WARNING SIGNS OF DEPRESSION IN RESIDENTS

UBC Department of Family Practice Resident Resilience Subcommittee - March 2017

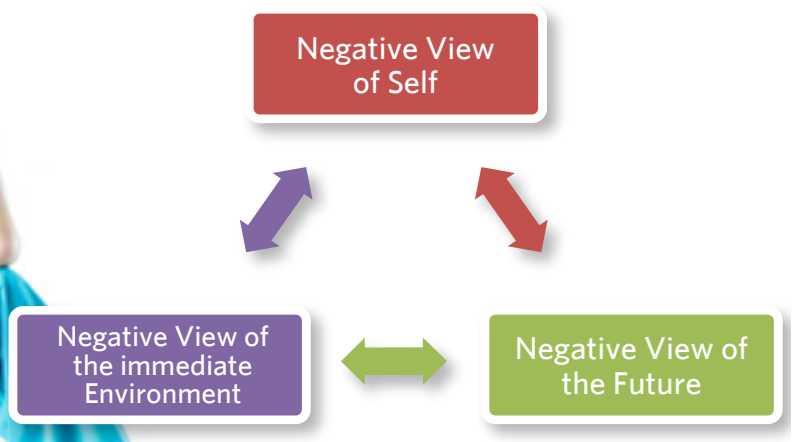
CASE:
John has been having a harder time getting out to social activities. He feels tired all the time, and does not feel motivated to go out. Instead, he stays home and tries to study. However, John is finding it hard to concentrate and focus on his reading. He beats himself up for wasting time, and that makes him feel worse.
He is not enjoying his rotations, and feels nervous that he is not as good as the other residents. He feels like "a fraud" and is afraid that the future will not get better. He does not want to tell any-one about his feelings, because he is worried he will be seen as weak and incompetent.

Physical and Behavioural Signs

- Fatigue
- Decreased energy
- Change in sleeping pattern
- Restlessness or lethargy
- Change in appetite or weight
- Tearfulness
- Headaches
- Chest pain, palpitations
- Gastrointestinal symptoms
- Social and academic withdrawal
- Decreased sex drive

Psychological Symptoms

- Depressed mood
- Feelings of sadness or emptiness
- Irritability
- Loss of interest in things previously enjoyed
- Difficulty concentrating
- Decreased memory
- Feelings of inadequacy and guilt
- Self-loathing
- Rumination
- Hopelessness and despair
- Suicidal ideation
- Recurrent thoughts of death



PRIMARY RESOURCES

Family Physician
Site Director
Resident Support Person/ Faculty Advisor
Resident Wellness Office
(1-855-675-3873)
Physician Health Program
(1-800-663-6729)
EFAP
(1-800-505-4929)

OTHER RESOURCES

UBC Family Medicine's "A Guide of Resources to Residents"
Chief Resident
1-800-SUICIDE
http://ephysicianhealth.com

Beck's Cognitive Triad* for depression is an interconnection of three cognitive features. If all the points of the triad are true, then depression is likely present. If two of the three points are true, then it would be helpful to talk with a healthcare provider. Beck argued that negative automatic thoughts, generated by dysfunctional beliefs, were the cause of depressive symp-toms, and not vice versa. Residents may have negative thoughts about their future because they fear they may fail; negative thoughts about the present, meaning that they may come to believe they do not enjoy the rotation or medicine; and finally, negative thoughts about them-selves and whether or not they should be a physician.

John recognizes after reading this description that perhaps he is depressed. It is important for him to seek medical and psychological support. Actions might include calling his family doctor, speaking to his Site Director or Resident Support Person, seeking support from the Resident Wellness Office counsellors or contacting the Physician Health Program or Employee and Family Assistance Program (EFAP). Strategies can be implemented to minimize hopeless-ness and adjust current demands so that he feels less overwhelmed until he is well again.

RESOURCES

1. * Beck, A.T.; Rush, A.J.; Shaw, B.F.; Emery, G. (1979). Cognitive Therapy of Depression. New York: The Guilford Press. pp. 11.

Active deliverables on Resident Depression:

Questions for REFLECTIVE DISCUSSION

Reflective discussion on resident depression issues should happen during academic or other appropriate time at each site. Here are some example discussion questions:

1. Have you, as a resident, been concerned about depression in yourself or a colleague?
2. What are the signs or symptoms that you noticed?
3. What can you proactively do if you notice signs and symptoms of depression in yourself or in a colleague?
4. What support should be sought/provided in these situations?
    a. To the resident with symptoms of depression?
    b. By a colleague who is aware?
    c. By the site/program?
    d. By other support systems?
5. What site/program depression risk reduction strategies could/should be considered?
6. What resident depression risk reduction strategies could/should be considered?

ADDITIONAL CASE for DISCUSSION

CASE

A resident is asked to trade an evening or weekend call day with a colleague. The resident making the request has narrowed her options to 2 resident colleagues based on her preferred trade. When she approaches the colleague resident in the hospital hallway about this trade, the resident receiving the request is uncomfortable and tearful. They go to a slightly less obvious area of the hall/ward. The resident making the request then hears of the life situational struggles of her colleague. The night being requested is a relationship date evening and the resident receiving the request is torn between supporting the colleague and maintaining/improving the life situational struggles. The struggling resident is forthcoming with financial anxiety, post residency work decision stress, sleep disturbance and her tendency to withdraw from social and recreational activities.

QUESTIONS:

1. What is the next step for the resident making this request and hearing of these struggles
2. What supports might be appropriate for these residents at this site?
    a. For the struggling resident?
    b. For the resident who is now aware of the colleagues symptoms?
3. What system wide approaches might be considered to be helpful to these presentations?