

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6482

**Title**

*Do Wellness Interventions During Residency Impact Burnout of Family Physicians 3 Years into Practice?*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Context: Physician burnout continues to rise. Evidence suggests that it begins during medical training, persisting into practice. The Accreditation Council of Graduate Medical Education has mandated incorporation of wellness curricula into all residencies, although there is limited data related to intervention effectiveness. It is unknown how these curricula during residency training may be imprinted and affect burnout post-graduation.

Objective: To determine if residency wellness interventions or workload metrics impacted self-reported burnout three years after graduation.

Study Design and Analysis: A prospective cohort of family medicine residency graduates was surveyed about burnout and combined with their residency program director responses about residency workload or “culture of wellness” (residency organizational- and individual-level curricula). Analyses consisted of descriptive statistics and bivariate and multivariate analyses.

Setting or Dataset: 2018 Council of Academic Family Medicine Education Research Alliance (CERA) survey of program directors matched to 2021 National Graduate Survey data of 2018 residency graduates.

Population Studied: 738 graduates from 202 family medicine residency programs were included.

Outcome Measures: The primary outcome was self-reported burnout three years into practice.

Results: Forty percent of graduates reported burnout three years post-graduation. In bivariate analyses, three factors were associated with lower burnout among graduates: non-facilitated small groups (4.46,  $p=0.04$ ), stress management curricula (4.58,  $p=0.03$ ), and lower work hours (<60 hours) during PGY-1 (0.073,  $p=0.05$ ). In multivariate analyses, controlling for graduate practice patterns and demographics, the significance of the two wellness curricula disappeared, yet work hours as a PGY-1 remained significant (OR 1.55,  $p=0.03$ ).

Conclusion: Despite the emphasis on residency wellness to mitigate burnout, there is no longitudinal impact of these curricula on self-reported burnout of graduates, once controlling for individual characteristics. Future analyses should assess whether these results are due to the interventions not providing graduates with applicable skills for future scenarios or the impact of structural issues within our medical system.

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