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To cite this article: Hedy S. Wald, Aviad Haramati, Yaacov G. Bachner & Jacob Urkin (2016) Promoting resiliency for interprofessional faculty and senior medical students: Outcomes of a workshop using mind-body medicine and interactive reflective writing, *Medical Teacher*, 38:5, 525-528, DOI: [10.3109/0142159X.2016.1150980](https://doi.org/10.3109/0142159X.2016.1150980)

To link to this article: <http://dx.doi.org/10.3109/0142159X.2016.1150980>



Published online: 30 Mar 2016.



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SHORT COMMUNICATION

## Promoting resiliency for interprofessional faculty and senior medical students: Outcomes of a workshop using mind-body medicine and interactive reflective writing

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### ABSTRACT

**Background:** Health care professions faculty/practitioners/students are at risk for stress and burnout, impacting well-being, and optimal patient care.

**Aims:** We conducted a unique intervention: an interprofessional, experiential, skills-based workshop (IESW) combining two approaches: mind-body medicine skills and interactive reflective writing (RW) fostering self-awareness, self-discovery, reflection, and meaning-making, potentially preventing/attenuating burnout and promoting resiliency.

**Methods:** Medical and nursing faculty and senior medical students ( $N=16$ ) participated in a 2-hour workshop and completed (1) Professional Quality of Life measure (ProQOL) and (2) a questionnaire evaluating understanding of professional burnout and resiliency and perceived being prepared to apply workshop techniques. Thematic analyses of anonymized RWs exploring meaningful clinical or teaching experiences were conducted.

**Results:** Participants reported better understanding of professional burnout/resiliency and felt better prepared to use meditation and RW as coping tools. RW themes identified experiencing/grappling with a spectrum of emotions (positive and negative) as well as challenge and triumph within clinical and teaching experiences as professionally meaningful.

**Conclusions:** Positive outcomes were obtained within a synergistic resiliency skills building exercise. Successful implementation of this IESW provides good rationale for studying impact of this intervention over a longer period of time, especially in populations with high rates of stress and burnout.

### Introduction

Faculty and healthcare providers in academic health centers experience significant levels of stress that can lead to negative consequences such as burnout, attrition, and erosion of empathy (Epstein & Krasner 2013). These manifestations can result in decreased career satisfaction, increased risk to patient safety, as well as suboptimal personal and professional relationships (within and between professions) (Shanafelt et al. 2003).

Data is sparse on development and outcomes of effective interventions to foster the necessary knowledge, skills, habits, and attitudes for cultivating and increasing stress tolerance and resiliency in order to reduce or prevent burnout. Faculty at the Prywes Center for Medical Education (PCME) of Ben-Gurion University of the Negev-Faculty of Health Sciences (BGU) wished to address this challenge after observing clinician and teaching faculty “fatigue,” with many feeling overwhelmed with heavy clinical and teaching responsibilities and having limited time for self-care as well as recent report of high risk for burnout in Negev physicians (El-Bar et al. 2013). In addition, basic scientists reported struggling to develop research programs and qualify for academic promotion, while needing to also give attention to teaching students with cutting-edge teaching modalities in a rapidly changing environment.

As part of an ongoing effort to expand and enrich interprofessional education for collaborative practice, PCME embarked on an interprofessional faculty development

initiative to introduce faculty and students to stress-management techniques by offering an introductory, experiential format for boosting resiliency with a coping skill set. The intent was to introduce staff and students to skill sets associated with coping with stress and preventing burnout throughout their career as part of a “professional toolkit.” The efficacy of mind-body medicine (MBM) skills and interactive reflective writing (IRW) for promoting self-awareness, self-discovery, mindfulness, reflection, and meaning-making has been documented (Saunders et al. 2007; Wald & Reis 2010; Wald et al. 2015). These resilience-enhancing qualities are linked to stress reduction, connecting to self and colleagues, and improved self-care and well-being (Epstein & Krasner 2013) which can help preserve empathy and promote humanistic practices within both patient care and education. We were interested in combining MBM and IRW approaches in a single workshop given suggested benefits of such a combination (Epstein & Krasner 2013).

### Methods

In January, 2014, BGU faculty (including clinicians) and students were invited to an interactive professional development workshop entitled: “Faculty Burnout and Resiliency: An Experiential Workshop” co-led by two of us (AH and HSW) as invited professors with experience and expertise in this field. The workshop was a component of a week-long interprofessional health care professions education forum developed for BGU students and faculty (medicine,

nursing, basic sciences) and the BGU Medical School for International Health (MSIH). This forum was an opportunity to strengthen cooperation between academic medical institutions with exchange and implementation of new ideas and skills and bolster medical education research. The workshop leaders designed a workshop that was (1) inclusive of clinicians of various health care professions, senior medical students, and basic science faculty with a broad age range and at various stages of their careers, (2) mindful of potential for language barriers and/or cultural differences, and (3) process and content-rich given time allotment. The workshop, of two hours duration and conducted in English, consisted of didactic presentations on burnout/resiliency, physiology of stress, and experiential sessions of (1) MBM exercise—autogenic training and (2) IRW-enhanced reflection exercise including dyad and large group sharing.

Sixteen volunteer attendees ( $M=45$  years;  $SD=13.31$ ; range 28–70; 50% females) represented the medical ( $N=6$ ; three physician faculty and three sixth-year medical students) and nursing ( $N=4$ ) health care professions as well as faculty of pharmacology, immunology, chemistry, gerontology, and education departments ( $N=6$ ). Average years of professional experience was 19.5 ( $SD=15.0$ , range 2–50) with nine participants in academic teaching positions (56.3%).

We utilized a mixed methods quantitative and qualitative approach to evaluate self-reported workshop effectiveness. IRB approval was obtained. Prior to the workshop, participants completed a brief sociodemographic questionnaire as well as the Professional Quality of Life measure (ProQOL; [http://proqol.org/uploads/ProQOL\\_Concise\\_2ndEd\\_12-2010.pdf](http://proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf)). The ProQOL, the most commonly used measure of positive and negative effects of helping others who have experienced suffering, is composed of 30 items rated on a five-point Likert type scale ranging from 1 = “never”, to 5 = “very often.” The two scales include *Compassion Satisfaction* (CS) and *Compassion Fatigue* (CF) with the latter composed of subscale scores of *Burnout* (BO) and *Secondary Traumatic Stress* (STS); defined in the ProQOL manual.

One month post-workshop, participants were invited to reflect on the workshop experience and queried whether the introduced techniques (mindful meditation, IRW) had been applied within clinical, education, and/or self-care contexts. Six participants responded.

## Results

At the conclusion of the workshop, participants (87.5% response rate) completed a five-item questionnaire evaluating their understanding of concepts of professional burnout and resiliency, their perception of being prepared to apply techniques experienced in the workshop within their context, and effectiveness of speakers and presentation. Items were rated on a five-point Likert type scale ranging from 1 = “strongly disagree”, to 5 = “strongly agree”. Open-ended questions were also included.

Responses to this post-workshop questionnaire indicated that participants were highly satisfied with workshop content including experiential exercises. Participants reported that they better understand concepts of professional burnout and resiliency ( $M=4.29$ ,  $SD=0.73$ ;  $M=3.93$ ,  $SD=0.92$ , respectively). Participants also perceived that they are better

prepared to apply some of the techniques and strategies experienced in the workshop to their context with most participants mentioning meditation and writing as techniques they might use ( $M=3.79$ ,  $SD=0.70$ ). Regarding the following open-ended question: *What might you take away from the session and apply to your personal and/or professional life?*, comments included: “explain how to be less stressed,” “schedule meditation so as not to get too carried away,” “writing,” and “more efforts to balance things in professional decisions, take a short break to monitor the state of the body more closely.”

Means for the three PROQOL scores (CS, BO, STS calculated as per guidelines) were 38.1,  $SD=4.5$ ; 27.2,  $SD=11.4$ ; and 26.7,  $SD=10.3$ , respectively, not significantly different from reported norms.

We conducted qualitative thematic analyses (Hsieh & Shannon 2005) of within-workshop anonymized RWs to explore meaningful clinical or teaching experiences shared within the professional burnout and resiliency theme. Several written reflections were translated into English from Hebrew or Russian by experienced translators external to the study. Two of us (AH, HSW) independently performed analyses using immersion/crystallization method with reading and rereading of narratives with “cognitive and emotional engagement” yielding “intuitive crystallizations” for identifying emergent themes to saturation (Borkan 1999). We checked in with each other after several analyses to assure consistency of analytic approach. Thematic categories and subthemes were identified and iteratively refined. We resolved any lack of agreement by face-to-face discussion to achieve consensus on final themes. Two of us (YB, JU) independently reviewed this thematic consensus for further refinement followed by face-to-face discussion (all authors) for final consensus on themes and illustrative quotes. Analyses focused on emerging themes without “a priori” approach of analytic or thematic preconceptions.

Seven primary themes were identified within the narratives, i.e. Professional duty to offer compassion and support; Feeling pain or sorrow within professional experience; Feeling helpless and/or vulnerable; Self-Awareness (with subthemes of Emotional and Professional Self-Awareness); Presence: being and listening; Meaning-making in a teaching role; and Personal sense of accomplishment, presented in Table 1 with illustrative quotes.

## Discussion

The results of this interprofessional workshop suggest that a “professional toolkit” of synergistic MBM/IRW skill sets can heighten self-awareness and meaning-making, potentially serving as a “pre-emptive” approach to preventing burnout and increasing professional satisfaction. In general, mixed methods evaluation indicated participants benefiting from the workshop experience.

Emerging themes from the RWs identified experiencing and grappling with a spectrum of emotions (both positive and negative) as well as challenge and triumph within clinical and teaching experiences as professionally meaningful. The results were consistent with crystallized meaning-making through RW serving as a consolidation process for reflection on being, feeling, relating, and doing. Such IRW-enhanced reflective process for cultivating emotional

**Table 1.** Qualitative analyses: themes and illustrative quotes.

THEME	ILLUSTRATIVE QUOTES	
Professional duty to offer compassion and support	"On the one hand, it was important for me to make the most of the interview...to comfort the patient. On the other hand, this involved talking to someone who is going to die"	"I felt great empathy and care for the young lady"
Feeling pain or sorrow within professional experience	"I felt pain and sorrow, especially in the final moments, and after her death"	"The feeling of pain due to this helplessness is unbearable"
Feeling helpless and/or vulnerable	"I felt completely helpless"	"grappling with the inability to offer tangible help...Just as a woman whose disease has no cure and she is trapped, the doctor is also trapped"
Self-Awareness: <i>Two Subthemes</i>		
Emotional Self-Awareness	"I struggled with my inability to focus on what I was supposed to do because of my difficulty to disengage from ... emotions that overwhelmed me during and after I was with my mother that morning."	
Professional Self-Awareness	"I felt very unprepared professionally for dealing with the situation"	
Presence: being and listening	"The importance of listening without necessarily doing something, a social worker friend of mine told me they have a banner 'don't do something, just stand there', I think it is a relevant motto for these cases."	"to do anything possible and to be supportive...to ease the suffering even when there is nothing more to offer...to just be there for him (the patient)."
Meaning-making in a Teaching Role	"...my role as not only a teacher in the meaning of loading students with data, but also as a 'teacher' in a broad sense, giving them (students) tools for judgment and ethics in their future decisions."	"Helped a student in understanding a course of mine—I insisted on understanding her real problem, not just cognitive. And when she left, I was very satisfied from her positive response to me. It felt good."
Personal sense of accomplishment	"the patient survived and recovered. I was in euphoria for 2 weeks."	"A few months later there was a handwritten scribble in my box from him – "thank you for listening."

awareness and interpretation of experience for meaning-making with validation and legitimization obtained within a supportive collegial community is potentially stress-reducing and may contribute to building resiliency (Wald et al. 2015). Our synergistic use of MBM and IRW skill sets with guided group collaborative reflection can be reaffirming and help decrease a sense of isolation through such collegial face-to-face communication which promotes well-being and potentially quality of care (Epstein & Krasner 2013). In line with this, one participant's post-workshop reflection noted: *"Its [the workshop] essence seems very important to me. The realization that the connection to colleagues and to the profession itself should contain more than just professional discussions cuts deep."* Post-workshop reflections included examples of beginning to integrate workshop skill sets into respondents' approach to clinical practice and teaching. PROQOL assessment did not reveal significant level of distress in this cohort of faculty and students, though a single inventory does not definitively rule out burnout indicators. We are interested in further exploring effectiveness of this combined skills workshop in faculty with moderate to high levels of burnout and/or compassion fatigue.

Some distinctive features of this innovation include various experiential modalities, interprofessional participants and research team (potentially preventing "disciplinary bias" influencing findings with analyses conducted by a physician, physiologist, psychologist, and health sociologist, all medical educators), mixed methods analyses, and piloting post-workshop outcomes queries. Our results should be interpreted in light of the study limitations of this small, self-selected sample and outcomes representing one institution. Nevertheless, the impact of participants' experiences provides a good rationale for studying these interventions in larger groups and assessing their impact over time. Indeed, we hope to further explore within and post-workshop outcomes with larger multi-institution samples, including the effects of such skills training workshops on faculty and student well-being as well as on teaching and patient satisfaction and care outcomes.

Furthermore, MBM/IRW approaches can foster self-compassion and mindfulness associated with resilience (Olson et al. 2015) and we hope to study this further, including studying adaptive qualities within experiences of resilient colleagues. We are also interested in exploring workshop impact as a didactic/experiential session and/or within expansion as an ongoing multi-session faculty development and/or student "pre-emptive" wellness initiative.

## Conclusion

Positive outcomes were obtained within a synergistic resiliency skills building workshop combining two skills sets: MBM and IRW. While the focus of this intervention is on fostering personal factors to prevent burnout and promote resiliency, the responsibility of health care institutions to identity and improve organizational factors contributing to resilience merits serious inquiry (Epstein & Krasner 2013). The objective is creating and maintaining a positive organizational culture of dispositional habits of mind and heart (Epstein & Krasner 2013) where resiliency can flourish. It is hoped that such a combination of personal and organizational resources can create synergistic effect and foster a culture of "safety" for improved patient care, teaching, and faculty/students' own self-care and competency.

To conclude, a quote from the Canadian Medical Association's Policy on Physician Health and Well-being (with our additions in brackets) is apt:

*"The vision is a health care system led by example—where the physicians [health care professionals and faculty] are as well and healthy as they wish their patients [and students] to be"... (Puddester 2001).*

## Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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