

Resident Doctors of Canada aims to help learners be more resilient, avoid burnout

Written by Donalee Moulton on February 8, 2017

OTTAWA | Resident Doctors of Canada (RDoC) is hoping to teach physicians in training something they don't learn in medical school: resiliency. The national association, which represents over 9,000 resident doctors across Canada, has developed a resiliency curriculum that has now been pilot tested at Dalhousie University and the University of Calgary.



Dr. Kimberly
Williams

"The goal is to expand across Canada," said RDoC president Dr. Kimberly Williams. "We need to have (these) skills in our pocket. This (program) will help with that."

The skills-based curriculum, modeled after initiatives developed by the Canadian Armed Forces and the Mental Health Commission of Canada, is designed to help mitigate stress and optimize performance. Such support is needed, said Dr. Williams. "In Canada, we have excellent clinical education, but how do we get residents to move from being a resident to being a doctor on the operational side? We get less training on that."

Residents today are under tremendous and diverse pressure, noted Dr. Williams, not the least of which is the costs of medical education. (Doctors of BC estimated in 2011 that the average medical student graduated almost \$160,000 in debt.)

In addition, residents face job-related stresses. "Being constantly evaluated adds to the pressure," said Dr. Williams. "We (also) have stressful job situations and a lack of control over hours, when we'll eat, the length of our shift."

Some countries restrict the maximum number of hours physicians can work in a week. In the United States, the limit is 80 hours. In New Zealand it is 72 while the European Union constrains residents to a 48-hour work week. In Canada, residents can work up to seven 24-hour shifts in a month. (In Quebec, shifts are restricted to 16 hours.)

The societal stigma regarding mental health issues may also be intensified for physicians, added Dr. Williams, a third-year psychiatric resident at the University of Calgary. "We're less comfortable with being patients and seeking that support."

The issue of physician burnout, particularly among residents, has heated up in the past several months following the publication of two studies last fall from the Mayo Clinic in Rochester, Minn. An article in *The Lancet* featured research that involved a systematic review and meta-analysis of more than 2,600 studies of interventions to

prevent and reduce physician burnout. The researchers concluded that “both individual-focused and structural or organisational strategies can result in clinically meaningful reductions in burnout among physicians.”

Also last fall two researchers at the Mayo Clinic, who have been documenting the rise and costs of physician burnout for more than a decade, proposed nine strategies that healthcare organizations can use to reverse the trend and limit the risk to patients and their medical staff. Among the recommended strategies: acknowledging and assessing the problem; using a systems approach to develop targeted interventions to improve efficiency and reduce clerical work; and providing resources to help individuals promote self-care.
