

Whose Problem Is It? The Priority of Physician Wellness in Residency Training

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OBJECTIVE: Physician wellness is associated with improved outcomes for patients and physicians. Wellness is a priority of the Accreditation Council on Graduate Medical Education, and many residencies have programs in place to improve wellness. This study sought to understand how stakeholders in graduate medical education perceive wellness among other educational priorities and whether these programs are improving the experience and training of residents.

METHODS: The Council on Resident Education in Obstetrics and Gynecology (OBGYN)/Association of Professors in Gynecology Wellness Task Force created a survey and distributed it electronically to all OBGYN residents and program directors (PDs) in 2015. The survey included demographics, questions about the priority of wellness in the educational programs, experience with wellness programming, and problems with resident wellness (burnout, depression, binge drinking, suicide/suicide attempts, drug use, or eating disorders). Data rated on a Likert scale were analyzed using Kruskal-Wallis and Mann-Whitney *U* tests.

RESULTS: Among 248 OBGYN PDs, 149 (60%) completed the survey. Of a total 5274 OBGYN residents nationally, 838 (16%) completed the survey. Most of the residents, 737 (89.4%) reported that they or a colleague experienced some problem with wellness. Many PDs also reported problems with wellness, but 46 (33.9%) reported not being aware of problems in the previous 5 years. When asked to rate the priority of wellness in resident education, <1% (1) PD stated that this was not a priority; however, 85 residents (10%) responded that wellness should *not* be a priority for residency programs. Resident reports of

problems were higher as year in training increased (depression $\chi^2 = 23.6$, $p \leq 0.001$; burnout $\chi^2 = 14.0$, $p = 0.003$; suicide attempt $\chi^2 = 15.5$, $p = 0.001$; drug use $\chi^2 = 9.09$, $p = 0.028$; and binge drinking $\chi^2 = 10.7$, $p = 0.013$). Compared with community programs, university programs reported slightly fewer problems with wellness ($\chi^2 = 5.4$, $p = 0.02$) and suicide/suicide attempts ($\chi^2 = 13.3$, $p = 0.001$). Most PDs reported having some programming in place, although residents reported lower rates of feeling that these programs addressed wellness.

CONCLUSIONS: There is a discrepancy between the perspective that residents and PDs have on resident wellness, and its priority within the residency program. PDs may not be aware of the scope of the problem of resident wellness. These problems increase with year of training, and may be more common in community programs. Current wellness programming may not be effective, and a significant minority of residents feels that wellness is beyond the scope of the training program. (J Surg Ed ■■■■-■■■. © 2016 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: obstetrics and gynecology, graduate medical education, burnout, wellness, clinical learning environment

COMPETENCY: Professionalism

INTRODUCTION

Healthy and engaged physicians are essential to effective patient care.¹⁻⁵ Dissatisfaction and burnout are seen in medical school and worsen as training progresses, with negative effects on physicians and the patients they care for.^{4,6-8} Wellness in

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physicians, defined as an overarching phenomenon including physical and mental health, professional satisfaction, and humanism in medicine has joined other goals for educational programs. However, the culture of residency places barriers to wellness through a culture of perfectionism, high stress levels, and long hours of challenging work.⁹ Although professional organizations call for educators to address the problem of burnout, it is controversial how this objective should be addressed within the residency program or indeed whether it is a professional rather than personal problem.¹⁰⁻¹⁵ Understanding the perspectives of the program directors (PDs) and residents immersed in this environment would allow a greater understanding of the scope of the problem and how it is perceived by those closest to it.

In the field of obstetrics and gynecology (OBGYN), physicians are at a higher risk of burnout.^{2,10} A wide range of interventions aimed at improving wellness have been proposed for residents, many of which have been implemented in OBGYN training programs. These activities aimed to promote wellness range from mentoring, to volunteering, to mindfulness or reflection exercises.¹⁵⁻¹⁸

TABLE 1. Residency Program Director Demographics

Characteristics	Number (Percentage)
Type of residency program	
University	97 (68.8)
Community	41 (29.1)
Military	3 (2.1)
Residents per postgraduate year	
3	16 (11.3)
4	41 (29.1)
5	19 (13.5)
6	27 (19.1)
7+	38 (27)
CREOG region	
Region 1	17 (12.6)
Region 2	33 (24.4)
Region 3	21 (15.6)
Region 4	33 (24.4)
Region 5	31 (23.0)
Tenure as program director	
1-2 years	28 (21.5)
3-5 years	44 (33.8)
6-10 years	33 (25.4)
> 10 years	25 (19.2)

CREOG region 1 (Connecticut, Maine, Massachusetts, Newfoundland, New Hampshire, New York, Nova Scotia, Quebec, Rhode Island, Vermont).

CREOG region 2 (Delaware, Indiana, Kentucky, Michigan, New Jersey, Ohio, Ontario, Pennsylvania).

CREOG region 3 (District of Columbia, Florida, Georgia, Maryland, North Carolina, Puerto Rico, South Carolina, Virginia, West Virginia).

CREOG region 4 (Alabama, Arkansas, Illinois, Iowa, Kansas, Louisiana, Manitoba, Minnesota, Mississippi, Missouri, Nebraska, Oklahoma, Tennessee, Texas, Wisconsin).

CREOG region 5 (Alberta, Arizona, Armed Forces District, British Columbia, California, Colorado, Hawaii, Nevada, New Mexico, Oregon, Utah, Washington).

It is not known how these activities actually effect the wellness of trainees, or how PDs and residents feel about the value of these programs in the training environment. The Council for Resident Education in Obstetrics and Gynecology (CREOG) and Association of Professors of Gynecology and Obstetrics (APGO) established a wellness task force including representation from medical student and residency leadership across the United States. Members of the task force created and distributed a survey to OBGYN PDs and residents to understand how members of the academic community perceived problems with wellness and the role of wellness interventions within the residency program.

MATERIAL AND METHODS

Total 2 online surveys were created by members of the CREOG/APGO Wellness Task Force: one for OBGYN PDs and one for residents. There were no existing tools in the literature that explored perceptions of the problems with wellness and educational programs. There were 9 multiple-choice and free-text items on each survey (Appendix A and B). The validity of the content of the survey was addressed through a review of the literature regarding physician wellness programming. The response process of the survey was explored with 3 PDs using a think-aloud approach to the questions. The surveys included questions about demographics including region of the United States, and type of residency program (university, community, or military). Respondents rated their opinions on the priority of wellness programming and their experience with problems with wellness on a 5-point Likert-scale.

From February to June 2015 surveys were electronically distributed using the Survey Monkey online questionnaire tool to 248 OBGYN PDs and 5274 OBGYN residents. The PDs were contacted through the CREOG electronic list-serve, and the residents through their residency program coordinators. Participants were contacted by e-mail every 3 weeks to remind them to complete the survey. The surveys were left open for a total of 4 to 6 weeks. All data was recorded and maintained through the secure network at CREOG. Data were analyzed using SPSS version 21. Descriptive statistics were reported and associations of predictor variables such as region, type of training program, tenure as PD or year in training for residents and age was explored using Kruskal-Wallis tests for multi-level variables and Mann-Whitney *U* tests for binary variables. The Reading Hospital Institutional Review Board determined that the study was exempt from institutional review board review.

RESULTS

A total of 149 of 248 PDs (60%) completed the survey (Table 1). Among residents, 838 of 5274 (16%) responded (Table 2). Responses were evenly distributed among

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