

Wellness as a Competency in Medical Training

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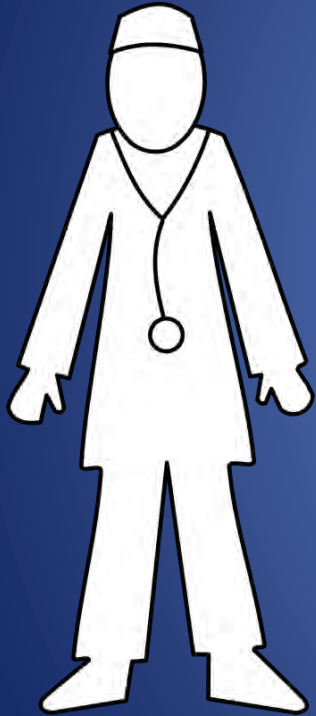
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Well-Being Influencers



MS1 high stress, high negative coping, low social support -> MS4 depression

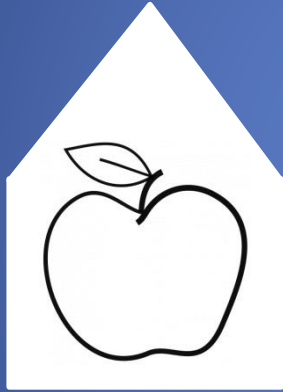
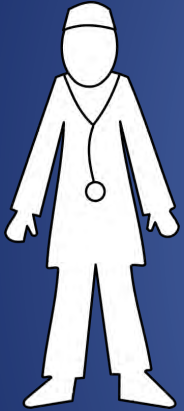
MS4 anxiety & empathy -> PGY2 burnout

Exercise habits
Delayed gratification



Workload, practice inefficiency
Competition / grading
Disorganized clinical rotations
Faculty behaviors
Harassment/belittlement
Tuition
Patient and family suffering
Research
Medical errors
Lack of control, flexibility, autonomy

Shared Responsibility



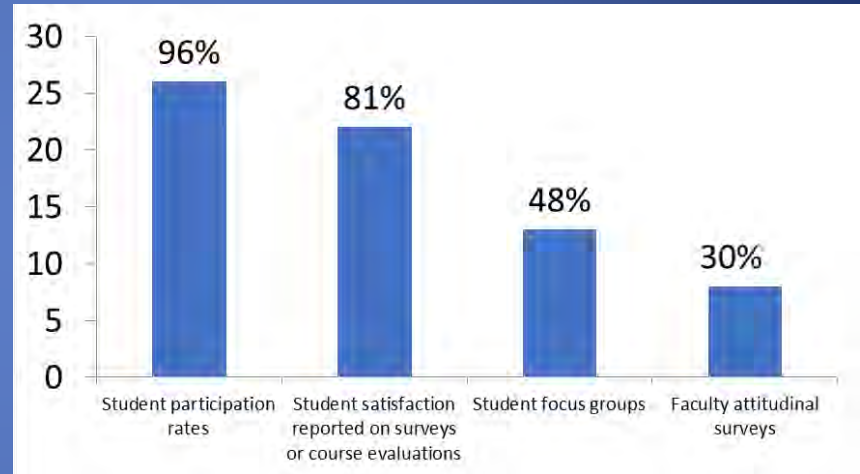
Wellness as a Competency

- Specify desired outcomes
- Framework for assessing
- Evidence-based curricula
- Ongoing program evaluation



A National Survey of Medical School Strategies to Address Student Well-being

- 27/32 US medical schools
- 59% had a well-being curriculum
- 22% of schools had a competency related to well-being



Allopathic and osteopathic U.S. medical schools participating in the AMA Accelerating Change in Medical Education consortium

Graduate Medical Education

ACGME and the American Board of Pediatrics

- Inclusion of self-awareness of emotional limitations and appropriate help-seeking, 2013 milestones

ACGME Common Program Requirements

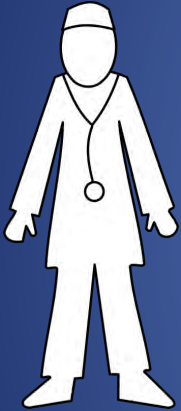
- Fitness for work
- Identification of sx
- Seek help

Self-care is becoming a fundamental principle in U.S. graduate medical education

Wellness as a Competency

- Facilitate development of evidence-based curriculum
- Wellness programming/curriculum fulfill LCME requirements & ACGME common program requirements
- Necessary resources and infrastructure to optimally design, implement, and evaluate initiatives
- Sends message that self-care is essential part of being a doctor

Shared Responsibility



Wellness curriculum
New educational strategies
Screening tools
Access to care



Faculty well-being
Learning environment
Practice environment
Culture



Medical licensure questions
Insurance
EHR / Medicare rules / etc.
High stakes examinations