



# Offering *RESPITE*: Residents Expressing the Stresses of the Profession in a Therapeutic Environment



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## Introduction

An inclusive, supportive clinical learning environment is crucial for successful graduate medical education.

Residents who face emotional, social, or wellness issues during training often feel too intimidated to raise concerns or ask for help.

In 2022-23, Wayne State University's sole-sponsored Family Medicine residency program (at Ascension Providence Rochester Hospital) developed and implemented an initiative with 3 goals:

1. Create a safe space for residents to express their career frustrations without fear of judgment
2. Focus on understanding of peers' frustrations before rushing to generate solutions
3. Determine if sharing those frustrations decreases residents' isolation or loneliness

## Methods

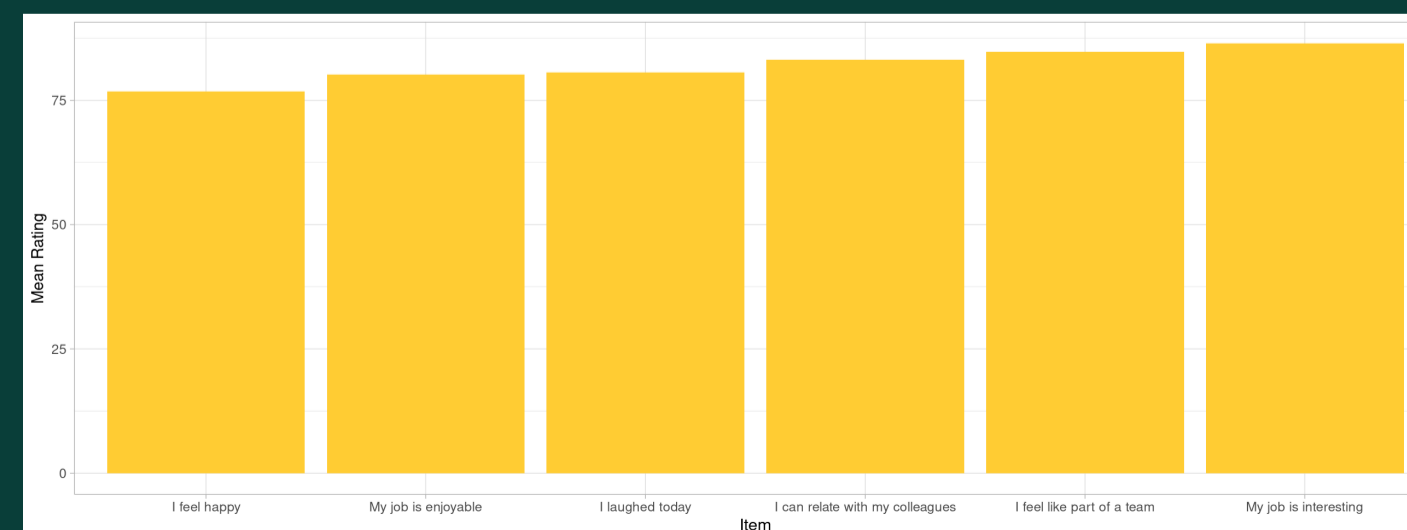
- 5 monthly *RESPITE* sessions, each dedicated to a topic fostering resident stress or discord in the learning environment:
  1. Debrief after a stressful grand rounds,
  2. Racism/sexism directed at physicians,
  3. Bias against Family Medicine as a specialty,
  4. Dealing with abusive patients,
  5. Coping with patient death.
- Moderator gave pre-written prompts to which residents could respond
  - Using an online tool (these responses were read aloud by the moderator), or
  - Out loud, face-to-face.
- Sessions lasted 30-60 min.
- Residents completed pre/post questionnaire for each session. Questions about their emotional state and sense of group cohesion using a continuous sliding scale from 0 to 100.
- Conducted a linear regression model of ratings across all 10 surveys:
  - full factorial of session Topic, Pre/Post, Item, and resident Year (Intern or Senior).

## Resident surveys indicated positive effects of *RESPITE* sessions on their emotions and sense of group cohesion



- Post-session ratings were higher after most sessions for both Years.  $F(1,741) = 13.66, p < .001$
- Interns gave higher ratings than Seniors.  $F(1,741) = 38.90, p < .0001$
- Sessions impacted Interns and Seniors differently:  $F(4,741) = 3.20, p < .025$ 
  - Interns' ratings rose most after session on abusive patients,
  - Seniors' ratings rose most after sessions on death and racism/sexism.
- All years showed rise after sessions on bias against Family Medicine as a specialty.

- Ratings were lowest for "Happy" and highest for "Interesting."  $F(5,741) = 4.08, p < .005$
- Items differences did not change by Year, Topic, or Pre/Post.



## Discussion

We implemented a formal group discussion about sociopsychological impacts of the learning and work environment.

Resident surveys indicated positive effects of sessions on their emotions and sense of group cohesion. Interns and seniors responded best to different session topics:

- Interns found *Abusive Patients* more effective
- Seniors found *Patient Death* and *Racism/Sexism* more effective

This research was undertaken as part of AiAMC's National Initiative VIII on Diversity, Equity, and Inclusion.

## Conclusion

- Residents responded positively to a discussion forum dedicated to airing their emotional frustrations with graduate training.

## Limitations

- This is the first year of implementation.
- The sample size is small (mean 14 responses per survey).
- Different topics, different prompts would likely affect outcomes.
- Future work is needed to refine the *RESPITE* program.