IMPACT OF RESIDENCY ON THE FAMILY
UCI Family Medicine Departmental Retreat
February, 1994

I. INTRODUCTIONS
A. Name, relationship, length of relationship, children
B. How many of you already know each other?
C. Guidelines - problem-solving, self-help, confidential

II. RESIDENCY AS A STRESSFUL EXPERIENCE FOR FAMILY MEMBERS
A. Family members have their own life stressors
B. Family members expected to act as a support to resident
C. 1990 survey of 110 GPs (Great Britain)
1. 95% of wives felt some level of neglected
2. Children reported somewhat higher psychiatric symptomatology
3. Spouse suicide rate higher than comparison group of architect spouses

III. LIFE AFTER RESIDENCY IS STILL STRESSFUL
A. Residents sometimes expect graduation to solve all their problems, and sometimes so do spouses
B. 1985 study of faculty and residents showed no differences in personal strains (including interpersonal relations); but faculty had better coping resources

IV. RESIDENCY HAS A BIG IMPACT ON RESIDENTS, AND THIS EFFECTS FAMILY MEMBERS
A. Qualitative study identified 3 spheres of experience for residents:
1. Work (patient care)
2. Education (learning)
3. Life outside residency
B. Initially, residents thought these should be equally balanced
C. Over course of year, original purpose of each mode of existence decomposed
1. Purpose of work good care of patients - deteriorated to getting done
2. Purpose of education was to learn family medicine - deteriorated to trying to learn something from clinical experience
3. Purpose of life outside to maintain quality of life - deteriorated to whatever was left over
4. Work expanded to be far more important than education and life outside was reduced to next to nothing
D. For residents, survival became main priority
1. Became defensive, self-protective; wanted alone time
2. Lost touch with own and partner's needs, goals
3. Conflicts surfaced among spheres

IMPACT OF RESIDENCY ON THE FAMILY
UCI Family Medicine Departmental Retreat
February, 1994

I. INTRODUCTIONS
A. Name, relationship, length of relationship, children
B. How many of you already know each other?
C. Guidelines - problem-solving, self-help, confidential

II. RESIDENCY AS A STRESSFUL EXPERIENCE FOR FAMILY MEMBERS
A. Family members have their own life stressors
B. Family members expected to act as a support to resident
C. 1990 survey of 110 GPs (Great Britain)
1. 95% of wives felt some level of neglected
2. Children reported somewhat higher psychiatric symptomatology
3. Spouse suicide rate higher than comparison group of architect spouses

III. LIFE AFTER RESIDENCY IS STILL STRESSFUL
A. Residents sometimes expect graduation to solve all their problems, and sometimes so do spouses
B. 1985 study of faculty and residents showed no differences in personal strains (including interpersonal relations); but faculty had better coping resources

IV. RESIDENCY HAS A BIG IMPACT ON RESIDENTS, AND THIS EFFECTS FAMILY MEMBERS
A. Qualitative study identified 3 spheres of experience for residents:
1. Work (patient care)
2. Education (learning)
3. Life outside residency
B. Initially, residents thought these should be equally balanced
C. Over course of year, original purpose of each mode of existence decomposed
1. Purpose of work good care of patients - deteriorated to getting done
2. Purpose of education was to learn family medicine - deteriorated to trying to learn something from clinical experience
3. Purpose of life outside to maintain quality of life - deteriorated to whatever was left over
4. Work expanded to be far more important than education and life outside was reduced to next to nothing
D. For residents, survival became main priority
1. Became defensive, self-protective; wanted alone time
2. Lost touch with own and partner's needs, goals
3. Conflicts surfaced among spheres

IMPACT OF RESIDENCY ON THE FAMILY

Workshop/Discussion
UCI Family Medicine Departmental Retreat
February, 1994
Johanna Shapiro, Ph.D.

The purpose of this group is to talk about issues affecting spouses, children, significant others, and extended family of residents in family practice. Dr. Shapiro will briefly present information about what can happen to residents during training, and the effect of this on their family and friends. The following questions will be used to direct subsequent discussion.

1. SPOUSES AS WELL AS RESIDENTS EXPERIENCE STRESS.

How many of the events listed below have you experienced in the last 3 years?

Marriage
Birth of a child
Geographic move
Change in own/spouse's job
Death/serious illness of family member
Financial difficulties
Stress from extended family

2. SPOUSES ARE OFTEN SEEN AS A SOURCE OF SOCIAL SUPPORT.

What roles do you play in your family system?
How do you support your spouse?
Who supports you?

3. STUDIES OF HOUSESTAFF FREQUENTLY REPORT DIFFICULTIES IN BALANCING WORK AND FAMILY LIFE.

What are the biggest problems you have encountered attributable in part to your spouse's residency experience?
What creative solutions have you found for such problems as:

Insufficient leisure time for hobbies, recreation
Insufficient time as a family or couple
Insufficient attention to children
Communication problems
Difficulty getting own needs met

4. DEPARTMENTS OFTEN ATTEMPT TO AMELIORATE RESIDENTS STRESS, BUT RARELY ATTEND TO STRESSES OF SPOUSES AND FAMILY MEMBERS.

Are there any ways in which department policies or practices appear to exacerbate stress in your life?
Are there any steps the department could take to support your family life?

IMPACT OF RESIDENCY ON THE FAMILY

Workshop/Discussion
UCI Family Medicine Departmental Retreat
February, 1994
Johanna Shapiro, Ph.D.

The purpose of this group is to talk about issues affecting spouses, children, significant others, and extended family of residents in family practice. Dr. Shapiro will briefly present information about what can happen to residents during training, and the effect of this on their family and friends. The following questions will be used to direct subsequent discussion.

1. SPOUSES AS WELL AS RESIDENTS EXPERIENCE STRESS.

How many of the events listed below have you experienced in the last 3 years?

Marriage
Birth of a child
Geographic move
Change in own/spouse's job
Death/serious illness of family member
Financial difficulties
Stress from extended family

2. SPOUSES ARE OFTEN SEEN AS A SOURCE OF SOCIAL SUPPORT.

What roles do you play in your family system?
How do you support your spouse?
Who supports you?

3. STUDIES OF HOUSESTAFF FREQUENTLY REPORT DIFFICULTIES IN BALANCING WORK AND FAMILY LIFE.

What are the biggest problems you have encountered attributable in part to your spouse's residency experience?
What creative solutions have you found for such problems as:

- Insufficient leisure time for hobbies, recreation
- Insufficient time as a family or couple
- Insufficient attention to children
- Communication problems
- Difficulty getting own needs met

4. DEPARTMENTS OFTEN ATTEMPT TO AMELIORATE RESIDENTS STRESS, BUT RARELY ATTEND TO STRESSES OF SPOUSES AND FAMILY MEMBERS.

Are there any ways in which department policies or practices appear to exacerbate stress in your life?
Are there any steps the department could take to support your family life?

IMPACT OF RESIDENCY ON THE FAMILY

Workshop/Discussion
UCI Family Medicine Departmental Retreat
February, 1994
Johanna Shapiro, Ph.D.

The purpose of this group is to talk about issues affecting spouses, children, significant others, and extended family of residents in family practice. Dr. Shapiro will briefly present information about what can happen to residents during training, and the effect of this on their family and friends. The following questions will be used to direct subsequent discussion.

1. SPOUSES AS WELL AS RESIDENTS EXPERIENCE STRESS.

How many of the events listed below have you experienced in the last 3 years?

Marriage
Birth of a child
Geographic move
Change in own/spouse's job
Death/serious illness of family member
Financial difficulties
Stress from extended family

2. SPOUSES ARE OFTEN SEEN AS A SOURCE OF SOCIAL SUPPORT.

What roles do you play in your family system?
How do you support your spouse?
Who supports you?

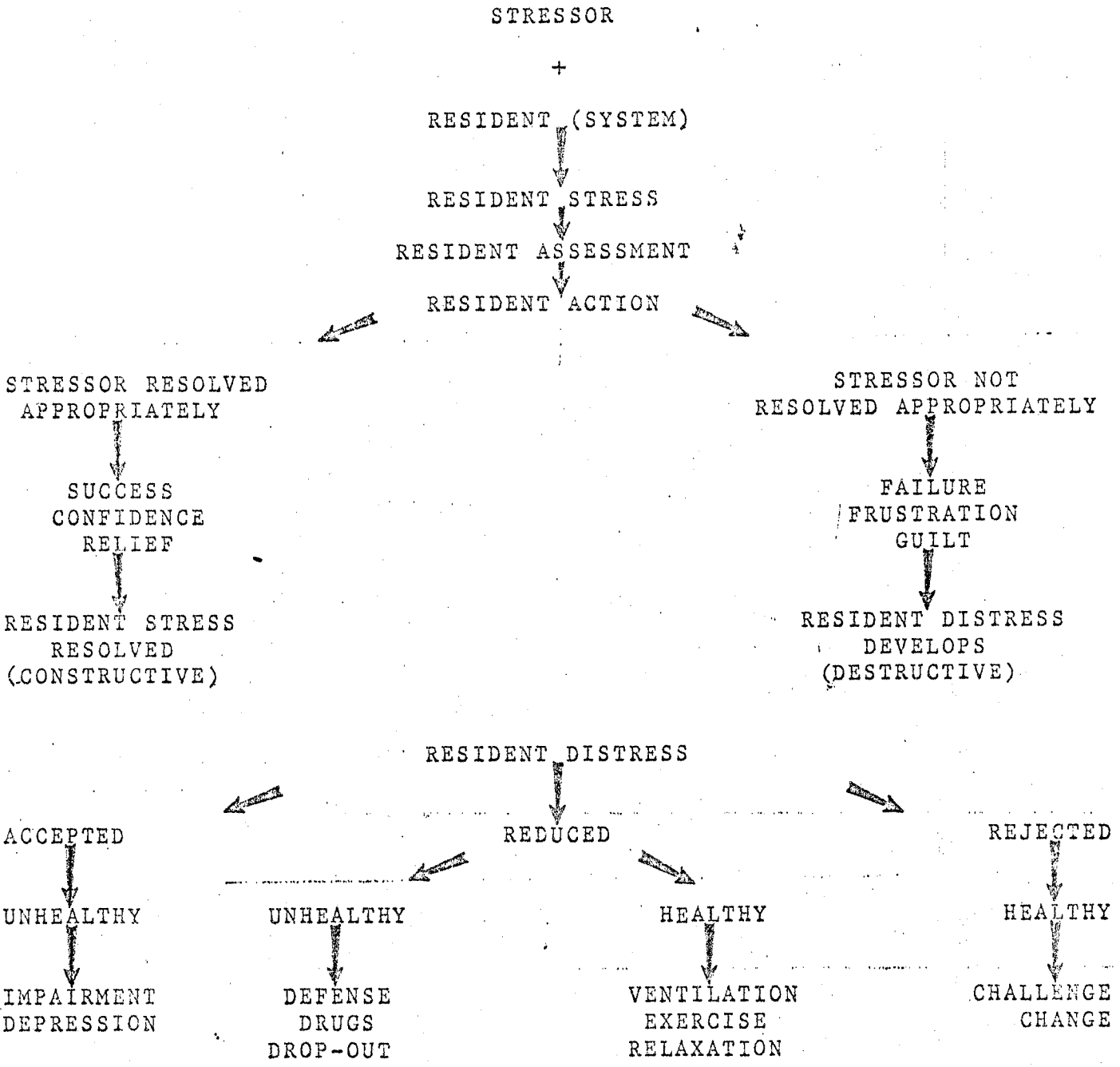
3. STUDIES OF HOUSESTAFF FREQUENTLY REPORT DIFFICULTIES IN BALANCING WORK AND FAMILY LIFE.

What are the biggest problems you have encountered attributable in part to your spouse's residency experience?
What creative solutions have you found for such problems as:

- Insufficient leisure time for hobbies, recreation
- Insufficient time as a family or couple
- Insufficient attention to children
- Communication problems
- Difficulty getting own needs met

4. DEPARTMENTS OFTEN ATTEMPT TO AMELIORATE RESIDENTS STRESS, BUT RARELY ATTEND TO STRESSES OF SPOUSES AND FAMILY MEMBERS.

Are there any ways in which department policies or practices appear to exacerbate stress in your life?
Are there any steps the department could take to support your family life?


STRESSOR
+
RESIDENT (SYSTEM)
RESIDENT STRESS
RESIDENT ASSESSMENT
RESIDENT ACTION
STRESSOR RESOLVED APPROPRIATELY
SUCCESS
CONFIDENCE
RELIEF
RESIDENT STRESS RESOLVED (CONSTRUCTIVE)
STRESSOR NOT RESOLVED APPROPRIATELY
FAILURE
FRUSTRATION
GUILT
RESIDENT DISTRESS DEVELOPS (DESTRUCTIVE)
RESIDENT DISTRESS
ACCEPTED
REDUCED
REJECTED
UNHEALTHY
IMPAIRMENT
DEPRESSION
UNHEALTHY
DEFENSE
DRUGS
DROP-OUT
HEALTHY
VENTILATION
EXERCISE
RELAXATION
HEALTHY
CHALLENGE
CHANGE

BURN-OUT AND WHAT TO DO ABOUT IT

PD IV MARCH 10, 2005

I. INTRODUCTION

A. For those of you who have already heard me tell this story, I apologize. But I think it's a story worth hearing again, and I think it is a good way to start us thinking about burn-out.

B. In the movie version of the musical Jesus Christ Superstar, there is a scene where Jesus is wandering alone in the desert, a stark landscape filled with boulders and caves. Suddenly, from behind a rock a man appears. He is ravaged by disease – his skin is covered with lesions, his nose is eaten away, his hands are stumps, he is filled with suffering. It looks like he has Hansen's disease, or (ask class). He walks painfully toward Jesus, who reaches out his hand and touches the leper. Miraculously, the man is healed!

C. Jesus is happy and the man is really happy, and he runs off, presumably to reunite with his soon-to-be-very-happy family.

D. Jesus keeps walking and a couple more lepers appear from the rocks. Jesus touches them and they too are healed. Everyone is still pretty happy.

E. But then more and more lepers start pouring out from the caves and crevices. You can see that Jesus is getting a little tense. He has to touch more and faster. Pretty soon we're down to the 12 minute patient encounter. The lepers are getting annoyed that they have to wait in line to see Jesus, and Jesus is starting to feel frustrated and overwhelmed.

F. Then the camera pulls back, and we see the entire desert filled with thousands of people, the halt, the lame, and the blind, all coming toward Jesus, and beseeching his help.

G. At the end of the scene Jesus throws up his hands, and gives a cry of despair.

H. So what's wrong with Jesus? (He has burn-out).

II. Who gets burn-out?

A. I've always liked this story, because it reminds me that if even Jesus Christ Superstar can get burn-out, mere mortals like me – and you – and probably not immune.

B. I've been around a lot longer than you, and looking back over a 26 year career I can easily say that I have "burned-out" at least 4 or 5 times. Probably some of you (I won't ask for a show of hands) feels burned-out already.

C. So it does happen, and it happens to a lot of people, especially people in the helping professions.

III. Stigma and Other Reasons Not to Talk about Burn-out

A. Talking about burn-out is not quite as embarrassing as talking about sex, but it's up there.

B. There seems something kind of wimpy about saying you're burned out

C. The machismo ethic in medicine, which unfortunately is still alive and well, says that real doctors should be too tough, too dedicated, to feel burned-out.
D. Then there's the boomerang effect – talking about burn-out will just make it worse
E. Finally, there's the time constraint – who has time to worry about burn-out?
F. These statements are all signs that you're burned-out, and you really need to talk about it and pay attention to what's going on with you

IV. What is Burn-Out?

A. It really is one of those "you know it when you see it" or "feel it" kind of things
B. Elements include emotional exhaustion, depersonalization and emotional distancing, a lowered sense of accomplishment, chronic irritability, negativity, and pessimism

V. Are You at Risk For Burn-Out?

A. The more questions you answer yes to, the greater your risk.
B. When I read these questions, at least some of them sound like a lot of people – a lot of doctors and residents, and even some medical students – I know
C. So stand in line behind Jesus Christ Superstar.

VI. Warning Signs of Burn-Out

A. If you begin to see these signs, you know you are in trouble.
B. Especially pay attention to the last one, "Workaholism." This is my favorite response to burn-out – just work harder, sleep less – and believe me, in the end it doesn't work.

VII. Sources of Burn-out

A. You know for residents (and medical students) what causes burn-out
B. Too much to do, not enough time to do it; no sleep; abrasive relationships with peers; concerns about one's own knowledge base and skills; dealing with difficult patients; dealing with the paperwork, the bureaucracy of medicine (this one should be underlined as the straw that seems to break more than a few residents); and of course, problems on the home front
C. Basically, it is the life of the intern, so the fact that interns burn out shouldn't be so surprising

VIII. Responses to Burn-out

A. When people are burned out, we see them do the following
B. Begin to compromise their work; blame the system or their patients; abandon their humanistic ideals; whine and complain; become detached from patients, and increasingly isolated and withdrawn from everyone else
C. Being burned-out is not a happy place. Being burned-out sucks.

IX. Study of Resident Burn-out

A. **Because we are an academic institution, I wanted to throw some research at you.**
B. **A qualitative study of family practice residents done at the Santa Rosa Family Practice residency by Rich Addison came to the following conclusions:**
C. **Survival became the overriding theme of residents' existence**
D. **Residents alternated between covering-over and over-reflection**
E. **There was "decomposition" in each important sphere of life**
    1. **Work went from caring for patients to getting done so could leave**
    2. **Education deteriorated from learning family medicine to mastering knowledge and procedures**
    3. **Outside life devolved from maintaining quality to going through the motions**

X. **Coping with Burn-Out – What Doesn't Help**

A. **Don't blame others; make big decisions; quit residency; become a complainer; work harder and longer; self-medicate; neglect your own needs and concerns**

XI. **Coping with Burn-Out – What Helps**

A. **Positive involvement with everyday practice**
    1. **Looked at from a different perspective, what's killing you can also heal you**
    2. **Focus on patient, not self**
    3. **Accept patients' gifts (most of us are given more blessings than we receive)**
    4. **Rediscover medicine as a calling**
    5. **Look for examples of awe and wonder**
B. **Reduce personal and professional isolation**
    1. **Don't whine and complain, but be open about your feelings**
    2. **Share stories with colleagues**
C. **Find places of refuge and sanctuary**
    1. **Traditionally church or place of worship**
    2. **Might be nature, might be a place in your mind or heart**
D. **Self-care**
    1. **Exercise, diet, sleep**
    2. **Breathing and relaxation techniques**
    3. **Renewal through nature**
    4. **Reconnect with joy and meaning**
    5. **Practice being grateful**
    6. **Learn self- and other-forgiveness**
E. **Do something fun (this should be self-explanatory, but for those who have forgotten what fun is, see me after class and I'll be glad to explain**
F. **Remember you have options**
    1. **Take time off**
    2. **Reach out for help – professional societies, family, friends, colleagues**