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Finding the sweet spot: Developing, implementing and evaluating a burn out and compassion fatigue intervention for third year medical trainees

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ABSTRACT

Medical trainees are at high risk for developing burnout. Introducing trainees to the risks of burnout and supporting identification and proactive responses to their 'warning' signs of compassion fatigue (CF) is critical in building resiliency. The authors developed and evaluated a burnout and CF program for third year trainees at a Canadian Medical School. Of 165 medical trainees who participated in the burnout and CF program, 59 (36%) provided evaluation and feedback of the program and its impact throughout their year. Participation included self-utilization of a validated CF and burnout tool (ProQOL) across three time-points, workshop feedback, and focus group participation. Results highlighted the importance of 1) Recognizing Individual Signs & Symptoms of Stress, CF and Burnout; 2) Normalizing Stress, CF and Burnout for Students and Physicians; 3) Learning to Manage One's Own Stress. A decrease in compassion satisfaction and increase in burnout between beginning and end of third year were found. Further outcomes highlighted the importance of learning, living and surviving CF and burnout in clerkship. Emergent theory reveals the important responsibility educators have to integrate CF and burnout programs into 'the sweet spot' that third year offers, as trainees shift from theoretical to experiential practice as future clinicians.

1. Introduction

For me, before, I wasn't really… affected. And I didn't think I was going to be affected by it in third year. But…recently, I was, and … really, OK, this, this actually does happen.

Medical trainees often go through a wide and varied range of emotions in their learning, from awe- inspiring discovery to the depth of despair and suffering. Some trainees bring with them their own difficult life experiences that have taught them that they are not infallible, while others may feel that major stress and burn out would never happen to them, as the trainee in the above quote. Educators are painfully aware that signs of burn out are actually common phenomenon experienced by medical learners, with frequency significantly greater for more senior students (Dyrbye et al., 2006; Goebert et al., 2009). Medical students have also been found to experience secondary traumatic stress during their clinical practice (Crumpei & Dafinoiu, 2012). Specifically, third year medical students experience a decrease in empathy even though they are just beginning to work with patients (Hojat et al., 2009).

A growing phenomenon across the varying fields of helping professionals is that of Compassion Fatigue (CF), recognized as the emotional, psychological, and physical exhaustion arising from exposure to the sick and suffering (Adams, Boscarino, & Figley, 2006; Figley, 1995, 2002b). Over the last few decades, research on CF has continued to expand to better define and understand CF. Commonly, CF is understood to incorporate two elements: burnout and secondary traumatic stress (Adams, Figley, & Boscarino, 2008; Bhutani, Bhutani, Balhara, & Kalra, 2012; Boscarino, Figley, & Adams, 2004; Figley, 1995, 2002b; Stamm, 2010). Burnout is described as exhaustion and frustration resulting from stressful, demanding environments (Baker, 2012), while secondary traumatic stress is described as experiencing traumatization through hearing and supporting another through a traumatic event (Bride, 2012). While some conceptualizations of CF use secondary traumatic stress and CF interchangeably (El-bar, Levy, Wald, & Biderman, 2013), others situate CF in the context of stress process models (Adams et al., 2008), while still others argue that CF while being conceptualized as a new concept, is actually widely

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integrated into modern psychoanalytic practices which address how clinicians respond to interactional elements on multiple levels of practice (Kanter, 2007). Recognizing the conceptual variability that exists in relation to CF, this study follows the conceptualization of CF presented in the Professional Quality of Life tool, utilized in this study, which measures both burnout and secondary traumatic stress as individual aspects of CF (Stamm, 2010). Similar to stress process models, a theoretical path analysis of the ProQOL highlights that varying factors of work, client, and person environments can impact experiences of compassion satisfaction, burnout, and secondary traumatic stress differently (Stamm, 2010). CF has been well documented as occurring in a wide range of medical, nursing and health care contexts (Adams et al., 2008; Bhutani et al., 2012; Figley, 1995, 2002a; Hooper, Craig, Janvrin, & Reimels, 2010; Najjar, Davis, Beck-Coon, & Doebbeling, 2009; Sabo, 2006). While we may assume that this exists in practitioners at later stages of their career, research has identified symptoms of CF and burnout early in training (Cecil, McHale, Hart, & Laidlaw, 2014; IsHak et al., 2013; Showalter, 2010).

Despite the predicted prevalence of CF, the literature also suggests that compassion fatigue can be mitigated through activities that promote resilience such as: self-awareness, self-care, and mindfulness training (Figley, 2002b; Kearney, Weininger, Vachon, Harrison, & Mount, 2009; Krasner et al., 2009; Sanchez-Rielly et al., 2013). Research has suggested the need for CF education early in the careers of health professionals (El-bar et al., 2013; Prins et al., 2010), and highlights the importance of addressing CF and burnout within both undergraduate and graduate curriculum (Eckleberry-Hunt et al., 2009; IsHak et al., 2009; IsHak et al., 2013). To date, it is unclear as to the optimal method of teaching the topic. What is also lacking is the exploration of the level of *self knowing* that individual students have with regards to their unique constellation of signs and symptoms of distress. Many physicians become experts at ignoring their body's messages to stop, reflect, and make changes in their lives, leading to missed opportunities to address stress and burn out before they become overwhelming. We propose that this is a fundamental element in the education of students to prepare them for managing stress and burn out. If stress and burn out were regarded as Occupational Hazards, and to some extent expected; then it is critical that they are given a fair representation in the medical curriculum. We also need to look closely at the timing of this education.

We hypothesize that teaching medical trainees about the theory of self-knowing and strategies for self-care *before* trainees have had clinical experience may not have maximum impact if they presume that CF or burnout could never happen to them. At the same time, if trainees are immersed in clinical experience and have not received adequate stimulation for reflection and insight into their own personal precursors to burn out, they may not see the signs early enough to employ the self-care strategies at their disposal. This study encompassed the whole of the third year of clinical clerkship, to determine if a CF workshop intervention at the beginning of the year had an impact on their experience of CF and burn out throughout the course of the year.

1.1. Workshop leaders

Two of the authors, TT, and MB are trained Compassion Fatigue Educators. They have collaborated extensively over the last six years on the development and delivery of many workshops from the local to the international level, bringing their message of compassion fatigue to thousands of physicians, nurses, clergy, social workers, other allied health professionals, and volunteers. The workshop has been received with resounding gratitude, giving participants a safe place to speak about that which is feared, and to begin to address how they can help themselves and each other. Follow-up with some participants suggest that the intervention has lasting results. Success of the workshop, coupled with knowledge of undergraduate student distress stimulated the desire to bring the workshop to the undergraduate medical education level.

2. Methods

2.1. Theoretical underpinnings

Drawing on Haji et al. (Haji, Morin, & Parker, 2013) and their "seven essential elements of the programme evaluation process"(p 347), this paper addresses our overarching process, beginning with a 'planned theory' in relation to compassion satisfaction and CF. Within one medical school we developed and implemented a program on CF to provide students with the opportunity to pause, reflect, and proactively explore ways of recognizing and of mitigating CF and burn out in their own lives. In addressing the process and outcome of our program, we address both the planned and emergent elements which arose, and ultimately how we built our own emergent theory about how and why this form of education needs to be woven into core undergraduate medical education curriculum. See Appendix A: Fig. 1 Compassion Fatigue Evaluation Framework.

Woven into the planned theory is an emphasis on self-knowing and self-awareness. Informed by early theoretical understandings of self-awareness (Duval & Wicklund, 1972), and self-efficacy (Bandura, 1977, 1997), this study utilized self-assessment activities that encourage participants to identify their individual signs, symptoms and behaviours around stress. After identifying these elements, participants actively apply the theoretical pieces of CF and Burnout to their own lives.

2.2. Setting and participants

This study was conducted at a Canadian undergraduate medical school. Ethics approval was received from two required research ethics boards. At the beginning of the year, all third year medical trainees attended our CF program as part of their regular curriculum. As third year trainees are just beginning their clinical clerkship years (3rd and 4th year of a 4 year program), these students were seen as a cohort who could particularly benefit from our workshop on compassion fatigue.

Of the 165 third year medical students (118 English, 47 French), 59 (36%) participated in the Time 1 (beginning of the academic year, August) data collection, 18 (9%) at Time 2 (mid academic year, January), and 32 (19%) at Time 3 (end of academic year, April). Of the 59 students who participated at Time 1, 42 (71%) were female, and 16 (27%) were male. Mean age of medical students was 25 years old, with a range of 23 to 33 years of age.

2.3. Workshop design

Components of the workshop are as follows:

1. Definitions and statistics around stress, compassion fatigue and burnout (Figley, 1995; Stamm, 2010), and contributing factors relevant to the health care professional.
2. A self-reflection exercise to increase awareness of one's own signs and symptoms of distress, as well as our capacity to ignore the message behind these important indicators.
3. A self-reflection exercise to hone in on the specific areas that are creating distress, in the realms of environment, relationships, career, money and body, mind, and spirit.
4. A review of evidence for strategies aimed at increasing resilience and coping skills, followed by an exercise in which participants create their own strategy for mitigating burn out and CF.

Each of the self-reflection exercises included time for participants to reflect on their own experience, as well as time to reflect and share in the group. Trainees were introduced to ways to communicate their stress, in non-confrontational ways, with colleagues, family or friends, and to discover how to increase the success of their self-care and