Resident stress: Reducing burnout & improving physician well-being with Baylor Scott & White Health

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Featured topic and speakers

In today’s AMA Update, Emily Kaus, GME wellness program manager, and Julie Higginbotham, resident education and development specialist, from Baylor Scott & White in Dallas, share organizational insights to take on resident burnout and improve physician well-being. AMA Chief Experience Officer Todd Unger hosts.

Speakers

- Emily Kaus, GME wellness program manager, Baylor Scott & White Health
- Julie Higginbotham, resident education and development specialist, Baylor Scott & White Health

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. We talk a lot about addressing physician burnout as part of the AMA Recovery Plan for America's Physicians. But today we're going to focus on residence and talk about addressing resident burnout.
And for that, I'm joined by Emily Kaus, GME wellness program manager, and Julie Higginbotham, resident education and development specialist. Both are calling in from Baylor Scott & White in Dallas, Texas. I'm Todd Unger, AMA’s chief experience officer in Chicago. Emily, Julie, thanks so much for joining us today.

**Kaus:** Great to be here.

**Higginbotham:** We're really excited. Thank you for having us.

**Unger:** Well, let's start by taking a little bit of a step back and exploring what first motivated you to put a well-being measurement strategy in place for your residents. Julie, let's start with you. What were you noticing in terms of residents' stress level or burnout levels?

**Higginbotham:** So we really started our efforts about five years ago, in about 2018. Every year, we do end-of-year surveys, institutional surveys with the residents and fellows. And we started noticing some comments, saying they were experiencing some fatigue and some stress and some burnout. And while we know this is all very normal—I mean, residency is hard. Training is hard—we did feel like it was time to increase our efforts and make sure that well-being was top of mind, and then it was a priority.

First, we wanted to make sure they were aware of the resources that we do have here or that we already had in place, which were things that the institution really had in place, like the employee assistance program, that their insurance did provide some counseling if they needed it.

We also have a peer support program where physicians and residents and nurses and staff can all be trained to help each other out. So all those resources, we wanted to make sure that they knew, that they were aware of. So we did some education with them, primarily through emails, distributions. And then we did a post-survey to see to make sure that they were aware of those kind of things. We did a pre-survey to kind of get a baseline, and then we did a post-survey.

And then once we did that, we realized that we need to also start doing a formal assessment. And so that's when we reached out to the AMA. We did our first AMA wellness survey in 2018, and then we've done, I think, six since. So we've done six; we did three surveys pre-pandemic and then three surveys post-pandemic just so we, every year, knew where all of our residents and fellows are standing in regards to resident burnout.

**Unger:** And that kind of history is going to be important when we talk about other questions, especially about where we've emerged from this pandemic. A lot of the partners that we work with, one of the first questions is always about, where do we start? And you hit a little bit on it. But, Emily, I want to hear from your perspective about the measurement piece and why it's so important when you try to
address a challenge like burnout.

**Kaus:** The experience of burnout is such a personal experience that people often define it in a subjective way. You could ask two physicians, are you burnt out, and both may say yes but both may have very different definitions. So we really need to rely on more standardized methods of measuring burnout to get a more objective picture.

You can't really know the impact of your well-being efforts without measuring that change over time as well. So we've really benefited from seeing those data points over time, assessing what happened between data points and where we can focus our attention on our well-being efforts.

**Unger:** And we'll talk more about it again. But we knew that after making a lot of headway on the physician burnout front in that second year of pandemic, we're seeing the levels of burnout skyrocket to over 60%.

You're having a different outcome with residents. It's probably attributable to the kind of measurement and programming that you're doing, which is you were able to improve your findings in 2022. I want to dig into that, how this happened, given the pandemic and everything we're facing in terms of challenges?

**Kaus:** I think we've focused on a variety of efforts. And so, I think everything together is what really helped us out to improve those scores. Even from the beginning before COVID, we've done our best to show what Julie was saying earlier about—show to our residents how stressful medical training is, that we recognize it. And we're trying to make even as minor or significant an impact as we can. What can we do to make their lives even just a little bit easier?

I think part of assessing and managing well-being is that we keep that line of communication really open. It's not just the surveys that we're hearing about what residents want or what they expect would impact their well-being, what they see as either the pebble in their shoe or what they think would help. So we keep that line of communication open. We welcome feedback in that way all year round.

And then something specifically that we initiated during the height of COVID, especially when we couldn't meet in person as much—it was harder to provide some of our services—our team developed an internal well-being website that our residents and, really, any physician in the system can log on to. It has a lot of different educational resources, support resources, anything folks may need to help assess and learn more about mental health and well-being.

In addition to that—this was also pre-COVID—but our faculty development leader, Dr. Tom Cox, he created a team of us to focus on different needs of residents throughout their training. So we've got, of course, Julie who focuses on residents' education, meeting that need. We have a staff member, Dr. Ahmed, who supports residents in their research efforts.
And then what I do as the well-being program manager, I offer brief counseling services and coaching consultation type of services for any well-being or mental health needs that our residents might have. And we've been able to offer that still even—we just transitioned to virtually for a lot of our supports. So I think the combination of all these different things has been really helpful.

And now that we're coming out of the worst of COVID, we've been able to meet together more often in groups and bigger groups, and so we've started back up with our different events, even the more social type of events, just to build that camaraderie and boost morale. So we've been doing some more of that recently again.

Unger: It's good to be back together again. I think people are surprised by how much that matters.

Kaus: It does.

Unger: You talked about communication. I just want to ask a little bit more about that. I think what you hear sometimes is there's the kind of latest survey about whatever, and maybe people don't feel like anything ever happens as a result of that.

And I know that part of your process is about communicating what the assessment found. And that includes both the positives and the negatives. How do you do that and kind of restore people's faith and that what you're learning is going to get put in action?

Kaus: Yes, so we communicate the results with programs individually as well as overall results. Once we get that data, we'll filter it out by each program. And we'll share with each program director and program administrator, here are your results for your program compared to the national averages as well as compared to the overall scores for all of our programs.

And so we'll share in that way. We'll discuss results with each group, share—how does it compare? Was it better or worse in different areas? And then we'll also find any other ways to include that information in some of our presentations.

For example, I did a lecture with our surgery grand rounds and speaking on burnout. And I showed the comparison of where our general surgery residents were on their burnout, questions and their scores versus studies of general surgery residents at other institutions. So we try to include, incorporate that knowledge wherever we can.

Unger: Julie, you focus on resident education and development. How do you take what you learn in these assessments and build that into your education and development programs to play out the strategy here?

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Higginbotham: Well, we found that, in looking at these surveys, one of the biggest issues that the residents have is—we are a teaching hospital here at Baylor University Medical Center. So one of their main responsibilities is to teach, is to teach to others. So that's our expectation, is that they teach to the medical students and they teach to each other.

And a lot of their challenge there is time. And so a lot of it is, I don't have the time to teach, I have my own responsibilities. So my role here is to help them to be better teachers and better educators.

So I have a residents as teachers curriculum that I offer to them. I go throughout the institution to all the different programs, talking to them about things like professionalism and how to be a good role model, how to set expectations, how to give effective feedback, how to build a good lecture, how to engage your learners, those kind of things. And I think by giving them those tips and tools on how to teach, I think that decreases some of the stress, the challenges of teaching brings to them.

Another thing that we've found is that the challenge is how to study, finding time to study. They are working with patients and in the clinical environment day in and day out. And so it's really hard for them to find time to study. And the bottom line is they're still trainees and they're still learning, and they have to increase that medical knowledge.

One way to do that is by teaching. I always tell them to teach is to learn twice. So that's one of the most effective ways of learning. And the most active learning is by teaching. So I always say that, that teaching does help you learn.

But also, I do work one on one with residents and fellows. Program directors will reach out and say, hey, this resident is really struggling with time management or study skills. Or they are always responsible for in-training exams every year.

And so if they don't do very well on an in-training exam, I will meet with them and talk to them about test-taking strategies. And we'll practice test questions. So I think those two things are the big challenges we've found. And so those are the things that I incorporate into my education, is helping them increase their medical knowledge the best I can and also giving them those ways to make teaching easier for them.

Unger: Now, one of the tools that you do utilize is the AMA's GME Competency Education Program. It supports education for your residents. How does that fit in? What is the most exciting about that for you?

Higginbotham: We have used the AMA education competency program in the past. And how we've done that is just to take some of those modules. It's a very dense—they have a great curriculum, excellent modules, very engaging. And so we will assign those. We have assigned some of those modules to the residents and give them a deadline to complete.
But, again, like we say, we know the AMA is a trusted and reliable source and they have great education. And so we've always really had faith in that education.

So I think another thing that's helpful for those is that they can work on it on their own time, it's asynchronous, they can log on when they have time to complete those. So I think, obviously, the convenience factor really helps us disseminate that type of education to them.

**Unger:** Well, Emily, beyond the data and a lot of the learning part of this, part of your secret sauce here is peer support efforts, recognition. These are tremendous efforts far beyond food that we talked about before. Tell us a little bit about how you've leveraged those to really make headway here.

**Kaus:** Yeah, so for recognition, we've offered those different incentives like Julie mentioned, expressions of gratitude frequently to our team. And we really try to integrate both the formal support resources as well as the informal. So, of course, we make sure our residents know how to access the peer support program, that's an institutional-wide program to offer them support. But, really, even in all of our talks, lectures, everything about well-being, we really encourage residents to look out for one another and I think that plays the biggest role.

Physicians, just like anybody in any helping field, they're really good about helping others, not so much about knowing when it's time to help myself. And so making sure that they know those signs of burnout, for example, knowing to recognize in your peers, knowing how do I support others when they're struggling because they'll notice that before they notice they're struggling.

And because physicians want to hear from other physicians, so I think having an encouraging—a culture of support between peers as well as the formal support measures, that's crucial for well-being.

**Unger:** Julie, do you find that the very important efforts you're making here on the residency front, do they translate into, let's say, advantages when you're thinking about physician recruitment, new physician recruitment?

**Higginbotham:** Sure, absolutely, I mean, we use these results. As Emily mentioned, we filter the results by program, and we send them to all the program administrators and program directors. And we have heard that they do use them in their orientation presentations during recruitment season. So we are really proud of what we've created here, and so we want to really illustrate that and really show it off.

The AMA has said that we can use the statement that our residency program has the highest overall mini risk score among all residencies in the country surveyed by the AMA, and that we exceed all of the AMA national averages. So, again, like I said, definitely, I think that makes us a little bit more competitive. And so we want to share those results and illustrate that we have a positive culture, and that resident well-being is really a priority here.
Unger: That is great data. Emily, any final thoughts to other health systems, practices out there, residency programs that are looking to address this issue around burnout? Why is it so important to do it now and not wait?

Kaus: Sooner rather than later is the key here. It's crucial that we don't just react and respond after residents are becoming burned out, after positions are burned out. We have to be proactive about it.

And so although many physicians might be burnt out on talking about burnout, when we keep the conversation open and ongoing, we're more aware. We know what to look out for. We're kind of primed to notice this stuff more. So we recognize the signs and symptoms more easily in ourselves as well as in others. And that prevents people from getting to their lowest point, their rock bottom when it comes to burnout.

I think it's also important to not only set up resources within GME departments, but to take advantage of what already exists in your institution, like peer support programs, like the EAP. Familiarize yourself with those resources so that you know how to help your residents when they're struggling.

Higginbotham: I was going to say one thing to add is check—I was on an email chain, and I reached out to other programs in the country and asked them what they're doing. I think it's good to share best practices with other institutions, and you can really learn from each other.

So that's another thing that I think really stressed with other programs throughout the country, is reach out, ask other people. Even in your city, if there's another institution residency program, we have to all collaborate together and make it a partnership.

Unger: And that kind of shared insight and those platforms to convene, another important part of AMA's program, learning from each other. The results of your work speak for themselves and stand in contrast to what we've seen for so many other places for physicians coming out of the pandemic. You never know when something like that is going to be thrown in the mix.

So what you said there, sooner than later. Don't wait for it to be a problem. Address it proactively. Emily, Julie, thank you so much for being here today and sharing these results from Baylor Scott & White. That's quite a success.

For more information on the AMA's efforts to address burnout and the Mini ReZ burnout assessment, visit ama-assn.org/burnout. We'll be back with another AMA Update soon. You can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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