

# Riverside Methodist Hospital, Columbus, OH

## Monitoring Resident Burnout While Building Resilience in a Multidisciplinary Community Hospital

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**Background:** A 2010 safety attitudes questionnaire showed a disparity in safety culture and stress recognition among our residency programs. Demanding work hours, high amounts of debt from medical education, emotional exhaustion, and decreased sense of control cultivate resident burnout, which negatively impacts patient safety and QI. We sought to implement a sustainable curriculum that would better monitor stress recognition and resident burnout while also improving resilience and the safety culture in GME.

**Methods:** Project staff developed and distributed burnout surveys to all program residents and incoming interns. Based on the results of a curricular needs assessment, a resilience and safety curriculum was implemented in 3 of 4 residency programs. Project staff also introduced a monthly interdisciplinary conference.

**Results:** Initial data showed the need for change that reinforced buy-in. Interdisciplinary conferences were well attended. CME is now offered to attending physicians for participation in QI and safety lectures. We have seen a gradual but palpable shift in the safety culture. Survey results after intervention are pending.

**Conclusions:** Residents in all specialties exhibit moderate to high amounts of burnout; burnout was evident even in incoming interns. As burnout is directly related to patient safety, it is essential that residents receive training in resilience. We will implement curriculum changes in the remaining residency program, continue to develop the new standard for morbidity and mortality (M&M) conferences, and introduce new resilience conferences.

### FINAL WORK PLAN – Riverside Methodist Hospital

Overall Goal for NI III/Elevator Speech	Our team’s goal was to implement a sustainable curriculum that would better characterize and monitor stress recognition and resident burnout while also improving resilience and the safety culture in GME.
Needs Statement	This goal was important because a disparity was seen in safety culture and stress recognition between residency programs.
Vision Statement	In March 2013, we will see the outcomes of our success by improved scores on the safety attitudes questionnaire and burnout survey and through resident engagement in the Q&S curriculum.
Measures	We determined the success of meeting our goal by measuring resident burnout and measuring attitudes pertaining to safety culture and stress recognition related to patient care.
Success Factors	The most successful component of our work was the interdisciplinary conferences. We were inspired by Dr Bryan Sexton and the Duke Patient Safety Center.
Barriers	The largest barrier we encountered was buy-in from program directors to allow changes to curriculum and to give up precious protected time of the residents. We worked to overcome this by approaching the curriculum in multiple ways—tweaking existing curriculum, changing the focus of some M&M conferences, starting slowly, and allowing for introductory periods to prove the worth.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Have enough people on your team! Believe in your vision!