Resident Experience Discussion (RED)
Resident-led Discussion Groups to Promote Resilience

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Introduction

• Over 50% of U.S. physicians report burnout; nearly half report dissatisfaction with work-life balance -- this may be higher in residents
• Institution-led discussion groups for trainees have not been shown to curb burnout scores
• Internal medicine resident feedback at our institution suggested a desire for a venue to discuss the resident experience

Objective

We sought to promote resident wellness through a resident-initiated-and-run discussion forum outside the formal residency structure

Setting and Participants

Resident participants nominate multi-specialty faculty member facilitators to host voluntary, monthly, Resident Experience Discussion (RED) forums off site, typically at the faculty member’s home. The host provides dinner and drinks. Residents invite resident peers and propose topics for each session.

Session Makeup:
• Facilitators: 2 residents and 2-4 faculty
• Participants: 5-15 residents

Sample Topics

• “A Difficult Patient”
• “Work/Life Balance and Burnout”
• “An Unexpected Patient Outcome”
• “When a Case Hits Close to Home”
• “The Moment I Felt Like a Physician”
• “Expectations of ‘The Doctor in the Family’”

Format and Timeline

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Sess.</td>
<td>RED resident leaders choose date, faculty host/location, &amp; coordinate faculty facilitators</td>
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<tr>
<td>6:00 PM</td>
<td>Residents and faculty arrive</td>
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<tr>
<td>7:00 PM</td>
<td>Socializing, beverages, snacks</td>
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<tr>
<td>Dinner is served</td>
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<tr>
<td>8:00 PM</td>
<td>Resident facilitator introduces topic &amp; ground rules</td>
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<tr>
<td>Post-Sess.</td>
<td>RED leadership collects qualitative feedback &amp; considers change to future sessions</td>
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Ground Rules and Facilitation Elements

- **Ground rules**
  - Be present (silence phones and pagers)
  - Be open and honest
  - Come with curiosity not judgement
  - Seek understanding rather than solutions
  - Not a therapy session
  - It is okay to speak or not to speak
  - Confidentiality – what is discussed at RED stays at RED

- **Faculty member facilitation**
  - **Facilitating:** Go with the flow. Let the residents talk. Rarely should the facilitator talk about his/her own experience
  - **Reframing:** As the need arises, use brief ‘I’ statements – “I wonder”, “I noticed”, “I am hearing”, “I imagine”, “I appreciate”, etc.
  - **Intervening:** If one person is dominating the discussion, the discussion is heading towards solution generation or there is an opportunity to discuss additional aspects of a topic, provide gentle guidance
  - **Observing:** Pay attention to individuals during the discussion – does someone seem upset or wanting to speak, etc. Pay attention to your own emotions. Take notes – summarise at the end with a few key themes of the discussion

Success and Future Directions

• Introducing a novel, bottom-up approach to resident resilience through resident-led forums has been a successful way to fill a gap in the formal wellness program
• RED has been successfully and sustainably implemented at Mayo Clinic’s internal medicine and neurology residencies and Jefferson’s internal medicine residency
• We are optimistic that multiple specialties can adopt this framework to provide a valuable experience for their peers

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