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## The Effects of a Clinician Educator Community of Practice on Wellness of Internal Medicine Graduate Medical Trainees

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# The Effects of a Clinician Educator Community of Practice on Wellness of Internal Medicine Graduate Medical Trainees

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## Outstanding Presentation Award Honorable Mention

### Abstract

It is no surprise that graduate medical training is demanding and threatens trainee wellness. As multiple interventions have been proposed to improve the learning environment the past 10 years, any proposed solution that adds to a trainee's workload is appropriately met with caution. Despite the theoretical benefits of membership into a Community of Practice (CoP) such as a sense of belonging, connectedness, or professional identity formation, the additional tax of any extra-curricular initiatives on learner time and effort must be carefully considered to avoid the potential for unintended harms, stressors, or work hour violations. As such, when we launched a novel, longitudinal Clinician Educator Track (CET) for Internal Medicine residents and fellows at the University of Nebraska Medical Center in 2021, we felt compelled to monitor burnout and wellness scores as part of an evolving program evaluation. Even though the commitment to this CoP for aspiring clinician educators was voluntary, there were mandatory College of Graduate Studies requirements for matriculants, so we felt it was prudent to ensure this novel curriculum was causing no harm. A wellness survey was deployed for 2 weeks during the inaugural year of the program at the same time that an identical survey was sent to non-CET trainees. De-identified likert scores related to questions of burnout and protective factors (e.g. having one or more people to confide in) were aggregated between the CET and non-CET groups. Early data is promising that supporting trainees with shared interests, values, and professional identities in a CoP where they can regularly connect and collaborate may have a protective effect on wellness. Given the small sample size ( $n = 12$ ) from the inaugural CET cohort, we plan to study the longitudinal effects of a CET on trainee wellness as it expands across graduate medical education. As part of a more formal program evaluation, we also plan to pursue a qualitative analysis to explore the specific reasons for the possible protective effects and to see if the positive results have residual benefits on faculty retention after matriculants graduate. Whether or not graduation from a CET protects against attrition or burnout for early academic career faculty remains to be seen.

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