

# Resident burnout scores improved with 4 + 4 block schedule

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A 4 + 4 block schedule (four inpatient weeks plus four outpatient weeks) is associated with improved resident burnout scores, according to a [study](#) published online Feb. 28 in *JAMA Network Open*.

Daniel Heppe, M.D., from the University of Colorado School of

Medicine in Aurora, and colleagues examined the association of a 4 + 4 block schedule compared to a 4 + 1 [schedule](#) with burnout, wellness, and self-reported professional engagement and clinical preparedness among resident physicians in a non-randomized, preintervention and postintervention survey study. Residents in the categorical, hospitalist, and primary care tracks in postgraduate years 1 and 2 (PGY1 and PGY2) were included; 216 [residents](#) completed surveys.

The response rates were higher for PGY1 versus PGY2 residents (78.2 versus 60.2 percent). The researchers found that the combined postintervention cohort had lower adjusted emotional exhaustion and adjusted depersonalization scores (mean differences,  $-6.78$  and  $-3.81$ , respectively).

No statistically significant change was seen in personal achievement scores. A large positive association was observed for 11 of the 15 items exploring professional, education, and [health outcomes](#). No significant change was seen for In-Training Examination percentile ranks.

"These results suggest that specific X + Y block combinations may be better than others and warrant consideration for investigation and adoption by other internal medicine residency programs nationwide," the authors write.

**More information:** Daniel Heppe et al, Resident Burnout, Wellness, Professional Development, and Engagement Before and After New Training Schedule Implementation, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.0037](#)

Catherine Waymel et al, Reimagining Block Scheduling to Address Resident Well-Being, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.0017](#)

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