All in the Family: Expanding Strategies to Promote Resident Resilience

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Overview

- Briefly review the evidence regarding resident resilience and burnout and their effects on performance
- Discuss the impact of family relationships on resident performance
- Note the relative lack of focus on family interventions to promote resident resilience
- Describe the multiple ways in which the families and support systems of residents are integrated into our residency training program
- Describe the origination and evolution of these interventions in our program and discuss ways in which others may integrate similar strategies within their own programs
- Share best practices

Definition of Terms

- **Burnout** = a syndrome of emotional exhaustion, depersonalization and a diminished sense of personal accomplishment
- **Emotional exhaustion** = the feelings of being exhausted and physically overextended; energy is lacking and mood is low
- **Depersonalization** = feelings of cynicism and detachment toward patients
- **Reduced personal accomplishment** = a tendency to evaluate oneself negatively
- **Resilience** = ability to plan for, recover from and adapt to adverse events over time

Why does PDW have all these talks on burnout?

- Burnout may lead to less work satisfaction, disrupted personal relationships, substance abuse, depression, and even suicide
- Higher levels of burnout among interns and residents were associated with perceived medical errors (Korean J Fam Med. 2013)

Resident resilience/burnout

Characteristic	Medical students (n = 4,402)	Residents/fellows (n = 1,701)	Early career physicians (n = 880)
Burnout index*			
Emotional exhaustion			
Median score	25.0	24.0	22.0
High level, no. (%)	1,892 (44.6)	752 (44.4)	347 (39.6)
Intermediate level, no. (%)	1,188 (28.0)	404 (23.8)	205 (23.4)
Low level, no. (%)	1,161 (27.4)	538 (31.8)	325 (37.1)
Depersonalization			
Median score	7.0	10.0	7.0
High level, no. (%)	1,562 (37.9)	857 (50.7)	329 (37.7)
Intermediate level, no. (%)	1,011 (24.5)	344 (20.3)	206 (23.6)
Low level, no. (%)	1,547 (37.5)	490 (29.0)	338 (38.7)

Academic Medicine March 2014

The Contributions of Gender, Work & Home Characteristics to Burnout in Medical Residents

- Home workload
  - "Do you have to carry out a lot of tasks at home [household/caring tasks]?"
- Emotional demands
  - "Are you confronted with situations in your private life that are emotionally charged??"
- Mental demands
  - "Do you have to plan and organize a lot of things in relation to your home life?"
- Home resources
  - personal autonomy
  - social support from partner/family
  - opportunity for personal development

Adv in Health Sci Educ (2016)

The Contributions of Gender, Work & Home Characteristics to Burnout in Medical Residents

- Home characteristics (workload, emotional and mental demands) are also associated with burnout, especially in female residents
- Emotional demands, more so than workload or mental demands, is an important contributing factor to burnout

The Contributions of Gender, Work & Home Characteristics to Burnout in Medical Residents

- In both sexes, emotional demands at work and the interference between work and home were important contributors to burnout, especially when work interferes with home life
- In females, social support from family or partner seemed protective against burnout
- In males, social support from colleagues and participation in decision-making at work seemed important
- Effectively handling emotional demands at work, dealing with the interference between work and home, and having opportunities for job development are the most protective factors

Resilience Among Medical Students: The Role of Coping Style and Social Support

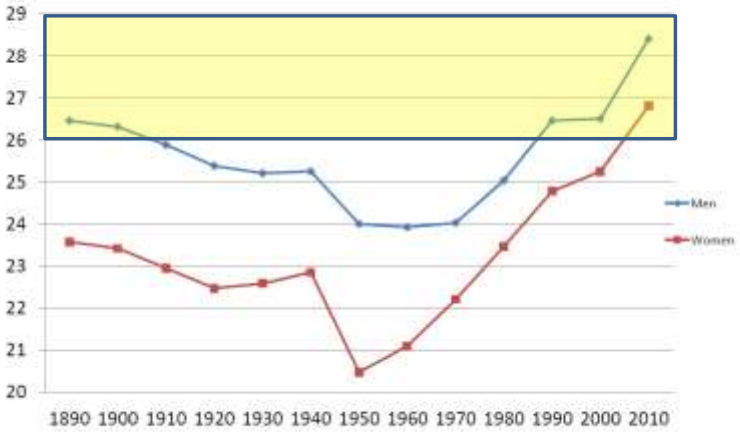
- Survey of University of North Dakota medical students
  - 64% response rate
  - 17% moderate to severe depression
  - 49% had burnout
- A significantly greater risk of depression was associated with
  - inadequate support from family and friends (p = .002)
  - fellow medical students (p = .01)
  - medical school (p = .003)

Teaching and Learning in Medicine 2016

Gaps in the Literature

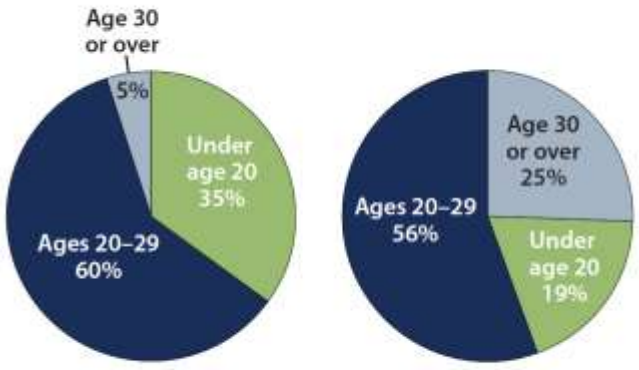
- No studies of the impact of inclusion of family/SOs to promote resident well-being
- Medicalspouse.com
  - “Real people hitched to doctors”
- U.S. Army’s Comprehensive Soldier and Family Fitness program
  - soldier & family fitness programs (12 resilience skills)
  - creates common language, topic of interest

Figure 1. Median Age at First Marriage by Sex: 1890 to 2010



Source: U.S. Decennial Census (1890-2000); American Community Survey (2010). For more information on the ACS, see http://www.census.gov/acs

First births in the United States, by age, 1975 and 2010



SOURCE: CDC/NCHS, National Vital Statistics System.

Residents as Parents

- 2011 survey of FM residency programs
  - 322 pregnant residents
    - 1.8/program (~9%)
  - 25% of non-birthing residents already had given birth

Family Medicine, 2011

Our Experience

- Families are a big part of our residents' lives

  64% married/partnered

  25% with children

Our Experience

- Many residents have significant others
- Significant others (SOs) wanted more involvement
- Residency selection is a family decision…why wouldn't we continue to include the family in training?

Our Experience

- Informal events existed
  - RD Party
  - Resident-led social activities during orientation, throughout the year
- SOs involved in Practice Management seminars

The Expanded SO Experience

- R1 Orientation
- SO Orientation
- A parenting support group for residents with children
- A mid-year intern retreat including special programming for significant others

R1 Orientation

- RD party
- Chiefs' BBQ
- Other social activities
- SO Orientation

Significant Other Orientation

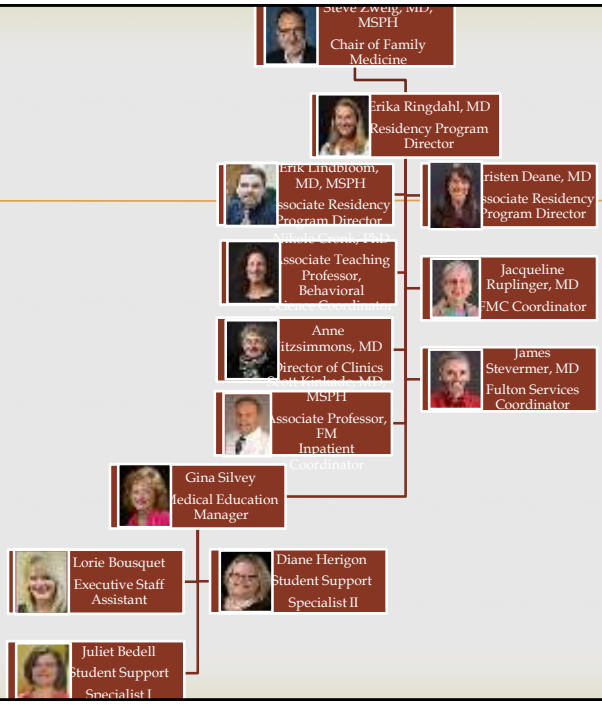
- SOs voiced desire for orientation akin to residents
- 2-hour session (breakfast provided)
  - Partners, children, friends, in-laws, parents, etc.
  - Brief presentation
  - Tour facilities

Welcome to Residency!

MU Family & Community Medicine
Family & Friends Orientation
June 10, 2016

Overview

- Meet other significant people in the lives of new and upcoming residents
- Learn some basics about the program
- Tour relevant areas of the hospitals
- Ask questions and get answers!
- Discuss ways to give and receive support during the residency years



Issues to be Aware of

- Vacations occur in 2 week blocks for R1s (R2s & R3s can take 1 week blocks)
- Can be hard to have night work "sprinkled" throughout day work
- Unpredictability of schedules – not knowing what's upcoming on rotations even 1 week in advance
- "Always working" – even at home
- Intern year is the hardest. Stress *does* decrease over time!

Helpful Hints

- Finding time to refresh together and individually
- Know it will get better – intern year is the hardest
- Understand differences in styles (approaches to stress, etc.)
- Finding unique ways to connect (e.g., Legos)
- Residents need to be understanding of partners' needs too! (independence, support, etc.)

SO Tour

- Where is my resident when he calls me from “6W”?

Significant Other Orientation

- Informational Binder
  - Photo composites of residents, faculty
  - Rotation descriptions
  - Maps/things to do in the area
  - Glossary

Glossary

- SWAMP
- 4W
- WCH
- Rounds
- Attending
- Didactics
- Sim Center

R1 Retreat

- Residents and their families invited to a weekend in a neighboring city
- Opportunity to get away, free meals, hotel
- Behaviorist meets individually with SOs to determine what is going well, suggestions, etc.

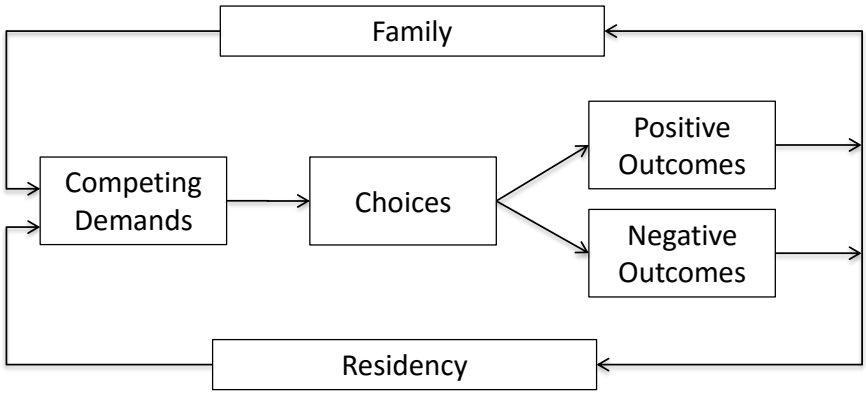
SO Session at R1 Retreat

- Informal gathering for those interested (children welcome)
  - What's going well?
  - What's challenging?
  - How can the residency help?
- Ideas presented back to residency

Parent Support Alliance

- Many residents have children prior to or during residency
- Talk about work-life balance elicited strong emotional reaction from residents
- Focus groups conducted

Work-Family Conflict Model



Family Medicine, 2016

Parent Support Alliance

- Formalizing parental leave & breastfeeding plans
- Informal faculty-resident family activities
  - Corn maze/pumpkin-carving
  - Cookie decorating
  - Pool party

Faculty-Resident Socials

- Social gatherings in the homes of faculty members
- Resident and faculty families welcome

More work to do!

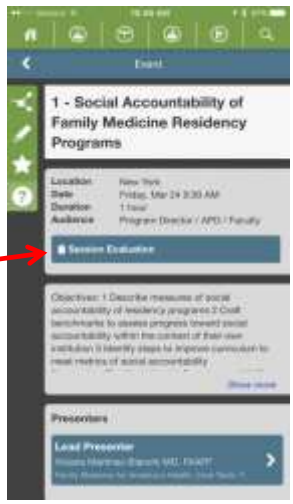
- Incorporating SOs in parental leave planning
- Working with other programs in our institution to network
- Childcare cooperatives
- And more!

Your Experiences

- What needs do you perceive in your program?
- What resources do you have?
- What would you like to try?
- What barriers have you encountered?
- Best practices?

Please…

Complete the session evaluation.



Thank you.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