APPENDIX 3

STRENGTHENING RESILIENCE IN MEDICAL TRAINING AND PRACTICE: MOVING FROM RHETORIC TO ACTION

Backgrounder – Strategic Session 3

Introduction

This session will acquaint members with the concept of resilience, how it can be compromised by both internal and external factors, and explore why it is a critical issue across the physician lifecycle – with particular emphasis on students, residents and early-career physicians. Members will also contribute to the conversation around how resilience – as a proactive primary prevention approach – can be strengthened, as well as identify both barriers and bridges to putting such strategies into action. The purpose of this backgrounder is to provide a brief overview of physician health across the career lifecycle, and introduce the concept of resilience. It also lays the groundwork for the session around how strengthening resilience can address issues related to burnout and other adverse health-related outcomes in medical training and practice.

Physician health across the career lifecycle

As a definitive issue within the medical profession, physician health has emerged as a growing priority for CMA and other stakeholders. Despite its many rewards, medicine is a demanding, high-stress profession with heavy workloads, long hours and tremendous responsibility. Although important strides have been made, recent literature reminds us that serious barriers to physician health and wellness remain. A 2015 report from the Quebec Physicians Health Program[1], on the state of knowledge and preventive approaches, found that physicians are at a higher risk than the general population of developing an array of issues that can lead to adverse outcomes such as burnout, with rates approaching 60%. The 2008 Canadian Physician Health Survey revealed that approximately 23% of practicing physicians felt depressed, 60% had excessive work preventing them from pursuing personal and family interests, and 33% were stressed due to work[2]. Overall, the consequences of reduced physician well-being include; decreased life satisfaction[3], impaired personal and professional relationships[4], increased attrition rates[5], substance abuse[6] and even suicide[7]. Contributing factors include; excessive workloads and standards of training and practice[8], fatigue[9], and reduced work-life balance[10]. Unfortunately, stigma around physician health also remains a prevalent issue within the profession. For instance, one study reported that of 18% of Canadian physicians who reported distress, only 25% considered getting help, and only 2% actually did[11].

The impact of physician health is not limited to those within the profession, as reduced well-being can adversely affect the quality of patient care – including an increased likelihood of committing medical errors[12]. Conversely, healthy physicians are reported to commit fewer errors[13]. In economic terms, the cost of medical errors in the Unites States has been estimated at $19.5 billion[14], and in Canada the cost of physician burnout to the health care system is thought to be in the millions[15].

Physicians across the career lifecycle are affected by issues related to physician health, including trainees. A recent report from the Canadian Federation of Medical Students (CFMS)[16] noted that the majority of

students suffer from at least one form of distress over the course of their training (e.g., stress, fatigue, depression)[17]. Similar to practicing physicians, a 2006 systematic review of studies addressing depression, anxiety and burnout among North American medical students showed higher psychological distress than the general population[18]. Rates of burnout and suicidal ideation are also higher[19]. Like practicing physicians, contributing factors include busy schedules, increased workloads, and ever-growing lists of professional responsibilities.

With respect to residents, given the incidence of adverse wellness outcomes among practicing physicians and medical students, it is unsurprising that as high as 76% meet criteria for burnout, and they are up to three-times more likely to provide sub-optimal patient care as a result[20]. In another study from the Resident Doctors of Canada (RDoC), 33% of resident physicians rated their life as "quite" to "extremely" stressful, 52% experienced intimidation and harassment in the workplace, and 18% felt their mental health was either "fair" or "poor"[21]. Overall, the majority of residents report that work-related fatigue impacts their mental health, physical health, and relationships with family and friend[20].

Importance of proactive, primary prevention

Adverse outcomes may potentially be decreased through prevention and promotion activities designed for physicians[15]. The 2015 World Medical Association Policy Statement on Physician Health[22] states that improved wellness promotion, prevention strategies and early intervention can help mitigate the severity, and potentially decrease the incidence, of adverse mental outcomes among physicians and medical trainees. In fact, a key statement recommendation was for the provision and support for primary prevention programs. Mental health services can operate along a continuum, including proactive, anticipatory and reactive approaches – spanning from health-promoting environments to tertiary prevention[16]. Although reactive approaches (e.g., in-crisis services) are critical aspects of physician and trainee health and wellness, proactive approaches to complement such initiatives promote a more comprehensive mental health service program. One such primary prevention approach gaining momentum within the medical profession is the concept of resilience.

Resilience and medical training and practice

Resilience reflects an individual's capacity to respond to setbacks in a healthy and adaptive manner, and persist in the face of obstacles[23]. Resilient individuals are able to not only 'bounce back' from difficult experiences, but also further refine behaviors, thoughts and actions[24]. They do so at minimal psychological cost[23], and they are more inclined to balance their work and personal life[25]. Resilience has been positively underlined in the medical literature as a critical trait for individuals working in high-risk environments such as health care[20, 26-27], and identified as a central element of physician well-being[28]. Indeed, it is not enough to recognize that threats to wellness in medicine exist; physicians must also realize the degree to which they can regulate their own cognitive, emotional and somatic reactions in their attempts to address these threats[23].

Strengthening resilience

An important factor in why the concept of resilience has been garnering so much attention in medicine as a valuable personal characteristic is an increasing acknowledgement of its role in preventing mental distress, and preventive mechanism from multiple stressors inherent to medical practice[1, 29]. Compared to less-malleable characteristics (e.g., temperament), the dynamic aspect of resilience as a trait, allows it to be developed and nurtured over time[29]. Indeed, resiliency can be fostered through the development of skills that allow individuals to effectively identify, cope with, and recover from challenging experiences. Nevertheless, although the concept is clearly defined, methods of facilitating the development of resilience in medical training and practice have received less attention[1].

Although there are a growing number of initiatives focused on building resilience among physicians in recent years, perhaps one of the more intriguing and comprehensive examples is the Resiliency Curriculum for Postgraduate Medical Education, led by RDoC[20]. Medical training is a particularly dynamic and stressful time for many trainees, who must continually find balance between learner, provider and personal responsibilities. In conjunction with a number of well-being experts, RDoC has collaborated with national stakeholder representatives to develop a tailored curriculum that aims to improve mental resiliency among resident doctors. Specifically, the training provides medical residents with the tools to help mitigate stress, overcome adversity and provide better support to their patients, peers and themselves, not only during medical training, but throughout their careers[20]. Overall, the initiative supports:

- creating a culture of awareness and understanding of resiliency amongst trainees and educators
- enhancing awareness of anticipated stressors during medical training and practice
- establishing a systematic approach to resiliency education
- advocating for systemic adoption of resiliency curricula in medical education

Innovative, coordinated approaches such as this are instrumental in helping residents overcome both anticipated and unexpected difficulties internal to medical training – preparing them for long, rewarding and sustainable careers in medicine. This may also yield benefits for physicians, patients and Canada's health care system as a whole[20].

When working to build support for initiatives in physician health, an important part of the process is to explore both barriers and bridges (enablers). With respect to health and wellness – including strengthening resilience – there are specific barriers within medical training and practice that are consistently raised within the literature. These are perhaps best reflected, and summarized through findings from an RDoC-hosted summit on resilience in 2015[20], attended by national stakeholders (including CMA). Barriers ranged from internal (personal) to external (profession), such as:

- self-stigma related to fear of judgment, repercussions or failure to complete training
- guilt associated with 'letting down' co-workers and patients
- fear of lack of confidentiality around accessing services
- lack of access to primary care providers (e.g., schedule or distance issues)
- high cost of proactive mental health resources running the program
- changing a deeply-ingrained medical "culture"
- competition for attention/space/resources (e.g., in medical training/curriculum)
- lack of control over scheduling and unpredictable work hours
- work-life conflicts

Bridges identified included:

- optimization of availability of self-referral programs
- offering multidisciplinary resources
- working to reduce self/occupational stigma
- identifying and engaging 'wellness champions' (leadership) – from all career segments
- demonstrating value through evidence, evaluating initiatives and publishing results to increase credibility – buy-in from leadership is critical
- promoting wellness teams at the local (e.g., grassroots) level
- begin initiatives (e.g., resiliency skills) early in training, but also offer strengthening sessions throughout training and practice
- ongoing collaboration with national and provincial/territorial stakeholders
- leveraging national-level conferences/meetings promote work and garner feedback

As stated, one of the objectives of this strategic session will be to allow members to contribute to this conversation around how resilience can be strengthened, as well as identifying both barriers and bridges to putting such strategies into action.

Moving from rhetoric to action

It seems paradoxical that the training and practice of medicine, aimed at healing others, does not *consistently* lead physicians to adopt preventive or proactive behaviours to take better care of themselves and maintain high levels of well-being[30]. Although the importance of building and maintaining health and wellness is being increasingly recognized – evidenced through high-quality initiatives and leadership from individuals and organizations across the country – a great deal of work remains. Promoting the development of preventive approaches, such as resilience, is an area that must be targeted at both organizational and grassroots levels. Following the lead of national organizations such as RDoC and CFMS, it is important to galvanize this shift from awareness to action. The evidence is there. The profession is listening. Innovation is happening. Now is the time to move forward by embracing proactive preventive approaches (such as resilience training) developing new ones, and working to remove barriers in order to put 'actions' in the best positions to succeed.

Strategic questions

Delegates are asked to consider the following strategic questions for discussion and debate:

1. How is the concept of resilience a critical issue across the medical career lifecycle?
2. What barriers (internal and external) and enablers exist to putting strategies in place to strengthen resilience throughout the medical career lifecycle?
3. How can resilience be strengthened?

Conclusion

In summation, the following quote from a position paper from researchers Epstein and Krasner[23], embodies the spirit of this strategic session – helping physicians become resilient and stay healthy:

> *"Patients want physicians who are attentive, rested, present, and caring … with the resilience to handle stress that may be the result of their own and other patients' illnesses and complex problems. They want physicians who can recognize potential errors before they happen, slow down when they should, seek advice when they are overwhelmed, and respond mindfully rather than react reflexively to challenges. They want physicians who are connected to other physicians – to draw support, advice, and wisdom."*

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