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

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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, relationships are all factors in trainee burnout. High time demands, difficult work scenarios, lack of control in work planning, and interpersonal relationships are all factors in trainee burnout.

Purpose
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. Mental distress can impact trainee quality of life, relationships are all factors in trainee burnout. High time demands, difficult work scenarios, lack of control in work planning, and interpersonal relationships are all factors in trainee burnout.

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 and increased training
- Increased number of program specific and institutional wellness activities
- Viewed encouraging 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
- Increased collaboration and promotion of trainee well-being

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) to evaluate the current GME wellness program and interventions, to identify gaps, and to determine items for further focus.

References

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