Resident Well-Being: Thriving, Not Just Surviving

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

Maya Angelou

"My mission in life is not merely to survive, but to thrive;

and to do so with some passion,

some compassion, some humor,

and some style."

Workshop Objectives

- Develop an inventory of current and potential program/institutional resources
- Design interventions and well-being/resiliency plan for your program
- Identify ways to evaluate resident well being on an ongoing basis
- Define your role as a coordinator in improving and sustaining resident well-being

Have you seen this in your residents? Polling Question

- Signs of depression, anxiety and/or burnout
  - Yes
  - No

Have you seen this in your residents? Polling Question

- Requested time off for counseling sessions
  - Yes
  - No

Have you seen this in your residents? Polling Question

- Lack of compassion for patients
  - Yes
  - No

Have you seen this in your residents? Polling Question

- Slipping of completion of duties/not showing up to rotations
  - Yes
  - No

Have you seen this in your residents? Polling Question

- Leave of absence or hospitalization due to mental health
  - Yes
  - No

Some Random Facts

- Medical students are more psychologically healthy and resilient than peers at the time of medical school orientation and less psychologically healthy and resilient than peers at the time of graduation
- Study of University of Michigan medical students
  - 14% had moderate-severe depression
  - 4% had seriously considered suicide
  - Less than 20% of depressed students receiving treatment
    - Main barriers: lack of time, lack of confidentiality, stigma, cost, fear of documentation on academic record

Some Random Facts

- Depression rate at beginning of first year of residency = 3.9%, at end of first year of residency =26.1%
  - Main associated "within residency" factors were mean work hours, medical errors, stressful life events

(n=740 R-1 residents at 13 hospitals in multiple specialties)

- Resident time distribution in hospital (Johns Hopkins):
  - 7% walking
  - 12% direct patient contact
  - 40% computer

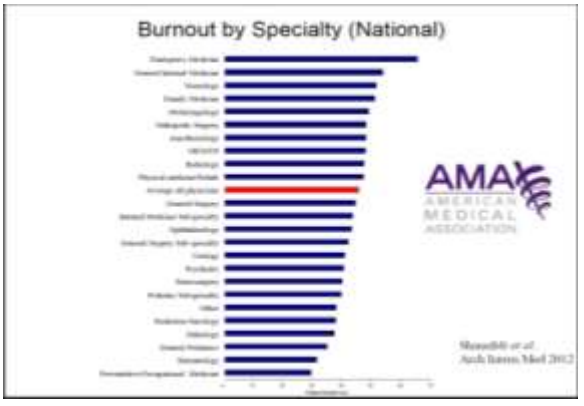
Some Random Facts

- Physicians are more than twice as likely to kill themselves as non-physicians
  - Suicide rate is lower than the general population until age 45, after that it exceeds the general population
  - Rate compared to other professionals
    - male physicians 1.7:1 (range 1.5-1.9)
    - female physicians 2.4:1 (range 1.7-3.3)
  - The 380-420 (recognized) physician suicides annually is the equivalent of three medical school graduating classes

Some Random Facts

- National physician burnout rate = 46%; Family Physicians = 54%
  - 2x that of the rest of the population
  - >400,000 people
    - Prevalence comparable to that of lung cancer

Some Random Facts



Definitions

- **Burnout:**
  - "Exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration."
  - "…emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.."
- **Depression:**
  - "a mood disorder that causes a persistent feeling of sadness and loss of interest"

Burnout and Depression are not a continuum

Definitions

- **Well-Being:**
  - The opposite of burnout: lower emotional exhaustion, lower depersonalization, and higher accomplishment.
  - A good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity; welfare.
- **Resilience:**
  - "1. The power or ability to return to the original form, position, etc., after being bent, compressed, or stretched; elasticity. 2. Ability to recover readily from illness, depression, adversity or the like; buoyancy."

Laying the Foundation

- Who are we?
  - One of four family medicine programs sponsored by the University of Wisconsin (UW) School of Medicine and Public Health/UW DFMCH
  - All sponsored programs are family medicine
  - 80 residents
  - GMEC meets 6 times a year – 2 are full day topic-focused meetings
  - May 2016 Residency Well-Being and Resilience

Why this topic?

- Programs have a professional obligation to act
  - ***Resident distress is a threat to the profession***
- This is a shared responsibility
  - ***Residency programs must be leaders***
- What happens during residency is about both now and the future
  - ***Healthy, resilient Family Medicine residents become healthy, resilient family physicians who experience joy and satisfaction in all aspects of their personal lives which enables them to most effectively serve their patients and their communities***

GMEC – May 2016

- **Goals**
  - Learn from each other by sharing current status and efforts of residents and programs
  - Brainstorm potential efforts
  - Set an agenda for improvement

Chief Resident Survey

- Completely run by Chief Residents – received a **98% return rate!!**
- Addressed both burnout and depression
- Followed up with in-person conversations
- Also included resources available with contact information

Survey Results

- Worry about being a burden or appearing weak/vulnerable
- Long hours = no time for self care or to seek help
- Difficult inpatient rotations back to back
- Work outside of work (charting at home)

Guardian Angel Rotation

- FM Milestone Professionalism – 4
  - *"Maintains emotional, physical, and mental health; and pursues continual personal and professional growth"*
- "… your primary role is to be available to your fellow residents in need, including yourself … You should be expected to "fly in" as needed … and be there to help guard your classmates against burn out."

Brainstorming

- Orientation
- Debriefing Critical Incidents
- Faculty
- Ongoing Resident Support
- Other categories?

Coordinator's Role

- Where do you fit in?

Our focus areas for the year

- Change to inpatient schedule (resident support)
- Mindfulness Based Stress Reduction (MBSR) Curriculum (orientation/resident support)
- CCC involvement (faculty)
- Resident Wellness Committee (resident support)

Other approaches we've taken

- Social Support system (Resident retreat, picnics, Fizzle Dinner, etc.)
- Moving R2/R3 seminar to the afternoon
- Monthly Admin mornings
- PD Debriefing sessions
- Check-in Group

- ***What are others working on? Please share!***

Our Remaining Gaps

- Dealing with and processing critical patient incidents
- Mental health resources list for each insurance type
- Resident perception of admitting to or seeking help for depression and/or burnout
- Faculty resilience and support

Ongoing Evaluation of Initiatives

- Follow-up surveys focused on specific initiatives
- Chief Resident Survey annually for big picture
- Maslach burnout inventory
- Resident check-in groups
- Annual GME Survey and ACGME annual survey
- Report on initiatives and progress at each GMEC meeting

Put it into practice!

- What is the first thing you plan to do when you get back to your program?
- Mindfulness activity

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

Social Q & A

Please…

Complete the session evaluation.

Thank you.

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