



# *Never Eat Shredded Wheat:*

*Using a Wellness Compass Program to Prevent Burnout*

Heather Kirkpatrick, PhD

Maria Fimiani, PsyD

Mark Vogel, PhD

Richard Labaere II, MPH, DO

ABSAME 2007

Copper Mountain, CO

**GENESYS**

**MICHIGAN STATE  
UNIVERSITY**



# Objectives

- Implement a method for assessing burnout among trainees
- Appraise various components of intern/resident wellness programs in preventing burnout
- Modify wellness curriculum to implement in own setting



# Questions?

- Reflecting upon your own training, did you experience burnout?
- When did it seem the worst?
- What helped?



# Literature Review

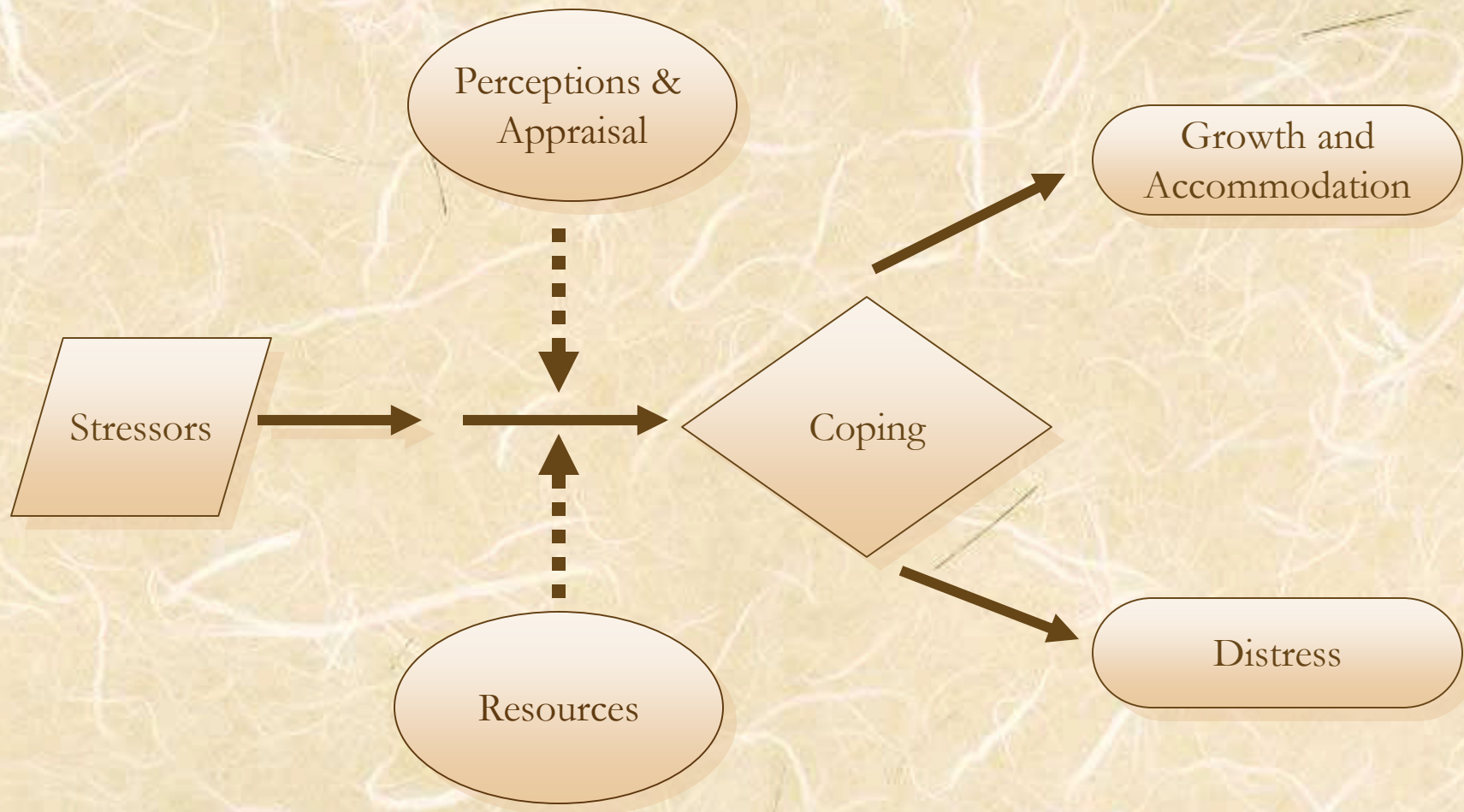
- Interns & Residents experience high levels of stress (Levey, 2001)
- Stresses result in high levels of burnout (Thomas, 2004)
- Burnout traditionally increases throughout the internship year, peaking during the first year of residency (Tzischinshy, et al. 2001)



# Literature Review

- Anger and fatigue increase throughout the internship year (Bellini, 2002)
- Weakness of many studies examining burnout among interns and residents is that they are international and may not be generalizable to the US medical culture

# Stress Appraisal Model





# What is Burnout?

- Pathological syndrome in which emotional depletion and maladaptive detachment develop in response to prolonged occupational stress (Thomas, 2004 p. 2880)

# Project Wellness





# Project Wellness

- Encourage wellness and decrease burnout
- Longitudinal curriculum
- During internship
- 1/2-day and 1-day retreats



# Project Wellness

- Off-site locations
- Speakers mainly from medical education
- Planning meetings generally occur bi-monthly

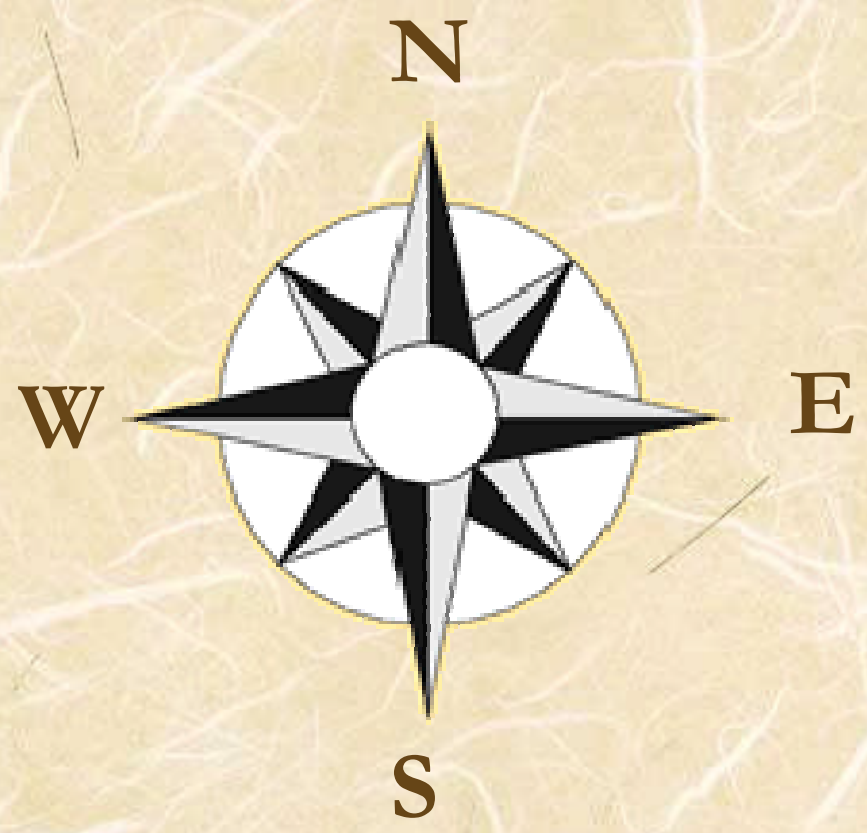


# Retreat Timeline

- 2005 – 2006 Intern Class
  - July 2005 – ½ day Low Ropes Course
  - January 2006 Full day Retreat
  - May 2006 ½ day Retreat
- 2006 – 2007 Intern Class
  - July 2006 ½ day Low Ropes Course
  - October 2006 ½ day Retreat
  - January 2007 1 day Retreat
  - April 2007 ½ day Retreat



# Wellness Metaphor





# Wellness Metaphor





# Key Lessons

## Lesson Learned

1. Perceived choices are important
2. Begin well
3. Balance between individually relevant topics and “good for you” topics
4. Ration non-physician speakers



# Key Lessons

Lesson Learned	Our Solution
1. Perceived choices are important	1. Participants choose among series of breakouts
2. Begin well	2. Intentional evocation of reflective mood; discussion of ground rules
3. Balance between individually relevant topics and “good for you” topics	3. Ongoing program evaluation, solicitation of needs
4. Ration non-physician speakers	4. Invite program directors to lead program-specific sessions



# Key Lessons

<b>Lesson Learned</b>	<b>Our Solution</b>
1. Perceived choices are important	1. Participants choose among series of breakouts
2. Begin well	2. Intentional evocation of reflective mood; discussion of ground rules
3. Balance between individually relevant topics and “good for you” topics	3. Ongoing program evaluation, solicitation of needs
4. Ration non-physician speakers	4. Invite program directors to lead program-specific sessions

# Feedback from Participants

- Residents – Mixed Reactions
  - “I would just like the day off...”
  - “This helped me get a better handle on taking care of myself”
- Faculty/Director – Mixed As Well
  - “Why am I releasing them from my service!!??”
  - “It was helpful to review their wellness plan at our meetings”



# Research Goals

- Document and track burnout levels over time
- Is wellness program correlated with decreasing burnout



# Research

- Time Series collection of data
- 3 constructs measured
  - Burnout
  - Perceived Social Support
  - Daily Stresses



# Research

- Data collected for all interns for programmatic planning/evaluation
  - 2005-06 (n = 41)
  - 2006-07 (n = 42)
- Data reported only for participants who gave consent to participate in research project
  - 2005-06 [n = 34 (83% participation rate)]
  - 2006-07 [n = 38 (90% participation rate)]



# Demographics

Year	Male	Female	USMG	IMG	Total N
2005 - 2006	20	14	31	3	34
2006 - 2007	18	20	27	11	38

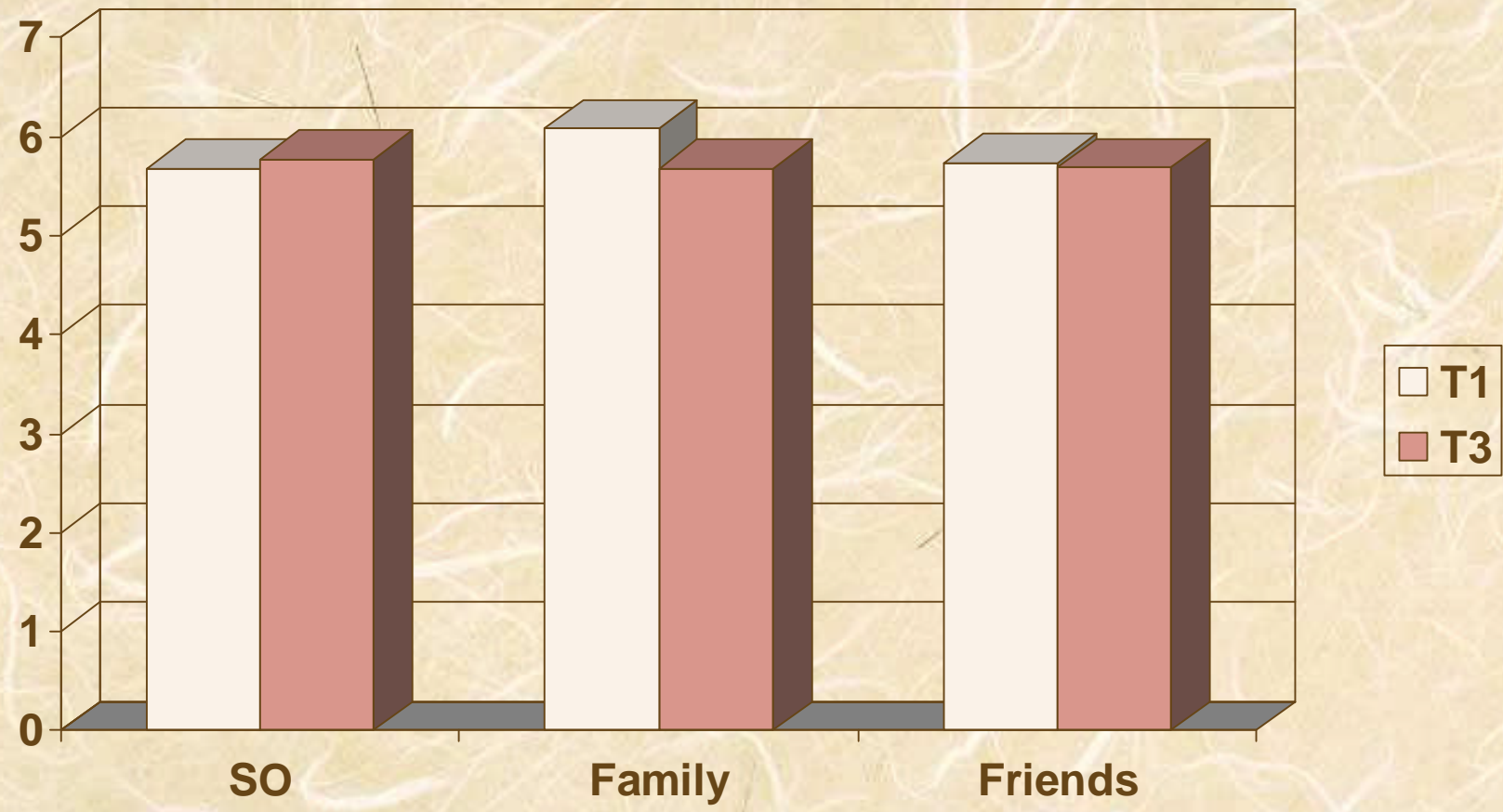


# Measures

- Multidimensional Scale of Perceived Social Support (MSPSS)
- Maslach Burnout Inventory (MBI)
- Daily Stress Inventory (DSI)



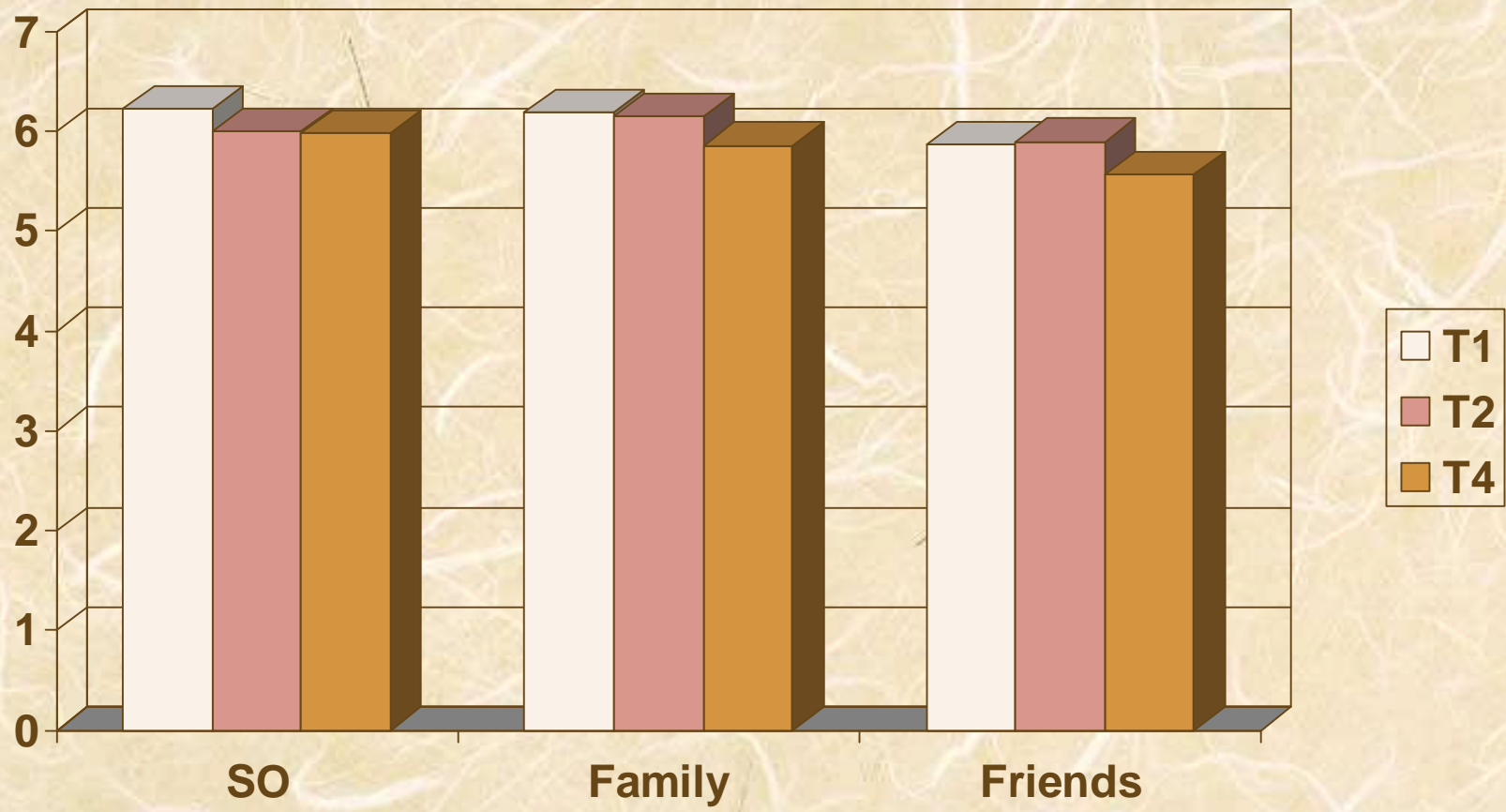
# 2005-06 MSPSS



NS Differences



# 2006-07 MSPSS



NS Differences



# Key Findings of Research

- Perceived levels of social support was high and stable across internship years



# MBI



Burnout =



Emotional Exhaustion



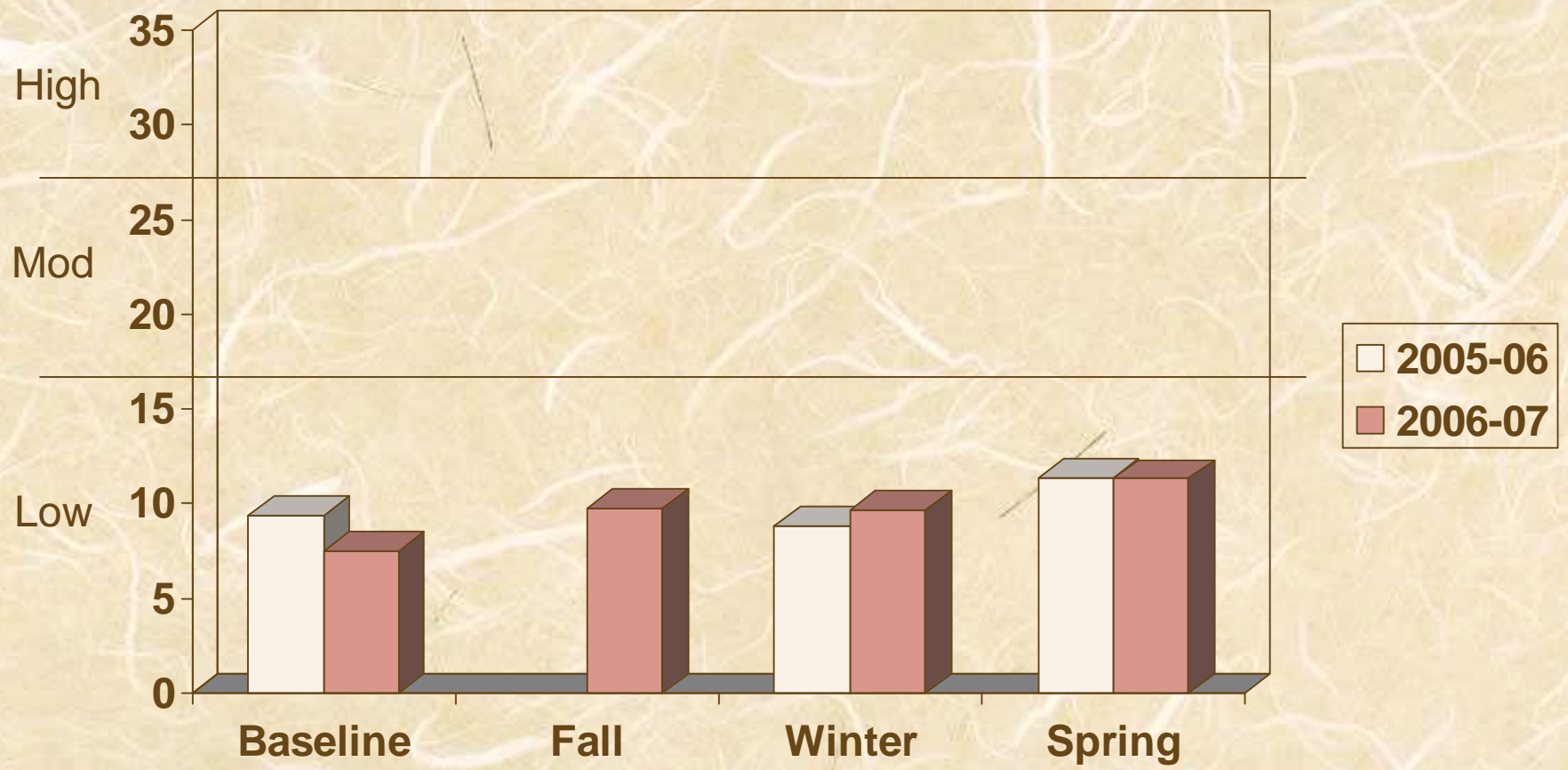
Depersonalization



Personal Accomplishment

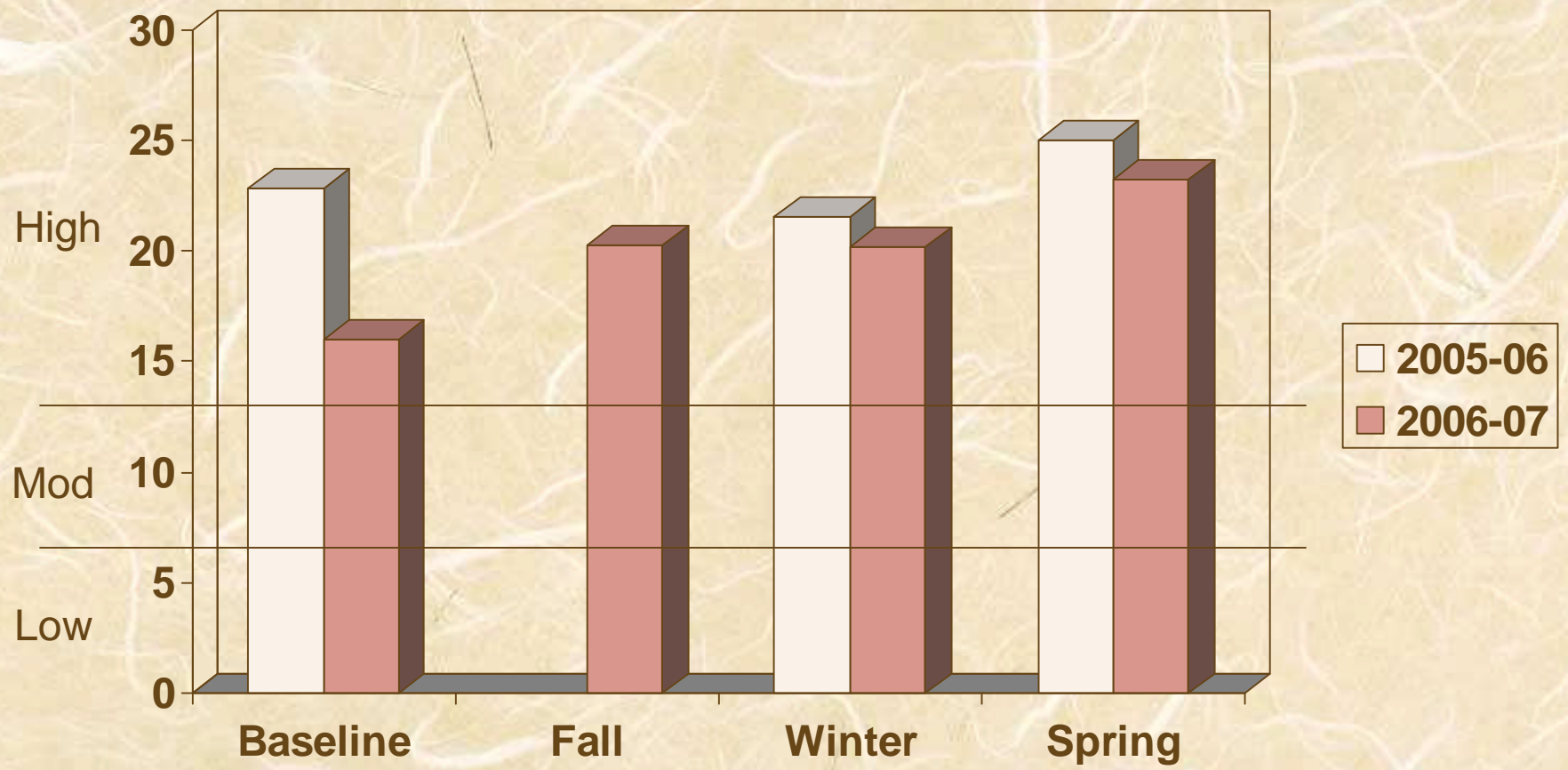


# MBI - Emotional Exhaustion





# MBI - Depersonalization



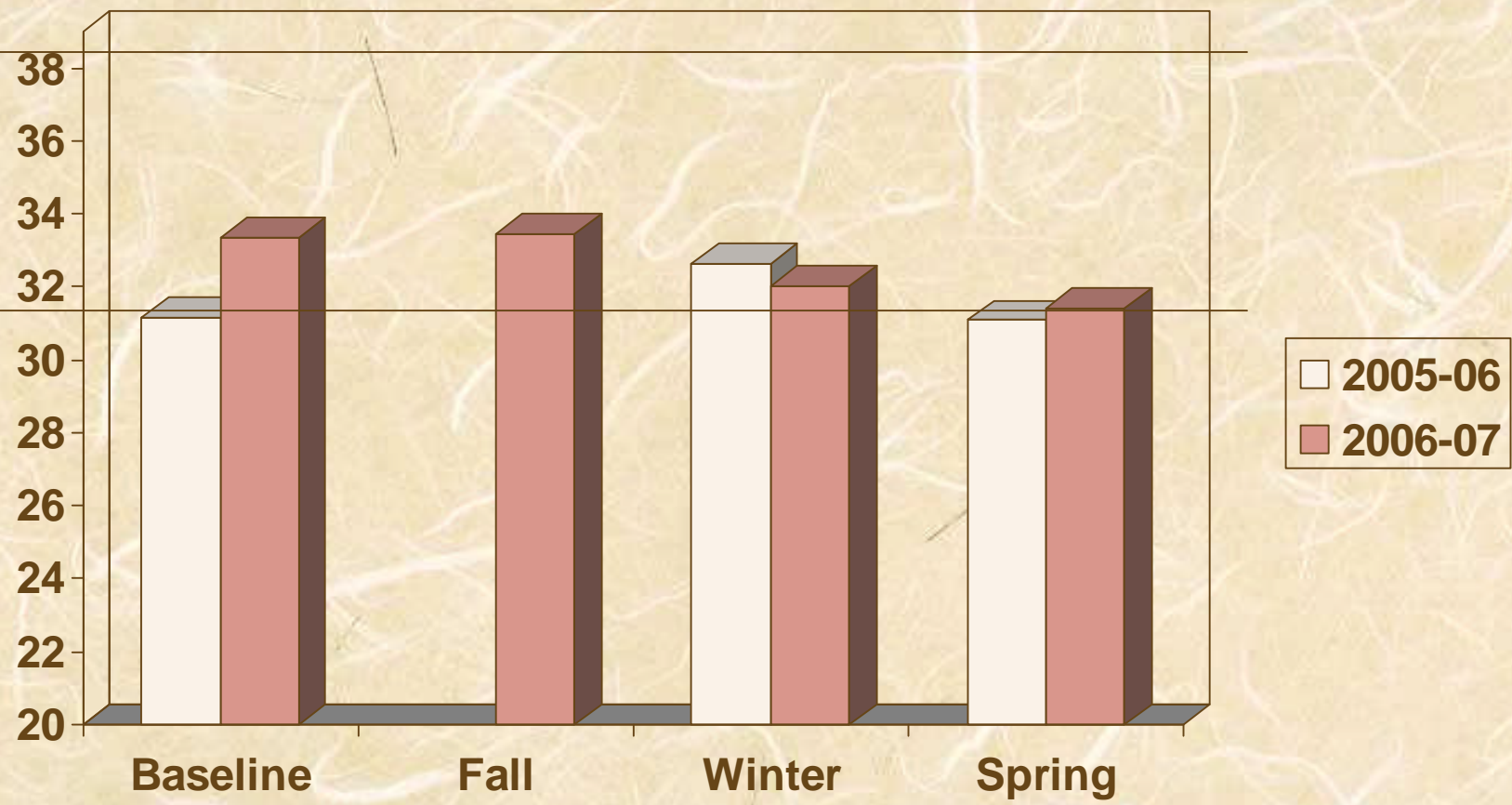


# MBI - Personal Accomplishment

Low

Mod

High





# Key Findings of Research

- Did not report high levels of emotional exhaustion
- Reported increasing levels of depersonalization
- Personal accomplishment was moderate and stable



# Research Conclusions

- Preliminary analysis indicates interns report low to moderate levels of burnout
- Wellness Program did not appear to correlate with group perception of burnout

# Next Steps

- Currently collecting year three data
- More detailed analysis
  - IMG vs. US Graduates
  - Gender differences



# Discussion

- What do you perceive to be the strengths and weaknesses of our program?
- What are you currently doing to assess or manage resident burnout and improve wellness?
- What are barriers to the successful implementation of Wellness Programs?
- What is your next step?