

# Medical School and Residency Training Breakout Session

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Beyond Resiliency Training: Organizational Strategies to Alleviate Burnout and Increase Wellness in Academic Medicine



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# Medical School and Residency Training

- What structural / organizational solutions have proven effective in impacting physician burnout?
  - Medical Student and Residency wellness programs; especially those in which trainees participated in program design
  - Mentorship programs integrated into wellness programs



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- What solutions, initially viewed as promising, have proven ineffective or disappointing? Why?
  - Work hour restrictions (not based on data, unintended consequences)
  - Programs that mandate or require reflective sessions; physical fitness programs, etc. (resentment, lack of control)



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- What are the challenges in marshalling support from organizational leadership?
  - Residents employed/funded by hospitals not controlled by faculty/residency program directors
  - Hospitals have not recognized the need for programs that address employee burnout



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- What resources are needed?
  - Commitment by all stakeholders (faculty, trainees and hospitals)
  - Cultural changes that welcome and incorporate input from trainees into design of hospital and clinical practices



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- What strategies have proven effective in changing the culture of the organization?
  - Education of hospital leadership regarding the magnitude of the problem and potential risks



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- How can local and national organizations collaborate to address the key drivers of burnout in this domain?
  - Consider studies that assess correlation between physician faculty burnout and that of their trainees. Are faculty the problem?



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- What solutions need to be tried next? What is the best way to implement these in an evidence based format?
  - Solution
    - Assess the efficacy of longitudinal faculty mentorship of medical student and resident trainees in programs similar to those that have been effective for physicians in practice



# Thank You



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