Measures of Resident Burnout, Empathy and Emotional Intelligence as a Function of Years in Post-Graduate Training

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content in EM related to wellness and were also asked to comment on other wellness
topics including: Assignment of a wellness champion, use of faculty mentors, resident
retreats, and coverage of other wellness topics.
Results: 95 individuals responded from the 150 programs. 84% reported
covering the core content related to wellness in EM. 92% reported having faculty
mentors for their residents and 85% had annual retreats for their residents. Only 55% of
programs reported having a wellness champion. 57% of programs reported covering
topics beyond the core content including: Finances, nutrition, communication, career
development, mindfulness training and dealing with litigation stress.
Conclusions: The majority of EM residency programs cover the wellness core
content and many have other wellness offerings. More study is needed to determine if
these approaches truly impact EM resident wellness.

243 Individual Competition as a Novel Approach to
Population Health Management: A
Corporate Wellness Model Designed in an
Emergency Department Residency Program
Smith J, Derr C, Wilson J/Morsani College of Medicine, University of South Florida,
TEAMHealth, Tampa General Hospital, Tampa, FL
Study Objective: In 2014 we initiated a competition-based wellness program in
our ED residency. While the proximate focus of this program was for individuals
to lose weight, the ultimate and underlying goal was for our program to have an overall
net decrease in BMI amongst participants.
Ideally, we hypothesize decreasing the mean BMI in a act as a significant driver in
improving short-term healthy behaviors and long-term health outcomes across the
group.
More specifically, resident and attending participants voluntarily entered a 12-week
competition (“Dr. Derr’s 12-Week Challenge”). Entry required paying a fee and also
submitting photographs as well as body measurements, including weight and body fat
percentage, to an independent judge, outside of the program with no familiarity with the
participants, using a dedicated email address. The independent judge works professionally in the fitness industry and has extensive competition experience.
Methods: Over the 12-week period, we qualitativley witnessed a culture shift amongst the ED residents with transition from fast food to protein shakes as standard
dietary choices during clinical shifts. At the end of the 12-week period, we held a
celebration event and awarded prizes in multiple categories. We noted that overall,
there was improvement in fitness behavior across the entire program, not just amongst
winning participants.
After a one-month cessation period, we restarted the 12-week challenge with an
additional body physique group so that the only emphasis would not be weight loss and
to avoid driving unhealthy weight loss behavior in lieu of sustainable fitness choices.
The celebration event and awards banquet were held again at the end of the 12-week
period. By week 25 after the initiation of our first event, fitness behaviors and body
measurements associated with improved health outcomes (BMI, body fat percentage)
began to show a downward trend. In addition, the number of participants increased
during the second competition as we opened the competition to all ED staff at various
price points for entry based on general salary considerations of job category.
Most recently, we have completed our third 12-week challenge at our institution.
Many of our participants enter each contest as a way to sustain fitness gains and goals.
Results: We continue to show improvements in overall fitness attitudes and healthy
body measurements.
Conclusions: The decrease in BMI and increase in fitness activities among all
participants in our program, along with the increasing volume of contestants in each
successive 12-week challenge reiteration, demonstrate a novel approach to corporate
wellness.

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Emotional Intelligence as a Function of Years
in Post-Graduate Training
Smith AB, Donoghue E, Greenberg M, Quinn J, Weaver K, Barraco R, Glenn Porter B,
Macfarlan J, Kane B, Jacoby JL/Lehigh Valley Health Network, Bethlehem, PA;
University of South Florida Morsani College of Medicine, Tampa, FL
Study Objectives: The emotional status of medical professionals has received
attention recently with concerns expressed over the alarmingly high levels of
dissatisfaction and burnout, coupled with low levels on measures of empathy, particularly by the completion of post-graduate training. The purpose of this

245 The Impact of the TelEmergency Program on
Rural Emergency Care: An Implementation
Study
of Mississippi Medical Center, Jackson, MS
Study Objective: Timely, appropriate intervention is key to improving outcomes in
many emergency conditions. In rural areas, it is particularly challenging to ensure
quality, timely emergency care. The TelEmergency (TE) program, which utilizes a
dual nurse practitioner (NP) and emergency medicine-trained, board certified
physician model, has the potential to improve access to quality emergency care in
rural areas.
We examine how the implementation of the TE program impacts rural hospital
dergency department (ED) operations.
Methods: A before and after study of the effect of the TE program on participating rural hospitals between January 07 – December 08. Data on ED and hospital operations were collected 1 year prior to and 1 year following implementation of TE. Data from participating hospitals were
combined and compared for the two time periods using descriptive statistics and
two-tailed tests. All tests were two sided with a p-value < 0.05 considered
statistically significant.
Results: 9 hospitals met criteria for inclusion and participated in the study.
Average annual ED volumes ranged from 1600 to 9800 patients (mean = 5099, SD = 2584) pre-TE to 1800 to 8200 patients (mean = 5039, SD 1966, p-value 0.83)
post-TE initiation, ED admissions to the same rural hospital significantly increased
following TE implementation (6.5% to 7.7%, p-value < 0.02); Likewise, discharge
rates from the ED declined post-initiation (87% to 80%, p-value = 0.01). ED deaths
and transfer rates showed no significant change, while the rate of patients
discharged against medical advice (AMA) significantly increased with TE use (0.3%
1.4%, p < 0.03).
Conclusions: In this analysis, we found a significant increase in the rate of ED
admissions to rural hospitals and discharges AMA with TE use. These findings may
have important implications for the quality of emergency care in rural areas and the
sustainability of rural hospitals’ EDs.