DOI: 10.1111/tct.13360

WELLNESS

THE CLINICAL TEACHER ASME

The paradox of teaching wellness: Lessons from a national obstetrics and gynaecology resident curriculum

Abigail Ford Winkel[1] | Laura E. Fitzmaurice[2] | Stacie A. Jhaveri[3] | Sigrid B. Tristan[4] | Mark B. Woodland[5] | Helen Kang Morgan[6]

[1]Department of Obstetrics and Gynecology, and Assistant Director, Institute for Innovations in Medical Education, New York University Grossman School of Medicine, New York, NY, USA

[2]Department of Obstetrics and Gynecology, University of California, Irvine School of Medicine, Irvine, USA

[3]Department of Obstetrics and Gynecology, Cleveland Clinic, Cleveland, USA

[4]Obstetrics and Gynecology Residency, University of Texas at Austin Dell Medical Center, Austin, USA

[5]OBGYN Reading Hospital/Tower Health and Drexel University College of Medicine, Reading, PA, USA

[6]Obstetrics and Gynecology and Learning Health Sciences at the University of Michigan Medical School, Ann Arbor, MI, USA

Correspondence
Abigail Ford Winkel, Department of Obstetrics & Gynecology, New York University Langone Health, 550 First Avenue, NBV 9E2, New York, NY 10014.
Email: abigail.winkel@nyumc.org

Abstract

Background: In response to high rates of burnout among trainees, educators in obstetrics and gynaecology introduced a six-session wellness curriculum that improved professional fulfilment and resident burnout in participants with greater attendance. The implementation of the curriculum varied based on local variables and contextual factors.

Objective: To analyse the reactions of participants and curriculum leaders across the diverse settings of the pilot experience in order to identify the best practices for implementation of a wellness curriculum.

Methods: Twenty-five US OBGYN residency programmes completed the curriculum in the 2017–2018 academic year. OBGYN residents in all the years of training participated. Faculty members and fellows were workshop facilitators and course leaders. All participants completed post-intervention surveys. A qualitative, descriptive thematic analysis explored free-text responses from residents and workshop facilitators.

Results: Among 592 eligible resident participants, 387 (65%) responded to the post-intervention survey. Workshop facilitators submitted 65 surveys (47% response) on curriculum elements, rating the activities as 'good' or 'excellent' in 90.8% of cases. Qualitative analysis of workshop facilitators' and resident comments pointed to three themes, namely disagreement about the purpose of the curriculum, the social value of the curriculum in the residency programme and the need to open a broader discussion and take action to address structural barriers to wellness.

Conclusions: Residents and faculty members involved in a wellness curriculum pilot had polarised reactions. While participants found value in learning skills and connecting to colleagues, efforts to promote wellness skills should be accompanied by communication and action to address drivers of burnout.

Prior related publications:

Winkel AF, Tristan SB, Dow M, Racsumberger C, Bove E, Valantsevich D, Woodland MB. A National Curriculum to Address Professional Fulfillment and Burnout in OB-GYN Residents. Journal of Graduate Medical Education. 2020 Aug;12(4):461–8.

1 | INTRODUCTION

Facing an epidemic of physician burnout, educators have created a wealth of interventions aimed at improving wellness among trainees.[1,2] Promising efforts in OBGYN have been limited by small samples at single programmes.[3-10] The Wellness Subcommittee of the Council on Resident Education in Obstetrics and Gynecology (CREOG), a division of the American College of Obstetricians and Gynecologists, created a year-long resident wellness curriculum. A national pilot of 25 residency programmes demonstrated improvement in burnout and professional fulfilment among trainees with greater engagement in the curriculum.[11]

Addressing resident burnout means not only teaching skills to promote wellness for physicians in training, but also understanding how to enhance knowledge around wellness that translates into changes in behaviour and perspective. The implementation of the curriculum varied based on local variables and contextual factors. In this analysis, the reactions of participants and course leaders to the wellness curriculum are examined in order to determine whether common themes exist that can inform future efforts to implement a wellness curriculum.

2 | METHODS

Twenty-five OBGYN programmes in the United States participated in the programme, and the setting, participants and intervention are summarised in Table 1. Educators in OBGYN on the CREOG Wellness Subcommittee designed the curriculum drawing on the principles of positive psychology,[11] physician wellness[12] and resilience in OBGYN residents.[13,14] An initial report on the curriculum demonstrated that across the diverse training settings of the pilot programmes, higher attendance in the wellness curriculum sessions was associated with decreased burnout and improved professional

TABLE 1 Elements of the CREOG wellness curriculum pilot

Intervention: **Materials (Facilitator's Guide, Participant Worksheets and PowerPoint Presentation), developed by CREOG Workgroup members, provided for six workshops**	
Session Topic	**Activities Included**
Introduction and Positive Psychology	• Pre-work assignment (video) • Facilitator presentation • Two individual exercises followed by group or partner discussions
Gratitude	• Pre-work assignment (video) • Facilitator presentation • Two individual exercises • Two group discussions
Resilience	• Pre-work assignment (reflective writing) • Facilitator presentation • Two individual exercises followed by group and partner discussions
Time Management and Priorities	• Pre-work assignment (video) • Facilitator presentation • Two individual exercises followed by group discussions
Dealing with Difficult Events	• Pre-work assignment (video) • Facilitator presentation • One individual exercise followed by group discussion • One partner exercise followed by group discussion
Mission, Values and Culture	• Facilitator presentation • One individual exercise followed by group discussion • One group exercise
Participants: Twenty-five US OBGYN Residency Programmes, 529 residents (PGY–1 to PGY–4)	
• Voluntary participation: all US OBGYN Residency Programmes invited to participate • Nineteen university-based, five community and one military programme • Eighteen states represented • Programme size ranged from 12 to 33 residents • Fourteen participating programmes had previously existing wellness programmeming	
Requirements:	
• Programme director or other lead faculty member participate in 2-hour training at annual educator meeting • Designate local faculty member to facilitate workshops (no specific expertise required; any number and type (faculty member, fellow, programme director) allowed) • Schedule six workshops in one academic year a. Recommended 1 hour each, spread out b. Recommended during existing, protected resident didactic time	

fulfilment.[15] A curriculum with slides, worksheets and facilitator guides was provided to participating programmes online at no cost. Local facilitators conducted the six workshops over the course of a year to residents during time already scheduled for resident education during working hours. Instruction was provided to pilot programme leaders, but no special expertise or training was needed for workshop facilitators. The full curriculum is available on the CREOG website (https://www.acog.org/education-and-events/creog/curriculum-resources/wellness-curriculum) and by contacting the corresponding author.

Residents participating in the curriculum completed surveys at the end of the course, and facilitators submitted feedback for each workshop via a separate survey (Box 1). Responses were voluntary and anonymous, and obtained electronically through Survey Monkey.

Qualitative analysis was performed by two independent coders (SJ and LF) using a three-step coding process to perform a descriptive thematic analysis.[16,17] Coders assigned inductive labels to text segments, created a homogenous codebook and identified themes. Prominent themes that emerged in both participant and facilitator groups were used to develop recommendations. The Institutional Review Board of the American College of Obstetricians and Gynecologists approved the study (#31, 3/28/2019).

3 | RESULTS

Among 592 participating residents, 387 (65%) responded to the post-test survey. Respondents included 70 (18%) post-graduate year (PGY)-1 residents, 104 (27%) PGY-2 s, 96 (25%) PGY-3 s and 110 (30%) PGY-4 s. One resident did not indicate PGY. Residents attended an average of 3.9 (median 4) workshops. Workshop size ranged from 4 to 25 (mean 14). Free-text comments were provided by 277 (72%) of residents. Programme leaders and faculty members submitted 65 surveys (47% response rate), rating all elements of the curriculum favourably (Table 2.)

Qualitative analysis of free-text data from residents (Table 3) and facilitators identified three themes, namely conflicting ideas about the goals of a wellness curriculum, the social benefit of the course and conflict between efforts to promote wellness and systems that do not prioritise wellness.

BOX 1 CREOG wellness curriculum resident and workshop leader surveys

CREOG Wellness Curriculum Resident Survey

1. I certify that I understand that completing this survey is voluntary. My participation will be private and the results of my responses will be kept confidential. De-identified responses at the level of the residency programme will be provided to my residency programme director. I understand that participating in this survey will have no bearing on my participation in the residency training programme or my evaluation. [Yes/No]
2. Programme Name: [Free-text]
3. Year in training: [PGY-1/PGY-2/PGY-3/PGY-4]
4. Please indicate which sessions you attended: [select all that apply]
   a. Introduction to Wellness
   b. Gratitude and Empathy
   c. Increasing Resilience
   d. Time Management
   e. Managing Priorities
   f. Dealing with Difficult Events
   g. Mission, Values, Culture
5. How many sessions did you attend: [0–6]
6. On a scale of 1–10, how important do you think physician wellness is? [1–10]
7. How was this experience for you as a resident? Do you think it helped you? Do you have suggestions for improvement? [Free-text]

CREOG Wellness Curriculum Facilitator Survey

1. Please select (drop-down) which session you are evaluating:
2. Was the material was presented in a helpful sequence? (Yes/No)
3. Did the material allow for adequate interaction between presenter and participant? (Yes/No)
4. Was the facilitator guide helpful? (Yes/No)
5. Was the participant worksheet useful? (Yes/No)
6. Was the PowerPoint helpful? (Yes/No)
7. How many residents attended the session? (Numeric)
8. Rate the following for each session: (Poor/Fair/Good/Excellent)
   a. Time involved in preparing for session delivered
   b. Organization of material
   c. Activities for session
   d. Instructions
9. What worked well: (Free text)
10. What did not work: (Free text)
11. Suggestions for improvement: (Free text)

TABLE 2 Reactions to wellness curriculum workshops by facilitators

Workshop Element	Poor	Fair	Good	Excellent
Time involved in preparing for session delivered (No. (%))	1 (1.5)	10 (15.4)	33 (50.8)	21 (32.3)
Organisation of material (No. (%))	1 (1.5)	3 (4.6)	31 (47.7)	30 (46.2)
Activities for session (No. (%))	2 (3.1)	4 (6.2)	38 (58.5)	21 (32.3)
Instructions (No. (%))	3 (4.6)	4 (6.2)	34 (52.3)	24 (36.9)

TABLE 3 Concepts identified in resident responses to the wellness curriculum

Category	Concepts Represented	Description	Exemplar Quotes
Logistics affecting curriculum value	Group Size Facilitator Required Course Frequency of sessions Videos Lectures	Residents valued interpersonal interactions within the course, favouring small groups and engaged facilitators. Polarised feelings existed regarding course logistics.	"It would have helped to have the curriculum more together" (PGY–3, programme 11) "Keeping the sessions short and dispersed through the year is a good way to make it sustainable" (PGY–2, programme 17)
Value of tools taught within curriculum	Gratitude Time management Difficult events Mindfulness Practical Nothing new	Some residents appreciated learning practical skills. Others described the curriculum as revisiting topics they understood but did not attend to in residency.	"The strategies discussed for time management was particularly helpful for both work-related activities and managing life outside of work" (PGY–2, programme 12). "It helped me to revisit and check in with myself on how I am doing, but I don't think it necessarily taught me new skill sets" (PGY–2, programme 8).
Other sources of value within the curriculum	Peer support Discussion Opportunity to reflect Enjoyment Local programme changes Common language	Residents recognised cultural impact through positive social interactions and a programme focus on wellness.	"Time away from work responsibilities with peers was the most important – more than the guided activities" (PGY–4, programme 11). "It brought attention to what wellness means for us as a programme and changes were made" (PGY–1, programme 9).
Should we be teaching wellness?	Focus Blame Guilt Fix the system/time Fix the system/culture Independent	While some residents perceived programme support through the curriculum, others felt that structural changes and more autonomy would have more effect on their ability to thrive.	"I enjoyed the sessions and felt supported by my programme because wellness is a priority" (PGY–3, programme 1). "The issue of wellness is an institutional problem that needs to be addressed at a systems level" (PGY–4, programme 22).
What else could be done with this time?	Time off Activities Education	Several residents disagreed with the presence of wellness curriculum in lieu of other educational activities or free time.	"As residents, we have limited time for service and teaching. The wellness curriculum did not teach us anything and took time away from our dedicated academic time. Therefore, we had to learn in our own free time, which decreased our actual time for wellbeing" (PGY–2, programme 22).

3.1 | Purpose

The dominant theme from resident responses was whether a wellness curriculum should promote skill development or be restorative and enjoyable. While some felt it was "a fantastic idea! … very important" (PGY-3, programme 5), others found it unhelpful. Several residents expressed disappointment when the workshops did not provide immediate improvement. One complained: "I don't feel well afterwards. I think these activities should be fun and enjoyable" (PGY-1, programme 23).

Some residents appreciated learning skills "to help prevent burnout and provide information/resources on time management and work/life balance" (PGY-4, programme 18), or "focus on why I came into medicine and how I can work towards staying in medicine" (PGY-2, programme 13). Others rejected the premise that learning these skills would improve wellness. As one stated, "residents know what makes them well, they just need time to do it" (PGY-3, programme 22). Polarised reactions across all programmes and years of training suggest strong and individualised reactions to the curriculum.

Polarised reactions across all programmes and years of training suggest strong and individualised reactions to the curriculum.

Faculty members felt that simply having a curriculum sent a message about the value of wellness. "The presence of the course communicates that wellbeing is a priority" (Facilitator Response #33). Facilitators generally appreciated interactive exercises and videos, and described making local adaptations to promote engagement like "giving 'fun work' at the end of each session" (Facilitator Response #53). Facilitators described needing to allow spontaneous conversations and sometimes divert from curriculum plans.

3.2 | Social value

Residents consistently enjoyed to the chance to connect with colleagues through "intimate small group discussions" (PGY-3, programme 3), and "spontaneous conversation" (PGY-3, programme 17). They appreciated the group dynamics with "other residents that share similar experiences" (PGY-2, programme 5). One described the importance of "a facilitator that has been through OBGYN residency, who can honestly talk about their struggles" (PGY-2, programme 14). Residents praised facilitators who cultivated open discussions and a safe environment for vulnerability.

Facilitators also noted that group interactions influenced reactions to the curriculum. They responded positively to faculty members and fellows they had existing positive relationships with, and expressed concerns about psychological safety feeling vulnerable when programme directors facilitated sessions. In creating small groups, they described the trade-offs between creating community across different groups of residents, and the influence of power dynamics in discussions between junior and senior residents.

3.3 | Competing priorities and structural barriers

While residents saw the curriculum as positive evidence that the programme supported physician wellness, its presence cast a light on the drivers of stress and burnout endemic within the training environment. One resident commented that it was "counterproductive to spend an hour talking about being well when we work as much as we do, barely get a handful of free weekends a year, etc" (PGY-2, Programme 11). Many residents commented on potential alternative uses of the hours dedicated to the curriculum, from participating in surgeries or studying to doing errands or sleeping.

Its presence cast a light on the drivers of stress and burnout endemic within the training environment.

Even among those who reacted positively to the curriculum, they acknowledged its limitations in addressing the source of the problem. One stated:

> The root of the problem cannot be fixed by more fun education activities or yoga during lunch break, it requires an intense shift in the overall field of medicine from attending life all the way down to medical school. (PGY-4, programme 9)

Curriculum leaders shared this ambivalence. One faculty member said, "it frustrated me that we were focusing so much on the individual and not really talking about the whole system" (Facilitator Response #65). Both residents and programme leaders felt that in order to be successful, wellness curriculum should accompany other efforts to address larger, systemic problems. Taken together, these insights suggest best practices for leading a wellness curriculum (Figure 1).

4 | DISCUSSION

OBGYN residents and faculty members in this multicentre pilot shared insights suggesting polarised reactions to participation in a wellness curriculum. The curriculum sent a positive message about the value of physician wellness within the programme, and it provided a forum for constructive social connections. Participants and workshop leaders alike expressed the paradox of teaching trainees how to thrive in a system where they encounter tremendous demands and have little control. These findings suggest that the strength of the course is its value in promoting a culture of wellness within a programme community, and also warn educators not to implement a wellness curriculum without establishing a mechanism for making changes to address the sources of stress in the workplace. These findings are consistent with other current thinking on improving of physician well-being, which suggest the focus on personal resilience cannot replace addressing systemic and cultural drivers of burnout.[18,19]

The paradox of teaching trainees how to thrive in a system where they encounter tremendous demands and have little control.

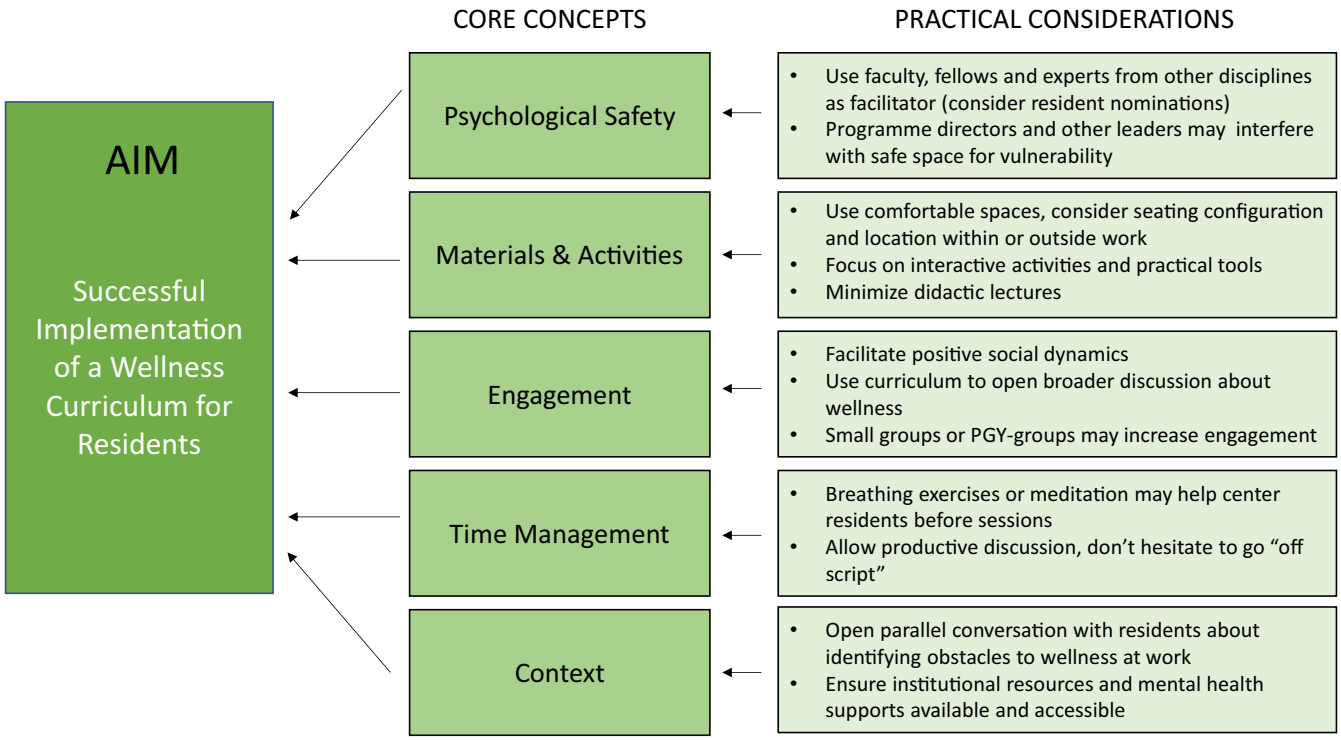

FIGURE 1 Recommendations for wellness curriculum implementation. Core concepts and practical considerations for successful implementation of a wellness curriculum are presented based on the analysis of feedback from participants and leaders in a US national wellness curriculum pilot in obstetrics and gynaecology training programmes

The strengths of this study include a large national sample, survey response rate and the inclusion of both participant and workshop leaders' voices. The study is limited by the source of data from residents and workshop leaders being through surveys which did not allow for clarifying reactions.[20] Data from workshop leaders were not identified, and there was no opportunity to share findings with residents across programmes, which limited the ability of the research team to ensure the quality of the analysis through member checking. The significant inter-programme variation within the pilot in terms of workshop size, facilitators and scheduling was not studied as contextual factors; using an implementation science framework to understand future efforts would yield more information about how to adapt the curriculum in different settings.[21]

Future research should explore resident reactions more deeply to understand how negative or positive reactions to course material influence their approach to work engagement and thriving, and how other efforts to address systematic drivers of burnout influence the way that residents engage with their own individual journeys towards resilience. Without parallel efforts to decrease the sources of stress that contribute to burnout, residents may reject a wellness curriculum, despite the opportunities that curriculum offers them to learn skills, connect to colleagues and work together to thrive. Only with greater insights into this complicated phenomenon will we be able to answer the question raised by residents and faculty members involved in this project: should we be teaching wellness?

ACKNOWLEDGEMENTS

The authors acknowledge Dr. Margaret Dow, Dr. Erica Mahany and Ms. Carrie Racsumberger of the CREOG Wellness Subcommittee for their role in curriculum development.

ETHICAL APPROVAL

The Institutional Review Board of the American College of Obstetricians and Gynecologists approved the study (#31, 3/28/2019).

ORCID

Abigail Ford Winkel https://orcid.org/0000-0001-6149-5842

REFERENCES

1. Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians. JAMA Intern Med. 2017 Feb 1;177(2):195.
2. Busireddy KR, Miller JA, Ellison K, Ren V, Qayyum R, Panda M. Efficacy of interventions to reduce resident physician burnout: A systematic review. J Grad Med Educ. 2017;9(3).
3. Winkel AF, Feldman N, Moss H, Jakalow H, Simon J, Blank S. Narrative medicine workshops for obstetrics and gynecology residents and association with burnout measures. Obstet Gynecol. 2016;128(suppl 1):27-33. https://doi.org/10.1097/AOG.0000000000001619.
4. Winkel AF, Hermann H, Graham MJ, Ratan RB. No time to think: making room for reflection in obstetrics and gynecology residency. J Grad Med Educ. 2010;2(4):610-615. https://doi.org/10.4300/JGME-D-10-00019.1.
5. Fitzmaurice L, Peterson B, Boehm J. Teaching wellness skills: effect of a curriculum designed to increase physician resilience on obstetrics and gynecology intern burnout, mindfulness and

self-compassion. Obstet Gynecol. 2018;132:44. https://doi.org/10.1097/01.AOG.0000546627.20057.36.
6. Cavanaugh E, Rose M. An 8-week mindfulness-based stress reduction course for ob/gyn residents. Obstet Gynecol. 2018;132:44. https://doi.org/10.1097/01.AOG.0000525734.33435.0b.
7. Tedrick L, Lawrence E, Stonehocker J, Crawley A, Jeppson P. The impact of a structured wellness curriculum on burnout among obstetrics and gynecology residents. Obstet Gynecol. 2018;132:44. https://doi.org/10.1097/01.AOG.0000546629.65798.4a.
8. Wagner B, Nentin F, Ferrara L. Resident wellness initiative to reduce burnout and mitigate stress. Obstet Gynecol. 2017;130:43. https://doi.org/10.1097/01.AOG.0000525727.18188.fc.
9. Cohen E, Matta M, Leonard C, Rowan S, Hashmi M. West Virginia University's Department of OB/GYN resident resiliency curriculum: a focus on well-being. Obstet Gynecol. 2017;130:53. https://doi.org/10.1097/01.AOG.0000525785.28971.ff.
10. Guan X, Citkovitz C, Kraus T, Garcia A, Kesavan Nasir M. Assessing the impact of acupuncture therapy on medical resident well-being. Obstet Gynecol. 2018;132:36. https://doi.org/10.1097/01.AOG.0000546601.03917.ae.
11. Seligman ME, Csikszentmihalyi M. Positive psychology: An introduction. Flow and the foundations of positive psychology. Dordrecht: Springer; 2014. 279-298.
12. Brady KJ, Trockel MT, Khan CT, et al. What do we mean by physician wellness? A systematic review of its definition and measurement. Acad Psychiatry. 2018 Feb;42(1):94-108.
13. Winkel AF, Honart AW, Robinson A, Jones AA, Squires A. Thriving in scrubs: a qualitative study of resident resilience. Reproductive Health. 2018 Dec;15(1):1-8.
14. Winkel AF, Robinson A, Jones A-A, Squires AP. Physician resilience: a grounded theory study of obstetrics and gynaecology residents. Med Educ. 2019;53(2).
15. Winkel AF, Tristan SB, Dow M, et al. A national wellness curriculum improves professional fulfillment and burnout in OBGYN residents. J Grad Med Educ. August 2020;12(4):461-468.
16. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol [Internet]. 2006 Jan [cited 2019 Nov 6];3(2):77-101.Available from: http://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa
17. Varpio L, Mylopoulos M. Qualitative research methodologies: embracing methodological borrowing, shifting and importing. In: Cleland J, Durning SJ ed. Researching medical education. John Wiley & Sons, Ltd; 2015. 245-256.
18. Brigham T, Barden C, Legreid Dopp A, et al. A journey to construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. NAM Perspectives. 2018; https://nam.edu/journey-construct-encompassing-conceptual-model-factors-affecting-clinician-resilience
19. Shanafelt T, Trockel M, Ripp J, Murphy ML, Sandborg C, Bohman B. Building a program on well-being: key design considerations to meet the unique needs of each organization. Acad Med. 2019 Feb;94(2):156-161. https://doi.org/10.1097/ACM.0000000000002415.
20. Olson K, Marchalik D, Farley H, et al. Organizational strategies to reduce physician burnout and improve professional fulfillment. Curr Probl Pediatr Adolesc Health Care. 2019 Dec;49(12):100664. https://doi.org/10.1016/j.cppeds.100664.
21. LaDonna KA, Taylor T, Lingard L. Why open-ended survey questions are unlikely to support rigorous qualitative insights. Acad Med 2018 Mar 1;93(3):347-349.

How to cite this article: Winkel AF, Fitzmaurice LE, Jhaveri SA, Tristan SB, Woodland MB, Morgan HK. The paradox of teaching wellness: Lessons from a national obstetrics and gynaecology resident curriculum. *Clin Teach*. 2021;18:417–423. https://doi.org/10.1111/tct.13360