

Summary of ACGME Pediatric Hematology/Oncology Program Requirements on Wellbeing

Background/Awareness:

- In the current health care environment, fellows and faculty members are at increased risk for burnout and depression.
- Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.
- Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of fellowship training
- Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of fellow competence.

Institutional Responsibility for Prevention of Burnout

- a) Efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships
- b) Attention to scheduling, work intensity, and work compression that impacts fellow well-being
- c) Evaluating workplace safety data and addressing the safety of fellows and faculty members
- d) Policies and programs that encourage optimal fellow and faculty member well-being
- e) Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours
- f) Attention to fellow and faculty member burnout, depression, and substance abuse
- g) The program, in partnership with its Sponsoring Institution, must educate faculty members and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.
- h) Fellows and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care

Institutional Responsibility for Treating Burnout

- a) Encourage fellows and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence
- b) Provide access to appropriate tools for self-screening
- c) Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week
- d) There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a fellow may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the fellow who is unable to provide the clinical work

References:

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/327_pediatic_hematology-oncology_2017-07-01.pdf?ver=2017-06-30-083419-397

- Pages 30-32, Section VI.C (Well-Being) and VI.D (Fatigue Mitigation)

Depression and Burnout in Medical Training

Burnout is a syndrome of emotional exhaustion, depersonalization, and low sense of personal accomplishment. Often, it can lead to decreased effectiveness at work. Burnout is different from depression in that it usually only involves a person's relationship to work, whereas depression is more global.¹

Previous publications indicate that burnout and depression occur at high rates among house officers across many specialties. Recently, Fahrenkopf and colleagues surveyed 123 residents at three pediatric residency programs and found that 20% of participating residents met criteria for

depression, and 74% met criteria for burnout.² Another study of medical students demonstrated that burnout was associated with self-reported unprofessional conduct and less altruistic professional values.³ Burnout is not only destructive for physicians, but its impact reaches our patients as well.

As you prepare for the upcoming humanism session, use this handout to review definitions of burnout and depression and take some time to reflect on your own emotional state.

Burnout

Emotional exhaustion – You feel:

- Emotionally drained from work - Depleted at the end of the workday - Tired when you have to face another day of work - You are working too hard on your job - Frustrated with work - As though you are at the end of your rope

Depersonalization – You feel:

- As though you do not have compassion for patients and/or colleagues
 - More callous toward people as a result of your job
 - Work seems to be hardening you emotionally
 - Indifferent about what happens to people at work
 - Blamed by people at work
- Low sense of personal accomplishment – You feel:*
- Loss of empathy for others at work
 - Loss of effectiveness in dealing with the problems of others at work
 - Loss of energy
 - Exhausted when you work closely with others
 - Unsure whether you really accomplish anything worthwhile at work
 - Loss of ability to remain calm when dealing with emotional problems at work

Depression

Major Depression

Diagnosis of major depression requires at least five of nine symptoms (must include one of first two) for at least two weeks: - Depressed mood - Markedly diminished pleasure or interest in activities - Significant weight loss or weight gain - Insomnia or excessive sleep - Agitated movements or very slow movement - Fatigue or loss of energy - Feelings of worthlessness or guilt - Impaired concentration and indecisiveness - Thoughts of death or suicide

Atypical depression

People with atypical depression have some, but not all, of the same features of major depression. They often have prominent physical symptoms, including weight changes and sleep disturbances, especially excessive sleep.

Dysthymia

Dysthymia is a chronic, low-grade depression that persists for a long period of time, usually two consecutive years, with no more than two months at a time free of symptoms. The prominent symptoms include an absence of pleasure or interest in activities, low self-esteem, low energy, and

poor sleep and concentration.

References:

1. Shanafelt TD et al. Burnout and self-reported care in an internal medicine residency program. *Annals of Internal Medicine* 2002; 136(5); 358-367.
2. Fahrenkopf, Amy et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ* 2008;336:488-91.
3. Dyrbye LN et al. Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA* 2010; 304(11): 1173-80.
4. Bernstein, Mark. Neurosurgical depression. *Canadian Medical Association Journal*. 2003; 169(9); 943-944.

Curriculum strategies to promote wellness/decrease burnout

Curriculum Focus	Description
Wellness Skills Training	Didactic sessions with follow up interactive skills sessions to learn wellness techniques such as visualization, breathing and cognitive flexibility
Stress Reduction Workshops	Works on interpersonal skills to increase availability of social support and also teaches techniques to address self-care needs
Communication Skills Training	Series of didactic lectures and role play sessions to address difficult patient encounters and conversations
Mindful Meditation	Meditation techniques taught through sessions which deal with themes such as being with suffering, managing conflict and perceptual bias
Humanism/Professionalism Curriculum	Case based sessions with talking points aimed to guide discussion of potential work challenges with a particular emphasis on work/life balance
Support Group Meetings	Peers meet to discuss work related issues and work toward solutions
Art Therapy	Art sessions set in cognitive behavioral framework to promote relaxation techniques to reduce anxiety and negative emotions
Narrative Writing	Small group sessions focused on narrative medicine as a tool to promote reflection of challenging work
***Counseling	Not typically built into curriculums but frequently used as an adjunct for those identified as needing further help during any of the previously listed programs