


Expert Reviews

What If Training Programs Affirmed Their Commitment To Resident Wellbeing By Assigning Wellness Associate Program Directors?

Dani Zoorob, MD, MBA, MHA, MHI¹ , Kellen Goldschmidt, MD², Shaza Aouthmany, MD³

¹ Department of Obstetrics and Gynecology, Louisiana State University – Shreveport, Saint Mary's Medical Center, ² ProMedica Health System, ³ Office of Graduate Medical Education, University of Toledo College of Medicine and Life Sciences

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Hustle culture is deeply pervasive in the medical community, and many believe that conversations about “wellness” are synonymous with “weakness.” However, wellness is multifaceted and is one of the most commonly inquired topics during residency interviews. Traditionally, wellness programs within residencies involve outings away from the hospital settings, such as dinners, kayaking, canvas painting, or such. However, the need to evolve such efforts aligned with personal and professional needs is essential. While socialization is an essential component of resident wellness, this is not nearly sufficient to safeguard physicians-in-training from burnout and support them in becoming well-centered providers.

In this article, topics ranging from why resident wellbeing programs are needed as well as considerations for developing a resident wellbeing program are provided.

Hustle culture is deeply pervasive in the medical community, and many believe that conversations about “wellness” are synonymous with “weakness.” However, wellness is multifaceted and is one of the most commonly inquired topics during residency interviews. Traditionally, wellness programs within residencies involve outings away from the hospital settings, such as dinners, kayaking, canvas painting, or such. However, the need to evolve such efforts aligned with personal and professional needs is essential. While socialization is an essential component of resident wellness, this is not nearly sufficient to safeguard physicians-in-training from burnout and support them in becoming well-centered providers.

Specialties have promoted wellness activities over the years and even focused on wellness weeks, such as Obstetrics and Gynecology (ObGyn) programs through the ACOG National Wellness Week. Additionally, many have augmented their support by encouraging these activities through funding. However, engagement and support vary markedly among specialties, programs, and institutions with no set annual or curricular expectations outcomes in mind. Although many have considered this activity a responsibility of the residents, residency and departmental leadership are critical for normalization of the conversation, focusing efforts, and demonstrating objective support of wellness programs (A. F. Winkel et al. 2021). Five years ago, the Department of ObGyn at a large midwestern institution formulated a wellness program addressing such efforts. This significant change was implemented based on a quality improvement project aimed at identifying prob-

lems perceived and solutions devised by residents (Goldschmidt et al. 2020). Common themes identified included the timing of addressing wellness, misalignment of departmental wellness efforts whether based on need, effort, or modality used; and the need for attention to personal and not just group health. Specifically, most residents were not up to date on their preventative care needs, such as annual or dental exams. The irony of medical professionals not maintaining their own self-care was markedly prevalent among many programs surveyed (Goldschmidt et al. 2020). Since a resident's vacation is most often spent visiting with loved ones, recuperating, or otherwise, our team hypothesized that protecting an afternoon in each quarter well in advance would improve and assure the ability of residents to schedule preventative health visits (Zoorob et al. 2021). This protected time was coined as the “Half-Day Health-Day.” ObGyn, like many other specialties, includes significant mental stress that is not only physical, and thus the wellness effort was expanded to focus on mental needs based on stressors encountered (Edmondson, Kumar, and Smith 2018). Thus, physical and mental health were each addressed with separate half-day wellness days. Since the onset of this project, the ObGyn faculty widely supported it implementation while having exceptional appeal to the residents.

This was the first step in developing the wellness program in the department; however, its maturation occurred when faculty who were assigned specific time allocations, and accordingly expectations, were integrated to ensure the program's success. The residents were engaged directly in

Table 1. Key Steps For Developing Resident Wellness Programs

1. Identification of a **faculty member** as a **Wellness APD** or as Wellness Advocate
2. Identification of **resident champions** (one per class).
3. Matching **mentors** to Interns (and other residents) at beginning of the academic year
4. Incorporation of monthly **professional development** sessions with alignment of resident didactics
5. Resident representatives scheduling quarterly **social or wellbeing outings** with allocated funding
6. Incorporation of **specialty-specific** suggested and approved wellness curricula

Additional Considerations

1. **Integration of wellness conversations** into mid-year evaluations/meetings
2. Incorporation of **“Health Day”** models

the design of this program from the input, development, and maintenance standpoints permitting for identification of desired expectations of the faculty. This resulted in the inception of the Wellness Assistant Program Director (Wellness-APD) position. The next step was identifying the faculty with genuine interest and dedication to wellness and empowering them to effect the change. The steps outlined in [Table 1](#) summarize specific actions that were originally allocated to this faculty member at the onset of the program.

As wellness is multifaceted, evolving, and individualized, mentorship was identified as an important part of the program. The three-pronged approach was used (Program Director, Wellness-APD, and Mentor) for assuring wellness became the norm. Formal faculty mentorship allocation, assignments, and expectations were then devised. For incoming interns, these residents were given a short questionnaire to match them to a faculty member of similar interests. This proactively started shortly following Match-Day. This permitted for early engagement of mentors with the new residents as well as added support for fellowship aspirations, if relevant. This relationship was also individualized based on the mentor-mentee goals, with meeting frequency varying on each grouping. Wellness-APD support was also provided through emails with proposed topics of discussion (ex. conflict resolution, goal setting, giving-and-receiving feedback), which were shared as potential launching points for conversations. Additionally, the communications included podcasts and articles to support the topics at hand. The Wellness-APD followed up quarterly with gentle reminders to assure that both sides were, at a minimum, touching base. Biannual assessment of progress, communicated with the program director, was incorporated in the mid-year evaluation meetings as the premise of such interactions was expanded to include performance, wellness, and support.

An additional duty of the Wellness-APD was the integration of monthly didactic topics focused on different components of wellness – mental, physical, financial, creative, career planning, outreach, etc. Guest lecturers from inside and outside of the department were integrated into these activities to maintain interest and engagement, thus enhancing the sessions’ perceived value. These wellness lec-

tures were also aligned with the academic schedule in a way to safeguard the portion of the academic year focused on in-service exam preparations.

Unlike the specific academic, medical, or surgical expectations within residency programs, the goals of wellness programs often lack concrete objectives. However, programs addressing such care need to be fluid and responsive to the needs of each specific program (A. Winkel et al. 2019). Integrating a Wellness-APD with protected time assigned to ensuring resident wellbeing was a valued move as reported by faculty, residents, and applicants. The culture shift took more than six (6) simple steps mentioned in the table attached, as normalizing the conversation of wellness, and demonstrating support for this concept was vital for actual progress.

As the program matured, the Wellness-APD also started engaging the faculty from both wellness and professional development aspects. Ensuring their wellness was evident as critical to the team’s well-being. While engaging both faculty and residents may seem daunting as an undertaking; however, having a platform to implement, devised over time according to departmental needs, would help with satisfaction and retention of those involved as well as with formal surveys whether institutional or of ACGME origin. Although opponents of assigning a Wellness-APD would focus on the potential portion of FTE needed as well as the resources necessary to help make such a person successful, the benefits to the department may offset the lesser financial implications associated.

It does seem that Wellness-APDs need to become a commonality, possibly a standard.... After all, resident wellbeing is a critical indicator of the inherent candor, support, and security that departments and the graduate medical education construct offer to trainees.

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PRIOR RELATED PUBLICATIONS

Podium Presentation at APOGEO CREOG 2020. Kellen Goldschmidt, Alesha Roach, Katherine Chen, Dani Zoorob (2020). Does Personal Care Impact Burnout? An Academic Institution’s Exemplar.

Publication in PLOS ONE. Zoorob, D., Shah, S., La Saevig, D., Murphy, C., Aouthmany, S., & Brickman, K. (2021). Insight into resident burnout, mental wellness, and coping mechanisms early in the COVID-19 pandemic. *Plos one*, 16(4), e0250104.

AUTHOR CONTRIBUTIONS

All authors contributed equally to the manuscript writeup.

CONFLICT OF INTEREST

The authors have no conflict of interest to report.

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DISCLAIMER

None. This manuscript is not currently in review by other journals, and has not been previously published.

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