## Introduction

- Physicians have the highest suicide rate of any profession
- New focus on resident wellness and mental health
- ACGME requires wellness component to residency programs
- Programs with osteopathic recognition or whom would like to maintain an osteopathic identity can use OPP as a part of their wellness program

## Methods

- Study for 3 academic years 2016-2019
  - 2018-2019 data was excluded due confounder of new system-wide wellness program
- NIH PROMIS short forms to assess:
  - Anxiety
  - Depression
  - Fatigue
  - Sleep disturbance
  - Alcohol use
  - Emotional support
- 1hr built into the lecture schedule approximately every 8 weeks for residents to exchange a full evaluation and OMT treatment with a peer
- Residents were assigned a study number to allow for anonymous survey tracking

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OMT as Wellness in the Family Medicine Residency
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Fatigue (p = 0.043)

Depression (p = 0.008)

Emotional Support

Anxiety (p = 0.009)

Sleep Disturbance

Alcohol Use

Our Residents
Normative value
Results Continued

• No statistical change in year 2 of the study
• Significantly more sleep disturbance in residents than normative value ($p = 0.010$)
• Significantly higher level of emotional support in residents than normative value ($p = 0.001$)
• Significantly lower alcohol consumption than normative value ($p=0.001$)
  • Residents who reported total abstinence were not included in this calculation
• Subgroup analysis for age, race, marital status, children, and demanding rotation revealed no consistent statistical difference

Discussion

• limited research on the effect of OMT on mental health parameters in the general population
• one study to date on effect of OMT in the osteopathic profession itself with first year medical students

Conclusion

• Incorporating OMT into residency wellness:
  • Has a positive effect on resident self reported symptoms of fatigue, depression and anxiety
  • Could be done in any residency specialty
  • Easy way to incorporate OPP
  • Inexpensive