

NI VI STORYBOARD

Introduction: Background & Context	Methods/Interventions/Changes	Barriers – Strategies		
<p>The Accreditation Council for Graduate Medical Education (ACGME) has made a strong commitment to address physician well-being in the clinical learning environment, and residency programs have incorporated strategies to address this concern. One strategy, a resident physician support group, is a well-documented and accepted method to mitigate resident burnout and improve resilience.</p> <p>Three residency programs at Advocate Illinois Masonic Medical Center (AIMMC) – Internal Medicine (IM), Family Medicine (FM) and Obstetrics and Gynecology (OB-GYN) – are at various stages of incorporating a well-being curriculum using resident physician support groups.</p>	<p>The support group has the purpose of 1) providing a therapeutic venue to allow resident physicians to process professional challenges, 2) develop coping skills to manage those challenges, and 3) create a template for work-life balance.</p> <p>Methods consist of 1) skill-building around areas such as coping and prioritizing values, 2) processing emotional challenges inherent in the work, and 3) mindfulness based stress reduction.</p> <p>IM: groups will meet for 90 minutes once per month; each group will consist of eight residents, resulting in a total of 7 groups.</p> <p>OB-GYN: groups meet for 60 minutes every six months; each group consists of 12 residents.</p> <p>FM: groups meet for 45 minutes every month, consisting of 8 residents per group, for a total of 3 groups.</p> <p>Facilitators include behavioral health faculty and a post-graduate fellow.</p> <p>This is a Quasi-Experimental Study.</p> <p>The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations.</p>	<p>Challenges reported from literature:</p> <ul style="list-style-type: none"> • identification of problematic areas • planning to structure the support group • resource availability • willingness to actively participate • resident comfort to express their concerns • negative feedback from co-residents • lack of concern and interest from program administration • funding needed to conduct such support groups • clearly defined end-points • tools to measure outcomes 	<p>Strategies:</p> <ul style="list-style-type: none"> • Monthly group and weekly administrative meetings • Centralize scheduling using calendar invites • Use resident lounge with sound machine for comfort and privacy • Administration strongly supportive – full financial support from hospital President’s Priority Fund • Have clear end-points and tools to measure outcomes (MBI and CD-RISC) 	
Mission/Vision Statement		Discussion: Next Steps & Areas Seeking Input		
<p>Mission: To establish and sponsor resident support groups to further physician wellness by cultivating and encouraging self-care, promoting healthy lifestyle choices, developing personal resiliency, managing burnout, and providing resources for confidential self-reporting in a safe atmosphere.</p> <p>Vision: To create a culture in the clinical learning environment such that resident physicians and those supporting resident training are well-versed in identification, management and available resources to address and promote well-being.</p>	<th data-bbox="997 1291 1955 1386">Measures/Metrics</th> <td colspan="2" data-bbox="1955 1291 2917 1774"> <p>What are critical next steps?</p> <p>Investigators trained on RedCap data entry system</p> <p>Continued administrative support to ensure continuity of initiative</p> <p>List areas you could use guidance/input</p> <ol style="list-style-type: none"> 1. Willingness to actively participate 2. Resident comfort to express concerns 3. Accuracy of data entered into RedCap (over 21,000 data points) 4. New resident incorporation and phasing out graduates (how will this affect our data, how should departing residents be debriefed). </td>	Measures/Metrics	<p>What are critical next steps?</p> <p>Investigators trained on RedCap data entry system</p> <p>Continued administrative support to ensure continuity of initiative</p> <p>List areas you could use guidance/input</p> <ol style="list-style-type: none"> 1. Willingness to actively participate 2. Resident comfort to express concerns 3. Accuracy of data entered into RedCap (over 21,000 data points) 4. New resident incorporation and phasing out graduates (how will this affect our data, how should departing residents be debriefed). 	
<th data-bbox="41 1522 997 1617">Aim/Purpose/Objectives</th> <td data-bbox="997 1522 1955 1774"> <p>Data analysis will be completed using the Maslach Burnout Inventory for Medical Personnel - MBI (MP) and Connor-Davidson Resilience Scale (CD-RISC).</p> <p>We postulate IM and OB-GYN residents will improve from baseline surveys of resilience and burnout as they progress through the support group.</p> <p>We postulate FM will have a higher level of resilience and lower level of burnout at baseline compared to IM and OB-GYN, and demonstrate improvement as the progress through the support group.</p> </td> <td colspan="2" data-bbox="1955 1522 2917 1774"></td>	Aim/Purpose/Objectives	<p>Data analysis will be completed using the Maslach Burnout Inventory for Medical Personnel - MBI (MP) and Connor-Davidson Resilience Scale (CD-RISC).</p> <p>We postulate IM and OB-GYN residents will improve from baseline surveys of resilience and burnout as they progress through the support group.</p> <p>We postulate FM will have a higher level of resilience and lower level of burnout at baseline compared to IM and OB-GYN, and demonstrate improvement as the progress through the support group.</p>		
Group Feedback				