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Abstract:

Challenge/issue:

Health professional wellbeing must be addressed early in medical training, at both the individual and organizational level (5,6,8). Rates of depression, burnout and suicide in medical students far exceed those in the general population and continue to rise throughout training and into practice (3). COVID-19 has additionally negatively affected the wellbeing of health professionals (4). Unmitigated, the impact persists into professional practice with higher risk of suboptimal patient care and its sequelae (2).

Objectives:

Health professionals in training require the tools to practice self-care and to change their environment (9). However these tools are lacking, and more research is needed on how best to integrate these formats into medical training (9,7,8). The primary goal of this study was to assess the impact and effectiveness of CoreWellness™ curriculum (CW) online modules on learners. We also wished to assess differences in learning between medical students and residents.

Approach:

CW, a standardized online wellbeing curriculum provides 17 self-directed modules (including resilience building, emotional intelligence, cognitive reframing, conflict resolution, mindfulness, narrative writing, leadership development) to over 20 institutions and 2,400 learners. CW also includes: 1) a Facilitators Guide to reinforce skills 2) interactive simulated encounters to observe colleagues' successes and struggles, and 3) institutional guides to help design and sustain a culture of wellbeing. Learners complete a pre- and post-survey for each module and are assigned 30-minute online modules followed by group discussions. Paired t-tests were calculated only on modules where over 30 learners completed both pre- and post-assessments.

Results

Scores for the first three modules addressing Burnout, Wellness and Resilience respectively increased significantly for both residents and medical students. Resident scores (mean, SD) increased 12% on Module 1 pre (3.43, .92) vs post (4.00, .84) ($t=-7.71$, $p<.001$), 9% on Module 2 pre (3.43, .92) vs post (3.89, .82) ($t=-4.31$, $p<.001$), and 13% on Module 3 pre (3.19, 1.05) vs post (3.87, .98) ($t=-6.82$, $p<.001$). Medical students had a larger increase with 22% on Module 1 pre (3.01, .69) vs post (4.13, .65) ($t=-10.35$, $p<.001$), 39% on Module 2 pre (2.29, 1.00) vs post (4.24, .56) ($t=-19.02$, $p<.001$), and 19% on Module 3 pre (2.98, .83) vs post (3.95, .87) ($t=-8.37$, $p<.001$).

173 residents completed all 17 modules. Averaging all modules, knowledge scores increased 10% pre (3.36, 1.01) vs post (3.89, .89) ($t=-17.82$, $p<.001$). Skills scores increased 8% pre (3.43, 1.16) vs post (3.83, 1.0) ($t=-10.66$, $p<.001$). Attitude scores increased 10% pre (3.28, 1.14) vs post (3.78, .99) ($t=-13.85$, $p<.001$).

Discussion

Designing, implementing and assessing programs that improve wellbeing of health professionals is critical. Findings demonstrate learners who complete the CW modules significantly increase knowledge, skills, and attitudes across a broad range of evidence-based wellbeing strategies. Shared themes across institutions include: 1) An identified wellness champion in each program, 2) faculty facilitators benefit by completing tools personally, 3) protected time in the curriculum increases completion rates, and 4) diverse discussions build wellbeing communities. Following cohorts over time will allow further research to determine sustainability for both individual and system wellbeing.

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