Faculty Assessment of Emergency Medicine Resident Grit: A Multicentered Study

Resident wellness is a paramount topic in medical education. Resident physicians have higher rates of burnout, depression, and suicidal ideation when compared to nonmedical cohorts.¹ Most of the data collected in these prevalence studies are self-reported via previously validated surveys that measure burnout, depression, and suicidal ideation. These surveys can be lengthy and are limited by participant response bias. Finding an objective way for educators to identify residents at risk would be ideal. A Grit score may possibly serve as a surrogate as it has previously been demonstrated that residents with a high Grit score have lower rates of burnout.² The Short Grit scale (Grit-S) is an 8-point measure that has been previously validated to measure grit reliably.³ In this study, investigators sought to determine the correlation between EM resident self-assessed and faculty-assessed Grit-S scores of that same resident.

Residents from 10 allopathic EM residency programs completed a Grit-S scale. The resident participant then selected two faculty members to complete the Grit-S scale on that individual resident. A total of 281 of 303 residents completed the scale. The average Grit-S score was 3.58 out of a possible 5. A total of 103 residents did not have a faculty member assess their Grit-S score and were removed from further analysis. The mean faculty-assessed Grit-S score for the residents was 4.23 out of a possible 5. There was no correlation between the resident self-assessed Grit-S score and the faculty-assessed Grit-S score for that same resident ($r = 0.13$, $n = 200$, $p = 0.064$). However, there was a correlation between the two faculty assessed Grit-S score for the same resident ($r = 0.47$, $n = 175$, $p < 0.0001$).

Finding a validated score that can be used as a surrogate to predict those trainees at risk of burnout would be very beneficial to medical educators. But let

us ask the bigger question of why our residents are experiencing burnout and when the burnout begins. Brazeau et al.⁴ demonstrated that matriculating medical students had lower rates of burnout and depression symptoms and higher quality-of-life scores when compared to control matched age-similar college graduates. We know from other studies that medical students have high rates of burnout⁵ and those rates worsen in residency and fellowship training.¹ The essential answers to find are what are we doing to our trainees that transitions them from having lower rates of burnout to higher ones and how can we fix it.

Annahieta Kalantari, DO, FACEP, FACOEP, FAAEM

*Penn State Health Milton S. Hershey Medical Center,
Hershey, PA.
(akalantari@pennstatehealth.psu.edu)*

Supervising Editor: John H. Burton, MD

References

1. Dyrbye LN, West CP, Satele D, et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Acad Med* 2014;89:443–51.
2. Salles A, Cohen GL, Mueller CM. The relationship between grit and resident well-being. *Am J Surg* 2014;207:251–4.
3. Duckworth AL, Quinn PD. Development and validation of the short grit scale (grit-s). *J Pers Assess* 2009;91:166–74.
4. Brazeau CM, Shanafelt T, Durning SJ, et al. Distress among matriculating medical students relative to the general population. *Acad Med* 2014;89:1520–5.
5. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. *Acad Med* 2006;81:354–73.

The authors have no relevant financial information or potential conflicts of interest to disclose.
A related article appears on page 6.