

Poor Wellness Scores for Integrated Medicine Residents

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March 17, 2011 (Washington, DC) — Initial findings from residents participating in a wellness study as part of a curriculum in integrative medicine suggest that physicians need to more closely practice what they preach. Health measures, particularly getting enough sleep, often left much room for improvement.

Patricia Lebensohn, MD, director of integrative medicine in residency, Arizona Center for Integrative Medicine, University of Arizona, Tucson, presented her evaluation of the first 2 years of the integrative medicine in residency program here at the American Medical Student Association 61st Annual Convention.

The curriculum, incorporated into 8 family medicine residencies, consists of a 200-hour online course that explores the possibility of treating the whole person — the body, mind, and spirit — and emphasizes the therapeutic relationship between patient and physician. "The healthcare system as it is currently managed is one of disease management," Dr. Lebensohn asserted. "This teaches you a lot about disease, but very little about how to promote health. Integrative medicine is a place where you can really expand on that."

She stated more than once that this is not a specialty; integrative orientation can be incorporated into any specialty perspective.

When embarking on the development of this program, Dr. Lebensohn knew that the changes being advocated for the patient had to apply to the physician as well. "A big piece of this is that we want to promote physician well-being and self-care. Meaning you need to embody the orientation." She then noted that studies have shown depression to be an issue for 25% of residents, and that burnout is reported by as many as 70% of students. "You cannot be an integrative physician and eat poorly, not exercise, or [not] take care of yourself."

In the pursuit of this ideal, Dr. Lebensohn set out to attain baseline measures of wellness for the 168 integrative medicine residents who participated. The study was performed with online questionnaires embedded within the curriculum, and the various modules assessed levels of both wellness behaviors (such as eating right, getting exercise, getting proper sleep) and opposing negative wellness self-perceptions (such as depression).

Dr. Lebensohn's initial findings were striking. "First, we found that 21% of residents don't exercise at all. Think about that: How are you going to tell your patients to exercise if you're not doing it?"

Other findings were that 21% of respondents do not routinely eat fruits or vegetables, and 48% experience less than 3 days per week of sufficiently restful sleep.

As for negative activities, alcohol consumption appears to be moderate, but Dr. Lebensohn suggested that this aspect might have been underreported. For self-perception of well-being (or lack thereof), 22% indicated that they were experiencing some level of depression, and 42% reported medium to high levels of burnout. "This is disconcerting because this usually gets worse as residency goes on."

Concluding this portion of her analysis (the study is ongoing), Dr. Lebensohn presented a regression analysis for all components assessed. The single most important aspect of wellness behavior was getting enough sleep — the less sleep gotten, the more stress and depression are observed. Exercise was also heavily weighted as a critical beneficial behavior.

During the time allotted for questions and answers in this session, one questioner seemed to be trying to strike a

bargain on the issue of sleep, wondering whether it is "possible to get more sleep without sleeping more?" The question raised the issue of sleep architecture and what constitutes restful sleep. Studies have shown that induced sleep, be it with alcohol or any number of medications, is not optimal, and might even be counterproductive.

A second question was raised about time: Integrative medicine is a laudable goal, but where does the time come from to sit with your patient and routinely discuss problems with him or her? Dr. Lebensohn acknowledged that this is the program's Achilles' heel. "There have to be some changes in the way we practice. We can't continue to provide care in 10 minutes, especially for chronic problems."

Dr. Lebensohn has disclosed no relevant financial relationships.

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