

ACT TO REDUCE PSYCHIATRY RESIDENT BURNOUT

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Background: Burnout is stress characterized by exhaustion, cynicism, detachment, and loss of self-efficacy (Maslach et al., 2001). It is common among physicians and is reported by 30% of the residents in the Duke Psychiatry Residency Training Program (DPRTP). Burnout has been linked to reduced patient safety (Epstein & Privitera, 2016) and poor physician mental health (Epstein & Privitera, 2016). It is highest among physicians “on the front lines of care” (i.e., emergency and family medicine); core rotations in the DPRTP (Shanafelt et al., 2012). The DPRTP has recently made efforts to reduce resident burnout by changing job factors (e.g., ensuring appropriate duty hour limits) yet in DPRTP surveys, over 30% of residents still report deprivation that they fear impacts patient safety and their ability to learn.

Acceptance and Commitment Therapy (ACT) is a cognitive behavioral treatment that promotes skills to improve human functioning and adaptability and allow for greater consistency between behavior and personal and professional values. ACT skills have been used with a variety of populations, including clinicians. Studies show that even brief ACT interventions reduce burnout and improve personal and professional valued living among providers in medicine-related fields.

Objective: The aim of this study is to gather preliminary data on acceptability and effectiveness of an ACT workshop for reducing resident burnout offered as part of the Duke Psychiatry Residency Training Program (DPRTP).

Methods: Duke Psychiatry residents completed a self-assessment of burnout, sleep disturbance and impairment, general health and life satisfaction and then participated in an ACT workshop focused on reducing burnout (conducted over 2 consecutive weeks) during their academic half day. Immediately following the workshop, residents completed acceptability measures. Residents are currently receiving weekly text message reminders of workshop content and will complete a re-assessment of burnout and wellness in October of 2017.

Results: Thirty-seven residents representing all five cohorts participated in the current study. The sample was 51% female and 62% Caucasian with a mean age of 31 years (SD = 3.96 years). Duke Psychiatry Residents reported on average moderate levels of burnout. They reported typical levels of sleep disturbance and impairment relative to adults in the US general population. While sample size is too small to reliably analyze differences between resident cohorts, residents beginning their third year of residency reported high levels of burnout and rated their life satisfaction lower than other cohorts. Results indicate that the workshop was highly acceptable, with 81% of residents reporting that the workshop was helpful and 83% indicating they would recommend the workshop as part of the Resident Training Program.

Significance: Findings suggest that Duke Psychiatry Residents are experiencing moderate degrees of burnout and perceive a brief ACT workshop targeting this problem as acceptable and helpful, supporting its inclusion in the Resident Training Program. Data also provides preliminary evidence that early third year of residency may be a particularly vulnerable time for burnout. Additional data on workshop effectiveness are forthcoming.