Cultivating Resilience as Pediatric Health Care Providers:
Teaching Ourselves and Our Learners

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Janet Serwint
Ann Burke
Annie Church
Albina Gogo
Megan McCabe
Amanda Osta
Disclosures

- The authors have nothing to disclose
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Objectives

• Describe the intersection between resilience and burnout prevention
• Explain why long term wellness strategies are essential for the health of our profession
• Participate in individual and group review of an emotional and stressful experience through journaling
Objectives (continued)

• Identify 5 adaptive life strategies essential to maintaining resilience in the moment and long term
• Draft an individualized Wellness Learning Plan
• Identify opportunities to implement the AAP Resilience in the Face of Grief and Loss curriculum at your institution.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time (Min)</th>
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<td>Introductions and Welcome</td>
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<td>Journal Exercise</td>
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<td>Pair-Share/Group Discussion</td>
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<td>Intersection of Burn Out and Resilience</td>
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<tr>
<td>Identifying Resilience Strategies</td>
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<tr>
<td>Designing Individual Wellness Plan</td>
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<td>AAP Resilience Curriculum/ways to incorporate at your program</td>
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<td>Wrap-up and Workshop Evaluation</td>
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</table>
Journaling Exercise

Write about an emotionally challenging experience that you have had as a pediatrician (program director or as an educator)
Focus on:

• What about the experience was stressful?

• Why do you think you were so affected?

• How did you change as a result?
Reflection Exercise: Pair-Share (5min)
Group Share
“We have an obligation as educators to share with learners how we have coped with feelings of anger, anguish, shame or uncertainty in caring for patients.”

-Novack DH et al. *Acad Med*, 1999
Why is this Important?

• High rates of depression and burnout in pediatric residents
• Depressive symptoms > 20%
• Burn out rates 25-75%
• Onset linked to earlier in training; increases during residency

- Fahrenkopf 2008
- Landrigan 2008
- Martins 2011
- Pantaleoni 2014
What is Burn-Out?

- Emotional exhaustion
- Depersonalization
- Decreased feelings of personal accomplishment

- Maslach E. *J Organiz Behav.* 1981
Why is Physician Burnout a Problem?

• Relationship with patients and families
  – loss of empathy
  – distancing
  – professionalism concerns
  – strong emotional responses to the care of complex patients

Why is Physician Burnout a Problem?

- Physician wellbeing
  - career dissatisfaction and drop out
  - social isolation
  - self blame for negative outcomes
  - lack of attention to personal emotional needs
  - inadequate personal medical care
  - substance abuse
  - suicide

“NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City.”

Opinion Pages
Resilience

- Responding to a stress in a healthy way
- Achieving goals at minimal psychological cost
- Rebounding quickly
- Growing stronger
- Resilience incorporates strategies to maintain wellness

Epstein, Acad Med, 2013
What is Wellness?

Healthy balance of mind, body and spirit that results in overall feeling of thriving

• Physical
• Intellectual
• Emotional
• Relational
• Spiritual
Need to nourish ourselves to maintain our resilience
Table Exercise

• Identify “In the Moment” strategies that relate to your earlier reflection or that you have found important to implement

• Identify “Long Term” strategies that relate to your earlier reflection or that you have found important to implement
Work-Life Balance

“If all the knowledge and advice about how to beat burnout could be summarized in one word, that word would be ‘balance’”

-Maslach
Strategies to Promote Wellness

• One size does not fit all
• Individual and personal journey
• Each of us must find a strategy that works for us
Wellness Promotion - Immediate

- Personal insight/self-reflection
- Mindfulness
- Step away
- Share with colleague
- Go outside or to bathroom and scream
- Take time to rethink strategies
Wellness Promotion - Long Term

- Occupational Strategies
- Approaches to life
- Emotional/cognitive aspects
- Relationships with others
- Spirituality
- Self care
Occupational Strategies

• Develop self awareness
• Learn to calm yourself
• Establish healthy limits
• Be able to say “no”
• Continue to challenge yourself intellectually
Approaches to Life

• Find meaning in work
• Maintain perspective
• Maintain sense of humor
• Celebrate successes
• Ritual to release tensions of day (music)
Emotional/Cognitive

- Take time to grieve losses
- Time alone for reflection
- Develop skills to identify signs of stress and frustration
- Mechanisms to address stress/frustration
- Meditation
- Journaling- Narratives
Relationship with Others

• Connection with family and friends
• Protected time with family and friends
• Reach out to others who may be struggling
Spirituality

• Belief in something beyond self
• Contribution to greater good
• May be beyond specific religious beliefs
• Meditation
Wellness (Self-Care)

- Medical/ mental health needs
- Exercise, yoga, nutrition, sleep hygiene
- Time in nature
- Relaxation, vacations
- Hobbies
Develop Your Individual Wellness Learning Plan
# Individualized Wellness Plan

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<thead>
<tr>
<th>Strategy</th>
<th>Goals</th>
<th>How will I achieve my goals</th>
<th>Indicators of success</th>
<th>Notes on progress (with dates)</th>
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<tbody>
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<td>Occupational Strategies</td>
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<td>Emotional and cognitive approaches</td>
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<td>Promotion of self-care</td>
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AAP Resilience Curriculum
Rationale for the Curriculum

• Request from the AAP Section of Medical Students, Residents and Fellows
• Need to address the experience of grief and loss during training
• 14 authors/institutions
  • COMSEP, AAP, APA, APPD represented
• Curriculum expanded to address resilience and wellness
Components of the Resilience Curriculum (14 modules)

• Part A: Understanding Grief and Loss

• Part B: Communication with Families about Critical Incidents and Life Altering Diagnoses

• Part C: Adaptive Behaviors and Coping; Mechanisms for Health Care Providers

• Part D: Maintaining One’s Own Wellness
Tools developed for each module

- Web-based
- PowerPoint presentation - for self study or group discussion
- Learner and faculty guide
- Cases
- Reflections
- Experiential components -
  - Videos
  - Articles, narratives
  - Scenarios - role play or standardized patients
Authors of Resilience Curriculum

• Janet Serwint (Johns Hopkins U)
• Susan Bostwick (Weill-Cornell College)
• Ann Burke (Wright State U)
• Annie Church (U of TN- Chattanooga)
• Albina Gogo (UC-Davis)
• Dena Hofkosh (U of Pittsburgh)
• Megan McCabe (Montefiore)
• Amanda Osta (U of Illinois-Chicago)
• Marta King (St. Louis U)
• Jenni Linebarger (U of TX-Houston)
• Maggie Moon (Johns Hopkins U)
• Deborah Rana (UC- San Diego)
• OJ Sahler (U of Rochester)
• Keely Smith (U of Missouri-Kansas City)
• Florence Rivera (AAP Administrative Staff)
• Connie Baldwin (Editorial Staff)
Table Discussion

Ways to implement curriculum at your institution
Conclusions

• Importance of vigilance for burnout, stress and depression in our trainees and ourselves
• Implement curricular changes to address these issues in a transparent way
• Change culture to foster resilience
“The secret of the care of the patient is caring for oneself while caring for the patient.”

- Cadib L, 1995