

# Initiating a Wellness Curriculum: Culture Change for the Better

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# Disclosures

- Nothing to disclose



# Objectives

- How to create a framework for a wellness curriculum
- Identify what you have v. what you need
- Implementing the wellness curriculum
  - Victories and Obstacles
- Q&A



# Physician Depression & Suicide

**300**

estimate # of US physicians  
that take their own lives every  
year

**Suicide**

2<sup>nd</sup> leading cause of death in  
the 24-34 age range  
(*accidents – 1<sup>st</sup> leading  
cause*)

**FACTS**

**2.27x higher**

suicide rate among **female  
physicians** v. the general  
female population

**1.14x higher**

suicide rate among **male  
physicians** v. the general  
male population

<https://afsp.org/our-work/education/healthcare-professional-burnout-depression-suicide-prevention/#section1>



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# Physician Depression & Suicide

**23%**

# of interns in one study that had suicidal thoughts; suicidal ideation decreased by half after 4 web based cognitive behavior therapy

**28%**

of residents experience a major depressive episode during training v. 7-8% of general population rate

**FACTS**

## **Burnout Drivers**

work load, work inefficiency, lack of autonomy and meaning in work, work-home conflict

## **Suicide risk increases**

when mental health issues go unaddressed and when self-medication occurs

<https://afsp.org/our-work/education/healthcare-professional-burnout-depression-suicide-prevention/#section1>



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**Every generation needs a new  
revolution.**

**-Thomas Jefferson**



# Creating the Framework

- New ACGME Requirements in CPR (VI.C Well-Being)
  - *Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.*



# Creating the Framework

- New ACGME Requirements in CPR (VI.C Well-Being)
  - *Policies and programs that encourage optimal resident and faculty member well-being*
  - *Residents must be given oppor*



# Creating the Framework

- [Balance in Life Program \(BILP\)](#) – Stanford University General Surgery Residency Program
  - “Gold Standard”
  - Dedicated to the memory of a former resident that committed suicide in 2010
- Four Focuses of Wellbeing
  - Physical Wellbeing
  - Psychological Wellbeing
  - Professional Wellbeing
  - Social Wellbeing



# Creating the Framework

- Goal at IUSM Department of Surgery
  - Mimic BLIP to the best of our abilities
  - SWAT analysis for impending culture change
    - Resident buy-in
    - Faculty buy-in
  - Work within a budget of \$10k for 110 residents and fellows within the Department of Surgery
    - *\$90 per trainee*



# Physical Wellbeing

## What we had:

- Access:
  - Staff/Resident health clinics
  - Staff/Resident dental clinics
  - Discounted gym memberships for staff/residents at various entities
  - Meal cards loaded with \$ for call
- Resident Lounge with 24/7 access
  - Fridge stocked with diet soda
  - Microwave
  - 3 computers
  - TV with fire stick

## What we added:

- [Handout of all health related information](#) including clinic information, numbers, insurance, etc.
- Added 12 sponsored wellness activities a year through NIFS gym (1x/month)
- Included wellness handout in weekly email
- Spend \$200/month on healthy drinks and snacks for the lounge



# Psychological Wellbeing

## What we had:

- Access:
  - Psychologist for Residents through IUSM
  - Psychiatrist for Residents through IUSM
  - 24/7 hotline for all IUSM students, residents, and fellows in need of immediate assistance (depression/suicidal)

## What we added:

- Faculty Ombudsman
- Group Meetings 2x/year
  - Meeting by PGY level lead by IU Health Chaplain
    - Without a religious focus
    - Adjunct faculty in psychiatry department
    - First husband was a physician; died by suicide
    - Confidential meetings; provide drinks and snacks
    - Mandatory unless on vacation
    - Conversation topics driven by residents



# Professional Wellbeing

## What we had:

- Residents as Teachers sessions with Chair
- Resident Council
  - Avenue for trainees to speak with each PGY level designee to discuss issues within the residency program and find solutions
- Faculty Mentors
- PGY 2 ethics lecture (2 days, 90 minute sessions during Mock Orals)

## What we needed/added:

- Professional development sessions (2 half days/year) for senior residents and fellows
  - Negotiating a contract; speaking with a contract lawyer
  - Interviewing – best practices
  - Malpractice
  - Building a practice (private and academic)
  - Financial Future (401K, Student Loans)
  - Tenure track
  - Building a CV
  - Insurance (disability, life, liability)



# Social Wellbeing

## What we had:

- Dept. funded chief roast
- ABSITE After Party
  - Alcohol allowed – 2 drink limit
- Annual Softball Game
- Annual Welcome Picnic – Indianapolis Indians
- Annual Golf Scramble
- Intern welcome dinner at Chair's House

## What we added/needed

- Quarterly sponsored activities off campus
  - No alcohol
  - Family centric – zoo/children's museum/etc. as we have access to discounted tickets – requires sign up
- 12 sponsored group wellness activities (*also counts towards physical wellbeing*)
- White Elephant Holiday Party
  - Hosted at a resident's house
  - Reimburse food and non-alcoholic beverages



**We need to protect the  
workforce that protects our  
patients.**

**-Tim Brigham, MDiv, PhD  
Senior VP, Education | ACGME**



# Making the Case (2016-2017)

- Administration:
  - Our residents seem ok. This seems like you want to fix a problem that isn't there.
  - Every time the residents want to do something together, they want us to pay for alcohol. It's a liability.
  - We are a large program. How much money are you wanting to spend? We don't have an infinite amount of financial resources.



# Making the Case (2016-2017)

- Response to Administration:
  - They aren't ok. Resident Council is asking for this.
    - Alcoholism/Rehab
    - Depression/Anxiety – increase in junior resident burnout; reaching out to seniors for help/guidance
    - 3 IUSM student suicides in the two years prior
  - I'm not suggesting we buy them beer and let them burn off steam.
    - Creating outlets for them to come together as a group, enjoy each other outside of work, but still with an end goal (team work, fitness) builds a comradery between the residents which we need because the program is large.



# Making the Case (2016-2017)

- Response to Administration:
  - We have 120 residents and fellows in the Department of Surgery
    - Request is \$10,000 annually
    - Less than \$100 spent on each resident (\$83)
    - 75% of what we already do/finance is included in that budget (exception – golf scramble and chief roast). We just want to formalize the components into a curriculum.



# Making the Case (2016-2017)

- Faculty Comments at Program Evaluation Committee:
  - They're already spending time out of the OR for skills lab and other conferences.
  - Maybe a better approach to wellness is to better screen applicants and rank those with a higher GRIT towards the top of the list.
  - Next thing you know, Brianne's going to make us have therapy dogs stationed at all the call rooms.
  - I'm not passing out hugs. Surgery is hard. My program would have laughed this idea out of the room where I was a resident.



# Making the Case (2016-2017)

- Since my arrival in 2012, I have encountered residents that have had to endure the following during surgery residency:
  - Alcoholism/Rehab
  - Depression/Anxiety
    - Treatment with IUSM staff psychologist
    - Inpatient treatment/time off of service; Outpatient treatment once resumed training
  - Divorces
  - Deaths
    - Parents
    - Siblings
    - Friends
  - Premature (NICU) Babies
  - Child Illness



**If given the opportunity,  
residents will complain about  
anything.**

**Leigh Spera, M.D.**

**IUSM General Surgery Graduate '17**



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# Implementation | 2017-2018

- Conference with *all* residents first Wednesday of July
- Spent 40 minutes discussing new curriculum; 20 minutes for Q&A
  - Junior residents (1-3) were really into it
  - Senior residents
    - Those on resident staff council supported it
    - The rest of them looked annoyed



# Implementation | 2017-2018

- 2017-2018 at IUSM General Surgery has been dubbed, “The Surgery Residency and the Terrible, Horrible, No Good, Very Bad Year.”
  - Motorcycle accident
  - Cancer
  - 2 divorces
  - 2 extended maternity leaves
    - 6 total maternity leaves



# Implementation | 2017-2018

- Despite the issues/obstacles this year, it was in a way, the *best* year to roll out the new curriculum
  - Healthy snacks with 24/7 availability was well received and appreciated
  - Stigma of group meetings by PGY level with Beth Watson quickly dissolved
  - Increased group activities increased interactions between residents that may not ever work with each other given the size of the program
  - Faculty joined in on some of the group activities – which the residents really enjoyed
  - Unexpected chaos of the year did lead to unintended instances of burnout – but the chief residents pulled together and willingly volunteered to “share the load” (**without being prompted!**) in weekend call schedules they normally are not a part of at two of the five hospitals they cover.



# Implementation | 2017-2018

- Skeptical faculty came on board when they realized that resident participation activities were scheduled at non operative times and not during clinic (for the most part)
- Resident feedback from various events reported back to monthly PEC meeting



# Implementation | 2017-2018

- One thing they want which we are still trying to work out is an all day retreat
- Roadblocks:
  - Hospital coverage
  - Time of year
  - Cost (would exceed the budget; have to be an expense outside of the wellness budget)
  - Location



# Conclusion

- Budget was the hardest piece of the puzzle to be approved.
- We were fortunate to not only have the chair give us \$10k for this, but also several faculty members (also IUSM alums) chipped in to help alleviate some of the costs on their own (tax deduction)



# Conclusion

- Much of 2016-2017 was spent prepping for the 2017-2018 rollout
- Approval from PEC was essential to buy-in for faculty and residents in the Department of Surgery as well as monthly updates
- Wrapping their minds around the *idea* of a formalized wellness curriculum was harder than the implementation given that we already had 75% of the pieces in place



# Questions?



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Thank You!



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