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## Training Doctors to Manage Their Feelings

To reduce physician burnout, some hospitals are teaching residents to be more resilient



From left, Jessica Lloyd, a pediatrician, stands in the pediatric intensive-care unit of Mattel Children's Hospital UCLA with psychologist Brenda Bursch and third-year pediatrics resident Arija Iverson. Dr. Lloyd and Dr. Bursch helped run a resilience program last fall that was designed to help pediatric residents cope more effectively with their stressful work caring for very sick children; Dr. Iverson said the program helped her significantly. *PHOTO: REED HUTCHINSON/UCLA*

By **LUCETTE LAGNADO**

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Some hospitals are teaching their resident doctors how to become more resilient as they deal daily with seriously ill and dying patients and their distraught families.

Physicians at Mattel Children's Hospital UCLA, in Los Angeles, last fall led pediatrics residents through four months of resilience training. The course was based on a program used for active-duty military personnel and their families by the U.S. Defense Department.

Another initiative, at Mount Sinai West in New York City, brings residents, fellows, nurses and social workers from the hospital's cancer unit together for a monthly breakfast. The hourlong sessions typically focus on one or two difficult medical events from the past weeks, and participants voice their thoughts and feelings.

The increased focus on coping skills comes amid rising concern for

the psychological health of physicians. A recent study found burnout rates among pediatrics residents at Seattle Children's Hospital ranged from 41% to 77%, depending on the year of residency, says Maneesh Batra, who presented the findings at a recent meeting of the Pediatric Academic Societies. Dr. Batra, an associate professor of pediatrics at the University of Washington School of Medicine, says previous studies at other institutions have shown similar burnout rates among residents in other medical specialties. Research shows that higher doctor-burnout rates are associated with more medical errors, impacting patients.



Dr. Colin Parker, a first-year pediatrics resident, found himself unable to sleep at night because of the stresses of his work. PHOTO: COLIN PARKER

“I love this job but it is hard,” says Jessica Lloyd, a pediatrician at Mattel Children's who helped start the resilience program there. “Maybe most of us don't cry in front of patients. I certainly do. And a lot of us do cry in the conference rooms,” says the 35-year-old, who has practiced pediatrics for seven years.

Dr. Lloyd says she recently cared for a dying infant. As she stood in the room, the parents brought their daughter, a toddler, to say goodbye to her baby brother. “The sibling comes in and gives the child who is

dying a kiss, and I started crying,” Dr. Lloyd says. “It was so beautiful and so sad.”

Concerned about younger physicians, Dr. Lloyd teamed up with Brenda Bursch, a professor of psychiatry and pediatrics at the UCLA David Geffen School of Medicine, in developing Mattel Children’s Hospital’s Pediatric Residency Resilience Training Program to offer residents tools for handling tough situations and their own emotions. They adapted a resilience-training program known as Focus, an acronym for Families Overcoming Under Stress, which has been used widely by the Pentagon to help support service members being deployed to Afghanistan and Iraq, as well as spouses and children left behind.

During the hospital resilience training, in which nearly 90 residents have participated, Dr. Bursch says she flashed slides of Navy SEALs to the residents to evoke a role model of another group that works in tough conditions.

“You can’t remove the significant stress of trauma and loss, but you can help professionals develop skills to manage those experiences more effectively,” says Dr. Patricia Lester, a professor of psychiatry and director of the UCLA Nathanson Family Resilience Center who helped create the Focus system.



Dr. Gabriel Sara, right, an oncologist at Mount Sinai West in New York City, started a special monthly breakfast session for residents, nurses and other staff in the cancer unit to come air their feelings about emotional hardships at work. At left is third-year resident Dr. Gabriela Bambrick-Santoyo, who says the sessions offer residents a “safe” zone to discuss what has been upsetting them. PHOTO: CAITRIONA KEYES/MOUNT SINAI WEST

In one lesson, pediatrics residents learned to handle emotionally wrenching situations by looking for the “silver lining,” says Dr. Lloyd,

who is associate director for the residency program. If a child is suffering from very painful treatments, for example, the resident should remember he could be cured and go home.

Another lesson: When confronted with a distraught family yelling at them, Dr. Bursch told residents first to calm themselves down, if necessary by stepping out of the room, then returning.

Arija Iverson, 33, a third-year pediatrics resident, had been through a rough patch when she did the resilience training. “I experienced a lot of loss, one patient after another,” she says. She was able to function at work, but she would cry when she got home and on her days off.

Dr. Iverson recalls bonding with a 15-year-old boy she took care of for a month. When he died, she felt devastated. “There is no emotional template to handle the death of a patient. They are not your friend, they are not your family,” she says.

The program taught her coping skills for tough situations, including “the ability to stop, step out of the room, collect yourself and then go back and handle it,” Dr. Iverson says. She likes how the program leaders invoked military personnel. “They made it very clear it wasn’t about touchy-feely talking about your feelings. A lot of us were suffering in silence.”



The team that worked on the UCLA Pediatric Resident Resilience Training Program last fall, hoping to help young residents struggling with painful work issues become stronger and able to handle major stresses such as distraught families and dying children. The program’s two leaders, pediatrician Jessica Lloyd and psychologist Brenda Bursch, are at the center. *PHOTO: MARGARET SISON/UCLA*

Another Mattel Children’s resident, Colin Parker, 26, says he had been questioning his decision to go into medicine because of the emotional strain. In resilience training, he watched videos of senior doctors describing how they had also struggled with long hours and searing cases. “At the end of the day, our work is important and beautiful,” Dr. Parker says he realized.

Hospital-workplace culture today leaves more room to show emotion,

as physicians and administrators recognize the toll burnout can take on medical staff. “When I was in training, you never showed you were exhausted, you never sought pity,” says John Mahan, who heads the pediatric-residency program at Nationwide Children’s Hospital in Columbus, Ohio. “It has become more socially acceptable to be honest,” says Dr. Mahan, a pediatric nephrologist who has practiced pediatrics for 35 years.

At Mount Sinai West, oncologist Gabriel Sara leads discussions with about 20 people from the cancer unit at monthly breakfast sessions. “Instead of going home with a heavy heart, you come and share with the others, and realize they feel as you do,” he says.

Dr. Sara, who is medical director of the hospital’s infusion suite, created the program several years ago after an oncology fellow came to him in tears. A cancer patient his own age had died on his watch and the doctor felt he had “failed him.” Dr. Sara realized other young doctors also were struggling emotionally with nowhere to turn.

Gabriela Bambrick-Santoyo, a third-year internal-medicine resident, has been attending the breakfasts since her first year. At the time, she was distraught about a case at another facility where a nurse with cancer had died, leaving behind young children. Dr. Bambrick-Santoyo, who has three children of her own, found relief in the breakfast group. “It is a very safe environment to open up,” she says. “It makes for a strong sense of community.”

Dr. Sara says he encourages younger doctors to open up about their feelings. “The idea is you are an oncologist, you are a tough guy,” he says. “That is wrong, that is when you break.”

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