

Resident Support Network: a supportive approach to resident physician wellness

Réseau de soutien aux résidents : une démarche de soutien au bien-être des médecins résidents

Nina Mazze,^{1,2} Sureka Pavalagantharajah,^{1,2} Celia Kwan,^{1,2} Alexandra Nieuwesteeg,^{1,2} Claire Young,^{1,2} Joanna Humphreys^{1,2}

¹McMaster University, Ontario, Canada; ²McMaster Children's Hospital, Ontario, Canada

Correspondence to: Dr. Joanna Humphreys, humphj9@mcmaster.ca

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Implication Statement

The Resident Support Network (RSN) is a formal network of residents and medical faculty, with additional training and resources in resident wellness. RSN is accessible to residents to approach with their wellness concerns. It aims to support residents during a period of medical training that is associated with high trainee burnout rates. Implementing individual-focused and organizational strategies in residency programs has been found to reduce burnout. The RSN, in the McMaster University Pediatrics Residency program, was initiated based on the need to help address gaps in supporting resident wellness. Implementation of an RSN would likely provide similar benefits for residents in other universities and specialties by enhancing resident wellness.

Énoncé des implications de la recherche

Le *Resident Support Network* (RSN) est un réseau formel de résidents et de membres du corps professoral de médecine, ayant une formation complémentaire et des ressources sur le bien-être des résidents. Les résidents peuvent s'adresser au RSN pour faire part de leurs préoccupations quant à leur bien-être. Il vise à soutenir les résidents pendant une période de leur formation médicale qui est associée à une fréquence élevée d'épuisement. La mise en œuvre de stratégies individuelles et organisationnelles dans les programmes de résidence s'est avérée efficace pour réduire le risque d'épuisement. Le RSN, dans le programme de résidence en pédiatrie de l'Université McMaster, a été mis en place pour combler des lacunes dans le soutien au bien-être des résidents. La mise en œuvre d'un RSN apporterait probablement des avantages semblables aux résidents d'autres universités et spécialités en améliorant leur bien-être.

Introduction

The RSN is a resident-led wellness initiative in the pediatric residency program at McMaster University. Medical literature suggests a high prevalence of resident physician burnout throughout training.¹ Both individual-focused and organizational strategies can help to reduce physician burnout,² including support services,¹ which the RSN seeks to provide and address. In particular, studies show that physicians benefit from individual support from those with similar experiences,³ and formalized resident support programs have demonstrated benefit for trainee

wellbeing.^{4,5} The pediatrics residency program utilizes RSN to provide fully accessible peer support through a variety of roles (faculty, co-resident, administrative staff), to provide support that can be tailored to the trainee's unique situation. RSN includes experienced faculty who can provide expertise in navigating difficult situations. The program is sustained over time as residents are selected each year to maintain RSN and plan additional training.

Description of innovation

The benefits of peer mentoring relationships have been well-defined in medical literature. Peer-mentor relationships have been found to improve residents' coping mechanisms, and provided benefits in psychological well-being and sense of belonging. Specifically, residents found peer mentoring relationships increased overall satisfaction with residency training and felt peer support encouraged vulnerability.^{5,6} Studies have found that residents experienced increased self-compassion and connecting with residents who have been through a similar journey sparked a sense of hope that challenges can be overcome.⁵

Given the benefits of peer support programs in the literature described above, the McMaster pediatrics program hoped to create this opportunity for its residents. The idea for RSN was piloted at McMaster pediatrics in 2019 based on an identified gap in resident supports. The program was modeled on the Resident Support Networks at the Northern Ontario School of Medicine.

The RSN at McMaster pediatrics includes a network of trained volunteer resident peers, faculty, administrative staff, the departmental Ombudsman and members of the postgraduate medical education (PGME) Resident Affairs office. The network is led by the resident and faculty wellness representatives and recruits new members each year. There are currently 23 RSN members and 41 pediatric residents. Annual RSN training includes information and interactive components focused on knowledge and skills to help support residents. Training topics include roles and responsibilities of the RSN, resources for residents, postgraduate medical education supports (Resident Affairs, the Office of Learning Environment & Mistreatment, Equity and Inclusion Office and the departmental Ombudsman), compassion, and simulated scenarios.

RSN members are contacted directly by residents in need of support. Contact information is readily available to all pediatric residents. RSN members provide confidential support with the role of active listening and directing residents to available resources. The limitations to confidentiality include safety concerns or the requirement of additional resources above the capacity of the RSN member. A guidance document about confidentiality is provided to RSN members, which includes when to notify the faculty representative, program directors or other key supporters.

Outcomes

There has been consistent recruitment and engagement of residents, faculty, and administrative staff to sustain the RSN. From 2020-2023, RSN membership ranged from 15-20 residents and 13-18 faculty and administrative staff. This level of engagement demonstrates that our program is feasible in terms of recruitment and involvement. The RSN is financially feasible as it does not require external funding. RSN members provided support on a voluntary basis. The program is operationally feasible as we can maintain support needed from the pediatrics residency program, PGME resident affairs teams, and gains expertise from the wellness counselor and Faculty Wellness Lead.

A program evaluation was conducted to assess the utility and importance of the RSN by determining the frequency of and reasoning for RSN member activation. A survey was sent to RSN members in July 2022 with 18/38 members responding (47% response rate). Within the last year, 28% of respondents were contacted by residents. Reasons for RSN interactions included: debriefing patient encounters, conflicts, clinical rotations and feedback, academic performance and examinations, health concerns, workplace accommodations, and general residency questions. RSN members commented that they were approached by peers and support them without formally activating RSN, which may contribute to the activation rate. This survey occurred during the COVID-19 pandemic during which time there was a lack of in-person resident learning and social events. This may have impacted the number of RSN interactions as residents did not have the same opportunities to interact with peers enough to feel comfortable confiding in them. Informally, we receive feedback from the residents that knowing there is a team of peers, faculty, and staff available to them, is helpful and reassuring.

Next steps

The RSN has been recognized as a strength of the McMaster pediatrics residency program by the residents, program directors and PGME. Ongoing evaluation of the network will assess resident experiences and themes encountered by network members to further develop resources and training. An evaluation of residents' experience with the RSN is important and will guide further changes. Ongoing evaluation of the program will include a process for RSN members to audit the number of interactions, reasons for activation and the perceived benefits of the interactions for the resident. If the number

of activations of RSN remains low, we will address the reasons why and look at solutions based on the challenges identified. We hope to eventually survey the residents using RSN, to understand the benefits and barriers to seeking support. The network can be adopted by other residency programs to provide a supportive approach to learner wellness if it is feasible within their institution.

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References

1. Ferguson C, Low G, Shiau G. Resident physician burnout: insights from a Canadian multispecialty survey. *Postgrad Med J* 2020;96:331–338. <https://doi.org/10.1136/postgradmedj-2019-137314>
2. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *The Lancet*. 2016;388(10057):2272–81. [https://doi.org/10.1016/S0140-6736\(16\)31279-X](https://doi.org/10.1016/S0140-6736(16)31279-X).
3. Hu Y-Y, Fix M, Hevelone N, Lipsitz S, Greenberg C, Weissman J, Shapiro J. Physicians' needs in coping with emotional stressors: the case for peer support. *Arch Surg*. 2012; 147(3):212–7. <https://doi.org/10.1001/archsurg.2011.312>.
4. Lee G, Dizon S, Feeney C, et al. Caring for each other: a resident-led peer debriefing skills workshop. *J Grad Med Educ*. 2023;15(2):248–251. <https://doi.org/10.4300/JGME-D-22-00513.1>.
5. Jain A, Tabatabai R, Schreiber J, Vo A, Riddell J. “Everybody in this room can understand”: a qualitative exploration of peer support during residency training. *AEM E&T*. 2022;6(2):e10728. <https://doi.org/10.1002/aet2.10728>
6. Pethrick H, Nowell L, Paolucci EO, et al. Peer mentoring in medical residency education: a systematic review. *Can Med Educ J*. 2020;11(6):e128–e137. <https://doi.org/10.36834/cmei.68751>

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