



Making Meaningful Change: Building Resilience through Medical Student Reflection Groups

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Objectives:

At the conclusion of this talk, participants will be able to:

- 1) Describe how medical student reflection groups may be a potential intervention to promote medical student wellness and resiliency.
- 2) Identify potential challenges and successes in using support groups as a means to promote social support for medical students.



Fill in the Blank: (One Word Answers)

Medical School is (or was) “_____”.



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Crowdsourced Responses



Credit: Twitter

Expensive
Rewarding
A Privilege
A Struggle
Formative
Hard/Challenging
All-Encompassing
Altering
Exhausting/Draining
Too Long
A Marathon/The Start
Shitty



"They're crowdsourcing your session." SIP/LESS

The New Yorker

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.....Medical School is **UNIQUE**



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The Problem

- No forum to talk about the unique nature of the medical school experience
- Higher rates of depression, anxiety, and burnout compared to age-matched samples and the general population^{1, 2}
- Has personal impact (including decreasing empathy) and may contribute to suboptimal patient care³
- Medical schools have not yet incorporated opportunities for students to establish meaningful connections for social support .⁴

1. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. *Acad med* 2006;81:354-73.
2. Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. *Med Educ* 2016;50:132-49.
3. Dyrbe L, Thomas M, Huntington J, Lawson K, Novotny P, Sloan J, Shanafelt T. Personal life events and medical student burnout: A multicenter study. *Acad Med* 2006;81:374-84
4. Ziegelstein RC. Creating Structured Opportunities for Social Engagement to Promote Well-Being and Avoid Burnout in Medical Students and Residents. *Academic Medicine*. 2018 Apr 1;93(4):537-9





A Potential Resilience Intervention: Medical Student Groups led by Residents

- Resiliency is “a dynamic capability which can allow people to thrive on challenges given appropriate social and personal contexts.”
- Good social functioning and support may lead to more resilience during stressful, potentially traumatic events during medical school.¹
- Support groups, known to be helpful in treatment of psychiatric disorders, may provide social support and self-reflection to help promote resilience.
- Outdated and minimal literature on support groups as an intervention in the medical student population.
 - One study in 1975, women support group run by psych faculty-helped with professional identity and relationship building²

¹Haglund et al. Resilience in the Third Year of Medical School: A Prospective Study of the Associations Between Stressful Events Occurring During Clinical Rotations and Student Well-Being. *Academic Medicine*. 2009; , 84(2): 258-268.

² Hilberman E, Konanc J, et al. Support groups for women in medical school: a first-year program. *J Med Educ*. 1975 Sep;50(9):867-75.

Reflection Group Structure

- ☞ 4-12 medical students per group
- ☞ Two resident co-leaders senior (PGY3/4) paired with junior (PGY1/2)
- ☞ Meet for 1.5 hours **every other week** for at least 6 months



Medical Student Recruitment

- ❧ 5-minute presentation in Psychiatry block classes for MS1 and MS2 students with sign-up sheet and e-mails to class list-serves
- ❧ Students could indicate interest in “type of group” (all female, all male, diversity focused, separated by year or mixed)
- ❧ Voluntary
- ❧ Framed as “**reflection**” groups and not “**support**” to decrease stigma around psychiatric needs and make more open to all



Group Training for Psychiatry Resident Facilitators

- ☞ 3 two-hour training sessions in person or by AV recordings
- ☞ Topics included: Support group purpose/aims, format, leaders role, diversity issues, techniques, managing special situations with role play
- ☞ Supervision for facilitators **every other week** following start of groups with two preceptors
- ☞ Discussion on confidentiality plus coordination to ensure resident facilitators never evaluated students on clerkships

Methods

- ☞ IRB approval was obtained to distribute two surveys to students.
- ☞ Pre-group survey
 - ☞ Qualitative questions regarding what students hoped to get out of participation
 - ☞ Quantitative measures (UCLA loneliness scale, Emotional Self-Awareness Scale (ESAS), Depression and Anxiety screen)
- ☞ Post-group survey
 - ☞ Quantitative measures about groups meeting goals, about facilitators, etc (Likert scales)
 - ☞ Qualitative questions about what students got out of group participation, and planned to incorporate into their futures as physicians
 - ☞ Standardized quantitative measures (UCLA loneliness scale, ESAS, Depression and Anxiety screen)

Methods

- ☞ For the second cohort of students (academic year 2017-18), students were assigned a random participant ID number by a department coordinator. They were asked to include the ID number on surveys to be able to pair scores for statistical analysis.
- ☞ Descriptive statistics and chi square analyses were performed using SPSS.

Results: Cohort 1

Year	# New Students Signed Up	# Retained in Groups	% Retention	# Groups
2016-2017	41 students (MS1, MS2)	16	39%	3



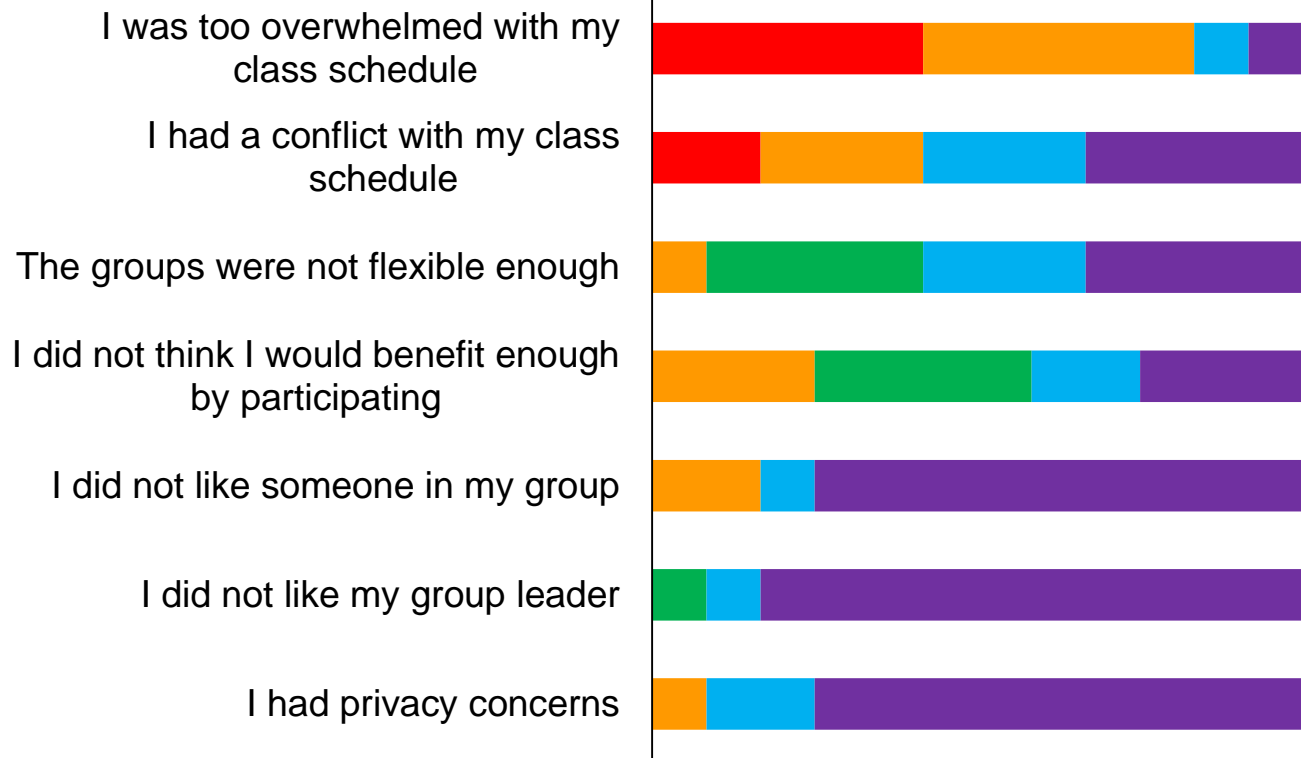
Results:

Attrition and Reasons for Dropout

- Rate of attrition for cohort 1 (2016-2017) was 61%.
- Students who did not continue in group after initial recruitment from cohort 1 and II (n =33) received a survey to better understand attrition. 12 students responded (n=8 from cohort 1, and eventually an additional n=4 from cohort 2).



0% 20% 40% 60% 80% 100%



■ A lot ■ Moderately ■ Neutral ■ A little bit ■ Not at all





Challenges Leading to Changes for Cohort 2

Recruitment:

- We started in the Fall (as opposed to Spring)
- Sign-ups were held outside of class (e-mail, bagel breakfast, new student orientation)
- Groups were all co-ed, but students expressed interest for class-specific groups

Retention:

- Added step in sign-ups where students have to go on a Google survey and indicate availability

Results: Cohort 2

Year	# New Students Signed Up	# Retained	% Retention	# Groups
2017-2018	25 students	14	56%	3 new + 1 continued from previous year

Results: Attrition

- Rate of attrition for cohort 2 (2017-2018) was 44%
 - Cohort 1: 61%
 - chi sq = 1.8051, p = 0.179

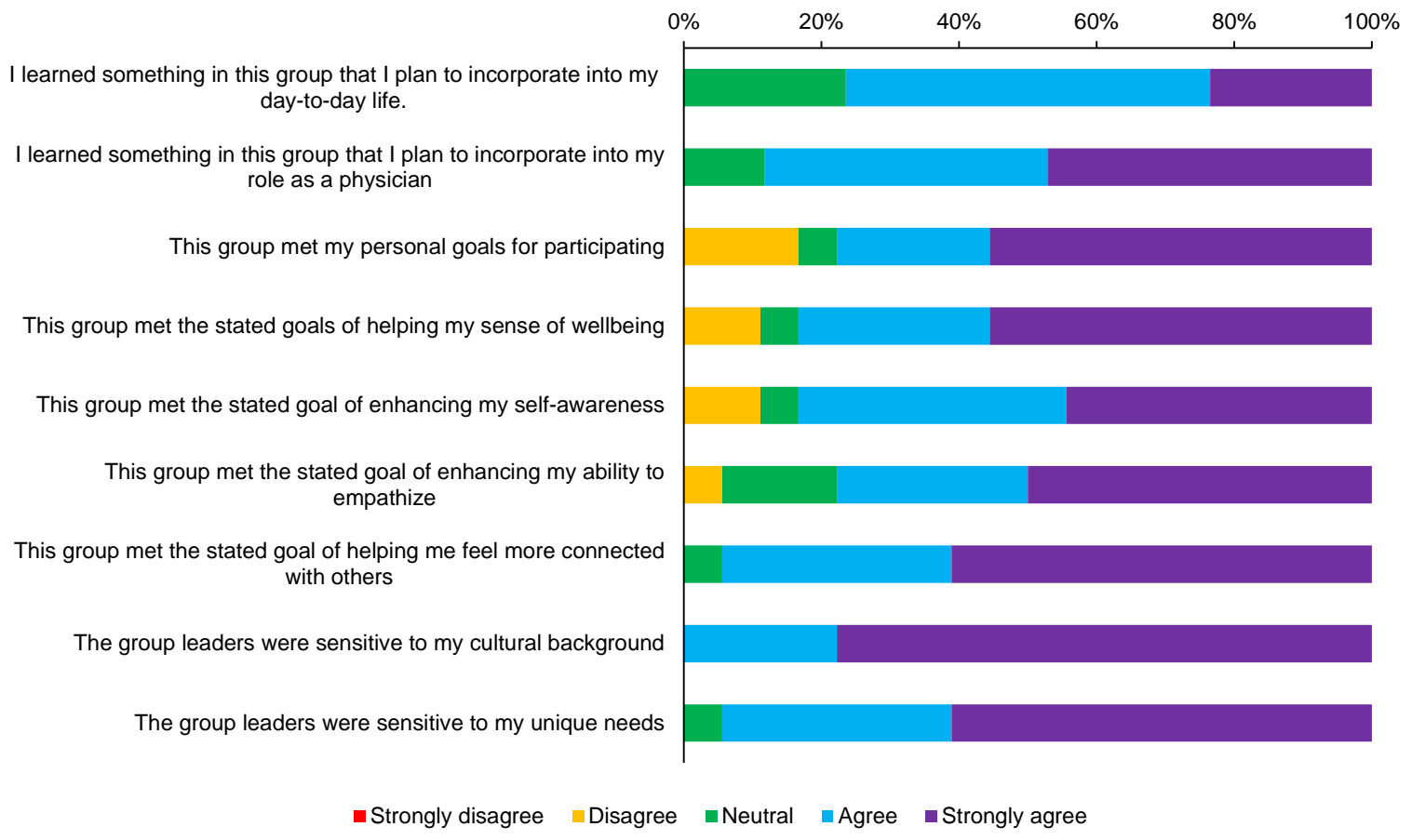




Results:

Self-Reported Group Benefits and Satisfaction from Participation







Would you recommend reflection groups to peers?

17 of 18 participants stated they would recommend the reflection groups to peers (1 participant did not answer the question)





Thematic analysis:
What three things did you take away from participating in
the reflection group?

Overcoming
imposter syndrome
through shared
experiences

"I have felt more connected with my peers by realizing that we share some of the same fears, vulnerabilities, and anxieties."

"Many of the things I struggle with in focusing and getting through the hard parts of medical school are similar to what other people struggle with."



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Thematic analysis:
What three things did you take away from participating in the reflection group?

Improved connection with others (decreased loneliness)	<p><i>"I feel more of a connection to my fellow medical student colleagues because of this group."</i></p> <p><i>"Even if they can't quite articulate it, people appreciate being reached out to."</i></p> <p><i>"Learning that I can create my own sense of belonging."</i></p>
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Thematic analysis:
What three things did you take away from participating in the reflection group?

Exposure and tolerance to diverse perspectives

"The members of this group are very diverse, so I learn about the variety of perspectives people can have about issues. I have learned so much about how different people can have differing opinions but still believe in and respect each other."

"[To] try to be more patient and understanding of those around you (everyone is coming from a different place)."

"Group has taught me to be more mindful of the burdens people might be carrying."





Thematic analysis:
What three things did you take away from participating in the reflection group?

<p>Insight into importance of self-care</p>	<p><i>"Self-directed reflection is challenging but worthwhile when done well."</i> <i>"I need to set aside time to focus on mental health [and] it doesn't take a lot of time to decompress."</i> <i>"It helped me reprioritize things like friends, connecting with people, and being introspective when there was the onslaught of a million other things that I could have done in and around school."</i></p>
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Thematic analysis:
What three things did you take away from participating in
the reflection group?

Increase in
emotional
Self-awareness

"I learned I judge other people who I am not close friends with more than I realized, my reactions to other people are more telling about myself than the other person."

"That talking about my problems isn't a burden, that I'm uncomfortable with silence."

"My feelings are meaningful, important, and a source of my creative drive, and they shouldn't be minimized."





Thematic analysis:
What did I learn in this group that I plan to incorporate into
my life as a physician?

Collaborative skills
with peers for
effective teamwork

"[How To] discuss stressors with colleagues"

"[How to] give constructive feedback to others"

"Understanding what my peers value in terms of professionalism (i.e. emotions caused by tardiness, unpreparedness of our colleagues) was really important and I will use this to be an effective team-member now and in the future."





Thematic analysis:
What did I learn in this group that I plan to incorporate into
my life as a physician?

Thoughtful
approaches to
patient care

"I will remember to speak up when a patient or colleague is marginalized or disparaged."
"What a support group entails for future patients"
"Just generally increasing my empathy and my likelihood of trying to understand where my patients are coming from instead of jumping to judgments."
"Being more empathetic to other people's experiences and positions"



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Thematic analysis:
What did I learn in this group that I plan to incorporate into my life as a physician?

Importance of self-awareness

"I frequently have strong reactions to other group members and am sometimes not as respectful as I would like to be. This is something I need to be aware of with patients"
"I will do more reflective writing."
"Trying to be productive with our frustrations"
"The importance of self-health."



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Results:

Preliminary UCLA Loneliness Scores

- In the subsample of 6 participants for whom we had clearly identified pre-group and post-group data, there was a decrease in UCLA loneliness scores by 20%:
 - prior to group M=41.0, SD= 11.1
 - after group M=32.8, SD=7.8
- In this same subsample of 6 participants, there was little difference in ESAS and depression/anxiety scores.

Next Steps

- Continue three current groups (two MS2 groups, one predominantly MS4 group).
- Start a new round of recruitment and groups for 2018-19.
- Continue quantitative and qualitative data collection.
- With further data, the medical student reflection groups may be a way to increase social support and improve medical student wellbeing.
- Analyze data on resident opinions and impacts of serving as group facilitators.



Final Anecdotes



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