Committee to prevent and remediate stress among house staff at the University of Alberta

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Résumé : On reconnaît de plus en plus que le stress est un danger lié à la pratique de la médecine. Les années de formation peuvent être particulièrement difficiles. Un comité du mieux-être du personnel de l'Université de l'Alberta a lancé un programme à facettes multiples pour lutter contre le stress chez les membres du personnel de l'université. Même s'il vise avant tout à prévenir l'incapacité chez les membres du personnel, le comité offre aussi des services secondaires de prévention ou des services d'intervention au besoin. Le comité a pris de plus en plus d'importance à l'université depuis sa création il y a 5 ans.

The stressful conditions of internship and residency training programs and the stress responses of house staff have been described by Cousins,[1] Small[2] and others.[3-5] The subject has been reviewed in the US literature by Butterfield[6] and in the Canadian literature by Johnson.[7] In Ontario, a survey documented the influence of hours of work and fatigue on the quality of patient care.[8] Gabbard and Menninger[9] described physicians as typically perfectionistic and compulsive, characteristics that engender unrelenting guilt, constant self-doubt and workaholic habits, which militate against marital or interpersonal intimacy. Therefore, it behooves educators to develop approaches to what Thomas[10] called "the dark side" of medicine. Moore,[11] in his 1990 presidential address to the Society of University Surgeons, discussed the importance of setting priorities and confronting the limitations of practising medicine vis-à-vis fulfilling personal commitments.

The House-Staff Well-Being Committee (HSWBC) of the University of Alberta was started more than 4 years ago at the request of the associate dean for postgraduate medical education upon recognition that house staff are at risk of becoming impaired by alcohol or drug abuse, fatigue or psychiatric illness, particularly in the first year after graduation.[12] The HSWBC recognized that personal stress among house staff was high due to complex interactions between their changing professional roles and their stage of development as young adults. Its goal was to gain the broad acceptance of this notion in the academic and hospital communities and to develop prevention and remediation measures. Medical students were not included in the HSWBC's mandate since the University of Alberta has an active Faculty–Student Counselling Committee; however, a student member of the counselling committee provided liaison.

Program description

Since its inception the HSWBC has been cochaired by faculty members from the departments of Medicine and Psychiatry. It meets monthly and has faculty and house-staff representation from most major university departments and affiliated teaching hospitals. None of the members receives remuneration for their work on the committee, and a modest operating budget is funded jointly by the faculty and the Professional Association of Interns and Residents of Alberta (PAIRA), which are formally represented on the committee by an executive member who ensures coordination with PAIRA initiatives. For example, since 1979 PAIRA has operated a telephone hotline for interns and residents to discuss

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their problems. With the encouragement of the faculty members on the HSWBC, this service has remained one of the main ways to help house staff continue to function, while it remains absolutely confidential. PAIRA has also independently developed other programs, such as welcoming parties for residents' spouses and a reference booth in the residents' lounge with articles on stress. A notable aspect of the collaboration between the HSWBC and PAIRA is the stability that the faculty members have provided, since the house staff, by the nature of their training status, are unable to make a long-term commitment.

From the beginning the HSWBC recognized that no one approach could satisfy the varying needs of residents in the 44 programs under the jurisdiction of the Office of Postgraduate Medical Education. A multifaceted approach was essential. The committee also recognized that primary prevention should be the paramount long-term goal of any program to reduce stress in the institutions. As a result, primary preventive activities constitute approximately 70% of HSWBC endeavours. The committee has organized seven major presentations by internationally renowned speakers in the areas of stress during training, alcohol and drug abuse, exercise, physician burnout, women in medicine, medical marriages and sexual exploitation in professional relationships (Fig. 1). In addition, committee members have facilitated many informal seminars and discussions with medical students, house staff and attending staff. One notable example is an annual "Christmas Cheer" visit to the four internship programs by two committee members (usually a faculty member and a resident) during which the increased stress of the season is emphasized and discussed.[13] Members of the HSWBC make presentations at each orientation session for interns or new residents, and they participate in an annual workshop on stress management in each internship program (the University of Alberta still has a "generic" internship program) and in some large departmental residency training programs. These activities focus on awareness of the real difficulties experienced by house staff during the early years of their training. However, since the last year of training can be particularly stressful, committee members make special efforts to contact and support trainees before their final qualifying examinations.

The HSWBC members function as a triage body for secondary prevention. The committee works with an employee assistance program, which has been available to trainees through the University of Alberta Hospitals. However, the committee members observed that some house staff expressed a strong wish to consult professionals entirely outside the university system; thus, the members make strenuous efforts to be aware of other resources in Edmonton and have compiled a confidential list of practitioners in such areas as marital relations, alcohol and drug abuse and personality disorders who have agreed to provide VIP services for junior colleagues.

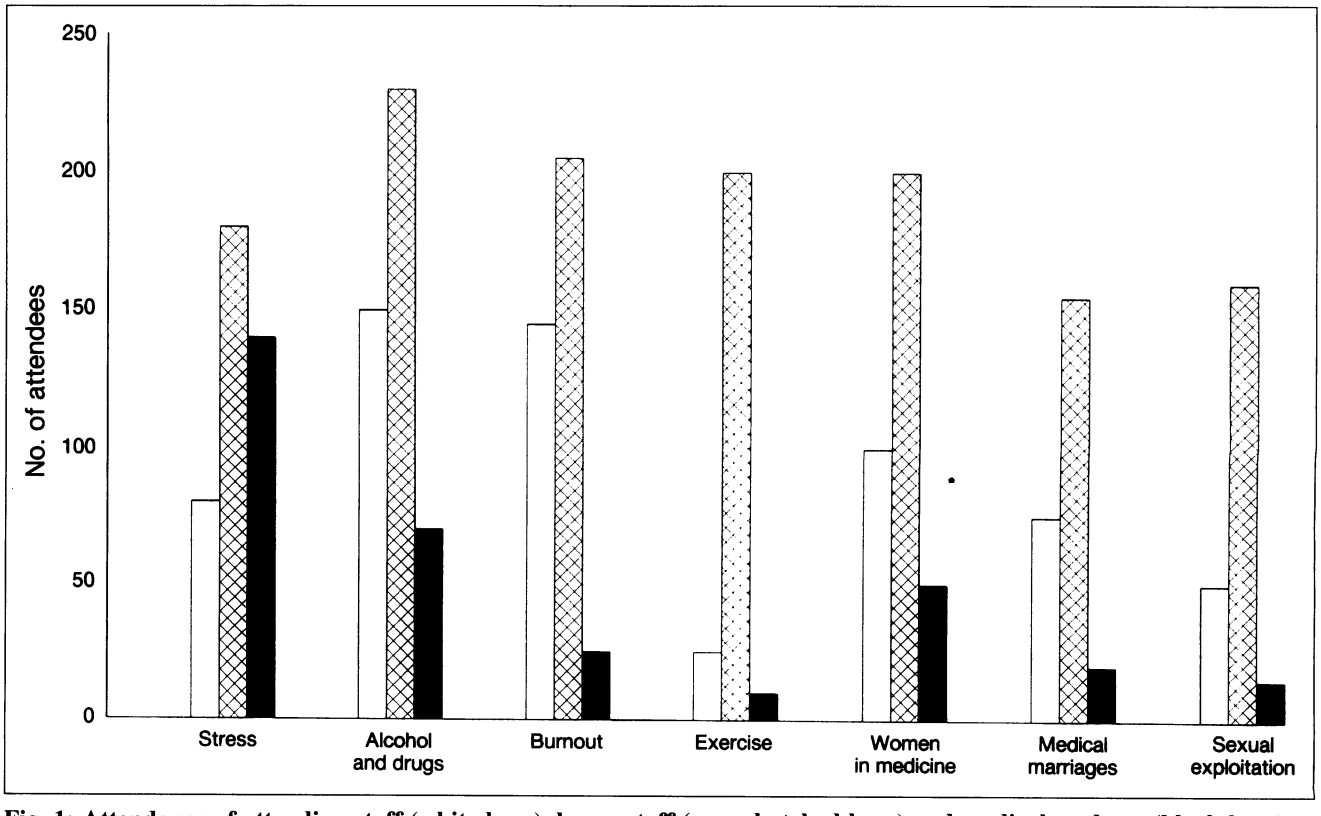

Fig. 1: Attendance of attending staff (white bars), house staff (cross-hatched bars) and medical students (black bars) at the major presentations sponsored by the University of Alberta House-Staff Well-Being Committee (HSWBC).

For cases in which stress becomes distress and the resident may become impaired the HSWBC developed an impairment policy for house staff, which was approved by the Council on Postgraduate Medical Education. This document, available upon request, sets out guidelines for identifying and dealing constructively with impaired residents. The HSWBC members also coordinate such activities with the Alberta Medical Association and its Physicians Assistance Committee. On occasion, members of the HSWBC have formally intervened in cases of severe alcohol or drug abuse.[14] The College of Physicians and Surgeons of Alberta, which has been active in this area for many years, supports the activities of the HSWBC. A HSWBC member chairs the college's Physicians Continuing Care Committee, which supervises physicians who require continuing formal aftercare monitoring for such impairments as chemical dependence or major psychiatric illness. One resident is now enrolled in this program.

Results

Few objective data are available from which to evaluate the activities of the HSWBC. At the outset the committee members debated whether they should conduct research on house-staff impairment and decided on a more pragmatic approach. This decision was as much the result of a lack of resources to conduct meaningful research as of consideration of the views of house staff. In initial brainstorming house staff stated that research was unnecessary because the problem was obvious and that research could be viewed as a tactic to delay taking action to address the problem. How, then, can the achievements of the HSWBC be measured?

Fig. 1 shows the number of attending staff, house staff and medical students who attended the major presentations organized by the HSWBC. Fig. 2 shows the number of informal sessions given by the committee members and the proportion of attending staff, residents, interns and medical students who attended these sessions during 4 academic years.

There were on average two telephone calls per month to the PAIRA hotline in 1989 and 1990; this rate increased to three per month in 1991.

The known calls to or contacts with members of the HSWBC for triage or advice increased steadily, from one or two contacts per calendar quarter in 1989 to four or five per quarter in 1992.

The HSWBC has become well known to the house staff and other sectors of the University of Alberta, as demonstrated by the review of members' availability during each internal accreditation review process and by requests to members to contribute to decision making in the Office of Postgraduate Medical Education. The existence of the HSWBC met with strong approval by an onsite survey team, coordinated jointly by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Federation of Medical Licensing Authorities of Canada, that visited the University of Alberta in February 1993.

Discussion

Impairment is a significant cause of illness and death among physicians,[12,15,16] although the magnitude of impairment due to alcohol and other drugs has been overstated.[17] Alcohol misuse among physicians is probably similar to that of other groups of comparable socioeconomic status. Misuse of prescription drugs is a well-recognized occupational hazard. Physician impairment may result from the psychologic characteristics of the people who enter the profession[9,18] or from the habits acquired to cope with stresses early in medical students' careers.[1,19–21]

Programs to deal with house-staff distress have been described by others,[22] notably Reuben and associates[23] in Rhode Island and Borenstein[24] in California, and the availability of support services for residents in the United States has recently been reviewed by Kahn and Addison.[25] A recent survey of substance abuse among house staff in the United States showed that resident physicians had significantly higher rates of alcohol and benzodiazepine use in the past month than their nonphysician peers of the same age.[26] An Ontario survey found a high rate of depression among house staff, particularly in the first year of postgraduate training.[27] We are not aware of any other comprehensive program for house staff in Canada, although the Dalhousie University Faculty of Medicine has implemented a multifaceted

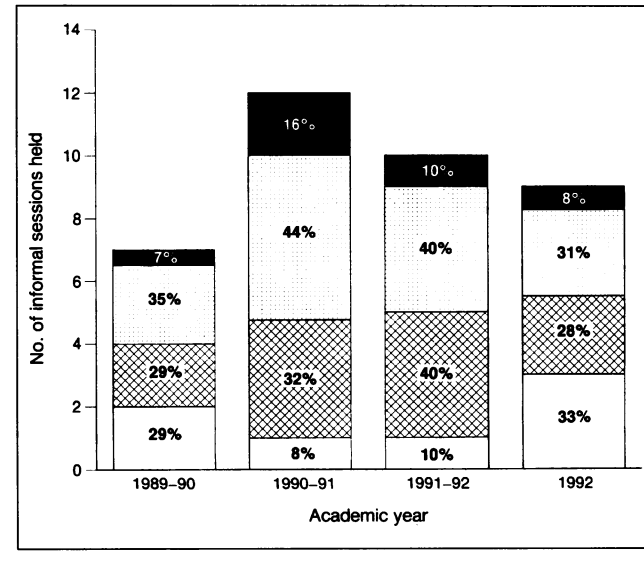

Fig. 2: Number of informal sessions given by members of the HSWBC in 4 academic years, showing the proportion of attendees who were medical students (black portion of bars), interns (dotted portion), residents (cross-hatched portion) and attending staff (white portion). The right-hand bar includes data for the academic year to Dec. 31, 1992; data for 1993 were unavailable.

program called PIETA (prevention, identification, education, treatment and acceptance of drug, alcohol and psychiatric problems) starting with medical students (Dr. June C. Penney, family practitioner, Outpatient Department, Charles S. Curtis Memorial Hospital, St. Anthony, Nfld.: personal communication, 1992).

As we have noted, the data on the effectiveness of the HSWBC are limited. Attendance at major presentations is one indicator (Fig. 1). Although medical students were always specifically invited to these presentations, their attendance at some was limited because of examinations or summer vacations. The relatively low presence of attending staff was probably due to lack of interest, fear that being seen at such an event was an admission of guilt, conflicting commitments to cover the service while house staff attended, or a combination of these reasons.

Interest in the informal sessions showed similar patterns (Fig. 2). These sessions were held more frequently in the second year of the HSWBC's existence as part of an effort to increase the committee's profile. Once again the participation of attending staff was low; however, attending staff have recently shown an increasing interest in and recognition of the program and have made increasing requests to present grand rounds in various large departments.

Although medical students were not specifically included in the HSWBC's mandate, they nevertheless received a substantial portion of its efforts, partly at their own request. Helping medical students is consonant with the committee's emphasis on primary prevention. In addition, the HSWBC is currently paying attention to the needs of student interns who work with house staff and may wish to use the HSWBC's services rather than those of undergraduate counsellors.

Some of the increase in calls to the PAIRA hotline in 1991 may have been due to increased awareness. A subsequent decrease in the rate of calls during most of 1992 was thought to be due to a corresponding increase in direct calls to members of the HSWBC; however, this increase was not rigorously documented for reasons of confidentiality.

Although members of the HSWBC often received calls about the same conflict from both the faculty and the residents involved, neutrality and confidentiality remained the members' guiding principles. In addition, their ability to remain in the listening mode and play an empowering role for both residents and faculty allowed residents to be heard and was frequently enlightening for the faculty.

Conclusion

The HSWBC takes the view that stress will never be eliminated from the practice of medicine. However, if stress is acknowledged it can be used in a positive way to channel energies, rather than resulting in distress and its harmful and paralyzing consequences. The HSWBC does not have accurate statistics on substance abuse or serious depression among the house staff at the University of Alberta; in addition, because of its emphasis on primary prevention, any measurable results of the program would be negative results (i.e., the absence of impairment). Nevertheless, there is a widely held impression at the university that this preventive approach to well-being has succeeded in mitigating some of the stresses in our institutions. The most encouraging response from faculty has been the repeated and rather plaintive query What is available for stressed-out faculty? The question is a fair one and points out the importance of programs that deal with physician health at all stages of professional development, from medical school entry through retirement and beyond.

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Conferences
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June 19–22, 1994: 1st International Symposium on Ecosystem Health and Medicine — New Goals for Environmental Management
Ottawa
Mr. Remo Petrongolo, symposium manager, Office of Continuing Education, 159 Johnston Hall, University of Guelph, Guelph, ON N1G 2W1; tel (519) 824-4120, fax (519) 767-0758

June 19–22, 1994: Interleukin-6-type Cytokines
Poznan, Poland
Geraldine Busacco, conference director, New York Academy of Sciences, 2 E 63rd St., New York, NY 10021; tel (212) 838-0230, fax (212) 838-5640

June 20–24, 1994: International Symposium on Fluorescein Angiography (satellite meeting of the 27th International Congress of Ophthalmology)
Quebec
Dr. Alain Rousseau, Centre hospitalier de l'Université Laval, 17–2705, boul. Laurier, Québec, QC G1V 4G2; tel (418) 654-2119, fax (418) 654-2247

June 21–24, 1994: International Conference on Ophthalmic Photography (satellite meeting of the 27th International Congress of Ophthalmology)
Toronto
Rosario Bate, University of Ottawa Eye Institute, 3701–501 Smyth Rd., Ottawa, ON K1H 8L6; tel (613) 737-8819, fax (613) 737-8836

June 22–24, 1994: 5th International Conference on Myopia (satellite meeting of the 27th International Congress of Ophthalmology)
Toronto
Sylvia N. Rachlin, Myopia International Research Foundation, Inc., 608–1265 Broadway, New York, NY 10001; tel (212) 684-2777, fax (212) 684-2888

June 22–24, 1994: International Society of Ophthalmic Pathology Meeting (satellite meeting of the 27th International Congress of Ophthalmology)
Toronto
Dr. William S. Hunter, 812–600 Sherbourne St., Toronto, ON M4X 1W4; tel (416) 921-9623

June 22–25, 1994: Federated Corneal Societies Combined Meeting (including Canadian External Disease and Cornea Society, Castroviejo Cornea Society, Eye Bank Association of America, Inc., and Ocular Microbiology and Immunology Group; satellite meeting of the 27th International Congress of Ophthalmology)
Toronto
Dr. Paul Dubord, 1603–805 West Broadway, Vancouver, BC V5Z 1K1; tel (604) 879-9144, fax (604) 879-9154

June 22–26, 1994: International Congress for Lung Cancer
Athens, Greece
Official languages: English and Greek
Olympic Sun S.A., 7, Voulis St., 10562 Athens, Greece; tel 011-30-1-323-0083, 322-6646, 324-5979, 322-3739 or 325-5248, fax 011-30-1-322-9149 or 322-5428

June 23, 1994: Biomaterials in Ophthalmology 3rd Interdisciplinary Symposium (satellite meeting of the 27th International Congress of Ophthalmology)
City to be announced
Eugene Goldberg, Biomedical Engineering Center, University of Florida, Rm. 317-MAE, Gainesville, FL 32611-206; tel (904) 392-4907, fax (904) 392-3771

June 23–25, 1994: 8th Annual Postpartum Support International Conference — Maternal Depression: Impact on the Family and Infant — Research, Diagnosis, Prevention and Innovative Models of Care
Toronto
Postpartum Adjustment Support Services–Canada, PO Box 7282, Oakville, ON L6J 6C6; tel (905) 844-9009

June 23–25, 1994: International Intraocular Implant Club Meeting (satellite meeting of the 27th International Congress of Ophthalmology)
Toronto
David Karcher, American Society of Cataract and Refractive Surgery, 3702 Pender Dr., Fairfax, VT 22030; tel (703) 591-2220, fax (703) 591-0614

June 23–25, 1994: International Medical Contact Lens Symposium (satellite meeting of the 27th International Congress of Ophthalmology)
Toronto
Dr. Harold A. Stein, 40 Prince Arthur Ave., Toronto, ON M5R 1A9; tel (416) 966-3336, fax (416) 966-8917

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