

it.” The cards can be downloaded from <http://bit.ly/GamesSquaredGME>.

Elizabeth Krajic Kachur, PhD

Director, Medical Education Development, Global Consulting

Gerald R. Stapleton, MSEd

Director of Distance Education, Department of Medical Education, University of Illinois at Chicago

Chaoyan Dong, PhD, CHSE

Assistant Director, Education Office, Sengkang General Hospital, Singapore

Martin Pusic, MD

Associate Professor, Ronald O. Perelman Department of Emergency Medicine, Associate Professor, Department of Pediatrics, and Director, Division of Learning Analytics, New York University Langone Health

Todd P. Chang, MD, MAcM

Director of Research & Scholarship and Pediatric Emergency Medicine, and Vice Chair, Institutional Review Board, Children’s Hospital Los Angeles Associate Professor of Clinical Pediatrics (Educational Scholar), University of Southern California

Corresponding author: Elizabeth Krajic Kachur, PhD, Medical Education Development, Global Consulting, 201 East 21st Street, Suite 2E, New York, NY 10010, 212.982.6151, mededdev@earthlink.net

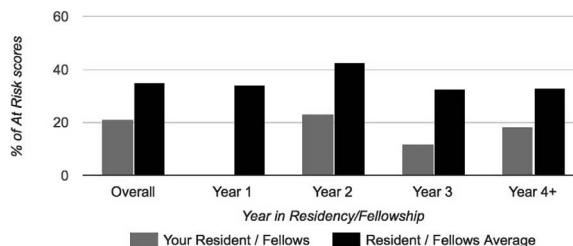
NEW IDEAS

RAPID: A Communications Bundle to Improve Resident Well-Being

Setting and Problem

The poor well-being of resident physicians is a cause for significant concern. Burnout rates are high, and

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FIGURE

Well-Being Index Results

Note: Shows percentage of residents at risk for burnout in Johns Hopkins anesthesia residents and fellows (gray bars) compared to national resident and fellow averages (black bars). Hopkins does not offer an intern year hence no gray bar for “year 1.”

the consequences, including depression, impaired cognitive function, and increased rates of medical errors, are serious.

Employees who rate their leaders highly in terms of communication, willingness to listen, and response to concerns have significantly better well-being and job satisfaction compared to peers. Thus, we implemented a communications bundle to help residents feel supported and heard.

Intervention

To improve communication with residents, starting in January 2017, we initiated a group of interventions that we described with the mnemonic RAPID (Real-time, Anonymous, Protocol-driven, Individualized, Defend). The bundle is easy to implement, has no associated cost other than finding time to meet with residents, is welcomed by residents, and can be replicated in any medical specialty.

To provide anonymous feedback in real time, we do the confessions activity described by Karan and colleagues (*J Grad Med Educ.* 2015;7(4):528–530). Residents write questions, concerns, or feedback on notecards and drop them in a hat. The program director chooses a card at random, reads it aloud, and responds. This allows for residents to get immediate responses from program directors and to hear their colleagues’ concerns (which helps alleviate stress). For example, when we do this activity with residents at the end of their first week of residency, hearing that many others have struggled with the same skills (eg, arterial line placement) helps them realize they are not alone.

The second anonymous aspect of our protocol is an always open, online suggestion box. The program director reviews all submissions and writes a monthly e-mail to the residents detailing suggestions and concerns that were submitted and what is being done to address them. Therefore, residents know their concerns are being heard and taken seriously.

The protocol-driven aspect of the mnemonic refers to ALEEN, a method developed by Peter Pronovost, MD, to respectfully communicate with upset patients. It stands for Anticipate their anger and do not take it personally, Listen without interrupting, Empathize with what they are saying, Explain what happened and why, and Negotiate a way forward. We use this same protocol to communicate respectfully with distressed residents. If a resident is upset about a program director's decision, being heard and receiving an empathetic response can help even if the decision does not change.

Individualized refers to one-on-one check-ins between residency leadership and residents at least once a month to ensure they are feeling well and supported, and to hear concerns they want to share.

The last piece of the mnemonic is Defend. When a resident concern is brought to residency leadership, we avoid reactionary judgments. We ask the resident for his or her perspective and see ourselves as an advocate, willing to defend the resident if needed. If we determine resident wrongdoing, we approach our intervention from the framework of being an advocate for their greater goals—to help them build a reputation for the success they want to have.

Outcomes to Date

As seen in the FIGURE, using the Well-Being Index (WebEd Web Solutions, Rochester, MN), a validated measure of well-being, our residents have rates of burnout well below national averages. Our Accreditation Council for Graduate Medical Education annual survey results have improved steadily in every category in the 2 years since we launched this communications bundle, suggesting improved overall resident satisfaction.

Jed Wolpaw, MD, MEd

Assistant Professor, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine

Tina Tran, MD

Assistant Professor, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine

Michael Banks, MD

Assistant Professor, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine

Steven Beaudry, DO

Assistant Professor, Department of Anesthesiology

and Critical Care Medicine, Johns Hopkins School of Medicine

Priyanka Dwivedi, MS

Senior Manager, Clerkship, Residency, and Fellowship Programs, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine

Gillian Isaac, MD, PhD

Assistant Professor, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins School of Medicine

Corresponding author: Jed Wolpaw, MD, MEd, Johns Hopkins School of Medicine, Department of Anesthesiology and Critical Care Medicine, Zayed 6222, 1800 Orleans Street, Baltimore, MD 21287, 410.955.9942, jwolpaw@jhmi.edu



Sharing Stories to Build Resilience: Articulating the Common Threads That Connect Us

Setting and Problem

As those who work in medical education are painfully aware, burnout is a major problem among physicians-in-training. In our area, there are 102 residency and 41 fellowship programs, which are all part of the Metro Minnesota Council on Graduate Medical Education (MMCGME). The MMCGME is a consortium that provides support and collaboration to the Twin Cities and Greater Minnesota GME programs and sponsoring institutions. Given how rampant burnout is among trainees, the MMCGME board has struggled with how to develop a strategy that would foster well-being and resilience for nearly 1400 resident and fellow physicians across a wide spectrum of specialties, training environments, and hospital systems.

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