

Development of a GME Wellness Program at One Sponsoring Institution: One Year's Journey

Despina Tsarouhis BS

Margaret A. Hadinger EdD

Joseph E. Patruno MD

Carmine Pellosie DO, MPH, MBA

Daniel Relles MD

See next page for additional authors

Follow this and additional works at: <https://scholarlyworks.lvhn.org/education>



Part of the [Education Commons](#), and the [Medical Education Commons](#)

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Authors

Despina Tsarouhis BS; Margaret A. Hadinger EdD; Joseph E. Patruno MD; Carmine Pellosie DO, MPH, MBA; Daniel Relles MD; Kevin M. Correll MDiv, MAPC; Richard Drabic LCSW; Johnathon Dallarosa MD; and Lekha Racharla DO

Development of a GME Wellness Program at One Sponsoring Institution: One Year's Journey

Despina Tsarouhis, BS, Margaret A. Hadinger, EdD, Joseph E. Patruno, MD, Carmine J. Pellosie, DO, Daniel Relles, MD, Rev. Kevin M. Correll, M.Div., MAPC, Richard A. Drabic, LCSW, Johnathon Dallarosa, MD, Lekha Racharla, DO
Lehigh Valley Health Network, Allentown, Pa.

Introduction

Beginning in 2019, Lehigh Valley Health Network's (LVHN's) Graduate Medical Education Committee (GMEC) expanded wellness programming for trainees. Multiple opportunities for improvement were identified. The focus was to transform culture simultaneously from the ground up and the top down, make assessment tools for well-being and distress accessible to trainees, and provide resources to optimize well-being. The result is an innovative and multi-faceted model designed to mitigate burnout and promote well-being among trainees.

Rationale

Graduate medical trainees have unique risks for burnout. High time demands, difficult work scenarios, lack of control in work planning, and interpersonal relationships are all factors in trainee burnout.¹ Mental distress can impact trainee quality of life, work performance and self and patient safety.² We sought to create a comprehensive set of targeted interventions to address these issues.

ACKNOWLEDGEMENT

The authors thank The Dorothy Rider Pool Health Care Trust for its support of LVHN's GME wellness initiatives.

Interventions

- Targeted at individual and institutional level
- Focused on incoming/new trainees
- Aimed to create cultural shift re: importance of wellness; to promote easily accessible and free counseling and mentorship services; to implement trainee well-being self-assessment; and to expand and promote available wellness resources
- Collaborated to ensure all network wellness initiatives include trainees

Results

Initial positive response to these interventions suggests acceptability and appreciation by trainees and we expect these interventions to produce measurable improvements in resident wellness over time.

Long-term results expected include:

- Increased participation in EAP and physician mentoring program over time
- Decreased trainee attrition/increased retention
- Enhanced recruitment as wellness is perceived and promoted as a priority at LVHN
- Gains in trainee well-being metrics compared to national benchmarks

Conclusions

Creating a culture of well-being is a journey. Prioritization of wellness demands institutional support through action and the importance of prioritizing wellness efforts is even more critical now as COVID impacts trainee wellness.

WHAT'S NEEDED FOR THIS JOURNEY?

- Prioritization of trainee wellness; institutional commitment for change and for resources needed
- Collaboration among various stakeholders inside and outside Graduate Medical Education (GME)
- Minimal budget needs

Next steps

We plan to apply The Well-Being Interventions Typology (WIT) and The Well-Being Evaluation Schema (WES)³ to evaluate the current GME wellness program and interventions, to identify gaps, and to determine items for further focus.

REFERENCES

¹Ishak W., Lederer S., Mandili C., et al. Burnout During Residency Training: A Literature Review. *J Grad Med Educ.* 2009; December 2009, Vol. 1, No. 2, pp. 236-242. <https://dx.doi.org/10.4300%2FJGME-D-09-00054.1>

²Ishak W., Lederer S., Mandili C., et al. Burnout During Residency Training: A Literature Review. *J Grad Med Educ.* 2009; December 2009, Vol. 1, No. 2, pp. 236-242. <https://dx.doi.org/10.4300%2FJGME-D-09-00054.1>

³Philibert I, Kompasek L. The WIT and the WES: Tools for categorizing and evaluating physician well-being programs. *J Grad Med Educ.* 2020; February 2020, Vol. 12, No. 1, pp. 14-18. <https://doi.org/10.4300/JGME-D-19-00450.1>

Interventions



ASSESSMENT

- Launched trainee well-being survey; trainees can track own well-being over time



RESOURCES

- Implemented "opt-out" Employee Assistance Program (EAP) check-ins for incoming trainees, with leadership role modeling
- Implemented "opt-out" Physician for Physician (P4P) peer mentoring for incoming trainees
- Increased number of program-specific and institutional wellness activities
- Bolstered onboarding process for new trainees
- Increased course and grand round offerings on mental health; offered forums to discuss topics such as physician suicide, depression, and burnout
- Prioritized expansion/renovation of trainee workspaces and lounge areas



CULTURE AND COLLABORATION

- Initiated GMEC Learning Environment Subcommittee, with focus on well-being
- Incorporated trainees in network-wide wellness programming

Results



- 52% well-being survey initial utilization



- Increased participation in EAP
- Increased participation in P4P peer mentoring
- Increased participation in forums on mental health



- Increased collaboration across multiple stakeholders throughout the organization