Creating a Culture of Resident Well-Being

Jennifer Austin Szwak, PharmD, BCPS
Hailey Soni, PharmD, BCPS
Disclosure

In accordance with the ACPE’s and ACCME’s Standards for Commercial Support, anyone in a position to control the content of an educational activity is required to disclose their relevant financial relationships. In accordance with these Standards, ASHP is required to resolve potential conflicts of interest and disclose relevant financial relationships of presenters.

• In this session:

  All planners, presenters, reviewers, and ASHP staff report no financial relationships relevant to this activity.
Pre-Test Question #1

Pharmacy residents experience stress and burnout at similar rates to other healthcare trainees

A. True
B. False
C. Unknown
Pre-Test Question #2
Pharmacy residents enter residency programs fully ready for the emotional and clinical challenges of direct patient care.

A. True
B. False
Pathway to Burnout

- Emotional exhaustion
- Depersonalization and cynicism
- Decreased sense of personal accomplishment

Am J Health-Syst Pharm 2018; 75:147-52
Current Comparative Statistics

Mental Health in Medical Trainees

- Stressors include heavy workload, sleep deprivation, and difficult patient encounters
- Increased rates of depression, anxiety, and stress
- Negative impact on quality of patient care
Current Status in Pharmacy
Preparedness for Emotional Challenges

- Situations reported as “somewhat difficult”
  - Response to cardiorespiratory arrest
  - Family discussion about critically ill patient
- 84% felt somewhat supported by their programs
- Majority of RPDs and residents agree residents could be better prepared for emotional challenges of patient care
well-being

- mental health
- resilience
- suicide
- depression
- burnout
- anxiety
- emotional exhaustion
- stress
- apathy
- sleep deprivation
- fatigue
- depersonalization
- high stakes
What does “well-being” mean?
What are the biggest stressors for your residents?
What are the biggest stressors for your residents?

- Individually write down the top 3 stressors in your residency program
- Turn to the group of preceptors at your table and compare lists
Residency Program Stressors

- Are there any common themes in stressors or perceived stressors from year to year?
- What are some of the different stressors that affect residents in the beginning versus end of the year?
Common Resident Stressors

- Time pressure
- Number of working hours
- Financial situation
- Personal and family relationships
- Exposure to unsettling events
- Emotional challenges in patient care
Identifying & Addressing a Stressor: The UChicago Medicine Example
UChicago's Clinical On-Call Program

- 24-hour in-house program
- Responsibilities include emergency response and clinical pharmacy services
- Typically 40-50 pages per shift
## Structure of on-Call Shifts

**Physician Resident**
- Caring for a particular unit/patient service
- Often more than one MD
- High stakes decisions often require attending supervision/decisions
- Post-call debrief for complicated situations

**Pharmacy Resident**
- Covering entire hospital
- No in-house clinical support after 9:30pm
- Back-up preceptor available for phone discussions
- No formal face-to-face discussions about overnight scenarios
Debriefing Program

- mDASS-21 developed to assess mental health
- Completed for buddy call, first five, midpoint, and final five call shifts
- Debrief occurs immediately after call shift duties are completed
## mDASS-21 Tool

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found it hard to wind down.</td>
<td>S</td>
</tr>
<tr>
<td>I was aware of the dryness in my mouth.</td>
<td>A</td>
</tr>
<tr>
<td>I couldn’t seem to experience any positive feeling at all.</td>
<td>D</td>
</tr>
<tr>
<td>I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).</td>
<td>A</td>
</tr>
<tr>
<td>I found it difficult to work up the initiative to do things.</td>
<td>D</td>
</tr>
<tr>
<td>I tended to over-react to situations.</td>
<td>S</td>
</tr>
<tr>
<td>I experienced trembling (e.g., in the hands).</td>
<td>A</td>
</tr>
<tr>
<td>I felt that I was using a lot of nervous energy.</td>
<td>S</td>
</tr>
<tr>
<td>I was worried about situations in which I might panic and make a fool of myself.</td>
<td>A</td>
</tr>
<tr>
<td>I felt that I had nothing to look forward to.</td>
<td>D</td>
</tr>
<tr>
<td>I found myself getting agitated.</td>
<td>S</td>
</tr>
<tr>
<td>I found it difficult to relax.</td>
<td>S</td>
</tr>
<tr>
<td>I felt down-hearted and blue.</td>
<td>D</td>
</tr>
<tr>
<td>I was intolerant of anything that kept me from getting on with what I was doing.</td>
<td>S</td>
</tr>
<tr>
<td>I felt I was close to panic.</td>
<td>A</td>
</tr>
<tr>
<td>I was unable to become enthusiastic about anything.</td>
<td>D</td>
</tr>
<tr>
<td>I felt I wasn’t worth much as a person.</td>
<td>D</td>
</tr>
<tr>
<td>I felt that I was rather touchy.</td>
<td>S</td>
</tr>
<tr>
<td>I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).</td>
<td>A</td>
</tr>
<tr>
<td>I felt scared without any good reason.</td>
<td>A</td>
</tr>
<tr>
<td>I felt that life was meaningless.</td>
<td>D</td>
</tr>
</tbody>
</table>
## mDASS-21 Interpretation

<table>
<thead>
<tr>
<th>Severity</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>0 – 9</td>
<td>0 – 7</td>
<td>0 - 14</td>
</tr>
<tr>
<td>Mild</td>
<td>10 – 13</td>
<td>8 – 9</td>
<td>15 – 18</td>
</tr>
<tr>
<td>Moderate</td>
<td>14 – 20</td>
<td>10 – 14</td>
<td>19 – 25</td>
</tr>
<tr>
<td>Severe</td>
<td>21 – 27</td>
<td>15 – 19</td>
<td>26 – 33</td>
</tr>
<tr>
<td>Extremely Severe</td>
<td>28+</td>
<td>20+</td>
<td>34+</td>
</tr>
</tbody>
</table>

Post-Call Debrief

- How would you rate your shift?
- What tough situations did you encounter?
- How did you feel?
- How did you prepare for pages?
- What can we do to help you prepare?
- What helps you relax?
## Assigning a Stress Perception Score

<table>
<thead>
<tr>
<th>SPS</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Calm &amp; well rested, composed throughout discussion</td>
</tr>
<tr>
<td>2</td>
<td>Appears calm, some report of stress over shift but coping well</td>
</tr>
<tr>
<td>3</td>
<td>Some stress shows, resident describes stressful events with less ability to cope or manage problems</td>
</tr>
<tr>
<td>4</td>
<td>Appears disheveled/unorganized, displays some signs of stress/sleep deprivation such as unclear thought process or inability to articulate responses</td>
</tr>
<tr>
<td>5</td>
<td>Visibly stressed (jittery, jumpy, restless) or sleep deprived (dozing off) throughout discussion; describes inability to focus or manage responsibilities of resident on-call</td>
</tr>
<tr>
<td>6</td>
<td>Shows signs of emotional exhaustion; becomes tearful or angry during discussion</td>
</tr>
<tr>
<td>7</td>
<td>Visibly distressed from a distance; tearful or angry before discussion begins</td>
</tr>
</tbody>
</table>
# Triggers for Escalation of Support

<table>
<thead>
<tr>
<th>mDASS-21 Scoring</th>
<th>SPS Scoring</th>
<th>Debriefing Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe in any category</td>
<td>≥ 3</td>
<td>- Schedule weekly meetings x 4 (at a minimum)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Offer Employee Assistance Program (EAP)</td>
</tr>
<tr>
<td>Extremely severe in any category</td>
<td>≥ 6</td>
<td>- Schedules weekly meetings x 4 (at a minimum)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Strongly recommend EAP</td>
</tr>
</tbody>
</table>
Median mDASS-21 Depression Scores

![Graph showing median mDASS-21 Depression Scores with various data points and error bars. The x-axis represents different stages from 1 to Midpoint to Last, and the y-axis ranges from 0.0 to 30.0.]
Median mDASS-21 Anxiety Scores
Median mDASS-21 Stress Scores
### Additional Support Provided

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Weekly Meetings</th>
<th>EAP Offered</th>
<th>EAP Strongly Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Five Call Shifts</td>
<td>16 shifts</td>
<td>6 residents</td>
<td>2 residents</td>
</tr>
<tr>
<td>Last Five Call Shifts</td>
<td>1 shift</td>
<td>0 residents</td>
<td>1 resident</td>
</tr>
</tbody>
</table>
2018 – 2019 Program Changes

- Expanded to PGY2 residents
- Completed for buddy & first three call shifts
- Debriefing questions updated
- Debriefing preceptors expanded
- Considering addition of quarterly burnout evaluation
Case #1

Katie is the pharmacy resident completing her 24 hour on call shift in the hospital. Overnight, she is paged to attend a stroke in the emergency department. Within 15 minutes, she is also paged about a code blue in the medical ICU. She feels overwhelmed with the two emergency situations where medications may be needed and feels stressed that she cannot be in two places at the same time.
Case #1 Follow-Up

What strategies could you provide residents to understand how to deal with multiple emergency responses at the same time?
Strategies to Address Multiple Responsibilities

- Develop a priority list for which emergency response residents should attend to first if they are in this situation
  - Supported by the residents clinical judgement if patient care outweighs provided priority list
- Ensure residents know who else might be available to assist them in situations where they have competing priorities
  - Back-up preceptors, emergency trained staff pharmacists overnight, etc.
Case #2

Cody is pharmacy resident rotating on an Emergency Department learning experience. While he was counseling a patient on discharge antibiotics he over hears one of the providers talking about administering tPA to a patient who is having a stroke. When he goes to the patients room, he realizes the patient has been there for 4 hours and the team is just now asking him for the tPA. He is anxious that there is only a short amount of time left to make his assessment, compound and administer the medication. Additionally, he is stressed about what is the fastest way to physically get the medication to the bedside.
Case #2 Follow up

What materials and support could be provided to the resident to aid in the handling of stressful, time-pressured clinical situations?
Addressing Stressful Clinical Situations

- Develop institutional guidelines that are taught to the residents during their orientation and then reviewed periodically throughout the year.
- Provide residents training on bedside compounding for tPA and other factor products that may need to be compounded at the bedside.
- Provide a list of locations where high risk, urgent medications are stocked (automated dispensing cabinets versus central pharmacy).
Ashley is a pharmacy resident on her PICU learning experience. Over the course of the rotation she found herself getting very attached to the children she was caring for and developing relationships with their parents, family and caregivers. One morning Ashley finds out that a patient passed away from a complication overnight and is emotionally distraught.
Case #3 Follow up

What are some support systems that could be available for residents dealing with unsettling events or emotional challenges in patient care?
Support for Emotional Challenges

- PICU/NICU preceptor conversation
- Multidisciplinary team dialogue
- Residency debriefing program
- Employee assistance program
Common stressors for pharmacy residents include:

- Frequent patient interactions as a student
- Commitment to extended period of training
- Long working hours
- Excitement of new learning experiences
An example of a program developed to identify residents experiencing stress is:

A. A monthly test on clinical skills
B. Post-call debriefing
C. Pairing residents in teams
D. Decreasing expectations of residents
Key Takeaways

- Stress and burnout are common among healthcare practitioners and trainees.
- Identification of residents at risk for or experiencing high levels of stress can allow for individualized training on coping skills.
- A post-call debriefing program allowed preceptors to discuss emotionally, clinically, or physically challenging situations that occurred during a call shift immediately to provide additional support.