As physicians, we spend a significant amount of time counseling our patients on how to live healthier lives. Ironically, as trainees and practicing physicians, we often do not prioritize our own physical and psychological health. Most residents go to work despite significant physical impairment and severe anxiety. Compared with population controls, residents are more likely to experience burnout and exhibit symptoms of depression. These problems persist into practice; a recent national survey found that 40% of surgeons were burnt out and that 30% had symptoms of depression. Another study reported that 6% of surgeons experienced suicidal ideation in the preceding 12 months. Perhaps most startling, there are roughly 300 to 400 physicians who die by suicide per year—the equivalent of 3 medical school graduating classes.

Against the backdrop of compelling data suggesting the need for interventions to promote wellness, our general surgery training program suffered the tragic suicide of one of our recent graduates in November 2010. After mourning his loss only 5 months after having left Stanford, our residency program took decisive action to create a multifaceted program aimed at enhancing resident wellness. Our goals were to create a program to help residents cope with daily stress, provide tools to manage challenges after completing residency, and reduce the risk of burnout, depression, and suicide.

We first formed a committee consisting of residents and faculty. Through several meetings over the course of 4 months, we arrived at the structure of a Balance in Life program, now in its fourth year of implementation. Others, faced with similar challenges, have created educational mental health lectureships. Our comprehensive curriculum strives to promote work-life balance despite the inherent stresses of surgical training. As outlined here, the program is divided into 4 domains of well-being: professional, physical, psychological, and social.

Professional Well-being
There are 2 components of the Balance in Life program aimed at improving professional well-being: a resident mentorship program and leadership training. To our pre-existing faculty-resident mentorship structure, we added a program pairing senior residents with junior residents. To create effective mentorship pairs, in September of each year, junior residents select their senior resident mentors. Quarterly lunch meetings between the junior and senior pairs are funded by the program to facilitate an ongoing relationship. This provides junior residents a private, informal setting in which to discuss concerns about work, research, or their personal lives.

The Balance in Life program also builds on a pre-existing leadership curriculum in our department that includes sessions on leadership styles and teamwork. We expanded this program to include an annual outdoor ropes course focused on leadership, mutual support, and team bonding. Residents form groups across postgraduate-year levels and participate in various team-building activities, including finding their way through a maze while blindfolded, lifting team members safely through a web of rope, and discovering the hidden contents of a container using string, paper clips, and a mirror. These activities afford unique opportunities for residents to collaborate outside the hospital setting and build rich relationships with each other.

Physical Well-being
A significant challenge our residents faced was the lack of healthy food options in the hospital, particularly in the evenings and on weekends. To solve this problem, we purchased a refrigerator that was placed in a secure location in our surgical education center to which residents have badge access. The residents appreciate having a refrigerator that is stocked weekly with healthy drinks and snacks. In addition, residents are encouraged and expected to see a physician annually and a dentist semiannually. To facilitate residents seeking regular health care, incoming interns are provided with a guide listing physicians, dentists, and physical-fitness venues recommended by resident peers.

Psychological Well-being
One of the primary goals of the Balance in Life program is to provide residents with tools to manage stress in their lives. We enlisted an expert clinical psychologist with experience working with high-performance teams to meet with our residents weekly. These 90-minute confidential meetings are scheduled by postgraduate year on a rotating schedule, with each postgraduate-year group meeting with the psychologist every 6 weeks. This time is protected in the same way as weekly educational time, and topics are selected by the residents. Residents have the opportunity to discuss issues with their peers and develop strategies for managing their concerns. As one resident stated, “It is very validating and supportive to hear about the shared experiences of residency among individuals dealing with similar scenarios that could individually make one feel very isolated.” Residents increasingly take advantage of the opportunity to meet with our clinical psychologist individually to discuss personal issues.

VIEWPOINT
Promoting Balance in the Lives of Resident Physicians
A Call to Action

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Social Well-being

Finally, we recognize the value of social well-being and its relationship with physical and psychological well-being. To this end, theBalance in Life program sponsors informal social gatherings such as happy hour, sports events, and outdoor activities for promoting balance and mutual support among our residents. Each year, 1 to 2 residents are appointed to plan social events on a monthly basis. These events provide opportunities for residents and their families to spend time together away from the hospital. Faculty are also invited to a subset of these events, allowing for the development of meaningful relationships among residents and faculty.

Conclusions

Residency is a peak time for stress, and maintaining a healthy work-life balance can be extremely difficult for trainees. With these efforts to promote professional, physical, psychological, and social wellness, we are committed to improving well-being and balance in the lives of our residents. The benefits for our residents are obvious, but beneath the surface, the benefits are passed on to our patients as well. Healthy physicians are more productive and have lower rates of absenteeism, lower rates of mental health illnesses, lower risk of suicide, and lower turnover. Thus, maintaining the health of our residents optimizes their performance and their ability to care for their patients.

We recognize that the Balance in Life program may not solveevery problem residents face. However, from the first day of internship until the day our chief residents graduate, we impress upon our residents the value we place on their well-being. This may be the most profound, albeit intangible, contribution of Balance in Life. Through our commitment to the residents, we provide the tools needed to create and maintain a healthy work-life balance. We hope the benefits of the program will persist after our residents graduate and provide them with the skills they need throughout their careers.

The imminent need for residency programs to promote balance in the lives of our trainees is further highlighted by the recent suicides of 2 resident physicians in New York City.7 To address this important topic, a planning committee of the Accreditation Council for Graduate Medical Education is beginning to outline requirements for all training programs to promote wellness and avert suicide among trainees.7 We implore other residency programs across the country to identify the needs at their individual institutions and consider developing programs with similar aims. As much as we, as a society, value interventions for improving patient care, we should also focus on improving the health of our physician workforce and trainees. Only healthy physicians can provide optimal care for their patients.

ARTICLE INFORMATION

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