



# Resilience Skills for Senior Residents: A Pilot Study

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## Background

- Building resilience is one promising method to combat burnout among trainees<sup>1</sup>
- Few interventions to enhance resilience in trainees have been described
- Our introductory resilience skills curriculum piloted with Internal Medicine (IM) interns was well received<sup>2</sup>
- Our needs assessment demonstrated that senior IM residents:
  - experience difficult clinical events regularly
  - prefer to discuss events with their teams
  - have not received training on debriefing<sup>3</sup>

## Objective

- To develop and pilot an advanced resilience skills curriculum for senior residents

## Innovation

- Curriculum led by chief residents in 2015-2016 during outpatient schedule blocks
  - Sessions included: small group discussion, reflection, didactic lecture, and simulated skill-building exercises
  - Each session included 8-15 residents
- Residents surveyed pre and post-curriculum:
  1. Resilience: Connor-Davidson Resilience Scale (CD-RISC 25).<sup>4</sup> Scores range 0-100; higher scores indicate higher resilience
  2. Burnout: validated, single item question<sup>5</sup>
  3. Difficult clinical events

## Results

### Survey response rate

- Pre-curriculum: 41/62 (66.1%)
- Post-curriculum: 34/62 (54.8%)

### Resilience

	Mean CD-RISC 25 score ± SD
Pre-curriculum	70.78 ± 9.45 (Range 44-93)
Post-curriculum	74.06 ± 8.66 (Range 53-96)

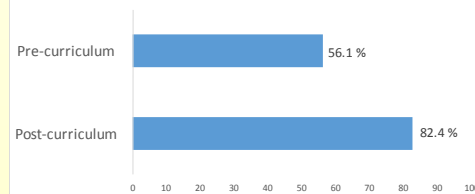
Pre v. post: p=0.12

### Burnout

	Burned out (%)
Pre-curriculum	26.8%
Post-curriculum	26.5%

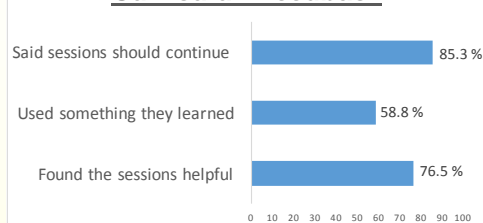
Pre v. post: p=1.00

### Self-reported skills to help team cope after difficult events (%)



Pre v. post: p=0.025

### Curriculum feedback



### Comments about curriculum

*"I liked the sense of community I felt...It's nice to know that other people share and can relate to the experiences that you have gone through"*

*"Helpful at reinforcing healthy behaviors & lifestyle choices"*

*"I think it is a good way to consolidate my thoughts and reflect...I like hearing how other people cope and deal with the hardships of residency training"*

### Sample tool from curriculum

Resilient Team D-BRIEF	
A debriefing framework after difficult clinical events	
<b>D- Design the stage</b>	<ul style="list-style-type: none"> <li>• Appropriate setting and time</li> <li>• Make it blame free</li> </ul>
<b>B- Believe in imperfection</b>	<ul style="list-style-type: none"> <li>• Accept mistakes will happen</li> <li>• Normalize the situation</li> </ul>
<b>R- Recognize emotions</b>	<ul style="list-style-type: none"> <li>• Listen</li> <li>• Acknowledge gravity of situation</li> <li>• Acknowledge all emotions</li> </ul>
<b>I- Identify lessons learned</b>	<ul style="list-style-type: none"> <li>• Learn from the experience</li> <li>• Learn more about the topic</li> </ul>
<b>E- Establish action items</b>	<ul style="list-style-type: none"> <li>• Teach others</li> <li>• Improve the system</li> <li>• Plan for disclosure</li> </ul>
<b>F- Find gratitude</b>	<ul style="list-style-type: none"> <li>• Notice something to feel grateful for in the experience</li> </ul>

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## Discussion

- More residents had skills to help their team cope after difficult clinical events
- No change in burnout or resilience
- Residents found sessions helpful and thought they should continue
- Curriculum shows promise but more in-depth interventions may be necessary

## Next Steps

- Continuation of curriculum with future classes
  - Doesn't require additional resources
  - Incorporated into protected learning time
- Transfer to other programs
  - GME wide survey at University of Chicago across specialties and plan for "Resilience Week"
- Faculty development in this area

## References

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## Acknowledgements

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## Curriculum

### Session #1:

- Review resilience skills from intern lectures
- Workshop: Building resilience as team leader



### Session #2:

- Discuss experience with difficult events
- Introduce team-based reflection framework
- Small group leadership practice