Medical School and Residency Training Breakout Session

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Beyond Resiliency Training: Organizational Strategies to Alleviate Burnout and Increase Wellness in Academic Medicine
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• What structural / organizational solutions have proven effective in impacting physician burnout?
  – Medical Student and Residency wellness programs; especially those in which trainees participated in program design
  – Mentorship programs integrated into wellness programs
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• What solutions, initially viewed as promising, have proven ineffective or disappointing? Why?
  – Work hour restrictions (not based on data, unintended consequences)
  – Programs that mandate or require reflective sessions; physical fitness programs, etc. (resentment, lack of control)
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• What are the challenges in marshalling support from organizational leadership?
  – Residents employed/funded by hospitals not controlled by faculty/residency program directors
  – Hospitals have not recognized the need for programs that address employee burnout
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• What resources are needed?
  – Commitment by all stakeholders (faculty, trainees and hospitals)
  – Cultural changes that welcome and incorporate input from trainees into design of hospital and clinical practices
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• What strategies have proven effective in changing the culture of the organization?
  – Education of hospital leadership regarding the magnitude of the problem and potential risks
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• How can local and national organizations collaborate to address the key drivers of burnout in this domain?
  – Consider studies that assess correlation between physician faculty burnout and that of their trainees. Are faculty the problem?
What solutions need to be tried next? What is the best way to implement these in an evidence based format?

- Solution
  - Assess the efficacy of longitudinal faculty mentorship of medical student and resident trainees in programs similar to those that have been effective for physicians in practice.
Thank You