

Fostering Resilience in OMS-I's: The Meaningful Medicine Mentoring Program



Sherry Jimenez, EdD, Emily R. Young, MD, and Jill V. Helphinstine, MD

Workshop Agenda

- Introduction
- Program Format
- Rationale/Advantages
- Resilience/Physician Burnout-Topics
- QA

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Abstract/Outcomes



- In this session, attendees will be introduced to a mentoring program developed for first year osteopathic medical students that emphasizes humanism in medicine.
- Rationale for developing this program in partnership with local physicians will be described.
- Fostering resilience through building relationships and teaching physician burnout to medical students early in their careers will be highlighted.
- Outcomes:
 - Describe the format of the mentoring program introduced
 - Explain the advantages of incorporating physician burnout as a topic in a mentoring program
 - Identify topics that foster resilience early in medical school that can be integrated into a mentoring program.

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Introductions

- **Sherry Jimenez, Ed.D**
 - Co-Director for MU-COM Meaningful Medicine Mentoring Program
 - Assistant Provost for Teaching Excellence and Assessment of Learning (TEAL)
 - Student performance, accreditation and faculty development
- **Emily Young, MD**
 - Co-Director for MU-COM Meaningful Medicine Mentoring Program
 - Assistant Professor of Pediatrics
 - Board Certified in Pediatrics and Internal Medicine
- **Jill Helphinstine, MD**
 - Assistant Professor of Clinical Pediatrics, Indiana University School of Medicine
 - Pediatrician
 - Physician Burnout

Program Format/History

- Est. August 2013
- Before:
 - All 1st years assigned mentor
 - 2 year program
 - Meeting ½ day per month during AY
 - No follow-up with students or mentors
 - No Reflection/evaluation component

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- Awarded December 2013
- 2 years - \$25,000
- Mission: “Our objective is to help physicians-in-training become doctors who combine the high tech skills of cutting edge medicine with the high touch skills of effective communication, empathy and compassion.”
- Founded White Coat Ceremony in 1993

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Meaningful Medicine Mentoring Program

- ~ 55% of students participate (2018/2019)
- After:
 - 1 Year program. Exclusively for OMS-1s,
 - Physician mentors assigned- greater Indianapolis
 - Existing relationship, desired medical specialty, geographical preference
 - Format
 - Early clinical experience (optional -1/2 day per month with mentor)
 - Phone call, Lunch or other meeting format, SKYPE
 - Integrate humanistic patient care into discussion
 - Monthly mentor meeting/service project reflections (Submissions required 8 out of 10)
 - Monthly class meetings (Attendance at 8 out of 10 required)
 - Minimum 2 mentor meetings per semester
 - Alternate Service Projects
 - Approved List (Patient care focused)
 - Gennesaret Free Clinic (GFC) – Urgent care services to homeless/impoverished community members
 - Hoosier Village – Retirement Community with spectrum of living options including nursing home and a dementia unit

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- Relatively new topic in medical literature, needs to be developed (Howe 2012)
- Cause-effect relationships between resilience and other factors are not well defined (e.g. personality, coping strategies, demographics, etc)
- Resilience is one protective factor for mental health based on a study of almost 2000 Chinese medical students (Peng, 2010)
- Medical students' resilience and perceived stress are inversely correlated (Rahimi, 2014)



- **Resilience, defined:**

- Ability to go on in a positive way despite negative or stressful circumstances (Tempski, 2015).
- Includes ‘self-efficacy, self-control, ability to engage support and help, learning from difficulties, and persistence’ (Howe, 2012).
- “Broadly speaking, resilience is the human capacity to spring back from risk posed by adversity and ability to take actions to navigate satisfying life trajectories.” (Lewis, 2012)
- Resilience is not a static trait. It can be developed/learned (Dyrbye, 2012).

Rationale

Resilience and Adaptability: Demonstrates tolerance of stressful or changing environments or situations and adapts effectively to them; is persistent, even under difficult situations; recovers from setbacks.

- **Resilience, importance:**

- AAMC core competency for entering medical students.
- ~50% of medical students experience burnout (Dyrbye, 2016).
- Resilience provides students better perception of quality of life and educational environment (Tempski, 2015).
- Consistent with humanism, relationship is the most important protective system for fostering human resilience (Lewis, 2012).

“Studies show a decline in the mental health of medical students as they progress through training. It is our job as educators to prepare them early for the rigors of medical school and careers in medical practice.” (Dyrbye, Thomas, and Shanafelt. Dec 2005).

- **Dr. Jill Helphinstine -Symposium-Physician burn out**
 - Advocate for organizational burnout prevention measures
 - Identify the primary signs/symptoms of burnout
 - Maslach Burnout Inventory (MBI)
 - Distinguish between physician stress and physician burnout
 - Recognize the cost of physician burnout on health systems
 - Implement personal burnout prevention measures
- **Dr. Steve Patton** – Work life balance
- **Dr. Genomary Krigbaum** – Responding to unfortunate patient outcomes
- **Physician panel** - Responding to unfortunate patient outcomes (follow-up)



Developing a program to promote stress resilience and self-care in first-year medical students

- Stress resilience and stress management
- It's easier than you think to develop a substance use problem
- From the front lines: Personal experiences coping in medical school
- Getting the most from exercise in the least amount of time
- Debt management and financial advice students can use
- Destigmatizing depression and other mental health issues
- Communicating effectively to develop and keep good relationships

“The results support that first-year medical students value explicit guidance on ways to bolster stress resilience and self-care during medical school.” (Thomas, et al., 2011)

Reflection Prompts



Please write a reflection on humanism in medicine as instructed below.

IF YOU SPENT TIME WITH YOUR MENTOR reflect on your experience, including the following 5 components in your journal entry:

1. Mentor's name.
2. Date of encounter.
3. Meeting format (i.e. lunch or other meeting, video conference such as SKYPE or FACETIME, phone call, clinic visit, etc).
4. Approximate length of the meeting.
5. Describe a conversation or interaction you had with another member of the healthcare team (may include your mentor, a patient, another physician, nurse, medical assistant, social worker, clinic receptionist, etc) that highlighted humanistic patient care. Reflect upon how you can apply what you experienced to your work now as a medical student or to your future work as a physician.

OR

IF YOU CHOSE TO DO AN ALTERNATE SERVICE/VOLUNTEER ACTIVITY, reflect on your experience, including the following 5 components in your journal entry:

1. Name of organization you served or volunteered with.
2. Date of activity.
3. Short description (e.g. 1-2 sentences) of the activity.
4. Approximate length of time you spent doing the activity.
5. Describe a conversation or interaction you experienced during your service activity that highlighted the importance of a humanistic approach to patient care. Reflect upon how you can apply what you experienced to your work now as a medical student or to your future work as a physician.

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Sample Reflection

Dewitt Harrison, OMS2



... Numerous aspects of this presentation stood out to me, but perhaps none stronger than when we were asked to complete a questionnaire to assess our risk and current level of physician burnout. As a medical student I did have a fairly high level of emotional exhaustion (which I expected) and a low level of depersonalization (again, as expected.) These were not surprising because medical school is hard but you rally with your classmates to find strength in each other. However, it was most interesting to me that I scored a 0/0 in the personal accomplishment criteria of gauging physician burnout. Statements such as "I feel I'm positively influencing other people's lives through my work" are so far removed from the everyday grind of attending class and studying lectures and factoids and cycles and drug names. On a rational level, I realize that what I am doing is building a foundation necessary to be a competent physician. However, on a personal, emotional level it often feels like a lot of work with very little emotional reward. Yes, I do well in class and pass an exam, but that does not make me feel that what I am doing is important or making a positive impact on the lives of those around me. When I presented this to a physician at the symposium, they gave me some great advice, which is to **focus on the interactions of my mentor and patient and to pay note to the times when he has made an impact in the lives of his patients and then realize that one day in the very near future, that will be me making such an impact.**

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- What topics have you covered in your curriculum or mentoring program to foster resilience?
- Have you seen literature on the theory that self-reflection fosters resilience?

- sjimenez@marian.edu
- eyoung@marian.edu
- jhelphin@iu.edu

Thank you

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