

Residents' Journal

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*To laugh often and much;
 To win the respect of intelligent people and the
 affection of children;
 To earn the appreciation of honest critics and
 endure the betrayal of false friends;
 To appreciate beauty;
 To find the best in others;
 To leave the world a little bit better, whether
 by a healthy child, a garden patch or a re-
 deemed social condition;
 To know even one life has breathed easier
 because you have lived;
 This is to have succeeded.*

—“Success,” by Ralph Waldo Emerson

Life's choices are truly not complicated, obviously, but they can be if we allow them to be. Our self-awareness, our self-communication, planned and spontaneous, must be ongoing and forever. Lifelong learning is the key, along with listening. We are neither superwomen nor supermen (except for on Halloween). The idea of one unified body/mind/spirit leads to and enables us to enjoy a positive balance between our personal and professional work lives and relationships.

Let us go beyond an “apple a day,” which has been scientifically proven to support good health, and realize that the cleaning and scrubbing can wait until tomorrow. Then we can incorporate into our lives regular exercise, relaxation, listening first from within ourselves, laughing 200 times a day, crying when appropriate, and recognizing and understanding anger but not acting on it inappropriately or physically when we feel really sad, hurt, or frightened. Engage in healthy, regular play and creativity and try courageously apologizing, communicating respectfully and clearly (rather than miscommunicating first with ourselves, then with others), loving another by choice, sexual relations when appropriate, and finally, changing constructively, while recognizing that change can be anxiety-provoking but is definitely worth your courage and efforts.

Ethics, honesty, pets, flowers, the color yellow in your home, and dark chocolate (no trans fats) are all factors in and part of good health. Time management and faith/spirituality (done your way) are major health factors. The courage to speak up and out, first to yourself, then to others, must be taken into consideration when making choices for good health.

Too often family, friends, and others avoid “bothering us” because of our stereotypic high status and “real” responsibilities. This isolation is unhealthy; we must keep in touch with others. Understanding and resolving differences over time within ourselves, then in our relationships, takes respect, time, listening, speaking up respectfully, negotiating, and compromise. Too often, without insight, what I cannot accept in others, I imitate. Time together is vital and well spent. Save memories, not anger. It is not how much we have, but how much we enjoy, that brings us happiness.

Denial is unhealthy, particularly to our own self; be involved wisely with oneself and others.

Finally, primary and psychiatric (including addiction) medical care should be sought quickly and courageously when needed and indicated; self-care is never the correct choice. Our lives must be lived always by believing in and standing up for our values: truth, respect, and integrity always come first. Be thankful for all opportunities to communicate, cooperate, lead, share, laugh, love, and work. Personal lives that are put first result in better medical care for patients the majority of the time. Choices usually exist for as long as you do; make wise ones, seek guidance, and learn from them all. Know yourself.

Leah J. Dickstein, M.D., M.A.



A Resource for Residents

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I strongly believe that knowledge and understanding is the key to happy, helpful, and healthy residents. To illustrate this belief, I present three articles that discuss past, current, and future efforts by residents and faculty that change residency programs for the better. The introduction to this issue, written by Dr. Leah J. Dickstein, discusses personal well-being, a topic she has been discussing and teaching for many, many years. The article written by LSU chief residents Drs. Pejic and Pancholy discusses professional tips that were essential to their program's post-Katrina revival. The article written by Dr. Vincent Blanch discusses the national Psychiatry Resident Wellness Survey, which he designed to capture the current state of resident wellbeing. Finally, the remainder of this article discusses a new journal designed by residents for residents with which I am lucky enough to be involved.

Psychiatry is changing, residency is changing, and life is changing. Psychiatry is changing with new research, drugs, laws, and legal requirements that all lead to new ways of practicing. Residency programs are changing as new ways of practicing are adopted and new board requirements are added and old ones are adjusted. This forces residents to change also, since they must adapt to the residency program's changes in order to succeed. Having to

constantly adapt is stressful for a resident and often adversely affects both their personal and professional life. Moreover, the stress is often compounded by a lack of a resident-specific resource that discusses current and future changes. We at *Physician License & Practice Today* understand this reality because we live it. Like most of our fellow residents, we wanted a resource written by people who had been through residency, who understood what residents go through, and who would answer both the clinical and practical questions that residents have. Unfortunately, that resource did not exist—so we created it.

Physician License & Practice Today and the corresponding web site focus on information essential to a physician's professional development. Fundamental topics such as tips on interviewing, the business of medicine, personal health and wellness, wealth accumulation and protection, travel, and technology are just a few of the topics we present. Although understanding these topics is crucial to smoothly navigating the processes of residency and professional practice, they are rarely formally discussed. Our journal, written by physicians for physicians, is dedicated to exploring these topics and providing practical answers specifically for physicians. There is nothing else like it.

This journal is for individuals at all levels of

training, from interns to fellows. Each edition has a theme relating to medicine. As well as lifestyle content, there are articles by Larry Keller, a well-known financial guru for physicians who divulges information about the monetary aspects of being a doctor, Andrew D. Schwartz, who discusses tax tips for moonlighters, and Michael J. Kussman, M.D., the Under Secretary for Health in the U.S. Department of Veterans Affairs, who talks about job opportunities at the VA.

Our web site, www.plptoday.com, encompasses all that *Physician License & Practice Today* has to offer and provides in-depth discussion of these topics, allowing a deeper understanding for those interested. The web site also has up-to-date information on time-sensitive information and links to guide physicians through important application processes.

In summary, I hope you will take the time to read our journal; complementary copies are sent to every residency program's training director for distribution to residents. After all, there are many confusing and distracting issues surrounding medicine, which causes the uninformed physician a lot of stress and anxiety. By informing physicians about these topics we cut through the confusion, improve resident well-being, and help physicians to focus on the practice of medicine.

When LSU Residents Speak Out

Nicholas G. Pejic, M.D., and Pavan Pancholy, M.D.

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Residents speak out for many reasons, ranging from scheduling conflicts to questioning the status quo. These concerns are usually addressed in residency programs through weekly meetings and the chain of command. Yet, medical students and residents implicitly learn to avoid speaking out for fear of ridicule, alienation, being labeled the "squeaky wheel," or worst, being considered weak. In the months following Hurricane Katrina, psychiatry residents at Louisiana State University/Ochsner Medical Foundation (LSU) laid these fears aside, found their voice, and spoke out. Subsequently, they confronted and overcame unprecedented challenges, which ultimately resulted in the successful rebuilding of their residency program.

Katrina created the absurd. It ruined New Orleans' landscape by placing rancid refrigerators and heaps of moldy house innards on the streets. It brought down massive hundred-year-old live oak

trees and flooded or tore apart local businesses and infrastructure. 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. Most restaurants and businesses shut down (including the U.S. postal service), except for a few bars and an ice cream shop.

Katrina induced an emotional sense of destabilization. LSU residents responded by focusing on things within their control—their clinical work and the rebuilding effort. They balanced hospital responsibilities and nights on call with tracking down insurance agents, utility companies, plumbers, and trash haulers. Residents voiced their concerns at weekly teleconferences. Hot topics were restructuring the call schedule, fulfilling residency require-

ments, commuting long distances, moonlighting, and returning the program to New Orleans from Alexandria, Lafayette, and Baton Rouge. These issues were candidly but respectfully posed to an administration suffering from its own Katrina losses. What followed were meetings peppered with humor, sadness, and hope. The chairmen, program directors, and other faculty members received the grievances well with a collaborative spirit. Together, everyone worked hard to formulate a plan of action. Often, new strategies were envisioned to extenuate challenges. Adjustments were made when new strategies failed to work. Remaining flexible ensured the program could flourish in the ever changing world of post-Katrina New Orleans.

Had LSU residents not spoken out, their program could not have anticipated their needs or worked so effectively with them. By reflecting on how these residents succeeded even during a time of tremen-

dous stress, we, who were also residents during the storm, present tips so others may benefit from our experiences.

First, learn from your peers. Talk with other residents at different programs, because everyone deals with similar issues. Some programs may have already implemented the proposed changes and therefore have insight into potential pitfalls. An easy way to communicate with other residents is through APA. APA meetings, APA resident representatives, and the APA Resident and Fellows Listserv are all excellent resources for asking others residents about their program. Check APA's web site, www.psych.org, or with your district branch for additional information specific to your program. An independent web site for residents and fellows, not affiliated with APA, is also available at www.apamit.com.

Second, become involved with departmental decisions. Creating a resident-only meeting to occur at least once a month allows residents to safely communicate their concerns and candidly discuss departmental proposals. Then designated class representatives may communicate the residents' concerns to faculty and together they can work on building a consensus. Working together with faculty

to address residents' concerns will improve resident morale, because residents will realize they are part of the process, even if their concerns are not initially fully addressed. Moreover, the inclusion deepens mutual understanding in both residents and faculty, allowing each to see the other's perspective.

Third, impart maturity—the balance of courage versus consideration. Residents are courageous to address tough problems, yet they must consider their staff's resources and limitations. This task is made easier by becoming involved in the decision-making process.

Fourth, develop proactive behavior. If you have a complaint, then you must work to present the critical facts and be ready to propose solutions. Ask your peers at other programs about your proposal; have they implemented anything similar? Your chief residents should have access to other chief residents around the country through an APA Listserv. Already a number of chiefs are using this resource to understand how other programs are addressing similar issues. Furthermore, presenting practical solutions to your problem, with concrete examples of how other programs have implemented them, is often the difference between a plan succeeding or failing in gaining faculty support.

By implementing these steps our program has made several strides: the administration has relocated to Ochsner Hospital in New Orleans, the Medical Center of Louisiana psychiatric emergency room has opened, two LSU inpatient facilities have opened in scenic Uptown, academic instruction has been restructured and improved, LSU moonlighting has been reinstated, mandatory on-call shifts for 3rd- and 4th-year residents have been abolished, a resident-run web page has been created, and a brand new LSU resident psychotherapy clinic has opened.

We hope our lessons provide some guidance with the difficult task of speaking out. The process added depth to our residency program by bringing residents and faculty closer together, and we hope it will do the same for yours. Ultimately, it makes future problems easier to address, something everyone can benefit from.

More about the restoration of mental health services in New Orleans appeared in the January 2008 issue of the American Journal of Psychiatry. Please visit our web site at <http://ajp.psychiatryonline.org/>.

Psychiatry Resident Wellness Survey

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Two years ago a friend told me her program was consistently violating the 80 hours per work week limit. Sadly, she had little recourse, since no resident wants their program to lose its accreditation. Initially, I was shocked and concerned for her, and then I reflected on the bigger issue: how often does this happen? Once I asked that question, the "Psychiatry Resident Wellness Survey" was conceived.

Two years later the survey is ready to be distributed to all psychiatry residents. The survey is designed to identify the areas of residency, both professional and personal, that affect a resident's well-being. The results will then be used to improve resident wellness. However, to achieve these goals the survey must be valid and sufficiently powered (i.e., the more residents who participate and accurately respond, the more likely the survey will improve resident well-being). Hence, I present the survey's goals and plans for distribution to encourage all psychiatry residents to participate and raise awareness of the survey.

Psychiatry residents face high levels of stress

secondary to intense workloads, demanding work environments, and long hours. Yet the question of how residents deal with this stress remains largely unanswered. In addition, and perhaps more importantly, what are the results of such stress on residents and ultimately patients? To answer these questions, we at the APA Assembly Committee of Area Member-in-Training Representatives created a survey that screens for resident stress and other issues that may negatively impact training experiences. Some example questions from the survey are:

- Does intimidation/harassment occur in psychiatric residency training programs?
- What areas of the work environment are the most stress inducing?
- What is your overall satisfaction with your choice of medical specialty?

We hope to utilize this screening survey to 1) obtain a better understanding of the quality of life that psychiatry residents currently have, 2) to identify areas where we need to improve, 3) to advocate for psychiatry residents' well-being, and 4) to raise awareness of this issue, not only with

training programs, but with residents themselves.

The Psychiatry Resident Wellness Survey is anonymous and voluntary. The survey contains 40 questions that take less than 20 minutes to complete. Invitations to take this online survey were e-mailed in January 2008 to every psychiatric residency training program in the United States, Canada, and Puerto Rico (via residency directors and the chief residents Listserv). The invitations contain log-in information and were distributed to all psychiatric residents/fellows (PGY-1 through 5). The survey data will be collected for 2 months and the results are to be presented at the May 2008 APA annual meeting in Washington, D.C. Additionally, the results will be distributed to all residency directors and chief residents via e-mail and will be available online to download.

In the end, what we learn about resident wellness is going to depend on the responses to the survey. Therefore, we ask that all residents make time for this survey, since it will not only affect your well-being, but also the well-being of future residents.

Want More? In addition to the online portion of the Residents' Journal, there is an e-mail supplement delivered each month. This month's e-mail highlights diagnostic crossover in eating disorders and violence risk assessment. To subscribe, simply e-mail Lisa Devine, Editor of the Residents' Journal, at ajp@psych.org.

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