Promoting Wellness: Multispecialty Learning Communities for Interns

Joan E. St. Onge, MD
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Background

- High rates of burnout among residents are well documented.
- Studies suggest that factors including stress, perceived mastery and quality of life are related to the development of burnout.
- Balint groups and learning communities among practicing physicians are associated with short term and sustained improvement in well being and attitudes in patient care.
- Learning communities have been used to teach wellness and improve the learning environment in undergraduate medical education.
- There have been few studies focused on the use of learning communities in graduate medical education.
ACGME “Pathways to Excellence” identifies 6 priorities for sponsoring institutions, including:

- patient safety;
- health care quality;
- duty hours/fatigue management and mitigation and professionalism,

It also calls for sponsoring institutions develop new initiatives for assessing and mitigating resident burnout.

“The creation of a learning environment with a culture of respect and accountability for physician well-being is crucial to their ability to deliver the safest, best possible care to patients.”

— Multispecialty Panel of Residents and Fellows, JGME
UM/JMH Multispecialty Learning Communities

- Promote wellness and self-care in interns
- Improve communication skills
- Reinforce the tenets of professionalism
- Prepare the residents to become teachers
- Review the foundations of patient safety and quality
- Provide a “safe place” for open discussion about the challenges of internship.
Objectives

- Study the feasibility of adding a learning community to an intern’s schedule
  - Acceptance: attendance, and evaluations
- Assess the impact on wellness and self-care
  - Pre and post surveys, Module 6 survey
  - Measure quality of life, perceived stress and sense of mastery in the pre and post time periods.
Methods

- IRB approval
- Time period from August, 2014 through June, 2016.
- Pre and Post Online survey
  - Quality of Life, Perceived Stress Scale, Pearlin Mastery Scale
  - Open comments.
- Module 1-5 evaluations 8 questions, 5 point Likert scale
- Module 6 evaluations
MSLC Structure

Frequency: 6 times per year on a bimonthly basis.
Duration: Year 1: 2 hours; Year 2: 1-1.5 hours
Faculty facilitators are assigned to each group.
Time: 2014-2016
These meetings are mandatory for all interns.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of Interns</td>
<td>188</td>
<td>188</td>
</tr>
<tr>
<td>Number of Intern Specialties</td>
<td>14*</td>
<td>13</td>
</tr>
<tr>
<td>Number of MSLC groups</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Number of Faculty Facilitators</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Number of Faculty Specialties</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

* Included PM&R
End of Session Evaluations

Open discussion

Topic discussion or group activity

Introduction of new wellness exercise

Reinforce practicing 15 minutes self-care

Homework based on wellness exercise

Survey after module 5
Wellness Curriculum

- Cognitive Restructuring
- Mindfulness mediation
- Diaphragmatic breathing
- 7 Breath Exercise
- Brief relaxation/Guided imagery
- 15 minutes a day of self care

• HOMEWORK
Didactic components

- Module 1: Maintaining wellness and cognitive restructuring
- Module 2: Communication skills: the SPIKES protocol and conflict resolution
- Module 3: Professionalism
- Module 4: Teaching residents to teach
- Module 5: Patient safety and quality
- Module 6: Review of wellness strategies and next steps
Wellness Curriculum — Cognitive Restructuring — Mindfulness mediation — Diaphragmatic breathing — 7 Breath Exercise — Brief relaxation/Guided imagery — 15 minutes a day of self care — HOMEWORK

Results
## Differences in Psychosocial Measures: Year 1

<table>
<thead>
<tr>
<th></th>
<th>Pre MSLC</th>
<th>Post MSLC</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Stress Scale(^a)</td>
<td>8.64</td>
<td>7.74</td>
<td>p=&lt;.05</td>
</tr>
<tr>
<td>Pearlin Mastery Scale(^b)</td>
<td>22.98</td>
<td>16.2</td>
<td>P&lt;.01</td>
</tr>
<tr>
<td>Quality of Life(^c)</td>
<td>4.8</td>
<td>3.2</td>
<td>P&lt;.01</td>
</tr>
</tbody>
</table>

\(^a\) T-Test for equality of means; T=2.455, p=.016

\(^b\) T-Test for equality of means; t=6.598, p=.000

\(^c\) Chi-square = 21.039; p=.002
## Interns and Other Specialties
### Year 1

<table>
<thead>
<tr>
<th></th>
<th>Pre MSLC Percent*</th>
<th>Post MSLC Percent</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoy working with interns from other specialty residency programs</td>
<td>80.0%</td>
<td>80.8%</td>
<td><em>p&gt;.05</em></td>
</tr>
<tr>
<td>Interns from other specialty residency programs make my work more difficult (^a)</td>
<td>4.4%</td>
<td>72.0%</td>
<td><em>P&lt;.01</em></td>
</tr>
<tr>
<td>Interns from other specialty residency programs are easy to work with. (^b)</td>
<td>66.6%</td>
<td>8.0%</td>
<td><em>P&lt;.01</em></td>
</tr>
</tbody>
</table>

* Percent of persons who “agreed” or “strongly agreed” with Likert-scale measures where 1=Strongly disagree; 2= Disagree; 3=Neither agree or disagree; 4=Agree; and 5=Strongly agree.
# END OF SESSION EVALUATIONS: YEAR 1

<table>
<thead>
<tr>
<th></th>
<th>Module 1</th>
<th>Module 2</th>
<th>Module 3</th>
<th>Module 4</th>
<th>Module 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>This group content was useful in improving my ability to practice wellness/self-care*</td>
<td>4.06</td>
<td>4.10</td>
<td>3.96</td>
<td>4.18</td>
<td>4.21</td>
</tr>
<tr>
<td>This group content will better help me deal with the stressful situations/people/patients I may encounter during internship*</td>
<td>3.95</td>
<td>4.11</td>
<td>3.96</td>
<td>4.15</td>
<td>4.18</td>
</tr>
<tr>
<td>Being with interns from other specialties is a positive learning experience*</td>
<td>4.50</td>
<td>4.41</td>
<td>4.35</td>
<td>4.50</td>
<td>4.49</td>
</tr>
<tr>
<td>My overall rating of this MSLC group content is:**</td>
<td>4.09</td>
<td>4.07</td>
<td>3.97</td>
<td>4.23</td>
<td>4.21</td>
</tr>
<tr>
<td>Number of attendees</td>
<td>160</td>
<td>125</td>
<td>138</td>
<td>120</td>
<td>100</td>
</tr>
<tr>
<td>Response rate</td>
<td>74%</td>
<td>57%</td>
<td>38%</td>
<td>45%</td>
<td>41%</td>
</tr>
<tr>
<td>Response rate of attendees</td>
<td>88%</td>
<td>86%</td>
<td>51%</td>
<td>70%</td>
<td>78%</td>
</tr>
</tbody>
</table>

*5 point Likert Scale item where 1=strongly disagree, 2=disagree, 3= neither, 4=agree, 5=strongly agree
** 5 point Likert Scale item where 1=poor, 2=fair, 3 good, 4=very good, 5=excellent
<table>
<thead>
<tr>
<th>END OF SESSION EVALUATIONS: YEAR 2</th>
<th>Module 1</th>
<th>Module 2</th>
<th>Module 3</th>
<th>Module 4</th>
<th>Module 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>This group content was useful in improving my ability to practice wellness/self-care*</td>
<td>4.21</td>
<td>4.33</td>
<td>4.33</td>
<td>4.18</td>
<td>4.21</td>
</tr>
<tr>
<td>This group content will better help me deal with the stressful situations/people/patients I may encounter during internship*</td>
<td>4.17</td>
<td>4.34</td>
<td>4.41</td>
<td>4.15</td>
<td>4.18</td>
</tr>
<tr>
<td>Being with interns from other specialties is a positive learning experience*</td>
<td>4.67</td>
<td>4.52</td>
<td>4.57</td>
<td>4.50</td>
<td>4.49</td>
</tr>
<tr>
<td>My overall rating of this MSLC group content is:**</td>
<td>4.24</td>
<td>4.28</td>
<td>4.44</td>
<td>4.23</td>
<td>4.21</td>
</tr>
<tr>
<td>Number of attendees</td>
<td>165.00</td>
<td>123.00</td>
<td>119.00</td>
<td>138.00</td>
<td>117.00</td>
</tr>
<tr>
<td>Response rate</td>
<td>64%</td>
<td>53%</td>
<td>42%</td>
<td>57%</td>
<td>45%</td>
</tr>
<tr>
<td>Response rate of attendees</td>
<td>73%</td>
<td>81%</td>
<td>66%</td>
<td>78%</td>
<td>73%</td>
</tr>
</tbody>
</table>

*5 point Likert Scale item where 1=strongly disagree, 2=disagree, 3=neither, 4=agree, 5=strongly agree
** 5 point Likert Scale item where 1=poor, 2=fair, 3=good, 4=very good, 5=excellent
## Barriers to attendance

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1 n=34</th>
<th>%</th>
<th>Year 2 n=56</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling issues</td>
<td>23</td>
<td>67.65%</td>
<td>44</td>
<td>78.57%</td>
</tr>
<tr>
<td>No extra time</td>
<td>22</td>
<td>64.71%</td>
<td>36</td>
<td>64.29%</td>
</tr>
<tr>
<td>Unsupportive senior resident</td>
<td>7</td>
<td>20.59%</td>
<td>3</td>
<td>5.36%</td>
</tr>
<tr>
<td>Unsupportive attending</td>
<td>1</td>
<td>2.94%</td>
<td>4</td>
<td>7.14%</td>
</tr>
<tr>
<td>Unsupportive program</td>
<td>1</td>
<td>2.94%</td>
<td>3</td>
<td>5.36%</td>
</tr>
<tr>
<td>Just didn’t want to attend</td>
<td>0</td>
<td>0.00%</td>
<td>7</td>
<td>12.50%</td>
</tr>
<tr>
<td>other</td>
<td>11</td>
<td>19.64%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do you recommend that we continue the learning community initiative for future incoming interns?

YES: 72/98: 73.5%

“Create better balance”

‘Breathing exercises. Learning from others. Learning their experiences”

“Learning hardships that are shared by ALL intern (multiple fields) Meditation ‘on the go.’ Keeping emotionally calm in high stress situations”

“Knowing that I am not alone; others experience similar issues. Mindfulness. Feeling safe to talk. Breathing exercise”

“Relaxation techniques Dealing with difficult patients Meeting new people”
Do you recommend that we continue the learning community initiative for future incoming interns?

**NO 26/98 (26.5%)**

“The leaders were very nice. The leaders seemed to care. If there was a major issue I probably would have gone to them.”

“Free food. Breathing exercises. Meeting new people outside my specialty”

“Getting to know other interns. Getting to converse an administrator. Lunch”

“Patient Safety info”

“Meditation. Cause and Effect analysis. Knowing how to de-escalate stress”

“Talking to other residents.”

“Meeting other interns. Candid discussion with faculty. Free food”
Discussion

- Multispecialty learning communities are feasible, and can be used to promote wellness and other cross specialty content.
- A multispecialty learning environment is seen positively by interns, but our data indicates a negative change in interns’ perceptions of difficulty working with interns from other specialties.
- Participation in learning communities and a wellness curriculum may lower stress in first year residents.
- Comments support the usefulness of teaching wellness strategies and continuing to reinforce wellness in a learning community model.
Discussion

- Encouraging interns to attend an extra session needs to be supported by upper level residents and attendings.
- Interns may suffer from survey fatigue: attendance was greater than the number of evaluations and surveys completed.
- Interns working with other specialties in our institution can be problematic.
- Single institution with no control group
  - Planned!
Acknowledgements

- Multispecialty Learning Community Group:
  - Heidi Allespach, PhD
  - Yvonne Diaz, MD
  - Mary Ann Burg, PhD
  - Halcyon Quinn
- The Interns of the UM/Jackson GME programs
- Faculty facilitators
- UM/Jackson GME programs
  - Program Coordinators of each program
  - Program directors
- Jackson Memorial Hospital
  - GME and Housestaff Office