"It's Not Just Time Off": A Framework for Understanding Factors Promoting Recovery From Burnout Among Internal Medicine Residents


Burnout is a common occurrence in residents, but there is less known about how residents effectively recover from burnout and go on to have a successful career in medicine. The authors of this study performed interviews with PGY-2, PGY-3, and recent graduates of an internal medicine program who had experienced and recovered from burnout to further characterize what types of situations caused resident burnout, and how they facilitated their recovery. Through structured interviews of 25 residents, residents were identified to have two distinct types of burnout, "circumstantial" and "existential". Circumstantial burnout was related to the work environment or personal challenges during the timeframe in question. Recovery from circumstantial burnout included 3 factors: "resolving workplace challenges, nurturing personal lives, and taking time off". Circumstantial burnout in general was easier to identify and to resolve as circumstances of the environment were changed or able to be modified. A second type of burnout, "existential" burnout, relates to the individual and their self-view in their role as physicians. Recovery from this type of burnout was inherently different and related to the following four methods: "recognizing burnout and feeling validated, forming connections with patients and colleagues, finding meaning in medicine, and forming a personal identity and clarifying professional roles". The last method of recovery, "forming a personal identity and clarifying professional roles" occurred in several different ways including: "becoming a 'good doctor': reframing professional expectations and understanding their professional role as physicians, increasing competence and autonomy in the clinical environment, finding role models, and focusing on career development." The authors in the paper expand on these themes and give examples of strategy for recovery for each situation. Although a small study, it highlights that burnout and recovery is not a one size fits all solution, but rather investigation into cause and developing strategies for individuals based on their circumstances and needs may be more effective.

- (Rebecca Bavolek)
How Theory Can Inform Our Understanding of Experiential Learning in Quality Improvement Education


Quality Improvement (QI) is an important and challenging area of residency training. Many programs utilize some form of a QI project for residents to gain experience with QI. It can be difficult to ensure that the proposed projects will allow residents to have the hoped-for experience. Here the authors describe learning theories relevant to the QI project. They found Billett’s workplace learning theory and approach-actor-network theory to be useful frameworks for explaining how learning occurs during the QI process and understanding how we learn QI. They key take-home point is that a QI project is a complex learning experience. By applying these learning theories one can find opportunities for increasing the value of the learning and potential barriers to success.

- (Aaron Danielson)

Student response to reports of unprofessional behavior: assessing risk of subsequent professional problems in medical school

Ainsworth MA, Szauter KM. Student response to reports of unprofessional behavior: assessing risk of subsequent professional problems in medical school. Med Educ Online. 2018 Dec;23(1):1485432; PMID: 29912668

Medical students must learn about professional behavior expectations, see those behaviors reinforced by role models in a supportive environment, have their behaviors measured appropriately and receive guidance when they struggle. It is important to identify students with the highest risk of professionalism lapses. UTMB-Galveston has used Early Concern Notes (ECN) for 17 years as a supportive “early warning” device that may be used by any faculty or staff member in contact with a medical student. For the first ECN, students receive a copy and a confidential discussion follows; the ECN is not part of the academic record and is not shared. The authors previously failed to find an association between the type of professionalism lapse and additional ECN, therefore chose to investigate whether the student response to ECN may predict future behavior. They found that students who spontaneously recognized their behavior as inappropriate, or students who recognized the error when it was pointed out to them, had lesser recurrence of ECN compared to students who were resistant to accept responsibility or those who did not recognize the inappropriate action. The findings have important implications for the resident remediation process and it would be interesting to see if resident behavior is similar to student behavior.

- (Nikhil Goyal)
A Descriptive Analysis of the Use of Twitter by Emergency Medicine Residency Programs

Twitter usage has become increasingly common among EM residencies with > 60% of programs now having sites. The authors’ objectives were to perform descriptive analysis of Twitter use and examine if CORD Best Practice Recommendations were being adhered to. They include development of a social media policy and having an identified non-resident content manager. A multi-center cross-sectional format utilized voluntary survey data as well as an on-line Twitter site search. Data was collected regarding content managers, frequency of use, purpose/application, and methods to guard professionalism and privacy. Survey data revealed that residents most commonly oversaw content, followed by faculty members. EM Residencies used Twitter most often for education (both didactic and non-didactic subjects), and promotional content. The majority (83%) report adhering to institutional social media guidelines and most (74%) had limitations on who was able to “tweet.” On-line surveillance revealed that few programs (5%) identified the individual site content manager and fewer than half (44%) had any sort of medicolegal disclaimer. In summary, usage varied and adherence to available guidelines was inconsistent. As EM residencies continue to utilize various forms of social media, we should all be mindful of recommended best practices. Accuracy of information, utility, and privacy concerns must all be considered.

- (Amy Stubbs)

A Mixed-methods Comparison of Participant and Observer Learner Roles in Simulation Education

This was a pilot study to compare the roles of participants and observers in simulation cases. Specifically, the study aimed to “explore the relative impact of simulation-based learner role on learning” and “identify other possible factors affecting learning for simulation-based learner roles.” Learners were 60 interns from a single institution and included interns from internal medicine, general surgery, EM, family medicine, OB/GYN and orthopedics; 30 learners were enrolled in the study. Interns worked in groups of 4 with 1 participant and 3 observers. All were debriefed for 45-minutes after the simulation session. A three-month follow-up session was conducted as well as a focus group. The study found no significant advantage for either learner type (participant or observer) quantitatively or qualitatively. This demonstrates the value of the observer role when paired with post-event debriefing.

- (Anne Messman)