Building Resilience in Residency

Erica Dance
Assistant Dean, Resident & Fellow Affairs
Office of Learner Advocacy & Wellness
Faculty of Medicine & Dentistry

The Plan

- Discuss resident physician health
  - Risks and Consequences
- Discuss resilience
  - Self care, balance, mindfulness and reflection
- Bust some myths
- Review mentorship expectations
- Discuss common case examples
- Keep it interactive
  - Interrupt, ask questions and open discussions!

Why Should We Care?

- Until recently, physician health was a fringe aspect of medical training

- But this is changing
  - Realization of the risks
  - Connecting the issues
    - e.g. Poor physician health = Bad medicine
  - Commitment to future physicians
    - The RCPSC certainly cares
      - These concepts are specifically written into the CanMEDs Professionalism and Manager roles!

The Risks - Depression

- Are rates of **depression in staff** more, less or the same as in the general population?

- Are rates of **depression in residents** more, less or the same as in staff physicians?

Depression

- Depression in staff physicians = general population
  - Lifetime prevalence of self reported depression 13% in male MDs and 20% in female MDs
- BUT!!
  - Cross sectional studies of depression in medical students and residents is higher than the general population (15%-30%)
    - Center et. al. JAMA, 2003;289(23):3161-3166.

- **Residency training may be the lowest point of personal wellness in a physician's career**

The Risks – Burnout

- Definition
  - A deteriorating or unsuccessful response to repeated and prolonged occupational stress (QPHP, ICPH 2012)
- Three Pillars
  - Emotional exhaustion
    - Losing enthusiasm for work
  - Depersonalization
    - Treating people as if they were objects, cynicism
  - Low sense of personal accomplishment
    - Work is no longer meaningful

- Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385.

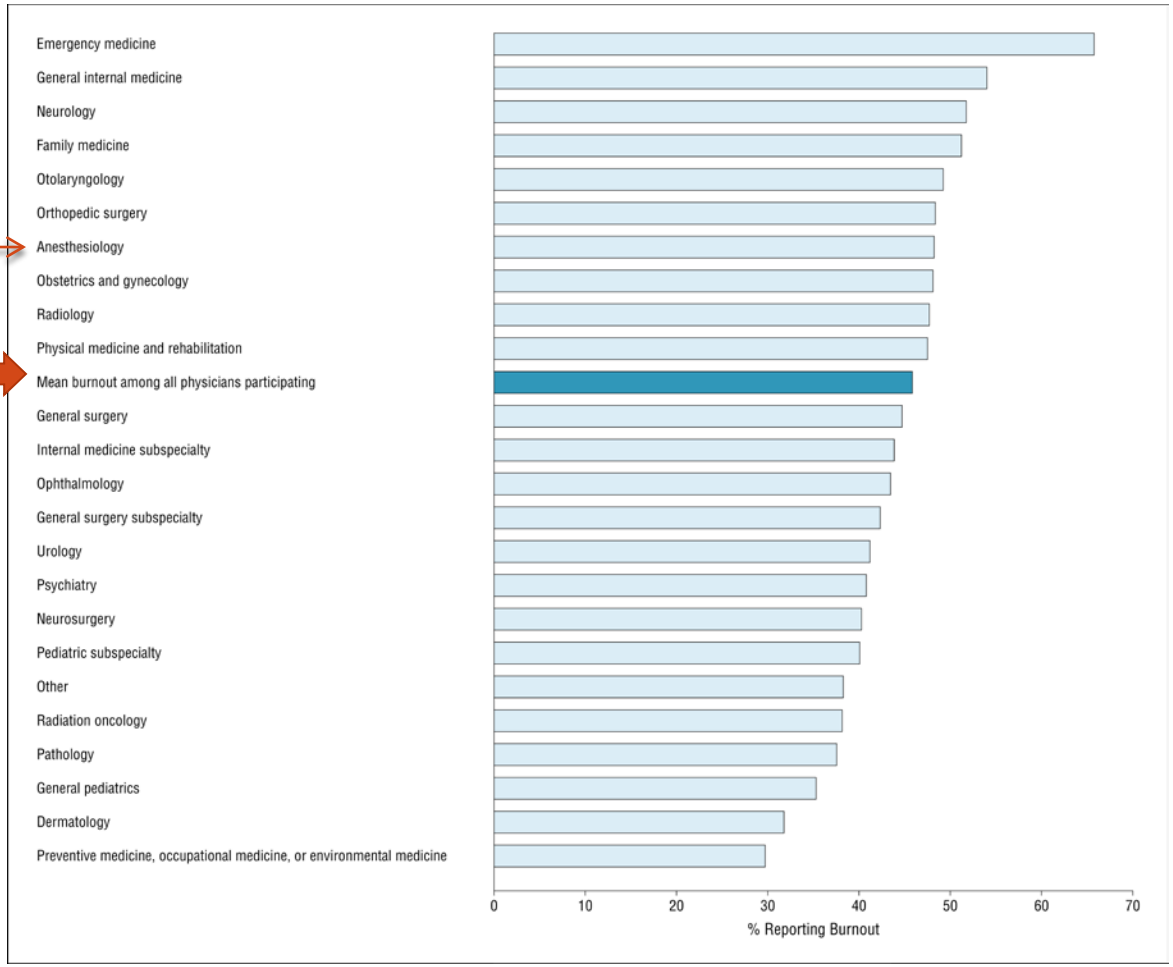
Burnout in Physicians

- 46% of 7288 physicians surveyed in the US reported at least 1 symptom of burnout
  - Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385

- Residency Rates
  - Variable numbers depending on study reviewed and specialty
    - 50% to 90%
    - Including surveys done after the institution of duty hour limits
  - Overall 50% of residents met burnout criteria of one cross-specialty study in 2004
    - Martini et. al. Acad Psychiatry, 2004;28(3):240-242

Burnout by Specialty

Mean



- Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385

The Risks – Suicide

- How do physicians **compare to the general population** in rates of completed suicide?

The Risks – Suicide

- 6% of US physicians surveyed reported suicidal ideation in the prior 12 months
  - 3% for US college graduated adults

Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385.

Crosby et. al. MMWR, 2011;60(SS13);1-22

- Suicide rates MDs > than the general population
  - RR 1.1-3.4 for males, 2.5-5.7 females
  - Interestingly, female rate = male rate in MDs
  - High ratio of completion to attempt
  - Physician's proportionate mortality ratio higher for suicide than all other causes

Center et. al. JAMA, 2003;289(23):3161-3166.

Addictions

- *"The part of my personality that became an alcoholic and a drug addict is the same part of my personality that studied 20 hours a day and scored a 36 on the MCAT. My study habits were pathological, just like my drinking."*

Milling, TJ. Ann Emerg Med. 2005;46:148-151

Addictions

- Risk of addictions
  - Physicians ≈ general population at ~10%
  - Some say resident rates < staff rates
  - Hard to quantify
  - Recognition and referral rates are low

- Success in treatment of physicians >> general population
  - High chance for back to work at 6 months
  - Good long term recovery rates

Information from PFSP and CPSA

The Risks - Consequences

- Depression, burnout, debt, low quality of life, etc are not just unfortunate consequences of our training

- They have a **negative** associated with:
  - Professionalism
  - Exam performance
  - Patient care

Bottom Line: Residency (and life as a staff physician) is Tough!

And there is no easy simply solution…

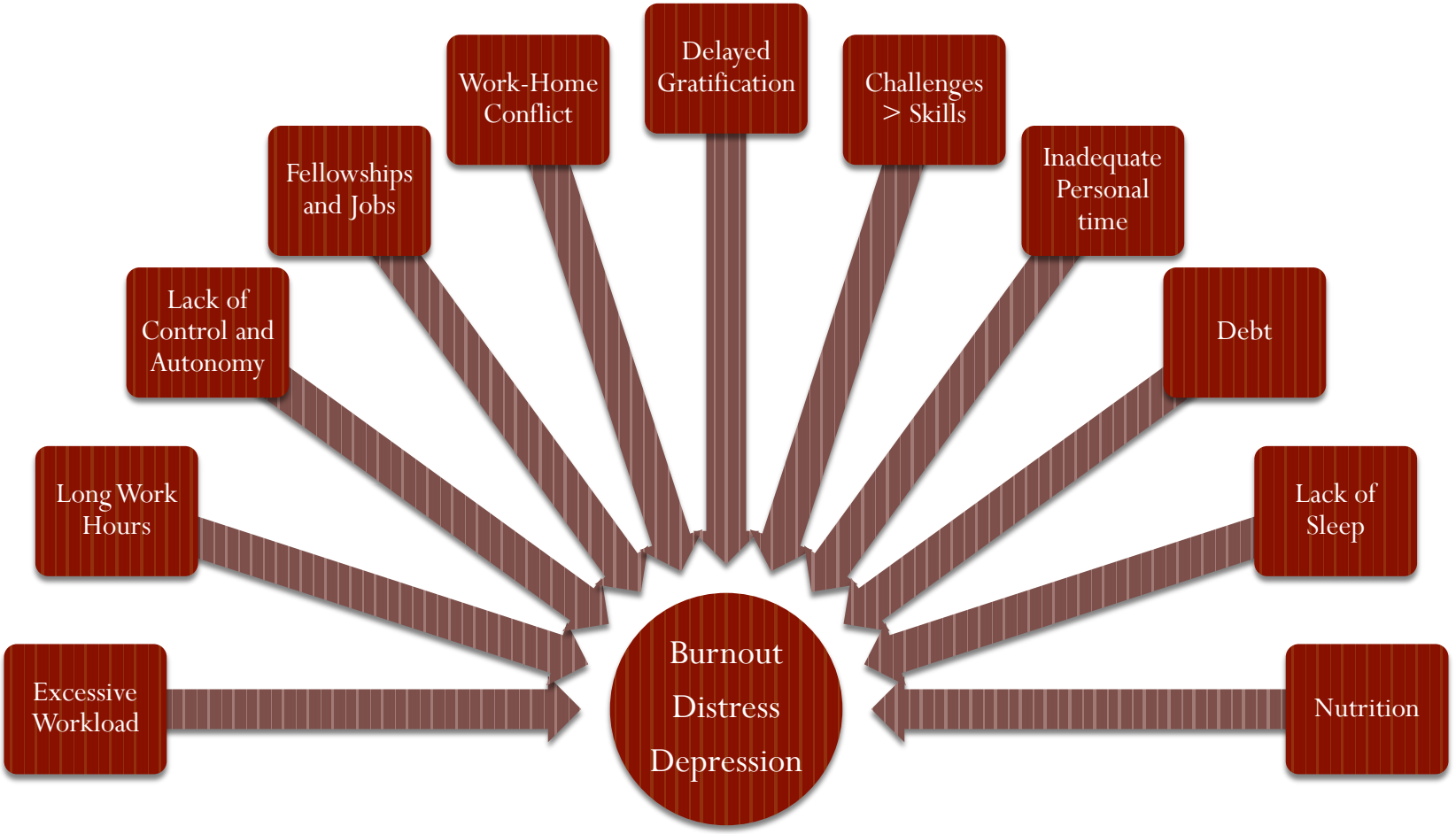
But we can help our junior colleagues transition in healthier and less harmed way

Wellness Banks

- Think of wellness as a **bank account**
- Aim for the account to carry a **positive** balance
- What contributes to resident Wellness Bank Withdrawals?
  - ie. What causes them distress?

Wellness Bank - Callie Bland, CAEP, 2013

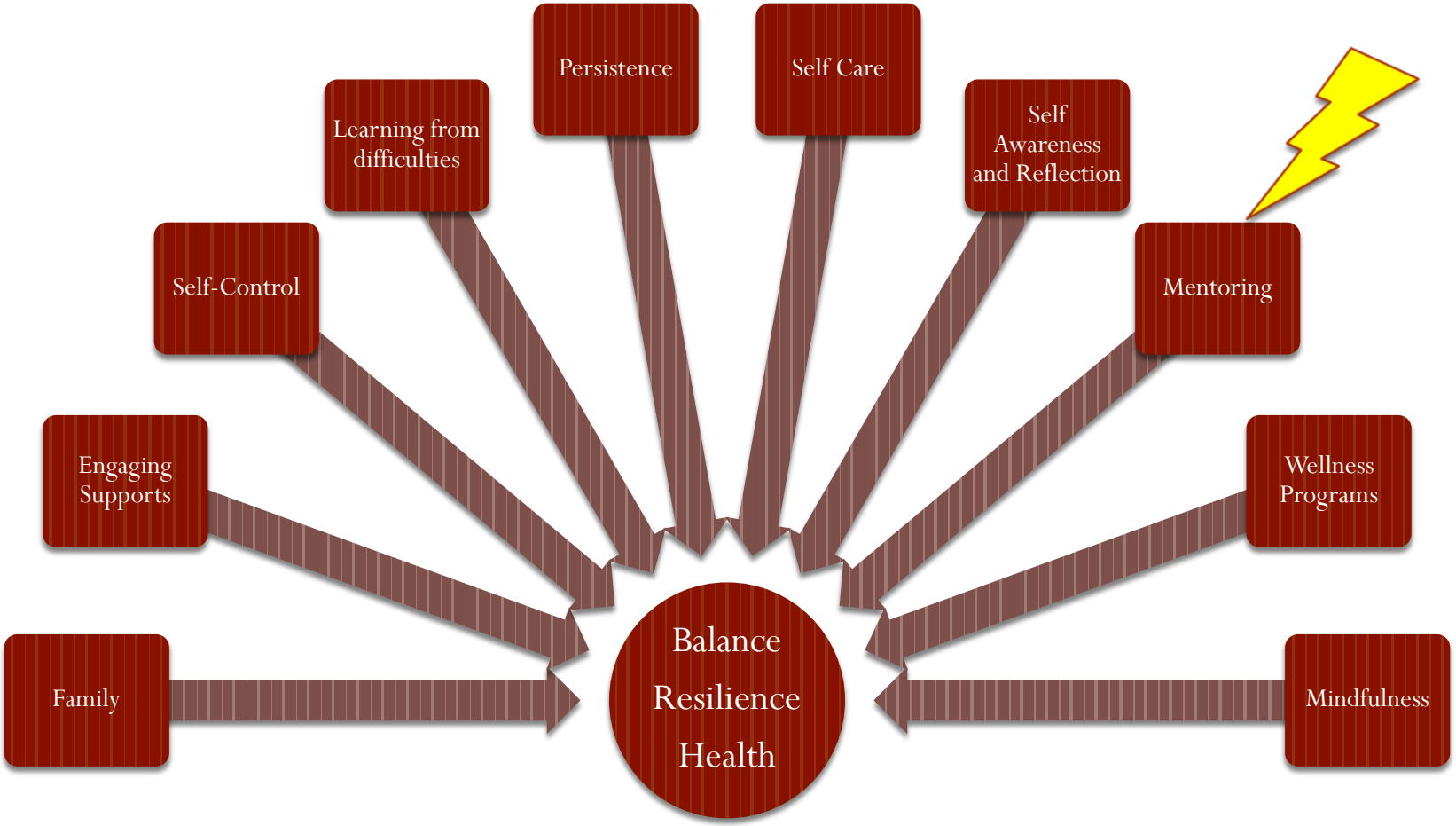
Causes of Distress



Wellness Banks

- What contributes to resident Wellness Bank Deposits?
  - ie. What helps them feel healthy, happy and well?

Contributors to Health



Mentorship

- Disclaimer: I am not a mentorship expert!
  - But lots of overlap with my work in the LAW Office
- Department of Emergency Medicine experience
  - Evaluation of a Structured Wellness Curriculum for Emergency Medicine Residents, presented as a poster at CAEP 2010
    - 70.6% of residents who participated in the wellness intervention felt that the wellness curriculum was worthwhile
      - Most specifically the Wellness Advisor meetings!

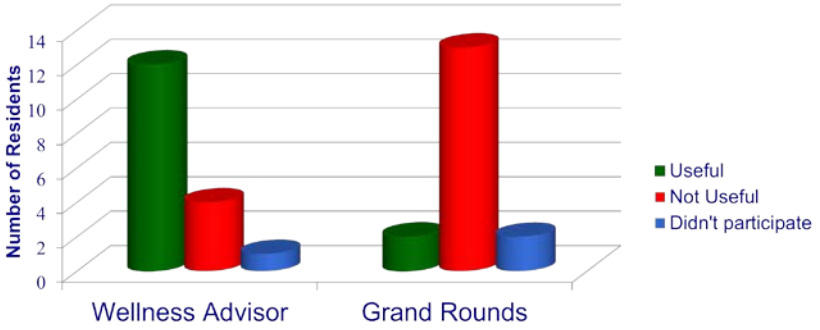
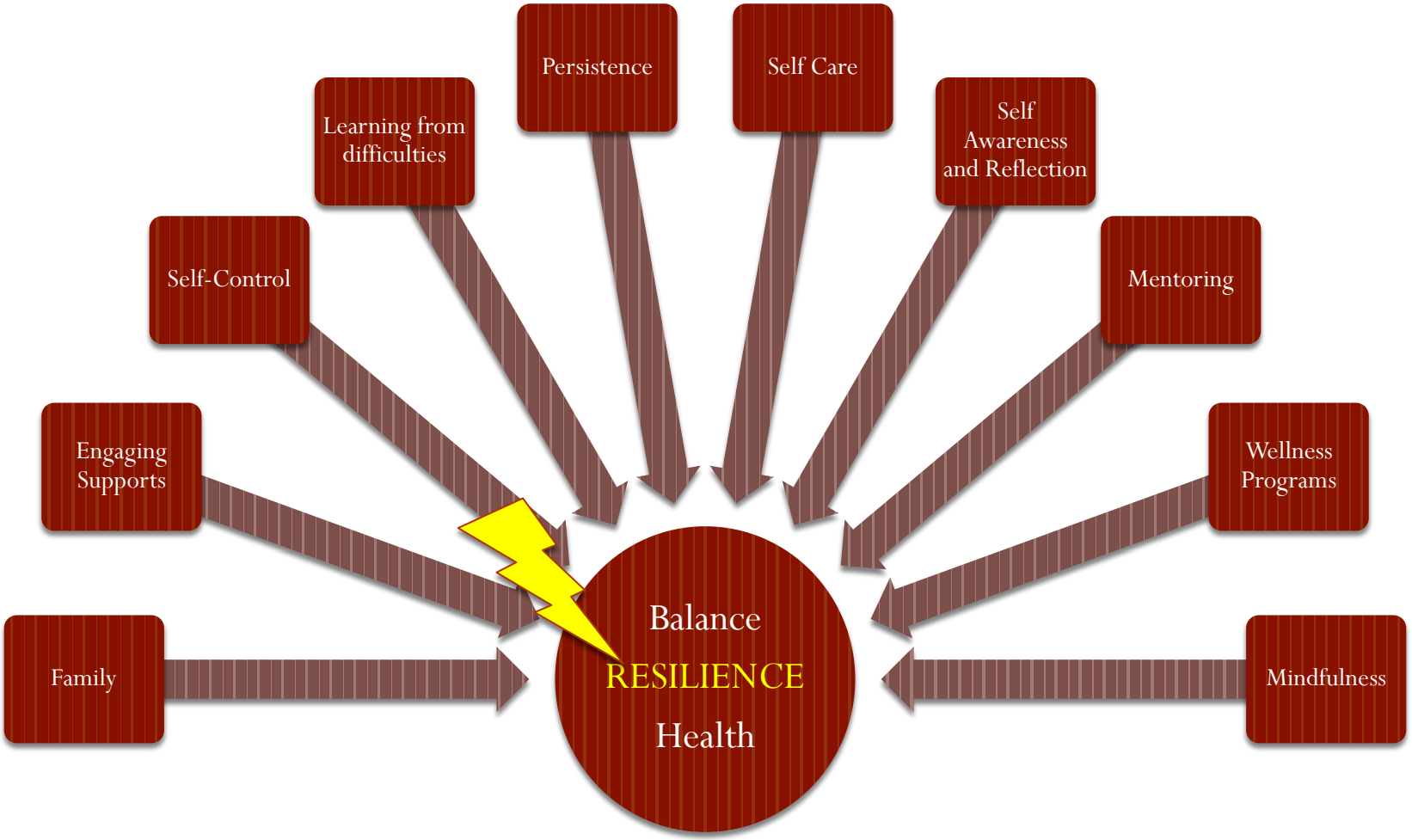


Figure 1: EM Residents' Perceptions of a Structured Wellness Curriculum

Resilience


Persistence
Self Care
Learning from difficulties
Self Awareness and Reflection
Self-Control
Mentoring
Engaging Supports
Wellness Programs
Family
Balance
RESILIENCE
Health
Mindfulness

We need to build resilience!

- Resilience is a dynamic capability, which can allow people to **thrive** on challenges given the appropriate social and personal contexts
  - QHPH, ICPH 2012

Some helpful tips

Let's look at some things that are helpful in building resilience

… not enough time to delve into each…

Individual Resilience

- Three Components:
  - Prioritize Self Care
  - Be Self Aware
  - Find Balance

- "The desire to excel must be differentiated from the desire to be perfect" (Gabbard)

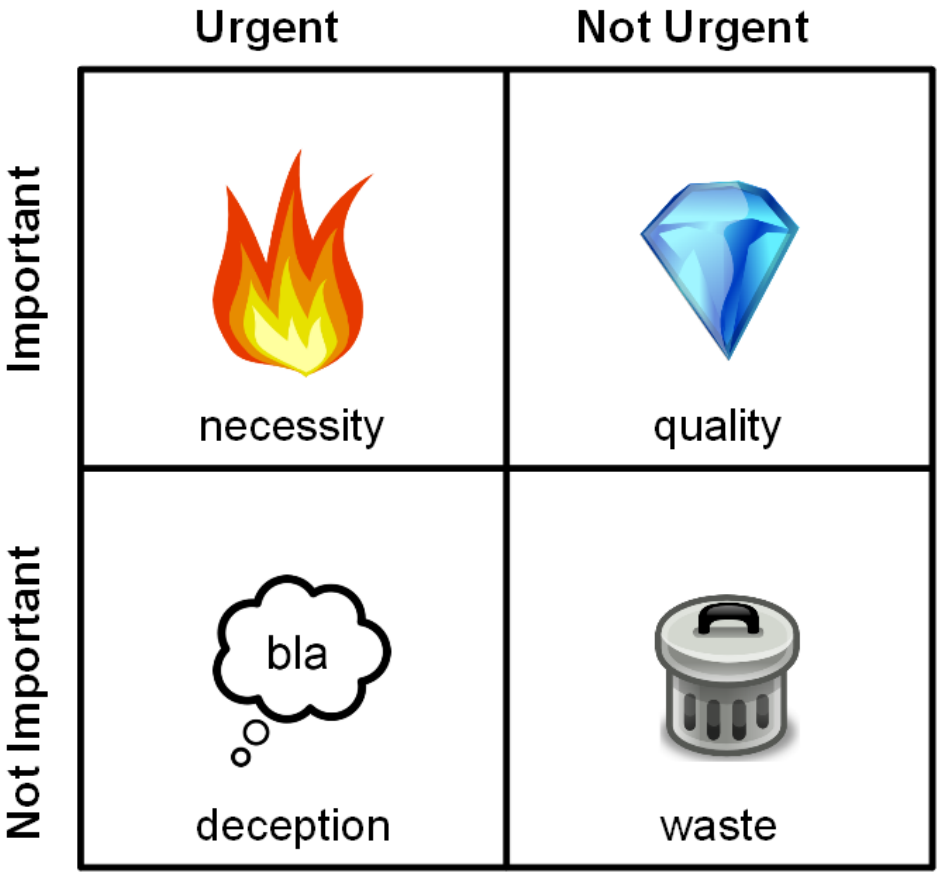
Prioritize Self Care

- Fatigue management
- Healthy lifestyle
  - Nutrition
  - Exercise
- Stress management
- Debt management
- Have a personal Family Physician
  - "A physician that treats himself has a fool for a patient"
    - William Osler

Self Awareness

- Mindfulness
  - The quality of being fully present and attentive in the moment during everyday activities
  - Switch off the autopilot
- Reflection
  - Look for different ways to remember an event
  - Notice assumptions made and choices missed
    - Reflection ≠ Rumination
- The Dance Rule of Time Segregation
  - "Time Blurred is Time Wasted"
    - And we don't have time to waste!

Finding Balance - Setting priorities



Covey, The 7 Habits of Highly Effective People: Restoring the Character Ethic. NY: Free Press, 2004

Myths

A few examples of commonly held myths in residency

Myth: Stress is always bad & conflict is always to be avoided

- A resilient brain can:
  - Tolerate anxiety
  - Listen to and learn from emotions
  - Reflect and gain perspective
  - Maintain appropriate boundaries and self esteem
  - Interact effectively with others
  - And more…

- **We can use our MINDS to override, and down regulate, our BRAINS!**

- J. Kinley CCPH, 2013

Myth: I just need a vacation!

- Yes, we all need vacations!
- And yes, burnout does decline while on vacation
- But… burnout levels return to pre-vacation levels once you get back to work!

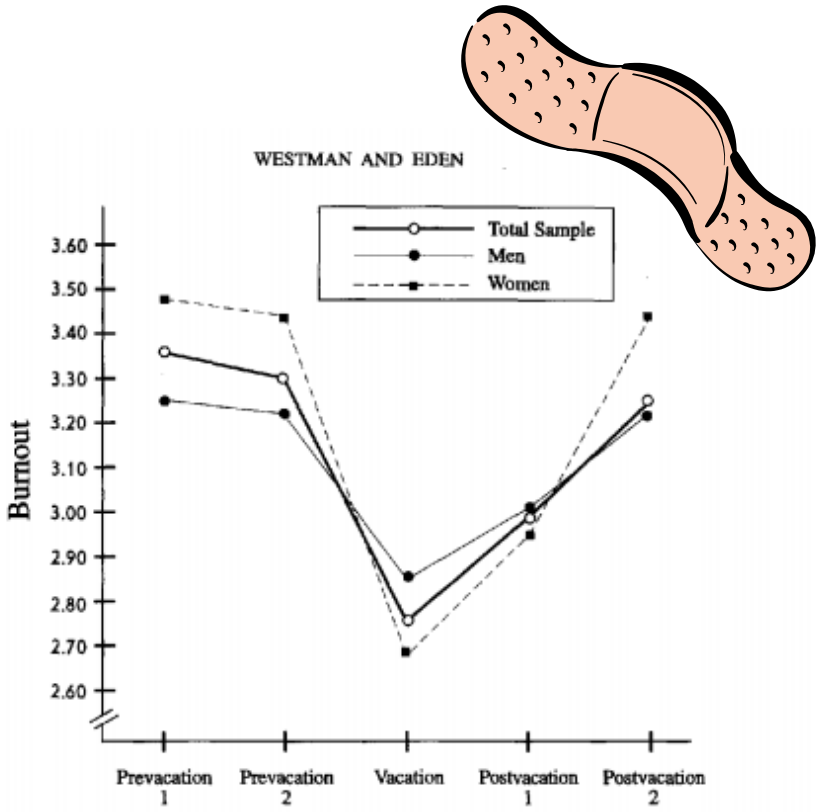


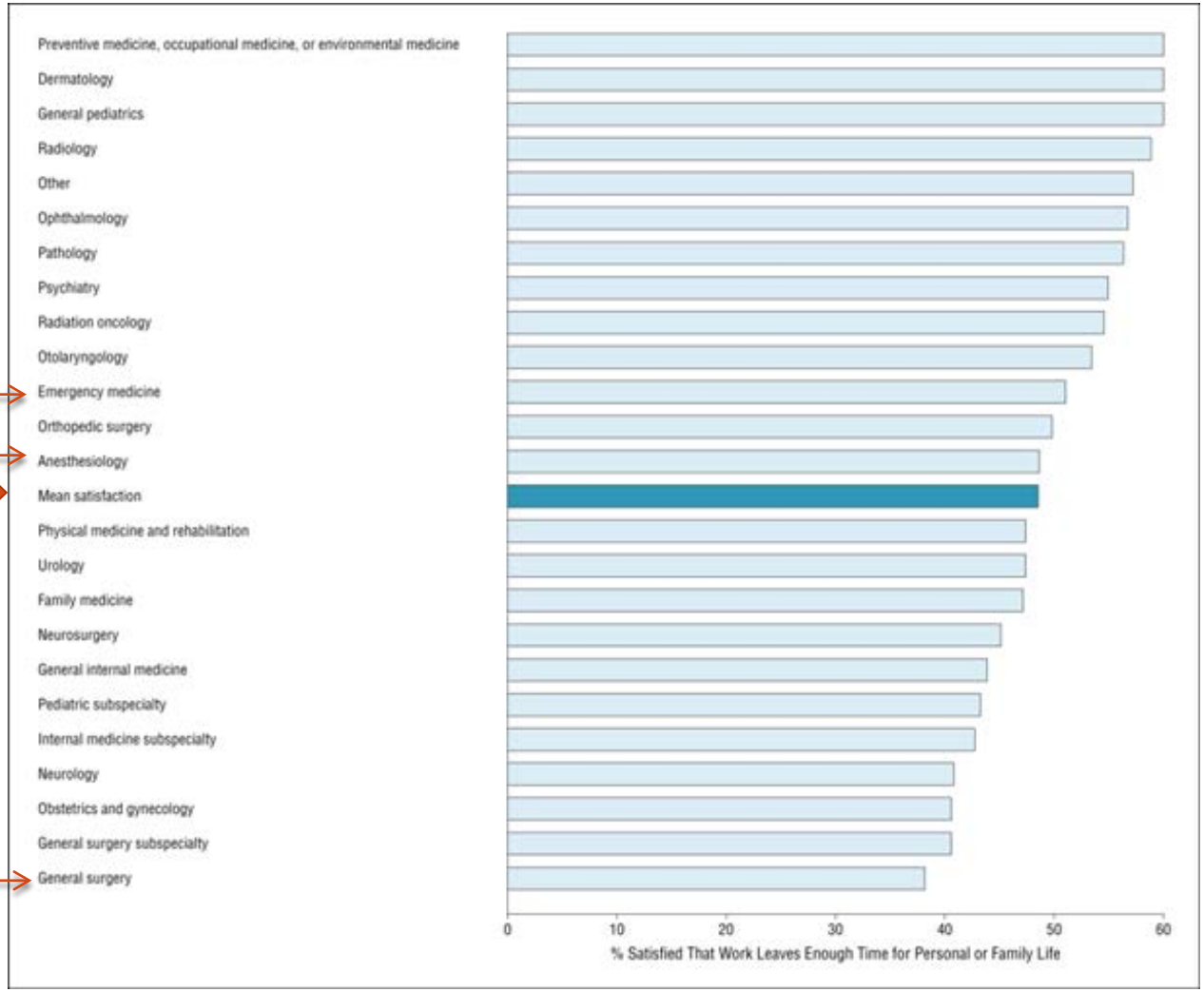
Figure 1. Mean burnout across occasions in the total sample and among men and women.

Westman and Eden. J Appl Psychol, 1997;82(4):516-522

Myth: I just need to work less

- Duty hours are important to consider
  - But burnout, depression and distress are not simply a matter of work hours
- Remember: not all specialties with high work life balance have low burnout rates (or vice versa)
  - Consider EM and GS for example

Percent Satisfied with Time for Personal Life



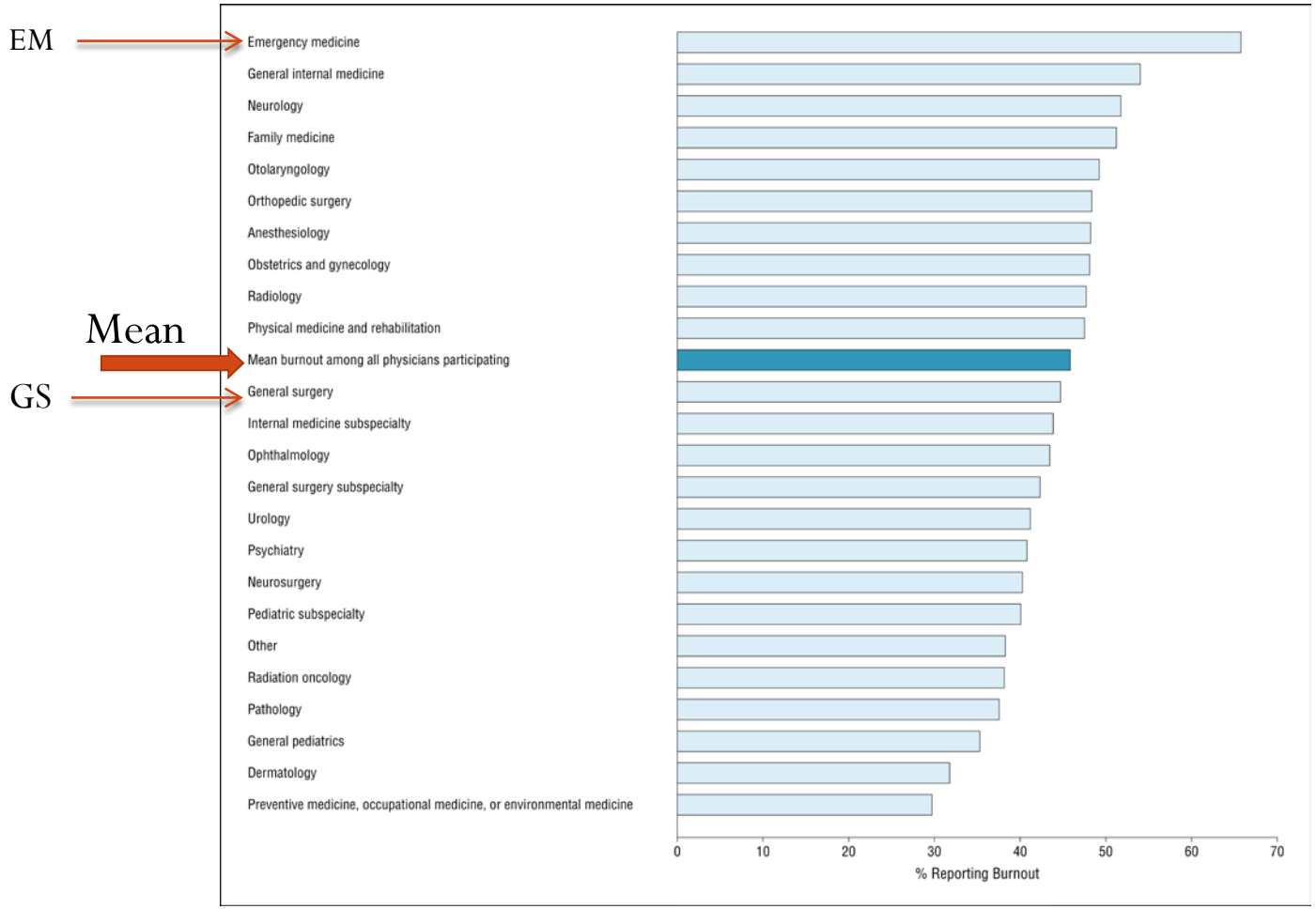
EM

Mean

GS

- Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385

But remember the burnout chart?



- Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385

Myth: It will get better when…

- Delayed gratification does not solve anything
  - Perpetual cycle that continues through training and beyond
    - 37% of oncologists rated "looking forward to retirement" as an important wellness strategy!
      - Shanafelt. J Support Oncol, 2005;3(2):157-164
  - We risk losing sight of the personal values and activities that make life meaningful and fun
- Some things in your life simply will not wait for you

Myth: I have no one I can talk to

- It takes a village to raise a child
- It cannot be entirely up to the individual to survive and thrive and our medical system
- A healthy medical community is integral to building and promoting resilience in trainees

Resources

- Where do residents turn to for help?
  - PARA's 'Happy Doc Study'
    - Two of the top resident identified resources were a resident's PD and a resident colleague
      - Cohen and Patten, BMC Med Ed,2005;5(21)
- Your mentorship program is going to add an additional program based resource for these residents
  - Both for 'routine' check ins and advice, as well as for when there are larger issues

You will have SO much to offer

- But sometimes a resident may need more than a chat or mentorship advice…
- So where do you turn?
  - Check out the RWBC Resource Lists
  - Talk to the Mentorship Program Coordinator
  - Contact the Office of Learner Advocacy & Wellness

LAW: Who are we?

Jaleh Shahin
Psychologist

Erica Dance
Resident Affairs

Melanie Lewis
Associate Dean

Michelle Phillips
Admin Assistant

Marj Thompson
Admin Assistant

Bev Wilson
Student Affairs

What can we help with?

- Support when residents face academic difficulty
  - Including learning difficulty, remediation and exam failures
  - Support with academic appeals
    - Time is of the essence!
- Arranging leaves of absence
- Assisting with accommodation and return to work issues
- Mediation for sensitive issues between residents, their program, their colleagues and/or the faculty
- Arranging and/or providing counseling, advice and support

Alberta Medical Association Physician and Family Support Program

- PFSP
  - 1-877-SOS-4MDS (1-877-767-4637)
  - Confidential, free, 24/7/365
  - Online resources at www.albertadoctors.org/services/physicians/pfsp
  - Offer educational sessions on various topics

Other Notable Resources

- PARA
- CMA
  - ePhysicianHealth.com
  - Physician Health Conferences
- CMPA
- RCPSC
  - CanMEDS Physician Health Guide

In Conclusion

- Physicians, and specifically resident physicians, face high rates of depression, burnout, addictions and suicide
  - Look out for your residents (and yourself!)
  - Do not underestimate the risk
- There are ways to mitigate these risks and support residents so they can embrace the time they have in residency
  - Not to spend it simply waiting for it to be over!
- Focus on resilience
  - Self care, balance, mindfulness and reflection
  - Persistence!

And remember… they (and you) are not alone!

Thank you!

erdance@ualberta.ca

www.law.med.ualberta.ca