The American Journal of Psychiatry and the APA Committee of Residents and Fellows

Residents' Journal

November 2008: Volume 3, Issue 11

The Residents' Journal

Editor-in-Chief: Molly McVoy, M.D.

Issue Editor: Paul O'Leary, M.D.

Staff Editor: Angela Moore

Contents

Resident Wellness

Introduction

Paul O'Leary 1

Interview

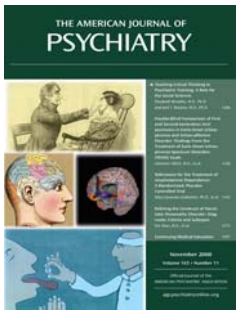
Carol A. Bernstein **1**

"Me Against the Road": An LSU Resident's Perspective on Post-Hurricane Katrina, Residency, and Wellness

Nicholas G. Pejic 2

Psychiatry Resident Wellness Survey: What Did We Learn?

Vincent J. Blanch & Paul O'Leary 3



Introduction

Three Views on Resident Wellness

Paul O'Leary, M.D.

Department of Psychiatry, University of Alabama at Birmingham

Residency is a very stressful time and leaves many residents feeling exhausted, ineffective, and cynical; in other words, burned out. Some have estimated that as many as 50% of residents are burned out, which is an unfortunate fact, since burned out residents have significantly worse personal health, social interactions, and patient care. Although the causes of resident burnout may seem difficult to change, there are ways residents can increase wellness and reduce burnout, thereby increasing their health, helpfulness, and safety. In this issue of the *Residents' Journal*, Dr. Carol A. Bernstein discusses a training director's viewpoint on resident wellness. To further illustrate the importance of wellness, an LSU Chief Resident discusses personal tips that were essential to his post-Hurricane Katrina survival and revival. Additionally, an article written by Dr. Vincent J. Blanch and myself reports the results of the North American Psychiatric Resident Wellness Survey, a study that surveyed almost 900 psychiatric residents to obtain their current state of resident wellness.

The following is an interview with Carol A. Bernstein, M.D., on "Resident Wellness," conducted by Paul O'Leary, M.D. and Anna Yusim, M.D. Dr. Bernstein is the Associate Dean for Graduate Medical Education, Vice Chair for Education in Psychiatry, and Associate Professor of Psychiatry at New York University (NYU) Medical Center & Bellevue Hospital. She is also the Vice President of the American Psychiatric Association. Dr. O'Leary is a Child and Adolescent Psychiatry Fellow at the University of Alabama Medical Center at Birmingham and the Resident Editor for this issue. Dr. Yusim is a third-year Adult Psychiatry Resident at NYU and one of the Deputy Editors for the Residents' Journal.

Dr. O'Leary & Dr. Yusim: What motivated you to become involved with psychiatry education and administration?

Dr. Bernstein: In many ways, this was not a decision by design but a way for me to pursue what I enjoy doing: mentoring young people, helping them to develop their careers, and facilitating connections. Prior to medical school, I obtained an M.A. in teaching. When I finished residency training at Columbia, I had the good fortune to be able to integrate clinical work with my interest in education and training. I worked part-time in an outpatient clinic, served as a liaison for the inpatient service on which residents rotated, and taught a small group section for the medical student behavioral science course. The following year, the position of Assistant Director for Medical Education became available. I expressed interest and was offered the position. I worked for 4 years in this capacity and really loved it. I subsequently became the Associate Residency Training Director at Columbia, after which I came to NYU to run the Resident Training Program, a role that naturally led to my greater interest in graduate medical education as a whole.

Dr. O'Leary & Dr. Yusim: For many years, you were the Residency Training Director at NYU/Bellevue. How did you manage to balance the program's demands with resident wellness?

Dr. Bernstein: This reminds me of the old adage that life is 95% about "being there." For me, the most important part of my job as Training Director was to be in close communication with my residents at all times and to appreciate the struggles and challenges they encountered during training. I hope that my residents felt that my door was always open to them. Given the difficult demands placed on residents these days, I believe that a Training Director who is available and willing to listen

to residents will both enhance resident wellness and serve as a model for the process. As psychiatrists, we pride ourselves on being excellent communicators. However, under the stress of the work environment, we are subject to the same pressures that everyone faces, and it can be difficult to exercise our invaluable skills in this area.

Dr. O'Leary & Dr. Yusim: What do you see as some of the greatest challenges to resident wellness today?

Dr. Bernstein: This is a very challenging time in academic medicine, as there are pressures on the health care system from all possible angles. Hospitals are under pressure to develop financial and clinical outcome measures so the public can evaluate if the hospital is functioning effectively and delivering high quality care. Our patients are struggling to gain access to health care in a system that has failed much of the population.

At the same time, the knowledge required of our medical students and residents to become excellent physicians has expanded exponentially. It is no longer possible to go to medical school and learn all you need to know to be a good physician. You really need to "learn how to learn" because the field is changing so rapidly and learning clinical medicine has become a lifelong process.

Training has always been a process of learning and developing competence, a difficult path to navigate when residents are taking care of patients at the same time that they are trying to develop their skills. In the past, residency training was a period of apprenticeship, defined by the motto "see one, do one, teach one." Our current system includes much more oversight, supervision, regulatory control, and increasing accountability to our patients and the public at large. As part of this increased oversight and in an effort to provide more time for residents to study and to ensure that they are not too tired to appropriately perform their duties, regulatory agencies such as the ACGME have placed restrictions on work hours. While this is a welcome change, especially for today's residents who are more attuned to the need for a work-life balance than their older colleagues, this has created a new challenge to medical education: how to provide residents with sufficient clinical exposure to become competent physicians and consolidate their professional identities, while simultaneously fostering a balanced approach to the work-life paradigm.

Medicine is unlike any other profession because our patients are sick and we are ethically responsible for them even after we go home. We need to find ways to preserve the centrality of the doctor-patient relationship as we move to a more team-based model of health care delivery. This change also creates new challenges to continuity of care–we must help our residents, indeed all of our physicians, in communicating with each other to assure that the quality of care delivered to our patients remains at a high level despite the involvement of multiple people at multiple points in time.

Dr. O'Leary & Dr. Yusim: What changes would you like to see made to residency training and psychiatric education in the future?

Dr. Bernstein: The changes I would like to see made involve creating an atmosphere in training that combines an outstanding educational experience while simultaneously providing excellent clinical care for patients. In this complicated new health care environment, it is particularly important for everyone involved at both the hospital and the educational levels to collaborate to create a climate that will achieve these goals.

Dr. O'Leary & Dr. Yusim: What advice do you have for residents looking to go into psychiatry education and administration?

Dr. Bernstein: Follow your passions! What is important for each individual is to find the aspect of your career that you really love, whether it is research, education, administration, clinical care, psychoanalysis, or any other specialty in psychiatry. If you love it and have a passion for it, you'll be good at it.

"Me Against the Road": An LSU Resident's Perspective on Post-Hurricane Katrina, Residency, and Wellness

Nicholas G. Pejic, M.D.

Department of Psychiatry, Louisiana State University

Residency has been a sobering and sometimes emotionally painful experience. As New Orleans is my home, you can imagine that working through Hurricane Katrina in 2005 and recently evacuating before Hurricane Gustav have peppered my residency with uncertainty and stress.

After all, Katrina created the absurd. Residents' normal lives were replaced with weekly searches for open gas stations, nights spent on friend's couches, and exposure to a militarized city. Their houses, apartments, and clothes were destroyed. Their relationships were severed after acquaintances and longtime friends moved away. Katrina induced an emotional sense of destabilization.

At first reflection, I gave Katrina and the other hurricanes credit for teaching me that we are vulnerable and that life is brief. Especially during the days of balancing hospital responsibilities and nights on call with recovery efforts, such as tracking down insurance agents, utility companies, plumbers, and trash haulers, I thought that my residency struggles with restructuring the call schedule, fulfilling residency requirements, commuting long distances, and moonlighting must have been program specific. I thought that surely others did not have to grapple with such significant distress. However, upon further introspection (while running around Audubon Park), I realized that it was not Katrina, or any other hurricane, that caused me to think of life's vulnerabilities and brevity as much as being in residency did.

Residency changes the game. Gone are the confident days of college when we could earn "A"s and a high GPA. Instead, we receive rotation evaluations. But as 360-degree evaluations can provide positive, supportive feedback, they have never buoyed my professional self-esteem as much as my grades in college did. Perhaps these evaluations note my professionalism or medical knowledge base. But do they reflect whether my patients have actually improved? Are my patients satisfied with the care that I provide?

My self-doubt and anxiety were especially prominent during my outpatient psychiatry year when I was doing therapy, medication checks, and evaluations. But was I doing it right? During my surgery rotations in medical school, I often heard "see one, do one, teach one." And for most things in medicine this saying works great, yet not as well for therapy. I believe many residents have "done" therapy, having never seen it or taught it. And perhaps it is assumed that we residents "see" therapy as a patient would, but this is true for fewer and fewer psychiatric residents.

Returning to work each day has sometimes meant facing my failures and taking responsibility for them. For example, just when I felt comfortable identifying bipolar disorder, I successfully misdiagnosed it. I realized after meeting with many psychiatry residents from around the country that many of us worry about our competency as burgeoning therapists and psychopharmacologists. I have often worried that if these stresses weigh too heavily on me that I could resort to "vegging out," smoking, or drinking too much. How can I advise

my patients to live healthy lifestyles and not do the same?

Surely during residency you need to take care of yourself before you can care for others. I look after myself by running because it helps both my mental and physical well-being. When I am running, it's just me against the road. Running allows something intangible to emerge. Physical exhaustion peels away the nonsense in life. It reveals or enhances the stuff that is more powerful than even college grades. I call it truth.

Truth is that little voice of rightness inside that reminds me why I took on residency. It's the foundation of my personal statement. Running several times a week is like re-dosing myself, oddly enough, with personal truth. This regimen can promote a balanced center, guarding against self-doubt. It makes me feel strong and whole.

Arriving at this truth is a curious process. Early in each run, my body can handle the physical stress. After a few miles, though, with exhaustion, my senses leave the physical realm and center toward my mind. I rely only on my will to drag my limbs forward. Within this window of time, my mind stands at attention like a brigade of deployable soldiers ready to fight, ready to take on the challenge ahead. I simply deploy that resolve and push on toward the finish line. At this point, I'm acutely aware that I'm alone. No one is there to help me finish–no close friends or family, no mentor or parent, no diplomas or laurels.

Finally, after miles of running, crossing the finish line creates some magic. It somehow provides a transferable confidence, which can be applied to other areas of life–to residency, for example. For me, this is the secret in running.

My mindfulness exercise helps me to focus on the important aspects of my residency and has allowed me to discuss some of the lessons my residency program has learned post-Katrina. These lessons helped me to promote wellness to others, giving me the energy and confidence to get involved with departmental decisions, and to develop proactive resident wellness behaviors. Furthermore, the experience humbled me and allowed me to truly learn from my peers. I appreciate what a tremendous resource each of us can be to one another. For it was in the aftermath of disaster that other psychiatrists and the APA stepped in to help us during our time of need. Because of the network of communications at APA, psychiatrists from around the country provided much needed comfort, care, and medical services. I truly believe that the lifelong, national friendships promoted by the APA were significant in lessening the magnitude of mental illness post-disaster. Thankfully, APA continues to promote a number of opportunities that develop communicating with other psychiatrists and other residents from different programs. For example, an easy way to communicate with other residents is through the APA's meetings, resident representatives, and Resident and Fellows Listserv. These are all excellent resources for asking other residents about their programs. After all, all psychiatric residents deal with similar issues, but some deal with them better than others, as demonstrated in the wellness survey. Additionally, some programs may have already implemented the proposed changes and therefore can offer insight into the benefits and potential pitfalls of change. Check the APA's website (http://www.psych.org) or with your district branch for additional information specific to your program.

I hope this discussion provides some guidance in the difficult task of residency. Ultimately, mindfulness and wellness make future problems easier to address, which is something everyone can benefit from.

Psychiatry Resident Wellness Survey: What Did We Learn?

Vincent J. Blanch, M.D.
Department of Psychiatry, University of Kentucky
Paul O'Leary, M.D.
Department of Psychiatry, University of Alabama at Birmingham

Multiple studies that focus on resident stress, burnout, and well-being have demonstrated that the healthy resident is more likely to provide sufficient care for his or her patients, and–the opposite–the burned out resident is less likely to provide sufficient care for his or her patients. This fact is especially important for psychiatry residents who face high levels of stress secondary to intense workloads, demanding work environments, and long hours. However, of the studies that have investigated resident wellness and stress, most are limited to either a small sample of residents or a mix of specialties. To our knowledge, no studies prior to the Psychiatry Resident Wellness Survey focused solely on psychiatric residents, and none sampled all of North America. Hence, data are sparse on how "well" or how "stressed" psychiatric residents are. Unfortunately, without studies investigating which residency program factors cause stress and which improve wellness, improving resident wellness is guesswork.

To help decrease this guesswork and improve the understanding of resident wellness, the APA Assembly Committee of Members-in-Training (ACOM) created a survey that screened for resident stress and other issues that could negatively impact our training experiences. The following are some examples of factors that were examined: 1) Does intimidation/harassment occur in psychiatric residency training programs?; 2) What areas of work environments are most stress inducing?; and 3) What is the overall satisfaction of the choice of medical specialty (i.e., psychiatry)?

To ensure the widest possible distribution of our resident survey, the APA agreed to distribute it via e-mail using their database of member e-mail addresses. To increase response to the e-mails, we requested that chief residents, APA fellows, and resident members explain the importance of the wellness survey to residents and that the survey be completed. The survey specifically asked residents to self-report their demographics, level of stress, causes of stress, coping strategies, harassment, intimidation, level of satisfaction, and access to resources using a 5-point Likert scale (5="most severe").

Results

By the end of the survey, nearly 900 residents had responded. Results revealed that 7% of residents are either dissatisfied or very dissatisfied with their life in general, while 14% indicated that they are either dissatisfied or very dissatisfied with their mental health. Nineteen percent reported being either dissatisfied or very dissatisfied with their physical health. Sixteen percent wanted to change residency programs, and 18% wanted to change careers.

About 80% of the residents who said they were stressed indicated that time demands and their work environment were stressful or very stressful, while only 50% of the more relaxed residents cited these two factors as being stressful or very stressful.

And perhaps troubling for their health in general, 30% of the residents reported not having a primary care provider, and 46% reported that they had not seen a primary care provider in the preceding 12 months.

Fifty-six percent rated their life as either stressed or very stressed. The sources of stress most frequently cited were time pressures, cited by 85%; physical health, cited by 29%; mental health, cited by 35%; financial pressures, cited by 58%; workload, cited by 85%; personal relationships, cited by 58%; and harassment, cited by 14%.

cont'd

Conclusion

The majority of American psychiatric residents experience a stressful life, with time pressure and workload being the most frequent causes of stress. Stressed residents work longer hours and use different coping mechanisms than relaxed residents. Although this survey could not demonstrate causal relationship, it can serve as a basis for future modeling of psychiatric resident stress as well as a guide for improving resident wellness and therefore patient care.

Table 1: Psychiatric Resident Wellness Survey Results From 893 Respondents

Factors Assessed	N	%
Quality of life and health		
Dissatisfied with life in general	59	7
Dissatisfied with physical health	173	19
Dissatisfied with mental health	124	14
Stress level		
Very stressed	78	8.7
Stressed	426	47.7
Neutral	254	28.4
Relaxed	58	6.5
Very relaxed	2	0.2
No answer	75	8.4
Stressed and very stressed residents (N=500)		
Reported a >9-hour workday	349	70
Wanted to change residency	125	25
Wanted to change specialty	110	22
Relaxed and very relaxed residents (N=60)		
Reported a >9-hour workday	11	19
Wanted to change residency	0	0
Wanted to change specialty	3	5

By utilizing this screening survey, we 1) have a better understanding of the quality of life that psychiatry residents currently have, 2) see areas where we need to improve, 3) are advocates for psychiatry resident well-being, and 4) raise the awareness of this issue, not only with training programs but with the residents themselves.

Committee of Residents and Fellows

The Committee of Residents and Fellows (CORF) is a permanent standing committee of APA. The Committee is composed of seven psychiatry residents, each representing one of the seven geographic areas into which APA divides the United States and Canada. Additionally, representatives from APA's three fellowship programs participate as active members. Each member is nominated by his/her residency training program and serves a 3-year term.

Since 1971, the Committee has represented resident opinions and issues within the Association and has established effective and meaningful liaisons with many components of APA, as well as with many other organizations that are involved in training and the profession.

Area 1
Teo-Carlo Straun, M.D.
University of Massachusetts
c.s08873@gmail.com

Area 2
Stacey Yearwood, M.D.
The Zucker Hillside Hospital
smylein05@yahoo.com

Area 3
Jessica Kettel, M.D., Ph.D.
University of Pittsburgh
ketteljc@upmc.edu

Area 4, Chair
Molly McVoy, M.D.
University Hospitals-Case Medical Center
molly.mcvoy@uhhospitals.org

Area 5
Sarah Johnson, M.D.
University of Louisville
sbjohn01@gwise.lo
uisville.edu

Area 6
Shirley Liu, M.D.
University of Massachusetts
shirley.liu@umassmemorial.org

Area 7
Rachel Davis, M.D.
University of Colorado
rachel.davis@UCHSC.edu

Liaison from ACOM
Joshua Sonkiss, M.D.
University of Utah
joshua.sonkiss@hsc.utah.edu

Mentor
Paul O'Leary, M.D.
University of Alabama
pjoleary@uab.edu

APA Minority Fellow
Icelini Garcia-Sosa, M.D.
SUNY Downstate Medical Center
icelini@hotmail.com

APA/Bristol-Myers Squibb Fellow
Sharon Kohnen, M.D.
Univer
sity of Pittsburgh
kohnens@upmc.edu

Are you getting the full story? In addition to this online edition of the Residents' Journal, there is an e-mail portion delivered each month. This month's e-mail highlights hospital ward overcrowding and antidepressant use among hospital staff and bereavement-related vs. stressful life event-related depression.

Looking for a Job? Search the **APA Job Bank** to find your ideal position.