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Rebecca Miller

Virginia Commonwealth University

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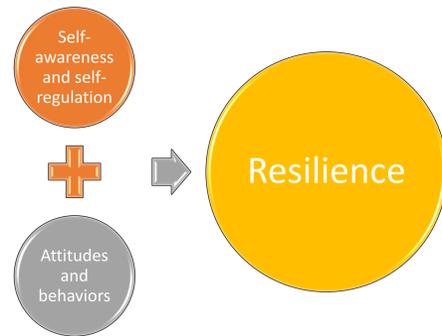
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Resident Perceptions and Habits Following Implementation of a Resilience Skills Curriculum

Rebecca E. Miller MD; Stephanie Ann Call, MD MSPH

Purpose and Background

- The ability to recover from adversity (resilience) may be protective of burnout.¹⁻⁴



- Attitudes and behaviors include: reflection, goal setting, debriefing stressful situations, managing error, coaching, needs prioritization, gratitude, acceptance, optimism⁵
- Internal recognition of the effect of stress and effectiveness of coping mechanisms is necessary⁶
- The VCU Internal Medicine training program developed a year-long resilience curriculum for interns

Educational Goals and Learning Objectives

The broad goal of this curriculum is to foster regular practice of resilient habits in Internal Medicine trainees with the ultimate goal of trainees will developing the ability to recognize, support, teach, and coach resilient behaviors in oneself and others.

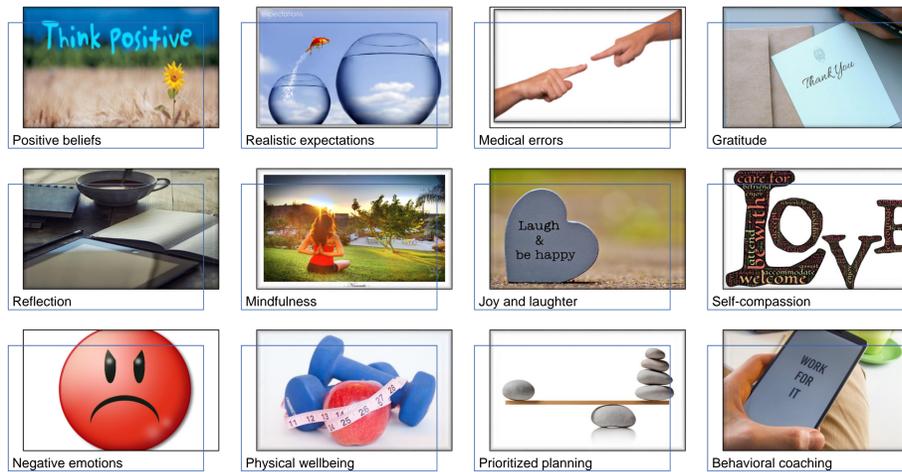
By the end of the year, interns will develop resilient behaviors through

- Learning and practicing specific skills in resilience
- Participating in an open dialogue, including sharing *and* listening, about experiences that necessitate resilience
- Identifying program, departmental, and institutional resources for resilience

Description of Innovation

- Developed and implemented a year-long curriculum in resilience for interns
- Monthly, hour-long sessions in single skill, and some activities between sessions.
- Sessions led by program leadership, counselors, and IM faculty with expertise in particular skills.
- Following measures of wellbeing longitudinally
- Surveyed residents in June 2018 to evaluate stated objectives and use of skills

Session Content

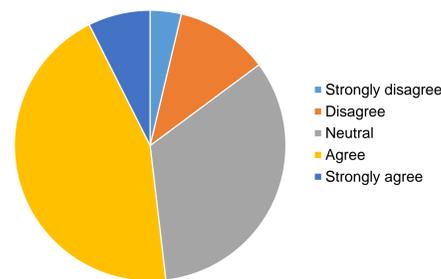


Results

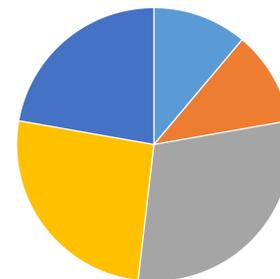
- 57 interns total in program
- 13 sessions in AYS 2016-17, 2017-18
- June 2018 survey
 - 27/57 interns (47%)
 - 82/138 in program (59%)

Assessment of Sessions/Facilitators

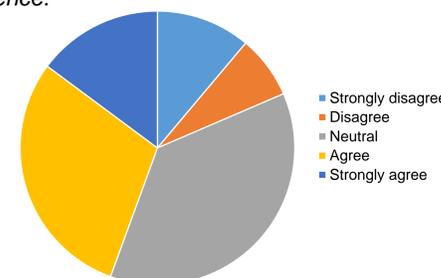
Facilitators effectively demonstrated applicability of resilience skills to relevant clinical and personal-life experiences.



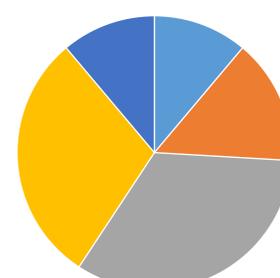
Facilitators created a safe forum for sharing and learning from challenges in our profession.



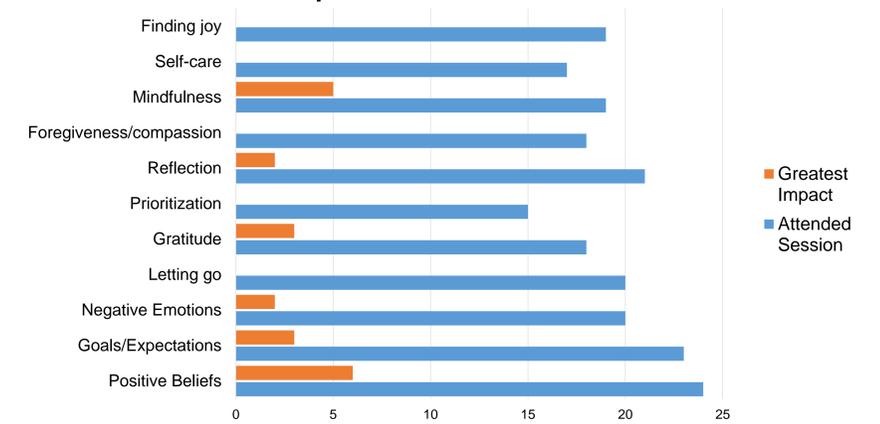
Facilitators identified program, departmental and institutional resources for fostering resilience.



Facilitators effectively fostered an open dialogue among participants

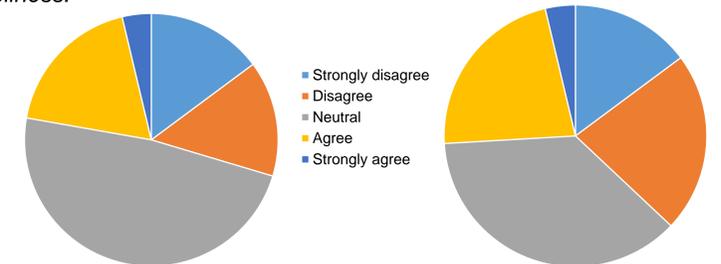


Session Attendance and Impact

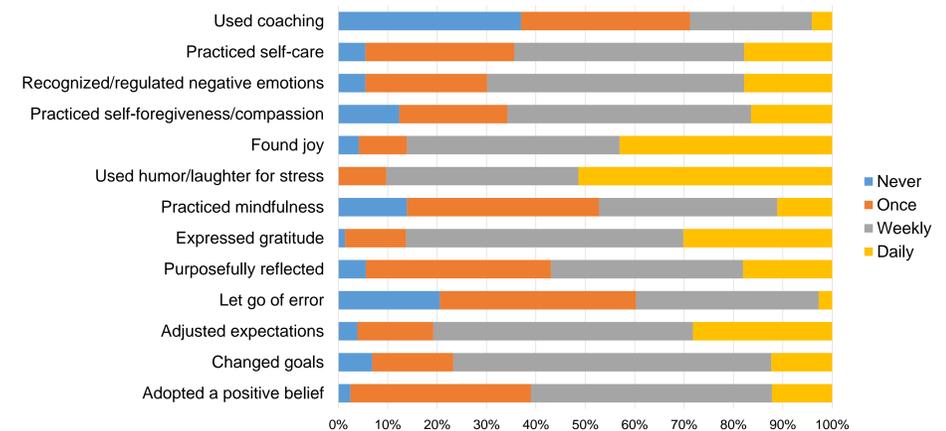


The experience contributed to my development and maintenance of wellness.

The experience was relevant to my future wellness.



Over the past few months, how often have you used the following behavior or skill?



Conclusions

It is feasible to implement a longitudinal curriculum in resilience skills training. We achieved objectives of creating a forum to share experience, identify resources, and practice skills.

Reflective Critique

This assessment limited by subjectivity of outcome measures. Although many residents did not agree believe the curriculum contributes to their development or maintenance of wellness, the majority agreed the skills are applicable to the work they do and report using these skills very often. While impact on wellness is difficult to assess, this curriculum teaches skills that are both applicable to and frequently used by residents.

References: 1. West CP, et al. Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism. JAMA Intern Med. 2014;174(4):527-533. 2. West CP, et al. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet 2016; 388: 2272-81. 3. Yoon J, et al. The Association Between a Sense of Calling and Physician Well-Being: A National Study of Primary Care Physicians and Psychiatrists. Acad Psychiatry (2017) 41:167-173. 4. Stevenson A, et al. Resilience among doctors who work in challenging areas: a qualitative study. British Journal of General Practice (2011) e404-409. 5. Zwack J, Schweitzer J. If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. Acad Med. 2013;88(3):382-389. 6. Epstein RM, Krasner MS. Physician resilience: What it means, why it matters, and how to promote it. Academic Medicine. 2013;88(3):301-303.

