



1

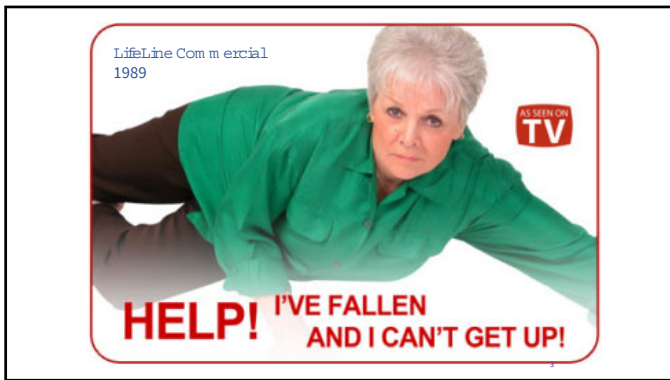
## "I've Fallen and I Can't Get Up" – Resident Burnout

Austin, TX | 2.24-2.27

Allison Ventura, PhD  
 Assistant Professor, University of Florida College of Medicine – Jacksonville  
 Department of Psychiatry

Ram ez Sakkab, DPM (Moderator)

2



3

### Presenter Disclosures

Ram ez Sakkab, DPM  
Nothing to disclose

Allison Ventura, PhD  
Nothing to disclose

4

### Learning Objectives

1. Describe the prevalence of clinical distress related to residency.
2. Identify the difference between burnout and moral injury.
3. Discover solutions to address BOTH burnout and moral injury within residency and your organization.

5

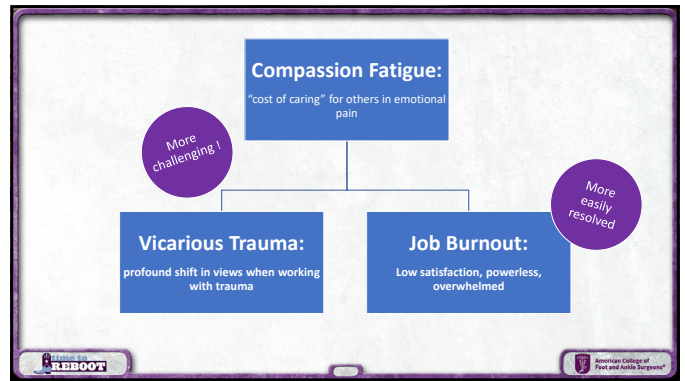
### Occupational Hazard?!

- **Depression:**
  - residents are depressed at a higher rate than people the same age who are not pursuing careers in medicine
  - Up to 30% develop
- **Resident Suicide:**
  - Overall suicide is the #2 cause of resident death.
  - #1 cause of death in male residents. #2 cause of death in female
  - The greatest proportion died by suicide are PGY1s. Yaghmour et al (2017)
- **Other issues:**
  - Weight issues. Sleep issues. Drugs/alcohol. Family conflict

6



7



8

What contributes?

- Long hours– exhaustion physically & mentally
- Time & distance away from family & values
- New at work-life "integration" habits
- Pressure to perform
- Pressure for patient care
- Imposter syndrome
- Student debt
- Institutional barriers

Illustration of a person lying on a gurney, appearing exhausted or unwell, with a clock and a coffee cup nearby.

9

HELP! I'VE FALLEN AND I CAN'T GET UP!

Both end up at the bottom... but by different ways

Maybe we have been "treating" the wrong thing?

Two images: one of a woman in a green shirt looking distressed, and another of a person falling down a set of stairs.

10

Reframing Distress: Moral Injury

- Describes the situation which results in distress:
  - the double bind of knowing how to care for patients but being unable to do it because of the constraints built into our systems of care
- No longer able to always *put the needs of patients first*

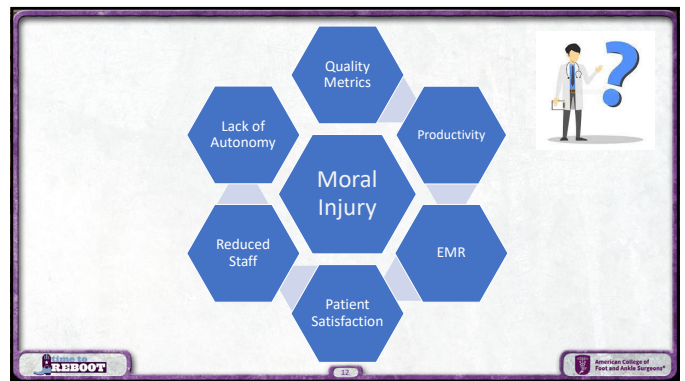
Moral Injury

Troubling Event

Moral Trespass

[www.fixmoralinjury.org/](http://www.fixmoralinjury.org/)  
Wendy Dean, MD  
Simon Talbot, MD

11



12

### Moral Injury

- Affects ability to deliver care & it hinders hospitals/systems from achieving their mission & purpose while maintaining their values
- Elevates: despair, suicidality, burnout\*

\* Shay (2014)

13

**TABLE BURNOUT VS. MORAL INJURY: KEY DIFFERENCES**

Burnout	Moral injury
Described by the Maslach Burnout Inventory as a three-dimensional syndrome consisting of symptoms for emotional exhaustion, depersonalization, and reduced personal accomplishment	
Implies providers are feeling overwhelmed by the demands of being a physician	
Implies that the phenomenon is a condition that is the doctor's own responsibility to fix	

\*Shay, J, Munroe, J. Group and milieu therapy for veterans with complex posttraumatic stress disorder. *Posttraumatic stress disorder: A comprehensive text*. Boston: Allyn & Bacon, 1998. 391-413. Print.  
Source: Raj S. Pruthi, MD, MHA

14

### Need to address BOTH

15

### Why this matters..

- There are many studies linking the wellbeing of clinicians with the quality and outcomes of **patient care**.
- Residents who experienced **depression** might be as much as **six times** more likely than non-affected controls to make **medication errors**.
- The more proactive institutions can be in **addressing moral injury**:
  - the lower the risks of:
    - major medical errors, patient mortality, hospital acquired infections, and the likelihood of incurring a malpractice suit
  - may improve:
    - patient satisfaction scores, reduce staff turnover, and recapture productivity equivalent to seven medical school graduating classes

[www.fixmoralinjury.org/solutionsresources](http://www.fixmoralinjury.org/solutionsresources)

16

### How do you **assess** your residents' wellbeing?

17

**RESPONDER STRESS CONTINUUM**


READY	REACTING	INJURED	CRITICAL
Sense Of Mission	Sleep Loss	Sleep Issues	Insomnia
Spiritually & Emotionally Healthy	Change In Attitude	Emotional Numbness	Hopelessness
Physically Healthy	Criticism	Burnout	Anxiety & Panic
Emotionally Available	Avoidance	Nightmares	Depression
Healthy Sleep	Loss Of Interest	Disengaged	Intrusive Thoughts
Gratitude	Distance From Others	Exhausted	Feeling Lost Or Out Of Control
Vitality	Short Fuse	Physical Symptoms	Blame
Room For Complexity	Cutting Corners	Feeling Trapped	Hiding Out
	Loss Of Creativity	Relationships Suffering	Broken Relationships
	Lack Of Motivation	Isolation	Thoughts Of Suicide
	Fatigue		

ADAPTED FROM COMBAT AND OPERATIONAL STRESS FIRST AID BY LAURA MCGILADREY | RESPONDERALLIANCE.COM

18

### Barriers to Assessing Wellbeing Solutions

- Access to solutions
- Time to use what is available
- Productivity demands
- Worry about getting kicked out
- Unresponsive departments
- Stigma of requesting help or suggesting changes



REBOOT American College of Foot and Ankle Surgeons

19


### Solutions

#### Burnout: Optimizing Individuals

- Meaningful, evidenced-based wellness curriculum
  - 10-week Wellness & Resilience
- Mindfulness
- Sleep/health Apps (habits)
- Accountability Partners
- Check-ins
- Be role models
- Decrease Stigma
- Wellness Centers

#### Moral Injury : Community/System


- Encourage:
  - Putting patients first
  - Patient-provider time
  - Developing trust
  - Compassion
- Admin + Physicians
  - Invite admin on rounds
  - See challenges from their side
- Sense of community
  - Camaraderie, mentorship



REBOOT American College of Foot and Ankle Surgeons

20

### Thank you!



REBOOT American College of Foot and Ankle Surgeons

21