

Thomas Jefferson University Jefferson Digital Commons

Jefferson Hospital Staff Papers and Presentations

Thomas Jefferson University Hospital

11-8-2024

An Innovative Strategy to Combat Burnout: How to Implement Opt-Out Wellness Checks for Learners

Emily Lisco, MD

Alexandra Pierlott, LCSW

Meghan O'Meara, LPC

Follow this and additional works at: https://jdc.jefferson.edu/tjuhpapers

Part of the Psychiatry Commons, and the Psychiatry and Psychology Commons

Let us know how access to this document benefits you

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Hospital Staff Papers and Presentations by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.



An Innovative Strategy to Combat Burnout: How to Implement Opt-Out Wellness Checks for Learners

Emily Lisco MD, Alexandra Pierlott LCSW, Meghan O'Meara LPC

Emotional Health and Wellness Program: Thomas Jefferson University Hospital, Philadelphia, PA

ABSTRACT

- Medical students and house staff are more likely to experience burnout than their age-matched peers in the general population.¹
- Opt-out programs have been used to target medical students and resident physicians to increase help-seeking and provide low-barrier access to mental health care and other supports.²⁻⁵
- Thomas Jefferson University Hospital (TJUH) is a multi-state not-forprofit academic medical system affiliated with the Sidney Kimmel Medical College.
- The opt-out visit structure was modeled on the framework of creating a safety plan. Residents reflected on their personal signs of burnout, coping skills, supports, and indications for seeking professional help.
- AY21: 76 visits were scheduled. 61% (46/76) opted in. Of those, 24% (11/46) scheduled an intake.
- AY22: 369 visits were scheduled. 32% (118/369) opted in. Of those, 34% (40/118) scheduled an intake.
- This data shows that residents who attend opt-out visits often choose to schedule intake appointments, illustrating increased help-seeking behavior.
- This low-cost intervention can be implemented by all academic institutions to combat burnout and increase the well-being of learners.

GOALS

- . Identify, support, and monitor residents who are struggling with their mental health and remind them of available services.
- 2. Encourage residents to reflect on their individual signs of burnout and develop an action plan to enhance well-being throughout residency.
- 3. Feedback solicited through surveys is meant to help the program grow and serve residents in the most meaningful way possible.

METHODS			
AY	Timeframe	Participants	Facilitators
21	July - September 21	-Internal Medicine (PGY1) -Neurology (PGY2-4)	1 Psychiatrist
22	July 22 - April 23	-Internal Medicine (PGY1-3) -Neurology (PGY2-4) -Psychiatry (PGY1) -General Surgery (PGY1-5) -Emergency Medicine (PGY1-3) -Family Medicine (PGY1-3) -Pediatrics (PGY1-3)	1 Psychiatrist 3 Therapists

Facilitators: Emotional Health and Wellness Program Staff (employed by TJUH)

Appointments: 1:1, 30 minutes, virtual, scheduled by the program during designated time off in the workday or evening

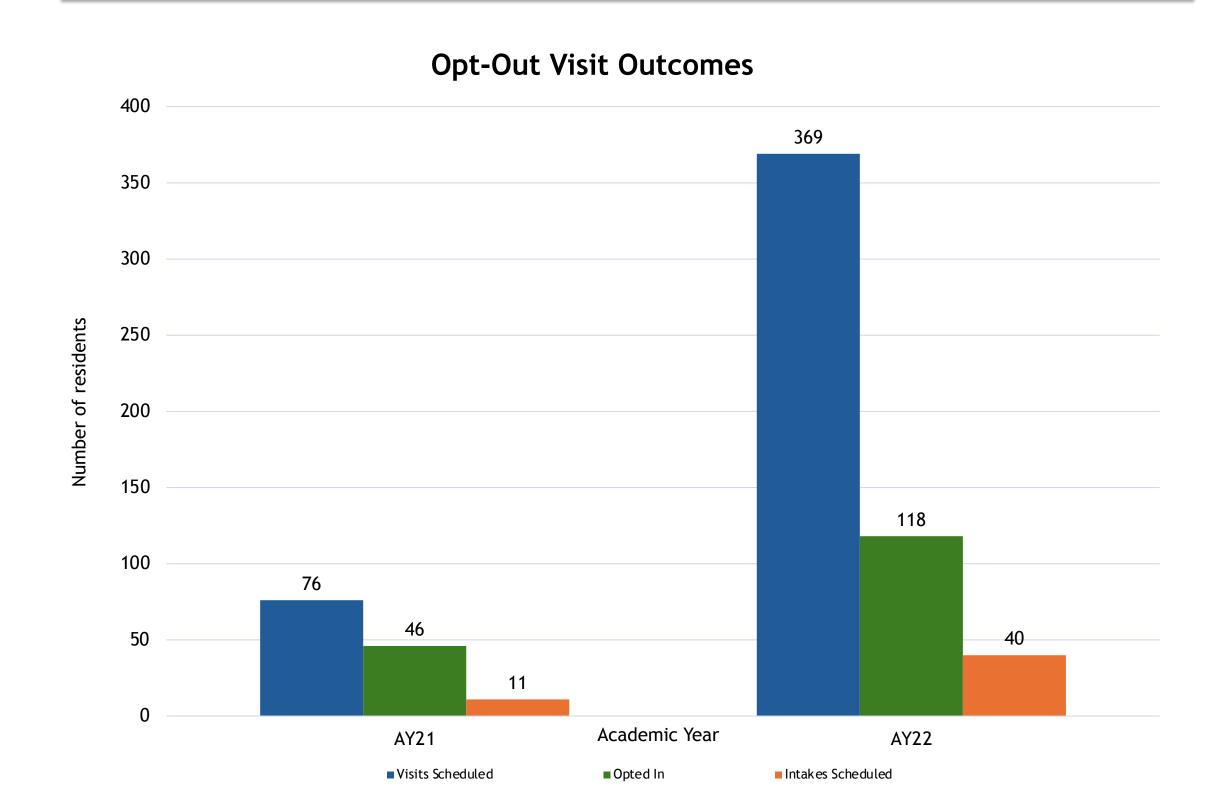
Preparation: Residents were asked to complete a consent form and PHQ-9 prior to the visit

Visit Format:

- Recognize personal signs and symptoms of burnout
- Reflect on individual coping skills
- Review highs and lows from the past year (if attended previously)
- Identify members of their support system
- Consider when to reach out for professional help
- Ask individualized questions about how to access care
- Schedule a mental health intake appointment (optional)

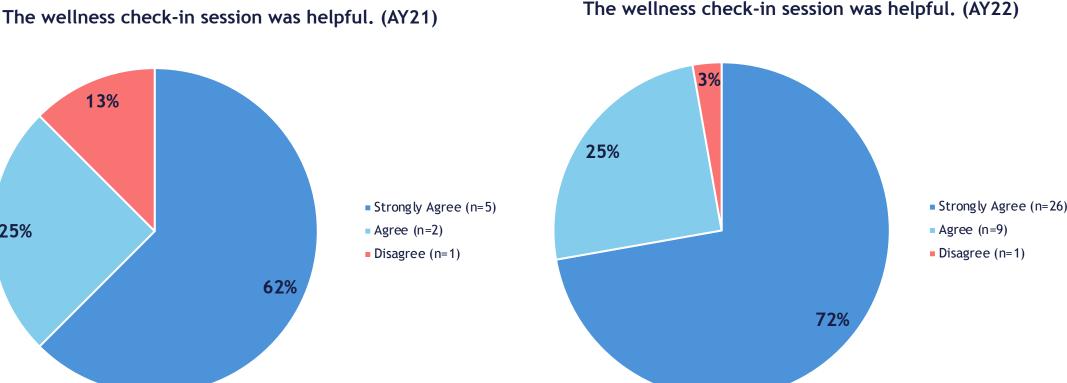
Follow-Up: All residents, whether they opted in or out, were emailed resident specific mental health resources and a voluntary survey

FINDINGS

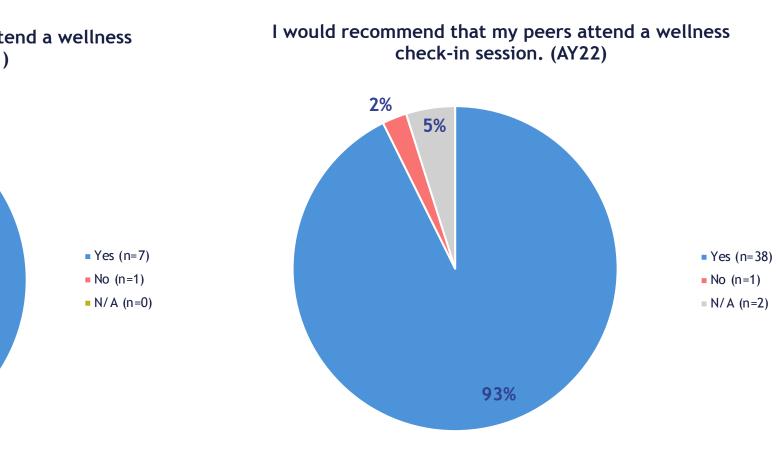


AY21: 61% opted in; of those 24% scheduled intakes

AY22: 32% opted in; of those 34% scheduled intakes



I would recommend that my peers attend a wellness check-in session. (AY21)



Survey Comments AY21/22

"I really appreciated being able to schedule my first telehealth appointment during my wellness check in. That took away any additional steps and time I needed to take in order to get an appointment."

"This was a super effective concise meeting that allows us the opportunity to reflect and schedule an appointment if needed. Everyone needs this!"

> "It was helpful, and I think this should be a regular part of residency moving forward."

"Residents need frequent reminders to take care of themselves, even if they feel like they don't have the time to do so."

CONCLUSIONS

- Though medical training can increase stress, burnout, and depression ¹, integrating preventative care visits can identify learners who are struggling and provide support.
- This program focused on individual signs and symptoms of burnout and helped participants create an individualized action plan to combat burnout.
- Residents appreciated the autonomy and choice afforded by the optout model, fostering a sense of agency in their well-being.
- The program's emphasis on personalized support and low-barrier access to intake appointments fostered a culture of help-seeking, modeled the importance of self-reflection, and increased the utilization of mental health services by residents.
- Our program was limited to having 1 opt-out visit/year; based on residents' feedback, they would like to have them occur more frequently.
- Accessible mental health referral sources should be in place prior to starting an opt-out program, as learners may need additional support.
- While overall attendance decreased after the first year, the intake conversion rate increased, suggesting that the residents who showed up in the second year were more prepared to engage in mental health care.
- This illustrates the importance of offering opt-out visits every year, and not just in the first year of training.
- Program buy-in and staff time are important resources to build an optout wellness program.
- After the first year of the free pilot, individual residency programs chose to pay for their residents to continue to receive opt-out visits, based on the benefits reported by participants.
- This created a financial limitation, as only programs who could afford to pay for their residents received ongoing opt-out visits.
- To address this disparity, in AY24, TJUH institutional GME decided to fund opt-out visits for ALL house staff, as well as increasing the counseling center's FTE for long term mental health treatment.
- Opt-out visits can be modified to meet the needs of different types of learners and institutions.
- This low-cost preventative care wellness program is an efficient and effective way for academic leadership to improve systemic well-being while also helping individual learners to cope with burnout.

REFERENCES

- 1. Dyrbye, L. N., West, C. P., Satele, D., Boone, S., Tan, L., Sloan, J., & Shanafelt, T. D. (2014). Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. Journal of Academic Medicine, 89(3), 443-451. https://doi.org/10.1097/ACM.00000000000134
- 2. Broxterman, J., Jobe, A., Altenhofen, D., & Eck, L. (2019). Promoting resident wellbeing through programmatic scheduled wellness consultation. Journal of General Internal Medicine, 34(5), 659-661. https://doi.org/10.1007/s11606-019-04877-z
- 3. Major, A., Williams, J. G. McGuire, W. C., Floyd, E., & Chacko, K. (2021). Removing barriers: A confidential opt-out mental health pilot program for internal medicine interns. Journal of Academic Medicine, 96(5), 686-689. https://doi.org/10.1097/ACM.000000000003965
- 4. Sofka, S., Grey, C., Lerfald, N., Davisson, L., & Howsare, J. (2018). Implementing a universal well-being assessment to mitigate barriers to resident utilization of mental health resources. Journal of Graduate Medical Education, 10(1), 63-66. https://doi.org/10.4300/JGME-D-17-00405.1
- 5. Young, C., & Juliani, M. (2023). Universal brief mental health screenings for firstyear medical students: A 6-year retrospective of the keck checks program. Journal of Academic Medicine, 98(7), 782-787, https://doi.org/10.1097/ACM.000000000005169