

AAVMC GUIDELINES FOR VETERINARY INTERN & RESIDENT WELLBEING

October 2022

BACKGROUND

The American Association of Veterinary Medical Colleges (AAVMC) conducted the first national veterinary intern and resident wellbeing study in December 2020, and the results were presented at their annual meeting in March 2021. An AAVMC task force was formed in July 2021 to develop organizational guidelines to enhance and support intern and resident wellbeing and trainee satisfaction. The task force had representation from academia and the private sector, a variety of specialty diplomates, and the American Association of Veterinary Clinicians (AAVC). An initial draft of these guidelines, along with a feedback survey, was sent out to faculty clinicians, interns, residents, staff, clinical, department, and hospital administrators in May 2022 through AAVC, private sector stakeholders, and institutions in Europe and Australia. Based on feedback from 178 written survey responses and discussions with the leadership of the AAVC, the American College of Veterinary Internal Medicine (ACVIM), the American College of Veterinary Emergency and Critical Care (ACVECC), the American College of Veterinary Surgeons (ACVS), and the AAVMC Board of Directors, the document was revised to its present and final form. The key revisions to the original draft included the addition of specific resources and tools and changes to guidelines on salaries and work hours. While the AAVMC is not an enforcing body, this document provides evidence-based guidelines and guidance. It should also be noted that although the AAVMC developed [Guidelines for Veterinary Internships](#) in 2018, and the majority of those guidelines align with the efforts in this document, the work hours guidelines in this document are viewed as superseding the 2018 work hours guidelines.

INTRODUCTION

Organization-based interventions are more effective in reducing clinician burnout than interventions targeted at individual clinicians (Panagioti et al., 2017). Organizational leaders should prioritize and provide sustained support for wellbeing initiatives

to foster a culture within the profession that is conducive to personal and organizational wellbeing efforts (NASEM, 2019). Wellbeing-related programs and/or events that enhance fulfillment and mitigate burnout should be customized to career phase, specialty, and practice setting (Shanafelt & Noseworthy, 2017). When trying to positively impact wellbeing, organizations should be inclusive of both “upstream” approaches (e.g., policy changes, workflow re-designs, reducing administrative burden, didactic learning experiences) and “downstream” approaches (e.g., counseling, crisis management). While the guidelines in this document are focused on strengthening the occupational wellbeing of interns and residents (collectively referred to in this document as “house officers”), the wellbeing of the entire clinical care team (inclusive of faculty, technicians/nurses, staff, and students) should be considered as organizations work toward implementing these guidelines. Organizations should prioritize developing the infrastructure such that these guidelines can be implemented to benefit the entire clinical care team. These guidelines fall into four categories:

- 1) Addressing organizational culture
- 2) Promoting and allowing for health and wellbeing
- 3) Aligning supporting policies and systems, and
- 4) Enhancing mentorship.

While it is recognized that the guidelines in this document might be difficult or not immediately implementable for some house officer programs, the goal of these guidelines is to highlight the larger organizational issues impacting house officer wellbeing and provide evidence-based, cross-disciplinary approaches to address them.

Examples and resources within the veterinary profession are provided where publicly available, and more are available throughout the profession. While the related resources and case studies may highlight several efforts from other health professions, these are intended to provide the veterinary profession with insights into cross-professional initiatives to spur action.

ADDRESSING ORGANIZATIONAL CULTURE

Leadership and supervisor development.

Effective executive leadership is critical in designing solutions to keep pace with rapidly changing healthcare environments (Nasca et al., 2014). Leaders and supervisors at all levels should be familiarized with the signs of a house officer (or any member of the clinical care team) who may be disengaged or experiencing burnout. Developing and supporting all leaders early and often in their careers will help teams function more effectively. When leaders at all levels can anticipate and recognize the signs of stress and burnout early on (including distress and emotional exhaustion), they can take steps to support their teams and find ways to address stress levels in preventative ways before burnout becomes a more serious issue.

Related Resources:

- [Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout](#) (Shanafelt & Noseworthy, 2017)
- [Cultivating Leadership: Measure and Assess Leader Behaviors to Improve Professional Wellbeing](#) (American Medical Association)
- [Well-Being Playbook: A Guide for Hospital and Health System Leaders](#) (American Hospital Association)

Address conflict in the workplace.

Aside from promoting clear and transparent communication within an institution, conflict resolution skills should be repeatedly cultivated and refreshed by leadership, supervisors, and teams. Supervisor development/leadership training programs should include front desk managers, technicians, and mid-level supervisors. Conflict-avoidant behavior allows counter-culture behaviors (such as a lack of accountability, persistent bias-related behaviors, etc.) to persist and negatively impact organizational morale. We encourage leadership and supervisors to hold all members of the organization and care team equitably accountable for professionalism and actively engage in conflict resolution with their teams to address small issues before they become morale-eroding problems.

Related Resources:

- [Navigating Crucial Conversations](#) (AAVMC)
- [Conflict management: a primer for doctors in training](#) (Saltman et al., 2006)
- [Dialogue Saves Lives](#) (Oklahoma State University Center for Health Sciences)
- [Managing conflict](#) (VetLife UK)

Actively dismantle problematic power dynamics/structures.

Interns and residents do not hold powerful roles in their institutions or clinical services, limiting their ability to display vulnerability, provide honest feedback, and control or influence their work environments. At the same time, house officers rely on establishing positive relationships with their supervisors for clinical guidance, feedback, access to future training and employment prospects, and even successful completion of the training program. Organizational discussions that openly acknowledge the existence and impacts of power dynamics in clinical contexts can help clinicians and leaders name and reflect on their own experiences and challenge the culture of their work environments. Organizations should regularly collect feedback from house officers and provide clear avenues to report problematic policies and workplace bullying, mistreatment, or incivility (subtle or overt). Efforts in this area will be critical to cultivating a culture of connection and support.

Related Resources:

- [Bullying in the Health Care Workplace](#) (American Medical Association)
- [Ombudsman for Graduate Medical Education](#) (University of Missouri-Kansas City School of Medicine)
- [A Call to Action: Align Well-Being and Antiracism Strategies](#) (Barrett et al., 2021)

Establish a house officer training program oversight committee/advisory group.

Organizations should consider establishing a committee/group with the overarching mission to uphold and improve the quality of their intern and resident training programs. Relevant to organizational culture and power dynamics, this committee could serve as an intermediary to ensure that an open line of communication exists between house officer leaders/representatives and faculty/senior clinician supervisors. Relevant to other categories of interventions, this committee could oversee and ensure training programs and house officer evaluations occur regularly (at least semi-annually), develop, and oversee house officer remediation processes, ensure compliance with established workload guidelines, and promote programs that improve house officer wellbeing.

Related Resources:

- [Graduate Medical Education Committee](#) (Michigan State University)
- [Building Bridges Between Practicing Physicians and Administrators](#) (American Medical Association)
- [Workplace Wellness Champions: Lessons Learned and Implications for Future Programming](#) (Amaya et al., 2017)

Use change management strategies to implement initiatives.

Change management models provide a frame of reference for leaders and change agents to identify key elements required for change to occur and be sustained. Key elements include exploring why change is needed, crafting the right messages for stakeholders at every step, and managing resistance to change throughout the process. Organizations should utilize evidence-based approaches to change management and design-thinking practices to implement small or large structural changes to their programs, policies, and, ultimately, organizational culture.

Related Resources:

- [Organizational Change Theory: implications for health promotion practice](#) (Batras et al. 2014)
- [CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care, Version 2.0](#) (Accreditation Council for Graduate Medical Education)
- [Standards for Establishing and Sustaining a Healthy Work Environment](#) (American Association of Critical-Care Nurses)
- [A Design Thinking, Systems Approach to Well-Being Within Education and Practice: Proceedings of a Workshop](#) (National Academies of Sciences, Engineering, and Medicine; Global Forum on Innovation in Health Professional Education)
- [Applying Organizational Change Theory to Address the Long-Standing Problem of Harassment in Medical Education](#) (Stacy et al., 2021)
- [Implementation science in healthcare: Introduction and perspective](#) (Wensing, 2015)
- [Where Do Models for Change Management, Improvement and Implementation Meet? A Systematic Review of the Applications of Change Management Models in Healthcare](#) (Harrison et al., 2021)

PROMOTING AND ALLOWING FOR HEALTH & WELLBEING

Address barriers to access.

Organizations should ensure that health and wellbeing resources are readily available to their clinical care teams – ideally on-site. Mental health and wellbeing resources can be limited for some rural or underfunded institutions or regional areas. Where resources are available, potential users may not be aware of the resources, may be implicitly or explicitly discouraged from accessing them, or may find them less useful or inaccessible due to conflicting schedules, scarcity, and/or a lack of familiarity with the stressors associated with house officer training. Organizations that already have resources should consider focusing on effectively communicating these resources to their community, reducing barriers to accessing these resources (e.g., allowing time to attend/use without fear of subtle or overt repercussions), and building trust that these resources can be helpful and effective in addressing an individual or group's distress. While the development of wellbeing programming for house officers is valuable, the programming can often be incongruent with the medical training environment. The complexities of the animal health system and culture contribute to mixed messaging, and these mixed messages do not support individual-level efforts and may unintentionally amplify house officer distress (Meeks et al., 2019). Wellbeing-related resources or programming will not be perceived as useful or impactful benefits if a house officer's work schedule, leave policies, and overall experience prohibits them from accessing resources that have limited business hours.

Wellbeing isn't exclusively about physical and mental health.

Organizations should consider other offerings that support multiple aspects of a house officer's wellbeing, including, but not limited to, historically marginalized identities and equity issues, childcare, protected time off, and fiduciary financial advising where the counsel is legally and ethically bound to operate in the best interest of the client. Organizations should also consider evidence-based peer-support models and/or "wellbeing case rounds" to discuss difficult patient cases and their impact on the clinical care team's mental health and/or stress management and how to mitigate future impacts. On-site licensed mental health professionals, where present, could help facilitate these rounds. It should be noted that these types of programs should not be the only way organizations seek to support mental health and address burnout – these efforts should be supplemental to organization-level interventions for optimal effectiveness. An individual's efforts toward "self-care" will not be effective in environments that are not structured for or supportive of those efforts.

Related Resources:

- [Integrating Multicultural Inclusion in Wellbeing Initiatives](#) (AAVMC)
- [Caregiving During the Pandemic](#) (AAVMC)
- [Work-Related Stress & Trauma: Supporting the Mental Health of Health Professionals](#) (AAVMC)
- [Encouraging Help-Seeking Behaviors](#) (AAVMC)
- [Abbreviated Suicide Prevention Awareness Toolkit](#) (AAVMC)
- [Evidence-based peer support program](#) (Veterinary Mental Health Initiative)
- [2022 Healthcare Workforce Rescue Package](#) (National Academy of Medicine-All In)
- [Psychological PPE: Promote Health Care Workforce Mental Health and Well-Being](#) (Institute for Healthcare Improvement)
- [Framework for Improving Joy in Work](#) (Institute for Healthcare Improvement)

ALIGNING SUPPORTIVE POLICIES & SYSTEMS

Limit financial distress.

Institutions should work to ensure that house officers are paid salaries sufficient to meet expenses. Organizations should prioritize increasing house officer salaries considering the regional cost of living. The MIT Living Wage Calculator is a useful tool for estimating the regional cost of living based on typical expenses. Organizations are encouraged to use this tool for determining base salaries for trainees in their area. An additional percentage could be added based on factors determined by the institution. For example, if the living wage is \$15/hour (single adult, no children), and assuming a house officer works 60 hours/week with two weeks off, the base salary would be \$45,000. An additional percentage could be added for residents to reflect their higher levels of experience and expectations compared to interns. Programs could also consider offering additional compensation for after-hours duties. Another important consideration is providing fiduciary financial advising resources for house officers to help them navigate loan repayment options, qualifications for loan forgiveness programs, and personal budgets. We encourage training programs to state on their postings and/or VIRMP program profile whether they offer financial support resources.

When organizations are not able to increase stipends or wages for house officers, it is encouraged that organizations revisit policies that may restrict house officers from having their financial needs supplemented in other ways during their program. House officers may need to access additional sources of income (ex: working clinical shifts at a secondary location, a.k.a. moonlighting), particularly when the stress associated with financial strain during their program outweighs the strain of additional work. Policies that prohibit “moonlighting” and other types of non-compete policies may increase stress by limiting access to additional sources of income, financial autonomy, and future employment opportunities.

Related Resources:

- [MIT Living Wage Calculator](#)
- [Finances, Loan Forgiveness, and Repayment Programs](#) (AVMA)
- [2021 Internship Salaries Offered through the VIRMP](#) (AAVMC)
- [2021 Resident Salaries Offered through the VIRMP](#) (AAVMC)
- [Comparison of resident and intern salaries with the current living wage as a quantitative estimate of financial strain among postgraduate veterinary trainees](#) (Morello et al., 2021)
- [The Economic Cost of Burnout in Veterinary Medicine](#) (Neill et al., 2022)

Flexible scheduling.

Organizations should consider more flexible scheduling policies for all clinical care team members. One example of such a policy in human medicine is implementing an opt-in time banking system. This voluntary system is developed within departments and awards clinicians and technician’s “credits” when they go beyond their standard shifts, such as when working overtime or covering for a colleague. These credits can then be exchanged for incentives, e.g., meal deliveries, daycare services, or other rewards that support other areas of an individual’s life and help restore work-life balance.

Related Resources:

- [The Development of Best Practice Guidelines to Support the Hiring, Recruitment, and Advancement of Women Physicians in Emergency Medicine](#) (Choo et al., 2016)
- [Flexible Work Schedules: Alternative Workweeks Can Benefit Both Practice and Employees](#) (AAHA)

Case Studies:

- [An Integrated Career Coaching and Time Banking System Promoting Flexibility, Wellness, and Success: A Pilot Program at Stanford University School of Medicine](#) (Fassiotto et al., 2018)
- [Flexible Scheduling Policy for Pregnant and New Parent Residents: A Descriptive Pilot Study](#) (Chernoby et al., 2020)

Maximum duty-hours.

Higher program satisfaction among house officers was correlated with limited or capped duty hours. Organizations should adopt the following maximum work-hour guidelines for house officers and develop policies such that these guidelines apply to all clinical care team members (including faculty and staff).

- Clinical and scheduled educational work hours should be limited to no more than 60 hours per week, averaged over a four-week period, inclusive of all in-hospital clinical and scheduled educational activities.
 - Programs and house officers have a shared responsibility to ensure that the 60-hour maximum weekly limit is not exceeded. Although house officers may remain beyond their scheduled work periods to care for a patient or participate in an educational activity, these additional hours should be accounted for in the allocated 60 hours when averaged over four weeks.
 - Graduate studies are included in the 60 hours per week limit. Programs that combine clinical training with a graduate degree should ensure that graduate coursework requirements do not result in exceeding 60 hours per week, averaged over a four-week period, inclusive of all in-hospital clinical and scheduled educational activities.
 - Although it is acknowledged that a house officer may work in excess of 60 hours in a given week, programs and house officers utilizing this flexibility should adhere to the 60-hour maximum weekly limit when averaged over a four-week period. Programs that regularly schedule house officers to work 60 hours per week and still permit house officers to remain beyond their scheduled work period are likely to exceed the 60-hour maximum.
 - Interns and first-year residents may not have the experience to make decisions about when it is appropriate to utilize flexibility or may feel pressured to use it when unnecessary. Programs are responsible for ensuring that house officers are provided with manageable workloads that can be accomplished during scheduled work hours. This includes ensuring that a house officer's assigned direct patient load is manageable, that house officers have appropriate support from their clinical teams, and that house officers are not overburdened with clerical work and/or other non-clinician duties. To help ensure this, regular caseload/workload reviews with the house officer training program oversight committee/advisory group are advised.

- The program should design an effective program structure configured to provide house officers with educational opportunities and reasonable opportunities for rest and to tend to personal needs.
 - House officers should have at least eight hours off between scheduled clinical work periods. During these eight hours off, they should not be expected to engage in scheduled educational activities (rounds, journal clubs, classes, etc.).
 - House officers should have at least 14 hours free of clinical work and educational activity after 24 hours of continuous in-hospital work.
 - House officers should be scheduled for a minimum of one full day in seven free of in-hospital clinical work and scheduled educational activity (when averaged over four weeks). On-call or educational activities should not be assigned on these free days. The goal should be to provide house officers two consecutive days off at least once per month (and more frequently if possible).
 - In-hospital clinical work and scheduled educational activities should not exceed twenty-four continuous hours.
 - If a house officer is approved to moonlight (work occasional shifts at another practice or venue for additional income), it should not interfere with the ability of the house officer to achieve the goals and objectives of the training program and should not interfere with their fitness for work or compromise patient safety.

Related Resources:

- [Impact of duty hours on resident wellbeing](#) (U.S. Institute of Medicine Committee on Optimizing Graduate Medical Trainee Hours and Work Schedules to Improve Patient Safety, 2009)
- [ACGME's Approach to Limit Resident Duty Hours 12 Months After Implementation: A Summary of Achievements](#) (Accreditation Council for Graduate Medical Education)
- [Veterinary house officer perceptions of dimensions of well-being during postgraduate training](#)
- [Sleep patterns, fatigue, and working hours among veterinary house officers: a cross-sectional survey study](#)

Case Studies:

- [Changes in Medical Errors after Implementation of a Handoff Program](#) (Starmer et al., 2014)
- [Improving Patient Handoffs and Transitions through Adaptation and Implementation of I-PASS Across Multiple Handoff Settings](#) (Blazin et al., 2020)
- [How One Hospital Improved Patient Handoffs for the Long Term](#) (Harvard Business Review, 2018)

Workflow re-designs.

Organizations should determine which tasks are most taxing for clinicians and then identify ways to simplify, limit, or divert such tasks to other dedicated staff (see section below). In addition, the implementation of handoff programs, combined with improvements in clinic communication, has been shown to reduce medical errors and preventable adverse events without negatively affecting workflow, providing a means for house officers and faculty to better protect their time off. Organizations should assess their technician/clinician/patient ratios to ensure adequate staffing and efficiency, and allow house officers to actively discuss, design, and enhance workflow policies that impact them.

Related Resources:

- [Getting Rid of Stupid Stuff \(GROSS\) Initiative](#) (American Medical Association)

Case Studies:

- [Getting Rid of Stupid Stuff \(GROSS\) Case Study](#) (American Medical Association)

Reduce technological and non-clinical burdens. Solutions that have been shown to help mitigate technology-related stress in human medical settings include 1) providing more comprehensive electronic medical record (EMR) training, 2) streamlining/improving the current EMR system use, and 3) utilizing medical scribes for charting. For instance, organizations may look at opportunities to engage paraprofessionals or veterinary students with work-study or paid positions operating as medical scribes in the clinics to reduce the technological burden for clinical care teams and allow students to be familiarized with EMR systems earlier in their education. Patient advocates (patient service coordinators) and veterinary technicians can assist in client communications, coordinating rechecks and prescriptions, and discussing financial quotes. Licensed mental health professionals in the teaching hospital or the clinical environment can support clients in distress, facilitate difficult conversations, and debrief with and support the clinical team during and after difficult cases and situations (Cohen, 1985).

Related Resources:

- [Team Documentation: Improve Efficiency of EHR Documentation](#) (American Medical Association)
- [Association of Medical Scribes in Primary Care With Physician Workflow and Patient Experience](#) (Mishra et al., 2018)
- [25 by 5 Initiative to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025](#) (National Library of Medicine)

Case Studies:

- [Putting Patients First by Reducing Administrative Tasks in Health Care](#) (Erickson et al., 2017)

ENHANCING MENTORSHIP

Develop and sustain quality mentors.

Qualitative data from the 2020 AAVMC Intern & Resident Wellbeing Study repeatedly highlighted the positive impact of quality mentorship for house officers during this career stage. Quality mentorship was expressed as a willingness to teach, supervise, provide affirming and constructive feedback, and being demonstrably mindful of their trainee's wellbeing and learning experience through didactic learning and assessment. Quality mentors were noted to enhance a trainee's sphere of control within their learning environment with the appropriate level of autonomy in relation to the trainee's clinical skills. Respondents also mentioned how seeing clinicians and supervisors' model positive, inclusive behaviors around professionalism, boundary-setting, and help-seeking provided tangible examples of how to maintain one's individual wellbeing while navigating team dynamics and a demanding profession. Organizations should identify ways to develop and reward effective mentors (which could include public recognition, consideration in the tenure/promotion process, compensation, etc.), acknowledging the time, expertise, and importance of quality mentorship.

Related Resources:

- [Resources for Mentees](#) (Harvard Medical School)
- [Blackwell Handbook on Mentoring: A Multiple Perspectives Approach](#) (Allen & Eby, 2007)
- [Faculty Success Through Mentoring: A guide for mentors, mentees, and leaders](#) (Bland et al., 2010)
- [Mentoring: Seven Roles](#) (Tobin, 2004)
- [Twelve Tips for Developing Effective Mentors](#) (Ramani et al., 2006)

Feedback and evaluation.

Faculty/senior clinicians should directly observe, evaluate, and frequently provide feedback on house officer performance during each rotation or similar educational assignment.

- The program should provide a semi-annual objective performance evaluation utilizing multiple evaluators (e.g., faculty members, peers, staff, students, and self).
- Supervisors should meet with and review with each house officer their documented semi-annual performance evaluation, including progress along service-specific, program-specific, and/or specialty-specific milestones.
- Programs should assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
- Programs should develop plans for house officers failing to progress, following institutional policies and procedures.
- At least annually for residents and at the end of the year for interns, there should be a summative evaluation of each house officer that includes their readiness to progress to the next year of the program (or into a residency for interns), if applicable.
- A house officer's performance evaluations should be accessible for review by the house officer being assessed.

Related Resources:

- [Delivering Constructive Formative Feedback: A Toolkit for Medical Educators](#) (American Association of Medical Colleges)
- [Feedback in the clinical setting](#) (Burgess et al., 2020)

AAVMC INTERN/RESIDENT WELLBEING TASK FORCE MEMBERS

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APPENDIX

Conduct Workplace/Training Program Assessments

- [AAVMC Intern/Resident Wellbeing Study](#) (AAVMC)
- [Organizational Wellbeing Assessment Tool](#) (AAVMC)
- [Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions](#) (National Academy of Medicine)
- [Healthy Work Environment Assessment Tool](#) (Association of Critical-Care Nurses)
- [NIOSH Worker Well-Being Questionnaire \(WELLBQ\)](#) (National Institute for Occupational Safety and Health)
- [Wellness Culture and Environment Support Scale](#) (Melnyk et al., 2017)
- [A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being](#) (Dyrbye et al., 2018)