Recognizing Warning Signs of Anxiety, Depression and Resident Fatigue

A Faculty Development Webinar
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Disclosure

I have no financial interests to disclose
Objectives

• Understand the evolution of the concern

• Identify stressors encountered by resident

• Recognize signs of anxiety, depression and sleep deprivation

• Develop solutions for dealing with it
When I was an Intern

• Calculate the amount of hours you worked/week.

• The positive results of this experience

• The negative consequences
How did we get from there to here?

Unlimited Work Hours

The 80 hour work week
History of Issue

• Libby Zion case -1984

• Bell Commission – 1987

• IOM “To Err is Human” – 1999

• Work Hour Rules – 2003 and 2011

• Physician suicide rate - 2015
Physician Suicide

• 400 deaths/year

• Two peaks
  – Residency
    • Peak in August
    • Peak in 3rd quarter
  – 50-60 year olds
Resident Well Being

NOT a Millennial thing
House Officer Stress Syndrome

- Cognitive impairment
- Chronic anger
- Pervasive cynicism
- Family discord
Learner Stressors

• Think of the stressors you experienced as a learner
• Are there new ones as an attending?
Learner Stressors

* Physician responsibilities
* Patients dying
* Ethical dilemmas
* Fear of malpractice
* Paperwork / Logs
* Computer / EHR
* Scholarly activity
* Passing Boards
* Evaluations
* Angry faculty

❖ Lack of sleep
❖ Getting sick
❖ Commuting
❖ Being a caregiver
❖ Not enough time with
  ➢ Significant other
  ➢ Family
  ➢ Friends
❖ Sexual frustration
❖ Social media / phone
Learner Stressors

Adult responsibilities
  Finances
  Grocery shopping
  Laundry
  Car

Finding a job
Anxiety

• Before entering med school, students are more anxious than their peers

• Anxiety soars as the first semester proceeds

• Lack of coping mechanisms
Signs of Anxiety

• Tremulousness / restlessness
• Loss of control / difficulty controlling worry
• Perfectionism
• Fear of failure / being wrong
• Somatic symptoms
Prevalence of Depression

- Meta-analysis in JAMA Dec 2015
- 31 cross-sectional studies
- 23 longitudinal studies
- Over 17,000 residents
- Rate 20.9 – 43.2%
- Summary estimate 28.8%
- Only contributing factor: increase with calendar year
Incidence of Burnout and Depression

• Original research OFP March 2016
• Rate of burnout 69% FM residents
• Depression 88%
• Factors
  – Being female
  – Working >80 hours
• Surprisingly 58% very satisfied with choice
Mood

- Irritability
- Negativity
- Cynicism
- Dissatisfied
- Easily tearful
More signs related to lack of sleep

- Tremor
- Nystagmus
- Ptosis
- Hyperactive gag
- Increased sensitivity to pain
Even More signs of sleep deprivation

• Slurred speech

• Paranoia

• Memory impairment

• Decreased cognitive ability – “fog”
Signs

Behavior

– Lateness
– Falling asleep
– Not getting paperwork done
– Working long hours
– Unresponsive to
  • Calls
  • Emails
  • Texts
Even More Signs

• Car accidents

• Depersonalization

• Feelings of lack of personal achievement
Professional signs

• Medical errors
  – Decreased accuracy of EKG and X-ray interpretation
  – Misinterpreting tests as false-negative
  – Slower reaction time

• Lapses in professionalism
Medical Concerns

- Testosterone suppression
- Preterm labor
- Cardiac irregularities
- More illnesses
- Weight gain
Can we make a difference?

• As educators we must address this issue
• Prevent
• Monitor
• Treat / refer
Monitor

Physician well-being index (PWBI)

- 7 items
- Yes / No answers
- Topics covered
  - Burnout
  - Depression
  - Stress
  - Fatigue
  - Mental Quality of Life
  - Physical QOL
Monitor

Maslach Burnout Inventory (MBI)

– Gold standard in measuring physician burnout

– 3 scales
  • Emotional exhaustion
  • Depersonalization
  • Personal accomplishment
Monitor

Additional surveys / questionnaires

– WHO -5 WBI
– Copenhagen Burnout Inventory
– PHQ 2 or 9
– Work Dissatisfaction Scale
– Burnout Rating Scale

*Review duty hours thoroughly and consistently
Barriers

- Stigma
- Medical education culture
Prevention

Use variables purposefully to help with fatigue

• Exercise
• Light
• Noise
• Motivation
Prevention

• Enforce work hours, especially in evening

• Adequate supervision

• What to do if get sleepy driving home?

• Taxis

• Hotels
Prevention

Educate learner

– Naps – 20-40 minutes – concern with sleep inertia

– Caffeine
  • 30-60 minutes prior to call then q3-4 hours
  • stopping 8 hours before hour of sleep
  • App – “Caffeine Zone 2”

– Melatonin – 1-2 hours before hour of sleep

– Signs/symptoms – advocate self-awareness
Prevention

- Meals together
- Support group for all PGY levels
- Women support group
- Advisors
- Mentors
  - Upper year residents to students and interns
  - Gender match
  - Family situation match
Prevention

• Give “pass” on teaching

• Role model “we recruit everyday”

• Add self-care in professionalism milestone
  – Provide time
  – Give lists of resources
Prevention

• Food
  – If night float is shift and not call – is caf open?
  – Acclimate to new schedule
  – Healthy options

• Address food insecurity
  – Pantry
  – Cafeteria
  – Parties
Prevention

Family Support

– Maternity leave
– Paternity leave
– Reading elective
– Pumping stations
– Parenting coaching
– Financial advice
Resources

- Student affairs
- Your HR department / EAP
- Your behavioral scientist faculty
- Clinician Well-Being Knowledge Hub - NAM
- Wellbeing@acgme.org
- EVMS Resident wellness program
- IAMSE webinars
- OPTI
End Results

Perceptions

– Medical staff

– Faculty

– Family and friends