



CAME Voice/Voix

Residency programs are teams and they need team leaders

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Burnout is a work-related syndrome consisting of emotional exhaustion, depersonalization and reduced sense of personal accomplishment, which can have a negative impact on patient care and physician productivity. Up to 75% of residents report symptoms of burnout with surgical specialities demonstrating higher rates. Improving team processes within residency programs is a neglected aspect of team training and these dysfunctional processes within 'residency program teams' are contributing to resident burnout.

Residency programs with dysfunctional organizational structures can result in a lack of cohesion, coordination, communication and supportive social relationships, all of which can contribute to resident burnout. A resident will thrive when they have adequate peer and senior mentorship to help define what the goals are and how they can be achieved. Too often faculty and peers are inadequately trained or too busy to provide this mentorship. Furthermore, this self-determination can have a negative impact on team processes. It is important residents remain cognizant and appreciate how their professional goals are inseparable from and directly influence patient care. It is this overarching mission of providing the best patient care possible that will emphasize residents' similarities and contribute to a cohesive environment.

Residents within a program spend relatively little time together compared to the members of their healthcare teams in a clinical environment. However, the moments that residents do spend together are critical for their professional and personal growth. The sporadic and fluid nature of these interactions can contribute to residents neglecting to foster an appropriate culture that supports their self-development. Promoting an environment that fosters engagement and provides a safe space for learning is important, particularly from more senior residents who have greater influence on the program's morale.

Medicine has a long history of hierarchy and autocratic leadership, yet it is the more lateral organizations with transformational leaders that perform better and have more satisfied employees. Although the majority of residency programs elect a chief resident to organize and advocate for the resident body, the position of chief resident tends to be a managerial role devoid of leadership and advocacy. While the embodiment of transformational leadership traits is not a prerequisite for the position of chief resident in many programs, it is time for us to acknowledge the leadership inherently involved in this position and provide residents opportunities to acquire the skills needed to excel in this role. With appropriate leadership, residents will feel more committed to their residency program resulting in increasing feelings of responsibility and participation.

In this commentary I have demonstrated the similarities between a residency program and a team. I hope this will help convince both direct members of residency programs (faculty, administrators, residents) as well as more up-stream players, such as post-graduate deans and members of the royal college, to invest resources into the development of residency programs as teams. Creating a residency program where residents have a shared sense of purpose and where there is a psychologically safe culture, suitable leadership, adequate resources, cohesion, coordination, communication and supportive social relationships is one step towards achieving the goal of decreasing resident burnout and improving patient care.