Resident Wellness Toolkit
Introduction

People are drawn to the field of medicine in order to serve. We leave medical school fully ready to sacrifice ourselves to the rigors of residency. But this ultimately takes a toll — 27% to 75% of residents are burned out at any given time depending on specialty,¹ and residency training is the “nadir of personal wellness in a physician's career.”² Physician burnout leads to poorer patient care and increased medical errors, as well as increased rates of substance abuse, suicide, and intent to leave practice.³

We talk about how important it is to take care of our patients, but we never talk about how important it is to take care of ourselves. While there is a limited amount we can do to reduce the demands on our time, residency programs can increase the support provided. Introducing a series of supportive interventions can tip the scales from resident burnout to resident wellness.

Getting started

Tackling resident wellness may seem daunting, but we believe in starting small with low-resource, high-impact wins. If we think of each intervention as a critical aid station in the marathon of residency, initiating just a handful can go a long way towards increasing resident wellness.

In that spirit, we’ve biased this toolkit toward action. To tackle the complex challenge of resident wellness, we’ve harnessed the human-centered design process. We see the process of getting a resident wellness program off the ground as an opportunity to put these tools into action as we prototype and iterate on individual interventions. As we learn what our residents need and which interventions have the biggest impacts, we work to further automate and systematize our initial experiments.

In this toolkit, you’ll find categories of interventions that bolster resident wellness in the areas of: Basic Needs, Support, and Life Beyond the Hospital. For each intervention, we’ve included a “getting started” section which includes questions for considering how you might get started tomorrow with small experiments and pilots.

Finding resources

For new initiatives, the first question is always: “How much will all this cost?” However, we’ve observed that the most important resource for starting a wellness program is actually people’s passion, time, and energy.

“It surprises me that we can do this with such a low budget,” said Sanjay Desai, Director of Osler Residency Training Program at Johns Hopkins Department of Medicine. “Most people will be intimidated to start a wellness program because there’s no money for it, but it’s much more a human resource commitment than a money resource commitment.”

Internal champions

The most effective change movements include both top-down and bottom-up activity. For resident wellness initiatives, the power comes from a program leader championing the cause combined with a critical mass of residents itching for change.

Connecting with as many allies as possible can sustain the momentum for starting a program through the up’s and down’s. These champions and advocates may exist within your program, they may be people doing similar things within other programs of your institution, or they may be success stories elsewhere in the world.

Join us

We don’t have all the answers. We know each institution will have a unique set of needs and subsequent solutions. Our hope is that this toolkit can serve as a spark for change and a connection point for collaboration around resident wellness.

THE VISION

Johns Hopkins Medicine teamed up with the Resident Wellness Program to tackle the challenge of increasing resident wellness without undermining the necessary rigor of physician training. The resulting insights and interventions are presented in this toolkit. We are currently running a series of pilot experiments at Johns Hopkins and want to share what we’ve learned in the hopes that others will be inspired to start resident wellness initiatives of their own.

Fig. 1 Mark Linzer, MD presents the Karasek demand-control model as a useful framework for thinking about how factors like demand (such as work hours) and control (such as flexibility in scheduling) counterbalance physician stress. While there is a limited amount we can easily do to affect the demands we place on our physicians, we can increase the amount of support we provide in the form of resident wellness interventions.
PROGRAM PLANNING

The first few months is crucial to the beginning of any endeavor. Generate excitement about the program with a thoughtful kick-off, and then sustain that momentum by ensuring that the first interventions you implement are delivered in an effective, consistent manner. This consistency will go a long way in getting residents on board and setting the stage for larger culture change.

Assessing needs

The guiding principles for each category of interventions — Basic Needs, Support, and Life Beyond the Hospital — can serve as a starting point for understanding residents’ unmet needs. Start with these, and then tailor the interventions to the unique circumstances of your residency program.

Handing out even a quick 10-question survey to residents can go a long way in showing where current wellness needs exist. If you are able, go beyond survey data to qualitatively understand your residents’ experiences. Unearthing residents’ true needs on this deeper level will greatly inform your roadmap of wellness interventions.

Eyes on the ground

In addition to a program leader guiding the overall vision of the wellness initiative, it’s helpful to designate staff members and residents who will lead the charge.

Program Manager: Work with an internal resident champion who is both passionate about wellness and also savvy about wrangling logistics. He or she can manage a wellness program with an eye toward making sure the interventions are implemented in a sustainable, consistent manner.

Wellness Committee: Early on, establish a “wellness committee” who meet on a regular basis and who is responsible for implementing wellness interventions and coming up with new ideas moving forward. Include a range of current residents from different years and different teams to maintain consistency through transition periods and class turnover. A larger committee ends up being better: it’ll help spread the word, you’ll have more eyes on how the interventions are working, and member activity will naturally ebb and flow over time.

Branding and messaging

It can be important to create consistent messaging for wellness interventions. It helps residents to see that the program is intentionally supporting their wellness, and not to take a provision for granted. It can also link efforts big and small, in different areas, into one coherent campaign.

Creating a Roadmap

Are there needs which residents are highly vocal about that could be addressed without expending a lot of resources? Could you print out the intervention pages of this toolkit and have residents vote on which interventions they’d be most excited about? Which areas is your wellness committee most passionate about? These are all potential starting points.

Piloting

Treat each intervention as an experiment. How might you prototype a temporary solution that can go into effect sooner rather than later? With pilots, you can gauge impact and surface issues before committing more resources and time to rolling them out on a wider scale. Each team we’ve talked to who’s implemented a wellness program attests to learning the most from their own trial and error.

Over time, as you pilot additional interventions, your program will build up a holistic suite of wellness interventions to meet a broad range of resident needs—physical, mental, emotional, and social.
WHAT YOU’LL FIND INSIDE

We’ve designed this toolkit with many different entry points, and it’s not necessary to read it cover-to-cover. Jump to the sections or interventions that are most relevant to your program’s needs.

BASIC NEEDS
Introduction
Guiding Principles
Interventions
  Resident Fuel................................................................. 8
  Call Night Care Packages........................................... 9
  Doctor’s Orders .......................................................... 10
  Rethink Lunch ............................................................ 11
  Help Hydrate............................................................... 12
  Quick Gym ................................................................. 13
  The Recharge Room .................................................. 14

SUPPORT
Introduction
Guiding Principles
Interventions
  Follow the Leader.......................................................... Page 17
  Resident Support Net.................................................. Page 18
  Wellness Coach .......................................................... Page 19
  War Stories..................................................................... Page 20
  Storytelling Sessions................................................... Page 21

LIFE BEYOND THE HOSPITAL
Introduction
Guiding Principles
Interventions
  Family Dinners............................................................. Page 24
  Surviving Residency.................................................... Page 25
  More Than a Doctor..................................................... Page 26
  Easy Chores................................................................... Page 27

Each section contains the following components:

« An overview describing what that category of intervention covers

« A one-page snapshot summary outlining the guiding principles and related interventions

« A series of one-page interventions

Low-overhead experiments to get you started
Due to the nature of their work, medical residents routinely satisfy the top needs in Maslow's hierarchy. But they are surprisingly lacking in basic needs — like food, water, and exercise. These small needs don’t get prioritized during hectic days of intense training, but neglecting them adds up: levels of burnout rise, and quality of patient care suffers. The following interventions represent high-impact easy wins within larger wellness campaigns.
# Basic Needs Interventions

## GUIDING PRINCIPLES

<table>
<thead>
<tr>
<th>1. Make the small, high-return investment to consistently give residents the right fuel for their work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the marathon of residency, residents are long-endurance medical athletes who need consistent fuel to keep going. When residents need food in a pinch, healthy options are scarce and they are left to scavenge. Initiating a few thoughtful interventions means residents’ long hours and unpredictable schedules no longer necessitate missed meals and unhealthy options.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Put in the work to get to thoughtful food for program meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are grateful for the regular meals that some residency programs provide—it’s reliable, tasty, free food that provides much-needed calories for long days. But some residents wish the food choices were more “thoughtful” with healthier options and greater variety.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Provide constant, easy access to water when in their workspace and when they’re out and about.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents rarely make it to water. Staying hydrated when there are so many other things going on can be hard. 17 requests can easily stand between a resident and the next water fountain, so create interventions that work for doctors on the go.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Conduct radical, quick experiments that better integrate exercise into resident worklife.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many residents would love to work out if only they could fit it into their schedules and if exercise were just a step away. Whether it’s a bare-essentials gym, movement rituals, or friendly competition, exercise experiments can make working out more realistic.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Transform existing spaces into inspiring, clean, and quiet retreat zones.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident offices can be great places for socializing, but where can one go for a moment of solitude and reflection? Perhaps call rooms can be revamped from unappealing crash pads to thoughtful retreat zones.</td>
</tr>
</tbody>
</table>

## RELATED INTERVENTIONS

<table>
<thead>
<tr>
<th>RESIDENT FUEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy, high-energy snacks reliably stocked within arm’s reach. Page 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALL NIGHT CARE PACKAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comforting, late-night treats for on-call residents. Page 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast and easy ordering and pick-up of food from the hospital cafeteria. Page 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RETHINK LUNCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater health and variety in program-provided meals. Page 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HELP HYDRATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right-there access to hydration in communal workspaces. Page 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUICK GYM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating space and culture to encourage stress-relieving exercise. Page 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THE RECHARGE ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>A welcome, clean place for recharge moments. Page 14</td>
</tr>
</tbody>
</table>
The only food I have access to is what’s right close by.” Resident

RESIDENT FUEL
Healthy, high-energy snacks reliably stocked within arm’s reach

The most cost-effective, high-impact route to health for residents? Make fuel just an arm’s reach away by stocking healthy, high-energy food where they work.

Residents spend a substantial amount of their time in offices whenever they are not attending to patients on the floor. Often, there are no healthy snacks available, and it can take too long to go to the cafeteria or find food elsewhere. This leaves residents to steal the little bit of nourishment they can find in the graham crackers that nurses give out to patients, or hungry for hours on end.

WHAT YOU CAN DO

Create snack stations
Stock a small bin full of a variety of healthy snacks in a location that residents visit frequently, such as their central work area. Designate a small portion of program funds, and task a staff member with replenishing the supply of snacks at regular intervals.

Supply portable fuel
Make it easy for residents to pick up some snacks that are realistic for them. Bananas are great — easily thrown in a pocket and peeled at a moment’s notice. Oranges? Forget it! Maybe the staff brings granola bars to noon conferences and passes them out for residents to slip into their coat pockets. The point is to inject some fuel into residents in consistent ways.

GETTING STARTED

Instead of following the impulse to institute a complicated system, start small. Is there a resident or staff member passionate about food? Designate them as a point-person to pilot this intervention in a small way for a few months. Work with them to figure out a process that can eventually be systematized.

THINGS TO KEEP IN MIND

Make it clear
Translucent storage tubs are a good way to keep food clean and in sight. A sticker connecting it to wellness helps celebrate the initiative and makes it clear they are program provided, communal snacks.

Resident choice
Let residents vote on snacks, and strive to establish a core list based on the initial feedback you get about which healthy snacks are appealing.

Include pick-me-up’s
Include “open in case of emergency” cookies or M&Ms to add a little comfort during particularly challenging moments.
On-call nights define residency. They are critical to training, but inevitably draining. Sustaining energy is crucial to getting through these nights and the rounds that follow. A small pick-me up can go a long way in boosting residents’ morale and energy levels.

WHAT YOU CAN DO

Ready care packages for pick-up
Consider creating a small care package or “lunchbox” that residents can pick up when they start their on-call shift, or that a staff member can drop off on their way home. It doesn’t have to be anything extravagant, just something that is not in their daily routine that they can look forward to as a 3 a.m. snack break. The smell of a microwaveable chocolate chip cookie can go a long way; a bottled smoothie could be just the energy that a resident needs.

Set up a recharge station
Coffee is probably already readily available (if it’s not, that’s a good place to start!), but could there be an espresso machine that is a special treat only for overnight staff? Could there be oatmeal packets near the coffee machine for on-call residents?

GETTING STARTED

What could you try for one week or one rotation? Is there a staff member who is willing to pick up and deliver the first round of snacks? Perhaps a bulk order of individually wrapped cookies, and leave them at the workstation for each on-call resident? Or a common location that can host a coffee machine and oatmeal packets? Prototypes like these will help to think through the details; the ultimate goal is a routine where on-call residents have some delightful snack that doesn’t require any additional overhead or time investment.

THINGS TO KEEP IN MIND

Make it personal
Isolation can make on-call nights tough. What could you do to make it more of a shared experience? Maybe a guest book or communal whiteboard could help residents commune with other nocturnals.

Don’t overcomplicate it
This is about the gesture, the delight, and the snack. At three in the morning, when you have been used to surviving on graham crackers, any thoughtful snack is wonderful.
When time is tight, even the five minutes waiting in line at the cafeteria may keep residents from getting the sustenance they need to perform. Ordering, waiting for food, and payment all take precious minutes. Finding ways these impediments to vital sustenance can be streamlined can help with resident wellness.

**WHAT YOU CAN DO**

**Set up a grab & go self-pay option**
Coffee shops often have a cash line where people throw their cash into a bucket and help themselves to a cup of coffee. Could there be a fast, healthy equivalent at the cafeteria that caters to the needs of busy medical professionals?

**Create an order-by-pager system**
Waiting for food preparation is often the longest bottleneck. Bring food services, program leadership, and IT together to come up with a way to allow residents to use their pagers or smart phones to pre-order cafeteria food for rapid pick-up or delivery. Cafeterias may explore adopting existing, elegant online ordering systems.

**GETTING STARTED**

What’s a hack you can try for a week to learn what works and to gauge demand? Can you loan an extra pager to a cafeteria manager to take orders? Could you use a department credit card and have residents settle up at the end of the week?

**THINGS TO KEEP IN MIND**

**Make it a one-touch habit**
Could you set up a system where residents can order their “usual” by just pressing one button or typing one word?

**Nudge residents**
Sometimes the day just slips by and it becomes too late to get food. How might you automate an opt-in “last call” reminder that pages residents to place orders a half hour before the cafeteria closes?
The routine associated with program-provided meals is greatly appreciated by residents—it’s reliable, tasty, free food that provides much-needed calories for long days. But some residents wish for healthier options and greater variety. Often, healthy choices are sacrificed for the ease, cost, and convenience of bulk ordering from well-known vendors.

Program meals are a great opportunity to send the signal that thoughtful nourishment can help sustain residents during their intensive training.

**“The lunches are not the healthiest. But when you’re tired, you don’t make healthy choices.”** Chief Resident

**WHAT YOU CAN DO**

**Evaluate and revamp the meal rotation**
Take a look at the food you’ve provided residents over the last two months from a health, energy, and variety perspective. How are you doing? What could you change? Overhaul the meal rotation to add variety, healthy options, and an occasional surprise.

**Partner locally.**
Seek out new, local restaurants who are looking to amplify their brand and see if they’d like to acquire a regular client (for a discount). Residents will find home-grown, local cooking more special than vendors who specialize in scale.

**GETTING STARTED**
Apply a healthier lens to revamp just one meal a week. Turn to residents themselves for suggestions of local restaurants they enjoy, and ask an administrative assistant to explore these alternative options.

**THINGS TO KEEP IN MIND**

**Make healthy choices easy**
Some Silicon Valley companies keep desserts out of direct line-of-sight at employee lunches. When residents are tired from working hard, they’ll tend to choose whatever’s in front of them. So bias defaults towards healthier options.

**Consult a nutritionist**
Work with an expert in nutrition to come up a variety of meal options that give residents daily energy and long-term sustainability.

**Harness resident passion**
Residents are really passionate about their food! They may very well be your greatest internal champions. Consider calling on them to do some of the heavy lifting to help rejuvenate program meals.
Residents rarely make it to water. That may seem crazy in a hospital full of water fountains, but if you look at what really happens on the floor, they’re barraged by requests from nurses, superiors, and patients. It’s easy to skip stopping for that small yet critical sip of water. Twelve hours later, they realize they haven’t stopped once to pee. Sound familiar?

Small interventions can go a long way in making residents’ aspirations of drinking enough water more realistic.

WHAT YOU CAN DO

Create thoughtful oases
Is there water within arm’s reach in places where residents are behind the scenes taking care of paperwork? If not, that’s a great place to start. Identify high-traffic spots that residents naturally gravitate toward or locations where they pause to catch their breath. Install high-pressure water fountains or water coolers at these key points in residents’ daily paths where they have time to stop and drink.

GETTING STARTED

Give every resident a water bottle. It’s a small thing but can be a helpful reminder to stay hydrated. Find and provide small bottles that are just the right size for slipping into coat pockets.

THINGS TO KEEP IN MIND

Brand it
Easy wins like installing water coolers in common areas can be taken for granted if residents aren’t aware that they’re part of a larger wellness campaign. Cohesive stickers and labels tie the interventions together and remind residents to take care of themselves in these small important ways. This reinforces the message that the program is both responding to resident needs and building toward larger initiatives.

Size matters
At program-provided meals, be mindful of the size of the cups you’re handing out! Meals are a perfect chance for residents to rehydrate — but not if they’re given small cups they have to refill halfway through.

“The nurses and patients are between you and the water. 70% of the time, you just don’t make it.” Chief Resident
Residents and alumni universally scoff when they think about how much exercise they actually got during residency. Yes, residents are on their feet and getting plenty of physical activity as they round, but what many of them say they really miss is the chance for a brief stress-relieving workout.

Residency programs may be able to help residents better fit cathartic exercise outlets into their routines.

WHAT YOU CAN DO

Make space
Carve out a space close to the resident workspace for quick workouts. It doesn't have to be a big, expensive gym — one treadmill, a few handweights, and some yoga mats can do wonders.

Build the rituals
Encourage senior residents or leaders to give their team a few minutes during a shift to let it all out. At Stanford, one residency team has made a ritual of visiting the weightroom in the middle of the night (but still in their work clothes) because it's just about a few minutes of getting out energy together. Daily rituals built into the practices of residency ensure that there's at least a few minutes of moving each day. It's as much about giving your mind a break as it is about getting your blood pumping for a few minutes.

GETTING STARTED

Is there a room that could double as a quick gym during a certain window each week? Could you expand access to existing workout spaces? Are there program routines or norms that lend themselves to a creative incorporation of exercise?

THINGS TO KEEP IN MIND

Support it culturally
When it comes to exercise for tired residents, groups can provide fun and motivation. Doctors are competitive folks. Harness that: which teams can fit in the most midnight mini-workouts in a rotation? Consider offering residents activity monitors like the fuel-band to encourage exercise and celebrate the movement that is already being accomplished.
Residents in every program usually have some space to call their own: an intense office environment and a crash pad for snippets of sleep. What is often missing, however, is something in the middle: a place to recharge. Between rounds, patient records, and ordering labs, residents need little moments to decompress. Without a separate space, it is hard to step out of the fray. And that's a core contributor to burnout.

**WHAT YOU CAN DO**

**Dedicate a room**
Consider whether an under-utilized room could serve as a resident-only lounge, one with resident-inspired decoration and resident-voted ground rules about factors like noise level.

**Refresh the call rooms**
Acknowledging that space is scarce in a hospital, creating a dedicated space may be unrealistic. But what about turning the call rooms into spaces residents would enjoy escaping to during the day as well? Things as simple as warm lighting, pictures of resident life outside of the hospital, and a cozy chair could make a big difference between a last resort sleep option and a meaningful retreat zone.

**GETTING STARTED**
Find out what is missing. Speak to residents about what they would like to see in a "recharge room." Are they craving solitude or more of a special spot to catch up with colleague where they won't be exposed to the pressures of medicine? Once you have a sense of residents’ needs and the available spaces, prototype it. Can you repurpose a room temporarily for one rotation?

**THINGS TO KEEP IN MIND**

**Set up for easy maintenance**
Call rooms can quickly become unappealing. Giving residents a sense of ownership may also inspire them to take shared responsibility in maintaining a space that they want to spend time in. Sometimes in shared design studio spaces, you’ll see signs like: “How can you leave this space better than you found it?”

“There is no good place to meet as a group to decompress or just have down time.” Resident
Support

Mental health is an area of wellness that is often neglected due to stigmas around seeking emotional support. Yet it’s a major aspect of being a capable, thriving doctor. Although communities of residents are extremely close-knit, they don’t always feel comfortable discussing concerns and difficult experiences with their peers and superiors. But coping strategies that suppress the intensity of residency “as if nothing happened” lead to exhaustion and burnout. Simple interventions that push beyond such workarounds can have a significant effect on residents' wellness and performance.

- Follow the Leader
- Resident Support Net
- Wellness Coach
- War Stories
- Storytelling Sessions
## SNAPSHOT SUMMARY

### Support Interventions

<table>
<thead>
<tr>
<th>GUIDING PRINCIPLES</th>
<th>RELATED INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Hire, train, and reward chief residents and faculty for being role models who attend to their own wellness.</strong>&lt;br&gt;Chief residents and faculty are respected because of their clinical excellence, and residents want to be like them in every way. But if these leaders don't model wellness, residents can't be expected to. Give these extremely hard-working leaders tools and small nudges to inject wellness into their own world, as well as their residents.</td>
<td><strong>FOLLOW THE LEADER</strong>&lt;br&gt;Enabling chief residents and faculty to greater wellness to inspire those who follow them. Page 17</td>
</tr>
<tr>
<td><strong>2. Create opportunities for leaders to talk honestly about their own past struggles.</strong>&lt;br&gt;Not knowing whether you are good enough. Not being sure medicine is right for you. Considering dropping out. It's hard to imagine revered faculty ever having experienced such doubts. Which is exactly why creating a faculty panel to share such stories can be an incredibly helpful tool to help residents cope with their own feelings, doubts, and challenges.</td>
<td><strong>WAR STORIES</strong>&lt;br&gt;Enabling faculty to share about their own times of vulnerability and doubt. Page 20</td>
</tr>
<tr>
<td><strong>3. Design and endorse structured group sharing and support.</strong>&lt;br&gt;Resident communities are surely close-knit, but everyday concerns can eclipse the difficult but critical conversations that serve as a place to process difficult experiences and questions. Encouraging and supporting the routine of a closed-door resident-only gathering can ensure that there is a safe and reliable outlet for residents to voice their struggles.</td>
<td><strong>STORYTELLING SESSIONS</strong>&lt;br&gt;Regular opportunities to safely voice concerns. Page 21</td>
</tr>
<tr>
<td><strong>4. Establish formal intern support outside the line of command.</strong>&lt;br&gt;Who can interns turn to if they need support? Their chief resident or program director — yes, but it'd be nice if there were someone a little closer to their current experience. Second year residents are a great, untapped resource; their radar is particularly attuned to the challenge of intern year because they've just survived it themselves. Plus, they're outside the line of command, making them professionally safe to talk to. A dedicated wellness coach could also ensure that residents have a respected and helpful source of support available.</td>
<td><strong>RESIDENT SUPPORT NET</strong>&lt;br&gt;Second-year residents play big-brother/big-sister roles. Page 18&lt;br&gt;<strong>WELLNESS COACH</strong>&lt;br&gt;A respected source of non-extreme, emotional support. Page 19</td>
</tr>
</tbody>
</table>
Residents are sponges of their leaders’ medical knowledge, but also of their habits. And it can be difficult to prioritize wellness if it doesn’t seem like something that is done by those instructing. How might leaders such as chief residents and faculty be encouraged to model wellness behavior?

**WHAT YOU CAN DO**

**Empower instructors**
The best wellness initiatives are the ones that are home-grown, inspired by the idiosyncrasies of the instructors and the group he or she is leading. Encourage them to tap into their creativity, and then give them the backing to make their initiatives successful.

**Make wellness a competition**
We’re a competitive field. Nothing will drive behavior like creating competitions between residency groups. Consumer activity tracking devices can be a useful enabler — they acknowledge the movement that residents are doing, and help them set and achieve exercise goals. You can also monitor movement by tracking and rewarding milestones, like the number of times the group has visited the gym over the period of a month.

**Get photo proof**
Demonstrating a shift in eating habits is another way to motivate the team. What we have seen is that chief residents can have some of the worst eating habits. The chief residents all took a fridge prior to our wellness intervention, and the results were staggering. Three of the fridges contained only alcohol, junk food, and the extraneous wilted vegetable; the last chief resident didn’t even own a fridge. Could you do a before and after intervention where you asked them to take pictures at the beginning and to take a picture six months later? See if you can get instructors and their teams to sign up for a self-led intervention.

**GETTING STARTED**
Get the chief residents and faculty on board. Have a heart-to-heart with your instructors about the impact of not tending to wellness, and the responsibility that they have as leaders.

**THINGS TO KEEP IN MIND**
It’s got to resonate
Ultimately, wellness interventions need to work with the personality of a program — not try to uproot it. Take advantage of the idiosyncrasies of a particular group of residents and their leaders. What events or customs are already much-loved? Can these be harnessed with a bent towards wellness?
Residents are supported by their superiors, but sometimes it’s nice to connect with someone who’s had more experience but who may not be their evaluator. Creating a program that pairs second year residents with first year residents can fill this need.

Second year residents are a great untapped resource; their radar is particularly attuned to the challenges of intern year because they’ve just survived it themselves. Plus, they’re outside the line of command, making them professionally safe to talk to.

WHAT YOU CAN DO

Designate a handful of supporters
Create a role for a subset of second year residents that are providing out-of-line-of-command support to first year’s. Have people apply for the position, or tap individuals who may be particularly suited to the role. Introduce the supporters at orientation, and create regular check-in sessions for the first year residents to ask questions.

Pair one-on-one
Pair second year residents with first year residents during orientation, and have them sit down for a quick conversation. This way, first year’s have a one-on-one connection with a second year right off the bat. Encourage the second year residents to check in with the intern they were paired with after the first month of residency.

GETTING STARTED

If a formalized, year-long program is too big an endeavor, start by inviting a few second year residents to a 30-day reality check of all the interns after the first month of residency. This check-in might spark some ongoing connections. If there is interest among the group, work with the second year residents to come up with ways to continue the support relationships throughout the year.

THINGS TO KEEP IN MIND

Find natural mentors
Find the residents who have a natural interest in giving back or complementing their leadership skills in this more formalized support role.

Right-size expectations.
Set expectations with the second year’s, so they know they neither have to handhold the first year residents nor do they have to shoulder the burden of their mental well-being. Empower the second year’s to refer the interns to more formal support services — perhaps a wellness coach or hospital assistance programs — when the need arises.

“I think we need a designated person that is safe to go to with anything. My friend had a hard time because he respected his chief resident, but he didn’t feel he could go to her. He viewed her as his boss.” Second-year resident
“There is a faculty staff support system but that’s more for massive challenges like ‘I’m suicidal’. For challenges at home, they don’t go to the mental health services or even us, until it affects their work.” Faculty

There’s a stigma for doctors around emotional support. It’s acknowledged as helpful for people in crises. But the truth is, all residents could greatly benefit from someone who could provide advice on both the immediate challenges of being a resident and on the long-term management of life and work balance.

A bold move that a residency program can make to really demonstrate their commitment to wellness is to provide a dedicated staff member focused on this kind of career, life, and emotional support.

WHAT YOU CAN DO

Hire a wellness coach
To truly offer comprehensive support, residents’ mental health needs can’t be tacked onto someone else’s job. A dedicated wellness coach could be available for one-on-one time with residents on their schedules. Find someone who has both a domain knowledge in wellness and who has also gone through medical training themselves. The d.school at Stanford recognizes the importance of facilitation, so they bring in the d.shrink, a therapist and design thinker who is available for team consultations in both formal and informal sessions.

Designate an existing staff member for wellness coaching
Find a staff member outside the line of command who can carve out dedicated office hours for wellness coaching. Consistent hours ensures residents can drop by and know that support is available.

GETTING STARTED

Is there a wellness expert that understands the medical profession who can come in to facilitate a brown bag discussion to get the conversation started?

THINGS TO KEEP IN MIND

Shift cultural norms
Residents may be more likely to take advantage of a wellness coach once it becomes part of the culture. Related Interventions such as War Stories and Resident Support Net can help lay the groundwork for shifting norms. The goal is to provide residents safe and comfortable outlets where they can seek support.

Create consistent routines
Residents have enough flux in their lives. Making the wellness coach a consistent offering, such as set office hours, increases the likelihood that they’ll incorporate it into their lives, since they’ll know where and when they can find support.

WELLNESS COACH
A respected source of non-extreme, emotional support
One overwhelmed resident wonders whether medicine is right for him. Another is disheartened when she doesn’t know how to comfort a dying patient. Residents processing these emotional ups and downs can feel lonely in cultures that prize composure under stress.

Every hospital has success stories of doctors rising to the occasion and saving the day, but leaders are sometimes less forthcoming with stories of times they were honestly struggling. When new residents are feeling overwhelmed, it’s reassuring to hear that these people who are now thriving have also gone through similar experiences.

WAR STORIES
Enabling faculty to share about their own times of vulnerability and doubt

WHAT YOU CAN DO

Create an orientation panel for stories
Include a panel at orientation where these faculty can talk about their own challenges as a resident and share coping strategies that have worked for them. Focus the conversation on stories of genuine struggle to help residents get the most out of the panel.

Collect and distribute written stories
Solicit written war stories from faculty, and distribute a printed or digital collection to new residents. This also provides a forum for anonymous sharing, if some faculty prefer their names not be associated with their contributions.

GETTING STARTED

Are there one or two faculty members who are confident and comfortable being vulnerable and sharing their past struggles? Tap them to set the tone by sharing their stories at the first orientation panel.

THINGS TO KEEP IN MIND

Give specific prompts
Providing specific questions will focus the conversation on stories of vulnerability rather than just heroism. Here are some you might try:

- Did you ever have doubts that you weren’t right for medicine or that medicine wasn’t right for you?
- When was a time you were intimidated by an issue of illness, patient death, or relations with a patient’s family members?
- Describe a time when you felt like you were sacrificing your personal wellness or your family’s wellbeing for medicine. What were some of your coping strategies?
- Describe a situation when you were really unsure or unconfident about what the right thing to do was. How did you deal with it?

“...The coping strategies associated with a higher degree of emotional exhaustion include keeping stress to oneself, concentrating on what to do next, and going on as if nothing happened.”

Lemaire and Wallace: Not all coping strategies are created equal: a mixed methods study exploring physicians’ self-reported coping strategies. BMC Health Services Research 2010 10:208.
“I’ve started a peer storytelling group for everyone in my residency. We get together once a month to swap stories, and no one else is allowed to come. 20 out of 26 of our class has signed up and it’s incredibly therapeutic.” — Resident

STORYTELLING SESSIONS
Regular opportunities to safely share stories and voice concerns.

» Resident communities are surely close-knit, but everyday concerns can make it hard to find time for the hard conversations that allow you to process difficult experiences and questions. Sometimes residents need a bit of nudging to recognize this need, but once the forum has been created, the response can be profound.

WHAT YOU CAN DO

Make storytelling a ritual
Just setting a specific time and place for a closed-door gathering is a huge step forward. Once a month is a great place to start; it’s a set time everyone can remember, but it doesn’t feel so frequent that it is hard to get participation.

Provide a private space
Really powerful conversations can happen when residents have a place they can call their own. Find a room that can be dedicated to this purpose once a month.

Consider a facilitator.
Often residents value being able to process alone without anyone else in the room. On the other hand, having someone facilitate the conversation may also allow things to open up.

GETTING STARTED

Is there a resident who others naturally turn to for support, or look up to for guidance? Could you ask that resident to spearhead the first closed-door gathering? Perhaps you could provide the right space for it to happen and help advertise the opportunity.

THINGS TO KEEP IN MIND

Stories are a floodgate
A faculty member at Stanford told us: “As soon as one person says something, it’s a floodgate. Everyone starts telling their stories.” Anticipate that it may take some time for residents to see closed-door gatherings as valuable, but that once it becomes a ritual, it will be a welcome chance for residents to see that they are not alone in their experiences.
Residents don’t spend much time outside the hospital, but this time reconnecting with their lives outside of medicine can be crucial to bolstering their wellness. Helping out with chores, cultivating support for residents’ loved ones, inviting residents to bring the non-medical aspects of their personalities to work…these interventions can help residents and their loved ones not only survive residency, but also thrive.
# SNAPSHOT SUMMARY

# Life Beyond the Hospital Interventions

## GUIDING PRINCIPLES

<table>
<thead>
<tr>
<th>1. <strong>Find clever ways to increase interstitial touchpoints with family and loved ones while at work.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time residents are too harried to imagine connecting with family and friends at dinner, but it’s a great special treat. Once-in-a-while family dinners at the hospital could make it possible to spend just a bit more time together. There is the additional benefit of starting to form a community of residents’ families and friends, which can be a profound source of support.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. <strong>Take care of residents by taking better care of their families.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The marathon of residency is tough, but what can be really stressful is when things are hard on loved ones. “Surviving Residency” initiatives are geared toward improving the residency experience for families and friends, bringing their needs to the forefront. In a friends and family orientation panel, residents and family who just survived intern year could share their experiences with incoming families. Friends and families rounds give non-residents a chance to see what the working life of their loved one is really like. A survival kit given out at orientation could be handy to refer to for tips and tricks on how to cope. Together, these initiatives help anyone who supports a resident — whether a partner, spouse, parent, sibling or friend, survive residency themselves.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. <strong>Create chances for residents to nurture and share their non-medical passions.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Because residents spent so much time working together as doctors, their worlds can narrow — contributing to the sense of groundlessness and imbalance. Meanwhile, the communal breaks that residents do take may not be creative outlets. What if residents could, once in a while, share the non-medical parts of their personality? What if breaks could be organized around residents’ creative passions? The celebration of talents, passions, and interests of residents beyond medicine could help to combat the sense of the world narrowing that characterizes some residents’ experience.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. <strong>Provide “big-bang for-your-buck” ways to ease the burden of out-of-hospital tasks for busy residents.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the precious hours away from the hospital to recover and connect with others is so vital to a resident’s wellness. But much of that highly coveted time can be eaten up by mundane but necessary life tasks — picking up dry cleaning or packages, shopping for basics like laundry detergent and toothpaste. A residency program can go a long way to improve resident wellness by developing systems and solutions that simplify such tasks for residents.</td>
</tr>
</tbody>
</table>

## RELATED INTERVENTIONS

<table>
<thead>
<tr>
<th>FAMILY DINNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program-hosted dinners at the hospital for residents and their families. <strong>Page 23</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURVIVING RESIDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ways to make residency easier for family and other loved ones. <strong>Page 24</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MORE THAN A DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>The celebration of talents, passions, and interests of residents beyond medicine. <strong>Page 25</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EASY CHORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easing the burden of chores that consume precious time away from the hospital. <strong>Page 26</strong></td>
</tr>
</tbody>
</table>
Long hours at the hospital means less quality time with their friends and families during those magic moments like dinner and homework time. But within those long, hectic days there can be a slower window of time in the early evenings when residents are waiting for test results or for patient changeovers. Connecting with special guests during this time would be a treat.

Of course, hosting friends and families on a daily basis would not be pragmatic for either resident or hospital, but inviting friends and family once a month would go a long way towards promoting goodwill and family time.

**WHAT YOU CAN DO**

**Host monthly dinners**

Once a month, invite friends and family to the hospital for a hosted dinner. Set up small tables so they can sit with their resident partners and enjoy a nice dinner together.

**Promote home cookin’**

Enable and promote family breaks. Could the faculty lounge be open from 5–7 p.m. once a week as a standing invitation for families to share a home-cooked meal?

**GETTING STARTED**

Try hosting a Family Dinner just once. Even a one-time effort will be a big deal for residents and their support systems. If it’s a success, then consider whether you can host dinners more often — once a quarter or even once a month.

**THINGS TO KEEP IN MIND**

**A community of support**

Family Dinners are also an opportunity to take care of residents by taking better care of their families. Even when residents need to return to work, encourage family members to stay to socialize and build connections that last outside of hospital walls.

**Get the families involved**

You may find family and friends themselves are your best source of momentum and inspiration. Enthusiastic family members may latch onto the idea and can become a resource for helping to plan future events.
“We’re okay with working hard. But when it affects my family, I struggle.”

Resident

The marathon of residency is tough, but what can be really stressful is when things are hard on loved ones. Residents sign up for the sacrifices, but their families often don’t expect the degree to which residency impacts them. Each year incoming families face hurdles and must come up with coping strategies. But many of these challenges can be anticipated, and much can be done to help families prepare and work through these issues. The more the program can do to facilitate the sharing of this wisdom from year to year, the easier it is for families to survive and do their best to thrive during residency.

**WHAT YOU CAN DO**

**Host an incoming resident panel**
Create a panel for second and third year families and friends to share tips for survival with incoming loved ones. Program leadership can also speak to loved ones, setting expectations and offering resources for their support during the year.

**Create an online forum**
Create an online community for family and friends to share information, connections and support — perhaps complemented by a set of hospital-supplied handy tips and tricks on how to cope, or useful local resources.

**Initiate family & friends rounds.**
There can be a pretty big disconnect between the intense experience residents are having and what their families imagine when they are at home. It can be surprisingly helpful to simply give family members a chance to see first-hand what a resident’s daily life is really like. In fact, this was one of the ideas that particularly resonated with residents when we first prototyped these interventions.

**GETTING STARTED**
Find the spouses and family members that have had a little experience with residency, and may have the desire to help others. Give them the scaffolding to get started.

**THINGS TO KEEP IN MIND**

**Spark connections**
The interventions listed here, as well as other social functions, are helpful not only to provide advice and guidance; they also build a community, which is what many of these “insignificant others” need.

**Don’t forget the introverts.**
Often residencies have social functions, but these events may cater more towards the extroverts. Look for ways to connect those who may not always join a happy hour but may really value a way to interact with others that have similar experiences.

**SURVIVING RESIDENCY**
Ways to make residency easier for family and other loved ones
Get residents in a room together, and 99.9% of their discussion is going to be about medicine. They can't help it: they're eager to learn, and it's their passion. But becoming uni-dimensional can be a real problem during residency. Having outlets beyond medicine is critical to reducing stress and being able to have some perspective.

One of the simple ways that residency programs can improve wellness is to create small nudges to help residents stay connected to their passions beyond medicine.

MORE THAN A DOCTOR
The celebration of talents, passions, and interests of residents beyond medicine.

WHAT YOU CAN DO

Help residents see each other as multi-dimensional
On residents' website bios, include a section on their talents and passions outside of the hospital. Or try this exercise: collect some interesting tidbits about each resident's hobbies and interests that have nothing to do with medicine. Create a profile for each resident based on these tidbits, and at noon conference, ask everyone to guess who that is.

Validate and support external interests
Talent shows can be one outlet for validating and letting people express some of these external passions. Recognizing people's achievements outside of the profession—like a publication of short stories, photograph exhibits, or athletic accomplishments—helps everyone to see that these are something that the program appreciates.

GETTING STARTED

One way to start is to celebrate resident's creative talents in hospital spaces. Ask for submissions of artwork, photography, or poems. The work of these doctors/artists can be inspiring and provide a tangible sense of the diversity of resident personalities.

THINGS TO KEEP IN MIND

Harness the power of creative outlets
Sometimes medicine + creative outlets can be inspired too. Written or spoken stories about medicine can be meaningful and helpful. Another form with a lot of potential is something on the lighter side: a medical musical spoof and other expressions of inside humor can be cathartic.
EASY CHORES
Easing the burden of chores that consume precious time away from the hospital

Long shifts and long work weeks during residency mean precious little time outside of medical duties to spend with family and friends. It’s frustrating when this time gets eaten up by mundane tasks.

Anything we can do to take these necessary but time-consuming chores off residents’ plates enables them to spend their time away from the hospital recharging in more meaningful ways.

WHAT YOU CAN DO

Organize services
It is notoriously difficult for residents to find time to drop off dry cleaning, let alone make doctor and dentist appointments. Can you coordinate the schedules of in-hospital doctors and residents, or set up an arrangement with a nearby dentist or dry cleaning service to open early one day a week?

Provide the bare necessities
Running out of toothpaste can mean an exhausting, time-wasting detour on the way home. Given that these small needs add up, can the department host a hotel-lobby-style store, with a pay-on-honor system?

Set up to receive packages
Running home to be present for a package delivery can be an unnecessary distraction for residents. It’s simple, but offering to receive residents’ packages eliminates the need to ask family or friends to wait at home. Maybe a staff member can double as a concierge to help residents with the small things that they don’t have time to do, but that would be tremendously beneficial.

Go above and beyond
Want to really ease the burden of chores? Provide residents with a number of house cleaning coupons, or grocery deliveries. It may seem like a significant investment, but as Stanford’s department of medicine is learning, it can be a relatively low cost considering the benefits in well-being and retention. It may not take any money, though; see if the cafeteria can make some family dinners to-go, that residents can quickly pay for and pick up on their way home.

GETTING STARTED
Gauge the most desired services, by sending out a survey or having some conversations with residents. What is taking up the most time for residents outside of the hospital? Brainstorm how the program could help with this, even with a minimal amount of time and money. Take the leap and invest in or organize support for a service. Then see what impact it has on residents, and iterate. The ultimate goal is to have any helpful services streamlined.

THINGS TO KEEP IN MIND

Be creative
A solution that works may not be immediately obvious. It could just be about asking an existing resource to open an hour earlier, or connecting residents with a local or in-hospital service they weren’t familiar with.

Empathize
Use this chance to understand the pain points of your residency program, which is of great value beyond these interventions. Seek to uncover the unmet needs of residents and to use that sensitivity to their experience to come up with simple, new initiatives.
ACKNOWLEDGEMENTS

This toolkit is a part of the Resident Wellness Program’s effort to improve the wellness of medical residents nationwide.

IN COLLABORATION WITH

AND IN COLLABORATION WITH

WITH SPECIAL THANKS TO

Stanford University Medical Center

To see how Daylight is using human insight to take on tough challenges, visit www.daylightdesign.com