



RESIDENT ICE CREAM ROUNDS

To assess the impact of Resident Ice Cream Rounds on resident wellbeing and program satisfaction.

Author: Anne Dube

iFMEM Resident in Sydney, NS

Supervisor: Dr. Lisa Gammell

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Abstract

Background:

This study aims to assess the impact of monthly Resident Ice Cream Rounds on the wellbeing and program satisfaction of residents in the Dalhousie Family Medicine residency programs in Cape Breton, NS.

Methods:

The study adopted a pre- and post-intervention design, enrolling all 21 Family Medicine residents on Cape Breton Island. Assessments were conducted utilizing the Physician Wellbeing Index and program-specific questions to assess satisfaction. The intervention involved five monthly Resident Ice Cream Round sessions, voluntary gatherings for peer support, debriefing, and fostering connections. Data analysis employed unpaired t-tests, with statistical significance at a p-value of 0.05.

Results:

Over the study period, the average wellbeing score increased from 3.9 / 7 (s.d. 1.94, 95% CI 2.99 - 4.81), to 4.1 / 7 (s.d. 1.44, 95% CI 3.30 - 4.83, p-value 0.782). First-year residents scored significantly higher than second-year residents pre-intervention, 4.9 vs. 2.9 / 7 (p-value 0.017) while post-intervention the scores were no longer significantly different, 3.9 vs. 4.3 / 7 (p-value 0.601).

The average program satisfaction score for all residents was 3.2 / 4 (s.d. 1.14, 95% CI 2.62 - 3.68) which increased to 3.4 / 4 (s.d. 0.96, 95% CI 2.92 - 3.95, p-value 0.426) post-intervention. First-year residents consistently reported higher satisfaction than second-year residents (pre-intervention p-value 0.076, post-intervention p-value 0.112).

Interpretation:

While the results suggest a positive impact of Resident Ice Cream Rounds on overall wellbeing and program satisfaction, the study's short duration and small sample size limit generalizability. The differing trends between first- and second-year residents warrant further exploration. Despite study limitations, the low overall wellbeing scores highlight the need for ongoing wellness monitoring and support.

Introduction

Residency marks a period of change for all medical learners as they transition from students to physicians, with increasing roles and responsibilities within the healthcare system. Residents take a more active role in patient assessment and management, writing orders and prescriptions, and they must grasp the intricacies of independent practice within their specialty. This transitional phase places them in a complex environment, where they are both learners and individuals gaining greater responsibility and autonomy. Financial pressures also continue to rise as residents carry increasing debt loads¹.

Nearly half (48%) of Canadian medical students complete their residency in a different location than their undergraduate medical training. An unfamiliar setting and limited connections to local support contribute to the stressful nature of residency². The Canadian Medical Association's most recent National Physician Health Survey (2021) concluded resident burnout and poor wellness are on the rise. They found 58% of medical residents experienced a high level of burnout, marking a significant increase of nearly 22% since 2001³.

Family Medicine requires a comprehensive knowledge base and a dedication to lifelong learning. In a healthcare system facing a shortage of family physicians, the expectations for family doctors to assume additional responsibilities can be overwhelming. Governing bodies and associations actively advocate for general practitioners to expand their patient load and diversify their skillset to address gaps in care within their local communities⁴⁻⁷. This pressure

inevitably trickles down to residents, intensifying the stress during an already challenging transition from learner to staff.

Wellbeing and burnout within the field of medicine is a relatively new topic. The term "burnout" was first introduced in the early 1970s by psychologist Herbert Freudenberger⁸. The systematic examination of burnout within the medical profession gained more prominence in the 1980s and 1990s⁹⁻¹³. In more recent years, numerous strategies for improving wellbeing and preventing burnout have been explored, including mindfulness exercises, resiliency training, scheduled personal time, peer support, journaling, debriefing sessions, panel discussions, and more¹⁴⁻²¹. One strategy is called Ice Cream Rounds and is an extension of peer support combined with debriefing. Ice Cream Rounds have been found to improve mental health and wellbeing within undergraduate medical students and Emergency Medicine Residency programs²²⁻²⁵. As first described in 2018, Ice Cream Rounds are participant-led, non-mandatory, scheduled time for students or residents to come together to share and support one another^{23,25}. The scheduled sessions create space for debriefing difficult cases, sharing success stories and clinical pearls, as well as simply being together with other people who understand the challenges of medical school or residency. In a study done by Calder-Sprackman et al. Resident Ice Cream Rounds were held every three months from 2014 to 2017 for residents in an Emergency Medicine program. The postintervention survey found 95% of residents felt the sessions fostered collegiality and support, and nearly 59% felt they gained an increased awareness of coping strategies. Burnout and program satisfaction were not assessed, however, overall, Resident Ice Cream Rounds did have a positive impact on residents²³. There remains a

gap within the literature on the impact Resident Ice Cream Rounds has on wellbeing and program satisfaction, particularly within the field of Family Medicine.

Cape Breton Island in Nova Scotia is home to three residency programs through Dalhousie Family Medicine. These include the Sydney and Inverness Family Medicine programs, as well as the integrated Family and Emergency Medicine program. These three programs will be collectively referred to as the Cape Breton Dalhousie Family Medicine program, unless otherwise specified, and there are currently 22 residents in the program.

Given the unique stressors that exist within Family Medicine, a study was conducted from September 2023 to January 2024 looking at the impact of monthly Resident Ice Cream Rounds on resident wellbeing and residency program satisfaction.

Background

The objectives of this study were to assess Cape Breton Family Medicine residents' baseline wellbeing and program satisfaction; implement monthly, unstructured Resident Ice Cream Rounds where residents come together to debrief, connect, and support one another; and re-assess wellbeing and program satisfaction after five sessions to determine the impact of the intervention.

In order to assess the impact of Resident Ice Cream Rounds on resident wellbeing and program satisfaction, a pre and post intervention survey was administered. A review of the literature was done to determine the most appropriate tools for use in the survey.

There are numerous tools that exist within the literature used to evaluate physician wellbeing, including the Physician Wellbeing Index (PWBI), Maslach Burnout Inventory, Oldenburg Burnout Inventory, Copenhagen Burnout Inventory, among many others. Most of these tools involve lengthy question sets, have complex scoring systems, or are costly to obtain a licence for use²⁶⁻²⁸. Dyrdye et al. first developed the Medical Student Well-Being Index, which is a short 7-item survey that showed external validity for assessing medical student wellbeing²⁹ (level of evidence 5). This was then modified to create the Physician Wellbeing Index (PWBI) and used to identify physicians in distress³⁰ (level of evidence 4). The PWBI then underwent further validity assessment when used to accurately stratify wellbeing within a group 6,994 practicing physicians, compared against other validated mental quality of life assessment tools³⁰ (level of evidence 4). In 2014, the PWBI proved to be effective in objectively assessing wellbeing within the resident physician context, as seen by Dyrdye et al.'s large cross-sectional survey study of a national sample of 1,701 resident physicians in various specialties, including Family Medicine, in the United States²⁷ (level of evidence 4). Given the simplicity of the questions, applicability to the resident specific context, and free access, the PWBI was used to assess Cape Breton Dalhousie Family Medicine residents' wellbeing before and after the introduction of Resident Ice Cream Rounds. The PWBI includes seven item yes/no questions, which are outlined in Table 1.

There is extensive literature on physician job satisfaction³¹⁻³⁴, but unfortunately not for resident physicians. Resident physicians are employed by provincial health authorities while their day-to-day functioning is managed by their residency programs. As such, the standardized questionnaires assessing job satisfaction, such as the Global Job Satisfaction Instrument validated in Emergency Room physicians³⁴ (level of evidence 4), do not apply well to the resident physician. Multiple, large, resident specific studies have assessed program satisfaction by directly asking if residents are satisfied using either, or some combination of both, the binary (yes/no) and Likert scale responses^{35,36} (level of evidence 4 & 4). Jordan Cohen and Scott Patten surveyed 415 residents in Alberta with the binary response and compared this with provincial population data from the Canadian Community Health Survey (CCHS) to assess their satisfaction both within and outside of residency training³⁵. Their binary questioning coincided with the CCHS data, validating the use of direct questioning to assess satisfaction³⁵ (level of evidence 4). In 2020, Dyrbye et al. conducted a large study across numerous residency programs, including Family Medicine, at the Mayo Clinic³⁶. The study involved 762 resident physicians living in Minnesota, Arizona, and Florida. The team of researchers were looking at the impact of leadership team behaviours on resident burnout and program satisfaction. They assessed satisfaction by asking directly “Overall, how satisfied are you with your residency program at Mayo Clinic?” and included a 5-point Likert scale (1 = strongly dissatisfied; 5 = very satisfied) for responses³⁶ (level of evidence 4). Additionally, there is research to suggest the utilization of both positively and negatively stated questions helps to minimize response acquiescence bias in order to better assess attitudes towards educational programs³⁷ (level of evidence 3). As a

result, for this study, program satisfaction was assessed using four multiple choice questions. Two were binary yes/no format and two were Likert scales with five options. Two of these questions were positively and two negatively stated in an effort to reduce response acquiescence bias. These questions are described in the methods and can be seen in Table 2.

Methods

Research Question and Participants

The aim of this study was to evaluate the impact of Resident Ice Cream Rounds on resident wellness and satisfaction within their residency program. Participants comprised all residents in the Family Medicine programs on Cape Breton Island, including 17 residents from Sydney in both the Family Medicine and the integrated Family and Emergency Medicine programs, along with five residents from the longitudinal Family Medicine program in Inverness.

Study Measures

To assess resident wellness and program satisfaction, a pre- and post-intervention multiple-choice survey was administered to all Cape Breton Dalhousie Family Medicine residents. The survey was created on Google Forms and the completion link was both emailed and posted in the residents' private WhatsApp chat. The survey collected information on the residents' current year of study (PGY one or two), the seven-item Physician Wellbeing Index (PWBI), and four questions related to program satisfaction. Residents were not asked to identify their program as confidentiality becomes threatened as specificity increases.

Physician Well-Being Index

Resident wellbeing was evaluated using the PWBI, a seven-item yes/no survey validated within the resident physician population²⁷. The questions refer to the last month and ask about symptoms suggestive of poor wellbeing. Each question receives a score of zero or one for a "yes" or "no" response, respectively. An overall wellbeing score out of seven was then calculated, with seven out of seven being optimal wellbeing. Details and scoring for the PWBI can be found in Table 1.

Table 1: PWBI Score Breakdown.

Questions - During the past month:	Response	Score
Have you felt burned out from your work?	Yes	0
	No	1
Have you worried that your work is hardening you emotionally?	Yes	0
	No	1
Have you often been bothered by feeling down, depressed, or hopeless?	Yes	0
	No	1
Have you fallen asleep while stopped in traffic or driving?	Yes	0
	No	1
Have you felt that all the things you had to do were piling up so high that you could not overcome them?	Yes	0
	No	1
Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	Yes	0
	No	1
Has your physical health interfered with your ability to do your daily work at home and/or away from home?	Yes	0
	No	1
Total Score		7

Satisfaction

To assess program satisfaction, four multiple-choice questions were developed, using a combination of strategies outlined in the Background section. Two questions were a binary yes/no format, and two utilized Likert scales with five options. The two binary questions

included in the survey were: “Are you disappointed you matched to Dalhousie's Family Medicine Program in Cape Breton for your residency?” and “Do you wish you had ranked Dalhousie Family Medicine in Cape Breton lower on your residency application?”. The two Likert scale questions were: “How well supported do you feel by Dalhousie's Family Medicine Program in Cape Breton?” with responses ranging from very well supported to very unsupported, and “Overall, how satisfied are you with your residency program - Dalhousie Family Medicine in Cape Breton?” with responses ranging from very satisfied to very dissatisfied.

An overall program satisfaction score out of four was then calculated. This involved assigning one point for each “no” response in the negatively stated binary questions and one point for either "very well supported" or "well supported" and "very satisfied" or "satisfied" in the two positively stated Likert scale questions. A detailed breakdown of satisfaction scoring can be found in Table 2 below.

Table 2: Satisfaction Score Breakdown.

Question	Response	Score
Are you disappointed you matched to Dalhousie's Family Medicine Program in Cape Breton for your residency?	Yes	0
	No	1
Do you wish you had ranked Dalhousie Family Medicine in Cape Breton lower on your residency application?	Yes	0
	No	1
How well supported do you feel by Dalhousie's Family Medicine Program in Cape Breton?	Very well supported OR well supported	1
	Neutral OR unsupported OR very unsupported	0
Overall, how satisfied are you with your residency program - Dalhousie Family Medicine in Cape Breton?	Very satisfied OR satisfied	1
	Neutral OR dissatisfied OR very dissatisfied	0
Total Score		4

Follow Up Survey

Following five Resident Ice Cream Rounds, a subsequent survey was distributed to all residents in the program who attended one or more sessions. This survey was the same as the pre-intervention survey.

Intervention

The initial survey was sent to residents via email in August 2023. The first Resident Ice Cream Rounds took place in September, and the initial survey closed prior to this session. Resident Ice Cream Rounds took place in person and virtually over Zoom to accommodate the distributed nature of the training program. The sessions, approximately one hour in duration, were voluntary, unstructured, and exclusive to Cape Breton Dalhousie Family Medicine residents. Light refreshments including coffee, tea, and ice cream were provided to those attending in person. Participation in discussion was entirely voluntary and confidentiality was discussed at the start and end of each session. The topics of discussions were directed by the residents attending the session and followed no set outline. Resident Ice Cream Rounds recurred monthly until January 2024, totaling five sessions. Following the fifth session in January 2024, the post-intervention survey was emailed to all Cape Breton Family Medicine residents, and subsequent statistical analyses were conducted.

Statistical Analysis

Data from the pre- and post-intervention surveys were input into a Microsoft Excel spreadsheet. This was then uploaded to Prism by GraphPad (Version 10.1.1, 270), a statistical analysis and graphing software. Unpaired t-tests were used to compare cross sectional data between first- and second-year residents with both pre- and post-intervention survey data. Given the unequal number of pre- and post-intervention responses, unpaired t-tests were also used to assess for change in wellbeing and satisfaction scores over the intervention period. A p-value of 0.05 was used to determine statistical significance.

Ethics

The study proposal underwent review by the Nova Scotia Health Research Ethics Board (REB), resulting in an exemption from formal REB review. The exemption was granted as the proposal adhered to the outlined requirements in the Tri-Council Policy Statement Chapter 2³⁸ (REB FILE#:1029483). Furthermore, the Nova Scotia Health QI&S Council assessed the study proposal and determined it unnecessary to be submitted through the Nova Scotia Health QI Hub. This decision was based on the study's exclusive focus on Dalhousie Family Medicine residents, excluding involvement with any other Nova Scotia Health employees.

Results

Pre-intervention data was collected from 20 out of the 21 residents in the Cape Breton Dalhousie Family Medicine program, as the principal investigator was excluded. There was an equal number of residents in first- (PGY1) and second-year (PGY2) (N = 10 for both years). An average of 11 residents attended each session, with a total of 16 / 21 residents attending at

least one session. Post-intervention data was collected from all residents who attended at least one session (N = 9 for PGY1 and N = 7 for PGY2).

Pre-intervention

Pre-intervention, the average wellbeing score for all residents was 3.9 / 7 (standard deviation (s.d.) 1.94, 95% CI 2.99 - 4.81) and statistically significant differences seen between PGY1 and PGY2 residents. PGY1 residents had higher wellbeing scores, 4.9 / 7 (s.d. 1.66, 95% CI 3.71 - 6.09) compared to 2.9 / 7 (s.d. 1.73, 95% CI 1.66 - 4.14) for PGY2 residents (p-value 0.017).

A similar trend was also seen in pre-intervention program satisfaction, although the difference was not significant. The average program satisfaction score for all residents was 3.2 / 4 (s.d. 1.14, 95% CI 2.62 - 3.68). PGY1 residents reported higher program satisfaction, with score of 3.6 / 4 (s.d. 0.70, 95% CI 3.10 - 4.00), as compared to 2.7 / 4 (s.d. 1.34, 95% CI 1.74 - 3.66) for PGY2 residents (p-value 0.076). Additional details comparing scores between PGY1 and PGY2 residents both pre- and post-intervention are displayed in Table 3.

Table 3: Comparison of wellbeing and program satisfaction scores between PGY1 and PGY2 residents pre- and post-intervention using unpaired t-test.

	Pre-Intervention			Post-Intervention		
	PGY1	PGY2	p-value	PGY1	PGY2	p-value
Wellbeing Score (N out of 7)	4.9	2.9	0.017	3.9	4.3	0.601
Program Satisfaction Score (N out of 4)	3.6	2.7	0.076	3.8	3.0	0.112

Post-intervention

For all residents, post-intervention wellbeing scores increased, although not to a statistically significant extent (p-value 0.782). The average post-intervention wellbeing score was 4.1 / 7 (s.d. 1.44, 95% CI 3.30 - 4.83) for all residents, with PGY1 residents scoring slightly lower than pre-intervention at 3.9 / 7 (s.d. 1.69, 95% CI 2.59 - 5.19) and PGY2 residents scoring slightly higher at 4.3 / 7 (s.d. 1.11, 95% CI 3.26 - 5.32). Unlike the pre-intervention data, the difference seen in wellbeing scores of PGY1 and PGY2 residents post-intervention was not statistically significant (p-value 0.601).

The average post-intervention program satisfaction score for all residents also increased to 3.4 / 4 (s.d. 0.96, 95% CI 2.92 - 3.95) but again, this was not statistically significant (p-value 0.426).

Both PGY1 and PGY2 residents scored slightly higher for program satisfaction after the intervention with an average of 3.8 / 4 (s.d. 0.44, 95% CI 3.44 - 4.12) and 3.0 / 4 (s.d. 1.29, 95% CI 1.80 - 4.19), respectively. Similar to pre-intervention data, PGY1 residents had higher program satisfaction score, but it was not statistically significant (p-value 0.112). Box and Whisker graphs of pre- and post-intervention data by resident year can be found below in Figure 1.

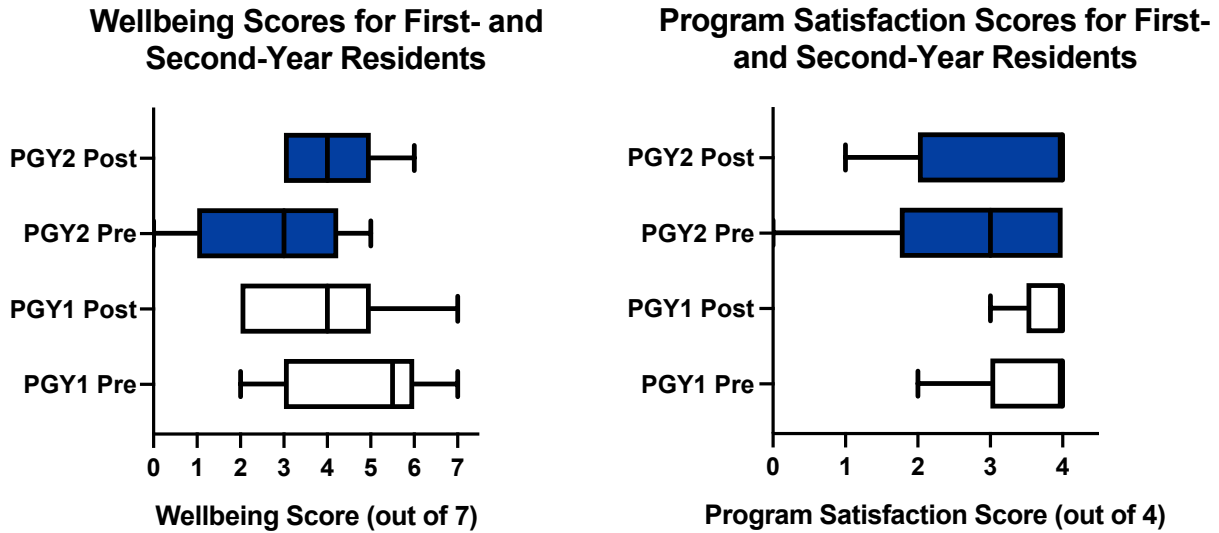


Figure 1: Box-and-Whisker graphs of wellbeing and program satisfaction data for PGY1 and PGY2 residents before and after the intervention. The box represents the median and upper and lower quartiles, while the whiskers represent the minimum and maximum scores.

Comparison by Year

Looking at the data by resident year, no statistically significant changes were seen pre- and post-intervention. For PGY1 residents, their wellbeing scores decreased from 4.9 to 3.9 out of 7 (p-value 0.207) and their program satisfaction scores increased slightly from 3.6 / 4 to 3.8 / 4 (p-value 0.522). For PGY2 residents, both of their wellbeing and program satisfaction scores increased from 2.9 / 7 to 4.3 / 7 (p-value 0.083) and 2.7 / 4 to 3.0 / 4 (p-value 0.651), respectively. This data is displayed in Table 4.

Table 4: Comparison of pre- and post-intervention data on wellbeing and program satisfaction for all residents and by residency year using unpaired t-test.

	All Residents			PGY1			PGY2		
	Pre	Post	p-value	Pre	Post	p-value	Pre	Post	p-value
Number of residents	20	16	-	10	9	-	10	7	-
Wellbeing Score (N out of 7)	3.9	4.1	0.782	4.9	3.9	0.207	2.9	4.3	0.083
Wellbeing Score \leq 3 (N of residents)	9	5	0.415	3	3	0.884	6	2	0.226

Program Satisfaction Score (N out of 4)	3.2	3.4	0.426	3.6	3.8	0.522	2.7	3.0	0.651
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Discussion

In this small interventional study, the introduction of monthly, voluntary Resident Ice Cream Rounds yielded positive outcomes by improving the wellbeing and program satisfaction of residents in the Cape Breton Dalhousie Family Medicine program. The overall wellbeing score for all residents experienced a slight increase from 3.9 to 4.1 out of 7 (p-value 0.782). Similarly, their level of program satisfaction demonstrated an improvement from 3.2 to 3.4 out of 4 (p-value 0.426). While the majority of these results did not reach statistical significance, they are still noteworthy and deserving of discussion. Because of this, the level of evidence of this research study is 4.

In April 2020, a comprehensive cross-sectional study examining resident wellbeing and burnout was conducted nationwide, encompassing various residency program specialties, including Family Medicine, and locations across the United States³⁹. The study, involving 1115 residents, revealed an average PWBI score of 4.2 out of 7. Interestingly, the first-year Cape Breton Dalhousie Family Medicine residents had a PWBI score greater than this national average prior to the intervention and slightly lower afterwards. Conversely, second-year residents displayed a contrasting trend, with an average significantly below the national score before the intervention, and only slightly higher afterward. Several factors may contribute to these differences, especially considering that the study was conducted in the United States which has an entirely different healthcare system and included a broad spectrum of medical specialties,

rather than focusing specifically on Family Medicine. Nevertheless, given that both pre- and post-intervention average resident wellbeing scores are below the national average, it underscores the importance of addressing wellbeing as a key area of focus for the program in the future.

Remarkably, the first-year residents experienced a decline in wellbeing scores over the intervention period, in contrast to the improvement observed in the second-year residents. Furthermore, the pre-intervention survey identified a statistically significant difference, with first-year residents exhibiting substantially higher wellbeing scores compared to second-year residents (4.9 vs. 2.9 / 7, p-value 0.017). This discrepancy might be attributed to the timing of the survey in relation to the residents' progress in their residency. It's plausible that some of the challenges and pressures associated with residency had not yet accumulated for the first-year residents, given that the pre-intervention survey took place two months into their residency. This timing could also account for the observed decline in their wellbeing scores. It is well-established that burnout and poor wellbeing tend to increase as trainees progress through both their undergraduate medical education and residency⁴⁰⁻⁴². Burnout often results from the accumulation of challenging and fatiguing experiences and becomes more apparent after repetitive and prolonged exposure^{40,42}.

Furthermore, existing literature suggests that a PWBI score of three or less is indicative of poorer overall mental quality of life (QOL), coupled with higher incidences of medical errors, burnout, and suicidal thoughts^{27,39}. This threshold was initially proposed in 2014, following a

study involving 1701 medical residents. The study compared their PWBI scores against a mental QOL scale previously validated across various medical conditions and populations²⁷. Initially, just over half (55%) of the residents in the Cape Breton Dalhousie Family Medicine program scored above this critical threshold. Following the intervention, this percentage increased to 69% (p-value 0.415). Although not statistically significant, Resident Ice Cream Rounds may have contributed to this small improvement. This information is valuable for programs to consider, potentially serving as a focal point for future efforts. Given that the PWBI is a concise and easily administered tool, it could be beneficial for programs to distribute it to residents periodically, facilitating the assessment of wellness perspectives, and enabling the program to implement and re-evaluate wellness programming to enhance the current wellbeing of residents.

Program satisfaction was consistently high both before and after the intervention, spanning across both years. Moreover, there was a slight overall increase in satisfaction for all participants following the intervention. It is important to note that the Likert-scale style questions were slightly skewed towards assigning residents lower overall satisfaction scores. This is because the "neutral" response was assigned a score of zero, equivalent to a "very unsupported" or "very dissatisfied" response. Despite this scoring nuance, program satisfaction scores remained high, emphasizing the residents' overall contentment with their program. This noteworthy statistic serves as crucial feedback for the residency program and Dalhousie Family Medicine, affirming the positive impact of the program's existing efforts.

This study is subject to several limitations. Firstly, the intervention's duration was relatively short, with only five Resident Ice Cream Rounds held due to time constraints. Out of the 21 residents in the Cape Breton Dalhousie Family Medicine program, 16 attended one or more sessions, averaging 3.1 sessions per resident. This limited engagement makes it challenging to draw definitive conclusions. Residents attending only one session, for instance, complicates the assessment of the impact on their wellbeing or program satisfaction, whether positively or negatively. A more comprehensive understanding of the intervention's impact might have been achieved with a monthly occurrence over a one-year period rather than six months. Moreover, while the sample size included nearly all possible residents, it was relatively small, thus restricting the generalizability of the data. In the future, an expanded study conducted across a broader population should be considered to gain a deeper understanding of Family Medicine residents' wellbeing and program satisfaction.

The residency programs on Cape Breton Island adhere to different formats; those in Sydney, NS, follow a traditional block-based curriculum, while the program in Inverness, NS, adopts an integrated longitudinal curriculum. Notably, the population used to validate the PWBI comprised residents attending a traditional block-based curriculum, and the influence of a longitudinal program on PWBI scores remains unclear. To preserve anonymity, residents were not required to specify their residency program or curriculum format due to the small number of residents within each program. Unfortunately, this approach prevented the disaggregation of data by program, hindering the identification of potential differences or contributions based on resident program and curriculum format.

Additionally, the PWBI specifies that responses should pertain to the preceding month. This could significantly impact residents in the block-based program, especially if they are responding to the survey after completing a particularly challenging block. Once again, expanding the study population would facilitate program disaggregation, allowing for the identification of potential differences and contributions based on residency program and curriculum format.

Finally, it's important to note that the questions used to evaluate program satisfaction were not previously validated. While these questions were framed both positively and negatively to mitigate response acquiescence bias, there remains a possibility that residents agreed with the questions irrespective of their true sentiments. Moreover, it is plausible that the questions themselves may not accurately capture program satisfaction, highlighting the need for further validity testing to ensure the reliability and accuracy of the assessment.

Conclusion

In this small interventional study assessing the effects of five Resident Ice Cream Rounds, it suggests that these peer-support debrief sessions may have an overall positive impact on both resident wellbeing and program satisfaction. However, there were nuanced findings when comparing first and second-year resident wellbeing. Specifically, first-year resident wellbeing declined over the intervention period, whereas it improved for second-year residents. Overall

and residency year specific program satisfaction was high to begin with and showed improvement with the intervention.

Beyond the intervention's impact, the study sheds light on the concerning state of overall resident wellbeing within the Cape Breton Dalhousie Family Medicine programs. With just over half of the residents scoring above the threshold for poor mental QOL, this study serves as a crucial milestone in recognizing that residents may be facing challenges, signaling a need for program-wide attention to wellbeing moving forward. The findings suggest the potential necessity for heightened awareness of burnout and the implementation of improved wellness programming, particularly focusing on emotional and mental health support for residents.

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