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

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

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medical students (n = 4,402)</th>
<th>Residents/fellows (n = 1,701)</th>
<th>Early career physicians (n = 888)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout index</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>25.0</td>
<td>24.0</td>
<td>22.0</td>
</tr>
<tr>
<td>High level, no. (%)</td>
<td>1,892 (44.6)</td>
<td>752 (44.4)</td>
<td>347 (39.6)</td>
</tr>
<tr>
<td>Intermediate level, no. (%)</td>
<td>1,188 (28.0)</td>
<td>404 (23.8)</td>
<td>205 (23.4)</td>
</tr>
<tr>
<td>Low level, no. (%)</td>
<td>1,161 (27.4)</td>
<td>538 (31.8)</td>
<td>325 (37.1)</td>
</tr>
<tr>
<td>Depersonalization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median score</td>
<td>7.0</td>
<td>10.0</td>
<td>7.0</td>
</tr>
<tr>
<td>High level, no. (%)</td>
<td>1,562 (37.9)</td>
<td>857 (50.7)</td>
<td>329 (37.7)</td>
</tr>
<tr>
<td>Intermediate level, no. (%)</td>
<td>1,011 (24.5)</td>
<td>344 (20.3)</td>
<td>206 (23.6)</td>
</tr>
<tr>
<td>Low level, no. (%)</td>
<td>1,547 (37.5)</td>
<td>490 (29.0)</td>
<td>338 (38.7)</td>
</tr>
</tbody>
</table>

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Academic Medicine March 2014
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 ($p = .003$)

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

1975
1,319,126 births

2010
1,604,181 births

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

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

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.