Social Support Network Outreach: A No-Cost Intervention to Improve Resident Well-Being

Physician well-being has received increasing attention, as the medical community is coming to appreciate the toll that burnout, depression, and suicide are taking on trainees[1] and physicians in practice.[2,3] Due to the time commitment of training, residents are seen most by their colleagues, and much less frequently by their preexisting social supports. There has been an effort to encourage physicians to take care of one another, and although this is certainly worthwhile, a resident's colleagues may not be the group best equipped to prevent, assess, and intervene on that resident's burnout or depression. Each resident's preexisting social support network (family, friends, significant other) knows the resident better, is motivated to assist their loved one, and may encounter fewer barriers to intervention than colleagues. Most members of the general public are not well acquainted with the issues of burnout, depression, and suicide. It is easy to imagine a resident's social supports assuming that a depressed resident's isolation, for example, is a normal consequence of the consuming nature of residency education. It would, therefore, be advantageous for each resident's existing social support network to be educated about the stress, burnout, and depression that can be associated with residency, to improve communication and emotional support, and to reduce barriers to intervention.

The New York-Presbyterian Resident Forum (RF), led by the institution's designated institutional official, deliberated on optimal ways to reach out to the members of the social support network of our residents. The RF's initiative has 4 objectives:

1. to educate residents and their preexisting social support networks about the stresses of residency and the association of burnout and depression with residency;
2. to improve communication and support among residents and their loved ones and to reduce barriers to members of the support network asking about stress, burnout, and depression;
3. to educate residents and their loved ones about available resources for mental health care and healthy habits; and
4. to demonstrate to residents and their loved ones that colleagues at their institution care about their well-being.

DOI: http://dx.doi.org/10.4300/JGME-D-17-00241.1

Collectively, these interventions are intended to reduce progression of these conditions.

Members of the RF felt that there is merit in the answers to the following questions: Which of the following terms should be included in the communication with residents: stress, burnout, depression, suicide? From whom should the communication be sent (the RF, institutional leadership)? Should it be mailed or sent by e-mail? Should it be sent only to interns or to all residents? Should it be sent multiple times throughout the year? Should it include the telephone numbers for emergency hotlines and mental health services? Should there be a link to an institutional website? Should tips on healthy habits be included? The RF and the institution's Graduate Medical Education Committee deliberated on these topics and developed a consensus communication.

After the concept was introduced to new residents during orientation, an e-mail was sent to all residents describing the initiative, providing several links to articles and videos about physician well-being and burnout. The e-mail included the text of the communication to the social supports, to be forwarded by each resident to his or her support network. It included the terms *stress*, *burnout*, and *depression*, but not *suicide*. It did not include direct links to institutional websites or telephone numbers to mental health services, but indicated that these resources are available to all residents. Tips on healthy habits were included.

To our knowledge, this is the first report of an intervention designed to systematically use the vast and powerful resource of the residents' own family and social network to improve resident well-being. Analysis, enhancement, and dissemination of this initiative have already begun.

Benjamin Kennedy, MD
Neurosurgery Fellow, The Children's Hospital of Philadelphia

Mimi Levine, MD
PGY-3 Resident, Columbia Psychiatry Residency Program, New York State Psychiatric Institute/ Columbia University Medical Center

Downloaded from http://meridian.allenpress.com/jgme/article-pdf/9/3/390/2337673/jgme-d-17-00241_1.pdf by guest on 10 December 2024

Matthew L. Goldman, MD, MS
Resident in Psychiatry, New York State Psychiatric Institute/Columbia University Medical Center

Lalita Abhyankar, MD, MHS
Chief Resident in Family Medicine, Center for Family and Community Medicine, New York-Presbyterian Hospital/Columbia University Medical Center

Lyuba Konopasek, MD
Designated Institutional Official, Graduate Medical Education, New York–Presbyterian Hospital

References

1. Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. *JAMA*. 2015;314(22):2373–2383.
2. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012;172(18):1377–1385.
3. Dyrbye LN, West CP, Satele D, et al. Burnout among US medical students, residents, and early career physicians relative to the general US population. *Acad Med*. 2014;89(3):443–451.

Downloaded from http://meridian.allenpress.com/jgme/article-pdf/9/3/390/2337673/jgme-d-17-00241_1.pdf by guest on 10 December 2024