PHARMACY VISION 2020

CSHP SEMINAR 20 • OCTOBER 21-25

Disneyland RESORT

The System Needs to Take More Heat:

Why residents and students can't grit their way through training

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DISCLOSURES

- I have no relevant financial disclosures

OBJECTIVES

- Examine the current climate regarding pharmacy trainee well-being
- Compare and contrast the available pharmacy literature regarding trainee well-being to the medical literature
- Identify current practice trends to address trainee well-being
- Create a program-specific SWOT analysis identifying areas of weakness and potential solutions to threats within your organization

THE WELLNESS/WELL-BEING CONCEPT

- "… a state of well-being in which the **individual realizes [their] own abilities**, can **cope with the normal stresses of life**, can **work productively and fruitfully**, and is **able to make a contribution** to [their] community."
  - World Health Organization

- "… a conscious, self-directed and evolving process of **achieving full potential**."
  - National Wellness Institute

https://www.who.int/features/factfiles/mental_health/en/
https://www.nationalwellness.org/page/Six_Dimensions

WELL-BEING, RESILIENCE, GRIT, AND OTHER MYTHS…

- Well-being has become a buzzword, and the profession has caught on

- Most of our professional organizations have produced a “well-being statement”
  - Most focus on mental health well-being
  - Most conflate wellness/well-being with resilience and burnout
  - This has resulted in the academy focusing on improving resilience, or “grit”

https://i.unisa.edu.au/staff/ptc/safety-and-wellbeing/wellbeing/wellbeing-framework/

APhA, ACPE, AACP, NABP, NASPA Joint Statement

- Comprehensive statement with suggestions to enhance well-being and resilience in the pharmacy workforce

- Seven areas include:
  - Work conditions
  - Payment models
  - Employer relations
  - Student pharmacist well-being
  - Well-being education and training
  - Communications
  - Call for data and research regarding pharmacist well-being

https://www.pharmacist.com/sites/default/files/audience/APhA_Well_Being_Resilience_Report_%200719.pdf

APhA, ACPE, AACP, NABP, NASPA Joint Statement

- Student pharmacist section recommendations:
  - Pharmacist managers should prioritize and model well-being and resilience for their workforce
  - Employers and schools should prioritize and facilitate the development of a culture of well-being and resilience
  - ACPE should integrate well-being and resilience into accreditation standards
  - **ASHP should revise residency accreditation standards to include well-being of residents and preceptors as a critical factor**

https://www.pharmacist.com/sites/default/files/audience/APhA_Well_Being_Resilience_Report_%200719.pdf

AACP Wellness Statement

- All administrators, faculty, staff, preceptors, students, and alumni should contribute to a culture of wellness and resilience in pharmacy education

- Proactively promote overall wellness and stress management techniques to students, faculty, and staff

https://www.aacp.org/resource/wellness-and-resilience-pharmacy-education

AACP 2018 Report – Student Affairs

- Declining student resilience
  - No real suggestions

- Addressing negative student well-being
  - Noted 2 suicides at two of the author's institutions
  - Discussion of imposter syndrome, burnout, and links to anxiety and depression
  - Suggest faculty to share personal stories relating to coping with stress, anxiety, external pressures, and mental illness

- Promoting positive student well-being
  - Suggest using self-reflection to promote a culture of well-being
  - Incorporate components of self-awareness, self-care, well-being, and resilience into the curriculum

Monica L. Miller, Casey Boyer, Mitchell R. Emerson, et al. Report of the 2017-2018 Student Affairs Standing Committee. American Journal of Pharmaceutical Education. 2018; Volume 82, Issue 7, Article 7159.

ASHP Wellness Statement

- ASHP is committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians

- www.wellbeing.ashp.org

https://wellbeing.ashp.org/Our-Leadership

THINK, PAIR, SHARE

- Have you seen a decline in well-being in the students/residents you precept?
  - What do you think is the cause?

- Should well-being and resilience be linked in the manner they are within these statements?

- What does a “culture of well-being” mean?
  - Does your workplace promote this? How?

My thoughts on well-being statements

Increased Resilience

Improved ability to deal with a bad situation

Should we have to deal?

≠

Increased Well-being

Achieving full potential

How do we change?

CAN WE DO MORE THAN HELP TRAINEES COPE?

- A 2010 British study found that in 1 out of 3 subjects, well-being did not correspond to their resilience
  - The Well-being-Resilience Paradox
  - Some people are resilient but still do not have well-being

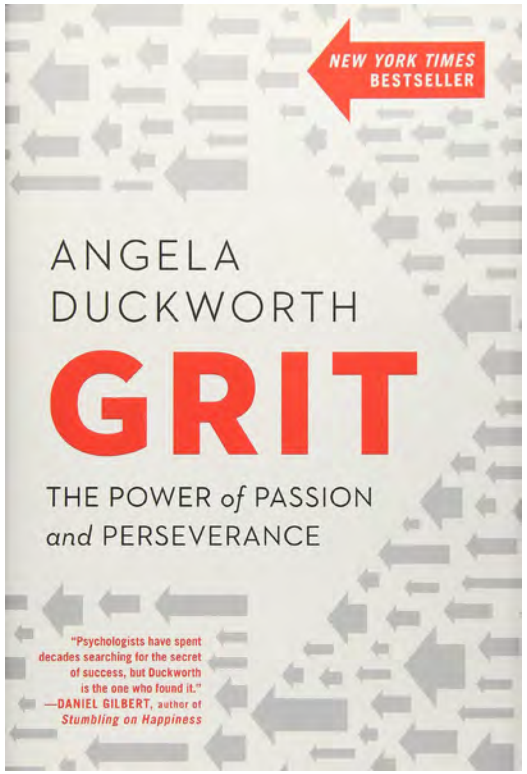
- "… while helping individuals cope is worthy of our time and attention, we must put more focus on changing the system itself … The system itself seems to be getting off too easy and deserves more heat."

- "… a culture that funnels its dreams of self-actualization into salaried jobs is setting itself up for collective anxiety, mass disappointment, and inevitable burnout."

http://nationalacademies.org/hmd/Reports/2018/design-thinking-systems-approach-well-being-within-education-practice.aspx
https://youngfoundation.org/wp-content/uploads/2012/10/The-Wellbeing-and-Resilience-Paradox.pdf
https://www.theatlantic.com/ideas/archive/2019/02/religion-workism-making-americans-miserable/583441/

GETTING GRITTY

- Grit = perseverance + passion to achieve long-term goals
  - Mental toughness
  - Duckworth suggests grit is a strong predictor of success
    - As compared to IQ, a stand in for “natural talent”
  - Publishes book in 2016



- Education culture eats this up!
  - Some academic achievement examples showcased in the book
  - Some grade schools have started adding grit scores to report cards
  - Sessions about grit become common at professional meetings
    - Discussions on how to best develop grit in students

Duckworth, A.L.; Peterson, C.; Matthews, M.D.; Kelly, D.R. (June 2007). "Grit: Perseverance and passion for long-term goals". *Journal of Personality and Social Psychology*. **92** (6): 1087–1101.

THE PROBLEM WITH GRIT THEORY

- "There is not any support for the claim that grit is a particularly good indicator of success and performance in an educational setting or that grit is likely to be responsive to interventions."

- "Core claims about grit have either been unexamined or are directly contradicted by the accumulated empirical evidence."

- "Probably not where schools should be spending their time, because it is not strongly related to academic success and because it's unlikely to respond well to intervention."

https://www.ncbi.nlm.nih.gov/pubmed/27845531
https://journals.sagepub.com/doi/abs/10.3102/0013189X18801322?journalCode=edra
https://hechingerreport.org/research-scholars-to-air-problems-with-using-grit-at-school/

THE GRITTY EVIDENCE

- 2017 meta analysis of nearly 67,000 individuals
  - Grit is only moderately correlated with performance and retention
  - Interventions to enhance grit only have weak effects on performance and success
  - Higher order structure of grit is not confirmed
    - Perseverance facet more valid and better explains variance in academic performance
    - Construct validity of grit is in question (perseverance considerably more important)

- 2018 study
  - Self-efficacy (confidence in one's ability to accomplish something) was more strongly correlated with grades than grit
  - Perseverance alone was correlated with academic achievement considerably more than perseverance and passion together

https://www.ncbi.nlm.nih.gov/pubmed/27845531
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5468705/
https://journals.sagepub.com/doi/abs/10.3102/0013189X18801322?journalCode=edra
https://hechingerreport.org/research-scholars-to-air-problems-with-using-grit-at-school/

Regarding Resilience

- The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress
  - Bouncing back from difficult experiences

- Primary factor in resilience is having **caring and supportive relationships** within and outside the family

- Additional factors include:
  - The capacity to make realistic plans and take steps to carry them out
  - A positive view of yourself and confidence in your strengths and abilities
  - Skills in communication and problem-solving
  - The capacity to manage strong feelings and impulses

https://www.apa.org/helpcenter/road-resilience

RESILIENCE – ARE WE HELPING DEVELOP THIS?

- What do you do to ensure your trainees have caring and supportive relationships?
  - "Oh, I thought you were a trust fund baby and just didn't care about the rotation."
- How do you help trainees develop a positive view of themselves?
  - "I'd be even harder on you if I had a smarter resident."
- How do you help trainees develop confidence in their strengths and abilities?
  - "You'll need to be able to do this in your future career, or lack thereof."
- How do you help your trainees make realistic plans and outline steps to carry them out?
  - "Sorry, I didn't have time to look at it. Just wing it."
- How do you help trainees develop skills in communication and problem solving?
  - "You can't do this job if you can't speak English. I should fail you, but I won't."

STUDIES IN ACADEMIC MEDICINE

- 2015 meta-analysis included 54 studies regarding medical resident depression
  - Overall rate of depression estimated at 29%

- 2016 publication revealed 86 studies related to medical resident wellness
  - Factors commonly associated with wellness include sleep, coping mechanisms, autonomy, competence, and social relatedness

- 2006 study showed only 4% of medical interns burned out in July versus 55% in June

Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. *J Am Med Assoc*. 2015; 314:2373-2383.
Raj KS. Well-being in residency: A systematic review. *J Grad Med Educ*. 2016; 8(5):674-684.
Rosen IM, Gimothy PA, Shea JA et al. Evolution of sleep quantity, sleep deprivation, mood disterbances, empathy, and burnout among interns. *Acad Med*. 2006; 81:82-85.

MORE STUDIES IN ACADEMIC MEDICINE

- 2006 study demonstrated medical students experience a decline in empathy and humanitarianism by the time they graduate

- 2017 ACGME Program Requirements emphasize that "psychological, emotional, and physical well-being are critical in the development of the … physician"
  - Similar statements can be found by the American Medical Student Association and the American Medical Association concerning medical students

Dyrbye LN et al. Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. *Academic Medicine*. 2006,81:354-373.
https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being
https://www.ama-assn.org/topics/medical-student-well-being
https://www.amsa.org/advocacy/action-committees/twp/well-being/

POLLING QUESTIONS

- Compared to medical residents, the rate of self-reported depressive symptoms in pharmacy residents is:
  A. Higher
  B. Lower
  C. About the same

- Which of the following statements is true regarding significant correlates of depressive symptoms in pharmacy residents?
  A. Director support of the resident has not been correlated with depressive symptoms
  B. Income level over $75,000/yr provides a protective benefit from depressive symptoms
  C. Exercise, sleep, and close personal relationships appear to protect residents from depressive symptoms

- Residents manifest the most symptoms of depression in which month of the residency year?
  A. August
  B. December
  C. March
  D. June

THE LACK OF LITERATURE REGARDING PHARMACISTS

- Prior to 2017, only 1 study specifically looked at well-being in pharmacy residents
  - Focused on stress
- Since then, about a half dozen other studies have been conducted and published about pharmacy residents
- More data exists regarding pharmacy students, but homogeneity is lacking
- Data with suggestions to foster well-being in pharmacy students and residents is even more sparse

Le H, Young SD. Evaluation of stress experienced by pharmacy residents. *Am J Health Syst Pharm*. 2017;74(8):599-604.

WHAT THE PHARMACY LITERATURE SAYS

- Reported rates of depression in pharmacy residents approach 40%
- Various measures reveal high amounts of stress
- Identified correlates include sleep, hours worked, distance from family, family support/responsibilities, female sex, preceptor/director support, teaching methods, program structure, and inpatient setting
- Results of several of these studies have been reproduced yielding similar results

Le H, Young SD. Evaluation of stress experienced by pharmacy residents. *Am J Health Syst Pharm*. 2017;74(8):599-604.
Mayberry KM, Miller LN. Incidence of self-reported depression among pharmacy residents in Tennessee. *Am J Pharm Educ*. 2017;81(8):5960.
Williams E, Martin SL, Fabrikant A, et al. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(5):292-297.
Zinurova E, DeHart R. Perceived stress, stressors, and coping mechanisms among PGY1 pharmacy residents. *Am J Pharm Educ*. Epub Ahead of Print November 6, 2017.
Williams E, Martin SL, Fabrikant A. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(24):1973-1981.

RATES OF DEPRESSIVE SYMPTOMS IN PHARMACY RESIDENTS

- Residency directors were asked in the July 2015 – June 2016 cycle to forward a survey to residents
  - Demographic information
    - Age, sex, location, relationship status, family support, etc.
  - Residency specific environmental factors
    - hours worked, support of preceptors, number of co-residents, teaching methods, etc.
  - PHQ-9

- Depression identified based on PHQ-9 score ≥ 10
  - 88% sensitivity and specificity for major depression
  - Scores greater than 20 indicate severe depression

Williams E, Martin SL, Fabrikant A, et al. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(5):292-297.

RATES OF DEPRESSIVE SYMPTOMS IN PHARMACY RESIDENTS

	September (n=633) (%; 95% CI)	December (n=542) (%; 95% CI)	March (n=701) (%; 95% CI)
PHQ-9 Scores			
Not Depressed	33.8 (30.1 – 37.5)	27.3 (23.6 – 31.1)	26.4 (23.1 – 29.4)*
Mild Depression	32.2 (28.6 – 35.9)	36.9 (32.8 – 41.0)	33.8 (30.3 – 37.3)
Moderate Depression	23.2 (19.9 – 26.5)	21.2 (17.8 – 24.7)	22.3 (19.2 – 25.3)
Mod. Severe Depression	7.6 (5.5 – 9.6)	10.0 (7.4 – 12.5)	10.3 (8.0 – 12.5)
Severe Depression	3.2 (1.8 – 4.5)	4.6 (2.8 – 6.4)	7.3 (5.4 – 9.2)*
PHQ – 9 Score Above 10	34.0 (30.7 – 37.7)	35.8 (31.8 – 39.8)	39.9 (36.2 – 43.4)
Dx of Depression at Baseline	7.8 (5.8 – 9.8)	7.7 (5.5 – 9.8	8.4 (6.3 – 10.2)
Rx for Antidepressant Meds	6.8 (4.9 – 8.7)	7.7 (5.5 -9.8)	7.6 (6.8 - 10.8)

* March compared with September ($p < 0.05$)

Williams E, Martin SL, Fabrikant A, et al. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(5):292-297.

INITIAL CORRELATES (UNIVARIATE)

Factor	Odds Ratio for Depression (95% CI)
Age	1.14 (0.80-1.61)
Sex	1.02 (0.71-1.45)
In a Relationship	0.96 (0.84-1.10)
Region	1.04 (0.94-1.16)
Family Far Away	1.59 (1.22-2.07)*
Family Support	0.67 (0.56-0.80)*
Hours worked outside of residency on non-residency related tasks (Moonlighting)	1.04 (0.91-1.19)
PGY-1 vs. PGY-2	0.82 (0.57-1.16)
Practice Setting (Inpatient vs. Outpatient)	0.58 (0.40-0.86)*
Higher Number of Residents in Program	1.08 (0.89-1.29)
Stress Level	2.45 (2.01-2.99)*
Supportive Preceptors/Director	0.51 (0.49-0.66)*
Structured/Organized Residency	0.57 (0.48-0.68)*
Effective Teaching	0.50 (0.41-0.61)*
Adequate Sleep	0.39 (0.32-0.46)*
Enough Days Off	0.34 (0.24-0.46)*
More Time Between a Full 24 Hours Off	1.32 (1.16-1.49)*
Higher Number of Hours Worked at Residency	1.55 (1.33-1.81)*

* March compared with September ($p < 0.05$)

Williams E, Martin SL, Fabrikant A, et al. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(5):292-297.

INITIAL CORRELATES (MULTIVARIATE)

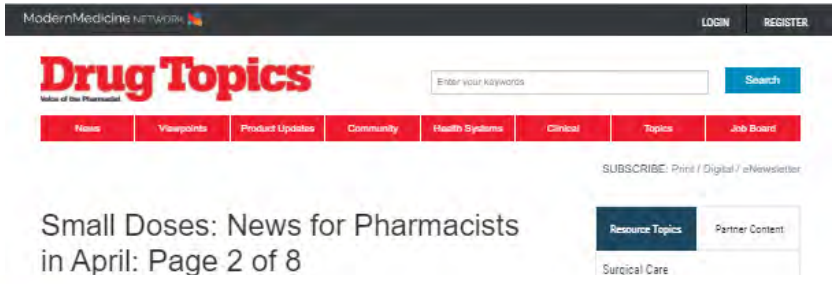
Factor	Odds Ratio for Depression (95% CI)
Family Support	0.86 (0.69-1.07)
Family Far Away	1.45 (1.03-2.04)*
Outpatient vs. Inpatient Setting	0.58 (0.36-0.93)*
Stress Level	1.84 (1.44-2.34)*
Adequate Sleep	0.51 (0.41-0.63)*
Hours Worked	1.20 (0.98-1.47)
Effective Teaching	0.57 (0.44-0.74)*

* March compared with September ($p < 0.05$)

Williams E, Martin SL, Fabrikant A, et al. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(5):292-297.

REDDIT THREADS/SDN

- Upon publication in March 2018, discussion ensued in various platforms
  - Reddit
  - Student Doctor Network
  - AJHP Letter to the Editor
  - Drug Topics Interview
  - Commentaries in ASHP Connect and JAPhA



BURNOUT - EPIDEMIC OR MYTH?

- "We have raised needy college students who are unable to manage the everyday bumps in the road of life."
  - Agree or disagree?

- Authoritative – Discipline
- Authoritarian – Punishment
  - Some of your students/residents are succeeding not because of your old school/tough love approaches, but in spite of them

https://www.psychologytoday.com/us/blog/freedom-learn/201509/declining-student-resilience-serious-problem-colleges

More Data

- Study repeated for the 2017-2018 residency year with similar results

PHQ-9 Scores	July 2017 % (95% CI)	November 2017 % (95% CI)	March 2018 % (95% CI)	June 2018 % (95% CI)
PHQ9 > 10	16.9 (13.2-20.6)	33.9 (30.3-37.6)*	33.9 (30.4-37.6)*	37.7 (33.5-42.0)*
PHQ9 < 4	55.7 (51.0-60.2)	34.9 (31.3-38.7)*	30.8 (27.4-34.5)*	34.6 (30.5-38.8)*
Depression Diagnosis at Baseline	9.6 (7.1-12.7)	9.8 (7.7-12.3)	11.5 (9.2-14.1)	12.2 (9.5-15.4)
Treatment for Depression at Baseline	7.5 (5.3-10.3)	8.8 (6.7-11.2)	10.9 (8.6-13.5)	10.5 (8.0-13.5)

*** Significant ($p < 0.05$) for comparisons to July 2017**

Williams E, Gupta V, Ross M, et al. Second-year data regarding depression in residents. Poster at ACCP Annual Meeting; 2018.

More External Correlates

External Factors	July 2017 OR for Depression (95% CI)	November 2017 OR for Depression (95% CI)	March 2018 OR for Depression (95% CI)	June 2018 OR for Depression (95% CI)
Higher Income	1.027 (0.821-1.285)	0.754 (0.638-0.891)	0.979 (0.840-1.142)	0.843 (0.712-0.999)
Being in a Relationship	1.038 (0.841-1.280)	0.758 (0.651-0.884)	0.822 (0.706-0.955)	0.872 (0.748-1.017)
Strong Family Support	0.968 (0.730-1.282)	0.661 (0.556-0.787)	0.698 (0.591-0.825)	0.966 (0.802-1.163)
Family Far Away	1.090 (0.759-1.567)	1.199 (0.931-1.544)	1.701 (1.292-2.239)	0.806 (0.602-1.079)
Resident is a Parent	0.799 (0.216-2.953)	1.061 (0.466-2.420)	1.254 (0.487-3.226)	1.462 (0.628-3.406)
GPA at Graduation	1.350 (0.956-1.908)	0.858 (0.645-1.142)	0.872 (0.709-1.072)	0.953 (0.692-1.314)
Fewer Outside Work Hours	0.724 (0.510-0.992)	0.703 (0.545-0.907)	1.132 (0.890-1.441)	0.320 (0.236-0.434)
More Exercise per Week	1.018 (0.869-1.193)	0.682 (0.597-0.779)	0.851 (0.758-0.955)	0.842 (0.740-0.958)
Getting Adequate Sleep	0.933 (0.740-1.177)	0.413 (0.343-0.496)	0.438 (0.366-0.523)	1.277 (1.087-1.500)

Williams E, Gupta V, Ross M, et al. Second-year data regarding depression in residents. Poster at ACCP Annual Meeting; 2018.

More Internal Correlates

Residency-Specific Factors	July 2017 OR for Depression (95% CI)	November 2017 OR for Depression (95% CI)	March 2018 OR for Depression (95% CI)	June 2018 OR for Depression (95% CI)
Residency Focus (Inpatient vs. AmCare)	1.117 (0.552-2.260)	1.301 (0.846-2.002)	2.421 (1.428-4.104)	0.773 (0.503-1.187)
Number of Residents in Program	0.866 (0.675-1.111)	1.003 (0.838-1.201)	0.987 (0.822-1.186)	0.872 (0.712-1.067)
Supportive Director	0.723 (0.537-0.972)	0.560 (0.476-0.658)	0.639 (0.546-0.748)	0.832 (0.701-0.988)
Supportive Preceptors	0.720 (0.513-1.010)	0.497 (0.407-0.608)	0.540 (0.445-0.655)	0.874 (0.714-1.071)
Effective Teaching Methods	0.863 (0.615-1.212)	0.470 (0.381-0.580)	0.547 (0.457-0.656)	0.968 (0.795-1.179)
Good Residency Structure	0.899 (0.652-1.240)	0.449 (0.371-0.543)	0.509 (0.425-0.610)	0.972 (0.810-1.166)
Good Residency Organization	0.873 (0.666-1.144)	0.556 (0.473-0.654)	0.554 (0.468-0.656)	0.950 (0.806-1.120)
Clear Expectations	0.895 (0.668-1.199)	0.489 (0.407-0.589)	0.593 (0.409-0.705)	0.974 (0.806-1.165)
More Residency Hours Worked	0.980 (0.793-1.212)	1.446 (1.249-1.674)	1.598 (1.374-1.859)	0.871 (0.750-1.011)
Less Frequent Full 24 Hours Off	0.784 (0.535-1.148)	0.947 (0.753-1.191)	1.770 (1.394-2.246)	0.806 (0.624-1.041
Likelihood of Having Made Medical Errors	0.858 (0.644-1.143)	1.124 (0.953-1.326)	1.752 (1.489-2.063)	0.762 (0.673-0.910)
Stress from Residency	2.288 (1.743-3.003)	3.284 (2.547-4.235)	2.724 (2.160-3.436)	1.076 (0.902-1.283)

Williams E, Gupta V, Ross M, et al. Second-year data regarding depression in residents. Poster at ACCP Annual Meeting; 2018.

COMPARISON OF CORRELATES

Significant Internal and External Factors	March 2016 OR for Depression (95% CI)	March 2018 OR for Depression (95% CI)
Strong Family Support	0.67 (0.56-0.80)	0.70 (0.59 – 0.83)
Family Far Away	1.59 (1.22-2.07)	1.70 (1.29 – 2.24)
Adequate Sleep	0.39 (0.32 – 0.46)	0.44 (0.37 – 0.52)
Stress from Residency	2.45 (2.01 – 2.99)	2.72 (2.16 – 3.44)
Residency Focus (Inpatient vs. AmCare)	0.58 (0.40 – 0.86)	2.42 (1.43 – 4.10)
Less Frequent Full 24 Hours Off	1.32 (1.16 – 1.49)	1.77 (1.49 – 2.06)
More Residency Hours Worked	1.55 (1.33 – 1.81)	1.60 (1.37 – 1.86)
Supportive Director/Preceptors	0.51 (0.49 – 0.66)	0.59 (0.50 – 0.70)
Good Residency Structure/Organization	0.57 (0.48 – 0.68)	0.53 (0.45 – 0.63)
Effective Teaching Methods	0.50 (0.41 – 0.61)	0.55 (0.46 – 0.66)

Williams E, Gupta V, Ross M, et al. Second-year data regarding depression in residents. Poster at ACCP Annual Meeting; 2018.

Williams E, Martin SL, Fabrikant A, et al. Rates of depressive symptoms among pharmacy residents. *Am J Health Syst Pharm*. 2018; 75(5):292-297.

BEST PRACTICES DON'T EXIST

- 2018 commentary posits that while the issue of well-being has become more well recognized, there is a lack of evidence-based suggestions for programs to reduce risk to medical residents

- 2019 study shows positive perceptions of a resilience curriculum by 28 PGY-1 residents

- Generally, these studies suffer from small sample sizes, vastly different QI approaches, short study timeframes, and weak outcome measures

Edmondson EK, Kumar AA, Smith SM. Creating a culture of wellness in residency. *Acad Med*. 2018;93(7):966-968
Swanson S, Schweiss S. Resident perceptions of a resilience curriculum in a postgraduate year 1 (PGY1) pharmacy residency program. *Curr Pharm Teach Learn*. 2019; in press.

SO WHAT SHOULD WE DO?

- Does everything we do need to be fully supported by peer-reviewed evidence?

- Multifaceted approach supported by the evidence we have
  - Students
  - Residents
  - Preceptors
  - RPDs
  - Workplaces

Student Mentoring

- Share experiences of difficult times with students
  - You probably have more experience and a wider lens to provide perspective
- Improve student awareness of well-being issues
  - Encourage behaviors that minimize risk and improve resilience
- Encourage better residency program selection
  - Including making weaker candidates aware of alternatives
  - Consider factors linked to improved wellbeing in the decision

Resident Mentoring

- Identify those at risk
  - Support systems, co-residents, workplace dynamics, etc.

- Be cognizant of other stressors
  - Help create plans to tackle workload

- Improve awareness of well-being issues
  - Encourage behaviors that minimize risk and improve resilience

PRECEPTOR AND RPD DEVELOPMENT

- Discuss among your residency advisory committee the current state of affairs at your program
  - New Program?
  - High dropout rate?
  - What factors can you influence and what is out of your control?
  - Is your program well organized?
  - What teaching methods are being employed?
  - How is preceptor development being done?
  - Do your residents really need to work this much? Are all of these projects necessary to develop a competent practitioner?

- A supportive director is the most consistent protective factor against depressive symptoms

TIME TO LOOK AT YOURSELVES

- Based on the discussion so far, consider the strengths and weaknesses regarding the training environment at your site
  - Any objective data to confirm that these are actual issues?

- Identify areas for improvement
  - Consider how you might develop a plan to help progress in these areas

- Identify issues that are out of your control that may impact well-being of trainees at your site
  - Consider how you might shield your trainees from the effects of these issues

Future Directions

- Is any of this really an issue?
  - Qualitative study of RPD perceptions is submitted for publication
- Can we predict which residents will develop issues?
  - Studies of medical residents in Japan have predicted resident depression using the Sense of Coherence (SOC) scale
  - Current correlates suggest various factors might help target interventions to at-risk residents
- Quality improvement projects within residency programs
  - Small sample sizes, but if repeated could yield beneficial practices
- Others?

Ito M, Seo E, Maeno E et al. Relationship between depression and stress coping ability among residents in Japan: a two-year longitudinal study. *J Clin Med Res*. 2018;10(9):715-721.

SUMMARY

- Well-being results in trainees achieving their full potential
- Resilience is one part of the equation to address well-being, but consider how you could play a role in reducing the amount of resilience required for success
  - Perseverance through a rough situation with no hope that the situation will change leads to burnout and mental health issues such as depression and anxiety
- While literature exists that defines the issue of reduced well-being in pharmacy education, little literature exists about what to do about it
- Consider what you can control and make changes consistent with creating a culture of well-being at your site

Thank you!

Questions?

TEST QUESTIONS

Compared to medical residents, the rate of self-reported depressive symptoms in pharmacy residents is:

A. Higher
B. Lower
C. About the same

Which of the following statements is true regarding significant correlates of depressive symptoms in pharmacy residents?

A. Director support of the resident has not been correlated with depressive symptoms
B. Income level over $75,000/yr provides a protective benefit from depressive symptoms
C. Exercise, sleep, and close personal relationships appear to protect residents from depressive symptoms

Residents manifest the most symptoms of depression in which month of the residency year?

A. August
B. December
C. March
D. June

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