

Meet and Greet Sessions: A Unique Virtual Opt-Out Approach to Support Trainee Well-Being

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ABSTRACT

Background Interventions to support graduate medical education (GME) trainee well-being at the institutional level continue to be an area for continuous improvement.

Objective To assess participation, feasibility, and acceptability of a virtual, individual, brief, nonevaluative opt-out approach to accessing mental health support for residents and fellows.

Methods From 2021 to 2023, all GME programs at one large institution were invited to participate. During orientation, incoming trainees from programs that had communicated interest were prescheduled for optional 20-minute, virtual “meet and greet” sessions with a counselor from the hospital’s Employee Assistance Program. Nonformal feedback was gathered using an anonymous 6-question survey.

Results Three hundred thirty-four residents and fellows from 12 of 74 (16%) participating GME programs were prescheduled for opt-out sessions over 3 academic years. Of the 334, 182 (54%) attended the sessions, 116 (35%) subsequently reached out to start counseling, and 108 (32%) responded to the survey. Each year, approximately 7 counselor hours were needed for the opt-out sessions per week over an 8-week period, which was feasible and added no extra cost. In the follow-up survey shared with all participants, 59 of 81 (73%) respondents reported that the sessions helped to reduce barriers to seeking mental health care.

Conclusions During orientation, one-half of invited GME trainees participated in a virtual, individual, brief, nonevaluative meet and greet session with a counselor using an opt-out approach, and one-third subsequently requested counseling. Survey feedback was encouraging, and this approach can serve to help normalize culture surrounding accessing mental health services.

Introduction

Well-being, burnout, and mental health during residency and fellowship training are associated with resident performance, work satisfaction, and attrition, as well as patient safety.¹⁻⁵ As a result, the Accreditation Council for Graduate Medical Education mandates access to counseling services, wellness-related educational content for graduate medical education (GME) trainees and program directors, and time off for trainees to access medical and mental health–related appointments.⁶ Despite these requirements, barriers such as lack of time, perceptions of stigma, fear of others’ perceptions or licensure issues, and financial constraints can prevent trainees from seeking mental health care.⁷⁻⁹

Programs have typically used an “opt-in” model, by providing trainees information about how to access services, with the expectation that trainees will reach out when in need.¹⁰ An alternative “opt-out” approach seeks to reduce access barriers.¹¹⁻¹⁵ This approach

preschedules sessions for trainees with mental health professionals and has been associated with more residents establishing care with mental health services.¹⁶ One recent study reported a 350% relative increase in utilization of counseling sessions for opt-out compared to opt-in sessions.¹⁰ To date, opt-out initiatives have focused on assessments or screenings. For example, at the University of Colorado,¹² all interns in internal medicine (IM) and IM-pediatrics were offered an opt-out program consisting of mental health screening during a half day off taken from continuity clinic. The additional financial cost or required time commitment for assessments may not be feasible for many programs.

To reduce these potential barriers, we examined participation rates, feasibility, and acceptability of an opt-out approach that used brief, virtual, individual, nonassessment “meet and greet” sessions during orientation for incoming trainees from participating programs.

Methods

Settings and Participants

From 2021 to 2023, all GME programs at a large urban, university-based hospital (University of California

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Editor’s Note: The online supplementary data contains the participant invitation and the survey used in the study.

Davis Health) were invited to participate. During orientation, all incoming residents and fellows from participating GME programs were sent individual Zoom invitations for a 20-minute meet and greet session. The sessions were held during protected time within work hours.

Intervention

The opt-out initiative, called Meet and Greet, was a collaboration between the hospital Employee Assistance Program (EAP), Office of GME, and individual GME programs. Trainees received an email from their program directors introducing the optional initiative. The EAP counselor then sent out individual private Zoom links with a standard description attached to the invite (online supplementary data). Sessions consisted of informal introductions, sharing information about available resources, and general discussions about the kinds of concerns that might prompt trainees to seek help, with the intention of normalizing help-seeking and facilitating familiarity with counselors.

During the first year of implementation, the initiative was delivered in a modified manner for the IM program due to their request for support during a COVID-19 resurgence. Modifications included offering the opt-outs midyear, as opposed to during orientation, and for all residents instead of only new trainees.

Outcome Measures

Session attendance was used to assess utilization and acceptance. Counselor time and ability of interested

programs to block protected time were used to assess feasibility. Feedback was assessed using a 6-question informal survey (online supplementary data), which was developed by the authors without prior testing. It included 4 multiple-choice questions on perceptions about accessibility and acceptability, 1 open-ended question about timing of implementation, and 1 multiple-choice question for those who had chosen to not participate. Following completion of all sessions, each participating program set aside protected time during regular meetings for completion of the Qualtrics survey (Qualtrics) which was given to all trainees whether they attended or not.

Analysis of Outcomes

Attendance rate as well as requests for counseling sessions following the opt-out sessions was used to measure utilization. Frequency counts from multiple-choice survey questions and nonformal assessment of themes from the open-ended survey questions were used to examine perceptions of intervention.

The University of California Davis Health Institutional Review Board deemed the intervention exempt from review and approved the survey.

Results

Twelve of 74 (16%) GME programs (7 residency and 5 fellowship) participated over the course of the 3 years (TABLE 1). An average of 8 of 74 (11%) programs participated each year. Of 334 trainees who were sent invitations over 3 years, 182 (54%) attended the sessions, and 116 (35%) scheduled follow-up counseling sessions.

TABLE 1
Participation in Opt-Out Sessions Over the Course of 3 Academic Years

	2021-2022 Academic Year	2022-2023 Academic Year	2023-2024 Academic Year
N ^a	152	83	99
Attendance ^b	65	64	53
Subsequent intakes ^c	57	36	23
Participating programs	FM OB/GYN Ophthalmology IM ENT Urology Pulmonary and critical care fellowship OB fellowship Hospice and palliative care fellowship	FM OB/GYN Pediatrics IM Nephrology fellowship Pulmonary and critical care fellowship	FM OB/GYN Pediatrics IM ENT Nephrology fellowship Pulmonary and critical care fellowship OB fellowship Geriatric fellowship

^a N refers to the total number of trainees who were sent invites/prescheduled for opt-out sessions.

^b Attendance refers to those who showed up for the meet and greet/opt-out Zoom sessions.

^c Intakes refers to those who requested to start counseling following the opt-out sessions.

Abbreviations: FM, family medicine; OB/GYN, obstetrics and gynecology; IM, internal medicine; ENT, ear, nose, throat; OB, obstetrics.

TABLE 2

Trainee Responses to a 6-Question Survey

Survey Question/Answer Choices	n (%)
As a result of attending the optional opt-out session, how likely are you to seek mental health services at present/in future? (N=68)	
More likely	44 (65)
Less likely	0 (0)
No difference	16 (24)
Cannot say	8 (12)
Irrespective of whether you attended the appointment or not, do you agree with this statement "That the program scheduled time for such appointments made me feel like the program cared for my well-being." (N=81)	
True	70 (86)
False	1 (1)
Undecided/cannot say	10 (12)
Irrespective of whether you attended the appointment or not, do you think it helped to reduce barriers to seeking mental health care? (N=81)	
Yes	59 (73)
No	1 (1)
Maybe	13 (16)
Cannot say	8 (10)
Do you feel this should be continued for future trainees? (N=82)	
Yes	72 (88)
No	0 (0)
Yes, but with modifications ^a	10 (12)
Would you have preferred this to be held at another time in the year?	Most responded "No" ^b
If you chose to not attend, please answer Q. 6 (N=28)	
Preferred to spend time with friends and family	14 (50)
Used it for downtime	7 (25)
Already receiving service through UC Davis GME	4 (14)
Did not perceive it useful	3 (11)

^a Suggestions for modifications included adding midyear check-ins, email reminders about how to schedule, and intern check-ins every other month.^b Question was open-ended, and precise numbers could not be reported. Most agreed that the timing was appropriate, and some recommended additional check-ins as well.

Abbreviations: UC, University of California; GME, graduate medical education.

One hundred eight out of 334 trainees (32%) responded to the survey. Of 108 respondents, 80 (74%) attended and 28 (26%) did not attend the sessions. Reports were calculated based on totals for each question, as not everyone filled out every question (TABLE 2). Fifty-nine of 81 (73%) reported that the session had helped to reduce barriers to seeking out mental health care, and 70 of 81 (86%) felt that the program cared for their well-being. Forty-four of 68 (65%) indicated that they were more likely to seek mental health services as a result of the opt-out sessions. Responses to open-ended questions were indicative of overall agreement with the timing of when opt-outs were offered, though some trainees suggested either midyear, or additional midyear check-ins. Those who chose not to opt in reported spending time with friends/family and using it for down time as the top 2 reasons (TABLE 2).

The intervention was feasible, as it required an average of 7 hours of counselor time per week over an 8-week period. Program coordinators identified protected time in trainee schedules for the sessions. Use of internal counseling resources added no extra cost.

Discussion

This opt-out, virtual, individual, brief introduction to mental health resources during orientation was attended by more than half of trainees from participating programs, with one-third reaching out subsequently to start counseling. Feedback from the survey was encouraging, and the approach was highly feasible due to the use of internal resources.

These results suggest that brief virtual opt-out sessions offered to and prescheduled during orientation for new GME trainees may improve the culture

surrounding seeking mental health care. Many respondents felt that the strategy reduced barriers and increased the likelihood of them seeking care in the future. Survey findings are comparable to other recent studies on opt-out initiatives.^{11,15} This virtual, brief approach is likely easier to implement for most institutions and may also increase access to care when a need arises, due to familiarity with the counselors.¹¹

This study is limited by an inability to compare the opt-out strategy with prior use of counseling services. Also, given that a small sample of programs chose to participate, it is not possible to report specialty-specific data due to preserving confidentiality, which limits generalizability of the findings. The low survey response rate and lack of survey validity further limits conclusions.

Currently, the initiative is sustained in its fourth year of implementation. Future studies could examine expanding the initiative to additional GME programs offering midyear check-ins, tracking counseling services use, and following resident well-being measures. This program has been extended to faculty¹⁷ as part of their onboarding process.

Conclusions

Use of an opt-out strategy for virtual, brief, individual, nonevaluative meetings with mental health counselors during orientation of new GME trainees appeared acceptable, with half of trainees participating. The approach is feasible and has been continued. The initiative has the potential for institutions to change culture by normalizing help-seeking with the ultimate goal of impacting the mental health and well-being of our physician workforce.

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(3):443-451. doi:10.1097/ACM.000000000000134
2. Stehman CR, Testo Z, Gershaw RS, Kellogg AR. Burnout, drop out, suicide: physician loss in emergency medicine, part I. *West J Emerg Med*. 2019;20(3):485-494. doi:10.5811/westjem.2019.4.40970
3. Bui D, Winegarner A, Kendall MC, Almeida M, Apruzzese P, De Oliveira G. Burnout and depression among anesthesiology trainees in the United States: an updated national survey. *J Clin Anesth*. 2023;84:110990. doi:10.1016/j.jclinane.2022.110990
4. Menon NK, Shanafelt TD, Sinsky CA, et al. Association of physician burnout with suicidal ideation and medical errors. *JAMA Netw Open*. 2020;3(12):e2028780. doi:10.1001/jamanetworkopen.2020.28780
5. Golob A, Beste LA, Stern M, Johnson K. Emotional distress among physician residents and fellows: an observational study of trainees seeking counseling visits. *Acad Psychiatry*. 2018;42(1):25-30. doi:10.1007/s40596-017-0740-2
6. Accreditation Council for Graduate Medical Education. Common Program Requirements. Accessed December 15, 2023. <https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/>
7. Aaronson AL, Backes K, Agarwal G, Goldstein JL, Anzia J. Mental health during residency training: assessing the barriers to seeking care. *Acad Psychiatry*. 2018;42(4):469-472. doi:10.1007/s40596-017-0881-3
8. Wu A, Radhakrishnan V, Targan E, Scarella TM, Torous J, Hill KP. Self-reported preferences for help-seeking and barriers to using mental health supports among internal medicine residents: exploratory use of an econometric best-worst scaling framework for gathering physician wellness preferences. *JMIR Med Educ*. 2021;7(4):e28623. doi:10.2196/28623
9. Batra M, McPhillips H, Shugerman R. Improving resident use of mental health resources: it's time for an opt-out strategy to address physician burnout and depression (commentary). *J Grad Med Educ*. 2018;10(1):67-69. doi:10.4300/JGME-D-17-00941.1
10. Guldner G, Siegel JT, Broadbent C, et al. Use of an opt-out vs opt-in strategy increases use of residency mental health services. *J Grad Med Educ*. 2024;16(2):195-201. doi:10.4300/JGME-D-23-00460.1
11. Kevern T, Davies DR, Stiel K, Raaum S. Impact of opt-out therapy appointments on resident physicians' mental health, well-being, stigma, and willingness to engage. *J Grad Med Educ*. 2023;15(6):734-737. doi:10.4300/JGME-D-22-00898.1
12. Major A, Williams JG, McGuire WC, Floyd E, Chacko K. Removing barriers: a confidential opt-out mental health pilot program for internal medicine interns. *Acad Med*. 2021;96(5):686-689. doi:10.1097/ACM.0000000000003965
13. Sofka S, Grey C, Lurfald N, Davisson L, Howsare J. Implementing a universal well-being assessment to mitigate barriers to resident utilization of mental health resources. *J Grad Med Educ*. 2018;10(1):63-66. doi:10.4300/JGME-D-17-00405.1
14. Hernandez BC, ChenFeng JL, Schill-Depew AE, Lee S. A biopsychosocial-spiritual wellness check program for internal medicine residents: a brief report. *Fam Syst Health*. 2023;41(1):54-60. doi:10.1037/fsh0000727
15. Moneme C, Obidike P, Yost J, Friel C. How I do it: suicidal ideation during surgical training: is an innovative surgical trainee check ins program a part of the solution? *J Surg Educ*. 2023;80(10):1355-1357. doi:10.1016/j.jsurg.2023.06.030

16. Indiana University School of Medicine. Updates from opt-out counseling for Indiana University pediatric residents. Accessed January 2, 2024. <https://scholarworks.iupui.edu/bitstream/handle/1805/23603/Opt-out%20Poster.pdf?sequence=1>
17. Anand U, Rea M, Kirshnit C, Dias S, Molla M. Checking in through the Zoom window: reducing barriers to seeking mental health care for hospitalists. *J Hosp Med.* 2023;18(8):755-757. doi:10.1002/jhm.13025



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