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## Two Novel Approaches to Improve Otolaryngology Resident Wellness: The ACGME *Back to Bedside* Initiative

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### Abstract

Rates of burnout, mental illness, and suicide are disproportionately elevated among physicians, and surgical specialists, including otolaryngologists, are at even higher risk for professional burnout. These trends have been identified at both the trainee and attending level. To combat resident burnout, the Accreditation Council for Graduate Medical Education (ACGME) Council of Review Committee Residents (CRCR) designed the *Back to Bedside* Initiative, the goals of which are to foster meaning in the learning environment and to help trainees to engage more deeply with patients. Two funded *Back to Bedside* proposals involve otolaryngology training programs. Herein, we discuss these two approaches in an effort to foster additional novel resident wellness initiatives and awareness thereof across our subspecialty.

### Keywords

Burnout; resident wellness; resilience; physician wellness; physician mental health; ACGME; Back to Bedside

### Introduction and Background

Across medical specialties, rates of physician burnout, depression, and suicide are alarmingly high. Burnout is defined as a combination of emotional exhaustion, depersonalization, and a sense of reduced accomplishment at work<sup>1</sup>. It is associated with worse patient outcomes<sup>2,3</sup> and is an independent predictor of major medical errors<sup>4</sup>.

#### Author Contributions

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A survey of fellows of the American College of Surgeons reported that 40% of surgeons experience burnout, 30% experience symptoms of depression, and 28% have a mental quality of life (QOL) score significantly below population norm<sup>5</sup>. Among surgical specialties, being an otolaryngologist was found to be an independent predictor for burnout. Additionally, 31% of otolaryngologists would not choose to become surgeons again, 23% screened positive for depression, and 21% had a low QOL<sup>6</sup>. These trends are also seen in otolaryngology residents, with high burnout evident in 10% of surveyed residents, and moderate burnout in 76% of residents<sup>7</sup>.

Stemming from a desire to combat resident burnout, the Accreditation Council of Graduate Medical Education (ACGME) Council of Review Committee Residents (CRCR), comprised of 30 resident and fellow members of the ACGME Review Committees and Board, designed the *Back to Bedside* Initiative with the goal of empowering residents and fellows of all specialties to develop projects that combat burnout by fostering meaning in their learning environments, and by engaging more deeply with patients<sup>8</sup>. The ACGME received 223 proposals within five main themes identified by the CRCR for enhancing meaning in work: fostering support and collaboration, shared teamwork, developing opportunities for more meaningful patient care, decreasing effort on administrative duties, and increasing patient satisfaction. Of the 223 proposals, 30 were selected from residency programs across the country. Six proposals were from surgical specialties, and two were from Otolaryngology-Head and Neck Surgery training programs. Here, we highlight the two otolaryngology proposals that offer two unique approaches to bring our residents “back to bedside.”

## **Time to Teach: A Time-Banking Initiative to Promote Resident Led Patient Education**

At the University of Colorado, our initiative focuses on developing opportunities for meaningful patient interactions. We are initiating a series of monthly resident-run patient education sessions and nursing in-service sessions. Resident volunteers will present lectures on a variety of general otolaryngology topics from dysphagia to tinnitus to sinusitis. Patients will be invited from otolaryngology and primary care clinics though sessions will be open to the public. Nursing in-service sessions will discuss postoperative care of the otolaryngology patient.

In order to encourage resident participation, we will employ a “time banking” system in which participation in these events will allow residents to gain “credits” which he/she can redeem for services such as meal delivery or textbooks. Incentivizing participation will hopefully reduce resident burden at home, and allow more time for face-to-face patient interactions with the ultimate goal of helping residents to provide and patients to receive more meaningful care.

## **Meaningful Encounters at the Bedside: A Novel Resident Wellness Program**

At the University of Michigan, we are creating a comprehensive resident wellness program that incorporates interventions to increase meaning both during and away from bedside encounters. During bedside encounters, we will use resident card handouts to facilitate a

reciprocal exchange of personal information in order to increase humanization of both residents and patients. The resident card handouts will consist of resident photographs, a description of roles and patient care responsibilities, as well as selected personal information. This can include hometown, schools attended, and/or prompts for patients to ask residents about themselves, such as hobbies, family, or favorite activities around Ann Arbor. In exchange, residents will ask patients to tell them more about themselves. By increasing personalization of both residents and patients, we hope to increase trainee well-being while also improving the quality of patient care delivery and interpersonal interaction.

Away from the bedside, we will implement quarterly focus groups that will take place after each three-month clinical rotation to give residents a safe space to honestly and openly reflect and debrief on positive and negative patient care experiences. During group sessions, our aims will be to share patient care experiences, increase emotional awareness among residents, and ultimately prevent burnout. Mixed methods approaches will analyze impact, sustainability and qualitative data longitudinally.

## Conclusion

Professional burnout is prevalent within medicine at all levels of training and practice, and has significant negative consequences for physicians and their patients. Steps are necessary to both recognize and mitigate burnout, and to increase meaning in the clinical work environment among otolaryngologists. Novel programs such as the ACGME *Back to Bedside* Initiative promise to generate interest, awareness and data that will help cultivate and achieve these goals.

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