

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.

DOI: <http://dx.doi.org/10.4300/JGME-D-18-00896.1>

## Intervention

We opted to try a creative approach to improve well-being among residents and fellows grounded in research that shows meaningful connections with others can promote resilience and decrease burnout among physicians. Storytelling and shared vulnerability can foster connectedness, so we decided to host a Story Slam night. This idea was inspired by *The Moth* radio program and a storytelling event held at a member institution that has a well-established narrative medicine program. A planning committee was convened with faculty and residents from a broad sampling of programs and institutions. A popular local brewery was selected as the event site and a call was put out for 750-word stories related to the theme “Connections.” The committee selected which stories would be presented. Residents, fellows, and faculty were invited to attend. Raffle prize donations were solicited from local businesses, focusing on products and services that could contribute to well-being, such as gift certificates for house cleaning, food delivery services, and massages.

## Outcomes to Date

The Story Slam had 160 attendees and we had to close registration due to size restrictions at the venue. Eighty-eight percent of those who replied attended the event, which was free of charge for attendees. The event opened with a social hour. We had a mix of 17 residents, fellows, and faculty who shared stories. A faculty member well known in the community for his support of the arts served as emcee. Raffle prizes were awarded during the course of the evening and a drawing for larger prizes for the storytellers was held at the end. The total cost of the event was \$6,500 and was sponsored by the member teaching hospitals.

We received a great deal of spontaneous feedback about the event, which has been universally positive. In a follow-up survey sent to attendees, 82% said they would be extremely likely to attend a future Story Slam event and almost all would recommend it to a colleague. In response to the question, “One goal of the Story Slam was to help create a sense of connectedness among those who attended. How well did the event accomplish that goal?” the mean response was 4.8 of 5, with 5 meaning extremely well. Residents also described the most-valued aspects of their Story Slam experience. One resident said, “The openness of the story tellers was absolutely amazing. The intensity and thoughtfulness of the stories was inspirational.” Another commented, “Presenters’ stories were impassioned, personal, and emotional. People were not afraid to share their true feelings.” Finally, one resident noted that the event

met the goal of building connections: “I loved hearing everyone’s stories and hearing that we are all not alone!”

Given the overwhelmingly enthusiastic response to Story Slam, we have planned to make this an annual community-wide event. In addition, several MMCGME member organizations are hoping to host storytelling events at their own institutions.

### Maren E. Olson, MD, MPH

Associate Director of Medical Education, Children’s Hospitals and Clinics of Minnesota  
Associate Program Director, University of Minnesota Pediatric Residency

### Meghan M. Walsh, MD, MPH

Chief Academic Officer, Hennepin Healthcare

### Angela K. Goepferd, MD

Director of Medical Education, Children’s Hospitals and Clinics of Minnesota

### Bernard Trappey, MD

Assistant Professor, Departments of Pediatrics and Medicine, University of Minnesota

**Corresponding author:** Maren E. Olson, MD, MPH, Children’s Hospitals and Clinics of Minnesota, Mailstop 70-103, 347 North Smith Avenue, Saint Paul, MN 55105, [olso1421@umn.edu](mailto:olso1421@umn.edu)

NEW IDEAS

# Utilizing QR Codes to Obtain Patient Evaluations

## Setting and Problem

Formative evaluations are a critical component of monitoring an individual’s learning and improvement over time. These evaluations provide objective feedback on patient care, interpersonal skills, communication, and professionalism, and must come from multiple sources, such as patients and families. Obtaining patient evaluations that are physician specific can be a challenge, especially with a one-time

DOI: <http://dx.doi.org/10.4300/JGME-D-18-00871.1>