

Bringing Residents and Faculty Together as a Family: The Casa Initiative

Sye Nee Tan, Felix Maverick Rubillar Uy, Kennedy Ng, Jun Ma, Carolyn Tien, Mabel Tan, Jiaxuan Liu,
Rui Jin Lim, Brian Chua, Sangita Kuparasundam, Chee Kian Tham

Introduction

Burnout has been identified as an epidemic in a survey performed on SingHealth residents which reported rates of 80%¹. First described in 1974, Burnout syndrome is a psychological syndrome arising from a continued response to chronic interpersonal stressors while at work. Limited interpersonal collaboration and social support have been identified as factors contributing to physician burnout². We hypothesise that increasing peer support and faculty mentorship through a structured tiered-support initiative can reduce burnout.

Challenges

Peer support across SingHealth Internal Medicine (IM) residency batches was inconsistent. During the 3 years of residency training, each batch faces different challenges and concerns, such as challenging rotations with high patient load; preparation for exams; fulfilment of administrative duties; research projects and choice of future senior residency training. Unfortunately residents' concerns were not consistently shared amongst the different batches as there was limited opportunities for inter-batch interaction that could actually leverage on seniors' experiences.



Figure 1. Core faculty and Internal Medicine Resident Committee

Old System

In the past, the core faculty and chief residents implemented various creative welfare programmes to facilitate interaction between residents across the 3 batches and between core faculty members and residents. This is indeed a mammoth task considering that the programme director has to account for 180 residents of various needs. For instance, each resident is appointed a Singhealth faculty member to be their mentor whose role is to provide them guidance in their 3 years of Junior Residency training. However, the outcome was not as expected. Previous batches of chief residents took the initiative to organise welfare activities such as gatherings and festival events. The attendance was usually filled by similar group of residents who were more socially active in the workplace.

What is CASA?

With the Casa (Spanish for house) initiative, our goal is to inculcate a sense of belonging as a family unit in all 180 IM residents and the core faculty members. Residents across all 3 batches are split into 8 Casa groups. The structure of each Casa is illustrated in Chart 1 below. Two core faculty members are appointed as dedicated mentors; one program executive as the facilitator; two residents from Year 2 and Year 3 are the CASA leaders who take charge of the wellbeing of their own group of residents; one resident is in charge of overseeing the educational requirements with special focus on PACES exam preparation.



Figure 2. Each Casa organises their own events, usually social gatherings and PACES preparation course



Empowering Residents

The core faculty and the chief residents painstakingly crafted a series of workshops to train resident leaders, by empowering them with leadership, near peer-mentoring and interpersonal skills. We invited external speakers who include medical social workers (Mr Andy Sim and Ms Emily Tan) to teach us Crisis Management and counselling skills; consultants Dr Simon Ling and Dr Lalit to tap on their expertise on near-peer mentoring and leadership training.



Figure 3. Workshops encompassing the themes of leadership and crisis management

Outcome

Since the creation of the Casa Initiative, feedback from the Year 1 and 2 residents was heartening. Many gave positive feedback that they got to know more residents through the various initiatives and support from seniors was readily available. The Casa Initiative gave more residents the opportunity to lead. Through the series of leadership programme, it empowered CASA resident leaders with the free reign to organise their own educational and social events suited for their own group of residents. This in turn helped to promote a greater sense of belonging within each CASA. Feedback from Year 3 residents were not as great and we saw its value in that residents have already formed their own cliques. Hence, it is important to incept the idea of a family unit through the Casa Initiative at the start of residency.

Conclusion

The Casa Initiative inculcated the value of near-peer mentoring in the development of residents. It has given leadership opportunities not just to chief residents, but to all residents. Although the Casa Initiative is only in its budding phase it has shown some promising results in nurturing a supportive and collegial community of SingHealth Internal Medicine residents.

Reference

1. Phong Teck Lee, Julian Loh, Gerald Sng, Joshua Tung, Khung Keong Yeo. Empathy and burnout: a study on residents from a Singapore institution. Singapore Med J 2018; 59(1): 50-54.
2. Rodrigues H, Cobucci R, Oliveira A, Cabral JV, Medeiros L, et al. (2018) Burnout syndrome among medical residents: A systematic review and meta-analysis. PLOS ONE 13(11): e0206840