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Background

- Medical Residency is a time of high stress levels for training physicians due to long hours, high responsibility and minimal control over their day (5).
- Stressors during residency include competing time demands, lack of control, high responsibility, low team support, excessively challenging work situations and environments, low confidence, and interpersonal conflict (5).
 - All of these factors are placing residents at risk for reduced well-being, distress, burnout and the triad of emotional exhaustion, **depersonalization** and **cynicism**, and **decreased sense of personal accomplishment**, leading to **increase in psychological distress** (5).
- A study by Martini et al studied the burnout rate of residents among different residency programs, with family medicine having a score of 27% (4).
- Burnout leads to
 - decreased job performance
 - lower career satisfaction
 - decrease in empathic concern
 - Other factors which may play a role in this includes home related stressors (4).
- Communication is a key part of our job as physicians
- According to the Canadian Interprofessional Health Collaborative, the foundation of relationships on which collaborative practice is built and the basis of all forms of cooperation is communication.
 - However, trouble with communication between professionals can lead to conflicts, stress, and/or exhaustion.
 - It is considered to be the **main cause of medical errors and delays**(2)
- A study by McCaffrey [et.al.](#), communication improved with active listening, empathy, and self-disclosure process based on **awareness of self and others** (2).

- Nonviolent communication by Dr. Marshall Rosenberg, seeks to foster authenticity and increase awareness of how our attitudes and actions affect our relationships:
 - fosters better relationships
 - prevents and disable conflict
 - promotes awareness of self and personal responsibility
 - increases empathy
 - Increases the ability to sustain positive social relationships (2)

If "violent" means acting in ways that result in hurt or harm, then much of how we communicate could indeed be called "violent" communication.

Nonviolent COMMUNICATION

A Language of Life



Words matter. Find common ground with anyone, anywhere, at any time, both personally and professionally.

MARSHALL B. ROSENBERG, PhD
Foreword by **Deepak Chopra**
Endorsed by Tony Robbins, Arun Gauthi, Mariana Williamson, John Gray, Jack Canfield, Dr. Thomas Gordon, Rose Ester, and others.

NVC has been studied in different settings, with findings supporting the use of NVC training in improving interpersonal skills and relationship quality. However, to the best of our knowledge, use of this training in a residency program has not been attempted yet.

Hypothesis and Aims

- A workshop based Nonviolent Communication Workshop will improve resident perceived communication competency
- providing the opportunity for NVC training will improve interpersonal communication among peers, which will lead to reducing this factor as a stressor in workplace.
- We also consider the training will improve empathy towards patients, which will help residents improve intrapersonal emotion management

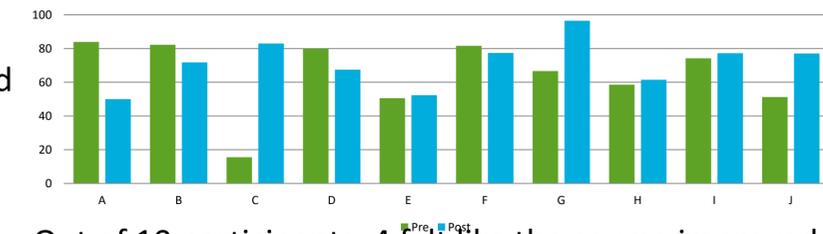
Methods

- Resident led course based on principles from the book *Nonviolent Communication* by Marshall B. Rosenberg
- An interactive summary of the chapters was provided in the following course outline
 - **Session 1:** The Four Components of NVC
 - Observation, Feelings, Needs, Requests
 - **Session 2:** Evaluating Empathy
 - **Session 3:** Conflict Resolution Part 1
 - **Session 4:** Conflict Resolutions Part 2
 - Sessions conducted via Microsoft TEAMS
 - Performed surveys pre course and post course to assess the impact of the course on family medicine resident perceived communication competency

1. Self-Perceived Communication Competence Scale: 12 situations in the form of survey was given to compare pre and post self- perceived competence scale. (Presume 0=completely incompetent and 100=competent) This measure had a good alpha reliability estimates(above.85) and had a good face validity. It also had substantial predictive validity. Done before and after the course.
2. Feedback survey: 5 short questionnaire after each session to provide feedback from residents on each session, which will help tailor future sessions
3. Evaluation of NVC survey: given at the end of the course to obtain feedback on the content.

Results

Figure 1: Self Perceived Competency Scale Average for each Participant



Out of 10 participants, 4 felt like the course improved the communication competency, 3 felt like it did not improve and 3 felt no significant change after the course.

Conclusion

Despite no statistical significance in communication competency in family medicine residents after providing NVC course, in a qualitative way, this study helped plant the seed in the residency program to become aware of when to take a step back and improve communication in challenging situations.

Limitations

- Small sample size
- Single site
- Course given virtually due to Covid-19 pandemic
- Survey fatigue

References

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