

**A Program to Create Balance in the Lives of our Residents**

**Dedicated to the memory of  
Greg Feldman, M.D.  
Chief Resident 2009-2010**

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The memory of Greg Feldman is extremely emotional for all of us. He seemed to me to be extremely good at balancing his work and non-work life, and cared about getting other residents to have fun both at and outside work. So it seems appropriate both in content and timing that it be dedicated in honor of him. In so doing, I feel that it is important to not lose focus because the best way to honor him is to insure the program has a meaningful and lasting impact on the residents. In my opinion it is important to remember that many of the most impactful aspects of the program are not flashy, but rather the low hanging fruit like advising our residents as we advise our patients - making sure they see their doctor/dentist, telling them to try to exercise and eat healthy, helping them develop healthy coping mechanisms, promote friendship/socializing among residents, and putting mechanisms in place that can facilitate those basics.

Greg Magee, M.D. – Stanford General Surgery R-4

**“The Terrible Toos”**

too many hours in the hospital

too little sleep

too many patients

too little time with family

too little time to study

too much to learn

too many bad outcomes

too little exercise

too many beeper calls

too little control

too much scut

too little money

too much pressure

too much criticism

too little respect

too little support

too much ridicule

just too much!!

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\*\* Modified from Sotile and Sotile, 2010.

## **Physical Health**

### **1. It is the expectation of the Stanford General Surgery Training Program that all surgical residents will take their physical health seriously and schedule regular appointments with their primary care physicians.**

- It is the training program's expectation as well that surgical residents will schedule regular appointments with their dentists.
- At the program director bi-annual meetings residents will be asked whether they saw their doctors and dentists. It is not the intent of the program to meddle in residents' personal lives. But if we as physicians recommend scheduling such appointments to patients, we will do the same ourselves.

### **2. Healthy diet**

- A refrigerator has been purchased and will be housed in the Goodman Simulation Center. It will be stocked only with healthy foods and will be exclusively for the use of the general surgery residents.
- This also will be discussed at the program director bi-annual meetings.

### **3. Exercise**

- Exercise is a critical component of a healthy lifestyle and is especially important for surgical residents who work long hours and must be physically fit to be able to keep up with the rigors of surgical training.
- This likewise will be discussed at the program director bi-annual meetings with individual residents.

### **4. Stanford "After Hours"**

- We have prepared a pamphlet which not only provides the names of recommended physicians and dentists but a lengthy list of gyms and fitness centers both on and off campus, as well as a complete list of the many fabulous places for hiking and biking in the Bay Area.

## **Psychological Health**

### **1. Balance in Life Meetings**

- We have created and inserted into the schedule during Tuesday morning protected time, meetings by PGY year to discuss issues encountered during residency (eg: feeling out of place, struggling with the loss of a patient, dealing with bad outcomes, fatigue and the like).
- Balance in Life meetings will occur once a week with residents by PGY year. This will include all the categorical and undesignated preliminary residents in each of the PGY 1 and 2 years, the residents undertaking professional development, and the categorical residents in PGY 3, 4, and 5. These sessions are MANDATORY.
- It is our expectation that these meetings will facilitate difficult conversations regarding challenges people face in their personal and professional lives and will be

open to any and all resident concerns.

- These meetings will be supervised by psychologists experienced in group therapy in collaboration with the Department of Psychiatry.
- It is our expectation that residents will be able to discuss both the negative and positive aspects of the rigorous work schedule, feelings of exclusion, and a variety of stressors including fatigue, bad outcomes, burnout, etc.

## **2. Belonging intervention**

- A belonging intervention can help people feel more like they fit in.
- These are typically done at times of transition, such as the freshman year of college.
- An intervention with surgery residents can help PGY-1 and PGY-2 residents feel more like they fit in, which may consequently improve their psychological health as well as their job performance.
- The intervention would be staged over multiple time points but would only require ~45 minutes of each resident's time.
- This intervention is seen as helpful to all types of transitions including transition to fellowships after residency is completed.
- At any transition point, people can have difficulty feeling that they are partners in the group. For residents, the transition from medical student to intern is particularly challenging. Creating an intervention to target people as they go through this transition will help them feel like they belong. Similar interventions in other populations have been shown to have effects lasting up to 3 years. This is a relatively low-cost way to improve psychological health.

## **3. Finding Meaning in Medicine**

- Physicians who take time to participate in groups that focus on finding meaning in medicine experience increased meaning, resilience, belonging and balance.
- Residents will be encouraged during group meetings to reflect on core values of work and life as physicians (e.g. compassion, service, healing, hope, sacred, renewal, forgiveness, etc.).
- The group leader will be encouraged to focus on the spiritual aspects of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. Many people find spirituality through religion. Some find it through music, art or a connection with nature. Others find it in their values or principles. Taking time to reflect on shared core values of being a physician, in the company of colleagues, builds an increased sense of meaning, belonging, resilience and balance, and can serve as an antidote to burnout.

# Team-building

## 1. Retreats

- A retreat will occur on a yearly basis for residents and selected faculty.
- Several months prior to each retreat, a "team analysis" will take place with a standardized survey that is designed to assess the surgery resident cohort/team competencies, including communication, cohesion, and leadership. The results of these "competency profiles" can then be used to highlight the important issues to address during the upcoming retreat, as well as to track progress from one retreat to the next.
- Specific goals will be set for each retreat, with the goal of integrating the skills learned during the event back into the workplace. Specifically, the focus will be on interpersonal and communication skills, one of the ACGME core competencies.
- The chosen setting will be at a distance from the clinical venue, and will be conducive to relaxed and undistracted discussion. This also means that all of the residents will be excused from clinical activities (including home call) during this time. The one-day retreat can take place on the Peninsula, while the weekend retreat can be farther away.
- Completing personality profiles, such as the Myers-Briggs Type Indicator, can help residents identify their own interpersonal communication styles and become aware of the styles of the people with whom they work. An invited psychologist can lead exercises to develop team-working styles that maximize the diverse strengths of the team members and help them work effectively together.

## 2. Ropes Course and more

- In order to build team skills, activities will focus on teamwork (e.g. ropes courses, rock climbing relays, team sports/exercise, hiking trips).
- Breakout sessions to address gender-specific and class-specific questions/problems will take place with a focus on developing solutions and a support system.
- There are a number of entities which have a multitude of ropes courses, other team-building exercises, communications methodologies, leadership-focused retreats, and team needs assessment experts. A group of residents and faculty will be convened to determine the best venue for this process.

## 3. Resident Mentor/Mentee Program

- Individual mentorship program between junior and senior residents will provide guidance in navigating residency and personal problems, as well as help in integration into the residency/Stanford/West Coast community.
- Each categorical intern and R2 resident (mentee) is required to submit a rank list of 3 candidates for his/her (mentor) from the R3 or R4 resident pool.
- The nominated senior residents will be asked whether they can accept the responsibility after reviewing an official document that outlines their responsibilities and includes a list of accessible/recommended resources for psychological, physical, financial, social, and spiritual health. Their responsibilities include monthly "check-

in" phone calls or in-person meetings between the mentor/mentees, being available for discussion of research and career decisions, help with integration into the Stanford and Bay Area community via inclusion in the social events the mentor is attending, and any other activities that will foster the development of friendship and a psychological support structure. Mentors will be required to submit an email to Nicole Cordova (ncordova@stanford.edu) with the meeting/phone call dates and mutually attended social event dates (but not content of the conversations) every quarter. Reminders will be sent quarterly.

- Each senior resident will not have more than two mentees.
- The development of a close relationship with a more senior resident will help prevent the isolation of interns and R2s, as well as provide them with guidance from those who have successfully navigated the same difficulties they face. It will also allow for more trust and openness than is usually present in the resident-faculty mentorship relationships.

## Social Health

Various types of social events can bring residents together and will be scheduled throughout the year.

- One of the residents currently in the Professional Development years and doing research locally will be nominated by the resident cohort to be the Social Chair.
- The Social Chair will be responsible for organizing evening and weekend events that will promote socializing of residents (especially across different post-graduate levels) and the development/continuation of their varied extracurricular interests. These events include, but are not limited to:
  - Quarterly dinner for all categorical residents with several invited faculty (different faculty members each time)
  - Sports: football/basketball games or golf outings
  - Happy hour gatherings/wine tastings
  - Group jogs, biking trips, hikes
  - Administrative support will be available for arranging events.
- Residents who continue to remain well-rounded human beings and feel integrated into their community are happier. Happier people do more and better work than unhappy people.
- For example, SUMC has offered football tickets free of charge to faculty. Many faculty gifted these tickets to residents.

## Structural Issues

### 1. Space

Space will be provided for residents **at each site** where they can congregate, work, exchange ideas, and learn. The space will be comfortable, familiar, and effective.

- There will also be space to store belongings/bags, food, a microwave, textbooks/surgery library. Phones, computers, and work spaces will be present.
- The space will have calendar of upcoming events.

- This would ideally be a place where sign-out could occur.
- Having a home base where residents can interact with one another in a work environment will facilitate interpersonal relationships and allow us to learn from one another. Having a collective space, which belongs to the residents, encourages a feeling of belonging and togetherness.

## 2. Resources

There will be a central place for residents (and staff) to quickly identify “life” resources at the hospital and community.

- These will be posted so that they can be continuously updated.
- The booklet entitled Stanford General Surgery “After Hours” has been created to assist all residents in identifying resources at work and home and is our initial attempt to fill this need.
- Resources will include:
  - Available GME resources
  - Counseling services
  - Spiritual services (e.g., churches)
  - Financial advising/investing
  - Substance abuse issues
  - Anger management
  - Fatigue management
  - Grief counseling
  - Marriage and family counseling
  - Family planning
  - Childcare/nanny services
  - Healthy places to eat
  - Housing
  - Who to contact within the program if you need help (staff, faculty and residents)
- It will be easy to identify resources to provide assistance with difficult issues/life events when needed and to enrich the lives of residents and their families. Faculty, staff and residents (particularly chiefs and big sibs) will be aware this resource list exists so they can refer to it as needed.

## 3. Forums

We will facilitate a way for residents to constructively discuss issues that present themselves within the residency using a solution-based approach.

- Each class will elect a resident to act as a representative to a larger committee.
- We will facilitate a way for residents to constructively discuss issues that present themselves within the residency using a solution-based approach. Currently the only liaison between the residents and the program administration are the administrative chief residents, who are hand-picked from above and may not be aware of the concerns of each PGY class. We propose that each class **elect** a resident to act as a representative to a larger committee. Monthly or quarterly meetings of this committee with administrative chiefs and program directors will be an opportunity to discuss issues and cultivate solutions collectively. Town hall meetings at core course (with a

- set schedule and an agenda) and/or a resident retreat could also provide a time for this. This approach offloads the administrative chiefs and also allows each class to feel empowered to voice concerns particular to their year and the residency as a whole. Coming together also allows us to all gain perspective from one another.
- This approach spreads administration to a larger cohort than only the administrative chiefs, and allows each class to feel empowered to voice concerns particular to their year and the residency as a whole. Coming together also allows us to all gain perspective from one another.
  - National forum-we will present our “Balance Program” at the ACGME National Meeting in March 2012.

#### **4. Program Management and Sustainability**

- Resident Leadership at inception will be the four residents who participated in the development of “Balance in Life”.
- One each year will serve as the “Balance in Life Chief Resident”
  - 2013-2014 – Yulia Zak
  - 2014-2015 – Arghavan Salles
  - 2015-2016 – Lyen Huang
  - 2016-2017 – Zachary Kastenber
  - 2017-2018 – Cara Liebert
  - 2018-2019 – Micaela Esquivel
- Thereafter new leaders will emerge

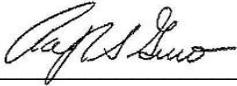
#### **5. How do we guarantee that the program will not dissipate over time**

- Resident Leadership at multiple levels
- Endowment
  - Institutional memories are very short

From the Committee on Resident Balance in Life by:

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