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Project Summary: The GMEC wellness subgroup members believe the next step in developing a comprehensive wellness plan for our educational enterprise should be the creation of a pool of counselors (psychologists, psychiatrists) who would be willing to meet with individual residents or fellows who self-identify as stressed, burned out or in need of support.

A pilot project for a confidential counseling service designed to assess feasibility of this approach and to understand how the initial service could be expanded to all training programs is described.

Background:

- Residents and fellows in training who experience burnout or other forms of distress are reluctant to seek counseling help from their program leaders, or institutional services such as the EAP (Employee Assistance Service).
- Known barriers to seeking help include training program stigma for mental health issues, concerns about confidentiality, judgment from peers, impact on licensure, cost, and a lack of time.¹ Professional trainees are subject to higher levels of stress and emotional impact from their work, reflected in the higher rates of burnout and suicide when compared with other careers.
- We see an opportunity to address this issue through a specialized service delivery model designed for physicians in training.

Needs Assessment:

- A resident and faculty survey of burnout has been conducted using a validated tool showing high levels of burnout associated with their training at Summa Health System.²
- The Ohio Hospital Association conducted a statewide burnout inventory survey Summer 2018 showing Summa physicians to have a 60.94 burnout rate compared to 56.6% at other hospitals. Institutional burnout rates affect residents training in the same setting.
- The ACGME CLER visit to assess the learning environment in Summer, 2018 cited our need for a comprehensive program to address wellness and to respond to trainees working under the negative impact of prolonged stress, or burnout.

Project Goals:

- Remove barriers for learners to receive needed help
- Avoid and lessen stigma and diminish psychologic triggers for learners who seek help
- Clarify steps for program directors and core faculty to take
- Test this approach using a pilot to appreciate resources needed to scale for all residents.

¹ Aaronson et al. Mental Health During Residency Training: Assessing the Barriers to Seeking Care. Acad Psych (2018) 42:469-472

² Maslach Burnout Inventory-Human Services Survey for Medical Professionals, conducted Fall 2017, Spring 2018, Fall 2018.

Description of Pilot

A small pool of available professional counselors would be identified to be available to provide appointments with residents or fellows in training.

Characteristics of the counseling staff:

- Certified in their respective field
- No direct association with the education or supervision of our residents
- Possess a knowledge of the health system and culture and of the demands of residency or fellowship
- Place a strong emphasis on trainees problem solving and learning new approaches as part of a humanistic approach to postgraduate training
- Able to meet off campus at a location not associated directly with resident or fellow responsibilities.

Scheduling and attending a counselor appointment

- A resident would access support by calling a single number or sending an email. An appointment would be offered based on need, within a short period of time. Appointment hours would include evenings and weekend spots according to need.
- Residents will be assured that no communication with their program director, supervisory faculty or others related to their visit.
- Selecting the appropriate location of the support interview was important to group members. If possible, the location should not be an identified Summa facility, to reduce concerns about stigma or a record of visits.
- Visits would not involve keeping a chart, making a record or transmitting a record to superiors or program faculty. Focus would be on non-judgmental support and problem solving, not formal medical treatment. Content of these visits would be non-discoverable.
- Although the purpose of this service is support and wellness, the group members recognize there may be instances where patient safety, resident safety or a danger to others may emerge. They will develop a clear criterion for these instances.

Group discussion comment 11-8-18: Consider scheduling an initial, baseline appointment for ALL residents to introduce services and discuss general wellness. The group favors this approach; the pilot leaders favor it, but believe the initial pilot visits should be scheduled by self-identified need.

Costs/Funding

The planning team estimates the cost of a pilot with 1-2 initial designated counselors using office space for a 6-12 month trial would be approximately \$100,000. This includes support services and the ability to study the impact on resident well-being.

- There are multiple entities within the enterprise that might contribute to a pilot of this kind, including representatives of medical education, Primary Care Task Force, the Summa Foundation, the Women's Board, based on prior project contributions.
- Cindy Kelley has organized an institutional wellness committee to help organize efforts across the enterprise. She recommends the pilot proposal be submitted there as well for consideration of funding.