

# Promoting Intern Wellness within a Psychiatry Residency Training Program: A Process of Regular Check-ins by Chief Residents

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## ABSTRACT

**Background:** Wellness in residency is increasingly considered a vital part of medical training. Yet to be widely explored are efforts that focus particularly on 1<sup>st</sup>-year residents (i.e., interns), who likely experience unique professional changes. We developed and implemented, within a psychiatry residency training program, a process of individualized wellness check-ins with interns by chief residents throughout an academic year. **Methods:** At the beginning of the academic year, a one-page baseline questionnaire was completed by interns anticipating how the chief residents can best support them. During check-ins, the chief residents asked about interns' residency experiences and wellness. The check-ins were conducted at frequencies requested by each intern. Chief residents sought open verbal feedback from the interns, and more structured feedback was collected 6 months into the academic year, using a brief four-question mid-year questionnaire. **Results:** Check-ins were conducted with all eight interns in the program. Baseline questionnaire responses indicated interns' preferences for more mentorship, communication across the program, and socialization. Regular check-ins started at intern-desired frequencies, and their content was guided by individual interns' questionnaire responses. Feedback from interns shaped the frequency/content of subsequent check-ins. **Discussion:** This regular check-in process is an early attempt to explicitly delineate what chief residents can do to support intern wellness. This process can be adapted to meet specific individual/program needs. Further work is warranted to rigorously (i) examine measurable impact of the process on intern wellness and (ii) compare the impact to those of other emerging practices that use regular check-ins to target intern wellness.

**Keywords:** Burnout, chief resident, communication, intern, mentorship, psychiatry, residency, wellness

## Background

Fostering resident wellness is vital to cultivating a positive culture within training programs.<sup>[1-5]</sup> The Accreditation Council for Graduate Medical Education emphasizes well-being as a required focus for residency training programs.<sup>[6]</sup> For trainees individually, wellness impacts personal and professional aspects of identity, which is important because trainees need

to take care of themselves so they can in turn provide safe and effective treatment to their patients and practice appropriate and ethical medicine.<sup>[7,8]</sup> For the larger health-care system, resident wellness is a crucial matter, as the well-being of an individual contributes to that of the larger health-care system. Fostering wellness is thus a strong investment for the professional community to make.<sup>[7,9,10]</sup>

Wellness is challenging for residents, especially for 1<sup>st</sup>-year residents (i.e., interns), as the first residency year is a

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**How to cite this article:** Yung J, Kim B. Promoting intern wellness within a psychiatry residency training program: A process of regular check-ins by chief residents. *Educ Health* 2021;34:113-7.

**Submitted:** 25-Jul-2020

**Revised:** 24-Jan-2021

**Accepted:** 03-Jan-2022

**Published:** 26-Apr-2022

Access this article online	
Quick Response Code:	Website: www.educationforhealth.net
	DOI: 10.4103/efh.Efh_354_20

### Address for correspondence:

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time during which they are experiencing many changes professionally. Interns often have to move away from the supports of their community. Once the intern year is underway, they are also suddenly faced with new challenges, including a mandated change in their sleep-wake cycle and increased workload compared to being a medical student. While it is a privilege to be a doctor, these new responsibilities may also feel like a burden at times. Being a physician has its difficulties and while “stress is inevitable, burnout is preventable.”<sup>[11]</sup>

There are recommendations for wellness and burnout prevention in the literature,<sup>[12,13]</sup> as well as suggestions including “3 main factors associated with resident well-being in the current literature [being] autonomy, competence building, and strong social connection.”<sup>[14]</sup> It is recognized that each training program’s culture is unique, and suggestions include having mentors facilitating wellness, with recommendations of their meeting with trainees at least quarterly.<sup>[4,15-17]</sup> Chief resident support is known to be helpful and is recommended for promoting wellness, but there is limited knowledge regarding how the support can be operationalized.<sup>[18]</sup> What can residency training programs do, and specifically what can chief residents do, to support interns as they transition into being doctors? We wanted to have chief residents implement a specific intervention to further support intern wellness.

Therefore, the aim of this work was to develop and implement, within a psychiatry residency training program, a systematic process of regular check-ins with interns by chief residents throughout an academic year. The chief residents could not easily find any specific manuals or guidelines that pertained to performing regular check-ins with interns, thus the check-in process was collaboratively devised by the two chief residents and faculty. They drew upon their own experiences of how they would have wanted to be supported during their training, including receiving support for achieving goals both inside and outside of residency.

While the devised process was underway, we became aware of a recent similar effort by Fischer and colleagues,<sup>[19]</sup> which was conducted within a pediatric residency program. We were encouraged that others in the field are beginning to see value in regular check-ins with interns, and decided to continue pursuing our process as planned, which we believe places further emphasis on heavily tailoring check-in content, modality, and frequency to individual intern needs. This paper shares how the chief residents provided such tailored support to interns through the regular check-in process, and adds to the literature an additional flexible approach to intern check-ins that other residency training programs can adapt.

## Methods

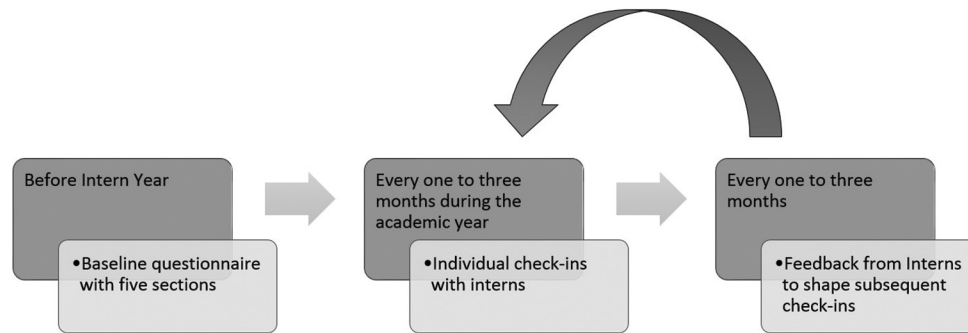
The systematic check-in process consisted of three components [Figure 1]. The first component was a one-page baseline questionnaire that all eight interns completed at the beginning of the 2019–2020 academic year. The second component comprised regular check-ins throughout the academic year (frequency as desired by individual interns, ranging from every 1 to 3 months). Finally, the chief residents utilized feedback from interns throughout the academic year to iteratively refine how and when regular check-ins were conducted (indicated by the curved arrow).

The one-page baseline questionnaire consisted of five questions:

- How can the chief residents best support you?
- With what frequency do you expect the chief residents to provide this support?
- Please provide your contact information and preferred method of communication.
- How many activities are you involved with outside of residency?
- How likely is it that you will continue to do (or start) the activities within the next year?

These questions were developed by recognizing that each intern may have a different view on how hands-on or hands-off they would like their chief residents to be, and we wanted to know explicitly what their expectations were. We also wanted to include questions about activities outside of residency to promote wellness in nonclinical aspects of interns’ lives, in hopes of encouraging overall wellness and professional development. We were interested in utilizing a fairly consolidated questionnaire that could be completed using various modalities to accommodate for the hectic schedules of the interns, who are away on off-service rotations for half of the year.

Regular check-ins involved the chief residents initiating individual contact with all interns starting off in their 1<sup>st</sup> month of residency. The chief residents asked them to reflect on their clinical experience thus far, inquired about any hobbies or activities they reported in the baseline questionnaire, confirmed the frequency of the check-ins they originally indicated on the baseline questionnaire, and their preferred check-in modality (phone calls, in person, e-mails, text messages, etc.). At the start of each of these interactions, the chief residents made explicit to the intern that the interaction is a check-in, to minimize any misinterpretation that the communication is merely small chat. This was because the chief residents recognize that during interactions, such as when trainees receive feedback from attendings, trainees may not recognize that the communication is meant to be feedback unless it is explicitly specified to be so.



**Figure 1:** Three components of the systematic check-in process (this is an original figure, not from a different source)

Feedback from interns was collected by in-person conversations, e-mail communication, and a mid-year questionnaire at the 6-month mark that consisted of four questions:

- Have the chief resident check-ins been helpful?
- What has been helpful about the check-ins?
- What changes would you recommend for the check-ins?
- Other comments/concerns?

Feedback was incorporated by the chief residents specifically in regards to the frequency of individualized check-ins. For their records, they documented the requested frequency and logged if they were adhering to the check-in frequency specified by each intern. To further tailor check-ins to each intern's needs, the chief residents were cognizant to which rotation the interns were on and asked how it was going. To check-in with the interns' activities outside of work, the chief residents also asked about any goals or hobbies that the interns had originally indicated on the baseline questionnaire.

The training program's wellness improvement efforts, of which this work is a part, have been determined by the VA Boston Healthcare System to be quality improvement activities that are classified as nonresearch, requiring no further oversight by the health system's research committees. Participation in all aspects of the check-in process described above was entirely voluntary, and verbal consent was obtained from all participants.

## Results

Results below are based on check-ins conducted by the chief residents with all eight interns in the residency training program. The baseline questionnaire was gathered in person from each intern, although the questionnaire was ready to be administered electronically if needed. Baseline questionnaire responses indicated interns desiring assistance with aspects inside and outside of work [Table 1]. From a professional standpoint, the main responses included assistance with call, help keeping track with communication from the program, and general support in how to excel during intern year and on clinical rotations. Outside of work, the main responses

**Table 1: Baseline questionnaire responses (this is an original table, not from a different source).**

Activities	Interns' perspectives
Mentorship	In-person meetings, encouragement and support via check-in emails, small acts of kindness, and networking with other residents who are involved in professional committees such as the Massachusetts Medical Society, Massachusetts Psychiatric Society, and Boston Psychoanalytic Society and Institute
Communication	Assistance with logistics about call, United States Medical Licensing Examination Step 3, clinical expectations, and feedback on clinical performance
Socialization	Activities with co-residents outside of work hours
Hobbies/fitness	Touching base to see if they are still engaged in activities including games, meditation, pets, cooking, and fitness (ranging from generally working out to specific activities like rock climbing, biking, hiking, and yoga)

revolved around desiring more socialization with peers as well as engagement in hobbies and physical fitness activities. Some barriers they predicted to continue engaging in activities outside of work included lack of time, space, and money.

The first check-in was done through e-mail as were most of the regular check-ins, except for a small number of occasions when alternative or additional in-person meetings were requested by interns. Regular check-ins started at desirable frequencies indicated on the questionnaire, and the content of each check-in was guided by individual interns' questionnaire responses to the open-ended questions, including interests outside of residency. After getting to spend more time with the interns, the chief residents also incorporated follow-up questions about such activities that the interns had mentioned in person. The chief residents made efforts to show appreciation for interns who had participated in activities outside of their main clinical duties, including seeing them engage effectively in recruiting the next class of interns, inquiring about their fitness goals and plans, or having a positive encounter with them at social events.

The baseline questionnaire indicated one intern requesting check-ins monthly, and others requesting check-ins every few

months to once a year. During subsequent check-ins, most interns requested the frequency of check-ins to be increased from what they had originally indicated on the baseline questionnaire. This included several interns who had originally requested check-ins a few times a year changing their desired check-in frequencies to monthly.

Six months through the academic year, the four-question mid-year questionnaire was sent out via e-mail to all the interns to gain further feedback. Their responses to the open-ended questions were:

- “Just nice to know someone is there for any problems that may be going on.”
- “Staying connected with the chiefs [has been helpful].”
- “[Gave] me helpful advice about my rotations, lessons that I can use within psychiatry regarding diagnosis/treatment especially, and generally helps maintain motivation and morale for me.”
- “It’s been reassuring to have the chiefs asking about my well-being. They’ve been great opportunities for me to be mindful of my wellness and interrupt the automaticity of a routine, particularly on off-service rotations.”
- “I think it’s good that [the check-ins are] individualized.”
- “[The chiefs] have gone above and beyond to help make this transition as smooth as possible for us interns.”
- “I appreciate them.”

None of the interns recommended any changes to the chief resident check-ins and noted that having the check-ins be individualized, especially including their hobbies, was a positive feature of the check-ins.

Feedback from interns shaped the frequency and content of check-ins, specifically based on requests for communication and socialization. For communication, the chief residents wanted to contribute to a culture of inclusion and lower the bar for contacting chief residents, thus they contacted interns both formally through the check-in process but also informally utilizing various modes of communication. Outside of this main check-in process with interns specifically, the chief residents also wanted to further encourage a positive culture among the residency program as a whole. So they implemented weekly “shout outs” that are sent out with a weekly e-mail to all residents, which include positive comments received from all residents about their peers giving them positive feedback especially when they are on call and contributing to morale. Beyond work, the chief residents also hosted social events inviting all the residents to assist in interns’ goals for more socialization.

## Discussion

This experience of conducting the check-in process showed that interns desire support from chief residents regarding professional development, including communication about

program details and mentorship, as well as socialization outside of work. Preferences for check-ins ranged from monthly to every 3 months. Interns appreciated check-ins that were individualized.

We believe this effort from the chief residents’ perspective fits into existing efforts within the training program to improve resident wellness, by being mindful about actively engaging with interns. We are fortunate that the program hosts many wellness initiatives including yearly wellness and other retreats, advocates for good food and hydration while on call, coordinates resident-to-resident mentorship (with a big sibling program) as well as resident and faculty mentorship pairings. Particularly notable is that these initiatives started as, and continue to be, resident-led, and were designed based on direct input from residents about the program’s high opportunity areas for wellness-related growth.<sup>[20]</sup> These resident-identified opportunities that were pursued were in improving residents’ on-call experience (Area 1; e.g., posters of resident-suggested wellness strategies in on-call rooms), increasing social activities (Area 2; e.g., Tai Chi class and gym/outdoor time), supporting preventative care (Area 3; e.g., fatigue mitigation exercises), and promoting wellness education (Area 4; e.g., ‘healthy eating’ cooking demonstration by a nutritionist).

The check-in process reported here fits primarily under Area 3 of the training program’s overarching wellness improvement efforts, where the check-ins serve as mechanisms through which chief residents can anticipatorily connect with interns to help address concerns before they escalate. Beyond supporting preventative care, the check-in process enables chief residents to also help navigate interns toward resources, strategies, and mentors, to help address the other three resident-prioritized areas of wellness improvement (i.e., enhanced on-call experience, social activities, and wellness education). Given that wellness is “a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle,”<sup>[18]</sup> the check-in process allows chief residents to be instrumental in these efforts to promote wellness and hopefully contribute to intern success.<sup>[21]</sup>

Chief residents are in a position to be resident leaders, and we hope this work provides a concrete useful example of what chief residents can address with interns to focus more on wellness. If residency training programs have not already done so, they may want to increase awareness about the need for wellness education as well as leadership training provided to individuals going into chief resident positions. The findings suggest that interns are likely to be interested in receiving support from chief residents both for professional aspirations as well as endeavors outside of work, so it is critical that training programs invest in adequately preparing the chief residents to provide such broad support to interns.



Limitations of this work include the scope, given that the devised process is for our training program's small psychiatry intern class and may not be applicable or feasible for larger programs or possibly other fields outside of psychiatry. The chief residents were able to keep track of the frequency of check-ins each intern requested, while larger programs may need a more streamlined way to keep track of check-ins. Additionally, more information will need to be collected regarding residents from all years beyond intern year, to devise processes to promote wellness among all residents.

This regular check-in process is an early attempt to explicitly delineate what chief residents can do to support intern wellness. Although wellness needs likely differ widely across interns and training programs, this intern-centered check-in process can be adapted to meet specific individual/program needs. Further work is warranted to rigorously (i) examine the measurable impact of the process on intern wellness and (ii) compare the impact to those of other emerging practices that use regular check-ins<sup>[19]</sup> to target intern wellness.

### Acknowledgments

A special thank you to the co-chief resident during the 2019-2020 academic year, Dr. Duy Ly, the eight interns of the Harvard South Shore Psychiatry Residency Training Program (HSS), and the administrative office including the program director, Dr. Margo Funk, and associate program director, Dr. Barbara Cannon, for their support of this project. We would also like to acknowledge the dedication of other residents and faculty within the HSS residency program who contribute to the positive culture of our program.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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