



Emergency Medicine Residents' Association

BE THE CHANGE CHALLENGE:

Author: Adaira Landry M.D.

Residency : NYU Bellevue

Project Name: Project Safe Space

- Describe the project and its purpose:

Project: To create a longitudinal curriculum that allows psychiatrists to facilitate recurrent group psychotherapy to emergency medicine residents.

Purpose: Pervasive throughout the literature are articles, abstracts and editorials addressing concerns of resident burnout, occupational stress, and mental health and emotional instability. In 1989, Whitley administered a survey to members of the Emergency Medicine Residency Association [EMRA], revealing that each year of residency is accompanied by increasing levels of stress and that women residents experience more depression than men.¹ The survey concludes that “specific interventions such as support groups or didactic instruction about stress related topics” would help alleviate the stress faced by emergency medicine residents.

Stressors of time management, lack of social support, sleep deprivation, difficult patients, and poor coping skills lead residents to experience high levels of depression and anger.^{2,3} Even more alarmingly, residents are often subject to physical, sexual, or verbal abuse. A recent study shows that nearly 85% of surveyed residents felt mistreated, most commonly from verbal abuse.⁴ These stressors and mistreatment become an obvious catalyst for poor mental wellness and increasing burnout amongst residents. Burnout is described as emotional exhaustion, depersonalization and decreased feelings of personal accomplishment. The rates of burnout for emergency physicians vary from 27-70% in the literature, with the most likely source being rigorous residency training. An underlying cause of burnouts is a vicious cycle of psychological disorders that go undiagnosed or undertreated due to hesitancy or shame by the sufferers. These feelings lead individuals into isolation and can further manifest into depression, substance abuse, anxiety and suicide.⁵

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Continuing with the work by Whitley in 1989, my “Be the Change” project aims to strengthen the value of mental health and career development for residents in the Bellevue/NYU Emergency Medicine Residency program. Even more, I want to create a structured environment that has strategies to identify and support residents who are struggling from emotional or mental health issues. Over the course of two years, my residency leadership has begun to focus on residency wellness. We have made significant improvements in creating a strong social network amongst the residents. Yet there is still more to be done. An obvious gap remains in establishing a system of training that focuses on management of the situational stressors (sleep deprivation, arduous scheduling, excessive work load, difficult patients), personal stressors (financial issues, family, limited time to relax,) and professional stressors (information overload, supervision of residents, and career planning. In an attempt to address some of these issues, I propose to design and implement a longitudinal wellness curriculum delivered via group therapy moderated by extra-departmental and paid psychiatrists.

One model for the development of this curriculum comes from our department of psychiatry at New York University, whereby their residents undergo both individual and group therapy during training. This practice has been described in the literature as helpful to enrich the way psychiatrists practice as well as serve as a protected arena to discuss mental health issues.⁶ Over the course of 1 year I, along with other supportive staff, will design at least 5 group sessions, divided by level of training, that will address various topics such as responding to verbal and physical abuse, handling power dynamics, dealing with difficult patients, coping with death and trauma, managing mistakes, and growing from criticism. I believe becoming comfortable with these topics will allow residents to feel more empowered and improve their approach to practicing medicine.

During the recovery phase of Hurricane Sandy our department had one conference under the guidance of psychiatry faculty members. Within this session, our reactions to Hurricane Sandy were vocalized as a large group. Individually, we were able to express our concerns about our department, our training and the integrity of the residency. It appeared to be globally productive. Breaking down into smaller groups by PGY-level, revealed further advantages. Discussions benefited from pre-formed levels of trust amongst each cohort. Additionally, the presence of extra-departmental

moderators added a degree of anonymity. It was obvious that our thoughts were valued and would be held in confidence.

I hope that this project is just the first step in creating a permanent system designed to sustain mental wellness and decrease burnout in not only my department but in other emergency departments across the nation.

Describe how you will accomplish your project:

At the start of this project we will administer a survey to assessing baseline impressions and experiences with topics such as verbal and physical abuse, dealing with criticism, and coping with stress. We perhaps will also use the Maslach Burnout Scale which has been validated multiple times and used across multiple professional arenas to assess burnout.^{7,8} At the conclusion of the project we would like to repeat this survey to compare results and submit the research for publication with the hope to call attention to a ubiquitous problem in our residency programs.

The project will take place during our Wednesday conferences where residents will break into small groups, divided by level of training, to discuss an assigned topic. As group therapy or long-term counseling is not offered through our institution, professional psychiatrists would need to be hired to moderate individual PGY-class groups. These psychiatrists would follow the same classes throughout the year, as a means of fostering long-term relationships and trust. As group therapy can be costly this project would require financial support in order to achieve its goals. (see attached *Projected Budget*)

Please describe the timeline for completing this project (note all projects must be completed within *one year* of winning the award – by next ACEP Scientific Assembly):

There is great flexibility with the timeline of this award. We hope to hold at least 5 sessions over the course of the year but likely we will be able to schedule more. The program can start soon after the winners of this award are announced as the psychiatrists I have spoken with are comfortable waiting for payments.

- **Describe any support you expect to receive from your program, industry, mentors, etc. Please discuss any potential conflicts of interest. Please list each potential conflict individually:**

Currently I am the only resident working on this project but I have strong support from my program directors and former chief resident, all of whom play larger roles in resident affairs. Dr. Maureen Gang, Associate Program Director, is a strong proponent of resident wellness. She will be involved in the design and implementation of the curriculum. Dr. Anand Swaminathan, Assistant Program Director, will be involved in coordinating scheduling of the lectures. Dr. Larissa Laskowski, currently a Toxicology Fellow within the department, was a major innovator of the wellness campaign at my program in her role as former chief resident. She will provide support throughout this project. Dr. Ron Li Liaw, a NYU faculty psychiatrist, will serve as the liaison between me and the psychiatrists. She and I will also be working to design the research project, data collection and publication of results. Additionally, we will also have a set of psychiatrists during this experience who are experts in group psychotherapy. There is no planned industry funding. All remaining funds will be returned to EMRA.

Thank you for the opportunity to do this project and we are open to suggestions that may help the project become more successful.

- Please read the following terms of this award and sign the bottom, acknowledging your acceptance of these terms.

EMRA's "Be the Change Challenge" is a large grant given to empower its members to conceive, share and implement an idea designed to improve EMRA, emergency medicine education or patient care. A portion of the grant

(\$2,000) will be dispersed upon receipt of the award; the remainder (\$3,000) will be dispersed following completion of the project. If you do not complete the project as outlined in your proposal, the final portion of the grant will not be awarded. We ask that that EMRA be credited in an appropriate manner for the perpetuity of your product's existence. EMRA will not retain financial rights to or ownership of your product, unless you choose to enter into a partnership with EMRA.

Name: _____ Adaira Landry _____

Signature:  _____

RESOURCES

1. Whitley, T. W., Gallery, M. E., Allison, E. J., Jr & Revicki, D. A. Factors associated with stress among emergency medicine residents. *Ann. Emerg. Med.* **18**, 1157–1161 (1989).
2. JAMA Network | JAMA Internal Medicine | The Stress of Residency: A Review of the Literature. at <<http://archinte.jamanetwork.com.ezproxy.med.nyu.edu/article.aspx?articleid=610073>>
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