

Submission Id: 3783

Title

Evaluation of the Physician Wellness Inventory in Cohort 1 of the Leading Physician Well-being Program

Priority 1 (Research Category)

Education and training

Presenters

Tarin Clay, BA, Natabhona Mabachi, PhD, MPH, Heather Woods, Kathryn Istas, MPH, Elisabeth Callen, PhD

Abstract

Context: Even before the advent of the COVID-19 pandemic, family physicians have reported higher incidence of experiencing burnout, dissatisfaction, and disengagement in their profession than other medical specialties. In 2020, the American Academy of Family Physicians (AAFP) launched the Leading Physician Well-being Certificate Program (LPWCP) to address and promote individual and systemic wellness through informational webinars, activities, and quality improvement projects. Objective: This section of the study utilized the Physician Wellness Inventory (PWI) to assess how the program affected the well-being of participating scholars, and if feelings personal distress negatively impacted clinical duties and patient care. Study Design: Cross-sectional survey data collected at baseline, midpoint, and endpoint. Setting or Dataset: The evaluation study team situated in the Research, Science, and Health of the Public division within AAFP. Survey data was collected digitally through Qualtrics. Population Studied: Family physicians and Family Medicine residents who are scholars in the LPWCP (n = 102). Intervention/Instrument: The PWI sent through Qualtrics at baseline, midpoint, and endpoint of the program to the cohort 1 scholars. Outcome Measures: Change over time to participant responses in the PWI were analyzed for significant differences between demographic groups, scholars who changed workplaces, and the three survey iterations during the program. Results: Several statistically significant differences between demographic groups (i.e. age, gender, race, ethnicity, employer, and practice type) emerged at all time points. For example, at baseline, scholars born before 1980 were less likely to have been in a patient encounter that distressed them in the past month than those born in or after 1981 ($p = 0.023$). Additional contrasts were identified in scholars who changed workplaces during the program; at endpoint they reported positive patient relationships outweighed the negative ($p = 0.041$) compared to those who stayed at their workplace. Multivariate analysis over time also revealed significant changes for the better, demonstrating program efficacy for improving physician wellness. Conclusions: Results from LPWCP cohort 1 scholars will inform the study team on ways to optimize program potential to maximize physician wellness.