

Bedside Therapy: A Quality Improvement Initiative to Reduce Resident Burnout and Improve Care on an Inpatient Psychiatric Unit

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INTRODUCTION

The most meaningful and rewarding patient interactions occur when we as trainees are able to come to know and understand our patients on a deeper, more human level. Within the field of psychiatry, this has traditionally occurred most often through psychotherapy. However, the increased administrative burdens placed on trainees and the increased institutional pressure for bed turnover has eroded trainees' opportunities for therapeutic experiences, particularly in the inpatient setting. Psychiatry residents often only spend 15 minutes or less each day speaking with each patient. This dynamic also negatively impacts patient care. Patients experience an abrupt psychiatric hospitalization that is often a life-altering event for them, but are discharged after a brief stay without feeling that they have gained much apart from new medications.

Our intervention addresses these dual issues by creating dedicated time each day for trainees to engage their patients in meaningful discussions about their lives and goals. We specifically build on the principles of *logotherapy*, a therapeutic technique developed by Viennese psychiatrist and Holocaust survivor Viktor Frankl. Logotherapy focuses on helping patients overcome challenging circumstances through aiding them to find meaning in those circumstances. Logotherapy has been successfully implemented in a variety of clinical settings.

OUTLINE OF PROJECT

Purpose:

Decrease burn-out among psychiatry residents rotating on a busy military inpatient psychiatric unit while simultaneously improving quality of patient care and resident education.

Setting:

20-bed inpatient psychiatric unit at San Antonio Military Medical Center (SAMMC) in San Antonio, Texas.

Intervention:

- **Therapy:** Resident-directed therapy sessions with patients 1-3 times weekly. Based on principles of logotherapy and the biopsychosocial model of care, sessions are designed to help patients find meaning in their life and current hospitalization.

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- **Didactics:** formalized didactics on introductory psychotherapy, including lectures and videos. Residents are provided with an introductory text on psychotherapy and a copy of *Man's Search for Meaning* by Viktor Frankl.
- **Process groups:** Residents participate in weekly process groups to discuss their patient and receive feedback

Measurement:

ACGME Assessment Tool, measuring burnout, meaning, vitality, and learning environment.

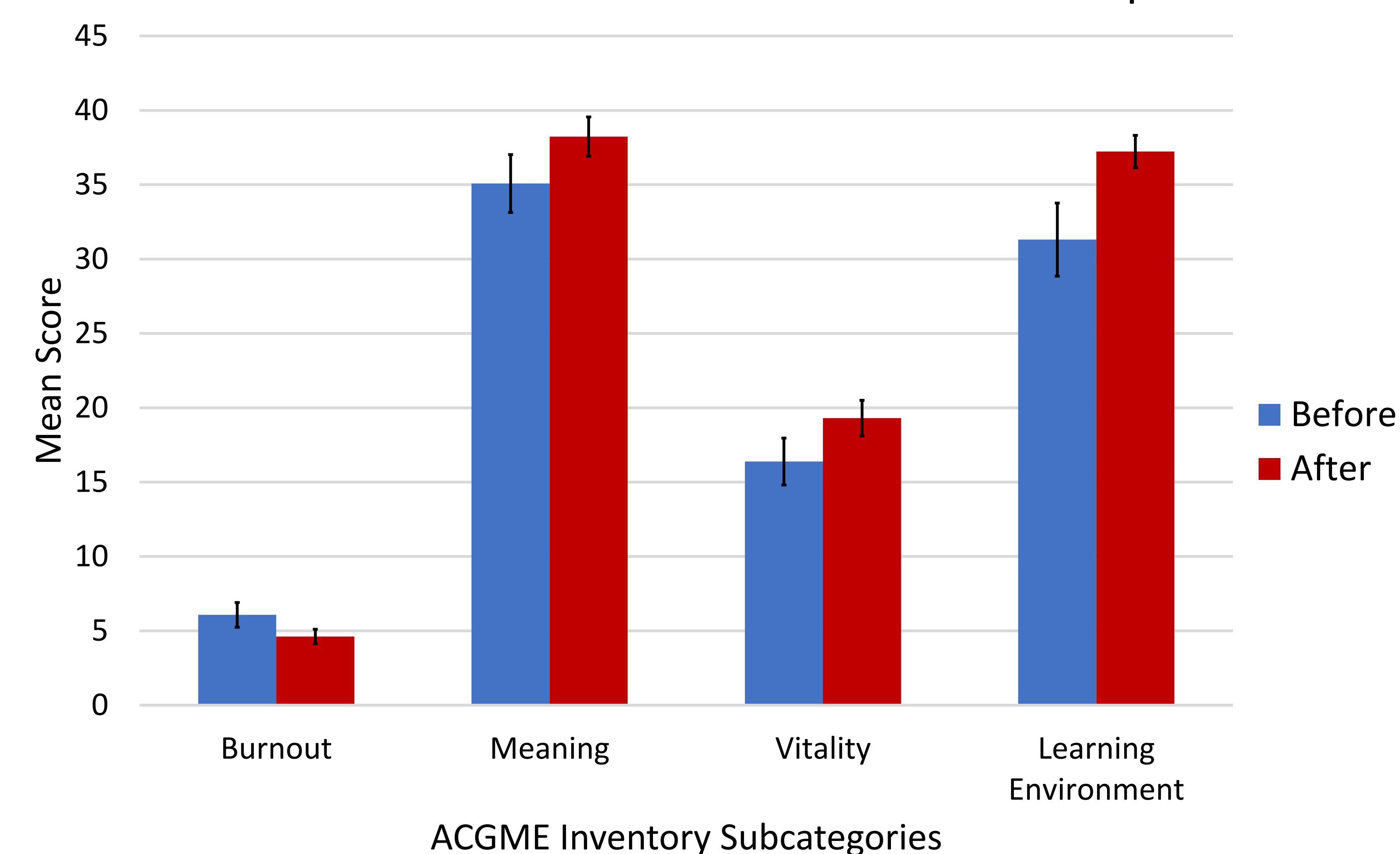
Timeline:

Psychiatric interns spend 2 months rotating on inpatient unit at San Antonio Military Medical Center. Program takes place during that period.

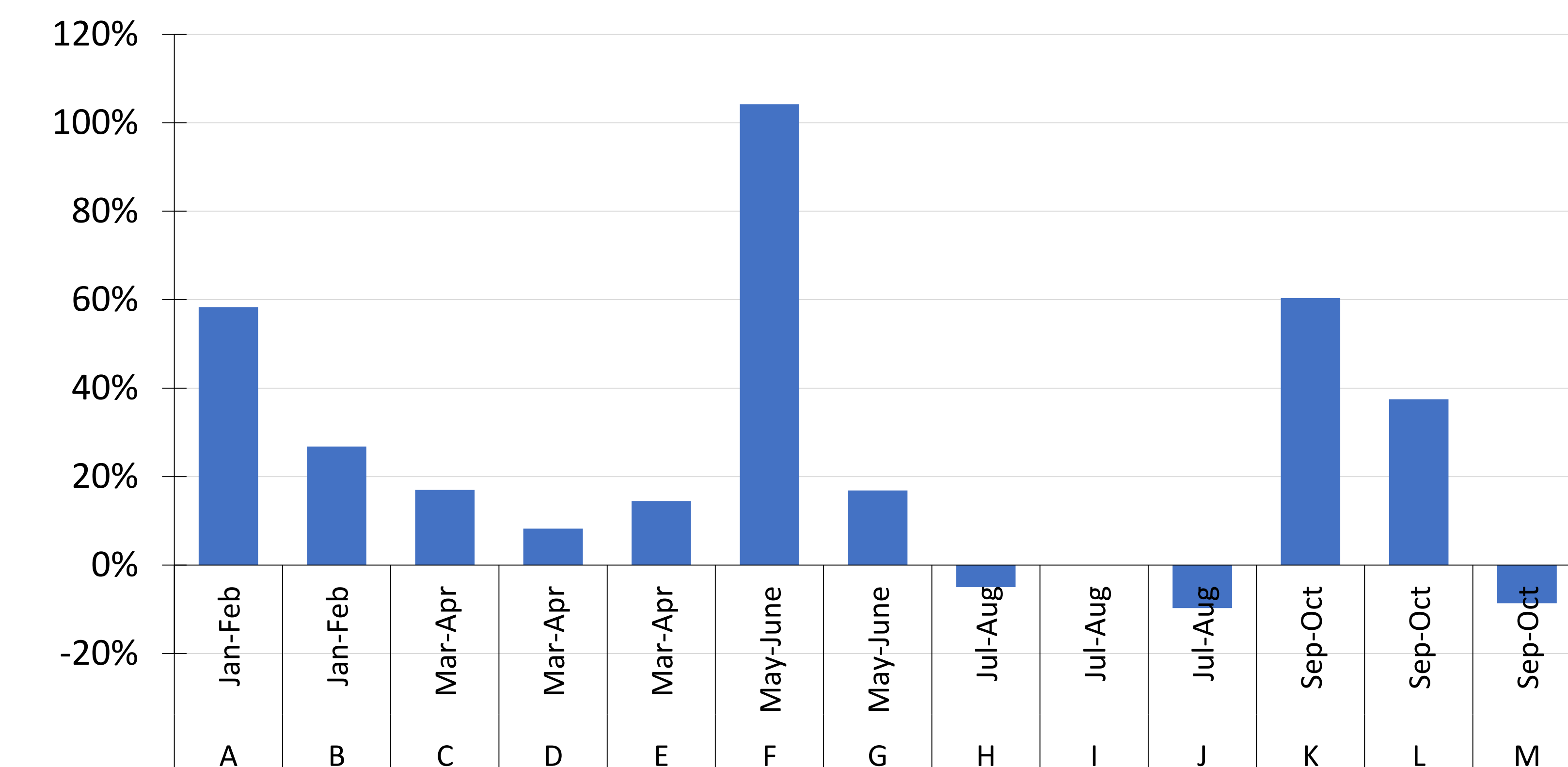
- Day 1 of rotation: introduce program, take pre ACGME assessment
- Weeks 1-2: series of lectures and videos on introductory psychotherapy
- Week 3-7 : interns engage in psychotherapy with patients, participate in weekly process group meetings
- Week 8: final discussion and feedback, take post ACGME assessment

RESULTS

ACGME Burnout Scores Before and After Participation



Percent Change in ACGME Burn-Out Score After Participation in Program



Individual participating trainees and months of participation

CONCLUSIONS

Bedside therapy has shown to be a viable quality improvement initiative that is effective for reducing resident burnout and improving the quality of patient care and resident education. The program has been approved to continue through 2019 and plans are under way to further expand the program, including improving the didactics and broadening the scope of the project.

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