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SOCIETY FOR NEUROSCIENCE IN ANESTHESIOLOGY AND CRITICAL CARE

ARTICLE OF THE MONTH

Evaluation of a Formal Wellness Curriculum to Reduce Burnout in Anesthesia Resident: A Pilot Study

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We welcome you to the November 2019 installment of SNACC's Article of the Month. This month's selection explores burnout and the wellbeing of our residents.

Dr. Christina Spragg is a licensed psychologist in private practice, speaker at international conferences, and organizational consultant for leading companies. A neuroscience enthusiast, she illuminates how to use the power of the mind to produce changes in brain functioning in a way that is accessible, relatable, and resonant. Dr. Spragg delights in teaching professionals how to elicit the very best from their brains while bringing more balance, and less burnout, to their engaging lives.

As always, readers are welcome to join us for further discussion on the **Twitter** feed or on **Facebook**.

~ Nina Schloemerkemper, MD; Amie Hoefnagel, MD; Oana Maties, MD and Shilpa Rao, MD

Commentary

By Christina Spragg, PHD

Compared to other physicians, anesthesiologists in particular are at elevated risk of burnout, substance abuse and suicide-related mortality.[1] Even more concerning is the fact that residents have twice the incidence of substance abuse and three times the incidence of suicide compared to practicing anesthesiologists.[1,2]

Proposed predisposing factors for elevated risk of burnout, substance abuse and suicide-related mortality include: the high intensity and critical nature of the work, the medical culture of denying weakness, the time-pressure demands, easy access to drugs, personality characteristics and isolation in the work environment.[1] Anesthesia

residents are uniquely isolated in their training when compared to other medical residents and have less opportunities to build relationships of peer support.

Burnout and depression do not only affect the health of the resident. Residents at high risk report more medication errors, mistakes with negative consequences for patients, and less vigilance in patient monitoring than residents at lower risk.[4] To manage symptoms of burnout and depression, residents use compartmentalization as their main coping mechanism.[1] Compartmentalization is the mental process of keeping contradictory thoughts or beliefs separate in order to avoid unpleasant feelings. This strategy temporarily relieves tension, but when over-relied upon, it can exacerbate isolation and increase depersonalization.

In response to the burnout crisis, the Accreditation Council of Graduate Medical Education (ACGME) and the American Board of Anesthesiology (ABA) have required that residency programs establish organized instruction in well-being, but did not provide instructions on how to do so.[5] Studies examining wellness initiatives in anesthesia residency programs have found wellness curriculums using classic didactic teaching methods to be ineffective, especially when they were not integrated into the training program with dedicated practice time carved out.[1,5]

To address this problem, Brainard and colleagues created a yearlong, multifaceted, pilot wellness curriculum for anesthesia residents. The seven-component curriculum included: “(1) five grand round presentations on topics of substance abuse avoidance, error disclosure, burnout, sexual harassment, and resiliency; (2) quarterly interactive sessions on mindfulness in medicine, which were held during protected didactic time; (3) a peer-mentoring program; (4) monthly emailed wellness education articles; (5) a laminated wellness reference card; (6) a confidential monitored wellness email address; and (7) quarterly resident wellness group dinners.”[5] The wellness group dinners were hosted at an attending anesthesiologist's home and included dinner and social time, followed by a resilience exercise (such as guided meditation) which then led to resident-directed storytelling in an open forum discussion.[5] Storytelling allows one to translate lived experiences into a language that is shared with others so that the experience can be processed and made sense of. Residents engaged in storytelling about sensitive topics like medical errors, hostile work environments and challenging patient or staff interactions which allowed their experiences to be echoed and validated.[5]

Before the start of the wellness curriculum, midyear and at the conclusion of the year, residents completed the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). While the didactic workshops and wellness-related grand rounds failed to improve symptoms of burnout, the off-campus group dinners significantly decreased depersonalization scores. Each additional dinner attended offered increased benefit.[5] The authors speculate that the group dinners represented a potential culture change within the department. The opportunity to gather socially in an off-campus, emotionally supportive environment, with facilitated discussion that included interactive practice of new resilience skills decreased depersonalization. These findings have important implications for planning resident wellness interventions.

From a psychological perspective, the group dinners provided space to engage in the interactive practice of resilience strategies (essentially, using positive neuroplasticity).[6] In addition, gathering together to engage in

storytelling with peers likely helped to diminish isolation and satisfy the innate need for connection. The authors have identified “coping in community” (with other residents) as a way to address the depersonalization facet of burnout and it appears to be more effective than relying on compartmentalization alone.

References

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