55 reported that they believed this confidentiality should be in place. About one-quarter (14/53; 26%) of respondents reported that they faced an issue involving resident depression, burnout, or suicide within the last year.

Less than half of the respondents (25/56; 45%) indicated that their programs included a formal wellness program to reduce resident stress, burnout, and depression; 6 (27%) of 22 programs were implemented within the last year and 10 (45%) of 22 were implemented 2 to 5 years ago. Less than half (9/23; 39%) of respondents reported that their wellness programs included screening for resident burnout and depression; 21 (91%) of 23 listed fatigue and stress management education as a component of their wellness programs, and 18 (78%) of 23 and 17 (74%) of 23 programs actively promoted social and professional wellness, respectively. Comparatively fewer programs actively promoted psychological (10/23; 43%) and physical wellness (10/23; 43%). Provided with response options of no improvement, minor improvement, moderate improvement, or major improvement, most respondents (15/22; 68%) noted a minor improvement in resident wellness since implementing their respective wellness programs.

Among the respondents whose institutions did not offer formal resident wellness programs, the primary barriers were a lack of resources and training (19/30; 63%) and time (19/30; 63%). Respondents noted that the ACGME could better promote resident wellness by providing resources, such as training and template curricula, for building resilience skills (38/53; 72%); burnout and depression screening (35/53; 66%); and wellness program development (36/53; 68%).

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