

## AWARDS OF THE CANADIAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY'S 2014 ANNUAL CONFERENCE

In the Fall issue of the JCACAP, Volume 23, Issue 4, page 228 under the title of Awards of the Canadian Academy of Child and Adolescent Psychiatry's 2014 Annual Conference, the Journal published an abstract by Dr. Rachel Mitchell which stated that Dr. Mitchell was the recipient of the Best Oral Presentation by a Member-in-Training Award. In fact, this award was not presented at the 2014 conference.

The Journal regrets the error.

The correct award, recipient and abstract is printed below.

### Best Poster Presentation by a Member-in-Training

**Recipient: Dr. Katherine Matheson**

#### **Burnout and psychological distress among medical students and residents**

**Introduction:** Psychological distress is pervasive among undergraduate and postgraduate medical trainees (1). It is linked with negative academic performance, substance misuse, decreased empathy, and depressive symptoms (2,3). There are limited recent studies examining the prevalence of burnout among Canadian medical trainees and little examination of how socioeconomic factors, such as educational debt and living circumstances, may influence mental distress levels. The main objective of the current study was to determine the prevalence of psychological distress among medical trainees and determine whether those reported levels are associated with educational debt and domestic circumstances. **Methods:** In 2013, 381 medical students (UG) and residents (PG) attending an Eastern Canadian university completed a cross-sectional survey. Multiple linear regression were used to determine the presence of a relationship between psychological distress (Kessler-10), burnout (Maslach Burnout Inventory-2), resilience (Connor-Davidson Resilience Scale-2) and trainees' demographic and socioeconomic information. **Results:** The final sample included 381 students, consisting of 232 UG students and 149 PG residents. The survey was completed by 230 females aged 22-43, and 151 males aged 22-44. The UG group included 69 Med 1, 66 Med 2, 57 Med 3, 40 Med 4 students; the PG group included 37 PGY-1, 35 PGY-2, 23 PGY-3, 40 PGY-4, and 21 PGY-5 residents. Half of the UG students ( $n = 118$ ) anticipated debt levels at graduation to exceed \$150,000, compared to 39% of PG students ( $n = 58$ ). Most UG students (60%) reported normal levels of

psychological distress on the K10 ( $M = 19.6$ ,  $SD = 6.3$ ), and few UG (7%) and PG (6%) reported high to very high levels of psychological distress. However, there was a high-risk of burnout for a proportion of UG (16.2%) and PG (26.2%) students. Suicidal ideation was reported by 7.8% ( $n = 18$ ) of UG and 6.7% ( $n = 10$ ) of PG within the previous 12 months. A MLR revealed gender as the only significant predictor of psychological distress [ $R^2 = .034$ , adjusted  $R^2 = .024$ ,  $F(1,375) = 3.35$ ,  $p = .011$ ], with males scoring lower in distress than females. A logistic regression indicated odds for burnout increased for upper year trainees, with PG students in 5th year most at risk. Residing with others was identified as a protective factor. Only 47.8% of UG and PG students ( $n = 182$ ) reported high personal resilience, and 52.2% of UG and PG students ( $n = 199$ ) reported low personal resilience. **Conclusions:** In our analyses of burnout, we found that later year residents were at increased risk and that living with other people reduced this risk. We found that gender was predictive of psychological distress in medical trainees. Interestingly, there was no relationship between psychological distress or burnout and anticipated debt. Medical schools are in the position to promote trainee well-being by teaching and promoting self-care, instituting wellness interventions, educating students on burnout risks, and developing programs to support at-risk students and those who are distressed. Our findings suggest that such programming should emphasize the importance of positive student social support networks, especially for female trainees. Furthermore, as risk for burnout increases with each additional year of medical training, early intervention is indicated in this population to optimize resiliency factors and avoid the potential sequelae of burnout including depression, harmful involvement with substances, relationship breakup, and risk of medical errors