

# Nurturing the Healers: A Unique Program to Support Residents

Sylvia S. Villarreal, MEd, MPH  
Woods Nash, MPH, PhD  
Thomas R. Cole, PhD

**R**esilience, the ability to rebound quickly in the face of stress and adversity, is a critical life skill.<sup>1</sup> It has particular resonance for both physicians-in-training and practicing clinicians, who care daily for patients while juggling numerous professional and personal demands. In fact, some medical educators propose that promoting resilience is key to enhancing the “quality of care, the quality of caring, and the sustainability of the health care workforce.”<sup>1</sup> After evaluating interventions to foster resilience, these researchers found that mindful meditation, narrative medicine exercises, and appreciative inquiry-based dialogue reduce physician burnout and increase psychological well-being.<sup>1</sup> Similarly, tools like “reflective practice discussions” allow residents to consider their vulnerability and responsibility as providers of care.<sup>2</sup> Among residents, however, personal distress (such as depression and burnout) remains common and negatively impacts their ability to be effective healers.<sup>2</sup>

Like the interventions discussed above, the Sacred Vocation Program (SVP) helps residents cultivate resilience and mitigate distress while experiencing support from their peers.<sup>3</sup> Created by our former colleagues Samuel Karff and Benjamin Amick, the SVP is guided by the idea that nurturing the patient requires nurturing the physician. Led by trained facilitators, the SVP involves groups of 8 to 12 residents reflecting on and discussing some of their daily successes and challenges. They also consider the meaning of their work, explore medical practice as an art, and surmount some of the isolation they experience.

Typically, the SVP is divided into five 1-hour sessions over a 2-week period. The groups convene in a quiet, relaxed setting, and lunch is provided. Facilitators stress the need for confidentiality, attentive listening, and mutual respect. Each session has a specific theme and exercise, and facilitators select complementary readings and questions. In session 1, residents consider whether they regard the practice of medicine as “sacred,” a vocation or calling worthy of

respect and awe. To reflect on this theme, residents do something unique: they write their own eulogies, imagining, as if in retrospect, the kinds of physicians and persons they would like to become. In session 2, they recognize their power to heal persons *wholly* (including psychosocially) and share stories of times they have been such healers. In the third session, they acknowledge their capacity to do harm, and they reflect on damages done and what they learned from them. Self-care is the focus of session 4: residents brainstorm tips and share strategies for staying well and coping with workplace challenges. Finally, in a culmination of the other sessions, residents renew their commitment to medicine in session 5; they develop a group statement of principles that will guide their practice (BOX).

The quality of facilitation is a critical factor in any program, especially when content touches on very personal experiences of harm and struggle. It is crucial to have facilitators who can honor this type of disclosure and keep the tone respectful and supportive. As physician Danielle Ofri notes, conversation around medical errors can be fraught with internalized guilt and blame.<sup>4</sup> Therefore, delicate skills are required to maintain a space in which residents feel welcome to convey painful incidents. While physicians sometimes lead the SVP, the majority of facilitators are trained in other health sciences or humanities disciplines. Advantages of nonphysician facilitators include their relatively flexible schedules and their tendency to focus first on meaningful, nonclinical features of patient encounters, such as cultural expectations or effective communication. One disadvantage of nonphysician facilitators could be a lack of first-hand experience with processing their own or others’ highly complex emotions, such as those triggered by treating victims of trauma. Seasoned clinicians are often especially adept at helping residents deal with such feelings. However, with careful listening and support from the facilitator and other residents, these barriers can be overcome. If a participant’s distress persists, a facilitator may encourage the resident to confide in a trusted clinical mentor. Regardless of their back-

---

DOI: <http://dx.doi.org/10.4300/JGME-D-15-00390.1>

grounds and training, facilitators should possess a deep appreciation for the work of those who strive to be healers.

Facilitator training is conducted by faculty of the McGovern Center for Humanities and Ethics at the University of Texas Health Science Center at Houston. It consists of a full-day immersion in the themes and format of the 5-session curriculum. During training, facilitators simulate residents' experience of the program by participating in all writing and discussion exercises. In this way, they master the major concepts and related readings, and they develop an appreciation for the flexibility needed to guide discussions.<sup>3</sup> New facilitators also gain confidence and skills by serving as cofacilitators with more experienced colleagues.

From 2008 to the present, more than 300 residents have participated in the SVP at our institution. Residency programs offering the SVP include internal medicine, pediatrics, neurology, psychiatry, and emergency medicine. Often, residents initially skeptical of the SVP become animated and engaged group members. In their anonymous feedback after the final session, the vast majority of participants noted that the SVP is beneficial, that they will use the experience in their work, and that they would recommend the SVP to colleagues. Many cite the opportunity to get to know other residents more intimately and build camaraderie as highlights of the program. After completing the SVP, 1 inspired resident even created an "Arts in Medicine" spinoff group, which has attracted many of his colleagues.

In their written comments about the SVP, residents often express gratitude for the chance to be in a nonjudgmental forum with peers. They appreciate the opportunity to admit frailty, to forgive themselves for oversights, and to be comforted. The program also helps residents remember what drew them to medicine; they regularly recall a passion for science and a profound desire to help and heal. Additionally, discussing obstacles to being at their best helps reduce their perception that they are struggling alone. Finally, crafting a principled statement about how they will practice medicine helps refresh their view and treatment of patients.

One resident's comments about the SVP echo the reported success of an initiative that required third-year medical students to meet weekly for 2 hours of collective self-examination. What first seemed like an "intrusion," Treadway and Chatterjee<sup>5</sup> noted, eventually became a valuable time for students to share challenges, express uncertainty, and "cherish wonder," all while strengthening their advocacy for patients. Similarly, an internal medicine resident

**Box Example of Statement Crafted by Sacred Vocation Program Residents**

In my daily practice of medicine, I will strive to:

- Be a caring advocate for each of my patients;
- Be aware of my own biases;
- Engage the whole patient while treating their disease;
- Hold myself and my colleagues to the highest level of competence; and maintain a healthy balance in my life so I can provide the best care to my patients.

summarized the benefits of the SVP in this way: "This is an invaluable program. For me, it has been a critical point in my education and training—remembering why we do what we do as physicians, and for whom we do it. It has given us extra strength and enthusiasm to care for our patients."

To help nurture resilient healers, other institutions may wish to consider incorporating structured learning sessions like the Sacred Vocation Program for their residents.

## References

1. Epstein R, Krasner M. Physician resilience: what it means, why it matters, and how to promote it. *Acad Med.* 2013;88(3):301–303.
2. Neumann M, Edelhauser F, Tauschel D, et al. Empathy decline and its reasons: a systematic review of studies with medical students and residents. *Acad Med.* 2011;86(8):996–1004.
3. McGovern Center for Humanities and Ethics. Sacred Vocation Program. <https://med.uth.edu/mcgovern/programs/sacred-vocation-program>. Accessed June 9, 2016.
4. Ofri D. My near miss. *The New York Times*. May 29, 2013:A23. [http://www.nytimes.com/2013/05/29/opinion/addressing-medical-errors.html?\\_r=0](http://www.nytimes.com/2013/05/29/opinion/addressing-medical-errors.html?_r=0). Accessed June 9, 2016.
5. Treadway K, Chatterjee N. Into the water—the clinical clerkships. *N Engl J Med.* 2011;364(4):1190–1192.



All authors are with the McGovern Center for Humanities and Ethics, University of Texas Health Science Center at Houston. **Sylvia S. Villarreal, MEd, MPH**, is Associate Faculty; **Woods Nash, MPH, PhD**, is Visiting Assistant Professor; and **Thomas R. Cole, PhD**, is the McGovern Chair in Medical Humanities and the Center's Director.

Corresponding author: Sylvia S. Villarreal, MEd, MPH, University of Texas Health Science Center at Houston, 6431 Fannin Street, JLL Suite 400, Houston, TX 77030, 713.500.5960, fax 713.500.5968, [sylvia.s.villarreal@uth.tmc.edu](mailto:sylvia.s.villarreal@uth.tmc.edu)