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Title: The Paradox of Teaching Wellness: Lessons from a National Obstetrics & Gynecology Resident Curriculum

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ABSTRACT (244 words)

Background: In response to high rates of burnout among trainees, educators in obstetrics and gynecology introduced a six-session wellness curriculum that improved professional fulfillment

and resident burnout in participants with greater attendance. Implementation of the curriculum varied based on local variables and contextual factors.

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

Methods: Twenty-five United States OBGYN residency programs completed the curriculum in the 2017-18 academic year. OBGYN residents in all years of training participated. Faculty 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: disagreement about the purpose of the curriculum, the social value of the curriculum in the residency program, and the need to open a broader discussion and take action to address structural barriers to wellness.

Conclusions: Residents and faculty involved in a wellness curriculum pilot had polarized 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.

Introduction (1,524 words)

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 programs.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 programs demonstrated improvement in burnout and professional fulfillment 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 behavior 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.

Methods

Twenty-five OBGYN programs in the United States participated in the program, and the setting, participants, and intervention are summarized in Table 1. Educators in OBGYN on the CREOG Wellness Subcommittee designed the curriculum drawing on principles of positive psychology,¹¹ physician wellness¹² and resilience in OBGYN residents.^{13,14} An initial report on the curriculum demonstrated that across the diverse training settings of the pilot programs, higher attendance in the wellness curriculum sessions was associated with decreased burnout and improved professional fulfillment.¹⁵ A curriculum with slides, worksheets and facilitator guides was provided to participating programs 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 program 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, 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).

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-2s, 96 (25%) PGY-3s and 110 (30%) PGY-4s. One resident did not indicate PGY. Residents attended an average of 3.9 (median 4) workshops. Workshop size ranged from 4-25 (mean 14). Free-text

comments were provided by 277 (72%) of residents. Program leaders and faculty submitted 65 surveys (47% response rate), rating all elements of the curriculum favorably (Table 2.)

Qualitative analysis of free-text data from residents (Table 3) and facilitators identified three themes: 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 prioritize wellness.

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, program 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, program 23)

Some residents appreciated learning skills “to help prevent burnout and provide information/resources on time management and work/life balance,” (PGY-4, program 18) or “focus on why I came into medicine and how I can work towards staying in medicine.” (PGY-2, program 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, program 22) Polarized reactions across all programs and years of training suggest strong and individualized reactions to the curriculum.

Faculty 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.

Social Value

Residents consistently enjoyed to the chance to connect with colleagues through “intimate small group discussions,” (PGY-3, program 3) and “spontaneous conversation.” (PGY-

3, program 17) They appreciated group dynamics with “other residents that share similar experiences.” (PGY-2, program 5) One described the importance of “a facilitator that has been through OBGYN residency, who can honestly talk about their struggles.” (PGY-2, program 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 and fellows they had existing positive relationships with, and expressed concerns about psychological safety feeling vulnerable when program directors facilitated sessions. In creating small groups, they described tradeoffs between creating community across different groups of residents, and the influence of power dynamics in discussions between junior and senior residents.

Competing Priorities and Structural Barriers

While residents saw the curriculum as positive evidence that the program supported physician wellness, its presence cast a light on 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, Program 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.

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, program 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 program 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).

Discussion

OBGYN residents and faculty in this multi-center pilot shared insights suggesting polarized reactions to participation in a wellness curriculum. The curriculum sent a positive message about the value of physician wellness within the program, 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 program community, and also warn educators not to implement a wellness curriculum without establishing a mechanism for making changes to address 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 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.²¹ Data from workshop leaders were not identified, and there was no opportunity to share findings with residents across programs, which limited the ability of the research team to ensure quality of the analysis through member checking. The significant inter-program variation within the pilot in terms of workshop size, facilitators and scheduling were 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.²²

Future research should explore resident reactions more deeply to understand how negative or positive reactions to course material influences 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 relieve drivers of burnout, residents may reject opportunities that the curriculum creates 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 involved in this project: should we be teaching wellness?

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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	<ul style="list-style-type: none"> • Pre-work assignment (video) • Facilitator presentation • 2 individual exercises followed by group or partner discussions
Gratitude	<ul style="list-style-type: none"> • Pre-work assignment (video) • Facilitator presentation • 2 individual exercises • 2 group discussions
Resilience	<ul style="list-style-type: none"> • Pre-work assignment (reflective writing) • Facilitator presentation • 2 individual exercises followed by group and partner discussions
Time Management and Priorities	<ul style="list-style-type: none"> • Pre-work assignment (video) • Facilitator presentation • 2 individual exercises followed by group discussions
Dealing with Difficult Events	<ul style="list-style-type: none"> • Pre-work assignment (video) • Facilitator presentation • 1 individual exercise followed by group discussion • 1 partner exercise followed by group discussion
Mission, Values, and Culture	<ul style="list-style-type: none"> • Facilitator presentation • 1 individual exercise followed by group discussion • 1 group exercise

Participants: 25 United States OBGYN Residency Programs, 529 residents (PGY-1 to -4)
<ul style="list-style-type: none"> • Voluntary participation: all U.S. OBGYN Residency Programs invited to participate • 19 university-based, 5 community, and 1 military program • 18 states represented • Program size ranged from 12 to 33 residents • 14 participating programs had previously existing wellness programming
Requirements:
<ul style="list-style-type: none"> • Program director or other lead faculty participate in 2-hour training at annual educator meeting • Designate local faculty to facilitate workshops (no specific expertise required; any number and type (faculty, fellow, program director) allowed) • Schedule 6 workshops in one academic year <ul style="list-style-type: none"> ○ Recommended 1 hour each, spread out ○ Recommended during existing, protected resident didactic time

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)
Organization 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, favoring small groups and engaged facilitators. Polarized feelings existed regarding course logistics.	<p>“It would have helped to have the curriculum more together” (PGY-3, program 11)</p> <p>“Keeping the sessions short and dispersed through the year is a good way to make it sustainable” (PGY-2, program 17)</p>
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.	<p>“The strategies discussed for time management was particularly helpful for both work-related activities and managing life outside of work.” (PGY-2, program 12)</p> <p>“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, program 8)</p>
Other sources of value within the curriculum	Peer support Discussion Opportunity to reflect Enjoyment Local program changes Common language	Residents recognized cultural impact through positive social interactions and a program focus on wellness.	<p>“Time away from work responsibilities with peers was the most important – more than the guided activities.” (PGY-4, program 11)</p> <p>“It brought attention to what wellness means for us as a program and changes were made.” (PGY-1, program 9)</p>
Should we be teaching wellness?	Focus Blame Guilt	While some residents perceived program support	“I enjoyed the sessions and felt supported by my program because wellness is a priority.” (PGY-3, program 1)

	Fix the system/time Fix the system/culture Independent	through the curriculum, others felt that structural changes and more autonomy would have more effect on their ability to thrive.	“The issue of wellness is an institutional problem that needs to be addressed at a systems level.” (PGY-4, program 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, program 22)

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 program will be provided to my residency program director. I understand that participating in this survey will have no bearing on my participation in the residency training program or my evaluation. [Yes/No]
2. Program 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)

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CORE CONCEPTS

PRACTICAL CONSIDERATIONS

AIM

Successful Implementation of a Wellness Curriculum for Residents

Psychological Safety

- Use faculty, fellows and experts from other disciplines as facilitator (consider resident nominations)
- Program directors and other leaders may interfere with safe space for vulnerability

Materials & Activities

- Use comfortable spaces, consider seating configuration and location within or outside work
- Focus on interactive activities and practical tools
- Minimize didactic lectures

Engagement

- Facilitate positive social dynamics
- Use curriculum to open broader discussion about wellness
- Small groups or PGY-groups may increase engagement

Time Management

- Breathing exercises or meditation may help center residents before sessions
- Allow productive discussion, don't hesitate to go "off script"

Context

- Open parallel conversation with residents about identifying obstacles to wellness at work
- Ensure institutional resources and mental health supports available and accessible

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