



STRESS & DEPRESSION

Text Button G

STRESS MANAGEMENT IN RESIDENCY PROGRAMS

There are many ways for a Residency Program to practice prevention when it comes to helping residents manage stress.

1. Identify the culture of your training program and what it takes to thrive. Communicate this clearly to applicants. Design an application strategy that will match residents who are congruent to your program/faculty style. For example, you may personally like the relaxed, somewhat passive, bright, quiet resident applicant, but he/she might not fit in well with a hard-driving, quick-decision-making, low-tolerance-for-uncertainty culture; therefore, find another candidate who is a better match. If you don't already have a good feel for this, analyze the residents who have succeeded and who have been challenged within your program. Allow for new residents to adjust to the new setting. Inform incoming residents about colleagues, resources, your community, and your facility. Provide time for them to get acclimated (e.g. to move in, get utilities turned on, acquire a driver's license, register to vote, et al). They need to know where to shop, bank, enroll their children in school, go to church, and establish resources for their families.
2. Consider offering or directing residents to resources. Provide stress management training early in residency. One example of such a technique uses the acronym "ERASE" (see "Text Button H"). Within the bounds of confidentiality, residents can be encouraged to share with each other their own early warning signals for stress and show how they would prefer to be approached if colleagues take notice. There are many specific stress management techniques that can be used: breathing/relaxation, biofeedback, meditation, guided imagery and visualization, music and artistic expression, spirituality, exercise, and movement.
3. Provide ongoing support mechanisms such as regular, frequent resident group meetings to discuss the many issues residents face. This is best done when the group leader is viewed as a non-threatening person by the residents. Sometimes this means arranging for a faculty member from a different program, or perhaps a counselor from your employee assistance program (EAP) program, or a community member not associated with the training program. This may help the residents feel better about confidentiality. The leader must be empowered by the program to keep confidences except when a resident is suicidal or homicidal, or when patient care is being compromised. Leaderless groups are not encouraged. Consider an active process of advising and mentoring.
4. Use regularly scheduled meetings, such as curriculum meetings, where residents can have the opportunity to collaborate with peers and faculty, and can have regular review of and input into improving components of the residency.



STRESS & DEPRESSION

Text Button G

STRESS MANAGEMENT IN RESIDENCY PROGRAMS (CONT'D)

5. Consider instituting a support group for spouses/significant others. Such groups can help residents' partners gain a better understanding of residency and also form bonds with one another.
6. Model attitudes recognizing the, potentially destructive impact of stress and that it is not a sign of weakness for someone to ask for help. Faculty need to practice modeling behaviors themselves such as the ERASE guidelines. Faculty who appear to have no other interest in life other than medicine or who do not take care of their own physical/emotional/spiritual needs convey the impression that residents should behave in the same way.
7. Facilitate mentoring relationships, which are very important. Connect residents with faculty mentors, ideally ones they themselves choose. Faculty should have regularly scheduled meetings with their advisees, in addition to having an "open door" policy. Pairing new residents with senior residents can be helpful, as some residents will be more comfortable relating to a peer.
8. Develop self-reflective practice. Encourage residents to analyze their own strengths and weaknesses, realistically to set short- and long-term goals, and to identify measures of their progress.
9. Conduct ongoing faculty professional development in these and related areas. How well programs mentor, support, and care for faculty is frequently mirrored in how well faculty mentor, support, and care for residents.