Brief empathic interventions by peers: Students helping students combat burnout in medical school (A. Regenbogen, E. Valenti)

St.-Antoine, Thursday, Oct. 25, 2012 (1 pm - 2:30 pm)
Students Helping Students Combat Burnout in Medical School

ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY

with special thanks to
ALEXANDRA REGENBOGEN, ERIN VALENTI,
ROSEMARY MAHER ACSW, LICSW, KATHERINE KRANZ
Ph.D, LICSW
HERBERT RAKATANSKY MD, EDWARD FELLER MD
Objectives

- Evaluate a pilot study investigating student opinion of mental health resources at Alpert Medical School
- Identify implications of expressed and latent themes for curricular and institutional change
Introduction

- What is burnout?
  - Emotional exhaustion
  - Depersonalization
  - Low sense of personal accomplishment

- Who gets burned out?
  - Medical students - 50%
  - Rates greater than age-matched general population

Learning Environment

- **Physician Burnout**
  - Personal Characteristics
  - Workload
  - Autonomy
  - Reward
  - Relationships with Coworkers
  - Fairness
  - Values aligned with actions

- **Student Burnout**
  - Personal Characteristics
  - Personal Life Events
  - Learning environment
    - Support from faculty, peers
    - Organization of rotations
    - Resident cynicism
    - “Pimping”

“Supportive learning environment is vital; facilitates the development of professionalism...and profound impact on student burnout.”
Learning Environment at Brown

- Warren Alpert, philanthropist, donated **$100 million** to Brown Medical School in January 2007
- **222 Richmond St** completed in August 2011
  - 134,000 sq ft
  - 3 miles away from center of Brown University
- **Academy System**
  - Students in each year assigned to 1 of 3 academies
  - Each has assigned faculty career advisor
  - Lounge, lockers, kitchen study space, administration
Student Health Council

- Student Representatives from each class
  - Fourth and third year chairs organize and run meetings

- Consistent Advisors
  - Physician Health Council Representative
  - Psychiatrist
  - LICSW, Director of RI Medical Society PHC

- Mission
  - Provide flexible, confidential peer counseling for students
  - Administrative and self referrals
  - Outreach through student wellness events; topics include burnout, depression, substance abuse and recovery
• **HYPOTHESIS:** despite recent changes, burnout is prevalent and problematic

• Sparse literature investigating student opinion of burnout and its causes

• We conducted a pilot study to evaluate student perceptions of strengths and weaknesses at Alpert Medical School concerning student well being
Study Design

Recruitment Email

Volunteer for Survey
  No contact info provided
  Did not agree to interview

Volunteer for Interview
  Contact info provided
  Agreed to Interview
Measurements

- **Zung Depression Scale**
  - Items regarding suicidality were removed by IRB request
  - Scale was not used to determine diagnosis, but rather to **assess range of distress in medical students**

- **Investigator-generated items evaluating:**
  - Desire for administrative, faculty and peer mentorship
  - Perception of adequacy of existing mental health resources
Interviews

- Interviews were conducted by a 4th year med student

- Students were asked open ended questions with prompts for additional details or clarification

- Questions designed to assess student perceived strengths and weaknesses of available resources and desired curricular/institutional change to decrease burnout
Survey Results (N=50)

- Total # Responders 50
- Males 22
- Females 28
I Feel Useful and Needed

![Graph showing the percentage of respondents feeling useful and needed by year of study. The x-axis represents the years: First Years, Second Years, Third Years, Fourth Years. The y-axis represents the percent of responders. Two lines are shown: one for Most/Good Part of the Time and one for Sometimes/A Little. The graph indicates a trend where the percentage of respondents feeling useful and needed decreases from First Years to Third Years and then increases for Fourth Years.]
I Am Achieving Less than I Should

Percent of Responders

Most/Good Part of the Time

Sometimes/A Little

First Years

Second Years

Third Years

Fourth Years

Percent of Responders

0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0

First Years

Second Years

Third Years

Fourth Years
Does Brown have adequate resources?

- Yes: 31%
- Yes, But: 24%
- Don't Know: 38%
- No: 6%
Yes, But...What?

- “Yes, but there are **too many hoops** to jump through.”

- “Yes, if the person is **willing to seek** help”

- “Yes, but I wish they were more readily **accessible**.”

- Yes, but it’s **not a visible part** of med school culture.
Physical Isolation:

- “We have access to the gym, to things going on on campus (at Brown), but here we’re very disconnected.”

- “There’s a geographic barrier. Studying on campus, you’re surrounded by people. Here, you’re by yourself. There’s no larger community.”
Isolation

- **Pre-Clinical Medical Student Experience**
  - **Connections outside of classes:**
    - “It’s an alienating experience in some ways. Your friends outside of school won’t want to talk about cadaver lab. It’s really hard to see why you’re here and what you’re doing as a first year.”
  - **Connections between classes:**
    - “You’re in very different places. First year concerns differ from second year concerns...3rd years are off doing their own thing. And 4th years...are on vacation?”
Isolation

- Clinical Medical Student Experience

- “Sometimes, when you’re rounding, when other people look bad, you just might feel a little relieved. That’s not the reaction I should have. *It should be like, “I want to work with you to get better.”*”

- “Very little that connects me with my classmates, lots of things push people away...Everyone wants to do well but we are all evaluated against each other. You ask someone how to do well, and they say “just stand out from your peers.””
Isolation

- Health delivery system:
  - "The specialty services have feelings about all the other services. There’s no promotion of cooperation between services - just competition, throwing work onto others, and a lot more blame."
Pathologic Culture

- Medical students are entitled to bad behaviors

  - “You do your class, you learn, you take your test, everyone does it.” You get trapped in that cycle, and you can justify taking on a lot of stress, staying up really late, doing unhealthy things, just because you’re a medical student.”

  - “There’s this underlying thing...we’re medical students before we’re humans.”
Pathologic Identity

- “It’s always possible to be better ... Just look at everyone else.”
  - “I feel like it’s almost universal that at some point in medical school, everyone is made to feel less than they are, to feel like a loser, and you get jaded...You feel like if you don’t get a 99, you don’t get honors, you feel like your dreams go away.”
  - “I wish students would stop saying “Once you’re an attending physician, things will be better.” Your patients will fail you; your institution will fail you. Who are you without medicine?”
“In medicine, we’re training to be in a position of fixing something - no, someone - that’s broken. Innately, it’s like people don’t want to address the parts of their own lives that may be healing or broken, our own brokenness.”
Desire for Belonging

“I think it would be great if there were spaces where students could talk it out. Just to talk it out, I think, helps a lot - just to hear what others are going through. It’s probably one of the best things you can do.”
• “The thing is, I’ve never used it, so I don’t know anything about it.”

• “I don’t know of anyone who’s accessed that, and I haven’t accessed it...I just have no idea.”

• “People don’t know.”

• “I really don’t know what’s around.”
Who’s Responsibility is My Mental Health?

- “They (the administration) haven’t kept up with us, really.”

- “A lot of times it seems like they go a good job making you not think about your mental health at all, as though it was shoved in the back here.”

- “I’ve had to go above and beyond to reach out when I needed help.”
Discussion

- This pilot study adds student perspective to well researched factors precipitating burnout in medical students

Allows us to translate awareness into action at the student level
Changes to the Learning Environment

• What’s Up with Us (WUWU!)
  o just...talk it out
  o an informal meeting
  o no agenda...more of a “what’s up, how are you doing”
  o lunch
  o intervention that could reach each year of students
  o loosely moderated by a student health representative, or a resident, or both
“I think with mental health, you have to be more proactive. We might not always come to you.”

Office hours in a remote classroom, few hours per week, announced by email.

Students can casually drop in, ask questions, have “someone in the school”
Limitations

- Pilot study with limited number of participants
- Sample bias
- Experimenter bias
- Seasonal bias
Conclusion

- Student voice lends a nuanced understanding to current research regarding **dissatisfaction with learning environment** as a risk factor for burnout.
- This pilot study relates specifically to Brown, yet **easily reproduced** by students at other institutions.
- Require more robust study to further enhance knowledge about the medical student experience, and to pave the way for **translation of awareness into action**.


