

Improving Resident Well-Being and Burnout: The Role of Peer Support

It is clear that becoming a physician means much more than acquiring knowledge and passing stacks of examinations. One fact about being a physician that has come to light more recently is how the amount of stress, dying, and death physicians face every day affects their well-being. During residency training, when young physicians are just becoming accustomed to this new responsibility, filling this new role requires a significant adjustment and puts them at risk for burnout and depression.

Residency is a coming-of-age process in many respects, as residents develop into independently practicing physicians. Many groups are working to figure out strategies to prevent burnout. Yet, to date, few studies present convincing data of approaches to better foster this personal growth process and to prevent certain adverse effects of becoming a physician.

Something that has not yet been looked at directly may be a readily implementable solution. The use of peer support as a resource has been the subject of previous studies in related contexts. This is why we are currently conducting the Institutional Review Board–approved READ-SG study (Reflect, Empathize, Analyze, and Discuss in Small Groups) at Columbia University Medical Center to analyze how regularly scheduled, resident-only, peer-led small groups reflecting on themes common to residents affect rates of burnout.

The groups meet monthly and are facilitated by 2 residents, a postgraduate year 2 (PGY-2) and a PGY-3, chosen at the beginning of the academic year. Each facilitator received an introduction to peer facilitation, including education on the novel process of READ-SG: reflecting individually; empathizing with peers; analyzing the importance of one's thoughts and experiences in the context of personal and professional growth; and discussing this openly with peers.

The small groups for residents in PGY-1 are held separately from those for residents in PGY-2 and PGY-3. Topics are chosen in advance of the small groups and are e-mailed to the residents as a prompt prior to the session. Assessment of the impact of the intervention will use a comparison of preyear and postyear scores on the Maslach Burnout Inventory–Human Services Survey, the gold standard for assessing burnout in health care fields, in addition to scores on our own READ-SG study survey handed out after each session, which assesses participants' sense of professional development and symptoms of burnout. Presence of a dose-response relationship to the sessions will also be analyzed.

Initial results and feedback on the intervention are promising, suggesting that this intervention could have a meaningful impact on the incidence of resident burnout. One advantage of a resident-initiated, peer-led effort is that it can show residents that they are not alone in the process by encouraging discussion about shared experiences in training with others having similar experiences. Faculty-led, top-down approaches that have been tried before may not be the most effective for adult professionals going through the residency process. For this issue, a bottom-up approach with peers learning from each other seems more likely to be effective. The solution to the problem of burnout may very well come from within.

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