Burnout prevention can begin in medical school, residency training

DEC 13, 2019

Timothy M. Smith
Senior News Writer

Humiliation, discrimination, EHRs, untamed inboxes. Medical students and residents face a long list of threats to their well-being and, therefore, their ability to safely care for patients. An AMA webinar explores innovative efforts at medical schools and residency programs to prevent burnout from taking root.

The webinar, “Well-Being and the Clinical Learning Environment,” produced by the AMA Accelerating Change in Medical Education initiative, highlights novel approaches to analyzing elements of the learning environment that affect learner well-being, as well as practical ideas for improving them.

#MDsToo

Last year, the University of California, Irvine, School of Medicine launched #MDsToo, a student-mistreatment prevention curriculum focused on the experiences of faculty and residents themselves.

“Students who are victims or witnesses of the treatment become desensitized to these inappropriate behaviors and then ultimately go on to model them as residents and faculty,” said Khan-Van Le-Bucklin, MD, the school’s vice dean of medical education.

A key element of the curriculum is the showing of eight video cases focusing on various types of mistreatment, followed by small group discussions of a framework of positive teacher-learner interactions. In a survey of about 250 faculty and residents who participated in the first year, 60% said they had experienced mistreatment as a medical student, and nearly half said they had witnessed situations that they hadn’t recognized as mistreatment but they would classify as mistreatment now. Most importantly, in the year following the training, the rate of mistreatment dropped from 43% to 36%.

UC Irvine is now developing an #MDsToo curriculum for students and disseminating the curriculum to
other medical schools.

**Measuring and modifying**

With a five-year grant from the AMA Reimagining Residency initiative, Johns Hopkins University School of Medicine is measuring modifiable variables in the learning environment—such as time at bedside, EHR behavior, workload and schedules—creating models to associate those variables with well-being and clinical skills, and then, based on those associations, designing and testing interventions. The work at Johns Hopkins is happening in partnership with the Stanford University School of Medicine and the University of Alabama at Birmingham School of Medicine.

“We believe the best way to improve the outcomes of both clinical skills and also, importantly, well-being is for us to measure them,” said Sanjay Virendra Desai, MD, director of the Osler Medical Training Program at Johns Hopkins. “This is such an important variable and circumstance in the medical profession … that we believe it requires the same rigor of scientific evidence that we demand and really expect of all other spaces of science.”

One of its first projects was a time-motion study of more than 2,000 trainee hours across eight sites that found internal medicine residents were spending just 20% of their time in the hospital on education and direct patient care and 66% on indirect care. A staggering 43% of their time was spent interacting with the medical record alone.

Another study involved staff members’ voluntarily wearing radio-frequency identification badges. In just nine months, Johns Hopkins collected 120,000 hours of location data on trainees in the hospital. Perhaps not surprisingly, it showed they were spending just 13% of their time in patient rooms.

“Simply shifting that time may not be the best in terms of outcomes because it has to be a meaningful shift and a shift that’s purposeful, where we can interact with patients in a meaningful way,” Dr. Desai explained. “But measuring it, again, is the … first step in creating interventions and then following those interventions and the effects of them.”

The webinar also highlights the University of Colorado Family Medicine Residency Program, in which residents in all three years are matched with medical assistants, who accompany the residents in the exam rooms and provide help with order entry and documentation tasks. Faculty in the same supportive model showed a drop in burnout from 53% to 13% in one year.
The AMA provides numerous resources for measuring and tackling physician burnout. These include more than a half dozen AMA STEPS Forward™ modules focused on professional well-being and a section of the AMA website on debunking regulatory myths.

Slides and a video recording of the webinar are available in the “Resources” section of the AMA Accelerating Change in Medical Education digital community (registration required).