Resident SOS: Responding to Burnout & Restoring Resilience Through a Novel Resource

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Disclosures

• None
Learning Objectives

1. Review physician burnout and understand the need to take action at the level of postgraduate training.

2. Explore an approach to addressing wellness and promoting resiliency utilizing a novel interactive curriculum.

3. Highlight the importance of continuing to pursue this work, advocating for change, and of resident involvement in such endeavours.
Burnout

• Emotional Exhaustion

• Depersonalization

• Reduced sense of accomplishment
Burnout in Medicine

• Begins in medical school (Brazeau et al. Acad Med. 2014; 89: 1520-25)

• Peaks during residency (Dyrbye et al. Acad Med. 2014; 89: 443-51)
  • Studies vary but rates of up to 60% have been reported

• Continues at high rates amongst staff physicians
  • CMA National Physician Health Study: 30%
Burnout: Why does it matter?

- Impacts relationships
- Impairs professionalism
- Suboptimal patient care
- Increase safety risks (i.e. medical errors)
- Loss of engagement
  - Increased job dissatisfaction, absenteeism, turnover
- Increases risk of mental health problems
  - Depression, anxiety, suicide

Stress and rigorous work schedules push a doctor to commit suicide every day in the US: ‘We need them, but they need us’
Burnout: Why does it happen?

Burn-out an "occupational phenomenon":
International Classification of Diseases

28 MAY 2019 - Burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is not classified as a medical condition.
Sustainability in Medicine

• Wellness included in accreditation standards & physician competencies

STANDARD 5: Safety and wellness are promoted throughout the learning environment.

Element 5.1: The safety and wellness of patients and residents are actively promoted.

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care


Evolution of RESPITE

• Previously notable absence of wellness and resiliency within the program curriculum, and scarce accessible resources and supports

• Resident Focus Group:

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<tbody>
<tr>
<td>Currently experiencing burnout</td>
<td>66%</td>
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<tr>
<td>Coping with burnout (not well – somewhat well)</td>
<td>75%</td>
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<tr>
<td>External factors influenced well-being</td>
<td>83%</td>
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<tr>
<td>Familiarity with supports/resources (not at all – somewhat)</td>
<td>66%</td>
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RESPITE Approach

- Building Awareness & Knowledge
- Combatting Stress & Stigma
- Enhancing Community Support
- Advocating for Change

McMaster University
Psychiatry and Behavioural Neurosciences
RESPITE Triad
Online Curriculum

• Series of modules utilizing two learning dimensions:
  • Know Yourself
  • Integrate New Lifestyles

• Utilizes cases, skill-building exercises, and quizzes

• Free, accessible, online resource
  • Voluntary and utilized during optional teaching times on the residents’ own schedules
Peer-Support Rounds

• Based on evidence supporting peer support and safe sharing of experiences and emotions
• Offered quarterly x 90 minutes
• Resident-facilitated and attended
• Semi-structured utilizing aspects of:
  • Debriefing
  • Balint and Doctoring to Heal groups
  • Experiential relaxation exercises
Wellness Newsletter

• Utilizes:
  • Positive psychology
  • Stories of struggles and triumphs
  • Messages of strength and hope
  • Reminders for self-care and tools to mitigate stress

• Distributed quarterly via email, to both residents and faculty
Results

• Officially launched in 2019; currently in pilot phase
• Ongoing collection of data and feedback from residents

• Medium-term results:
  • All aspects of the RESPITE triad were appreciated by residents
  • Peer support groups most highly received
    • Perceived stress reduction of 50%
    • 100% stated they would attend again
    • Relaxing environment/exercises, sharing experiences with others, feeling less alone, discussing tips to staying well and seeking support
Conclusion

• Further trial and evaluation of RESPITE is needed to better assess its utility and efficacy

• Preliminary data is promising and supports ongoing use, particularly of the in-person support group

• Potential to further improve quality of life and well-being of residents and cultivate a systemic training model that is supportive, attuned to the needs, well-being and sustainability of its physicians
Thank You!

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