Faculty Videos of Resilience Narratives at Two Institutions:
Residency Resilience Skills Program Innovation

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ABSTRACT

Burnout and mental health issues among residents are associated with adverse health consequences and suboptimal job performance, e.g. increased medical error. Given role models are key to cultivating resilience, we created faculty resilience narrative videos within resilience skill training programs, hypothesizing such videos would provide new perspectives/insights on resiliency and humanize attendings in a useful way. Child and adult neurology residents at two institutions positively rated the impact of these faculty videos. Such videos are an innovative and practical way to: 1) provide exemplar role models for learning about coping with physician challenges and gaining insights on resilience; 2) access stories of triumph over challenge for inspiration; and 3) work to achieve local culture change by reducing stigma and increase empathy/connection during training. Successful implementation of this video innovation provides good rationale for further evaluation of impact on local culture, faculty experience, and resident attitudes and behavior.

KEYWORDS

Faculty Development, Health Humanities, Narrative, Professional Identity Formation, Professionalism, Reflective Practice, Resident Wellbeing, Resilience

INTRODUCTION

Burnout and mental health issues among residents are associated with adverse health consequences and suboptimal job performance, including increased medical error (Fahrenkopf et al., 2008). International graduate medical education (GME) organizations such as the Accreditation Council for Graduate Medical Education (ACGME) and Resident Doctors of Canada have called for increased recognition that clinician well-being is crucial to deliver the safest, best possible care and improved support for healthcare professional well-being. ACGME now includes a program requirement for implementing wellness guidelines (Accreditation Council for Graduate Medical Education, 2019). Pre-emptive approaches include cultivating trainees' resilience skills to mitigate against the negative

impact of high stress and trauma (Bursch et al., 2017, 2019; Wald, Haramati, Bachner, & Urkin, 2016; Wald, 2017). Resilience, defined as "the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals "bounce back" after challenges while also growing stronger" (Epstein & Krasner, 2013, p. 301) is key to enhancing quality of care and sustainability of the healthcare workforce (Tawfik, Sexton, Adair, Kaplan, & Profit, 2017).

Given role models are key to cultivating resilience (Southwick & Charney, 2012), the authors created faculty videos for use within their respective resilience skills training programs (Bursch et al., 2017, 2019; Wald et al., 2016; Wald, 2017), hypothesizing residents would evaluate the videos to be relevant, help them learn about coping with physician challenges, humanize the featured attendings in a useful way, help them learn about coping with work related challenges, and provide them with new perspectives/insights on resiliency.

BACKGROUND

Medical Setting Culture and Help Seeking Behavior

One obstacle to effective implementation of resilience skills training is medical setting culture. Revealing a mental health or coping challenge is perceived by many trainees as negatively impacting professional advancement due to perceptions of personal weakness, devaluation, and/or discrimination (Wimsatt, Schwenk, & Sen, 2015). Personal stories of physicians experiencing and coping with and/or overcoming adversity have been successfully used to increase trainees' likelihood of seeking professional assistance when needed (Hankir, Northall, & Zaman, 2014). Likewise, hospital-wide discussion amongst caregivers from multiple disciplines about social and emotional issues health professionals face in caring for patients and families may improve resilience (Taylor, Xyrichis, Leamy, Reynolds, & Maben, 2018). However, it is unclear if exposure to the narratives of those who are not known to the observer have an impact on asking for help from supervisors or colleagues and/or resilience-promoting culture. There is thus a need for division or department-based interventions that may serve to support resilience as well as increase the likelihood that trainees will reach out for emotional support or referrals from their faculty mentors or supervisors.

Impact of Narrative Sharing on Trainees and Colleagues

Leading by example by being honest with trainees (and peers) about one's own successes and failures in resilience/wellbeing has been encouraged (Abaza & Nelson, 2018). Showing vulnerability in a safe setting with known faculty sharing stories of emotional challenge and coping efforts may help achieve local culture change and may benefit the storyteller with self-discovery, improved understanding, meaning-making, healing, and/or sharing wisdom with a learning community (Wald, 2011). The therapeutic effect of storytelling due to shared vulnerability has been described (Reisman, Hansen, & Rastegar, 2006). Sharing of story can support learning about what has happened as well as the narrator's own personhood within the work of doctoring (Greenhalgh & Hurwitz, 1998). Faculty narrative storytelling as a variant of appreciative inquiry (Cooperrider & Whitney, 2005) has been described as contributing to "deepening students' understanding and appreciation of professionalism" including "principles of humanism, accountability, altruism, and excellence" (Quaintance, Arnold, & Thompson, 2010, p. 118) and may include resilience. Vulnerability in physicians' narratives has been noted to help "create meaningful narratives that not only help to make sense of our experiences, but also profoundly affect the lives of others." (Sample, 2010, p. 494). While the phenomenon of vicarious resilience (Engstrom, Hernandez, & Gangsei, 2008) has been described in reference to mirroring resilience of patients, the term may also be relevant with mirroring of faculty resilience. The sharing of personal narratives can also foster affiliation or kinship between faculty and trainees (Charon, 2001). Mechanisms by which the videos might positively impact residents include: 1) Normalizing discussions about occupational challenges, 2)

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