

Session # A7b

Reducing burnout and increasing resiliency using written emotional disclosure with family medicine residents: Part 1 – theory and study goals

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- List the “symptoms” of burnout
- Discuss the negative impact of burnout specifically for resident physicians
- Discuss the theoretical benefits of engaging in emotional disclosure to combat effects of burnout

Bibliography / Reference

1. Maslach (2001). What have we learned about burnout and health? *Psychology and Health, 16*, 607-611.
2. Prins et al. (2007). Burnout in medical residents: a review. *Medical Education, 41*, 788-800.
3. IsHak et al. (2009) Burnout During Residency Training: A Literature Review. *J of Grad Med Education, Dec*, 236-242.
4. Dybre et al. (2014) Burnout Among U.S. Medical Students, Residents, and Early Career Physicians Relative to the General U.S. Population. *Acad. Med, 89*, 443-451.
5. McCray et al. (2008) Resident Physician: Is there Hope? *Fam Med, 40*, 626-632

Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

If you'd like to participate in our real-time poll, text
JENNIFERCART579 to 37607

You'll be able to text your responses to 5 questions
imbedded in the presentation

All responses are anonymous and will not be saved

In 1-2 words

What is burnout?

“A prolonged response to chronic emotional and interpersonal stressors on the job defined by 3 dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment”



Emotional exhaustion



Detachment



Reduce accomplishment

How prevalent is burnout in resident physicians?

less than
25%

25-50%

50-75%

greater
than 75%



Prevalence in resident physicians

- Most studies of burnout only examine attending physicians
- Estimates suggest that less than 1% of studies focus on resident physicians
 - Physicians in training presumably have a different set of needs
- Studies suggest 17.6% - 76% of residents are experiencing burnout
- Training seems to be a particularly challenging time period for physicians
 - Peak scores for burnout occur during medical school, residency, and early career
- Physicians in training are more burned out than their non-medical peers

What factors contribute to burnout?

Factors linked to burnout



Impact of Burnout

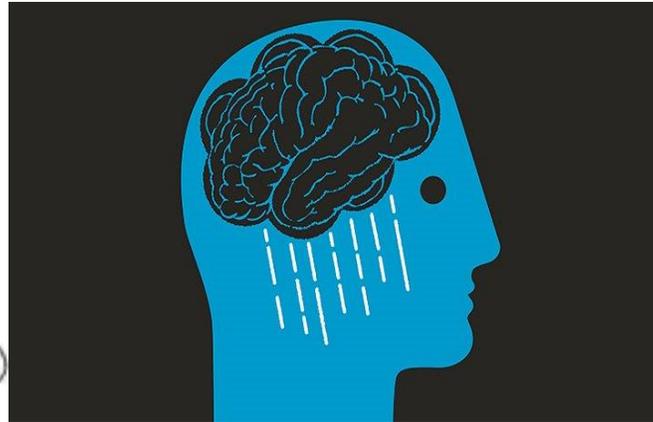


Worse health

pixastock.com - 23939291



Increased drug and alcohol use



Depression, anxiety, worsening mood



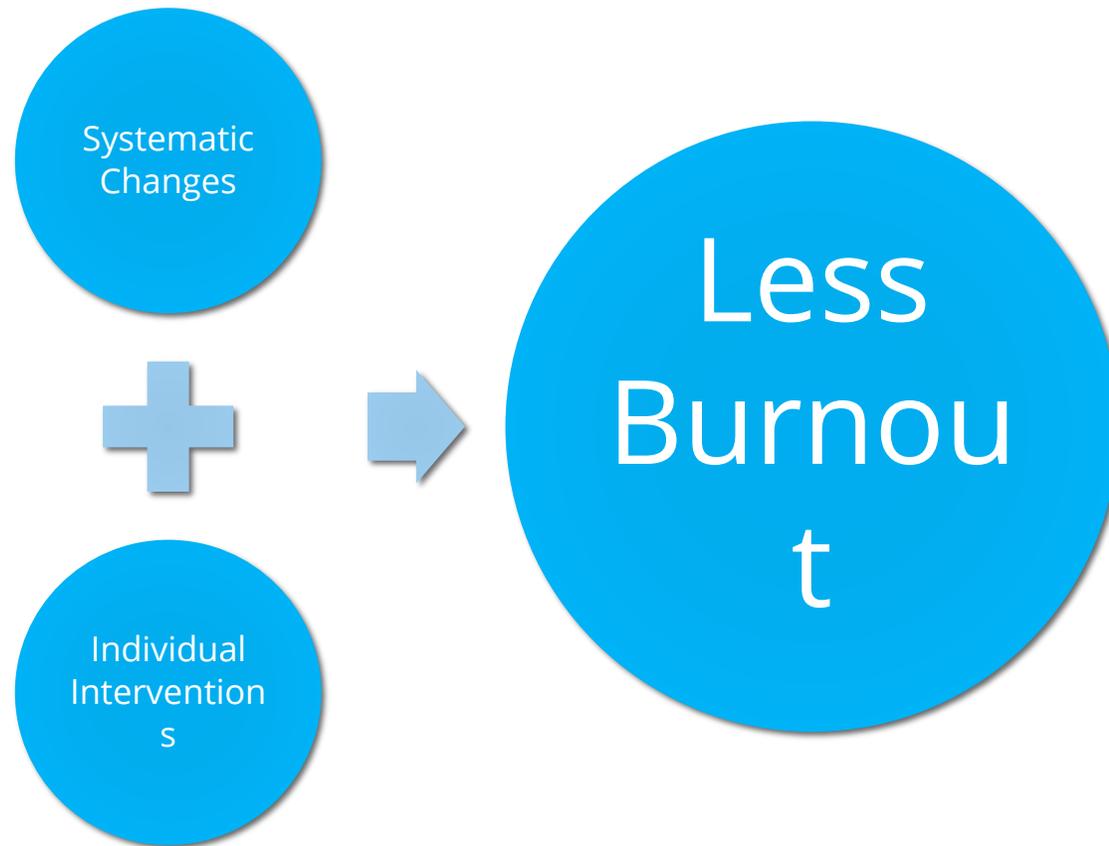
HOSPITAL MEDICAL ERRORS KILL 98,000 AMERICANS EACH YEAR. -- HEARST NEWS INVESTIGATION

Medical errors and suboptimal patient care



Suicide

Solutions



How can we improve wellness and burnout in resident physicians?

What is working?

Review of Wellness Programs

ACGME *“psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician”*

- Wellness programs are everywhere
- Limited data
 - University of Rochester Mindful Communication Program for PCPs
 - Improvements in burnout, empathy, and total mood disturbance
 - The average number of years of experience for this study was 15 → not early career
 - McCray et al. review of 6 studies of interventions to improve burnout in residents
 - Variety of interventions – group based, meditation, communication skills, support based
 - All improved health and wellness outcomes

Call to Action

- ◆ Agreed upon issue
- ◆ Huge variety in wellness programs
- ◆ Very few randomized controlled trials examining interventions to improve burnout in residents
- ◆ Need to systematically examine ways to improve wellness in resident physicians

Goals

- 1) Develop an intervention that would impact wellness of resident physicians
- 2) Compare two ways of disclosing emotions (vs. control) as mechanisms to improve health, resilience, and burnout in family medicine residents

Focus on resident needs

Residency poses unique challenges:

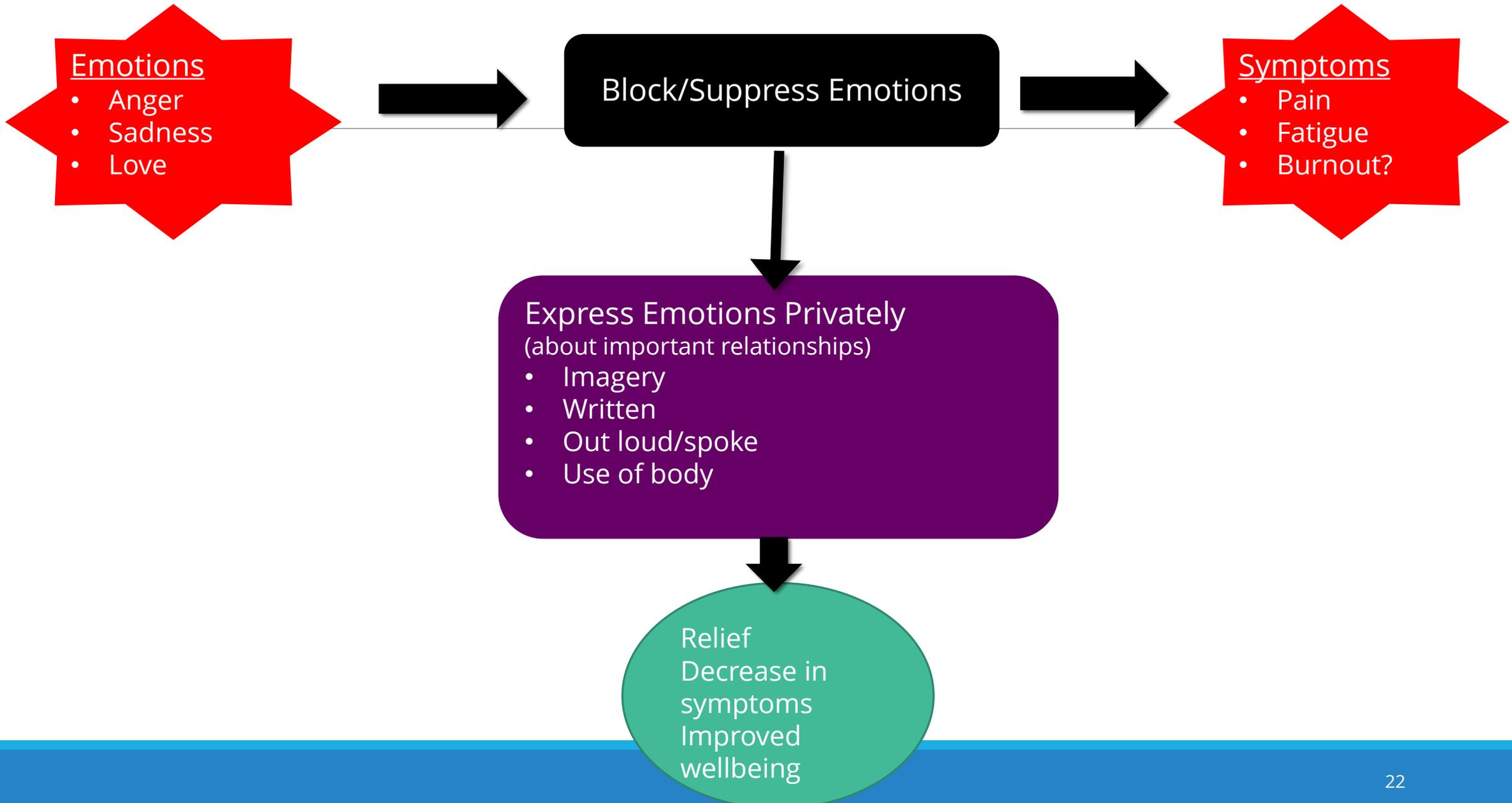
- 1) Being responsible and not in control – patient care, time
- 2) High intensity work and long work hours
- 3) Fear of repercussions for “showing emotion/weakness”
- 4) Steep learning curve and high consequences for mistakes

= more emotions, more demands, less time to process and cope

→ **emotional disclosure interventions**



Emotional Disclosure Framework



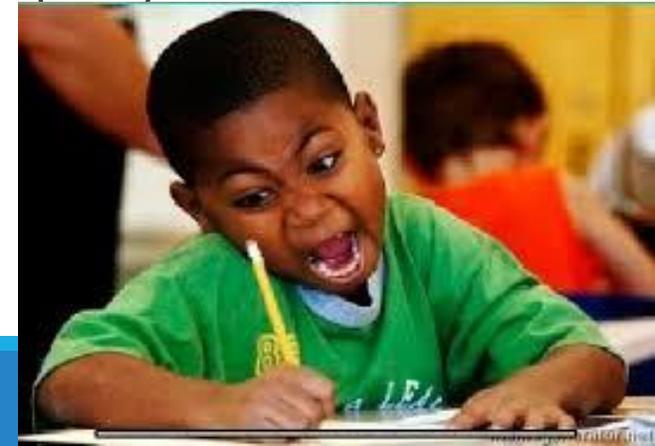
Written Emotional Disclosure

Practice:

- 15-20 minutes for 3-4 days
- Write about a traumatic or stressful life event without censorship

Outcomes (Pennebaker & Beall, 1986; Frisina, Borod, & Lepore 2004; Lumley et al., 2011)

- Small to medium effect sizes on improving physical and psychological health in a wide variety of populations (e.g., healthy students, patients with chronic pain)



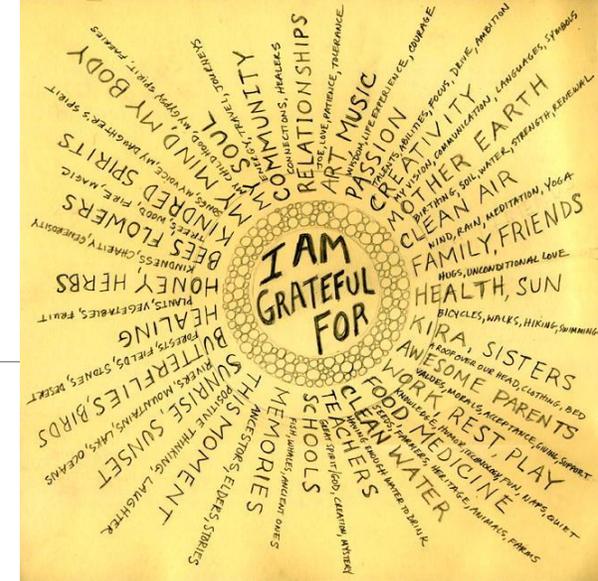
Positive Disclosure

Practice

- utilize WED paradigm, but instead write about a positive emotional experience
- write down 3 *different* things you are grateful for everyday for a month

Outcomes (Stanton et al. 2002; Emmons & McCullough, 2002)

- Reduced medical visits in patients with breast cancer
- Overall improved psychological functioning
- Experiencing positive emotions decreased inflammatory responses in the body



Procedure

Recruit approximately 36 family medicine residents in years PGY1-3

Randomized to one of three writing groups:

- 1) Written emotional disclosure
- 2) Positive emotional disclosure
- 3) Time management control group

Engage in 4 sessions of writing, 15-20 minutes each

First session built into their current wellness curriculum with option to “opt-out” of the research portion. Remaining three sessions will occur at-home.

Examine measures of physical health, burnout, quality of life, and mood at three time points:

- Baseline
- Post-writing (4 weeks)
- Follow-up (6 weeks after last writing assignment)

Written Emotional Disclosure Group

For this exercise, you should write for 15-20 minutes on 4 occasions over the next 4 weeks, starting today. During each of these 4 writing sessions, you should write about an experience in medicine (e.g., with a patient, in your training) that caused you trauma, upheaval, stress, or psychological conflict. This could be an issue that you may be experiencing right now, or that you experienced at some other time in your life. The event or conflict that you write about should be **the one you consider to be the most stressful that you have experienced in medicine and is the most significant to you.** Ideally, you should write about an experience or conflict that you have not talked about with others in much detail; that is, it is something that you have kept rather private and which still bothers you, or is uncomfortable to think about. You can write about anything you want, but whatever you choose, it should be something that has affected you very deeply.

When you write about the event, try to **make your memories as vivid as possible,** including thoughts, emotions, and bodily sensations that you experienced. When you write, try to tell your story, including the facts of what happened and your deepest feelings. It is important that you let yourself go and touch the deepest emotions and thoughts that you have about the experience. You can also write about how the experience has affected you. You might write about how it has affected your self-esteem, your relationships, or your health.

Positive Emotional Disclosure Group

For this exercise, you should write for 15-20 minutes on 4 occasions over the next 4 weeks, starting today. During each of these 4 writing sessions, you should write about an experience in medicine (e.g., with a patient, in your training) that was positive or caused feelings of gratitude. This could be an issue that you may be experiencing right now, or that you experienced at some other time in your life. The event that you write about should be **the one you consider to be the most positive that you have experienced in medicine and is the most significant to you**. You can write about anything you want, but whatever you choose, it should be **something that has affected you very deeply**.

Time-management Control Group

For this exercise, you should write for 20 minutes on 4 occasions over the next four weeks, starting today. During each of these 4 writing sessions, you should write about how you manage your time. You are to write for 4 sessions over a 4 week period, for 15-20 minutes each session. You should write about a different topic on each of the four sessions.

Here are the 4 topics:

In Session 1: You should write in detail about what you did with your time over **the last week**.

In Session 2: You should write in detail about what you did with your time over the **past 24 hours**.

In Session 3: You should write in detail about what you plan to do with your time over the **next 24 hours**.

In Session 4: You should write in detail about what you plan to do with your time over the **next week**.

Please try to write for 20 minutes each day. When you write, write freely. Don't worry about trying to write well. Don't worry about grammar, spelling, or sentence structure; these things are not important.



To be continued...



Questions?

Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

